



World Cancer Leaders' Summit 2016

Tomorrow is now: Our journey to 2025

31 October - Paris, France

Over 300 global health leaders from more than 60 countries gathered at the World Cancer Leaders' Summit in Paris, France, on 31 October 2016. Moderated by the award-winning journalist Mrs Baria Alamuddin, Summit participants discussed the global progress made in cancer prevention and control over the last seven years, and the pressing challenges that remain to deliver the global target of a 25% reduction in premature mortality from cancer and non-communicable diseases (NCDs) by 2025.

In addition to an impressive line-up of speakers, which included a number of Ministers of Health from Europe and Africa, prominent global health and development leaders contributed to a day of dynamic discussions and optimism including HRH Princess Lalla Salma from Morocco, the First Ladies of Burkina Faso, Niger and Congo and HRH Princess Dina Mired from Jordan; Ministers of Health of Burkina Faso, Chad, Congo, Cyprus, and Niger; the Minister of Population of Niger, Ministry representatives from France, Honduras, Mozambique, the Slovak Republic, Tunisia, UK, and Zambia; and the Ambassadors of Niger, Chad, Senegal, Congo.

This year's Summit was supported by the Union for International Cancer Control's (UICC) partners - the International Agency for Research on Cancer, the International Atomic Energy Agency, World Health Organization; and hosted by the French League against Cancer and L'Alliance des ligues francophones Africaines et Méditerranéennes contre le cancer (ALIAM), with sponsorship from the National Cancer Institute, US and ViParis - each contributing to the success of this unique event.

Opening address

In his opening address, President of UICC, Professor Tezer Kutluk, drew attention to the launch of the landmark World Cancer Declaration Progress Report 2016, *"This is the first time UICC has reported collectively in this way and we have been both encouraged and inspired by the breadth of civil society efforts, contributing to national progress across the cancer control spectrum. At the same time the report highlights a number of common challenges, particularly in developing countries where the burden is set to increase most rapidly."*



World Cancer Declaration Progress Report 2016

The World Cancer Declaration Progress Report 2016 is a collective effort from the 1,000-strong UICC membership, sharing unique civil society perspectives from 113 countries on national successes and major challenges that remain to realise the Declaration targets. The Report also includes a series of thematic pages showcasing key global initiatives and resources that can support members to drive national progress. The Report is available to explore online, and UICC welcomes any feedback. We invite you to share additional resources or success stories that can help inspire others in our collective journey to towards the 2025 Declaration targets.

Keynote

presentations



Positioning cancer in the global health agenda

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

Dr Wild began his opening address by highlighting the significant political progress that has been made, with the new global framework for non-communicable diseases (NCDs) providing a “major top-down boost for prioritisation of cancer control nationally” and the target of a 25% reduction in premature mortality from NCDs by 2025 creating a powerful sense of momentum. He went on to say that the core NCD agenda must however be complemented with a cancer specific agenda, to shape a health systems response that includes elements unique to cancer control such as vaccination, early detection and screening as well as the multidisciplinary nature of cancer treatment and care.

Dr Wild noted that whilst the 2025 and 2030 deadlines are helpful for creating impetus, cancer control investments should not be constrained to these targets. Many of these investments will take a long time to bear fruit. Dr Wild stressed how important it is for the cancer community to communicate this political message. In the discussion that followed, Dr Wild emphasised that in order to create both political will and a supportive platform for longer-term investment, it is important to have real impact in the short-term. He also highlighted treatment of childhood cancers as a real opportunity to demonstrate this in terms of improved survival.

Dr Wild gave examples of outstanding progress made nationally, including in Kenya, Thailand and Morocco and pointed out that coverage of HPV vaccination in low-income countries is now better than in high-income countries.

In concluding his address, Dr Wild spoke of the importance of cancer registration, noting the IARC led Global Initiative for Cancer Registry Development (GICR) which is delivering change in this area - most notably with progress in Africa, where a regional cancer registry network has been established with 29 members from 22 countries.



