



A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER

Leading the global fight against cancer Dr Cary Adams CEO, UICC



“We unite and support the cancer community to reduce the global cancer burden, to promote greater equity, and to ensure that cancer control continues to be a priority in the world health and development agenda.”



My Presentation

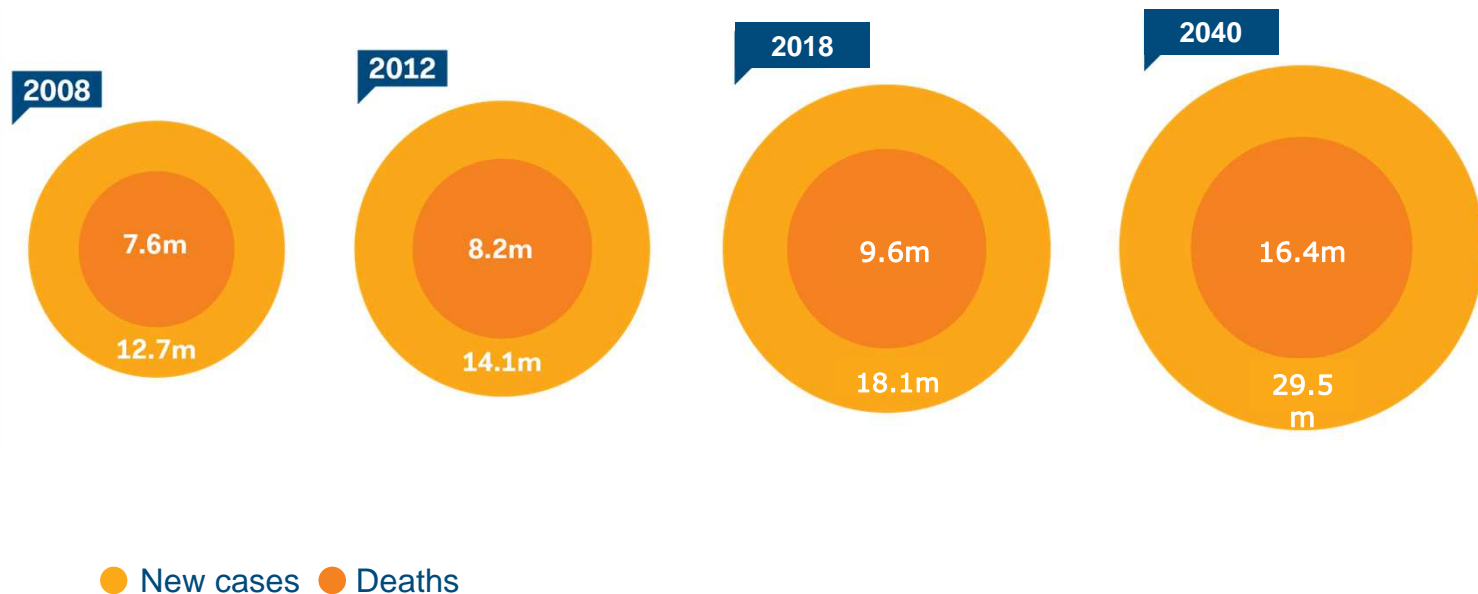
1. The Growing Cancer Burden
2. About UICC
3. Delivering an Impactful Agenda
4. The Bedrock - the World Cancer Declaration
5. From Global to National Action
6. How are we doing?
7. Some final thoughts.....

The Challenge of Cancer Control

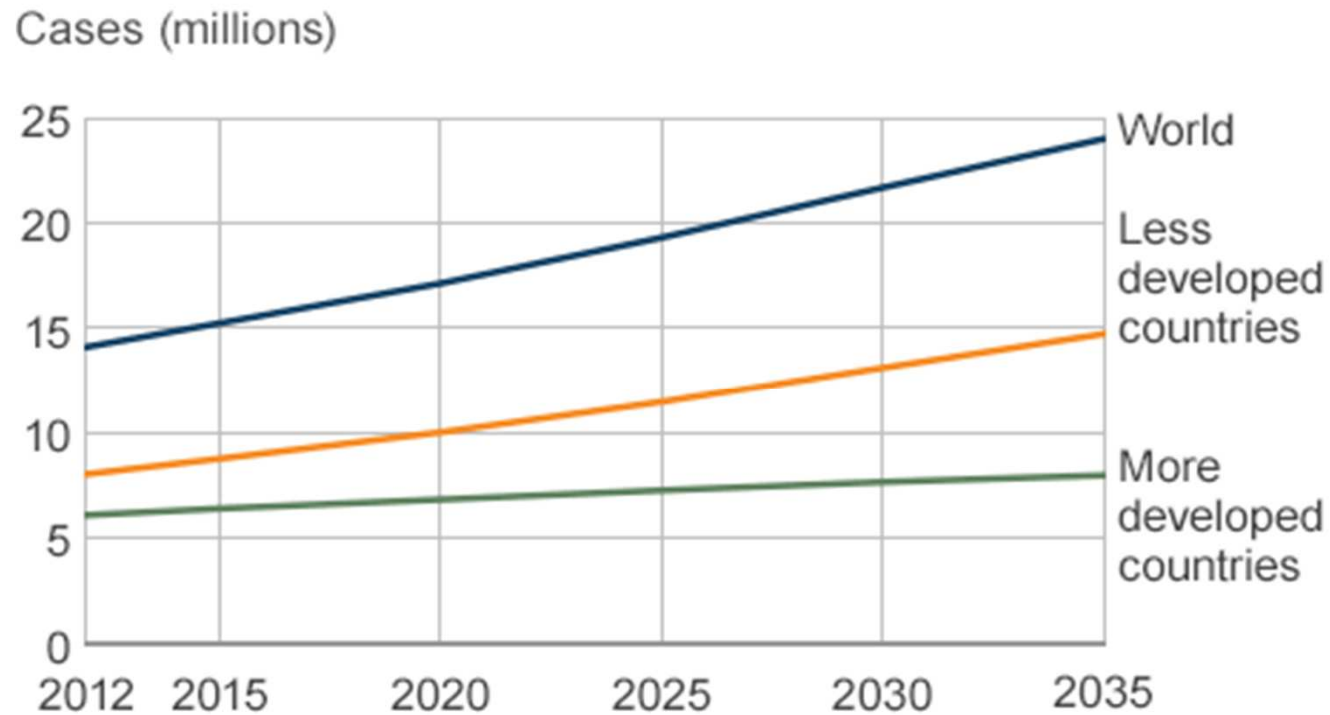
“Chances are, at some point in our lifetime we will either know someone who has had cancer or is currently fighting it. It affects us all - be it through a colleague, family member, or friend.”

