



# Women's cancers in Latin America

Total women (2024): 336 million  
 Life expectancy (2023): 76 years  
 Women's cancer cases (2022): 342,098  
 Women's cancer deaths (2022): 118,589  
 Sources: World Bank, IARC

## Disease burden Economic burden

**Breast cancer** Most common cancer among women in the region, accounting for 29% of all new cases and 17% of cancer-related deaths.

**Cervical cancer** Second most common cancer among women, representing 8% of all cases and 9% of deaths in the region. Survival rates are generally below 60%, reflecting late-stage diagnosis and limited access to screening and treatment.

**Ovarian cancer** Although it only causes 3% of new female cancer cases, it represents 4% of female cancer deaths. Five-year survival rates in many Latin American countries remain among the lowest globally, ranging between 30% and 39%.

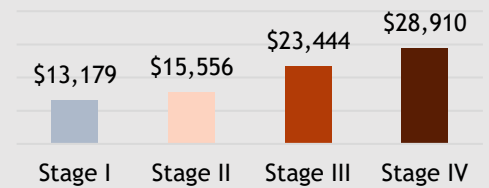
**Endometrial cancer** It accounts for 5% of new cases and 3% of cancer deaths among women. While robust data for Latin America are lacking, evidence from the United States indicates that survival rates have declined since the 1970s.

Direct costs



Early detection, timely diagnosis, and effective treatment lead to lower costs. For example, Breast cancer treatment costs in Latin America are ~120% higher in stage IV than stage I (pooled estimates from Brazil, Colombia, Ecuador, Mexico, Peru, Puerto Rico).

Direct medical costs of breast cancer per patient-year by stage in Latin America



Indirect costs



There is limited region-specific, comparable economic data, but available evidence shows substantial indirect costs from lost productivity. In high-income countries, indirect costs compose 32% to 70% of the total economic burden of women's cancers.

## The case for investing in women's cancers

### High returns

- In LMIC settings, a comprehensive cervical cancer elimination program (vaccination + screening + treatment) yields up to US\$3.20 in economic gains for every US\$1 invested by 2050.
- Scaling HPV vaccination and screening to WHO targets delivers per-capita savings of US\$79.6 in Mexico and US\$27.9 in Brazil.

### Strategic value of early investment

- Prevention through HPV vaccination requires decades before benefits fully emerge in terms of cancer reduction, but immediate benefits include preventing genital warts and precancerous lesions.
- Screening and early treatment lead to significant short- and medium-term cost savings, avoiding costly late-stage interventions.

### Workforce and productivity impact

- In Latin America, where women are diagnosed with cancer at younger ages due to a relatively young population structure, investments in prevention and treatment reduce premature deaths and disability during the most productive years of life.
- This means more women remain active in the workforce, driving economic growth, while lowering social protection costs and avoiding the high expenses of late-stage care.

### Evidence gap

- Investment cases overwhelmingly focus on breast and cervical cancer, while endometrial and ovarian cancer are under-studied.
- In Latin America, as in other LMICs, this underinvestment risks perpetuating disparities and missed opportunities for cost-effective interventions.

## Recommendations

Foundational enablers for women's cancer policy include universal health coverage, gender equity, a well-trained workforce, and robust data systems. These cross-cutting elements exhibit critical gaps in Latin America and are essential for effective, equitable cancer care. Building on these foundations, Latin American countries should:



Advocate for women's cancers as a health priority



Strengthen and streamline cancer care delivery & workforce capacity



Focus on prevention and early detection efforts



Leverage innovation across the women's cancer care continuum

## Prevention challenges

- **Low HPV vaccination rates:** Although some countries (e.g., Chile, Mexico, Peru) have achieved relatively high rates (>50%), coverage remains below the WHO's 90% target.
- **Misconceptions and stigma surrounding HPV:** Vaccination against sexually transmitted infections such as HPV is often stigmatized, leading to hesitancy and lower acceptance rates.
- **Lack of genetic testing:** Shortage of trained genetic counselors, low physician awareness of referral guidelines, and out-of-pocket costs place testing out of reach for the majority.
- **Rising overweight/obesity rates:** More and more women are overweight/obese, which are important risk factors for breast, ovarian, and uterine cancers.



