European Cancer Organisations Inequalities Network Hybrid Meeting

Monday 20 March 15:00-16:30 CET

Responses to the EU Cancer Inequalities Registry Marie-Louise Coleiro Preca, Former President of Malta

Thank you, Caroline, for such an insightful presentation on the cancer situation in European Union Member States and your recommendations for the way forward.

I must also commend your organisation, the OECD, for constantly keeping us abreast of the current state-of-affairs in many aspects of life. The research and reports that the OECD provides, are an invaluable source of information for policy makers and other stakeholders.

I must admit that I am concerned about the inequalities that exist in the European Union, with regards to cancer care and treatment.

We live in one of the most affluent regions of the world. Yet inequalities still persist in our societies, even though the European Union is one of the most regulated, group of member states whereby it harmonises policies to ensure equality, equity and the dignity of all peoples.

Catherine's presentation brings to the fore, the ever-increasing burden of cancer disease in our countries.

It is a glaring reality that policy makers and all stakeholders, cannot ignore.

On the other hand, I must also acknowledge that cancer survival is continuously improving, with notable success made over the last two decades.

I am also pleased to note that the data that has been shared with us just now, shows that cancer mortality rates have decreased in the last eight years in my country too.

Undoubtedly, this is attributed to advances in early detection and treatment but also, to the excellence of our health care professionals.

Regrettably, however, the incidence of cancer has continued to grow, alongside the growing disparities that exist around us.

The growing body of research on cancer and equity clearly shows that the social determinants of health impact on a person's risk of cancer, starting with exposure to cancer risk factors, including tobacco, occupational and environmental causes.

Furthermore, there are huge disparities globally in the ability of people, to access cancer information and prevention services, early detection and screening programmes, cancer medicines and

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therapy, expensive cancer treatment, pain medicines and palliative care.

In one of the slides, we have seen that more men than women are diagnosed with, and subsequently die from cancer.

This gender disparity also needs to be addressed through research, education, and prevention programs.

Another significant finding which is evident from the presentation is that the mortality rate from cancer is up to 2.5 times higher among low-educated men than highly educated ones.

I will take this fact regarding education a step further.

The correlation between educational attainment in children, and the current and the future health status is undisputed.

Poverty, material deprivation, and social exclusion have a major impact on health in general, including cancer.

There is a causal link, among lower education, poor or lack of employment, mental ill-health, and poverty.

Poverty is the most profound inequity of all.

Poverty, relative deprivation, and social exclusion have a major impact on health in general, including cancer.

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People in poverty would not have enough means to go for healthy options.

People in poverty would only think of how to obtain their next meal, whatever this might be, even if they are aware of the importance of healthy options.

The issue of poverty should be seen as a priority issue within our member states, particularly in connection with child poverty.

No country, whatever the GDP and economic strength are, can boast of not having any child poverty.

In fact, within the European Union, 1 in every 4 children are poor.

Research also shows that, intergenerational poverty paves the way for increased risk of ill-health in children that extends to adulthood. Slow growth and poor emotional support raise the lifetime risk of poor physical health and reduce physical, cognitive, and emotional functioning in adulthood, leading to a cycle of poverty.

So, what is our next step?

We surely know that cancer cannot be considered solely from a medical perspective, but cancer prevention must be addressed also from a social perspective.

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We also know that the social determinants that affect health can only be addressed by appropriate social and health policies and programs.

Let me take poverty as an example in counteracting this inequality:

- all citizens should be protected by minimum income guarantees, by the enactment of minimum wage legislation, by addressing precarious work, and by ensuring universal access to services.
- we should put in place legislation that protects vulnerable groups from discrimination and social exclusion.
- we need to ensure that there are no barriers to health care, social services, and affordable housing.
- we need to address Child Poverty in all its forms, by ensuring that all Children's Rights are respected and safeguarded. I must mention the historical step forward by the EU during this last year or so, with the introduction of a Child Guarantee, aiming to reduce Child Poverty, by addressing inequalities in early childhood development and care, education, health, nutrition, and housing. Let's now hope that member states keep up to their commitment and implement the Child Guarantee in their respective countries.

We therefore need to step up our advocacy with legislators, policymakers, politicians, and all other relevant stakeholders, to ensure that all people are offered equal and equitable opportunities to achieve their full health potential, regardless of their position in society.

Civil Society Organisations that work with and for people with cancer are crucial in their advocacy role.

In order to be effective, we need to collectively work and strive for a more equal and equitable society, as a precursor for health and wellbeing.

Finally, I augur the European Cancer Organisations continued success in its endeavours to bring about a better life for people touched by cancer, and their families.