Policy Scorecard for Costa Rica

In partnership with Policy Wisdom
The Policy Scorecards© have been developed by Policy Wisdom using its WiSE SCORECARD© methodology, with the support of Pfizer and the collaboration of the Global Colon Cancer Association.

Colorectal Cancer
Costa Rica

June 2023
Costa Rica
1. **CRC is prioritized, and national programs/plans/policies are in place**  
   MoH acknowledges the priority of CRC in the national cancer program/plan/strategy/policy and/or the need to establish a national CRC policy.\(^1\)\(^7\)  
   Evaluation mechanisms are established to monitor the implementation of the plan/program/strategy/policy.\(^1\)\(^3\)\(^5\)  
   National cancer registry is in place with data on burden of disease on CRC.\(^8\)\(^9\)  
   **Score:** 4/6  
   **Percentage:** 67%  
   **Total Scoring:** Costa Rica - 28/48  
   **Overall country progress:** Modest

2. **Health care budget allocated**  
   Sustainable sources of funding address all programs and activities included in the national program/plan/strategy/policy for CRC.\(^1\)\(^10\)  
   Sustainable sources of funding for coverage of innovative medicines and treatments included in the clinical practice guidelines are earmarked.\(^11\)\(^12\)  
   **Score:** 4/4  
   **Percentage:** 100%  
   **Total Scoring:** Costa Rica - 3/10

3. **Clinical practice guidelines are developed and updated**  
   A commission/working group is established by the appropriate governing bodies/agencies to develop CRC clinical practice guidelines.\(^13\)  
   A transparent process is established to study the evidence and listen to stakeholders in the process of developing/updating CRC clinical guidelines.\(^13\)  
   Clinical practice guidelines are comprehensive and include state-of-art diagnostic testing, and innovative treatment.\(^17\)  
   CRC guidelines are updated on a regular and planned basis.\(^13\)  
   Clinical guidelines become mandatory for the delivery of care.\(^13\)  
   **Score:** 3/10  
   **Percentage:** 30%  
   **Total Scoring:** Costa Rica - 58

4. **Innovative technologies and medicines are promptly reimbursed**  
   Screening and diagnostic tests are fully reimbursed according to CRC clinical practice guidelines.\(^1\)\(^4\)\(^7\)\(^13\)  
   HTA framework is suitable to support an equitable assessment for CRC treatments and complies with a timely multicriteria approach.\(^1\)\(^4\)\(^10\)  
   Treatments are fully reimbursed according to CRC clinical practice guidelines (or national formulary) without OOP cost for patient.\(^1\)\(^13\)\(^17\)  
   Innovative contracting models are implemented for innovative medicines for CRC.\(^18\)\(^19\)  
   There is no patient cost-sharing for access to healthcare services for CRC.\(^1\)\(^13\)  
   **Score:** 7/10  
   **Percentage:** 70%  
   **Total Scoring:** Costa Rica - 58

5. **Timely and equitable access to comprehensive diagnosis is guaranteed**  
   MoH actively executes CRC awareness programs.\(^21\)  
   MoH establishes and guarantees execution of population-wide screening program in alignment with the indications provided by the applicable Clinical Practice Guidelines (CPGs).\(^6\)\(^7\)  
   Legislative framework guarantees timely and equitable access to diagnosis after a positive screening result.\(^13\)  
   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.\(^22\)  
   **Score:** 5/10  
   **Percentage:** 50%  
   **Total Scoring:** Costa Rica - 58

6. **Timely and equitable access to treatment is guaranteed**  
   Legislative framework exists to guarantee timely initiation of treatment.\(^13\)  
   Legislative framework ensures continuity of treatment once started.\(^1\)  
   MoH ensures appropriate healthcare workforce, infrastructure and resources to manage CRC across the country.\(^1\)\(^23\)  
   MoH has set up processes/indicators to monitor and evaluate quality/effectiveness of access to treatment.\(^1\)  
   **Score:** 5/8  
   **Percentage:** 63%  
   **Total Scoring:** Costa Rica - 58

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* Implementation not considered
Key Findings

- The National Plan for the Control and Prevention of Cancer does not prioritize CRC for not being one of the five types of cancer with the highest epidemiological incidence or frequency in the Costa Rican population.

