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

**Global commitment**
- UN High-Level Summit and adoption of UN Political Declaration on NCDs

**Global accountability**
- '25 by 25' NCD mortality target adopted

**Global coordination**
- UN Task Force on NCDs and a Global Coordination Mechanism (GCM)

**Global action**

**Update to WHO Model List of Essential Medicines**
- 16 new systemic therapies for cancer added

**Guidance for implementation**
- WHA Cancer Resolution
- Essential technologies

**New Development agenda**
- Sustainable Development Goal Target 3.4

**Tracking global progress**
- World Cancer Declaration Progress report

**Building the case**
- Lancet commissions on radiotherapy and surgery

**Mid-term review of progress**
- UN HLM on NCDs

**Delivery milestones**
- 2025: '25 by 25' target
- 2030: Sustainable Development Goals
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
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.
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;

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 of 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 affordable medicines, medical equipment and technologies for cancer prevention and control;

Adopts resolution WHA70.12 on cancer prevention and control in the context of an integrated approach.
Prevention

“promote primary prevention of cancers”

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

<table>
<thead>
<tr>
<th>Physical Inactivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overarching/enabling actions</td>
</tr>
<tr>
<td>- Implement the WHO Global Strategy on Diet, Physical Activity and Health</td>
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</table>

<table>
<thead>
<tr>
<th>Specific interventions with WHO-CHOICE analysis</th>
</tr>
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<tbody>
<tr>
<td><strong>No</strong></td>
</tr>
<tr>
<td>P 1</td>
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<table>
<thead>
<tr>
<th>Other interventions from WHO Guidance (without WHO-CHOICE analysis)</th>
</tr>
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<tbody>
<tr>
<td><strong>No</strong></td>
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<tr>
<td>P 2</td>
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<td>P 3</td>
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<td>P 4</td>
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<td>P 5</td>
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<td>P 6</td>
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<table>
<thead>
<tr>
<th>Cancer</th>
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<tbody>
<tr>
<td><strong>Specific interventions with WHO-CHOICE analysis</strong></td>
</tr>
<tr>
<td><strong>No</strong></td>
</tr>
<tr>
<td>CA 1</td>
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<tr>
<td>CA 2</td>
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<td></td>
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<tr>
<td>CA 3</td>
</tr>
</tbody>
</table>

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.
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 analysis**

<table>
<thead>
<tr>
<th>No</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA 3</td>
<td>Treatment of cervical cancer stages I and II with either surgery or radiotherapy +/- chemotherapy</td>
</tr>
<tr>
<td>CA 4</td>
<td>Treatment of breast cancer stages I and II with surgery +/- systemic therapy</td>
</tr>
<tr>
<td>CA 5</td>
<td>Screening with mammography (once every 2 years for women aged 50-69 years) linked with timely diagnosis and treatment of breast cancer</td>
</tr>
<tr>
<td>CA 6</td>
<td>Treatment of colorectal cancer stages I and II with surgery +/- chemotherapy and radiotherapy</td>
</tr>
<tr>
<td>CA 7</td>
<td>Basic palliative care for cancer: home-based and hospital care with multi-disciplinary team and access to opiates and essential supportive medicines</td>
</tr>
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Other interventions from WHO Guidance (without WHO-CHOICE analysis)

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<tbody>
<tr>
<td>CA 8</td>
<td>Prevention of liver cancer through hepatitis B immunization</td>
</tr>
<tr>
<td>CA 9</td>
<td>Oral cancer screening in high-risk groups (e.g., tobacco users, betel-nut chewers) linked with timely treatment</td>
</tr>
<tr>
<td>CA 10</td>
<td>Population-based colorectal cancer screening, including through a faecal occult blood test, as appropriate, at age &gt;50, linked with timely treatment</td>
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Emerging Milestones 2016-2020

- **Global Coordination**
  - Uruguay Global Ministers Meeting on NCDs
- **Global Investment**
  - United Nations High-level Meeting on NCDs
  - NEW Investment case
  - NEW access to cancer medicines report
- **Global Action**
  - Progress review scheduled in 2021
- **WHA 2017**
  - Cancer resolution
- **Best Buys**
  - Appendix 3
  - Cost effectiveness recommendations

Emerging Discourse on Universal Health Coverage
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?

Session 2 (10min)

• How can I get involved?

Question & Answer (20 min)

Question & Answer (10 min)
Outline

• Why now?

• Why a report?

• What will it contain?

