



World Cancer Leaders' Summit 2018

Cancer

Treatment for All



1 October 2018 – Kuala Lumpur, Malaysia

On 1st October 2018, over 380 global leaders and influencers from 68 countries attended the World Cancer Leaders' Summit in Kuala Lumpur, Malaysia. Organised by the Union for International Control (UICC), in partnership with the International Agency for Research on Cancer (IARC), the International Atomic Energy Agency (IAEA) and the World Health Organization (WHO), the Summit was hosted by the National Cancer Society of Malaysia (NCSM).

The event brought together a highly distinguished programme of speakers and participants to share inspiring examples of multistakeholder planning and action for 'Treatment for All', UICC's new advocacy initiative. Discussions explored how Treatment for All will support the full implementation of national cancer control plans (NCCPs) to deliver strengthened health systems with strong links with other non-communicable diseases (NCDs) and health programmes, and culminated in an urgent call to scale-up access to, and investment in, cancer services.

Amongst the high-level speakers and participants, the Summit was delighted to welcome H.E. Mrs. Anna Hakobyan, First Lady of Armenia, alongside the Minister of Health of Brunei, Ministerial representatives from 12 other countries and the Mayor of Kumasi, a City Cancer Challenge Key Learning City. Ms Yasmin Yusuff, a notable Malaysian journalist and radio presenter guided participants through the rich and dynamic programme, while the interactive interviews were expertly conducted by Mr Charles Goddard of the Economist Intelligence Unit.

Welcoming participants to the Summit, UICC President Professor Sanchia Aranda, highlighted new figures from GLOBOCAN 2018 which show that there will be 18.1 million new cancer cases and 9.6 million cancer deaths this year. These data demonstrate that cancer remains an urgent global health and development issue and, following on from disappointing progress reported at the UN High-Level Meeting on NCDs on the 27th September, that there is an urgent need for accelerated action to reduce premature mortality related to cancer and other NCDs.

While there have been some advances in cancer and NCD prevention, data, early detection, treatment and care lag significantly behind. As a direct response to this, UICC's advocacy initiative, **Treatment for All**, aims to unite and strengthen the voice of the cancer community to press for accelerated implementation of cost-effective measures and commitments made in the **2017 World Health Assembly Cancer Resolution**.

Throughout the day, discussions centred on how the global cancer community can leverage NCCPs as the architecture for comprehensive action nationally or regionally. Participants explored how NCCPs can support multisectoral collaborations and frame clear advocacy asks around financing and fulfilment of national commitments. These discussions were particularly timely as without another high-level UN review until 2025, there are no interim global milestones to focus government attention on progress related to cancer and NCDs. Therefore it falls to the global cancer and NCD community to hold governments accountable to commitments and advocate for progress by leveraging initiatives such as Treatment for All.



Opening Addresses

Addressing the World Cancer Leaders' Summit for the first time, Dr Princess Nothemba Simelela, Assistant Director-General for Family, Women, Children and Adolescents at WHO, challenged the assembled cancer community to drive Treatment for All forward as a matter of social justice and development. Commenting on the recent UN High-Level Meeting on NCDs she reflected that, after years of grassroots advocacy the pace of action still is not sufficient to meet the 2025 targets or the Sustainable Development Goals (SDGs).

NCDs pose a particular threat to the poorest and most vulnerable and Dr Simelela urged Summit participants to be more vocal in their advocacy to ensure equitable access to and investment in core cancer services for those at greatest risk. Highlighting the launch of two new WHO initiatives Dr Simelela stated that ***"We [WHO] chose the two cancer initiatives as they speak to what we all need to do, build systems that can deliver cervical cancer elimination and improve survival of childhood cancer. I would urge you all to join these calls and look at their broader potential to support the entire population. Every life matters"***.



In her opening address, reflecting on progress since the 2017 World Cancer Leaders' Summit in Mexico City UICC President-elect HRH Princess Dina Mired highlighted the efforts of the City Cancer Challenge initiative spearheaded by UICC. Since Mexico, the City Cancer Challenge has mobilised over 50 organisations to deliver technical assistance and capacity building to cities, secured high-level political commitments, and is now translating the lessons learned from the first four cities to new Challenge Cities. To support this scale-up, HRH Princess Dina Mired announced the initiative's transition to a stand-alone foundation in January 2019, to be supported by a new multisectoral Board of Directors, which will be chaired by Professor Sanchia Aranda. HRH Princess Dina Mired concluded by announcing a **call for applications from cities in the Asia region**, with a population of over one million to join the initiative as Challenge Cities.

