The Challenge of the Cancer Epidemic in Lowand Middle-Income Countries:

Social and Financial Implications on the Ground

Akiko IDA PhD,

Associate Professor, Graduate School of Human and Social Sciences, **Shimane University**

Research Fellow, **JICA Ogata Sadako Research Institute** for Peace & Development







By 2030, 3/4 of cancer deaths will occur in LMICs

Background:

 Cancer-related infections, population growth, aging, unhealthy lifestyles, pollution, and lack of access to cancer care.

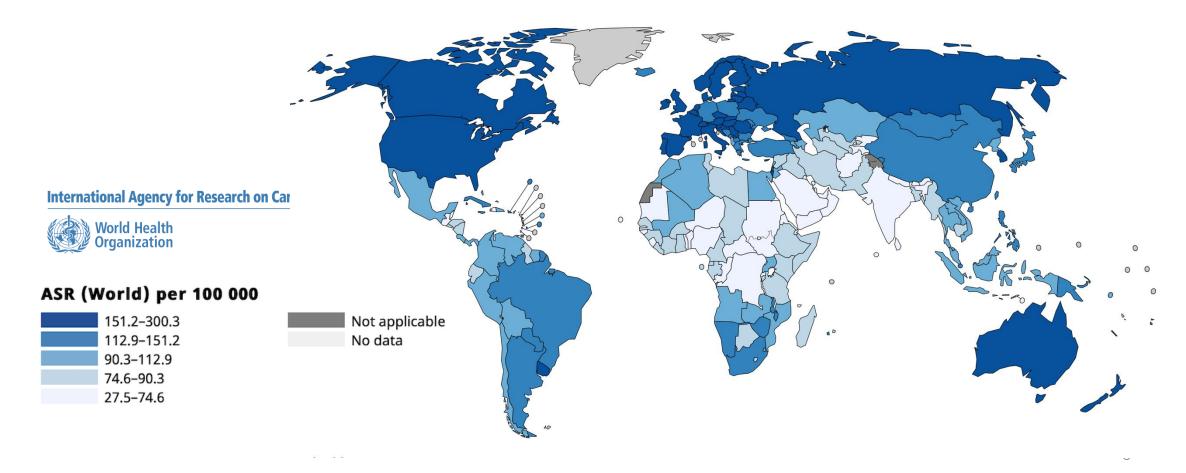
But

- Technological progress has not benefitted people in LMICs.
- Cancer-related research concentrates in rich countries.
- Late diagnosis is leading to high mortality.
- The financial burden is also rising.



Cancer incidence under 65 is rising in LMICs

Age-Standardized Rate (World) per 100 000, Incidence, Both sexes, age [0-64], in 2022 All cancers



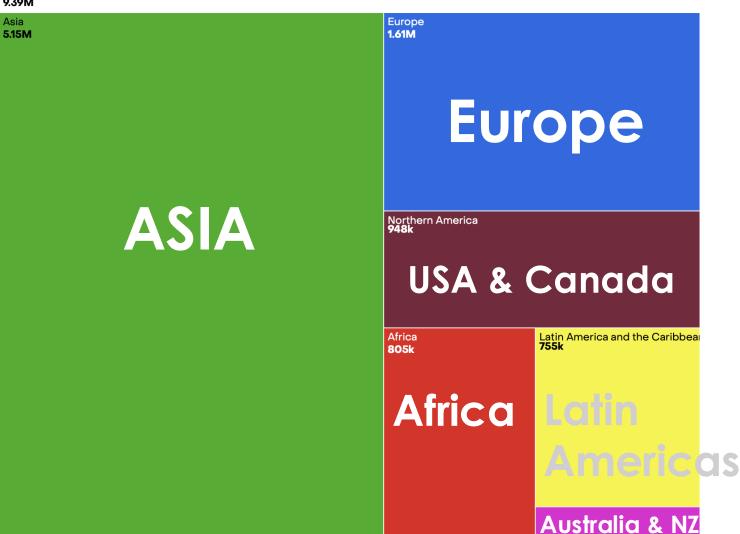
Absolute numbers, Incidence, Both sexes, age [0-64], in 2022

