How to close the gap in cancer care?

- The cancer care gap is not inevitable in terms of accessing prevention, treatment and support services as well as reliable information about cancer.
- Our systems can be reimagined, a person's situation can be improved, their knowledge about cancer can be increased and their access to services made easier.
- Governments can act based on their national needs and resources. **Inequity can be reduced by**:
    - addressing through policy and programmes some of the social and economic factors that can negatively affect people's health;
    - strengthening primary health care delivered in communities and building culturally competent healthcare;
    - equipping healthcare professionals with skills and knowledge about how prejudices, discrimination, a patient's life situation and other social determinants fuel inequity and adversely affect cancer care;
    - educating the public about cancer prevention in a way that recognises and addresses the differences in the comprehension and understanding of the risk factors ;
    - tracking the burden of cancer nationally to shape investments more effectively;
    - implementing country-specific cancer control plans that address each country's unique needs and based on its resources;
    - increasing the resources – meaning both money and people – dedicated to cancer research.

World Cancer Day 4 February

Close the care gap

UICC global cancer control
A MEMBERSHIP ORGANISATION FIGHTING CANCER TOGETHER

Improving equity in cancer care

- **Progress can take many forms:**
  - a new partnership for delivering better screening services to rural communities
  - a neighbourhood banding together to provide transport to cancer treatment for a fellow resident
  - new technology that lowers the cost of access or makes it easier to bring the service to hard-to-reach populations
- **In Nigeria**, the Sebeccly Cancer Care and Support Centre helped patients navigate and access earlier cancer diagnosis and treatment with the launch of the digital tool Oncopadi.
- **In Canada**, several organisations collaborated across sectors on a series of measures aimed at closing the gap in healthcare for indigenous populations.
- **For advanced breast cancer**, the ABC/mBC communities toolkit showcases dozens of initiatives that address the critical unmet need for hard-to-reach populations.
- **Around the world,** governments raised USD 8.817 billion in 2021 for Gavi, a global health partnership, to provide 84 million girls in low-resourced regions with HPV vaccinations to protect them from cervical cancer.

For more examples of how organisations and governments around the world are working to close the gap in cancer care, see the report by UICC: "The Social Determinants of Health and Cancer".

Equity is cost effective and a net benefit to public health

- An average of USD 0.40 per person per year is needed in low-income settings and USD 0.20 per person per year in lower-middle-income countries to finance cervical cancer elimination.
- Every dollar invested over the next 30 years in cervical cancer control interventions is estimated to return USD 26.00 thanks to a higher participation of women in the workforce and the benefits of improved health for women on families, communities and societies.
- Scaling up diagnosis and treatment for childhood cancer offers a 3-to-1 return on investment
- Investing in childhood cancer care could prevent at least 6 million deaths – more than half of the total number of deaths otherwise projected. Such investment would also yield, over a span of 30 years (2020-2050), more than USD 2.5 trillion in productivity gains – four times more than the cumulative treatment costs of $594 billion, producing a net benefit of $1986 billion, or nearly $2 trillion in net economic benefits.
- It is estimated that improving screening, treatment and quality of care for 11 cancers globally would produce nearly USD 3 trillion in lifetime economic benefits at a cost of USD 233 billion over ten years (2020-2030). A return of over 12 dollars per dollar invested.