An initiative of

uicc
global cancer control

International Public Opinion Survey on Cancer 2020

What people feel, think and believe about cancer today

Understanding the beliefs, views and attitudes of 15,000 people across 20 countries

World Cancer Day
4 February

The Union for International Cancer Control (UICC) is the largest and oldest international cancer-fighting organisation. Founded in Geneva in 1933, UICC has over 1,150 member organisations in 173 countries. It enjoys consultative status with the United Nations Economic and Social Council (ECOSOC) and has official relations with the World Health Organization (WHO), the International Agency for Research on Cancer (IARC), the International Atomic Energy Agency (IAEA) and the United Nations Office on Drugs and Crime (UNODC). UICC has over 50 partners, including associations, companies and foundations committed to the fight against cancer. UICC is a founding member of the NCD Alliance, the McCabe Centre for Law & Cancer and the International Cancer Control Partnership (ICCP) and established the City Cancer Challenge Foundation in January 2019.

UICC's mission is to both unite and support the cancer community in its efforts to reduce the global cancer burden, promote greater equity and ensure that cancer control remains a priority on the global health and development agenda. It pursues these goals by bringing together global leaders through innovative and far-reaching cancer control events and initiatives, building capacities to meet regional needs and developing awareness campaigns.

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This report outlines the findings of an international survey on public perceptions around cancer led by the Union for International Cancer Control (UICC). It is one of the few multi-country studies to have been conducted into this issue.

More than 15,000 adults across 20 countries were surveyed online from 25th October to 25th November 2019, providing an important insight into public attitudes around cancer in a number of different countries, regions and demographic groups. People were asked questions relating to their concern about cancer, its impact on themselves and their families, their perceptions of risk factors and their personal attitudes and behaviour, together with their expectations of their governments. The findings are detailed in the following pages.

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Executive Summary

Cancer has a profound effect on people around the world. Over three in five people surveyed (61%) indicate that they are or have been affected by cancer, through their own personal experience or through knowing someone who has or has had the disease. They feel concern that they, themselves, will develop or redevelop cancer within their lifetime. Almost 60% expressed this feeling, no matter their age, education or income status.

Emerging from the survey are the apparent and glaring inequities faced by socioeconomically disadvantaged groups. Whatever part of the world you live in, if you possess a lower level of education or live in a household of lower income, the survey responses tell us that you appear less likely to be aware of cancer risk factors and less likely to do something to reduce your risk.

Globally, people surveyed appear to be aware of the main cancer risk factors (87%), with only 6% indicating they do not know about cancer risk factors. Tobacco use is the most recognised cancer risk factor (63%), followed by exposure to harmful UV rays (54%) and exposure to tobacco smoke from others (50%). While this is encouraging, there is still much room for improvement.

Perhaps most concerning is the suggestion that younger people surveyed (those under 35 years old) appear less likely to recognise tobacco use as a cancer risk factor than those over 50 years old. This finding underscores the ongoing need to raise awareness about cancer risk factors in every new generation.

But do awareness levels translate into behaviour change? It is possible that higher awareness of risk factors could result in behaviour change[1] but to completely answer this question, more research and studies are needed. In this survey, close to seven out of 10 people surveyed (69%) indicate they did something to reduce their risk of cancer in the last 12 months, while just under a quarter of people surveyed say they had not taken any preventative measures.

Governments also play an important role in cancer control. But in the eyes of the people surveyed, what are their views on their own government's responsibilities? The vast majority of people surveyed (84%) indicate the belief that governments do indeed need to take action on cancer.

Globally, it is clear that making cancer treatment and services more affordable is a priority, with one in three people surveyed (33%) perceiving it as the most important governmental measure. However, different perspectives emerge at the country level and insights also differ depending on the surveyed person's own experience with cancer.

Foreword

by H.R.H. Princess Dina Mired

In 2020, World Cancer Day celebrates a major milestone—its 20th year. To mark this occasion, UICC has undertaken an important piece of work intended to spur on greater action.

This report, the International Public Opinion Survey on Cancer, is one of the only multi-country surveys of its kind to be conducted in the last decade. It offers rare insight into the public's beliefs, views and attitudes on cancer through surveying more than 15,000 people in 20 countries, across all geographic regions and diverse income settings.

As an international cancer community, we have made great strides and incredible progress. We know so much and public awareness of cancer is higher than ever. Yet, this report is a reminder that there is room for improvement and more work is needed.

The findings are striking. It is surprising and worrying that younger people surveyed appear to be less aware of the risk of tobacco use compared to older people. It is also more apparent that socioeconomically disadvantaged groups, no matter where they are in the world, continue to be left behind, demonstrated by lower levels of cancer awareness and a lesser likelihood of engaging in preventative behaviours.

What we have learned is that the equity gap remains. However, I am positive that the challenges in front of us are not insurmountable. During my term as UICC President, we have focused on empowering and building capacity among civil society, cancer organisations, patient and advocacy groups, charities and communities so that we meet these challenges head on, and that positive impact is felt on the ground.

In recent years, global commitments have been made to help stem the growing cancer crisis: a significant first step. Our responsibility now, as leaders, decision-makers and the international cancer community, is to come together to transform these commitments into action. This survey and its findings are the catalyst needed to ensure that policies and government actions serve the needs of the people, so that everyone everywhere has the best chance for a better life.

H.R.H. Princess Dina Mired of Jordan
President, UICC

Foreword

by Dr Cary Adams

Global cancer policies are shaped by an abundance of data and scientific research. What is often missing are the voices and insight of the people directly impacted by these policies.

This initiative is an important gauge and opportunity to take the pulse of public views around the world. The knowledge gained from this survey intends to stimulate dialogue, ask further questions, encourage follow-up research and ultimately benefit the international cancer community as it advocates for investment, resources, policies, plans, systems and infrastructure that make sense for countries and their governments and, importantly, for the people they serve.

These are the ultimate goals of this survey. Our last perception study was published in 2009. In it, we explored the knowledge, attitudes and behaviours related to cancer risk, aimed at improving the ability of cancer control organisations to use data to develop better programmes and policies and to evaluate their impact more effectively. A decade later, this important work continues. Now we seek to understand how concerned people are about the disease, how aware they are of risk factors and how, if at all, this awareness has potentially translated into behavioural changes. We have also investigated their attitudes and priorities regarding government action and programmes. We explore the relationship between demographic and socioeconomic realities and the public's views, and how these attitudes differ between countries, regions and income settings.

Examining this diversity of views and voices will help enable us to truly understand where we have been and where we must go. As you will see, some things we perhaps take for granted are not a given. Now is not the time for complacency. We hope that this report will inspire action and enable critically needed change.

Dr Cary Adams
Chief Executive Officer, UICC

Introduction

Around the world, 9.6 million people died from cancer in 2018.[2] More than half of cancer deaths are happening in the least developed parts of the world.[3]

Civil society, scientists, researchers, government leaders, policy makers and industry have been instrumental in further advancing cancer control in our societies. However, there is an opportunity to engage individuals to ensure that technological and policy advancements are informed by the population's views and experiences and translate into benefits for individuals and the general public.

This report, the International Public Opinion Survey on Cancer, summarises the findings of an extensive study of over 15,000 people across 20 countries, from every geographic region and diverse income settings. It includes highlights of two countries with vastly different experiences in cancer control (Kenya and Great Britain*) as well as a spotlight on two important but different issues: (1) the global challenge of tobacco control and (2) a unique approach for the ageing population.

*The survey included people from England, Scotland and Wales, and did not survey people in Northern Ireland.

Survey results: Highlights

1. On a global level, over three in five people surveyed (61%) say that they have been affected by cancer in some way.

2. Globally, almost three in five people surveyed (58%) say they are concerned about developing cancer in the future.

3. Most people surveyed (87%) are aware of at least one of the main cancer risk factors.

4. Across countries, tobacco use (63%), exposure to harmful UV rays (54%) and exposure to tobacco smoke from others (50%) appear to be the most recognised factors that can increase a person's risk of cancer. Lack of exercise (28%), exposure to certain viruses or bacteria (28%) and being overweight (29%) appear to be the least recognised cancer risk factors among surveyed individuals.

5. In general, surveyed individuals living in high-income households seem more likely to recognise cancer risk factors than those living in low-income households. This holds true when comparing people who have completed a university education to people who have not (with the exception of tobacco use, which was equally recognised as a cancer risk factor regardless of education level).

6. Seven out of 10 people surveyed (69%) indicate they have taken some steps to reduce their risk of cancer in the past 12 months. The most common action, signalled by one in three individuals surveyed, is increasing the consumption of healthy food.

7. The vast majority of people surveyed (84%) believe that governments should do something about cancer, with only 3% signalling that they do not think governments should do anything regarding cancer.

8. Approximately a third of people surveyed (33%) indicate the belief that the most important governmental measure is to make cancer services more affordable.

01:

How impacted are we?

01: How impacted are we?