Planning for action

Keynote: The global landscape of cancer surveillance

In the keynote address, Dr Freddie Bray, Section Head of Cancer Surveillance at IARC, set out the importance of cancer data and cancer registries as a driver of development, not just as an output of it. Taking a deeper dive into the GLOBOCAN 2018 figures, Dr Bray highlighted that the global community can expect almost 30 million cancer cases annually by 2040 if current trends continue, and that low-income countries are bearing the brunt of this growth. Even in high-income countries like New Zealand and Norway, which are on track to see up to a 20% decline in relative cancer cases, growing populations mean that absolute numbers of cancer cases are likely to remain the same.

In light of this, countries need good cancer data to monitor key indicators such as incidence and mortality, but also to assess the effectiveness of interventions at a population level. To collect these data, governments need to invest in cancer registries as part of a broader health data system. Countries are starting to explore innovative approaches like the practice of converting medical records to populate registries in Nepal and India, thereby making the most effective use of data gathered through existing mechanisms.

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"Data suggest the biggest increase in cancer cases will be seen in countries with the lowest income and least advanced health systems. But investing in cancer data is a win-win; by building capacities we can make better estimates to inform effective local action."

Dr Freddie Bray, Head of Cancer Surveillance Section, International Agency for Research on Cancer (IARC)





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"For action on cancer we needed to include stakeholders at all levels; national and state government, cancer leaders, civil society. We worked with these networks to achieve progress on cancer prevention and for the adoption of our national cancer control plan, and they will be key to its success in the future."

Dr Abelardo Meneses, Director General, National Cancer Institute of Mexico

Developing an NCCP for Mexico

Recognising the role of NCCPs as a roadmap for action nationally Dr Abelardo Meneses García also highlighted their importance as a platform for bringing partners together. Through the development and adoption of the Mexican NCCP in 2017, the National Cancer Institute was able to consult and build relationships with stakeholders across Mexico, helping to overcome some of the challenges of a largely fragmented health system.

Commenting on the importance of improving this coordination, Dr Meneses shared an example of how more effective cooperation had improved access for patients to lung cancer services under the national health insurance scheme "Seguro popular". This coordination enabled the more effective use of resources and increased the chances of survival from 50% to 74%.

Cancer care in the Pacific

Dr Paula Vivili brought the unique perspectives of the Pacific Island States to the discussion, illustrating how cancer control planning and patient pathways can differ significantly in response to each national and regional context. While these islands states have made strides in prevention, NCD prevalence continues to be high, accounting for an estimated 60-70% of the total burden of disease. In response, governments have prioritised spending on health, which stands at around 10-15% of GDP, but the small size of island economies restricts the funding for health to around US\$200 per person, which limits the investments possible.

As a result, many Pacific island states are prioritising partnerships to respond to their cancer burden. While few of these countries have a standalone cancer plan, there has been extensive work to integrate cancer within NCD plans and to explore regional approaches to cancer with partners such as WHO, and the governments of New Zealand, Australia and France to build capacities and opportunities for collaboration further. At the same time, the Pacific Finance Ministers are looking at the burden of cancer as part of a regional NCD roadmap, recognising its impacts on economic and social development.



Multisectoral perspectives on planning for action

A dynamic panel brought together experts from across the health spectrum to discuss how to take planning forward for action on cancer. One of the key themes echoed by the panellists was the disproportionate impact that cancer is having on the poorest and most vulnerable. Citing a recent World Bank report, Dr Firas Raad shared that meeting the costs of cancer care placed 37% of patients from the region in a vulnerable financial position.

Linking planning and financing

Dr Raad argued that “business as usual” is not an option as, despite knowing what works and seeing this integrated within NCCPs, action has fallen drastically short of what is required to meet the SDGs. One reason for this is that planning has rarely been matched with a comprehensive budget and sufficient finance for implementation. Dr Raad shared that the World Bank is supporting countries to make assessments of current NCD and cancer spending as these data are often missing, in order to review the effectiveness of these investments. He argued that insurance will need to play a greater role in the cancer response, in order to pool risks across the largest possible population groups.

