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2024-25 PRE-BUDGET SUBMISSION

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AstraZeneca welcomes the opportunity to make a submission to the Commonwealth Government ahead of the 2024-25 Federal Budget.

AstraZeneca believes in the strong connection between a healthy planet and healthy people for a health society.

AstraZeneca is a global biopharmaceutical company employing more than 80,000 globally and 800 people across Australia. AstraZeneca is a science-led and patient-focused company devoted to excellence in the research, development and delivery of medicines and vaccines. Our therapy areas are focused on: oncology; cardiovascular, renal and metabolism; respiratory and immunology; vaccines and immune therapies; and rare diseases.

AstraZeneca is among the largest investors in clinical trials and research in Australia. Through persistent innovation, we have built one of the most diverse portfolios and pipelines in the industry, with the potential to change the practice of medicine and transform the patient experience. With our diverse and innovative portfolio, AstraZeneca brings medicines to Australia that improve the lives of patients, while unlocking societal and economic benefits.

Focused on the planet, we are taking bold action on climate change. Initiatives include ambitious science-based decarbonisation targets; manufacturing our medicines in a more sustainable and efficient way; and restoring local ecosystems through partnerships.

AstraZeneca also remains committed to achieving policy reform that ensures faster and fairer access to medicines for Australians. We have identified two key recommendations for consideration by the Government that would improve Australia's access to medicines:

1. **Establish an Interim Cancer Fund to provide faster access to new cancer treatments** for Australians, ensuring Australians receive access to the best available treatments, and that Australian healthcare does not lag behind other OECD countries.
2. **Develop and implement a nurse-led testing program for chronic kidney disease (CKD) for better management of complex chronic diseases like Type 2 Diabetes and Heart Failure**, accompanied by community education for at-risk groups, to improve detection and allow for earlier treatment and better patient outcomes.

RECOMMENDATION 1

Establish an Interim Cancer Fund to provide faster access to new cancer treatments for Australians, ensuring Australians receive access to the best available treatments, and that Australian healthcare does not lag behind other OECD countries.

Cancer patients in Australia are waiting too long for access to new medicines. Currently cancer patients in Australia have a significant time lag when it comes to accessing medicines. Currently a 442 day average, between a new cancer medicine receiving TGA approval, and that medicine being made available on the PBS. This waiting period is two months longer than comparable OECD countries. Many patients will die while they are waiting for access, whilst others resort to crowd funding to meet private treatment costs or seeking treatment overseas.

Cancer remains the biggest health cost in Australia, and Australia's greatest disease burden with more than 151,000 Australians being diagnosed with cancer every year. On average, 135 Australians die of cancer every day, resulting in approximately 49,000 cancer deaths in Australia each year. One million Australians are currently living with, or have previously had, a cancer diagnosis. Demand for basic cancer services (such as access to an oncologist) is increasing and is expected to increase by 50% in the next 20 years.

Investing in new cancer treatments as soon as they are approved by the regulator would deliver significant social and economic benefit for Australia – such as higher workforce productivity and a reduced need for government-funded support services, whilst also giving patients more time with their loved ones and the opportunity to contribute to their community. Investment in new technologies, treatments and services for cancer is estimated to return more than $2 billion in social value over five years.

An Interim Cancer Fund would help patients gain earlier access to cancer medicines that may save or significantly extend their life. This Fund would bridge the gap between the time a medicine is registered with the TGA and the time it is reimbursed on the PBS. With a dedicated budgetary allocation, the Fund would target specific cancer patients who do not have any other treatment options available, to receive earlier access to new medicines. Oncologists and policy experts would determine patient criteria for access, considering mortality risk, unmet clinical need, and pathways to reimbursement.

A multi-stakeholder working group should first be established to develop potential funding mechanisms. The funding model could include a degree of risk-sharing with pharmaceutical companies.

The Fund would be a finite fund for specific cancer patients who have no other treatment options to receive early access to medicines. Cancer clinicians and policy experts would need to determine patient criteria for access, such as mortality risk, high unmet clinical need, pathway to reimbursement.

RECOMMENDATION 2

Develop and implement a nurse-led testing program for chronic kidney disease (CKD) for better management of complex chronic diseases like Type 2 Diabetes and Heart Failure accompanied by community education for at-risk groups, to improve detection and allow for earlier treatment and better patient outcomes.

Chronic kidney disease is a silent killer and is significantly under-diagnosed in Australia, with only 10% of people with the disease diagnosed. Many Australians receive a late diagnosis of CKD, at a time when they require dialysis treatment, which adds high costs to the health system and results in poorer patient outcomes. CKD is estimated to cost the Australian economy $9.9 billion per year, and contributed to 20,000 deaths in 2021, equating to 12% of all deaths in Australia.

Diabetes is an interconnected chronic disease with shared risk factors and similarities with chronic kidney disease and cardiovascular diseases. Up to 40% of people with diabetes will develop CKD in their lifetime. The Australian Health Measures Survey data from 2011-12 estimated 2.8 million Australian adults (18%) were living with diabetes, chronic kidney disease and/or heart, stroke or vascular diseases.

More than 2 million Australian adults were living with CKD in 2021, including 1.3 million people in early-stage CKD and around 710,000 people in mid-stage CKD. One in three Australian adults are at risk of CKD, while one in ten have early signs of the disease and more than 1.8 million people unaware they have the disease. Kidney disease disproportionately affects Aboriginal and Torres Strait Islander communities, and remote areas.

Only 6.1% of National Health Medicines Survey respondents who showed biomedical signs of CKD, self-reported having CKD, demonstrating the prevalence of under-diagnosis. This is despite the fact that CKD is relatively easy to detect through a low-cost Kidney Health Check, which includes a blood test, a urine test, and a blood pressure assessment. And since 1 September 2022 the PBS has subsided prescription medicine to slow the progression of kidney disease in adults who meet the specific PBS criteria.

CKD was recorded as the principal or additional diagnosis of around 2 million (17%) hospitalisations in 2020-21. Hospitalisation rates were 2.1 times higher in the lowest socioeconomic areas, and 3.1 times higher in remote and very remote regions.

Investment in a targeted early detection program has been estimated to yield a net benefit of $10.2 billion in stage 5 CKD and cardiovascular disease costs over the next 20 years.

The DETECT CKD nurse-led screening program, funded by AstraZeneca and delivered by DKSH Healthcare Australia, was developed to identify CKD in its early stages. The program was launched in October 2021 involves private nurse educators working across hundreds of general practices to assist them in recalling patients for review. Data supplied by DKSH indicates that 31,000 people have been diagnosed with CKD from 100,499 patients attending a recall, with 39% of patients tested required follow-up, with 4 in 10 patients had an abnormal urine albumin-creatinine ratio (uACR).

A national nurse-led testing program like the DETECT CKD program could be effective in increasing rates of detection, earlier intervention, improved management of complex chronic disease, and better patient outcomes.