



CONCORDIA

AstraZeneca 

Repaying the Debt to Women: Breast Cancer Policy Report



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I. Executive Summary

The failure to prioritize breast cancer in national policy agendas exacts an enormous human and economic cost. Persistent structural inequities in access to and quality of early detection, timely diagnosis, and comprehensive breast cancer care continue to drive disparities in health outcomes for women everywhere. In 2022, there were 2.3 million new cases of female breast cancer (BC) and 670,000 deaths globally.¹ Projections indicate that, without bold action, the burden of BC is projected to increase to 3.2 million new cases and at least one million related deaths by 2050.² On average, a woman will spend nine years in poor health in her lifetime, which affects her ability to be present and productive at home, in the workforce, in her community and reduces her earning potential. Addressing the 25% more time that women spend in “poor health” relative to men not only would improve the health and lives of millions of women but also could boost the global economy by at least \$1 trillion annually by 2040.³ The WHO, through the GBCI (Global Breast Cancer Initiative), has given governments and health systems ambitious targets across the continuum of care, however, progress towards these targets is off track.⁴ To address the systemic barriers that impact BC care and outcomes in both low- and middle-income and high-income countries alike, governments must leverage tools to identify gaps and essential elements to prioritize in BC care and enact these tools within their policy agendas.

Implementation of the newly developed Breast Cancer Care Quality Index (BCCQI) will aid in promoting early detection, timely diagnosis, comprehensive BC management, and strong and resilient health systems - improving BC outcomes globally. The BCCQI was developed by a multidisciplinary panel representing diverse backgrounds and geographies, across oncology, surgery, policy, and patient advocacy. By supporting the creation of local, context-sensitive roadmaps, the BCCQI plays a pivotal role in advancing breast cancer care and outcomes locally – and ultimately for people around the world. Incorporating the BCCQI into National Cancer Control Plans (NCCPs) can promote harmonization regarding essential elements to enhance national-level BC care quality, transform health systems, and address key gaps in breast cancer care. The BCCQI can be a critical tool for governments to drive action, as it provides guidance and more practical and applicable details for policymakers, global actors, and multisectoral stakeholders.

1 Kim, J., Harper, A., McCormack, V., Sung, H., Houssami, N., Morgan, E., Mutebi, M., Garvey, G., Soerjomataram, I., & Fidler-Benaoudia, M. M. (2025). Global patterns and trends in breast cancer incidence and mortality across 185 countries. *Nature medicine*, 31(4), 1154–1162. <https://doi.org/10.1038/s41591-025-03502-3>

2 Ibid.

3 Ellingrud, K., Pérez, L., Petersen, A., Sartori, V. (2025). Closing the women's health gap: A \$1 trillion opportunity to improve lives and economies. *McKinsey Health Institute*. Retrieved from: <https://www.mckinsey.com/mhi/our-insights/closing-the-womens-health-gap-a-1-trillion-dollar-opportunity-to-improve-lives-and-economies#/>

4 Cazap, E., Anderson, B.O., Curigliano G., Sehdev, S., Cardoso, F., Gonzalez, A.R., Shash, E., Yip C-H., Mattar, A, Chavarri-Guerra, Y., Mutebi, M, Yin, Y., Rocha, J.V., Lucibello, I., Srivastava, N. (2025). Bridging gaps in breast cancer care: a Breast Cancer Care Quality Index to improve outcomes worldwide. *ecancer* 19, 1981. <https://doi.org/10.3332/ecancer.2025.1981>

II. Overview of the Breast Cancer Care Quality Index (BCCQI)

The BCCQI is a tool that empowers countries and multisectoral stakeholders to develop and advance tailored efforts to bridge gaps in BC care. The WHO's Global Breast Cancer Initiative (GBCI) previously set a target of reducing mortality by 2.5% in every country. However, recent data indicate that only seven of the most developed countries are meeting, and six additional countries are close to meeting, this goal.⁵ **The BCCQI helps bridge this gap.** It represents an important step in driving sustainable improvements in breast cancer care delivery through a framework that outlines key elements to promote equitable, evidence-based care and improved outcomes.⁶ To ensure local relevance, the Index was built in consideration of a broad spectrum of country contexts and income levels.

