

# Global Challenges in cancer Control

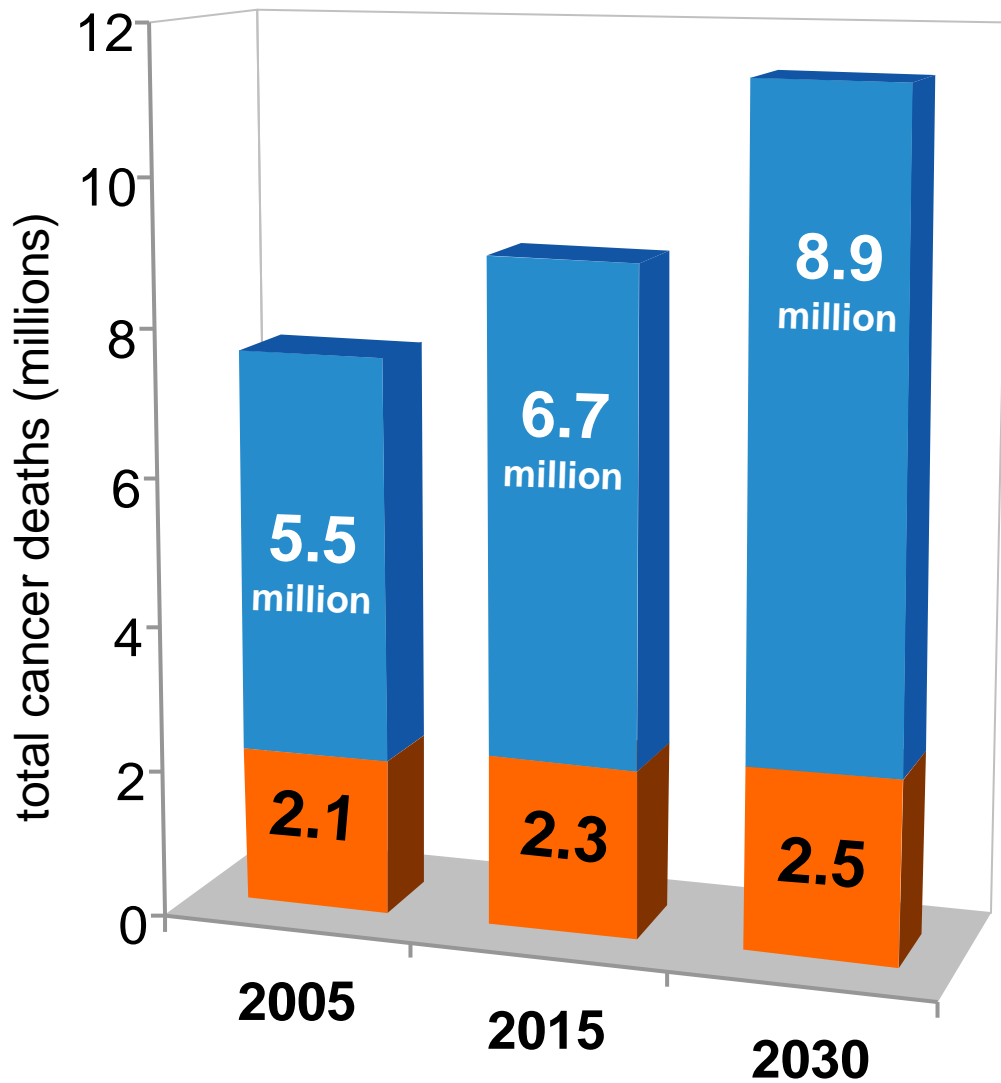
**Dr Ala Alwan**  
**Assistant Director-General**



*3<sup>rd</sup> International Cancer Congress*  
*(Cernobbio, 8-11 November 2009)*



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In all developing countries, cancers now account for a large enough share of **premature deaths** and poverty to merit a concerted and coordinated public policy response.

- Low- and middle income countries
- High-income countries

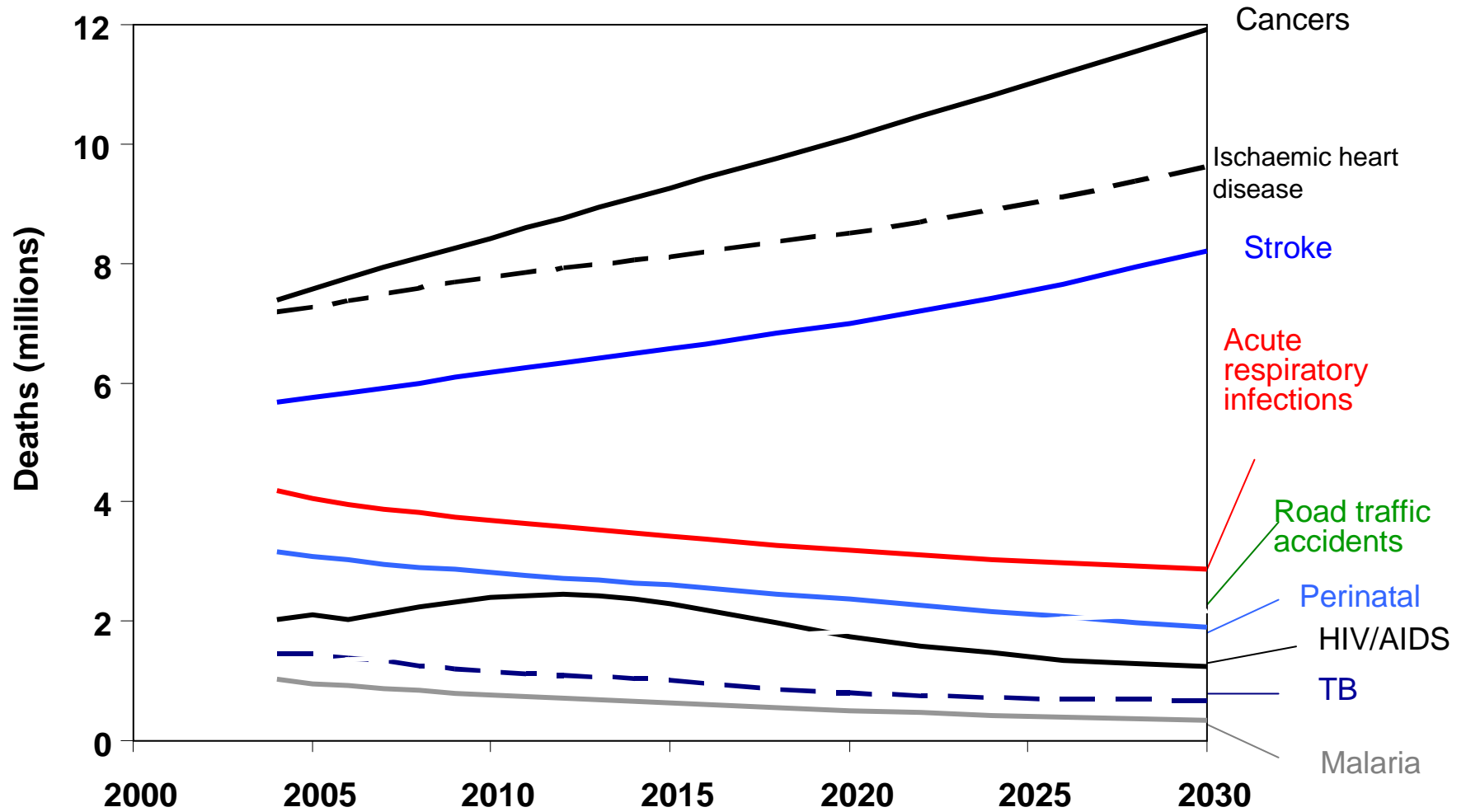
Source: THE GLOBAL BURDEN OF DISEASE 2004 UPDATE



3<sup>rd</sup> International Cancer Congress  
(Cernobbio, 8-11 November 2009)



