Over the past decade, the International Cancer Control Congresses (ICCCs) have striven to promote population-based cancer control. In 2005, when the first ICCC was held in Vancouver, Canada, the goal was to raise awareness about the need for population-based, national cancer control plans. As these have become more established, ICCC has further evolved to address: cancer and noncommunicable disease plans; the need to move beyond planning to implementation; the requirement for integrated activity across public/population health and clinical medicine; the recognition of differing "contexts" for cancer/noncommunicable disease (NCD) control in differing cultural and regional settings; and the necessity for collaboration across disciplines and sectors of practice and between agencies, institutions and nations as a means of learning, teaching and sharing how best to advance population disease control. For each ICCC, the goal has been to impact the cancer and NCD control plans and practices of the host organization and regional and international partners through catalyzing participant interaction within a global forum.

For ICCC–5, a "logic model" was developed to align the purpose, goals, directions, inputs and outputs of the Congress. Key outputs included the creation of a neutral forum to facilitate discussion of ideas and exchange of information regarding sustainable regional cancer and integrated NCD plans; linking the global cancer and NCD agendas and exchanging ideas about how global commitments are being realized at national and regional levels; addressing regional, political and policy level key targets identified in the UN Global Action Plan (1); continuing development of regional broad-based action plans for integrated cancer and NCD control plans; increasing momentum to share progress towards targets through 2014–2025; fostering partnerships and collaborations between countries and international agencies to maximize expertise and resources; and providing the opportunity to share, exchange and develop capability for cancer and NCD control within the host country (Peru), the region (RINC, Latin America) and at a global level.

Implementation of cancer and NCD control plans requires alignment of resolve and support – both "top-down" (political and professional) and "bottom-up" (advocates, patients and public). Without this alignment of purpose, population-based disease control plans are merely "medical documents", rather than "blueprints" for societal change and health advance. To promote alignment and dialogue, stakeholders from all disciplines and sectors involved in cancer/NCD control were invited and encouraged to attend. The co-hosts of the Congress were the International Cancer Control Congress Association (ICCCA), National Cancer Institute of Peru (INEN) and the Ministry of Health, Peru (MINSA). The World Health Organization (WHO) was the co-sponsor. The meeting was endorsed and supported by the President and First Lady of Peru, the government and Ministry of Health of Peru, the government of Canada (PHAC and CPAC), RINC (the Association of National Cancer Institutes in Latin America and the Caribbean), ISNO (International Society of Nurses in Oncology), the Pan American Health Organization (PAHO/WHO), several international cancer agencies (IAEA–PACT, NCI/US, ACS/US, INCTR, UICC, IARC) and patient advocacy organizations (Esperantra, Peru and Campaign to Control Cancer, Canada). Through full engagement and active participation of patients, public health professionals, including administrators, and politicians (policy-makers) ICCC–5 aspired to move conventional medical thinking about cancer and NCDs to a new level – the control of cancer as an "all of society" commitment.

The ICCC–5 Programme
ICCC–5 in Lima, Peru, examined key themes in cancer/NCD control in five sessions:

- Improving and sustaining prevention in cancer.
- Mobilizing "all of society" for effective cancer control.
ICCC–5 differed in format from conventional medical meetings. Each session consisted of presentations made by experts or high-level political personalities, followed by a series of concurrent workshops discussing specific topics related to the session theme. Each workshop included presentations of selected abstracts that provided examples, both positive and negative, of cancer control interventions implemented in different contexts. Presentations were followed by roundtable discussions that provided participants with the opportunity to address how to expand these results to other contexts, institutions, countries or regions of the world, and to forge collaborations, networks and communities of practice. Participants were experts in different aspects of cancer control with a wide diversity of experience from different sectors of governments, civil society, health research and clinical services, private sector, advocacy and NGOs. The President of Peru, Honorable President Ollanta Humala, addressing Plan Esperanza (Peru’s NCCP) and the commitment of Peru to improved public access to cancer control is a notable example. HRH Dina Mired, President of the King Hussein Cancer Foundation spoke to the global cancer/NCD control challenge by video and the “all of society” collaborative approach adopted by the King Hussein Foundation.

Key recommendations were generated from each workshop and session. Similar to previous Congresses (2, 3), the plenary presentations, panel discussions and conclusions/recommendations for each session were synthesized and are presented in the five papers in this supplement.

Evaluation of ICCCs is essential, inasmuch as a congress only has value if it augments local, regional and global efforts to improve cancer and NCD control outcomes. Evaluations of prior Congresses have established that participants find value in the meeting and its format, and appreciate the opportunity for open, neutral, interactive discussions that build relationships and establish collaborations (4). While this is both laudable and necessary to advance cancer control, it is insufficient if it fails to stimulate, enable and encourage action by those who enact policy and practice change. Increasingly, these must become the metrics by which the contribution of cancer and NCD control meetings must be evaluated. In this context, in 2014/15 ICCC plans to survey those organizations that influence policy, funding and practice of cancer control within Peru and Latin America through quantitative and qualitative assessment of activities to enhance cancer control implemented post-ICCC–5 in an attempt to define the contributory role of international meetings to enhanced global cancer control.

Acknowledgements

Without the generous financial support of the governments of Peru and Canada, as well as the other sponsors, this ICCC–5 could not have taken place. Thanks are also extended to the endorsing organizations, the core teams from ICCCA and INEN and the members of the steering and scientific committees.

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