



# World Cancer Leaders' Summit

## 2013

## Closing the Cancer Divide by 2025

### SUMMARY REPORT



On 18-19 November 2013, The Union for International Cancer Control (UICC) and its partners, the Cancer Association of South Africa, Department of Health of South Africa, International Atomic Energy Agency (IAEA), International Agency for Research on Cancer (IARC) and the World Health Organization (WHO) hosted the 2013 World Cancer Leaders' Summit at the Mount Nelson Hotel and Cape Town City Hall in Cape Town, South Africa. Summit sponsors included several of the world's most influential cancer organisations, such as the American and South African Cancer Societies, LIVESTRONG, Macmillan Cancer Support, MD Anderson Cancer Center and the US National Cancer Institute.

The Summit was officially hosted by Her Excellency, Madam Tobeka Madiba Zuma, First Lady of South Africa. Her Excellency, Dr Christine Kaseba Sata, First Lady of Zambia, served as the Summit's Honorary Ambassador. Approximately 200 high-level participants and 50 observers from 50 countries attended the event, including the First Ladies of Niger, South Africa and Zambia, representatives from 17 Ministries for Health, UN officials, international cancer leaders and private sector partners.

The theme of this year's Summit '*Closing the Cancer Divide by 2025*' highlighted the urgent need to address the glaring disparities in cancer control within and across national, international and regional boundaries. Closing the cancer divide is crucial to achieving the global goal of reducing premature deaths from NCDs by 25% by 2025, which was recently adopted by UN Member States at the

World Health Assembly. Particular emphasis was placed on women's cancers and the need for improved cancer registry information in low- and middle-income countries to help achieve this goal.

Summit proceedings commenced on 18th November with three 'Opportunity Workshops' organised by United Nations Agency partners – the International Agency for Research on Cancer, International Atomic Energy Agency and the World Health Organization. The workshops focused on issues deemed critical to ensuring the achievement of the 2025 target – Cancer Information, Cancer Treatment and Women's Cancers.

More than 30 UICC partner events were organised prior to the official Summit deliberations. These events ranged from satellite meetings, workshops, keynote lunches and lectures that explored key topics complementing the Summit discussions.

The Summit concluded with an overview of key themes presented during the two days and urging participants to press for the inclusion of cancer in the Post-2015 agenda by using the refreshed Declaration as a key advocacy tool. It was agreed that in order to help low- and middle-income countries (particularly in Africa) address the growing burden of cancer, we must invest in building a global solution to registries in all countries, and cancer control must be seen as an important investment - one that needs multi-sectoral support from a variety of public and private sector stakeholders.

## OPENING REMARKS

**DR MARY GOSPODAROWICZ, PRESIDENT, UNION FOR INTERNATIONAL CANCER CONTROL (UICC)**

*"With cancer incidence set to rise dramatically in low- and middle-income countries in the next twenty years, an unsustainable burden is falling on these nations, both economically and socially. The global cancer community must commit its support and expertise to help low- and middle-income countries address this trend through measures adapted to the specific cancer patterns occurring in these populations.*

*'Closing the Cancer Divide' is the title of this Summit. Reducing disparities is the focus of many healthcare initiatives, but we need to engender a sense of urgency and prioritise access. We need to talk not only about interventions, but 'quality interventions' that are cost-effective worldwide.*

*This is a particularly good moment in history to address the cancer divide, coming out of the NCD High-level Meeting and commitments to reduce premature deaths from NCDs by 25% by 2025. WHO has universal health care coverage on its agenda, which would include cancer control, and the World Bank's leader is a physician who is interested in this cause – this is a unique opportunity. We must prevent the preventable, treat the treatable and palliate those who we can't do that for.*

*UICC and its partners will help low- and middle-income countries address cancer in their nations by advocating for the inclusion of cancer and the other NCDs in the Post-2015 Millennium Development Goals consultations. We need to act on the knowledge we have, since every minute we do not act there are lives lost to cancer."*

## SPECIAL ADDRESS

**MS ZOLEKA MANDELA, CANCER SURVIVOR AND ADVOCATE**

Diagnosed with breast cancer after a series of personal tragedies, Zoleka committed to sharing her story and promoting cancer awareness and prevention. She intends to document her journey with breast cancer to inspire people to seek treatment with the aim of instilling hope in others who are on the same journey.