**Sanchia Aranda, CEO,
Cancer Council, Australia**

Cancer incidence and mortality



The worst hit will be those in less developed countries...



Source: WHO GloboCan

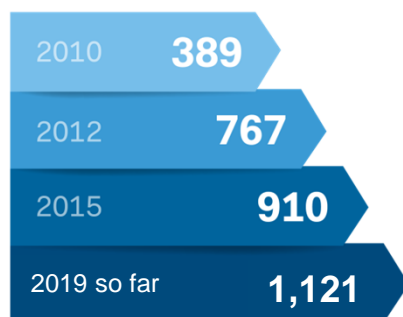


About UICC

- Oldest and largest cancer fighting organisation globally, established in **1933**
- **A team of 40 based in Geneva**
- More than **1100** members across **171** countries
- Official relations with **UN** agencies: **WHO, IARC, IAEA, UNODC** and consultative status at **ECOSOC**
- More than **50** partners including cancer organisations, corporations and foundations
- Founding member of the **NCD Alliance, McCabe Centre, City Cancer Challenge Foundation** and the **International Cancer control Partnership (ICCP)**

UICC Membership

Diverse organisation types



90% of our members say that they value UICC membership, with 80% stating that we provide an 'excellent' service



Access to a diverse network

Partnering to drive success in cancer control

- Official relations with **UN** agencies: **WHO**, **IARC**, **IAEA**, **UNODC** and consultative status at **ECOSOC**
- More than **50** partners including cancer organisations, corporations and foundations
- Founding member of the **NCD Alliance**, **City Cancer Challenge Foundation**, **McCabe Centre** and **ICCP**



WHO - World Health Organization | IARC - International Agency for Research on Cancer
IAEA - International Atomic Energy Agency | UNODC - United Nations Office on Drugs and Crime
ECOSOC - United Nations Economic and Social Council



"It is a great honour to lead such an incredibly talented and committed Board of Directors, who I know will help me and the UICC team to deliver the impact we want to achieve around the world."

Princess Dina Mired, President, UICC

Led by the very best....

President

HRH Princess Dina Mired (Jordan)

President-elect

Anil D'Cruz (India)

Board of Directors

Dr Wahid AlKharusi, Oman

Ms Ulrika Årehed Kågström, Sweden

Ms Sally Cowal, United States

Professor Jeff Dunn, Australia

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Dr Cristiana Fonseca, Portugal

Mr Nick Grant, United Kingdom

Professor Anne Lee, Hong Kong

Dr Alejandro Mohar, Mexico

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Pereira, Brazil

Professor Danielle Rodin,
Canada

Dr Zainab Shinkafi-Bagudu,
Nigeria

Dr Saunthari Somasundaram,
Malaysia

Mrs Ann Steyn, South Africa

Track record in establishing successful and sustainable initiatives with others





And recognised for excellence...

International Congress and Convention Association (ICCA)

2018 - Incredible Impact Award (for the Mexico Summit)

International and European Associations Awards

2018 – Best Website and Integration

2017 – Best Membership Engagement

2016 – Conference Development

2015 – CEO of the Year

The European Associations Award

2018 – Best Association Website

The Association Awards

2017 - Best Use of Social Media (at the Paris World Cancer Congress)

