REPORT

IPOPI's World Primary Immunodeficiency Week 2017
Policy event

Availability and access to immunoglobulin replacement therapies

Tuesday 25 April 2017
European Parliament, Brussels (Belgium)

Introduction

On Tuesday 25 April 2017, Member of the European Parliament (MEP) Claudiu Ciprian Tănăsescu hosted IPOPI's 2017 World Primary Immunodeficiencies Week (WPIW) policy event on the topic of *Availability and access to immunoglobulin replacement therapies.* The event took place in the European Parliament in Brussels (Belgium).

The meeting was held during WPIW, a global campaign held every year from April 22nd to April 29th to raise awareness about Primary Immunodeficiencies (PIDs) and the importance of early diagnosis and optimal treatment and care for people with PIDs. IPOPI's policy event was aimed at addressing the challenges of the availability and access to immunoglobulin replacement therapies, both in the EU and worldwide, in line with WPIW 2017 theme.

The event brought together European, African, Asian and EU neighbourging countries patient organizations, healthcare professionals, researchers, and policy-makers who shared their views on the best solutions to address the problems of the PID community.

Opening remarks

Dr Claudiu Ciprian Tănăsescu MEP opened the meeting by welcoming the participants and noted that the exchange of experiences and knowledge between all stakeholders is a cornerstone for advancing Immunoglobulin (Ig) replacement therapies policies in order to improve access to treatment for PID patients. He further stated that knowledge about this group of rare diseases is scarce and inequalities in access to Ig replacement therapies persist over the whole European Union.

Dr. Tănăsescu remarked that in his home country, Romania, treatment is still unavailable for several immunology related diseases and, to this end, he welcomed the initiatives led by IPOPI which could change this situation. He continued by giving his political support in advancing policies that could increase the quality of life of patients.

Ms. Martine Pergent, IPOPI Vice-President, thanked all participants for joining IPOPI in the celebration of the 2017 WPIW at the European Parliament and thanked Dr. Tănăsescu MEP for his support to people with PIDs. Ms. Pergent then explained the importance of joining forces at international level to raise awareness on PIDs and improve diagnosis, treatment and care of people with this diseases. For 2017, the focus of the WPIW campaign was "Ensuring access to life-saving immunoglobulin therapies for people with PIDs" and, to this end, IPOPI was holding, in collaboration with Dr. Tănăsescu the event where different regional perspectives could be shared and from which participants could learn for their national advocacy campaigns. Ig replacement therapies are therapies that help persons with PIDs fight infections and they have no alternative. Ms. Pergent further explained that the World Health Organisation had included these therapies in its List of Essential Medicines, both for adults and children. IPOPI and

PID patient representatives firmly believe that it is crucial to ensure optimal treatment to people with PIDs on an individualised basis and on the basis of the personal needs. Ms. Pergent invited participants to discuss and exchange information and national practices on availability and access to Ig replacement therapies worldwide throughout the event to learn from each other.

Ms. Nathalie Bere from the European Medicines Agency (EMA) gave a presentation on the role of the EMA in the authorisation of medicines at European level. Ig replacement therapies can be authorised at EU level through the centralised authorisation procedure (CAP), which allows for medicines to be placed on the market in any of the EU countries. After elaborating on some of the Igs authorised at central level by the EMA (e.g. Flebogamma DIF, Hizentra, HyQvia, Kiovig, Privigen), Ms. Bere presented the advantages in terms of authorisation of orphan medicines (incentives, prolonged market authorisation) and noted that a consultation from the EMA on the Guideline on the clinical investigation of human normal 4 immunoglobulin for intravenous administration has been closed in late March 2017. Currently, the EMA is reviewing the submitted comments and a workshop on the outcomes of the consultation will be organized in Q3 2017.

Ms. Bere also ellaborated on how the EMA interacts with patients and include patient and consumer representatives in most of its working parties and other bodies. For instance, in 2016, the EMA engaged with patient and consumer representatives on 750 cases.

Prof Isabelle Meyts, President-Elect of the European Society of Immunodeficiencies (ESID), provided a perspective on patients' needs in terms of treatment. She opened her presentation highlighting the importance of reimbursement of Ig replacement therapies and noted the corner stone of the reimbursement systems in ensuring the access to treatment for patients. She stated that more than 80% of all PID patients should be treated with Ig replacement therapy. After providing a historical overview of the development of Ig treatments, Prof Meyts explained how different therapies could fit better patients' needs and preferences. Moreover, with one Ig replacement therapy not being able to meet all patients' needs, a wide range of products should be made available, to ensure that patients have access to the treatment that is best for them.

