

International Agency for Research on Cancer



World Health
Organization



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Better capabilities, better protections, better value

Global status report on cancer 2026

The future we choose together

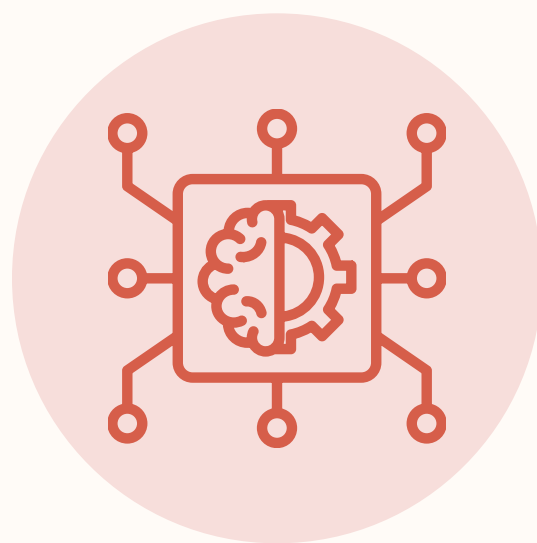
About this toolkit: how will **you** help?

The Global status report on cancer 2026 has a clear message: together, we can achieve the future we choose for cancer control. But that requires us all to play our part.



REORIENT THE GLOBAL AGENDA

Focus directly on the priorities and needs of people affected by cancer



BRIDGE THE GAP

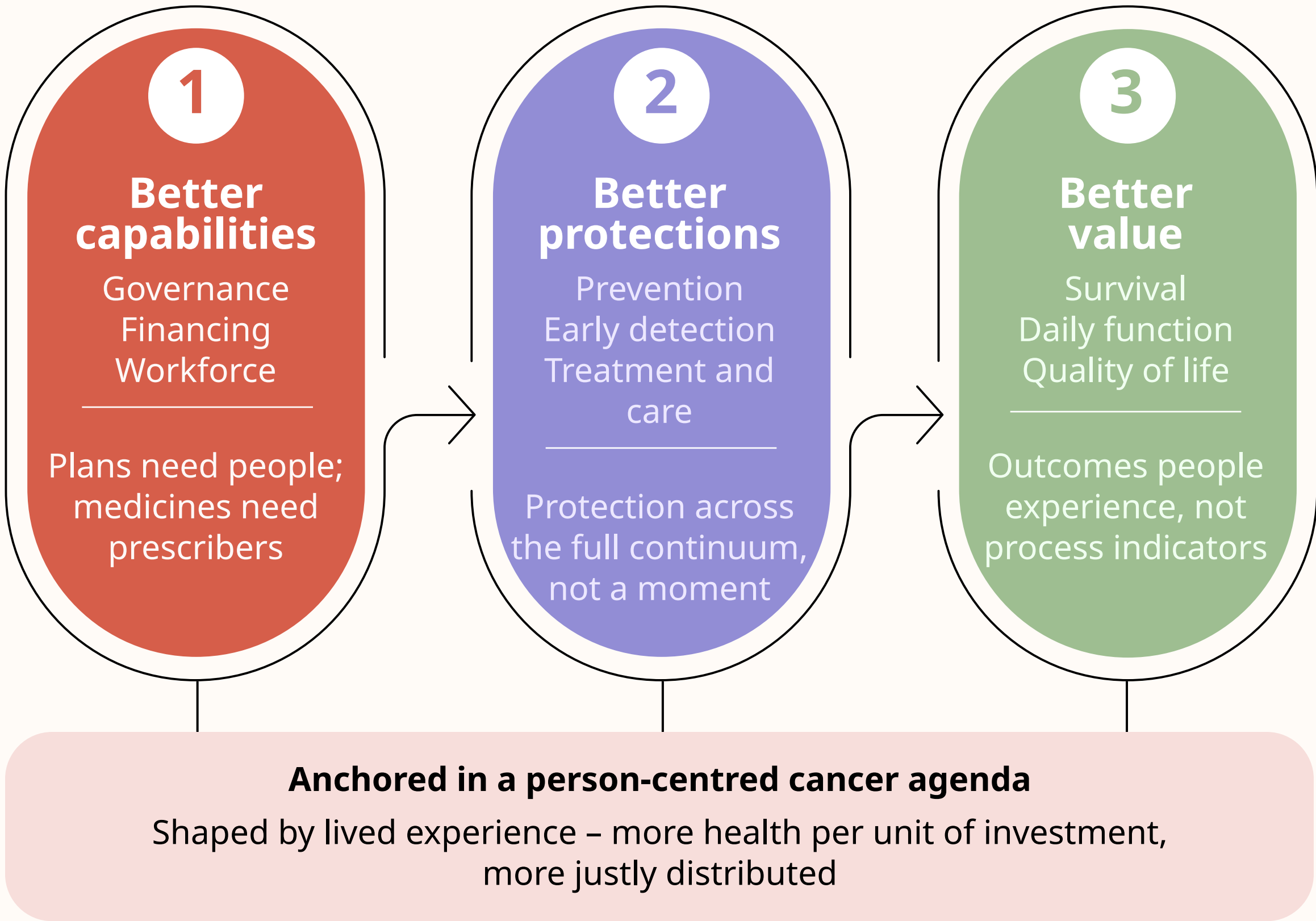
Confront the disconnect between technological ambition and human need