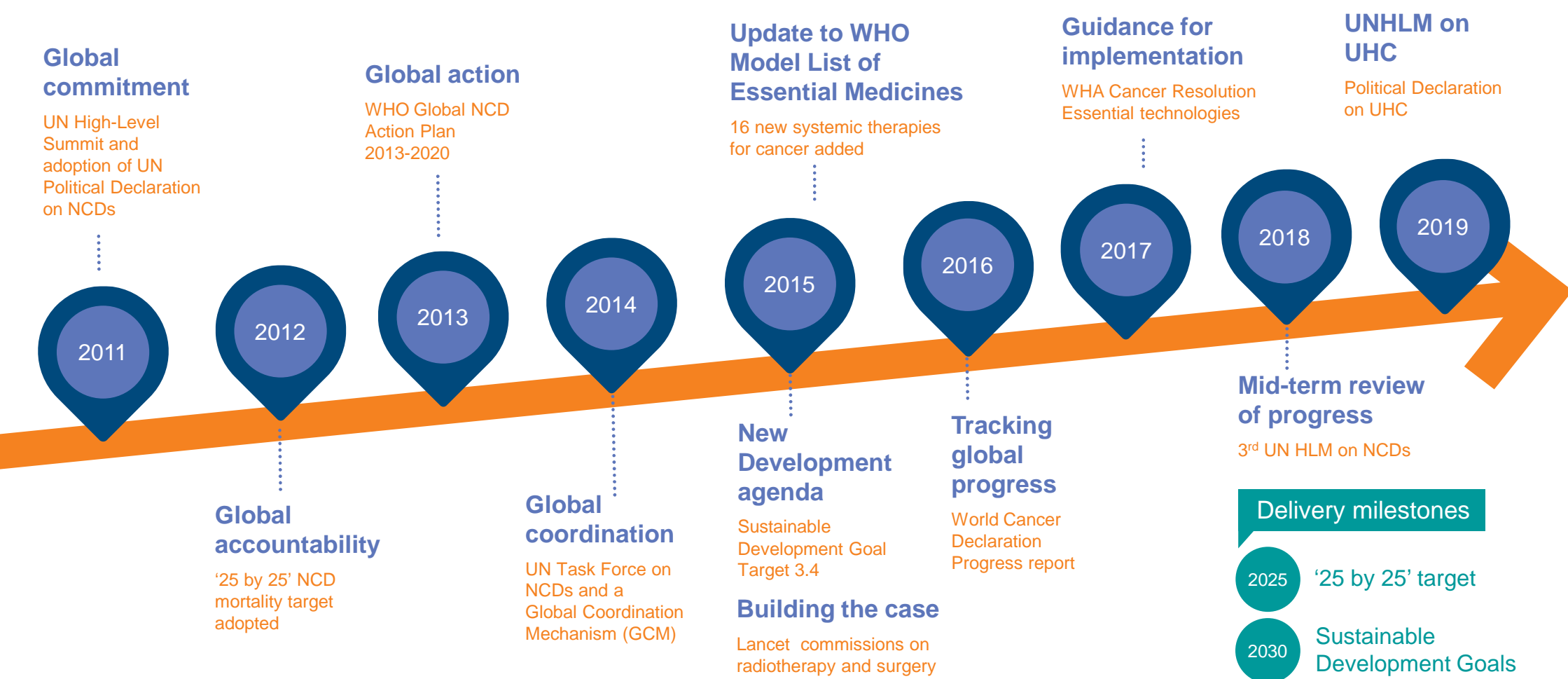
Delivering

an impactful agenda

Representing the
voice of the global
cancer community at
the highest levels
and transforming
global commitments
into local actions



From global commitments to national action



The non-communicable disease (NCD) agenda – provides the sense of **urgency for action**



25% reduction in premature NCD deaths



10% reduction in harmful use of alcohol



10% reduction in physical inactivity prevalence



30% reduction in mean population intake of salt



30% reduction in tobacco use



25% reduction in raised blood pressure prevalence



0% increase in diabetes and obesity



50% coverage CVD drug therapy and counselling



80% coverage access to essential medicines and technologies

Global Action Plan on NCDs a global commitment to achieve:

- 25% reduction in premature mortality by 2025 globally
- 80% access to essential medicines and technologies (and indicators across cancer control)

Best Buys - Appendix 3 recommends highly cost-effective interventions across the continuum; new since 2017 review:

- Multidisciplinary treatment for stage I and II treatment of cervical, breast and colorectal cancers
- Basic palliative care package for cancer

Sustainable Development Goals



World Health Assembly 2017 Cancer Resolution



SEVENTIETH WORLD HEALTH ASSEMBLY
Provisional agenda item 15.6

A70/32
13 April 2017

Cancer prevention and control in the context of an integrated approach

Report by the Secretariat

1. In January 2017, the Executive Board, at its 140th session, considered an earlier version of this report that contained a draft resolution.¹ During the discussions,² an informal drafting group was set up so that consensus could be reached on the text of the draft resolution. Despite progress made by the drafting group, consensus was not achieved before closure of the Board's session and certain paragraphs of the draft resolution remained pending. The Board then agreed that the discussion of those outstanding paragraphs would be continued during the intersessional period.

BURDEN AND TRENDS

2. Cancer is a growing public health concern. In 2012, there were 14.1 million new cases and 8.2 million cancer-related deaths worldwide. The number of new cases is projected to increase to 21.6 million annually by 2030. The greatest impact is in low- and middle-income countries, many of which are ill-equipped to cope with the escalating burden of disease, and where 65% of cancer deaths occur.

3. In 2012, there were 4.3 million premature deaths from cancer worldwide, 75% of which were in low- and middle-income countries. In order to achieve Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and its target 3.4 to reduce, by 2030, premature mortality from noncommunicable diseases, including cancer, by one third, an urgent scale-up of actions is needed. This scale-up should include actions that apply also to other targets, such as target 3.a to strengthen the implementation of the WHO Framework Convention on Tobacco Control by all Parties to the Convention, as appropriate.

4. Progress in cancer control has been uneven. In spite of known effective interventions, the burden of cervical cancer, for example, remains greatest in low- and middle-income countries, where progress has been the slowest. While there have been moderate improvements in age-standardized cancer mortality rates in high-income countries, reaching a 25% reduction in some settings, overall declines in mortality from cancer have not been achieved globally.

¹ Document EB140/31.

² See the summary records of the Executive Board at its 140th session, fourteenth meeting, fifteenth meeting, section 1 and eighteenth meeting, section 3.

