



A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER

Nationally Impactful Cancer Control

World Cancer Day 2018 webinar in partnership with MSD

“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.”





World Cancer Day 2018 provides a unique opportunity for the cancer control community to come together to discuss the 2017 Cancer Resolution and the policy recommendations of this landmark document.

This milestone has created a sense of urgency for national action, but also a positive mindset of how policy can shape and support nationally impactful cancer control.



Today's Agenda

1. Introduction
2. Global commitments to national action
3. Prevention – HPV prevention and elimination programs
4. Early diagnosis for Women's cancers
5. Strengthening palliative care
6. Working collaboratively to address barriers to access across all services
7. Panel discussion
8. Participant Q&A
9. Close

Dr Julie Torode

**Deputy CEO & Director of
Advocacy and Networks, UICC**

Global
commitments
to national
action



Martha Brady

**Director, Reproductive
Health Program, PATH**

Prevention –
a campaign
to eliminate
HPV



Prof. Sanchia Aranda

**President, UICC & CEO,
Cancer Council Australia**

Early diagnosis
programs for
Women's cancers



Dr Julie Gerberding

Chief Patient Officer and EVP,
Strategic Communications, Public
Policy, and Population Health, MSD

Working
collaboratively to
address barriers to
access across all
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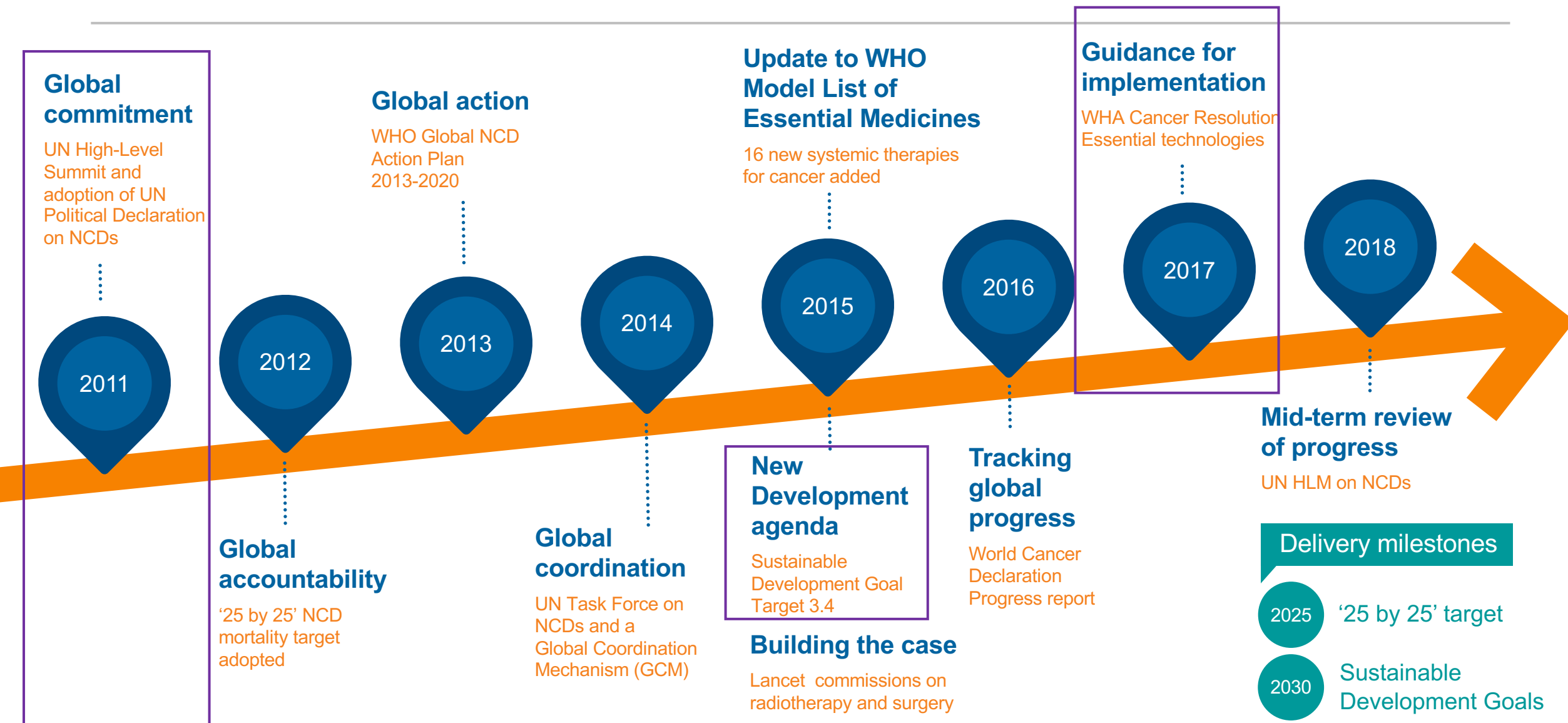
Dr Julie Torode

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Global
commitments
to national
action



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:

- **Goal** 25% reduction in premature mortality by 2025 globally
- **9 targets and 25 indicators**, includes registration; vaccination, early detection and palliative care

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



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

Global Cancer Commitments Navigator



- **Brings together content from core global documents**
 - 2017 Cancer resolution
 - Global Action Plan (GAP) for the prevention and control of NCDs
 - WHO 'Best Buys' for NCD prevention and control
 - Sustainable Development Goals (SDGs)
- **Identifies levers for action across the cancer control spectrum**
- **Highlights shared goals across these documents**
 - Build awareness of commonalities and understanding of links between the documents
 - Help to build compelling advocacy narratives harnessing global commitments to support priorities for national implementation

www.uicc.org/commitments-navigator **live 4th February 2018**

Global Cancer Commitments Navigator

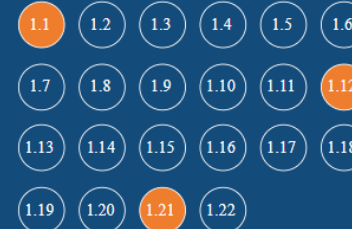
- Starting from my topic of interest – treatment?
- Tool then Identifies:
 - Cost-effective recommendation from WHO's 'Best Buys'
 - Key clauses from the cancer resolution
 - Supporting international goals within the GAP and SDGs
- A click on highlighted goals in orange uncovers the relevant text in full



Supporting global goals

Cancer Resolution

The 2017 cancer resolution sets out a clear roadmap to improve national early diagnosis, treatment and care for cancer as a core component of universal health coverage.



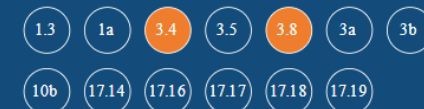
Global Action Plan on NCDs

The WHO Global Action Plan for the prevention and control of NCDs identifies clear and cost-effective policy options to reduce premature mortality from NCDs.



Sustainable Development Goals

A series of 17 targets which set out of a global plan to protect people, the planet and prosperity under the heading of Agenda 2030.



Global Commitment & Targets Guide

- Reverse navigate from one goal to make connect relevant topics

For example to identify allies for my advocacy work or partners in implementation.

- Click on particular goals to uncover full text
- Use the pop-up to identify links to other priority national actions
- Click on new colours to view red or pink connections



Cancer Resolution 1.1

Implement the roadmap of national commitments to prevent and control cancer and other NCDs included in the 2014 UN Political Declaration on the Prevention and Control of NCDs

Supporting actions

- Coordination & planning
- Raise awareness
- Timely treatment
- Deliver multi-disciplinary care
- Support & palliative care
- Deliver multi-disciplinary care

Global Action Plan on NCDs

The WHO Global Action Plan for the prevention and control of NCDs identifies clear and cost-effective policy options to reduce premature mortality from NCDs.

