



A MEMBERSHIP ORGANISATION  
FIGHTING CANCER TOGETHER

# Key asks

## Integrating cancer control into Universal Health Coverage (UHC)



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This document aims to inform governments about valuable opportunities to advance universal health coverage (UHC) by integrating a core package of services for cancer and non-communicable diseases (NCDs), as part of discussions at the second United Nations High-Level Meeting on UHC. UICC aligns itself with the [Action Agenda mapped out by UHC2030](#), as well as the asks developed by the [NCD Alliance](#), and has developed this document to provide a specific lens on key cancer issues.

# Context

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The global community finds itself at a turning point. At the first United Nations High-level Meeting (HLM) on UHC in September 2019, countries recognised the need to prioritise and implement their own national UHC package of care, tailored to meet the needs of their populations through stronger health systems. Shortly afterwards, the world changed drastically.

The COVID-19 pandemic has worsened inequities in many countries, with poor and marginalised groups bearing the brunt of the hardship. This has pushed health systems and healthcare workers beyond their limits. The net result is that countries are far off course to “*progressively cover 1 billion additional people by 2023 with essential health services and affordable essential medicines, by 2023*”.<sup>1</sup> For the cancer community, there is a growing body of evidence that indicates substantial and sustained disruptions to cancer services in almost every country. This could have far-reaching impacts due to delayed treatment, missed opportunities for early diagnosis and increased exposure to key risk factors.<sup>2</sup>

As the world begins to recover from the pandemic, the second United Nations HLM on UHC provides a critical opportunity for the global health and development communities to critically analyse policies, programmes and approaches to health to design and deliver more equitable, people-centred care.

## Rationale for action

- **Cancer is the second leading cause of mortality globally, therefore action on cancer is needed to achieve UHC.** The global cancer incidence is growing, particularly in low- and middle-income countries that may struggle to provide the services required by cancer patients. This poses a major risk of catastrophic health spending due to the reliance on out-of-pocket spending to cover the costs of treatment. Therefore, UHC cannot be achieved without including a core package of cancer control interventions.
- **Evidence-based and cost-effective interventions exist and can be integrated into UHC packages.** A growing body of evidence, including the updated Appendix 3 of the WHO Global Action Plan on NCDs (previously known as the NCD ‘Best Buys’) and *World Report on Cancer*, sets out a series of feasible and cost-effective cancer interventions, which can be integrated into UHC benefit packages.
- **Action on cancer and NCDs is consistent with the right to health.** The right to health means that every human being, without distinction of any kind, has the right to equitable access to the highest attainable standard of physical and mental well-being.<sup>3</sup> Without including key measures for cancer and NCDs, UHC will not fulfil this right.

**Through evidence-based prioritisation and efficient investment, governments could save more than 7 million lives from cancer by 2030.** The total required investment is ambitious but feasible in almost every country by increasing investment in cancer to USD 2.70 per person in low-income countries, USD 3.95 per person in lower-middle income countries, USD 8.15 per person in upper middle-income countries by 2030.<sup>4</sup>

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<sup>1</sup> UN (2019) political Declaration of the High-level Meeting on Universal Health Coverage <https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/09/UHC-HLM-silence-procedure.pdf>

<sup>2</sup> Cancer and COVID-19 task force materials available here: <https://covidcancertaskforce.org/>

<sup>3</sup> WHO (2023) Human Rights Fact Sheet: <https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health#:~:text=The%20right%20to%20health%20must,based%20approaches%20is%20meaningful%20participation.>

<sup>4</sup> WHO (2020) WHO report on cancer: setting priorities, investing wisely and providing care for all. Licence: CC BY-NC-SA 3.0 IGO.

## Integrating cancer control into UHC

The cancer community is critical to global discussions on UHC, as cancer is the second leading cause of mortality globally. In 2020, the International Agency for Research on Cancer (IARC) estimated that there were over 19.3 million new cancer cases and 9.9 million cancer deaths,<sup>5</sup> with projections suggesting these figures will rise to over 24.6 new cases and 13 million deaths by 2030.<sup>6</sup> Concerningly, the most rapid rise is being seen in low- and middle-income countries, whose health systems are least well equipped to manage the increasing demand for services.<sup>7</sup> As such, it is essential that governments integrate a core package of services for high-burden cancers and progressively expand this package over time to meet the needs of their populations.

