FACTSHEET

Key trends (mainly based on WHO IARC 2026 report LINK)

- With an estimated 20.6 million new cases and 10 million deaths annually, cancer is the second leading cause of death worldwide (after cardiovascular disease).

- Cancer affects nearly all of us: 1 in 5 people around the world will develop cancer, and the outcome depends a lot on where we live and our financial resources.

- In 2024, Asia accounted for the largest share, with more than half of all cancer cases (50.7%) and deaths (56.5%), reflecting its large population. Europe carried a high burden, with 21% of global cases and 20% of deaths despite having only about 9% of the world's population. In contrast, many countries in Africa and parts of Asia experience lower incidence but disproportionately high mortality.

- About 80% of deaths from breast and cervical cancer worldwide happen in low and middle-income countries. While 87% of women with breast cancer survive at 5 years after their diagnosis in high-income countries, only about 42% do so in low-income countries.

- By 2050, WHO estimates the number of cancer cases in low and middle-income countries will rise by 150%.

- More than 60% of women diagnosed with cancer in African countries are diagnosed at a late stage of the disease. Cancer mortality is expected to double across the African region in the next decade.

- Essential cancer medicines remain far out of reach for many: availability of the top 20 priority cancer medicines ranges from just 9% to 54% in low- and lower-middle-income countries, compared with 68% to 94% in high-income countries.

- While radiotherapy is generally indicated for half of patients with cancer at some point of their treatment, it's largely inaccessible in most middle and low-income countries. WHO and the IAEA have reported that nearly 70% of countries in Africa do not have available radiotherapy for people living with cancer.

- Essential to help prevent cervical cancer, the vaccination of girls against human papillomavirus (HPV) has made limited progress since the introduction of one-dose vaccination: the coverage is now estimated at 31% (compared to 17% in 2019) and 85% of countries integrate HPV in their national immunization program.

- Additionally, a high-risk HPV genotype (HPV35) that appears disproportionately represented in cervical disease in parts of sub–Saharan Africa is not addressed in currently licensed HPV vaccines.

- Access to palliative and support care is also highly unequal. Morphine for instance is inexpensive, clinically well established and has been included on the WHO Model List of Essential Medicines since 1977. Yet many patients with advanced cancer still cannot access adequate pain relief. The barriers include restrictive controlled medicines regulations, weak forecasting and procurement, limited prescribing capacity, financing constraints and persistent fear surrounding opioid use.

- Palliative care is also frequently poorly integrated into cancer programmes and concentrated in tertiary hospitals, leaving people outside major urban centres with few options.

MSF operational activities

MALI (ongoing)

MSF started an oncology project focused on breast and cervical cancer in 2018 in Bamako. In partnership with health authorities, it facilitates access to screening, diagnostic, treatment, palliative care and patients' support and follow-up.

For the period 2021 – 2025:

- 1386 patients affected by breast cancer cared for
- 968 patients affected by cervical cancer cared for
- On average 2100 chemotherapy sessions per year
- 9352 consultations of palliative care and 1793 home visits

Barriers to cancer care in Mali are multiple. There are 5 oncologists and one radiotherapy unit (built in 2012) for a country of 22 million people. For most of 2024-2025, radiotherapy services were not available.

MSF also supported and equipped the first public pathology laboratory in Mali able to carry out biopsies and other cancer-related tests to facilitate timely access to diagnostic. There is a high prevalence of triple negative breast cancer, a particularly aggressive form that requires access to often unaffordable or unavailable laboratory analysis techniques to adapt the treatment and give patients more chance of remission. Almost all patients with breast cancer cared for in the program now had an immune histochemical analysis to better tailor their treatment.

Additionally, an MSF team made up of nurses, social workers, and liaison officers works from the hospital to support patients from the diagnostic disclosure through the treatment and follow-up. The team helps address social and psychosocial vulnerabilities, provides group and individual therapeutic education sessions and other multidisciplinary support. Created in 2022, this has been a key component to improve patients' continuity of care and outcomes.

MALAWI (ongoing)

The oncology project in Malawi focusses on cervical cancer, in a country still struggling with a high prevalence of HIV. It started in 2018 in Blantyre and covers prevention, screening, diagnostic, treatment and palliative care.

For the period 2021 – 2025:

- 3340 patients affected by cervical cancer cared for
- 1069 interventions for precancerous lesions
- 249 patients referred to radiotherapy
- 713 surgeries for uterus removal and 217 surgeries for ovarian and vulva cancer
- 8795 consultations of palliative care

Investing in prevention and screening is essential in Malawi, a country who has the second highest rate of cervical cancer mortality in the world, behind Eswatini. MSF, the MSF Foundation and Epicentre joined the international PAVE (Papillomavirus and Automated Visual Evaluation) study in Malawi to evaluate simplified and self-sampling HPV testing strategy combined with an artificial intelligence tool analysing images of the cervix and detecting precancerous lesions. The first phase focused on HPV testing, and the second phase was designed to assess the use of the AI tool in real-world clinical settings. Expanded screening still require systems that rapidly connect women who need it to treatment.

Radiotherapy has been recently available in the country, with a unit set up in a private facility in 2024 in Blantyre and another one in Lilongwe in the public Malawi National Cancer Centre opened in July 2025. This represents an important expansion of national cancer capacity, while it will be necessary to deliver complex equipment maintenance, financing, and trained specialised staff over the years to ensure sustained access for patients.

PAPUA NEW GUINEA (ongoing)

In Papua New Guinea, access to cancer care remains limited, with major delays in diagnosis, treatment and palliative care. In Morobe Province, MSF works with the Morobe Provincial Health Authority and the National Department of Health to strengthen cancer services at Angau Memorial Hospital in Lae.

