



A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER

WHO and UICC Introduction to the Global Report on Cancer

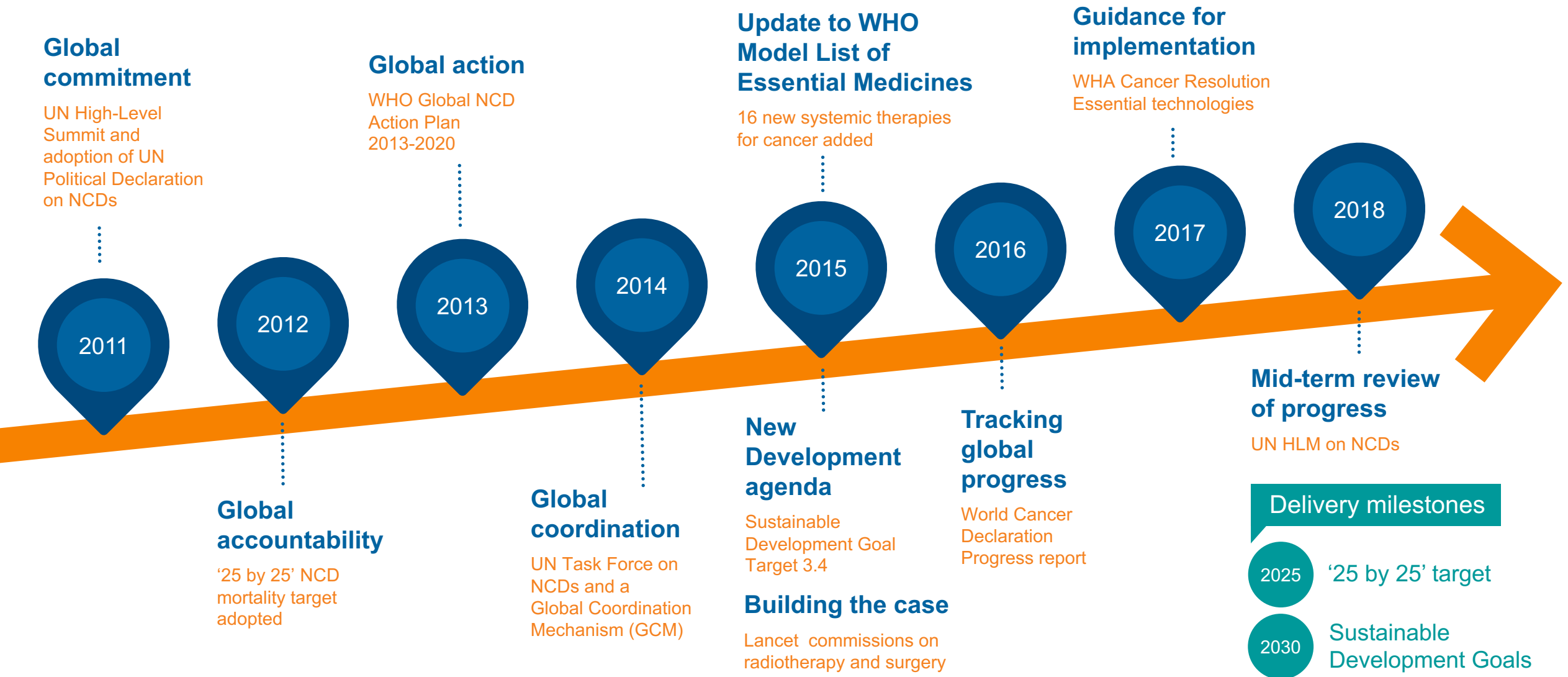
*Early consultation on content to drive
national action*

12 December 2017

“We unite the cancer community to reduce the global cancer burden, to promote greater equity, and to integrate cancer control into the world health and development agenda.”



From global cancer commitments to national action



Why is this Cancer Resolution so important?

1. Global rise in annual cancer-related deaths from **8.2** million in 2012 to **8.8** million in 2016

2. **12** years since last Cancer Resolution, WHA58.22 in 2005

3. Integration with Sustainable Development Goals (SDGs) **2030** and Global Action Plan (GAP) on Non-communicable diseases (NCDs) **2025**

4. Refresh the World Health Organisation mandate to extend technical support to Member States

5. Underpins the importance of cancer plan implementation and access to quality treatment and care

WHA 2017 Documents

SEVENTIETH WORLD HEALTH ASSEMBLY

WHA70.12

Agenda item 15.6

31 May 2017

Cancer prevention and control in the context of an integrated approach

The Seventieth World Health Assembly,

Having considered the report on cancer prevention and control in the context of an integrated approach;¹

Acknowledging that, in 2012, cancer was the second leading cause of death in the world with 8.2 million cancer-related deaths, the majority of which occurred in low- and middle-income countries;

Recognizing that cancer is a leading cause of morbidity globally and a growing public health concern, with the annual number of new cancer cases projected to increase from 14.1 million in 2012 to 21.6 million by 2030;

Aware that certain population groups experience inequalities in risk factor exposure and in access to screening, early diagnosis and timely and appropriate treatment, and that they also experience poorer outcomes for cancer; and recognizing that different cancer control strategies are required for specific groups of cancer patients, such as children and adolescents;

Noting that risk reduction has the potential to prevent around half of all cancers;

Aware that early diagnosis and prompt and appropriate treatment, including pain relief and palliative care, can reduce mortality and improve the outcomes and quality of life of cancer patients;

Recognizing with appreciation the introduction of new pharmaceutical products based on investment in innovation for cancer treatment in recent years, and noting with great concern the increasing cost to health systems and patients;

Emphasizing the importance of addressing barriers in access to safe, quality, effective and affordable medicines, medical products and appropriate technology for cancer prevention, detection, screening diagnosis and treatment, including surgery, by strengthening national health systems and international cooperation, including human resources, with the ultimate aim of enhancing access for patients, including through increasing the capacity of the health systems to provide such access;

Recalling resolution WHA58.22 (2005) on cancer prevention and control;

¹ Document A/70/32.