Leveraging NCCPs to strengthen health systems

Many of the speakers also highlighted the opportunities to leverage NCCPs to support stronger health systems. Reflecting on similarities between the HIV and cancer communities, Mr Eamonn Murphy highlighted the importance of NCCPs as a platform around which to engage stakeholders, including community representatives and patients. He cited an effort by the Ministry of Health of Thailand to adapt the HIV model of engagement to improve services for cancer and NCDs, and the importance of community-level advocacy commenting that this **“advocacy is challenging us to do more and better, particularly to invest more in our community partners.”**

They challenge us and create demand for essential services. The community is the critical success factor”.

Drawing on examples from India and the National Cancer Grid, Dr Anil D'Cruz explained how despite having an NCCP since 1984, cancer mortality had not been significantly reduced because the Indian government's focus on building standalone cancer units which were not well integrated into the broader health systems. In response, the National Cancer grid seeks to digitally link 19 units across four levels of the health system to help develop a stronger medical ecosystem, with a particular focus on shifting the number of patients who present at a late stage from 70% down to 30%.

A number of speakers acknowledged the opportunities to integrate health services for more effective use of health resources, but also the challenges to this approach. The success of leveraging the existing HIV/AIDS infrastructure to respond to the higher-risk of cervical cancer amongst HIV+ women was celebrated, but Mr Eamonn Murphy noted the importance of ensuring these programmes are sustainable.

Role of the private sector

Likewise, in his discussion about partnerships when planning for implementation, Mr Thomas Cueni emphasised that the era of medical donations and corporate social responsibility was largely over as these initiatives did not support sustainable access. Instead, many private sector partners were keen to contribute their expertise to delivering strong health systems as experience shows that even low-priced medical products are not reaching patients due to weak systems. He emphasised that while private sector partners should have no role in rule setting, with strong government leadership private sector partners are supportive and able to step in to help tackle key barriers either individually or through collective initiatives such as Access Accelerated.

“Investing in health means investment in economic growth. Looking at the daunting challenge of NCDs - we need a reality check. If we want to make progress, we need mobilisation of domestic resources, multisectoral partnerships, and progress in UHC combined with innovative financing approaches to deliver stronger, sustainable models of care.”

Mr Thomas Cueni, Director General of International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)



Moderator: Mr Charles Goddard, The Economist Intelligent Unit

Expert speakers:

Dr Firas Raad, World Bank Country Manager for Malaysia

Dr Anil D'Cruz, Director of Tata Memorial Hospital and UICC Board member

Mr Thomas Cueni, Director General of International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)

Mr Eamonn Murphy, Regional Director for Asia-Pacific, UNAIDS

Dr Abelardo Meneses, Director General, National Cancer Institute of Mexico

Dr Paula Vivili, Director, Public Health Division of Pacific Community (SPC)



"Leaving nobody behind is a core pillar of the SDGs, and so I call on you all to move beyond crafting beautiful plans to budgeting and implementing them so that, by baby steps, we can have the huge impact we know is possible."

Dr Saunthari Somasundaram,
President of the National Cancer
Society of Malaysia and UICC Board
Member

Driving implementation

for impact

Keynote: Understanding and addressing inequities in cancer treatment and care

In an impassioned keynote address, Dr Saunthari Somasundaram explored how social, economic and geographical factors map onto each other to produce the current landscape of inequities in cancer control regionally, nationally and even within cities and institutions. Within a mixed public and private unit in Kuala Lumpur it was found that cancer survival rates were 16% higher in the private facility as a result of earlier stage presentation, better education and treatment compliance, greater financial resources, and geographical proximity.

Building on this, Dr Somasundaram argued that while we are aware of the small steps that make a difference to cancer patients, we need to be much more aware of the context in which we work. In particular, what may be viewed as a low-cost treatment may still be financially out of reach for many. There is a clear opportunity to address this through pro-poor universal health coverage (UHC) plans, but to achieve this every stakeholder must play a role in its implementation, including insurance agencies. NCCPs will be critical to shaping this response, but quoting a recent review of NCCPs in the Lancet Oncology, currently only 7% of NCCPs detail budgets and strategies for implementation.

From legislation to practice in the Philippines

As a cancer bill is making its way to the Philippine Parliament, the Honourable Dr Susan Mercado shared perspectives on how this legislation was the result of sustained advocacy by civil society groups that drew on the voices of patients, carers and family members. This unique approach has been pursued in order to secure sustainable funding for cancer services nationally, and Dr Mercado made the case that ***"budgets are the highest form of policy, as unless you have these committed it is hard to drive things forward."***

Moving on to discuss implementation, Dr Mercado recognised that budgets will never be sufficient to cover all services and that capacities in countries are often lacking. As such, she argued that countries must prioritise using robust evidence and then use these core services as the foundation to build up care capacities over time, including the addition of new cancer types. Dr Mercado also highlighted the value of technical input and investments in cancer and NCD programme leadership, as many countries lack these skills within government.



