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Global status report on cancer 2026

The future we choose together

Executive summary

International Agency for Research on Cancer



World Health Organization

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The cancer burden: near universal in its reach, highly inequitable in its impact

Cancer will afflict one in five of us in our lifetime, and affect nearly all of us. Our experience of the disease and chances of surviving now depend less on the stage or biology of our disease than on where we live and our economic circumstances. 20.6 million people received a cancer diagnosis worldwide¹ in 2024 (19.5 million new cancer diagnoses excluding non-melanoma skin cancer: 9.9 million in men and 9.6 million in women); the number of new cancer diagnoses is projected to reach 35 million a year by 2050. But this underplays the impacts of the global cancer burden. One in five of us will develop cancer ourselves. When we account for the impacts of a cancer diagnosis on close family members, roughly 92% of all people globally will be affected by cancer at least once in their lifetime.

Yet although the cancer burden is near-universal in its reach, people's lived experience of the disease is highly inequitable, with significant variation both between and within countries. New WHO estimates of breast and childhood cancer survival reveal the extent of global inequalities: in high-income countries (HICs), where cancers are more likely to be diagnosed early, five-year net survival now exceeds 85%; in low-income countries (LICs) it drops below 30%. Cancer is increasingly a driver of premature mortality, and in 2021, was the leading cause of premature mortality in 41 countries, the second leading cause in 37 countries, and third leading cause in 47 countries. Only 12 countries are on track to meet the target of reducing premature cancer mortality by one-third by 2030. In contrast, 48 countries have rising rates of premature mortality from cancer linked to rising cancer burdens.

The lived experience of cancer: human, financial and societal hardships

The WHO global survey on the lived experience of people affected by cancer provides valuable qualitative insights into the human, financial and societal impacts of cancer on people's lives, given voice in their own words. Across all settings, a cancer diagnosis often leads to substantial hardship. The psychosocial burden of cancer is profound and prolonged: respondents to the global survey report significant disruptions to emotional well-being, interpersonal relationships, and social functioning; approximately 50% report having lost close relationships, 60% experience distress, and 50% of caregivers report symptoms of prolonged grief.

For individuals and families, cancer brings acute and often prolonged financial hardship due to high out-of-pocket costs, lost income, and the risk of catastrophic health expenditure: at household level, cancer is a leading driver of medical bankruptcy. Even in countries with

¹ Including non-melanoma skin cancers.

universal health coverage (UHC), indirect costs of cancer – loss of employment or productivity for people diagnosed with cancer and their caregivers, transportation costs, childcare – can be ruinous. More than half of patients and their families currently experience catastrophic health expenditures. The overall economic burden of cancer is approximately 1% of national GDP in the 39 countries monitoring expenditure on cancer care.

Implementation progress: some success, substantial gaps

Significant, measurable progress has been made in cancer prevention and control globally, particularly with accelerated uptake of cancer policies, but a substantial implementation gap has emerged between plans and outcomes. Moderate progress has been achieved in select areas such as tobacco control. Implementation of tobacco control policies under the WHO Framework Convention for Tobacco Control (FCTC) has contributed to a 27% reduction in the prevalence of tobacco use since 2010, but incomplete delivery of recommended implementation measures known as MPOWER² contributes to ongoing tobacco use. In cervical cancer, the introduction of one-dose vaccination schedules has enabled significant progress toward elimination targets, but a substantial implementation gap exists: although 85% of countries have integrated HPV vaccination into their national immunization programmes, what matters is whether girls are getting the vaccine. Coverage with the first dose of HPV among girls is now estimated at 31%. While far from the target of 90% by 2030, it represents moderate progress from the 17% coverage in 2019. Breast cancer control, a WHO Best Buy for the prevention and control of NCDs, has not been broadly prioritized: outcomes vary dramatically, with cancer survival exceeding 85% in HICs but as low as 40% in many low- and middle-income countries (LMICs).

Early detection programmes delivered through a primary health care approach, which have transformed cancer survival rates in HICs, are not implemented at scale in most LMICs due to inadequate infrastructure, insufficient workforce capacity and lack of sustained financing.

