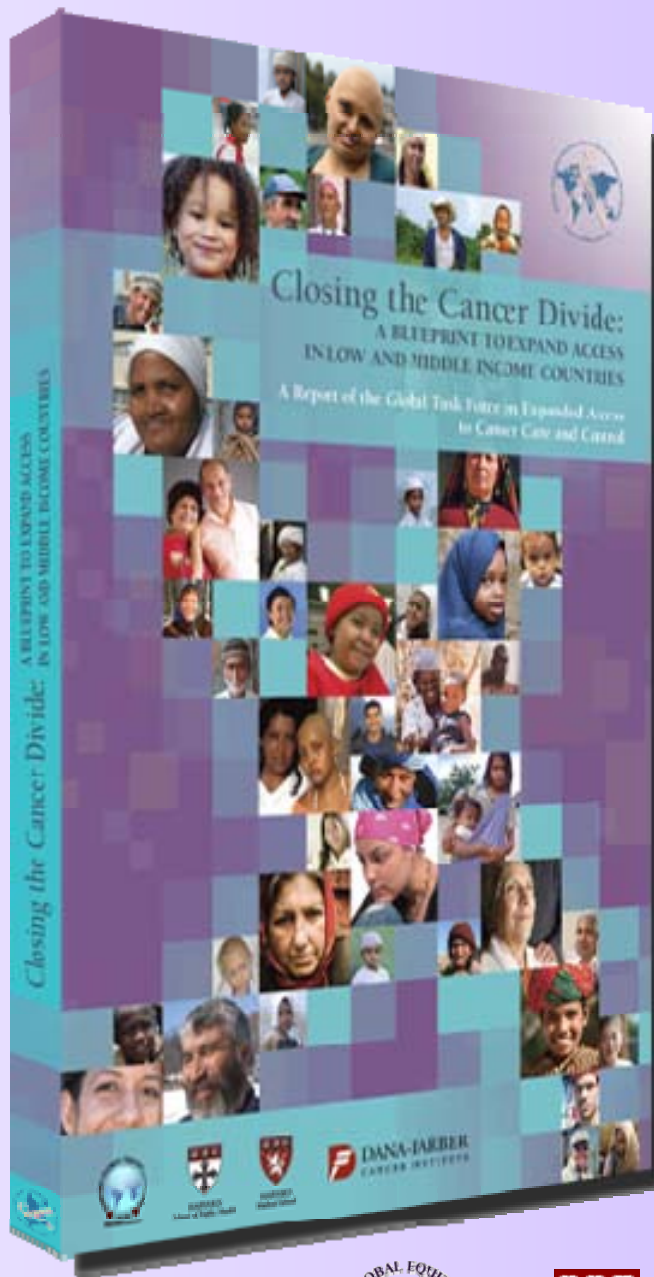




Closing the Cancer Divide: A BLUEPRINT TO EXPAND ACCESS IN LOW AND MIDDLE INCOME COUNTRIES

**The Global Cancer Divide:
An Equity Imperative**
Felicia Marie Knaul





The Cancer Transition

- Mirrors the overall epidemiological transition: LMICs increasingly face both cancers associated with infection as well as all other cancers.
- *Cancers that were once considered only of the poor, now cease to be the only diseases of the poor. (cervical & breast cancer)*