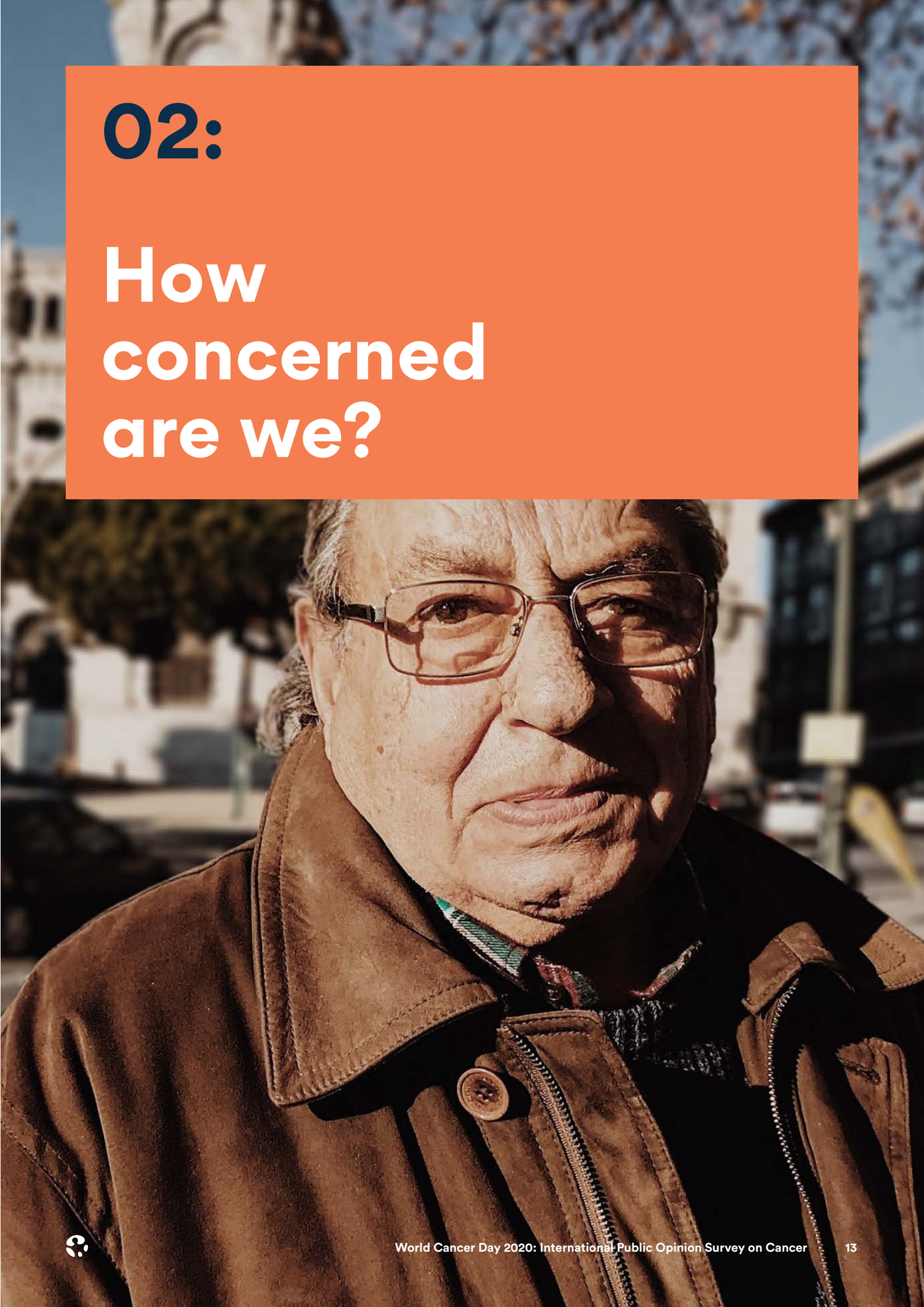
Although the survey does not seek to measure the prevalence of cancer, as this is available through the IARC GLOBOCAN database,[4] it begins by asking people if and how they have been affected by cancer, whether they are currently living with it, are a survivor or a caregiver or know someone with cancer.

Identifying and understanding the degree to which people surveyed are affected and familiar with the disease provides important context in analysing responses to questions about concern, awareness, behaviour and desire for government action.

Just over three in five (61%) of people surveyed say that they have been affected by cancer in some way, with individuals surveyed most likely to say they have a family member that has or had cancer.

02:

How concerned are we?



02: How concerned are we?

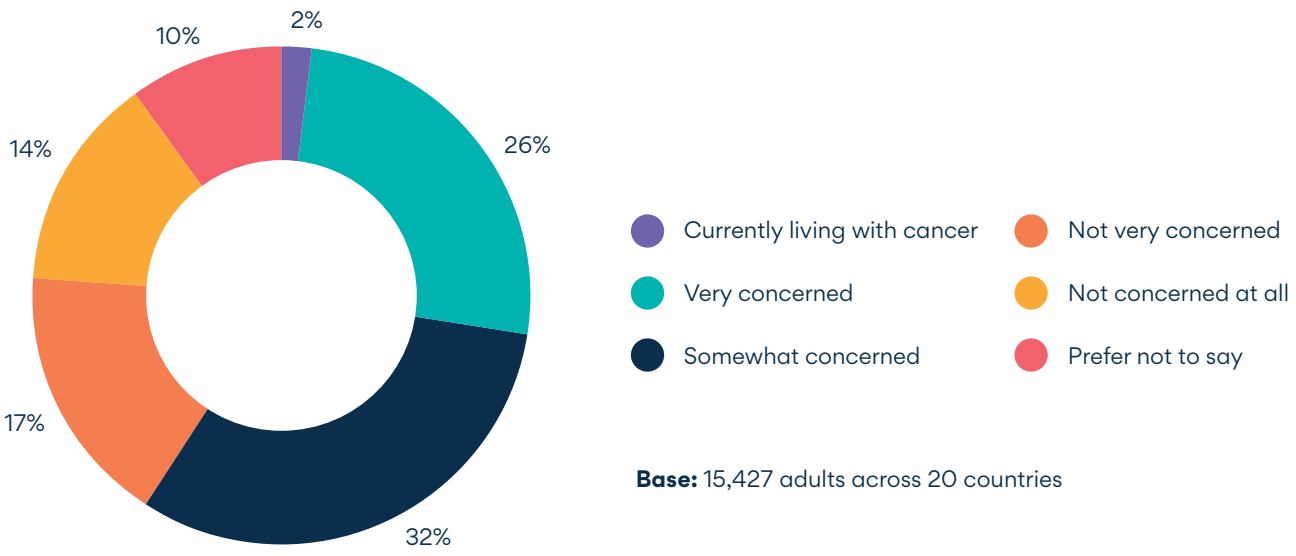
People's reasons for being concerned about cancer are varied, complex and layered. A person's own experience with cancer, their family history, their level of awareness, their understanding of the disease and other reasons largely unknown to us may contribute to their overall sense of concern.[5]

How they envision the future impact of cancer on their lives may also be a factor, including the perceived level of social stigma surrounding cancer, their trust in their country's healthcare system, the possible financial burden of a diagnosis and the perceived likelihood of survival.

When asked how concerned they are about developing or redeveloping cancer in their lifetime, **almost three in five people surveyed (58%) say they are concerned or very concerned**, regardless of age, education or income level (see *Methodology* for demographic category definitions). Notably, the survey results indicate that women appear more concerned than men that they will develop cancer in their lifetime (62% vs 55%).

Compared to upper-middle and lower-middle income classifications, **individuals in higher-income countries appear to be, on balance, less concerned about cancer**. The question therefore is whether higher-income countries (which tend to have stronger healthcare systems, including universal health coverage, relatively high access to treatment and care, a sufficient healthcare workforce and better survival rates) engender more confidence in the population and therefore a less concerned population. Moreover, do higher-income countries, where there are generally higher levels of education, greater understanding and perhaps less cancer-associated stigma, foster a less concerned population? Without additional information and further studies, the answers to these questions remain unclear.