Cancer also remains a major cause of out-of-pocket spending.<sup>8</sup> This worsens inequities, as those patients who can afford screening, treatment and palliative and supportive care, and who live in countries where this is accessible in a timely manner, have a higher chance of survival, while those who cannot afford or access cancer services do not.

Yet, this situation is largely preventable. Appropriate strategic investment in programmes and services has been shown to be effective in reducing cancer incidence and death. In doing so, many governments will be in a position to progressively realise essential cancer services for their whole population as part of UHC. Furthermore, these investments reduce treatment costs, support families and contribute to overall economic growth and development. As such, when discussing the integration of cancer control into UHC this means:

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<sup>5</sup> GLOBOCAN (2020) Cancer Today - Estimated number of new cancer cases, world [https://gco.iarc.fr/today/online-analysis-pie?v=2020&mode=cancer&mode\\_population=continents&population=900&populations=900&key=total&sex=0&cancer=39&type=0&statistic=5&prevalence=0&population\\_group=0&ages\\_group%5B%5D=0&ages\\_group%5B%5D=17&nb\\_items=7&group\\_cancer=1&include\\_nmsc=1&include\\_nmsc\\_other=1&half\\_pie=0&donut=0](https://gco.iarc.fr/today/online-analysis-pie?v=2020&mode=cancer&mode_population=continents&population=900&populations=900&key=total&sex=0&cancer=39&type=0&statistic=5&prevalence=0&population_group=0&ages_group%5B%5D=0&ages_group%5B%5D=17&nb_items=7&group_cancer=1&include_nmsc=1&include_nmsc_other=1&half_pie=0&donut=0)

<sup>6</sup> GLOBOCAN (2020) Cancer Tomorrow - Estimated number of deaths from 2020 to 2030 <https://gco.iarc.fr/tomorrow/en/dataviz/bars?years=2030&types=1>

<sup>7</sup> WHO (2020) WHO report on cancer: setting priorities, investing wisely and providing care for all. Licence: CC BY-NC-SA 3.0 IGO.

<sup>8</sup> WHO (2020) WHO report on cancer: setting priorities, investing wisely and providing care for all. Licence: CC BY-NC-SA 3.0 IGO.



## Laying the foundation for a healthy future

**Between one-third and one-half of cancer cases globally could be prevented.** The majority of these cases are associated with modifiable risk factors, including: tobacco and alcohol use; physical inactivity, poor diet and high body mass index; ionizing radiation; air pollution; and certain infections such as the human papillomavirus (HPV) and hepatitis B virus (HBV).

**All of these factors can be addressed through evidence-based and cost-effective public health policies that are feasible in all health systems.** Implementing these policies will also yield benefits beyond cancer control, such as improvements in childhood stunting, better mental health and reductions in interpersonal violence and accidents, amongst others.

**Integrating cancer control in UHC means including a core package of health promotion and disease prevention policies and programmes, aligned with global recommendations and guidance.**



## Closing the care gap

**Delivering 'health for all' requires governments to improve access to timely, accurate and affordable diagnosis, treatment and palliative care** for individuals with cancer.

Achieving this **is feasible in nearly all countries using existing evidence-based interventions** that build on existing services and structures to progressively expand the quality and coverage of cancer services. Through comprehensive planning, every country can detect and diagnose common cancers at an earlier stage when they are often more amenable to treatment, with fewer side effects and at lower costs to patients and health systems. Delivering on this 'triple dividend' should be at the core of countries' approaches to developing UHC benefit packages, together with guaranteeing the quality of life of cancer patients through a comprehensive package of palliative care.

**Integrating cancer control means progressively expanding the coverage, quality and financial protection for evidence-based cancer interventions over time to achieve the goal of 'no one left behind'.**



## Investing in health

The core objective of investing in UHC is to promote equitable access to services, premised on the 'best value for the greatest good'.<sup>9</sup> **Investment in cancer and NCDs has systematically fallen short of the volumes needed to respond to the growing disease burden**, due to persistent underestimation of the returns on investment for communities and economies.

