

# POLICY BRIEF

No. 1, January 2018

## Saving Lives and Surviving Cancer in Malaysia: Recommendations for Policymakers

### Highlights

A roundtable discussion was convened on 24 November 2017 in Kuala Lumpur to discuss the issue of improving access to life-saving quality cancer treatment in Malaysia through equitable and sustainable solutions.

Organised as a response to increased public concern and attention on cancer, this closed door roundtable discussion brought together stakeholders including cancer specialists, clinicians, parliamentarians, cancer patients and patient advocacy groups.

This policy brief was developed based on the deliberations and debates of that meeting.

#### Recommendations

- Strengthen government & non-government awareness programmes for early cancer detection & treatment
- Improve & increase healthcare financing
- Reform SOCSO legislation
- Increase awareness, promotion & commitment to integrated cancer care
- Establish a coherent drug price policy
- Standardise the fee structure in all public hospitals & improve regulation of private healthcare fees
- Increase specialist to patient ratio

These recommendations are in line with the 70<sup>th</sup> World Health Assembly Resolution on Cancer Prevention and Care (EB114.R2).

### Background

According to the World Health Organisation (WHO), there are approximately **37,000 incidences of cancer reported in Malaysia each year**. Although, it is the 4<sup>th</sup> most common cause of death in the country, Malaysia has the highest mortality to incidence ratio in the Southeast Asia region.

**The ASEAN Costs in Oncology study** studied the economic impact of cancer on patients and families in 8 ASEAN countries and found that 48% of households surveyed suffered from financial catastrophe (defined as a household spending 30% or more of its income on cancer treatment).

The following was seen in Malaysia:

- Out of 1,400 cancer patients in Malaysia, **1 in 2 patients spent 30% or more of their annual household income for cancer**. This calls for **greater financial risk protection** for cancer patients, e.g. SOCSO claims, partnership between private and public hospitals.
- Late stage cancer diagnosis **increased the risk of adverse economic outcomes and mortality**.
- Patients who sought treatment in university hospitals experienced a higher risk of catastrophic payments than those accessing Ministry of Health hospitals. There is a **disparity in funding received by public hospitals in the country**.

- **Risk of facing catastrophic payments** was also associated with **low-income status** and **lack of health insurance**.
- **Non-medical support** (e.g. subsidization of transport costs, childcare support, and counseling) plays an equally important role in the provision of cancer care.
- **Cancer patients' mental health** suffers from diagnosis onwards and even after treatment has ended, with high rates of anxiety and depression reported.

## Issues of Concern

- **As employer-provided health insurance offers access to care in private hospitals, cancer patients are forced to go private centres.** This is problematic to workers with limited medical coverage (e.g. RM20,000), who end up reaching their claim limits very quickly. There are often delays in obtaining reimbursements from insurance, forcing patients to pay for treatment first utilizing their own funds.
- Based on current policies and practices, **patients who are referred from a private institution and not from a Ministry of Health facility (e.g. Klinik Kesihatan, Klinik IMalaysia, district hospital) appear to be penalized.** They are charged for treatment and drugs at higher rates compared to those who entered the public system from the beginning.
- There is concern that patients who go to public hospitals may be unaware that they will have to **pay a separate fee for the treatment of certain diseases including cancer.** Cancer drugs on the National Essential Medicine List are also not necessarily provided for free to the patient.
- **The higher treatment fees charged at University Hospitals** lead to larger numbers of cancer patients experiencing financial catastrophe compared to those in MOH hospitals.
- **Difficulty or inability in claiming benefits from the Social Security Organisation (SOCSO)** as it falls under the Invalidity Pension Scheme (Pencen Ilat). Under this scheme, the eligibility criterion being that the cancer must be at Stage IV or terminal.

## Policy Recommendations

### 1. Strengthen existing government and non-government awareness programmes for early detection and treatment

Additional annual funding is needed for a more comprehensive national programme which is not only dependent on the Government's efforts but also includes those of cancer NGOs.

