

Cancer Economics: Global Economy, Intervention and Implications in Cancer Control in South East Asian Countries

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Abstract

The landscape analysis of global economy and its regional impact pertaining to the non-communicable disease containment is very important for framing an evidence based interventions. The global economy and its impact on the access to essential medicines, among the vulnerable communities in the country's worst hit by the poor governance are worth recognizing in the early phase of disease interventions. Most of the times the governments and governance mechanism fails to recognize the disease burden pertaining to the non-communicable diseases. Fragile governments and political prioritization, in the countries with the poor economies poses enumerable challenges in addressing the issues pertaining to the provision of the universal health coverage. The health sector alone in the countries, hit by the crisis in all the fronts may not be promising and capable of achieving the health related targets and bringing the reforms in service delivery, but needs an integration with the non-health sectors and should reinforce with the institution of good governance mechanism.

Keywords: Global economy; Catastrophes; Cardiovascular diseases; Tobacco usage; Dietary pattern

Introduction

The sectoral global GDP allocations in these countries are highly disproportionate and most of the times, compromises in strengthening the social security systems, there by incapacitating the health sector to meet the shocks, including those which roots from the health. The countries needs innovations in bringing the reformation in the transition phase, which is highly sensitive for the volatility of the economies and foreign policies, and need insulation, for preventing uneventualities, meeting the catastrophes.

The public policies of the countries and implication in changing the lives of the people worst affected by the catastrophes, should be visible at every stage, meeting the shocks by providing the health safety nets. Non communicable diseases, though provides the health systems enough lead time

to intervene, it fails to influence the attention policy makers, to realize the burden it poses, though it is an exaggeration of the actual scenario, as most of the risk factors (such as tobacco usage, dietary pattern, physical activity) associated with the major NCD's such as cardiovascular diseases, and cancers are socially acceptable. There is a gross discrepancy in resource allocation, in the containment of the NCD's and communicable diseases, so as the return of investments. Though NCD's accounts for two thirds of the deaths in LMIC, but receive only 2% of donor assistance, while 36% is allocated to HIV, TB and Malaria [1].

Analytical Cross Sectional Study: Retrospective Analysis of the Secondary Data

For the NCD's every one US dollar, invested, the return of investment of about US dollar seven is expected as per the reliable sources, whereas in immunization is quite higher than the NCD's it is up to sixteen times more, that does mean that, there is a need to optimize the resource and maximize the productivity, while addressing the disease burden by various means (interventions) which can be quantified in economic dimensions. It is not only the quantification of the epidemiological dimensions of the disease burden, but also the economic dimensions can be directional in instituting surveillance systems and optimize the returns in the resource constraint situations [2].

The macro and micro economic policies, foreign direct investments, though are distal drivers are the pillars of intervening the disease burden in countries with transition economies. Understanding the economic dimension of the diseases needs a thorough insight in to the core issues, as most of the interventional activities, relays on the economic policies. The structural reforms can be brought by holistic approach for the issues pertaining to the provision of the universal health coverage. The economic quantification of the disease burden involves the following methods of quantifying the disease burden. They are cost of illness method, macroeconomic simulation, and statistical value of life method [3]. The economic dimension of the disease burden estimation can help in framing

an intervention. The intervention designing and its implementation largely depends on the policies which rely on the empirical evidence for bringing the quick and evidenced based changes within the stipulated period of time.

The implementation research, plays a prominent role in service provisions, by harmonizing the innovations with the particular context, so called the contextualization, as the priorities and the challenges varies from the region to region, there is no single solution which holds good across, though we draw consensus and frame guidelines. The disease burden in South East Asian region for non-communicable diseases is quite high particularly related to the lifestyle related diseases [4]. The South East Asia regional disease burden and resource allocation in core disease groups, such as cancers, cardiovascular diseases related to common risk factors, such as tobacco usage, physical activity dietary patterns, is worth discussing in this paper, in the context of political landscape, political economy, vulnerability and emerging markets.

The market access for the essential medicines and provisions for the essential medical care is liberalized, due to trade negotiations, policies. The trade related intellectual property rights, patents, national pharmaceutical policies plays a significant role in meeting the medical catastrophes. The stringent laws and regulations related to the manufacturing of the generic drugs in the countries can be a viable solution for meeting the catastrophes. The access campaigns, advocacy related to the access needs to be scaled up aggressively so as not to make the medicines luxury rather should be made accessible to the vulnerable communities [5].