Only 39% of countries include a minimum cancer management package in their UHC benefit packages, meaning that a large proportion of the world's population still lacks access to basic cancer care. Even when treatment is available, it can remain inaccessible and out of reach in LMICs, where high out-of-pocket costs cause catastrophic financial hardship and contribute to high treatment abandonment rates – up to 90% in some settings. An overview of key implementation gaps contributing to the plan-to-action gulf in cancer control is presented in Table 1.

² MPOWER: Package of measures intended to assist country-level implementation of effective interventions to reduce the demand for tobacco, contained in the WHO FCTC, where M: Monitor tobacco use and prevention policies; P: Protect people from tobacco use; O: Offer help to quit tobacco use; W: Warn about the dangers of tobacco; E: Enforce bans on tobacco advertising, promotion and sponsorship and R: Raise taxes on tobacco.

Table 1. Status overview: progress and key implementation gaps in cancer prevention and control

Cancer control domain	Current status	Key implementation gaps
Tobacco use prevalence	Moderate progress	Plans: 155 countries have at least one best practice MPOWER measure, up from 44 in 2007 Outcomes: approximately 27% reduction in global tobacco use by 2025 compared to 2010 baseline
Alcohol use	Insufficient progress	Plans: uneven progress in SAFER implementation; Alcohol control policies remain weak in LMICs with only 16 of 46 sub-Saharan African countries having formal alcohol policies Outcomes: alcohol consumption fell to 5.0L per capita in 2022 from 5.7L in 2010
Unhealthy diet	Partial progress (limited data)	Plans: high uptake of sugar-sweetened beverage taxation, but only around 40–60 countries have implemented measures to restrict food marketing to children Outcomes: limited high-quality data; available data suggest insufficient fruit and vegetable intake for cancer risk reduction
Excess body weight (obesity)	Worsening trend	Plans: most countries slow to implement system-level measures, with obesity policies existing in many HICs but lacking in LMICs Outcomes: no country has halted rise in obesity; 31% to 43% increase in overweight compared to 2010
Physical inactivity	Worsening trend	Plans: fewer than half of countries have a current, costed, and funded national physical activity policy Outcomes: 31% of adults do not meet guideline recommendations; 80% of adolescents insufficiently active
Infection associated cancers (HPV, HBV, HIV)	Partial progress	Plans: broad adoption of vaccination programmes with 85% of countries including HPV vaccination in their immunization programmes, 115 countries with HBV birth-dose vaccination (2026) Outcomes: infection-related cancers decreased from 16% in 2008 to 10% in 2022; population-weighted vaccination coverage for HPV only 31% globally (2026)
Early diagnosis programme	Insufficient progress	Plans: 90% of national cancer control programmes (NCCPs) include early detection for breast/cervical, but few have structured pathways with measurable targets Outcomes: 91% of HICs have >60% of breast cancer cases diagnosed in stage I + II compared to 28% of LMIC with available data (2025)
Screening programmes	Insufficient progress	Plans: screening remains a cancer policy priority with more than 75% having national cancer screening programmes; 45% of countries have adopted HPV-based screening Outcomes: 5-year cervical cancer screening coverage is 26% in LMICs and 74% in HICs (population weighted) (2023) with high loss-to-follow-up after positive screening test

