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

CANCER IN DEVELOPING COUNTRIES

Cancer is a global issue and becoming an increasing public health problem in poorer countries. Global rates of cancer incidence and mortality have reached epidemic proportions, and cancer now accounts for more deaths worldwide than AIDS, malaria, and tuberculosis combined. Of the 7.6 million deaths from cancer worldwide in 2008, more than 55% occurred in less developed regions of the world i.e. countries at a low- or medium- level of the Human Development Index (HDI) (Wild, 2012). By 2030, medium- and low- level HDI countries will bear the brunt of the estimated 21.4 million new cancer cases per year, with 60-70% of the global cancer burden predicted to occur in developing countries (Global Initiative for Cancer Registry Development, 2012)

Cervical cancer is an 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, virtually all in low-income countries (Ferlay, Shin, Bray, Forman, Mathers, & Parkin, 2010) (GAVI Alliance).

The UN Political Declaration adopted unanimously at the UN High-level Meeting on the Prevention and Control of Non-communicable Diseases (NCDs) acknowledges that NCDs are a challenge of epidemic proportions and that poor populations and those living in vulnerable situations, in particular, in developing countries, bear a disproportionate burden.

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 that respond to the national cancer burden. Access to effective, quality and affordable cancer services is a right of all individuals – not determined on where you live.

CANCER VS INFECTIOUS DISEASES

Many low- and middle-income countries are now facing a growing double burden of infectious diseases and NCDs leaving some to question the appropriateness of cancer interventions in the face of high burdens of infectious disease including HIV/AIDS. However, the distinction between infectious disease and NCDs is narrowing with HIV/AIDS having moved in many cases from an acute, fatal disease to a chronic illness, and many cancers of high incidence in developing countries caused by chronic infections such as the human papillomavirus (HPV) which leads to cervical cancer, and Hepatitis B virus (HBV) which leads to liver cancer.

NCDs and infectious diseases should not be seen as competing priorities but instead as global health issues that disproportionately affect developing countries and require an integrated approach that builds capacity in national health systems to protect individuals across the spectrum of health threats to development, be they infectious or non-communicable.

Another critical issue that is relevant to both infectious diseases and NCDs is the delivery of pain medications. Investment at the national level in the policies and procedures that enable



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access, effective and safe prescribing, dispensing and administering of key pain medications, especially opioids, will benefit the 2.9 million people worldwide who die of HIV/AIDS or cancer in untreated pain. The International Narcotics Control Board (INCB) estimated that 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 percent of global quantities used by the other 80% of the world's population.

The UN Political Declaration on NCDs acknowledges the growing double burden of disease, including in Africa, caused by the rapidly rising incidence of NCDs, which are projected to become the most common cause of death by 2030.

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 integrating cancer prevention and management into primary health care 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.

CANCER AND AGEING POPULATIONS

Cancer affects many people at the time that they are most productive especially in the developing world. Just two cancers - breast and cervical - account for almost the same number of deaths among women at reproductive age in low- and middle-income countries as maternal mortality (Knaul, Frenk, & Shulman, 2011). This is a tragedy for families and for populations, and has the potential to have long-term impacts on economic development.

Cancer is also a disease of young people. For children aged 5-14, cancer is the third leading cause of death of upper-middle, fourth in lower-middle, and eighth in low-income countries (Knaul, Frenk, & Shulman, 2011). However, mortality is only part of the picture, with cancer-related illness and disability limiting opportunities for schooling and 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 into poverty.

The UN Political Declaration on NCDs acknowledges that NCDs affects people of all ages, gender, race and income levels with the majority of premature deaths from NCDs occurring in developing countries.

CANCER AND WEALTH

The impact of cancer for all populations is devastating but most especially so for poor, vulnerable and socially disadvantaged people who get sicker and die sooner as a result of NCDs including cancer, than people of higher social positions (World Health Organization, 2010). Differences in income, occupation, gender, ethnicity and in particular education, correlate highly with common cancer risk factors e.g. poor nutrition, tobacco use and second-hand smoke, and alcohol abuse regardless of the resource setting (World Health Organization, 2010). Inequities in access to cancer services, from prevention to early detection and treatment, are also associated with socioeconomic status with poor and vulnerable populations unable to afford expensive cancer medicines and treatments which



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must be often be paid by patients out-of-pocket, as well as experiencing other obstacles to access such as distance to quality treatment facilities.

The UN Political Declaration on NCDs acknowledges that poor populations and those living in vulnerable situations, in particular, in developing countries, bear a disproportionate burden, and recognises the importance of universal coverage in national health systems, especially through primary healthcare and social protection mechanisms, to provide access to health services for all, in particular, for the poorest segments of the population.

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.

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