



Resource Mobilization and Allocation for Cancer Control

Justification and Approach

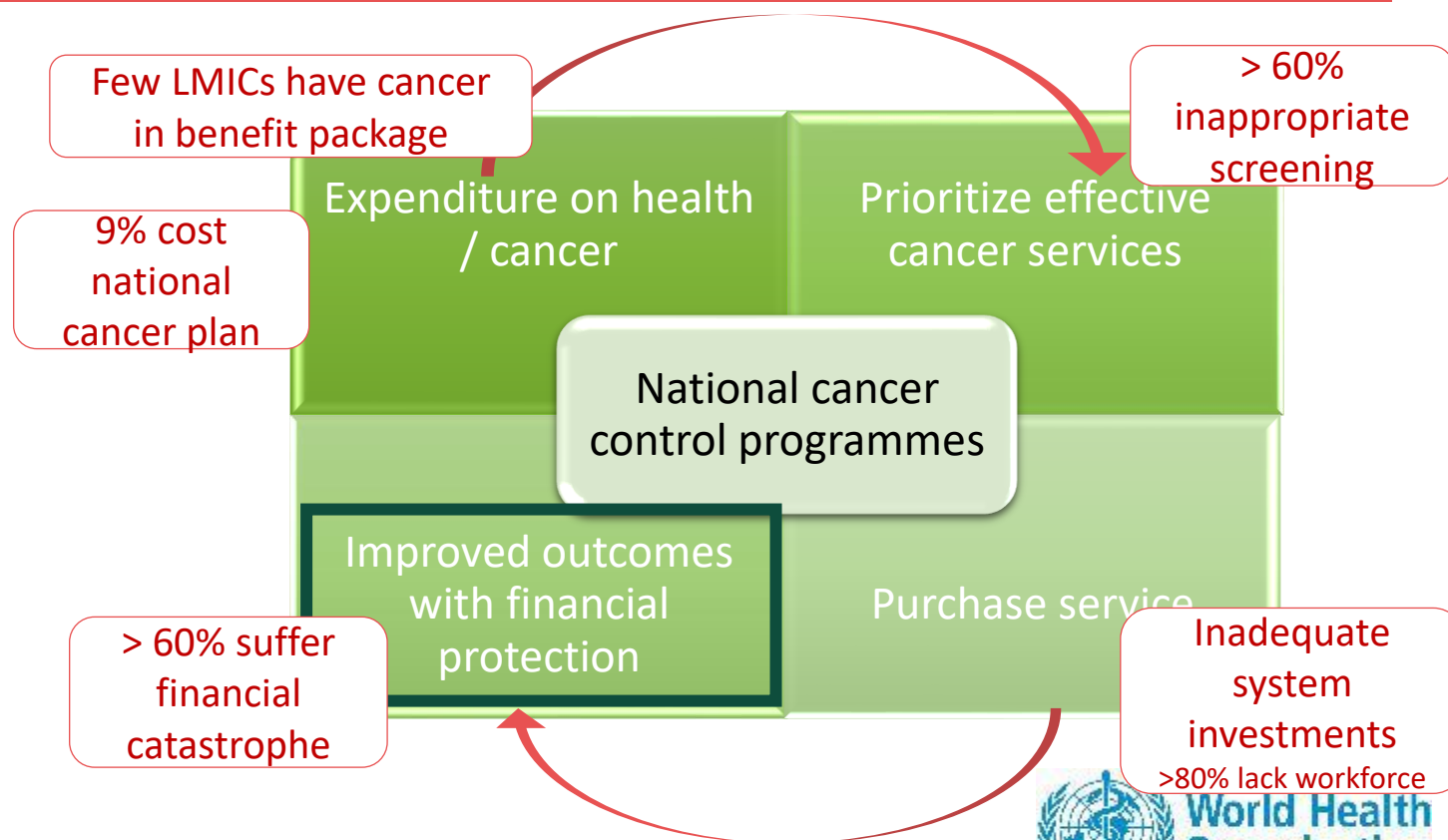
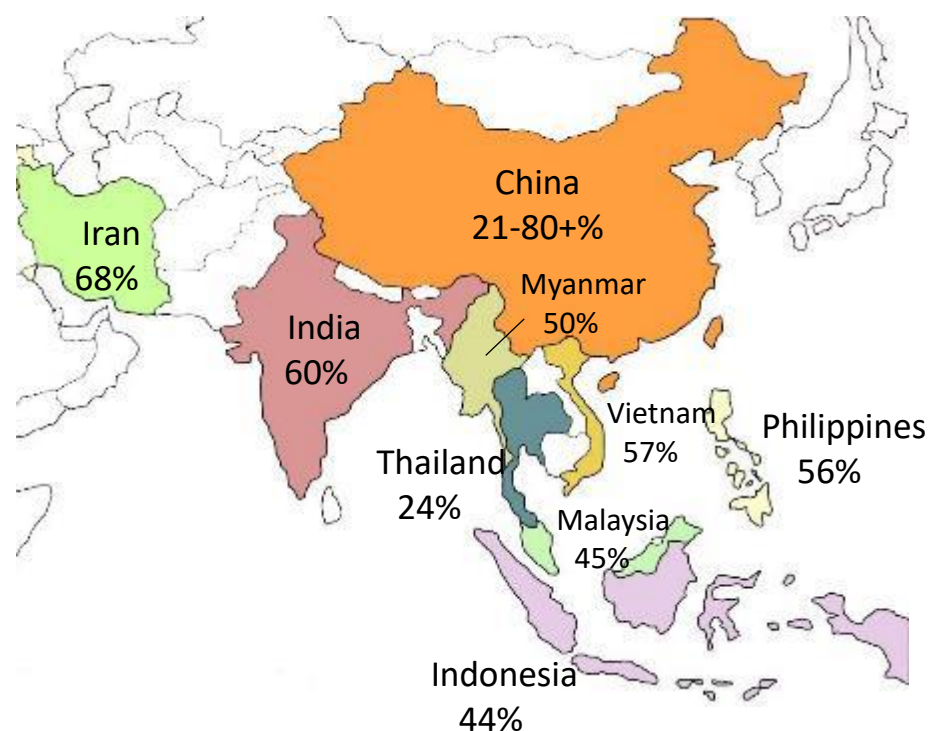