Multisectoral perspectives on driving implementation for impact

Political commitment and stakeholder engagement

The Honourable Mr Antwi kicked off the second discussion panel with his perspectives on the impact of the work being done in Kumasi, Ghana through the City Cancer Challenge. What became clear was the importance of a strong voice to drive change within cities or countries. With Presidential support, a dedicated team has been assigned to support the project and stakeholders have been brought together for the first time to set out common priorities and actions. Similarly, Mrs Lynda Thomas raised the importance of a clear and consistent advocacy voice within the UK in driving political action on cancer plan budgeting and implementation.

Introducing new models of care

Echoing the need to change business as usual in order to drive action, Mrs Lynda Thomas raised the importance of adopting new models of care in response to changing patient needs. Given the demand for services in the UK and the increasing complexity of cancer treatment, MacMillan Cancer Support is looking to change the system to ensure the more efficient and strategic use of resources to eliminate current gaps that are being filled by the organisation. At the same time, MacMillan are supporting people with cancer to return to work or continue working through their treatment, as these needs were previously not being met.

Multistakeholder partnerships

Common throughout the discussions was the need to engage in multistakeholder partnerships or collaborations in order to drive implementation nationally. Providing a perspective from the private sector, Ms Kolleen Kennedy introduced how Varian is partnering with governments to improve radiotherapy capacity through training and the development of alternative financing options for radiotherapy machines. She also emphasised the importance of learning from national and city stakeholders as initiatives such as the City Cancer Challenge grow and develop.

Public-private partnerships

Moving to the question and answer segment, participants challenged the idea that public-private partnerships are inherently good or bad, but rather they need to be developed and structured around the regional, national or city context. Commenting on the Philippines, Dr Mercado argued that the government has a fundamental responsibility to respond to the national cancer epidemic, but that it regularly lacks the human resources or regulatory capacity. As such, collaborations provide opportunities, but the pros and cons need to be carefully evaluated.



"We need to take urgent action on cancer through a combination of tools, training, education, and collaborations in order to improve the quality of care and life for patients. This will look different in each country and city, but improvements are possible everywhere."

Ms. Kolleen T. Kennedy, President, Proton Solutions and Chief Growth Officer, Varian



Moderator: Mr Charles Goddard, The Economist Intelligent Unit

Expert speakers:

Dr Saunthari Somasundaram, President of the National Cancer Society of Malaysia, UICC Board of Directors

The Honourable Dr Susan Mercado, Special Envoy of the President for Global Health Initiatives, Republic of the Philippines

The Honourable Mr Osei Assibey Antwi, Mayor of Kumasi, Ghana

Ms Kolleen Kennedy, President, Proton Solutions and Chief Growth Officer, Varian

Mrs Lynda Thomas, CEO of MacMillan Cancer Support



Closing addresses

Reducing the global cancer burden: failure is success in progress

In his closing address Dr Christopher P. Wild, Director of IARC reflected on the developments in cancer control in the past ten years. He presented the audience with a list of ten carefully selected key points that summarise the current state of cancer control. These explored both challenges and opportunities, including inequalities in cancer survival, financing, the importance of population-based cancer registries and the need for evidence-based policies.

He acknowledged that cancer, has been increasingly drawing political attention but that this has not translated directly into action. Underlining the crucial role of civil society organisations to hold governments accountable to their commitments, he concluded that the global NCD targets could, but should not be considered fulfilled, unless there is a significant progress in cancer control.

Looking ahead to Almaty, Kazakhstan

At the closing of the World Cancer Leaders' Summit Mr Olzhas Abishev, Vice-Minister of Health of Kazakhstan, thanked the participants and speakers for their contributions throughout the day and welcomed them to Kazakhstan, which will be hosting the World Cancer Leaders' Summit from 14 to 16 October 2019. Following a Presidential address in 2017, cancer is now a national priority, with strategies in place to improve access to screening, diagnosis and radiotherapy nationally, as well as the launch of a new electronic health record covering 18 million people. As a country, Kazakhstan is working to deliver change now to ensure that future generations can live without the fear of developing cancer.