The BCCQI was created in alignment with the three pillars of the WHO GBCI framework: (1) early detection; (2) timely diagnosis and (3) comprehensive BC management. The Index builds upon these pillars and adds a fourth dimension that focuses on strong and resilient healthcare systems, as this underlies the continuum of care and the delivery of optimal BC services.⁷ The BCCQI was created with the goal of catalyzing policymakers, the international community, and multisectoral stakeholders to improve BC care for all patients.

The next section of this report will dive deeper into the insights gained from roundtable discussions with experts from across a multitude of sectors. Roundtable participants discussed how the BCCQI can be integrated into policy and healthcare systems to improve access to care and health equity for women worldwide in order to close the BC care gap.

III. Luncheon - Repaying the Debt to Women: A Catalyst to Bridge Effort Gaps and Elevate Standards in Breast Cancer Care

At the 2025 Concordia Annual Summit, AstraZeneca, in partnership with Concordia, Siemens Healthineers, Merck, and Movement Health, brought together a multidisciplinary group of international experts

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6 Ibid.

7 Ibid.

to examine the use and implementation of the BCCQI. In this second iteration of AstraZeneca's Breast Cancer Care Luncheon⁸, experts participated in five cross-sector roundtables to explore how the BCCQI can help operationalize and translate existing guidance into actionable, context-specific roadmaps—enabling countries to make incremental improvements and develop policies that improve BC care and outcomes around the world.

Within each roundtable, experts identified possible solutions to barriers that negatively impact equity in BC care and affect early detection and diagnosis rates, treatment, and outcomes, across low- and middle-income countries (LMICs) and high-income countries (HICs). Issues such as geographic inequities, lack of basic infrastructure, technological limitations, fragmented care delivery systems, and insufficient funding all impact access to BC care for women everywhere. Tools like the BCCQI can help governments identify urgent priorities and make better decisions about the allocation of resources and budgets. These tools can also help governments and policymakers place more importance on upstream investment like preventative screening, early detection and diagnosis, and the scaling of critical interventions.

Summary of Key Roundtable Takeaways:

1. Improve access to Early Detection and Diagnosis

Early detection and diagnosis are critical factors in improving BC outcomes. It is therefore vital to invest in equitable access to early and prompt diagnostics, including imaging and quality pathology. Participants called for continued implementation research to highlight evidence of effective early detection across health systems. Experts suggested that ultrasound-based or resource-stratified screening can offer a practical starting point aside from traditional mammography for countries that may lack certain healthcare infrastructure and advanced equipment. Yet, it is equally vital that there are sustained efforts to invest in infrastructure to scale and promote access to early detection and timely diagnosis in under-resourced contexts. Building local capacity for care delivery and effective prevention, early detection, and diagnosis also includes improving education and training for both patients and healthcare professionals alike.

2. Local Solutions for Local Needs

Roundtable participants emphasized the importance of local solutions for local needs, driven through meaningful engagement with local stakeholders. Partnerships with local organizations and community leaders are crucial in scaling sustainable, context-specific solutions tailored to diverse social, economic, and geographic contexts. Additionally, empowering women as leaders and advocates is also vital for overcoming stigma in healthcare, as cultural and social norms often prevent women from seeking care. There was also an emphasis on bringing awareness and care to where women are, whether it be pharmacies, churches, or even hair salons, as leveraging these locations can serve as

8 Breast Cancer Policy Report. *Concordia & AstraZeneca*. (2025). <https://uploads.concordia.net/2025/01/15151423/breast-cancer-policy-report-1.pdf>

powerful tools for access and reduce logistical barriers to engagement. Decentralized and community-based care can improve access and ensure linkages to tertiary care.

3. Advocacy and Empowerment to Raise Awareness and Reduce Stigma

The stigmas and misconceptions associated with breast cancer oftentimes act as barriers to early detection, timely diagnosis, and comprehensive BC management. This includes misconceptions about cancer causes, risks, and prognosis; concerns surrounding screening and treatment; and stigma and concerns related to women's reproductive capacity.⁹ As cultural and social norms often prevent women from seeking care, empowering women as leaders and advocates can be vital for overcoming stigma in healthcare. Experts stressed the importance of local collaboration, patient advocacy, and empowerment to raise awareness about BC and overcome stigma to improve outcomes. Additionally, provider bias and mistrust of the health system can also result in stigma. Patient-centered and women-centered care should be promoted so providers and patients are enabled to reduce stigma and deliver on outcomes. Patient advocacy movements and patient stories can also be leveraged to catalyze decision makers and improve the prioritization of BC as a key health issue.

