

Executive Summary



Objectives



The aim of the Integrated Cancer Control Initiative in Latin America (ICCI-LA) study is to help improve Brazil's response to the rising burden of cancer, as part of its Constitutional commitment to health as a human right and as part of the international push for universal health coverage. The objectives of this report are to discuss the overall context of the Brazilian health system related to cancer, present major health system challenges identified by stakeholders, and identify policy options as suggested by the leading experts involved in the ICCI-LA study.

Methods



The primary methods of inquiry used by the research team include a review of published literature and datasets on the Brazilian health system and cancer burden, an online survey conducted among subject-matter experts to ascertain primary challenges and opportunities within the Brazilian health system around cancer, and a virtual stakeholder workshop which facilitated expert discussion around the topic.

Findings



According to the Global Cancer Observatory (GLOBOCAN) that includes estimates by International Agency for Research on Cancer (IARC), a research agency of the World Health Organization (WHO), Brazil had an age-standardized rate (ASR) of 215.4 new cases of cancer per 100,000 people in 2020. Brazil and Argentina have the highest ASR of incidence for cancer in Latin America with more than 200 cases per 100,000 people. Similarly, Brazil has the second highest ASR of mortality among selected Latin American peer countries at 91.2 deaths per 100,000, lower than Argentina, but higher than Mexico, Colombia, and Chile.

The primary challenges, identified through a survey of responses from 27 stakeholders and contributions from 52 participants involved in virtual roundtable discussions, were organized into four health system areas: 1) Organization and Governance, 2) Financing, 3) Resource Management, and 4) Service Delivery.

A common challenge identified in both stakeholder surveys and virtual workshops was inefficiency in healthcare delivery alongside poor allocation of resources, which can hinder quality of care. Other issues included: fragmentation of the health system and ineffective financial organization, as well as weak coordination and collaboration among different administrative levels and health institutions, and a lack of focus on prevention and primary care.

Policy options to address the identified challenges were also categorized by the four health system areas. Suggestions for improving Resource Management included (i) enacting public policies for cancer care to ensure better collaboration between agencies, (ii) restructuring resource allocation to create means for improving continuity in cancer care, (iii) enacting policies that prioritize cancer prevention, and (iv) conducting cost-effectiveness assessments to restructure existing resources and healthcare budgets.

Policy options for strengthening Organization and Governance included (i) enacting new reforms to update current cancer laws, (ii) improving collaboration and cooperation among different actors within government entities and between stakeholders, (iii) creating an independent institution to monitor and manage cancer care in the country, (iv) expanding regional capacity, and (v) implementing policies to engage stakeholders and the public in decisions pertaining to cancer funding and care delivery.

Financing policy proposals included (i) implementing policies to increase the national budget allocated for cancer, (ii) increasing funding to establish an independent agency that can undertake timely research to inform policy, (iii) implementing policies that consider the long-term impacts of supporting comprehensive cancer management, and (iv) addressing equity issues between public and private sectors.

Policy options for service delivery included (i) implementing reforms to existing cancer laws to improve quality of care, (ii) improving provider training around cancer care, and (iii) establishing comprehensive and integrated information services focused on quality assurance.

Recommendations

The study collaborators propose nine overarching recommendations for the Brazilian health system to consider in order to address the rising burden of cancer and the challenges that exist to enable the introduction of changes for improving cancer care.

Highest priority:

1. Improve coordination of cancer care and control and reduce fragmentation of services by creating integrated service delivery networks for cancer.
2. Improve the existing cancer registries and establish a national population-based registry.
3. Conduct a comprehensive analysis to identify priorities for cancer care and control and to improve the efficiency and equity of resource allocation.

High priority:

4. Develop a multidisciplinary innovation hub in Rio Grande do Sul to design, develop and implement innovations to improve cancer care, control and outcomes and learn from this experience to replicate elsewhere in the country.
5. Restructure the delivery of cancer services to enable provision of consistently high quality and equitable cancer services.
6. Improve the effectiveness, efficiency, equity and responsiveness of cancer care by developing and implementing digital care pathways.

Medium priority:

7. Strengthen multisectoral actions that prioritize prevention interventions for cancer.
8. Improve training of healthcare providers on multisectoral approaches to cancer care and service delivery.
9. Restructure payment model for healthcare providers by introducing pay for performance and improved outcomes.



The ICCI is made possible through a collaborative agreement between UICC and Novartis. All research activities performed by UICC and research partners are done independently of Novartis or any other pharmaceutical manufacturer.