# Projected global deaths



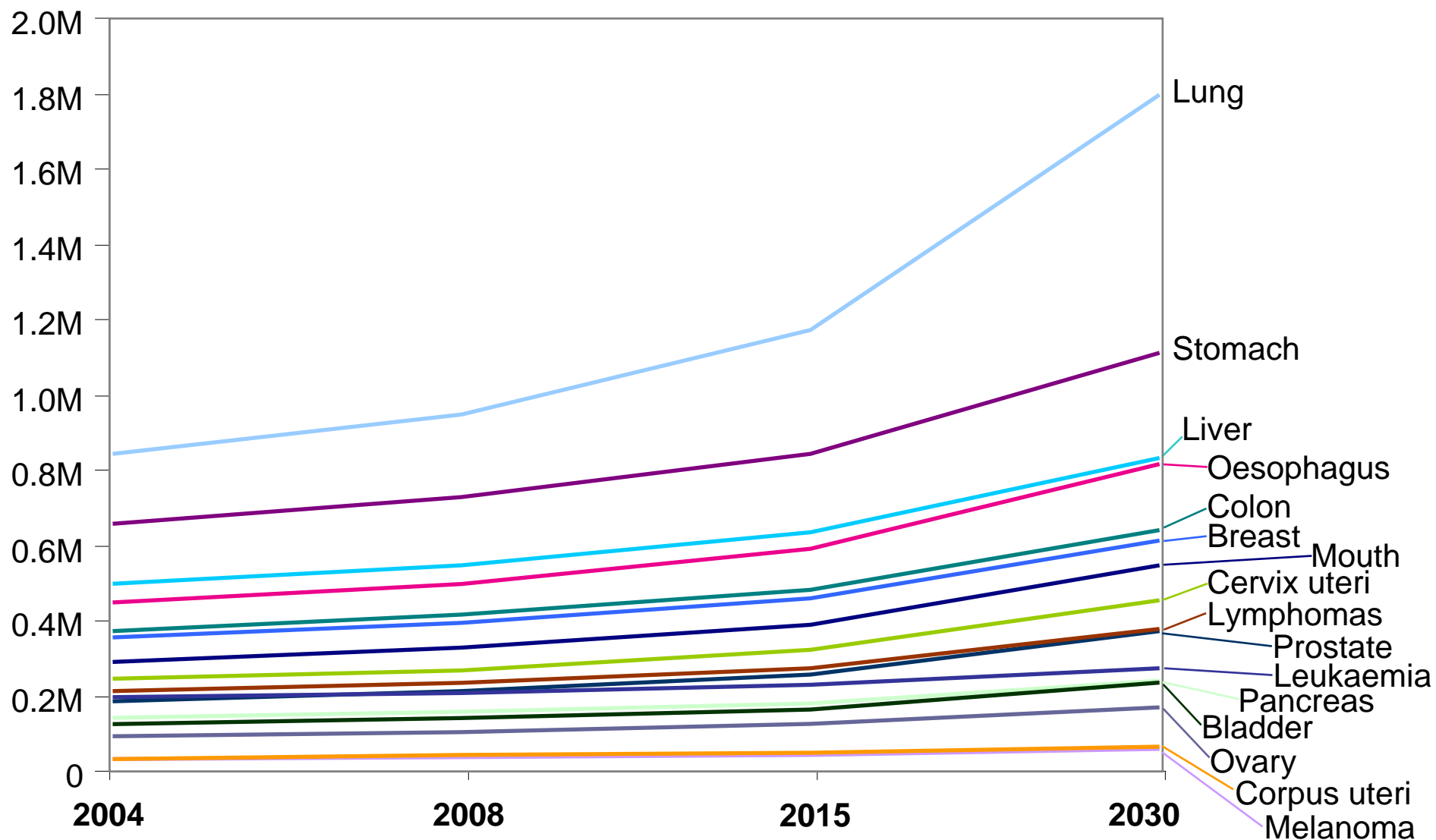
Source: THE GLOBAL BURDEN OF DISEASE 2004 UPDATE



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## Forecasted deaths from cancers in low- and middle-income countries

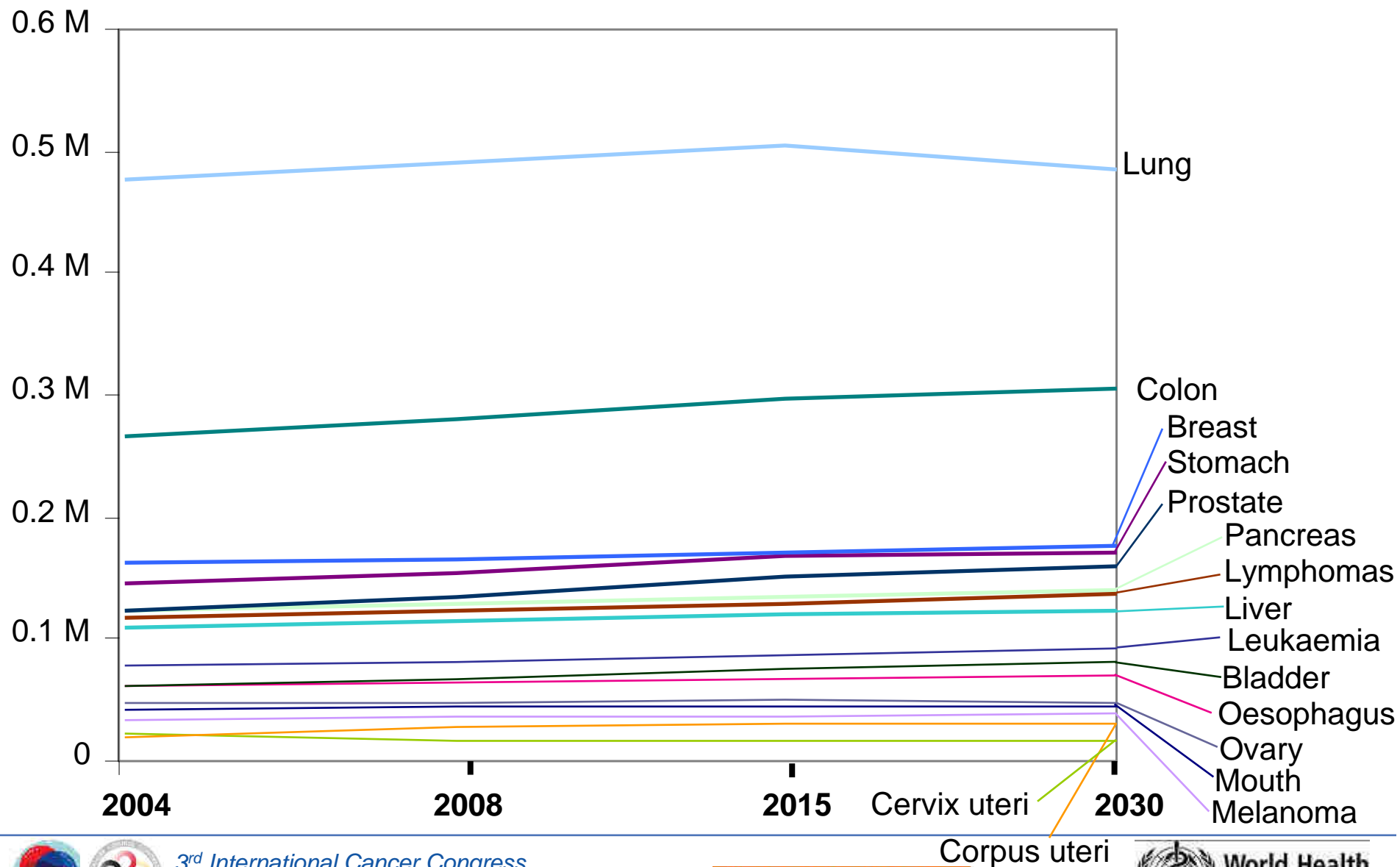


3<sup>rd</sup> International Cancer Congress  
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Source: THE GLOBAL BURDEN OF DISEASE  
2004 UPDATE



