

PART 3.

TACKLING SOCIAL INEQUALITIES IN CANCER

Introduction to Part 3

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Social inequalities in health refer to differences that are systematic, socially produced, unnecessary, and avoidable. They are considered unjust and unfair.

The World Health Organization (WHO) promotes a life-course approach to health, and emphasizes that people's health and well-being are linked to "poverty reduction, education, access to clean air and water, the realisation of human rights and sustainable livelihoods and environments, all of which are underpinned by good governance" (Kuruville et al., 2018).

The WHO Commission on Social Determinants of Health (CSDH, 2008) highlighted the impact of inequalities and how to structure a response. Achieving equality in health,

such that no one is left behind, is at the heart of the United Nations Sustainable Development Goals for 2030; more specifically Goal 3 is to "ensure healthy lives and promote well-being at all ages" (UN, 2015). The 2017 World Health Assembly resolution on cancer prevention and control is consistent with these earlier pieces of work in highlighting the need to implement cancer control programmes with a focus on equity and access.

This part of the book moves beyond definitions of social inequalities in cancer and beyond analysis of the current status of those inequalities. Rather, the chapters respond to the overarching objectives described by the broader United Nations and WHO initiatives mentioned above

by suggesting actions to tackle inequalities in cancer, through both the implementation of currently available measures and the conduct of research to provide the evidence base to do more.

The areas covered include: (i) the accurate and ongoing measurement of inequalities in cancer, including in vulnerable groups within a population, to ensure that cancer control interventions truly benefit everyone; (ii) the definition of a research agenda to fill the gaps in knowledge to enable a more effective and timely approach to reduce inequalities; (iii) the investment required for the development and adoption of cancer control measures in low- and middle-income countries; (iv) the development of national cancer control plans that

focus on improving systems and better care, rather than primarily investing in technologies that may be of limited impact and serve to increase inequalities; and (v) the avoidance of the increased morbidity and waste of

resources associated with overdiagnosis and overtreatment of cancer in some high-income settings.

This part of the book also describes lessons learned from AIDS activism, notably the partnerships

and advocacy that can help to accelerate a reduction in social inequalities by effective cooperation and by holding to account those in positions of responsibility.

References

CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, Switzerland: World Health Organization. Available from: https://www.who.int/social_determinants/thecommission/finalreport/en/.

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