Health financing strategies for breast and cervical cancer in LAC

Fernando Lavadenz, Senior Health Specialist, LCSHH
The Problem

Is there a path towards allocative efficiency for breast and cervical cancer?

Do we know all stakeholders to whom we can ask for more money?

Are we sure that new money will improve health systems performance and will contribute to better address cancer challenges?

There is a need to build a new framework for allocative efficiency and sustainability and to improve technical efficiency and institutions in order to better address cervical and breast cancer in LAC.
How to build a good environment for healthy financial decisions?

Experimental and quasi-experimental evidence
Survey and Administrative evidence
Evaluation evidence
Qualitative research evidence
Systematic review evidence
Consultative techniques

Technical quality and trustworthiness

Low
High

Evidence demand-constrained countries
Evidence supply-constrained countries

Virtuous circle countries
Evidence-based
Evidence-influenced

Womens’ cancer
Opinion-based
Evidence-influenced

Enabling policy environment

Practice of Political Life
Timing of the analysis
Judgement
Experience
Resources

Lobby system
Think-tank
Opinion leaders
Media
Civil Society
LAC’s financial challenges

New financial challenges for NCD’s

1. Insufficient financing for a new health Intelligence for addressing NCD’s
2. Insufficient and non-sustainable financing of selected NCD’s programs
3. Insufficient financial dialogue with Ministries of Economy, and new stakeholders (RBF)
4. Urban health is new challenge
5. Insufficient institutional conditions for creating evidence-based financial decisions
Insufficient financing for a new health Intelligence for addressing NCD’s

1. Not enough impact evaluations are done
2. Few Experimental and quasi-experimental evidence
3. Risk factors surveys are not widespread available
4. National burden of disease studies are available only in Argentina, Brazil, Chile and Peru and even there, breast and cervical cancer does not appear as one of the most relevant causes of disease and does not track enough financing need to perform sub-national studies
Examples of Burden of disease studies in Peru and Chile

Burden of diseases in Chile (percentage)

- Congenital anomalies
- Depressive disorders
- Biliary Disorders
- Acute lower respiratory infections
- Hypertension
- Cerebrovascular diseases
- Osteoarthritis and related
- Ischemic heart diseases
- Asthma
- Alzheimer
- Posttraumatic stress
- Perinatal problems
- Psychosis
- Rheumatoid arthritis
- Cervical cancer

Cervical cancer appears in in the bottom of the burden

BOD in Peru

- Injuries
- Alcohol abuse
- Depression
- Arthritis
- Diabetes
- Cardio-vascular disease
- Cavities
- Cirrhosis
- TB
- Asthma
- Violence

AVP
AVD
Case of Argentina: Burden of disease study

National burden of disease study

Disability-adjusted Life years in Argentina

- Other NCD
- Ischemic heart disease
- Cerebrovascular diseases
- Road accidents
- Lung cancer
- Other lung conditions
- Diabetes
- Perinatal asphyxia
- Suicide
- Unintentional injuries and accidents
- Violence
- Septicemia
- Other congenital malformations
- HIV
- Perinatal problems
- Colon Cancer
- Nephritis and nephrosis
- Liver cirrhosis
- Low birth weight

Cervical cancer does not appear in the national BOD survey BUT it appears when we work at a sub-national level

New studies of BOD in megacities (Cordoba, Buenos Aires) evidence NEW results

BOD in Cordoba - Women

- Otras Afecciones Cardiovasculares
- Cardiopatía Isquémica
- Cancer de Mama
- Diabetes
- ACV

AVPMP YLD
Need to revert the tendency of “insufficient and non-sustainable financing of NCDs”: case of Argentina

2001-2003: Not comprehensive program of vaccines. Low coverage (around 80%) with a basic package of 9 vaccines in the calendar, and with external financing of 85%.

2012: Program with high coverage (92%), basic package of 17 vaccines in the calendar, evidence-based unit for introduction of new vaccines, own financing of 95% of vaccines in 2011 and tracking system for monitoring supplies (SMIS).

Reversion in the financing of vaccines
Need to create more SUSTAINABILITY and finance OUTPUTS

Design instruments to ensure the implementation of policies to achieve health system goals

Allocative efficiency for supplies, medicines, human resources and budget

2001: 5% of budget based on RBF

2011: 60% of the budget based on RBF

Projects with use of RBF

FESP I
FESP II
Plan Nacer I
Plan Nacer II
Provincial insurance

Case of Argentina
Latin America is the most urbanized region in the developing world.

The share of urban population went from 40% from 1950 to 80% in 2010.

In LAC, 260 Million people (out of a total population of 580 M) live in 198 cities with more than 200,000 inhabitants.

Currently, 95 Million people live in the 10 largest cities in LAC.

By 2025, 85% of the population will be urban.

and this tendency is expected to grow...
In countries with high rates of urbanization, burden of disease is concentrated in NCDs. Example: Argentina.

**Compared burden of disease**

- World: 9.5% Injuries, 28% CDs, 62.5% NCDs
- Low-income countries: 7.6% Injuries, 36.3% CDs, 56.1% NCDs
- Middle-income countries (MICs): 11.5% Injuries, 13.8% CDs, 74.7% NCDs
- High-income countries: 8.9% Injuries, 6.6% CDs, 84.5% NCDs
- Argentina: 7% Injuries, 12% CDs, 81% NCDs

Urban population in Argentina is the 96%
Urban health as a new challenge: MEGACITIES

How do we understand these differentiated challenges and find tailored financial STRATEGIES for each territory?