WHO data suggests that domestic actors have long been the primary source of investment in cancer and NCD care. There has been a notable lack of international support for the necessary capital investments, which limits the capacity of many LMIC governments to implement services. At its core, **failure to invest in cancer and other NCDs enables the continuation of stark inequities between and within countries and increases catastrophic health spending.** However, with a growing body of technical support and guidance, countries are in a better position to utilise taxes to increase investment in health, leverage efficiencies to mobilise existing funds and lower many of the barriers to accessing care.

**Integrating cancer control into UHC means mobilising adequate resources for health globally and aligning domestic and international health investments to address the needs of vulnerable groups, such as cancer patients, to improve health equity and financial risk protection.**

<sup>9</sup> WHO (2020) WHO report on cancer: setting priorities, investing wisely and providing care for all. Licence: CC BY-NC-SA 3.0 IGO.

# Priority actions

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## Action Area 1: Champion political leadership for UHC

Governments are the guardians of their population's health and much of the progress seen to date has been made possible by clear and consistent political leadership from the highest levels of government. The realisation of UHC will require ministries of health, finance, environment and education, amongst others, to work together in a coordinated manner, led by Heads of State/ Government. Political leadership at the highest levels is essential to embed UHC as a national health and development goal.

### Proposed actions:

- Provide strategic leadership at the highest political level by coordinating across government departments for a comprehensive approach to UHC planning and implementation, encompassing health promotion, disease prevention, and timely access to diagnosis, treatment and palliative care.
- Align UHC strategies with the existing commitments set out in the political declarations on NCDs (2011, 2014 and 2018) and the World Health Assembly 2017 resolution on cancer, drawing on the guidance contained in Appendix 3 of the WHO Global Action Plan on NCDs and the WHO 2020 Report on Cancer.<sup>10</sup>
- Integrate the priorities identified in national cancer control and non-communicable disease (NCD) plans into national UHC benefit packages and implementation roadmaps, identifying strategies to progressively expand services and take them to scale, in response to national disease burdens.

## Action area 2: Leave no one behind

The COVID-19 pandemic demonstrated the vulnerability of people living with cancer and other NCDs. Even prior to the pandemic, cancer patients around the world experienced marked inequities within and between countries. For example, around 400,000 children are diagnosed with cancer each year, with most living in low- and middle-income countries. Survival rates for these children range from 15-45% compared to more than 80% living in high-income countries, where a core package of quality services is more often available and affordable.<sup>11</sup> Recognising that cancer is already the second leading cause of mortality globally, governments must look to progressively include a core package of cancer services to ensure that no one is left behind.

### Proposed actions:

- Strengthen primary health care as the entry point to the health system and utilise existing platforms, such as those for infectious diseases and maternal and child health, to deliver a core package of essential services, including cancer prevention, screening,<sup>12</sup> early diagnosis and palliative care for the most vulnerable populations.
- Improve routine immunisation and vaccination services, with particular focus on marginalised and vulnerable groups; integrate vaccines for human papillomavirus (HPV) and hepatitis B to reach 90% of target populations, in line with the Global Strategies for the elimination of cervical cancer and Hepatitis B, respectively.

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<sup>10</sup> WHO (2020) WHO report on cancer: setting priorities, investing wisely and providing care for all <https://www.who.int/publications/i/item/9789240001299>

<sup>11</sup> WHO (2021) CureAll framework: WHO global initiative for childhood cancer <https://www.who.int/publications/i/item/9789240025271>

<sup>12</sup> Include reference to which cancers can be screened for



- Increase investment in public health information to raise awareness of key health risk factors, signs and symptoms to foster the earlier detection and diagnosis of disease.
- Establish and maintain referral networks from primary health care through to secondary and specialist care to ensure that patients can access needed treatment interventions in a timely and affordable manner.
- Align national essential medicines, diagnostics and technologies lists with global guidance and national epidemiological profiles; integrate these into national UHC benefit packages.
- Recognise and integrate a core package of palliative care interventions in all UHC benefit packages, including access to controlled medicines.
- Strengthen data collection and assessment capacities for health, including utilising and supporting existing data collection structures and systems, such as cancer registries, to revise targets, measure progress in UHC implementation and provide evidence for decision-making.