TRACK GLOBAL PROGRESS

Enable transparent, systematic, and aligned monitoring across the entire cancer continuum

This toolkit will be valuable to anyone who wishes to support efforts to strength cancer care through these **three strategic shifts**:



Cancer: a shared global burden



A global burden with a human cost

nearly
10
million
Global cancer
mortality (2024)

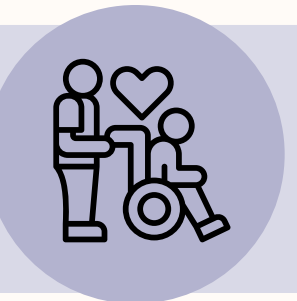
20.6
million
Annual new cases
(2024)

34.4
million
New cancer
diagnoses by 2050

16.5%
Of all deaths
caused by cancer

1 in 5
Lifetime risk

1 in 9 men &
1 in 13 women
Die from cancer



An overlooked burden on families and caregivers

92%
Proportion of
people globally
affected by cancer
in their lifetime

**average of 45
hours/week**
Time spent by
unpaid caregivers
providing essential
support

16%
Share of people
affected by
cancer who lose
employment

45%+
People affected face
financial hardship

50%+
Report mental illness



An inequitable burden

Access to interventions remains profoundly inequitable, even for treatments shown to be cost effective.

EXAMPLE: Breast and childhood cancer five-year survival rate:



85%+
in high-income countries



less than 30%
in many low-income countries



A burden too costly to ignore

US\$33 trillion
projected total economic cost of cancer worldwide from 2020 to 2050

75%
of deaths occur in low- and middle-income countries



A significantly preventable burden



nearly 40%
of new cancer cases attributable to preventable risk factors

Prevention is still one of the most powerful tools we have for reducing the future burden of cancer. Underinvestment in prevention is a major driver of avoidable deaths, especially in low- and middle-income countries.

It doesn't have to be this way.
Together, we can transform cancer outcomes for all with three strategic shifts.



71 countries have HPV testing included in the national health benefit package



Only 19–25% of LICs have reimbursement of radiotherapy in national health benefit packages



A minority of countries have medicines listed consistently across health policies: health benefit package, national essential medicines list (NEML) and national treatment standards. Of 50 analysed anti-cancer medicines in WHO's EML, only 28 (median) appear in NEMLs; only 14% of NEML are >80% concordant with WHO's EML