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World Health Organization
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Context and Justification

Majority of patients not seeking care because of financial constraints or suffering financial hardship





Key Messages



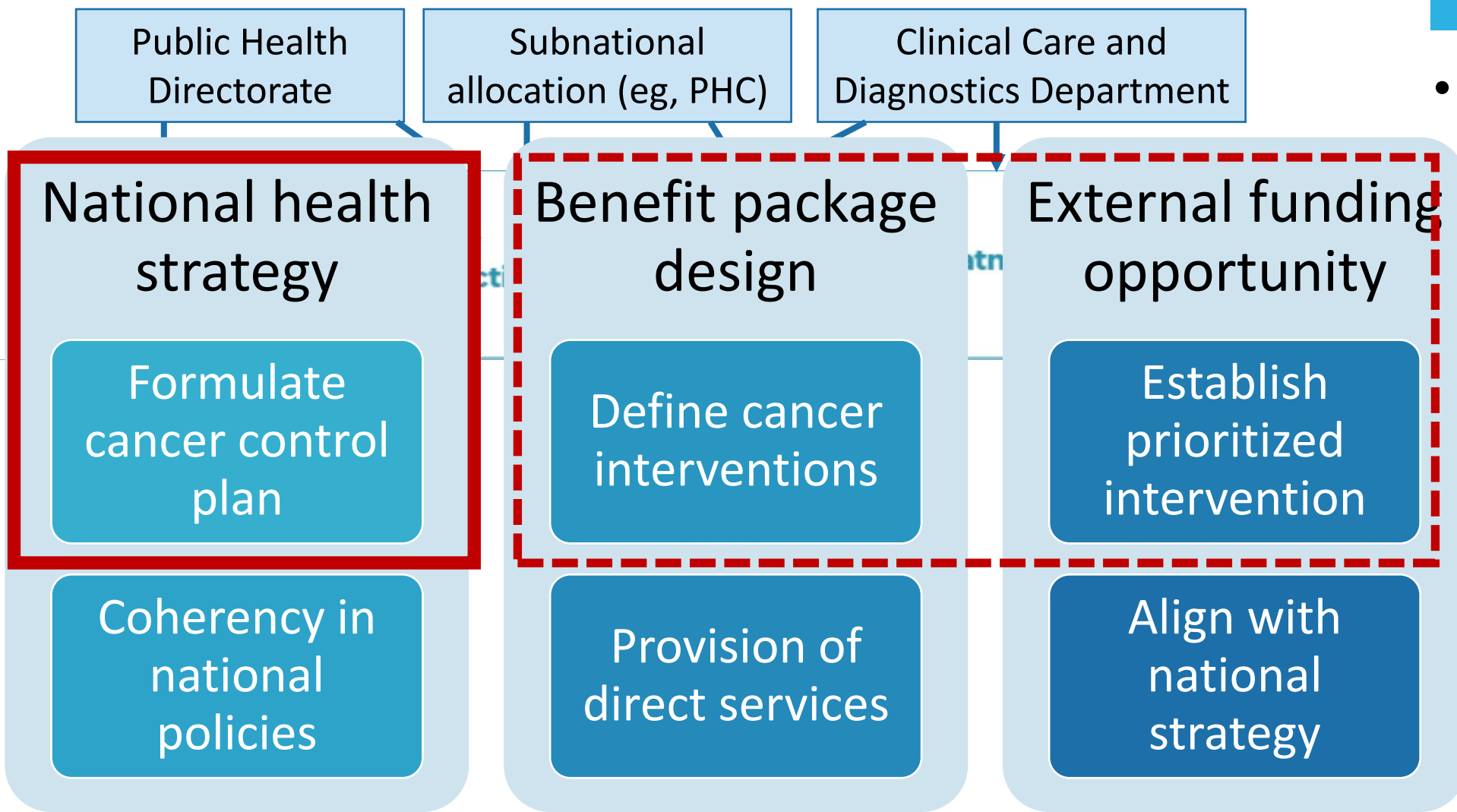
- 1) Cancer strategy costing strategies should begin with defining **outcome of interest** through evidence-informed decision-making
- 2) Resource mobilization should focus on **domestic resources** supported by targeted external funding
- 3) Achieving impact also means being ready **to do more with less**