Mr. Andrew Symes, from the Royal Free London NHS Foundation Trust**,** gave a nurse's perspective to providing Ig replacement therapies to people with PIDs. He informed the participants that the situation in the UK is overall positive, with a lot of patients getting home therapy, having access to a full range of different intravenous and subcutaneous Ig replacement therapies. He also presented the Royal Free London NHS Foundation Trust which is the largest adult immunology patient cohort in the UK.

Mr. Symes underlined that although products that are available on the market are clinically equal to one another, they are not tolerated by all patients in the same way. Most patients will tolerate the first product. However, 10-15% of patients have to change product due to side effects This, together with potential supply tensions, calls for a wide range of products being made available to patients, to ensure that they can have access to the most adequate Ig replacement treatment in a timely manner. Mr. Symes also explained how availability of broad range of products optimises treatment for PID patients and reduces hiden costs. In addition, a wider choice means a greater quality of life for patients (e.g. less hours of extra time in hospitals, less unnecessary side-effects, greater contribution to society) and thus better health outcomes.

2017 WPIW Regional Ambassadors Round Table – PID regional priorities

The 2017 WPIW policy event was marked by a Regional Ambassadors Round Table, where participants elaborated on the challenges, various regions around the world are facing in terms of PID diagnosis and care. It became apparent from the presentations that as PID patients do not tolerate in the same way different Ig products, there is a clear need of availability of treatment options and access to diverse Ig replacement therapies.

African priorities – Prof Tandakha Dieye, University Cheikh Anta Diop Dakar (Senegal)

Prof Tandakha Dieye presented an overview of the very difficult situation PID patients are encountering in Africa. PIDs are a new concern in Africa and there is an urgent need to increase the rate of PID diagnosis, through training of medical professionals. Currently, the countries where the most patients have been diagnosed are mainly countries with a high rate of consanguinity, mostly in Northern Africa.

In terms of availability and access to Ig replacement therapies, there are many difficulties in the African region. In East, West and partially North Africa, the access to immunoglobulins is very challenging, with products being expensive, in limited stocks and with a short pre-emption date. Consequently, the main issue for PIDs and their treating physicians remains the small or inexistent variety of treatment products available in the different African countries. Prof Dieye noted that even in those African countries where Ig therapies are available on the market, they are not accessible to PID patients due to high prices and very low or inexistent reimbursement plans. Blood transfusion

remains the most widely spread treatment but its downside is that it is not suitable to treat PIDs and cover their replacement needs. Overall, Ig replacement therapies, intravenous and subcutaneous are not very often available for African patients. Prof Dieye ended his presentation by highlighting the main African priority: raise further awareness within the African governments regarding the challenges the patients with PIDs are facing and in particular, the urgent need to establish access to Ig replacement therapies.

Asian priorities – Dr. Narissara Suratannon, from Chulalongkorn University (Thailand)

As **Dr Narissa Suratannon** illustrated, diagnostic centres and facilities for diagnosis are very limited in South-East Asia. There is a paucity of specialists in PIDs and rare diseases are not yet a priority for most of these countries. Dr Suratannon presented the South-East Asia Primary Immunodeficiencies Network (SEAPID)[1], which aims to enable patients with primary immunodeficiencies to have quicker access to a correct diagnose and treatment possibilities through regional cooperation, as well as to draw the attention to primary immunodeficiencies on a worldwide scale. She went on, elaborating that in some countries, such as Singapore and the Philippines, although intravenous and subcutaneous Ig replacement therapies are available, they are not reimbursed. In Thailand, intravenous Ig replacement therapy was supported by the government in 2008 through national tender procedure, while the Thai Red cross has collaborated with Korea to establish their own intravenous Ig production factory. However, under the national tender procedure, only one intravenous Ig brand per year is selected, which does not provide patients and doctors with the option of selecting the optimal product for treatment. What is more, is that intravenous Ig needs to be approved by specialists before being prescribed, while if the patient has side effect to the selected intravenous Ig therapy, they have issues in using other brands (decision depending on the hospital). Thus, Dr Suratannon called for equal access to all Ig products which are the most suitable for patients, an issued raised by all previous speakers during the event.