All cancers

World 9.39M by Continents

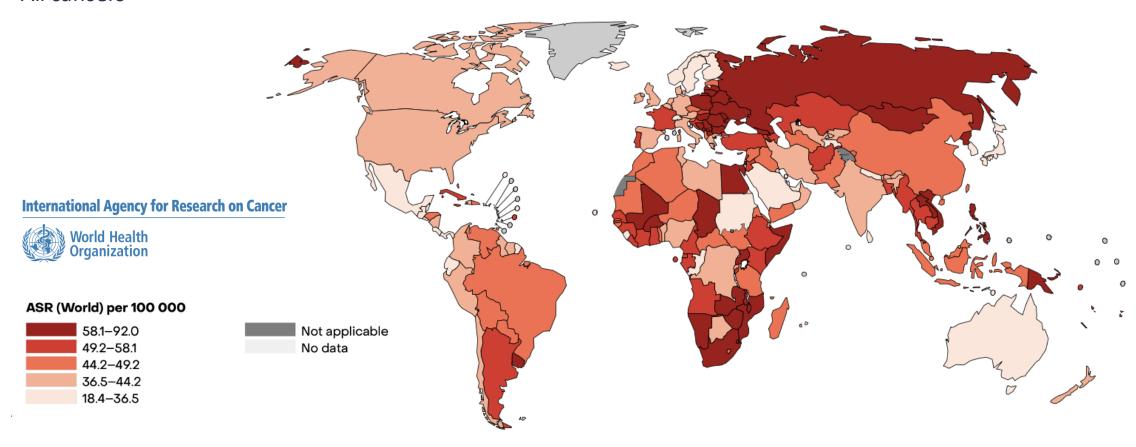
Asia + Africa + Latin Americas =

72% of world cancer incidence



High mortality rates under 65 in LMICs

Age-Standardized Rate (World) per 100 000, Mortality, Both sexes, age [0-64], in 2022 All cancers



Our research

 "Financial Toxicity of Cancer Care in sub-Saharan Africa: A Systematic Review"

 "Constraining and Facilitating Factors of Access to Cancer Care for Children in Ouagadougou, Burkina Faso" (Qualitative Research)

BMJ Open Financial toxicity of cancer care in sub-Saharan Africa: protocol for a systematic review

Akiko kis 0, Zin Wai Htay

To other too A, Hoay ZW. Financial toxicity of careire species and Subsequent Miles protected for a synthetistic besides AMI/ Olser 2024 14 x084145, doi:16.1136 \$100me-2004-084148

 Projublication Natory and additional supplemental material for this paper are available online. To slow Evera Nes, pingsa visit the investiseries (Hillion, Hansvery 10, 1136) h-house-2004-08414E)

Received 10 January 2004 Accreted 28 August 2024

Setroductive In sub-Saharan Atrica (SSA), the number of cancer deaths is expected to double between 2020. and 2030; however, financial costs remain a borrier to accessing cancer treatment and care. There is an existence gap on financial toxicity related to cancer care in SSA. both for the potient and for the bunky members providing cars. Against this background, this rovinw aims to analyse cancer care-related financial faviously for the partient and family coregivers in ISSA.

Methods and analysis. A comprehensive search of peer resimend articles in the English targuage reporting the financial burden of cancer care on pellents and family caregivers in SSA will be conducted using PubMed, Scopus and Web of Science from 1 January, 2000 to 13 October 2023. Not researchers will independently review the titles. abstracts and full-text articles, and any disagnoments will be reached through consumus. A rain of trac associament will be conducted using the assessment book from the Joanno Briggs Institute Critical Approisal Checklist, A quantitation and narration suntheast of included shakes. including the prevalence of financial laxicity of cancer. cars in SSA, will be developed. The review will be reported following the Professol Reporting Norse for Systematic Reviews and Meta-Analyses publishers.

