



MYTH 4 – I DON'T HAVE THE RIGHT TO CANCER CARE

WORLD CANCER DECLARATION TARGET 1

Health systems will be strengthened to ensure sustained delivery of effective and comprehensive, people-centred cancer control programmes across the life-course for all, in all countries

WORLD CANCER DECLARATION TARGET 7

Access to accurate cancer diagnosis, appropriate multidisciplinary treatment, supportive care, rehabilitation and palliative care services, including availability of affordable essential medicines and technologies, will have improved for cancer patients in all countries

WORLD CANCER DECLARATION TARGET 8

Effective pain control measures, and distress management, will be available to cancer patients in all countries

ACCESS TO CANCER CARE IS A MATTER OF SOCIAL JUSTICE

Disparities in cancer outcomes exist between the developed and developing world for most cancers. Patients whose cancers are curable in the developed world unnecessarily suffer and die due to a lack of awareness, resources and access to affordable, effective and quality cancer services that enable early diagnosis and appropriate treatment and care (1).

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 (2). Yet, the impact of cancer on gender equality and women's empowerment is largely ignored – breast and cervical cancers alone account for over 750,000 deaths each year - almost the same number of deaths among women of reproductive age in low- and middle- income countries (LMICs) as maternal mortality (1). Existing gender biases in power, resources, culture and a lack of investment in cancer interventions at the primary health care level restrict women in LMICs from accessing essential cancer services, including education on cancer prevention and early detection programs, greatly increasing the likelihood that cancers are detected at a late stage when treatment options are limited or not available.

Additionally, the reality of cancer cure rates in children is reflective of the inexcusable inequities in access to care and essential cancer medicines that occur globally. There are an estimated 160,000 newly diagnosed cases of childhood cancer worldwide each year with more than 70% of the world's children with cancer lacking access to effective treatment. The result is an unacceptably low survival rate of ~10% in some low- and middle- income countries compared to ~90% in some high-income countries. 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. For some childhood cancer survivors who recover from their treatment, particularly if they are diagnosed at a late stage, the effects of cancer and its treatment are life-long and can result in health problems such as vision impairment, heart or lung problems, and slowed or stunted growth. Treatment at a curative stage can potentially avoid debilitating



side effects that can have a negative effect on the mental and physical health of children as they progress into adulthood. In addition to early detection and treatment of cancer, it is important that children receive ongoing care and support from diagnosis to recovery and beyond.

COMMITMENTS BY MEMBER STATES:

The 2011 UN Political Declaration on NCDs recognises the critical importance of strengthening health systems, including health-care infrastructure, human resources for health, health and social protection systems, particularly in developing countries in order to respond effectively and equitably to the health-care needs of people with non-communicable diseases. Subsequently the **WHO Global Action Plan on NCDs promotes a human-rights approach as an overarching principle for the prevention and control of NCDs recognizing that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, as enshrined in the Universal Declaration of Human Rights.**

GLOBAL ADVOCACY MESSAGE:

Cancer is not just a health matter. It has wide-reaching social, economic and human rights implications, and is a significant barrier to achieving inclusive and equitable development. Inequality is deepening – social and environmental factors and the double disease burden of exposures in many LMICs are keeping the bottom billion locked in chronic poverty and threatening national economies.

“The Universal Declaration of Human Right states that “everyone has a right to a standard of living adequate for the health and wellbeing of himself and his family”. Cancer patients are not an exception.” *IAEA Inequity in cancer care: a global perspective. Vienna: International Atomic Energy Agency, 2011*

The next generation of global development goals and targets must address equity and health as a human right with the ultimate consequence of maximising healthy lives at all stages of life.