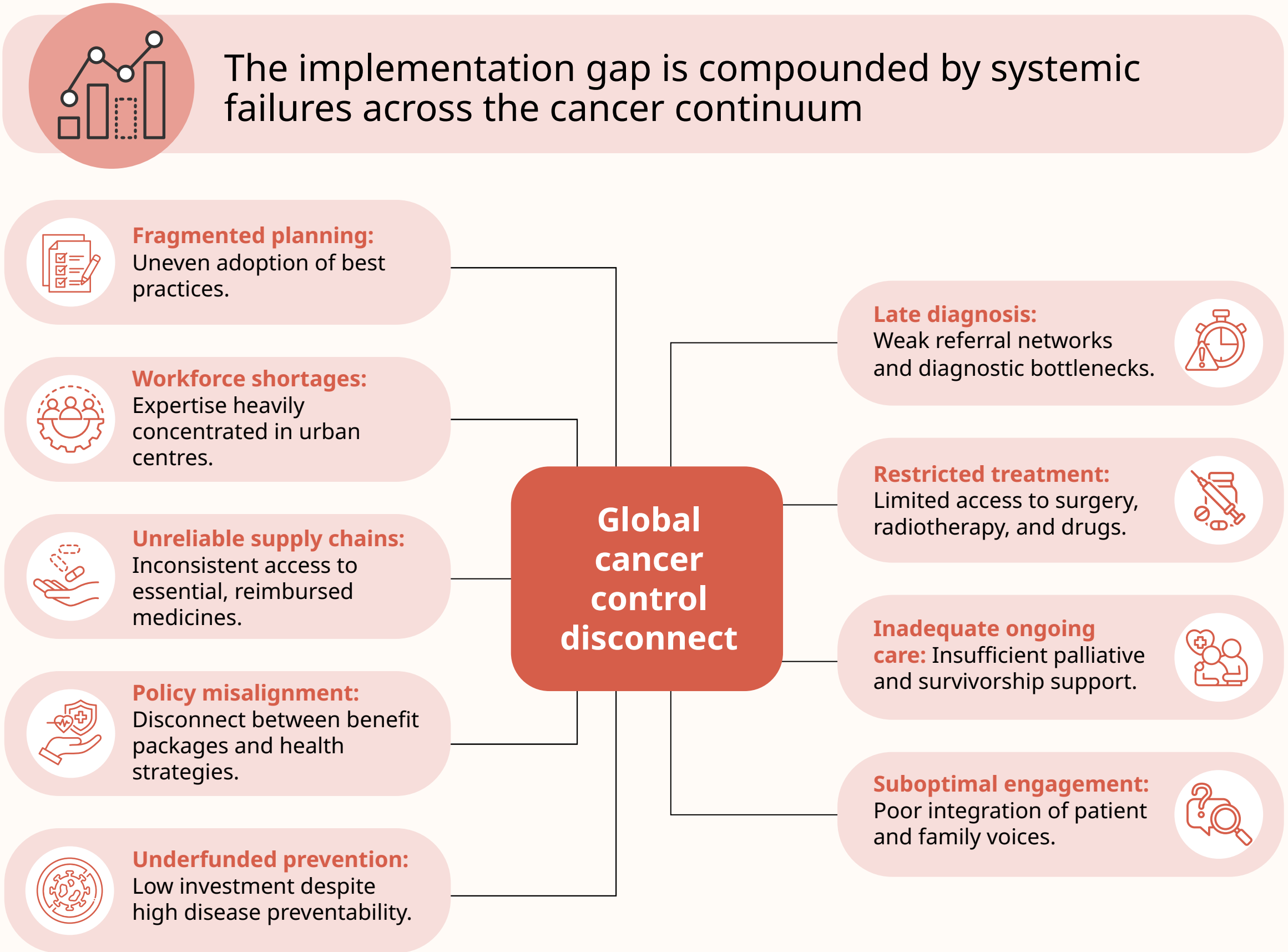


Only 43% of national health benefit packages include home-based palliative care services.

Strategic shift 1: better capabilities

The central obstacle to progress against cancer is the gap between what is known and what is done. Closing that gap requires governments and health systems to have better capabilities. Prevention, early detection, diagnosis, treatment, survivorship, and palliative care can all help reduce the burden of cancer if implemented.

→
These failures are interconnected and reinforce each other. Addressing them requires coordinated action across multiple levels of the health system, from global governance and national policy to primary health care and community-based services.



WHO RECOMMENDATIONS

1. Embed cancer control within health system strengthening and UHC using NCCPs as the catalyst for strategic action.

Our vision: Cancer control is embedded into national health systems, formally planned and sustainably financed.

2. Strengthen health system capacities for comprehensive, integrated cancer service delivery.

Our vision: Every cancer intervention rests on sustainable financing, quality care, access to innovation and a trained workforce.