1 2 3 4 5 9

Sustainable Development Goals

Supporting global goals

Cancer Resolution

The 2017 cancer resolution sets out a clear roadmap to improve national early diagnosis, treatment and care for cancer as a core component of universal health coverage.

1.1 1.2 1.3 1.4 1.5 1.6
1.7 1.8 1.9 1.10 1.11 1.12
1.13 1.14 1.15 1.16 1.17 1.18
1.19 1.20 1.21 1.22

Global Action Plan on NCDs

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1 2 3 4 5 9

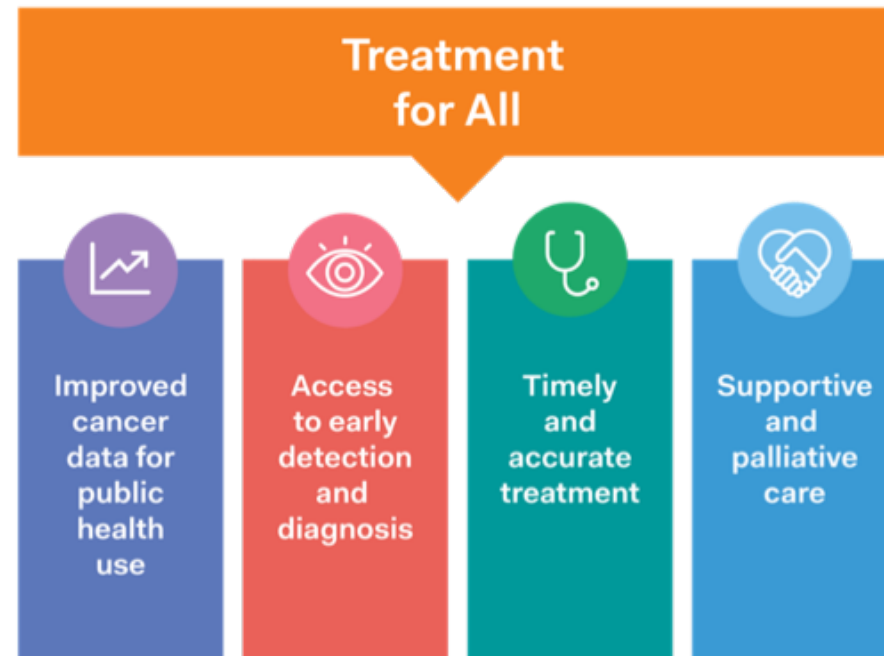
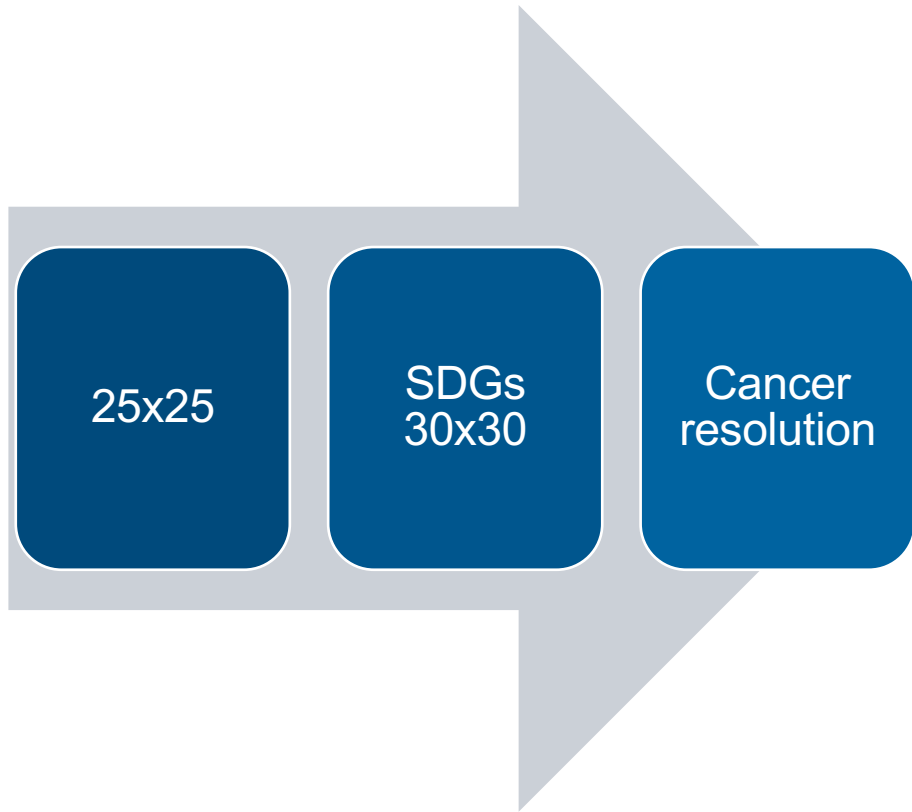
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1.3 1a 3.4 3.5 3.8 3a 3b
10b 17.14 17.16 17.17 17.18 17.19

From global commitments to national action

Reduce the 4.3
m premature
deaths due to
cancer worldwide



Model EML and Priority Techs for Cancer
Appendix 3 cost effective recommendations

Martha Brady

**Director, Reproductive
Health Program, PATH**

Prevention –
a campaign
to eliminate
HPV



Improving the Reproductive Health of Women and Girls throughout the Life Cycle: Opportunities for Cervical Cancer Prevention

