

Leadership in Action

Latin America region



A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER

An initiative of the UICC CEO Programme

**4 October 2019,
Mexico City (Mexico)**

The second edition of the 'Leadership in Action' meeting for full members from Latin America took place on 4 October 2019 in Mexico City, Mexico. A total of 52 participants from 13 countries and a diverse range of organisations had the opportunity to discuss and share their vision around topics of global and regional relevance such as universal health coverage, national cancer control plan financing and advocacy.

With the support of the Instituto Nacional de Cancerología de México (INCan) as host organisation, it marks the **second time** such a meeting is organised for and in the region, the first one held alongside the 2017 World Cancer Leaders' Summit (WCLS).

The 'Leadership in Action' series is the regional expression of the **CEO Programme**, UICC's flagship leadership development initiative providing a suite of tailored platforms and activities to create an active and influential community of CEOs and senior executives.

The meeting was organised with the following three objectives:

- Strengthen regional ties between members through the peer to peer exchange of knowledge, advice and challenges in an atmosphere of privacy and trust.
- Determine the priority areas that need to be addressed at the regional level and the measures that civil society could take to tackle those priorities in order to advance cancer control in the region.
- Improve members' knowledge on UICC's opportunities and activities that could further build their capacities.



Sessions and speakers

Opening and closing remarks

- **Dr Abelardo Meneses**, General Director, INCan (Mexico)

Universal Health Coverage (UHC): Current status of cancer care in the Latin America region

- **Roberto García**, Health Systems Expert, McKinsey & Company (Mexico)

Public Private Dialogue – Financing the implementation of National Cancer Control Plans: Gaps and Opportunities in Latin America

- **Dr Alfredo Aguilar**, Scientific and Academic Director, Oncosalud (Peru)
- **Dr Jairo Aguilera**, Coordinator of Oncological Services, Instituto Nacional de Cancerología (Colombia)
- **Prof. Eduardo Cazap**, President, SLACOM (Argentina)
- **Isabelle Aloï Timeus**, President and Founder, Salvati A.C. (Mexico)
- **Luciano Zylberberg**, Leader for Policy and Advocacy LATAM, Roche (Mexico)

Advocacy for legislative change

- **Dr Maira Caleffi**, President, FEMAMA (Brazil)
- **Gustavo Campillo**, President, Fundación RASA (Colombia)
- **Wilson Merino**, Executive Director, Fundación Cecilia Rivadeneira (Ecuador)
- **Dr Tatiana Vidaurre**, Oncologist, INEN (Peru)

Key learnings from

presentations and discussions



The day started with an inspiring speech by Dr Abelardo Meneses, who gave an overview of the impact of the 2017 WCLS in Mexico, and an update on progress regarding the funding of Mexico's national cancer control plan and coverage of cancer care services.

Universal Health Coverage (UHC): current state of cancer care in the Latin America region

Roberto García, Healthcare Systems Expert at McKinsey & Company Latin America (UICC Knowledge Partner), outlined the current and forthcoming challenges facing cancer control in the region in the context of pursuing universal health coverage, including the following:

- **A growing avalanche of cases:** the incidence of cancer, currently the second cause of deaths in most countries in the region, is predicted to rise to almost 80% across the region by 2040 (more than three times the expected increase in Europe).
- **A widening gap in services:** the growth in cases, alongside increasing demands from the general ageing of the population and other chronic diseases, is not matched by an equivalent rise in healthcare investments, resulting in coverage slipping further behind rather than closing in – in fact, less than 40% of such growth will be met.
- **The need for thoughtful investment:** simply increasing the health budget will not suffice, as careful consideration must also be given to where the funds are allocated and to ensure efficiencies in the system.

“More investment does not necessarily translate into better results. It is necessary to invest and spend in a cost-effective way to close the gap.”

Roberto García, McKinsey & Company

Possible solutions as well as innovative approaches were however available for the region:

- **Financial protection** – while higher out-of-pocket expenses were widespread as percentage of total health spending in the region, some innovative solutions were starting to emerge: one example was Oncosalud, an alternative private insurance model for oncology services linked to a specialised hospital which currently covers one million people and provides access to treatment to around 10,000 patients per year in Peru.
- **Service coverage** – considerable gaps exist between Latin America and developed countries in terms of the medicines and health technology covered within the health system

There are readily available approaches, however, to reduce the gap: countries should prioritise cancer medicines included in WHO's essential medicines list; there is room for growth in public spending on health considering only a handful of countries in the region currently reach the benchmark of 6% of GDP for public health spending; improvements in national coverage of cancer services could also be gained through the establishment of health technology assessment processes to streamline the introduction of new medicines and their use.