## Forecasted deaths from cancers in high-income countries

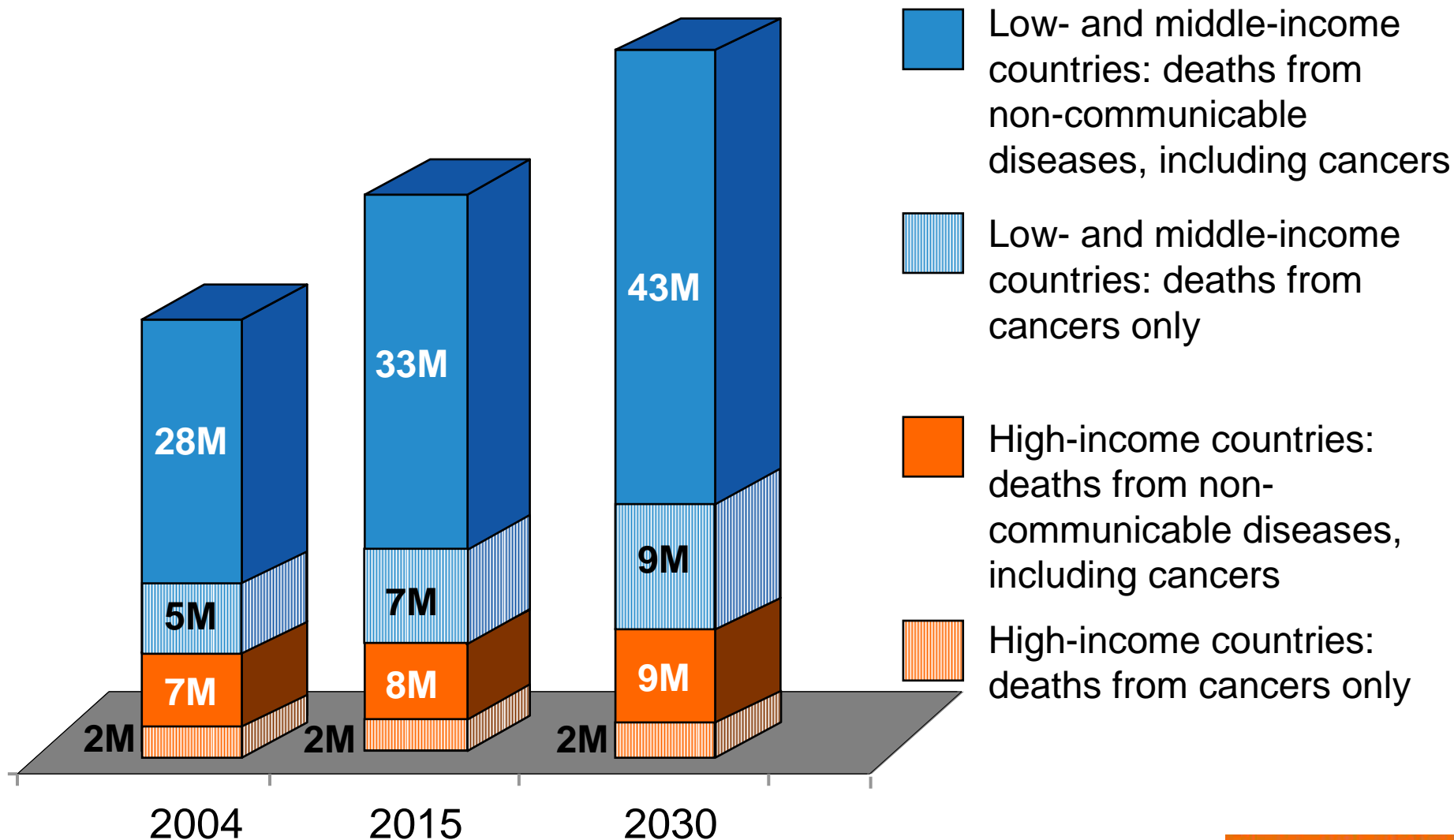


3<sup>rd</sup> International Cancer Congress  
(Cernobbio, 8-11 November 2009)

Source: **THE GLOBAL BURDEN OF DISEASE**  
2004 UPDATE



## Cancers and three other non-communicable diseases make the largest contribution to mortality in the majority of developing countries



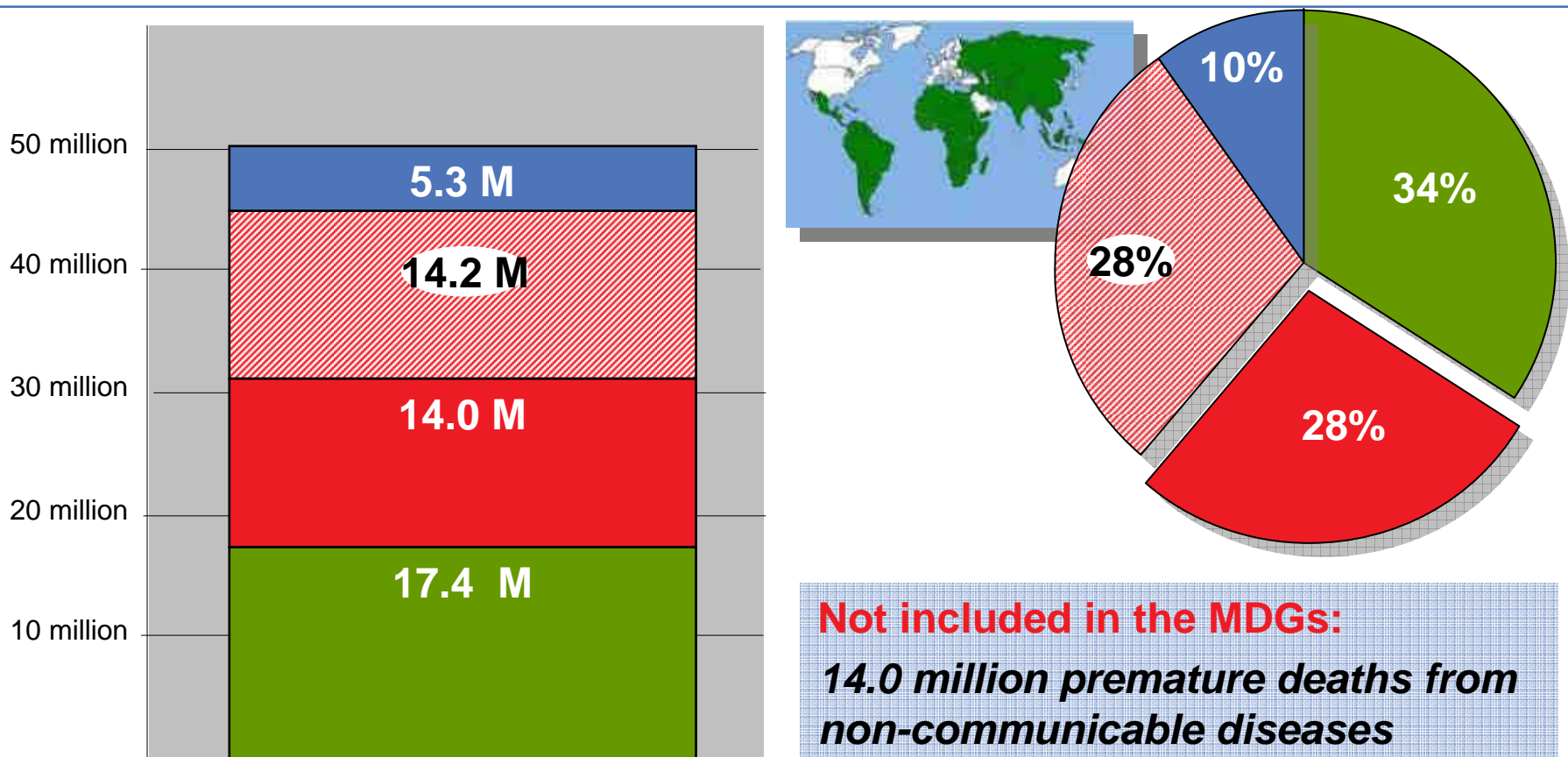
Source: **THE GLOBAL BURDEN OF DISEASE**  
2004 UPDATE



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## Cancers and three other non-communicable diseases make the largest contribution to mortality in the majority of developing countries



**Total number of deaths in low- and middle-income countries (2004)**

- Group III - Injuries
- ▨ Group II - Other deaths from non-communicable diseases
- Group II - Premature deaths from non-communicable diseases (below the age of 70), including cancers
- Group I - Communicable diseases, maternal, perinatal and nutritional conditions

Source: THE GLOBAL BURDEN OF DISEASE 2004 REPORT



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## Noncommunicable diseases (2006-2015)

| Geographical regions (WHO classification) | 2005                    |                       | 2006-2015 (cumulative) |                                      |                       |
|---|-------------------------|-----------------------|------------------------|--------------------------------------|-----------------------|
|   | Total deaths (millions) | NCD deaths (millions) | NCD deaths (millions)  | Trend: Death from infectious disease | Trend: Death from NCD |
| Africa                                    | 10.8                    | 2.5                   | 28                     | +6%                                  | +27%                  |
| Americas                                  | 6.2                     | 4.8                   | 53                     | -8%                                  | +17%                  |
| Eastern Mediterranean                     | 4.3                     | 2.2                   | 25                     | -10%                                 | +25%                  |
| Europe                                    | 9.8                     | 8.5                   | 88                     | +7%                                  | +4%                   |
| South-East Asia                           | 14.7                    | 8.0                   | 89                     | -16%                                 | +21%                  |
| Western Pacific                           | 12.4                    | 9.7                   | 105                    | +1                                   | +20%                  |
|   | <b>58.2</b>             | <b>35.7</b>           | <b>388</b>             | <b>-3%</b>                           | <b>+17%</b>           |

(WHO, Chronic Disease Report, 2005)

WHO projects that over the next 10 years, the largest increase in deaths from cardiovascular disease, cancer, respiratory disease and diabetes will occur in Africa and the Eastern Mediterranean.