4. Improve Data Collection and Sharing

Data collection and sharing were outlined as essential to not only drive innovation and systemic change, but also to build baseline assessments with existing data in order to identify gaps and scale solutions. Success comes from robust data collection and tracking outcomes, as well as sharing this data to build capacity for targeted interventions. However, many country data systems are not set up to capture relevant BC indicators, and a lack of complete data registries causes knowledge gaps. There is also a bottleneck caused by the lack of willingness to share data at local, regional, national, and cross-country levels, impeding knowledge and best practice sharing. Utilization of the BCCQI can help promote data sharing, collection, and research to drive context-specific solutions. The implementation of focused BCCQI pilots was suggested as a way to demonstrate the effectiveness of the framework and lead to successful interventions being scaled over time based on pilot data and actionable insights from implementation. Localized data and metrics informed by implementation of the BCCQI can drive long-term progress and inspire further investment.

5. Promote Global Collaboration and Cross-Sector Partnerships

Finally, collaboration and building connections between countries and key stakeholders and decision makers is also crucial to implementing best practices for BC care. Global

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collaboration is required to guide interventions and policies to drive change and scale solutions. There is also a need to promote cross-sector partnerships so that non-governmental organizations (NGOs), patients, patient advisory groups (PAGs), the private sector, and governments can work together to bridge the gap between global guidelines and local needs. Political leaders, government officials and policy makers should partner with patient advocates to make sure their values are included within decisions made at the health policy level.

IV. Policy Recommendations

The policy recommendations outlined in this report are based on conversations held by experts from diverse sectors and aim to improve breast cancer care globally by fostering lasting change, breaking down barriers to care, and providing actionable tools and recommendations for the public, private, and civil society sectors. Ultimately, the goal is to ensure all patients can receive adequate support for early detection, timely diagnosis, and have access to quality and comprehensive cancer management.

1. Improve Equity and Access to Care

- 1.1 Improve healthcare infrastructure and capacity to increase access to preventative care, early detection and diagnosis, and comprehensive BC management regardless of geographic location or socioeconomic status.
- 1.2 Invest in equitable access to early detection and diagnosis, including imaging and quality pathology, to improve early detection rates and complete diagnosis.
 - 1.2.2 Ensure women can have access to regular screenings by decentralizing screenings to accessible locations like pharmacies and community centers.
- 1.3 Prioritize education programs to promote BC awareness and the importance of early detection for BC outcomes.

2. Empower Women and Reduce Stigma

- 2.1 Empower women as leaders and leverage patient stories and advocacy to break down stigma, counter misinformation, and promote engagement.
- 2.2 Promote locally led partnerships and collaborate with hospitals and community leaders to increase awareness and empower women to seek care.
- 2.3 Partner with patients in the development of interventions, solutions, and policy reform.
 - 2.3.1 Promote patient-centric and women-centric care

3. Invest in Healthcare Infrastructure and Capacity

- 3.1 Invest in the training of local healthcare professionals to strengthen awareness and

early detection capacity.

3.2 Incorporate BCCQI indicators into NCCPs with annual reporting on indicators to inform a coordinated, equity-driven response to BC.

3.3 Launch BCCQI pilots and scale up successful interventions based on evidence. Use pilot data to refine approaches before broader implementation.

4. Promote Global Collaboration and Knowledge Sharing

4.1 Advance BCCQI implementation globally; use the BCCQI as a tool to support both qualitative and quantitative data collection, enhancing transparency and credibility.

4.2 Invest in data infrastructure to improve baseline data in order to inform resource allocation and investment priorities.

4.2.1 Create policies that encourage secure yet effective global collaboration on data-sharing.

4.3 Promote cross-sector partnerships and collaboration to bridge the gap between global guidelines and local needs, mobilizing resources needed for implementation of the BCCQI.

V. Key Calls to Action

- **Governments must prioritize breast cancer care within their national planning and policy agendas.** Integrating tools like the BCCQI into NCCPs can help governments identify tangible steps for improving BC care and outcomes. Through understanding where there are gaps, decision makers can better allocate resources and scale proven critical interventions. This will have an impact beyond BC.
- **Promote multi-sectoral collaboration, knowledge sharing, and local partnerships** to ensure scalable, sustainable interventions are tailored to diverse social, economic, and geographic contexts.
- **Promote early detection and diagnosis and improve access to screening** through building local capacity and investing in diagnostic infrastructure. Promote patient navigation to overcome barriers to diagnosis.
- **Political leaders, government officials and policy makers must partner with patient advocates to make sure their values are included within decisions made at the health policy level.** Patients are the fourth “P” that must be added to public-private partnerships.