Martha Brady, M.S.
Director, Reproductive
Health
UICC Webinar
January 30, 2018

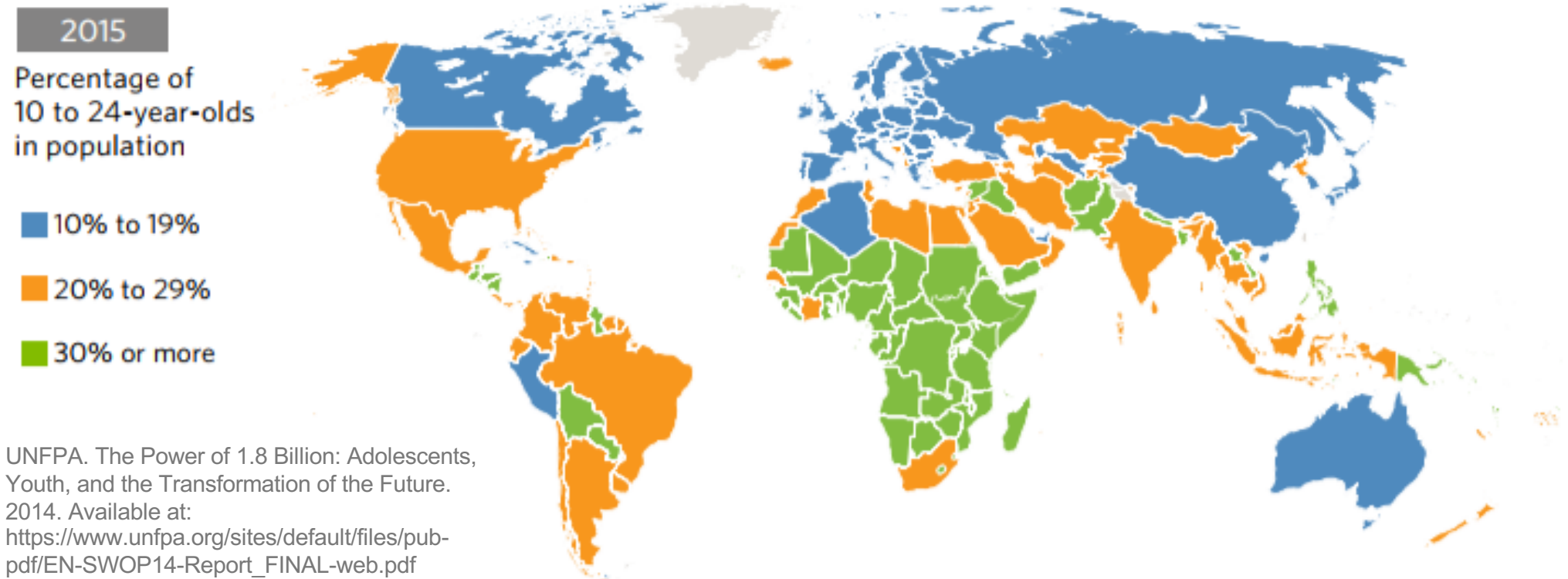


Our Approach to Improving Health of Women and Girls

- **Rights-based** and empowering; women-centered care
- Seeks opportunities for **integration** with other RH services, including family planning, MCH, HIV, etc.
- Helps women/girls **navigate** fragmented health systems
- Brings care as close to community as possible
- Works at **system and policy level** to support planning
- Takes a **life-course perspective**. *Women and girls* to be cervical cancer-free:
 - 1) HPV vaccination for adolescent girls
 - 2) screen, treat, and palliative care for adult women

Largest Cohort of Adolescents/Youth in History

- Approximately 1.8 billion adolescents and youth
- Adolescent girls/young women are vulnerable to unintended pregnancies, STI and/or HIV and HPV acquisition



Reducing HPV and moving towards Elimination of Cervical Cancer

Supporting the uptake of HPV vaccine in LMICs

- Technical assistance to countries
- Partnership with Gavi, the Vaccine Alliance
- Coordinating research into 1-dose regimens

Scaling up national cervical cancer screening programs

- Helping develop national guidelines and country strategies
- Introducing HPV testing using self-collected samples in Central America
- Supporting introduction of new precancer treatment technologies to ensure screen-positive women get treated



Building coalitions to broaden access to cervical cancer prevention

- Cervical Cancer Prevention Initiative (CCPI) is 5-year multi-sector partnership established in 2015 to engage countries and global actors.
- CCPI is committed to prioritizing investments in the health of adolescent girls and women for action on global cervical cancer prevention.
- PATH and American Cancer Society co-chair CCPI.



The Cervical Cancer Prevention Initiative



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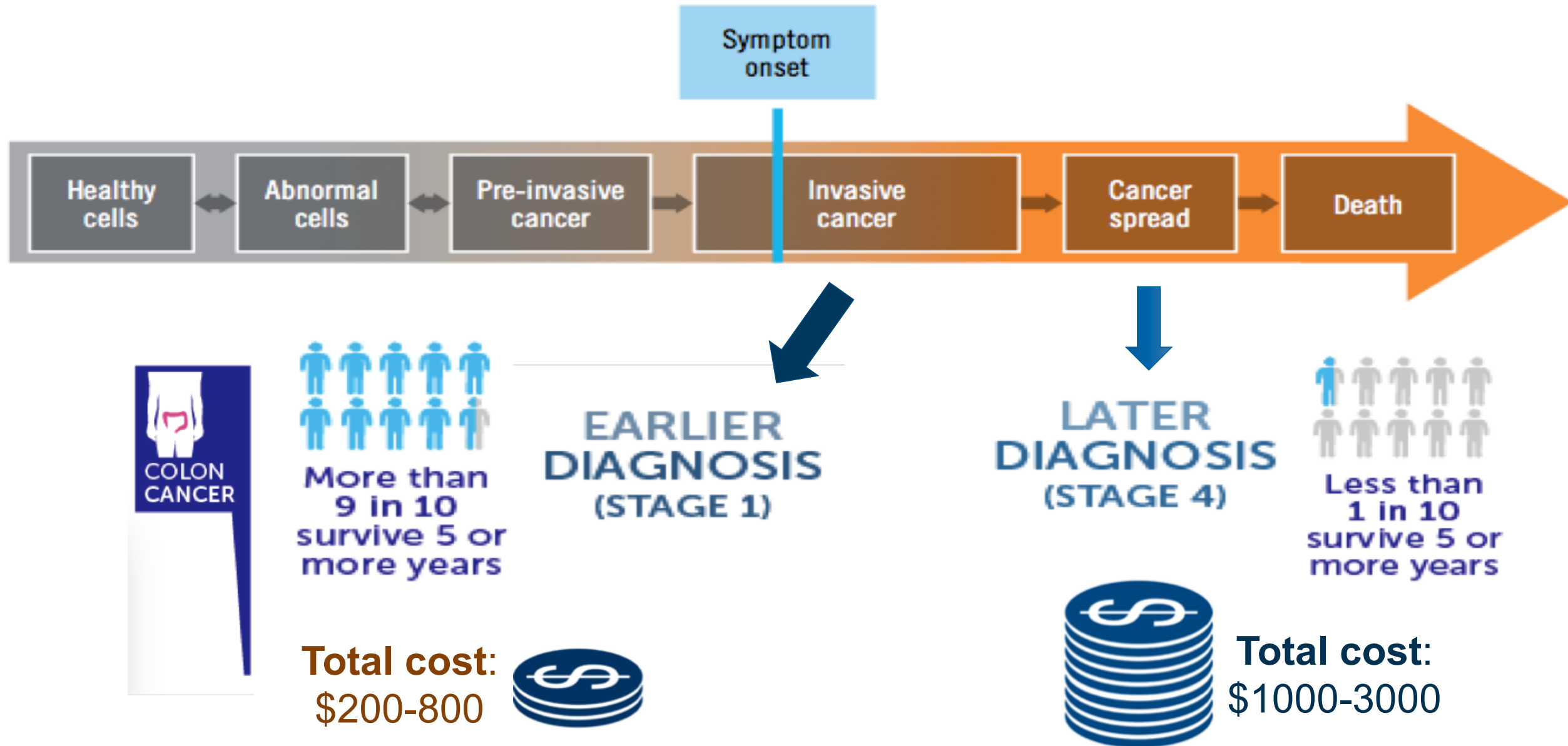
Prof. Sanchia Aranda

**President, UICC & CEO,
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Early diagnosis
programs for
Women's cancers



Prioritize building a service which shifts diagnosis to early disease



Steps to Early Diagnosis

Step 1

Awareness and accessing care

Awareness of symptoms, seeking and accessing care

Interventions:

- Empower and engage people and communities
- Improve health literacy and reduce cancer stigma
- Facilitate access to primary care

Step 2

Clinical evaluation, diagnosis and staging

Accurate clinical diagnosis

Intervention:

- Improve provider capacity at first contact point

Intervention:

- Strengthen diagnostic and pathology services

Step 3

Access to treatment

Referral for treatment

Interventions:

- Develop referral mechanisms and integrated care
- Provide supportive counselling and people-centred care

**GUIDE TO CANCER
EARLY DIAGNOSIS**



Early detection MUST include referral to diagnosis, timely multidisciplinary treatment and care

Best buys: stage I and II

- ✓ Cervical cancer
- ✓ Breast cancer
- ✓ Colon cancer
- ✓ Oral cancer
- ✓ Leukemias

Australian examples:

E.g. HPV DNA testing added to screening; modelling which helped make the financial case for the change

