



World Cancer Leaders' Summit

3rd December | Melbourne, Australia
The Economic Case for Cancer Control

2014



“Today will mark a change in the way we think about cancer.”

Dr Felicia Knaul, Director, Harvard Global Equity Initiative

On 3rd December 2014, the Union for International Cancer Control (UICC) and its partners, the International Atomic Energy Agency (IAEA), the International Agency for Research on Cancer (IARC), and the World Health Organization (WHO), convened over 250 global leaders from cancer organisations, ministries of health, UN agencies, the private sector, and academia for a dialogue focused on the economic case for investment in cancer prevention and control at the 2014 World Cancer Leaders' Summit in Melbourne, Australia.

The Summit's supporters included the State Government of Victoria as well as leading cancer organisations such as Cancer Council Australia, Cancer Australia, the Canadian Partnership Against Cancer, the Cancer Society of New Zealand, Macmillan Cancer Support, MD Anderson, the National Cancer Institute US, and the Peter MacCallum Cancer Centre.

This year's Summit provided a timely opportunity to stimulate discussions and share knowledge and best practices on making the case to invest in cancer prevention and control. As the global cancer community begins to partner with governments to translate global non-communicable disease (NCD) commitments into national action, the economic case for investment is becoming a vital piece of the political jigsaw to allow governments around the world to include cancer control at the heart of their national health plans. Discussions emphasised that despite the urgency of providing a compelling case to support investment, there is an “uneven” evidence base and a lack of robust data. The onus is now on the cancer community to join forces to fill these gaps and equip cancer advocates with the tools to make the case to policy makers across the whole of government.



“We need to think about planning for chronic illness. We need to do it in the context of putting cancer on the social and human development agenda. It won't be enough to take a short-sighted view of what cancer can do to our economies.”

**Dr Felicia Knaul, Director,
Harvard Global Equity Initiative**

KEYNOTE PRESENTATIONS



Dr Pradeep Philip, Secretary, Victorian Department of Health

Dr Philip underlined that cancer accounts for 5-7% of healthcare costs in high-income countries (HICs) and for many countries it is the second or third highest portion of health expenditure. Dr Philip highlighted some of the challenges associated with current economic approaches to cancer and healthcare and called for broader thinking that acknowledges that cancer care is about people, and a journey towards a health outcome. He emphasised that we must therefore rethink our focus, our research, and strive to find new ways of articulating the economic case.

"We must remember, as well as costs and efficiency, at the heart of the economics of cancer care is a measure of comfort, social and economic participation, time spent with families, in short of human flourishing. We must remember that economics was born of normative considerations - of that which we value and how we should pursue it."

Dr Etienne Krug, Director NVI - Department for Management of NCDs, Disability, Violence and Injury Prevention, World Health Organization

Dr Krug announced the launch of the WHO Cancer Country profiles – covering 194 countries and providing a snapshot of the cancer burden and country response to cancer – that will be made available on the WHO website and a new app launched at the 2014 World Cancer Congress.

As well as highlighting some of the key cancer trends in low- and middle-income countries (LMICs), the profiles bring to light some of the major challenges that these countries face in addressing the rising cancer burden. Dr Krug noted that these include: how to get the right balance of attention between prevention and treatment; how to make cancer treatment affordable and increase availability; and how to improve quality of life and reduce suffering of those with end-stage cancer.

Dr Krug noted that for the majority of LMICs, there is still a long way to go in meeting the global 25x25 NCD targets but that progress is being made as evidenced by the recent adoption of a WHO Resolution to strengthen palliative care as a component of comprehensive care throughout the life-course.

"There is a development aid gap for all NCDs, including cancer. The post-2015 development discussions are an opportunity to change that. Hopefully they will lead to increased resources to support the implementation of comprehensive NCCPs based on solid data in all countries."