### Action area 3: Adopt enabling laws and regulations

Policies, laws and regulations provide an invaluable framework for UHC, from helping to foster a health-promoting environment to enshrining key protections for vulnerable populations within a country, including cancer patients. When formulated with equity in mind, laws provide a valuable tool to address many of the persistent inequities seen within countries and communities.

#### Proposed actions:

- Utilise legal and regulatory frameworks to support a health-promoting environment, including measures contained in the WHO MPOWER<sup>13</sup> (tobacco control) and SAFER<sup>14</sup> (alcohol control) technical packages, together with measures to achieve WHO's Air Quality Guidelines.<sup>15</sup>
- Strengthen capacities to assess health interventions, medicines, and technologies to support evidence-based prioritisation.
- Ensure adequate access to a core package of palliative care services, supported by legal frameworks and policies to ensure adequate access to controlled medicines, in line with guidance from the UN Office on Drugs and Crime.<sup>16</sup>

### Action area 4: Strengthen the health and care workforce to deliver quality health care

Healthcare workers are the backbone of the health system and an adequate, well trained and well remunerated health workforce is essential to the delivery of all healthcare services and UHC more broadly. The COVID-19 pandemic revealed the need to better safeguard and protect the healthcare workforce, particularly as many health systems are facing substantial shortfalls and existing healthcare staff are reporting increased staff burnout. Cancer interventions are delivered at all levels of the health system and quality cancer care is dependent on the availability of a team of well-trained and well-equipped professionals.

#### Proposed actions:

- Develop national plans; invest in the training and retention of the health workforce to increase and sustain core health services, building on existing centres and networks and exploring delegation and optimisation strategies, particularly where resources are limited.

<sup>13</sup> WHO MPOWER initiative: <https://www.who.int/initiatives/mpower>

<sup>14</sup> WHO SAFER initiative: <https://www.who.int/initiatives/SAFER>

<sup>15</sup> WHO Air Quality Guidelines – what are they? <https://www.who.int/news-room/feature-stories/detail/what-are-the-who-air-quality-guidelines>

<sup>16</sup> UNODC (2018) UNODC Publications on GLOK67 <https://www.unodc.org/unodc/en/drug-prevention-and-treatment/access-to-controlled-medicines/accessibility-medicines-availability-unodc-publications-glok67.html>

- Integrate information on the prevention, detection, diagnosis and treatment of cancer and other NCDs, including the management of disease across the life course, into core medical education and continuing professional development training.

## Action area 5: Invest more, invest better

The world is substantially off track for many of the global NCD targets, stymied by systematic underinvestment in cancer and NCD services. Progress in cancer control has been undermined by misconceptions regarding costs of cancer control, despite the availability of feasible and cost-effective packages for some of the most prevalent cancer types (cervical, breast, colorectal and childhood cancers). Given the reliance on out-of-pocket expenditure to cover the costs of cancer services in many countries,<sup>17,18</sup> UHC benefit packages should progressively include a core set of cancer prevention, diagnosis, treatment and care services to support the transition from out-of-pocket payments to pooled health financing, in order to improve financial protection and protect at-risk groups.

