



World Cancer Leaders' Summit

2019

Cancer and

Universal Health Coverage



15 - 17 October 2019 – Nur-Sultan, Kazakhstan

Following the first UN High-level Meeting on Universal Health Coverage (UHC), over 350 global leaders from more than 80 countries came together for the World Cancer Leaders' Summit in Nur-Sultan, Kazakhstan. The meeting focused attention on how to expand access to essential, quality services for cancer patients worldwide as part of the global drive to achieve UHC. The event brought together a highly distinguished programme of speakers and participants who shared clear and inspiring examples of how stakeholders are contributing to building the strong health systems required to deliver UHC, so that no cancer patient is left behind.

Amongst the speakers and participants, the World Cancer Leaders' Summit was delighted to welcome the First Ladies of Burkina Faso and Turkey together with Ministers from Kazakhstan, Turkey and Uruguay, UICC members and partners, and eight new UICC Young Leaders. The three-day event included interactive sessions and expert panel discussions on the essential building blocks of UHC. Sessions covered discussions on data for cancer and UHC planning, screening and early detection, access to multimodal cancer treatment, as well the opportunities and challenges faced by governments in identifying and sustaining national UHC packages.

Her Royal Highness Princess Dina Mired, UICC President, opened the Summit with an impassioned speech that emphasised the importance of the cancer community taking an active role in the development and implementation of UHC in order to ensure that cancer services are included.

Recognising the economic, social and development toll of premature cancer mortality globally, Princess Dina urged Summit participants to discuss, debate and learn from fellow attendees to gather the information and best practices to achieve meaningful action on cancer in their respective contexts.

These discussions followed a pivotal moment for the global health community, taking place less than one month after the first UN High-level Meeting on UHC. Following on from this landmark meeting and the adoption of a UN Political Declaration on UHC, many governments will be increasing the pace of UHC planning and implementation, providing cancer advocates with a key window to drive the integration of essential cancer services in national UHC packages.



Keynote address

In the keynote address, His Excellency Mr Berdibek Saparbayev, Deputy Prime Minister of Kazakhstan, reflected on Kazakhstan's longstanding commitment to UHC. Furthering the 1978 Alma Ata declaration on primary health care (PHC), the 2018 Astana Declaration calls on UN Member States to promote UHC and preserve the health of their populations and reiterates the role of strong PHC systems as the foundation for progress. In this spirit, Kazakhstan has committed to improve PHC as a patient's touchpoint with the health system, alongside a strategy to strengthen health promotion, early diagnosis and detection in order to reduce the burden of cancer nationally.

The Deputy Prime Minister shared that investing in early detection services in primary care facilities is central to Kazakhstan's recently adopted national cancer control plan. The implementation of this plan will be supported by an additional 35 billion tenge investment and builds on efforts to date that have increased the early detection of priority national cancers by 25% in recent years. However, Mr Saparbayev stressed that progress on reducing the cancer burden should not fall to a single government, instead stakeholders nationally and globally have a critical role to play in making progress in preventing and managing cancer over the long term.



Spotlight: Sharing perspectives of women leaders on cancer and UHC

A high-level panel brought together three renowned women leaders in cancer control to underscore the critical importance of building health systems that respond to the needs of women, children and adolescents, who are particularly vulnerable to catastrophic health spending. Her Excellency Madam Adjoavi Sika Kaboré, First Lady of Burkina Faso, shared her experiences leading Fondation KIMI and working with the Organisation of African First Ladies for Development (OAFLAD) to champion the needs of women. In particular, she highlighted the need to creatively address the resource shortages many low- and middle-income countries (LMICs) are facing in order to deliver UHC.

As chairperson of the Oman Cancer Association and a cancer survivor, Her Excellency Yuthur Al Rawahy shared how her experiences have driven her work to improve outreach to women and children, particularly in rural Oman. Through a programme of mobile cancer units, the Oman Cancer Association has helped to deliver a significant shift in the stage at which women with breast cancer are diagnosed, from 80% at stage three and four to 85% at stage one in the last 15 years.

Recognising the opportunity for change using simple, cost-effective and evidence-based interventions, Princess Dina Mired made a call to action for all governments to take action against existing global targets set out in the Childhood Cancer Initiative, the Global Strategy towards the elimination of cervical cancer, the Global Action Plan on NCDs and the Sustainable Development Goals (SDGs).

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"We believe that the fight against cancer should be conducted not only in a single country or continent, this is an international problem. If all countries of the world work together, the risk of cancer will be reduced. Only then we can achieve an effective result."

His Excellency Mr Berdibek Saparbayev, Deputy Prime Minister of the Republic of Kazakhstan

Perspectives from UN agencies

Implementing UHC as a vehicle to advance cancer control globally and address inequities was central to the two video addresses delivered by the World Health Organization's (WHO) Director General, Dr Tedros Adhanom Ghebreyesus, and the acting Director General of the International Atomic Energy Agency (IAEA), Mr Cornel Feruta. The UN agencies voiced their strong support for countries to include cancer prevention, diagnosis, multimodal treatment and palliative care within national UHC packages.

Dr Ren Minghui, Assistant Director General for Universal Health Coverage at the WHO, echoed this call arguing that governments' renewed commitment to UHC will be essential to drive progress. Expanding on the role of WHO, Dr Ren was positive about progress made to date on cancer and emphasised the importance of working with member states to embed cancer in national UHC plans. In response, WHO is working to support member states through the global initiative on childhood cancer and the global strategy towards cervical cancer elimination.