Cancer control domain	Current status	Key implementation gaps
Diagnostic work-up & staging	Insufficient progress	Plans: 44% of NCCPs address diagnosis/staging with defined strategies and measurable indicators Outcomes: 47% of populations globally have little to no access to basic diagnostic services leading to delays in receiving cancer diagnosis and initiating treatment
Cancer surgery access and quality	Partial progress (limited data)	Plans: growing existence of national surgical, obstetric and anaesthesia plans in >40 countries Outcomes: limited inclusion in public-sector health benefit packages; post-operative mortality gap of 4–5 times between LMICs and HICs in multi-country study
Radiotherapy access	Insufficient progress	Plans: approximately 50% of NCCPs have explicit radiotherapy strategies Outcomes: 23 LMICs have no radiation facility; only 19–25% of low-income countries have reimbursement of radiotherapy in national health benefit package; substantial radiotherapy downtime in LMICs
Systemic therapy & access to cancer medicines	Minimal progress	Plans: increased inclusion in policies but with poor policy coherence across cancer plans, essential medicines lists and health benefit packages Outcomes: limited data; increasing financing for cancer medicines in HICs; reports of hospital availability ranged from only 9–54% of LICs and lower-middle-income countries, compared with 68–94% in HICs
Palliative and supportive care	Insufficient progress	Plans: inclusion of palliative care in NCCPs; 69% of governments dedicate funding for palliative care Outcomes: 73 million people need palliative care/year; only 14% receive it
Survivorship care and rehabilitation	Insufficient progress	Plans: 52% of NCCPs included strategies that addressed post-treatment follow-up care Outcomes: limited data; available data suggest deficits globally with more significant lack of access in LMICs where less than 50% have access to rehabilitation and 20% have pathways for oncofertility
NCCP and other cancer policies	Insufficient progress	Plans: substantial increase in dedicated NCCPs from 50% in 2010 to 82% (2021); 73% of countries have cancer guidelines; 52% are utilized in at least 50% of facilities (2021) Outcomes: only 28% of countries included comprehensive cancer control in their health benefit package; catastrophic health expenditure prevalence from cancer approximately 50–60% globally
Workforce for cancer control	Minimal progress	Plans: increasing inclusion of workforce for cancer in NCCPs Outcomes: limited data; available studies show workforce gaps of 2–5 times between HICs and LMICs; workforce for cancer experiencing high burnout and attrition

Delivering on policy intent: addressing systemic challenges through integrated actions

Political commitments have been a driver of optimal progress when they are translated into integrated action: national cancer control plans (NCCPs) that are properly funded; cancer included into UHC with accessible services; robust cancer registration systems that enable planning and monitoring; meaningful involvement of civil society in cancer policy processes; and active engagement in global initiatives including WHO's Global Breast Cancer Initiative, Cervical Cancer Elimination Initiative, and Global Initiative for Childhood Cancer and IARC's Global Initiative for Cancer Registries.

Significant systemic challenges across the cancer continuum mean that single-domain approaches risk being undermined by gaps elsewhere in the system, or by the lack of social protections to support access to care. Comprehensive, integrated approaches yield better outcomes than isolated, disease-specific interventions. Global challenges include underinvestment in prevention and early detection programmes; persistent inequity in access to diagnostic tests and radiotherapy, cancer medicines and surgery; an imbalanced research and development agenda that prioritizes cutting-edge high-cost treatments that deliver only marginal clinical benefits; insufficient skilled workforce, lacking in numbers and in geographic distribution; and inadequate financing for cancer control in LMICs. Tackling these effectively requires integrated approaches and coordinated action across multiple levels – from global governance to community-based health systems.

Implementation progress, or rather lack of it, is a key gap: governments are increasingly endorsing national cancer control plans and adopting essential medicines lists, but too many remain unfunded and unimplemented. The cancer planning tools, monitoring frameworks, implementation guidance, and capacity-building support needed by countries at every income level to design, fund, and evaluate national cancer control programmes grounded in evidence and built on proven effectiveness are available: WHO, IARC, IAEA and partners provide them. Yet implementation of WHO's "best buys" for the prevention of noncommunicable diseases, for example, remains inadequate, with only 30% of NCCPs incorporating cancer prevention interventions. A significant barrier to effective prevention is the growing influence of commercial determinants of health – that is, the strategies and actions of commercial actors that shape individual health decisions through product design, packaging and marketing, research funding and lobbying.

The future we choose: investment based on value, innovation driven by outcomes

Spending patterns on cancer are paradoxical. A research and development agenda driven by commercial returns rather than value for affected communities has meant that the therapies attracting the greatest investment are not necessarily those delivering the greatest clinical benefit. This has resulted in rapid advancements that have yielded marginal clinical gains despite extreme financial cost. Meanwhile, the social innovations and human capital that are needed to translate innovations into outcomes remain chronically underfunded. Technologies and treatments receive the attention and the financing; survivorship receives neither. This

spending paradox has profound implications for LMICs. If such technologies are adopted indiscriminately in the name of equity, we risk importing the same misallocations that are driving expenditure in HICs, while diverting scarce resources away from essential, proven and affordable high-impact interventions.

