



World Cancer Leaders' Summit

2012

Planning For National And Global Impact

SUMMARY REPORT



On 27 August 2012, The Union for International Cancer Control (UICC) and its partners, the Canadian Partnership Against Cancer, International Agency for Research on Cancer, International Atomic Energy Agency, Public Health Agency of Canada and the World Health Organization hosted the 2012 World Cancer Leaders' Summit at the Palais des congrès in Montréal, Canada. Summit sponsors included several of the world's most influential cancer organisations, such as the American and South African Cancer Societies, the European School of Oncology, Macmillan Cancer Support and the National Cancer Institute of the United States of America.

One year on from the UN High-level Meeting on Non-communicable Diseases (NCDs), the 2012 World Cancer Leaders' Summit explored how national cancer control strategies can be implemented in response to the commitments made by Member States to place cancer and the other NCDs at the heart of their long term health strategies. The theme of the Summit, 'Planning for National and Global Impact', was closely aligned with the theme of the 2012 World Cancer Congress, 'Connecting for Global Impact', in order to ensure greater interaction between participants of both events.

The Summit was officially convened by the Honourable Dr Colin Carrie, MP Parliamentary Secretary to the Minister of Health of Canada.

Over 200 high-level participants attended, including 11 Ministers of Health and representatives from 17 Health Ministries in total.

"Most developing countries do not have the financial resources, facilities, equipment, technology, infrastructure, staff, or training to cope with chronic care for cancer, including pain relief. Apart from vast human suffering, societies pay a high price as the lives of millions of people are cut short and households are impoverished by the burden of care.

In such a situation, we need to be much more proactive in realising the huge potential to prevent and control cancer. What we need is concerted global action on a scale that can turn the tide for this disease, as happened with HIV/AIDS. The World Health Organization is pushing for the integration of cancer control into national healthcare systems throughout the developing world. We have produced the technical guidelines for doing so. And we depend on your leadership in this effort."

**DR MARGARET CHAN, DIRECTOR GENERAL,
WORLD HEALTH ORGANIZATION**



OPENING REMARKS

**DR OLEG CHESTNOV, ASSISTANT DIRECTOR-GENERAL,
NON-COMMUNICABLE DISEASES AND MENTAL HEALTH,
WORLD HEALTH ORGANIZATION**

"The World Cancer Leaders' Summit is an important platform for essential dialogue that the world needs in order to succeed in our fight against cancer.

The numbers we have on cancer tell us that there is urgent need for action: 7.6 million people died from cancer in 2008, more than 70% of these deaths were in low- and middle-income countries where healthcare resources are very limited. The increasing burden of cancer and other non-communicable diseases will have a significant impact on economic development.

Since the 1990s, the World Health Organization (WHO) has promoted a comprehensive approach of prevention, screening and treatment in national cancer control plans and programmes to reduce the burden of cancer. WHO's strategies for non-communicable disease control provide powerful tools to prevent many types of cancer. These strategies include the WHO Framework Convention on Tobacco Control, Global strategy on diet and physical activity, and the Global strategy to reduce the harmful use of alcohol."

SPECIAL ADDRESS

**SIR GEORGE ALLEYNE, DIRECTOR EMERITUS,
PAN AMERICAN HEALTH ORGANIZATION**

"The purpose of today's Summit is to inspire a shared vision. We must combat the inequities that mean that much of the world suffers disproportionately from NCDs. We should not pit HIV-AIDS against NCDs, but explore the possibilities for integration and work to increase the pool of available resources.

It is time to take stock a year after the High-level Meeting on NCDs. Was it worth it? Can we maintain the momentum? Yes. The NCD Summit exploded some of the common myths that communicable diseases are the only problem in developing countries.

Continuous care for chronic disease will be the focus of health systems for the foreseeable future. Palliative care is among the essential goals of medicine and pain control is one of the priorities of cancer control. Making morphine more widely and appropriately available worldwide is key.

Our first resolution is to promote, establish or support and strengthen multisectoral policies and plans for NCD control. I urge you to consider working from the Health Impact Assessment approach and include private sector and civil society."

KEYNOTE ADDRESS

**DR CHRIS WILD, DIRECTOR,
INTERNATIONAL AGENCY FOR RESEARCH
ON CANCER**

"Cancer is a global problem and one that is growing; but despite being global, is not uniform. There are differences in burden depending on geographic location and state of development. We need to place increased emphasis on prevention - we cannot treat our way out of the cancer problem. It is important to use data in a more detailed way for planning and prevention.

It is not sufficient to measure the number of people dying - incidence and prevalence are important. Looking at prevalence is particularly important for planning treatment and support services. The proportion of people living with cancer in high-income countries is much greater, reflecting poor survival and prognosis in low-income countries.

Time trends in cancer incidence can be built into projections. Projections forward over twenty years due to demographic changes estimate that there will be two cases for every one we see today, with the burden increasingly falling on low- and middle-income countries.