*"We no longer have to silence our voices, but we have the power to change other people's lives. Unfortunately socioeconomic status determines what treatment we receive.*

*Although healthcare is a basic human right, the poorer you are, the less likely you are to get access to the treatment you need. The treatments are unaffordable for the majority of the population. Poor and disadvantaged get sicker and die sooner. We know it can take six to nine months to receive a diagnosis in the public health sector. Annual screening is not always possible. We know many poor country outcomes are the result of difficult access to screening and treatment, which is limited to affluent populations. Like rape, women don't report they have cancer because of the stigma attached. Women are still worried that their spouses will abandon them, or that they may lose their femininity. Being silent will not put an end to cancer. Early detection saves lives, but there are still so many undiagnosed cases. As we continue our fight we will lower the incidence of cancer."*



## KEYNOTE ADDRESS

**DR CHRIS WILD, DIRECTOR, INTERNATIONAL AGENCY FOR RESEARCH ON CANCER**

*"The development of the Global NCD agenda is fantastic news for cancer control, but it is only one of several tools needed to sufficiently respond to cancer control globally. Cancer control must be at the heart of the NCD Agenda if we want to reduce premature deaths by 25% by 2025."*

There are 32.5 million people worldwide living with a cancer diagnosis. The burden is not equally distributed globally. The projected increases by 2025 are heaviest in the lowest and medium developing countries. The projections are based only on aging of the population, but as other risk factors such as tobacco and other aspects of westernised lifestyle accelerate, these estimates may become reality.

How does cancer fit into the current global NCD agenda? We need better population based cancer registries if we are going to interpret the data for cancer control. Cervical cancer screening and HPV vaccines are critical, as is the importance of access to palliative care.

Neither breast nor prostate cancers feature much in the NCD agenda, but we can't afford to ignore them.

In 142 countries worldwide, breast cancer is the most common, and cervical cancer joining this in many areas of Africa and south-east Asia. Breast cancer makes up 25% of all female cancers worldwide and 20% of people living within five years of cancer diagnosis are breast cancer survivors.

Cancer also changes with human development over time. Breast cancer usually increases, with cervical cancer decreasing over time. Decreases in cervical cancer and stomach cancer are being more than offset in the increases in cancers associated with a westernised lifestyle.

In Africa, one in three cancers is associated with chronic infections. In order to tackle cancer in Africa, we need to tackle infections. These cancers particularly affect people under 50.

*"Unite for action is our theme for today. Failure is not an option. We must act, we must measure our outcomes and we must act together."*

**PROFESSOR MARY GOSPODAROWICZ, PRESIDENT, UICC**

## OUTCOMES OF THE OPPORTUNITY WORKSHOPS

The session explored the key outcomes of the three 'Opportunity Workshops' held on 18<sup>th</sup> November. Dr John Seffrin, panel moderator, began the discussion by providing an overview of the rationale behind the focus on these specific issues as they are directly related to the nine cancer-focused targets of the NCD Global Monitoring Framework. Moderators from each of the Opportunity Workshops summarised highlights from each of their respective sessions.

**PANEL MODERATOR:** Dr John Seffrin, Chief Executive Officer, American Cancer Society.

**PANELISTS:** Dr Rolando Camacho, Director PACT Programme, IAEA; HRH Princess Dina Mired, Director General, King Hussein Cancer Foundation; Dr Chris Wild, Director, IAEA.

### DISCUSSION HIGHLIGHTS

*"Priority should be placed on increasing access to treatment in order to ensure achievement of the 2025 targets by using a similar strategy that was used by the HIV community. There are 10,000 avoidable deaths from cancer every day. We need to focus on early detection and effective treatment to make that target a reality."*

- Cancer Registries need to be population based, not just hospital or pathology based.
- Access to data is critical. Possible mandatory reporting of cancer as a notifiable disease may be needed.
- Breast cancer and cervical cancers are the biggest burden for women, but are highly preventable and treatable if found early.
- Cervical cancer vaccine is a great innovation and opportunities exist to use existing health platforms, such as routine antenatal visits, to administer the vaccine without much added cost.
- WHO is launching new guidelines for screening and treatment for cervical cancer, with an emphasis on simple diagnostics that work.
- Access to treatment, in particular radiotherapy, and lack of human resources are critical problems that must be addressed.
- There is no excuse now for countries anywhere not to offer proper palliative care. This is not a cost issue but a political issue. Support and advocacy from the international community is crucial – there is a moral imperative for us to act.
- More action is needed to reverse the brain drain from LMICs. Governments must develop actions to encourage people to return from the US and Europe, which should include economic incentives, greater academic opportunities and mentoring support.



## THE BIG DEBATE - PART I THREE MINUTES TO CHANGE THE WORLD BY 2025

The session began with a small panel of ministerial officials discussing their specific needs to close the cancer divide in their countries. An interactive open forum followed that allowed participants three minutes to convey new, bold ideas on how we can close the global cancer divide, focusing on Women's Cancers and Cancer Treatment. Summary remarks emphasised the importance of collective responsibility of taking these ideas forward nationally and internationally and how best to establish global collaborations to ensure long-term success.

