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# Bridging the Equity Gap

Cancer Care for Women in Chile

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# About this report

“Bridging the Equity Gap: Women’s Cancer Care in Chile” is a research briefing by Economist Impact that examines the landscape of cervical and breast cancer care in Chile, and focuses on identifying disparities and opportunities for delivering equitable outcomes for women.

This briefing paper explores how socioeconomic, cultural, and health system factors contribute to inequities in cancer prevention, diagnosis, treatment, and after-care for women in Chile. Based on this information, actionable insights have been developed for stakeholders, including policymakers, non-governmental organizations (NGOs), healthcare professionals, and advocacy groups, in order to promote equitable cancer care.

Economist Impact has conducted an initial evidence review and expert interviews to bring a unique perspective to this country briefing. We thank the Chilean stakeholders who participated in the expert interviews and shared their insights and experiences (in alphabetical order):

- **Alicia Aravena Gajardo**, Executive Director, Crea Valor Social, Observatório del Cancer
- Dr **Baltica Cabieses**, PhD, Director, Centro de Salud Global Intercultural (CeSGI), Universidad del Desarrollo
- **Cecilia Gracia**, Executive Director, Fundación Chilesincáncer
- Dr **Francisco Vidangossy**, President, Fundación CáncerVida
- Dr **Isabel Saffie**, MD, Breast Surgeon, Medical researcher, Epidemiological and Clinical Research Unit, Fundación Arturo López Pérez (FALP)
- **Maria Elisabeth Guesalaga**, President, Fundación Mujeres por un Lazo
- Dr **María Soledad Martínez Gutiérrez**, MD, PhD, Assistant Professor, School of Public Health, University of Chile and Head of the Primary Care Division, Chile’s Ministry of Health
- Dr **Paula Daza Narbona**, MD, Executive Director, Centro de Políticas Públicas e Innovación en Salud (CIPS-UDD)
- Dr **Solana Terrazas Martins**, MD, Public Health Investigator, Centro de Políticas Públicas e Innovación en Salud (CIPS-UDD)

This research was led by Alcir Santos Neto and Debora Ramires Pelisson and conducted by Maria Clara Silva. The article was authored by Dr Radha Raghupathy, edited by Alcir Santos Neto, and copyedited by Maria Ronald. Latifat Okara and Kati Chilikova supervised and directed the research program.

# Introduction

The burden of cancer in Chile is growing, with no signs of slowing. Mirroring broader trends across Latin America (LATAM), Chile faces rising cancer rates driven by aging demographics, rapid urbanization, and stark health inequities. Breast and cervical cancers are at the forefront of this rapid increase in cancer burden, pointing to systemic gaps in access to prevention, diagnosis, and care for those most in need.

**“The cancer law was approved in 2020, but its regulatory framework has been recently finalized. We’ve already lost countless lives due to these delays.”**

Cecilia Gracia, Executive Director of the Fundación Chilesincáncer

26m women in Chile are at risk with breast and cervical cancer claiming countless lives every year.<sup>1</sup> Breast cancer is the most prevalent cancer in Chile, and within this category, triple-negative breast cancer (TNBC) poses a particularly critical challenge, affecting nearly one in 10 breast cancer patients.<sup>2,3</sup> Meanwhile, cervical cancer, though preventable, continues to claim lives, further highlighting the urgent need for systemic action.

To address these inequities, Chile has implemented national policies and guidelines, such as the Plan Nacional de Cáncer (National Cancer Plan) 2022-2027, focusing on early detection, patient-centered care, and expanded palliative services.<sup>4</sup> Alongside the National Health Strategy, these initiatives aim to reduce cancer mortality through integrated approaches.<sup>5</sup> However, according to expert interviews, women from under-served groups—such as lower-income, rural, and Indigenous communities—continue to face significant barriers, including limited access to screenings and advanced care.

This executive briefing aims to identify and analyze the key drivers of health inequities in breast and cervical cancer care in Chile, focusing on under-served populations such as indigenous groups, women of lower socioeconomic status, and those in rural or remote regions. By highlighting disparities found through evidence-based research, expert interviews, and five in-country workshops, this briefing will explore barriers to equitable care, examine best practices, and increase awareness among policymakers, non-governmental organizations (NGOs), and advocacy groups on actionable strategies to promote more equitable cancer prevention, treatment, and outcomes across the country.



# The burden

Breast cancer remains the leading cause of cancer-related deaths among women in Chile, with prevalence and mortality rates higher than the LATAM average (see Figure 1). High obesity rates (38.9% of adults), elevated alcohol consumption, and tobacco prevalence (29.2%) are significant risk factors.<sup>6,7,8</sup> Projections report an increase in incidence, prevalence, and mortality rates by 2030, indicating a worsening cancer burden.<sup>9</sup> Younger age and advanced stages at diagnosis, particularly among low-income populations and those treated in community hospitals, contribute to poorer survival rates for TNBC—an aggressive subtype of breast cancer affecting 11.1–14.8% of breast cancer patients in Chile (the lowest rate in LATAM).<sup>2</sup> This may indicate early detection and screening gaps, especially among younger women.