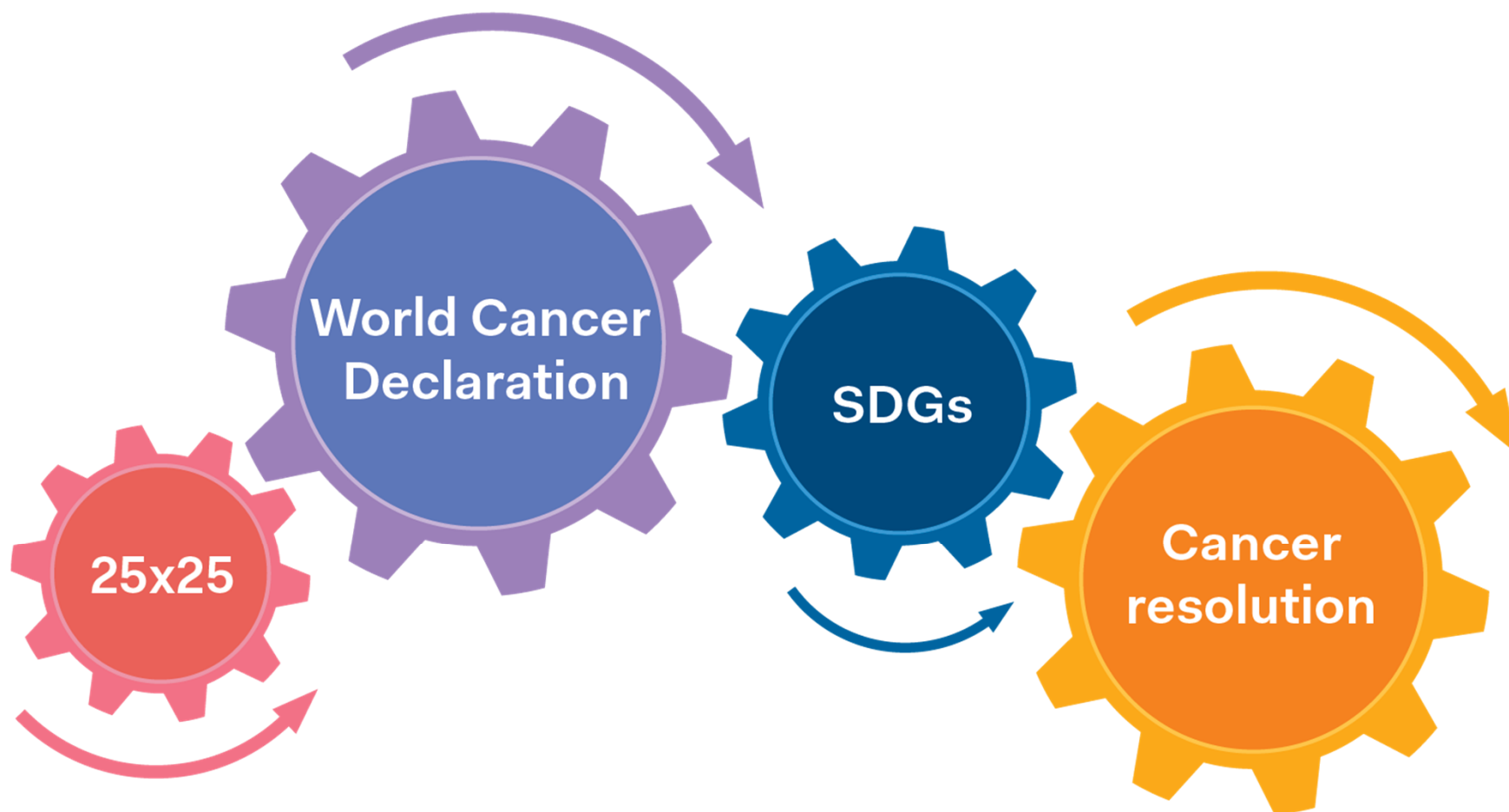
Key themes

- Burden and trends in cancer
- Progress developing and implementing NCCPs
- Prevention, early diagnosis, screening and treatment options
- WHO's response and actions for the Secretariat
- Recommendations for Member States at the country level
- Actions for the WHO Secretariat

Important wins

- ✓ Consolidates “cancer control” as key in the NCD and SDG agenda
- ✓ Adopts specific language on the comprehensive approach to cancer control
- ✓ Clearly articulates of the **building blocks of cancer plans** and developing pathways of care
- ✓ Communicates actions that are buried in the indicators of the GAP
- ✓ Calls for **integration of services across health plans**

Moving from Global Commitments to National Action



The Bedrock -

The World

Cancer Declaration



World Cancer Declaration

- At the 19th World Cancer Congress (Washington 2006) the global cancer community united behind a call for urgent action to deal with the worldwide cancer crisis by launching the first World Cancer Declaration, which outlined the steps needed to begin to reverse the global cancer crisis by 2020.
- This revised declaration was adopted at the World Cancer Summit in Geneva, on 30 August 2008.
- Following agreement to the 25x25 NCD targets in 2013 agreed by Member States at the World Health Assembly, the global cancer community identified a set of immediate actions for all stakeholders, focusing on 9 World Cancer Declaration targets which were launched in October 2013 with targets for 2025.