Data helps convey the urgent need to establish cancer registries globally, since currently only 5% of countries in Latin America, Africa and Asia are covered by cancer registries. IARC launched the Global Initiative for Cancer Registry Development (GICR) in 2011 to develop regional hubs of centres for excellence to help build capacity. UICC is leading the fundraising drive for this initiative. Our goal is to increase coverage by advocating governments to prioritise registration.

It is also important to take into account regional variations - one in three cancers in sub-Saharan Africa are associated with infection, one in four in China. We cannot ignore the role of chronic infection in cancer in the developing world. Priority interventions should include HPV/HBV vaccination, cervical cancer screening and early detection for several others, and prevention of exposures to environmental and occupational carcinogens."

SPECIAL VIDEO ADDRESS

**MR LUIZ INÁCIO LULA DA SILVA, FORMER
PRESIDENT OF BRAZIL**

"The work you have done has unique importance. To join efforts to promote best practices, actions and attitudes that result in cancer reduction and control is essential."



*Image: Agência Brasil
(Department of Press
and Media).*

1st PANEL DISCUSSION

IMPROVING NATIONAL HEALTH SYSTEMS THROUGH CANCER CONTROL PLANNING, IMPLEMENTATION AND METRICS

Senior public health leaders explored the differences and commonalities of national cancer control planning policies and activities among low-, middle- and high-income countries. The panel also highlighted the recently launched National Cancer Control Planning (NCCP) Toolkit, developed jointly by UICC and WHO. (Available at: uicc.org/advocacy/tools/nccp-toolkit)

PANEL MODERATOR: Dr Edward Trimble, Director, Center for Global Health, National Cancer Institute USA.

PANELISTS: Dr Heather Bryant, Vice President, Canadian Partnership Against Cancer; Dr Hussein Mwinyi, Minister of Health, Tanzania; Dr Luiz Santini, Director and Mr Walter Zoss, International Communications, National Cancer Institute of Brazil.

DISCUSSION HIGHLIGHTS

"The concept of having a cancer registry in every country in the next ten years would be a desirable outcome of the Global Initiative for Cancer Registry Development... But as with the theme of this meeting, any development can only happen in partnership – not just among IARC (International Agency for Research on Cancer) or NCI (National Cancer Institute) or ACS (American Cancer Society) – but among local investigators and ministries of health to give sustainability to local initiatives."

- In 2011, the Brazilian Federal Government launched a national plan to strengthen prevention, diagnosis and treatment of cervical and breast cancer to boost the National Cancer Control Policy established in 2005. As the WHO Framework Convention on Tobacco Control was ratified in Brazil in 2005, its implementation reached the status of state policy and compliance to its measures and guidelines have become a legal obligation. Brazil's tobacco-control measures have contributed to a 41% decline in the number of adult smokers in less than twenty years.
- Age-specific incidence and mortality is dropping in Canada, but annual numbers are rising due to the aging population. The Canadian healthcare system needs to plan for projected increase in the proportion of the population that will need support. Optimising cancer control in Canada requires accurate data and related tools so cancer agencies and other health partners know where to focus their efforts for improvements and investments. By compiling and building on existing cancer information across Canada, the Canadian Partnership Against Cancer is helping to provide a sharper picture of cancer control through the National Staging Initiative and the System Performance Initiative.
- Approximately 65% of the Tanzanian health budget is earmarked for HIV-AIDS, tuberculosis and malaria, while non-communicable diseases including cancer have become an increasingly larger burden on the healthcare system. Cancer is now among the top five leading causes of adult death in Tanzania. Moreover, 80% of people report with late stage disease and need palliative care. The Ocean Road Cancer Institute is the only specialist cancer treatment centre in the country. The International Network for Cancer Treatment and Research is actively collaborating with the Ministry of Health and Social Welfare and other government agencies to establish a population-based cancer registry.



2nd PANEL DISCUSSION

THE ECONOMIC CASE FOR ACTION

The panel assembled a group of ministerial representatives, health economists and the First Lady of the Republic of Zambia to discuss the economic arguments supporting investment in national cancer control plans and how best to measure impact and monitor effectiveness in a range of national and international contexts.

PANEL MODERATOR: Dr Felicia Knaul, Director, Harvard Global Equity Initiative.

PANELISTS: Mr Salomón Chertorivski, Secretary of Health, Mexico; Dr Prabhat Jha, Director, Centre for Global Health Research, University of Toronto; Her Excellency Dr Christine Kaseba Sata, First Lady, Republic of Zambia; Dr Trevor McCartney, Chief Executive Officer, University Hospital of the West Indies.

DISCUSSION HIGHLIGHTS

"Instead of focusing on how much it costs to treat cancer in different settings, it is time to shift our focus and our message to the costs of inaction: lost productivity, lost years of life, lost years of schooling, stigma, abated poverty reduction and economic growth."