Chart 2.1: Global concern levels with regard to cancer



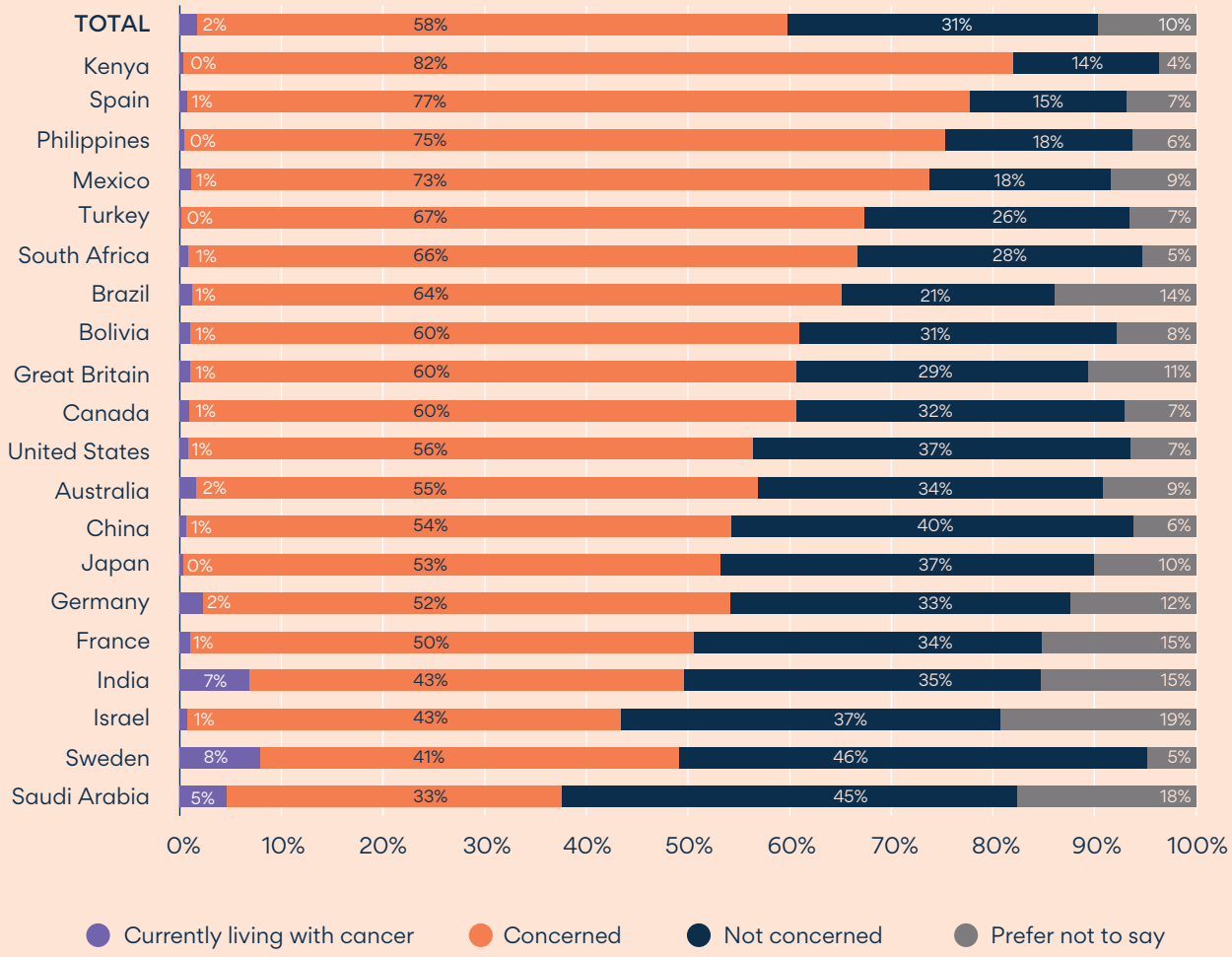
Base: 15,427 adults across 20 countries

02: How concerned are we?

There is a significant difference in concern levels between the most concerned country and the least concerned country surveyed. Kenya represents the most concerned country with over four in five people (82%) surveyed indicating concern (see *Spotlight: Kenya*), compared to Saudi Arabia, the least concerned country surveyed, where one in three (33%) individuals surveyed indicating concern.

Unfortunately, concern levels and their differences between countries cannot be simply explained. There is no concrete correlation that can be seen between concern levels and country mortality rates or cancer prevalence. Yet what is seen from this survey is that concern is generally high worldwide, as Saudi Arabia and Sweden are the only two countries where the number of people surveyed expressing a lower level of concern exceeds those who express more concern.

Chart 2.2: Concern levels with regard to cancer by country



Base: 15,427 adults across 20 countries

Spotlight:

Kenya

Spotlight: Kenya

Cancer is the third leading cause of death in Kenya,[6] with over 30,000 Kenyans dying from the disease in 2018.[7] The reported death toll has risen 30% from 2014 to 2018.[8] However, the numbers by themselves are unlikely to present a complete picture.

The cancer crisis in Kenya

What is behind these increasing numbers? The Kenyan Network of Cancer Organisations (KENCO), one of UICC's member organisations, attributes them in part to changing lifestyles, as Kenyans move towards a more western diet combined with less physical activity. Alcohol, tobacco and industrial pollution are also driving up cancer cases, particularly in the younger population, a fact which David Makumi, immediate past chair of KENCO, describes as "detrimental to our economy."[9] However, greater opportunities for screening, increased diagnosis and more accurate and robust national data on cancer will also affect numbers reported.[10,11]

In Kenya, it is estimated that 80% of cancer cases are diagnosed at later stages of disease, when the chances of survival are significantly reduced.[12] Like many of its neighbours in Africa, the country is struggling to effectively deal with the rising cancer burden, hamstrung by an insufficient workforce of oncologists and cancer specialists, limited infrastructure and life-saving technology and a population that is often unable to afford the high cost of cancer treatment.[13] Kenya's National Insurance Fund coverage has helped, but it has not been enough to fully address the stark reality that a cancer diagnosis still often leads to devastating financial consequences.[9]

A concerned population

At the country level, people in Kenya appear to be the most worried about cancer compared to individuals surveyed in other countries. Cancer as a topic has drawn much public attention. Kenya's media covered a number of cancer-related news stories just months before the survey,[14,15] while in August 2019, patients, survivors and caregivers, frustrated with delays in access and the high cost of cancer treatment, led street demonstrations to call on the government to declare cancer a national disaster. The cancer deaths of high-profile Kenyans in 2019, including former Safaricom CEO Bob Collymore and politicians Joyce Laboso and Ken Okoth, drew yet more public attention.[16]

Awareness influencing action

Individuals surveyed from Kenya seem to be the most concerned and appear to also be among the most proactive in taking steps to reduce their personal cancer risk. Encouragingly, in the same month the survey was deployed, the Government of Kenya announced a new programme aiming to vaccinate every girl who reaches the age of 10 against human papillomavirus (HPV) to reduce cervical cancer, which kills nine women every day in Kenya.[17] Currently, there is no available data on the national coverage rate of the HPV vaccine in Kenya,[18] however, during the launch of the programme, Head of the National Vaccine Immunisation Programme Dr. Collins Tabu suggested that an 80% coverage rate would be considered a "good achievement."[19] This represents an opportunity to leverage the current level of concern and media attention to encourage more Kenyans to get vaccinated: a critical step towards eliminating cervical cancer nationally.

Figure 2.1 Top government actions Kenyans surveyed want to see:

- Improve affordability of cancer services (59%)
- Invest in cancer health infrastructure (48%)
- Raise public awareness and improve cancer education (51%)

03:

How cancer-aware are we?

03: How cancer-aware are we?

Globally, awareness levels of cancer risk factors are generally high at 87%, with only 6% of people surveyed indicating "do not know" and 4% answering "prefer not to answer" when asked to choose cancer risk factors they recognise from a list.

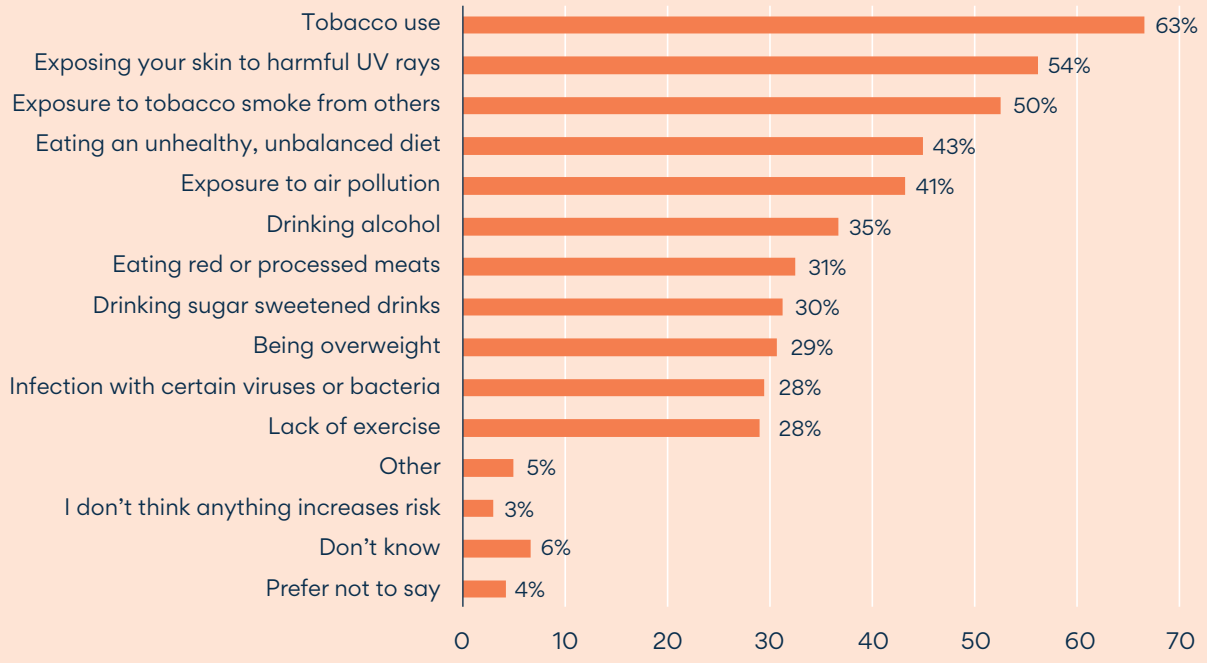
Tobacco is clearly ranked first (63%) as the most recognised cancer risk, while exposure to harmful UV rays (54%) and exposure to tobacco smoke from others (50%) round out the top three. A lack of exercise (28%), exposure to certain viruses or bacteria (28%) and being overweight (29%) are among the least recognised cancer risk factors.