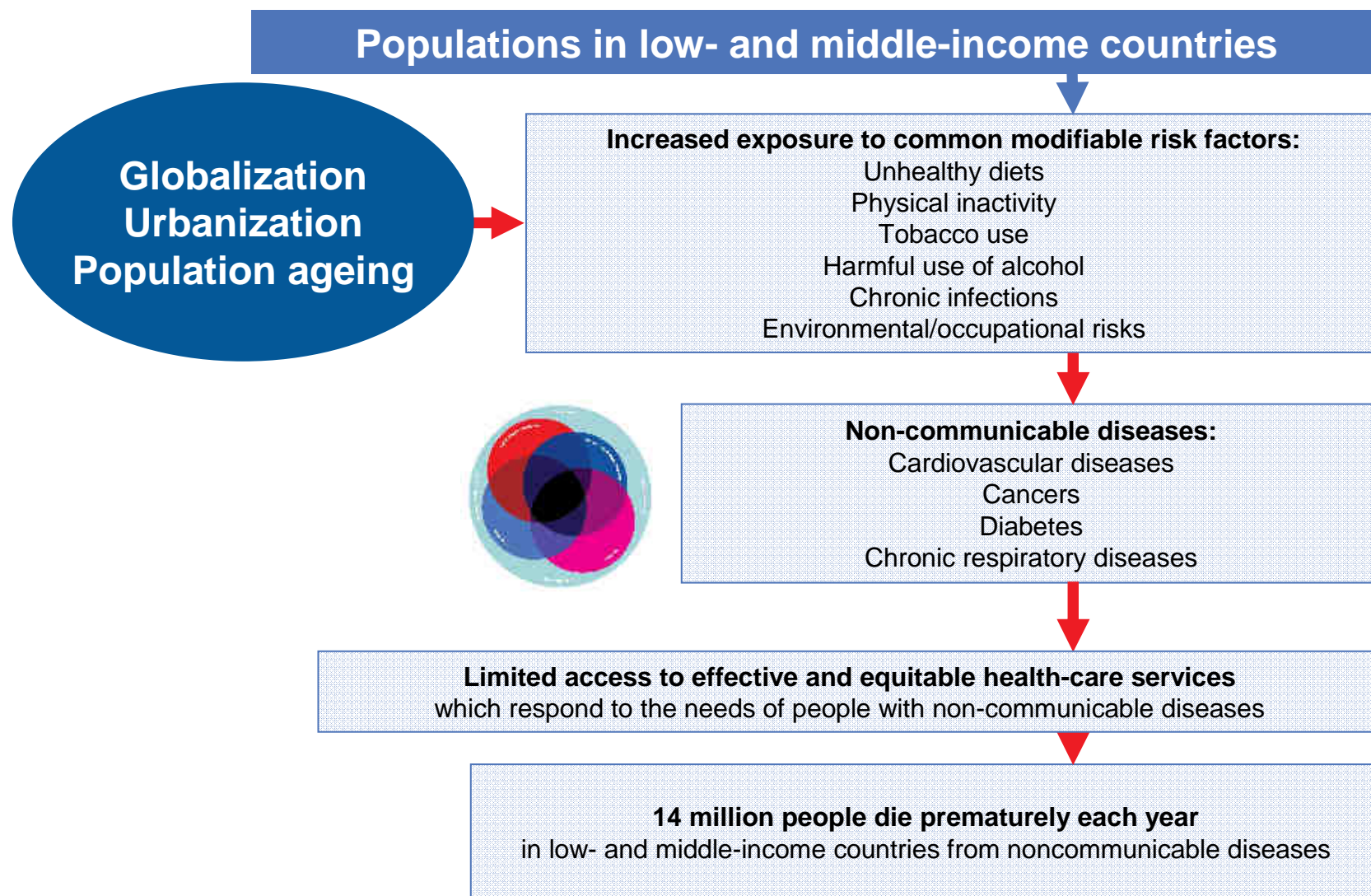


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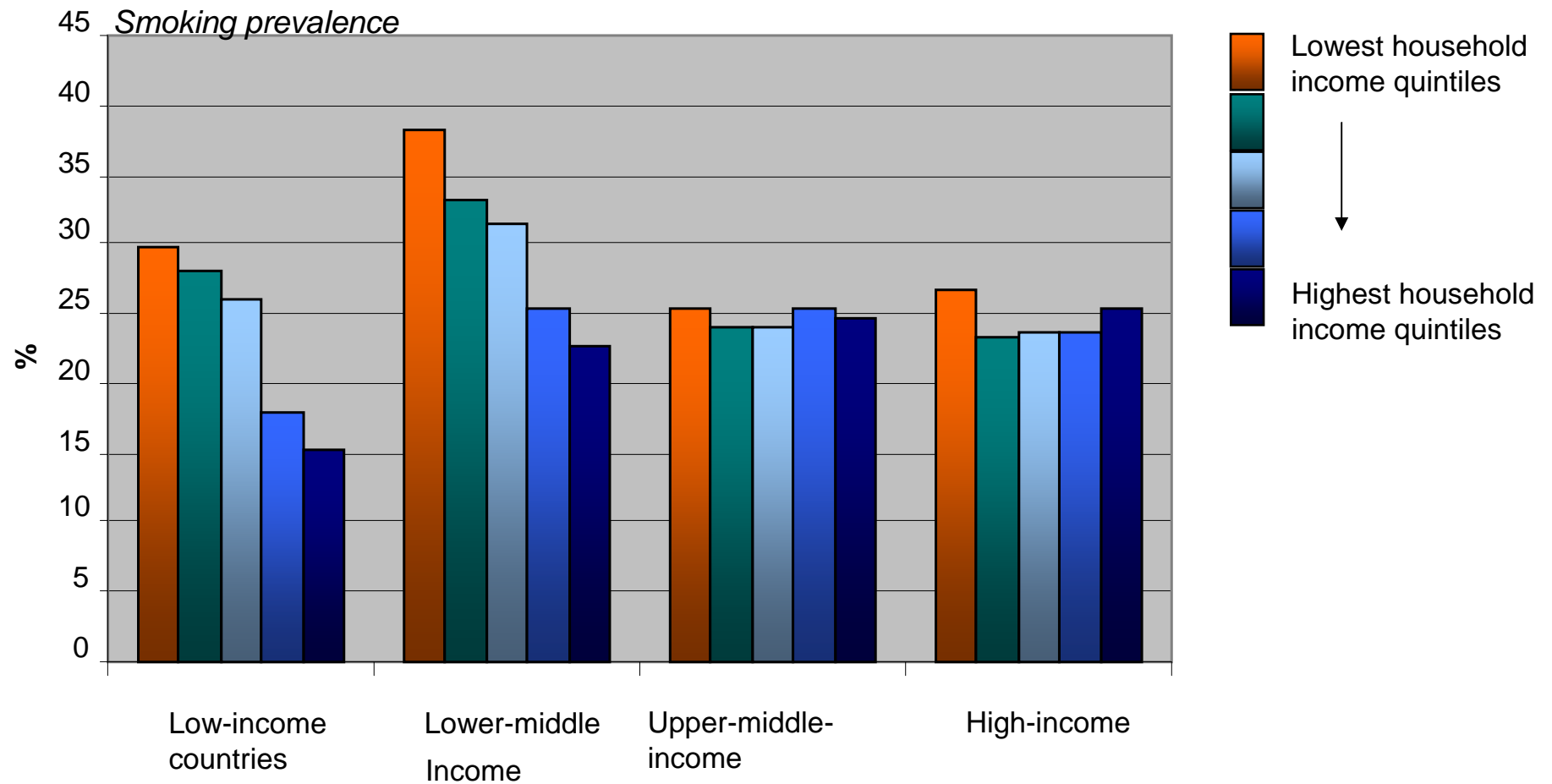