- **Quality health care provision** - early detection and palliative care should be at the centre of efforts for improvement. While the region lags behind on many indicators in these areas, for example with higher percentages of cancer cases presenting at a late stage of disease, once again, some policy solutions are available to ensure resources are invested where they can bear more fruit.

For example, studies indicate that investments in the early detection of breast cancer leading to growing number of cases presenting at stage I and II, instead of III and IV, would not only increase survivorship, but in the medium term self-finance themselves, freeing opportunities for further investments across the healthcare system (and new technologies coming into the market can help further improve outcomes in early detection).



Public Private Dialogue – Financing the implementation of National Cancer Control Plans: Gaps and Opportunities for action in Latin America

The public private dialogue brought together representatives from the private sector and government, alongside UICC members, to discuss possible solutions to addressing the financing gaps of national cancer control plans in the region.

An analysis carried out by UICC and WHO in 2018 on the status of National Cancer Control Plans (NCCP) globally highlighted the fact that national plans in the Latin American region often lacked information on the costs involved or were not associated with an allocation of necessary financial resources. At the same time, the region is characterised by high levels of system fragmentation, with private insurance and out-of-pocket expenditures playing an important role in financing the general provision of health care. With this backdrop, panellists from different sectors across the health system tried to outline some of the key challenges as well as possible solutions to the issue of financing the implementation of NCCPs.

Dr Alfredo Aguilar, Scientific Director of Oncosalud (Peru), outlined the key role private health coverage solutions for cancer care can play in protecting large proportions of the population from catastrophic health expenditure, while providing access to the latest available specialised oncology services.

Dr Jairo Aguilera López of the National Cancer Institute of Colombia, highlighted the importance that centralised institutions have in keeping cancer high on the political agenda and in addressing the gaps in services, particularly in countries with a relatively long history of cancer planning which may suffer from political will fatigue.

Prof. Eduardo Cazap, President of the Latin American and Caribbean Society of Medical Oncology (SLACOM), remarked that, as public policies, cancer plans across the region must come with initial public funds attached to them. However, in the long term, they must become an all-of-society responsibility, involving civil society and the private sector, to be truly sustainable. He also stressed that the plans should involve the whole of government, not only the Ministries of Health, but also, for example, Education and Finance.

Isabelle Aloï Timeus, President of Salvati A.C., an organisation supporting under-privileged cancer patients in Mexico and one of the founding members of Juntos Contra el Cáncer (a coalition of 60 cancer control organisations), pointed out that the key role for civil society was to hold the government accountable and monitor the implementation of cancer plans, a task which could only be effectively fulfilled when civil society came together and spoke with one voice.

Luciano Zylberberg, Leader for Policy and Advocacy at Roche Latin America, stressed the need for multisectoral participation in NCCPs. He also highlighted that, while the traditional role of the pharmaceutical industry was in building the evidence case for treatments, this did not exist in a silo, but required the inclusion of patients and their perspectives, and needs now systematic evaluation frameworks to be translated in effective public policies.



“Without the accompaniment of civil society, budget funds, and participation in a true public-private partnership, national cancer plans (generally) fail to meet the required objectives”

Eduardo Cazap, SLACOM



The panel was then followed by **group discussions** on three key questions:

Who are the key actors who should work with the government to ensure NCCPs are funded and sustainable?

Unanimously, all participants agreed that actors from across all of society should be involved, not only **the government** (beyond simply the Ministry of Health), **cancer societies**, and **the medical and pharmaceutical sectors**, but also **patient groups** and those with direct experience of cancer, **insurers, medical equipment manufacturers, technology firms, the media, rights-based organisations, food and beverage industries.**

Given such broad array of actors, and the general fragmentation by-and-large characterising health systems in Latin America, a key factor in the success of a national cancer control plan was its governance, and how the various stakeholders related and interacted with each other.