WHO report as background to the cancer resolution

- Burden and trends in cancer
 - Developing and implementing national cancer control plans
 - Prevention, early diagnosis, screening and treatment
 - WHO's response
 - Recommendations for Member States at the country level
 - Actions for the WHO Secretariat
- ✓ Consolidates “cancer control” as key in the NCD and SDG agenda
 - ✓ Adopts much more specific language on the comprehensive approach to cancer control
 - ✓ Clearer articulation of the building blocks of cancer plans and developing pathways of care
 - ✓ Articulation of actions that are buried in the indicators of the GAP
 - ✓ Calls for integration of services across health plans



Acknowledging that, in 2012, cancer was the second leading cause of death in the world with 8.2 million cancer-related deaths, the majority of which occurred in low- and middle-income countries

NEW

Emphasis on addressing inequalities in terms of interventions. Reference to children and young adults with cancer



Recognizing that cancer is a leading cause of morbidity globally and a growing public health concern, with the annual number of new cancer cases projected to increase from 14.1 million in 2012 to 21.6 million by 2030

NEW

Emphasis on scale up to national population-based programmes, shaped by evidence, safety and quality of services



Noting that risk reduction has the potential to prevent around half of all cancers

NEW

Emphasis across the continuum of care, including pain relief and palliative care, including rehabilitation, survivorship and follow up care

WHA 2017 Documents

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Recognizing with appreciation the introduction of new pharmaceutical products based on investment in innovation for cancer treatment in recent years, and noting with great concern the increasing cost to health systems and patients;

Emphasizing the importance of ensuring that essential medicines, vaccines, diagnostic tools and medical devices are available, safe, effective and affordable; and

SEVENTIETH WORLD HEALTH ASSEMBLY

WHA70.11

Agenda item 15.1

31 May 2017

Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018

The Seventieth World Health Assembly,

Having considered the report on preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018;¹

Recalling resolutions WHA66.10 (2013) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, and WHA69.6 (2016) on responses to specific assignments in preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases; United Nations General Assembly resolutions 66/2 (2011) on the Political Declaration of the High-level Meeting, 68/300 (2014) on the outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, 69/313 (2015) on the Addis Ababa Action Agenda, and 70/1 (2015) on the 2030 Agenda for Sustainable Development; and United Nations Economic and Social Council resolutions 2013/12, 2014/10, 2015/8 and 2016/5 on the United Nations Inter-Agency Task Force on the Prevention and Control of Non-communicable Diseases,

1. ENDORSES the updated Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020;
2. NOTES the workplan for the global coordination mechanism on the prevention and control of noncommunicable diseases covering the period 2018–2019;
3. URGES Member States:²

(1) to continue to implement resolutions WHA66.10 (2013) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and WHA69.6 (2016) on responses to specific assignments in preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases; United Nations General Assembly resolutions 66/2 (2011) on the Political Declaration of the High-level Meeting, 68/300 (2014) on the outcome

1. ENDORSES the updated Appendix 3 to the global action plan for the prevention and control of noncommunicable diseases 2013–2020;

Prevention

“promote primary prevention of cancers”

“promote increased access to cost-effective vaccination to prevention infections associated with cancers”

Physical Inactivity

Overarching/enabling actions

- Implement the WHO Global Strategy on Diet, Physical Activity and Health

Specific interventions with WHO-CHOICE analysis

No	Intervention	Non-financial considerations
P 1	Provide physical activity counselling as part of routine primary health care services through the use of a brief intervention	Requires sufficient, trained capacity in primary care

Other interventions from WHO Guidance (without WHO-CHOICE analysis)

No	Intervention
P 2	Ensure macro-level urban design incorporates the core elements of residential density, connected street networks, easy access to a diversity of destinations and access to public transport
P 3	Implement public awareness and motivation programmes for physical activity, including mass media campaign for the behavioral change of physical activity levels
P 4	Ensure that adequate facilities are available on school premises to support recreational physical activity for all children
P 5	Provide safe and adequate infrastructure to support walking and cycling
P 6	Implement multi-component workplace physical activity programmes

Cancer

Specific interventions with WHO-CHOICE analysis¹³

No	Intervention	Non-financial considerations
CA 1	HPV vaccination (2 doses) of 9-13 year old girls	
CA 2	Prevention of cervical cancer through screening women aged 30-49, either through: <ul style="list-style-type: none"> VIA (visual inspection with acetic acid) linked with timely treatment of pre-cancerous lesions Pap smear (cervical cytology) every 3-5 years linked with timely treatment of pre-cancerous lesions HPV test every 5 years linked with timely treatment of pre-cancerous lesions 	VIA is feasible in low resource settings, including with non-physician health workers. Pap smear requires cytopathology capacity. Requires systems for organised, population-based screening
CA 3	Treatment of cervical cancer stages I and II with either surgery or	

Early Detection and Treatment

“develop, implement and monitor programmes, For the early detection of common cancers ... With adequate capacity to avoid delays in diagnosis and treatment”

Cancer

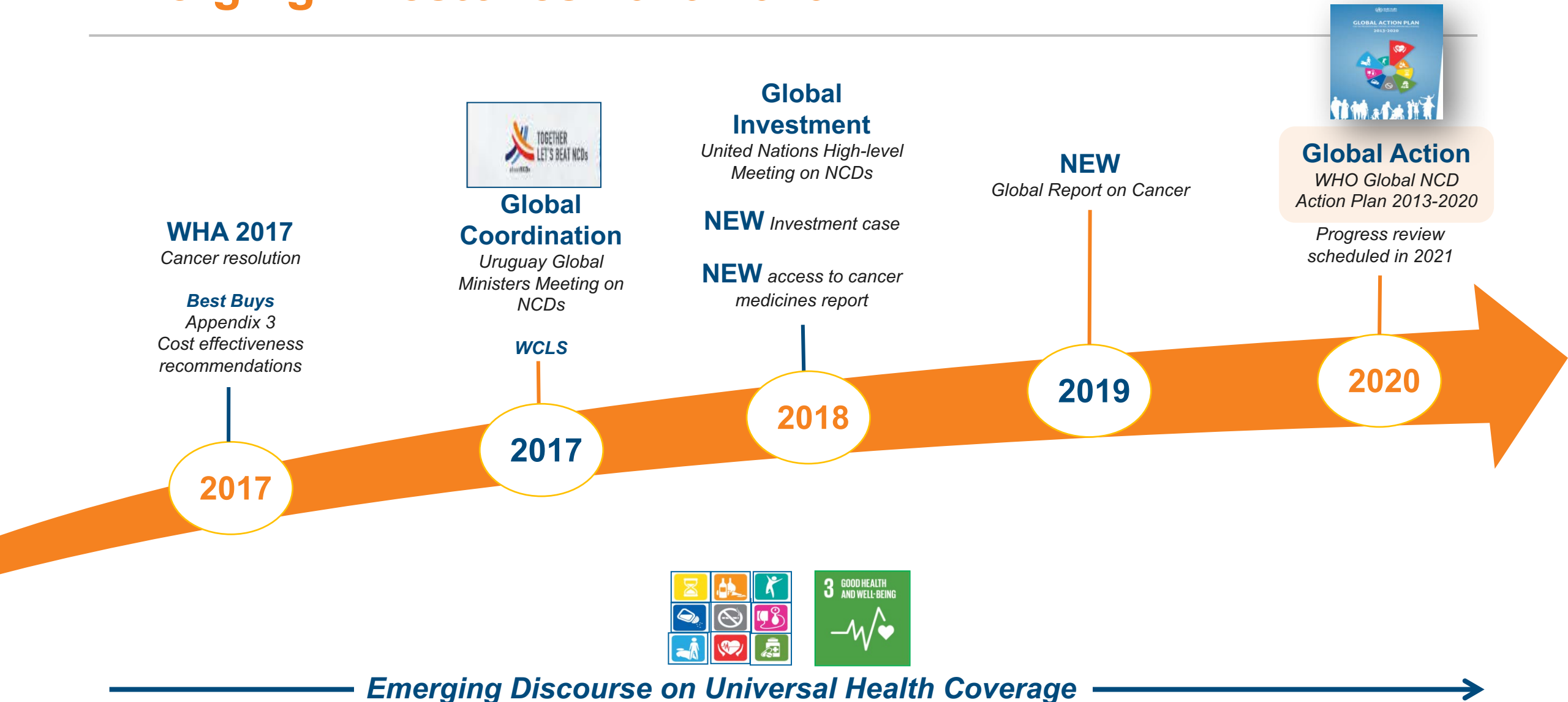
Specific interventions with WHO-CHOICE analysis¹³