# Underlying determinants: Why are developing countries disproportionately affected?



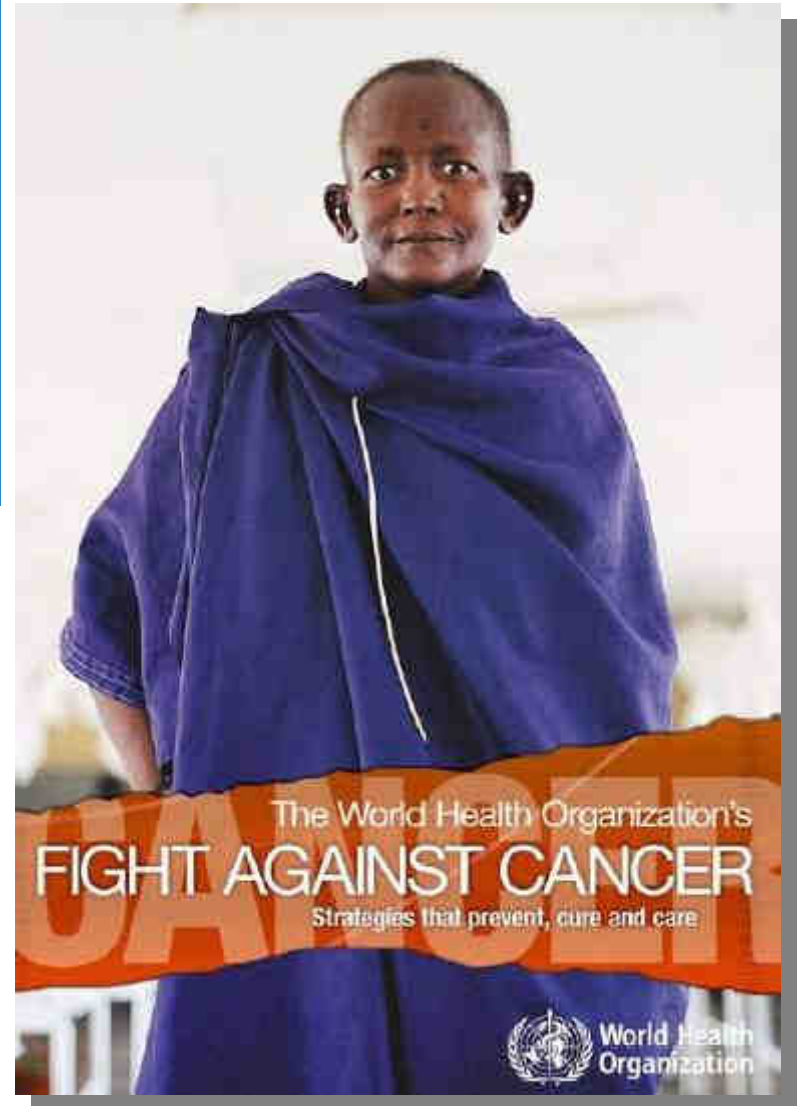
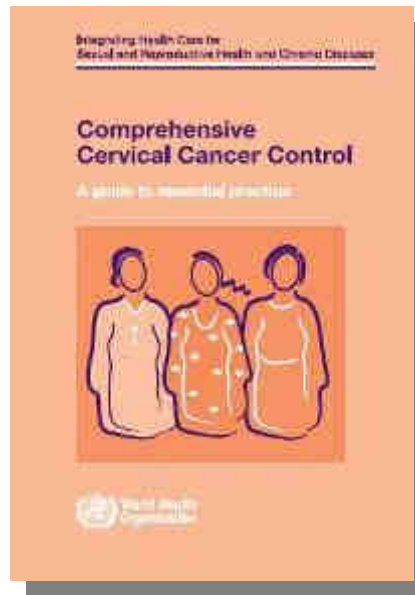
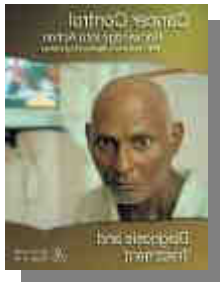
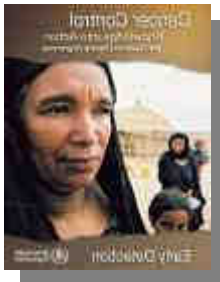
## The poorest people in developing countries smoke the most



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## Feasible solutions exist to:

- prevent up to 1.7 million premature deaths from cancers in developing countries per year;
- treat another 1.7 million if detected early;
- provide palliative care for the remainder.



# ***Assessment of national capacity for the control of cancer and other noncommunicable diseases***

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## ***WHO surveys 2000-2005***

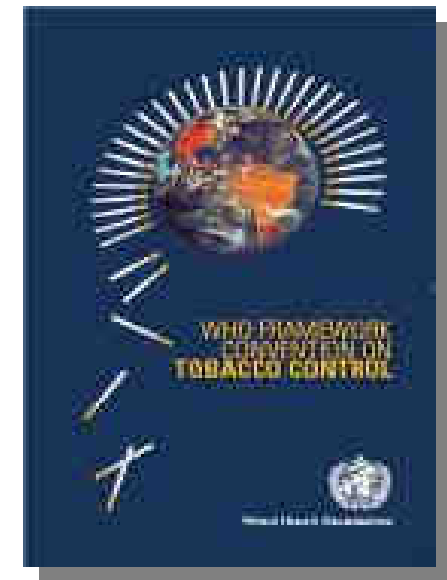
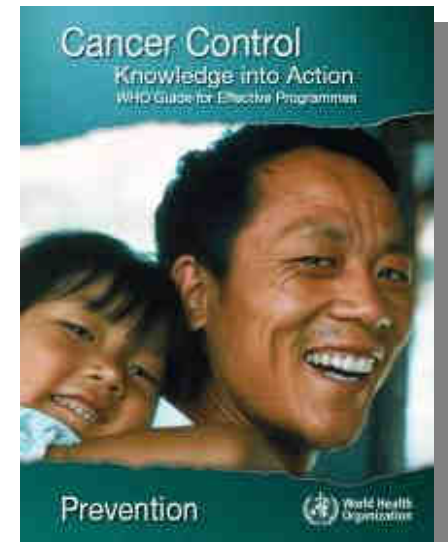
- 40% of countries had NCD policies. Globally, less than half had any form of cancer control plans and such plans were available in only 15% of countries in Africa.
- Tobacco control plans existed in less than 40% of countries
- Major gaps in the availability and skills of health professionals
- Similar gaps in the availability and affordability of essential medicines, particularly in primary health care.
- 40% of countries reported lack of availability of anti-neoplastic drugs and 54% reported they were not affordable.
- Follow up survey in 2005 suggested some improvements between 2000 and 2005 but no significant progress was evident in a number of key areas



# Primary prevention

to reduce the level of exposure to risk factors

- **About one-third of all cancers are due to common modifiable risk factors which can be reduced:**
  - Tobacco use
  - Unhealthy diets (in particular low fruit and vegetable intake)
  - Physical inactivity
  - Harmful use of alcohol
  - Hepatitis B, HPV
  - Carcinogens in the environment
- **Effective approaches:**
  - WHO Framework Convention on Tobacco Control
  - WHO Global Strategy on Diet, Physical Activity and Health
  - Vaccinations against Hepatitis B and HPV
  - Control carcinogens in the environment, including occupational hazards