Focusing on the importance of grounding decisions on UHC on reliable evidence, Dr Elisabete Weiderpass, Director of the International Agency for Research on Cancer (IARC), underscored the commitment of the agency to supporting member states make the most effective investments in cancer services. She shared how IARC research has contributed to improving the effectiveness of spending, for example by demonstrating the continued protection of two doses of the HPV vaccine. Collaboration is key to making progress on cancer and UHC, and Dr Weiderpass shared how IARC is working with the WHO to develop a cancer costing tool to help governments prioritise and budget their national cancer plans and other interventions.

Drawing the session to a close, Dr May Abdel-Wahab, Director of the IAEA Division of Human Health, highlighted the importance of nuclear medicine to effectively diagnose and treat cancer globally. While action on radiotherapy has been slower due to concerns over costs and capacities, particularly in LMICs, Dr Abdel-Wahab argued that UHC provides an opportunity to overcome these misconceptions. As over 50% of cancer patients would benefit from radiotherapy, an investment now has the potential to save significant costs associated with inadequate treatment in the decades to come.



"You can't talk about UHC without talking about cancer prevention, cancer diagnosis, cancer treatment and care."

Dr Ren Minghui, Assistant Director General Universal Health Coverage/ Communicable and Noncommunicable Diseases, World Health Organization



Building health systems to deliver

Universal Health Coverage

Defining the essential national UHC packages

A dynamic series of interviews, moderated by Mr Charles Goddard of the Economist Intelligence Unit, explored how countries are working to implement UHC. One of the key themes echoed by the panellists was the importance of collaborations beyond the Ministry of Health to create environments that support the introduction and scale-up of UHC.

Perspectives from Uruguay: Building an enabling environment for UHC

In 2005, Uruguay launched an extensive healthcare reform that laid the foundation for delivering UHC nationally, including the establishment of a national health insurance scheme and a corresponding national health fund. His Excellency Dr Jorge Basso, Minister of Public Health, shared how the fund has been used to invest in health across both public and private facilities in order to meet national health goals and make the most effective use of the existing health infrastructure. A key success factor in these reforms has been the robust monitoring of cancer trends. Drawing on data related to patient treatment outcomes and costs, the government has been able to prioritise investments to reduce the national burden and improve access to diagnosis, treatment and palliative care.

However, Dr Basso stressed that UHC is not, and should not, be confined to clinical interventions. One of Uruguay's recent successes has been in tobacco control, which has led to a 13% reduction in tobacco use between 2009 and 2017. Using tobacco as an example, Dr Basso emphasised that UHC packages need to look beyond health and healthcare. This has entailed working with other government ministries to strengthen the regulatory framework around tobacco, and with the treasury to increase tobacco taxation. The result has been an enabling environment for strong tobacco control that can also serve as a model for other interventions, such as initiatives to tackle the growing burden of obesity by regulating unhealthy food and beverages.



Interactive side session: Regional approaches – UHC and cancer

Chaired by Björn Albrecht from the Cancer Care Centre, McKinsey & Co., the session explored regional perspectives from the public and private sectors on how cancer services can be integrated into UHC. Examples included the work of the African Palliative Care Association to develop a template minimum palliative care package to guide UHC plans across the continent. A speaker from the Canadian Partnership Against Cancer shared their role in the development and implementation of the Canadian Strategy for Cancer Control (2019-2029) and emphasised the importance of monitoring, measuring and reporting on progress across the provinces of Canada in order to refine and redefine programmes to improve access.

Sharing perspectives from Latin America, a speaker from Red de Institutos Nacionales de Cancer (RINC) introduced their regional plan to eliminate cervical cancer and the steps being taken to scale-up vaccination, screening and treatment in the context of existing national cancer control programmes. Pfizer shared experiences from their 'CTRL Cancer' programme, which focuses on improving the availability of evidence in cancer control in Central and Eastern Europe, while an intervention from Thailand put the spotlight on how cervical cancer screening, surgery, radiotherapy and access to chemotherapy are included in the national UHC package.

Session organised by UICC.



Interactive side session: Big data, advancing analytics and personalised cancer care

The volume of data on health that is generated globally is growing at a staggering pace, but many governments and members of the cancer community are struggling to utilise data in a systematic and meaningful way. This session aimed to define what big data and analytics means for cancer and generate a better understanding of how it can be used to improve cancer care. The panel explored the challenges, risks and opportunities that these tools provide, with a focus on the impact in the context of personalised cancer care. Although often discussed in the context of high-income health systems, discussions drew on current work across regions and income levels. The panellists addressed key issues such as a need for robust data privacy policies, the importance of regulatory frameworks, and the involvement of diverse stakeholders in the process of collecting and analysing data.

Session sponsored by Roche and Princess Margaret Cancer Center.

Perspectives from Mongolia: Designing systems to ensure that no one is left behind

Ms Tsetsegsaikhan Batmunkh, the founder and Chief Executive Officer of the National Cancer Council, shared the unique challenges that Mongolia is facing in the implementation of UHC and the integration of cancer services nationally. Given the low population density, extreme weather conditions and distances that patients can be required to travel to reach health services, Mongolia's health system has invested in the expansion of mobile clinics to deliver basic health interventions. Cancer has been included in this effort, with the introduction of breast and cervical screening in 2012 and screening for liver cancer in 2016.

