Looking Toward the Realization of UHC for Cancer in Asia

Introduction:
Mission of UICC-ARO and UHC

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Universal Health Coverage (UHC)

• The goal of *universal health coverage* is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them.

• Reduce Disparity

• **It must be realized not only internationally but intranationally**
Ratio of mortality to incidence in a specific year by cancer type and country income
Case fatality (calculated by approximation from the ratio of mortality to incidence in a specific year) is much lower in high-income countries than in low-income countries for cancers that are treatable, such as childhood leukaemia (0.26 vs 0.78) and testicular cancer (0.05 vs 0.47), treatable if detected early, such as breast cancer (0.24 vs 0.48), or preventable, such as cervical cancer (0.37 vs 0.63). Estimates are based on International Agency for Research on Cancer GLOBOCAN data for 2002 and 2008 (http://globocan.iarc.fr).3, 6
Factors influencing to realize UHC

- **Evidence**
  1. Patient data
  2. Basic, clinical, and epidemiologic research
  3. Randomized trial
  4. Systemic review

- **Patient/Physician factors**
  1. Culture
  2. Personal values
  3. Experience
  4. Education

- **Constraints**
  1. Formal policies
  2. Community standards
  3. Time
  4. Reimbursement

- **Clinical decision**

- **Guideline**

- **Ethics**

Various factors concern in the cancer treatment decision. Science, Politics, Economy, Philosophy, Religion, Education, Life style-------
Prepaid health service - the role of private voluntary insurance and public finance

Health expenditures per person in selected high-income regions, 2010

Global health 2035: a word converging within a generation
Lancet 2013;382:1898-955
A proposal to indicate the most relevant treatment option among various economical status--- *resource-stratified guideline*

*Lancet Oncol.* 2013;14:e524-34

Management of prostate cancer in Asia: *resource-stratified guidelines from the Asian Oncology Summit 2013.*

*Williams S, Chiong E, Lojanapiwat B, Umbas R, Akaza H; Asian Oncology Summit 2013.*

**Author information**

**Abstract**

Many local and systemic options for prostate cancer have emerged in recent years, but existing management guidelines do not account for diversity in health resources between different countries. We present recommendations for the management of prostate cancer, stratified according to the extent of resource availability-based on a four-tier system of basic, limited, enhanced, and maximum resources-to enable applicability to Asian countries with differing levels of health-care resources. This statement of recommendations was formulated by a multidisciplinary panel from Asia-Pacific countries, at a consensus session on prostate cancer that was held as part of the 2013 Asian Oncology Summit in Bangkok, Thailand.

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**Comment in**

Evidence-based methods to address disparities in global cancer control: the development of guidelines in Asia.  [Lancet Oncol. 2013]
### Treatment of clinically localized prostate cancer according to level of health-care resources

<table>
<thead>
<tr>
<th>Health care resource category</th>
<th>General</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>Basic level</td>
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<td>Limited level</td>
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<td>Enhanced level</td>
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<tr>
<td>Maximum level</td>
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<tr>
<th>Patients education</th>
<th>Surgical castration</th>
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<tr>
<td>Infrastructure to diagnosis and treatment</td>
<td>Curative –aim therapy PADT</td>
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<tr>
<td>Multidisciplinary team management</td>
<td>Laparoscopic surgery</td>
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<td>Survivorship program</td>
<td>Radiation w/wo hormone PADT</td>
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<td>Active surveillance</td>
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<td>PSA monitoring</td>
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<td>Side-effect management</td>
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<td>Access to clinical trials</td>
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**Table 1: Treatment of clinical localized prostate cancer**

*Lancet Oncol 2013;14:e524-34*
Background Note for Consultation on ‘Achieving Universal Health Coverage & Future Research Directions for the WHO Centre for Health Development (WKC)”
14 November 2014 | Kobe, Japan
Asia Pacific Cancer Control Leader’s Summit in Tianjin 2013/10/31, During APCC
UICC Session, “What is cost-effectiveness in cancer treatment” at Japan Cancer Association 2013/10/5

Japan-Korea-China, Trilateral Cross-boundary Cancer Studies Joint Seminar in Seoul 2014/2/21, co-sponsored by Trilateral cooperation secretariat, Japan (Secretary general; Shigeo Iwatani)
UICC-ARO Activities in 2014

UICC-ARO and UICC Japan
Sponsored round table
At UICC World Cancer Congress

Friday 5 December from 11:45 to 13:45 (90 min)

- Universal Health Coverage and Cancer/NCDs
UICC-ARO Activities in 2014

ARO Session - UICC World Cancer Congress
Saturday 6 December from 13:15 to 14:45.

- Economic burden of cancer in Asian countries: how should we face the current situation?
  - “Is Asia Socially and Scientifically Meaningful Concept?: Challenges of Asia Barometer and Its Contribution to Cancer Studies”
    Shigeto Sonoda, Tokyo University
  - “Cost Effectiveness in Japan”
    Takashi Fukuda, National Institute of Public Health
  - “Cost effectiveness of cancer treatment in Korea“
    Eun-Cheol Park, Department of Preventive Medicine, Yonsei University
  - “Cost effectiveness of cancer treatment in China”
    Wang Yung, Chinese Anti-Cancer Association
Agenda

• Part I: Why is UHC strategy on Cancer in Asia needed now?
• Part II: What data are required to create country profiles on the current status of UHC for cancer in Asia?
• Part III: Research tools to identify conditions for realizing UHC for cancer in Asia- proposing multidisciplinary approach.
• Part IV: Discussing