E.g. new bowel screening programme

E.g. Decision not to formally screen for prostate cancer



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Dr André Ilbawi

Medical Officer, Cancer Control,
World Health Organization

Improving access
to cancer care

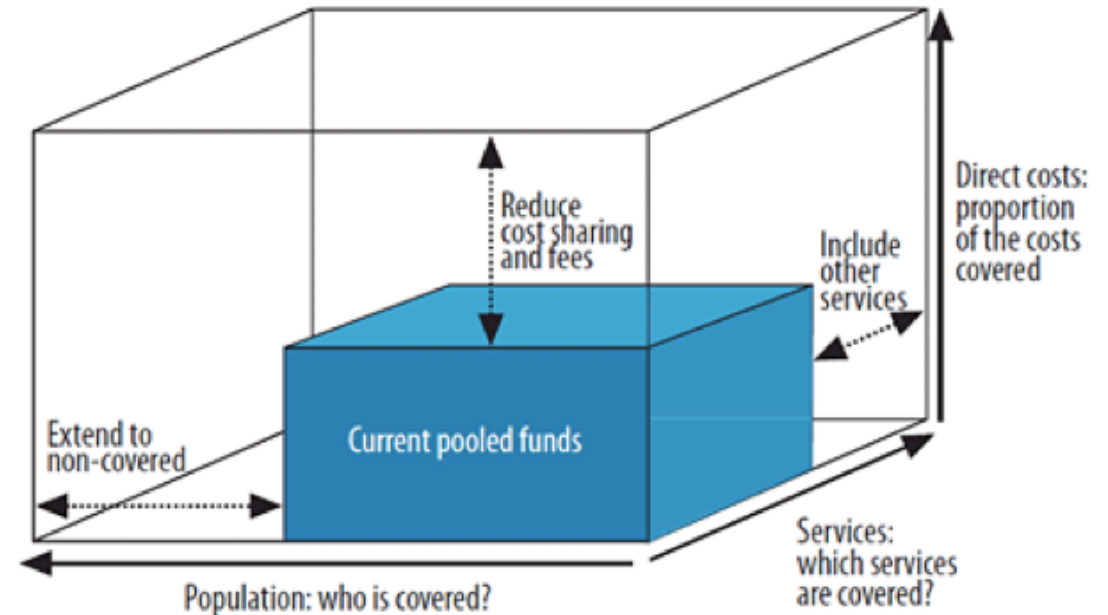


Where are we now?

Universal Health Coverage

1. Ensure access to care;
2. When it is needed;
3. Without suffering financial hardship

→ Maximize population coverage of services that provide “value for money”



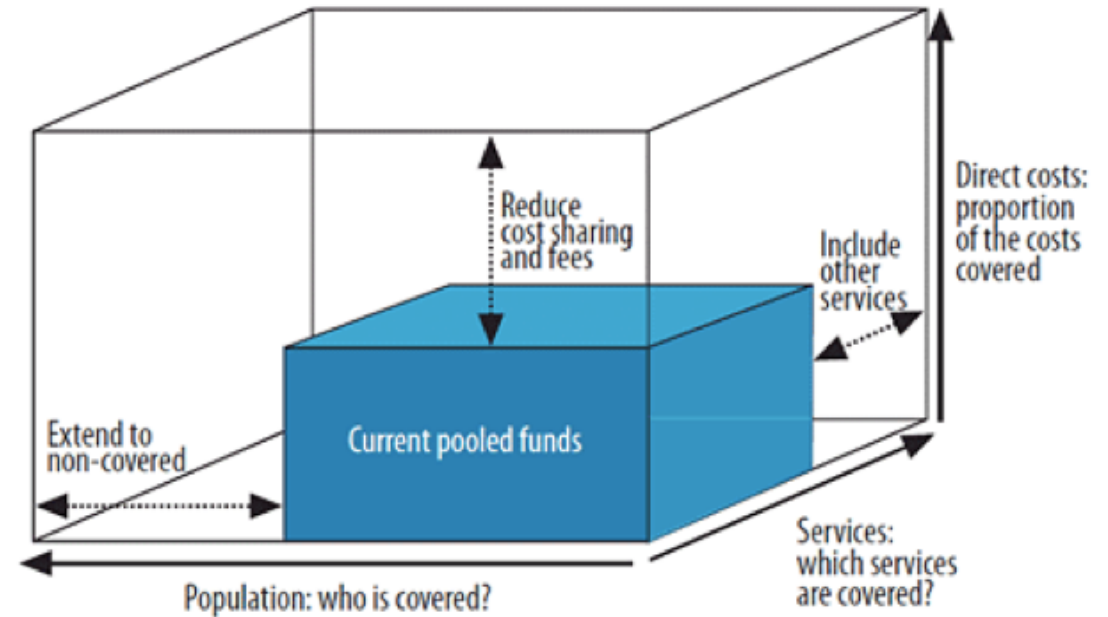
Three dimensions to consider when moving towards universal coverage



Where are we now?

Dimensions

- What services?
- Who receives?
(coverage)
- How much is paid?



Three dimensions to consider when moving towards universal coverage

“Universal Health Coverage is the most powerful concept that public health has to offer”

Margaret Chan, WHO (2012)

African Health Ministers commit to attain universal health coverage

Victoria Falls, Zimbabwe, 30 August 2017 - African health ministers meeting in Zimbabwe for the 67th Session of the World Health Organization (WHO) Regional Committee have adopted a range of actions intended to strengthen health systems in countries and eventually lead to Universal Health Coverage (UHC).

UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It enables everyone to access the services that address the most important causes of disease and death, and ensures that these services are of sufficient quality to be effective.

Where are we now?

Dimensions

- What services?
- Who receives?
(coverage)
- How much is paid?

Targeted therapy?

*Bone marrow
transplantation?*

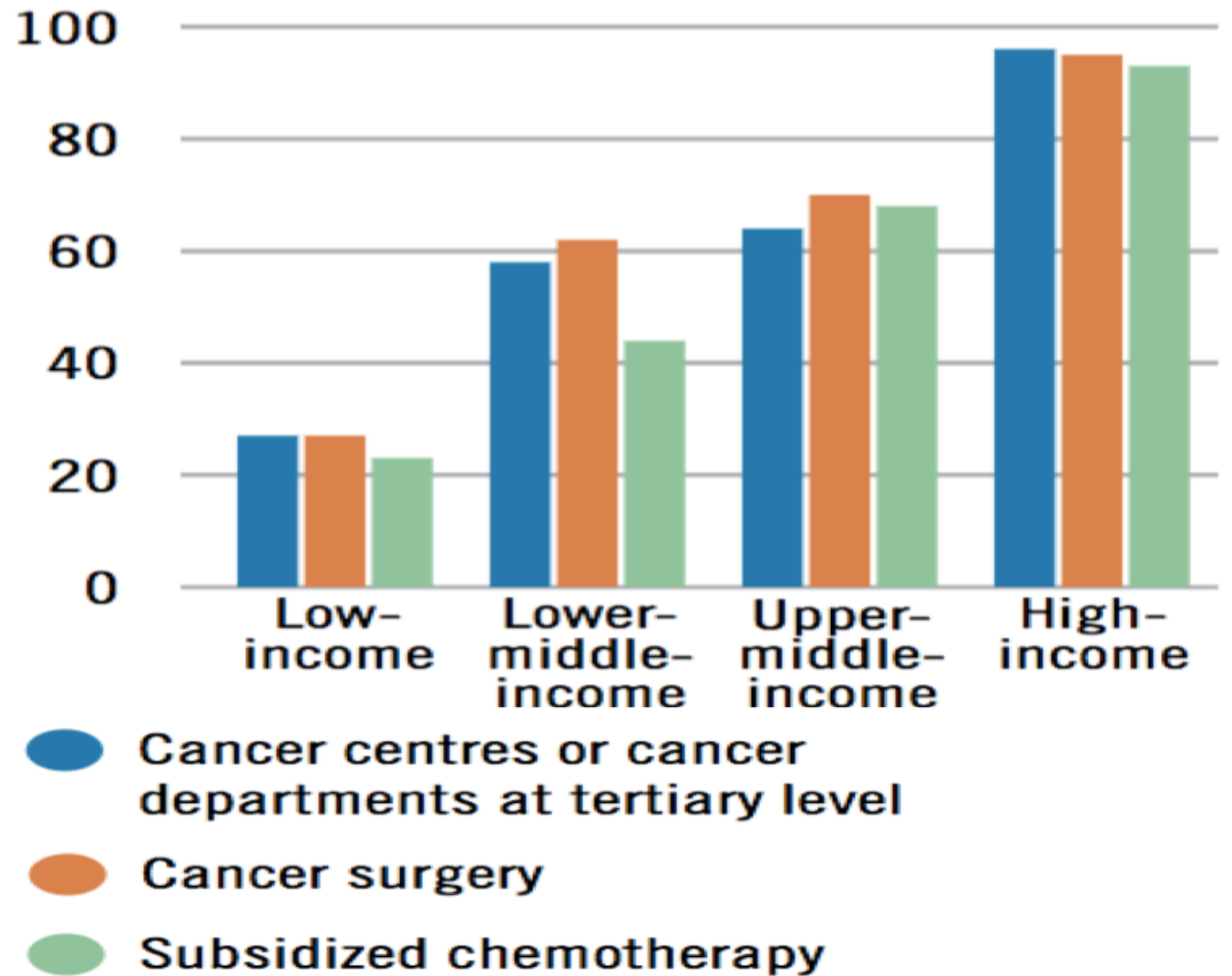
Advanced radiotherapy?