Once diagnosed, treatment and care for cancer is covered by Mongolia's social health insurance scheme, however the highly centralised nature of many cancer treatment services poses an additional set of challenges. Some provincial hospitals can deliver chemotherapy, but treatment requiring radiotherapy or surgery is only delivered in the capital. As a result, patients coming from outside the city are struggling to access services due to the costs associated with travel to and accommodation in Ulaanbaatar. Given that many patients live in inaccessible areas, addressing the geographical barriers to care to ensure that no one is left behind has been incredibly challenging.

Perspectives from Kazakhstan: Investing in UHC

Providing perspectives from the host country, this interview brought together His Excellency Mr Yelzhan Birtanov, Minister of Health of the Republic of Kazakhstan and His Excellency Mr Ruslan Yensebayev, Vice Minister of Finance of Kazakhstan to share a unique, dual perspective on recent developments. Health has been a longstanding national priority, however investment only stood at 3.2% GDP, contributing to high levels of out-of-pocket spending, which reached 42% in 2016.

To address this, the Ministry of Health together with the Ministry of Finance have developed a package of reforms. Starting in 2020, the government will launch a mandatory social health insurance package, which will include a package of essential health services. Along with an increase in government spending to 5% of GDP, the Ministry of Finance has developed a funding model that draws on mandatory contributions from employers and employees from the formal sector and offers a joint social payment for those in the informal sector, covering 176,000 additional citizens. The government will also cover the contributions for those who are unemployed.

This process aims to liberate additional resources to invest in strengthening the foundations of the health system, including the development of digital health passports to keep better track of service use and patient outcomes. Looking ahead, this data will be essential to review and prioritise health services to ensure the most effective use of resources. For cancer, there is a strong focus on increasing the early detection and diagnosis of disease, recognising that early detection reduces the burden on patients, their families and the health system. To this end, the government of Kazakhstan anticipates that 60% of all health spending will be directed to primary health care and public health services.



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"These bold political commitments to health are possible in part thanks to the generous advice and knowledge about best practices that we receive from leading global organisations, one of which is UICC."

**His Excellency Mr Yelzhan Birtanov,
Minister of Health of the Republic
of Kazakhstan**



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"UHC is as much about politics as it is about health and economics, and the one area we are weakest on is promoting the political benefits of UHC and cancer. But cancer is a highly emotive and therefore political issue, use it."

Mr Robert Yates, Head of the UHC Policy Forum, Centre on Global Health Security

Financing Universal

Health Coverage

Mobilising adequate and sustainable resources for UHC is a key issue, particularly for cancer control. Two key themes emerged from discussions on financing at the Summit; firstly, that UHC is a political decision that requires a high-level political response, and secondly, that mobilising the necessary resources is a key challenge for countries across the economic spectrum. Several sessions explored these challenges, particularly in the context of persistent misconceptions around the feasibility and cost-effectiveness of investments in cancer and how the cancer community can respond to make the case for the integration of cancer services in UHC packages.

Investing in the health system: How does this improve cancer outcomes?

Mr Robert Yates, Head of the UHC Policy Forum, Centre on Global Health Security explored the links between the need for political commitment and the challenges of mobilising resources in his keynote address. Paraphrasing WHO's Director General, Dr Tedros Adhanom Ghebreyesus, Mr Yates argued that UHC is as much about politics as it is health, which places an enormous responsibility on governments to mobilise sufficient public financing and to address longstanding inequities. There is a clear and compelling case for the integration of essential cancer services in UHC packages due to the growing global mortality due to cancer, the economic threat posed to patients and the opportunity to address cancer through cost-effective investments. As such, he argued, cancer should be a top priority for governments.

Consequently, the next steps for the cancer community is to use the demonstrable public and political momentum behind cancer to drive change. Citing the election campaigns of political leaders in the UK and Pakistan, Mr Yates argued that cancer is a key issue for the public, and that there is a strong need for the cancer community to scale-up advocacy to governments and, in particular, heads of state. In doing so, the community can bring together technical arguments with political strategies to accelerate action.

Providing sustainable coverage of cancer services:

A perspective from the OECD

Following on from Mr Yates' keynote address, Ms Francesca Colombo, Head of the Health Division, Organisation for Economic Co-operation and Development (OECD), shared a perspective from the OECD on sustainable coverage for cancer. While most OECD countries are advanced in implementing UHC nationally, Ms Colombo stressed that it is misleading to believe that only 'rich' countries can achieve UHC. Citing Japan, Germany and France as examples, she shared how these countries implemented UHC when their economies resembled those of middle-income countries today. She argued that the key to their success to date has been a joint focus on mobilising sufficient domestic funding, which has reached around 9% of GDP in OECD countries, and ensuring that investments were evidence-based.

However, UHC is not a static endpoint and, once established, the challenge is to sustain access to services and ensure the delivery of quality care. As the costs of healthcare increase over time, policymakers will be required to identify additional funding to cover these increases to ensure access to national priority packages. This can be achieved through reducing the number of services included in UHC packages, but in many OECD countries, governments have instead turned to public private partnerships to mobilise additional resources. This balance is important and around 75% of spending on health in OECD member states comes from the public sector. Ms Colombo emphasised that irrespective of funding sources, governments need to ensure the quality of health services. As the role of the private sector is being highlighted as a key part of UHC development in LMICs, governments will need to invest in regulatory frameworks to ensure the quality of services, drawing on treatment and patient reported outcomes as key sources of data.