“In many countries, we still don’t have reliable cancer statistics. It is a challenge, but also an opportunity staring us in the face. Unfortunately, many countries are still operating in a vacuum in terms of the knowledge about their cancer burden.”

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

Putting cancer on national health agendas

Dr Philippe Douste-Blazy, Under-Secretary-General of the United Nations and Special Advisor to the Secretary General on Innovative Financing for Development

Dr Douste-Blazy began by reminding participants that NCDs are now the leading cause of death worldwide, with the greatest and growing burden in low- and middle-income countries, and called for the collective fostering of greater political will to drive the fight against cancer. He highlighted the importance of honouring the commitments made in the 1978 Alma Ata Declaration to strengthen primary healthcare systems for a robust response to cancer and other NCDs, as well as the need for comprehensive national cancer control plans (NCCPs).

Dr Douste-Blazy underlined some of the key successes that France’s NCCP, now in its third iteration, has helped shape in the country: increased breast cancer screening by 20%, improvement in equitable access to cancer care for all patients, better understanding of the links between cancer and the environment, and doubling the number of patients involved in clinical trials.

Speaking about the remaining challenges in cancer prevention and control, Dr Douste-Blazy highlighted the need for a multisectoral approach to cancer health promotion that brings together the health and education sectors, more comprehensive implementation of measures in the World Health Organization’s Framework Convention on Tobacco Control, as well as vaccinations to address the growing burden of infection-related cancers.

He concluded by saying that we cannot accept a world where affordability is a barrier to access these vaccinations, or other essential cancer medicines and technologies, and underlined the importance of public policy and innovative financing mechanisms to ensure access for the poorest people.



“The World Health Organization and UICC have a critical role to play in promoting a holistic approach to cancer control, and providing guidance to all stakeholders. Thank you UICC for convening us, and for uniting the cancer community.”

Dr Philippe Douste-Blazy, Under-Secretary-General of the United Nations and Special Advisor to the Secretary General on Innovative Financing for Development



Topic talks



What progress has been made in countries?

In a powerful series of talks, speakers shared inspirational stories from Finland, Mexico, India, and South Africa, highlighting specific organisational or personal experiences and factors crucial for success in our collective journey to 2025.

Civil society as a catalyst

Dr Sakari Karjalainen, Secretary General, Cancer Society of Finland (CSF) looked back on 80 years as a Society and highlighted specific areas where CSF had taken the lead to establish key services, for example buying radium in the 1930s to initiate radiotherapy services across Finland. He also highlighted the national cancer registry as a service which CSF has managed on behalf of the government for a number of decades, in addition to cervical, breast and colon screening programmes which are now led by other entities. Dr Karjalainen also emphasised the importance of learning from others, naming a number of inspirational organisations that have encouraged the work of CSF, as well as their own role in networking across Scandinavia and Europe stating “we can beat cancer, but we have to do it together.”

Civil society as an agent for grassroots to policy change

Mrs Bertha Aguilar, President of CIMAB Foundation, Mexico spoke from the perspective of a cancer survivor, reminding us that breaking the taboos on cancer, particularly on metastatic cancer, is still very much a challenge in many countries. Mrs Aguilar's story showcased the leadership role her organisation is playing in improving the health service and community understanding of breast cancer patient needs, illustrating how survivor groups can grow to form a powerful network that influences policy nationally.

Researchers shaping progress

“There are three requirements before we succeed; first research, second research, third research”, said Dr Sakari Karjalainen during his commentary. Echoing this powerful message, Dr Anil D’Cruz, Director of Tata Memorial Centre in India shared three different examples of how researchers across India are working to shape public policy and create the infrastructure for a country with a population of 1.2 billion people to step up their public sector response to the cancer burden. First, data on smokeless tobacco linking areca nut flavoured tobacco use with head and neck cancers has been used to shape public health campaigns with traditional policy measures such as increasing taxes; these have already impacted on usage. Second, the emerging network of cancer registries and early registry data has busted a myth on cancer prevalence in the Punjab state and adjusted investments to a treatment centre in a more beneficial location. Third, the cancer grid of 64 cancer centres is using a common research agenda to establish standards of care and quality through outcomes research and standardised training.

