ECONOMIST IMPACT

Bridging the Equity Gap

Women's Cancer Care in Argentina

Supported by MSD

Contents

About this report

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

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

Economist Impact performed an initial evidence review, co-facilitated a workshop with various key stakeholders to understand national-level challenges, and conducted expert interviews to bring a unique perspective to this country briefing. We thank the Argentinian stakeholders who attended the local country workshop and those who participated in the expert interviews for sharing their insights and experiences (in alphabetical order):

- Dr **Alejandro Chinellato**, MD, Director, Provincial Cancer Control Agency, Province of Santa Fe
- Dr **Celeste Díaz**, MD, National Director, Medicines and Health Technology, Ministry of Health
- Dr **Ezequiel García Elorrio**, MD, PhD, Director, Institute for Clinical and Health Effectiveness
- Dr **Francisco J. Terrier**, MD, President, Argentine Society of Mastology
- Dr **Ivana Carluccio**, Deputy Coordinator, National Breast Cancer Control Plan, National Cancer Institute
- Dr **Julia Ismael**, MD, MPH, Oncologist, Associate Editor, Cancer Medicine, Former Director of the National Cancer Institute in Argentina, and member of Working Group to Build Gender Responsive Health Systems for Cancer Care (City Challenge Cancer)
- Dr **Lorena Lainati**, MD, Head, Oncology Service, Hospital Tornu, Deputy Head of the Oncology Service, Central Hospital of San Isidro, Director of the Medical Oncology Specialist Program, University of Buenos Aires (UBA), Representative of GAOC (Argentine Group of Women Clinical Oncologists)
- Dr **Luis Osvaldo Paul**, Coordinator, National Program for the Prevention of Cervical Cancer
- Dr **Marina Pifano**, PhD, Provincial Director, Institute for Cancer Prevention, Diagnosis, and Treatment, Province of Buenos Aires
- Dr **Ricardo Cesar Mastai**, MD, PhD, Profesor, Health Economics and MBA Diploma Program, University of San Andrés, Former Medical Director of the Comprehensive Medical Attention Program (PAMI)
- Dr **Saul Flores**, Undersecretary of Health Planning and Programming, Ministry of Health of the Nation
- Dr **Sergio Jaime**, General Manager, Institute of Social Security and Insurance, Chubut
- Dr **Silvina Arrossi**, Researcher, National Scientific and Technical Research Council (CONICET) and Center for the Study of State and Society (CEDES)
- Dr **Silvia Ferroni**, MD, Coordinator, Prevention Area, Institute for Cancer Prevention, Diagnosis, and Treatment, Province of Buenos Aires
- Dr **Soledad Rocío Pereira**, Team Member, Undersecretariat of Primary, Outpatient, and Community Care, City of Buenos Aires

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

Breast cancer is the most common cancer affecting women in Argentina, accounting for 31.6% of new cancers. Cervical cancer is also a major concern, ranking third among cancers in women. Both diseases have higher rates in Argentina than in most countries of Latin America (LATAM) and the world, making them a critical public health issue for the country's health system (see Figures 1 and 2).[1, 2, 3, 4]

Barriers to access span the entire continuum of care from prevention, diagnosis, and treatment, to after-care, and contribute to suboptimal outcomes for women's cancers in the country. For instance, a universal Human Papillomavirus (HPV) vaccination program for girls in primary school has been available since 2011 in Argentina to prevent cervical cancer (see Figure 3). In 2014, the program was expanded to males, females aged 11-26 years, those living with HIV, and immunocompromised individuals. Despite the program, HPV vaccination, a key tool in preventing cervical cancer, has seen a worrying drop in coverage. From 2022 to 2023, coverage among girls fell from 54% to 36%, leaving a growing number of young girls unprotected.[5,6] This decline raises concerns about future increases in cervical cancer cases.

Workshop Insights

In Argentina, the most important thing in women's cancers is to invest in prevention policies, which are less costly but are lacking. In terms of cost-effectiveness, prevention policies are much cheaper and lead to better outcomes, such as early diagnosis.

Figure 1: Prevalence of Breast Cancer in Argentina, 2024-2030[1]

Rate per 100,000 people

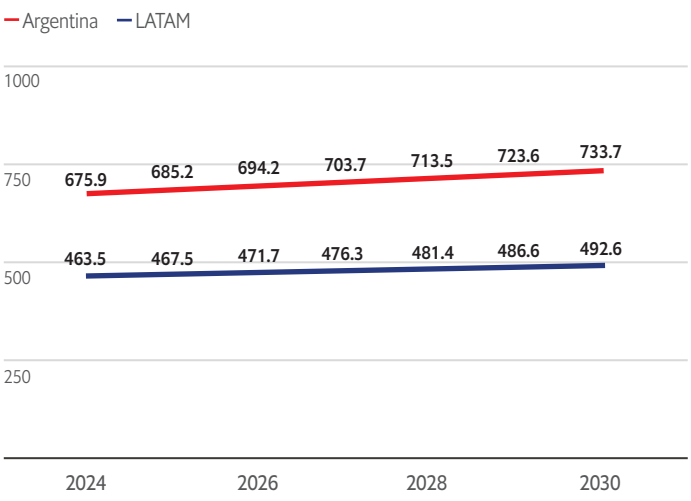
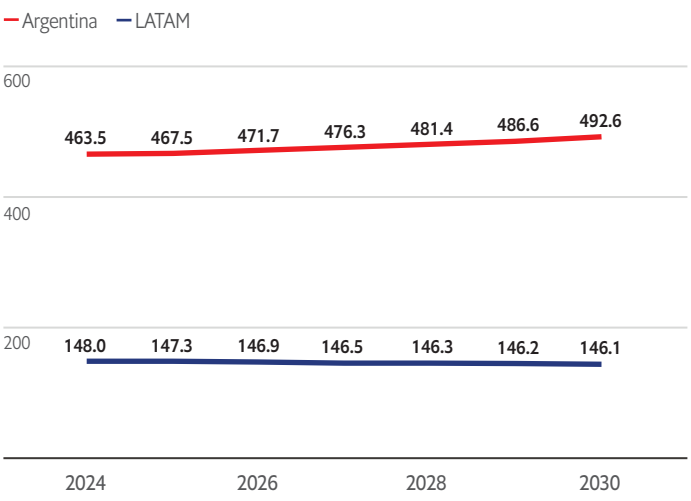


Figure 2: Prevalence of Cervical Cancer in Argentina, 2024-2030[1]

Rate per 100,000 people



Similarly, despite free mammograms being available in the country for early detection of breast cancer, about 30% of women in Argentina are still diagnosed with symptomatic disease, suggesting that awareness and uptake of screening are inadequate.[7] Furthermore, aggressive tumor biology, late presentation, and diagnostic delays result in 41% of women presenting with advanced-stage breast cancer, among whom 18% have metastatic disease.[8,9] Some advancements have been made in women's cancer care, with age-standardized mortality rates of breast cancer in Argentina showing a slow decline over the past couple of decades.[10, 11] However, there are stark disparities in outcomes of women's cancers based on sociodemographic factors, differential access between the public and private systems, and geographic variability in healthcare delivery.[12]

Understanding the underlying factors driving disparities in women's cancer care is essential for developing effective interventions. By examining how socioeconomic, geographic, and systemic barriers impact access to care, we can identify critical areas for reform and targeted action. In this brief, we explore the root causes of these disparities in Argentina, identify opportunities to bridge equity gaps, and provide specific calls to action for the full spectrum of stakeholders.