"UHC without quality care is an empty promise. Poor quality care contributes to many of the costs. Tackling poor quality care is important for UHC, both to improve health outcomes as well as for improving financial sustainability."

Ms Francesca Colombo,
Head of the Health Division, OECD



Interactive side session: Supporting priority setting and costing of cancer interventions as part of UHC

The forthcoming cancer costing tool, developed by WHO in partnership with IARC, with input from experts from academia and civil society organisations including UICC, supports countries to implement evidence-based cancer planning and prioritise programmes based on impact, cost and feasibility. This is particularly timely as countries embark on the journey to UHC, as health planners will be able to test different benefit packages to explore costs and impact on population health.

The session provided participants with a walk-through of the tool's development and a case study using an unidentified country that examined current spending and re-allocation of funding to improve efficiency as well as highlighting different benefit package 'scenarios' to determine where additional resources could be invested. Dr Rachel Nugent presented the broader economic arguments around investing in cancer control, sharing findings from the **third Disease Control Priorities** study that found that a basic cancer control package could be delivered for US\$ 90 per capita investment, but inequitable spending currently makes this difficult to achieve. Dr Nugent called on the cancer community to take action to drive forward the agenda to improve access and address an increasing 'grand divergence' in cancer outcomes.

Session organised by UICC and the World Health Organization.

Planning and costing cancer control interventions:

A health economics perspective

In his keynote address, Dr Filip Meheus, a health economist from IARC, shared the economic case for action on cancer. Recent estimates suggest that around 170 million healthy life years are lost due to disability and death from cancer annually, with an estimated cost of US\$ 46.3 billion dollars as a result of lost productivity. These figures make action on cancer imperative under UHC as investing in cancer services has the potential to save lives and reduce costs to the health system over the long term.

One of the key stumbling blocks to the integration of cancer within UHC plans has been the lack of information on the costs associated with implementing national cancer control plans. As a result, governments have been unable to define packages in line with national resources or use the information to secure additional support from partners. Highly cost-effective interventions exist and many of these will contribute to addressing multiple disease types, such as tobacco control, yet many countries are still not implementing these interventions or are instead investing in high-profile, but less cost-effective interventions.

To help respond to this, governments requested the WHO to develop a costing tool as part of the 2017 World Health Assembly resolution 'Cancer prevention and control in the context of an integrated response'. The tool, now in its beta phase of development, provides governments with a framework to develop resource-stratified packages of cancer control interventions and test out the relative investment needs. As countries implement UHC, they will be able to identify a core package and additional services which can be progressively implemented over time to expand the benefit package as health system capacities grow. Through this process, Dr Meheus stressed the importance of a transparent decision-making process and community engagement as, too often, services are announced or included in plans but are not implemented, which reduces patients' trust over time.



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"Cancer is an area where there are great needs and a lot of concerns about the limited resources. We can reduce inequities and get countries closer to the global goals by implementing cost-effective cancer interventions. If we carefully prioritise what we focus on first, we can achieve pro-poor UHC that includes cancer prevention and care."

**Dr Rachel Nugent, Vice President
for Global Non-communicable
Diseases, RTI International**

Spotlight on cervical cancer elimination

Towards cervical cancer elimination

In this keynote address to the Summit participants, Professor Karen Canfell, Chair of the Cancer Screening and Immunisation Committee at Cancer Council Australia, provided an overview of the synergies between the global commitment towards cervical cancer elimination and the development of UHC. She argued that the elimination effort must be enabled by UHC, but is also contiguous with its goal of eliminating health inequities. Around 570,000 women are diagnosed globally with cervical cancer each year and a further 311,000 die. The majority of these deaths occur in sub-Saharan Africa, south-east Asia and Latin America where disparities in access to diagnosis, treatment and care are substantially curtailing survival.

Using modelling data from WHO Global Cervical Cancer Elimination Modelling Consortium (publication pending), Professor Canfell presented new data highlight how action to meet the '90-70-90'¹ targets could contribute to a reduction in premature mortality from cervical cancer by 2030, in line with the SDG 3.4. Looking ahead, continued implementation could deliver major further mortality reductions over the course of the next century. Moreover, while there have been some concerns over the ability of countries to step up to meet this challenge, this WHO analysis suggest that the vast majority of countries could implement the package of core services and, over time, this would enable countries to change the epidemiology of the disease and the balance of investments from treatment to lower-cost prevention measures.

Using Australia as an example, Professor Canfell shared how significant steps have been made towards the elimination of cervical cancer. As the first country to introduce a free HPV vaccination programme nationally, Australia is on track to reduce their long-term cervical cancer burden, but, in the intervening years, older generations remain at higher risk requiring ongoing HPV-based screening and treatment for these populations. Focusing on the health systems required to deliver cervical cancer elimination, Professor Canfell made the case that many of the investments required would help to strengthen the response for other cancer types by providing a foundation onto which services for other cancer types could be added.



Interactive side session: Making the national investment case for cervical cancer elimination

Following on from the session on '*Supporting priority setting and costing of cancer interventions as part of UHC*', this discussion explored country case studies focused on the development of cervical cancer strategies. The panellists discussed how to make the case for cervical cancer elimination with three key stakeholder groups: national governments, communities and international development donors, building on the growing political commitment towards accelerated action.

The lack of high quality data was raised and the opportunity to use the cervical cancer elimination initiative to scale-up data collection and analysis was discussed, drawing parallels with national discussions around the need to scale up HPV vaccination and cervical cancer screening. Case studies explored how different countries are responding, from Australia, which is on track to achieve elimination by 2028, to Nigeria, which has high-level political support for cervical cancer elimination and is working with each state authority to translate this into action locally.