Ethics and dissensation. (Note: review is not required because this review down on published iterature. The results will be presented at leading career and public health conferences, published in peer-reviewed grunnels and disseminated via website posts and social media. channels to improve access to career care and to facilitate evidence-based policyrisking in SSA.

PROSPERO registration resenter CRD40023403011.

Check for updates

Chilberto or their employers 2004. Ne use provided under CC SY NC. No. commercial re-use. See rights and personance. Published to

mature for Proce and Development, Japan Immorphishal Cooperation Agency, Tokur, Jopan National Institute to

erwiniental Endes, Taulub

INTRODUCTION

Cancer is one of the leading causes of premature deaths worldwide. Every year, approxinsurely 10 million cancer deads ucrue, of which one-third arise in low and middle-their children. Hence patients with cancer income countries (LMICa). As the incidence and informal caregivers are both expresed of cancer increases," the financial barden bas to a greater risk of losing employment and also become substantial. In LMICs, patients personal bankruptcy. In addison to with cancer suffer from financial catastrophe - the financial costs of zoncey care, the stress and powerty that to lack of reliable health

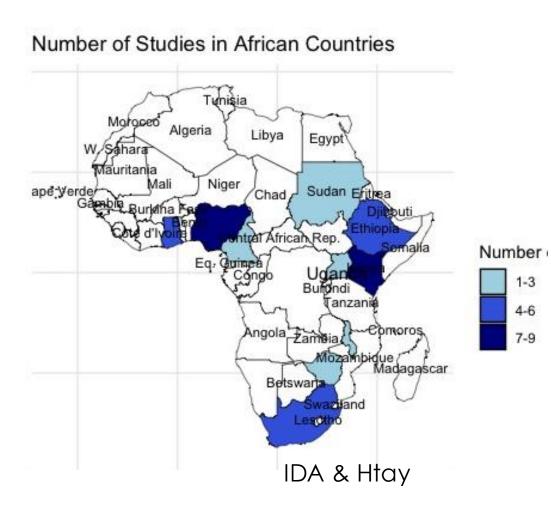
STRENGTHS AND LIMITATIONS OF THIS STUDY

- . This review will extend existing knowledge on the fluorities burden of concer core, using the concept of fearcial toechy, specifically addressing the secocultural and clinical contexts of sub-Saharan Africa.
- The study will include not only patients but also family campless in order to comprehend the household-level impact of cancer care.
- One limitation of this study is the language bias from acticiting only English-language articles.

A growing crisis in cancer incidence and mortality has been reported in sub-Sahuran Africa (SSA): In 2020, 520348 cancer deaths seere registered, which is projected to double by 2050.1 However, the cost of race remains a significant burner for most patients with cancer seeking treatment. Given that government health spending is limited and public health insurance schemes are not universal. people rely heavily on their own pockets to acress healthcare. In SSA, 800-million people spend more than 10% of their income on healthcare. Patients with cancer often incurrelatively high out-of-pocket care expenses. In SSA, chronic illness is one of the determistants of catastrophic bousehold expenditure, which leads to impoverishment."

Financial support from informal carers (often family members in the same household) is essential in this context. In West Nigeria, 82.7% of patients with cancer were reported to have suffered from financial hardships, with the main income source being and peychological burden stemming from a

Financial Burden of Cancer Care in sub-Saharan Africa



• Existing studies concentrate on **five** upper-middle and high-income countries.

 86-95% of households experience Catastrophic Health Expenditures (Knapp et al., 2022).

• People often pay out of pocket for treatment, transport and other expenses (USD 57-5,306.9) (Chagaluka et al., 2021; Mustapha et al., 2020).