Figure 3: HPV Vaccination Coverage in Argentina, 2020
HPV vaccination program coverage–girls (2020)[13]

Observation: As of 1 January, 2024, Argentina adopted a single-dose HPV vaccination schedule for 11-year-olds, following WHO recommendations. The data above reflects the previous two-dose regimen used before this change.

Unraveling the inequities in women's cancer care in Argentina

Sociodemographic disparities impact health behavior and access

Among the many factors shaping access to cancer care, socioeconomic status (SES) plays a defining role. SES, which includes income and education levels, significantly influences women's healthcare journeys—from awareness and screening to treatment and survival. Women from lower socioeconomic backgrounds are more likely to experience barriers to screening due to financial constraints, limited health literacy, and reduced healthcare access. For instance, poor uptake of mammographic screening among women in Argentina has been associated with fear of the disease, pain and embarrassment from examination, language barriers, geographic barriers, a fatalistic attitude towards illness, and lack of support from family—factors that disproportionately affect women with lower SES and education levels, further limiting their access to early detection and care.[14]

Data from the 2018 National Survey of Risk Factors identified that higher education, higher income, health insurance coverage, being married, and the absence of disabilities were correlated with higher participation in cancer screening in Argentina. Breast cancer screening rates were 44.5% in the lowest income quintile and 34% in the lowest education group, compared to 72% in the highest income quintile and 69% in the highest education group, respectively. For cervical cancer, 6% of women in the highest income quintile and 7.3% of women with high educational attainment had never been screened, compared to 18% of women in the lowest income quintile and 24.7% of women with low education levels.[15]

For low-income women, cancer is more than a health crisis—it's a financial catastrophe. Many struggle to afford transportation to hospitals, travel to other provinces for cancer care that is not available closer to home, take time off work for treatment, or pay for essential medications. As a result, cancer care becomes a privilege rather than a right, deepening the cycle of poverty (see Figure 4).

Figure 4: Inequality in Argentina (2022)

	Argentina	Brazil	Colombia
GINI[16]	40.7	52.0	54.8

Observation: The Gini coefficient measures income inequality, ranging from 0 (equal) to 100 (unequal).

39.2 (2022)
National Poverty Incidence Index[17]

36.7% (2023)
National Informal Employment Rate[18]

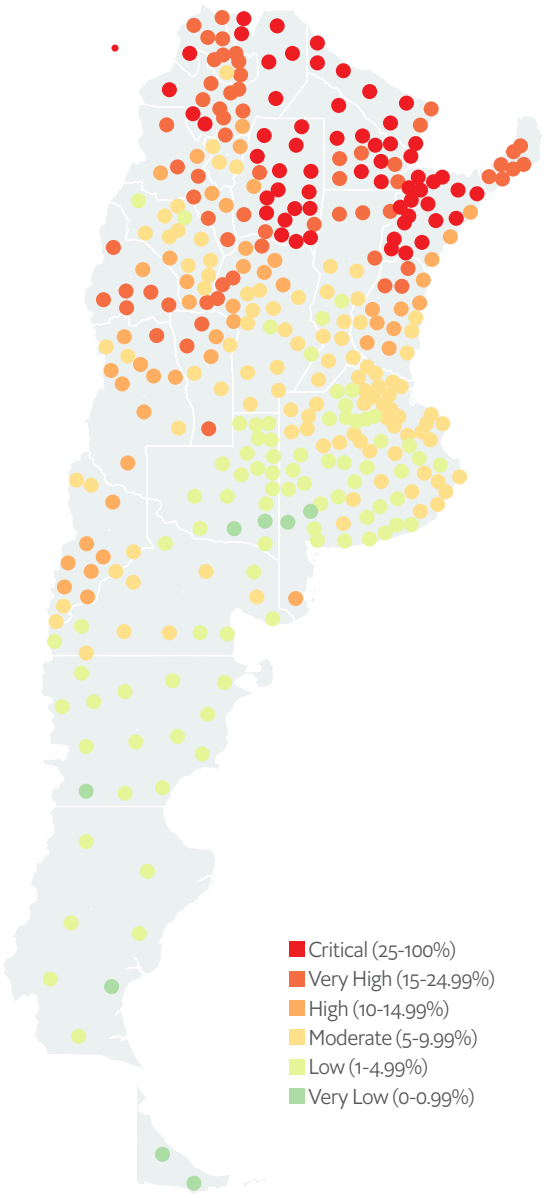
"The most vulnerable populations are those with very limited resources and low human development indices, making it more difficult for them to access the healthcare system due to social barriers. Many are engaged in informal employment, which prevents them from earning enough, impacting their financial and overall well-being on a daily basis. Additionally, they [women] often serve as caregivers for their families… They do not have the protected time needed to prioritize their own health."

Dr Julia Ismael, MD, MPH, Oncologist, Associate Editor of Cancer Medicine, Former Director of the National Cancer Institute in Argentina, and member of Working Group to Build Gender Responsive Health Systems for Cancer Care (City Challenge Cancer)

Lower education and SES have also been linked to delayed care-seeking behavior for symptomatic breast cancer. A study performed in a suburban hospital in Buenos Aires between 2019-2020 and 2021-2022 identified that 78% of women with breast cancer presented to the physician more than a month after the onset of symptoms. Delays were significantly more common among women with lower education and SES, with incomplete education being strongly associated with delayed care-seeking behavior. The main reasons for the delay were disregard (65.2%) and fear of diagnosis (16.7%), which were more frequently reported among lower-income women. Similarly, late-stage disease at presentation was strongly correlated with socioeconomic disadvantage, as key contributing factors included insufficient household income (78.6%), no visit to the gynecologist after age 40 (32.5%), and lack of awareness of breast self-examination (25.6%)—all of which are more prevalent among women with lower education and SES.[19]

Regional differences in poverty levels and access to care also influence cancer outcomes for women. The four central regions of Argentina are the Andean mountainous region, the northern lowland region, the Pampa grasslands, and the cold Patagonia region.[20] The northern region has exceptionally high poverty rates with poorer access to basic needs and healthcare.[21] Women living in remote and under-served areas without adequate public hospital access describe the need for transportation and increased costs as barriers to seeking care for cancer.[22] Beyond individual socioeconomic barriers, systemic inequities in Argentina's healthcare structure further exacerbate disparities in cancer care. For example, limited availability of specialized oncology services in public hospitals, long waiting times for diagnostic tests and treatment, and uneven distribution of medical professionals across regions create significant barriers to timely and quality care. The divide between public and private healthcare access, for instance, results in significantly different patient experiences and outcomes.