Policy Dialogue Objectives

Context

- Different Ministry directorate/dept support different services





Align Cancer Plan with Public Health Prgm

Intervention	Current	Estimated need	Scale-up?	Cost inputs	Annual Cost
Mammography machine (2) in 2 ^o and 3 ^o levels = 15 total	2				



Align Cancer Plan with Clinical Activities

Intervention	Current	Estimated need	Scale-up?	Cost inputs	Annual Cost
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Train / hire 1
medical oncologist
per year x 2 years





Government Expenditure

Current status

Domestic

- Insufficient general government expenditure on cancer/health → **cancer not included in UHC benefit packages**

(n ~40)	HIC	MIC	LIC
Cervical cancer screening			
Colorectal cancer screening			
Breast cancer surgery			
Radiotherapy for breast cancer			
Lung cancer surgery			
Lung cancer therapy with EGFR mutation inhib		Limited +	None
Lung cancer therapy with immunotherapy		Limited	None
ALL stem cell transplantation		Limited +	None
		Fully covered (~50%)	Fully covered (<30%)
Cisplatin		Fully covered (~50%)	Fully covered (<30%)
		Fully covered (~50%)	Fully covered (<30%)
Asparaginase		Fully covered (~50%)	Fully covered (<30%)
Erlotinib		Fully covered (~50%)	None



Government Expenditure

Current status

Domestic

- Insufficient general government expenditure on cancer/health → cancer not included in UHC benefit packages
- Inability to advocate for higher expenditure



Summary of required budget to undertake cancer control activities: 2012 - 2016						
Main intervention areas	Year					
	2012	2013	2014	2015	2016	Total (US\$)
Preventing cancers	1,150,000	1,255,000	1,550,000	1,890,000	2,115,000	7,960,000
Early Detection and Screening	1,825,000	2,025,000	2,380,000	2,502,000	2,650,000	11,382,000
Treatment	1,050,000	1,205,500	1,225,000	1,350,000	1,505,000	6,335,500