Success story: **Uruguay** stands out as a model for comprehensive primary prevention of cervical cancer, offering free, universal HPV vaccination for girls and boys aged 11-26, with access extended up to age 45 for multiple high-risk groups.

## Opportunities



Gender-neutral HPV vaccination and catch-up programs



School- and-pharmacy-based HPV vaccination



Population-based genetic testing



New prevention strategies for gynecologic cancers

## Detection and screening challenges

- **Lack of organized population-based screening programs for breast and cervical cancer:** Most countries still rely on opportunistic screening (women must actively seek it themselves).
- **Use of old testing method for cervical cancer screening:** HPV testing is recommended but implementation is uneven across the region, with Pap smears remaining common.
- **Low participation in screening programs:** Breast cancer screening programs achieve participation rates of 24-45% in Brazil, Chile, Mexico, and Colombia, but range from as low as 8-10% in Peru to over 70% in Chile. Participation in cervical cancer screening works better than in other LMIC regions, but remains below the WHO target ( $\geq 70\%$  screened by age 35 and 45), as, e.g., 26% of women aged 30-49 had never been screened by 2019.
- **Lack of referral pathways:** Studies in Peru show low education, limited HPV knowledge, and work-related time constraints hinder follow-up after Pap smears. Women often fail to collect results, meaning that positive screening results do not always translate into immediate care.
- **Limited awareness:** Delays in detection are common, exacerbated by stigma, low health literacy, and geographical barriers in rural areas.

## Opportunities



Mobile screening



HPV self-sampling



Patient navigation



Integration of maternal health programs with screening programs



Leverage trusted voices

## Diagnosis challenges

- **Low availability of gynecologists:** In some countries, such as Colombia and Chile, availability of gynecologists remains low, with only 8 and 13 per 100,000 respectively, limiting timely diagnosis.
- **Low availability of pathologists:** Across Latin America, pathologist shortages constrain cancer diagnosis. Colombia has only ~500 for 51 million people, while in Peru most are concentrated in Lima, leaving rural regions underserved.
- **Long waiting times and non-coverage of diagnostic services:** This pushes women in, e.g., Argentina, Brazil, and Mexico to seek private care which increases out-of-pocket costs.
- **Treatment start before full diagnosis:** In Latin America, delays in test processing can mean that surgery is performed before results are available, limiting the use of appropriate therapy.
- **No reimbursement of biomarker testing:** Countries such as Mexico do not always jointly reimburse biomarker tests with targeted medicines, creating financial barriers for patients.

## Opportunities



Task-shifting in diagnostics by AI



Scaling diagnosis with telemedicine and telepathology



New molecular classifications



AI prediction of biomarker status



Gender-sensitive and cultural safe diagnosis

## Treatment challenges

- **Fragmented care:** This leads to delays, higher costs, poor coordination, worse patient experience, and poorer cancer survival.
- **Low use of multidisciplinary teams (MDTs):** In a study, only 25% of respondents in Argentina, Brazil, Chile, and Peru reported MDT participation as mandatory in breast cancer care, and access remains limited in public systems.
- **Low availability of qualified health care professionals:** Chile and Panama report shortages of oncologists, while Nicaragua and Guatemala lack gynecologic oncology training programs, with care often delivered by general gynecologists or surgical oncologists without subspecialty training.
- **Limited access to new medicines:** Patients in Latin America wait an average of 4.7 years for new cancer medicines in public systems, and only 35% of medicines from 2014-2024 achieved reimbursement.



Success story: **Peru** updated technical documents for the multidisciplinary management of triple-negative breast cancer in 2025. By replacing the 2019 standard, the National Cancer Institute created a clearer path to timely, team-based care and to modern treatments that were previously harder to access in the public system.

## Opportunities



Minimally invasive surgeries



More efficient use of radiation therapy



New cancer medicines



Link accessibility of medicines to clinical benefit



Patient-centered rehabilitation pathways



Gender-sensitive and cultural safe care



Infrastructure in remote/rural areas