Power of the people

Dr Cristina Stefan, President-elect of the African Organisation for Research and Training in Cancer (AORTIC) gave a compelling insight into the emotional journeys that confront oncologists every day using a highly personal story of a relationship that grew between herself and a young girl with childhood cancer. Dr Stefan highlighted how all of her technical training had not prepared her for their final conversation.



Participants'

discussions



Moderated by Mr Andrew Jack, a journalist at the Financial Times, Summit participants continued group discussions on the challenges they face in delivering the World Cancer Declaration targets at the national level, and reflected on possible solutions including:

"One of the main problems nationally is the short window of opportunity for advocacy, as ministers and politicians change every year. We should focus on improving the education of civil servants in ministries of health and education, so that they can also become cancer control advocates and help drive implementation of the targets."

Mr Nicolas Philippou, Cyprus Association of Cancer Patients and Friends, Cyprus

"We all know that in many low- and middle-income countries the funds are not available to deliver the cancer interventions that we know we can do and we know will be effective. The burden of financing life-saving cancer control efforts in lower-income settings simply cannot be left to governments alone, given the disproportionate human loss."

HRH Princess Dina Mired, Jordan

"In many developing countries, HIV, TB, and malaria remain the focus of governments; cancer and other NCDs are not considered a priority. We urgently need to address this imbalance, as well as the resulting healthcare worker gap, particularly in Africa where we need more oncologists, pathologists and surgeons to meet the growing cancer burden."

Dr Beatrice Wiafe Addai, Breast Care International, Ghana

"If you come from a community where people think that cancer is incurable, you will likely encounter a major barrier to improving early detection in settings where late stage diagnosis is the norm. Cancer advocates effectively identify and verbalise key social obstacles like cancer fatalism, which is essential to overcoming the entrenched mindsets that prevent progress. The advocacy community plays a critical role in keeping us focused on the right issues in the right place at the right time."

Dr Benjamin Anderson, Fred Hutchinson Cancer Research Center, US





Health Ministers' discussion panels



Challenges of prioritising cancer treatment and care

Panel 1

Mr Hermann Gröhe,
Federal Minister of Health, Germany

Mrs Edith Schippers,
Minister of Health, the Netherlands

Mrs Lydia Mutsch,
Minister of Health, Luxembourg

Mr John F. Ryan,
Director of Public Health in the European Commission

Moderator:

Mr Andrew Jack
Journalist, Financial Times

Ministers of Health from Germany, the Netherlands, Luxembourg, and the Director of Public Health in the European Commission came together for a dynamic panel discussion to continue sharing progress, challenges and levers for success from their respective country experiences.

Ministers highlighted the following common priorities:

- Improving health literacy and empowering patients to engage with health services, as well as ensuring that the community and patient perspectives are reflected in the development of NCCPs.
- Consolidating population-based cancer registration throughout Europe; with a call to the cancer community to consider a clinical registry for patients across the whole treatment pathway, as well as in the post-treatment phase.
- Addressing access to innovative cancer medicines in an affordable manner is a critical challenge. Ministers called for pricing strategies that strike a balance between innovation and sustainability, and highlighted the need for further discussion of how we measure the benefits of medicines both in terms of survival, but also improving quality of life for patients.

Mr John Ryan, Director of Public Health in the European Commission, highlighted pan-European activities stating "collaboration and shared learning can be a powerful tool in the fight against cancer as there is a lot to be learned by seeing what others are doing before you start to act yourself."

