

# The Societal and Economic Impact of Cancer in Myanmar

It is estimated that there were over 770,000 new cases of cancer and 527,000 cancer deaths in the Southeast Asian region in the year 2012. Across Southeast Asia, the number of new cases is expected to rise by about 70% by 2030 to reach 1.3 million. <sup>1</sup>

The ACTION (ASEAN Costs in Oncology) study, conducted by the George Institute for Global Health, examined the human cost of cancer to populations across eight countries in Southeast Asia (SEA). Myanmar was one of the eight countries in which the study was conducted. <sup>2</sup>

The study was designed to assess the impact of cancer on household economic wellbeing and patient survival and quality of life. The study provides evidence for countries in the region to put in place policies that can improve access to cancer care and provide adequate financial protection from the burden of costs of illness. <sup>2</sup>

## Study highlights

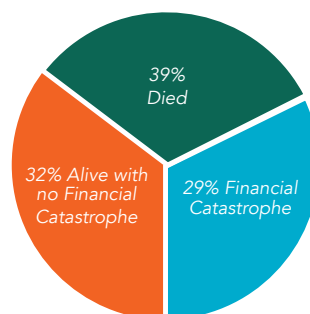
### Key points

- Cancer has been a low health priority in Myanmar, with total healthcare expenditure forming just 1.8% of Myanmar's total gross domestic product. <sup>2</sup>
- Local cancer registries exist in the four main cities (Yangon, Nay Pyi Taw, Taunggyi, and Mandalay), but are paper-based and not integrated into a national system. <sup>2</sup>
- Myanmar does not have a health insurance system or universal healthcare, medical payments are made out of pocket; some patients do not seek treatment because it is cost prohibitive and many patients opt for traditional medicine. <sup>2</sup>
- No national cancer strategy in place; awareness is low but it is a growing issue that requires more strategy and planning. <sup>2</sup>
- There are public screening programs for cervical cancer and breast cancer, but as they are in their infancy and their impact is unknown at this time. <sup>2</sup>

### Key statistics

Being diagnosed with cancer in Myanmar is potentially disastrous, as over 68% of patients will experience death or financial catastrophe 12 months after diagnosis. <sup>2</sup>

A year after diagnosis:



OOP spending is pushing 47% of the households of surviving patients (at 12 months) in Myanmar into financial catastrophe (FC) <sup>2</sup>:



## Key findings

Factors associated with greater chances of financial catastrophe or death:

- **Resource Barriers:** In Myanmar, there is a recognition that the issues need to be addressed and a willingness to partner on collaborations, but there is a lack of capability and competency that hinders development. <sup>2</sup>
- **Educational Barriers:** Many patients in Myanmar have limited education around treatment options and cancer is widely viewed as an incurable and fatal disease. <sup>2</sup>
- **Lifestyle Changes:** Cancer incidence is on the rise in Myanmar, due to changing stressful life styles associated with tobacco smoking, betel-nut chewing, and alcohol consumption. <sup>2</sup>

Presentation stage at point of diagnosis (for available data on cancer stage)



Cancer stage: A more advanced cancer stage at diagnosis is associated with more than five times the odds of death and 50% higher odds of FC. <sup>2</sup>

## Why was the study conducted?

- Cancer has been cited as the biggest cause of mortality worldwide, with 8.2 million deaths in 2012 (IARC Global Cancer Report). The cancer challenge in SEA is particularly pronounced, with 70% of global mortality in the next two decades predicted to occur in low and middle income countries. <sup>2</sup>
- The economic burden of cancer treatments to health systems, individuals and their households will grow as the availability of medical technologies and treatments expands across regions. These impacts will be felt most strongly in socioeconomically disadvantaged groups, particularly those in low and middle income countries where social safety nets are less likely to be present. Cancer can therefore be a major cause of economic hardship, because treatments are costly and the disease impacts people's ability to work. In addition, economic hardship can have a devastating effect on cancer outcomes. <sup>2</sup>
- Little evidence exists about the economic impact of cancer on households in low and middle income settings and its relationship to treatment patterns and health outcomes in Myanmar <sup>2</sup>

## Patient experience: Myanmar

Aung\* is 52 years old and lives in Yangon, Myanmar. She was diagnosed with Stage 2 breast cancer at the age of 50.