World Cancer Declaration Targets

Target 1



Strengthen health systems for effective cancer control

Target 2



Measure cancer burden and impact of cancer plans in all countries

Target 3



Reduce exposure to cancer risk factors

Target 4



Universal coverage of HPV and HBV vaccination

Target 5



Reduce stigma and dispel myths about cancer

Target 6



Universal access to screening and early detection for cancer

Target 7



Improve access to services across the cancer care continuum

Target 8



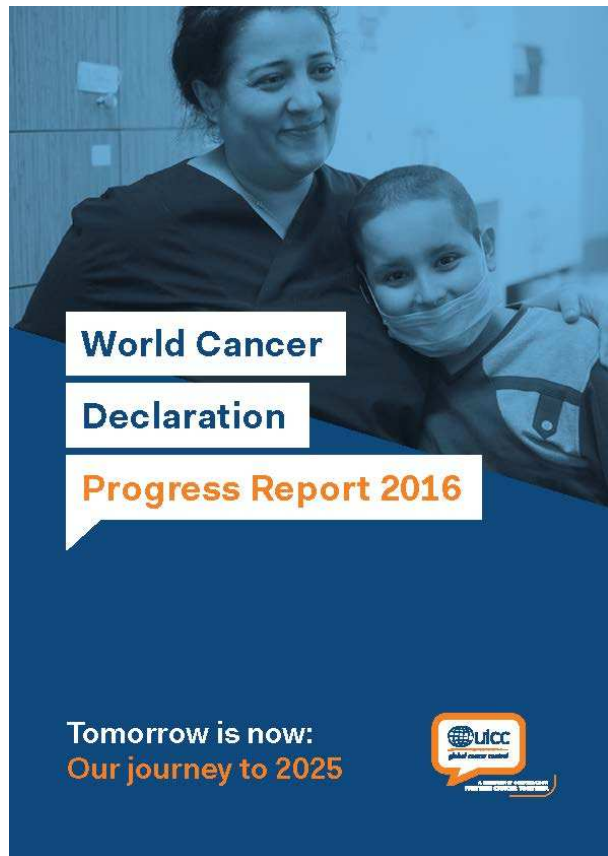
Universal availability of pain control and distress management

Target 9



Improve education and training of healthcare professionals

Driving national action to 2025: **World Cancer Declaration** **Progress Report**



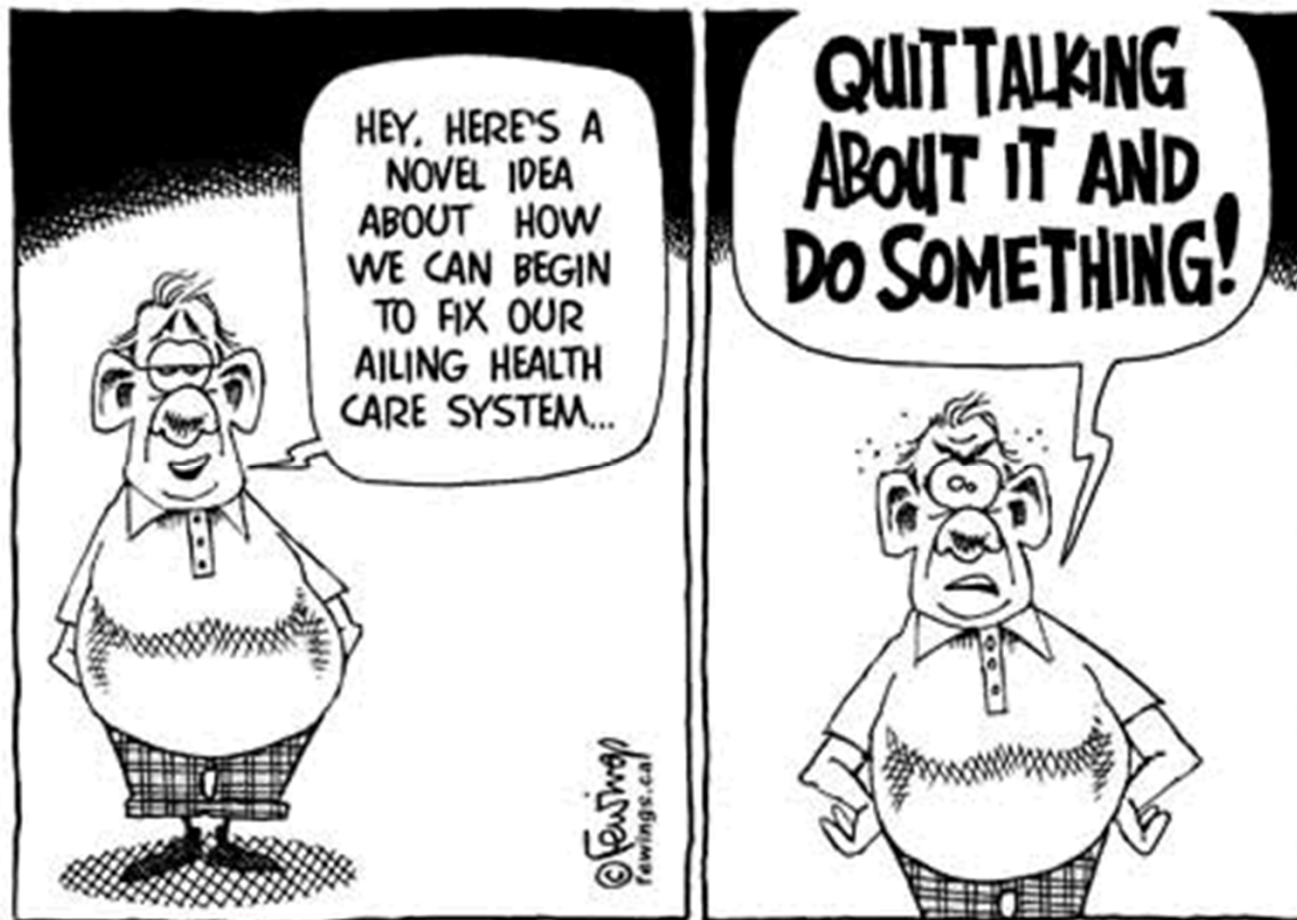
- Compiles UICC member perspectives on national cancer control actions, successes, remaining challenges and UICC member achievements across 113 countries
- Identified progress in cancer planning and prevention (tobacco control) against the WHO NCD progress tracker
- Expresses urgency for more national action to implement cancer plans improve access to treatment and care
 - Radiotherapy access limited, particularly in LMICs
 - Variable access to surgery
 - Financial and legal difficulties accessing essential medicines and palliative care
 - NGOs frequently filling the gap in providing services and guiding patients through cancer diagnosis, treatment and care