Financial burden leads to adverse consequences

- Loss of income and assets
- Low quality of life for the household
- Less access to treatment and less optimistic prognosis
- Worry, fear of death, low selfesteem
- Loss of spouse, family breakdown
- Less participation in social activities



Social vulnerability exacerbates the

Low-income households

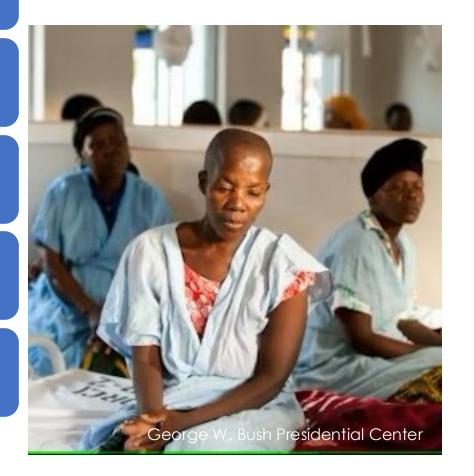
Large households

hurdon

Patients who live in rural areas

Patients with disabilities and those in advanced stages

Patients and families with physically demanding jobs



Testimony

A father of a 3-year-old boy with cancer in Burkina Faso:

"I am a displaced. I even don't have a place to sleep in Ouagadougou. A doctor asked me if I had money, and I said no. Then she gave me a ride to another hospital herself."

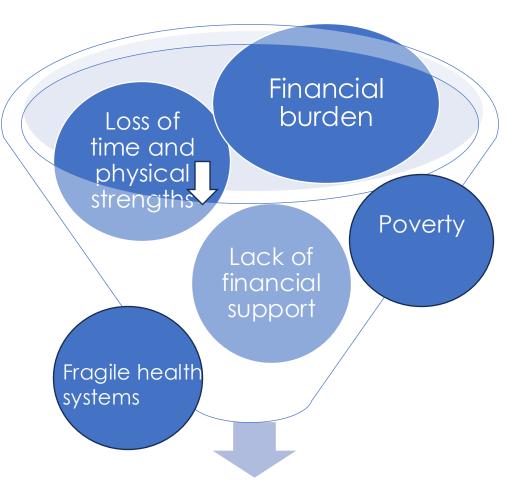
He borrowed money from his friends and took his son to five different hospitals in vain.



Cancer brings a vicious circle to Africa

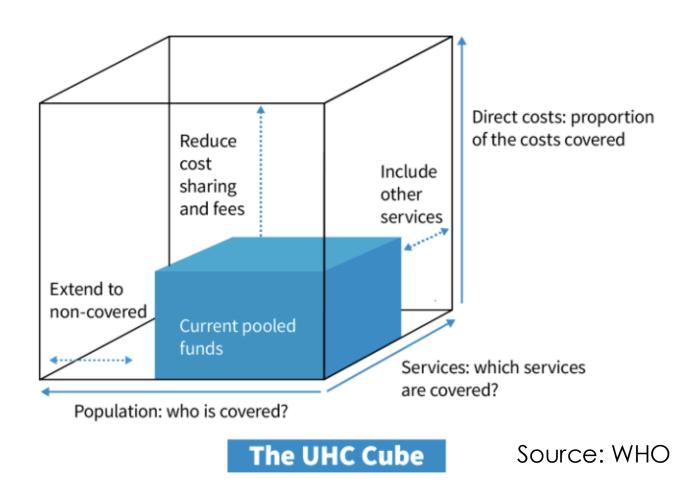
In Africa,

- 40% live under the **poverty line**.
- 60% are engaged in agriculture.
- **Health systems** are fragmented and not fully functioning.
- Cancer requires treatment in the long term.
- External assistance and health insurance are not sufficient.
- Africa accounts for 23% of global cervical cancer mortality. Women often suffer from disabilities.



Impoverishment of cancer patient households

Cancer care should be part of Universal Health Coverage efforts



Take Away Messages



A woman sharing her bed with another patient (Dar es Salaam)/Katrina Manson

• The cancer crisis in LMICs is leading to increased mortality, poverty, inequalities.

Recommendations:

- Inclusion of cancer in UHC efforts
- Financial mechanism to deliver essential care and to protect cancer patients
- Strengthening of health systems
- Listening to the voices of patients and families
- More research in low-income countries

Thank you for your attention



Ida@soc.Shimane-u.ac.jp