Government expenditure per cancer patient: \$ 94

Government expenditure per capita: \$ 0.33

Total health expenditure per capita: \$ 70

Basic package of services: \$ 3.50



External Investments

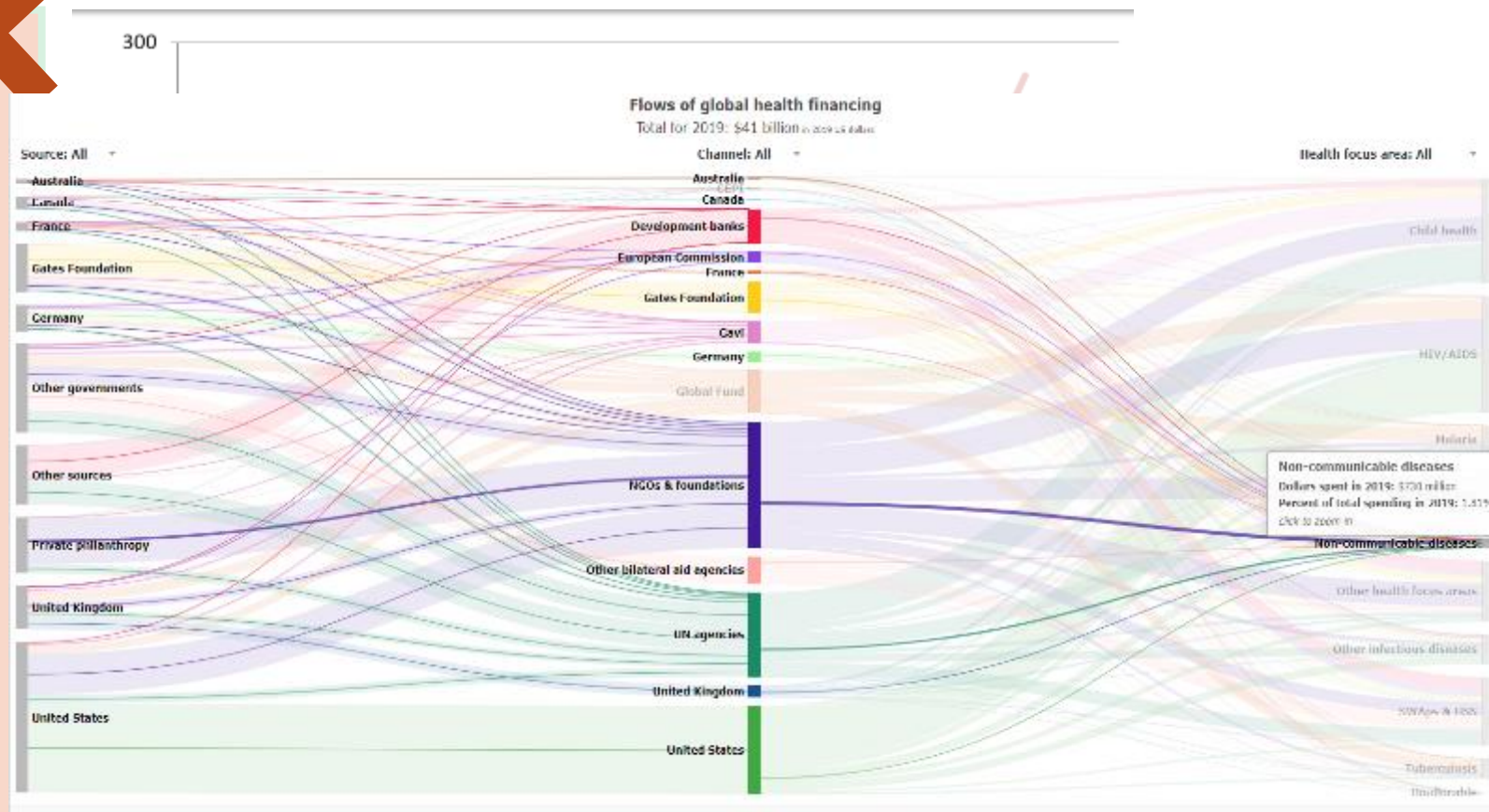
Current status

Domestic

- Insufficient general government expenditure on cancer/health → cancer not included in UHC benefit packages
- Inability to advocate / track cancer expenditure with lack of line item
- **Limited impact of high-level political commitments**

External

- **Cancer not seen as development priority**



Who is paying? How much?

Current status

Domestic

- In...
- ex...
- ca...
- pa...
- In...
- ex...
- Li...
- co...

External

- Ca...
- priority

Emerging opportunities

- ↑ recognition of need to include cancer in UHC, defined packages
- Innovative financing, targeted strategic initiatives by stakeholders
- ↑ interest from development partners as part of health system strengthening
- ↑ private sector contributions

INVEST WISELY TO SAVE LIVES

PER CAPITA EXPENDITURE

By 2030, investments needed are:

US\$ 2.70

LIC:

US\$ 3.95

LMIC:

US\$ 8.15

UMIC:

7.3
MILLION
LIVES
BY 2030

IsDB launches call for innovation to save women's lives from c

The Islamic Development Bank (IsDB) and the International Atomic Energy Agency (IAEA) have partnered to lau



St. Jude Children's
Research Hospital

Finding cures. Saving children.

EGIC INITIATIVE 4:

development of a worldwide drug
distribution program to provide the medicines
required to treat pediatric cancer patients

IsDB
البنك الإسلامي للتنمية
Islamic Development Bank



Address Inefficiencies in Expenditure

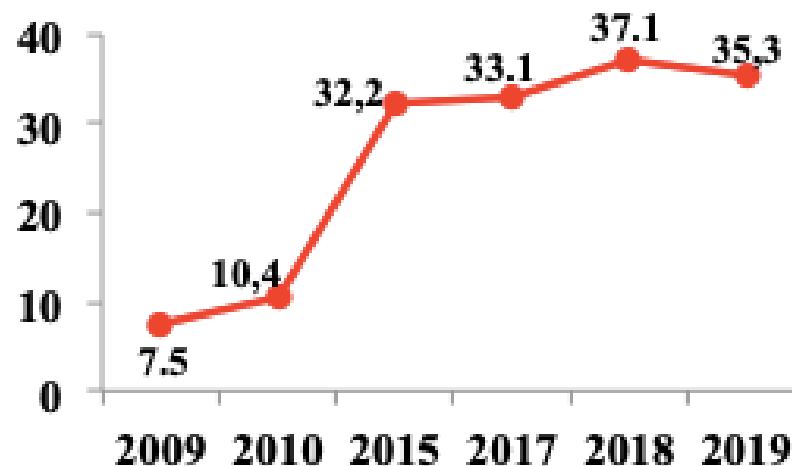
Current status

- ↑market fragmentation with ↑prices in some LMIC
- Failure to invest in system
- **Inadequate planning for ↑burden, ↑coverage**

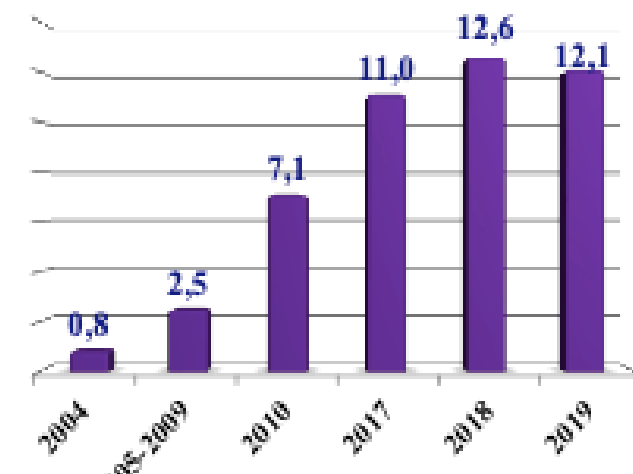
What are potential contributors?