Dr Rifat Atun, Professor of Global Health Systems at Harvard University

Dr Atun focused his discussion on the need for a clear investment framework for cancer drawing on his experience working in other disease areas, with a particular focus on radiotherapy, one of the urgent needs for comprehensive cancer control globally. Dr Atun shared preliminary data from a study being conducted on behalf of the Global Taskforce on Radiotherapy for Cancer Control that supports the compelling economic case of investing in radiotherapy as part of a multidisciplinary approach to cancer treatment and care. He explained that radiotherapy demands long-term capital and human investment, but early estimates suggest that there is a significant economic benefit to investing now. Additionally there is a strong likelihood of further innovations in technologies which will make the case for investment even stronger in low-income countries.

"There were critical success factors in the HIV/AIDS response that we can learn from: we need committed leadership and civil society engagement; we need normative and technical legitimacy – the NCD targets and action plan will be very important; and we need transformative action."

SPECIAL VIDEO ADDRESS

The Honourable Peter Dutton MP, Minister of Health and Sport, Australia

"Cancer is a leading cause of burden of disease, a disease of ageing populations. The incidence of cancer will rise in this country and Australia is keen to share our learnings and failures, because together we can realise the economic and social benefits for our citizens".

1ST BREAKOUT SESSION



THE CASE FOR INVESTMENT IN TOBACCO CONTROL

Panellists discussed the global crisis of tobacco highlighting that one billion people are at risk of dying prematurely from tobacco-related causes this century - most in LMICs. Discussions explored proven strategies for a comprehensive global public health response to tobacco as well as cost-effective interventions to address the dual realities of cessation and prevention.

Discussion highlights:

- Compelling arguments exist to include tobacco taxation policies as an integral part of a comprehensive tobacco control policy in any country. Raising taxes encourages people to quit and saves lives - on a global level, it is estimated that a tripling of excise taxes would eliminate 100 million deaths.
- Reducing the rates of tobacco use has enormous health benefits as well as economic value for national economies. There is a very good cost-benefit ratio for tobacco control. Every dollar spent on tobacco control yields about forty in return.
- There is an urgent need for innovative strategies to increase public and government demand for tobacco control measures which go beyond the health system.

Co-hosts: American Cancer Society and Cancer Research UK

Chair: Dr John Seffrin, CEO, American Cancer Society

Speakers: Dr Harpal Kumar, CEO Cancer Research UK; Prabhat Jha, Centre for Global Health Research, St. Michael's Hospital; Professor Rob Moodie, University of Melbourne; Monika Arora, Public Health Foundation of India.



If you can turn the argument for investing in cancer towards creating wealth - by getting individuals back into work, for example - people will listen.

Dr Fiona Adshead, Director of Wellbeing and Public Health, Bupa

THE CASE FOR INVESTMENT IN SCREENING

Panellists discussed the opportunities for cost-saving through screening programmes, but also raised key questions on how screening methods could be adapted in diverse income settings to gain maximum health outcomes.

Discussion highlights:

- The best approach moves away from a 'one size fits all' strategy. Screening programmes should be aligned with local needs to account for the cancer burden, capacity of the health system and cultural differences.
- Population-based screening programmes can put an unacceptable burden on LMICs' health systems. In these contexts, it may be more appropriate to only screen high-risk groups, or implement lower intensity screening programmes e.g. once in a life-time screening. Poorly targeted screening wastes money and can do more harm than good.
- Emerging technologies can reduce the cost of screening and provide opportunities for efficiency gains in the future.

Co-hosts: IARC and Cancer Australia

Chair: Professor Helen Zorbas, CEO, Cancer Australia

Speakers: Professor David Roder, Chair of Cancer Epidemiology and Population Health, University of South Australia; Associate Professor Karen Canfell, Senior Research Fellow and Group Leader, University of New South Wales; Professor Hsiu-Hsi Chen, National Taiwan University; Professor Rengaswamy Sankaranarayanan, Chief of the Cancer Screening Group, IARC.



"Every dollar spent on colorectal cancer screening will save 1.7 dollars"

Ms Shelly Jamieson, Chief Executive Officer, Canadian Partnership Against Cancer

THE CASE FOR INVESTMENT IN VACCINATIONS

After outlining some of the different approaches to the economic evaluation of vaccines, panellists explored the investment case for HPV vaccines in both low- and high-income countries, as well as strategies for increasing access to vaccines in low-income settings.