Session organised by UICC.

1. 90% of girls fully vaccinated with the HPV vaccine by 15 years of age; 70% of women are screened with a high-precision test at 35 and 45 years of age; and 90% of women identified with cervical disease receive treatment and care. Taken from the WHO draft global action plan towards cervical cancer elimination.



Interactive side session: Creating global consensus on screening and early detection standards

The importance of screening and early diagnosis is widely accepted amongst the cancer community, with clear, cost-effective WHO guidelines for breast, colorectal, oral and cervical cancers. Notwithstanding, awareness levels remain low amongst the general population and policy makers, resulting in limited investment in the tools or resources to support these programmes. Participants explored examples of how this is being addressed, including perspectives from Kazakhstan where many people perceive cancer as a death sentence. As a result stakeholders are working to improve understanding and awareness of the disease in order to improve participation in screening programmes. In Canada, which shares similar challenges in ensuring access to screening programmes due to the size of the country, provinces have approached screening outreach in different ways and the lessons learned have helped shape and improve the roll-out of screening programmes domestically and internationally.

Bringing together perspectives from governments, health care providers and industry representatives, speakers emphasised that early detection is under-utilised as a public health tool globally and underlined the essential role of treatment for screening programmes to be effective. The session concluded with a joint call to action to advance multi-stakeholder engagement to support a set of baseline screening standards.

Session supported by Merck Group.

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"No child has to live in a world where their mother has died from cervical cancer. Cervical cancer elimination is imperative for our generation"

**Dr André Ilbawi, Technical Officer,
World Health Organization**



Cancer and

Universal Health Coverage



Launch of the Cancer Atlas, Third Edition

Building on the theme of 'Access creates progress', Dr Ahmedin Jemal, Scientific Vice President of the Surveillance and Health Services Research Program at the American Cancer Society presented the latest edition of the Cancer Atlas. The Atlas is a collaboration between the American Cancer Society, IARC and UICC and brings together the latest statistics and information on cancer to increase knowledge, provide a reliable basis for evidence-based decision making, and inspire united action and partnerships against the cancer epidemic. Download the latest edition of the Cancer Atlas [here](#).

Spotlight on access to cancer treatment and care

Multi-sectoral perspectives on 'Access creates progress'

A dynamic panel explored how different actors are working to improve access to essential cancer services across the cancer control spectrum. Dr Bente Mikkelsen from the WHO European Regional Office (EURO) highlighted the importance of including prevention and health promotion activities within the scope of UHC, particularly for cancer. Reflecting on the experiences from the region, Dr Mikkelsen emphasised the importance of a dual focus on access to services across the cancer spectrum and patient outcomes. The region has been working for the last 10 years to implement the EURO Health 2020 strategy, with the goal of addressing health inequities across the region. While there have been reductions in exposure to certain risk factors, treatment inequities and levels of out-of-pocket spending have not changed significantly. In response, Dr Mikkelsen shared how WHO EURO is focusing on the socio-economic aspects of care, drawing on new data sources and has launched a new multi-stakeholder drive to improve health literacy.

Bringing in a civil society perspective, Ms Carmen Auste, Chief Executive Officer of the Cancer Warriors Foundation provided an overview of the development of the Philippines National Cancer Control Act to mandate improved access to care. Civil society organisations formed a coalition with the goal of delivering a cancer law, as previous administrative measures had not resulted in systemic change due in part to shortages of funding and changes in the administration. Consequently, the coalition felt a law would help to safeguard cancer control from political changes and would have the power required to mandate investment in core cancer services. The coalition amplified the voices of patients and their families, including the first-hand experiences of members of the government, to make a comprehensive case for the new bill. Crucially, this was scheduled alongside a national UHC bill and so the coalition worked to ensure that the two were complementary.

Commenting on the discussions so far, Mr Jeffrey Sturchio, Chief Executive Officer of Rabin Martin, made the case that the path to UHC will look different in each country. As a result, the mechanisms and opportunities to engage partners to support the implementation of UHC should be tailored to different national contexts. Focusing on the role of the private sector, Mr Sturchio suggested that between 30% to 80% of care is currently delivered or paid for by the private sector globally, as such governments will need to have a clear strategy to make the most effective use of these resources. Looking more broadly at building strong health systems for UHC, Mr Sturchio discussed how private sector companies can leverage existing collaborations, relationships and capabilities to support governments. A major challenge to achieving this multi-sectoral approach to UHC are the frameworks for engagement and, with that in mind, it will be important for countries to establish clear regulations and rules for engagement.



Interactive side session: Exploring the effective use of law to achieve UHC

In a practical and engaging session, panellists explored how the law is being used to support cancer control, from health system design through to implementation and governance. In a short introduction to the topic of law in UHC, Ms Hayley Jones from the McCabe Centre for Law and Cancer described law as both an enabler for UHC but also, when poorly designed, as a barrier. The diverse panel presented examples of how law has been used to facilitate UHC and improve health outcomes in their countries starting with a compelling story of how Cancer Warriors of Mexico drove a bill through the Mexican Congress to grant occupational leave to parents whose children are undergoing cancer treatment. In Botswana, the African Palliative Care Association has worked with lawyers to examine existing laws to identify possible opportunities and barriers to expanding palliative care in the country, including where prescribing could be simplified in order to improve access to cancer patients. Finally, discussions turned to the work on improving patients' informed consent about treatment options prior to treatment or tests being run in Australia, focusing particularly on improving patients' understanding of the financial implications of treatment procedures as a result of being referred to private facilities. Working with regulations and clinicians was key in order to improve their understanding of the role they needed to play in improving patients' awareness.