• How can I get involved?
• Burden:
  – **Lifetime risk**: 1 in 2.5 HIC; 1 in 6 in Eastern Africa
• **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 – demographic changes & RF exposure

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

- 14 mil cases in 2012 → 24 million by 2035
Global Health Financing

Flows of Global Health Financing

Source
- BMGF
- Other sources
- Private philanthropy
- United States
- Other governments
  - Canada
  - United Kingdom
  - Australia
  - Germany
  - France

Channel
- BMGF
- United States
- NGOs & foundations
- Development banks
- UN agencies
- Global Fund
- Other bilateral aid agencies
  - Gavi
  - Canada
  - United Kingdom
  - European Commission
  - Australia
  - Germany
  - France

Health Focus Area
- HIV/AIDS
- Malaria
- Tuberculosis
- Maternal health
- Other health focus areas
  - Other infectious diseases
  - Noncommunicable diseases
  - Child health
  - SWAps & HSS
  - Unallocable
Public Health Progress

- Communicable, maternal, perinatal and nutritional conditions

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<th>2000</th>
<th>2015</th>
<th>% change</th>
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<tr>
<td>Vaccine-preventable infections</td>
<td>1,040,000</td>
<td>270,000</td>
<td>74%</td>
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<tr>
<td>HIV/AIDS</td>
<td>1,440,000</td>
<td>1,045,000</td>
<td>27%</td>
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<td>Neonatal conditions (e.g. preterm birth, asphyxia)</td>
<td>3,191,000</td>
<td>2,282,000</td>
<td>28%</td>
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<tr>
<td>Malaria</td>
<td>797,000</td>
<td>439,000</td>
<td>45%</td>
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<tr>
<td><strong>Infectious Total</strong></td>
<td><strong>8,486,000</strong></td>
<td><strong>5,553,000</strong></td>
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- Noncommunicable diseases

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<tr>
<td>Cancer</td>
<td>4,645,000</td>
<td>6,112,000</td>
<td>↑32%</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>273,000</td>
<td>388,000</td>
<td>↑42%</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>756,000</td>
<td>1,114,000</td>
<td>↑47%</td>
</tr>
<tr>
<td>Ischemic heart disease</td>
<td>4,880,000</td>
<td>7,060,000</td>
<td>↑45%</td>
</tr>
<tr>
<td><strong>NCD Total</strong></td>
<td><strong>23,501,000</strong></td>
<td><strong>30,734,000</strong></td>
<td><strong>↑31%</strong></td>
</tr>
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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
Colombia
France
Russia
Thailand
Zambia
USA
India
Luxembourg
Malaysia
Canada
Costa Rica
Panama
Peru
Congo
Nigeria
Georgia
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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 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;

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)

Resolutions

Outcomes
Deliverables
Inputs

UN Millennium Development Goals (MDGs) – moving to SDGs

Biennial Programme Budgets (PB)

2014-2019

Workplans

2016-2017
WHA Resolution: Global Report on Cancer

(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 States 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, colaborate 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.
(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;
• 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
World Report on Violence and Health

Launched an international partnership (Violence Prevention Alliance)

>25,000 copies requested
>14 languages

> 60 countries organized high-level policy events
World Report on Road Traffic Injury Prevention
WHO calls for healthier diets to combat alarming surge in diabetes

World Health Organization says there were 422 million adults living with diabetes, a figure that has quadrupled over 3 decades, with most cases occurring in low- and middle-income countries, according to a new report released on Wednesday.

Diabetes cases have quadrupled in just over 3 decades

Diabetes has nearly doubled globally since 1980

World Health Organization reports 1.37 lakh road deaths in India in 2016

Drowning kills 372,000 people each year: UN report

Drowning is among the leading causes of death for children under five, according to a new report by the United Nations. The report also calls for more awareness and action to prevent drowning deaths.

9-11. DÉCEMBRE 2016
ARENA DE GENÈVE

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

Silent but growing global problem: drowning

Drowning is among the leading causes of death for children under five, according to a new report by the United Nations. The report also calls for more awareness and action to prevent drowning deaths.
Defining Success

Global Tuberculosis Report - World Health Organization

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 Communica ...

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

1. Alcoholism - epidemiology. 2. Alcohol drinking - adverse effects. 3. Social control, Fu ...
### Three Principles of Success

<table>
<thead>
<tr>
<th>Content</th>
<th>Process</th>
<th>Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Simple is good</td>
<td>• Does not end with report release</td>
<td>• Broad stakeholders</td>
</tr>
<tr>
<td>• Novel data or perspective</td>
<td>• As important as document</td>
<td>• Throughout process and ongoing</td>
</tr>
<tr>
<td>• Remember target audience (policymakers)</td>
<td>• National high-level launches</td>
<td></td>
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</tbody>
</table>

#### 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?
• **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;
- 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?

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?

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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);
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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 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;

(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;

¹ Document A70/32.
Global Report on Cancer Timeline

1. Preparatory Phase
   - Expert consultation
   - Stakeholder engagement

2. Drafting Phase
   - Editorial committee
   - Technical working groups
   - Review process
   - Regional consultations

3. Dissemination Phase
   - Publication
   - Launch events
   - Long-term engagement

- Editorial committee
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## Opportunities for Getting Involved

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<th>Phase</th>
<th>Opportunities</th>
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<tr>
<td>Preparatory Phase</td>
<td>• Provide insight / feedback</td>
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<td>Drafting Phase</td>
<td>• Draft review • Support spin-off products</td>
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<tr>
<td>Dissemination Phase</td>
<td>• Attend and/or coordinate</td>
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<td>• Attend and/or coordinate</td>
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<td>• Reference for activities</td>
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<td>Stakeholder engagement</td>
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<td>Launch events</td>
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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?

• How can I get involved?

Question & Answer (20 min)

Question & Answer (10 min)
THANK YOU

André M. Ilbawi
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