Discussion highlights:

- In 2015, American Cancer Society will publish the results of a study in 102 LMICs of the cost of scaling up cervical cancer vaccination and screening. Initial findings suggest that the total vaccine cost would be between USD 1.56 billion and 3 billion per year, whilst a low intensity screening package (2 screenings per lifetime with VIA) would cost approximately USD 2.1 billion every year. This breaks down to only USD 21 over a woman's lifetime.
- Record low prices for HPV vaccines (of USD 4.50 per dose) and HBV vaccines (less than USD 0.20 per dose) have been secured for low-income countries eligible for support from Gavi, the Vaccine Alliance. This has been achieved by aggregating demand allowing the negotiation of lower prices, and attracting new manufacturers. Nevertheless, affordability remains a barrier to expanding access in low-income settings.
- Overcoming this challenge requires the engagement of all stakeholders. Public-private partnerships, as well as involvement of patients, and activating the community are critical.

Co-hosts: Gavi, the Vaccine Alliance and WHO

Chair: Ms Diane Summers, Gavi, the Vaccine Alliance

Speakers: Ambassador Sally Cowal, Senior Vice President, Global Health, American Cancer Society; Dr Anthony Newall, Senior Lecturer, Health Economics, University of New South Wales; Associate Professor Arthorn Riewpaiboon, Faculty of Pharmacy, Mahidol University; Ms Helen Evans, Special Representative of the Gavi CEO in the Asia-Pacific Region; Ms Ann McMikel, American Cancer Society; Dr Andreas Ullrich, Department for Chronic Diseases and Health Promotion, WHO.

LAUNCH OF THE UICC PUBLICATION 'THE ECONOMICS OF CANCER PREVENTION AND CONTROL'

UICC launched a new publication 'The Economics of Cancer Prevention and Control: Data Digest' to catalyse discussions on the case for investment in cancer. UICC drew on its network of experts to bring together a snapshot of the current global evidence base on economic costs and the return on investment in taking on proven strategies for cancer prevention, early detection and health systems strengthening.

To download the publication, go to:
bit.ly/wcls2014



"There are many myths and misconceptions about cancer. One of them is that cancer is too difficult and too expensive to address. Our ambition today with this publication is to start the dialogue required to counter that misconception."

Dr Mary Gospodarowicz, President, Union for International Cancer Control (UICC)

2ND BREAKOUT SESSION



THE CASE FOR INVESTMENT IN RADIOTHERAPY

Panellists discussed the need to better articulate the case for a paradigm shift in the way radiotherapy is viewed around the world. For many, it is viewed as an expensive luxury which cannot be cost justified in a LMIC setting. Recent work by the Global Task Force on Radiotherapy for Cancer Control (GTRFCC) suggests that the economic case for investing in radiotherapy is strong.

Discussion highlights:

- Radiotherapy is an essential tool in the cure and palliation of cancer, and is indicated in over half of new cancer patients.
- There is a substantial shortfall in the number of radiotherapy machines globally to address the current levels of cancer in LMICs. This will become worse in future years if we do not invest now.
- Investment is required not just in the technology, but also the human resource skills and numbers to support more machines.
- Leaders of GTRFCC aim to define a global investment target to ensure uniform access to radiotherapy by 2035 and support implementation of high quality, safe and life saving services, filling the access gap in the context of comprehensive cancer control in a sustainable manner.

Co-hosts: GTRFCC and the International Atomic Energy Agency (IAEA)

Chair: Mary Gospodarowicz, President, Union for International Cancer Control (UICC)

Speakers: Dr David Jaffray, Head of Radiation Physics Department, Princess Margaret Hospital; Ms Nelly Enwerem-Bromson, Director, Division Program of Action for Cancer Therapy (PACT), IAEA; Dr Rifat Atun, Professor of Global Health Systems at Harvard University; Professor Yolande Lievens, President-Elect ESTRO & Chair of the Radiation Oncology Department, University Hospital Ghent; Professor Michael Barton, Research Director, Ingham Institute for Applied Medical Research; Professor Richard Sullivan, Director, Institute of Cancer Policy, King's College London.