Robotic surgery?

Where are we now?

Dimensions

- What services?
- Who receives? (coverage)
- How much is paid?



Where are we now?

Dimensions

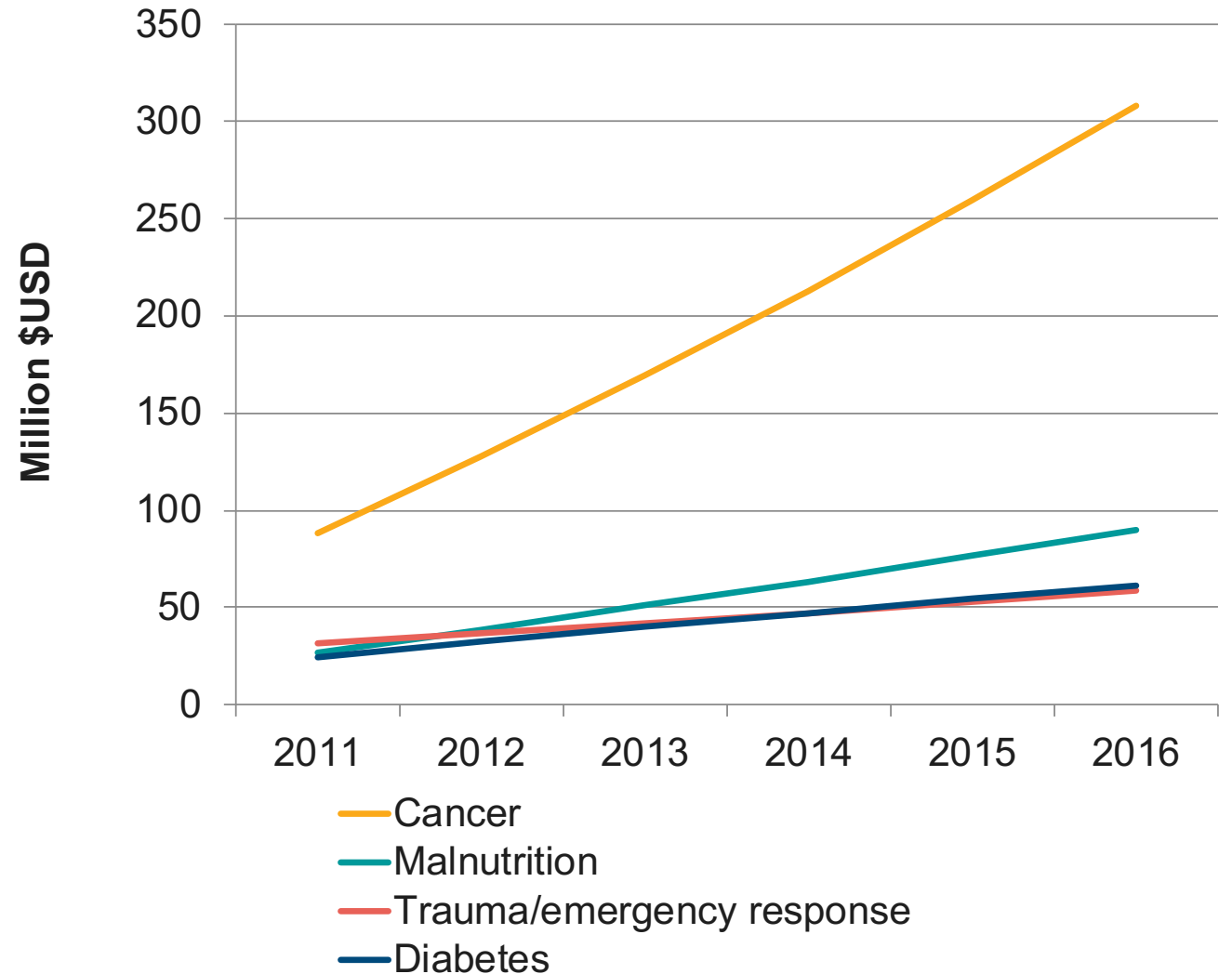
- What services?
- Who receives?
(coverage)
- **How much is paid?**
 - *By government*
 - *By patients*

Where are we now?

Dimensions

- What services?
- Who receives?
(coverage)
- How much is paid?
- *By government*
- By patients

