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THE SOCIOECONOMIC BURDEN OF OVARIAN CANCER IN 11 COUNTRIES

The Socioeconomic Burden of Ovarian Cancer in 11 Countries Study is a **groundbreaking work highlighting the comprehensive impact of ovarian cancer**—a burden that extends far beyond healthcare expenditure. This research, undertaken collaboratively by the **Coalition, RTI International and the World Health Organization**, evaluates the health, economic, and social burden across 11 diverse nations representing varying geographies and income levels. It leverages data from the Coalition's landmark **Every Woman Study™ series**, which documented the patient experiences of almost **4,000 women in 2018 and 2024**.

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RATIONALE

Ovarian cancer exacts a profound toll, with significant societal and economic costs often overlooked. By producing health economic data – paired with the powerful results from editions of the **Every Woman Study™** (EWS™) - we have compelling evidence of the **significant and widespread impact of ovarian cancer across high-, middle-, and low-income countries**. This data offers pivotal evidence for global policymakers, enabling them to call for future policy changes that will benefit women, their families and carers.



THE CHALLENGE TODAY

Despite recent advancements, ovarian cancer remains one of the most challenging and lethal of female cancers. Unlike breast cancer, where survival rates now approach 90% in many countries, progress in improving ovarian cancer survival rates has been stubbornly slow.

By 2050 over half a million women will be diagnosed with ovarian cancer every year – an increase of over **55%** from 2022. Even more shocking, the yearly mortality rate is expected to jump by nearly **70%**, with **350,956** women dying from this disease. If this global concern is left unaddressed, we will lose close to **eight million women** to ovarian cancer by 2050, with the heaviest burden falling on **low- and middle-income countries**, where **70%** of those diagnosed live.