What are the necessary actions and possible innovative solutions that can contribute to fill the gap in funding NCCPs?

Some responses were that **national cancer institutes** could play a central role in this, beyond the purely medical aspects, as a multisectoral focal point that helps to identify the needs and capacities within the system.

All agreed that plans must start with **national funding**, and many highlighted the room for savings to perhaps invest more in prevention and early detection activities.

The introduction of **technologies to help monitor implementation** was also noted as potential cost-saver, while others highlighted the need of a dedicated **cancer fund** created by law and independently financed through sources such as 'sin taxes'.

Others also underlined the need to support **corporate social responsibility** and strengthen the **donation culture** via tax incentives.

Are there examples of good practice that are working, either in your country or elsewhere?

Despite the challenges presented, examples of good practices (from the overall structure of the plan and its financing, to specific policies within it) were identified across the region, including from low resource settings:

- Plan Esperanza in Peru
- Anti-tobacco laws in Brazil and Uruguay
- The plan format in Colombia
- The women's cancer information system in Nicaragua
- Patient navigation in Costa Rica
- A Parliament's cross-party group for cancer in Brazil
- The civil society coalition in Mexico - Juntos Contra el Cáncer
- A civil society-led cancer advisory council in Chile's Ministry of Health.





Advocacy for legislative change

Based on trends in the region, where advocacy groups and actions are increasing, four examples were presented on how organisations approach advocacy efforts to bring in legislative change. It is clear that there is not just one way to advocate, and several methods and tools are available, depending on the objective being pursued and the target audience.

Dr Maira Caleffi exemplified how FEMAMA, the organisation she presides, opted from the beginning to work in coalitions at all levels: starting with being an umbrella organisation to being part of different national, regional and thematic coalitions. By doing so, both the credibility of the organisation and its positioning in the political agenda increased. It also helped developing a robust communication plan, which incorporated marketing and merchandising, to increase their visibility. This strategy led, for example, to great achievements at the legislative front such as the implementation of the 60 Day Law (compulsory notification of cancer to the cancer registry).

Wilson Merino, from Fundación Cecilia Rivadeneira in Ecuador, described how to make use of an instrument of direct democracy, provided in most constitutions, such as the popular legislative initiative (the instrument by which citizens can propose a change of policy and legislation to Parliament by gathering a certain number of signatures).

He also highlighted the important role of social media in engaging younger generation to get involved in political activities, as well as a tool to inform the general public.

“It is not a about demonizing any stakeholder but about building bridges and working in accordance with two concepts: coherence between the different visions of civil society, and the co-responsibility of citizens”

Wilson Merino, Fundación Cecilia Rivadeneira

Gustavo Campillo, from Fundación RASA in Colombia, outlined the challenges inherent in any process bringing together different organisations towards a common goal. In particular, he highlighted the importance of compromise as each organisation must concede something of its individual objectives and identity in order to ally with other institutions for a greater good: in the end, the sum must be greater than its parts for a coalition to be successful.

Finally, **Dr Tatiana Vidaurre** of the National Institute of Neoplastic Diseases (INEN) of Peru presented the example of the Plan Esperanza, a successful example of national policy with support at the highest level in the national government, which benefitted from key contributions at both the design and implementation level of the national scientific cancer community through the partnership of INEN with the Ministry of Health.



Next Steps



Five Leadership Development Grants will be made available for participants. These grants will serve to continue peer-to-peer learning on selected topics, while supporting the development of concrete networks and collaborations.

UICC members from the region will have the opportunity to meet during the Regional Meetings and Regional sessions at the **2020 World Cancer Congress** in Muscat, Oman.

The next Leadership in Action meeting in Latin America is planned to take place in 2021. If your organisation is interested in acting as host, please **express your interest online**.

For more information about regional opportunities, please contact with the Capacity Building team at **regionalcb@uicc.org**.