Echoing the earlier 'topic talk' discussions, he noted that knowledge around cancer registration and tobacco control should be shared and that collective resources could be focused on common research projects.

Panel 2

Professor Isaac Adewole,
Federal Minister of Health, Nigeria

Professor Awa Marie Coll Seck,
Minister of Health, Senegal

The Honourable Nicola Roxon,
Former Minister of Health, Australia

Dr Alejandro Mohar, Director,
Division of Epidemiology, National Cancer Institute, Mexico

Moderator:

Professor Sanchia Aranda
President-elect, Union for International Cancer Control

Discussions continued with the Ministers of Health of Nigeria and Senegal, as well as the former Minister of Health of Australia and the Director of Epidemiology of the National Cancer Institute of Mexico. Speakers underscored a number of common themes:

- The importance of having a data-driven approach and the critical nature of cancer registration for shaping effective advocacy and national cancer control planning.
- The challenges in making the financial case for implementing NCCPs. The discussion highlighted effective ways to work with Ministers of Finance to communicate the return on investment in effective cancer control interventions and the importance of showcasing approaches such as tobacco taxation that deliver both health and economic benefits.
- The urgency of efforts needed to mobilise human capital for the delivery of quality cancer services across the continuum of care through investment in training and education. Particularly, in developing countries this was seen as a double challenge, with concerns of retaining the local skilled oncology workforce as well as addressing the personnel gap.
- The challenges of restructuring and uniting highly fragmented health systems in many developing countries that currently result in late diagnosis and referral with significant impact on survival outcomes.



Call to

Action



“UICC encourages our members and partners to work together with your respective governments to ensure the development and adoption of a meaningful cancer resolution that would stimulate and support national action on the journey to 2025.”

Dr Cary Adams, Chief Executive Officer, UICC

Summarising the key messages of the World Cancer Declaration Progress Report 2016, Dr Adams noted that UICC members are witnessing true progress on cancer prevention, particularly tobacco control. Equally prevention and early detection of cervical cancer is making noteworthy strides, paving the way for extending breast and colorectal cancer programmes that can help forge the evidence and best practice for scale up to national levels needed for others to follow suit. There are however real concerns about equity of access to diagnosis, treatment and care for all cancers, with emphasis on access and availability challenges for surgery, radiotherapy and opioids for pain management, as well as rising costs of cancer medicines.

In light of this, Dr Adams went on to say, “It is critical to respond to this need by uniting as a cancer community to call for a comprehensive and robust World Health Assembly (WHA) cancer resolution in 2017 that articulates a clear health systems response for the diagnosis, treatment and care of cancer that can reduce millions of cancer deaths worldwide.” The resolution represents an opportunity to bring together, existing commitments from a whole series of WHA resolutions in the past few years that are highly relevant for cancer, for example - palliative care, access to surgery and anaesthesia, essential medicines, patient-centred primary care and the lifecourse and aging agenda, as well as showcase the unique opportunities for integrating cancers services for example with existing HIV/AIDS, or child and maternal health programmes.

In addition, a 2017 resolution would also reinforce the mandate for the World Health Organization to respond to Member States’ requests for technical assistance and guidance.

Dr Etienne Krug, Director, Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention responded to this call to action on behalf of World Health Organization, by confirming the resolution was an agenda item of the January World Health Organization’s Executive Board, and stressed the importance of active and broad participation from the Member States and civil society sector in upcoming discussions. Dr Krug took the opportunity to explain that the resolution builds on the NCD agenda and emphasised that it is the specificities of the cancer response raised at this Summit that justify the more detailed attention within NCDs. Dr Krug pointed out that the resolution will provide an excellent platform for Member States and civil society to take stock on the progress made and build momentum for next steps.

Dr Adams closed the World Cancer Leaders’ Summit with a clear call to action, encouraging UICC members and partners to work together with their respective governments to ensure the development and adoption of a meaningful cancer resolution that would stimulate and support national action on the journey to 2025.



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