DIAGNOSIS
INCREASE OF
55%
FROM 2022



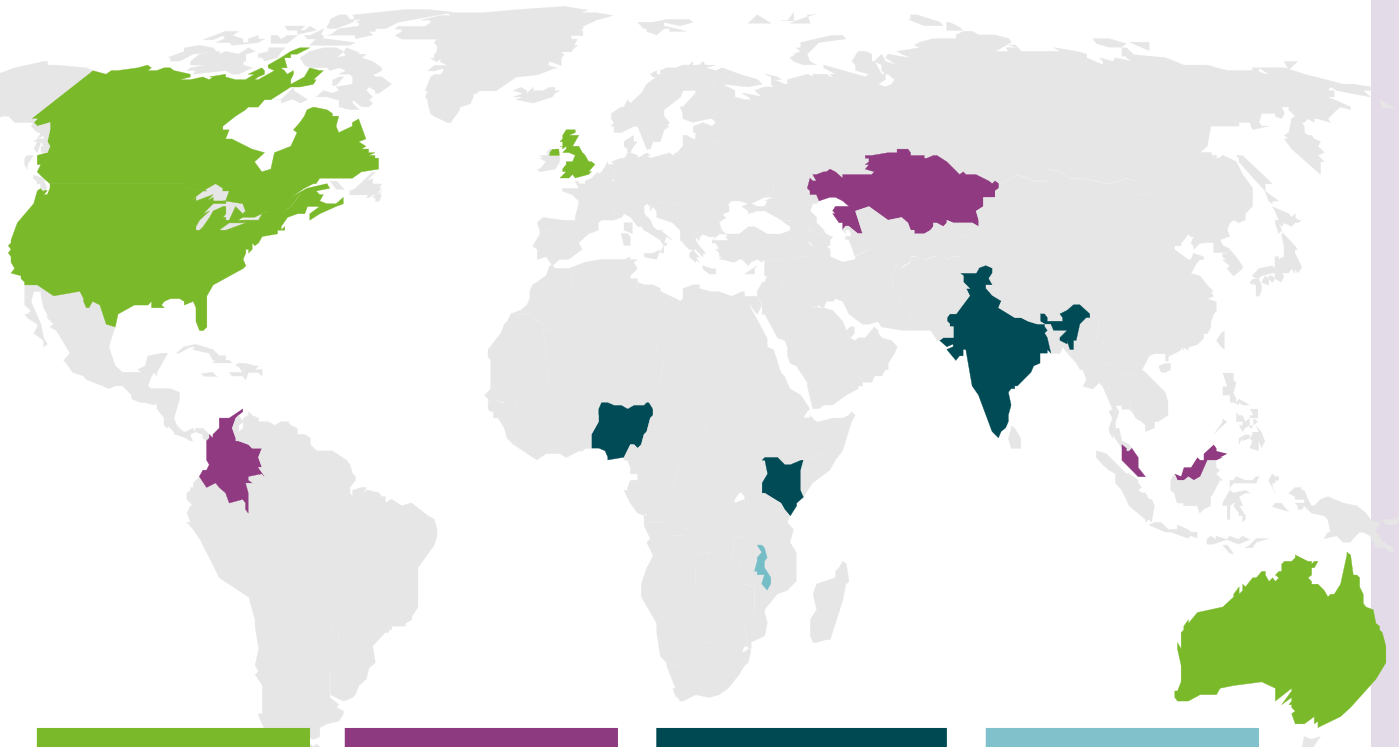
MORTALITY
RATE JUMP BY
NEARLY
70%



WE WILL LOSE CLOSE TO
8,000,000
WOMEN TO OVARIAN
CANCER BY 2050

FINDINGS: THE SIGNIFICANT BURDEN

INCOME LEVELS ACROSS THE 11 COUNTRIES



HIGH

Australia
United Kingdom
United States
Canada

UPPER-MIDDLE

Malaysia
Kazakhstan
Colombia

LOWER-MIDDLE

Nigeria
Kenya
India

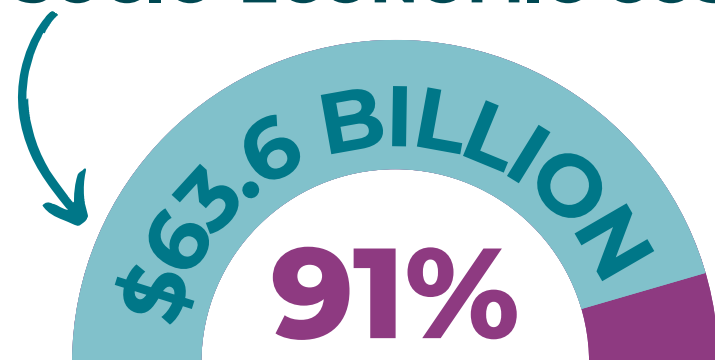
LOW

Malawi

In 2023 the socioeconomic losses from ovarian cancer across **11 countries totalled US\$70 billion**, with mortality costs comprising over **90%**.

The mortality cost is the unrealized contribution to society from women who have lost their lives to this disease. Health expenditure attributable to ovarian cancer followed at 7%. The value of patient time, informal caregiving, and labour productivity losses comprised the remainder.