CA 3	Treatment of cervical cancer stages I and II with either surgery or radiotherapy +/- chemotherapy	
CA 4	Treatment of breast cancer stages I and II with surgery +/- systemic therapy	
CA 5	Screening with mammography (once every 2 years for women aged 50-69 years) linked with timely diagnosis and treatment of breast cancer	Requires systems for organised, population-based screening
CA 6	Treatment of colorectal cancer stages I and II with surgery +/- chemotherapy and radiotherapy	
CA 7	Basic palliative care for cancer: home-based and hospital care with multi-disciplinary team and access to opiates and essential supportive medicines	Requires access to controlled medicines for pain relief

Other interventions from WHO Guidance (without WHO-CHOICE analysis)

No	Intervention
CA 8	Prevention of liver cancer through hepatitis B immunization
CA 9	Oral cancer screening in high-risk groups (eg tobacco users, betel-nut chewers) linked with timely treatment
CA 10	Population-based colorectal cancer screening, including through a faecal occult blood test, as appropriate, at age >50, linked with timely treatment

Emerging Milestones 2016-2020



WHO Global Report on Cancer

Getting Involved to Set the Global Agenda

André Ilbawi, MD
Medical Officer, Cancer Control
World Health Organization
ilbawia@who.int

Outline

Session 1 (20min)

- Why now?
- Why a report?
- What will it contain?

Question
& Answer
(20 min)

Session 2 (10min)

- How can I get involved?

Question
& Answer
(10 min)

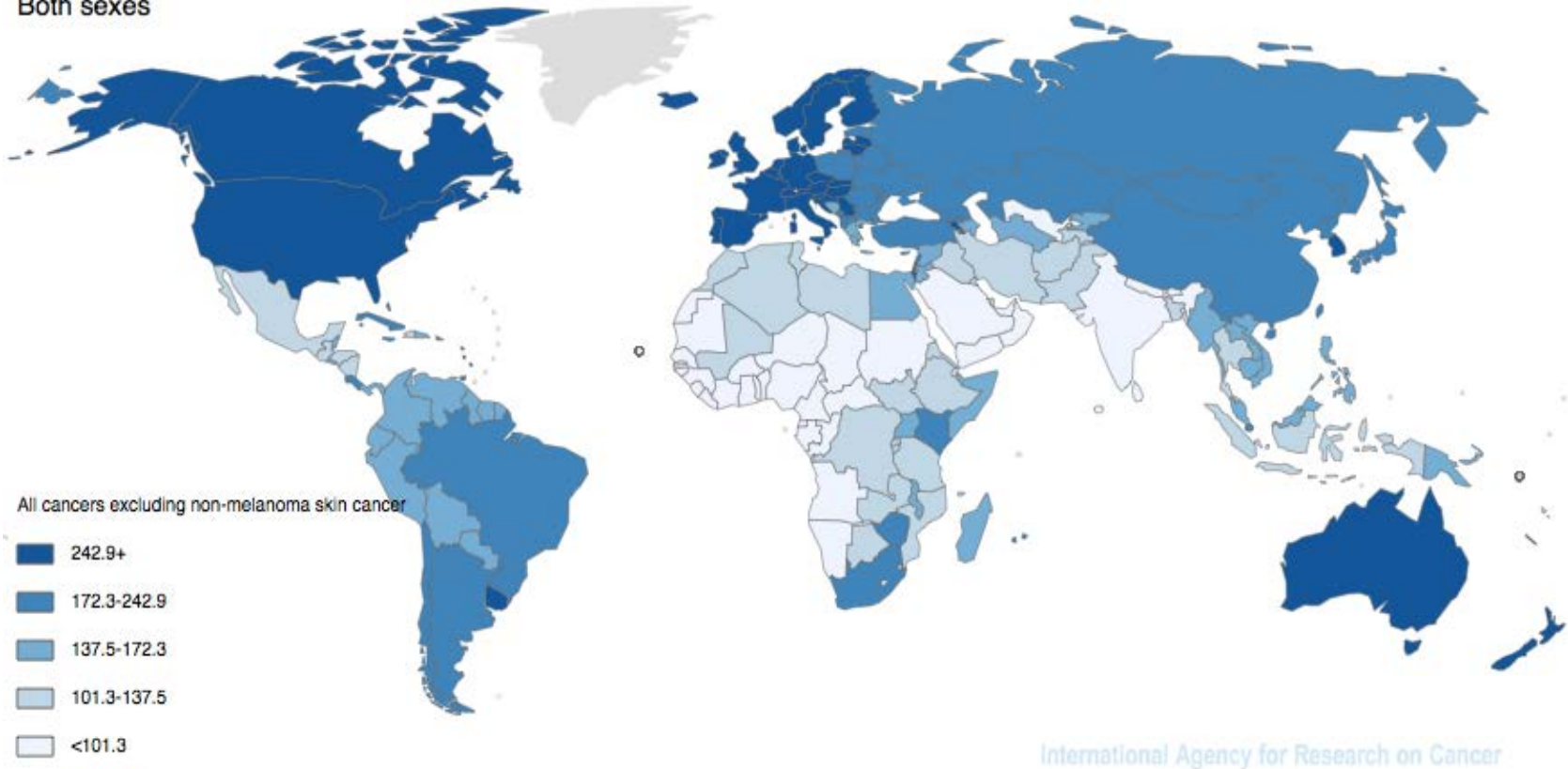
Outline

- **Why now?**
 - Why a report?
 - What will it contain?
-
- How can I get involved?

