



Transforming  
Policy

# Policy Scorecard for India

In partnership with Policy Wisdom



# Colorectal Cancer



# India





India

Total Scoring

11/48

Percentage

23%

Overall country progress

Modest



ADVANCES IN POLICY MAKING FOR COLORECTAL CANCER

0 = No

1 = Partially

2 = Yes

0-25%

Modest

26-50%

Moderate

51-75%

Significant

76-100%

Outstanding

### 1. CRC is prioritized, and national programs/plans/policies are in place

2/6

! 33%

MoH acknowledges the priority of CRC in the national cancer program/plan/strategy/policy and/or the need to establish a national CRC policy.<sup>1,2</sup>

0

Evaluation mechanisms are established to monitor the implementation of the plan/program/strategy/policy.<sup>3</sup>

1

National cancer registry is in place with data on burden of disease on CRC.<sup>4,5</sup>

1

### 4. Innovative technologies and medicines are promptly reimbursed

2/10

! 20%

Screening and diagnostic tests are fully reimbursed according to CRC clinical practice guidelines.<sup>12-15</sup>

0

HTA framework is suitable to support an equitable assessment for CRC treatments and complies with a timely multicriteria approach.<sup>16-18</sup>

1

Treatments are fully reimbursed according to CRC clinical practice guidelines (or national formulary) without OOP cost for patient.<sup>19-20</sup>

1

Innovative contracting models are implemented for innovative medicines for CRC.<sup>21-23</sup>

0

There is no patient cost-sharing for access to healthcare services for CRC.<sup>24-25</sup>

0

### 2. Health care budget allocated

1/4

× 25%

Sustainable sources of funding address all programs and activities included in the national program/plan/strategy/policy for CRC.<sup>6-7</sup>

1

Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked.<sup>8-9</sup>

0

### 5. Timely and equitable access to comprehensive diagnosis is guaranteed

0/10

× 0%

MoH actively executes CRC awareness programs.

0

MoH establishes and guarantees execution of population-wide screening program in alignment with the indications provided by the applicable Clinical Practice Guidelines (CPGs).<sup>26-27</sup>

0

Legislative framework guarantees timely and equitable access to diagnosis after a positive screening result.

0

MoH discusses the need to guarantee implementation of biomarker testing into diagnostic clinical practice and focuses on current challenges like availability of trained specialists and continuous learning.<sup>28</sup>

0

MoH has set up processes/indicators to monitor and evaluate effectiveness of diagnostic services provided.<sup>29</sup>

0

### 3. Clinical practice guidelines are developed and updated

5/10

! 50%

A commission/working group is established by the appropriate governing bodies/agencies to develop CRC clinical practice guidelines.<sup>10-11</sup>

2

A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating CRC clinical guidelines.<sup>11</sup>

2

Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment.<sup>11</sup>

1

CRC guidelines are updated on a regular and planned basis.<sup>11</sup>

0

Clinical guidelines become mandatory for the delivery of care.<sup>11</sup>

0

### 6. Timely and equitable access to treatment is guaranteed

1/8

× 13%

Legislative framework exists to guarantee timely initiation of treatment.

0

Legislative framework ensures continuity of treatment once started.

0

MoH ensures appropriate healthcare workforce, infrastructure and resources to manage CRC across the country.<sup>30-31</sup>

1

MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment.<sup>32</sup>

0

\* Implementation not considered



- A recent publication by the Federation of Indian Chambers of Commerce (FICCI) and EY titled [Call for Action: Making quality cancer care more accessible and affordable in India](#) highlights an urgent need for affordable cancer care. Critical gaps in awareness and access for cancer generally are even more apparent when focusing on colorectal cancer (CRC).
- India does not have a dedicated cancer agency or a stand-alone national cancer prevention program or plan in place, instead incorporating cancer prevention and control into the *National Programme for Prevention and Control of Non-Communicable Diseases 2017-2022 (NP-NCD)*. **CRC is not prioritized** in this program or in its operational guidelines, which are valid for 2023 – 2030.
- **Current data on CRC incidence in India is lacking.** While the network of population- and hospital-based cancer registries has increased, the latest report from the National Cancer Registry Programme was published in 2020 and estimated incidence using data from 2012 – 2016.
- The decentralized allocation of budgets at the State level means that the sustainability of funding allocated to cancer generally is at risk. There are **no funds allocated to prevention and/or control of high-burden cancers** and **no ringfenced funds reserved to facilitate access to innovative medicines**. States must apply to the Ministry of Health & Family Welfare for special funding to implement innovative strategies or products.
- While surveillance, monitoring and evaluation is a cornerstone of the NP-NCD as outlined in its operational guidelines, and data flows have been established for both opportunistic and population-based screening of various conditions (no specific focus on CRC), **monitoring frameworks at a national level to analyze effective diagnosis and treatment are lacking.**
- **Local clinical guidelines for CRC are outdated** – the most recent consensus on managing CRC was published in 2014. While the approach to developing the consensus appears evidence-based and participatory, the stated plans to update the document have not transpired and adherence is not mandatory.
- There are **no awareness or screening programs for CRC** currently in place in India.
- India's health system places **significant reliance on out-of-pocket expenditure**, with a disproportionate burden on low-income individuals. This impacts access to both diagnostics and treatment of all cancers, including CRC.