VI. Key Insights

“Across every region, women face systemic inequities that delay their diagnosis, limit their access to innovation, and compromise the quality of our care. These disparities are not incidental, they are structural, and they reverberate through our families, our communities, and our economies.”

H.E. Toyin Saraki, Founder & President, The Wellbeing Foundation Africa

“Healthy women are vital to a global economy, and societies and communities everywhere. They are mothers, leaders, innovators, and caregivers. When we fail to provide equitable cancer care for women, we are undermining global access. Our mission at AZ is to push the boundaries of science, but innovation alone is not enough. We need to ensure these advancements reach patients who may be able to benefit.”

Mohit Manrao, Senior Vice President & Head of the US Oncology Business Unit, AstraZeneca

“Although progress on women’s rights has been achieved during the last few decades, especially on women’s health issues, it is still limited. During the last few years, this progress has been losing track. We must do something else in order to continue with the same progress we had.”

H.E. Laura Chinchilla, Former President, Costa Rica; Co-Chair, Concordia Leadership Council

“Single interventions don’t work. You have to build the system, you have to have high quality specialists and nursing care. That takes a lot of close partnerships with governments, with industry, with community groups - that is the only way we can make sure it is not a one-time effort.”

Sheila Davis, CEO, Partners in Health

“No woman should lose her life to breast cancer simply because of where she lives. Bridging the gap in early detection and timely diagnosis is one of the most powerful acts of equity in global healthcare.”

Elisabeth Staudinger, Managing Board Member, Siemens Healthineers

“We continue to see how collaboration can translate into tangible progress for women’s health. The session gave me great hope for a coalition of dedicated people to build fairer and smarter early detection and timely treatments, as an act of building fairness, equity and dignity, while simultaneously establishing sustainable health systems.”

Bogi Eliassen, Executive Director, Movement Health Foundation

“The solutions to breast cancer will not come from any one sector alone. It takes partnerships — grounded in data, built with communities, and sustained by shared purpose — to close the gaps in care that too many women still face.”

Kalahn Taylor-Clark, Vice President, Social Impact & Sustainability, MSD

VII. Conclusion

As barriers to care continue to undermine progress toward equitable healthcare systems, how can we translate frameworks like the BCCQI into action that delivers early detection and diagnosis, equitable treatment, and improved outcomes? The policy recommendations included in this report can be used to drive comprehensive approaches that address a variety of barriers to care in diverse contexts through coordinated, equity-driven, contextually appropriate, and systemic reform. Multi-stakeholder engagement is essential within this policy advocacy, as it is vital to draw from a variety of expertise to drive systemic change. Through leveraging evidence and tools like the BCCQI to identify priorities and gaps in breast cancer care and delivery, tailoring solutions to local contexts, and improving access to early detection, timely diagnosis and comprehensive treatment, decision makers and governments can ensure long-term sustainability of strategies for BC care across diverse settings. Foundational frameworks like the BCCQI often promote broader service integration, where impacts can go beyond BC care, strengthening the capacity and responsiveness of national healthcare systems and improving care for a broader population.

Continuing to underfund women’s health and allowing gender biases to persist only furthers poor outcomes for women everywhere. Improving BC care and outcomes not only ensures women live healthy lives but also advances social and economic goals worldwide. Studies have found that for every \$1 invested in women’s health, about \$3 is projected in economic growth.¹⁰ To truly move the needle, governments everywhere must prioritize breast cancer within their policy agendas. This progress is not just a moral imperative but a cornerstone of stronger health systems and more inclusive, resilient societies and communities.



¹⁰ Ellingrud, K., Pérez, L. and Sartori, V., Closing the women’s health gap: A \$1 trillion opportunity to improve lives and economies. *McKinsey Health Institute*. (2025). Retrieved from: <https://www.mckinsey.com/mhi/our-insights/closing-the-womens-health-gap-a-1-trillion-dollar-opportunity-to-improve-lives-and-economies/>

