

Key issues

Equity in access to cancer services



Life-saving cancer diagnosis and treatment should be equal for all – no matter who you are, your level of education, level of income or where you live in the world. By closing the equity gap, we can save millions of lives.

Equity for all

Today, many cancers are preventable or can be cured – and more and more people are surviving the disease. However, for some people, the chances of surviving cancer are not getting better.

Who you are, your level of education, level of income or where you live in the world, or even in your own country, impacts whether your cancer is diagnosed, treated and cared for in an appropriate and cost-effective manner.

Equity means each person has the right to access quality essential cancer services on equal terms and is based on need and not on the ability to pay.

Low- to middle-income countries

Fast fact:

Approximately 70% of cancer deaths occur in developing countries, which are the most ill-equipped to cope with the cancer burden¹.

Patients living in low- to middle- income countries whose cancer may be curable otherwise, often suffer and die unnecessarily due to a lack of awareness, resources and access to affordable and quality cancer services.

In addition, investment in and the existence of quality public health systems and programmes are often lacking and, in such settings, many cancers are being diagnosed at a late stage which reduces the chances of timely treatment resulting in poorer outcomes.

Fast fact:

Did you know that 90% of low- to middle- income countries don't have access to radiotherapy – one of the essential tools to treat cancer²?

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Vulnerable populations

Inequities are also acutely experienced within certain populations: the indigenous, immigrant, refugee, rural, and lower socioeconomic populations in every country.

In general, differences in occupation, gender, ethnicity, and in particular education are linked with common cancer risk factors such as poor nutrition, tobacco use and second-hand smoke, and alcohol abuse.

Lower socioeconomic status

Inequities in access to cancer care services are closely associated with socioeconomic status with poor and vulnerable populations unable to afford cancer medicines, as well as experiencing other obstacles to access, such as being unable to afford transportation and accommodation to reach quality treatment facilities.

Women and children

Gender inequities in power, resources, and culture restrict many women from accessing essential cancer services. Cancers which affect women such as breast or cervical cancers can be given lower priority in low- to middle-income countries and investment in screening, detection and treatment for these cancers are limited³. Childhood cancers represents the starkest area of inequity with survival rates over 80% in high income countries and as low as 20% in low income countries⁴.

Rural populations

Populations that live in regional or remote areas can experience different cancer outcomes and survival rates. Oftentimes, there exists an unequal allocation of cancer services which tend to concentrate in urban areas which can result in reduced access to specialist services and healthcare professionals as you move away from the larger cities.

What can we do?

There are a few ways we can help reduce these inequities, including:

- Providing greater levels of cancer prevention education to the public
- Equipping healthcare professionals with the appropriate skills and knowledge, particularly to those in low income regions and areas
- Increasing the amount of investment (both money and people) in cancer research and tracking the burden of cancer nationally to shape investments in cancer prevention, treatment and care
- Implementing country-specific cancer prevention and control plans that addresses each country's unique situation, needs and resources
- Uniting as a society and raising our voices to press governments to treat cancer as an important health issue

1. World Health Organization (2017) Cancer Fact Sheet. [Accessed:20.12.17] <http://www.who.int/mediacentre/factsheets/fs297/en/>

2. Zubizarreta EH, Fidarova E, Healy B, Rosenblatt E. Need for radiotherapy in low and middle income countries – the silent crisis continues. 2015. *Clin Oncol (R Coll Radiol)* 27: 107-14

3. Cesario, S.K. (2012) Global Inequalities in the Care of Women With Cancer. *Nursing for Women's Health* Accessed 24.04.2017] <https://www.sciencedirect.com/science/article/pii/S1751485115306954>

4. Childhood Cancer International, 8 Reasons why Childhood Cancer should be a global child health priority [Accessed:10.01.2018] <http://childhoodcancerinternational.org/8-reasonswhy-childhood-cancer-should-be-a-global-child-health-priority/>