

Responding to the global target of 80% availability of essential NCD medicines and technologies by 2025: a cancer perspective

A panel discussion at the 68th World Health Assembly, May 2015

Following the [2011 Political Declaration on Non-communicable Diseases](#) (NCDs), in November 2012 Member States of the World Health Organization (WHO) agreed to a Global Monitoring Framework to enable tracking of progress in preventing and controlling major NCDs, including cancer, and their risk factors. One of the [Global Monitoring Framework's](#) 9 targets is "an 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities".

With the aim of stimulating implementation of this target by highlighting the evidence and good practices, the Union for International Cancer Control (UICC) partnered with the Ministries of Health of Côte d'Ivoire, Senegal and Turkey to co-host a side event at the 68th World Health Assembly in Geneva, Switzerland on 26 May 2015. The 100+ participants included representatives of ministries of health, civil society, UN agencies and academia.

Together, surgery, radiotherapy and the administration of essential cancer medicines are effective and critical components of a high-quality multidisciplinary approach to cancer treatment and care. However, access falls dramatically short of demand, most notably in low-and middle-income countries (LMICs), resulting in unnecessary suffering and deaths from cancers that are imminently treatable. Panelists drew attention to some of the key challenges in each of these three disciplines, as well emerging opportunities to increase their availability.

"Two years ago at the World Health Assembly, we made a commitment to a 25% reduction in premature deaths from NCDs by 2025. We cannot achieve this without addressing the 8.2 million cancer deaths annually. Just a few weeks ago, my team convened a strategic technical meeting to set a new direction for the management of cancer. It resulted in a clear list of deliverables including in the areas of pathology and screening, which will require close collaboration with WHO colleagues working in essential medicines, technologies and surgery."

Dr Etienne Krug, World Health Organization (WHO)

Expanding access to essential cancer medicines

The [WHO Model List of Essential Medicines \(EML\)](#) presents a carefully selected set of medicines that "satisfy the priority health care needs of the population" and are "selected with due regard to disease prevalence, evidence on efficacy and safety, and comparative cost effectiveness". Dr Nicola Magrini, WHO, presented the recent review of the WHO EML which reconfirmed the existing 30 cancer medicines on the list and 16 new additions, bringing the total number of cancer medicines to 46.

Dr Magrini underlined that collaboration with UICC and its network of experts had been critical to this landmark development.

Moderator:

Prof. Tezer Kutluk, Turkish Association for Cancer Research and Control & President of UICC

Speakers:

Dr Etienne Krug, Director, Department for Management of NCDs, Disability, Violence and Injury Prevention, WHO

Dr Nicola Magrini, Essential Medicines and Health Products, WHO

Dr Richard Sullivan, The Lancet Commission on Global Surgery, UICC board member

Dr Mary Gospodarowicz, Global Taskforce on Access to Radiotherapy, UICC board member

Dr Serigne Gueye, President of the Alliance of African and Mediterranean Leagues against Cancer (ALIAM) and the Senegalese Society of Cancer, UICC board member

Dr Marie-Paule Kiely, Assistant Director General – Health Systems and Innovation, WHO

Including these medicines in the WHO EML is a first step towards ensuring that everyone who needs these medicines can access them. Dr Magrini's team is working to finalise the updated cancer EML and associated disease briefings, with the items due for formal posting in July 2015.

"As a next step, it will be important for us to keep the EML updated. We must also improve our capacity to grade drugs; redefining thresholds for clinical benefit and cost-effectiveness will be a priority. The EML must be seen as a floor and not a ceiling," said Dr Magrini.



Strengthening Access to Essential Cancer Surgery

Around 60% of the cancer burden will need surgery at some time. [The Lancet Oncology Commission on Global Cancer Surgery](#) involving 34 Commissioners from 22 countries and due to be launched in September 2015, will provide policy-makers, the healthcare community and civil society with evidence-based solutions to delivering affordable, safe and equitable cancer surgery, across all income settings.

