The Societal and Economic Impact of Cancer in the Southeast Asian Region

It is estimated that there were over 770,000 new cases of cancer and 527,000 cancer deaths in the Southeast Asian region in the year 2012. The number of new cases is expected to rise by about 70% by 2030 to reach 1.3 million.¹

The ACTION (ASEAN Costs in Oncology) study, conducted by the George Institute for Global Health, examined the human cost of cancer to populations across eight countries in Southeast Asia (SEA): Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Thailand and Vietnam.² The study was designed to assess the impact of cancer on household economic wellbeing and patients’ survival and quality of life. The study provides evidence for countries in the region to put in place policies that can improve access to cancer care and provide adequate financial protection from the burden of costs of illness.²

Study Highlights

Key points

• Ageing populations and rising cancer burden are leading to the risk of cancer becoming an epidemic that will overwhelm the region.²

• Cancer diagnosis in the SEA region is potentially disastrous, with over 75% of patients experiencing death or financial catastrophe within one year of diagnosis.²

• Cancer has a compounding effect on existing poverty, with low income patients facing the worst outcomes in the study.²

• Once diagnosed with cancer, SEA populations face devastating hurdles in receiving treatment.²

• With the growing burden of all cancers in the SEA region, urgent action is needed to protect populations from the financial burden of disease and to reduce the impact of loss of economic productivity.²

Key statistics

Being diagnosed with cancer in SEA is potentially disastrous, as over 75% of patients will experience death or financial catastrophe 12 months after diagnosis.²

A year after diagnosis:

- 29% Died
- 48% Financial Catastrophe
- 23% Alive with no financial catastrophe

44% of patients who were alive and who had no hardship at baseline had some hardship at 12 months.²

Of this 44%:

- 59% had used their savings
- 41% had not used their savings
Factors associated with greater chances of financial catastrophe or death: ²

- **Age:** Older patients (>65 years) were more likely to experience financial catastrophe and death than patients under 45 years.
- **Income level:** Low income is a key factor in predicting financial catastrophe, particularly in upper-middle income countries.
- **Education levels:** Lower education levels were significantly associated with higher odds of death and financial catastrophe.
- **Health Insurance:** Those without some form of health insurance were more likely to experience financial catastrophe than those with insurance. Participants without insurance were at higher risk of death, relative to being alive and not experiencing financial catastrophe.

**Presentation stage at point of diagnosis (for available data on cancer stage)**

- Stage 1: 12%
- Stage 2: 31%
- Stage 3: 33%
- Stage 4: 24%

Cancer stage: A more advanced cancer stage at diagnosis is associated with more than five times the odds of death and 50% higher odds of financial catastrophe. ³

**Patient Experience: Malaysia**

Mei* is a very busy 32 year old mother of three from Kuala Lumpur, Malaysia. She first noticed a lump when she was breast feeding with her second child. Worried, she was unsure who to consult or where to seek help. She went to her gynecologist several times and was told repeatedly that nothing was wrong. It wasn’t until she was heavily pregnant with her third child that her symptoms were taken seriously and she was referred to a breast surgeon. A biopsy revealed, to her shock, that she had breast cancer. Because the diagnosis was delayed, by that stage, it had also spread to her lymph nodes. She was angry and scared.

To make matters worse, Mei had a long and anxious wait until her baby was born until she could be treated. Two weeks after the birth, and still in post-natal recovery, Mei started chemotherapy to shrink the tumour. She later underwent surgery and later, radiotherapy for six weeks alongside targeted therapy.

A busy mum, with infants, the emotional stress weighed heavily on Mei and she attributes the support of her mum, husband and wider support network for getting her through.

Mei’s journey continues to be a struggle, but despite this she considers herself one of the lucky ones; firstly because her pregnancy made her a priority case for doctors and secondly because insurance covered the costs of her expensive treatment. Despite this, Mei still sees an impact on her household income from health supplements and other out of pockets which were burdensome especially with three small children.

*I used to be a caretaker, now I am the patient too.*
Why was the study conducted?

Cancer has been cited as the biggest cause of mortality worldwide, with 8.2 million deaths in 2012 (IARC Global Cancer Report)\(^1\). The cancer challenge in SEA is particularly pronounced, with 70% of global mortality in the next two decades predicted to occur in low and middle income countries.