Lower-middle-income country

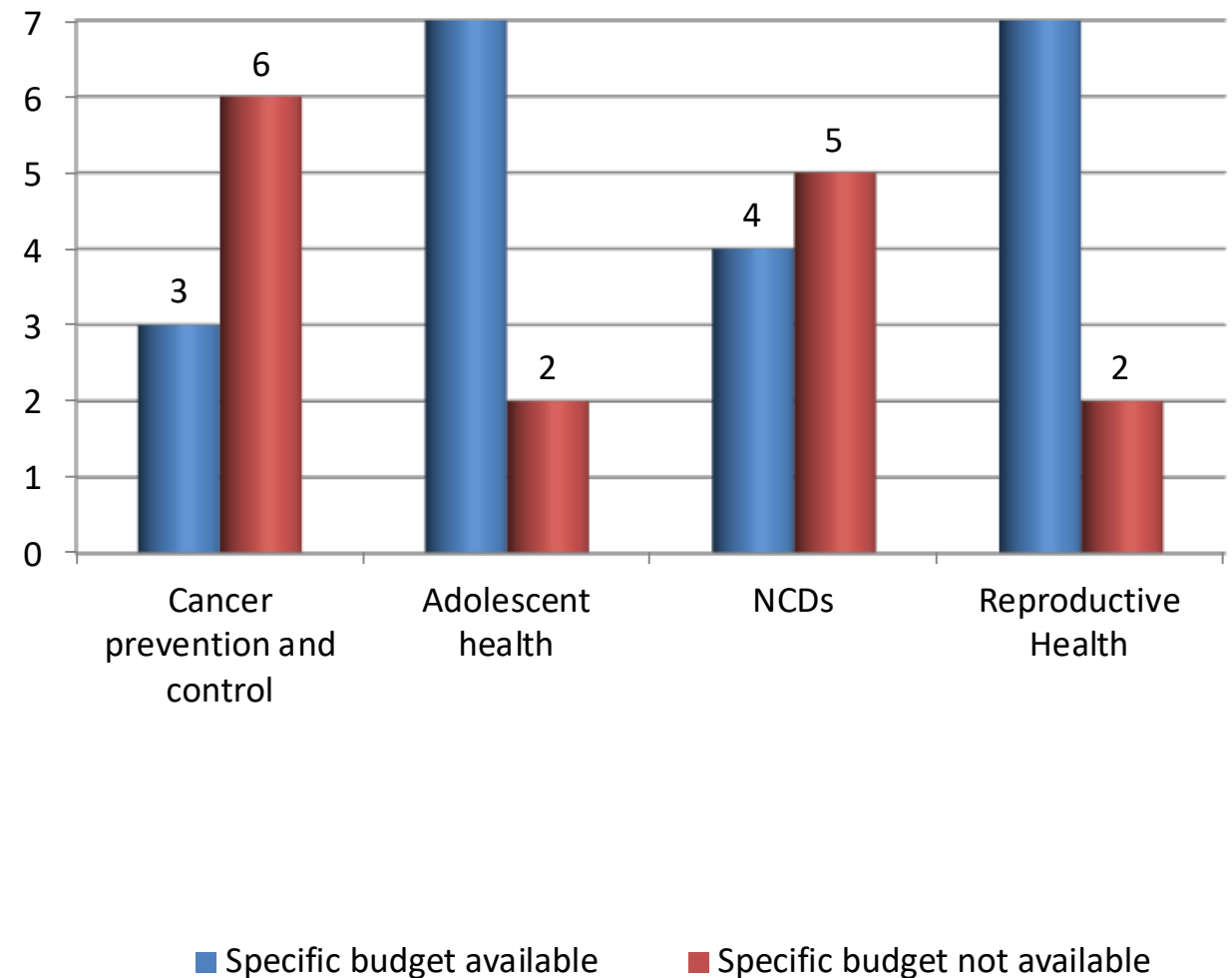


Where are we now?

Dimensions

- What services?
- Who receives? (coverage)
- How much is paid?
- *By government*
- By patients

AFRO Countries with budget for cancer programmes



Where are we now?

Dimensions

- What services?
- Who receives?
(coverage)
- **How much is paid?**
- By government
- ***By patients***

Country	Financial catastrophe	Other impact
India	32%	76% financial harm
Haiti	>66%	91% income
VietNam	78%	Particularly elderly
Malaysia	48%	
China	21-75%	Depends on region
South Korea	40%	
US	12%	Depends on insurance

Where are we now?

Dimensions

- What services?
- Who receives?
(coverage)
- How much is paid?

Quality

15-25% survival difference = 1-2 mil lives/year

Why?

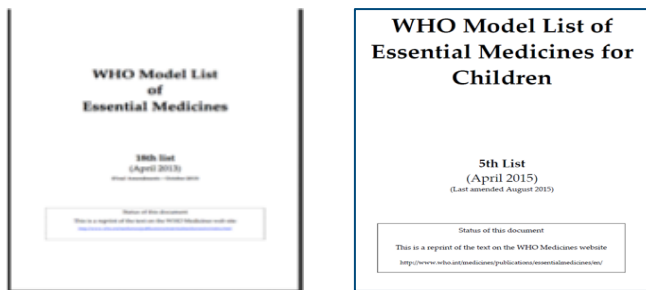
- How services organized, coordinated
 - Limited workforce expertise
 - Out-dated practice guidelines
 - Not timely or geographic accessibility
- Integrated, people-centred care

Action #1: Define Core Package of Most Cost-effective Services

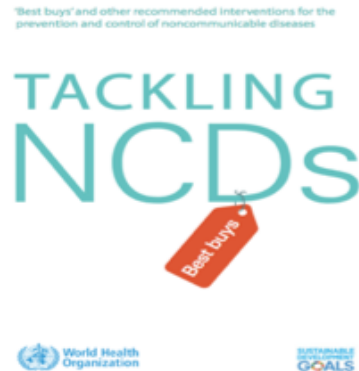
Scenario: government allocates \$100 million to cancer

What services to cover? Where? How?

WHO List of Essential Medicines



WHO List of Priority Medical Devices for Cancer Management



Scenario (10 million population)	Advanced stage	Early Stage
High-cost interventions	100 lives saved \$1000	
Low cost, High impact, coordinated care		300 lives saved \$800

* Estimates from breast cancer outcomes using WHO guidance on basic package
<https://www.ncbi.nlm.nih.gov/pubmed/27723214>

Action #1: Define Core Package of Most Cost-effective Services

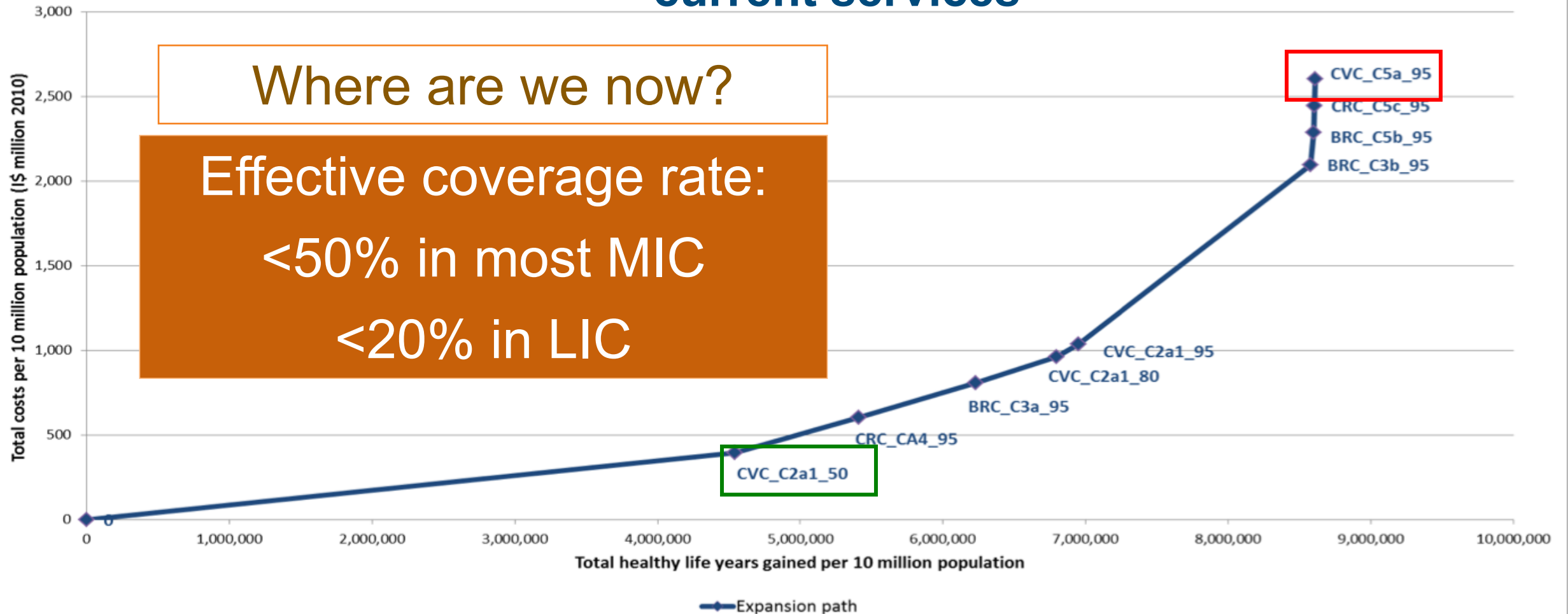
WHO Prioritization Tool:

- Assist countries with identification of resource appropriate, high-impact, cost-effective interventions;
- Tailored to specific country;

Action #2: Prioritise consolidation of current services

Where are we now?