Having never been married, when her symptoms first arose, it was Aung's neighbours who urged her to see an oncologist. Her brother and cousin helped her arrange it. At first, her family didn't let her know the result of her test as they wanted to protect her from the news.

After finding out her diagnosis, Aung received treatment at a private hospital, which was much cleaner than a public hospital. The cost of treatment exceeded her income, so she borrowed money from neighbours and relatives. Aung also had to leave her job at a kitchenware stall at the local market and rent out her space to others in order to pay for treatment.

Aung's younger brother, a key part of her support network passed away himself from liver cancer after she was diagnosed. He survived less than a year after his diagnosis, after struggling to help pay to cure his sister's cancer. He didn't want her to know his financial struggles and tried to manage it all himself.

Aung's biggest priority is to get well so that she can care for her elderly mother.

\*The patient name has been changed

**“Cancer has changed my life completely because in the past I would go to work regularly and I had no worries for money. Now I can't work and if I work hard I feel very tired”**

## How the study was conducted

The longitudinal cohort study followed 9513 cancer patients through their first year following diagnosis, and involved a mix of public and private hospitals. The study recruited 1178 participants from across Myanmar with a mean age of 51 years. <sup>2</sup>

Patient interviews took place at baseline diagnosis, 3 months and 12 months. The primary outcome was financial catastrophe, defined as more than 30% of household income spent on out-of-pocket expenses for cancer treatment at 12 months following the cancer diagnosis. Secondary outcomes included death, quality of life, psychological distress and disease status. <sup>2</sup>

## Myanmar study design



58% Female  
42% Male

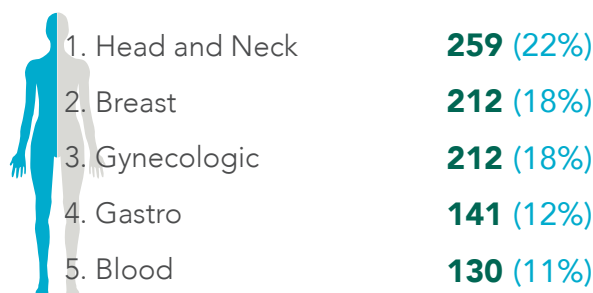


Mean age of  
51 years



Baseline, 3 month &  
12 month interviews

## Top 5 cancer sites represented <sup>2</sup>



## Action plan

- **Support ongoing policy efforts in oncology by building greater public awareness, providing impetus for planning, funding, and support.** <sup>2</sup>
- **Create long-term roadmaps to support reinvestment in the local healthcare systems, increasing the number of treatment centres, and building capacity and improving technology available for diagnosis and treatment.** <sup>2</sup>
- **Increase and improve data collection.** <sup>2</sup>
- **Implement a National Cancer Registry.** <sup>2</sup>
- **Extend financial protection through publicly-supported cancer care to better protect citizens from the costs associated with treatment.** <sup>2</sup>
- **Establish a reimbursement system for the healthcare of cancer patients.** <sup>2</sup>
- **Create and better utilise existing social safety nets to prevent citizens from poverty and economic hardship after cancer diagnosis.** <sup>2</sup>
- **Improve outcomes and minimise costs through early screening programmes that achieve high uptake and cover large numbers of the population; increasing early detection will reduce the costs of treating cancer and will increase economic productivity.** <sup>2</sup>
- **Assist government in recognising that the costs associated with non-communicable diseases such as cancer are a significant driver of poverty in Myanmar and the region.** <sup>2</sup>
- **Recognise and prioritise cancer treatment—reposition it as a cross-governmental national issue affecting households, society and the economy, rather than limited to the healthcare sector.** <sup>2</sup>

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1. International Agency for Research on Cancer – World Health Organization. GLOBOCAN 2012: Estimated Cancer Incidence, Mortality and Prevalence Worldwide in 2012. Available at [http://globocan.iarc.fr/Pages/fact\\_sheets\\_population.aspx](http://globocan.iarc.fr/Pages/fact_sheets_population.aspx).
2. Data on file from the ACTION Study, The George Institute for Global Health (2015)