In high-income and low-income countries, governments are falling short not just in terms of how much they are investing in cancer, but in how they allocate expenditure across the cancer continuum. In LMICs, underinvestment in prevention and early detection continues to drive premature cancer death rates. In HICs, healthcare expenditure on cancer is compromised by systemic inefficiencies and the misallocation of resources toward high-cost, low-value interventions. The role of upstream market dynamics and the global pricing and procurement architecture in this cannot be ignored either. Realizing the true potential of cancer innovation in LMICs and beyond therefore requires not just equitable access but value-based adoption frameworks grounded in rigorous assessment to ensure that cost is commensurate with clinical benefit. This is dependent on establishing, maintaining and strengthening population-based cancer registries that can improve cancer surveillance, alongside robust progress monitoring of indicators from the WHO Global Cancer Monitoring Framework.

Health system performance in cancer management can be a catalyst for change or a driver for human, financial and societal crises – this is something we choose together, through the actions we take, and don't take, as stakeholders. Without accelerated action, the burden of cancer for individuals, families and societies will continue to worsen, with the steepest increases faced by LMICs, whose health systems are least equipped to respond. These increases are driven by population growth, ageing and rising exposure to lifestyle and environmental risk factors: nearly 40% of new cancer cases are preventable through risk factors we already have evidence-based measures to address. The report provides the evidence that cooperation across disciplines, sectors, and borders is the single greatest determinant of success. A better future is open to us. We only need to implement it.

Our way forward: three shifts in cancer control: better capabilities, better protections, better value

The Global status report on cancer 2026 comes at a pivotal moment for the global cancer community – a moment that demands a fundamental shift to reorient our approach toward the priorities and needs of people affected by cancer (see Annex 1) and enable transparent, systematic and globally aligned monitoring of progress across the cancer continuum.

For too long, the cancer agenda has been caught in an identity crisis, pulled between the pursuit of cure and the practice of care, between technological ambition and human need. Our renewed global cancer agenda must value care as highly as cure, recognizing that most people diagnosed with cancer will live with the disease rather than be cured of it. And it must work actively to promote health, ensure social protections, and reduce stigma.

The report calls on all stakeholders to implement key actions, coordinated around seven recommendations, in order to deliver, together, the three shifts we need in global cancer control: better capabilities, better protections and better value (Table 2).

Table 2. Seven recommendations, three shifts in cancer control

Shift 1: Better capabilities	<ol style="list-style-type: none"> 1. Embed cancer control within health system strengthening and UHC, using financed and monitored NCCPs as the catalyst for strategic action. 2. Strengthen health system capacities for comprehensive integrated cancer service delivery.
Shift 2: Better protections	<ol style="list-style-type: none"> 3. Include people with lived experience in all cancer-related decision-making. 4. Enhance community-level health promotion on cancer and strengthen social protections.
Shift 3: Better value	<ol style="list-style-type: none"> 5. Promote alignment and transparency in global cancer data on burden of disease and health system performance. 6. Unify the cancer agenda around equity-based, system-wide solutions. 7. Align research and innovation with public health priorities and the service needs of LMICs.

Each recommendation specifies key actions for: governments · international organizations · civil society · academic institutions · private sector · WHO

The future we choose together

In 2026, the global cancer story is one of profound inequity. The primary gap is no longer a gap in knowledge, but a gap between what we know and what we do, between what we plan and what we implement. The future of cancer control will be shaped by the choices we make together as we define what we value, what we measure, whom we listen to, and what we are willing to finance.

This report is an invitation to make those choices together; it provides the evidence base and the framework to guide us in those decisions and monitor their implementation and their impact. When global and national efforts on cancer are integrated and implemented through better capabilities, monitored using robust data that is transparent and aligned across regions and across initiatives; when cancer’s human, financial and societal impacts are mitigated through better protections; when research and innovation prioritize better value and better outcomes for us all; and when people with lived experience of the disease as patients and caregivers are central partners in decision-making – only then can our ambitions translate into meaningful progress for all, and allow us to build the future we choose together, a better future for us all.