Recognition of the danger posed by exposure to UV rays seems to be the weakest in India, China, Japan and Saudi Arabia, where fewer than half identify it as a risk factor. Eating an unbalanced diet is identified by over two-fifths of the population surveyed globally (and as we will see in the next chapter, eating an improved diet is the most common step taken by individuals surveyed to reduce their cancer risk).

The next cancer risk, recognised by two-fifths (41%), is air pollution. However, beliefs surrounding the link between cancer and air pollution appear to be much more divided, with individuals surveyed from Canada (56%) being the most likely to identify it as a problem and Bolivia (17%) the least likely.

Chart 3.1: People's beliefs about personal cancer risk factors

Q3. *Which, if any, of the following do you personally think increases a person's risk of getting cancer? Please select all that apply.*



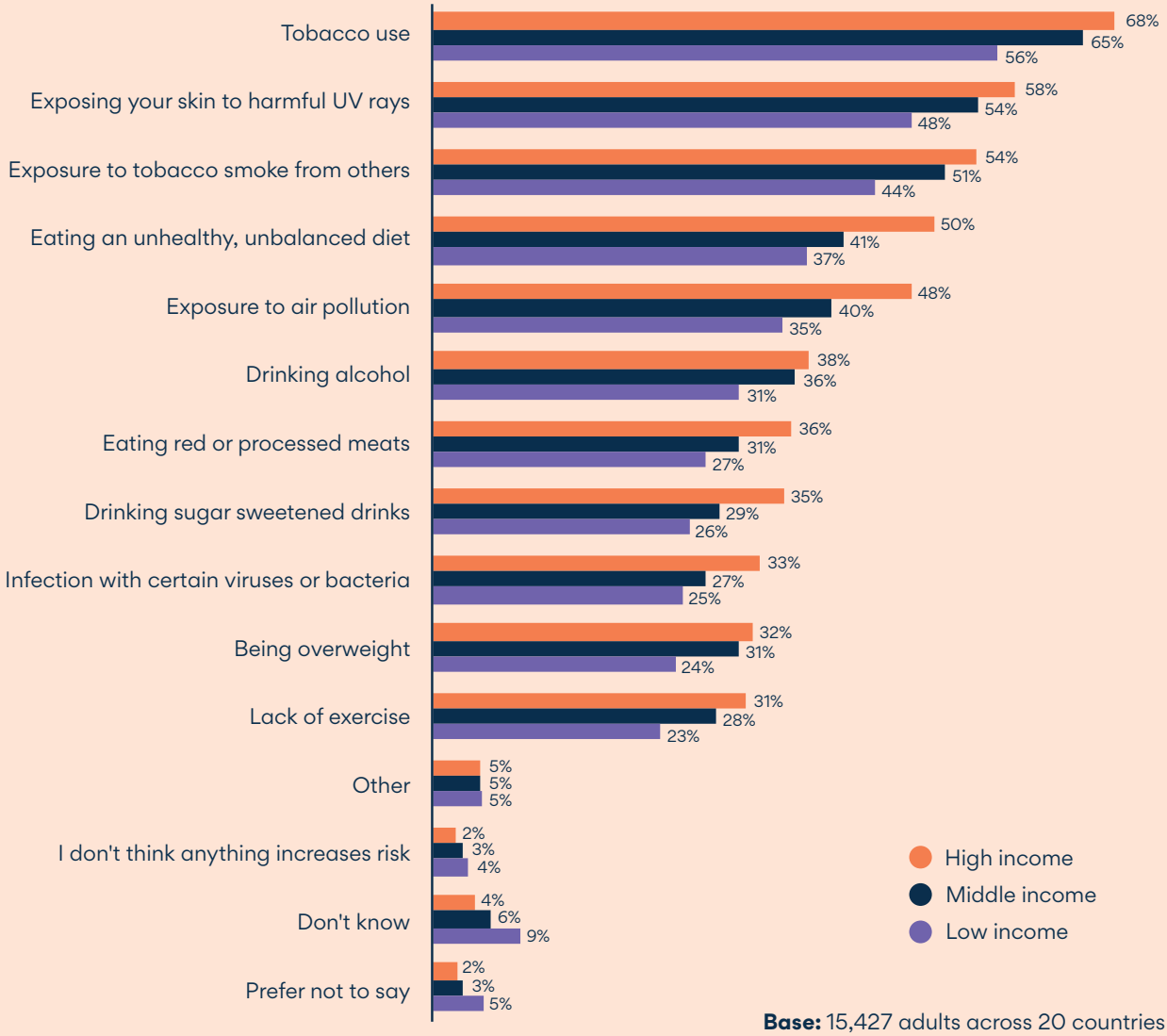
Base: 15,427 adults across 20 countries

Awareness vs education and income

Individuals from a lower-income household bracket in all countries appear less likely to recognise cancer risk factors than those from higher-income households. In all areas except tobacco use, this trend can also be seen when comparing people surveyed who have not completed a university education to those with a university education. There is some indication that health literacy barriers faced by these groups[20] may be linked to lower levels of awareness. This potentially carries important implications for public health decision-makers and communicators in bringing about greater equity in health services.

Chart 3.2: Cancer risk awareness compared to household income

Q3. *Which, if any, of the following do you personally think increases a person's risk of getting cancer? Please select all that apply. vs Household income demographics*



Base: 15,427 adults across 20 countries

Spotlight:

Great Britain

Spotlight: Great Britain

In 2017, cancer accounted for more than a quarter (28%) of all deaths in the UK,[21] which is home to 2.5 million people living with cancer.[22] Cancer is therefore a prominent issue in the country. Although the UK continues to make important strides, with the median survival time after diagnosis increasing from one year in the 1970s to 10 years in 2011,[22] there is some indication that the UK may be falling behind comparable countries like Australia, Canada and Norway, where cancer survival rates are generally higher.[23]

An aware population

When it comes to cancer risk factors, people surveyed in Great Britain* are among the most aware populations surveyed. They are the only group in which more than half selected 'being overweight' as a cause of cancer, compared to fewer than three in 10 globally. In July 2019, Cancer Research UK (CRUK), a member of UICC, launched a nationwide campaign that compared obesity to tobacco use (following a previous awareness campaign more than a year prior linking obesity to cancer) which received widespread media attention.[24] However, without understanding awareness levels before the campaign, it would be difficult to assess whether it had an influence on current awareness levels or on the survey results.

Britons demand more timely services

Britons surveyed are more likely than people in other surveyed countries to want their government to improve timely access to cancer health services. Delays in accessing the UK's National Health Service (NHS) have been widely reported in the British media. In June 2019, a number of major media outlets ran stories which highlighted the 'unacceptable' patient waiting times for accessing cancer treatment.[25,26,27] In August, the NHS published its monthly NHS Performance Statistics,[28] which appeared to confirm the delays in the June-July period, and which were highlighted by health and cancer organisations around the country, including in the Nuffield Trust *QualityWatch*.[29]

In the UK, targets for maximum waiting times to access cancer treatment are defined by the NHS.[30] The NHS are making concerted efforts to improve timely access, including an emphasis on earlier diagnosis.[31] In April 2020, NHS England will introduce the Faster Diagnosis Standard, which stipulates a maximum of 28 days between a patient's referral with suspected cancer and the determination whether they do or do not have a cancer diagnosis.[32]

Figure 3.1 Top government actions Britons surveyed want to see:

- Improve timely access to cancer health services (34%)
- Support and fund cancer research (31%)
- Ensure equal access to cancer services for everyone (28%)

*The survey included people from England, Scotland and Wales, and did not survey people in Northern Ireland.

04:

How are we taking steps to reduce our cancer risk?

04: How are we taking steps to reduce our cancer risk?

Seven in 10 people, or 69%, have taken steps to reduce their cancer risk in the past 12 months. However, people surveyed who are not affected by cancer or are not concerned about developing cancer are less likely to have engaged in behaviour to reduce their cancer risk than those who are either affected or concerned.