- **Healthcare Professionals** – Introduce initiatives for continuing medical education (CME) in cancer related issues, including symptom recognition and patient support to bolster interest, quality of services and public confidence.
- **Community** - utilise community health outreach programmes such as "Komuniti Sihat Perkasa Negara" (KOSPEN) to increase level of knowledge, awareness and behavioural changes which lead to early detection and compliance to treatment. Provide increased public funding for cancer NGOs to support the provision of services for the prevention, management, treatment and care of cancer, including palliative care. Establish a well promoted national screening programme that promotes the early diagnosis of cervical, breast, colorectal, prostate and oral cancers.

### 2. Improve and increase healthcare financing

Encourage and accommodate innovations in patient-centred financing programmes including insurance. These could help reduce or eliminate the rate of catastrophic payments and psycho-oncological stress, and promote equitable as well as affordable access to cancer care.

- **Commit to increasing the national health budget** from 4.2% of Gross Domestic Product (GDP) to at least 5%.
- The **Voluntary Health Insurance Scheme (VHI)** should be introduced and made compulsory, rather than voluntary, for all working individuals, with contributions based on an income-linked sliding scale.
- Ensure that **intellectual property rights protections** do not result in unreasonable charges and exorbitant increases in healthcare costs. Utilise the options available under the World Trade Organisation Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to increase access to affordable, safe and quality medicines.

3. **Reform SOCSO legislation**

Amend the Employees' Social Security Act 1969 to introduce a separate claims scheme for chronic diseases, including cancer.

- Patients should be able to claim SOCSO benefits regardless of cancer stage: ideal if patients could receive up to 12 months of financial support.

4. **Increase awareness, promotion and commitment to integrated cancer care**

There needs to be services that assist in the wellbeing of the patient to improve the quality of life before, during and after treatment.

- **Increase psychological support services in the public health sector** - There is a demand for specialists related to patient care, such as specialised nurses, counsellors and clinical psychologists to provide support and therapy to help cancer patients and their families cope and move on with their lives.
- **Develop and provide informational resources** - Informational resources (e.g. patient brochures, booklets) and training of frontline professionals could help patients navigate the treatment pathway, healthcare system and enable them to make informed choices about their treatment.
- **Include a cancer survivorship programme that aids integration** - To provide services and information to improve the quality of life of cancer survivors beyond treatment, e.g. info on getting back to work, occupational therapy, counselling, financial planning, support groups, palliative care, etc.

5. **Establish a coherent drug price policy as part of the Malaysian National Medicines Policy (MNMP)**

Reduction of cancer drug costs, especially those on the World Health Organisation's Model List of Essential Medicines, through a transparent and competitive process based on price transparency, negotiation of market access and reasonable subsidisation would help ensure that affordability and availability are not obstacles to treatment.

6. **Standardise the fee structure in all public hospitals and improve regulation of private healthcare fees**

Implement a common fee structure across all public hospitals (including university hospitals currently under the Ministry of Higher Education). Improve regulation of

private healthcare charges to help improve transparency, manage and reduce medical financial hardship.

7. **Increase specialist (e.g. oncologists, surgeons, psycho-oncologists) to patient ratio** in the public sector to improve care and retain local capacity and expertise.

## References

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## Acknowledgements

- Dr. Abdul Razak Muhamad • Abu Hurairah Bahari • Heng Yee Jia • Lim Su Lin • Assoc. Prof. Dr. Nirmala Bhoo-Pathy • Prof. Dr. Nur Aishah Md Taib • Ong Mei Ching • Rubiyah Dauh • Dato' Dr. Yip Cheng Har • Dr. Saunthari Somasundaram • Mandy Thoo • Yong Yoke Choon • Dr. Michael Jeyakumar Devaraj • Jay Jay Clement Denis • Sim Tong Him • Ng Yap Hwa • Jade See

The Galen Centre for Health and Social Policy is an independent public policy research and advocacy organisation based in Kuala Lumpur, Malaysia. It is committed to an approach which supports individual freedom, choice, and innovation in the development of patient-centric and community-focused health and social sectors.

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