**11.1-14.8% of breast cancer patients in Chile have TNBC**



**8.1m women in Chile are at risk of cervical cancer**

Cervical cancer is also a cause for concern in Chile; nearly all cervical cancer cases are caused by Human papillomavirus (HPV) infection—a common sexually transmitted virus.<sup>10</sup> Smoking, fertility rate, contraceptive use, and sexual activity exacerbate risk.<sup>11</sup> Nearly 8.1m Chilean women are at risk because the cervical cancer mortality rate is expected to increase annually (see Figure 2).<sup>12</sup>

Epidemiological data presents an interesting finding regarding the dynamic impact of screening and prevention on prevalence and mortality in Chile. The percentage of individuals who completed the HPV vaccination series decreased by 5% after the initial dose (88% completed the first dose, whereas only 83% completed the final dose).<sup>13</sup> With the WHO's recent recommendation for a single-dose HPV vaccination schedule, there is hope that this change could improve completion rates and provide broader protection, potentially reducing future disparities in cervical cancer outcomes. Similarly, the percentage of women who have ever been tested for HPV (91%) dropped between 2014 and 2019, indicating that fewer women continued with routine HPV screening.<sup>13</sup> These gaps in continuous screening and completing the vaccination series may explain

**“Only about 45% of women in the eligible age group get mammograms. Despite public awareness campaigns, this is alarmingly low.”**

Cecilia Gracia, Executive Director of the Fundación Chilesincáncer

**“Clinicians feel that we are diagnosing younger women with breast cancer, but this needs to be confirmed with data. There is a lack of clinical registries in Chile, which hinders our ability to confirm this trend.”**

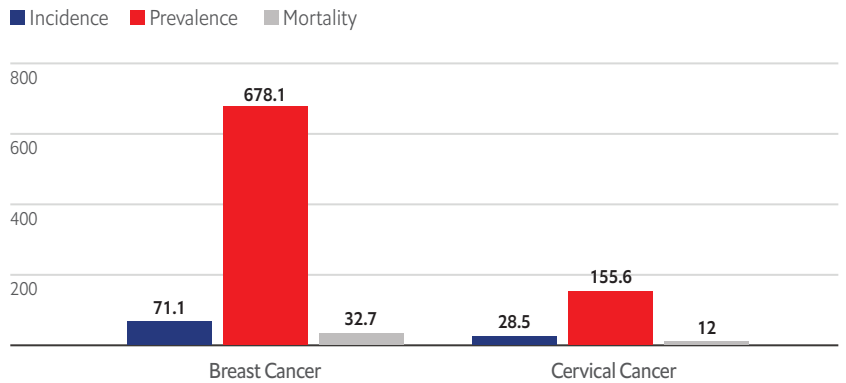
Dr Isabel Saffie, MD, Breast Surgeon, Medical researcher at the Epidemiological and Clinical Research Unit, Fundación Arturo López Pérez (FALP)

the observed increase in cervical cancer mortality despite a decrease in prevalence, as fewer people are protected and screened.

As Chile grapples with the growing burden of breast and cervical cancer, it is also clear that not all populations are affected equally. The rising prevalence, incidence, and mortality rates, particularly among low-income groups and those in remote areas, highlight the systemic inequities in accessing timely and effective care. For breast cancer, aggressive subtypes like TNBC disproportionately impact younger women and under-served communities, while the cervical cancer burden remains significant despite national prevention programs. These trends reveal a stark divide in outcomes based on socioeconomic and geographic factors, underscoring the urgent need to address health equity as a critical component of Chile’s cancer response.

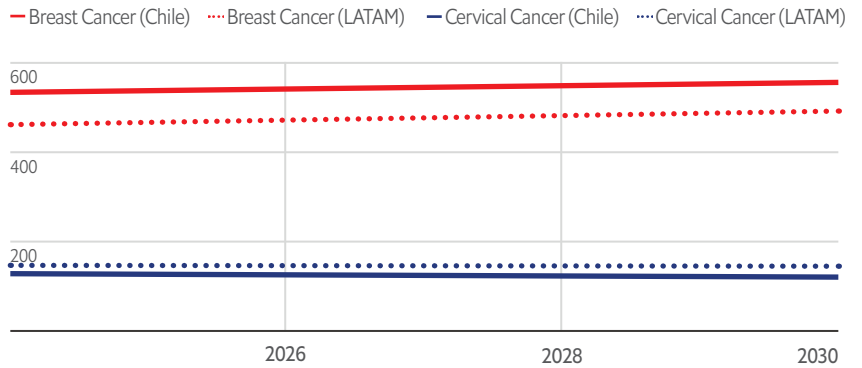
**Figure 1: Epidemiology in Chile (2024)**