Figure 5: Structural Poverty in Argentina



The public-private chasm

Healthcare in Argentina is divided into three systems: public, social security, and private. Women who rely on the public system often face long delays, limited treatment options, and poorer outcomes. Private healthcare provides faster access to cancer treatment, but many women cannot afford it—widening the gap between those who can and those who cannot get life-saving care.

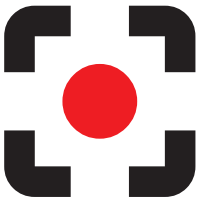
The public system, funded by taxes, is accessible to all and is used by about 36% of the population, most of whom have no other coverage. The social security sub-system, including *Obras Sociales* and the *Instituto Nacional de Servicios Sociales para Jubilados y Pensionados* (INSSJP) [National Institute of Social Services for Retirees and Pensioners], covers about 61% of the population, including formal workers, their family members, and retirees covered under the national pension system. The private healthcare system covers 13.6% of the population, including those who pay out-of-pocket for private insurance through prepaid medicine companies or access private services through plans contracted by Obras Sociales.[23] The National Compulsory Medical Plan in Argentina mandates that all patients covered by private or union-run health insurance receive cancer treatment without cost.[24] On the other hand, uninsured patients rely on public hospitals for cancer care, where delays in treatment and poorer access to innovative drugs are common. Women describe organizational barriers in the public system, such as long waiting times, lack of appointments for tests, malfunctioning medical equipment, lack of hospital beds, delayed surgeries, and delays in access to systemic therapy as important factors affecting their care and outcomes.[22]

Women's cancer outcomes are worse in the public system than in the private system. For instance, the public system has lower breast cancer screening rates than the private system. The National Program for Control of Breast Cancer (NPCBC) offers mammography screening every two years for women aged 50-69 years and for high-risk women below 50 years of age.[15, 25] The public system covers the cost of screening, but coverage remains low. The 2018 National Survey of Risk Factors estimated that about 66% of women had undergone mammography screening within the past two years, falling short of the national target

of 70%. While 70.7% of women with social security or private insurance coverage had undergone a mammogram, only 46.4% of women seeking care through the public system had been screened.[26]

Women receiving care in the public system also suffer from delayed treatment, causing poorer outcomes, and screening rates vary greatly by region (see Figure 6). In a study of 168 women with breast cancer from the city of Buenos Aires, 93 of whom were treated in private hospitals and 75 in public hospitals, screening led to breast cancer detection in 36.6% of patients seen in private hospitals, as compared to only 9.3% from public hospitals. The time between diagnosis and treatment of breast cancer was significantly longer in public hospitals at 75 days, as compared to private hospitals at 60 days. Women in public hospitals were more likely to receive neoadjuvant and palliative treatment as compared to those in private hospitals, suggesting more advanced disease at first presentation. Metastatic disease and relapses after treatment of localized disease were more common among patients with breast cancer in the public versus private sector, suggesting delayed diagnosis and suboptimal treatment.[12]

Figure 6: Breast Cancer Screening
National breast cancer screening rate[27]



46%
with regional variations from 22% to 75%

While approved innovative drugs can be easily accessed in the private healthcare system, public access is comparatively limited, which may contribute to worse outcomes in the public sector. The 2023 Patients W.A.I.T (Waiting to Access Innovative Therapies) Indicator survey identified that among the 73 globally approved innovative treatments for cancer between 2014 and 2021 that were studied, 48 were available in Argentina; 11 of the treatments had limited availability in the public sector, while 37 treatments could be accessed through the private market. None of the treatments were fully available without restrictions in the public market, highlighting access barriers.[28] While chemotherapy, hormonal therapies, and HER2 inhibitors are available across all three sub-systems, BRCA inhibitors and immunotherapy are not accessible to women in the public system.[8]

In addition, there is considerable cross-subsidy of the public sector to the other sub-systems.[29] This further enhances disparities in access to women's cancer care. For instance, people covered by social security or private insurance may seek care in the public sector for severe illnesses or complicated procedures, increasing the waiting times and reducing the resources available to care for the uninsured population.[24]

"When a woman cannot afford to buy a drug, she can apply for state assistance. Often, she has to travel long distances to multiple offices to submit the application. After this, it can take 45 to 60 days for the medication to arrive. The duration can be even longer in some provinces."

Dr Lorena Lainati, MD, Head of the Oncology Service, Hospital Tornu, Deputy Head of the Oncology Service, Central Hospital of San Isidro, Director of the Medical Oncology Specialist Program, University of Buenos Aires (UBA), Representative of GAOC (Argentine Group of Women Clinical Oncologists)

Provincial variability in public sector care

Regional disparities not only impact economic opportunities but also healthcare access. Provincial differences in funding, infrastructure, and medical workforce distribution create significant gaps

in cancer prevention, diagnosis, and treatment. Argentina's healthcare system varies greatly depending on where a woman lives. While the national government sets goals, each province decides how to fund and deliver cancer care. This leads to significant differences in the quality of care—some provinces have modern facilities and early screenings, while others lack even basic testing services.[30] Therefore, there are challenges with healthcare delivery at the provincial level. National funds are disbursed to provincial governments, but without clear guidelines for equitable distribution.[31] The center has minimal control over provincial spending, efficiency, and accountability, except where formal agreements are negotiated.[24] Except for a few national tertiary care hospitals, all other public hospitals and primary care centers are under provincial control.[24] Hence, there is a considerable challenge in translating national policy into action at the provincial, district, and facility levels. Conversely, provinces have limited taxation powers but high spending and implementation responsibilities, creating a financial gap.[31] The lack of uniform healthcare implementation across provinces not only widens regional health disparities, but also amplifies the economic burden of cancer, as delayed diagnoses and inconsistent access to treatment increase long-term costs for both individuals and the national economy, as indicated in Figure 7.