THE CASE FOR INVESTMENT IN PALLIATIVE CARE

Panellists discussed the challenges of developing an economic case for investment in palliative care, and highlighted the importance of reframing our approach to palliative care to take account of human rights, equity, and health systems strengthening dimensions.

Discussion highlights:

- By relieving suffering and improving quality of life, an investment in palliative care for a patient can be seen as an investment in the health and productivity of care-givers, who are better supported to continue working, and contribute to society.
- There are significant global disparities in access to palliative care, with 80% of terminal cancer patients experiencing moderate to severe pain due to inequitable access to medicine.
- Palliative care is a human rights issue; it is about dignity; it should not be seen as a luxury. Any movement towards universal health coverage must include palliative care.
- Investment in palliative care is an investment in the health system as a whole, and not just in one disease. It will strengthen platforms for other diseases and health interventions.

Co-hosts: Macmillan Cancer Support and Cancer Institute NSW

Chair: Professor Sanchia Aranda, Deputy CEO, Cancer Institute NSW

Speakers: Professor Irene Higginson, Director, Cicely Saunders Institute, King's College London; Dr James Cleary, WHO Collaborating Center for Pain Policy and Palliative Care; Professor David Currow, CEO, Cancer Institute NSW; Professor Julia Downing, International Palliative Care Consultant; Dr Felicia Knaul, Director, Harvard Global Equity Initiative; Professor Jane Maher, Chief Medical Officer, Macmillan Cancer Support.



“For me it is clear. The case for cancer control must be framed in a number of different ways to be compelling. In times of great economic pressure globally, we must ensure that governments have the right financial information to help secure whole of government support to invest in cancer prevention, early detection, treatment and care. The cancer community must become more proficient in the language of economics.”

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

THE CASE FOR INVESTMENT IN NATIONAL CANCER CONTROL PLANNING

Panellists highlighted the importance of having comprehensive national cancer control plans (NCCPs) based on robust data in both high- and low-income countries, and shared examples of the opportunities for cost-saving through an NCCP. A new tool that can support countries in evaluating the costs of cancer registration was also presented to participants.

Discussion highlights:

- NCCPs are a vital tool for prioritising national cancer prevention and control efforts and ensuring the most effective use of often limited resources. Not having a plan can often be more costly, as interventions are random and uncoordinated.
- CDC estimates that in the United States it costs just USD 60 to register a cancer case. They are currently developing a standardised instrument – the International Cancer Registry Costing tool to support LMICs to assess the cost of cancer registration. Initial data from the Nairobi cancer registry suggests that it would cost USD 20 to register each cancer case.
- The cancer planning process must be supported by strong political will, it should be participatory and multisectoral involving NGOs, academia, and relevant private sector.
- A recent study in Canada, using the cancer risk management model found that increasing colorectal screening coverage from 30% to 60% would result in 75,000 cases avoided and 40,000 fewer deaths by 2035, with USD 13.6 billion additional income generated as a result of a healthier workforce.

Co-hosts: National Cancer Institute, US and Canadian Partnership Against Cancer

Chair: Dr Lisa Stevens, National Cancer Institute, US

Speakers: Ms Anne-Lise Ryel, CEO, Norwegian Cancer Society; Mr Dadi Toka, CEO, Papua New Guinea Cancer Foundation; Dr Florence Tangka, Health Economist, CDC; Ms Shelly Jamieson, CEO, Canadian Partnership Against Cancer.



CLOSING REMARKS



“Today we’ve heard not only the headline figures of treating cancer but also the more subtle detail on the costs to those who care for people with cancer, time away from jobs, suffering catastrophic out of pocket expenses.”

Dr Chris Wild, Director, International Agency for Research on Cancer (IARC)