Strategic shift 2: better protections

Cancer is not only a health issue. It is also an issue of equity, economic development, and human rights. Across all settings, a cancer diagnosis often leads to substantial hardship. The human, financial, and societal burden that cancer places on individuals, families, and economies has consequences that persist long after diagnosis and treatment.



Strengthening protection

Primary Prevention

nearly 40%

of new cancer cases are preventable through risk factors we already have evidence-based measures to address.

Essential measures—such as tobacco and alcohol control, human papillomavirus and hepatitis B vaccination, promotion of healthy lifestyles including healthy diets and physical activity and early detection—require urgent scaling and broader adoption.



Social & Financial Safety Nets

Expand social protections to cushion patients and families from secondary harms, particularly catastrophic medical costs and financial hardship.

Example: Family leave for parents to care for children living with cancer in Chile and Mexico.



WHO RECOMMENDATIONS

3. Include people with lived experience in all cancer-related decision-making.

***Our vision:** People affected by cancer shape cancer policy and services at every level as partners and rights holders.*

4. Enhance community-level health promotion on cancer and strengthen social protections.

***Our vision:** Communities have the knowledge, confidence and skills to prevent cancer, recognize early symptoms, seek timely care and navigate health systems.*

Strategic shift 3: better value

Better value in cancer control means aligning research and innovation with public health priorities.

25%

Global Clinical Trials on Cancer (2025)

Up from 15% in 2015, representing massive momentum in cancer research and development.



5,000+

Active Phase 3 Studies

Breakthroughs are extending survival, but R&D remains disproportionately focused on high-cost drugs with marginal gains.



The innovation disconnect

Misaligned R&D: Research prioritises expensive, low-yield treatments over scalable innovations that could improve access and outcomes at scale.

The access and equity barrier

Missing essential care: Most countries still lack basic cancer services.
Financial hardship: High out-of-pocket costs force patients to abandon treatment.
Inconvenient truth: Global progress in prevention and treatment fails to reach populations equally.

Delivering true “better value”

Person-centered care: Align services around the holistic needs of individuals and families.
Public health focus: Shift priorities toward broad equity, reducing the future cancer burden for all people—not just wealthy markets.



WHO RECOMMENDATIONS

5. Promote alignment and transparency in global cancer data.

***Our vision:** Countries and stakeholders use robust, transparent, globally aligned data to guide decisions and accountability, with uncertainty clearly communicated.*

6. Unify the cancer agenda around equity-based, system-wide solutions.

***Our vision:** Global and national cancer agendas share priorities and platforms, ensuring investments strengthen systems for people with cancer.*

7. Align research and innovation with public health priorities and the service needs of LMICs.

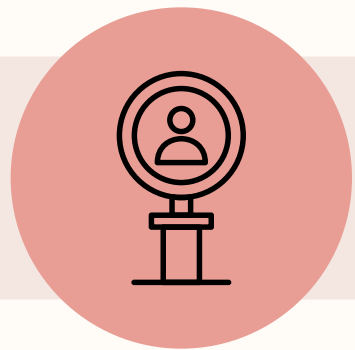
***Our vision:** Research and innovation meets LMICs needs, use meaningful endpoints and investment to scale and sustain effective interventions.*

Stakeholder action matrix



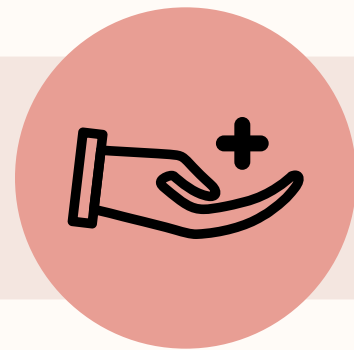
Governments and policymakers

- **Fully cost and fund NCCPs:** Integrate essential cancer management packages into Universal Health Coverage (UHC) health benefit packages. 1 2 3
- **Enforce best buys interventions:** Implement WHO MPOWER (tobacco taxes), SAFER (alcohol restrictions), Acceleration Plan to Stop Obesity, and HPV/HBV vaccination programs. 2
- **Fix referral pathways:** Establish mandatory, time-bound diagnostic and referral timelines from primary care to secondary/tertiary facilities. 1
- **Build financial safety nets:** Implement sickness benefits, paid caregiver leave, and catastrophic debt protection mechanisms. 2