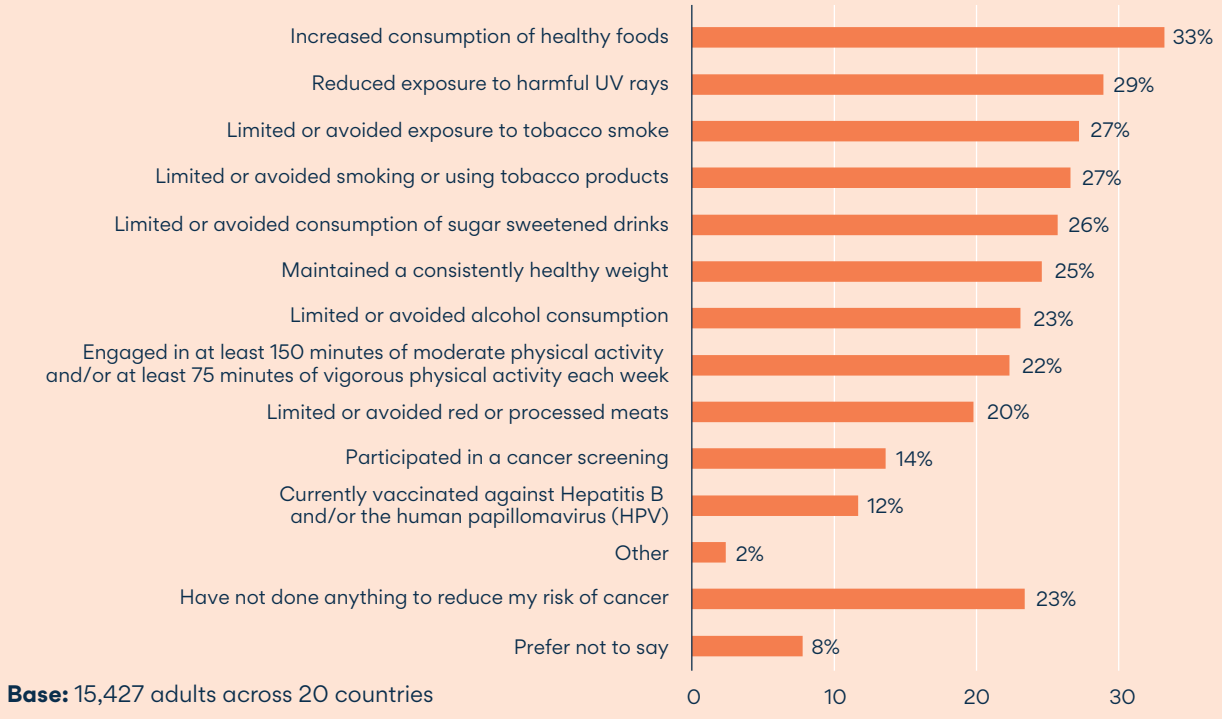
The most common action taken, indicated by one in three people surveyed, is increasing consumption of healthy foods.

Regionally and regardless of education level, people residing in Africa (Kenya and South Africa) currently seem to be the most proactive in taking steps to reduce their risk of cancer: all potential actions (with the exception of being vaccinated against Hepatitis B and HPV), are above the global average. On the other hand, people in Europe and Central Asia, closely followed by North America, are most likely to signal that they have not done anything to reduce their cancer risk.

Overall, the study shows that surveyed people living in high-income countries took steps to reduce cancer less frequently than people living in lower middle- and upper middle-income countries.

Chart 4.1: People's actions to reduce their cancer risk

Q4. *Have you taken any steps in the last 12 months to reduce your risk of developing cancer? If yes, what steps have you taken with the specific aim of reducing your risk of cancer? Please select all that apply.*



Base: 15,427 adults across 20 countries

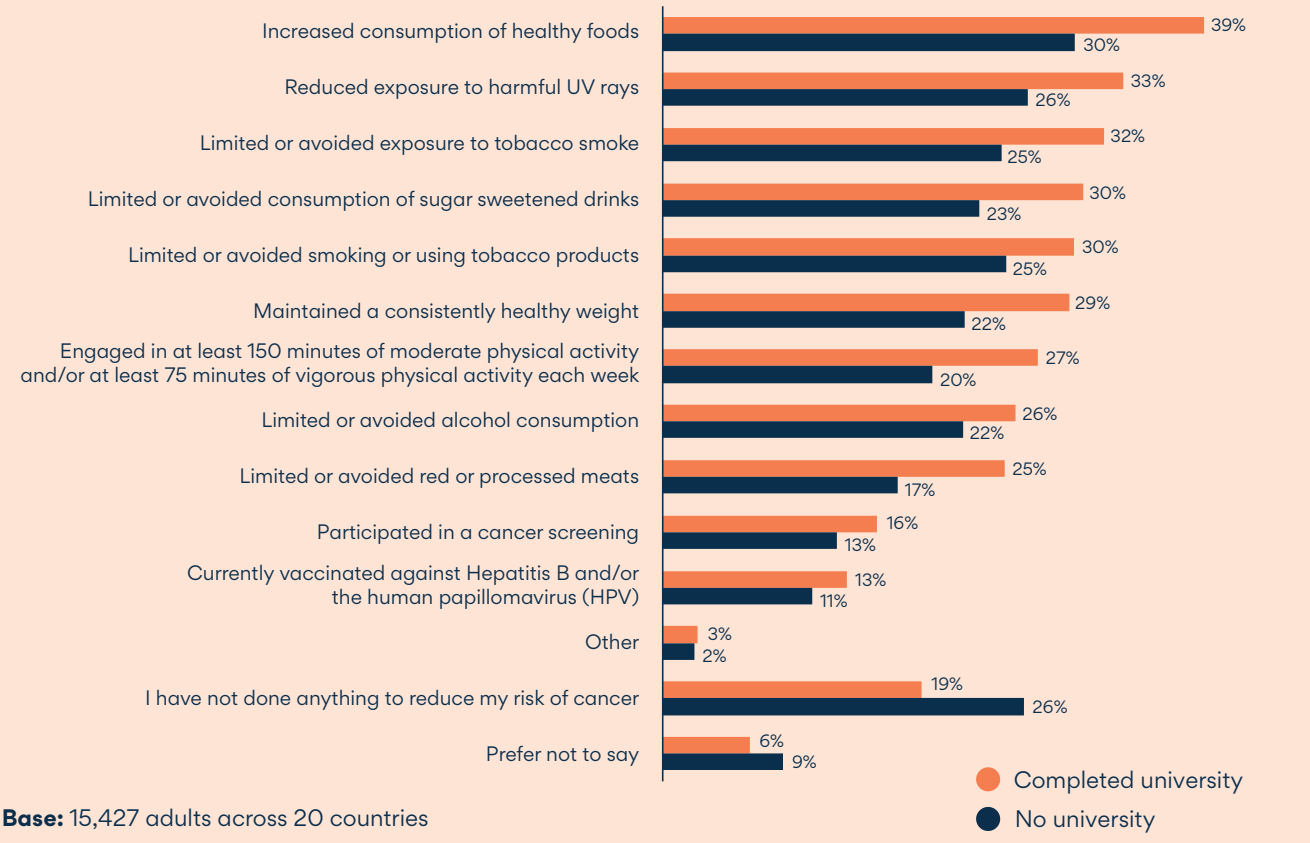
A vicious cycle: The impact on disadvantaged groups

Across the board, people surveyed from a low household income bracket are less likely to recognise any of the cancer risk factors and are less likely than people from a high household income bracket to have proactively taken steps to reduce their cancer risk. Similarly, people surveyed who have not completed a university education appear less likely to have proactively taken steps to reduce their cancer risk than those with a university education.

This points to an important issue of equity. The groups who are the most disadvantaged socioeconomically can be most disadvantaged when it comes to their health[3,33] and potentially developing cancer.

Chart 4.2: Indicated preventative behaviours by level of education

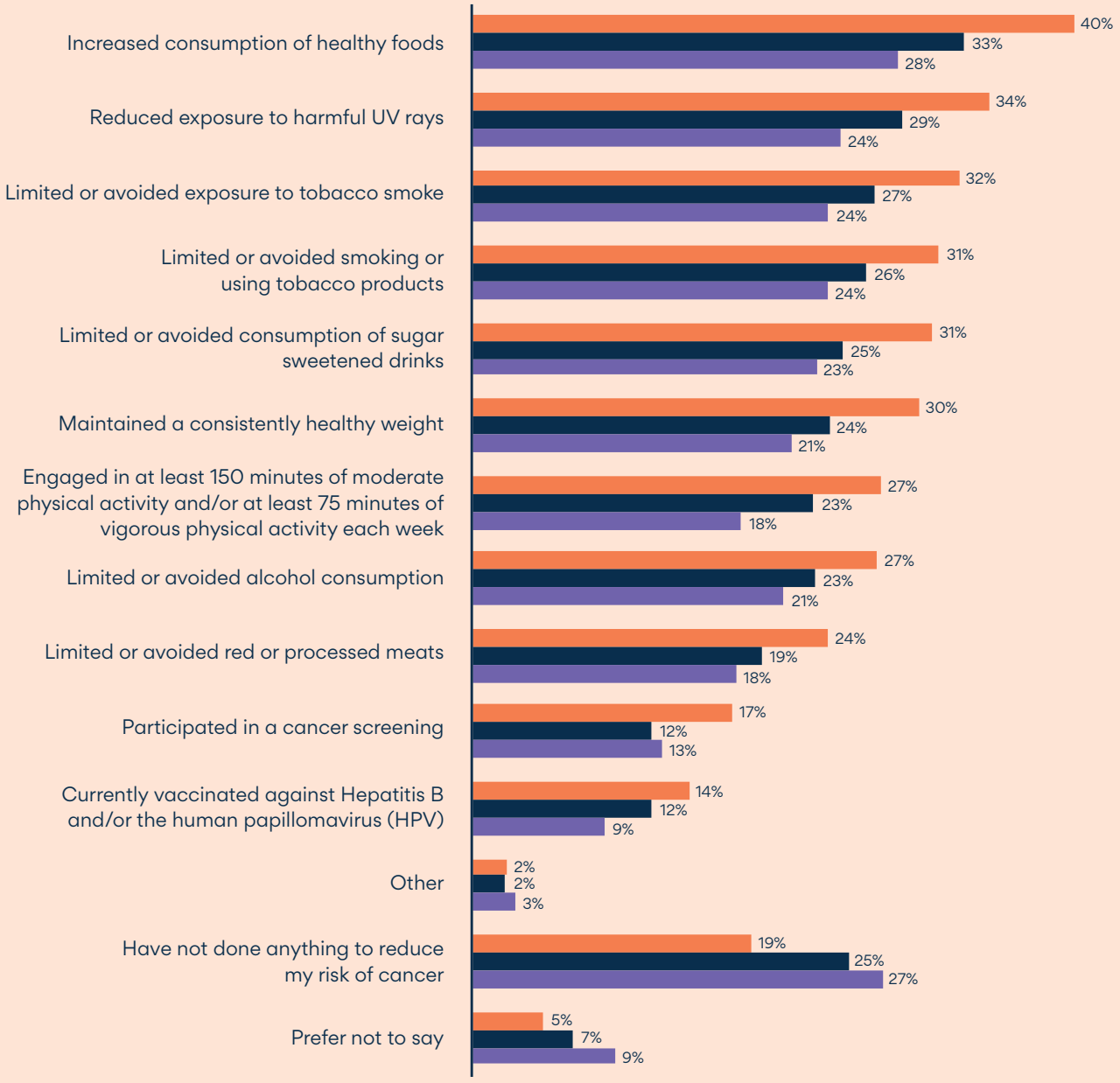
Q4. *Have you taken any steps in the last 12 months to reduce your risk of developing cancer? If yes, what steps have you taken with the specific aim of reducing your risk of cancer? Please select all that apply. vs Education demographics*