Rate per 100,000 people



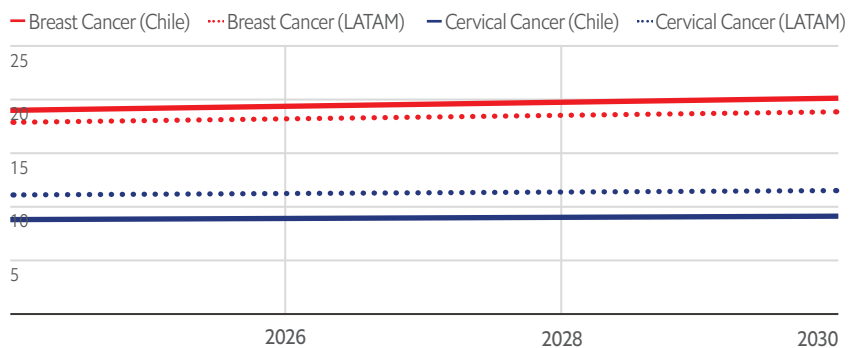
**Figure 2: Yearly Projections of Breast and Cervical Cancer Prevalence in Chile through 2030**

Rate per 100,000 people



**Figure 3: Yearly Projections of Breast and Cervical Cancer Mortality in Chile through 2030**

Rate per 100,000 people



# Toward health equity

Chile's health equity challenges are deeply intertwined with socioeconomic and geographic disparities that disproportionately affect women, low-income groups, indigenous populations, and those in rural areas (see Figure 4). While most of the population resides in urban areas, those living in rural regions face significant barriers to timely healthcare due to limited infrastructure, a lack of resources, and difficult travel in a country where the majority of the land is made up of mountains.<sup>14,15</sup> The principal difficulty in traveling is the distance to the major cities where health services are

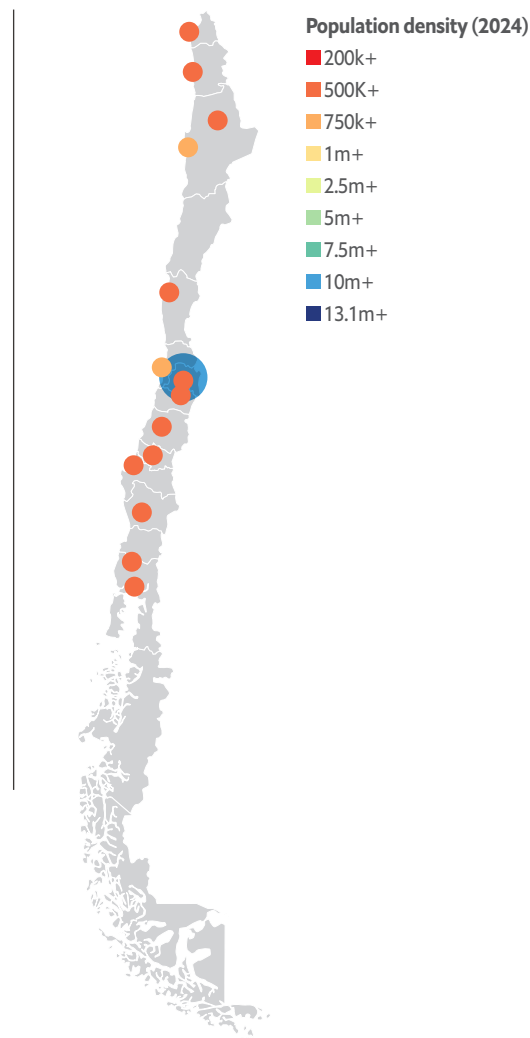
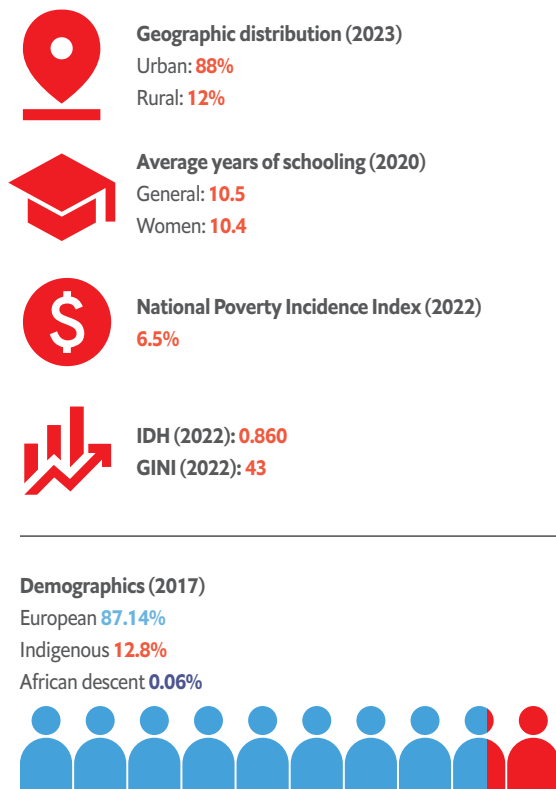
concentrated. Income inequality exacerbates these issues, with the top 1% of earners controlling over one-quarter of national income, while the bottom 50% account for approximately one-tenth, increasing financial pressures in lower-income groups.<sup>16</sup> As pointed out by one expert, "Out-of-pocket costs significantly influence access to exams, treatments, and diagnostics, worsening inequalities." In corroboration of this statement, the World Health Organization (WHO) reported in 2023 that 30% of Chileans incur out-of-pocket expenses when paying for healthcare.<sup>17</sup>