Since 2012, the federal government has established HPV testing as the standard cervical cancer screening test for women, aged 30 to 64 years, who access public healthcare facilities. However, only 19 of 24 provinces in Argentina offer HPV testing for cervical screening as part of their public health services. District-level variability is also notable, as exemplified by the fact that only six of 24 districts in the Metropolitan Area of Buenos Aires offer HPV testing.[30]

Similarly, despite reimbursement for mammography in the public system, there are significant differences in coverage across provinces due to barriers to the implementation of the National Program for Control of Breast Cancer. Data from 2018 shows the highest coverage in the Autonomous City of Buenos Aires-CABA (84.4%), Tierra del Fuego (83.1%), and La Pampa (80.9%), while the lowest coverage was seen in Santiago del Estero (34.3%), Formosa (46.1%), Corrientes (47.9%), and La Rioja (49.6%).[26] Regional differences are also noted in breast cancer outcomes, signaling differences in access to care. While the central, Cuyo, and northwest regions experienced a decrease in breast cancer mortality between 2005 and 2020, the figures for the northeast and Patagonia regions were unchanged in the same period.[33]

Figure 7: Economic Impact of Cancer from 2020 to 2050 ($US)[32]

$154.8 bn
Total estimated economic cost of cancer

$1,102 per person
Estimated financial impact per capita due to cancer costs

0.463%
Argentina's total GDP expected to be lost due to cancer-related costs

$2,101
Average economic loss per capita

Workshop Insights

In cities such as Tigre and Buenos Aires and the province of Santa Fé, there are a sufficient number of mammography units, but not all women seek exams for prevention. In Buenos Aires, the government implemented mobile units, offered exams during the night and on weekends and conducted an active search for patients. An impressive number of women underwent a mammogram. These women cited various barriers to obtaining mammograms in healthcare facilities. Firstly, they couldn't go during the hours that the exam was offered because of work or childcare responsibilities. Second was transportation costs. Third was the requirement for a referral even if they belong to the target group.

Provincial variability in healthcare facilities and workforce access contributes to inequitable care and outcomes for women's cancers. CABA has the greatest number of radiotherapy and brachytherapy machines per unit population. Nearly half of the radiotherapy machines are located in the province of Buenos Aires, of which over half are located in CABA. Most gynecological oncologists are also in CABA and other big cities like Córdoba, Rosario, and Neuquén.[34] The total number of healthcare professionals varies between a low of 219 per 100,000 people in Formosa to a high of 1,216 per 100,000 in CABA, demonstrating the high levels of disparity in access.[23] This uneven distribution of healthcare resources highlights the urgent need for targeted interventions to bridge the gap in cancer care access across regions. While the disparities in Argentina's cancer care landscape are deeply rooted, meaningful change is possible. By focusing on key interventions, from patient education to systemic policy shifts, Argentina can take decisive steps toward a more equitable healthcare system.

"We saw a significant purchase of radiotherapy machines in 2000, with these machines being distributed across the country, including rural areas. However, the main challenge we faced was a shortage of trained personnel to operate the equipment. So, despite investing in high-quality technology, we still needed to ensure that human resources were properly trained."

Dr Julia Ismael, MD, MPH, Oncologist, Associate Editor of Cancer Medicine, Former Director of the National Cancer Institute in Argentina, and member of Working Group to Build Gender Responsive Health Systems for Cancer Care (City Challenge Cancer)

Bridging the equity gap

Empower women to improve their health behavior and seek timely care

Enhancing education, raising awareness, and fostering financial independence are essential for improving women's access to healthcare services. *Pro Mujer* is an NGO working across LATAM to strengthen gender equality, which conducts free health fairs in Argentina's rural communities and northwestern provinces like *Salta*, *Jujuy*, and *Tucumán* to improve awareness of breast and cervical cancer. They support women's access to preventive health services, such as screening, through local community centers. Additionally, they offer an entrepreneurship skills program that assists women in achieving financial independence, thereby promoting better health-seeking behaviors.[35]

Helping women overcome stigma and embarrassment can improve cancer detection and treatment. For instance, increasing the uptake of HPV-based screening for cervical cancer can be achieved through self-collection. Self-collection was implemented in the *Jujuy* province in 2012 as part of a study where community health workers (CHWs) also made home visits to facilitate screening. The intervention increased screening uptake four-fold, leading to province-wide implementation. To overcome challenges in the triage and diagnosis of abnormalities detected during screening, the ATICA (Application of Communication and Information Technologies to Self-Collection) study introduced a mobile-health (m-health) intervention. This intervention was designed to remind women who had received a positive screening result that follow-up was necessary. CHWs were alerted if the women failed to appear for further testing after 60 days of screening. The intervention resulted in triage rates increasing from 54% to 70%.[36] Another ongoing program in the Santa Fe province of Argentina uses a participatory method to design SMS messages for women to encourage their participation in mammography screening. The program will soon pilot and implement this SMS program and assess its impact on screening uptake.[37] Leveraging technology to improve awareness, follow-up, and triage can enhance screening coverage and early diagnosis of women's cancers.

"The technology for self-testing for HPV is a breakthrough. Not only does it offer women comfort and privacy, it tackles the problem in rural areas where husbands or the community chief won't allow women to see a professional outside their community."

Dr Julia Ismael, MD, MPH, Oncologist, Associate Editor of Cancer Medicine, Former Director of the National Cancer Institute in Argentina, and member of Working Group to Build Gender Responsive Health Systems for Cancer Care (City Challenge Cancer)

Support vulnerable women to access better care

The federal government and several NGOs are working to streamline care pathways for women's cancers to improve access for vulnerable women. To enhance screening uptake among remote populations, tele-mammography and mobile screening units are being promoted, while NGOs offer free screenings. Tele-mammography aims to reduce access barriers for women in remote areas while simultaneously facilitating high-quality image interpretation by trained physicians. Images are taken by digital mammography facilities located in remote or rural areas and transmitted to the main center within 24 hours for interpretation.[14]

Mamotest, an Argentina-based startup, has created the first tele-mammography network in LATAM, which provides access to screening in under-served areas.[38] *Mamotest* is also collaborating with other companies offering Artificial Intelligence (AI) technologies to facilitate faster and more accurate reading of mammograms. In 2021, Pro Mujer and *Mamotest* joined forces to provide tele-mammography services to 3,000 women in the province of *Jujuy*, where mammograms are currently unavailable. Women with abnormal mammograms were supported with appropriate referrals for speedy diagnosis.[35] Government partnerships with NGOs to expand these services into other under-served provinces will be beneficial in improving screening coverage.