\$70 BILLION
SOCIO-ECONOMIC COST

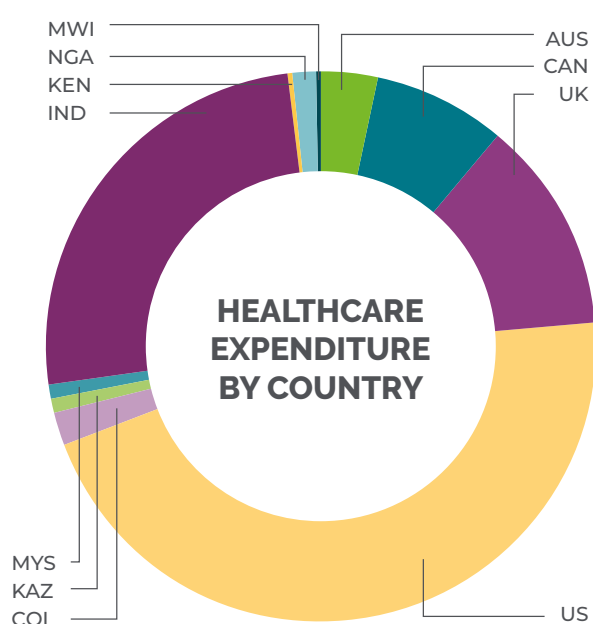


OF TOTAL COST
IN LIVES LOST

HEALTHCARE EXPENDITURE

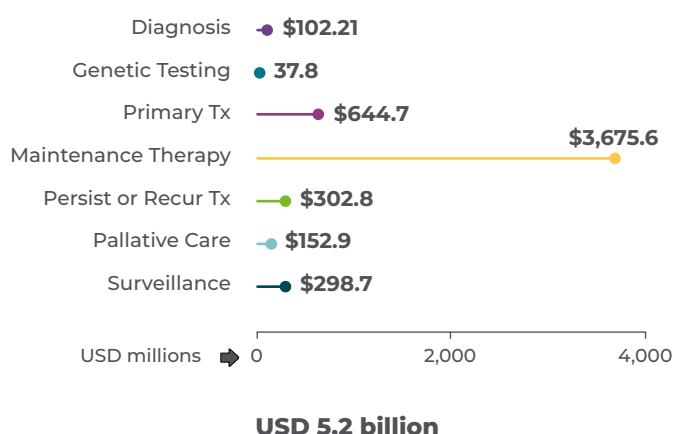
Across the 11 countries, the total annual health expenditure (HE) was US\$5.2 billion with a weighted average cost per case to treat ovarian cancer of US\$34,417.

Maintenance therapy accounts for US\$3.7 billion, or 71%, of health expenditure. Maintenance therapy is medication that is given to prevent ovarian cancer from recurring after initial treatment with chemotherapy such as bevacizumab or PARP-inhibitors. Primary treatment (i.e. surgery, platinum-based chemotherapy) formed the next highest share accounting for 12% followed by persistent/recurrence therapy (6%), surveillance (6%) palliative care (3%), diagnosis (2%) and genetic testing (less than 1%).



HEALTHCARE EXPENDITURE ALL COUNTRIES BY SECTOR

Average health expenditure: **USD 34,417** per case



SOCIOECONOMIC COSTS ATTRIBUTABLE TO OVARIAN CANCER, BY CATEGORY AND COUNTRY (2022 USD, MILLIONS)

Cost totals	AUS	CAN	UK	USA	COL	KAZ	MYS	IND	KEN	NGA	MWI	All
Health Expenditure (% THE*)	187.9 (0.10%)	391.7 (0.16%)	653.7 (0.19%)	2,378.0 (0.06%)	100.0 (0.35%)	45.6 (0.59%)	49.6 (0.30%)	1313.4 (0.13%)	8.3 (0.16%)	85.5 (0.48%)	0.8 (0.08%)	5,214.4
Patient Time	16.9	21.2	32.5	181.2	1.9	1.2	2.4	22.0	0.3	0.6	0.1	280.3
Productivity	29.5	38.9	52.5	312.5	2.8	3.3	7.6	15.3	0.8	1.6	0.3	465.1
Informal caregiving	33.0	69.3	95.7	228.0	4.4	1.2	6.3	28.8	1.8	2.5	0.8	471.8
Mortality Costs	2,383.4	4,311.4	6,724.0	48,740.0	150.0	124.6	326.9	776.0	18.1	42.5	0.8	63,597.5
SEB (% of GDP)	2,650.7 (0.16%)	4,832.4 (0.22%)	7,558.3 (0.24%)	51,839.5 (0.20%)	259.1 (0.08%)	175.8 (0.08%)	392.8 (0.10%)	2,155.5 (0.06%)	29.3 (0.03%)	132.7 (0.03%)	2.7 (0.02%)	70,028.8

* Total Health Expenditure.