Current Burden of Disease

Incidence ASR

Both sexes

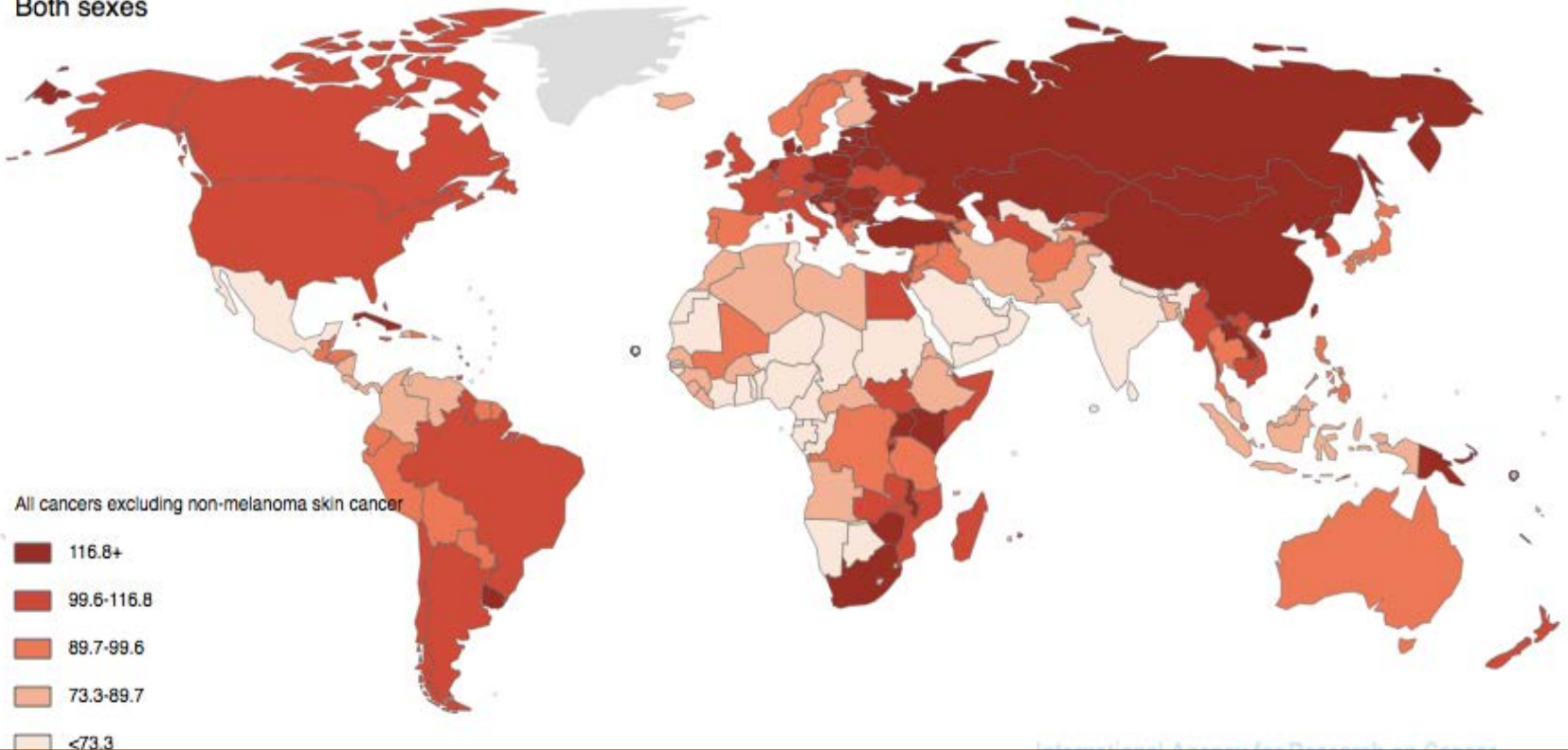


- Burden:
 - **Lifetime risk: 1 in 2.5 HIC; 1 in 6 in Eastern Africa**

Current Burden of Disease

Mortality ASR

Both sexes

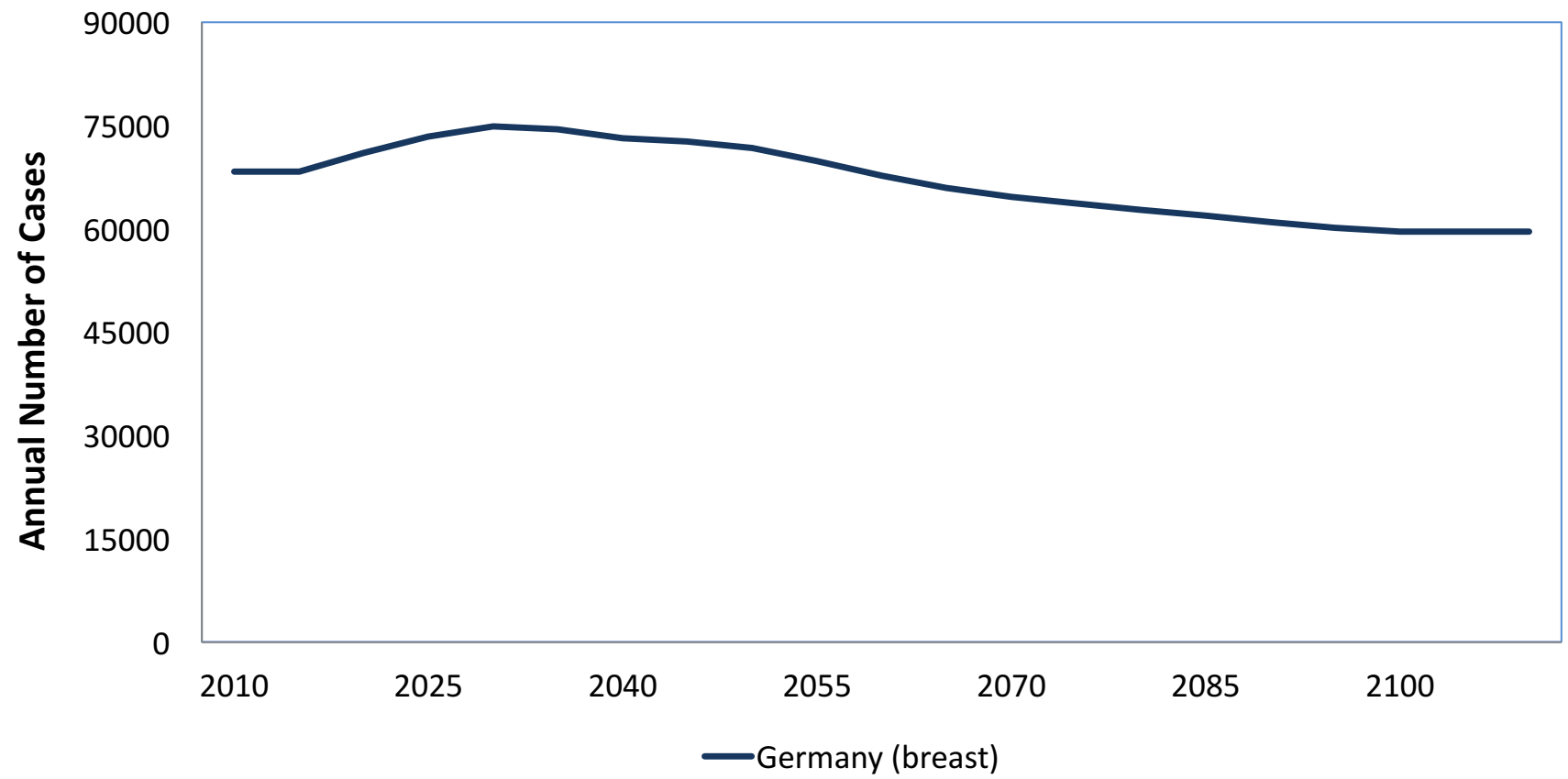


- Mortality:

- > **8,700,000** deaths per year (1 in 6 global deaths)
- More than HIV/AIDS (1.1 mil), malaria (440,000), TB (1.4 mil)
- If diagnosed with cancer in LIC, less than 30% survive

Increasing Cancer Burden

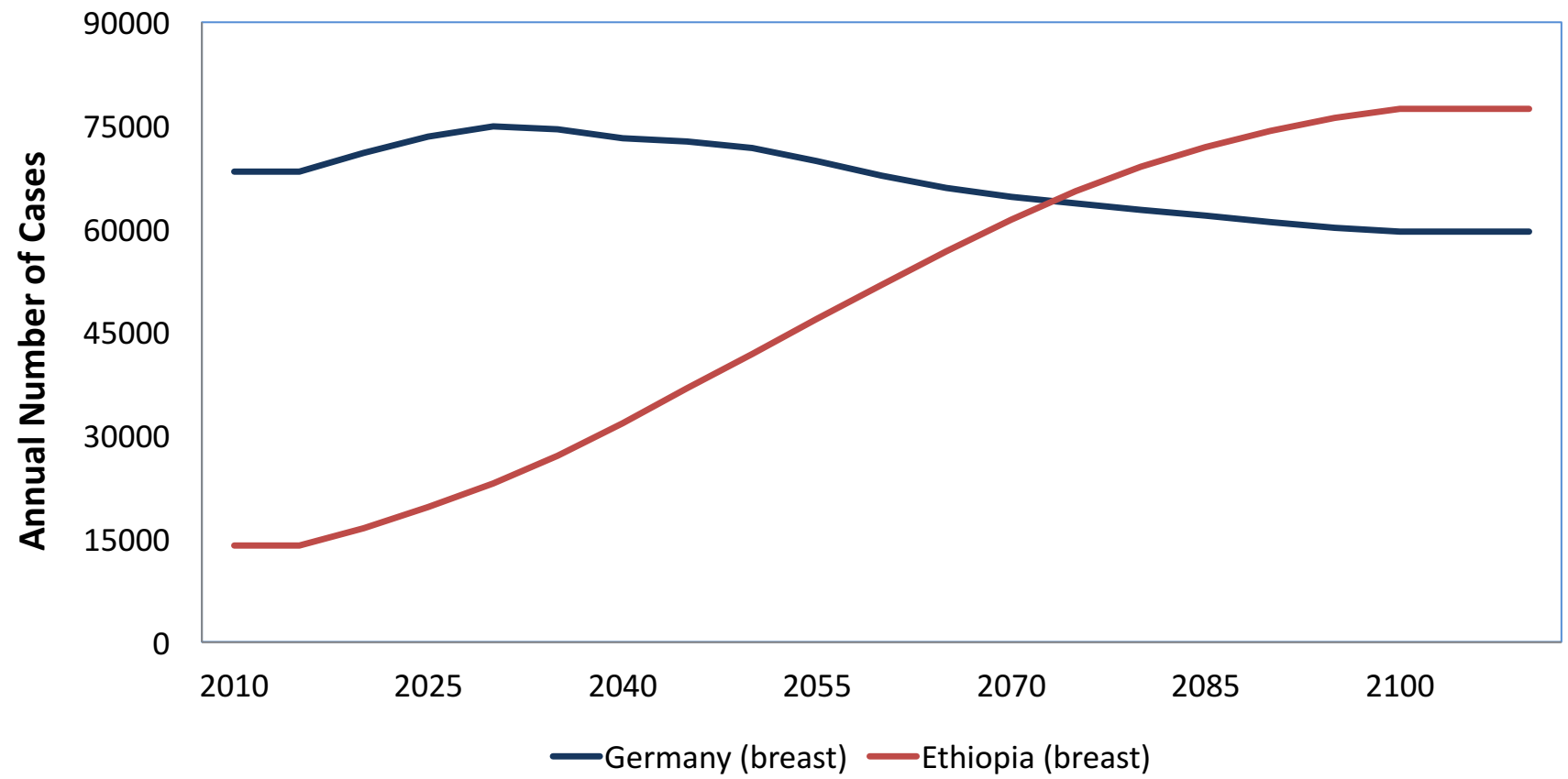
Cancer Cases (2010 - 2110)



- Increasing cancer burden – demographic changes & RF exposure
 - 14 mil cases in 2012 → 24 million by 2035