"There are many telemedicine programs in Argentina, but patient access remains a challenge…A successful pilot program involved sending text messages to women with screening results, reminding them to visit the center to collect their results and schedule follow-up appointments. This approach improved adherence to the screening program, particularly among vulnerable populations."

Dr Julia Ismael, MD, MPH, Oncologist, Associate Editor of Cancer Medicine, Former Director of the National Cancer Institute in Argentina, and member of Working Group to Build Gender Responsive Health Systems for Cancer Care (City Challenge Cancer)

Workshop Insights

The navigation program implemented in 2015 has allowed women to overcome health system barriers. There is continuous communication between patients and navigators. Patients are accompanied and receive alerts/messages throughout their path in the system from diagnosis to treatment to after care.

NGOs also provide free screening and mobile screening for uninsured women, in addition to existing government provisions. *Liga Argentina de Lucha Contra El Cáncer* (LALCEC) is an NGO dedicated to preventing and detecting cancers in Argentina that provides free mammograms, Pap smears, and colposcopies to uninsured women. They also provide mammography through mobile screening units in collaboration with the AVON Foundation.[39,40] *MACMA* is another NGO that offers free mammograms for uninsured women and conducts support groups for women diagnosed with breast cancer.[41]

Navigating the complex care pathway can be challenging for women with cancers. In response, the government has piloted patient navigation programs in Argentina since 2015 and incorporated them into the NPCBC since 2018 for more systematic expansion. The role of patient navigators, as detailed in the NPCBC, is to overcome patient-related and health system-related barriers to breast cancer care, thereby expediting diagnosis and treatment, and improving the satisfaction of women with breast cancer care.[42] Patient navigators are also being engaged in 13 provinces for triage, diagnosis, and follow-up of women with abnormal screening tests for cervical cancer.[43] Effective scaling of the navigation programs will require greater research to understand how they impact patient access to care. Some NGOs like the *Sostén* and *Fundación Donde Quiero Estar* (*Red Unidos Por El Cáncer*) [Foundation Donde Quiero Estar (United for Cancer Network)] also support women in accessing medications for their treatment.[44] A team in the Central Military Hospital and the Nutritional Support Centre in Buenos Aires has successfully piloted an at-home chemotherapy program to serve remote communities. The expansion of such programs would help overcome logistical and financial challenges for women seeking care in remote areas.[45] While such grassroots initiatives and patient-centered programs are vital, long-term progress depends on systemic reform and successful collaboration between governments, academia, and community-based organizations.

Workshop Insights

For successful implementation of cancer policies, it is important to improve coordination and participation of different stakeholders. An example was the action led by City Challenger in Rosario whereby many actors from different sectors (healthcare institutions, academic professionals, pharma industry, NGOs) sat down together to discuss the current cancer situation and propose recommendations and actions to be taken to improve cancer care.

Enhance policy-level action to bridge provincial and public-private system inequities

To improve equity in cancer care across provinces, better coordination between national and provincial governments and better funding and management strategies are necessary. The *Plan Nacional de Control de Cancer 2018-2022* (PNCC) was developed by the center with input from provincial representatives, and includes a governance structure where provincial ministers of health commit to executing the plan by signing

specific agreements. Through strategies to improve the quality, quantity, and accessibility of care in the public system, the plan seeks to reduce provincial disparities. While the plan aims to build workforce capacity for oncology, it does not include a specific strategy to bolster the distribution of healthcare professionals in remote or under-served areas. An updated long-term strategy must be developed to enhance provincial cooperation in cancer care. This strategy should rely on agreements and provide provinces with targeted fiscal support.[43]

An example of fiscal support that has improved provincial care provision is *Programa SUMAR*, a national program supported by the World Bank. It was launched in 2004 in the under-served northern provinces of Argentina.[46] As part of the program, the central government provided conditional budget transfers to the provincial governments linked to performance indicators, including enrollment in the healthcare system, basic coverage, health outputs, and outcomes. The program had a significant impact on improving maternal and child health while being cost-effective.[31] Similar programs could improve cancer care provision at the provincial level. The Inter-American Development Bank has sanctioned a US$200m loan to Argentina to close the gap in access to public healthcare services between provinces, which could be tapped to improve care for women's cancers.[47]

The government is actively working to enhance access to innovative therapies within the public sector, in order to ensure more equitable access across all provinces. The PNCC aims to set up an independent health technology assessment (HTA) body to facilitate timely and cost-effective access to innovative therapies.[43] The government has announced a new procurement initiative for high-cost medicines in response to high drug costs. The *Dirección de Asistencia Directa por Situaciones Especiales (DADSE)* used to subsidize medication and equipment for those without health insurance. An initiative by the Ministry of Health and the Comprehensive Medical Attention Program (PAMI) aims to improve access to high-cost therapies through agreements with drug companies. This is expected to reduce public expenditure on medication by about

"National cancer control plans prioritize the most prevalent cancers and those with proven screening strategies that impact mortality. These plans must be evidence-based and tailored to available resources, with clear guidelines for each jurisdiction. Argentina has 24 provinces, each with its own regional healthcare system, making standardized implementation challenging. Without clear guidance on prioritization and planning, discrepancies arise across the country. In the absence of a central governing body to oversee these efforts, coordinating actions between provinces becomes increasingly difficult."

Dr Julia Ismael, MD, MPH, Oncologist, Associate Editor of Cancer Medicine, Former Director of the National Cancer Institute in Argentina, and member of Working Group to Build Gender Responsive Health Systems for Cancer Care (City Challenge Cancer)

50%.[48, 49] To facilitate more equitable access to innovative therapies across provinces, the national government has also introduced the *Banco de Drogas* program, which supplements provincial coverage for cancer patients who only have public system coverage. This program is subsidizing prescription drugs included in the Complementary list of Oncological drugs.[50] Furthermore, by an administrative decision passed in 2024, the National Directorate of Direct and Compensatory Assistance (DINADIC) subsidizes medications and/or elements of medical technology to people who have severe chronic illnesses or life-threatening illnesses who do not have any insurance coverage and are unable to fulfil their needs through the provincial medical system.[51]

Argentina is expanding its global partnerships to strengthen healthcare access and affordability. In November 2024, the Ministry of Health joined forces with the Pan American Health Organization (PAHO) to enhance the availability of critical medicines and medical technologies.[52] This collaboration leverages PAHO's regional procurement programs, including the Strategic Fund and the Revolving Fund, to streamline bulk purchasing and lower costs for essential treatments and vaccines. Beyond improving domestic access, this initiative positions Argentina as a key supplier for LATAM, driving long-term sustainability and equity in regional healthcare.