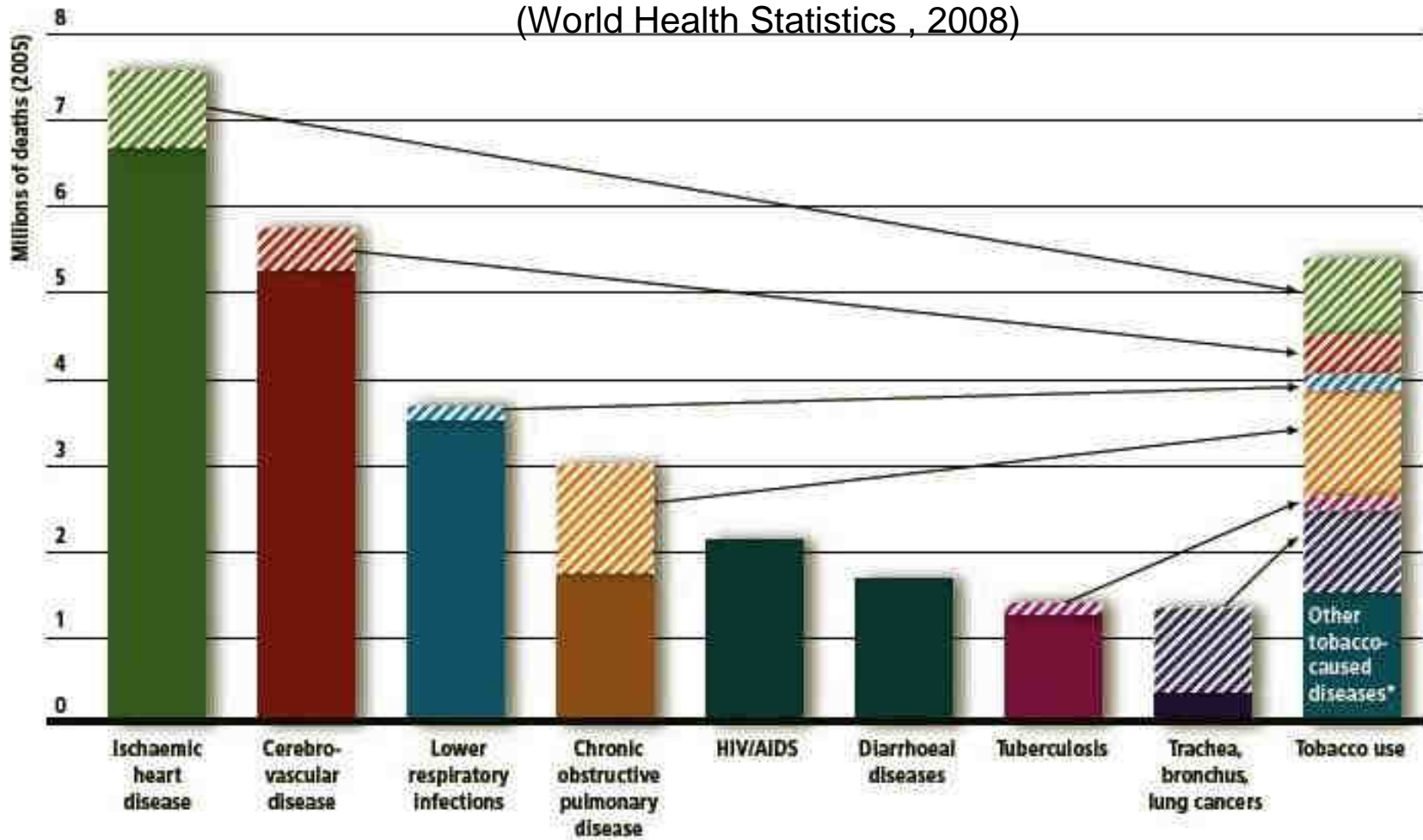
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# Tobacco

A risk factor for six of the eight leading causes of death in the world

(World Health Statistics , 2008)



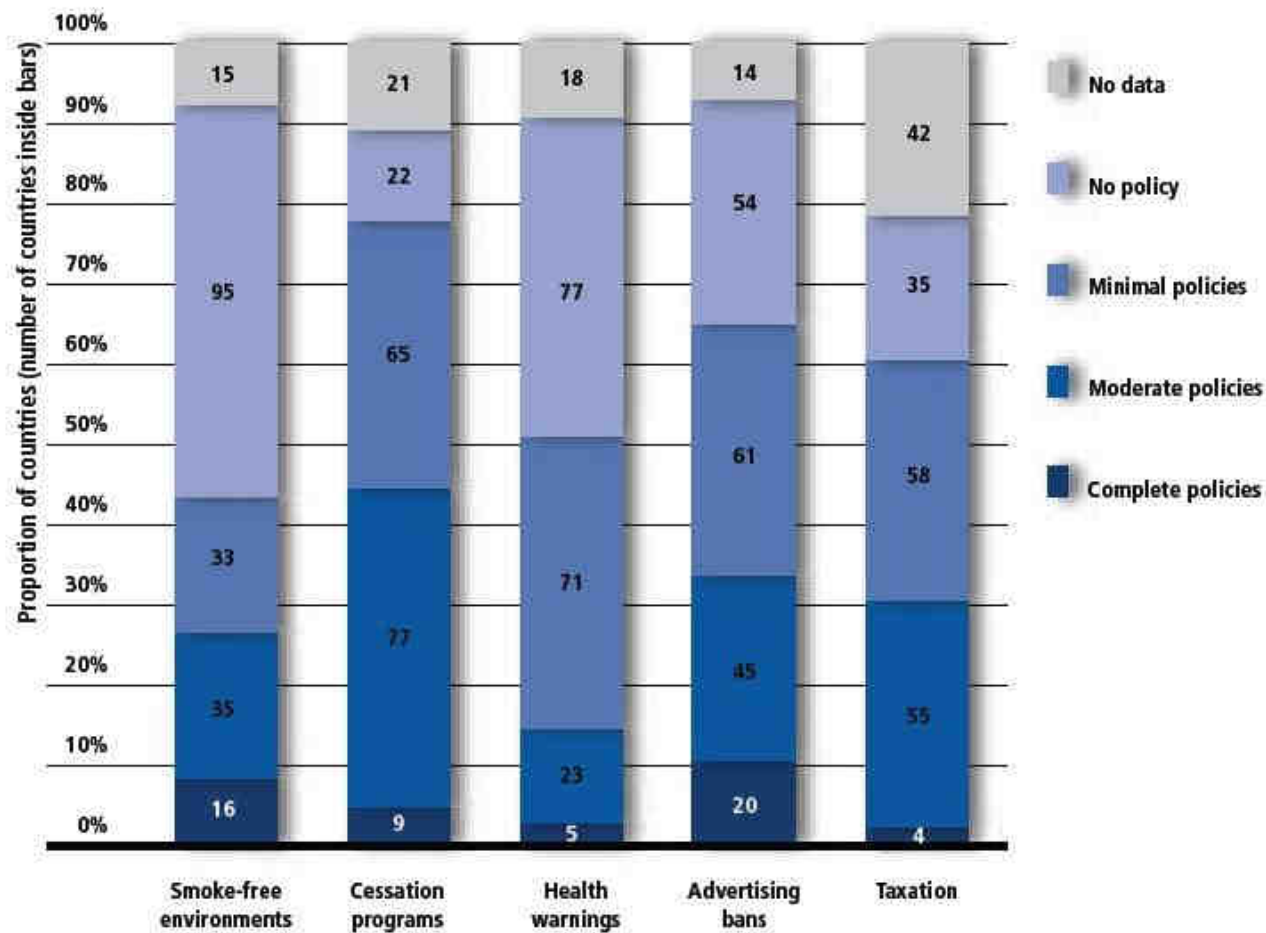
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# The state of demand-reduction tobacco control measures in the world

(Source: WHO Report on the Global Tobacco Epidemic, 2008)



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# Access to health care services: a major global challenge

## (The challenge of health system strengthening)

- **Effective approaches:**

- Primary care services:

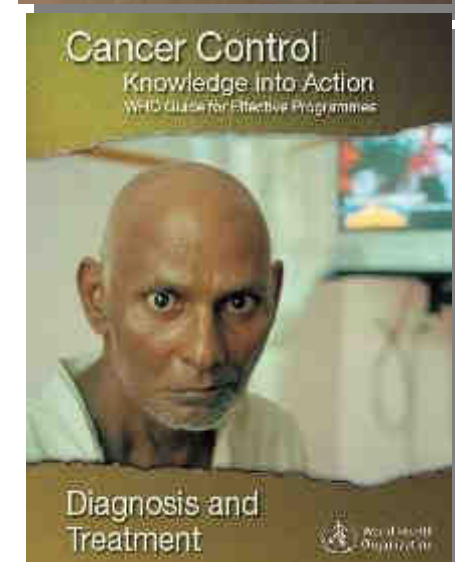
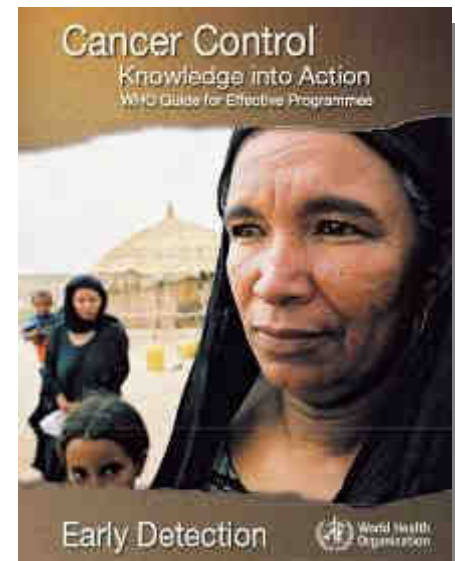
- Early detection of breast and cervical cancers
    - Palliative care for patients with advanced cancer cases

- Secondary and tertiary care services:

- Ensure access to treatment for early detectable cancer or with a high potential for cure
    - Enhance access to cost-effective and affordable diagnostic procedures, essential medicines and psycho-social support.

