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## Cancer burden and preparedness in fragile settings



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More than a fifth of the world's population live in fragile settings, yet there is a paucity of health-related data on populations in this setting, and what data that do exist are often focused on infectious diseases rather than non-communicable diseases including cancer. In their Article in *The Lancet Global Health*, Isabel Mosquera and colleagues<sup>1</sup> calculated cancer incidence and mortality on the basis of data from population-based cancer registries for 31 countries that had scored 90 or more on the Fragile States Index for at least 10 years. They found that the estimated cancer burden was lower than worldwide rates, except for cervical and prostate cancer, but with a higher proportion attributable to infections. The authors also highlight the lack of preparedness of fragile states to meet the needs of patients and families affected by an increasing cancer burden, the limited health promotion and prevention activities (particularly in relation to tobacco), and the notable gaps in treatment, rehabilitation, and palliative care support. The Article offers an important benchmark for cancer burden and cancer control measures, using a wide range of data sources to build a comprehensive overview. It also highlights areas for further research.

There are population shifts both inside and outside of fragile countries. UN News, reporting on data from the United Nations High Commissioner for Refugees, estimated that 1% of the world's population comprises displaced people, many of whom leave their country of origin to move to nearby, often fragile, countries.<sup>2</sup> Although this movement represents an important challenge to the host countries, it can also be an opportunity to improve access to cancer care for all. The global community is committed to the principles of universal health coverage, with the mandate to ensure access to comprehensive health care without being driven into financial hardship.<sup>3</sup> This commitment has particular relevance for people affected by cancer in fragile environments, where there are no free public services and out-of-pocket expenditure on health care is constrained by the scarcity of household resources, or even worse, the few existing resources are sold in order to pay for travel or for cancer treatment that may not be effective. We need to consider how to measure this burden and design interventions to mitigate the drive into poverty caused by catastrophic health-care costs.

Research data suggests that access to early palliative care might deliver savings in out-of-pocket expenditure through patient-centred provision of information, and timely access to symptom management.<sup>4</sup> Cancer registry data, where it exists, might underestimate the true burden of disease in countries where access to pathology or imaging for definitive diagnosis is limited, recognising that many people die before reaching a cancer centre without accurate recording of deaths or death certification.

Engaging in data collection closer to the community has shown interesting results through increasing use of verbal autopsy. The new concept of serious health-related suffering allows a different and arguably richer means of assessing cancer disease burden within the context of multimorbidity, highlighting the importance of holistic palliative care, including end-of-life care.<sup>5</sup> Gaps in care can be seen in the quality of death index, in which both access and quality of care should be measured and reported within descriptions of health systems readiness.<sup>6</sup> The WHO 2020 technical document on taking action on the quality of care in fragile settings and conflict-affected and vulnerable populations outlines a framework for multisectoral action underpinned by a culture of quality with key features such as equity, meaningful engagement, and compassionate care.<sup>7</sup> Further validated tools to report quality and access should include these key features.

In an era in which the health of the planet is affecting each one of us, we see the disproportionate effect on fragile settings and its links to the global burden of disease. Improved data on cancer needs to recognise the determinants of health beyond our medicalised systems. Mosquera and colleagues' Article highlights the challenges of identifying cancer burden in states that have complex and multiple burdens which have made them fragile, not just in their capacity to deliver health care, but in their capacities to survive. Fragile states are being faced with planetary health challenges, such as floods and cyclones, requiring concerted actions at the global, regional, national, and local level.<sup>8</sup> The increasing loss of biodiversity, the human environmental damage that conflict causes, the emergence of new and old infectious diseases, and the climate crisis are all changing the nature of what we mean by the burden of cancer.

This important Article highlights cancer burden in fragile states and the absence of preparedness for the expected rise in cancer incidence and sets these factors within the context of complex fragility. It emphasises the need for policy and planning responses, especially in overstretched health systems. The challenges in data capture should result in greater focus and a multisectoral and comprehensive response. In accordance with the priorities of the Sustainable Development Goals, people affected by cancer in fragile states must not be left behind.

We declare no competing interests.

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\**Mhoira E F Leng, Maya Jane Bates, Liz Grant, Marie Fallon*  
**mhoira@gmail.com**

Cairdeas International Palliative Care Trust (MEFL), Global Health Academy (LG) and Saint Columba's Hospice Chair of Palliative Medicine, Edinburgh Palliative and Supportive Care Group, Edinburgh Cancer Research Centre (MF), University of Edinburgh, UK; Kamuzu University of Medical Sciences, Blantyre, Malawi (MJB)

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