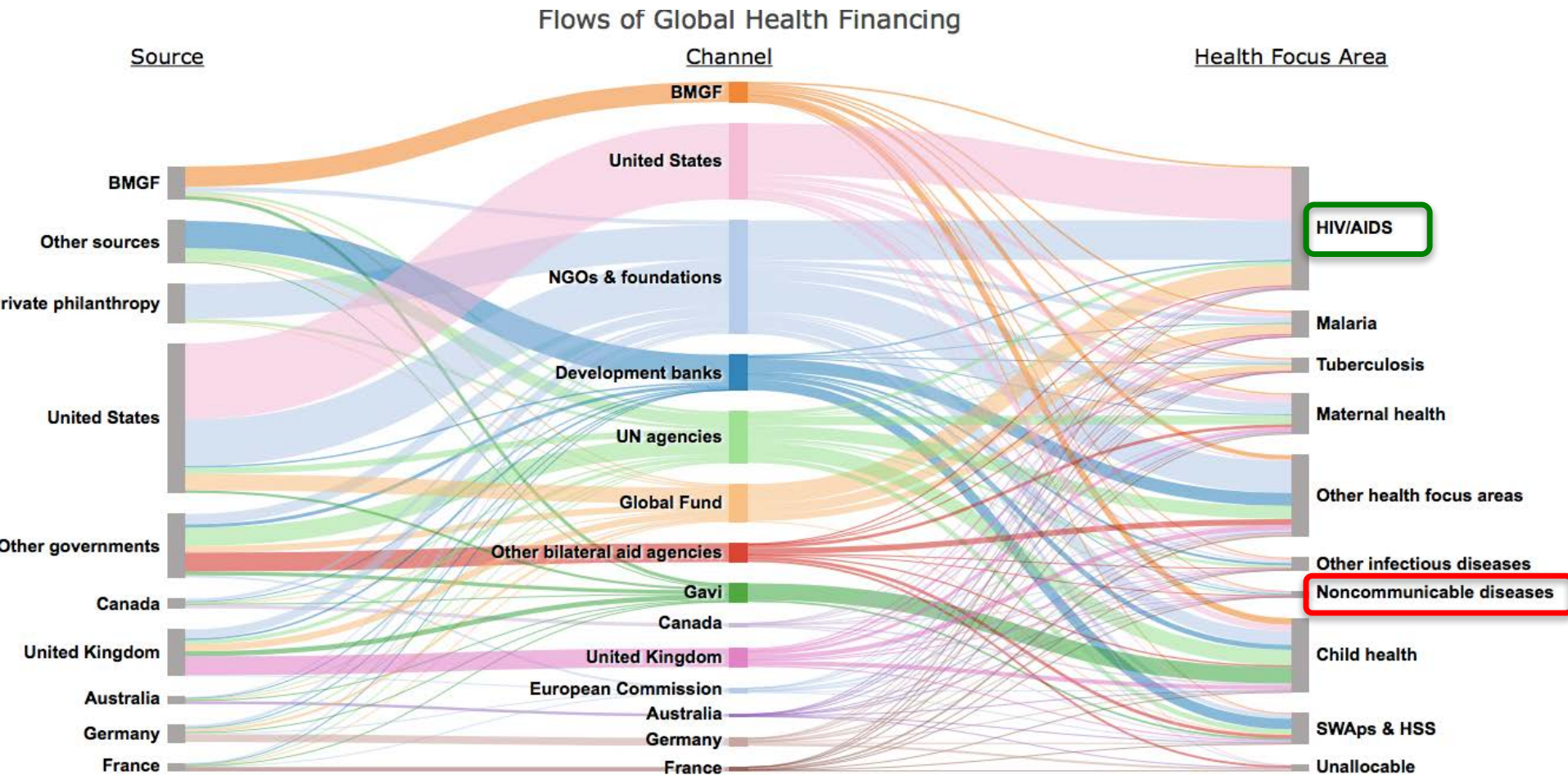
Increasing Cancer Burden

Cancer Cases (2010 - 2110)



- Increasing cancer burden – demographic changes & RF exposure
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Global Health Financing



Public Health Progress

- Communicable, maternal, perinatal and nutritional conditions

Cause of death in LMIC	2000	2015	% change
Vaccine-preventable infections	1,040,000	270,000	↓ 74%
HIV/AIDS	1,440,000	1,045,000	↓ 27%
Neonatal conditions (e.g. preterm birth, asphyxia)	3,191,000	2,282,000	↓ 28%
Malaria	797,000	439,000	↓ 45%
Infectious Total	8,486,000	5,553,000	↓ 35%

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- Noncommunicable diseases

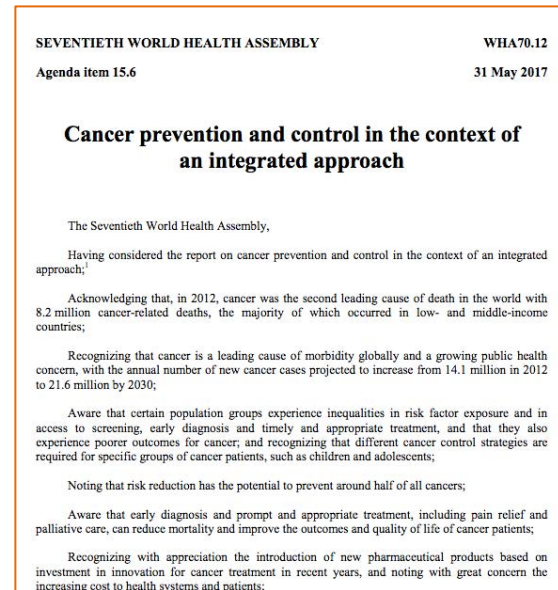
Cause of death in LMIC	2000	2015	% change
Cancer	4,645,000	6,112,000	↑ 32%
Breast cancer	273,000	388,000	↑ 42%
Lung cancer	756,000	1,114,000	↑ 47%
Ischemic heart disease	4,880,000	7,060,000	↑ 45%
NCD Total	23,501,000	30,734,000	↑ 31%

WHA Cancer Resolution 2017

- **Resolution 2017:**

Cancer prevention and control in the context of an integrated approach

- 18 sponsors and >40 countries & 11 NGOs speaking in support of the resolution



Brazil	USA	Panama
Colombia	India	Peru
France	Luxembourg	Congo
Russia	Malaysia	Nigeria
Thailand	Canada	Georgia
Zambia	Costa Rica	++



WHA Cancer Resolution

SEVENTIETH WORLD HEALTH ASSEMBLY

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Recalling resolution WHA58.22 (2005) on cancer prevention and control;

WHA70.12

Recalling also United Nations General Assembly resolution 66/2 (2011) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which includes a road map of national commitments from Heads of State and Government to address cancer and other noncommunicable diseases;

Recalling further resolution WHA66.10 (2013) endorsing the global action plan for the prevention and control of noncommunicable diseases 2013–2020, which provides guidance on how Member States can realize the commitments they made in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, including those related to addressing cancer;

Recalling in addition United Nations General Assembly resolution 68/300 (2014) on the Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, which sets out the continued and increased commitments that are essential in order to realize the road map of commitments to address cancer and other noncommunicable diseases included in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, including four time-bound national commitments for 2015 and 2016;

Mindful of the existing monitoring tool that WHO is using to track the extent to which its 194 Member States are implementing these four time-bound commitments to address cancer and other noncommunicable diseases, in accordance with the technical note¹ published by WHO on 1 May 2015 pursuant to decision EB136(13) (2015);

Mindful also of the WHO Framework Convention on Tobacco Control;

Also mindful of the Sustainable Development Goals of the 2030 Agenda for Sustainable Development, specifically Goal 3 (Ensure healthy lives and promote well-being for all at all ages) with its target 3.4 to reduce, by 2030, premature mortality from noncommunicable diseases by one third, and target 3.8 on achieving universal health coverage;

Appreciating the efforts made by Member States² and international partners in recent years to prevent and control cancer, but mindful of the need for further action;

Reaffirming the global strategy and plan of action on public health, innovation and intellectual property;

Reaffirming also the rights of Member States to the full use of the flexibilities in the WTO Agreement on Trade-related Aspects of the Intellectual Property Rights (TRIPS) to increase access to affordable, safe, effective and quality medicines, noting that, inter alia, intellectual property rights are an important incentive in the development of new health products,

Determining WHO Agenda & Policies

- WHO: Member State organization
 - What we do
 - How we do it
 - When we do it



Determining WHO Agenda

Global health agenda
Member state priorities
Core functions

General Programme of Work (GPW)

2014-2019



UN Millennium Development Goals (MDGs) – moving to SDGs

Outcomes
Deliverables
Inputs

Biennial Programme Budgets (PB)

2016-2017



Workplans

2016-2017

Resolutions

WHA Resolution: Global Report on Cancer

WHA70.12

(22) to promote access to comprehensive and cost-effective prevention, treatment and care for the integrated management of cancers including, inter alia, increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies;

2. REQUESTS the Director-General:

(1) to develop or adapt stepwise and resource-stratified guidance and tool kits in order to establish and implement comprehensive cancer prevention and control programmes, including for the management of cancers in children and adolescents, leveraging the work of other organizations;

(2) to collect, synthesize and disseminate evidence on the most cost-effective interventions for all age groups, and support Member States¹ in the implementation of these interventions; and to make an investment case for cancer prevention and control;

