Seizing the opportunity to close the cancer divide

On which of the battles not yet won should we focus attention when reviewing the global response to the challenge of cancer? Prevention and successful treatment are possible for many of the cancers that kill poor people of all ages globally. But to respond to this opportunity, we first need to dispel the myths that surround cancer and poverty.[1]

Between 1990 and 2010 the global burden of disease for cancer, as measured by disability-adjusted life-years (DALYs), increased 27·3% from around 148·1 million to 188·5 million.[2] The cancer burden in DALYs also increased significantly in the regions of the world where countries of low income and middle income are situated.[3] Although low-income and middle-income countries account for almost 80% of the global cancer burden, they receive only 5% of global financial resources for the disease, which results in a "5/80 cancer disequilibrium".[1]

A cancer divide exists in incidence and mortality for all treatable or preventable cancers within and across countries. Cancer today is a disease of both the rich and the poor, yet the poor bear a disproportionate share of preventable death, suffering, and pain.[1,4] The weak health systems in low-income and middle-income countries are ill-prepared to meet the challenge of cancer.[5] Most infection-associated cancers occur in low-income and middle-income countries[6]—these cancers disproportionately affect the poorest people who also have the most limited access to effective health care and financial protection.

Four myths have undermined global efforts to address the cancer divide: that in low-income and middle-income countries interventions for cancer prevention, treatment, and care are unnecessary, unaffordable, unattainable, and inappropriate because they divert resources from other more acute and burdensome health priorities. These erroneous arguments have plagued efforts to develop effective prevention and treatment approaches for cancer in low-resource settings.[1,4]

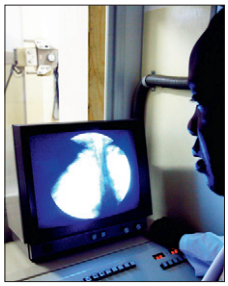
Expanded access to cancer prevention, treatment, and care is possible to address the growing cancer burden. Indeed, addressing cancer in developing regions is a public health imperative. Tobacco consumption, if it continues to grow at the current pace, will kill 1 billion people in the 21st century—mostly in low-income and middle-income countries, where 80% of smokers live.[7] In children aged 5–14 years, cancer is among the top five leading causes of death in middle-income countries and top ten causes of death in low-income countries. Breast cancer is a leading cause of death, especially for young women, with death rates in low-income countries at least double those in high-income countries.[1] Furthermore, each year sub-Saharan Africa consumes barely enough medicinal opioids for 85 000 patients, yet records 1·3 million deaths in pain.[1]

In addition to health benefits, reducing untold suffering, and preventing families from falling into poverty, investing in cancer prevention, treatment, and care also brings economic benefits. The financial value of productivity lost from preventable deaths from cancer outweighs the cost of prevention and treatment.[1] Tobacco consumption, for example, reduces global gross domestic product (GDP) by more than 3·5% per year.[7] The global value of productivity losses and treatment-associated costs due to cancer is 2–4% of global GDP.[1]

Many interventions for cancer prevention, treatment, and care are much less costly than is often assumed. Reductions of up to 90% have been achieved in prices of vaccines for human papillomavirus in low-income countries. Additionally, 26 of the 29 key medicines for treating the most common cancers in low-income and middle-income countries were off patent in 2011.[1]

Cancer prevention, treatment, and care interventions have been expanded nationwide in several low-income and middle-income countries. Rwanda has successfully implemented a national immunisation programme for human papillomavirus in conjunction with private sector partners.[8] In El Salvador, the St Jude Children's Research Hospital International Outreach Program has used telemedicine to strengthen local capacity and has improved survival rates for some childhood cancers from 10% to 60%.[9] In Jordan, the King Hussein Cancer Center provides comprehensive cancer care and has achieved Joint Commission Accreditation.[10] In Mexico, the *Seguro Popular* includes effective treatment packages for non-Hodgkin lymphoma and for cervical, breast, prostate, testicular, and colon cancers, as well as for all cancers in children.[11]

Opportunities exist to expand cancer prevention, treatment, and care interventions in developing regions further. Such expansion can be done by using established



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health system platforms through a diagonal approach with primary and secondary caregivers, as well as by harnessing telecommunication infrastructure, and by taking advantage of regional and global mechanisms for financing and drug procurement.[1]

We urge the global health community to seize these opportunities to address the growing cancer burden. We challenge the assumption that cancers will remain untreated in poor countries. Not so long ago, the same was said of AIDS. Yet, the 9 million people receiving antiretroviral treatment today provide the best evidence that the global solidarity and movement that was generated by the HIV community provided the medicine that was required to dispel these myths.[4,6] The "war against cancer" should be reframed as an opportunity to close the cancer divide. By valuing all the lives that could potentially be saved and all the suffering that could be avoided, investment in cancer care and control can become a force that drives successes in improving global health.

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