**“Chile is a very long country, and its healthcare system is highly centralized in Santiago. Women in rural areas often need to travel one, two, or even three hours for radiotherapy or chemotherapy.”**

Dr Isabel Saffie, MD, Breast Surgeon, Medical researcher at the Epidemiological and Clinical Research Unit, Fundación Arturo López Pérez (FALP)

Figure 4: Understanding equity <sup>14,18,19,20,21,22,23</sup>



**“It’s essential to design health policies that address cultural, economic, and geographical barriers.”**

More specifically, women, who face higher unemployment rates than men and earn significantly lower wages across all age groups, are particularly impacted.<sup>24</sup> This economic disparity is compounded by cultural pressures to prioritize caregiving roles, leaving women with less time and resources to focus on their own health needs.<sup>25</sup> The Chilean Indigenous community also encounters disproportionately significant challenges. As

the only LATAM country that has yet to grant constitutional recognition to its Indigenous peoples, 12.8% of Chile identifies as from the Indigenous community.<sup>26,27</sup> They often face compounded challenges that limit their access to preventive services and treatment, such as a high poverty rate (30.8%), geographic challenges (12.2% living in rural areas), and systemic inequities.<sup>28,27</sup>

**“Chile’s geography is both a blessing and a challenge. The vast and diverse territory makes it difficult to implement a one-size-fits-all healthcare model. Differences in diseases across regions complicate a uniform approach to cancer care. For example, cancer types vary significantly between northern and southern Chile. This underscores the need to decentralize cancer care and adapt it to local needs, a task we are still working to achieve.”**

Francisco Vidangossy, President of the Fundación CáncerVida



These overlapping disparities underscore the need to address structural inequities in Chile’s healthcare system. By understanding the socioeconomic and geographic factors directly impacting these populations, stakeholders can be empowered to develop targeted interventions that transform the status quo and improve cancer outcomes for all Chileans. As one expert asserted, “It’s essential to design health policies that address cultural, economic, and geographical barriers.”

### **Prioritizing patients**

Given the significant health inequities in Chile that disproportionately affect low-income women and Indigenous populations, addressing cancer care disparities demands a comprehensive approach that reduces stigma, improves access

to preventive care, and supports vulnerable groups with culturally sensitive and patient-centered solutions. For instance, stigma around cervical cancer discourages many women from undergoing routine Pap smears, with screening rates falling below 60%, far from the national target of 80%.<sup>29</sup> Fear, embarrassment, and a lack of public discourse further hinder early diagnosis. As one expert noted, “Cervical cancer remains highly stigmatized and is rarely discussed compared to breast cancer, limiting public awareness and early diagnosis efforts.”

**“Cervical cancer is not just a women’s problem—it’s a public health issue that affects everyone.”**

Despite these challenges, Chile has achieved remarkable success with its HPV vaccination program. Since 2014, the country has implemented an opt-out, school-based vaccination strategy, achieving 88% first-dose coverage and 83% final-dose coverage among girls, and 87% and 79% among boys.<sup>30</sup> This program represents a vital step in preventing cervical cancer and reducing health disparities.