(3) to strengthen the capacity of the Secretariat both to support the implementation of cost-effective interventions and country-adapted models of care and to work with international partners, including IAEA, to harmonize the technical assistance provided to countries for cancer prevention and control;

(4) to work with Member States,¹ and collaborate with nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions as defined in the Framework of Engagement with Non-State Actors in order to develop partnerships to scale up cancer prevention and control, and to improve the quality of life of cancer patients, in line with Sustainable Development Goals 3 (Ensure healthy lives and promote well-being for all at all ages) and 17 (Strengthen the means of implementation and revitalize the global partnership for sustainable development);

(5) to strengthen the collaboration with nongovernmental organizations, private sector entities, academic institutions and philanthropic foundations, as defined in WHO's Framework for Engagement with Non-State Actors, with a view to fostering the development of effective and affordable new cancer medicines;

(6) to provide technical assistance, upon request, to regional and subregional partnerships and networks, including, where appropriate, support for the establishment of centres of excellence to strengthen cancer management;

(7) to develop, before the end of 2019, the first periodic public health- and policy-oriented world report on cancer, in the context of an integrated approach, based on the latest available evidence and international experience, and covering the elements of this resolution, with the participation of all relevant parts of WHO, including IARC, and in collaboration with all other relevant stakeholders, including cancer survivors;

(8) to enhance the coordination between IARC and other parts of WHO on assessments of hazards and risks, and on the communication of those assessments;

¹ And, where applicable, regional economic integration organizations.

WHA Resolution: Global Report on Cancer

Timeline

- 2019
- Periodic

Content

- Policy-oriented, evidence-based
- Integrated approach

Partners

- All parts of WHO including IARC
- All relevant stakeholders

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Outline

- Why now?
- **Why a report?**
- What will it contain?

- How can I get involved?

Value of Global Reports

- Mandate: produce evidence-based, policy-oriented global report on cancer
- Impact:
 - Set global agenda
 - Mobilize stakeholders
 - Augment political commitments
 - Influence policies and programmes



Providing

leadership

on matters
crucial to
health, and
engaging in

partnerships

where joint
action is
needed

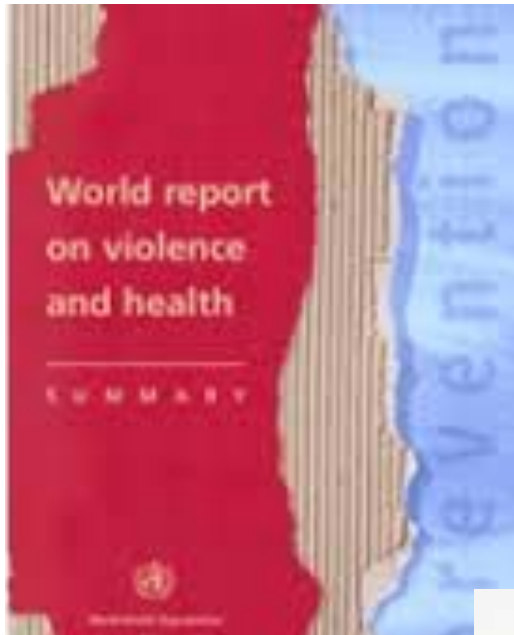


Articulating
ethical and
evidence-
based

policy
options



World Report on Violence and Health



>25,000 copies requested
>14 languages

VIOLENCE
PREVENTION
ALLIANCE



GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION
CAMPAGNE MONDIALE POUR LA PREVENTION DE LA VIOLENCE
VIOLENCE PREVENTION ALLIANCE / ALLIANCE POUR LA PREVENTION DE LA VIOLENCE

Search

Building global commitment to violence prevention



The Violence Prevention Alliance (VPA) is a network of WHO Member States, international agencies and civil society organizations working to prevent violence. VPA participants share an evidence-based public health approach that targets the risk factors leading to violence and promotes multi-sectoral cooperation. Participants are committed to implement the recommendations of the *World report on violence and health*.

Please find the full report here

Launched an international
partnership
(Violence Prevention Alliance)

**GLOBALLY ALMOST
HALF A MILLION PEOPLE
ARE MURDERED EACH YEAR.**

PREVENT VIOLENCE

<http://apps.who.int/violence-info/>

> 60 countries
organized high-
level policy events

World Report on Road Traffic Injury Prevention



ROAD SAFETY IS NO ACCIDENT



WHO calls for healthier diets to combat alarming surge in diabetes

World Health Organization says there were 422 million adults living with diabetes in 2014, a 100% increase since 1980



Diabetics around the world need to eat healthier, the World Health Organization has said in a report published Monday. The report says that 422 million adults living with diabetes globally, more than twice as many as in 1980, and that the number is rising rapidly.

Diabetes cases have quadrupled in just over 3 decades

Diabetes cases have quadrupled in just over 3 decades

Source: XINHUA | Nov 16, 2014

Latest news: Life Has Greatly Changed after 'Mini Jack Ma' Became Popular Online

Global Lens on China



Li Pi begins tenure as China coach, target still World Cup

Drowning kills 372,000 people each year: UN report

Source: XINHUA | Nov 16, 2014

the guardian

372,000 people die each year from drowning, UN report says

Murder is third biggest killer of men aged 15-44

The WH Prevent 40 peo



TIME

See the 100 Most Influential Photos of All Time

Diabetes Has Nearly Doubled Globally Since 1980

World Health Organization urges steps to lower prevalence of diabetes

The percentage of people around the world suffering from diabetes has nearly doubled since 1980, giving more than 1.7 billion of the world population a chronic disease, according to a new report from the World Health Organization.

MailOnline

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9-11. DÉCEMBRE 2016
ARENA DE GENÈVE

Dr. Dzunglin Post

Prevent Social from the Companies of Any Size

Diabetes was once a problem of the rich. Now it belongs to the poor.



Silent but growing glob DROWNING is among le of childhood death pro experts to declare it a 'r public health issue'

- Worldwide, more than 40 people die on average every hour from drowning
- That's the equivalent of one person drowning every 90 seconds

WHO reports 1.37 lakh road deaths in India in 2014

World Health Organization (WHO) reports that 1.37 lakh road deaths occurred in India in 2014, a 10% increase from 1.24 lakh in 2013.

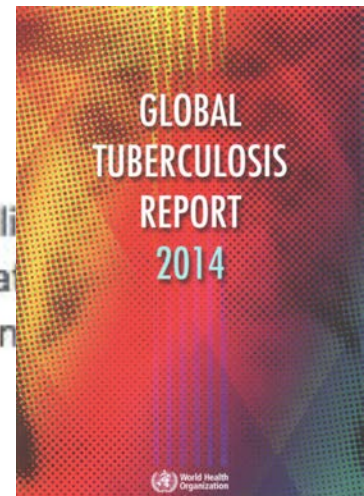
Defining Success

[PDF] Global Tuberculosis Report - World Health Organization

apps.who.int/iris/bitstream/10665/137094/1/9789241564809_eng.pdf ▼

by World Health Organization - 2014 - **Cited by 28267** - Related articles

This global tuberculosis (TB) report is dedicated to Glenn. Thomas and Amal Bassili died in the Malaysian Airlines tragedy on 17. July 2014, on his way to the 2014 International conference in Melbourne, Australia. Glenn worked with the Global TB Programme in headquarters as TB Communicator ...