Effective coverage rate:
<50% in most MIC
<20% in LIC



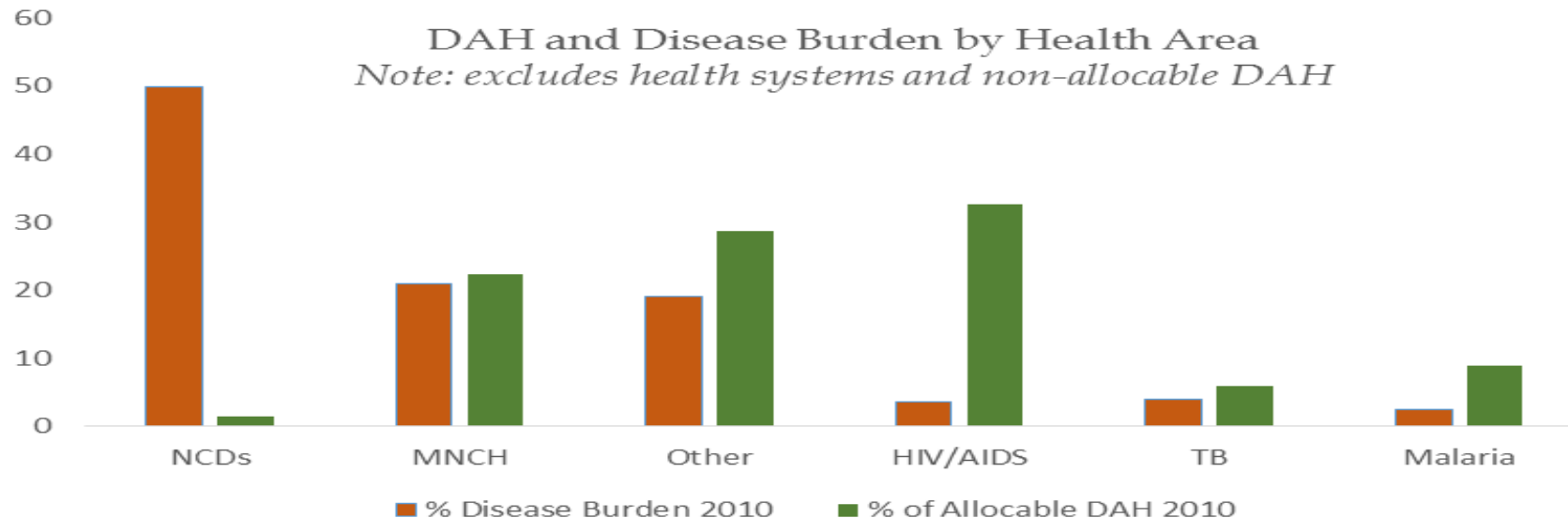
Expanding coverage is generally more efficient at improving outcomes vs. introducing new services

Action #3: Promote Strategic Investments / Ensure Financial Protection

Improve financing

1. Focus on domestic resources

- **Consider, but do not rely on innovative financing mechanisms or donor assistance**

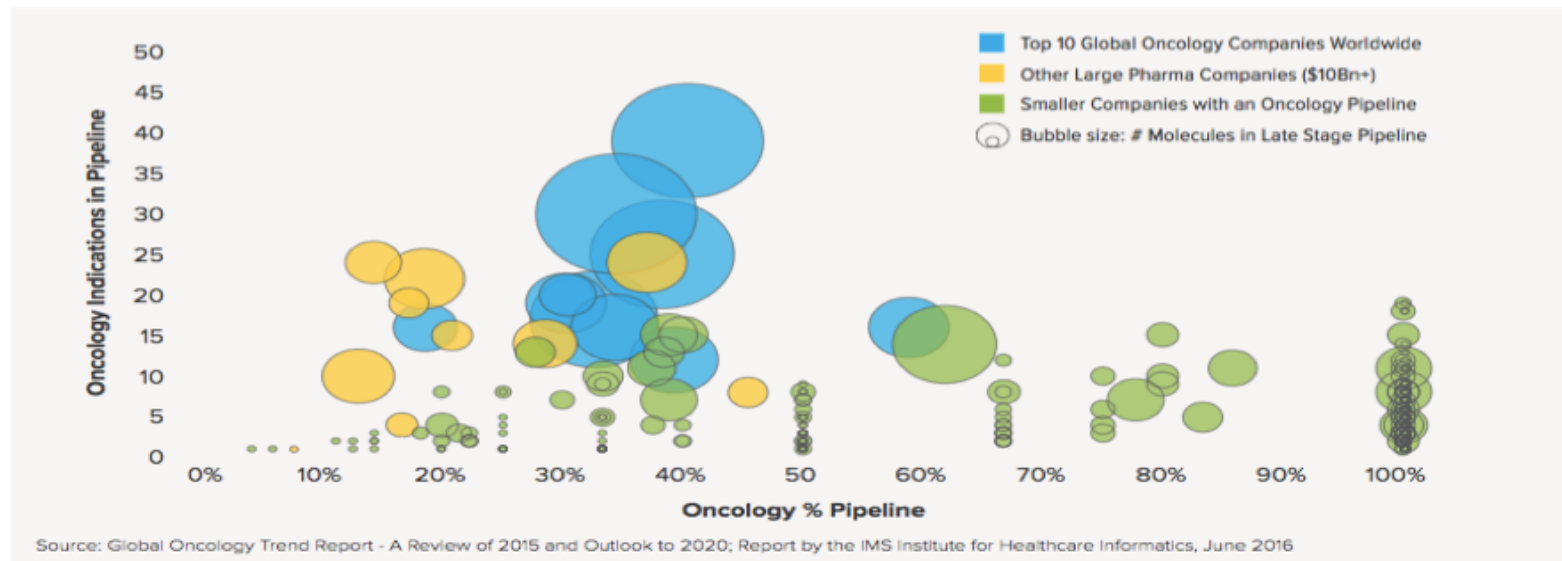


Action #3: Promote Strategic Investments / Ensure Financial Protection

Improve financing

2. Improve efficiency of expenditure

- **Cover high-impact, low-cost programmes**
- **Discontinue ineffectual programmes**
- **Develop HTA to review cost-effectiveness**

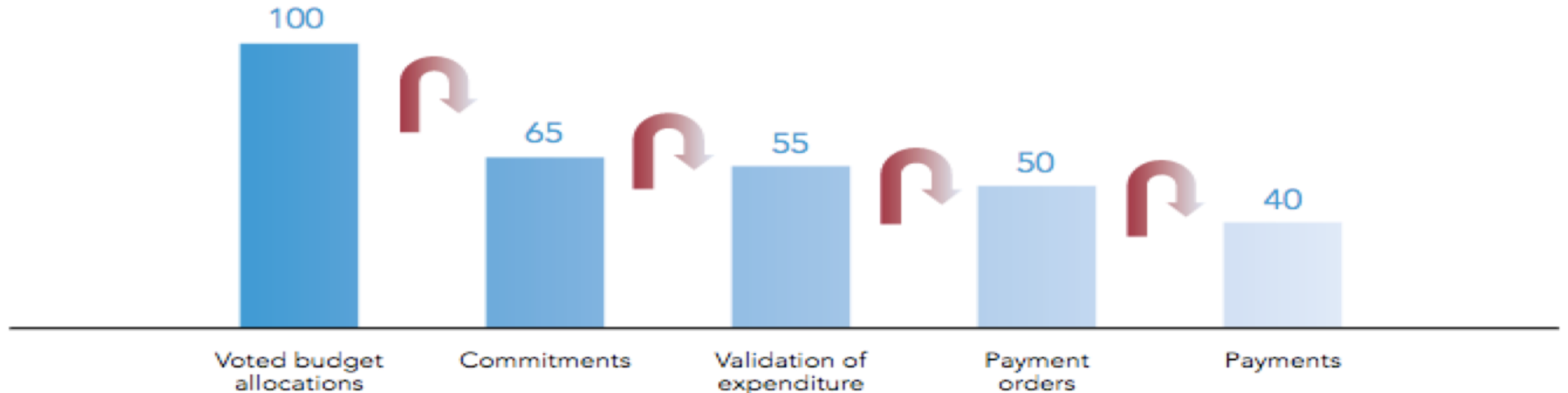


Action #3: Promote Strategic Investments / Ensure Financial Protection

Improve financing

3. Ensure in national health plans & budget

- Evaluate fidelity of spending throughout system



Action #4: Prioritise quality through coordination

Save lives by centralisation and accreditation?