Base: 15,427 adults across 20 countries

Chart 4.3: Indicated preventative behaviours by level of household income

Q4. *Have you taken any steps in the last 12 months to reduce your risk of developing cancer? If yes, what steps have you taken with the specific aim of reducing your risk of cancer? Please select all that apply. vs Household income demographics*



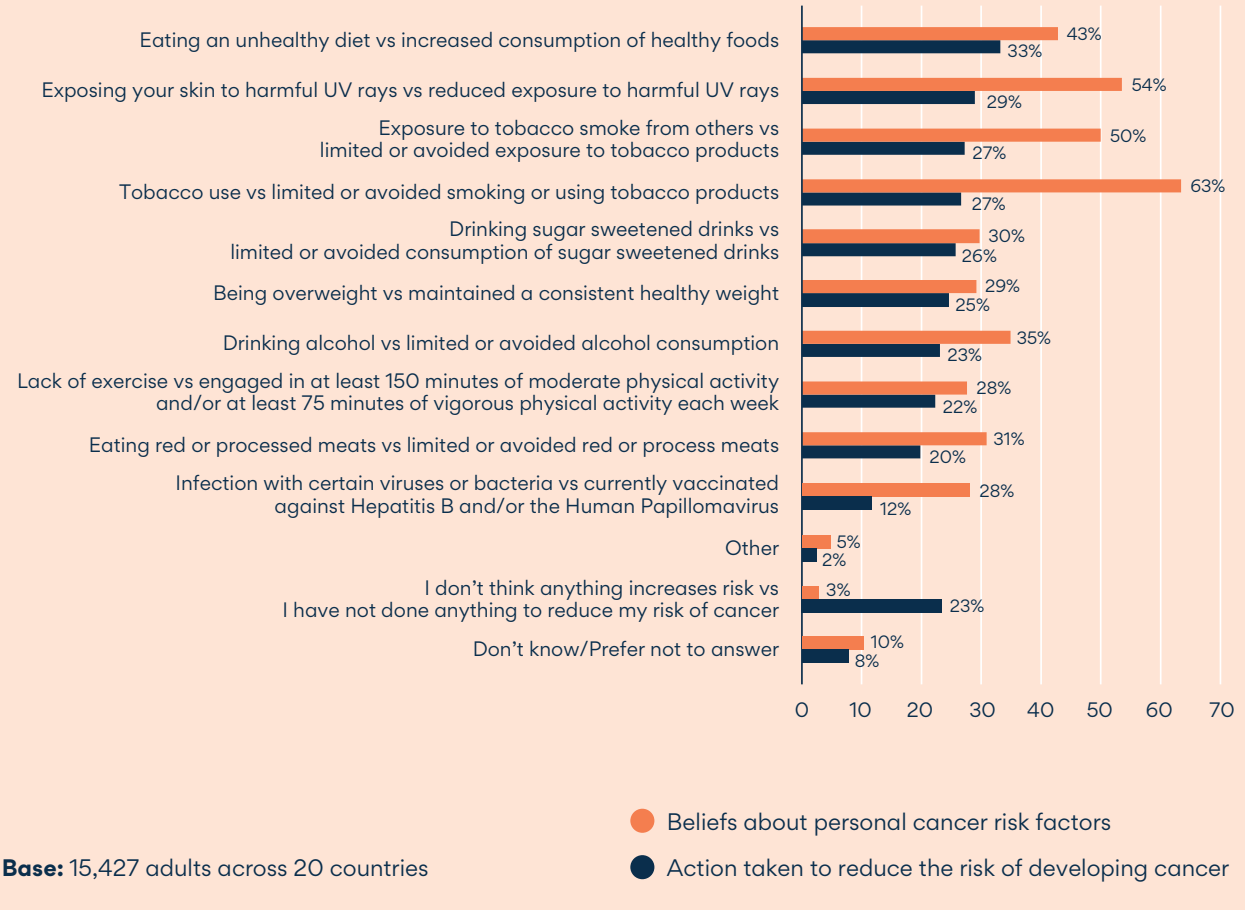
Base: 15,427 adults across 20 countries

The disparity between awareness and behaviour

There are interesting findings when comparing the prevalence of beliefs about cancer risk factors and the frequency of personal cancer-reducing action taken in the last 12 months. Globally, we see the highest discrepancy when looking at tobacco use, exposure to tobacco products and harmful UV rays. This disparity may be attributed, for example, to those who did not select this answer as they do not smoke or have never been a smoker. Additional information and further studies are needed to better understand the reasons for this disparity between awareness and behaviour.

Chart 4.4: Cancer risk awareness compared to behaviour to reduce the respective risk

Q3. *Which, if any, of the following do you personally think increases a person's risk of getting cancer? Please select all that apply. vs* ***Q4.*** *Have you taken any steps in the last 12 months to reduce your risk of developing cancer? If yes, what steps have you taken with the specific aim of reducing your risk of cancer? Please select all that apply.*



Base: 15,427 adults across 20 countries

Special focus:

The global challenge of tobacco control

Special insight: The global challenge of tobacco control

Tobacco kills eight million people worldwide each year, mainly in low- and middle-income countries, which are home to 80% of the world's smokers.[34] The evidence linking tobacco smoke and cancer is overwhelming and, with 22% of cancer incidence relating to tobacco use, it is one of the leading causes of cancer.[35,36] Over the decades, much effort has been devoted to raising awareness, changing behaviour and regulating tobacco.

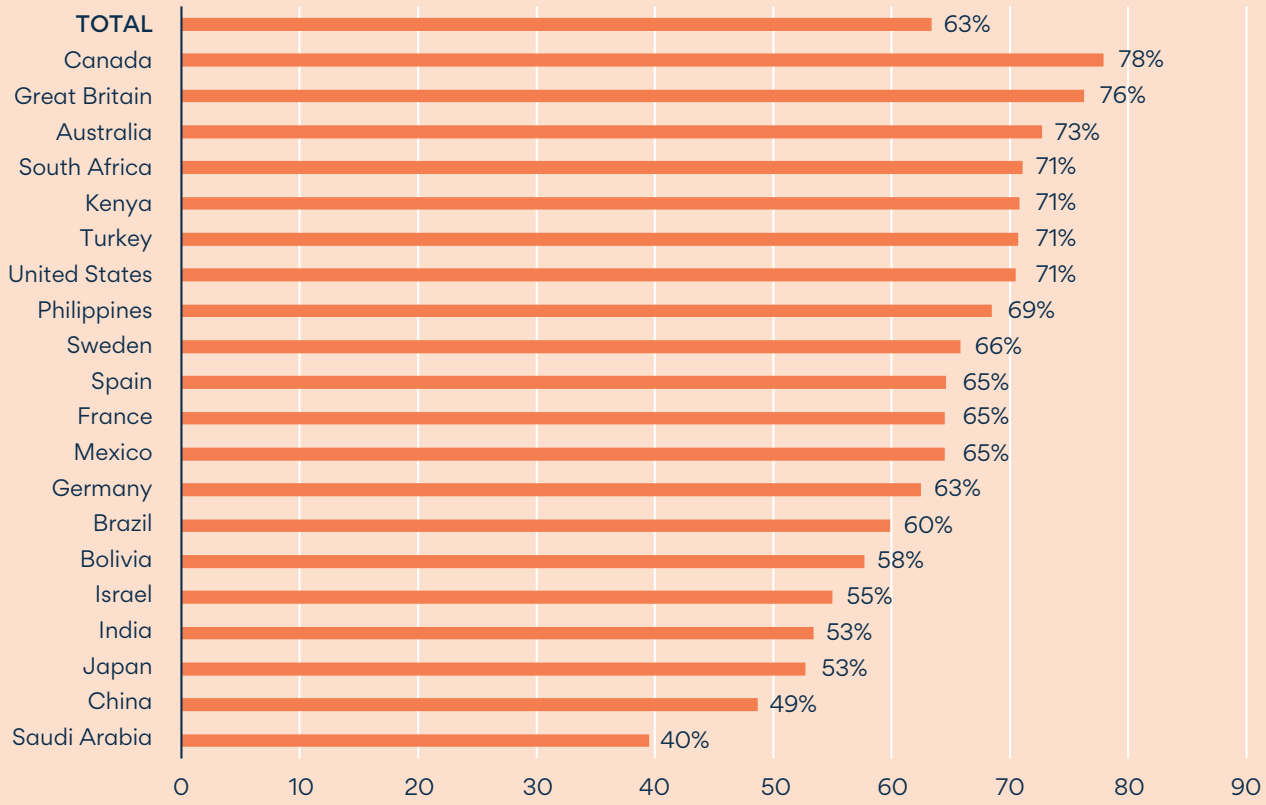
At the country level, tobacco use is the most recognised risk factor for all countries surveyed except China and Mexico. This recognition is strongest in people surveyed in Canada, Great Britain and Australia. Among people surveyed in China, it ranks second after exposure to tobacco smoke from others and in Mexico, it also ranks second after exposure to harmful UV rays.