### Proposed actions:

- Cost and budget for the progressive realisation of UHC benefit packages, adopting appropriate public investment in health, ideally a minimum of 5% GDP, and ensure that care services are integrated into national development and financing strategies.
- Utilise existing resources, including the cancer costing tool from WHO, to identify and prioritise evidence-based interventions within UHC benefit packages, guided by the dual goals of equity and financial protection.
- Prioritise investment in feasible and cost-effective interventions contained in Appendix 3 to the Global Action Plan on NCDs and allocate sufficient investment for their implementation as part of the UHC budgeting process.
- Phase out subsidies and accelerate the implementation of higher taxes on all health-harming products, including tobacco and alcohol, which raise capital for health investment and reduce people's exposure to risk factors.
- Broaden the scope of international financial support mechanisms, institutions and platforms, including overseas development assistance, to support recipient countries to respond to national disease burdens including supporting responses to cancer and other NCDs.
- Fulfil commitments to provide 0.7% of gross national income in overseas development assistance.<sup>19</sup>
- Request reporting on the 2019 UHC target (para 24.b.) *"Stop the rise and reverse the trend of catastrophic out-of-pocket health expenditure by providing measures to assure financial risk protection and eliminate impoverishment due to health-related expenses by 2030, with special emphasis on the poor as well as those who are vulnerable or in vulnerable situations."* Data should be disaggregated by age, disease, gender, location and socioeconomic status.

## Action area 6: Move together towards UHC

Governments cannot achieve UHC without input from different stakeholders. In particular, ensuring that the voices of patients, communities and healthcare providers are systematically included in agenda setting, budgeting, implementation, monitoring and evaluation will be essential to ensuring that UHC plans and benefit packages address longstanding inequities.

<sup>17</sup> ASEAN costs in oncology "cancer and its economic impact of households in the ASEAN countries" Study <https://www.georgeinstitute.org/projects/asean-costs-in-oncology-cancer-and-its-economic-impact-on-households-in-the-asean>

<sup>18</sup> WHO (2020) WHO report on cancer: setting priorities, investing wisely and providing care for all. Licence: CC BY-NC-SA 3.0 IGO.

<sup>19</sup> Addis Ababa Action Agenda (2015) [https://www.un.org/esa/ffd/wp-content/uploads/2015/08/AAAA\\_Outcome.pdf](https://www.un.org/esa/ffd/wp-content/uploads/2015/08/AAAA_Outcome.pdf)



### Proposed actions:

- Systematically include community and healthcare provider perspectives in UHC planning, budgetary and governance processes, drawing on multistakeholder models such as national cancer control committees<sup>20</sup> to institutionalise these voices in decision making.
- Support civil society organisations to facilitate community engagement in the development, implementation and evaluation of UHC, with particular focus on vulnerable and marginalised groups.
- Develop partnerships across health areas to address the issue of antimicrobial resistance to ensure the ongoing effectiveness and safety of surgical, radiological and chemotherapy treatments.

## Action area 7: Guarantee gender equality in health

Gender equity is an essential part of achieving UHC and should encompass how women and girls are treated within health systems and by public health policies. This requires adopting a gender-responsive approach, as well as protecting and championing female healthcare workers, and dispelling myths, misconceptions and stigma around women's health.

### Proposed actions:

- Integrate cancer and NCD care into existing population-specific programmes and services, including those for maternal, newborn, child and adolescent health, sexual and reproductive health, and existing disease response platforms, including HIV and TB, to reach vulnerable and underserved groups.
- Strengthen policies to address gender-related barriers to health, including by addressing stigma, discrimination and misinformation, and ensure balanced gender representation in health decision-making.
- Invest in data collection to determine the impact of cancer and NCDs on women and girls, including catastrophic health spending, challenges to accessing care, health priorities and outcomes to provide a more robust evidence base for gender-responsive policymaking.

## Action area 8: Connect UHC and health security

The COVID-19 pandemic demonstrated the fragility of many health systems. As the global community looks ahead to 2030, governments need to work with partners to ensure the sustainability and resilience of populations and health systems to future threats, recognising the potential for future pandemic together with conflicts and climate change.

### Proposed actions:

- Recognise that cancer and NCDs undermine the health resilience of populations; integrate measures in health strategies to promote health and reduce risk factors.
- Commit to delivering essential health services in crisis situations, including cancer and palliative care services for high burden cancers.
- Build community trust in science, vaccines and public health information, integrating essential public health education into national strategies and programmes.
- Implement measures to protect public health decision making from perceived or actual conflicts of interest and activities by health-harming industries.

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<sup>20</sup> WHO (2020) WHO report on cancer: setting priorities, investing wisely and providing care for all. Licence: CC BY-NC-SA 3.0 IGO.



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