**PANEL MODERATOR:** Ms Nicola Roxon, Former Minister of Health, Australia

**PANELISTS:** Mr Abdelmalek Boudiaf, Minister of Health and Population Reform, Algeria; Dr Margaret Mhando, Director of Hospital Services, Ministry of Health, Tanzania; Dr Niken Wastu Palupi, Head of Cancer Control, Ministry of Health, Indonesia

**CONCLUDING REMARKS:** Professor Ian Olver, CEO, Cancer Council Australia

### ACTIONS PUT FORWARD BY PARTICIPANTS TO ADDRESS GAPS

- Concerted efforts should be made to educate women on the importance of screening through community outreach.
- Educate governments on the health and economic benefits of investing in early detection, screening and treatment. Perhaps considering mandatory screening at regular intervals.
- Actively transfer health worker skills in developed countries to LMICs.
- Consider the creation of regional blocks to purchase essential drugs for cancer.
- Explore the potential to create micro-insurance schemes allowing communities to afford cancer treatment.
- Consider how to improve primary healthcare to educate and support women beyond reproductive health issues.
- Encourage governments to position cancer as a cross-governmental issue.
- Implement with urgency HPV vaccination programmes in relevant LMICs; extend the GAVI commitment to vaccinate 30 million girls by 2020 in 40 countries.
- Reach communities through business and community leaders who can influence both men and women's attitudes to cancer.
- Explore the use of mobile technology to reach remote communities.

*"In Tanzania, we have one treatment centre and another one in construction, but these two sites are not enough. The structures are in place for treating other diseases, but they don't have cancer resources. We need oncology departments."*



## THE BIG DEBATE - PART II THREE MINUTES TO CHANGE THE WORLD BY 2025

The debate continued following the same format of the previous session with a small ministerial panel and participants offering their three-minute bold ideas focused on Cancer Information and National Cancer Control Planning.

**PANEL MODERATOR:** Professor Sanchia Aranda, Member of the Board of Directors, UICC

**PANELISTS:** Foad Mohajdi, Vice President, Union of the Comoros; Ms Petrina Haingoura, Deputy Minister of Health, Namibia; Dr Rahmatu Hassan, Head of Cancer Control, Ministry of Health, Nigeria

**CONCLUDING REMARKS:** Mr H. Fred Mickelson, Former Member of the Board of Directors, UICC

### ACTIONS PUT FORWARD BY PARTICIPANTS TO ADDRESS GAPS

- Engage the broader community on the value of data collection and increase advocacy activities within ministries.
- Lobby governments to develop legislation that makes the creation of population based cancer registries and data sharing mandatory.
- Address systematic incentives and disincentives for accurate data collection.
- Develop cost-benefit research demonstrating the benefits of registries and data collection.
- Provide technical support through multi-organisational partnerships for registries in LMICs through the provision of hardware, training of personnel, on-line training and technical support from other developed registry sites.
- Support the GICR programme run by IARC.
- Explore technology opportunities to collect data and not assume that the models in developed countries are appropriate for LMICs.
- Fundraising for cancer registries should include focus on the economic impact of cancer on the national GDPs to attract a larger pool of donors outside of the ministries of health.
- Create case study examples of what can be done in some LMICs and roll these out to others.
- Explore the possibility of involving public companies in developing registries and capturing and using data.

## LAUNCH OF THE REFRESHED WORLD CANCER DECLARATION

The World Cancer Declaration is a key advocacy tool used by the cancer control community to convey the urgency of improving cancer's visibility on the global health and development agenda. Originally drafted in 2006, the Declaration has been refreshed in order for this seminal advocacy document to adequately reflect the changing global health and development landscape. The 2013 World Cancer Declaration has been reviewed by global health leaders, advocates and partners and it was launched during the Summit to support global advocacy efforts calling for the inclusion of cancer prevention and control in the Post-2015 agenda.

### HIGHLIGHTS OF THE REFRESHED DECLARATION

- ✓ It details one overarching goal with 9 targets to be achieved by all countries by 2025 - a change from the previous Declaration which focused on 11 targets by 2020.
- ✓ Revised Declaration targets are aligned with the global NCD targets agreed by the World Health Assembly in May 2013.
- ✓ It includes additional references to the psycho-social and distress management issues in treating cancer and stigma related to myths and misconceptions.

## SPECIAL ADDRESS

### DR PAKISHE AARON MOTSOLEDI, MINISTER OF HEALTH OF THE REPUBLIC OF SOUTH AFRICA

The South African Minister of Health committed the country to make cancer data collection mandatory, drive out tobacco and announced the launch of a comprehensive HPV vaccination programme in 2014.

*"In our African situation, as important as any other preventive measure, is vaccinating against the HPV virus. I am very happy to share with you that from next year onwards all girls in Grade 4 in South Africa's public schools will be vaccinated against HPV... This commitment is by no means inexpensive from either a human or financial resource perspective, but where there is a will there is a way...In this example we see how public advocates, researchers and leaders in different positions, including our First Lady, were able to come together to bring this very important development to fruition."*