1. New financing for building new health Intelligence to better understand problems.
2. New global consensus on key interventions
3. New multi-sectoral consensus and strategies with key stakeholders.
Successful partnerships with the Argentina Association of Bakeries towards salt reduction

7,000 out of 28,000 bakeries engaged in salt reduction strategy in Argentina
Some successful initiatives in combatting NCDs

Food regulation: Partnership with private firms to reduce trans fat by 2014

Partnership with the Argentine market federation of fruits and vegetables for its distribution in local markets
Some successful initiatives in combatting NCDs

BUILDING CONSENSUS BASED ON A TERRITORIAL APPROACH

I. NETWORK OF HEALTHY MUNICIPALITIES

II. MEGACITIES
Some successful initiatives in combatting NCDs: Healthy municipalities

**PROGRAM CYCLE OF LIFE (PNMCS)**

**ADHERENT MUNICIPALITY**

- Present a letter of intent to the Mayor or Municipal President
- Presentation of a certificate signed by social, public and private organizations.

**TITULAR MUNICIPALITY**

- Training of technical teams
- Designation of a municipal counterpart
- Formation of an intersectoral bureau

**RESPONSIBLE MUNICIPALITY**

- Project Execution
- Compliance with process goals
- Favorable external evaluation

**HEALTHY MUNICIPALITY**

- Compliance with results goals
- Favorable external evaluation

Some successful initiatives in combatting NCDs: Healthy municipalities
Some successful initiatives in combatting NCDs: Healthy municipalities network

PROGRAM ADVANCES 2008 - 2011

• INCREASE IN PARTICIPATING MUNICIPALITIES:
  70% of the municipalities in the country are in the program

GOAL
750
NETWORK MEMBERS

ACHIEVED
854
MEMBERS

70% OF MUNICIPALITIES IN THE COUNTRY Are in the program
Some successful initiatives in combatting NCDs: Healthy municipalities network

<table>
<thead>
<tr>
<th>GOAL</th>
<th>ACHIEVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>750 MEMBERS IN THE NETWORK</td>
<td>854 MEMBERS</td>
</tr>
<tr>
<td>400 TITULAR</td>
<td>485 TITULAR</td>
</tr>
<tr>
<td>350 ADHERENTS</td>
<td>369 ADHERENTS</td>
</tr>
<tr>
<td>100 REGIONS: NOA Y NEA</td>
<td>153 REGIONS: NOA Y NEA</td>
</tr>
</tbody>
</table>

Some successful initiatives in combatting NCDs: Healthy municipalities network
Do we have sufficient technical evidence in Argentina?

- Experimental and quasi-experimental evidence: Yes
- Survey and Administrative evidence: Yes
- Evaluation evidence: Yes
- Qualitative research evidence: Yes
- Systematic review evidence: Yes
- Consultative techniques: Yes

Technical quality and trustworthiness:

- Evidence demand-constrained countries:
  - Evidence-influenced: Low
  - Opinion-based: High
- Virtuous circle countries:
  - Evidence-based: High
  - Evidence supply-constrained countries:
    - Evidence-influenced: High

Enabling policy environment:

- Practice of Political Life: Yes
- Timing of the analysis: Yes
- Judgement: Yes
- Experience: Yes
- Resources: Yes
- Lobby system: Yes
  - Think-tank
  - Opinion leaders
  - Media
  - Civil Society
What’s NEXT for combatting NCDs in LAC?
WE’VE ALREADY CHANGED THE CONSENSUS...

From a consensus on maternal health

<table>
<thead>
<tr>
<th>Maternal health</th>
<th>Examples of interventions</th>
<th>Examples of global initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn and child health</td>
<td>Skilled birth attendance; access to emergency obstetric care</td>
<td>Making Pregnancy Safer</td>
</tr>
<tr>
<td>Oral rehydration therapy; micronutrients; immunisation; antibiotics for lower respiratory tract infections</td>
<td>Integrated Management of Childhood Illness; Global Alliance for Vaccines and Immunizations; Global Alliance for Improved Nutrition</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Voluntary counselling and testing; condoms; prevention of mother to child transmission; combination antiretroviral therapy</td>
<td>3 by 5; GFATM; Presidential Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>DOTS strategy for tuberculosis control; DOTS plus (for treatment of multidrug resistance)</td>
<td>Stop TB; GFATM</td>
</tr>
<tr>
<td>Malaria</td>
<td>Insecticide-treated nets; effective case management; indoor residual spraying</td>
<td>Roll Back Malaria; GFATM</td>
</tr>
</tbody>
</table>

A new consensus on interventions and global initiatives for:
1) NCDs and risk factors
2) Injuries and violence
Strategic approach of territorial spaces, with focus in the BOD

Multi-sectoral vision

Partnerships with civil society, and private sector, based on specific problems.

A new global, and multi-sectoral consensus for collective illness.
There is always a “caminito” to do it
Thank you

Fernando Lavadenz
flavadenz@worldbank.org