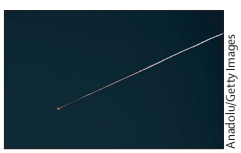
Conflict disrupts global supply chains for cancer medicines



Anadolu/Getty Images

Published **Online**
March 19, 2026
https://doi.org/10.1016/S1470-2045(26)00138-5

For more on **conflict in the Middle East disrupting supply chains** see https://www.reuters.com/world/middle-east/middle-east-war-disrupts-pharma-air-routes-risks-cancer-drugs-supply-2026-03-16/

For more on **cancer services in Ukraine** see *BMJ Oncol* 2026; **5:** e001048

Disruptions to pharmaceutical transport routes linked to the escalating conflict in the Middle East are raising alarms about the fragility of cancer medicine supply chains in low-income and middle-income countries, particularly across Africa. Routes commonly used to carry temperature-sensitive medicines—including chemotherapy drugs and other oncology supplies—have been affected as airlines and shippers avoid conflict zones, increasing costs and delaying deliveries. For patients already navigating fragile health systems, even short interruptions can have serious consequences.

"When conflicts disrupt airspace or raise insurance and security risks for cargo flights, pharmaceutical shipments can be rerouted, delayed, or become significantly more expensive. For countries that rely heavily on imports, these disruptions can quickly translate into shortages", Prashant Yadav (Council on Foreign Relations, Washington, DC, USA) told *The Lancet Oncology*. African nations are particularly exposed due to a dependence on Middle Eastern or European transit hubs. "When those corridors are destabilised, the consequences extend far beyond the conflict zone. Countries thousands of kilometres away can face delays in receiving chemotherapy agents, radiotherapy components, or diagnostic reagents", Yadav added.

Experts caution that, while such disruptions often accompany geopolitical crises, they also reveal deeper, systemic vulnerabilities in global cancer care. "A lot of cancer patients are being displaced by war and conflict", Mark Lawler (Queen's University Belfast, Belfast) told *The Lancet Oncology*. "Then there are huge challenges in how you actually get care to them, particularly when they are in another country where language and access to services become barriers."

In many countries, cancer systems were already under pressure from financial constraints and the lingering impact of COVID-19. "Conflict layers an additional shock onto systems that are already fragile, and that can tip them over the edge", Lawler said. Among the most immediate threats is disruption of medicine supply. "Even a short interruption in supply routes can quickly mean patients are not getting treatment at the time they should, or only receiving part of their treatment." Because several cancer therapies must be administered on strict schedules, delays can have direct consequences for outcomes. "Quite quickly you can move from a system that is coping to one under severe strain, and that is when the cracks begin to appear", Lawler added.

The complexity of oncology itself makes cancer particularly vulnerable during crises. "Cancer is particularly vulnerable to disruption because treatment is complex and often requires combinations of therapies", Mac Skelton (Institute of Regional and International Studies, American University of Iraq, Sulaymaniyah, Iraq) told *The Lancet Oncology*. Shortages of chemotherapy agents, delays in drug delivery, and interruptions to diagnostic services are common consequences of conflict. Governments under wartime pressure often create new hierarchies of medical priorities. "That can produce very uneven landscapes of cancer care, where some regions have access to medicines while others do not".

Skelton also highlighted the long-term dynamics that conflicts set in motion, including workforce displacement, economic instability, and patient movement across borders. "Even if you are outside the immediate conflict zone, your health system can be affected by the influx of patients or the rerouting of medicines", he said.

Certain cancer treatments are particularly difficult to maintain during conflict. "Radiotherapy is the second most common way we cure cancer after surgery", Lawler said. "When radiotherapy services are disrupted, it can have a major impact on cancer outcomes". Maintaining radiotherapy is technically and politically complex, with dual-use technologies sometimes complicating equipment transport. "Maintaining radiotherapy facilities during conflict can be extremely difficult", Skelton noted. In some regions, such as Gaza, patients must travel abroad for care, but restrictions on movement often make this impossible.

Historically, humanitarian responses have focused on infectious disease and acute emergencies, leaving non-communicable diseases such as cancer underprioritised. "Humanitarian preparedness has traditionally focused on infectious disease", Lawler said. "But cancer is going to be one of the defining health crises of the coming decades."

In Ukraine, cancer services have gradually been restored despite ongoing conflict, largely due to multilateral coordination. "Unfortunately, conflicts and wars are going to interrupt cancer treatment and diagnosis", Lawler said. "That is the reality we must plan for, and it means cancer systems need to become far more resilient." Skelton emphasised the deeper imbalance in global oncology. "There has been huge investment in developing the next generation of cancer treatments, but far fewer resources are devoted to solving the basic problems of access and inequality. This is what we described as the human crisis of cancer—the gap between technological progress and equitable access."

Paul Adepoju