To address inequities in screening and treatment, experts recommend expanding access to preventive services like mammograms and Pap smears. Initiatives could include culturally sensitive campaigns to reframe cervical cancer as a public health issue, removing prescription requirements for mammograms for women under 50, and increasing mobile screening units in rural areas.<sup>31</sup> Additionally, the absence of cancer registries recording Indigenous status limits understanding of disparities, underscoring the

need for comprehensive data to inform targeted interventions.<sup>32</sup>

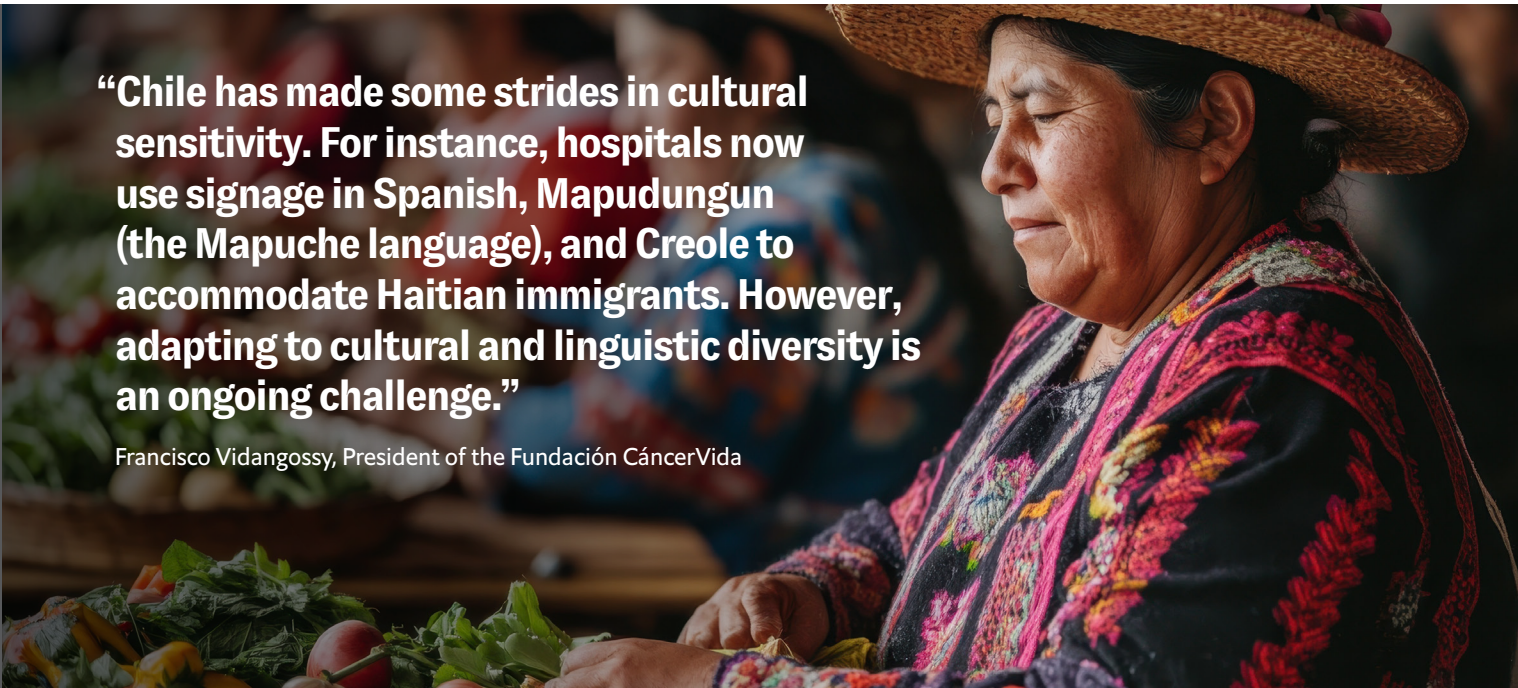
Improving cancer care also requires a holistic, patient-centered approach that addresses medical, emotional, and social needs. Women, who are often both patients and caregivers, face unique challenges in navigating the healthcare system.<sup>25</sup> Women often act as primary users and caregivers in the healthcare system, and biological, social, and cultural factors shape their experiences. For instance, they are disproportionately affected by the burden of diseases like breast cancer, depression, and obesity, yet face systemic barriers in accessing effective care and support. Incorporating social workers into healthcare teams could help manage logistical, psychological, and financial barriers, including non-medical costs like childcare and transportation.<sup>25</sup>

Patient advocacy groups like *Fundación Mujeres por un Lazo* are pivotal in raising awareness,



**“Mammography access has improved significantly across Chile, with mobile mammography units traveling to rural areas. However, the challenge lies in encouraging women to undergo these exams.”**

Dr Isabel Saffie, MD, Breast Surgeon, Medical researcher at the Epidemiological and Clinical Research Unit, Fundación Arturo López Pérez (FALP)



**“Chile has made some strides in cultural sensitivity. For instance, hospitals now use signage in Spanish, Mapudungun (the Mapuche language), and Creole to accommodate Haitian immigrants. However, adapting to cultural and linguistic diversity is an ongoing challenge.”**

Francisco Vidangossy, President of the Fundación CáncerVida

reducing stigma, and influencing policy. Their educational workshops, support networks, and awareness campaigns empower women to prioritize preventive care and early detection, fostering a more inclusive and equitable healthcare system.<sup>33</sup> Addressing cancer care inequities

in Chile requires sustained efforts to reduce stigma, expand access to preventive services, and strengthen patient-centered support systems, but achieving lasting progress also depends on building sustainable health systems that provide equitable access to care and treatment for all populations.