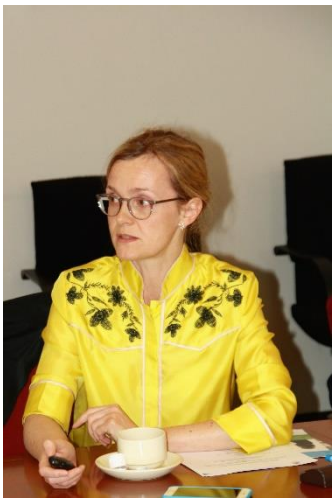
Balkan priorities – Ms. Dragana Koruga, Member of the IPOPI Board and President of the Serbian PID patient group

Ms. Dragana Koruga started her presentation by explaining that diagnosis rates in the Balkan countries were very low. As such, only few patients with PIDs have been identified in each of the Balkan states. In parallel, the use of Ig replacement therapies was not aligned with the number of patients with PIDs in each country, but more with the national purchasing power. Additionally, only 30% of Ig replacement therapies go to PID patients. Ms Koruga noted the challenges that patients with PIDs are facing in the different countries, as well as the best practices that could be replicated in other countries. Since availability of Ig replacement therapies is limited in the Balkan region, Ms. Koruga called for the consideration

[1] Thailand, Malaysia, Singapore, Vietnam, Indonesia, the Philippines

of opening high quality plasma centres by creating government/industry partnerships. She went on further stating that continuous education of patients, increased networking and advocacy should go hand in hand with raising the issues, needs and rights of PID patients. Finally, Ms. Koruga noted that targeted regional campaigns and calls for action could pave the way for a brighter future of PID patients in the region.

European priorities – Prof Isabelle Meyts, ESID President Elect and Professor at Leuven University (Belgium)



Professor Meyts acknowledged that the situation in the European Union in relation to availability and accessibility of treatments is better than the ones presented in the Balkan, African and Asian region. Still, discrepancies exist between EU countries in terms of availability and access to Ig treatments. In line with what was mentioned by Nathalie Bere, Professor Meyts explained that having a licensed authorisation does not mean that the product will be available to patients in the country, as it may not be on the market and/or may not be reimbursed. In addition, the differences in price setting procedures across the EU lead to further inequality in treatment availability. To this end, Prof Meyts stated that EU priorities should focus in the following areas: equal price setting; EU-wide availability of various products; and better reimbursement rules. Prof Meyts also pointed out that individualised treatment is crucial for PID patients, which is why it is imperative to have a wider choice of products available and reimbursed.

Russian priorities – Ms. Violetta Kozhereva, Member of IPOPI Board and President of the Russian Association for primary immune deficient patients

Ms. Kozhereva recapitulated that the overall situation in Russia for PID patient is very challenging. Lack of early or accurate diagnosis is one of the major issues people with PIDs are facing in Russia. Once the patients have been correctly diagnosed, they experience major problems in accessing lifesaving Ig replacement therapies. Russian PID patients do not have an easy access to their treatment and, in most cases, need the endorsement of a judge to receive the treatment they require to live a normal life. The PID community in Russia is joining forces to prove that facilitating Igs to PID patients is a good investment and not just a costly expenditure, as some politicians perceive it today.

Implementation of the PID Principles of Care - Martine Pergent, IPOPI Vice President

Ms. Pergent, stated that one of the biggest impediments for PID patients today are the extensive discrepancies which exist between regions and even between countries in the same region in terms of access and reimbursement policies. She noted that some years ago, in collaboration with a wide range of experts, IPOPI coordinated the development of the PID Principles of Care, a set of guidelines on key issues concerning PIDs, which were launched in the European Parliament in December 2015. This multi-stakeholder project laid out the fundamental principles of care which should be met to reach an optimal standard of care for PIDs. With the objective of further helping patient organisations use these Principles and adapt them to the different national specific situations, IPOPI developed an Implementation Guide, as well as coordinated the translation of the Principles into Spanish and Russian. Ms. Pergent announced that this year, IPOPI would develop an implementation survey to understand where the different countries are standing in terms of the implementation of the Principles. Through the results of this survey, IPOPI will aim to provide its national organisations with sufficient data and information that will help them in establishing advocacy strategies.

Discussion

Following the engaging presentations, Ms Pergent opened the floor for discussion, where the conversation started by a brief input from patient representatives from Italy, Romania and Belgium.

