FINANCING CANCER CARE AND CONTROL IN AFRICA: Challenges and Opportunities

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At a Glance: Financing Cancer Care and Control

- What are the main challenges?
- How to leverage broader health reforms?
- What role does research play?
What are the main challenges?
Cancer is on the rise but remains grossly underfunded

- Cancer is growing in importance in Africa and represents an important cause of the burden of disease and premature death.

- Cancer is projected to double in Africa by 2020 with rapid changes in urbanization, lifestyles, and demographic profiles.

- Cancer is seriously underfunded with roughly 5% of global resources spent in the developing world which accounts for 80% of disability adjusted years of life lost to the disease.

Closing the health gap – closing the cancer divide
Cancers, like other NCDs, have large impoverishing effects

- Large out-of-pocket spending puts a heavy burden on families, especially the poor; risk of impoverishment due to catastrophic health spending
  
  - Kenya - radiotherapy costs range between $300 (public) to over $3,000 (private) and chemotherapy between $130 to over $2,000/treatment depending on drugs used
  
  - India - a single stay for cancer in a public hospital represents 50% of per capita GDP

- Cancers lead to large economic losses for households
  
  - India: up to 0.8 million were impoverished by cancer and cardiovascular disease

About 100 million people are pushed under the poverty line annually due to health care payments

Source: The Challenge of Non-Communicable Diseases and Road Traffic Injuries in Sub-Saharan Africa, Marquez and Farrington (2013)
Households already bear a substantial burden of overall health care costs

Per capita health spending is insufficient to deal with catastrophic expenses associated with cancers—financial protection will be critical
Health expenditures are increasing rapidly--cancer will contribute to higher health care costs

Reformers need to focus on cancer care and control--and cancer planners need to take advantage of health reforms
How to leverage broader health system reforms?
Integrated approaches catalyze synergies and promote efficiencies

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<th>Health System Building Blocks</th>
<th>Components of Cancer Care and Control</th>
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<td>Primary Prevention</td>
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- Stewardship
- Vaccines, Drugs & Technologies
- Service Delivery
- Health Workforce
- Financing
- Resource Generation

- Improved Health
- Equity
- Financial Protection

Integrated approaches catalyze synergies and promote efficiencies.
Many African countries moving towards Universal Health Coverage to ensure financial protection through pooled, publicly financed health care

Objectives:

- **Equity**—those who need services get them, not only those who can pay
- **Quality of care**—to improve the health of those receiving services
- **Financial-risk protection**, ensuring that the cost of using health services does not put people at risk of financial hardship

_Countries:_ Cameroon, Ethiopia, Ghana, Kenya, Liberia, Nigeria, Sierra Leone, Senegal, South Africa, Tanzania, Uganda, Zambia, Benin, Gabon, Mali, Mauritania, Rwanda

Ensure that all people obtain quality health services without suffering financial hardships when paying for them (WHO 2013)
Ghana: Prioritizing Breast Cancer
Ghana: At a Glance

Country Profile:
- Lower middle income; 25 million
- Rapid growth -- GDP per capita rose rapidly to reach $1,940 (2012)
- Per capita health spending: $80
- Poverty reduction -- 27% of the population below the poverty line
- Early stage in epidemiological transition (53% of deaths due to communicable diseases)

Breast Cancer:
- Second most common female cancer
- Late-stage diagnosis (50-70%)
- Growing share of hospital admissions (from <4% in 1996 to 24% in 2009)
- High mortality to incidence ratio (.68 in Ghana vs 0.2 in USA)
Cost effectiveness analysis of breast cancer diagnosis and treatment

Assessed cost of package of interventions, 80% coverage:

- Annual cost = $16 million
- DALYs averted: 12,560/yr.
- Average cost effectiveness ratio = roughly 1300

- Single interventions for treatment are less cost effective than the full package (i.e. biennial breast examination for women 40-69 years combined with treatment of all stages)

- Selected package is costly but with screening and early diagnosis, costs can be reduced

- Can Ghana financially afford to cover this package of services for breast cancer within their basic benefit package? How will it be financed?
Financing of Breast Cancer

Ghana opted for several financing sources:

- **Revenue collection**: general tax revenue, earmarked taxes, and payroll taxes
- **Pooled prepayment options**:
  - National Health Insurance Scheme (NHIS) was launched in 2005 to expand financial protection
  - Inclusion and exclusion list of services and drugs
  - Sliding prepayment (exempt for indigents) and no copayments
- **Out of pocket payments**: retained but relative share of OOP spending has been declining (44% in 1995 to 37% in 2009)

Challenges faced in improving coverage:

- **Weak primary healthcare**
  - Inadequate screening and early detection
  - Low levels of awareness

- **Geographic barriers**
  - Treatment available at only 2 tertiary facilities (Accra, Kumasi)

- **Financial barriers**
  - Non-insured women have lower rates (7.5%) of breast examinations than their insured counterparts (9.3%)
  - While breast and cervical cancer diagnosis and treatment are covered by NHIS only 34% of the population is enrolled, mainly the non-poor

Tanzania: Costing Cervical Cancer
Costing the nationwide delivery of the HPV vaccine in Tanzania

- Fully costed HPV vaccine scale up using WHO cervical cancer prevention and control costing tool (WHO C4P)

- Assessed alternative ways of delivering the HPV vaccine (schools vs health facilities)

- Provided budgetary estimates to ministry officials to ascertain feasibility of funding 5-year program to reach 5 cohorts of 10-year olds
## Cost of HPV Vaccination Programme

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<th>WITHOUT VACCINE</th>
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<tr>
<td></td>
<td>Financial</td>
<td>Economic</td>
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<tr>
<td>Cost per Dose</td>
<td>$1.7</td>
<td>$3.6</td>
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<td>Cost per FIG*</td>
<td>$5.8</td>
<td>$12.4</td>
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*FIG = Fully Immunized Girl

- Delivery costs (excluding vaccines) higher than for other routine vaccinations because of need to establish new modalities; school-based more expensive than facility-based due to outreach.

- Most important costs of service delivery are for social mobilization.

- Affordability remains a concern as substantial funding is required ($31.5 million) over five years, even though vaccines are free.

Rwanda: Cancer Treatment Center
Butaro District Hospital
A Public-Private Partnership

- One of the first cancer treatment centers in a rural area in Africa, serving the entire country with more than 2,000 patients seen during past two years

- A unique partnership between the Ministry of Health and Partners in Health whereby the country benefits from training, expertise, and drug donations

- Employs a nurse driven model of service delivery

- Benefits from a modern pathology laboratory with telemedicine capacity

- Serves as national center for oncology training

- Services are provided free to patients
What role does research play?
Focused research and partnerships are critical

- Need to improve evidence base for decisions on financing cancer:
  - Conducting C/E analyses is key to making the case for inclusion/exclusion in benefit packages and to identifying the most efficient ways of delivering care
  - Measuring adverse impact on household OOP spending and incidence of catastrophic spending can strengthen case for focusing on the poor
  - Quantifying economic losses associated with cancer mortality and morbidity will underscore the importance of these investments
  - Developing service delivery models that are appropriate for resource constrained settings will contribute to the science of delivery
Expanding access to high quality, affordable cancer care and control