**“Healthcare system should move from fee-for-service model to value-based care, focusing on quality of life and outcomes for patients rather than the number of services performed.”**

Dr Isabel Saffie, MD, Breast Surgeon, Medical researcher at the Epidemiological and Clinical Research Unit, Fundación Arturo López Pérez (FALP)

**“Many cancer cases could be prevented if patients were aware of preventative measures. Education is essential to reducing the cancer burden, yet we are significantly behind in this area.”**

Francisco Vidangossy, President of the Fundación CáncerVida

### Strengthening sustainable health systems

To build on patient-centered solutions for health equity, addressing systemic challenges in Chile's cancer care necessitates a focus on strengthening sustainable health systems through more effective policy implementation, better coordination across care levels, and ensuring equitable access to early detection and treatment services.

Although Chile has expended great efforts to establish a National Cancer Plan, key challenges identified by stakeholders during the workshop, such as fragmentation of the health system, poor coordination and collaboration among different administrations and health sectors, and a lack of focus on prevention and primary care, still hinder the quality of care for breast and cervical cancer patients. During the in-country workshop, an expert pointed out that, "Despite the existence of a national cancer plan and specific laws, implementation is weak and often perceived as

if it does not exist. Administrative delays and underfunding make advancing cancer policies extremely slow."

Regarding breast cancer screening, younger women tend to be neglected, as highlighted by the experts. For women under 50 years, mammograms require a medical prescription because the national screening program targets women aged 50-59 years for whom a medical order is not needed.<sup>34</sup> However, breast cancer cases among younger women have been growing and close attention to these patients is lacking. Particularly, considering the aggressiveness of the TNBC subtype that disproportionately affects women below the age of 50, who are often in their reproductive and working years, it is crucial to offer early diagnosis, through mammograms without the need for a prescription, to increase survival chances. Women in lower socioeconomic brackets face significant barriers in accessing preventive services such as mammograms and Pap smears.<sup>35,36</sup>



**“We know the main strategy to reduce breast cancer mortality is annual mammograms starting at age 40. In Chile, however, we don’t have effective screening policies.”**

Dr Isabel Saffie, MD, Breast Surgeon, Medical researcher at the Epidemiological and Clinical Research Unit, Fundación Arturo López Pérez (FALP)

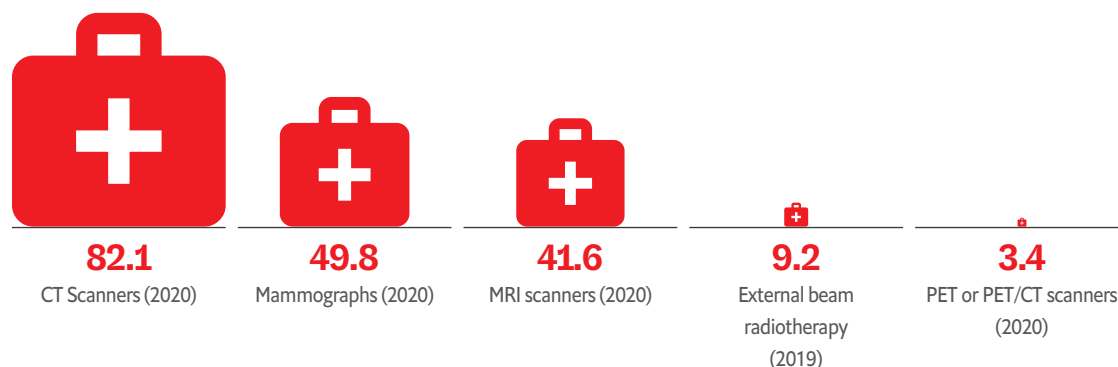


For women living in remote areas, such as Indigenous and rural populations, logistical barriers associated with transport costs and the location of healthcare facilities lead to more difficulties in access to mammograms and radiotherapy units (see Figure 5). Of the 21 radiotherapy treatment centers, the public sector has only seven units (two of which are in Santiago) versus 14 units in the private sector (nine in Santiago). Santiago, which houses one-third of the country’s population, has nearly half of the total number of radiotherapy units.<sup>37</sup> Corroborating evidence from studies, an expert in the workshop also observed that