Mr. Andrea Gressani, from Associazione Immunodeficienze Primitive (AIP) Onlus and IPOPI Board Member, presented a best practice from Italy in terms of PID patients' care, where there are currently a variety of options of treatments. While Italy's present situation is promising, there is still more to be done in terms of reimbursement of subcutaneous Ig treatment.

Dr. Artemisa Baldea from the Romanian patient organisation on primary immunodeficiencies (ARPID), confirmed Dr. Tănăsescu's comments on the issues of PID patients in Romania. She noted that currently there are only 2 Ig therapies available, which leads to patients not being able to have an appropriate treatment. Dr. Baldea also elaborated on the Romanian issue in the field of transplantations, where there is a current lack of post operation medicines, increasing the chance of fatalities.

Ms. Claudinne Deckers, from the Belgian PID patient organisation (BOPPI), subscribed to the description made by Prof. Meyts on the situation in Belgium. Ms. Deckers also highlighted that more

emphasis should be made on diagnosis, as a way of speeding up the process and ensuring that patients would have a timely access to the treatment they need.

All participants agreed that in order to further advance the policies related to access and reimbursment there is a clear need of a well developed evidence-based advocacy.

Participants called for the need to create patient registries which would give more visibility on the actual numbers of the PID patients, especially in the African region but also in other regions. This could later on be a valuable tool for discussions with governments and policy makers. Prof. Dieye and Prof. Meyts agreed that the priorities of the PID community should be awareness raising, early diagnosis and the establishment of patient registries. During the discussion it was also elaborated that the creation of Guidelines would be beneficial, facilitating the education of the health staff and increase the communication of all involved actors.

Another important point was raised on the minimum standards of care. Participants discussed the issue of discrepancies in treatment of PID patients, which are posing a major obstacle to the quality of life of these patients. To this end, Prof. Dieye called for setting a minimum principles of care and further exploring efforts to harmonise the basic care principles. In this sense, it was agreed that the IPOPI PID Principles of Care are a considerable step in the right direction.

Karl Petrovsky from the PPTA suggested that the IPOPI PID Principles of Care should be endorsed at political level via the European Parliament or even the European Directorate for Quality of Medicines (Council of Europe).

The need for stronger advocacy was debated by patients and the academia. Both communities agreed that this could be instrumental in the implementation of the principles of care on national level.

Last but not least, participants also expressed high hopes for the European Reference Networks, which could present considerable advantages for the PID and rare disease community.

List of participants

European Parliament

- MEP Dr. Claudiu Ciprian Tănăsescu
- Ms. Manoela-Mioara Popescu, office of Dr. Tănăsescu
- Ms. Flavia-Raluca Dinu, office of Dr. Tănăsescu

External Participants

- Mr. Yordan Aleksandrov, Rohde Public Policy
- Dr. Artemiza Baldea, Romanian patient organisation on primary immunodeficiencies
- Ms. Nathalie Bere, European Medicines Agency
- Ms. Claudine Deckers, Belgian PID patient organisation
- Prof. Tandakha Dieye, University Cheikh Anta Diop, Dakar
- Ms. Bénédicte Faure, Interel Group
- Mr. Kit Greenop, Rohde Public Policy
- Mr. Andrea Gressani, Associazione Immunodeficienze Primitive Onlus
- Ms. Tea Jardas, Rohde Public Policy
- Ms. Saara Kiema, IPOPI
- Ms. Dragana Koruga, Serbian PID patient group
- Ms. Violetta Kozhereva, Russian Association for primary immune deficient patients
- Ms. Jelena Malinina, Rohde Public Policy
- Prof. Isabelle Meyts, European Society for Immunodeficiencies
- Mr. Karl Petrovsky, Plasma Protein Therapeutics Association
- Ms. Maria Rodriguez Sanchez, Shire
- Dr. Françoise Rossi, International Plasma Fractionation Association
- Ms. Laura Savini, European Haemophilia Consortium
- Ms. Leire Solis, IPOPI
- Dr. Narissara Suratannon, Chulalongkorn University Hospital, Bangkok
- Mr. Andrew Symes, Royal Free London NHS Foundation Trust
- Ms. Mary Uhlenhopp, Shire
- Mr. Charles Waller, Rohde Public Policy
- Dr. Frank Willersinn, Alpha-1 Plus, Belgium