

What the COVID-19 resolution means for cancer



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Cancer and COVID-19

The current 2019 novel coronavirus (COVID-19) pandemic is forcing governments and health systems around the world to re-prioritise resources to respond to waves of new patients. This has brought new international focus to the importance of health as a key contributor to national safety and development, and the urgent need for robust, resilient, and sustainable health systems.

While the increased global focus on health is an opportunity to advance the goals of Universal Health Coverage (UHC), COVID-19 has increased the challenges faced by cancer patients such as:

- **Disrupted treatment and care** as surgeries and radiotherapy are rescheduled, chemotherapy regimens are redesigned, and supply chains for essential medicines (including for palliative care) are interrupted. Preliminary data from WHO suggests that **41% of countries are experiencing disrupted services to treat cancer in sporadic cases of COVID-19**, rising to 54% where countries are in the community outbreak phase¹.
- **Concerns over co-infection** of immunocompromised cancer patients.
- **Redeployment of healthcare staff** to national COVID-19 response, thereby putting health workers at higher risk of infection, burnout and reducing the oncology healthcare staff.
- **High-risk or vulnerable groups are hesitant or discouraged from accessing essential medical services** due to concerns over COVID-19 infection and limited health system

capacities, reducing opportunities to detect and diagnose cancers at an early stage or maintain the continuity of care.

- **Pausing or scaling-down of cancer screening**, early detection and vaccination programmes.
- **Increased exposure to certain risk factors** (alcohol and tobacco use, unhealthy diets, physical inactivity) as a result of COVID-19 control measures like lockdowns.

When brought together, these raise concerns over the long-term impact of COVID-19 on increasing national cancer incidence and mortality, and the ability of health systems weakened by COVID-19 to respond to a wave of demand for services.

In response to these concerns, UICC has been making three 'asks' to decision-makers to help protect cancer patients and those at-risk of developing cancer during the global COVID-19 response:

1. **Recognise the risks faced by cancer patients as a vulnerable group** in COVID-19 action plans and national measures.
2. **Ensure the continuation of essential services for cancer** to minimise preventable mortality during COVID-19 responses and to protect health systems from being overwhelmed by the 'secondary impacts' of the crisis on cancer and other NCDs. These

¹ WHO (2020) Rapid assessment of service delivery for NCDs during the COVID-19 pandemic <https://www.who.int/publications/m/item/rapid-assessment-of-service-delivery-for-ncds-during-the-covid-19-pandemic>

services should span the full spectrum of cancer control from prevention (including vaccination), to detection and diagnosis, treatment and palliative care.

3. **Galvanise the global focus on health to 'build back better'** and use COVID-19 recovery plans to establish more robust, resilient and sustainable health systems. For cancer, the recovery should build on existing commitments (including global international development assistance for health), national targets contained in national cancer control plans, and systematically engage national civil society organisations.

The global COVID-19 response

The recent World Health Assembly (WHA) [resolution on the global COVID-19 response](#) (WHA73.1) sets out a framework for action globally for Member States, WHO and other national actors including civil society. WHO Member States were able to reach a consensus and several key themes emerged through the negotiations including the:

- Need for equitable, timely, affordable, and universal access to essential health technologies, vaccines and other products, particularly in low- and middle-income countries
- Importance of protecting frontline health workers
- Vulnerability of particular groups to COVID-19 infection, complications and discrimination, including the elderly, women, children, those with pre-existing conditions like non-communicable diseases, refugees and migrants
- Need to share timely, accurate and detailed information about COVID-19 outbreaks, as well as lessons learned, research data and other resources to support the global response

Central to the COVID 19 resolution is the commitment by governments to develop and implement multisectoral national action plans to coordinate a health system response to COVID-19.

Ensuring essential care for cancer patients

The resolution seeks to establish a high-level policy framework for action and, as such, does not focus on specific health service or clinical actions. It does, however, contain a series of commitments which cancer advocates can use to support the integration of essential cancer services (see the 'resolution at a glance' for an overview of the key paragraphs):

- **Develop time-bound multisectoral action plans on COVID** – governments have committed to developing and implementing national action plans that pay particular attention to the needs of vulnerable groups, including protection from financial hardship. With the growing data on the risks faced by cancer patients, this provides cancer advocates with a framework to call for cancer patients to be recognised as a key vulnerable group with appropriate targets and commitments to ensure their safety and wellbeing.
- **Maintain essential services for non-communicable diseases (NCDs), including cancer** – paragraph OP7.5 commits governments to ensuring the uninterrupted and safe provision services including essential vaccinations and for NCDs. As countries develop their national action plans, this provides advocates with a strong foundation to call for the inclusion of essential cancer services to meet the needs of cancer patients. Further data on the global impact of COVID-19 responses on cancer services are being gathered by the [COVID-19 and cancer taskforce](#).
- **Pledge to ensure access to essential medicines, technologies, and vaccines for COVID-19** – this is essential to support health systems to recovery and advocates can refer to the importance of providing continuity and consistency of essential cancer medicines and technologies within this pledge.
- **Recognising key vulnerable groups** – these include people living with pre-existing conditions such as cancer and other NCDs, as well as the elderly, those with disabilities, refugees, migrants, and other groups who already struggle to access essential health services.

Looking ahead to 'build back better'

- **Using the COVID-19 recovery to deliver on UHC** – there is a clear correlation between the strength of national health systems and a country's ability to prevent, control and respond to COVID-19 and other diseases. Delivering UHC and strengthening health systems have been prominent in many of the global discussions around the resolution, but the text does not make a specific request to Member States to use the COVID-19 recovery phase to galvanise action on UHC.

