

Executive Summary



Objectives



The aim of the Integrated Cancer Control Initiative in Latin America (ICCI-LA) study is to help improve Colombia's response to the rising burden of cancer, as part of its Constitutional commitment to health as a human right and its efforts to expand universal health coverage. The objectives of this report are to discuss the overall context of the Colombian health system, with an emphasis on cancer, present major health system challenges identified by stakeholders, and identify policy options as suggested by the leading experts involved in the ICCI-LA study.

Methods



We used mixed methods of inquiry that included a review of published literature and datasets on the Colombian health system and cancer burden, an online survey conducted among subject-matter experts to ascertain primary challenges and opportunities within the Colombian health system in relation to cancer, and a series of moderated virtual stakeholder workshop which facilitated expert discussion around the topic.

Findings



According to the Global Cancer Observatory (GLOBOCAN) that includes estimates by International Agency for Research on Cancer (IARC), a research agency of the World Health Organization (WHO), Colombia had an age-standardized rate (ASR) of 178.8 new cases of cancer per 100,000 people in 2018. The estimated cancer incidence in Colombia lies between that for Mexico and higher-incidence Latin American country clusters of Argentina, Brazil, and Chile, which have ASRs closer to 200 cases per 100,000 people.

The cancer incidence is estimated to continue rising in Colombia, with 148,600 new cases of cancer projected for 2030 and 189,988 new cases projected for 2040. These figures represent a 45.8% increase in incident cancer cases between 2018 and 2030, and an 86.5% increase between 2018 and 2040.

Similarly, cancer mortality levels have also been rising, and currently account for 19.88% of all deaths in Colombia. Colombia has the second lowest ASR of mortality rate among selected Latin American countries at 79.2 deaths per 100,000 (higher than Mexico, but lower

than Argentina, Chile, or Brazil), but projected to have 95,692 total deaths from cancer in 2040, an additional 49,635 deaths from what Colombia experienced in 2018, a 107.8% increase from that in 2018.

Colombia's National Cancer Control Plan (*Plan Decenal para el Control del Cáncer de Colombia 2012-2021*, or PDCCC) has set objectives informed by a series of national and international standards and regulations, and goals to: promote primary prevention through control of cancer risks; improve early detection; improve quality of cancer care and recovery of cancer patients and survivors; strengthen national information systems; and improve the training and development of practitioners.

The primary challenges, as identified through a survey of responses from 38 stakeholders, were organized into four health system areas: 1) Organization and Governance, 2) Financing, 3) Resource Management, and 4) Service Delivery. A common challenge identified in both stakeholder surveys and virtual workshops was the fragmentation within the health system, resulting in inequitable health outcomes, costs, and quality of services between the public and private systems and among geographic regions. Other issues included: inconsistent enforcement of the regulatory frameworks related to cancer prevention, control and care, high costs of cancer services, lack of transparency in decisions, and inconsistent level and quality of services across the country.

Policy options to address the identified challenges were also categorized by the four health system areas. Suggestions for Resource Management included anti-corruption measures, alignment of existing enforcement mechanisms, and restructuring of resource allocation systems. Suggestions for Organization and Governance included centralizing and harmonizing policies for cancer care that are coordinated across regions and sectors, improving the incentive structures and standards of care, and strengthening a national cancer law with accountability and enforcement mechanisms. Financing policy proposals included increasing the national budget allocated for cancer, incentivizing innovative cancer technologies and treatments through such reformed budgets, and instituting regulations for inspection, reporting, and monitoring mechanisms for cancer services. Lastly, suggestions for service delivery included establishing comprehensive and integrated services delivery processes, improving provider training, and creating a central entity to monitor and manage cancer care to ensure consistency and high quality.

Recommendations

The study collaborators propose nine overarching recommendations for the Colombian health system to address the rising burden of cancer and the challenges that exist.

Highest priority:

1. Evaluate the degree of implementation of current cancer policies and laws and propose strengthening mechanisms for their implementation.
2. Update comprehensive cancer care standards and policies with leadership and technical support from the National Cancer Institute of Colombia.
3. Strengthen population-based cancer registries throughout the country.

High priority:

4. Strengthen the mechanisms established in the current regulatory framework to combat inappropriate practices around cancer control.
5. Strengthen inspection, surveillance and control mechanisms aimed at the adequate use of resources for cancer control.
6. Develop mechanisms and procedures for the permanent review and adjustment of the resources necessary for cancer control.

Medium priority:

7. Restructure existing mechanisms for health resource allocation and service delivery to improve continuity of cancer care.
8. Restructure delivery of healthcare services for cancer and strengthen regional health authorities to reduce fragmentation and ensure provision of consistently high quality and equitable cancer services.
9. Improve training of healthcare providers on multidisciplinary approach to cancer care and service delivery.



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