The economic burden of cancer treatments to health systems, individuals and their households will grow as the availability of medical technologies and treatments expands across regions. These impacts will be felt most strongly in socioeconomically disadvantaged groups, particularly those in low and middle income countries where social safety nets are less likely to be present. Cancer can therefore be a major cause of economic hardship, because treatments are costly and the disease impacts people’s ability to work. In addition, economic hardship can have a devastating effect on cancer outcomes.

Little evidence exists about the economic impact of cancer on households in low and middle income settings and its relationship to treatment patterns and health outcomes.

Patient Experience: Myanmar

Aung* is 52 years old and lives in Yangon, Myanmar. She was diagnosed with Stage 2 breast cancer at the age of 50.

Having never been married, when her symptoms first arose, it was Aung’s neighbours who urged her to see an oncologist. Her brother and cousin helped her arrange it. At first, her family didn’t let her know the result of her test as they wanted to protect her from the news.

After finding out her diagnosis, Aung received treatment at a private hospital, which was much cleaner than a public hospital. The cost of treatment exceeded her income, so she borrowed money from neighbours and relatives. Aung also had to leave her job at a kitchenware stall at the local market and rent out her space to others in order to pay for treatment.

Aung’s younger brother, a key part of her support network passed away himself from liver cancer after she was diagnosed. He survived less than a year after his diagnosis, after struggling to help pay to cure his sister’s cancer. He didn’t want her to know his financial struggles and tried to manage it all himself.

Aung’s biggest priority is to get well so that she can care for her elderly mother.

*The patient name has been changed

“Cancer has changed my life completely because in the past I would go to work regularly and I had no worries for money. Now I can’t work and if I work hard I feel very tired.”
My only wish is for the Philippine government to allocate budget for free cancer medical services because there are many poor and sick Filipinos who need assistance.
Patient Experience: Indonesia

Melati* is 52 years old and lives in Jakarta, Indonesia. From when she first noticed symptoms, a lump in the breast, it took two years and five check ups with five different doctors until a biopsy confirmed she had stage 2 breast cancer.

Frustrated the cancer was not caught earlier, Melati underwent surgery and several courses of chemotherapy, at one of the main hospitals in Jakarta. Conditions in the wards were crowded and consequently, patients have to wait long periods of time. The oncologist had limited time to converse about her diagnosis and outlook. Given the situation, Melati understood that the doctor would not have enough time to explain more about her disease. For this reason, she decided to proactively ask questions to her doctor to get a better understanding of her condition.

Now in remission, Melati has been able to get back to a relatively normal life taking care of the family home and her husband. She feels very fortunate that cancer treatment was covered by insurance but despite this her children, who are in their 20s, still needed to support with some out of pockets.

*The patient name has been changed

"Patients need to be proactive when speaking with their doctor and should not just stay silent. If they don’t ask questions, the doctor will not say much either."
Action plan

• There is a clear need for governments to extend financial protection through social health insurance and publicly-supported cancer care to better protect citizens from the costs associated with cancer treatment.

• There is an urgent need to create and better utilise existing social safety nets to prevent citizens from poverty and economic hardship after cancer diagnosis, particularly in socioeconomically disadvantaged communities.

• Outcomes can be improved and costs minimised through high-quality screening programmes that achieve high uptake and cover large numbers of the population. Earlier detection will reduce the costs of treating cancer to government, individuals and households, and will increase economic productivity.

• Understanding the impact of effective and more efficient efforts to tackle cancer outcomes including raising awareness of the cancer burden, should contribute to the improvement of outcomes.

• Governments across SEA need to invest more heavily in efforts to increase early detection of cancer, as the risk of dying from cancer and facing catastrophic costs was associated with a more advanced disease stage at diagnosis. Prioritising cancer as a major health issue will improve survival rates and reduce the economic burden of cancer through reduced management costs (personal and systemic) and loss of economic productivity.

• Governments in the region need to recognise that the costs associated with non-communicable diseases such as cancer are a significant driver of poverty in SEA.

• There is a need to strengthen financial protection from all costs of treatment through universal health coverage, which shall be an economic and health sector priority in the region.

• Cancer must be recognised and prioritised, and seen as a cross-governmental national issue affecting households, society and the economy, rather than limited to health.

• Governments must integrate national cancer-control programmes in existing health systems, in line with the Jakarta Call for Action on Cancer Control.

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This factsheet was undertaken by Edelman for the George Institute of Global Health, with the support of Roche.


2. The George Institute, ASEAN Costs In Oncology “Cancer and its economic impact on households in the ASEAN countries” (ACTION) study