

12 October 2026

## Resilience in cancer control in times of crisis: a vision for action in Brazil

### Questions and Answers (Q&A)

Recommendations to strengthen resilience in cancer control within the Brazilian Unified Health System (Sistema Único de Saúde; SUS) were published today in a Viewpoint, “Resilience in cancer control in times of crisis: a vision for action in Brazil”, in *The Lancet Regional Health – Americas*.<sup>1</sup>

#### **1. What are the most important lessons learned from the COVID-19 pandemic and the floods in Rio Grande do Sul in 2024 for maintaining continuity of cancer care in Brazil?**

Both crises showed that the main vulnerability of cancer control in Brazil lies in the disruption of continuity of care: loss of clinical information, logistical interruptions, compromised access to cancer centres, and fragmented coordination across levels of care. When continuity breaks, the whole cancer pathway is affected, from screening and diagnosis to treatment and palliative care.

The crises also showed that continuity depends on very basic operational conditions, such as electricity, water, refrigeration of medicines, transport, and communication, as well as on clear governance: defined mandates for cancer control during crises, protected decision space, and strong social accountability. Crises did not create these weaknesses; they exposed capacities that were already fragmented and unevenly available across the system.

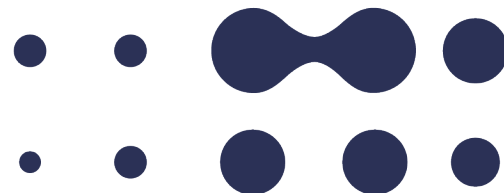
#### **2. What are the three most urgent actions that Brazil should take to make cancer services more resilient to future crises?**

First, integrate the full cancer care continuum into national preparedness and response plans, including a Technical Oncology Crisis Committee within the SUS with clear leadership and direct links to emergency management authorities.

Second, strengthen interoperable cancer intelligence systems, linking hospital-based and population-based cancer registries with clinical and treatment data, so that disruptions can be detected and acted on in near real time.

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<sup>1</sup> Agreli HF, Rumgay H, Jatoba A, Nogueira-Rodrigues A, Baldotto C, Jardim BC, et al. (2026). Resilience in cancer control in times of crisis: a vision for action in Brazil. *Lancet Reg Health Am*. Published online 12 October 2026. <https://doi.org/10.1016/j.lana.2026.101660>



Third, protect the foundations that keep care running: critical infrastructure, essential medicines and supplies, and the cancer workforce, backed by flexible financing that can be mobilized quickly when a crisis hits. Equity-oriented recovery should run through all three.

### **3. How can the SUS ensure that people living in rural areas, Indigenous people, and other underserved communities do not experience greater disruption to cancer prevention, diagnosis, and treatment during crises?**

Equity is integral to resilience. The Viewpoint recommends triage and prioritization protocols for crises that give explicit attention to high-risk and underserved populations, including rural and Indigenous communities, and equity-oriented recovery strategies to address disparities that crises reveal or widen.

The SUS already has a strong platform to build on: its community-based primary care network, with community health workers reaching about two thirds of the population. Strengthening primary care for follow-up, symptom management, and palliative care, deploying mobile health units to hard-to-reach areas, and equipping community leaders as trusted sources of information can keep people connected to care when access to cancer centres is interrupted. Digital solutions should expand, but with attention to digital inequalities so that they do not leave the most vulnerable people further behind.

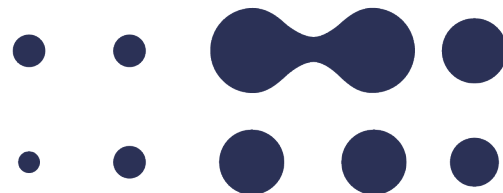
### **4. How can Brazil improve the use of cancer data to identify disruptions in care and respond to them more quickly?**

During both crises, the loss of clinical information and the lack of timely data made it difficult to know for which patients care had been disrupted and where. Brazil has valuable cancer registries, but they are not yet sufficiently linked to clinical and treatment systems.

The Viewpoint recommends integrating hospital-based and population-based cancer registries with clinical and treatment databases to enable near-real-time monitoring and patient tracking; developing patient navigation systems and crisis-responsive dashboards with alert mechanisms; ensuring backup capacity for digital infrastructure; and defining resilience indicators for cancer care, such as continuity of priority treatments and supply-chain performance, with regular public reporting. Interoperability between primary care, specialized services, and crisis response structures is central to all of this.

### **5. What investments in workforce, infrastructure, medicines, and financing are needed now to ensure that cancer care can continue during future emergencies?**

**Workforce:** Define the minimum critical workforce needed to sustain cancer services during crises, train professionals in crisis response, protect technical expertise across political and administrative cycles, and ensure adequate working conditions and safety for staff during emergencies.



**Infrastructure:** Recognize resilient infrastructure as a clinical prerequisite for cancer care, including backup power, refrigeration, connectivity, and modular capacity, with contingency facilities integrated into care pathways.

**Medicines and supplies:** Define essential inputs in advance, supported by strategic stockpiles, diversified suppliers, agile procurement, and, in the longer term, stronger local and regional production of essential oncology medicines.

**Financing:** Create dedicated emergency funds that protect cancer control independently of routine budgets, potentially supported by earmarked revenues from tobacco and alcohol, together with mechanisms for rapid reallocation of resources across federal, state, and municipal levels, with transparency and accountability.

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