1. **↑number of pts**
2. **↑Cost per pt**
(e.g. **↑ # of rounds**)
3. **↑Price of medicines**
4. **Change to more expensive regimens**

Total Cancer Budget



Cancer Med Budget



Item	Global ref price	Price paid by country	% difference
5-FU	2.40	5.71	138%
Cisplatin	6.05	22.14	266%
Filgastrim	4.50	54.29	1106%
Irinotecan	4.66	220.53	4637%
Paclitaxel	11.08	107.14	867%
Tamoxifen	0.11	0.08	-33%



Address Inefficiencies in Expenditure

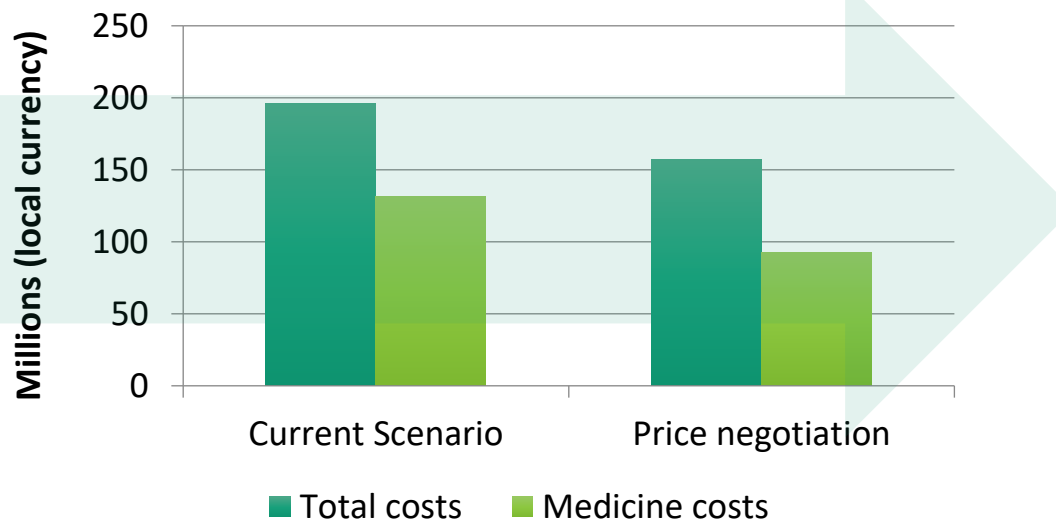
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Emerging opportunities

- ↑UN procurement, market shaping activities
- Major partner engagement, contributions



Potential annual saving
\$USD 500,000



Framework for Response



Strong governance

Coherency in
national planning

MoH **cancer committee**
with spending oversight

Engage stakeholders with
investment cases

Coordinate

Define priority health
products

Explore pricing approach
(eg, pooled procure, UN
support)

Integrate

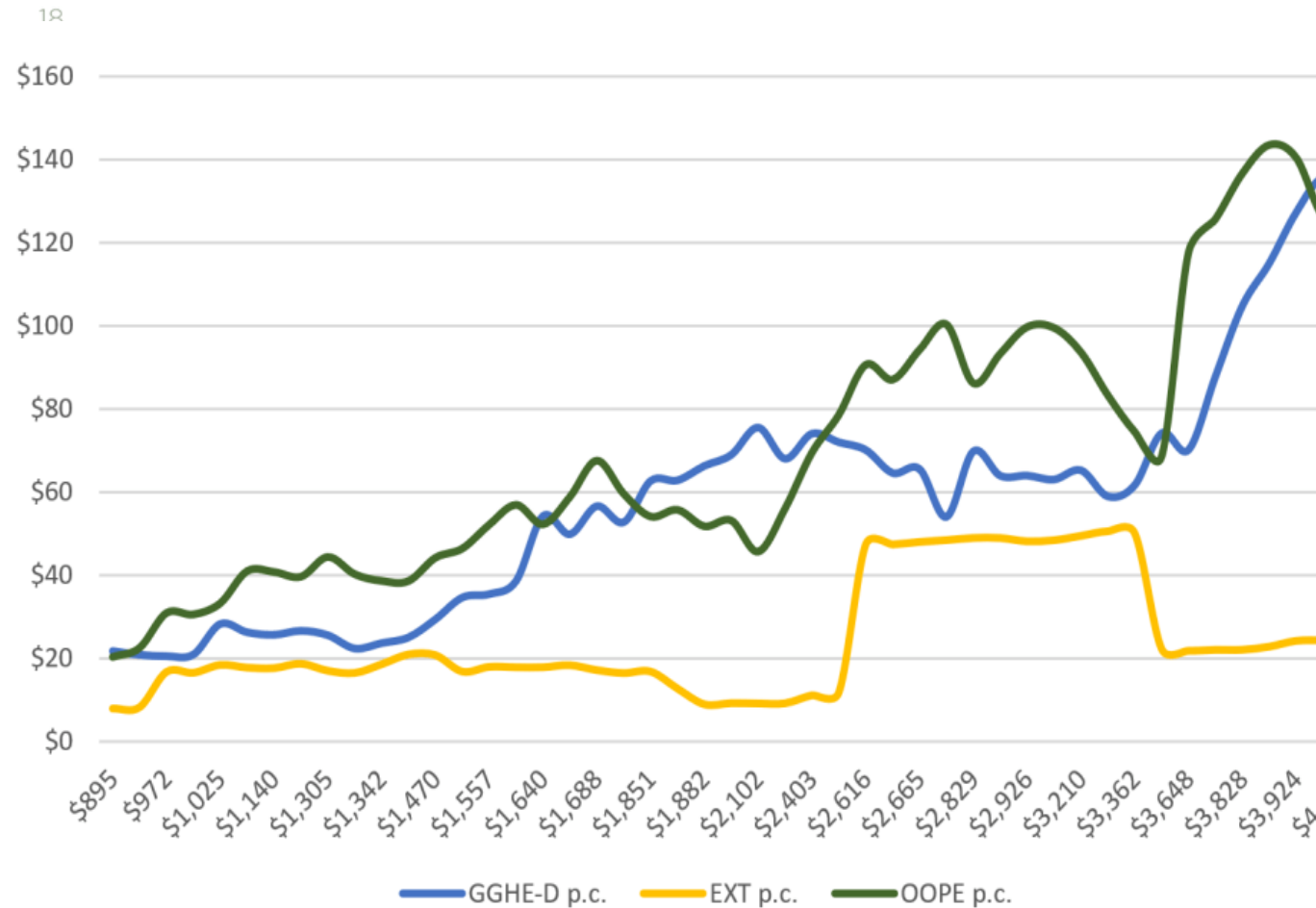
Identify, leverage other
programmes
(eg, HIV, hepatitis)

