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Remove cancer treatment barriers

More needs to be done to help dislodge crucial blockages that impede access to available healthcare services for the marginalised

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WHEN cancer hits, it hits regardless of one's background. But for the poor who live in rural areas, it is a double blow.

They tend to not survive for the lack of funds to travel the distance to the nearest hospital. Many also opted for alternative medicines, while others had no one to take care of their children if they go for treatment, according to the Health Ministry.

The situation has worsened through the years. Hence, the launch of the national health protection scheme for the low income B40 group called Peduli Kesihatan B40 (PeKa B40), covering those ages 50 and above recently came as a pleasant surprise.

The government has allocated RM100mil for the PeKa B40 pilot project starting in March, and will cover an initial 800,000 eligible recipients nationwide.

The benefits include health screenings, the buying of medical devices, payment incentive for completing cancer treatment and transport cost incentive.

The strategies are commendable as they will help dislodge crucial blockages that impede access to available healthcare services for the marginalised.

If in the previous government administration, former Health Minister Datuk Seri Dr S. Subramaniam had boldly initiated access to Hepatitis C treatment (which can lead to liver cancer in some cases) with the use of compulsory licensing, Datuk Seri Dr Dzulkefly Ahmad and his team have introduced PeKa B40 that address some core issues in healthcare access for cancer and NCDs.

Feb 4 is World Cancer Day and the Union for International Cancer Control (UICC) has initiated a three-year campaign (2019 – 2021) with the theme, "I am and I will," to inspire and encourage action from individuals, the health community, and governments to improve public awareness and access to early detection, screening, and diagnosis.

These are important as they will significantly improve cancer patients' chances of survival and quality of life, UICC said in a statement today.

Last year, there were more than 18 million new cases of cancer diagnosed worldwide, of which nearly five million cases of breast, cervical, colorectal, and oral cancers could have been detected sooner and treated more

effectively, it said.

"However, barriers to achieving higher rates of early cancer detection need to be addressed now at the individual, health system, and governmental level to significantly reduce the personal and financial burden of cancer worldwide," it said.

UICC CEO Dr Cary Adams said: "This World Cancer Day, we want people to know that many cancers can be managed and even cured, especially if they're detected and treated as early as possible. By detecting cancer at its earliest stage, we seize the greatest opportunity to prevent millions of avoidable deaths worldwide."

By implementing resource-appropriate strategies on prevention, early detection, and treatment, up to 3.7 million lives can be saved every year, said UICC, adding that cancer is the second leading cause of death globally.

While at the individual level, people should make efforts and champion healthy choices to prevent and reduce cancer risks (one third of cancers are preventable), governments closing the equity gap on access to cancer services can save millions of lives, it said.

"Governments stepping up efforts will place their nations in a stronger position to advance socially and economically," it said.

Financial investment can be cost-effective and can potentially save the global economy billions of dollars in cancer treatment costs and offer positive gains in increased survival, productivity and improved quality of life, it said.

At the same time, the lack of oncologists in public hospitals here and high cost of drugs and private hospital charges which also impact middle class patients, need to be addressed.

Third World Network adviser Dr Lim Mah Hui too said the drug patent system and drugs going through many levels before reaching patients have added to the high cost of medicine. While the government should initiate centralised purchasing and regulate the price of drugs like what the advanced countries were doing, there was still a need for a study to be done on the drug procurement system, he said.

Dr Dzulkefly had recently promised to look into obstacles that local generic drug industry face in offering more affordable generic drugs. For this, the Domestic Trade and Consumer Affairs Ministry and the Finance Ministry should cooperate.