



*What do we mean by “closing the gap in cancer care”?*

- **Half the world’s population** lacks access to the full range of essential health services. The situation has only worsened with the COVID-19 pandemic, with **more than half a billion people** pushed or pushed further into extreme poverty due to health care costs.
- We live in a time of awe-inspiring advances that have seen the survival rates for many cancers skyrocket. In most countries around the world, however, many people are unable to effectively access adequate cancer care, even when the infrastructure and expertise exist.
- **This is the “equity gap” – and it is costing lives.** While inequity is often measured in terms of the unequal distribution of health or resources, there are generally underlying and additional factors that contribute to this situation. These are known as the “social determinants of health”:
  - Income level
  - Education
  - Geographical location
  - A country’s resources
  - Gender norms
  - Cultural contexts and biases
  - Discrimination and assumptions based on ethnicity, race, gender, sexual orientation, age, disability and lifestyle
- The most disadvantaged groups are also more likely to have increased exposures to a host of other risk factors, like tobacco, unhealthy diet or environmental hazards.

***For more details on the numerous barriers that exist for people around the world in accessing health care and how that can undermine their chances of surviving cancer, see the report by UICC:***

***“The Social Determinants of Health and Cancer”.***

### *(In)equity and (in)equality in healthcare*

- **Equality** = Sameness. *Inequality* refers to the uneven distribution of resources.
- **Equity** = Fairness. *Inequity* means unjust, avoidable differences in care or outcomes.

**Health equity will be achieved** when every person has the opportunity to reach his or her full health potential without barriers or limitations created by socioeconomic situation, discrimination or other socially determined circumstances.

### *Inequity in numbers*

- **Ethnicity**
  - For white women in the US, the five-year survival rate for cervical cancer is 71%. For black women, the rate is just 58%.
  - In Canada, five-year survival rates for cervical cancer are at least 20% higher for non-indigenous women than for indigenous women.
  - In New Zealand, Māori are twice as likely to die from cancer as non-Māori.
- **High-income vs low-income settings**
  - Childhood cancer survival rates are over 80% in high-income countries but as low as 20% in low-income countries.
  - More than 90% of cervical cancer mortality occurs in low- and middle-income countries.
  - In Europe
    - Colon cancer 5-year survival rates after treatment average 52% in Eastern European countries compared to 63% in Western Europe.
    - Cervical cancer incidence and mortality rates in Romania are three times higher than in other European countries.
    - 5-year survival rates for breast cancer reach 82-87% in Nordic and Western countries but 75-78% in countries such as Bulgaria, Romania and Estonia.

- **Age**
  - Cancer kills nearly 10 million people a year and some 70% of those are aged 65 or older, yet **older populations face disproportionate barriers to effective and personalised treatment.**
- **Geographical location and professional occupation**
  - **Even in high-income countries**, people living in rural areas have a more limited access to healthcare providers, must travel longer distances involving greater organisation of their professional and family lives, as well as a lower representation in clinical trials. **A study in the US** shows that “cancer rates associated with modifiable risks—tobacco, HPV, and some preventive screening modalities (e.g., colorectal and cervical cancers)—were higher in rural compared with urban populations.”
  - **An estimated 120,000 work-related cancer cases occur each year** as a result of exposure to carcinogens at work in the European Union, leading to approximately 80,000 fatalities annually.
- **Gender**
  - **Women:** misogyny, stereotypes, expected gender roles, stigma and ostracisation surrounding women’s cancers.
  - **Men:** can be less likely to seek help due to social norms, reluctance to talk, downplaying symptoms, fear of side effects of treatment.
  - **Transgender individuals have reported difficulties** when interfacing with the US healthcare system: 19% have reported refusal of care and 28% harassment, 25% reported postponing or foregoing needed medical attention due to fear of stigmatisation ; more than 30% noted a negative experience related to their gender identity.
- **Zones of unrest**
  - **In refugee populations**, cancer is more likely to be diagnosed at an advanced stage, leading to worse outcomes.