Highlighting some of the key findings, Dr Richard Sullivan noted that, *"if no action is taken to increase cancer surgery access, we will see an economic loss of USD 6.2 trillion by 2030 in LMICs alone. The interdependency between imaging, pathology and surgery and links to other treatments mean that taking an integrated 'systems approach' will be critical."* He also underlined the importance of surgical education and training. In particular, ensuring teamwork from diagnosis through to the delivery of surgical care, as well as teaching the right techniques and developing individual skill, are critical.

Looking to the future, the Commission is also studying the state of global cancer research. *"Whilst just 4.3% of research outputs are seen to be relevant to underserved populations, there appears to be huge potential for research in middle-income countries, where we are seeing some of the greatest surgical innovation,"* concluded Dr Sullivan.

Closing the gap in access to radiotherapy

Figures show that 40-50% of cancer patients could benefit from radiotherapy in the course of their disease, and yet there is a lack of adequate radiotherapy resources in some high-income, most middle-income, and almost all low-income countries.

Speaking about key barriers to access, Dr Mary Gospodarowicz said, *"radiotherapy is rarely considered as a priority; it's seen to be too expensive, too complicated, and lacking human resources even when there is commitment."* The [Global Taskforce on Radiotherapy for Cancer Control \(GTF.RCC\)](#) was created in response to this gap with the aim of: describing the need for radiotherapy; quantifying current capacity, and; calculating the costs and benefits (survival and economic) associated with closing the radiotherapy gap.

A set of working groups has been established to lead work in each of these areas, with the findings due to be presented in September 2015.



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Country perspectives: challenges and opportunities for progress

In response to the 2025 target, countries require a suite of solutions and resources for comprehensive cancer treatment. Gaps remain in their capacity to deliver the full spectrum of care to those in need. Political will must be coupled with global, regional, or national technical assistance and funding if we will jointly achieve the target.

This issue formed a key theme throughout the meeting, with Dr Serigne Gueye, President of ALIAM, utilising Senegal as an in-country example. He noted, *"This year is a turning point in Senegal, with the Ministry of Health declaring 2015 as the year for tackling cancer and finalising a national cancer control plan. We have invested five hundred thousand euros to increase access to essential cancer medicines throughout Senegal, and a plan has been developed for a national cancer centre in Dakar – with a view to rolling these out in all regions. Access to radiotherapy remains one of the greatest challenges; we are currently working with the WHO and IAEA-PACT to address the need for investment in training."*

Animated discussion raised concerns such as the accuracy of data on surgery capacity from Turkey; the need to consider innovative approaches to improving access to cancer diagnosis in the primary care setting from Australia, and the example of the India national cancer grid as a new network of centres of excellence providing high quality care, as well as education and research.

Concluding comments and the way forward

Dr Marie-Paule Kieny, WHO, ended the panel discussion, stating that: *"[Today's] discussions have demonstrated that we still have a long way to go in achieving the global NCD target of 80% availability of essential medicines and technologies. 31 countries today have no access at all to radiotherapy; and access to pain relief worldwide remains dismal. We hope that this picture will change dramatically with the implementation of a new resolution on palliative care – WHO has already started work on this."*

- In May 2015 the World Health Assembly also enforced a resolution aimed at strengthening surgical care as a component of Universal Health Coverage
- The recent addition of 16 cancer medicines to the WHO EML is positive and is now stimulating discussions on increasing access and affordability to quality cancer medicines.
- UICC is committed to a continuous update process in collaboration with WHO, linked to the disease-based framework
- WHO is committed to assisting Member States in meeting these commitments – but it will only be possible through effective coordination with other civil society groups and UN agencies.

"Investment in a cancer health system should be seen as an investment in the wider health system. Investments in cancer care deliver infrastructure, health workforce and skills for delivering, for example, surgery and palliative care for a range of health issues... We cannot expect to achieve this or the 25 by 25 targets without innovation in the medical technology and pharmaceutical industries; multisectoral collaboration is therefore critical."

Dr Cary Adams
Chief Executive Officer
Union for International Cancer Control (UICC)