HEALTH CARE FORUM
WAR ON CANCER
MARCH 17TH 2016 • SINGAPORE

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The situation in Asia is worsening. Cancer incidence in the region is rising, and the problem is only likely to get worse in the foreseeable future. Breast cancer, which until recently was prevalent only in the West, has now become a major health-care issue in Asia.

Governments are fighting back. Policymakers in the Asia-Pacific—even in some of the region’s poorest countries—are devoting more public funds to address the needs of cancer patients. Resources remain thin, though, leading most governments to focus on prevention.

Cancer-care infrastructure has many faces. Are comprehensive national cancer centres essential, especially in the developing world, where budgets are tight? Building the right type of “infrastructure” involves more than just concrete and steel. Human-resource capacities and effective laws and institutions must be part of the equation.

The private sector remains a key pillar in the fight against cancer. Yet greater efforts on the part of private institutions—particularly the non-governmental organisations in cancer care—are needed to raise awareness.

There are not enough funds to tackle the problem of cancer in Asia head-on. Given the numerous types of cancer, and the different methods required to more effectively tackle each one, choices will have to be made about what the community should prioritise in the short term.
INTRODUCTION

In the latest round of The Economist Events’ War on Cancer series, held at Singapore’s Ritz-Carlton Millenia on March 17th, policymakers and cancer-care specialists from around the region converged to take stock of the key issues. The general mood at the single-day event was one of cautious optimism: major steps are being made to improve cancer care and control, but the goal posts are always moving.

Acknowledging that the road ahead will be difficult is job number one. “There are no silver bullets,” said Charles Goddard, the summit’s chairman and editorial director of The Economist Intelligence Unit in the Asia-Pacific. Job number two is to find the most efficient way to tackle cancer with slim resources.
ASIA’S WAR ON CANCER

“It may seem strange to demand a greater sense of urgency for the War on Cancer in Asia, where many people are still struggling with absolute poverty. Myint Han, the director-general of Myanmar’s ministry of health, stated plainly that “there are a lot of basic health issues that we have to deal with first, such as infant mortality.” As the day’s proceedings went along, however, it became increasingly clear that developing Asian countries cannot put off steps to improve cancer care and control; the looming problem is just too big. The numbers are staggering, in part due to the sheer size of Asia’s giants: according to Raman Singh, Mundipharma’s president for the Asia-Pacific, Latin America, Middle East and Africa, China sees around 12,000 new cases of cancer each day. What’s more, the “survival rates in China are about half that in the US”, he said.

An entire session was dedicated to the problem of breast cancer, which has become a major health-care issue in Asia. Mr Goddard presented an EIU white paper that found breast cancer is the leading form of cancer among women in Asia and that soon incidence rates will look more like those seen in the West. Masum Hossain, the regional president of Pfizer Oncology, echoed these observations, revealing that “1.7m women globally are diagnosed each year, with around 400,000 in Asia alone.” Ophira Ginsburg, a medical officer at the World Health Organization (WHO), said that not only is it important to look after those afflicted with breast cancer, but also, success in tackling it is a barometer of the state of a country’s health-care system more broadly.

“The state of breast cancer control can offer an estimate of the health and wellbeing of a country’s healthcare system more broadly.”

Ophira Ginsburg
Medical officer
management of noncommunicable diseases
World Health Organisation
Encouragingly, policymakers around the region are starting to take cancer care and control more seriously. Gerardo Bayugo, the Philippines’ assistant secretary of health, said that cancer has become one of the top ten causes of death in his country. The Philippines government has stepped up its “sin tax” laws, which have helped to lower tobacco use, he explained. Nevertheless, expenditure on cancer treatment has risen sharply, up to 1.7 billion pesos annually from 700m pesos in 2008. Myint Han revealed a sevenfold increase in Myanmar’s government health budget over the past five years. Of the country’s expenditure on non-communicable diseases (NCD), 20% now goes to cancer programmes, and cancer care today is now eighth on the government’s list of priority health areas.

Cancer is also being given a greater priority in Thailand, where the “problem is rising to the top”, according to Pannet Pangputhipong, the deputy director-general of the Thai ministry of public health. Like his counterpart from the Philippines, Dr Pangputhipong spoke of his government’s heavy reliance on sin taxes. He revealed that to build on Thailand’s national cancer-control programme, which has existed for nearly two decades, the government is looking at a tax on foods and beverages that have been linked to cancer. Even in much wealthier Taiwan, the government’s efforts to improve cancer care and control are running at full steam. Shu-Ti Chiou, the director-general of Taiwan’s ministry of health and welfare, said 12% of total health-care expenditure is now directed at cancer, which has been given priority over other NCDs.

These levels of spending are still not enough, as all four government representatives admitted. While the growth of cancer-related public spending has been impressive, most countries are starting from a very low base. So, how much spending should countries aim for? Richard Sullivan, the director of the King’s Institute of Cancer Policy, suggested that “as a baseline, 5–6% of GDP needs to be spent on health care … or at least $100 per capita … with two-thirds of these funds coming from public finances.”

“IT IS IMPORTANT TO MAKE CLEAR THAT CANCER CONTROL CAN BE COST-SAVING, AND IT IS VITAL TO PERSUADE POLITICIANS TO SUPPORT NATIONAL CANCER CONTROL PROGRAMS.”