Session organised by McCabe Centre for Law & Cancer and UICC, and supported by Cancer Council Australia, and Cancer Council Victoria.



"The cost of supporting 10,000 families with time off to care for their children is equivalent to 0.004% of federal budget per year in the country. It costs nothing for the government but everything to the families who have children with cancer."

Mr Kenji Lopez Cuevas, Founder and Director Cancer Warriors de Mexico

Global partnerships are a necessary to the achievement of Universal Health Coverage and a priority in the era of Sustainable Development. The World Cancer Leaders' Summit is a tremendous opportunity for the cancer community to come together to discuss policy priorities for cancer prevention and control towards the achievement of UHC and for the betterment of cancer patients around the world.

Dr André Ilbawi, Technical Officer, World Health Organization.



Interactive side session: UHC - a holistic approach to advance cancer control globally

To be successful, policy makers should adopt a holistic approach to advance cancer control within UHC, including early detection and diagnosis, and capacity building of the health workforce, underpinned by sustainable financing. This multisectoral panel drew on experience from the WHO, the private sector, civil society and academia, and discussed the first steps needed to integrate cancer in UHC. Participants emphasised the importance of breaking siloes, both within governments by bringing the issue to the attention of heads of state and governments, and as part of multisectoral partnerships to support its implementation and financing. One key theme that emerged was the importance of data to inform policy.

Using Malaysia as an example, Dr Saunthari Somasundaram, National Cancer Society of Malaysia, argued that while the country has cervical cancer screening, further efforts are needed to increase the uptake of screening services which currently stand at 12%. A key part of ongoing advocacy will be focused on highlighting the need for further work to increase screening rates and using data to inform cancer policies. Dr Ren Minghui, WHO, shared WHO's commitment to support countries in developing UHC, but stressed that if there is no consensus on the role of multisectoral partners, UHC becomes very hard to implement nationally. Building on this point, Mr Michael Oberreiter, Roche, suggested that many countries need a clear governance framework to support and shape public-private partnerships. He argued that, from an industry perspective, there was a lot to learn from the WHO's forthcoming UHC costing tool and that the business case around improving access to medicines needs to be strengthened as philanthropy has not been demonstrated as sustainable to date.

Session supported by Roche.

Making the case for cancer treatment and UHC

Access to treatment is a key, high-profile component of discussions on cancer and UHC. This multisectoral panel brought together different actors to discuss the challenges and opportunities to deliver improved access to cancer treatment and care as part of the UHC agenda. All the panellists recognised that access to medicines is key to improving cancer survival, but that the current health infrastructure in many countries includes significant gaps and inequities that hinder the accessibility, affordability, availability and quality of cancer medicines and technologies.

Mr Esteban Burrone from the Medicines Patent Pool (MPP), started the discussions with a short overview of the MPP model and its successes in reducing the price of medicines for HIV and Hepatitis B and C in LMICs using voluntary licenses. Using Hepatitis C as an example, he argued for a health systems approach to evaluating access programmes. He made the case that all screening and early detection programmes must be accompanied by access to safe and effective treatment.

When selecting these treatment options, countries should consider the cost of medicines alongside the health system requirements, as some new medicines might help to reduce costs associated with side effects or longer in-patient stays. For LMICs, there is an additional challenge in ensuring sustainable access to new treatments, as while some companies have access programmes, there is historically a 10 to 15-year lag in access for LMICs.

Commenting on this, Mr Indranil Bagchi from Novartis recognised the challenges LMICs face in accessing medicines for cancer and shared how Novartis is working to address these. Two initiatives the company has implemented are tiered pricing, based on GDP or gross national income, and the development of emerging market brands to reduce the 10 to 15-year lag time discussed. On average these brands take one to two years to reach the market, but most recently a new breast cancer treatment was available in five months.



Dr Jayasree K. Iyer provided perspectives from the Access to Medicines Foundation, which has been monitoring access to medicines over the last 13 years. Over this period, the private sector has placed a stronger strategic focus on access to oncology medicines, particularly in sub-Saharan Africa where 14 of the 20 companies included in the Access to Medicines Index are marketing cancer products. The key issue is that donation and discount programmes, along with philanthropic contributions for capacity building activities, are not sustainable as they focus on small populations. To deliver UHC, these programmes need to include all eligible patients, and ensure that marketing efforts are in line with the vision of companies and look at how to bring access to scale.

Looking at other treatment modalities for cancer, Dr Lisa Stevens shared the work of the IAEA's Program for Action on Cancer Treatment in supporting countries to develop cancer plans with clear budgets that can then be used to seek financial support to deliver interventions across the cancer control spectrum. In particular, she emphasised the importance of radiotherapy and integrating this technology into health systems as, for example, an average of 90% of breast cancer patients and 70% of cervical cancer patients would be recommended to have radiotherapy treatment. Accelerating the cervical cancer elimination effort will therefore be difficult without access to radiotherapy.