Cross-cutting
investments
z(eg, pathology, blood
bank)

Anticipated Impact of COVID on Financing Health / Cancer Care



- 1) **Baseline:** LMIC invest lower % of GDP on health vs HIC
- 2) **Health system shock:** while ↓GDP per capita, ↑govn't expenditure on health
- 3) **Approach:** articulate strategic investments, link of health to economic status (OOP rise linked to govn't expenditure)



Conclusion



✓ Success breeds success

- Set clear priorities, achievable goals
- Generate stronger investment cases for internal and external stakeholders

WHO, IARC, IAEA and partners are available to support process of costing, priority setting and generating investment case

(forecasthealth.org)

✓ Consider

- Level of investment needed to achieve UHC, at least, children
- Strengthening governance and leadership

✓ Invest in people – trained, enabled workforce

- Necessary for quality, necessary for UHC

Thank you

WHO/IARC:

Dr Ben Anderson
Dr Melanie Bertram
Dr Elena Fidarova
Dr Cindy Gauvreau
Dr Scott Howard
Dr. André Ilbawi
Dr Sandra Luna-Fineman
Dr Filip Meheus
Dr Saki Narita
Dr Roberta Ortiz
Dr Felipe Roitberg
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Dr. Freddie Bray
Dr. Isabelle Soerjomataram,
Dr. May Abdul-Wahab
Dr Eduardo Zubizarreta
Dr Alfredo Polo Rubio
Dr Catherine Lam
Dr Rei Haruyama

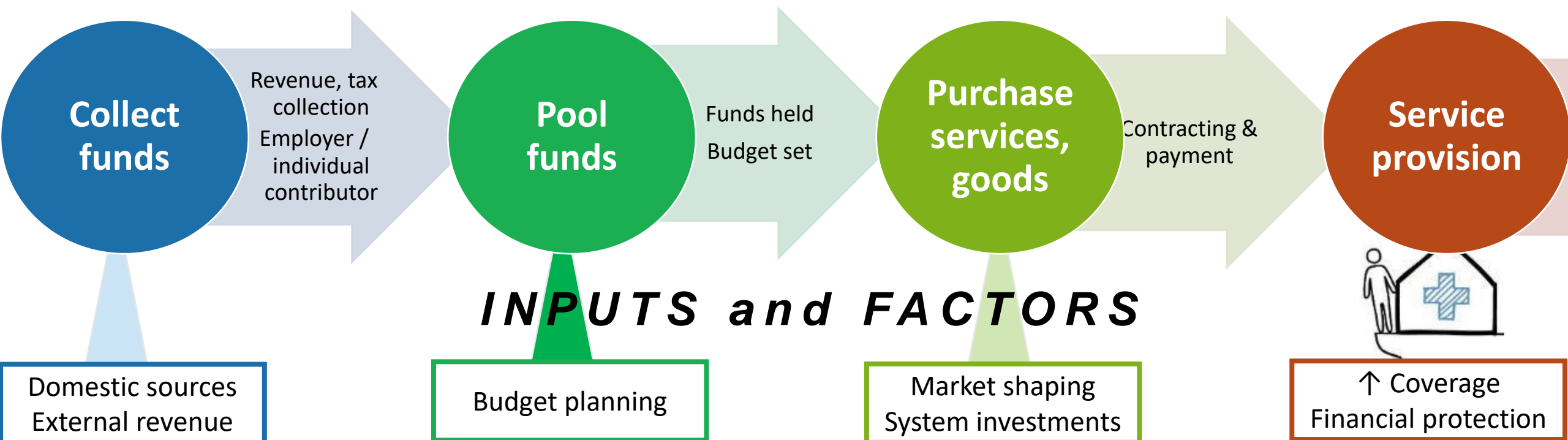
>100s international experts

>50 international organizations

(including ICCP, NCI, ESMO, UICC, St Jude)



