Access to medicines, diagnostics, and palliative care & antimicrobial resistance (AMR)

Media & Press Factsheet

Access to essential cancer services is often hindered by a number of barriers, even when they are available, and remains one of the greatest challenges to improving cancer outcomes around the world. While innovation in cancer care continues to accelerate, millions of people still lack access to timely diagnosis, essential and appropriate cancer medicines, supportive care and pain relief and medicines to prevent and address infections.

For UICC, equitable access means ensuring that every person affected by cancer can benefit from the full continuum of care, from diagnosis through treatment, survivorship and palliative care, regardless of where they live.

This priority is reflected in the updated UICC World Cancer Declaration, which calls for equitable access to quality cancer services as a cornerstone of global cancer control.

What does UICC mean by pushing for increased access?

Access is about far more than medicines alone. UICC advocates for equitable access to the full continuum of cancer care, including cancer medicines, diagnostics and pathology services, radiotherapy, supportive care medicines, palliative care, controlled medicines for pain relief, infection prevention and control, essential antimicrobials and infectious disease diagnostics, and financial protection through Universal Health Coverage, recognising that together these services form the essential package required to deliver comprehensive, people-centred cancer care.

UICC has been a longstanding advocate for equitable access to cancer medicines and health technologies. In 2015, UICC played a key role in supporting the landmark review of the WHO Model List of Essential Medicines (EML) for cancer, which introduced a disease-based approach and resulted in the inclusion of a broader range of essential cancer medicines linked to specific treatment regimens. This transformed how countries prioritise cancer medicines and continues to inform national policies, essential medicines lists and procurement decisions worldwide. Today, UICC builds on this legacy through initiatives such as the ATOM Coalition, which works to improve the availability, affordability and appropriate use of cancer medicines and diagnostics in low- and lower-middle-income countries.

Through its engagement at the World Health Assembly (WHA) and the Commission on Narcotic Drugs (CND), UICC consistently advocates for equitable access to cancer medicines, diagnostics, palliative care and controlled medicines for legitimate medical purposes. UICC calls for stronger integration of cancer services within Universal Health Coverage, improved access to essential diagnostics and medicines, sustainable financing for cancer care, and balanced policies that ensure the availability of opioids for pain relief while preventing misuse. UICC also advocates for the inclusion of antimicrobial resistance (AMR) within cancer policy and practice, recognising that access to effective antimicrobials and infection management is essential for safe and effective cancer treatment.

What does the evidence tell us?

According to the WHO Global Status Report on Cancer 2026:

- Approximately 20.6 million people were diagnosed with cancer globally in 2024.
- The number of new cancer cases is projected to rise to approximately 35 million annually by 2050.
- Major disparities persist in access to diagnosis, treatment and survival between countries.
- Cancer increasingly represents a significant cause of premature mortality worldwide.

At the same time, access barriers continue to affect medicines, diagnostics, radiotherapy, surgery, supportive care and palliative care services worldwide.

What is the ATOM Coalition?

The Access to Oncology Medicines (ATOM) Coalition is a UICC-led initiative launched in 2022 to improve access to cancer medicines and diagnostics in low- and lower-middle-income countries. It now brings together more than 45 global partners working to address barriers to the availability, affordability and appropriate use of oncology medicines and diagnostics.

The Coalition works across three interconnected pillars:

1. Medicines Access

Making critical cancer medicines and diagnostics available through sustainable access pathways.

2. Capacity Strengthening

Supporting countries to build the systems, infrastructure and workforce needed to receive and use medicines safely and sustainably, including regulatory systems, supply chains, diagnostics and pathology services.

3. Health Financing

Helping countries strengthen financing for cancer care through evidence generation, planning and financing solutions.

Why is antimicrobial resistance (AMR) a cancer issue?

Modern cancer treatment depends on effective antimicrobials (antibiotics and antifungals etc).

AMR is an increasing global health threat.