Advocacy ask: Urge governments to take a comprehensive approach to COVID-19 recovery using both a national and global focus on health to lay the foundations for UHC, including services for cancer and NCDs. Forthcoming tools from the WHO will support governments to develop a comprehensive NCD response as part of the global drive to 'build back better', however it is imperative that these plans include services for cancer and other NCDs as the leading causes of mortality and catastrophic health spending globally.

- **Sustainably finance health systems** – the resolution recognises that COVID-19 is stretching health systems to the limit and it is critical to build strong health systems as part of the recovery phase; however it falls short of committing Member States to the additional investments in health needed to sustainably finance health systems. We have seen a number of governments stepping up to support both the WHO and other Member States with more fragile health systems, and this assistance should be actively encouraged, with a focus on using all the financial mechanisms possible to support recovery, particularly in low- and middle-income countries.

Advocacy ask: High-income countries and donors to increase international investments in health system strengthening and integrate cancer and NCDs within their development portfolios. Given the mounting evidence around the impact of cancer and other NCDs of COVID-19 mortality there is a growing case for investing in cancer and NCDs as a contributor to global health security.

- **Maintain health promotion and disease prevention activities** – the resolution highlights the importance of preserving and protecting the mental health of healthcare workers and the general population, particularly as a result of social-isolation and other policies to reduce the transmission of COVID-19. At the same time, it is crucial that governments maintain essential health-promotion policies to address tobacco and alcohol use, physical inactivity, and poor diets to reduce the potential long-term impact of COVID-19 on the cancer and NCD burden.

Advocacy ask: Integrate health promotion and disease prevention measures as part of COVID-19 response and recovery plans. These plans should include vaccinations alongside measures contained in the WHO's 'Best Buys' for NCDs to reduce the tobacco and alcohol use, poor diets and physical inactivity.

- **Tracking and reporting on non-COVID mortality** - as a result of complications from COVID-19 and disruptions to health systems, it is likely that we will see increases in mortality that are not directly attributable to COVID-19 infection. It is important to monitor health outcomes in other areas, including NCDs such as cancer, heart disease, stroke and diabetes in order to track and minimise preventable mortality from other health conditions and ensure that health systems are equipped to respond to the 'secondary impacts' of the pandemic.

Advocacy ask: Monitor and report on the impact of COVID-19 on survival and mortality from cancer, NCDs and other high-burden diseases nationally.

COVID-19 resolution at a glance

The table below provides a quick reference to paragraphs that contain supportive language for cancer control activities. The language has been shortened so please refer to the original document for the full language.



Develop national COVID-19 response plans

- OP7.1 Put in place a whole of government and whole of society response including through **implementing a national, cross-sectoral COVID-19 action plan that outlines both immediate and long-term actions...** to sustainably strengthening their health systems;
- OP7.2 Implement national action plans by putting in place, according to their specific contexts, **comprehensive, proportionate, time-bound**, age- and disability-sensitive and gender-responsive **measures across government sectors against COVID-19...** paying particular attention to the needs of people in vulnerable situations... **ensuring social protection, protection from financial hardship** and preventing insecurity, violence, discrimination, stigmatization and marginalization;



Recognise the risks faced by cancer patients

- PP12 **Emphasizing the need to protect populations, in particular people with pre-existing health conditions, older persons, and other people at risk of COVID-19 including health professionals**, health workers and other relevant frontline workers, especially women... stressing the importance of age-, gender-responsive and disability-sensitive measures in this regard;
- OP7.7 Provide **access to safe testing, treatment, and palliative care for COVID-19**, paying particular attention to the **protection of those with pre-existing health conditions, older persons**, and other people at risk, in particular health professionals, health workers and other relevant frontline workers;



Ensure the continuation of essential cancer services

- OP7.5 **Maintain the continued functioning of the health system** in all relevant aspects... the **uninterrupted and safe provision of population and individual level services, for**, among others, communicable diseases, including by **undisrupted vaccination programmes...** **noncommunicable diseases, mental health...** recognizing in this regard **the importance of increased domestic financing and development assistance where needed in the context of achieving UHC**;



Access essential healthcare resources for COVID-19 response

- OP4 Calls for the universal, timely and equitable access to and fair distribution of all **quality, safe, efficacious and affordable essential health technologies and products** including their components and precursors required in the response to the COVID-19 pandemic as a global priority, and the urgent removal of unjustified obstacles thereto; consistent with the provisions of relevant international treaties including the provisions of the TRIPS agreement and the flexibilities as confirmed by the Doha Declaration on the TRIPS Agreement and Public Health;
- OP6 Recognizes the role of extensive immunization against COVID-19 as a global public good for health in preventing, containing and stopping transmission in order to bring the pandemic to an end, once safe, quality, efficacious, effective, accessible and affordable vaccines are available;
- OP7.7 Provide **access to safe testing, treatment, and palliative care for COVID-19**, paying particular attention to the **protection of those with pre-existing health conditions, older persons**, and other people at risk, in particular health professionals, health workers and other relevant frontline workers;



Use COVID-19 recovery to establish more robust health systems

- OP7.5 **Maintain the continued functioning of the health system** in all relevant aspects... the **uninterrupted and safe provision of population and individual level services, for**, among others, communicable diseases, including by **undisrupted vaccination programmes...** **noncommunicable diseases, mental health...** recognizing in this regard **the importance of increased domestic financing and development assistance where needed in the context of achieving UHC**;



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