Shu-Ti Chiou
Director-general
health promotion administration ministry of health and welfare
Taiwan
MADE OF THE RIGHT STUFF

Assuming health-care officials in Asia are given more money to strengthen cancer care and control, the question is how it should be spent. A large part of the day’s discussions focused on how to build effective cancer-control infrastructure. The diverse views of the speakers on this matter further illustrated the complexity of the problem at hand. Soo Khee Chee, the director of the National Cancer Centre Singapore, proposed (somewhat controversially) that “one should avoid the seductive pursuit of a comprehensive cancer centre.” If one were to be built, Dr Soo believes that it should be in one of the busiest tertiary hospitals, to avoid costly duplication and to ensure access to critical personnel.

Of course, “infrastructure” is a flexible term, and Susann Roth, a senior social-development specialist at the Asian Development Bank, was quick to point out that cancer-care infrastructure also means “better human resources and information-and-communications technology.” Sanchia Aranda, president-elect of the Union for International Cancer Control, said that a crucial part of developing such human capital is simply to mobilise “a whole army of nurses”. Cancer-care infrastructure also involves developing effective institutions, regardless of where the money comes from.

“There’s a lack of recognition that there’s a whole army of nurses that can be mobilized to improve cancer care.”

Sanchia Aranda
President-elect
Union for International Cancer Control (UICC) and chief executive officer
Cancer Council Australia
Indeed, building on existing public institutions is where the private sector can often take the lead in promoting cancer care. There is no doubt that private entities already play a vital role in the War on Cancer, as many multinational companies are at the forefront of developing new drugs and new technologies. Gordon Cameron, the area vice-president and Asia-Pacific head of Takeda Pharmaceutical, was quick to volunteer his firm’s tailored approach of “one solution, per country, per product.” See Hui Ti, a senior consultant at the Parkway Cancer Centre, also believes that the public sector can learn a lot from businesses about minimising the costs of cancer care.

Throughout the day, participants repeatedly heard that the role of the private sector in the War on Cancer should extend beyond the technical and tangible aspects of the fight. Providing private financial insurance is one other area where private-sector involvement is important, even in countries with established public welfare systems. Around “50% of Australians take out private health-care insurance”, said James Bishop, the executive director of the Victorian Comprehensive Cancer Centre. But according to Bei Zhang, the vice-president of life and health products at the Swiss Reinsurance Company, private insurance providers have to start adapting to longer survival rates by developing new offerings. Nelly Enwerem-Bromson, director of the Programme of Action for Cancer Therapy at the International Atomic Energy Agency, said that lessons could be learned from efforts against HIV, which had found “innovative financing”.

MORE THAN JUST RESEARCH AND DEVELOPMENT

“Cancer-control infrastructure should be centered around an academic or learning environment.”

Soo Khee Chee
Director
National Cancer Centre
Singapore
The day’s speakers broadly agreed that non-governmental organisations (NGOs) can—and should—do much more to raise cancer awareness. Stories abound of cancer-control successes built on increased public awareness. Saunthari Somasundaram, the president of the National Cancer Society of Malaysia, spoke of how three years of advocacy had been needed for the Malaysian public to accept vaccines for cervical cancer. NGO participation was also key to the success of the Smoke Free Mumbai campaign, according to Surendra Shastri, a director of the WHO’s Collaborating Centre for Cancer Prevention, Screening and Early Detection. Dr Soo of the National Cancer Centre Singapore also thinks that cancer-advocacy groups can become reliable sources of information in a health-care field where gaps in data continue to be an issue.

Another significant part of raising awareness, although arguably underappreciated, is the voices of cancer patients and survivors. Dr Ginsburg firmly believes that survivor advocates are invaluable in the ongoing fight against breast cancer. Such advocacy is especially pertinent in many countries in Asia, where traditional and conservative values have created unexpected social hurdles in the War on Cancer. Brigitte Nolet, the head of global health policy at Roche, proposed the adoption of the “four P’s”—that is, patient–public–private partnerships—to ensure that the patient’s voice is factored in in all decisions made about a country’s approach to cancer care.
The best intentions in cancer care and control, coupled with the public and private resources to back them up, could still fall short if efforts are not properly targeted. It is important not to get mired in processes at the cost of achieving better health outcomes, said Mark McClung, the general manager of Global Oncology Commercial Amgen. Attendees at the summit heard how many governments in Asia focus on prevention, which has proven to save on costs. In the words of Ravi Mehrotra, a director at the Indian Council of Medical Research, “the most obvious place to put one’s money is in tobacco awareness.”

But at the same time, the reality in the developing world is that the majority of cancer patients are in the later stages of the disease, as most of the day’s speakers highlighted. On that note, one area that probably deserves greater attention is palliative care. Compared with other aspects of cancer care, the approach of prioritising palliative care is relatively new—less than 50 years old, said Cynthia Goh, the chair of the Asia Pacific Hospice Palliative Care Network. Involving palliative care at an early stage could help to improve a patient’s chance of survival, she said. Unfortunately, though, patients are often unaware of the value of palliative care. The average person is still in the dark about it and, perhaps more importantly, doctors “have not done a good job explaining it”, said M.R. Rajagopal, chairman of Pallium India, a charity that provides palliative care and pain relief.

The humanitarian value of palliative care—and cancer care overall—cannot be overstated. Ednin Hamzah, the chief executive of Hospis Malaysia, even suggested that when doctors do not deal with patients’ cancer pain, it is “essentially a form of torture”. Underneath the emotion of such statements is a palpable frustration that, after years of intense fighting, the War on Cancer is nowhere near being won.