THE COST OF CAREGIVING

The crucial contribution of caregivers looking after family and loved ones with ovarian cancer is often overlooked. The study estimates caregivers spent a total of 17,112 person-years annually providing practical support - such as cooking, cleaning, shopping - which equates to an average of 33 days per woman living with the disease. Using national minimum wage rates, the time spent providing this essential amounted to a total of US\$471.6 million in the study countries.

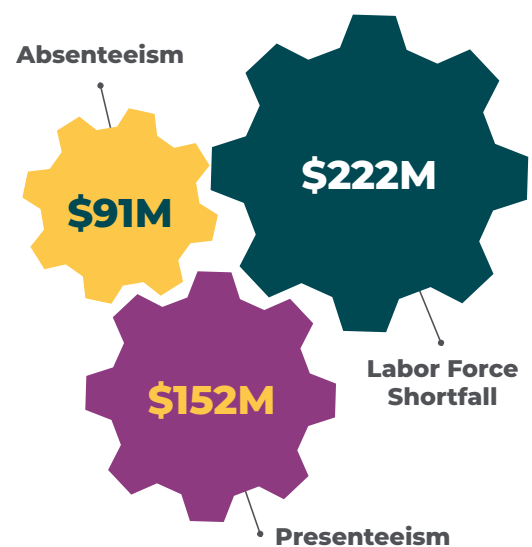
“Cancer is a full body disease and beyond the patient, it is a family disease. Not everyone dies, but everyone suffers.

Nimkee Gupta, Ovarian cancer survivor, India

PRODUCTIVITY

Ill-health caused by ovarian cancer led women to lose labour productivity equivalent to 2.5 million days of work. Considering only women living with ovarian cancer and ovarian cancer survivors (i.e., not women missing from the workforce due to ovarian-cancer-attributable mortality), 9,403 women were missing from the workforce in 2023 due to ovarian cancer. Losses due to these labour force shortfalls formed the highest share of labour productivity losses (48%), followed by presenteeism (32%), and absenteeism (20%).

In the first year following diagnosis, people living with cancer miss approximately 20 more days of work per year than the general population, while cancer survivors miss three more days of work per year.