Closing the cancer care gap in Argentina requires immediate action. National and provincial leaders must work together to ensure every woman—regardless of income or location—can access timely screenings, modern treatments, and the support she needs to survive. Achieving equity in cancer care will require sustained commitment and strategic action. Looking ahead, Argentina must confront the persistent gaps in healthcare access and work toward a future where all women, regardless of socioeconomic status or geography, receive the care they deserve.

Looking forward

Argentina stands at a crossroads in women's cancer care, where systemic barriers continue to prevent equitable access to life-saving screenings and treatment. To move forward, stakeholders need to consider targeted policies, healthcare funding, and innovative solutions that bridge the gap of access. By addressing these disparities now, we can build a future where every woman—regardless of income or location—has the opportunity to receive timely, high-quality cancer care. As we look ahead, it is important to consider the key challenges that continue to create disparities in cancer care and leverage the opportunities to create meaningful change.

1. **Systemic Inequities Leave Women Behind:** Women in Argentina's most vulnerable communities face significant barriers to cancer care due to low incomes, informal employment, and a lack of accessible healthcare services. Those who need screenings and treatment the most are often the least able to afford or access them, leading to late diagnoses and worse survival rates. Addressing these inequities requires urgent investment in targeted programs that help women overcome financial and logistical barriers to care.
2. **Cancer is Not Just a Disease—It's an Economic Burden:** Breast and cervical cancer disproportionately affect low-income women, making cancer care a direct measure of social and economic inequality. Limited healthcare access forces many women to delay screenings and treatment, leading to more aggressive disease and higher mortality rates. This crisis is not only a health priority but an economic necessity, as delayed care increases long-term costs for families and the healthcare system.
3. **Fragmented Policies Are Driving Up Costs and Worsening Outcomes:** The lack of a unified national approach to cancer care has created deep disparities between provinces, with some regions offering modern treatments while others lack even basic screening services. These inconsistencies lead to delayed diagnoses, costly emergency treatments, and a growing financial strain on the public health system. Strengthening national policies and ensuring equitable healthcare funding across provinces will reduce costs, improve survival rates, and create a more sustainable cancer care system.

References

1 IHME. GBD Compare. [Internet]. Seattle [WA]: Institute for Health Metrics and Evaluation; [Last updated 2024]. Available from: https://vizhub.healthdata.org/gbd-compare/.

2 IARC & WHO. Global Cancer Observatory – Globocan 2022: Argentina. [Internet]. Lyon: International Agency for Research on Cancer & Geneva: World Health Organization; 2022 Available from: https://gco.iarc.who.int/media/globocan/factsheets/populations/32-argentina-fact-sheet.pdf.

3 IARC & WHO. Global Cancer Observatory – Globocan 2022: World. [Internet]. Lyon: International Agency for Research on Cancer & Geneva: World Health Organization; 2022 Available from: https://gco.iarc.who.int/media/globocan/factsheets/populations/900-world-fact-sheet.pdf.

4 IARC & WHO. Global Cancer Observatory – Globocan 2022: LATAM. [Internet]. Lyon: International Agency for Research on Cancer & Geneva: World Health Organization; 2022 Available from: https://gco.iarc.who.int/media/globocan/factsheets/populations/973-latin-america-hub-fact-sheet.pdf.

5 WHO. Cancer country profile 2020: Argentina. [Internet]. Geneva: World Health Organization; 2020. Available from: https://cdn.who.int/media/docs/default-source/country-profiles/cancer/arg_2020.pdf?sfvrsn=365d0f1e_5&download=true.

6 WHO. Human Papillomavirus (HPV) vaccination coverage. [Internet]. Geneva: World Health Organization; [Last updated 2024]. Available from: https://immunizationdata.who.int/global/wiise-detail-page/human-papillomavirus-(hpv)-vaccination-coverage?CODE=ARG&ANTIGEN=&YEAR=.

7 Streich G, Villalba MB, Cid C, Bramuglia GF. Developing a real-world database for oncology: a descriptive analysis of breast cancer in Argentina. Ecancermedicalscience. 2022;16:1435. doi: 10.3332/ecancer.2022.1435.

8 Torres RJ, Jorgensen N, Jankilevich G, Denamiel JP, Macadam P, Fernández D, Spairani C, Lewi D. Situación actual del diagnóstico y tratamiento del cáncer de mama en Argentina [Situation of breast cancer diagnosis and treatment in Argentina]. [Internet]. Buenos Aires: Centro de Evaluación de Tecnología Sanitarias de la Universidad ISalud;2021. Available from: https://ftp.isalud.edu.ar/news/links/Situacion-diagnostico-tratamiento-cancer-mama.pdf.

9 de Almeida LM, Cortés S, Vilensky M, Valenzuela O, Cortes-Sanabria L, de Souza M, Barbeito RA, Abdelhay E, Artagaveytia N, Daneri-Navarro A, Llera AS, Müller B, Podhajcer OL, Velazquez C, Alcoba E, Alonso I, Bravo AI, Camejo N, Carraro DM, Castro M, Cataldi S, Cayota A, Cerda M, Colombo A, Crocamo S, Del Toro-Arreola A, Delgadillo-Cristerna R, Delgado L, Breitenbach MD, Fernández E, Fernández J, Fernández W, Franco-Topete RA, Gaete F, Gómez J, Gonzalez-Ramirez LP, Guerrero M, Gutierrez-Rubio SA, Jalfin B, Lopez-Vazquez A, Loria D, Míguez S, Moran-Mendoza AJ, Morgan-Villela G, Mussetti C, Nagai MA, Oceguera-Villanueva A, Reis RM, Retamales J, Rodriguez R, Rosales C, Salas-Gonzalez E, Segovia L, Sendoya JM, Silva-Garcia AA, Viña S, Zagame L, Jones B, Szklo M; United States-Latin American Cancer Research Network (US-LACRN). Socioeconomic, Clinical, and Molecular Features of Breast Cancer Influence Overall Survival of Latin American Women. Front Oncol. 2022;12:845527. doi: 10.3389/fonc.2022.845527.

10 Piñeros M, Laversanne M, Barrios E, Cancela MC, de Vries E, Pardo C, Bray F. An updated profile of the cancer burden, patterns and trends in Latin America and the Caribbean. Lancet Reg Health Am. 2022;13:None. doi: 10.1016/j.lana.2022.100294.

11 Torres-Román JS, Ybaseta-Medina J, Loli-Guevara S, Bazalar-Palacios J, Valcarcel B, Arce-Huamani MA, Alvarez CS, Hurtado-Roca Y. Disparities in breast cancer mortality among Latin American women: trends and predictions for 2030. BMC Public Health. 2023;23(1):1449. doi: 10.1186/s12889-023-16328-w.