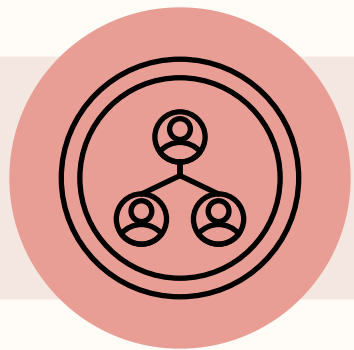
Civil society and patient advocates

- **Institutionalise lived experience:** Require formal representation and active participation of patients and caregivers on national policy boards and guidelines committees. 2
- **Drive accountability:** Hold governments accountable for delivering quality cancer services through citizen monitoring and public reporting. 1
- **Combat misinformation:** Disseminate evidence-based information including WHO and IARC resources to counter unproven prevention, screening or treatment unproven strategies. 2 3
- **Build networks:** Build alliances across cancer communities to advocate for common priorities. 3



Health system leaders and clinicians

- **Prioritise high-value care:** Guarantee universal access to basic surgical care, pathology, radiotherapy, and essential medicines prior to adopting unproven, high-cost technologies. 1 2 3
- **Standardise treatment pathways:** Adopt resource-stratified clinical practice guidelines and MDT care pathways across all facilities. 3
- **Integrate early palliative care:** Embed palliative, supportive, and pain management care from the time of diagnosis. 1



Industry, academia and international partners

- **Align research with public health:** Reorient R&D funding toward scalable, affordable innovations tailored to LMIC service infrastructure. 3
- **Value-based pricing and generic access:** Produce Health Technology Assessments (HTA), pooled procurement, and biosimilars to expand affordable access to cancer medicines. 1 2 3
- **Monitor progress:** Monitor government delivery using indicators from the WHO Global Cancer Monitoring Framework (GCMF). 1 3
- **Build capacity:** Strengthen health system capacities for comprehensive, integrated cancer service delivery. 1



Strategic shifts in cancer control:

1

Better capabilities

2

Better protections

3

Better value

Resources to support advocacy efforts

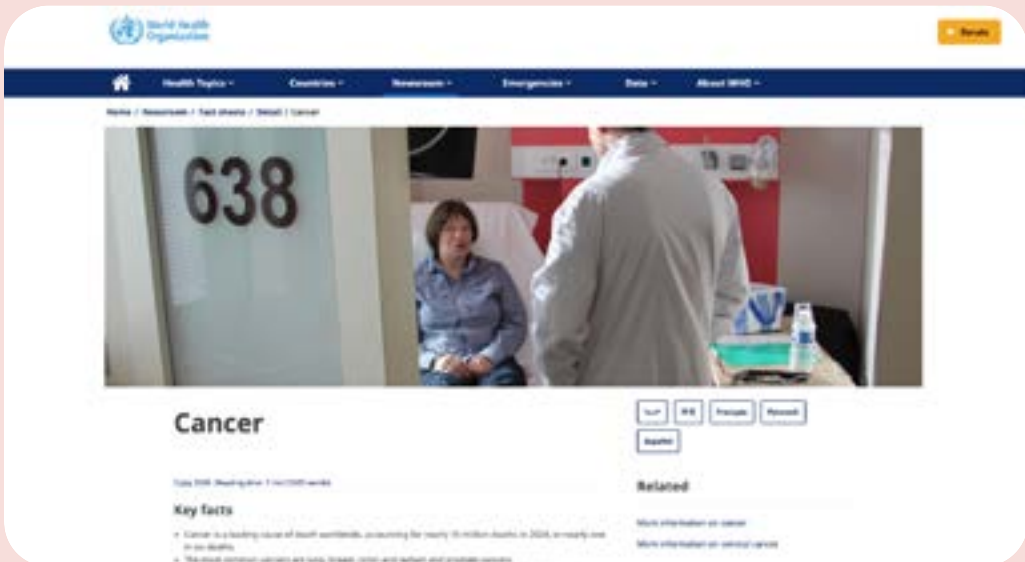
1 Global status report on cancer 2026



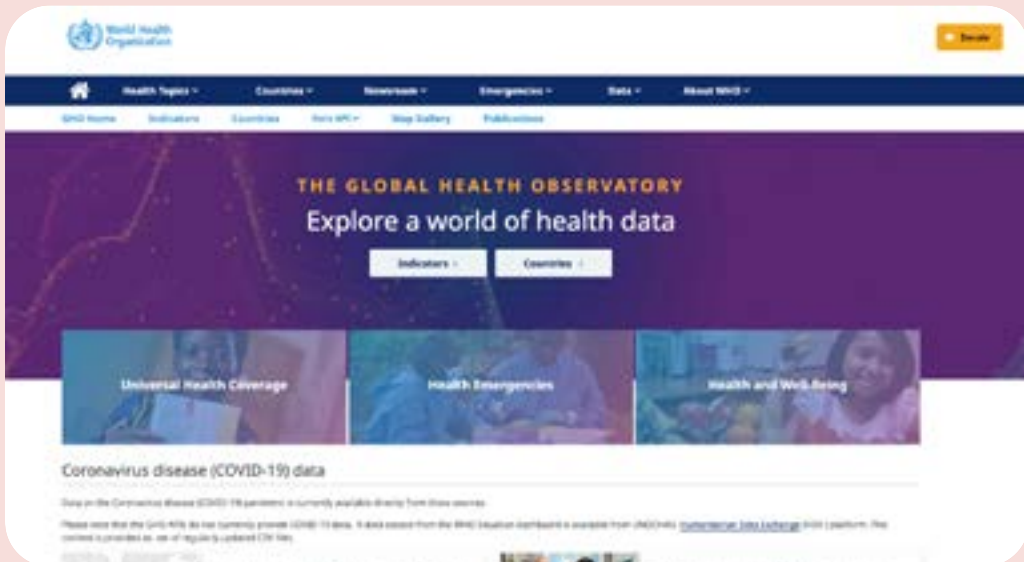
2 Advocacy toolkit



3 Cancer fact sheet



4 Global Health Observatory



5 Global Cancer Observatory



6 WHO cancer programme



7 Statement of priorities

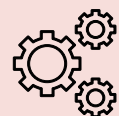


Joint statement of cancer care priorities for governments, WHO and the international development community, co-created by people with a lived experience of cancer and emergent leaders.

8 Knowledge Action Portal



Key global mandates and policy reference guide

 Strategic shift	 Supporting global mandate / policy lever	 Core target or objective
1 Better capabilities	WHA Resolution WHA70.12 (Cancer Prevention and Control)	Integrates cancer control into national Universal Health Coverage (UHC) agendas and health system strengthening
	WHA Resolution WHA74.8 (Access to Diagnostics)	Mandates inclusion of affordable, high-quality diagnostic imaging and pathology in benefit packages
	WHA Resolution WHA68.15 (Essential Surgical Care)	Integrates safe, timely surgical and anaesthesia capacity into National Surgical Plans (NSOAPs)
	WHO Global Cancer Monitoring Framework (GCMF)	Provides standardised indicators to track national and global progress across the care continuum
2 Better protections	SDG Target 3.4 (NCD Premature Mortality)	Calls for a 1/3 reduction in premature mortality from NCDs (including cancer) by 2030
	WHO FCTC and SDG 3.a (Tobacco Control)	Implements MPOWER measures to achieve a 30% relative reduction in tobacco use
	WHO SAFER Package (Alcohol Control)	Targets a 20% relative reduction in harmful alcohol consumption by 2030
3 Better value	WHO Framework for Meaningful Engagement	Directs formal engagement of people living with NCDs/cancer in policy co-creation
	Cervical Cancer Elimination Initiative (CCEI)	90-70-90 Targets by 2030: 90% HPV vaccination, 70% with high-performance test twice, 90% treated
	Global Breast Cancer Initiative (GBCI)	Reduce breast cancer mortality by 2.5% per year, saving 2.5 million lives by 2040
	Global Initiative for Childhood Cancer (GICC)	Achieve at least 60% survival for children with cancer globally by 2030
	Global Platform for Access to Childhood Cancer Medicines (GPACCM)	Multilateral collaboration designed to improve access to cancer medicines for children in LMICs
	WHO Model List of Essential Medicines (EML)	Standardises priority high-value antineoplastics and supportive medicines for national adoption.

Social media tiles