Driving forward cancer control in Malaysia

Drawing the Summit to a close, Dr Lee Boon Chye, Deputy Minister of Health of Malaysia, provided a short reflection on cancer control in his country. Emphasising the need for balance between treatment and prevention services, he highlighted that up to 50% of deaths could be prevented, thereby avoiding the stress and pain of cancer treatment and care. For many patients in Southeast Asia a cancer diagnosis leads to catastrophic health expenditure, as well as significant economic and productivity losses for their countries. Dr Boon Chye stressed that inequalities in cancer service access widen gaps between countries and reiterated that greater collaboration between countries is needed to address this.

Call to action

Drawing together discussions from the day, UICC President-elect HRH Princess Dina Mired stressed that with the conclusion of the 3rd UN High Level Meeting on NCDs we have reinvigorated political will to achieve the 2025 targets. Although the Political Declaration does not represent the turning point we needed in the global NCD response, we do have the knowledge and tools at our disposal to push for action in cancer control.

One example of such an effort was the announcement by Dr Tedros Adhanom Ghebreyesus, the Director General of the World Health Organisation of a call to action to eliminate cervical cancer globally. HRH Princess Dina Mired emphasised that it is now within our sights to end the unnecessary suffering and deaths of millions of women due to this preventable disease and underlined the importance of harnessing knowledge to prevent, screen and treat cervical cancer and ensure that interventions are available to women regardless of who they are, where they live, and their ability to pay.

In many countries, people with cancer are not diagnosed early enough and lack access to life saving treatment, not only for cervical cancer but all types of cancers. With this in mind, HRH Princess Dina Mired urged all the Summit participants to use the momentum from the campaign for the elimination of cervical cancer to build the health system required to reduce cancer deaths.

In closing, Her Royal Highness called on governments, civil society, international organisations and private sector partners to invest in Treatment for All and what it aims to achieve: lives saved through equitable access to cancer services.



To respond to the growing inequities in cancer treatment and care, UICC has created the 'Treatment for All' initiative that calls for equitable access to cancer services worldwide in order to save lives and support countries to deliver a 25% reduction in premature cancer and NCD mortality by 2025. The initiative recognises the success to date in prevention and identifies four pillars to drive progress further: data for public health use, improved access to early detection, timely and accurate treatment, and supportive and palliative care.

The 'National Activation' aspect of Treatment for All works with UICC members to become Country Champions for Treatment for All and supports them in building a national coalition and advocacy campaign that drives forward action across the pillars. In her call to action, HRH Princess Dina Mired announced a call for UICC members to express their interest in becoming a **Treatment for All Country Champion** or a **Treatment for All Mentor**.



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"We know Treatment for All is possible in every country. What we need is strategic and funded national plans and with passionate leadership to ensure that quality cancer care is more widely available to all."

**HRH Princess Dina Mired,
President-Elect, UICC**

World Cancer Leaders' Summit Dinner

The Official World Cancer Leaders' Summit dinner was held at the Grand Hyatt Hotel, Kuala Lumpur on the 30th September, kindly hosted by the National Cancer Society of Malaysia. Dr Cary Adams and Dr Saunthari Somasundaram welcomed participants to Kuala Lumpur and invited Her Excellency Mrs Anna Hakobyan, First Lady of Armenia, to give an impassioned address on her journey to improve childhood cancer services in Armenia.

Later in the evening, Summit participants heard from Dr Elisabete Weiderpass, Director-elect of IARC, and Dr Abelardo Meneses, Director General of the National Cancer Institute of Mexico. Dr Elisabete Weiderpass highlighted the importance of clinical, epidemiological and public health research to global cancer control and IARC's role in supporting the development of a robust cancer control system in countries and Dr Meneses shared an update on progress of the national cancer control agenda following on from the 2017 Summit held in Mexico. The significant impact of the 2017 Summit has been recognised by the International Congress and Convention Association (ICCA) who gave the Incredible Impacts Award to UICC for the organisation of the 2017 WCLS and the positive repercussions of the event on the national and regional cancer control context. Dr Meneses' address also included an introduction to a short video about Juntos Contra el Cáncer, one of the first civil society coalitions to join Treatment for All. The evening closed with a special performance from Julian Lee, a medical student and expert violinist who enchanted the audience with several dynamic pop-violin songs.

World Cancer Leaders' Summit impact



384 participants
from **68 countries**

168 member organisations



Social media

5,000 tweets reaching
Up to **3 million users**



Press and media

47 journalists attended on site
19 articles tracked until the 10th
October with a media reach of
over 72 million

Thank you

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