



Colombia

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Key trends

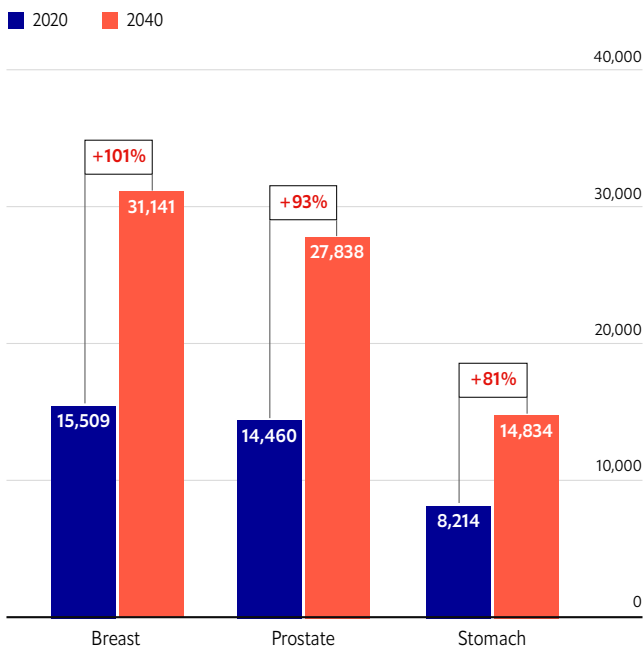
The number of those ≥ 65 years, a high-risk group for cancer, will increase by 101% by 2040.

The increasing cancer burden will pose a significant challenge to patients, health systems and wider society. Multiple efforts are needed to reduce mortality in line with SDG targets.

Population over 65 years ¹	4.7m (2022)	9.4m (2040)	↑ 101%
Total cancer incidence ²	113k (2020)	192k (2040)	↑ 69%
Total cancer mortality ²	55k (2020)	102k (2040)	↑ 85%
Probability of premature death from cancer per year in 2030 ³	7.5%	4.9% (SDG target)	Projected to miss SDG target by 51%

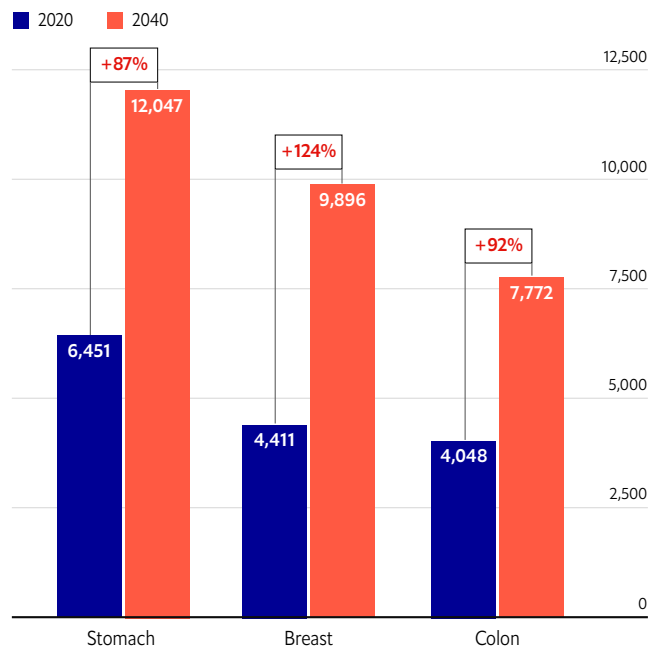
Top 3 Cancers: Incidence Projections estimates 2020 and 2040⁴

(# of people, both sexes, all ages)



Top 3 Cancers: Mortality Projections estimates 2020 and 2040⁴

(# of people, both sexes, all ages)



Policy

Legislation, guidelines and programs offer guidance on the distribution of resources and national priorities. **While Colombia's National Cancer Institute instituted the 2012-2021 national cancer control plan, an updated and more comprehensive control plan is warranted.** It should also be noted that the new administration is proposing radical reforms to the health system, which could bring about significant change to the roles played by stakeholders in the public and private sector.⁵



Early detection programme/ guidelines for 4 cancers (breast, cervix, colon, childhood)³



of MPOWER measures fully implemented and achieved³



Integrated NCD plan³



National screening program for breast cancer³



The latest NCCP covered 2012 - 2021³



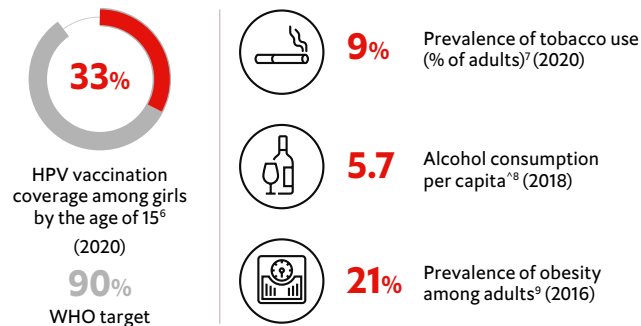
National screening program for cervical cancer³

* MPOWER: **M**onitor tobacco use and prevention policies, **P**rotect people from tobacco smoke, **O**ffer help to quit tobacco use, **W**arn about the dangers of tobacco, **E**nforce bans on tobacco advertising, promotion and sponsorship, and **R**aise taxes on tobacco.