2.5 million workdays lost

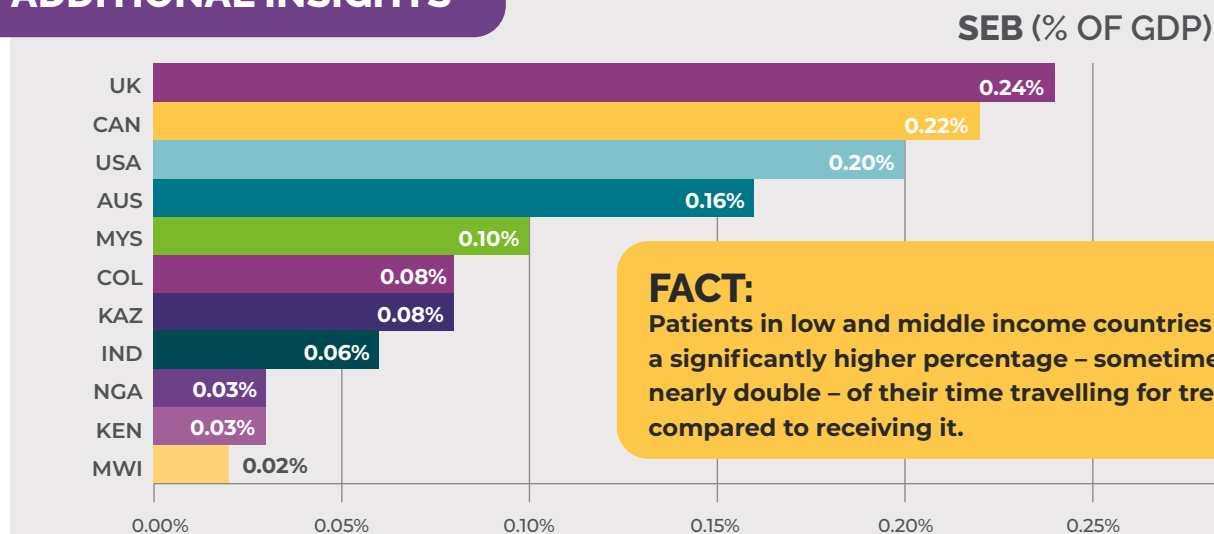
PATIENT TIME

Across all countries, patients spent an estimated **3,663 years of time annually traveling** to—and receiving treatment. On average, women receiving treatment across the care continuum spent the equivalent of approximately **18 workdays travelling** to—and receiving care, while those 0-1 year post-diagnosis spent around **27 workdays**. This lost time is equivalent to **US\$278.2 million per year**.

 Travel  Treatment



ADDITIONAL INSIGHTS



FACT:

Patients in low and middle income countries spend a significantly higher percentage – sometimes nearly double – of their time travelling for treatment compared to receiving it.

As a percentage of GDP, the socioeconomic burden of ovarian cancer averaged 0.21% of GDP in high-income countries, 0.08% in upper-middle-income countries, and 0.03% in low- and lower-middle-income countries.

Conversely, **when it comes to healthcare dollars spent per capita on ovarian cancer, middle- to lower-income countries spend significantly more than higher-income countries.** This indicates that diagnosing and treating ovarian cancer places a greater per capita burden on countries with the least available healthcare resources. This is likely due to the higher costs of specialist treatments for ovarian cancer, such as surgery and chemotherapy, compared to the cost of basic healthcare services in these settings.

Differences are partly due to health system strength such as infrastructure, care pathways, staff as well as availability and access to novel technologies such as PARP-inhibitors (PARPi). For example, EWS™ data shows that approximately two out of ten

ovarian cancer patients surveyed in Canada were treated with PARPi compared to none in countries such as Kenya and Nigeria. Overall, **PARPi significantly influence health expenditures, accounting for about 56% of all quantified health costs** in the study.

The results also present a nuanced picture. For example, lower-income countries typically do not offer routine genetic testing, unlike high-income countries where guidelines identifying women with ovarian cancer who should access it as a preventative measure. In **Kazakhstan, costs for genetic testing amounted to US\$20,100, US\$48,530 in Malaysia, and US\$4,550 in Nigeria.** While this reflects a lower health system burden, it highlights the limited availability of genetic services in lower-income countries.

Another factor causing a higher absolute burden in high-income countries is the greater valuation of worker productivity and the higher willingness of citizens to pay for health improvements compared to less developed economies.

As noted earlier, women spent 3,663 years of time traveling to or receiving treatment overall. However, patients in low and middle-income countries spend a significantly higher percentage – sometimes nearly double – of their time travelling for treatment compared to receiving it.



Many women in my country do not have employment, they are housewives at home...Even for me, before my insurance came in... the treatment was taking almost what I earn in a month.

Stella Matini, Mother of four, Kenya

ADDRESSING THE IMPACT

Ovarian cancer is a major burden across all of society disrupting not only patients' lives but social networks, health systems and economies.

Prevention: Reducing the burden of this disease is crucial, and prevention is key. Genetic testing and preventive measures, such as surgery, must be made more accessible to women in all settings.

Treatment Access: In low- and middle-income countries, ovarian cancer treatments are often unaffordable, far exceeding typical healthcare spending. Expanding access to affordable care is essential. Basic treatments, like chemotherapeutics that have been available for decades, remain out of reach for many, and even if available, treatment often leads to financial toxicity and hardship.

ONLY

25%



OF WOMEN IN
 MALAWI RECEIVED
 CHEMOTHERAPY.

SOURCE: EWS™LMIC

Support for Caregivers: Ovarian cancer deeply affects patients and their families, especially in poorer countries. Caregivers provide substantial unpaid support, highlighting the need for greater acknowledgment and assistance.

THE CALL TO ACTION

To address the significant burden of ovarian cancer, global policymakers, including healthcare professionals at the intersection of policy and clinical practice, must advocate for meaningful change to improve the lives of women and their carers.