“The public health system struggles to provide mammograms in remote areas due to logistical and systemic challenges.” The Santiago metropolitan region has a high concentration of both specialized healthcare centers as well as oncologists.<sup>38</sup> However, experts noted that, in particular for the public system, there are not enough specialists to attend to the demand, and the number of mammography machines is insufficient (see Figure 5 and 6). Consequently, breast cancer patients in the public sector are more likely to be diagnosed at advanced stages and often wait longer for treatment initiation than in the private sector.<sup>38</sup>

**Figure 5: Medical Equipment**<sup>39</sup>

Equipment per 10,000 people



“However, there’s often no feedback loop [in the healthcare system]. The local healthcare center doesn’t receive updates on whether the patient was diagnosed with cancer, underwent surgery, or received treatment. The primary care system only learns about the patient’s situation if the patient returns to collect medications or follow up on their own. This lack of communication results in fragmented care... A more integrated system, where all levels of care communicate seamlessly, would ensure a smoother and more supportive patient journey.”

Francisco Vidangossy, President of the Fundación CáncerVida

Figure 6: Workforce <sup>40,41,39</sup>



**3** per 1k people  
Physicians (2019)



**8.2** per 10,000 people  
Nuclear medicine physicians (2019)



**4.6** per 10,000 people  
Nurses (2021)



**135** per 10,000 people  
Radiologists (2019)



Available staff in Ministry of Health who dedicates significant proportion of their time to cancer (2019)

**“Building trust and involving rural populations is essential for implementing health policies effectively.”**


Low socioeconomic groups are the most vulnerable in terms of access to cancer care. The screening rate for breast cancer is only 34% in low socioeconomic groups<sup>42</sup> and, for cervical cancer, mortality rates are higher for women from lower socioeconomic levels.<sup>36</sup> Experts highlighted that cultural barriers to Pap smears are compounded by a shortage of primary care physicians, particularly in rural and remote regions. Limited incentives for doctors to work in these areas lead to high turnover rates, making it difficult to build trusting relationships with communities. This lack of trust further exacerbates patients’ reluctance to undergo Pap testing.

The public health system in Chile faces significant challenges in facilitating early cancer care, primarily due to poor coordination between primary and secondary care, which delays timely referrals and disrupts continuity of care. According to an expert, “Primary care is poorly integrated with hospitals, leading to a lack of continuity in care.” This fragmentation undermines the objectives of the Garantías Explícitas en Salud (GES) policy, which aims to improve care access, quality, and financial protection for 87 health conditions, including breast and cervical cancer. However, gaps in implementation force many women to incur out-of-pocket costs for private services when

public options are inadequate.<sup>43</sup> Women need to be better informed about their entitlements to benefit from these programs.<sup>44</sup>

A key barrier is the lack of clarity around GES coverage, with an estimated one in four eligible patients not receiving care due to insufficient public awareness.<sup>44</sup> This issue is compounded by long delays in accessing innovative oncology therapies. Chile ranks lowest among eight LATAM countries in this regard, with local approval taking 855 days and reimbursement 1,328 days after FDA approval.<sup>45</sup> In the public sector, only 3% of cancer medicines launched globally between 2014 and 2021 are fully reimbursed, leaving many patients without access to essential treatments.<sup>45</sup>

Women insured through Fondo Nacional de Salud (FONASA)—Chile’s public health insurance system—the public option, are particularly vulnerable, experiencing nearly double the fatality rates compared to those with private health insurance provided by Instituciones de Salud Previsional (ISAPRE). This disparity stems from limited access to early detection programs, a shortage of specialists, and financial barriers, which disproportionately affect lower-income groups.<sup>38</sup> Moreover, limited awareness of entitlements under public policies restricts access, highlighting the urgent need for better communication strategies and systemic reforms to bridge these gaps effectively.<sup>46,47,48,49,44</sup>



**“For the first time, civil society organizations like ours (Chilesincáncer) are actively participating in discussions with the Ministry of Health to push for faster approval of new drugs.”**

Cecilia Gracia, Executive Director of the Fundación Chilesincáncer

# Bridging the equity gap

Chile stands at a pivotal moment in addressing the burden of breast and cervical cancer, where women, particularly those from Indigenous and under-served communities (e.g., Indigenous communities and rural populations), face disproportionate challenges in accessing care. TNBC, an aggressive breast cancer subtype, as well as preventable cervical cancer highlights the systemic inequities impacting these populations, who often encounter barriers such as limited healthcare infrastructure, financial constraints, and a lack of culturally appropriate services. Minimal research and investment have left Indigenous populations under-served, with their specific needs and experiences often overlooked in policy and healthcare planning. While initiatives like the Plan Nacional de Cáncer (National Cancer Plan) signal progress, much remains to be done to bridge these gaps. To move forward, three critical lessons can guide the development of a more inclusive and equitable cancer care system.