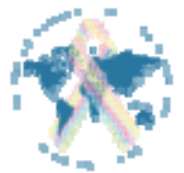


The Cancer Divide

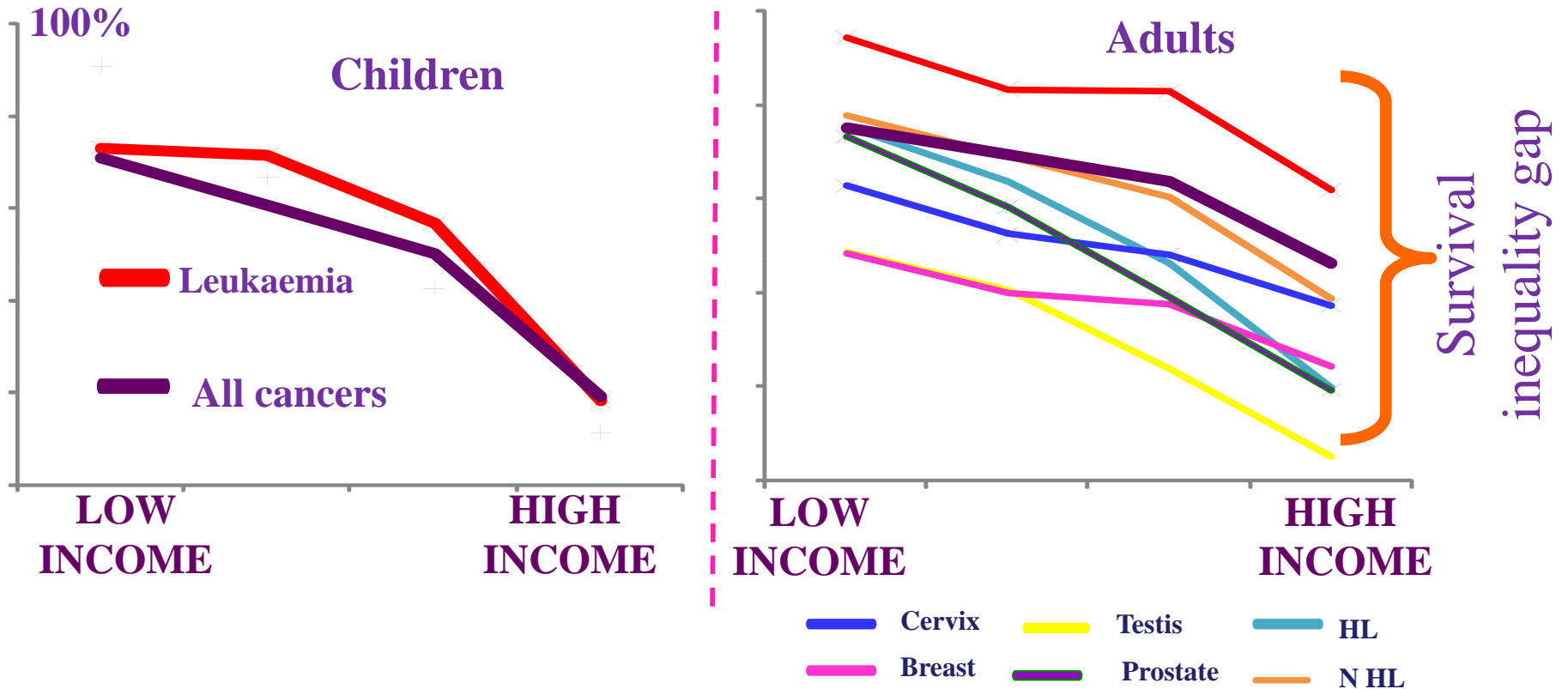
Disparities in outcomes between poor and rich directly related to inequities in access and differences in underlying socio-economic, environmental, and health conditions.



The divide is the result of concentrating *risk factors*, *preventable disease*, *death and suffering* among poor populations.



The Opportunity to Survive (M/I) Should Not Be Defined by Income



In Canada, almost 90% of children with leukemia survive.
 In the poorest countries only 10% survive.



The most insidious example of the cancer divide is pain control

The gap in access to pain control is tremendous: ranging from 54 milligrams per death in pain from HIV/AIDS or cancer in the poorest decile to almost 97,400 in the richest decile of the world's countries.





Closing the Cancer Divide: areas for action

1) Preventable cancers:

- a) behavior change
- b) Reduce exposure to environmental risk

2) Preventable infection:

3) Treatment often made more effective by earlier detection

4) Improve manageable aspects of life with disease or survivorship including discrimination and stigma

5) Pain control: for all cancers





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