

# CANCER RESOLUTION 2017: DRIVING NATIONAL ACTION IN THE COUNTDOWN TO 2025

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In May 2017, the cancer community celebrated a landmark achievement with the adoption of a new resolution on cancer, providing a health systems response to cancer that can accelerate progress towards the 2025 targets for reducing premature cancer deaths. Helping countries to prioritize limited resources and refocus efforts between now and 2025, and more immediately in the lead up to the 2018 UN High Level Meeting on Non-communicable Diseases, the resolution is a critical milestone in the journey to 2025.

Since world leaders came together for the UN High Level meeting (HLM) on Non-communicable Diseases (NCDs) in 2011, the political will to address cancer as part of the coordinated global response to NCDs has continued to build. The World Health Organization (WHO) Global Action Plan on NCDs (2013–2020), included cancer-specific actions and indicators covering the full cancer care continuum. More recently, in 2015, we saw the inclusion of a clear standalone target for NCDs within the health goal of the Sustainable Development Goals (SDGs).

Despite these advances in global policy, new WHO data shows cancer-related deaths have increased from 8.2 million in 2012 to 8.8 million in 2015 (1) with a disproportionate burden in low- and middle-income countries (LMICs).

These countries are urgently seeking best-practice guidance for implementation of phased, feasible and quality national cancer control programmes, with a focus on timely cancer diagnosis and early, and potentially curative, treatment. These same concerns were echoed by civil society in the World Cancer Declaration Progress Report (2), launched at the 2016 World Cancer Leaders' Summit in Paris. This unique publication collated 113 country reports showcasing national cancer control successes and underlined the lack of progress in early detection, diagnosis, treatment and care, especially in LMICs, where access to essential cancer medicines, technologies and trained oncology healthcare workers are limited.

Adopted in May 2017, the World Health Assembly

resolution on cancer (3) is a direct response to these challenges, providing a clear framework for a health systems response to cancer, establishing the core disciplines and services for a holistic, impactful and scalable response. Our hope is that the resolution will help refocus efforts between now and 2025, and more immediately in the lead up to the 2018 UN HLM on NCDs. Scheduled to take place in mid-2018, this global meeting will provide a critical opportunity for reviewing progress, sharing good practices and stimulating new action by Member States to drive progress towards the 2025 target to reduce premature deaths from cancer and other NCDs by 25%.

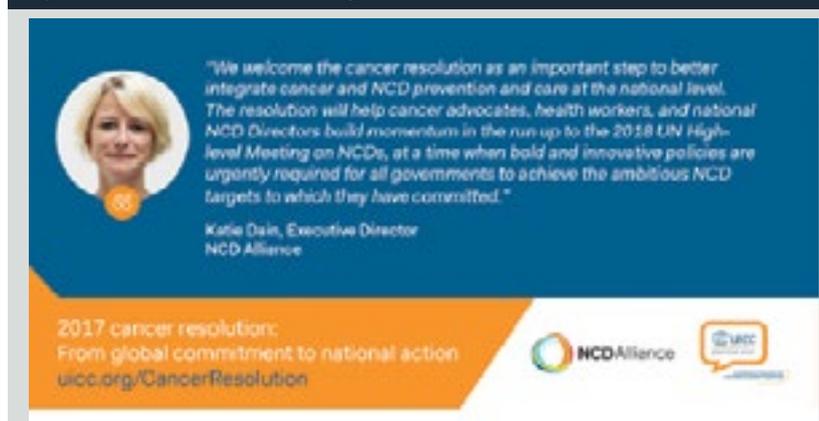
## 2017 cancer resolution: Not just another “paper tiger”

In May every year, Ministers of Health from all over the world come together in Geneva to discuss global health challenges and policy at the World Health Assembly (WHA), the decision-making body of the WHO. This year, for the first time since 2005, Member States discussed efforts to address cancer prevention and control, and considered a resolution outlining recommended actions for Member States and the WHO Secretariat across the cancer care continuum. In the 12 years since 2005, the global health landscape has evolved, and there have been key areas of progress in cancer prevention and control, including the development of national cancer control plans in a majority of countries (4); improved focus on cancer surveillance; country uptake of vaccines for infection-related

Figure 1: Infographic from UICC's social media campaign for the 2017 cancer resolution



Figure 2: Example of a supportive message from a key opinion leader for the 2017 cancer resolution



- ➔ Development of partnerships, referral networks and centres of excellence for improving the quality of cancer diagnosis, treatment and care services and facilitating multidisciplinary cooperation.
- ➔ Training of health professionals at all levels of healthcare.
- ➔ Strengthening of palliative care and promotion of cancer survivors' follow-up and rehabilitation.