- Health is a human right, but it is crucial to use economic arguments to sway policy and encourage investment in cancer control. More money for cancer equals more health for the money. Prices and costs can be brought down by effective policy-making at national and global levels.
- We need to invest in cancer prevention – delaying investment does not delay the inevitable. We need to galvanise the same attention and focus that the Millennium Development Goals (MDGs) have attracted. Economic investment must translate to additional income. Investing in cancer control is not only a moral imperative, but also economically crucial. Investing in cancer will give an opportunity to reduce disparities between rich and poor.
- The most cost-effective intervention that all countries can implement is a substantial hike in tobacco taxes. Part of the argument needs to be that money raised from tobacco tax should be invested more broadly.

3rd PANEL DISCUSSION

MAJOR GLOBAL HEALTH INITIATIVES MOVING THE CANCER AGENDA FORWARD

The panel assembled a group of senior cancer control and NCD leaders to discuss key global health advocacy activities and their impact on global cancer control.

PANEL MODERATOR: Dr Oleg Chestnov, Assistant Director-General, Noncommunicable Diseases and Mental Health, World Health Organization.

PANELISTS: Her Royal Highness Princess Dina Mired, Director General, King Hussein Cancer Foundation; Ms Anne Lise Ryel, Chief Executive Officer, Norwegian Cancer Society; Dr John Seffrin, Chief Executive Officer, American Cancer Society; Ms Judith Watt, Director, NCD Alliance.

DISCUSSION HIGHLIGHTS

"After the UN High-level Meeting, many myths were dispelled about cancer. We moved from being a scientific community to a political one. But as we speak today, the cancer divide is still huge. How can we explain that a child with cancer in the developing world will just die, where a child in the developed world will survive? We keep repeating the same challenges, such as lack of data and registries, lack of access to drugs. We need to challenge the donor community."

- The new WHO NCD action plan will include cancer control, as well as broad regional strategies, as different regions are affected differently by different cancers. The plan will focus on main cancer risk factors, which require multisectoral action. We must combine our efforts to ensure that cancer has an important place in the post-MDG agenda.
- What keeps me awake at night is that most of the people in pain from cancer today, and most of the people who died from cancer today, suffer and die needlessly. The American Cancer Society has developed programmes and sponsored research that has helped ensure 350 fewer deaths per day now than there would have been in 1991. We could be saving 1,000 per day if we applied everything that we know how to do already.
- UICC and others set up the NCD Alliance to continue working not just on cancer, but on all NCDs, by advocating for a global reduction of premature deaths from NCDs by 25% by 2025. This is only 12.5 years away. NCDs must be front and centre in global health policy as it is relevant for all countries. All eyes should be on the clock and the foot down on the accelerator. We need a gear change in response to the NCD epidemic.



ANNOUNCEMENTS AND COMMITMENTS

MR ROBIN M KASS, NORWEGIAN SECRETARY OF HEALTH

- ✓ Announced the launch of the Norwegian National Cancer Strategy for 2013-2017.

DR JOHN SEFFRIN, CHIEF EXECUTIVE OFFICER, AMERICAN CANCER SOCIETY

- ✓ Announced a funding commitment to UICC of USD 2 million for 3 years to bring the Global Access to Pain Relief Initiative (GAPRI) to scale and support advocacy work on the 25x25 targets.

MR MICHEL RUDOLPHIE, CHIEF EXECUTIVE OFFICER, DUTCH CANCER SOCIETY

- ✓ Announced a funding commitment to UICC of USD 1.8 million for 3 years to support fellowships, cervical cancer, registry programmes and advocacy.

MR DOUG ULLMAN, PRESIDENT AND CEO, LANCE ARMSTRONG FOUNDATION

- ✓ Announced a funding commitment to UICC of USD 500,000 per year for 3 years to support stigma reduction, access to essential medicines and access to care programmes.

PROFESSOR JEFF DUNN AND DR BARRY BULTZ, INTERNATIONAL PSYCHO-ONCOLOGY SOCIETY

- ✓ Proposing review of the World Cancer Declaration targets to provide a greater focus on measuring distress.

DR DOUGLAS BETTCHER, DIRECTOR, TOBACCO CONTROL INITIATIVE, WORLD HEALTH ORGANIZATION

- ✓ Special tribute and celebration of the Australian Supreme Court ruling that upheld the legality of the plain packaging law that includes graphic warning labels on all tobacco products. The law will be enforced as of 1 December 2012.

SPECIAL ADDRESS

THE HONOURABLE DR YVES BOLDUC, MINISTER OF HEALTH AND SOCIAL SERVICES, QUEBEC

Dr Bolduc noted the challenges and accomplishments of federal- and provincial-level cancer control policies and programmes. He stressed the Ministry's continued dedication and support of cancer control programmes and collaboration with local and national stakeholders.