From Global

To National Action



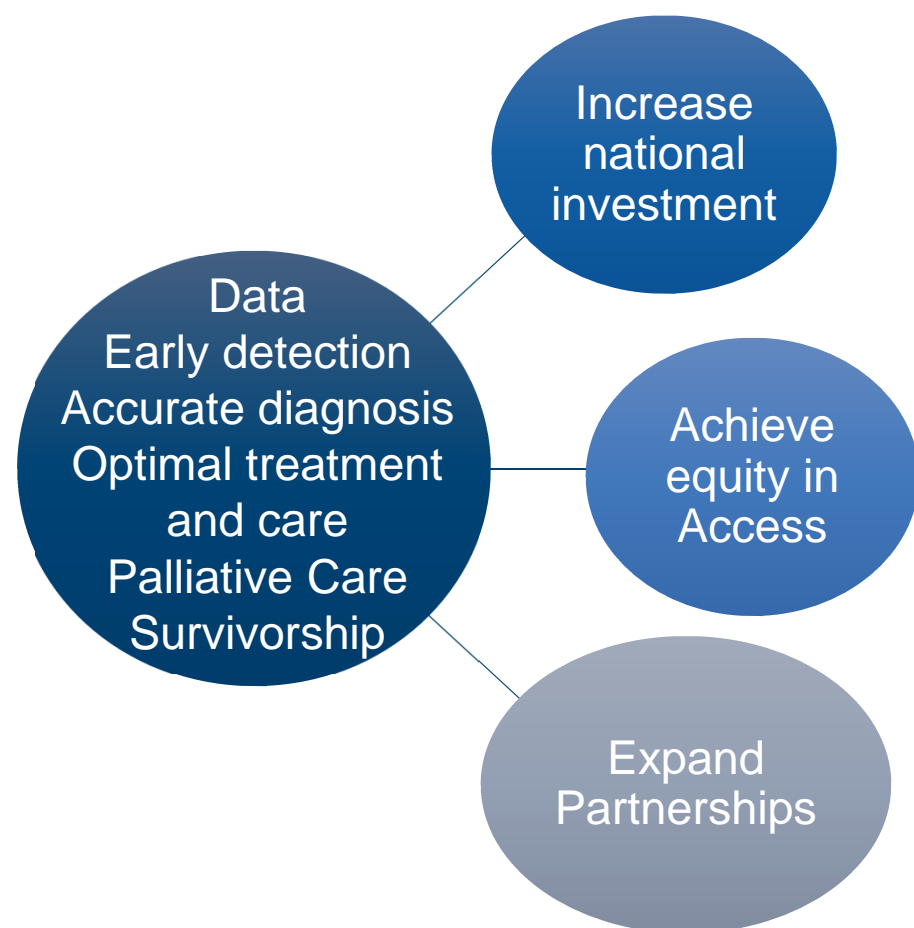
It's now time to galvanise action at a national level...



Implementing what we know

- A large number of cancers can be prevented with primary prevention, and early detection can significantly improve treatment outcomes and survival
 - Cervical cancer
- Early detection improves survival and reduces mortality
- Screening, cancer awareness and prompt diagnosis and treatment are essential components of cancer control programs
- Palliative care is essential to cancer management and should be provided as soon as cancer is diagnosed
- All interventions should be evidence-based and adapted to the local conditions

Key areas for National Action and Focus



- Develop costed and timebound National Cancer Control Plan (NCCP) with dedicated budget
- Ensure alignment and integration of NCCP with Universal Health Coverage (UHC) plans

- Utilize cancer surveillance data to identify and monitor cancer outcomes in different populations
- Investigate and address inequities in access to and coverage of cancer interventions and services

- Engage in multi-stakeholder partnerships in the design, implementation and evaluation of cancer control interventions
- Include government ministries, civil society organizations, patient representatives, private sector companies, research institutions, hospitals and clinics



National cancer control plans (NCCPs)

“A strategic plan to control cancer based on the country’s cancer burden, cancer risk factor burden and the resources available to implement the plan in the context of the culture and health care system in that country.”

Reasons for developing NCCPs

- Essential to ensuring **policy coherence** i.e. NCCPs provide a platform to integrate economic, social, governance issues within policy development
- An important platform to **engage cancer control stakeholders**
- **Integrate new evidence** to guide policy and program decisions
 - Impacts on our ability to maximise the **efficient use of resources**
- Communicate cancer challenges, needs, and solutions with stakeholders
 - Particularly important if we are to meet financial, political and social support requirements
- **Coordinate efforts** in cancer and other health areas to build on synergies
- Improve **monitoring** and ensure **accountability**

Developing an NCCP

Only 1 in 5
countries
necess

Starting Point

- Develop NCCP using inclusive strategy for planning, implementation and monitoring
- Found NCCP on key activities according to epidemiological burden and health system capacity

31% of
States
ave

Common NCCP Priorities

1. Emphasise prevention & stage shift to early disease at cancer diagnosis
2. Ensure high-quality services
3. Promote strategic evidence-based investment

