



# Spending cuts could jeopardise survival gains

HATHY REDMOND EDITOR

**T**he largest study of cancer survival in Europe – EUROCARE 5 – recently reported that cancer survival rates across Europe improved between 1999 and 2007. Moreover, while survival remains poorer in Eastern Europe than other European regions, the gap appears to be narrowing. This welcome progress probably reflects improvements in the quality of cancer services across Europe.

We know that levels of public spending on healthcare is one of many factors that account for disparities in cancer survival across Europe: survival is better in countries that spent more per capita on healthcare than in those that spent less. What implications does this have for the impact of the current cuts in public healthcare spending?

The period covered by the EUROCARE 5 study saw a rapid increase in healthcare spending across Europe. But from 2009 onwards, spending has slowed significantly across all European countries, especially those hit hardest by the economic crisis. This means that there is a risk that we will see a reversal of the progress we have seen in cancer survival rates.

There are growing concerns about the fiscal sustainability of healthcare systems in many European countries, not least because of Europe's increasingly ageing population. Different countries have adopted a variety of approaches to try to control healthcare spending, including reducing benefits and increasing out-of-pocket payments, imposing severe budget constraints on hospitals, controlling

spending on drugs, merging services and rebalancing service provision away from expensive inpatient care to outpatient care and day surgery. Only time will tell whether these measures will roll-back the steady progress seen in cancer survival rates throughout the 2000s. The problem is that the true impact of austerity on cancer survival will only become apparent in a few years' time.

In the meantime it is important to encourage governments to continue to provide adequate resources to cancer services and also to focus on policies that can impact on cancer outcomes. Policy makers need to find ways to strengthen the governance of cancer care, the foundation of which is a national cancer control plan. This requires not only setting targets and defining how these targets shall be achieved, but also systematically measuring outcomes and indicators of quality cancer care, to ensure that targets are being met. Benchmarking performance will help ensure that the limited resources that are available for cancer control are used to the greatest effect.

It is likely that cost containment measures to control healthcare spending will continue for the foreseeable future, and it is going to be a challenge to ensure that healthcare reforms do not compromise access to high-quality cancer care for all patients. Countries that are lagging behind in cancer care performance have to think carefully about how to get the best out of their limited resources. Putting a national cancer control plan in place would be a good place to start.