All the gains in cancer treatment can be seriously undermined if AMR is not addressed.

People receiving chemotherapy, radiotherapy, surgery or stem cell transplantation are often vulnerable to serious infections (increasingly drug-resistant). According to UICC's programme of work on AMR:

- As many as 1 in 5 cancer patients undergoing treatment require antibiotics.
- Infection is the second-leading cause of death among people with cancer.
- AMR rates among priority pathogens can be up to three times higher in people with cancer than in those without cancer.

AMR therefore threatens decades of progress in cancer care.

What actions is UICC taking?

UICC convenes a global Task Force on AMR and Cancer Care bringing together cancer and infectious disease experts, including representatives from WHO, GARDP, REACT, cancer centres (like U Penn) and cancer societies (like NCS and SCS).

UICC's AMR programme is guided by **three policy asks**:

1. Improve data collection and surveillance

Better understanding of infection patterns and antimicrobial resistance in cancer settings is needed to inform policy and clinical practice.

2. Improve access to treatment

This includes:

- Infection prevention and control (IPC)
- Antimicrobial stewardship (AMS)
- Access to essential antimicrobials
- Access to infectious disease diagnostics

3. Increase recognition of AMR as a cancer issue

Ensuring that AMR is considered alongside cancer treatment planning and policy-making.

UICC's work on AMR is built on a three-pillar approach:

1. Incorporating AMR into National Cancer Control Plans (NCCPs) and mobilizing policy change
2. Capacity strengthening of the cancer health workforce in AMR mitigation strategies (including Infection prevention and control (IPC), antimicrobial stewardship (AMS) and ensuring access to essential antimicrobials and diagnostics)
3. Awareness raising and advocacy among the cancer and NCD community

Implementation of the UN Political Declaration on AMR (2024)?

Following the United Nations High-Level Meeting on AMR, UICC is working to ensure that implementation of the global AMR agenda includes the needs of people affected by cancer.

UICC's work contributes by:

- Supporting integration of AMR actions into National Cancer Control Plans (NCCPs)
- Promoting infection prevention and control
- Supporting antimicrobial stewardship
- Improving access to antimicrobials and diagnostics
- Building collaboration between cancer and infectious disease communities
- Supporting implementation of commitments through to the 2029 global AMR targets.

Palliative and supportive care

Comprehensive cancer care extends far beyond treating the disease itself; it must integrate supportive care that addresses the whole person. Palliative care is an essential component designed to improve quality of life by managing pain, physical symptoms, and emotional stress.

Rather than being reserved strictly for end-of-life care, evidence highlights that integrating palliative support immediately at the time of a cancer diagnosis significantly improves patient outcomes, treatment tolerance, and family well-being throughout the entire care journey.

Despite global progress, **many people living with cancer continue to experience avoidable suffering** because they cannot access essential pain relief medicines or supportive care services. Indeed, an estimated 5.5 billion people (more than 80% of the global population) do not have access to treatments for moderate to severe pain.

Ensuring access to palliative care and controlled medicines remains a core UICC priority linked to Universal Health Coverage and the World Cancer Declaration.

Key UICC Resources

Access to Medicines and Diagnostics

- ATOM Coalition Overview
- ATOM Priority Medicines Lists
- ATOM Health Financing Framework

AMR and Cancer

- **Addressing Antimicrobial Resistance in Cancer Care: A Review of National Cancer Control Plans and Policy Recommendations.** Antimicrobial resistance and NCCPs | ICCP Portal
- **AMR Control Supplement**
- UICC Virtual Dialogue series on AMR and Cancer
- ICCP Portal AMR Resource Hub
- UICC AMR and Cancer Care Task Force and AMR and Cancer Consortium outputs

Palliative Care and Pain Relief

- UICC resources on access to controlled medicines

- Technical and policy briefs on palliative care integration
- UICC advocacy materials on pain relief and Universal Health Coverage