Financing Framework

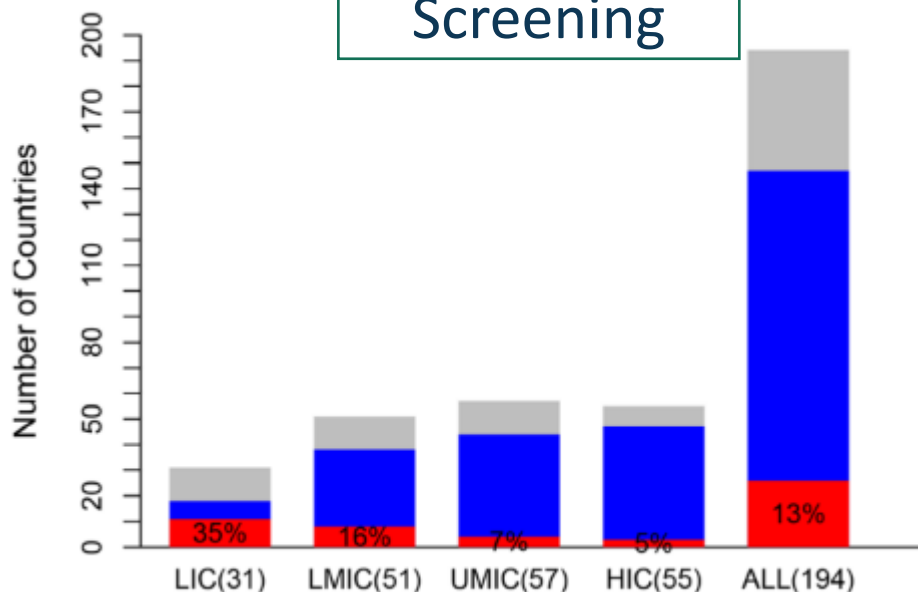


What is budgeted, prioritized?

Current status

- Only **9%** of countries cost cancer plan

Screening



Medicine Selection

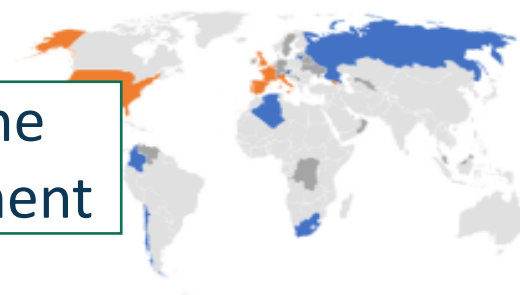
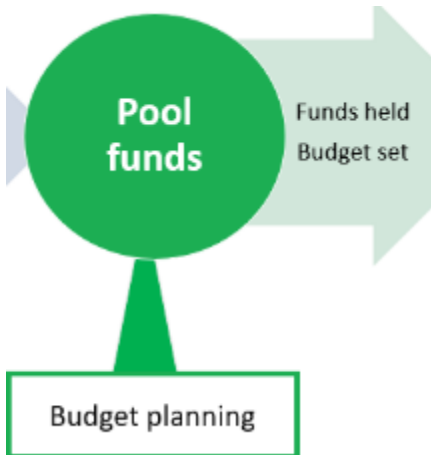
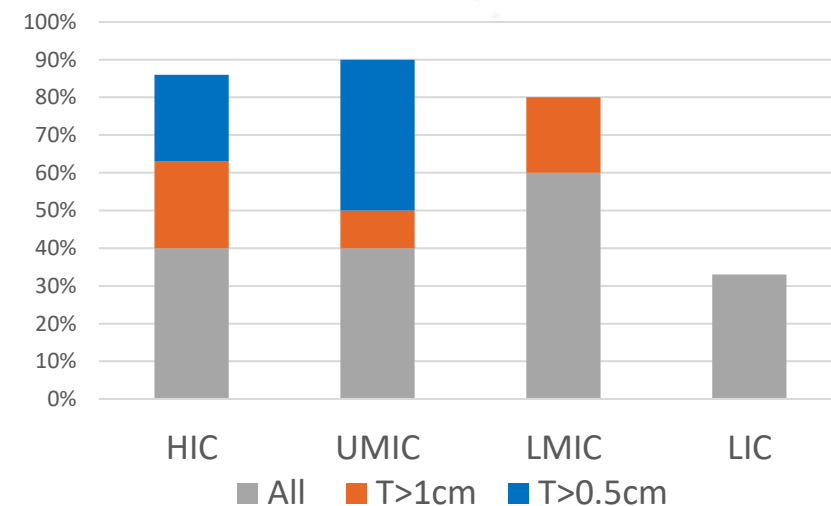
	# countries
Medicine on EML	(139)
Methotrexate	127
Tamoxifen	117
Cyclophosphamide	115
Cisplatin	92
Imatinib	44
Trastuzumab	34
EGFR TKI	18
Pegaspargase	4

Medicine on nEML
(not on WHO EML)

Bevacizumab

34

Guideline development





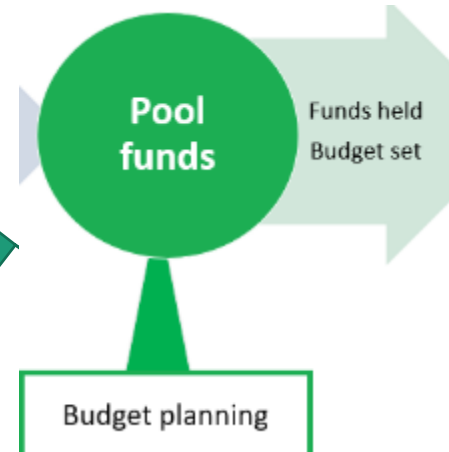
What is budgeted, prioritized?