The final speaker, Professor Mary Gospodarowicz, from the Princess Margaret Cancer Center, re-emphasised this point and urged participants not to forget the critical importance of cancer surgery within UHC. Drawing the discussions together, she argued that countries need to reflect on whether they have the foundational elements in place in order to address the needs of patients. While cancer care may be complex, it provides a 'trojan horse' by which countries can strengthen investments in these foundations as *"If you can fix cancer, you give the health system a chance to fix the majority of other diseases as it affects all areas of the body and involves all sub-specialities."* Bringing this together, Professor Gospodarowicz urged participants to advocate for a stronger focus on quality alongside value for money, looking at better outcomes for costs and building on the existing literature which has quantified the potential benefits of these investments.



Interactive public private dialogue side session:

Access to cancer medicines - A better way forward

With the discussions around issues in access to cancer care high on the global health agenda, UICC organised a Public Private Dialogue to explore the question of how to ensure cancer medicines reach the people who need them. Panellists included a representative from Asociación Tour Rosa de Costa Rica, a Costa Rican patient organisation, WHO, Médecins Sans Frontières (MSF) Access Campaign, Ideas and Solutions (a consultancy firm that works with both pharmaceutical companies and governments), the European Society of Medical Oncology (ESMO) and the International Federation of Pharmaceutical Manufacturers and Associations. This multistakeholder panel addressed issues such as reimbursement, pricing, lack of cancer diagnostics, supply chain and quality control issues, inadequate infrastructure and lack of human resources, all of which affect access to cancer treatment. After the panel discussion, more than 100 participants engaged in group discussions to identify key barriers and practical solutions that can be put in place with a view to providing better access to cancer treatment for all.

Session supported by ASCP, ESMO, Children's Cancer Center of Lebanon, MSD, Novartis and Pfizer Oncology.



33

"The World Cancer Leaders' Summit was a great opportunity to meet colleagues from all over the world who are in decision making positions in cancer prevention or care in their respective countries or institutions. The network opportunities were excellent, and the atmosphere very enjoyable."

Dr Elisabete Weiderpass,
Director, International Agency for
Research on Cancer



Interactive side session: Closing the age gap

In this session, Francesca Colombo presented an introduction to the topic of ageing, focusing particularly on the impact of a rapidly ageing population, the burden and types of cancer, and the resulting demands on health systems. Ms Colombo highlighted the unmet needs and gaps in cancer control in the ageing population, particularly as around 60% of individuals aged 65+ are managing multiple chronic conditions and do not fit easily into one disease category or programme. In addition, many health systems are not ready to manage elderly patients, particularly as these systems tend to have been built around episodic and acute care. Ms Colombo suggested the need for a greater focus on prevention and promotion of healthy living, increasing the readiness of health systems to treat multiple chronic conditions and through adopting a more people-centred approach. Following this, participants broke out into groups to discuss opportunities to address ageing populations in cancer interventions more effectively and reported back, identifying areas for the cancer community to take forward.

Session supported by Sanofi.



Universal health coverage is essential for effective prevention and control in cancer care. The IAEA plays a key role towards achieving this goal through the support of nuclear techniques, such as nuclear medicine and radiotherapy for diagnosis, treatment and palliative care. All of these need to be integrated into healthcare systems and the Summit was an excellent platform to discuss these issues.

**Dr May Abdel-Wahab, Director of the
Division of Human Health, International
Atomic Energy Agency**

"The UHC framework allows us to break through the traditional boundaries of the health sector. Such a multisectoral approach must also address issues from an economic perspective: In the absence of financial protection, any catastrophic health event will result in people falling back into poverty. That's why the concept of UHC requires senior government involvement and leadership and must be given priority beyond just the Ministry of Health"

**Dr Armin Fidler, Lecturer,
Management Center Innsbruck**



Capacity building at the World Cancer Leaders' Summit

As part of the new programme of the World Cancer Leaders' Summit, the third day of the meeting capitalised on the opportunity to engage Summit participants in a series of capacity building workshops related to UICC's programmes and activities.

Leadership in Post-Normal times: Applying foresight for organisational learning

Delivering the systemic changes necessary to ensure health for all requires transformational leadership and a new narrative – business as usual will not do. As part of UICC's CEO programme, for the first time featured at the World Cancer Leaders' Summit, 32 CEOs of UICC member organisations from across 23 countries came together for a workshop on 'strategic foresight', a disruptive and participatory organisational planning approach concerned with 'creating the future', rather than simply predicting it.

Young Leaders in Global Cancer Control

The occasion of the World Cancer Leaders' Summit saw the launch of the **2019/20 Young Leaders' programme** welcoming eight new Young Leaders, following a highly competitive selection process with 145 applicants. The Summit provided an invaluable opportunity for these individuals to be supported to develop their professional networks and engage in these high-level policy discussions. In addition to the main agenda, tailored activities were organised, including a networking breakfast and workshop, to facilitate the upcoming programme activities.

Leadership Strategies: Effectively communicating in culturally diverse settings

Leaders who pay attention to cultural differences improve the leadership pipeline and the overall quality of healthcare. This workshop, hosted by the American Society for Clinical Pathology (ASCP), highlighted the importance of connecting emotional intelligence and cultural awareness to increase leadership effectiveness. Part of the broader focus on leadership development accompanying the Summit, and leveraging the learning from ASCP's Leadership Institute, the session sparked many discussions on how these concepts can be integrated into individual leadership practices and support UICC's member organisations.