<50% h
NCCP th
operational

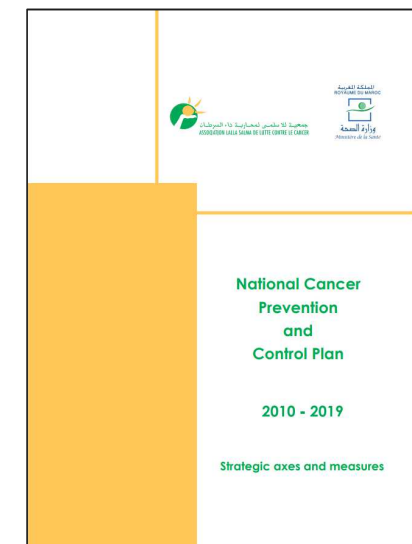
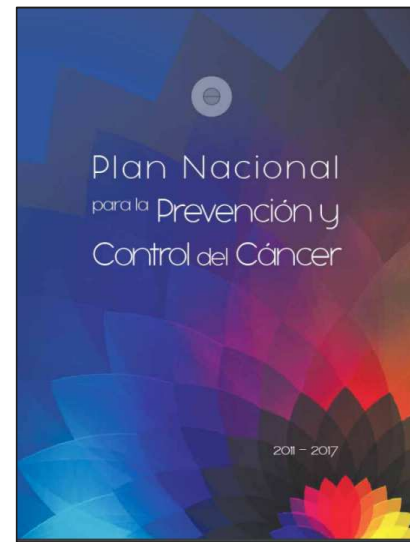
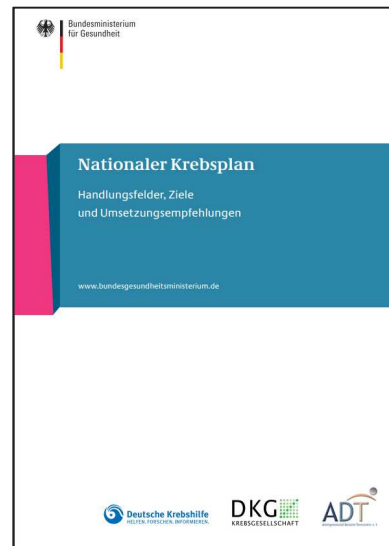
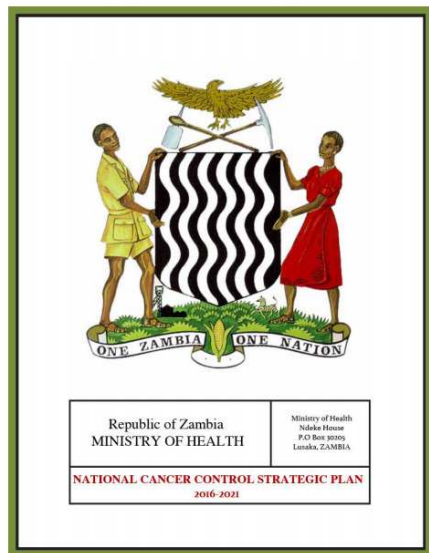
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l spending
s develop
countries

A woman with long brown hair and black-rimmed glasses is smiling broadly, looking towards the left. She is wearing a black blazer over a patterned top. She is seated at a table, holding a pen in her right hand. In the background, there are whiteboards and a wooden wall. To her right, another person is partially visible, wearing a white sleeveless top and a green bracelet. A water bottle and some papers are on the table in front of her.

How are we doing?

A global analysis of National Cancer Control Plans

- Collaboration with WHO and the International Cancer Control Partnership (ICCP)
- 500 documents reviewed from 158 countries
- 67 expert reviewers based in 16 different countries
- Findings published in *The Lancet Oncology* in September 2018
(Romero, Trapani, Johnson *et al*, Lancet Oncology, 2018)



The questionnaire tool covered

Covered Domains:

- Introduction and Overview
- Prevention
- Diagnosis
- Palliative care/Survivorship
- Service Delivery
- Governance
- Health workforce
- Health Information System
- Research
- Finance
- Summary

Questions were organised into three elements, consistency, coherency, and comprehensiveness

The 3Cs analysis

- Consistency: alignment with evidence based policies and global norms and standards
- Coherency: aligned with other strategies such as the national health strategy and other public health programmes, plans, targets and indicators
- Comprehensiveness: covers the key elements of the cancer control continuum, and addresses critical health system functions

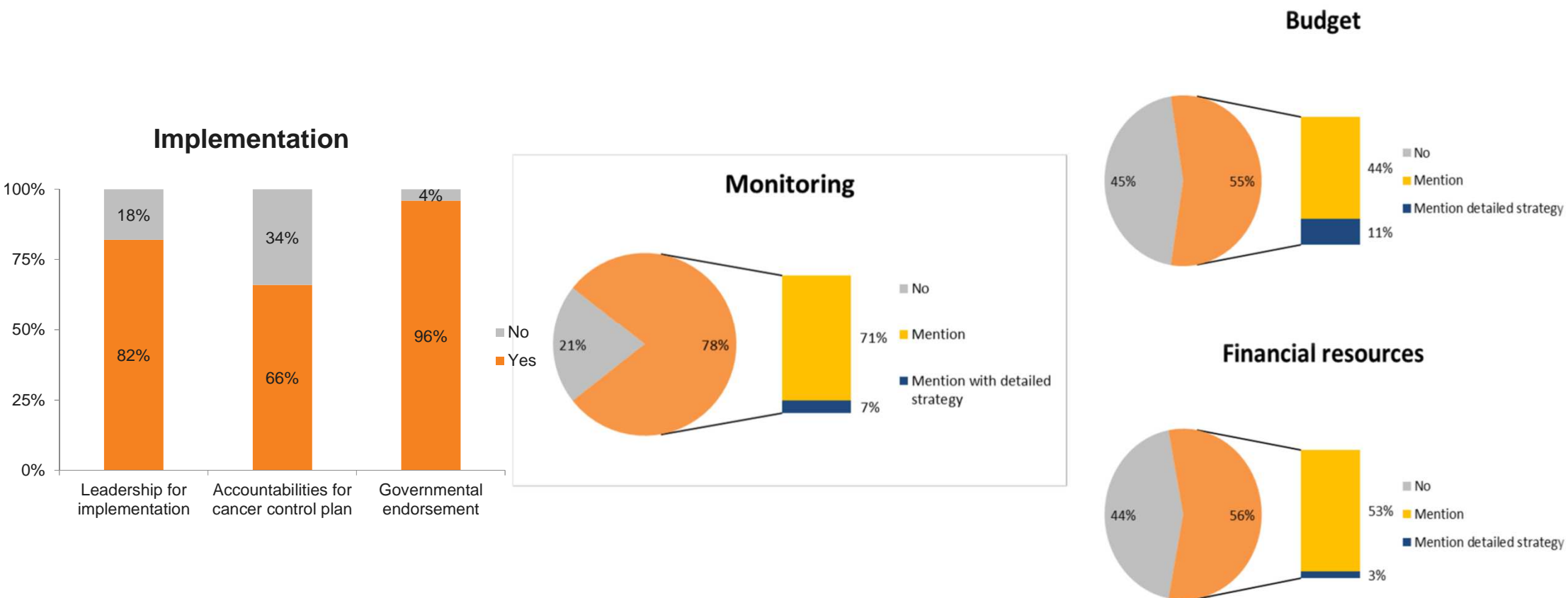
A global analysis of National Cancer Control Plans