[PDF] Global status report on alcohol and health 2014 - World Health ...

apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf ▼

by World Health Organization - 2014 - **Cited by 912** - Related articles

WHO Library Cataloguing-in-Publication Data. Global status report on alcohol and health 2014. 1.Alcoholism - epidemiology. 2.Alcohol drinking - adverse effects. 3.Social control, Forces. 4.Cost of illness. 5.Public policy. I. World. Health Organization. ISBN 978 92 4 15647... classification: WM ...



Global status report
on alcohol and health
2014



Three Principles of Success

Content

- Simple is good
- Novel data or perspective
- Remember target audience (policymakers)

Process

- Does not end with report release
- As important as document
- National high-level launches

Engagement

- Broad stakeholders
- Throughout process and ongoing

- Other lessons

- Consider spin-off products to increase impact (e.g. infographics, video material)
- Maximize languages for translation

Outline

- Why now?
- Why a report?
- **What will it contain?**

- How can I get involved?

Global Report on Cancer: Background

- **Aim:**

- Raise awareness about cancer as a preventable and controllable public health priority globally (investing in cancer control saves lives and saves money)
- Set agenda for accelerated action on evidence-based, comprehensive cancer control programmes

- **Target audience:**

- Primary: policymakers & policy influencers
- Additional target: implementers & stakeholders (e.g. civil society, academia, industry, media)

Global Report on Cancer: Scope

Present burden, trends & social and economic impact;

Describe effective strategies to mitigate risk factors;

Provide up-to-date evidence for programmes with focus on equity and access;

Inform priority interventions and rationale allocation of resources;

SCOPE

Promote UHC through selection of a resource-appropriate cancer control package;

Highlight population based cancer registries;

Draw attention to cancer research.

Global Report on Cancer: Alignment

- Aligning with relevant global targets & WHO priorities such as:
 - UHC
 - NCD prevention & control
 - Investment case, financial protection
 - Building trained workforce in cancer
 - Access to medicines
 - Women's & children's health, immunization
 - Ageing populations
- Coordinate with IARC World Cancer Report



Global Report on Cancer: Table of Contents

Executive summary

Section 1: Making the case

- Burden
- Investment case: cost of action/inaction

Section 2: Interpreting the evidence

- Programmes/policies for cancer prevention
- Detecting cancer early
- Treatment and palliative care for all

Section 3: Implementing programmes

- Financing programmes & reducing financial harm
- National plans, M&E, quality assurance
- Partnerships & advocacy, patients at centre of care
- Cancer registries & research

Outline

- Why now?
- Why a report?
- What will it contain?

Question
& Answer
(20 min)

Sample questions for discussion:

1. What key messages should be included?
2. Should topics/messages be relevant for all income levels?
3. What lessons can be learned from other reports/initiatives?

Outline

- Why now?
- Why a report?
- What will it contain?

- **How can I get involved?**

WHA Cancer Resolution: Partnerships

SEVENTIETH WORLD HEALTH ASSEMBLY

Agenda item 15.6

WHA70.12

31 May 2017

Cancer prevention and control in the context of an integrated approach

The Seventieth World Health Assembly,

Having considered the report on cancer prevention and control in the context of an integrated approach;¹

Acknowledging that, in 2012, cancer was the second leading cause of death in the world with 8.2 million cancer-related deaths, the majority of which occurred in low- and middle-income countries;

Recognizing that cancer is a leading cause of morbidity globally and a growing public health concern, with the annual number of new cancer cases projected to increase from 14.1 million in 2012 to 21.6 million by 2030;

Aware that certain population groups experience inequalities in risk factor exposure and in access to screening, early diagnosis and timely and appropriate treatment, and that they also experience poorer outcomes for cancer; and recognizing that different cancer control strategies are required for specific groups of cancer patients, such as children and adolescents;

Noting that risk reduction has the potential to prevent around half of all cancers;

Aware that early diagnosis and prompt and appropriate treatment, including pain relief and palliative care, can reduce mortality and improve the outcomes and quality of life of cancer patients;

Recognizing with appreciation the introduction of new pharmaceutical products based on investment in innovation for cancer treatment in recent years, and noting with great concern the increasing cost to health systems and patients;

Emphasizing the importance of addressing barriers in access to safe, quality, effective and affordable medicines, medical products and appropriate technology for cancer prevention, detection, screening diagnosis and treatment, including surgery, by strengthening national health systems and international cooperation, including human resources, with the ultimate aim of enhancing access for patients, including through increasing the capacity of the health systems to provide such access;

Recalling resolution WHA58.22 (2005) on cancer prevention and control;

¹ Document A70/32.

(4) to work with Member States,¹ and collaborate with nongovernmental organizations, private sector entities, philanthropic foundations and academic institutions as defined in the Framework of Engagement with Non-State Actors in order to develop partnerships to scale up cancer prevention and control, and to improve the quality of life of cancer patients, in line with Sustainable Development Goals 3 (Ensure healthy lives and promote well-being for all at all ages) and 17 (Strengthen the means of implementation and revitalize the global partnership for sustainable development);

Importance of Partnerships:

1. Requested in resolution for Global Report
2. Mentioned in about half of all mandates for WHO

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Importance of Partnerships:

1. Requested in resolution for Global Report
2. Mentioned in about half of all mandates for WHO
3. Specific reference/mandate for collaboration

(7) to develop, before the end of 2019, the first periodic public health- and policy-oriented world report on cancer, in the context of an integrated approach, based on the latest available evidence and international experience, and covering the elements of this resolution, with the participation of all relevant parts of WHO, including IARC, and in collaboration with all other relevant stakeholders, including cancer survivors;

Global Report on Cancer Timeline



Global Report on Cancer Timeline



Opportunities for Getting Involved

Preparatory
Phase

Stakeholder
engagement

- Provide insight / feedback

Drafting Phase

Review
process

- Draft review
- Support spin-off products

Regional
consultation

- Attend and/or coordinate

Dissemination
Phase

Launch
events

- Attend and/or coordinate

Long-term
engagement

- Reference for activities

Next Steps & Summary

Next Steps

- Engage in process
- Provide feedback
- Share with networks
- Join listserve to follow progress

Summary

- Global Report on Cancer
 - Reflect priorities from all stakeholders in community
 - Shared voice, shared product, shared action
- Process
 - As important as product
 - Creative ways to reach new communities
 - Goal: actions taken, lives impacted

Contact ilbawia@who.int with ideas, proposals to get involved

Outline

- Why now?
- Why a report?
- What will it contain?

**Question
& Answer
(20 min)**

- How can I get involved?

**Question
& Answer
(10 min)**

THANK YOU

André M. Ilbawi
ilbawia@who.int