Centralised/ specialised

- Better individual outcomes
- Better coordination
- Lower cost
- Driver of quality and research

But, consider... potential consequences

Harms

- Poorer access for vulnerable populations
- Increased travel time
 - Later stage of disease
 - Increase wait times
 - Loss of social support
 - High OOP expenditure



Action #4: Prioritise quality through coordination

Key actions:

1. Improve coordination and referral mechanisms between facilities
2. Develop standards/guidelines for all levels of care
3. Optimise workforce with tiered capacity

Summary

1. Define core package of services
2. Prioritise expanding coverage vs. introducing new services
3. Promote strategic investment, domestic sources
4. Ensure financial protection
5. Facilitate quality through standards, coordination of services



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Working
collaboratively to
address barriers to
access across all
services



Fighting cancer through the power of partnerships

Remarkable progress has been made in the fight against cancer, including development of innovative technologies that target prevention and treatment. These have greatly improved patient prognoses.

However, there are complex challenges that prevent patients from accessing the care they need.



Neither public nor private organizations are capable of resolving such challenges on their own.

Public-private partnerships foster the exchange of ideas, expertise and capabilities.

Example of Diversity of Partnerships

1. Partnerships for product development
2. Partnerships for product distribution
3. Partnerships for strengthening health services
4. Partnerships for health program coordination

Our commitment to access and public private partnerships to help reduce the prevalence of HPV-related cancers and diseases

- MSD has worked with local, national, and international organizations and governments to strengthen comprehensive prevention and control programs to help reduce the prevalence of HPV-related cancers and diseases.
- Through these public-private partnerships, MSD will continue to increase awareness of the relationship between HPV and the cancers it causes, their impact, as well as help create an understanding of the need for governments and other stakeholders to take action to help reduce the prevalence of HPV-related cancers globally.
- Through our HPV vaccination access programs, MSD has collaborated with Axios International, working with governments and non-governmental organizations in the lowest income nations to demonstrate the feasibility and acceptability of HPV vaccination programs as well as build local capacity across 21 countries.
- These partnerships complement our efforts with GAVI, as an alliance partner, to provide our HPV vaccines in the poorest nations of the world and to contribute to the learnings around successful and resilient vaccination programs in these countries.



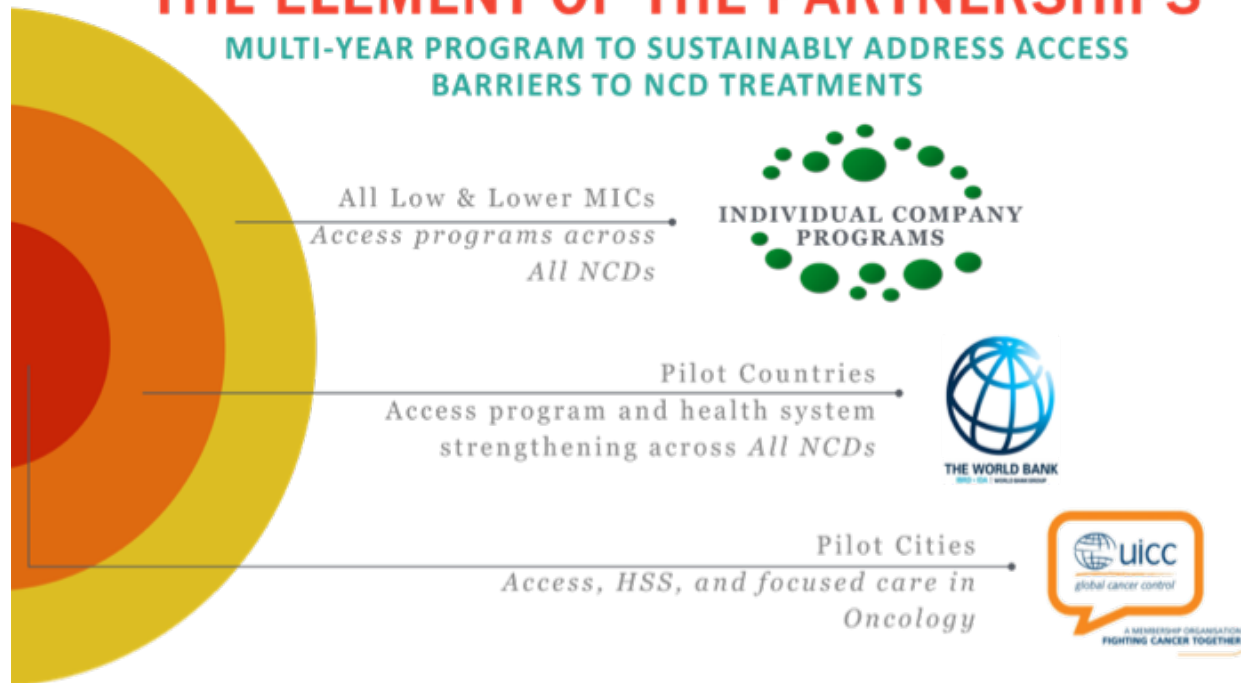
By working in collaboration, we can have a greater impact and improve access to cancer care



Collaboration between 23 pharmaceutical companies focused on improving cancer and other NCD care through prevention, diagnostics and treatment. Implementing partners include the World Bank and the Union for International Cancer Control.

THE ELEMENT OF THE PARTNERSHIPS

MULTI-YEAR PROGRAM TO SUSTAINABLY ADDRESS ACCESS BARRIERS TO NCD TREATMENTS



Multi-stakeholder initiative, led by the Union for International Cancer Control, to **deliver robust cancer treatment solutions in cities in LMICs with populations over 1 million.**

Panel

Discussion



Jilly Carter, Discussion moderator



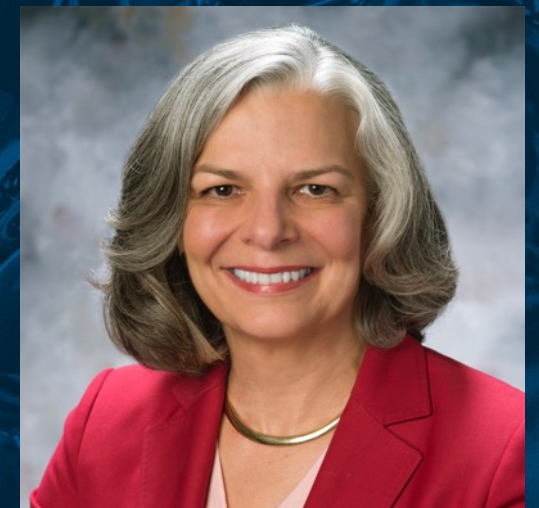
Dr Julie Torode, UICC



Martha Brady, PATH



Professor Sanchia Aranda, UICC
& Cancer Council Australia



Dr Julie Gerberding, MSD

Q&A

Post your
question in the
chat box on your
screen



Thank you

www.uicc.org



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