The Morobe Cancer Initiative (MCI) launched in partnership with MSF is a PNG-led, step-by-step effort to improve the cancer care continuum, initially focusing on cervical, breast and oral cancers. MSF supports this health-system strengthening approach, with particular technical and operational support for palliative care.

Initial priorities include palliative care, multidisciplinary collaboration, cancer data and registration, and improved diagnosis. We implement telepathology to reduce delays by enabling pathology support closer to patients.

The Morobe Cancer Initiative also provides a coordination and learning platform for government, clinicians and partners to align priorities, identify gaps and reduce duplication. Through practical, locally adapted improvements, the aim is to strengthen cancer care at Angau and contribute to a more coordinated, sustainable and PNG-led cancer response.

ESWATINI (ongoing)

Sexual and reproductive health services, including cervical cancer care, has been at the centre of MSF activities in the country while it is estimated that one-quarter of the population, and nearly one-third of women aged 15-49, live with HIV. In Sitsandziwe, our clinic offers comprehensive sexual and reproductive services including HPV vaccination as well as the WHO-promoted *screen, triage and treat* approach for cervical cancer management, with telemedicine use for quality control support.

Since 2023:

- Over 3700 women screened for cervical cancer (75 % using HPV genotype testing)
- 121 women treated for precancerous lesions
- 159 women with suspected cancer referred for further examinations and care

From 2007 to 2023, cervical cancer screening activities were integrated in MSF's programme in Shiselweni focusing on HIV/TB, also with telemedicine and smartphone-supported mentorship components.

UKRAINE (one-off donation in 2022)

MSF partnered in 2022 with a volunteer organization (Mission Kharkiv) to donate and deliver essential anticancer medicines. Combined with other actors' support (Amgen and Direct relief), it allowed over 1,500 patients to continue to access their treatment in the only health facility still able to provide comprehensive cancer care in Kharkhiv oblast, after the local cancer centre was destroyed.

KIRGHIZSTAN (closed in 2024)

In partnership with the Ministry of Health, we implemented breast and cervical cancer screening activities in southwestern Kyrgyzstan (Kadamjay district in Batken region) from

November 2019 to December 2022, alongside other services such as health counselling and treatment for sexually transmitted infections. Similar screening activities were conducted in Sokuluk district in Chui region from June 2022 to December 2024. We also offered mental health support, treatment for sexually transmitted infections, and family-planning and safe abortion care services and focused on capacity-building, training and task shifting with midwifes and nurses.

Zimbabwe (main project closed in 2020)

In Gwanda district, an ongoing intervention to deliver healthcare to artisanal miners and local communities includes cervical cancer screening and referrals to the provincial hospital to access free-of-charge laboratory tests and surgical treatment.

In collaboration with the Ministry of Health and Child Care, MSF ran a cervical cancer project in Gutu district from August 2015 until the end of 2020. It operated at different levels of care such as outreach, four rural health centers, three hospitals and screened 25,594 women over the period 2015-2020. The number of women treated for pre-cancers with cryotherapy/thermocoagulation was 1,336 over the same period.

As more women accessed screening and treatment, the project showed a decline in VIAC positive rate from 19% in 2015 to 4% in 2020. It was handed over to the local authorities in 2020 and evaluated a year after (for more info: report). The project also included two operational research studies on HPV vaccination among HIV-infected girls and young women and HPV testing and self-sample collection for cervical cancer screening.

MSF and Epicentre research

UGANDA - Addressing delays in the Diagnosis and Treatment of childhood cancers in southwestern Uganda: Identifying Barriers, Enablers, and Developing context specific interventions.

https://epicentre.msf.org/en/addressing-delays-diagnosis-and-treatment-childhood-cancers-southwestern-uganda-identifying

MALAWI - Validation of a Novel Cervical cancer screening and triage algorithm - The human papillomavirus-Automated Visual Evaluation (PAVE-MALAWI) study in Blantyre and Chiradzulu districts.

https://epicentre.msf.org/en/validation-novel-cervical-cancer-screening-and-triage-algorithm-human-papillomavirus-automated

MALAWI - Cervical precancer screening coverage, barriers to uptake, and linkage to care: a survey in Blantyre city and Chiradzulu district.

https://epicentre.msf.org/en/cervical-precancer-screening-coverage-barriers-uptake-and-linkage-care-survey-blantyre-city-and

MALI - Survival rates among patients with cervical or breast cancer followed from 2019 to 2024 at three University Hospitals (CHU) in Bamako.

https://epicentre.msf.org/en/survival-rates-among-patients-cervical-or-breast-cancer-followed-2019-2024-three-university

KYRGYZYSTAN - Prevalence of high-risk human papillomavirus types among women aged 30–49 years in the Chuy region, Kyrgyzstan | Infectious Agents and Cancer

https://link.springer.com/article/10.1186/s13027-025-00727-2

ESWATINI - Evaluating smartphone strategies for reliability, reproducibility, and quality of VIA for cervical cancer screening in the Shiselweni region of Eswatini: A cohort study | PLOS Medicine.

Evaluating smartphone strategies for reliability, reproducibility, and quality of VIA for cervical cancer screening in the Shiselweni region of Eswatini: A cohort study | PLOS Medicine

ZIMBABWE - Validation of GeneXpert testing for human papillomavirus and self-collected sampling for cervical cancer screening in Gutu District, Zimbabwe.
https://scienceportal.msf.org/assets/abstract-validation-genexpert-testing-human-papillomavirus-self-collected-sampling-cervical-cancer-screening-gutu-district-zimbabwe