

Confronting the Rising Cancer Burden in Zambia: A Call for System Strengthening

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Introduction

In February each year, the global health community marks World Cancer Awareness Week, a dedicated period of advocacy, education, and reflection on one of the most pressing non-communicable disease challenges of our time. The 2026 theme, “United by Unique,” placed people at the centre of cancer care, recognising that individuals experience cancer differently and that health systems must respond to these diverse needs. For Zambia, this message is both timely and urgent, given the growing burden of cancer and the persistent inequities in access to care.

The Rising Global Cancer Burden

Cancer is now one of the leading causes of morbidity and mortality worldwide. Globally, an estimated 20 million new cancer cases were recorded in 2022, with 9.7 million deaths, making it the second leading cause of mortality worldwide (1). By 2050, projections suggest this figure will rise to 35 million cases annually, driven largely by population growth and ageing (1). In low- and middle-income countries, the burden is disproportionately high, driven by late-stage diagnoses, limited access to specialist care, underfunded health systems, and persistent knowledge gaps at the community level (2). The African continent faces a particular challenge: cancer incidence is rising, yet the infrastructure to respond to it remains critically under-resourced across many settings (3).

The Cancer Burden in Zambia

In Zambia, cancer represents a growing and often under-acknowledged public health crisis. According to

the Global Cancer Observatory (GLOBOCAN) 2022 estimates, Zambia recorded approximately 13,000 new cancer cases and over 9,000 cancer-related deaths in that year alone (1). Cervical cancer remains the leading cancer among women, with Zambia recording one of the highest age-standardised incidence rates globally, exceeding 65 per 100,000 women (4). This is largely attributed to the high prevalence of human papillomavirus (HPV), elevated HIV co-infection rates, and historically limited access to screening and vaccination services (5). Breast cancer ranks as the second most common cancer among women, while Kaposi sarcoma, which is closely linked to HIV, remains disproportionately prevalent relative to global averages (4).

Among men, prostate and oesophageal cancers feature most prominently. Prostate cancer is the leading cancer among Zambian men (4), with an age-standardised incidence rate of approximately 28 per 100,000, substantially higher than the global average of 15 per 100,000 (4). Oesophageal cancer, which is strongly associated with tobacco use, alcohol consumption, and nutritional deficiencies, contributes significantly to cancer mortality among men and is among the most lethal cancers in the sub-Saharan African context, where most cases present at an advanced, inoperable stage (6).

The intersection of cancer with communicable diseases, particularly HIV and tuberculosis, further complicates the picture. Zambia’s generalized HIV epidemic elevates the risk of several infection-related cancers, including cervical cancer, Kaposi sarcoma, and non-Hodgkin lymphoma (7). The burden of TB, as reflected in national surveillance data, creates additional complexity for patients whose symptoms may overlap

or whose care pathways may be fragmented across disease programmes.

Progress in the National Response

The Government of the Republic of Zambia has made important strides in establishing a policy and structural foundation for cancer control. The National Cancer Control Programme, operating within the Ministry of Health, has developed strategic frameworks to guide prevention, screening, treatment, and palliative care (8). The expansion of HPV vaccination through the national immunisation programme targeting adolescent girls represents one of the most cost-effective cancer prevention interventions available and positions Zambia alongside global efforts to reduce cervical cancer incidence over the coming decades (9).

Cancer diagnosis and treatment services, once almost entirely confined to the University Teaching Hospital (UTH) in Lusaka, are being progressively extended to provincial hospitals (10). The Zambia National Cancer Registry continues to improve data quality and coverage, which is fundamental to planning and accountability. Efforts to train health workers in early cancer recognition, strengthen pathology capacity, and expand radiotherapy infrastructure are underway, though significant gaps remain in scale and sustainability.

Zambia is also increasingly engaged in regional and international partnerships aimed at strengthening cancer capacity. These collaborations offer opportunities to access specialised training, diagnostic technologies, and treatment modalities that would otherwise be inaccessible to most of the population. Sustaining and deepening these partnerships, while anchoring them in domestic financing and governance, is essential for long-term progress.

Persistent Health System Gaps

Despite this progress, significant gaps persist. Diagnostic capacity remains limited in many provinces, with pathology and imaging services concentrated in a few urban centres. Radiotherapy and specialised oncology services are still insufficient to meet national demand. Human resource constraints continue to affect service delivery, particularly in rural areas where shortages of trained personnel are most pronounced. According to the 2022-2026 National Cancer Control Strategic Plan, Zambia only has 17 Pathologists, translating into 1 pathologist per 2 million population (11).

Financing also remains a major barrier, as cancer care is

costly and often requires long-term treatment, placing a heavy burden on both households and the health system. Less than 1% of cancer services in the country are funded by the Government, against the desired 5% of the annual health care budget (11).

Referral systems are often inefficient, and coordination across levels of care remains weak. As a result, patients frequently experience delays that reduce the likelihood of successful treatment.

Call to Action

World Cancer Awareness Week serves as a call to action for all stakeholders. Zambia's response should focus on several key priorities.

First, the Ministry of Health and its partners must strengthen early detection across all provinces. Screening and awareness of warning signs for common cancers should be integrated into primary health care visits at every level of the health system. Community health workers, who are often the first point of contact for many Zambians, should be equipped and supported to conduct initial cancer risk assessments and facilitate timely referrals.

Second, the government and its partners should prioritise financing of cancer services. Cancer treatment is costly, and without adequate domestic investment and sustainable health financing mechanisms, the gap between need and access will continue to widen. Zambia's engagement with innovative health financing approaches, including health insurance frameworks and public-private partnerships, should explicitly incorporate cancer as a priority condition.

Third, data must drive decisions. Robust cancer registration, timely reporting, and disaggregated data on incidence, stage at diagnosis, treatment uptake, and survival are essential for accountability and planning. The Zambia National Cancer Registry must be adequately resourced, and its outputs routinely used to inform policy.

Fourth, stigma must be addressed directly. Cancer carries social stigma that delays care-seeking and compounds suffering. Community engagement, health literacy campaigns, and culturally sensitive communication are not peripheral to cancer control; they are central to it (12).

Finally, multisectoral and multidisciplinary collabo-

ration is not optional. Cancer control demands a coordinated, whole-of-government, whole-of-society approach: linking preventive health with oncology, connecting mental health services to cancer care, and embedding cancer prevention within broader development agendas.

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