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Cancer doesn't discriminate — guess who does?

The factors driving cancer mortality rates are rooted deep, perpetuating a cycle of inequality that is difficult to break

Cancer doesn't discriminate, but the differences in how it is prevented, diagnosed and treated reveal the unfair gaps that still exist in healthcare systems across Europe. Where you live or how much you earn shouldn't impact your cancer risk or ability to access affordable medication. Yet, in today's European Union, this remains a harsh reality.

Every nine seconds, someone in the EU hears the life-altering words 'you have cancer'. In 2022 alone, 2.7 million people faced this diagnosis. The disease claimed the lives of an estimated 1.3 million individuals that same year, making it the second leading cause of death in Europe. These numbers aren't just statistics — they represent our neighbours, friends and loved ones.

A closer look at the data makes it evident that the differences in cancer mortality rates between EU countries are substantial. Countries like Croatia, Hungary, Slovakia, Latvia, Slovenia and Poland have some of the highest figures, with rates more than 15 per cent above the EU average. In contrast, Spain, Sweden, Finland, Malta and Cyprus have the lowest mortality rates in the EU.

What are some of the drivers behind this survival gap? Research points to a stark reality: access to cancer prevention measures – such as screenings, vaccines, healthy environments and education – often hinges on socioeconomic status and geographical location. As a result, disadvantaged individuals in our society are disproportionately hit harder.

In fact, leading risk factors for cancer deaths in the EU, including tobacco, alcohol consumption, unhealthy diets, occupational risk, overweight and obesity and air pollution, are consistently more prevalent among those with lower income and education levels, highlighting the critical need for equitable interventions.

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Take lung cancer, the leading cause of cancer deaths in Europe, as an example: preliminary research findings show that lung cancer mortality rates are 2.6 times higher in less-educated men and 1.7 times higher in less-educated women. Where one lives also greatly impacts the development of disease. Shockingly, 20 per cent of the most polluted areas in Europe – those with the highest levels of PM2.5, tiny air particles that can penetrate deep into the lungs – often overlap with those regions with lower GDP per capita, leaving vulnerable communities with an increased risk of lung cancer.

Access to medicines also differs widely across the EU. The high cost of novel medicines often puts them out of reach for countries with limited budgets, further exacerbating disparities across Europe. In countries with comparatively low purchasing power, cancer patients face limited access to innovative treatments. For instance, between 2019 and 2022, patients in Germany had access to 46 out of 48 cancer medicines authorised at the EU level, whereas patients in Lithuania could access only three.

The factors driving cancer mortality rates are rooted deep, perpetuating a cycle of inequality that is difficult to break. Addressing these gaps in cancer prevention and care is essential to reducing the overall burden of the disease. However, such systemic challenges cannot be tackled effectively by individual countries acting alone.

Policymakers have a legal and moral obligation to protect vulnerable populations and foster a healthy environment for all.

Reducing inequalities is a cross-cutting element of Europe's Beating Cancer Plan. Four years after the launch of the Plan, many ambitious steps have been taken to reduce the burden of disease across Europe. Yet, many of the Plan's commitments to address key factors driving inequality in cancer care and prevention have not yet been fulfilled.

The European Commission has a range of tools at its disposal to close these gaps further. The timely implementation of the remaining initiatives under the EU's Cancer Plan is crucial. The planned revision of tobacco legislation, the introduction of food and alcohol labelling, action to reduce exposure to harmful pollutants, and other measures to combat the high burden of cancer and reduce disparities should not be delayed any further.

EU governments also have a key role to play in this fight. Advancing voluntary joint procurement of cancer medication will help achieve lower prices across member states while making smaller markets more appealing for pharmaceutical companies to do business with. Additionally, finalising the reform of the EU's pharma package is essential to creating a more equitable, patient-centred pharmaceutical system.

Policymakers have a legal and moral obligation to protect vulnerable populations and foster a healthy environment for all. By tackling systemic risk factors and bridging inequalities, the EU can ensure no patient or at-risk individual is left behind.

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Wendy Yared

Wendy Yared is the Executive Director of the Association of European Cancer Leagues (ECL), an independent, non-profit European umbrella organisation of national and regional cancer societies. ECL brings together 34 cancer leagues from 29 countries, representing over 450 million people across Europe.