List of participants



UICC Members

(in alphabetical order of countries, and within countries, in alphabetical order of organizations)

Diego Paonessa, LALCEC, Argentina

Eduardo Cazap, Sociedad Latinoamericana y del Caribe de Oncología Médica (SLACOM), Argentina

Maira Caleffi, FEMAMA, Brazil

Luiz Augusto Maltoni Jr, Fundação do Câncer, Brazil

Laurenice Pires, Instituto Desiderata, Brazil

Livia de Oliveira Pasqualin, Instituto Nacional de Câncer - INCA, Brazil

Gustavo Adolfo Campillo Orozco, Fundación RASA, Colombia

Jairo Aguilera López, Instituto Nacional de Cancerología, Colombia

María Digna Lizano, Asociación Tour Rosa, Costa Rica

Wilson Eduardo Merino Rivadeneira, Fundación Cecilia Rivadeneira, Ecuador

Julio Cesar Campos Sevillano, Asociación Salvadoreña para la Prevención del Cáncer, El Salvador

Alma Robles Ávila, Asociación Guatemalteca Héroes de Esperanza, Guatemala

Suyapa Bejarano, Liga Contra el Cáncer - Honduras, Honduras

Eliza Puente Reyes, Asociación Mexicana contra el Cáncer de Mama, A.C. - FUNDACIÓN CIMA, Mexico

Jose Carlos Gutierrez-Niño, Asociación Mexicana de Ayuda a Niños con Cáncer, Iap (AMANC), Mexico

María Elizabeth Lavín Díaz, Asociación mexicana de sobrevivientes al cáncer Oncoayuda, A.C., Mexico

Kenji López Cuevas, Cancer Warriors de Mexico, A.C., Mexico

Baltasar Madrid, Casa de la Amistad para Niños con Cáncer, Mexico

María Luisa Guisa Ortega, FUCAM, A.C., Mexico

Francisco Freyria Sutcliffe, Fundación Fomento de Desarrollo Teresa de Jesús IAP (FUTEJE), Mexico

Miryana Pérez Vela Nieto, Fundación Rebecca de Alba, A.C., Mexico

Paulina Martínez Valadez, Fundación Rodolfo Padilla, Mexico

Lourdes Vega-Vega, Hospital Infantil Teleton de Oncología (HITO), Mexico

Verónica Bernal de la Fuente, Instituto Nacional de Cancerología (INCan), Mexico

Abelardo Meneses García, Instituto Nacional de Cancerología (INCan), Mexico

Josana Rodríguez Orozco, Instituto Nacional de Cancerología (INCan), Mexico

Laura Suchil Bernal, Instituto Nacional de Cancerología (INCan), Mexico

Alejandra Platas de la Mora, Médicos e Investigadores en la Lucha contra el Cáncer de Mama - MILC, Mexico

Isabelle Aloï Timeus, SALVATI, A.C., Mexico

Paulina Rosales Pérez, Unidos Asociación Pro Trasplante de Médula Ósea "Francisco Casares Cortina", A.C., Mexico

Orlando Benito Martínez Granera, Fundación Movicancer, Nicaragua

Rosa Bernales Ludeña, Asociación Peruana Vidas sin Cáncer, Peru

Tatiana Vidaurre, INEN, Peru

Alfredo Aguilar Cartagena, ONCOSALUD, Peru

José Ernesto Ramírez Feliz, Liga Dominicana contra el Cáncer, Dominican Republic

María Eugenia Aponte-Rueda, Fundación Venezolana de Educación e Investigación contra el Cáncer de Mama (FUVEICAM), Venezuela

César Miranda Gómez, Sociedad Anticancerosa de Venezuela, Venezuela

UICC Partners

(in alphabetical order of countries, and within countries, in alphabetical order of organizations)

Ligia Pimentel, Varian Medical Systems, Brazil

Rafael Chaves Cardona, MSD, Colombia

Alejandra Martínez, Sanofi, United States

Ana Paula Barboza, AbbVie, Mexico

José Luis Paz Vega, Amgen, Mexico

Helios Becerril, Astra Zeneca, Mexico

Maribel Garcia, Boehringer Ingelheim Mexico & CA, Mexico

Bruno Osorio, Pfizer, Mexico

Elma Celina Rodríguez Cázares, Roche, Mexico

Luciano Zylberberg, Roche, Mexico

Sponsors

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Union for International Cancer Control

31 – 33 Avenue Giuseppe Motta 1202 Geneva, Switzerland
T +41 (0) 22 809 1811 F +41 (0) 22 809 1810 E info@uicc.org
www.uicc.org