Raising the profile of cancer through effective advocacy

Drawing upon the experiences and discussions of the Summit centred around UHC, this one-day workshop attended by Treatment for All Country Champions from 20 countries gave them the opportunity to meet for the first time since they joined the initiative in February 2019, and to share their learning experiences as cancer advocates. Through dynamic, participatory sessions, Country Champions were supported in the development of their national advocacy strategies and the preparation of their campaigns to be launched on World Cancer Day 2020, with participants unanimously reporting increased skills, confidence and knowledge in key areas as a result.

CC

"Creative and innovative thinking."

Ms Khin Thiri, CEO, Pink Rose Breast Cancer Patients Support Group, Myanmar

"Eye-opening experience that will last a lifetime."

Dr Ahmed Hefnawy, Gynaecologic Oncology Consultant and Lecturer at Women's Health Hospital, Assiut University, Egypt (2019 UICC Young Leader)

"A meaningful, inspiring, game-changer event."

Dr Felipe Roitberg, Clinical Oncologist at the Instituto do Câncer do Estado de São Paulo (2019 UICC Young Leader)

Call to action

Bringing together themes throughout the Summit sessions, Dr Cary Adams, CEO of UICC, reflected on the progress made so far in securing the 2019 UN Political Declaration on UHC. Looking ahead to the next UN High-level meetings on UHC in 2023 and NCDs in 2025, he stressed that the Political Declaration was an important step but only the first one on a much longer journey. Identifying three areas where the global cancer community could make a difference, he called on the Summit's participants to:

1. Advocate for governments to fulfil existing commitments to advance cancer control, including the 2017 World Health Assembly cancer resolution, Global Action Plan on NCDs and UN Political Declarations;
2. Champion the strengthening of health systems to meet the needs of patients and collaborate with other health communities to ensure the building blocks of health systems, such as access to reliable data, a trained health workforce, and access to essential diagnostics, medicines, vaccines and technologies;
3. Engage with national UHC multistakeholder mechanisms and advocate for governments to meet the spending target of an additional 1% of GDP invested in health, alongside mobilising other resources for UHC implementation.

Dr Adams emphasised that UHC is feasible in every country and that the whole cancer community will have a role to play in delivering UHC as a key partner to government. He called on governments, civil society, international organisations and private sector partners to engage with the growing UHC movement to ensure that we can leverage the resources we need to drive effective investments in countries and ensure that no cancer patient is left behind.



Spotlight: Progress since 2018 World Cancer Leaders' Summit

Dr Saunthari Somasundaram, President of the National Cancer Society of Malaysia, welcomed participants to Nur-Sultan and shared her **perspectives on progress made in Malaysia since the 2018 World Cancer Leaders' Summit** in Kuala Lumpur. One of the greatest challenges faced has been to bring civil society to the table on an equal footing with decision-makers, in order to share information and expertise to shape national cancer policies. Dr Somasundaram shared how the National Cancer Society of Malaysia has been able to use their role as hosts of the 2018 World Cancer Leaders' Summit to demonstrate their reach and influence with the cancer community and have subsequently seen far greater acceptance and willingness by decision makers to engage with the organisation. In turn, the Cancer Society of Malaysia has helped to bring other organisations into conversations resulting in progress against several advocacy targets, such as a halving of the price of trastuzumab for breast cancer, an extension of the mySalam critical illness protection system and an increase in government spending for health up to US \$7.4 billion, corresponding to 10% of the government's budget.

Looking ahead, Dr Somasundaram was delighted to announce the selection of the city of Greater Petaling as the newest member of the City Cancer Challenge Foundation's growing number of cities committed to cancer treatment and care. This provides an opportunity to deepen existing work as well as forge new paths and alliances to deliver cancer solutions and improve care in the city and builds on a flourishing network of new cancer collaborations nationally.



World Cancer Leaders' Summit Dinner

The official World Cancer Leaders' Summit dinner was held at the Astana Opera, Nur-Sultan on the 15 October, hosted by the Ministry of Health of Kazakhstan, the Kazakh Institute of Oncology and Radiology, the Kazakhstan Cancer Society and Together Against Cancer. Her Royal Highness Princess Dina Mired and Dr Cary Adams welcomed participants to the special event and an address was delivered by Her Excellency Madam Emine Erdogan, First Lady of Turkey. The evening also showcased excellent orchestral, operatic and ballet performances conducted by Mr R. Baimurzin and the 'Aitbay' Fanfare of the Astana Opera.

The event closed with the announcement of the winner of the inaugural award for Outstanding Contribution to Cancer Control, His Excellency Dr Tabaré Vázquez, President of the Oriental Republic of Uruguay. Awarded for his outstanding contributions to tobacco control, both in Uruguay and globally, and his unfaltering support for the global cancer and NCD movement, the award was accepted by his son Dr Álvaro Vázquez while His Excellency Dr Tabaré Vázquez sent a heartfelt video address to all Summit participants.

The shortlisted nominees were Professor Ian Hector Frazer, Affiliate Professorial Research Fellow, Institute for Molecular Bioscience, University of Queensland, and Chair, Australian Medical Research Advisory Board; His Excellency Mr Edgar Chagwa Lungu, President of Zambia; and His Excellency Dr Tabaré Vázquez, President of the Oriental Republic of Uruguay.

2019 World Cancer Leaders' Summit impact



350 participants
from **80 countries**

120 UICC member organisations



Social media

1,500 social media posts
reaching **500,000 users**



Press and media

135 accredited journalists
724 articles tracked until the
8 November, with a media reach
of **695 million**

Thank you

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