

MYTH 2: CANCER IS A DISEASE OF THE WEALTHY, ELDERLY AND DEVELOPED COUNTRIES

TRUTH: CANCER IS A GLOBAL EPIDEMIC

It affects all ages and socio-economic groups, with developing countries bearing a disproportionate burden.



CANCER IN DEVELOPING COUNTRIES

Cancer is a global issue and becoming an increasing public health problem in poorer countries.

? EVIDENCE

- Cancer now accounts for more deaths worldwide than HIV/AIDS, tuberculosis and malaria combined. Of the 7.6 million global deaths from cancer in 2008, more than 55% occurred in less developed regions of the world. By 2030, 60-70% of the estimated 21.4 million new cancer cases per year are predicted to occur in developing countries.
- Cervical cancer is just one example of the disproportionate burden borne in the developing world. Over 85% of the 275,000 women who die every year from cervical cancer are from developing countries. If left unchecked, by 2030 cervical cancer will kill as many as 430,000 women per year, virtually all in these countries.
- There are massive inequities in access to pain relief with more than 99% of untreated and painful deaths occurring in developing countries. In 2009, more than 90% of the global consumption of opioid analgesics was in Australia, Canada, New Zealand, the US and some European countries; with less than 10% of global quantities used by the other 80% of the world's population.



GLOBAL ADVOCACY MESSAGE

Efficacious and cost-effective interventions must be made available in an equitable manner through cancer prevention, early detection and treatment delivered as part of national cancer control plans (NCCPs) that respond to the national cancer burden. **Access to effective, quality and affordable cancer services is a right of all individuals and should not be determined by where you live.**

CANCER VS INFECTIOUS DISEASES

Many developing countries are now facing a growing double burden of infectious diseases and non-communicable diseases (NCDs), including cancer.

? EVIDENCE

- Whilst some question the appropriateness and necessity of cancer interventions in countries facing high burdens of infectious diseases including HIV/AIDS, the distinction between infectious diseases and NCDs is in fact narrowing with HIV/AIDS moving in many cases from an acute, fatal disease to a chronic illness, and many cancers of high incidence in developing countries having been caused by chronic infections.
- NCDs including cancer, and infectious diseases, should not be seen as competing priorities but instead as global health issues that disproportionately affect developing countries. They require an integrated approach that builds capacity in national health systems to protect individuals across the spectrum of diseases.

CANCER AND AGEING POPULATIONS

Cancer not only affects the elderly, but young men and women, often in their prime working years, particularly in the developing world.

? EVIDENCE

- Approximately 50% of cancer in developing countries occurs in individuals less than 65 years of age. This is a tragedy for families and for populations, and has the potential to have a long-term impact on economic development.
- Most of the 750,000 cervical and breast cancer deaths per year occur during a woman's reproductive years.
- Cancer is also a disease of young people. For children aged 5-14, cancer is a leading cause of death in many countries. However, mortality is only part of the picture, with cancer-related illness and disability limiting opportunities for education, and ultimately impeding full participation in the workforce. Parents and caregivers of children may also be severely impacted by the significant costs of treatment, pushing families further into poverty.

CANCER AND WEALTH

The impact of cancer on all populations is devastating but especially so for poor, vulnerable and socially disadvantaged people who get sicker and die sooner as a result of cancer.

? EVIDENCE

- Demographic differences correlate highly with common cancer risk factors e.g. poor nutrition, tobacco use, physical inactivity and alcohol.
- Inequities in access to cancer services are also associated with socioeconomic status, with poor and vulnerable populations unable to afford expensive cancer medicines and treatments which must often be paid by patients out-of-pocket, as well as experiencing other obstacles to access such as distance to quality treatment facilities.



GLOBAL ADVOCACY MESSAGE

Resource appropriate and **evidence-based improvements in cancer control should be part of overall health systems strengthening in developing countries.** Investment in a diagonal approach that focuses on the integration of health services, including the incorporation of cancer prevention and management into primary healthcare will tackle cancer-specific priorities while addressing the gaps within the health system, **optimising the use of resources and increasing capacity** to respond to many diseases and population groups.



GLOBAL ADVOCACY MESSAGE

Individuals, families and communities are affected by cancer at all ages. The core elements of a **cancer control and care continuum must be decided** within each country according to knowledge of the cancer burden **based on information** from population-based cancer registries, as well as **country-specific cancer risks for all ages**, existing health resources and infrastructure, political and social conditions, and cultural beliefs and practices.



GLOBAL ADVOCACY MESSAGE

Social protection measures, including universal health coverage, are essential to ensure that all individuals and families have full access to healthcare and opportunities to prevent and control cancer.

All people should have access to proven effective cancer treatment and services on equal terms, and without suffering economic hardship as a consequence.

worldcancerday.org

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