- The platform SINAVISA, a National Tumor Registry System records incidence, prevalence, and stage for all types of cancers. Yet, it seems that this is not regularly updated since plans for its digitalization have stalled due to lack of fundings.

- CRC treatments are covered through the Law for the Solidarity Acquisition of Medicines with a High Financial Impact for the Social Security Fund (Caja Costarricense de Seguro Social, CCSS), which covers high-cost drugs that currently constitute a challenge for the financial sustainability of the country's social security. Yet, innovative drugs are often acquired through legal mandates since funds coverage of basic treatment is prioritized and this leaves insufficient resources for more advanced treatment options.

- We did not find CPGs for managing CRC in Costa Rica. A manual of standards for treating cancer that provides guidance for healthcare professionals regarding cancer treatment, yet, multiple guidelines are drafted by public and private actors, following non-transparent processes and updates do not seem to occur at regular intervals.

- A nationally-organized CRC screening program exists in Costa Rica, screening cost is provided through a public-private alliance. Yet, screenings mainly conducted through fecal stool and no evidence supported the use of biomarker testing for CRC/mCRC screening or diagnosis.

- The country is in the process of developing a multicriteria HTA process. Yet, due to the role of payers in HTA and the high weight attributed to budget related consideration, value-based approaches are not currently considered. There is evidence of the use of some innovative financing mechanisms for high-cost treatments in Costa Rica but not specifically for CRC.

- Awareness campaigns for CRC are conducted in the country but publicly available evidence of such initiatives seems limited, and as a result, there is uncertainty about the consistency and scope of these efforts.

- We found no legislative frameworks to guarantee a maximum time from screening to diagnosis confirmation, or treatment initiation after diagnosis. A Legislative initiative is associated with ensuring treatment continuity framed on the Institutional Plan for Cancer Care.
LATAM Analysis
### Total Score per Country*

<table>
<thead>
<tr>
<th>Country</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina</td>
<td>81%</td>
</tr>
<tr>
<td>Colombia</td>
<td>79%</td>
</tr>
<tr>
<td>Brazil</td>
<td>72%</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>58%</td>
</tr>
<tr>
<td>Chile</td>
<td>56%</td>
</tr>
<tr>
<td>Mexico</td>
<td>44%</td>
</tr>
</tbody>
</table>

* Total score per country based on publicly available data collected during May 2023 and analyzed with criteria included in the WiSE SCORECARD® methodology.

**ADVANCES IN MAKING FOR COLORECTAL CANCER**

- **<59% Modest**
- **60-79% Moderate**
- **80-89% Significant**
- **90-100% Outstanding**

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### Score by Policy Action Area

<table>
<thead>
<tr>
<th>Action Area</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>1. National program/ plan/ policies in place</td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>100%</td>
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<tr>
<td>Brazil</td>
<td>100%</td>
</tr>
<tr>
<td>Colombia</td>
<td>83%</td>
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<tr>
<td>Chile</td>
<td>67%</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>67%</td>
</tr>
<tr>
<td>Mexico</td>
<td>50%</td>
</tr>
<tr>
<td>2. Health care budget allocated</td>
<td></td>
</tr>
<tr>
<td>Costa Rica</td>
<td>100%</td>
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<tr>
<td>Brazil</td>
<td>75%</td>
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<tr>
<td>Chile</td>
<td>75%</td>
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<tr>
<td>Colombia</td>
<td>75%</td>
</tr>
<tr>
<td>Argentina</td>
<td>50%</td>
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<tr>
<td>Mexico</td>
<td>50%</td>
</tr>
<tr>
<td>3. Clinical practice guidelines are developed</td>
<td></td>
</tr>
<tr>
<td>Colombia</td>
<td>90%</td>
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<tr>
<td>Brazil</td>
<td>80%</td>
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<tr>
<td>Argentina</td>
<td>70%</td>
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<tr>
<td>Chile</td>
<td>70%</td>
</tr>
<tr>
<td>Mexico</td>
<td>40%</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>30%</td>
</tr>
</tbody>
</table>

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**ADVANCES IN POLICY MAKING FOR COLORECTAL CANCER**

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