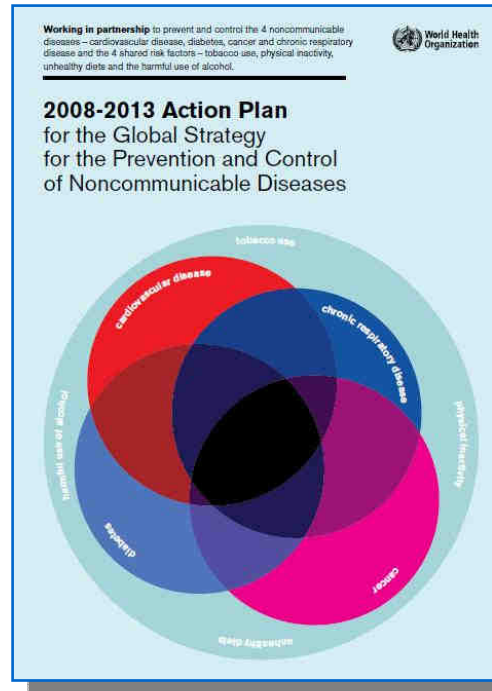
- Community-based services:

- Home-based palliative care provided by trained health-care providers

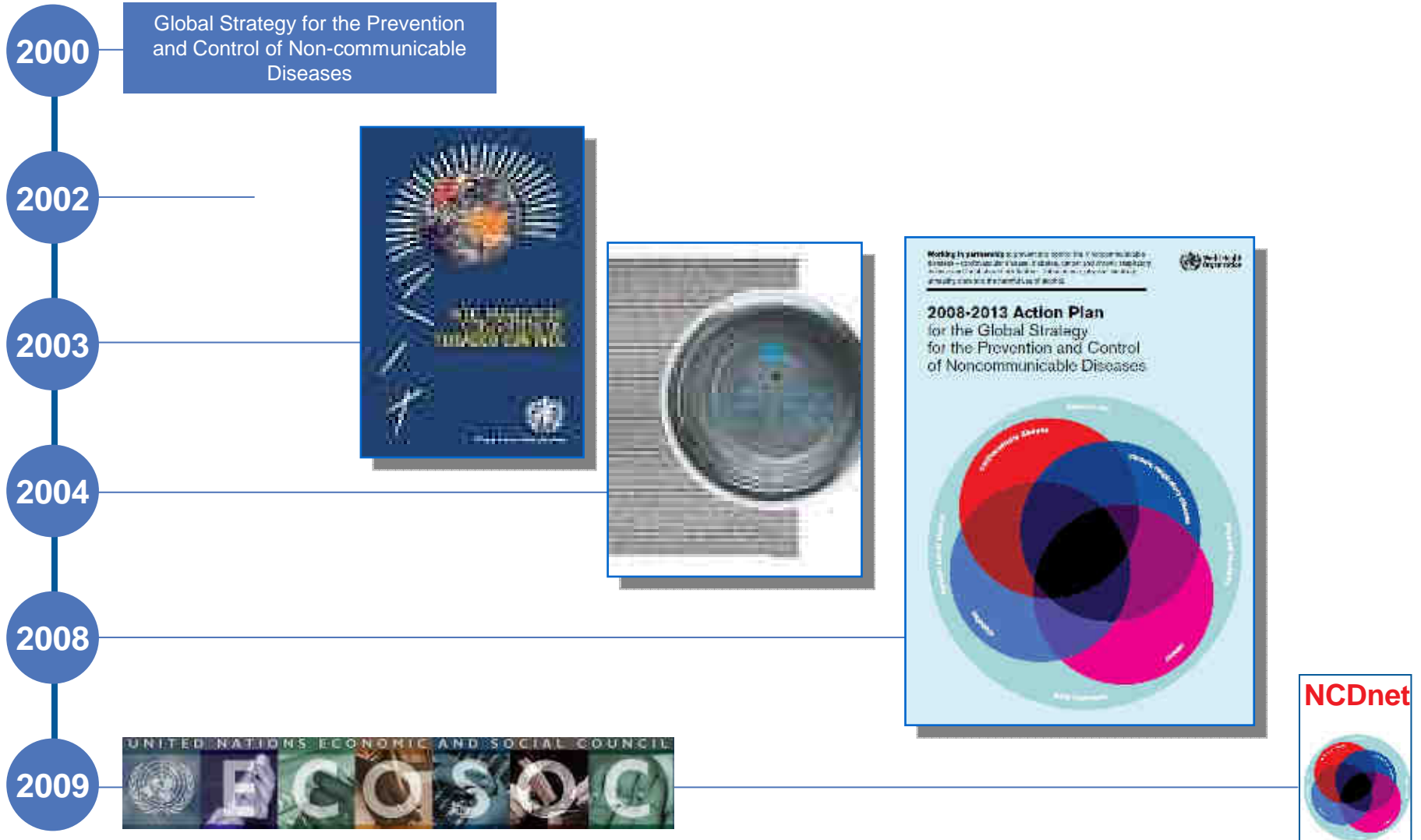




A six-year Global NCD Action Plan to address cancer and other noncommunicable diseases was endorsed by the World Health Assembly in May 2008.



# What has WHO been doing to mobilize a global response?



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# Key Components of the Global Strategy

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- 1. Surveillance:** to quantify and track cancer and other NCDs, their risk factors and determinants to provide the foundation for advocacy, national policy and global action
  - integrating monitoring of cancer trends and Risk factors into the national health information system
- 2. Promotion** of health across the life course and **prevention** of risk factors
  - Nationwide risk factors reduction through intersectoral action
- 3. Improving access to, and quality of, health care,** focusing on cost-effective and equitable interventions for people with chronic diseases
  - Integrating health care for cancer and other NCDs into PHC
  - Strengthening health systems for more effective chronic care



# *The need for integrated prevention*

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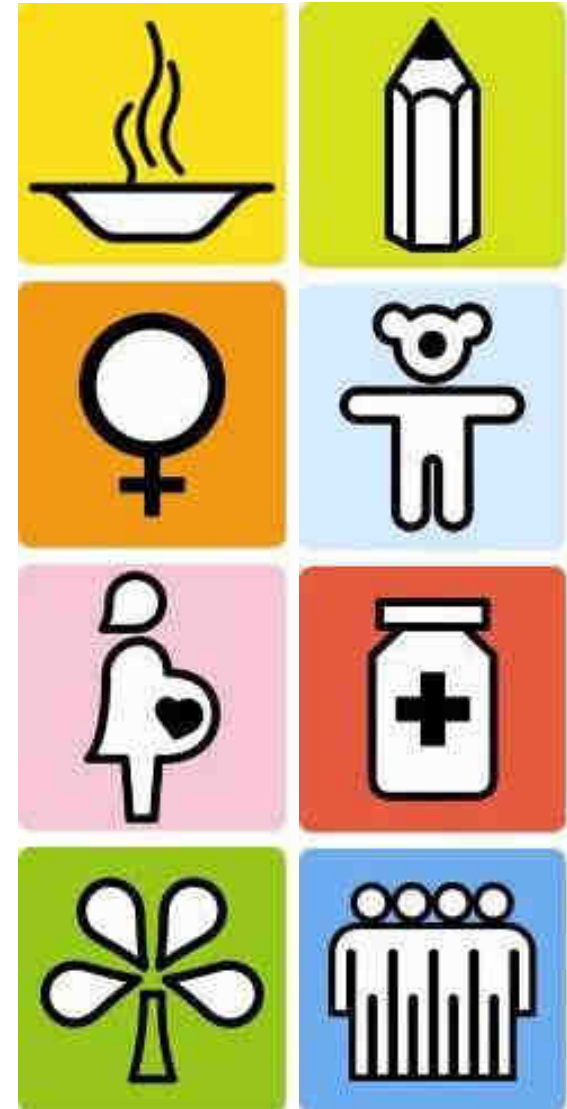
- it ensures synergies in reducing the disease burden.
- It takes into account the shared interventions recommended in relevant strategies like the WHO FCTC and the DPAS which are equally relevant to the prevention of the four major NCDs
- A narrow focus on the prevention of one disease is neither feasible nor logical in under-funded health systems.
- Parallel planning, funding and management and training programmes are not sustainable
- Demands that cancer prevention are the same as those imposed by other NCDs e.g. addressing social determinants



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Developing countries are increasingly challenged to formulate effective cancer strategies to address prevention, early detection, treatment and palliative care.