Health System

Health system capacity is key to meet the rising cancer burden. Health systems require a skilled workforce with access to the right equipment to provide optimal care to patients. **Colombia will need to invest in its health workforce expertise in oncology, increase access to key diagnostic infrastructure and target cancer risk factors.**

Primary prevention & risk factors



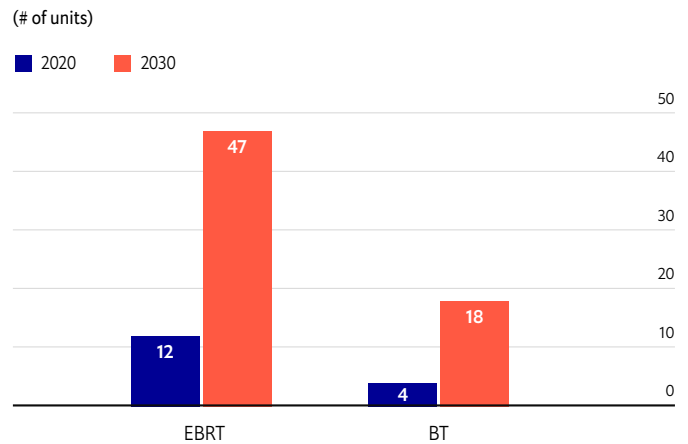
⁶Total alcohol consumption per capita (liters of pure alcohol, projected estimates, 15+ years of age)

Health workforce



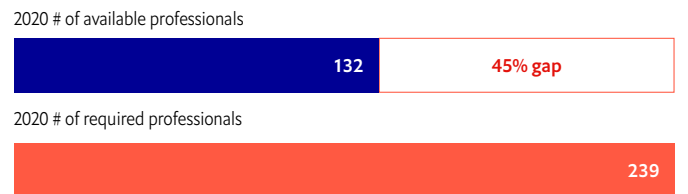
Infrastructure¹²

Shortage of external beam radiation therapy (EBRT) and brachytherapy (BT) units to meet demand for cancer patients in 2020 and 2030



Shortage of radiation oncology professionals 2020

(vs #required to meet needs of cancer patients)



Innovation & Data

Investing in research and development (R&D) is critical to spur innovation, leading to significant medical breakthroughs. **However, Colombia had only allocated 0.2% of its GDP for overall R&D in 2020.**



73%

Individuals using the Internet¹³
(2020)



0.3%

Research and development (R&D) expenditure (% of GDP)¹⁵
(2020)



75k

Number of mobile cellular subscriptions¹⁴
(2021)



3,681

Number of clinical trials¹⁶
(2022)

Health Financing

Resources are finite. Managing resources effectively and efficiently can better prepare countries to move toward a sustainable future. Adequately funding and investing in health is key.

Health Budget¹⁷

Total Health Expenditure as % of GDP

9% (2020)

10% OECD average

Total Health Expenditure per capita in USD

\$477 (2020)

\$4,245 OECD average

Government Health Expenditure as % of GDP

7% (2020)

7% OECD average

Government Health Expenditure per capita in USD

\$347 (2020)

\$3,018 OECD average

Value Assessment¹⁸

Has a systematic process to support healthcare decision-making?



Is there an existence of a standard methodology or process guideline?



Are there legislative and / or regulatory requirements to consider HTA results in benefit package decisions?



Regulatory body:

Instituto de Evaluación Tecnológica en Salud (IETS)

Accessibility¹⁹



52 days

is the average time between a cancer treatment receiving regulatory approval to the treatment being available to patients through the public health system.

Economic Burden²⁰



\$91 billion

Total macroeconomic cost attributable to cancers between 2020-2050.

Affordability¹⁶

Out-of-Pocket Expenditure as % of Total Health Expenditure

14% (2023)

18% OECD average

Out-of-Pocket Expenditure per Capita in USD

\$65 (2023)

\$603 OECD average

Opportunities for Improvement

1 Enhance primary prevention

High levels of obesity, low HPV vaccination coverage, and sub-optimal tobacco control legislation highlight the significant room for improvement when it comes to public health approaches to cancer prevention in Colombia.

2 Invest in R&D

Colombia invests very little in research and development as a % of GDP and has low numbers of clinical trials. Increasing resources in R&D is critical to ensure that Colombia does not fall behind in innovation in cancer solutions tailored to its population.

3 Strengthen the patient voice

Incorporate the patient voice and patient engagement in national guideline development, health technology assessment processes and policy-decision making to include recommendations from patients' and carers' perspectives and to help build consensus and drive greater patient centred care.

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