Financial assistance for low-income cancer patients: A five-year utilisation review of a public–private partnership initiative in Malaysia

Nurul Asyiqin Aziz, Maizura Abdul Jabar, Anis Farhana Badrul Hisham

ProtectHealth Corporation Sdn Bhd, 63000, Cyberjaya, Selangor, Malaysia

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ABSTRACT

Introduction: PeKa B40 is a public-private initiative aimed at supporting the healthcare needs of the low-income groups nationwide. The scheme comprises of four benefits, including the Completing Cancer Treatment Incentive (CCTI) and Transport Incentive (TI). Recipients of government cash aid are automatically eligible for PeKa B40, with CCTI and TI applied concurrently unless opted out. These incentives aim to provide some financial risk protection for low-income cancer patients encouraging them to complete their oncology treatment. This data review profiles the utilisation trends over the five years since program initiation. **Materials and Methods:** Data on beneficiaries of CCTI and linked data for TI from 2019 until 2024 were extracted from ProtectHealth's BMS database. Benefit payouts in Ringgit Malaysia (RM) were calculated based on total claims paid. Descriptive analysis was performed to summarise trends by year, cancer type, state and sociodemographic characteristics. **Results:** Since 2019, nearly RM 6 million was disbursed under CCTI benefiting 10,213 patients. Meanwhile, about RM 3 million was paid across 32,803 TI claims by the CCTI recipients. However, less than 25% of patients fully utilised the RM 1,000 CCTI benefit. Beneficiaries were referred by 65 public hospitals across Malaysia, with Sabah hospitals cumulatively reporting the highest share of beneficiaries and number of claims for both CCTI and TI. Nearly all patients receiving CCTI (99.7%) also utilized TI during their treatment. Utilization of CCTI by cancer type observed that breast cancer accounted for the majority at 28.4%, followed by colorectal cancer (14.9%), and cervical cancer (6.8%). Most of the beneficiaries were female (66%), Malay (43%) and in the 60-69 age group (37%). **Discussion:** The increasing trend of annual benefit utilisation underscores the scheme's potential in supporting low-income cancer sufferers amidst rising national incidence for all-type cancer. Conclusion: Financial incentives can reduce the burden among B40 patients and encourage treatment completion.

Keywords: Cancer, financial incentive, transportation, public-private partnership, low-income population