Although tobacco use is consistently recognised as the top cancer risk factor across all demographics, awareness levels in absolute terms suggest that there remains significant room for improvement. Counter to expectations, **young people surveyed (under the age of 35) were less likely to recognise tobacco use (58%) and exposure to second-hand smoke (45%) as cancer risk factors** than those aged over 50 (71% and 56% respectively).

Unfortunately, consumers and governments face a strong tobacco industry that continues to heavily promote tobacco use, especially among youth populations.[37] However, there are powerful levers at governments' disposal to counter tobacco use. Taxation is one of the most cost-effective actions, especially in targeting price-sensitive youth and low-income people: it has been shown that a tax markup increasing tobacco prices by 10% reduces tobacco consumption by around 4% in high-income countries and approximately 5% in low- and middle-income countries.[38]

It would be easy to take for granted that decades of anti-smoking campaigns have been effective in driving the message home on the risks of tobacco use. However, in the face of an industry with deep pockets and considerable lobbying power, among other factors, these results point to the challenge that the international cancer community and governments face in raising awareness with every new generation.[39]

Chart 4.5: People's belief that tobacco use is a cancer risk factor, by country



Base: 15,427 adults across 20 countries

05:

How do we think governments should respond?

05: How do we think governments should respond?

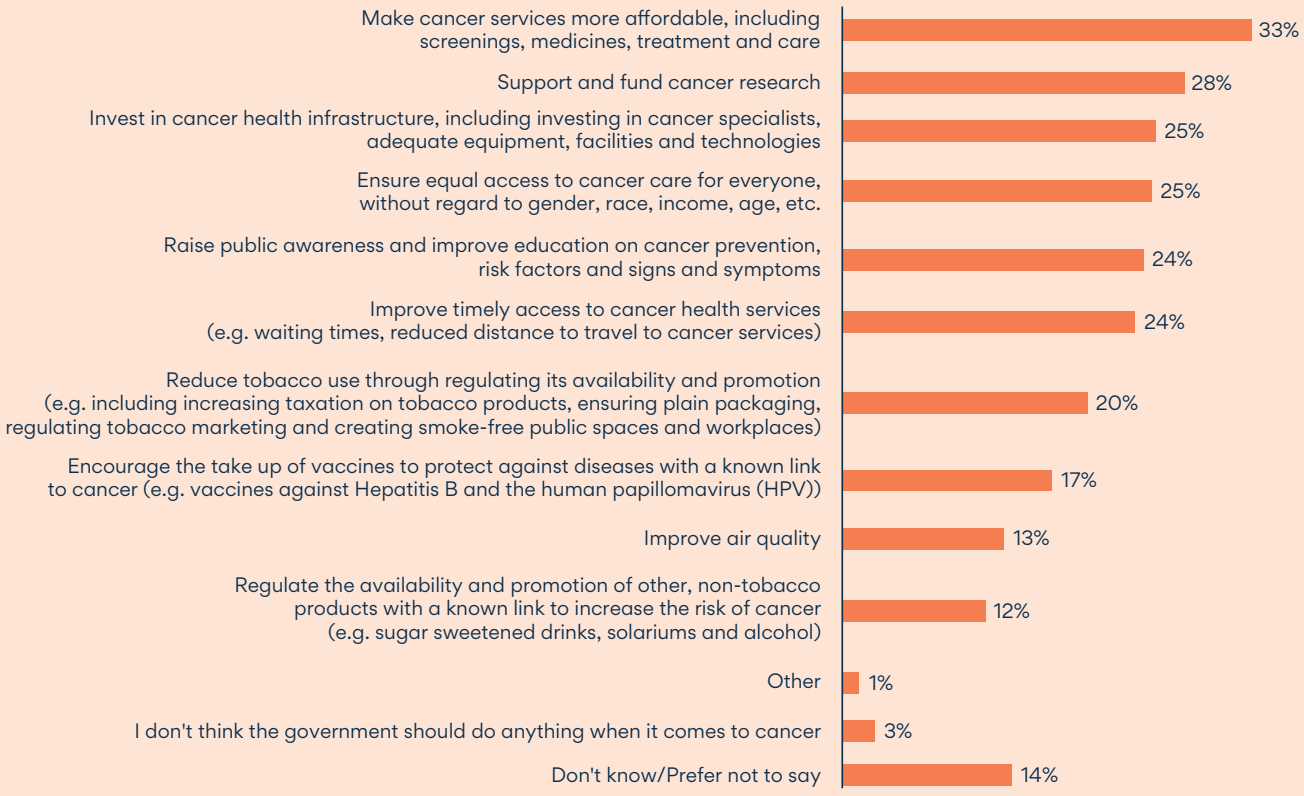
People rely on governments to establish strong policies, provide access to high-quality and effective care and treatment and build better awareness and education.

Governments can influence many of the factors that can reduce the burden of cancer (prevention, for example) and proactive and effective actions are not only possible but can be stepped up in every country.

The vast majority of people surveyed (84%) express that governments should take steps when it comes to cancer, and only 3% indicate that governments should not do anything in regard to cancer. Making cancer treatment more affordable ranked first, with one in three people (33%) believing that this is the most important governmental measure. This is particularly emphasised by people surveyed from lower middle-income countries, who are most likely to privately bear the financial burden of cancer treatment.

Chart 5.1: People's views on how governments should respond to cancer

Q5. *In your opinion, which of the following should governments do when it comes to cancer? Please select up to three answers you feel are most important.*



Base: 15,427 adults across 20 countries

Differences in public perceptions of government priorities

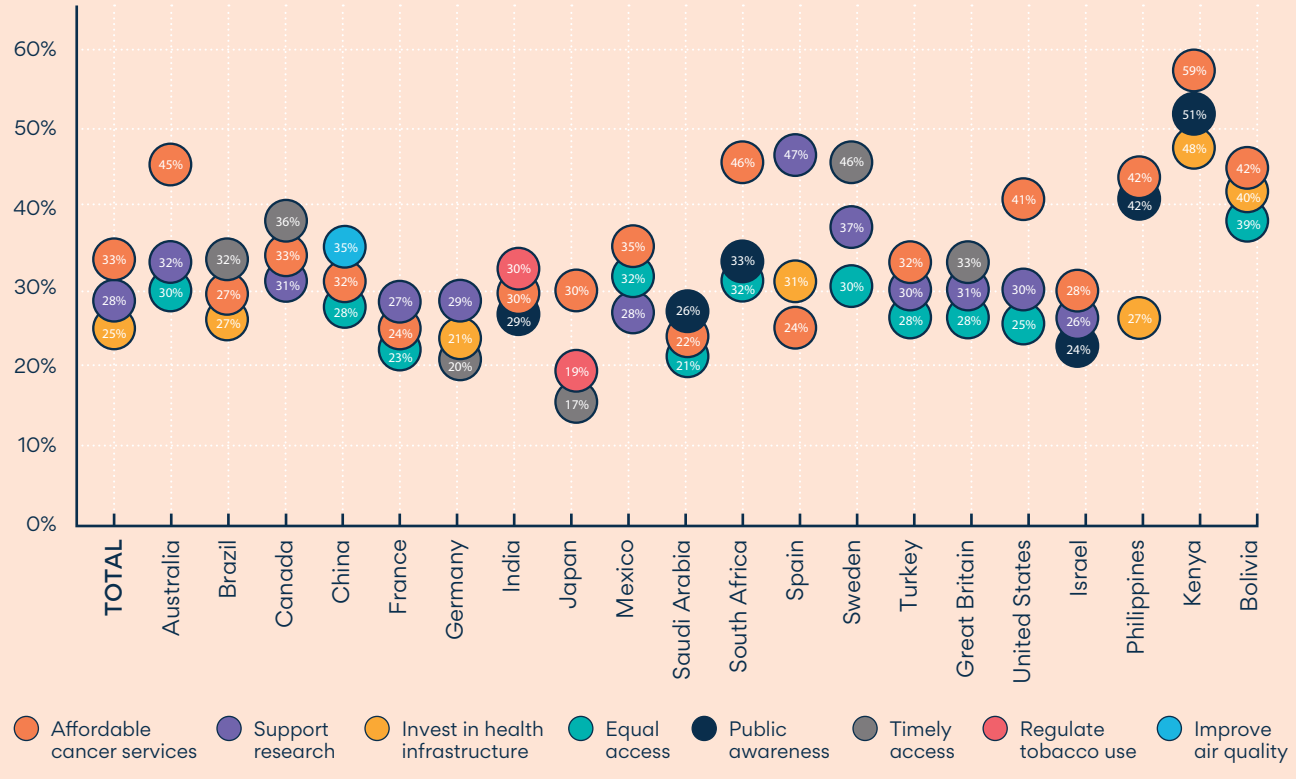
On average, across countries, cancer services (which include prevention, diagnosis, care and treatment) are seen as priority measures by the people surveyed. Alongside making cancer services more affordable (33%), almost one in three people surveyed (28%) feel that governments should support and fund research. One in four people surveyed (25%) indicate investing in health infrastructure as a priority activity for governments, and the same number report that governments should ensure equal access to cancer care for everyone. Raising public awareness and improving education as well as improving timely access to cancer services are both also among the top priority government measures (24% respectively) as perceived by those surveyed.