12 Recondo G, Cosacow C, Cutuli HJ, Cermignani L, Straminsky S, Naveira M, Pitzzu M, De Ronato G, Nacuzzi G, Taetti G, Corsico S, Berrueta M, Colucci G, Gibbons L, Gutierrez L, García-Elorrio E. Access of patients with breast and lung cancer to chemotherapy treatment in public and private hospitals in the city of Buenos Aires. Int J Qual Health Care. 2019;31(9):682-690. doi: 10.1093/intqhc/mzz047.

13 WHO. Argentina: cervical cancer profile. [Internet]. Geneva: World Health Organization;2021. Available from: https://cdn.who.int/media/docs/default-source/country-profiles/cervical-cancer/cervical-cancer-arg-2021-country-profile-en.pdf?sfvrsn=b95861f5_43&download=true.

14 Malek Pascha VA, Sun L, Gilardino R, Legood R. Telemammography for breast cancer screening: a cost-effective approach in Argentina. BMJ Health Care Inform. 2021;28(1):e100351. doi: 10.1136/bmjhci-2021-100351.

15 Nuche-Berenguer B, Sakellariou D. Socioeconomic determinants of participation in cancer screening in Argentina: a cross-sectional study. Front Public Health. 2021;9:699108. doi: 10.3389/fpubh.2021.699108.

16 World Bank Group. GINI index (World Bank estimate). [Internet]. Washington [DC]: World Bank Group;[Last updated 28 January 2025]. Available from: https://data.worldbank.org/indicator/SI.POV.GINI?end=2023&start=1963&view=chart.

17 World Bank Group. Poverty headcount ratio at national poverty lines (% of population) – Argentina. [Internet]. Washington [DC]: World Bank Group;[Last updated 2022]. Available from: https://data.worldbank.org/indicator/SI.POV.NAHC?locations=AR.

18 INDEC. Trabajo e ingresos Vol. 8, n° 9. Mercado de trabajo. Tasas e indicadores socioeconómicos (EPH) Tercer trimestre de 2023 [Work and income Vol. 8, no. 9. Labor market. Rates and socioeconomic indicators (EPH) Third quarter of 2023]. [Internet]. Buenos Aires: Instituto Nacional de Estadística y Censos; 2024. Available from: https://www.indec.gob.ar/uploads/informesdeprensa/mercado_trabajo_eph_3trim241364F3C2B4.pdf.

[19] Coianis MI, Saldain L, Grandoni MV, Surdo C, Burruchaga J, Martínez Vázquez P, Donati A, De Mori N, Casserly PL, Kennel BL, Spengler E, Lanari C, Lamb CA. Deciphering the causes of advanced-stage disease at diagnosis among breast cancer patients who attended a suburban hospital in Buenos Aires. Medicina (B Aires). 2024;84(5):811-822. English. PMID: 39399921.

[20] Britannica. Justice of Argentina. [Internet]. Chicago [IL]: The Britannica Group. Available from: https://www.britannica.com/place/Argentina/Justice.

[21] World bank Group. Territorial development in Argentina: using differentiated policies to reduce disparities and spur economic growth. [Internet]. Washington [DC]: World Bank Group;[2020]. Available from: https://documents1.worldbank.org/curated/en/432421593510214235/pdf/Territorial-Development-in-Argentina-Using-Differentiated-Policies-to-Reduce-Disparities-and-Spur-Economic-Growth.pdf

[22] Ramos S, Straw C, Viniegra M, Almada C, Schneider M, Pesce V, Mignini L, Tabares G, Robles N, Romero I, Moretto V. Barreras y facilitadores en las trayectorias de mujeres con cáncer de mama usuarias de hospitales públicos [Barriers and facilitators of health seeking behavior among women with breast cancer users of public hospitals]. Rev Argent Salud Publica. 2018;9(36). http://ref.scielo.org/833753.

[23] OPC. Characteristics of the Argentine Health Care System. [Internet]. Buenos Aires: Oficina de Presupuesto del Congreso;2021. Available from: https://www.opc.gob.ar/en/health/characteristics-of-the-argentine-health-care-system/.

[24] Rubinstein A, Zerbino MC, Cejas C, López A. Making universal health care effective in Argentina: a blueprint for reform. Health Syst Reform. 2018;4(3):203-213. doi: 10.1080/23288604.2018.1477537.

[25] Valencia D, Granda P, Pesce V, Di Sibio A, Soliman AS, Gómez J, Ramos I, Gallardo P. Argentina's national program for control of breast cancer: time 1, patient navigation, and patient cancer education experience. J Cancer Educ. 2022;37(6):1669-1676. doi: 10.1007/s13187-021-02011-4.

[26] INDEC. 4° Encuesta Nacional de Factores de Riesgo: resultados definitivos [4th National Risk Factors Survey: final results]. [Internet]. Buenos Aires: Instituto Nacional de Estadística y Censos; 2019. Available from: https://www.indec.gob.ar/ftp/cuadros/publicaciones/enfr_2018_resultados_definitivos.pdf.

[27] Mandó P, Fabiano V, Gomez Guasch S, Colucci G, Sánchez-Bayona R, Coló F, Loza M, Von Stecher F, Amat M, de la Vega M, Costanzo MV, Nervo A, Nadal J, Chacón R, Perazzo F; RCM Database Contributors. Uncovering surgical dynamics and trends in early breast cancer stage at diagnosis: key insights from a two-decade Argentine database analysis. JCO Glob Oncol. 2024;10:e2400123. doi: 10.1200/GO.24.00123.

[28] IQVIA-FIFARMA. Patient WAIT Indicator 2023 Latin America: final report. [Internet]. Durham [NC]: IQVIA; 2024. Available from: https://fifarma.org/wp-content/uploads/2024/03/IQVIA-FIFARMA_WAIT-Indicator-2023_FinalPresentation_5Mar24_vS.pdf.

[29] Palacios A, Espinola N, Rojas-Roque C. Need and inequality in the use of health care services in a fragmented and decentralized health system: evidence for Argentina. Int J Equity Health. 2020;19(1):67. doi: 10.1186/s12939-020-01168-6.

[30] Arrossi S, Straw C, Sanchez Antelo V, Paolino M, Baena A, Forestier M, Rol M, Almonte M. Implementation of WHO guidelines for cervical cancer screening, diagnosis and treatment: knowledge and perceptions of health providers from Argentina. BMC Cancer. 2024;24(1):996. doi: 10.1186/s12885-024-12650-7.