Current status

- Only **9%** of countries cost cancer plan
- Failure to set evidence-based priorities

Emerging opportunities

- Improved platforms for evidence-based decision-making
- ↑ normative guidance in cancer control



Current situation:

Advanced stage of presentation
(>50% stage III/IV)

Screening

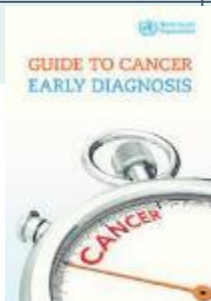
- ~ \$1-2 mil per year
- ↑ MG from 3 to 50
- ↑ radiologist 3 FTE & path
- *Impact:* 200-500 lives saved



WHO POSITION
PAPER ON
MAMMOGRAPHY
SCREENING

Early Diagnosis

- ~ \$250,000 per year
- Awareness, PC training, referral, navigator
- *Impact:* 200-400 lives saved



Potential annual saving
\$USD 50,000

500+ lives saved

Government invested in
early diagnosis
programme + cervical
cancer screening



What goods to purchase? How?

Current status

- ↑market fragmentation with ↑prices in some LMIC
- Failure to invest in system
- Inadequate planning for ↑burden ↑coverage

Emerging opportunities

- ↑UN procurement, market shaping activities
- Major partner engagement, contributions

Purchase services, goods

Contracting & payment

Market shaping
System investments

Cancer patients in Yemen face slow death as treatment options diminish



Amal was diagnosed with breast cancer in 2018.

Pan American Health Organization					
World Health Organization					
Strategic Fund					
PRO/SE					
ANTINEOPLASTIC MEDICINES					
MEDICAMENTOS ANTINEOPLÁSICOS					
LONG TERM AGREEMENT VALID UNTIL DECEMBER 31st. 2020					
ACUERDO A LARGO PLAZO VALIDO HASTA EL 31 DE DICIEMBRE 2020					
Item No.	International Nonproprietary Name (INN) / Denominación Común Internacional (DCI)	Strength / Concentración	Pharmaceutical form / Forma Farmacéutica	Packing / Empaque	Price / Precio (USD\$)
1	BLEOMYCINE SULPHATE	15 UI	INJECTABLE SOLUTION	VIAL	\$27.50
2	CAPECITABINE	500MG	TABLETS	BLISTER 30 X 12	\$36.00
3	CYCLOPHOSPHAMIDE	1000MG	PWD	VIAL	\$7.50
4	ETOPOSIDE	100MG/5ML	INJECTABLE SOLUTION	VIAL	\$1.35
5	MTSNA	400MG/5ML	AMPOUL FS	BOX / 15	\$69.30

Ukraine

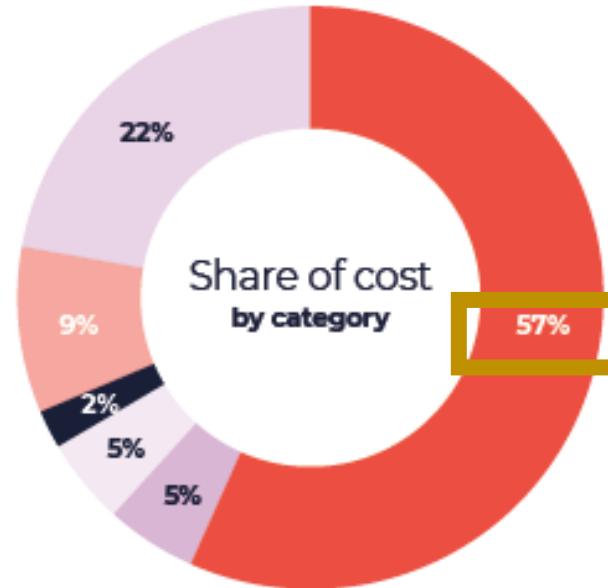
Published on March 22, 2020

UNDP not only procures medicines, but supports reforms



- WHO, UN procure \$US ~100 mil of cancer medicines per year
- Supporting > 10 countries

Where to invest?



Per capita for different packages

Basic package
(no targeted therapies)

US\$ 3.95
(US\$ 0.87 meds)

INVEST WISELY TO SAVE LIVES

PER CAPITA EXPENDITURE

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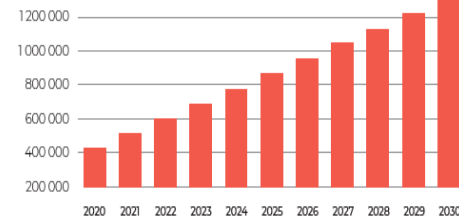
UMIC:

7.3

MILLION LIVES

BY 2030

LIVES SAVED



30% of budget for
~0.05% of people with NCDs

What would you do?

Breast cancer screening programme

- Cost
 - ~ \$1-2 mil per year
 - ↑ Mammography machines from 3 to 50
 - ↑ radiologist by 3 FTE & pathologists (minor)
- Impact
 - 200-500 lives saved

Breast cancer early diagnosis programmes

- Cost
 - ~\$250,000 per year
 - *Elements*: awareness programme, PHC training, referral & patient navigator
 - Minor ↑health system needs
- Impact
 - 200-400 lives saved
 - 30% downstaging