The classic example of Africa in manufacturing the cheaper version of the retroviral and making accessible to the poor, cutting down the cost of medical care significantly, is an example how the policies in the manufacturing sector, particularly addressing the trade related issues, patents, can influence the quality of life of poor and vulnerable. Infectious diseases always influence the policy makers, due to their significance impact, which is visible within the framework of the development and the political agenda. Most of the times the non-communicable disease, goes often missed out from the public policy sphere, unless if the issues pertaining to the access etc. are extensively been advocated, by strengthening the case.

The scenario analysis, systems thinking and policy approach are some of the cost effective solutions for the meeting the catastrophes, by contingency planning in the country's worst affected political and governance systems. The non-communicable disease burden is huge in South East Asian countries, as compared to the countries with the developed economies [6]. The strategies, and the approaches, with the levels of receptiveness among the stakeholders differ with in the region, and needs alignments with the country priorities and the global goals. The grand challenges of global health and implications on health systems performance in South East Asian countries: NCD disease burden: The health a system, though investing in health systems is considered as traditional practice, at high level, the debates pertaining to diversify the strategies, for provision of universal health care across is very exciting.

The south East Asian countries, though most of the countries in the region are in good diplomatic relations, with their counter parts, the global interventions pertaining to the NCD's and investments and strategic plans differs, and needs be reinforced with the evidence based strategic decisions and there is a further need to field the best interventions and to document the best practices for the future replication. The interventions should be framed based on the empirical evidence, so as to make the interventions cost effective for optimization of the health investments and resource diversification.

The convergence agenda and the implications on the health investments and systems performance in the South East Asian region. A unique characteristic of our generation is that collectively we have the financial and the ever-improving technical capacity to reduce infectious, child, and maternal mortality rates to low levels universally by 2035, to achieve a "grand convergence" in health. With enhanced investments to scale up health technologies and systems, these rates in most low-income and middle-income countries would fall to those presently seen in the best-performing middle-income countries [7]. The Global health security is taking the center stage, addressing the burning issues, and it needs political and diplomatic approaches for the mitigation of the Global disease burden. Geopolitics and humanitarian crisis in the country's worst affected by radical thinking, than the development complicates the provision of universal health coverage. The internal security threats and the foreign policies of the developing countries, its multilateral relations largely affects in meeting the crisis situations pertaining to the health catastrophes. The technology transfers always minimize the costs, and widen the access.

Discussion

The cancer outcome research, economics, related quantitative as well as qualitative disciplines and methodologies are very important for the quantification and estimation of the quality of life issues, of the disease groups. The outcomes research, in facilitation of the cancer care services and making them access to the vulnerable communities operationally minimizes the barriers. The economic and epidemiologic dimensions of the disease burden assessments constitute the prime research activity in providing the evidence based cancer care. Though the paper is intended to make cancer and its catastrophic impact, well evident, among the policy makers, which can sensitize and eventually can lead to new policy initiatives. The economic dimension of the cancer care and interlinking the same by bottom up and top down approach, to the micro and macroeconomic policies, of the national governments can be one of the best viable and cost effective interventions for equitable access to the cancer care. Most of the countries with in the region are vulnerable for the health shocks meaning that, they end up spending exorbitant costs. The cost sharing mechanisms and the coping strategies varies with in the region and is very interesting to discuss in the context of health care economics.

Conclusion

The demand and supply theory for the cancer care provisions and implications in making the services equitable for the populations, sometimes seems to be unrealistic in planning health care services, as we rely most of the times on proxy indicators, which can mislead us. The flaws in the data for the policy and planning of the health services, though it is well evident, for those, who cannot appreciate the importance of the numbers, with relevance to the provisions of the services. The policy perspectives and the actual real life situations, seldom synchronizes in making the care accessible. The cultural context and the house hold dynamics with in the south East Asian region plays a dominant role, in availing the services. The micro economic approach such as micro insurance, cash transfers, etc. Seems to be viable option for reducing the catastrophes.

Hence this paper concludes, and advocates for opening up of the channels for the cost sharing, at all possible levels, by all means, to establish a safety nets, which can serve as social safe guards for further determination of the households worst hit by the neoplasm's. The socio-economic issues, and shock mitigations strategies, through innovations in outreach can be best being addressed in the local context, often interlinking to the global forum. In reality access to the care, with no cash or with minimal expenditures, from the first point of contact to the tertiary cancer care needs to be strengthened, though most of the private players in the health care markets, particularly the

health insurance companies, playing a dominant role in providing the cashless health care services. There is a need for the government to act at rapid pace, and to strengthen the response system, in the developing countries.

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