## 1. Prioritizing and empowering patients

Prioritizing patients in Chile's cancer care landscape requires addressing systemic, cultural, geographic, and economic barriers that perpetuate inequities. Policies must focus on expanding preventive services, improving healthcare infrastructure, and fostering community engagement. By centering the needs of under-served populations, Chile can move closer to achieving equitable outcomes in cancer care, thereby reducing mortality, and improving the quality of life for all its citizens, with patient education and awareness playing a central role.

## 2. Strengthening sustainable health systems

Reducing fragmentation in the health system by establishing clear, contiguous, and rapid care pathways for cancer patients in the public sector, combined with improvements in accessibility throughout Chile by increasing regional capacity and implementing policies that prioritize prevention through awareness and early diagnosis, are crucial to ensure the provision of consistently high-quality and equitable cancer care services.

## 3. Collaborating for health equity

When we brought together decision-makers, experts, and patient advocacy groups, there was unanimous agreement that significant work remains to be done in raising awareness, addressing stigma, investing in education, enhancing health system infrastructure, training more specialists, and ensuring accessible, culturally sensitive care for Chile's diverse population. The patient must remain at the heart of these efforts. Addressing the complex, dynamic, and rapidly evolving challenges of breast and cervical cancer in Chile requires collaboration across multiple sectors. Only through such close cooperation can stakeholders build a stronger, more equitable, health system that paves the way for a healthier future.

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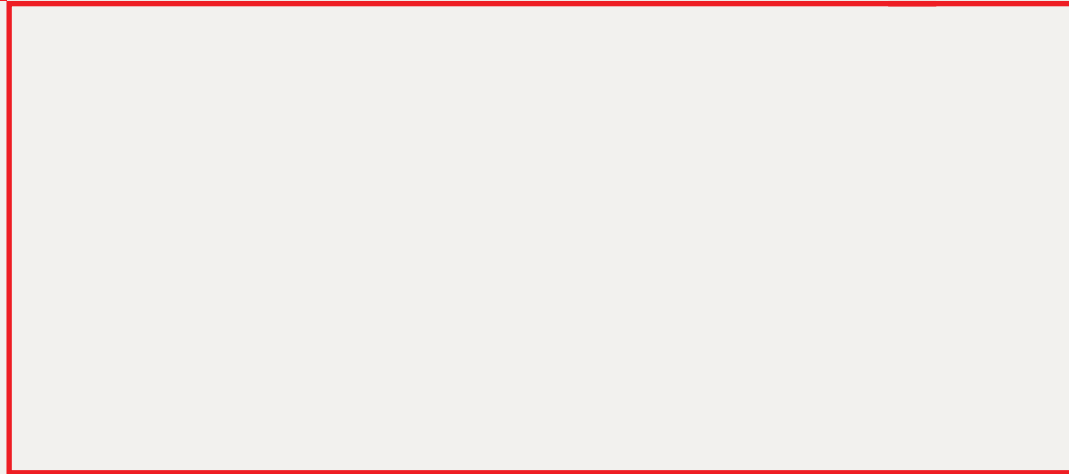
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**LONDON**

The Adelphi  
1-11 John Adam Street  
London WC2N 6HT  
United Kingdom  
Tel: (44) 20 7830 7000  
Email: london@economist.com

**GENEVA**

Rue de la Rôtisserie 11  
1204 Geneva  
Switzerland  
Tel: (41) 22 566 2470  
Fax: (41) 22 346 93 47  
Email: geneva@economist.com

**SYDNEY**

Level 14, Unit #138,  
5 Martin Place, Sydney  
Australia.  
Tel: (61) 2 8551 0023  
Email: asia@economist.com

**NEW YORK**

The 900 Third Avenue  
16th Floor  
New York, NY 10022  
United States  
Tel: (1.212) 554 0600  
Fax: (1.212) 586 1181/2  
Email: americas@economist.com

**DUBAI**

Office 1301a  
Aurora Tower  
Dubai Media City  
Dubai  
Tel: (971) 4 433 4202  
Fax: (971) 4 438 0224  
Email: dubai@economist.com

**GURUGRAM**

Skootr Spaces, Unit No. 1  
12th Floor, Tower B  
Building No. 9  
Gurugram – 122002  
India  
Tel: (91) 124 6409 300  
Email: asia@economist.com

**HONG KONG**

1301  
12 Taikoo Wan Road  
Taikoo Shing  
Hong Kong  
Tel: (852) 2585 3888  
Fax: (852) 2802 7638  
Email: asia@economist.com

**SINGAPORE**

8 Cross Street  
#23-01 Manulife Tower  
Singapore  
048424  
Tel: (65) 6534 5177  
Fax: (65) 6534 5077  
Email: asia@economist.com