Progression of operational cancer plans worldwide per region

Region	2013	2017
Africa	46%	74%
Americas	61%	77%
Eastern Mediterranean	48%	71%
Europe	82%	90%
South-East Asia	73%	91%
Western Pacific	83%	83%
Total	66%	81%

Global Health Observatory data repository, <http://www.who.int/gho/en/>,
Noncommunicable diseases > National capacity, Policies, strategies and action plans -
last update 2018-8-14.

Implementation, Monitoring and Finances



Good leadership engagement, weak monitoring and even weaker budget allocation

Overall results

- Globally, among the 11 core domains, prevention and early detection were the elements where countries scored more. However, treatment, service delivery and health workforce were poorly mentioned
- Treatment: 53% of plans specified guidelines for cancer treatment
- Service delivery (equity): 35% of plans mention vulnerable populations
- Palliative care: 30% of plans mentioned pain management



Take home/ key messages

- Data from this study have confirmed recent improvements in the comprehensiveness of cancer plans
- In nearly all domains, countries with NCCPs addressed more elements of cancer control than did countries with NCD plans alone
- The study did find some associations between countries with NCCPs and improved cancer indicators
- A key question remains: what makes an NCCP plan likely to succeed in its objectives? The importance of establishing a strong monitoring and evaluation framework cannot be underestimated to ensure that resources are allocated effectively and that successive plans build upon each other with measurable improvements
- Although governance mechanisms were provided in most plans, we did not see a lot of evidence of strong implementation of NCCPs- particularly through setting up M&E frameworks, detailing costs and resourcing strategies
- Effective cancer control planning will guide countries toward improving outcomes and achieving universal health coverage by setting a roadmap and making the right investments.

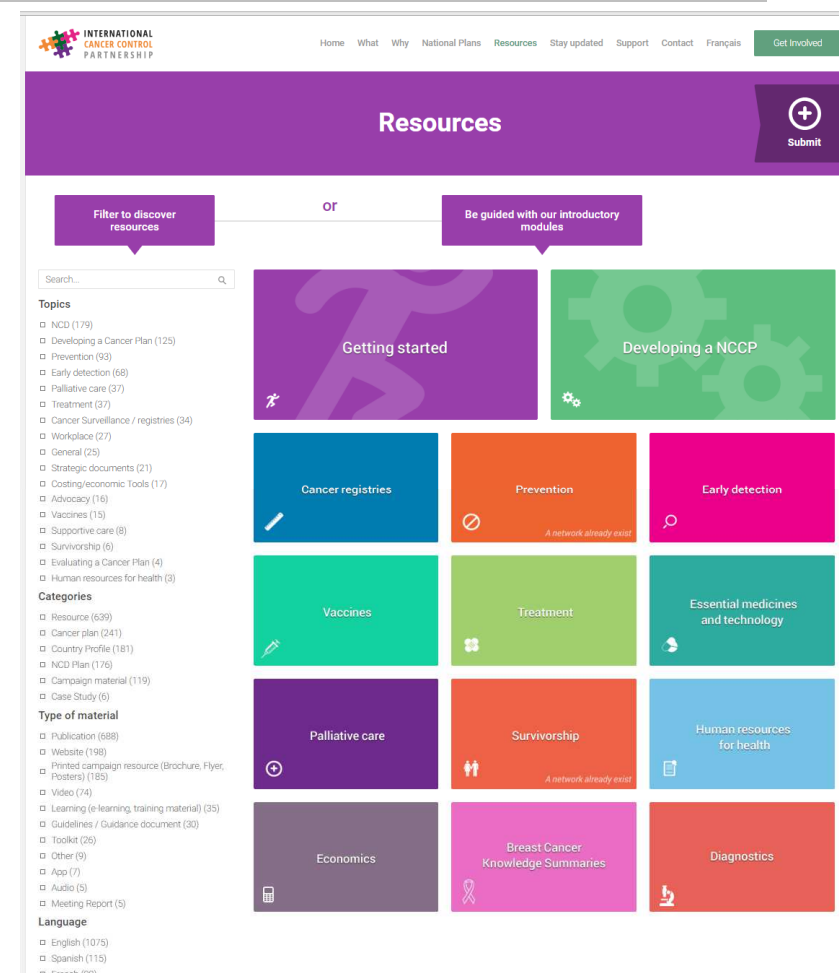
Useful Resources

- An online one-stop shop for cancer planners and policy-makers : <http://www.iccp-portal.org/>
- National cancer control plans (NCCPs) and NCD plans on the portal
- More than 900 selected resources on planning and capacity-building for cancer control
- Best practices and experience
- Technical assistance opportunities
- Global cancer initiatives and advocacy

Since the launch, the portal has been visited by users from over 180 countries



INTERNATIONAL
CANCER CONTROL
PARTNERSHIP



**Some Final
Thoughts.....**



Thank you

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