Access to effective, quality and affordable cancer services is a right of all individuals

Cancer is a complex disease with the appropriate treatment of most cancers requiring a multi-faceted approach that spans the entire cancer continuum, from prevention to survivorship and palliative care. Currently, cancer patients in many countries do not have access to some or all of these essential cancer services. Patients whose diseases are curable in the developed world unnecessarily suffer and die due to a lack of resources that enable early diagnosis and appropriate treatment. In many cases the largest and most unacceptable gap in cancer care is the lack of adequate palliative care and access to pain relief for much of the world’s population (3). The disparities in worldwide use of medical opioids are shocking, with just four countries—United States, Canada, United Kingdom and Australia—using 68% of opioids, while low and middle-income countries together only account for 7% of global use (4). A short list of medications can control pain for almost 90% of all people with cancer pain including children, yet even where opioids are available, cost to the patient and pervasive overregulation make them virtually inaccessible to millions in need (5, 6).

The evidence base from diverse countries is growing to dispel the myth that effective, quality care is only achievable for high-income countries, with successful cancer control and care programmes in many low resource settings now in place using locally appropriate solutions



that provide sustainable and equitable services that span the spectrum of the cancer care continuum (1).

To assure the highest quality of care, a multidisciplinary approach to cancer that provides access to information on cancer; prevention and early detection measures; quality, affordable cancer medicines, surgery and radiotherapy; and palliative care, is required for all populations. This approach is feasible in all settings when based on existing health resources and infrastructure; the national cancer burden; country-specific cancer risks; political and social conditions; and cultural beliefs and practices, as part of a National Cancer Control Plan (International Cancer Control Planning Partnership Portal, <http://www.nccp-uicc.org/>).

THE RIGHT TO SOCIAL PROTECTION

Globally, more than a billion people cannot use the health services they need because they are either unavailable or they cannot afford to use them. Inequities in access to cancer services associated with low socioeconomic status are evident along the entire spectrum of cancer prevention and care. 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 (7). 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 (7). Likewise, poor and vulnerable populations are unable to afford expensive cancer medicines and treatments which 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 provision of social protection measures¹ can have a profound influence on access to health services. For example, in the United States, being uninsured reduces the likelihood of cervical or breast cancer screening by about half (8).

Universal health coverage (UHC), as a way to reduce financial impoverishment caused by health spending and increase access to key health services, is thus a critical component of sustainable development and poverty reduction, and a key element of any effort to reduce social inequities in health outcomes (9, 10). The capacity for low-income countries to move towards UHC has been demonstrated in at least nine low-income and lower-middle-income countries in Africa and Asia. Each of these countries have implemented varied national health insurance models, with some countries (India, Kenya, the Philippines) that originally covered only inpatient services now moving to expanding benefits to cover primary and preventive services (11).

Additionally, a review of evidence from six countries found that conditional cash transfers, in which cash payments are made in return for using health services, resulted in an 11-20% increase in children being taken to health centres and 23-33% more children making visits for preventive healthcare (10).

¹ The ILO uses the term social protection to refer to measures secure protection against, inter alia: a) lack of work-related income (or insufficient income), caused by sickness, disability, maternity, employment injury, unemployment, old age, or death of a family member; b) lack of access or unaffordable access to health care; c) insufficient family support, particularly for children and adult dependants; d) general poverty and social exclusion.



COMMITMENTS BY MEMBER STATES:

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

The *WHO Global Action Plan on NCDs* promotes universal health coverage as an overarching principle for the prevention and control of NCDs recognizing that all people should have access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative and rehabilitative and palliative basic health services and essential, safe, affordable, effective and quality medicines and diagnostics. At the same time it must be ensured that the use of these services does not expose the users to financial hardship, with a special emphasis on the poor and populations living in vulnerable situations.

According to the WHO, universal coverage is the hallmark of a government's commitment to improve the wellbeing of all its citizens.

GLOBAL ADVOCACY MESSAGE:

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

Efficacious and cost-effective interventions must be made available in an equitable manner through access to information and education about cancer at the primary health care level, early detection programs and affordable, quality medicines, vaccines and technologies, delivered as part of National Cancer Control Plans that respond to the national cancer burden.

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

Adapted from the Lancet Editorial 8 September 2012, "Access to health care should no longer be the privilege of a few, but the birthright of many."

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