Different countries, different priorities

At the country level, different insights and perspectives emerge. In China, for example, air quality is seen as the most important government priority by those surveyed. In India, regulating tobacco use is first, followed by affordable services and raising public awareness. In Japan, the provision of affordable services ranks first followed by regulating tobacco, while, in Kenya, India and South Africa, raising public awareness is seen as one of the three most important measures by individuals surveyed.

Chart 5.2: People's views on the most important government actions by country

Q5. *In your opinion, which of the following should governments be doing when it comes to cancer? Please select up to three answers you feel are most important*



Base: 15,427 adults across 20 countries

A person's experience and their perceptions of government priorities

Desired government action also varies depending on the surveyed individual's experience with cancer. People surveyed who are living with cancer or are cancer survivors appear to focus on more direct or immediate government actions. People surveyed with second-hand experience (caregivers, family members, friends or work colleagues of someone affected by cancer) appear to place priority on longer-term solutions by way of government support of cancer research and investment in health infrastructure. Finally, people surveyed with no experience with cancer suggest supporting research and greater public awareness as priority government actions.

Figure 5.1: People's experience with cancer and how they view government priorities

	First hand experience	%	Second hand experience	%	No experience	%
Top answer	Make cancer services more affordable, including screenings, medicines, treatment and care.	33%	Make cancer services more affordable, including screenings, medicines, treatment and care	38%	Make cancer services more affordable including screenings, medicines, treatment and care	28%
Second answer	Ensure equal access to cancer care for everyone without regard to gender, race, income, age, etc.	28%	Support and fund cancer research	32%	Support and fund cancer research	24%
Third answer	Improve timely access to cancer health services (e.g. waiting times, reduced distance to travel to cancer services)	26%	Invest in cancer health infrastructure, including investing in cancer specialists, adequate equipment, facilities and technologies	30%	Raise public awareness and improve education on cancer prevention, risk factors and signs and symptoms	24%

Base: 15,427 adults across 20 countries

Special focus:

A unique approach for the ageing population

Special insight: A unique approach for the ageing population

Age is a known cancer risk factor. As people get older, the risk of developing cancer increases. In the US and Europe, around 80% of cancers are diagnosed in individuals 55 years of age or over.[40,41]

As the median life span increases globally, the world is witnessing an increase in cancer cases.[43] This will require an approach focused on empowering older people with a more proactive attitude, reinforced by accurate and up-to-date information and support tailored to their unique needs.

Not surprisingly, the survey shows that people aged 50 and above are more likely to say that they know someone who has or had cancer than younger people. Those surveyed aged over 50 are more likely to recognise certain cancer risk factors like tobacco use, second-hand smoke and harmful UV rays than younger people, though they are noticeably less likely to recognise the consumption of sugar-sweetened drinks or infection with certain viruses or bacteria as cancer risk factors.

People surveyed aged 50 and over are less likely to be concerned about cancer compared to people 35 to 49. One possible explanation is that cancer may be just one of several health concerns affecting older people, including more elderly-specific diseases such as Alzheimer's.[43]

In comparison to younger age groups, surveyed individuals above 50 are more likely to say that they have not done anything in the past 12 months to reduce their risk of cancer. This is similar to a finding from a previous paper on older age groups and cancer, which found that behaviour change in older people was more difficult to achieve.[44] Conversely, they are most likely among age groups to have participated in a cancer screening in the past 12 months—particularly women. This is consistent with the global guidelines for screening, which call for these groups to be screened more than those aged under 35, particularly for breast cancer.[45]

Some suggest that older people are being diagnosed when cancer is at a later stage.[46,47] One study cites a lack of awareness of the risk factors and unfamiliarity with cancer's signs and symptoms as one possible reason.[48] For older age groups, early cancer symptoms may be mistaken for everyday pain or minor maladies associated with old age. It has also been suggested that an older person's awareness may be influenced by having been educated about cancer in a time when information was scarcer, diagnoses were typically kept from the patient and cancer was recognised mostly at terminal phases. These experiences may colour an older person's perception of the disease and act to make them less open to new information and developments about cures and the latest cancer guidelines.[44]

Compared to younger people, surveyed individuals over 50 seem more likely to believe governments should improve timely access to cancer health services and support and fund cancer research. Immediate services and care appear to be a priority for older age groups, but their belief in cancer research suggests that perhaps they also take a longer-term view that things could be better than they are today.

Questionnaire design

The questionnaire included a set of five core themes that aimed to investigate personal experience, concern level, awareness of cancer risk factors, behaviour and desired government action. The questions were developed with the intention that the wider public could understand and provide meaningful answers.

The questionnaire was translated into the local language of each surveyed country and was delivered in 12 languages total, with two additional localisations. These were: Filipino, Swahili, Spanish, Spanish localised for Latin America, Arabic, German, French, French localised for Canada, Hebrew, Japanese, Portuguese for Brazil, Swedish, Simplified Chinese and Turkish.

Methodology

Sampling and delivery

The international online survey was conducted from 25th October to 25th November 2019 on a total sample of 15,427 adults. The survey was conducted in 20 countries around the world, via the Ipsos Online Panel system in: Australia, Bolivia, Brazil, Canada, China, France, Germany, Great Britain, India, Israel, Japan, Kenya, Mexico, the Philippines, Saudi Arabia, South Africa, Spain, Sweden, Turkey and the United States.

Approximately 1,000 individuals were surveyed in Australia, Brazil, Canada, China, France, Germany, Great Britain, Japan, Spain and the United States. Approximately 500 individuals were surveyed in Bolivia, India, Israel, Kenya, Mexico, the Philippines, Saudi Arabia, South Africa, Sweden and Turkey. The sample included individuals aged 18-74 in the US and Canada and aged 16-74 in all other countries.

Countries included in the study represent all geographic regions, and spanned high-income (55%), upper middle-income (25%) and lower middle-income (20%) countries. References to income and regional groupings are based on the 2019 World Bank classification by income group and by geographic region.

Any comparisons made and referred to in this report are considered statistically significant, using a 95% confidence level.

Weighting was employed to balance demographics and ensure that the sample's composition reflects that of the adult population according to the most recent country Census data, and to provide results intended to approximate the sample universe. The precision of Ipsos online surveys is calculated using a credibility interval with a survey of 1,000 accurate to +/- 3.1 percentage points and of 500 accurate to +/- 4.5 percentage points. For more information on Ipsos' use of credibility intervals, please visit the Ipsos website: www.ipsos.com.

Limitations

Nine of the 20 countries surveyed can be taken as representative of the general adult population under the age of 75: Australia, Canada, France, Germany, Great Britain, Japan, Spain, Sweden and the United States. Online samples in Bolivia, Brazil, China, India, Israel, Kenya, Mexico, the Philippines, Saudi Arabia, South Africa and Turkey are more urban, more educated and/or more affluent than the general population and the results should be viewed as reflecting the views of a more "connected" population. Data from Israel was also limited to surveying only the Jewish population.

The response categories to questions relating to cancer risk factors (Questions 3 and 4) were based on information provided by guidelines from the World Health Organization in order to maintain consistency and allow for meaningful comparisons across the different countries. Countries have their own unique sets of guidelines and country-specific recommendations which are not necessarily reflected in the global questionnaire. For example, 150 minutes of physical activity is a global guideline that can differ in other countries. However, it is considered unlikely to have an impact on the findings.

Methodology

Regional groupings

East Asia and Pacific
Australia, China, Japan, the Philippines

North America
Canada, Mexico, United States

Latin America and Caribbean
Bolivia, Brazil

Europe and Central Asia
France, Germany, Great Britain, Spain, Sweden, Turkey

Middle East and North Africa
Saudi Arabia, Israel

Sub-Saharan Africa
Kenya, South Africa

South Asia
India

Income-setting groupings

High
Australia, Canada, France, Germany, Great Britain, Israel, Japan, Saudi Arabia, Sweden, United States

Upper middle
Brazil, China, Mexico, South Africa, Turkey

Lower middle
Bolivia, India, Kenya, the Philippines

Demographic categories

Level of education in this report is categorised as whether someone surveyed has completed a university education or had no university education.

Age categories were defined as under 35, 35-49 and 50 years old and over.

Household income categories were defined as low, medium, high and prefer not to answer (where information was not provided). Categories were determined by census sources and national statistical data wherever possible. Where data was not available, the categories were determined by Ipsos.

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