[31] WHO. Strengthening the purchasing function through results-based financing in a federal setting: lessons from Argentina's Programa Sumar. [Internet]. Geneva: World Health Organization;[Last updated 11 June 2020]. Available from: https://www.who.int/publications/i/item/9789240003651.

[32] Chen S, Cao Z, Prettner K, Kuhn M, Yang J, Jiao L, Wang Z, Li W, Geldsetzer P, Bärnighausen T, Bloom DE, Wang C. Estimates and projections of the global economic cost of 29 cancers in 204 countries and territories from 2020 to 2050. JAMA Oncol. 2023;9(4):465-472. doi: 10.1001/jamaoncol.2022.7826.

[33] Rojas-Cabrera E, Ledesma V. Female breast cancer mortality trends in Argentina, 2005–2020. Rev Chil Obstet Ginecol. 2023;88(5):263–268. doi: 10.24875/rechog.23000042.

[34] Apás Pérez De Nucci A, Minig L, Perrotta M. Patterns of cervical cancer care in Argentina: applying ASCO recommendations adjusted by local resources. Gynecol Oncol Rep. 2017;21:61-66. doi: 10.1016/j.gore.2017.06.012.

[35] Pro Mujer. Providing preventive healthcare to women in Argentina. [Internet]. New York [NY]: Pro Mujer; [Last updated 13 July 2021]. Available from: https://promujer.org/es/blog/providing-preventative-health-care-women-argentina/ .

[36] Arrossi S, Paolino M. Implementation of HPV self-collection: the experience of Argentina (No.256). [Internet]. Barcelona: HPVWorld; [Last updated March 2024]. Available from:https://www.hpvworld.com/articles/implementation-of-hpv-self-collection-the-experience-of-argentina/.

[37] Sánchez Antelo V, Paolino M, Frejdkes P, Arrossi S. Participatory design of short message service (SMS) text message to promote mammography among women in Santa Fe, Argentina. Interface (Botucatu). 2024;28:e230448. doi: 10.1590/interface.230448.

[38] WEF. Mamotest: a patient, data-driven end-to-end solution to defeat breast cancer. [Internet]. Cologny: World Economic Forum; n.d. Available from: https://widgets.weforum.org/techpioneers-2022/mamotest/index.html.

[39] Pason. Pasonites in Argentina volunteer with Liga Argentina de Lucha Contra El Cáncer. [Internet]. Calgary: Pason; n.d. Available from: https://www.pason.com/stories/culture/pasonites-in-argentina-volunteer-with-liga-argentina-de-lucha-contra-el-cancer.

[40] LALCEC. Historia de LALCEC. [Internet]. Palermo: La Liga Argentina de Lucha Contra el Cáncer; n.d. Available from: https://www.lalcec.org.ar/historia.

[41] MACMA. 27 años acompañando a mujeres con cáncer de mama [27 years supporting women with breast cancer]. [Internet]. Buenos Aires: Movimiento Ayuda Cáncer de Mama; n.d. Available from: https://macma.org.ar/#!/-bienvenids/

[42] Pesce MV, Robles N, Di Sibio A. Manual programático de navegación para pacientes en cáncer de mama [Programmatic navigation manual for patients with breast cancer], 2.ed. [Internet]. Buenos Aires: Instituto Nacional del Cáncer; 2023. Available from: https://www.argentina.gob.ar/sites/default/files/bancos/2023-05/2023-05-05-manual-programatico-para-navegadoras-navegadores-CM.pdf.

[43] Instituto Nacional del Cáncer. Plan Nacional de Control de Cáncer 2018-2022 [National Cancer Control Plan 2018-2022]. [Internet]. Buenos Aires: Government of Argentina; 2019. Available from: https://www.iccp-portal.org/system/files/plans/Plan%20Nacional%20del%20Cancer%20-%20Argentina.pdf.

[44] Fundación Donde Quiero Estar. Home. [Internet]. San Isidro: Fundación Donde Quiero Estar; n.d. Available from: https://www.dondequieroestar.org/.

[45] European Cancer Organisation. A new way to tackle cancer treatment in Argentina: bringing chemotherapy to people's homes. [Internet]. Brussels: European Cancer Organisation; [Last updated 2021]. Available from: https://www.europeancancer.org/workforce-crisis/impact/resource/a-new-way-to-tackle-cancer-treatment-in-argentina-bringing-chemotherapy-to-people-s-homes.html

[46] Ministerio de Salud. SUMAR: El Programa Sumar brinda cobertura de salud a todas las personas que no cuentan con obra social ni prepaga [SUMAR: The Sumar Program provides health coverage to all individuals who do not have social security or prepaid insurance]. [Internet]. Buenos Aires: Government of Argentina; n.d. Available from: https://www.argentina.gob.ar/salud/sumar.

[47] IDB. IDB approves $200 million loan to bolster Argentina's healthcare system. [Internet]. Washington [DC]: Inter-American Development Bank; [Last updated April 2023]. Available from: https://www.iadb.org/en/news/idb-approves-200-million-loan-bolster-argentinas-healthcare-system.

[48] Lacava J, Geist V. Cancer drug prices in Argentina and United Kingdom: a comparison study. J Glob Oncol. 2018;4(Suppl 2):16s. doi: 10.1200/jgo.18.11700.

[49] Navlin Daily. Argentina redesigns high-cost drug procurement process. [Internet]. Chicago [IL]: Eversana;n.d. Available from: https://www.navlindaily.com/article/23398/argentina-redesigns-high-cost-drug-procurement-process.

[50] Ministerio de Salud. Banco de Drogas: Conocé todos los requisitos que tenés que cumplir para recibir medicamentos oncológicos de forma gratuita [Drug bank: Learn all the requirements you must meet to receive free cancer medications]. [Internet]. Buenos Aires: Government of Argentina; n.d. Available from: https://www.argentina.gob.ar/servicio/banco-de-drogas.

[51] Ministerio de Salud. Dirección Nacional de Asistencia Directa y Compensatoria (DINADIC) [National Directorate of Direct and Compensatory Assistance (DINADIC)]. [Internet]. Buenos Aires: Government of Argentina. Available from: https://www.argentina.gob.ar/direccion-nacional-de-asistencia-directa-y-compensatoria-dinadic.

[52] PAHO, WHO. Ministry of Health of Argentina to promote access to medicines and health technologies in strategic alliance with PAHO. [Internet]. Washington [DC]: Pan American Health Organization & Geneva: World Health Organization; [Last updated 12 November 2024]. https://www.paho.org/en/news/ministry-health-argentina-promote-access-medicines-and-health-technologies-strategic-alliance.

ECONOMIST IMPACT

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

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

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

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

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