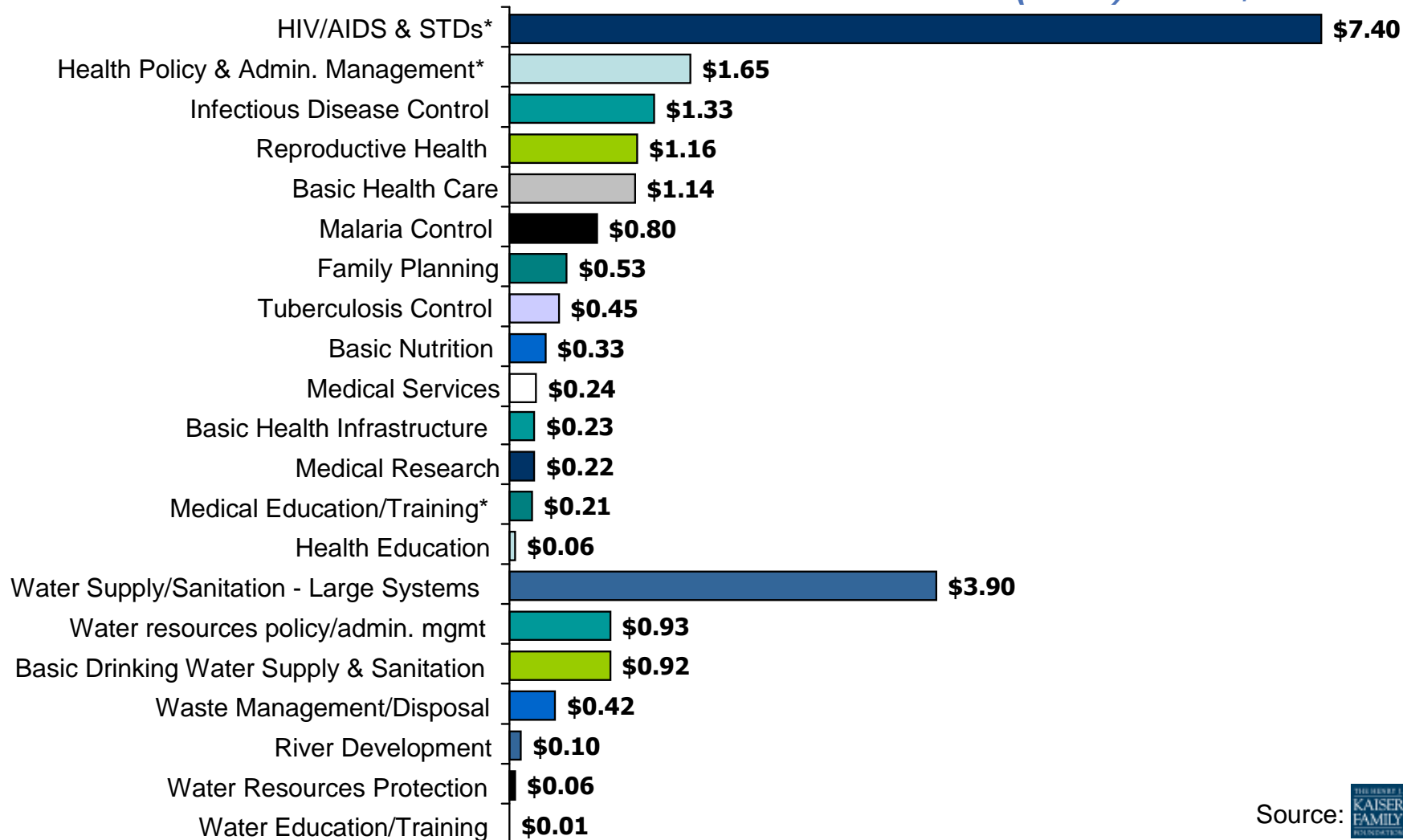
But their requests for technical support remain largely unanswered.




# International Partners

## Official Development Assistance (ODA) invested in addressing cancer

*Health ODA Commitments (2007) in US\$ billions*



Source:  Kaiser Family Foundation



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- ④

**At the request of its Member States, WHO is mobilizing international partners with an interest in cancer around a common non-communicable disease agenda.**

**The international cancer community plays a strategic role in subscribing to Member States' Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases.**





# Mobilizing a global response

## What has WHO been doing?

**Working in partnership** to prevent and control the 4 noncommunicable diseases – cardiovascular disease, diabetes, cancer and chronic respiratory disease and the 4 shared risk factors – tobacco use, physical inactivity, unhealthy diets and the harmful use of alcohol.

**2008-2013 Action Plan**  
for the Global Strategy  
for the Prevention and Control  
of Noncommunicable Diseases

World Health Organization

**Endorsed by the World Health Assembly in May 2008 by all Member States**

### Six objectives:

1. Raising the priority accorded to non-communicable diseases in development work at global and national levels
2. Establishing and strengthening national policies and programmes
3. Reducing and preventing risk factors
4. Prioritizing research on prevention and health care
5. Strengthening partnerships
6. Monitoring NCD trends and assessing progress made at country level

*Under each of the six objectives, there are sets of actions for member states, WHO Secretariat and international partners*



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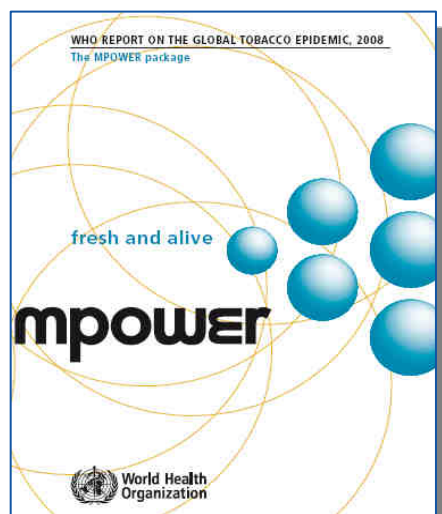
- ECOSOC 2009 addressing NCDs for the first time – ECOSOC Ministerial Declaration



- Discussions during the current session of the UN General Assembly on organizing a special session on NCDs and including NCD indicators in the Millennium Development Goals
- Reviewing experience on Health in All Policies and providing guidance to countries on successful mechanisms of intersectoral action<sup>2</sup>



## Objectives 3 – Reduction of risk factors



Reducing the level of exposure of individuals and populations to tobacco use

A set of proven measures to implement the WHO FCTC demand reduction interventions

- **M**onitoring (surveillance and evaluation)
- **P**rotect (second hand smoke)
- **O**ffer help
- **W**arn against dangers
- **E**nforce legislation against tobacco promotion
- **R**aise taxes



# Objective 4: Developing a prioritized agenda for research focusing on prevention and implementation



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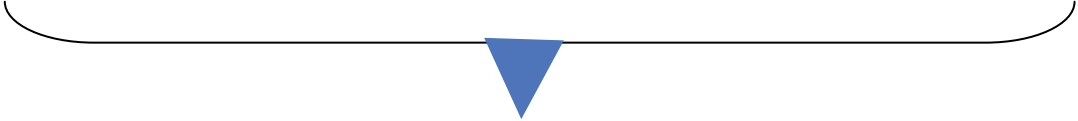
**August 2008:**  
**First draft**



**October 2009:**  
**Second draft**



**Oct-Dec 2009:**  
**Third draft**



**Jan-July 2010:**  
Consultations with  
international partners  
**and development of**  
**the first version**



- 
1. Raising the priority accorded to NCDs in development work at global and national levels and integrating the prevention and control into policies across all government departments
  2. Establishing and strengthening national policies and plans
  3. Reducing and preventing risk factors
  4. Prioritizing research on prevention and health care
  5. **Strengthening partnerships**
  6. Monitoring non-communicable disease trends and assessing progress made at country level





**Guidance on surveillance and core indicators  
(2009)**

**Country capacity assessment**



**Data Collection and  
analysis  
(2009- 2010)**



**Assessing trends in mortality, morbidity and risk  
factors**

**(data will be derived from existing WHO data sources)**



**Global Status  
Report  
on NCDs**

**First report :  
December 2009**



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## Conclusions



*"More than 72 per cent of cancer deaths are occurring in low- and middle income countries. A disease once considered a close companion of affluent societies has changed places. This is a shocking statistic, with huge implications for human suffering, health systems and health budgets and the drive to reduce poverty. It is also a strong call to action."*

**Dr Margaret Chan  
Director-General  
World Health Organization**



3<sup>rd</sup> International Cancer Congress  
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Thank you.

*Grazie*



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