Raising awareness of ovarian cancer is crucial, particularly in **low- and middle-income countries** where up to **69% of the population is unaware of the condition**, with some countries reaching as high as **92%** [REF EWS]. Efforts to reduce diagnosis delays must also be prioritised.

THIS STUDY
 UNDERSCORES THE
 URGENCY FOR **GLOBAL,
 CO-ORDINATED
 RESPONSES**



Prevention strategies and strengthened health systems are imperative to better support all those affected. In LMICs this includes establishing reliable data collection systems and integrating ovarian cancer into **National Cancer Control Programmes** (NCCP). Expanding access to testing, aligned with WHO recommendations, should make optimal use of available resources.

Globally, policymakers must prioritise identifying and treating at-risk women through genetic testing, ideally as part of their NCCPs. Providing **comprehensive support—physical, psychological, and vocational—is also essential** to improve the return-to-work rates of cancer survivors.

Lastly, recognising and supporting the **critical role of caregivers is long overdue**. Counselling and therapy interventions are necessary to enhance the quality of life for both patients and carers, whose contributions have too often been overlooked.

KEY METRICS: WHAT WE MEASURED

The study employed a custom-built comprehensive costing model using multiple national and global datasets. The resources and costs of providing care, the effect of ovarian cancer on women's ability to work and the time spent by family and friends looking after women living with ovarian cancer were all assessed to quantify both direct and indirect costs.

- **Direct Costs:** Expenses related to diagnosis, treatment (including genetic testing and palliative care), and non-medical costs like patient travel and treatment time.
- **Indirect Costs:** Productivity losses to due absenteeism, presenteeism, and labour force withdrawal, alongside the often-unrecognized cost of unpaid caregiving.

The societal cost was quantified using the Value of a Statistical Life Year (VSLY), capturing the economic value of lives lost to ovarian cancer.



Definition: **Value of Statistical Life Year (VSLY)**

VSLY is an approach that uses individuals' willingness to pay for small changes in mortality risks to assess how much societal value is gained by each life. The study tracked the years women would have lived if they hadn't died from ovarian cancer using country-specific life tables, and valued each year of life at VSLY—discounting the value of future years of life back into the present at a rate of three percent.

METHODOLOGY & SOURCES

In addition to a thorough review and analysis of published literature, the study used multiple national and global databases and guidelines. For the care continuum for all countries, we used the National Comprehensive Cancer Network (NCCN) guidelines for ovarian cancer from 2023 and assessed costs for the interventions along the pathway – diagnosis, genetic testing, primary therapy, maintenance therapy, persistence/recurrence and palliative care.

For example, at diagnosis, the study calculated costs associated with interventions like **CA125 tests, MRI scans, and transvaginal ultrasounds**, applying these to patient data across the study countries to monetize the total. Genetic testing costs encompassed **BRCA1/2 screening** for ovarian cancer patients and their families, with medication prices sourced from the **World Health Organization's** (WHO) costing framework and other databases like **Knowledge Economy International**.

In the absence of ovarian cancer-specific research on productivity losses, broader cancer datasets were used to estimate **absenteeism, presenteeism, and employment dropouts**. Labour and caregiving costs followed WHO frameworks, supplemented by country-specific data where available. Patient time including **travel to health facilities and time spent receiving care**, was derived from the EWSTTM editions, which provided detailed data on the number of inpatient days, outpatient visits, and the average length of each visit. Caregiver time, covering **unpaid support activities** such as cooking and cleaning, was monetized using country-specific minimum wage rates.

Definition: Productivity

Absenteeism (days of work missed), presenteeism (productivity shortfalls while at work), or employment shortfalls (labour force drop out) in people who live with, or have survived, any cancer.





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As a family business owner, my diagnosis halved our workforce overnight. My husband had to juggle caregiving, greater responsibilities at work, family, and our household practically overnight with no help or support. Ovarian cancer's impact extends far beyond the patient, yet we too often overlook the enormous contribution of women and the ripple effects of their diagnosis.

Sbba Siddique, Patient Advocate, UK

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