More specifically, the resolution underlines the importance of patient

cancers; early detection programmes; and an update to the WHO Model Essential Medicines List for cancer (5). Following the 2011 and 2014 UN HLM on NCDs and the Global Action Plan on NCDs, there has been renewed focus on a health systems response for cancer as one of the lead NCDs.

Despite this, much of the effort so far to reduce mortality has focused on reducing incidence by addressing shared risk factors for cancer and other NCDs. Recognizing that this alone is insufficient in meeting global targets to reduce NCD mortality by 25% by 2025, and that many cancer deaths can be avoided if cases are diagnosed and treated early, the 2017 cancer resolution identifies four key drivers impacting cancer mortality by 2025 that are supported by the updated WHO cost-effectiveness recommendations for NCDs (6), also approved at the 2017 WHA:

- ➔ Programmes for the early detection, accurate diagnosis and treatment of cervical, breast, colorectal and oral cancers.

access to safe, effective and quality treatment and care that is affordable, and that would include effective surgery and anaesthesiology, pathology, radiotherapy and access to a limited number of essential cancer medicines, delivered by competent multidisciplinary teams. The resolution extends WHO's mandate to provide Member States with additional technical support in this regard. The WHO Secretariat is tasked with preparing a comprehensive technical report that examines pricing approaches and their impact on availability and affordability of medicines for the prevention and treatment of cancer, incentives for investment in research and development on cancer and innovation of these measures, and options that might enhance the affordability and accessibility of these medicines.

Speaking about the potential of the 2017 cancer resolution to have a real impact on patient outcomes, Dr Julie Torode, Deputy CEO, Union for International Cancer Control (UICC) said: "We are confident, and working hard, to ensure that it

will not be another ‘paper tiger’, disappeared from the global discourse. Rather, it will grow teeth through national action for impact in the lead up to 2025 and beyond.”

### Supporting the cancer resolution: A global effort to drive national action

During the sixty-ninth WHA held in May 2016, a side event on “Making the Right Investments for Cancer Control” (7), co-hosted by UICC, together with several Member States including Jordan, Malaysia, Honduras, Kuwait and Peru, culminated in a request to the WHO Executive Board for a cancer resolution to be placed on the agenda of the next WHA.

This call to action was reiterated at the November 2016 World Cancer Leaders’ Summit in Paris, with UICC’s CEO, Dr Cary Adams, encouraging the cancer community 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”.

In January 2017, a first draft of the cancer resolution was presented to the WHO Executive Board for consideration; the response was very positive, with 28 Member States and 12 civil society organizations making statements affirming the importance of this resolution for catalysing national action, particularly in the areas of palliative care, childhood cancer, research needs and financing.

Following the Executive Board meeting, a core group of Member States led by Canada, and then Colombia, worked together intensively to integrate feedback and find consensus on language to navigate some of the more difficult topics, including availability and pricing of essential cancer medicines and use of HPV and HBV vaccination as a cost-effective strategy for the prevention of infection-related cancers. The final resolution text presented to the World Health Assembly for adoption on 30 May 2017 was co-sponsored by 18 Member States, with 44 Member States from across all regions and income settings vocalizing their support for the resolution during the ensuing discussions.

Alongside the WHA, UICC spearheaded a communications campaign to support cancer organizations and other key stakeholders to promote the cancer resolution, and showcase their commitment to using the resolution to stimulate action at the regional, national and local levels. The campaign has received wide early support on social media with over 1,000 tweets mentioning the #CancerResolution, and 40 key opinion leaders publishing supportive messages (Fig. 2).

### Treatment for All: Building momentum to 2018

The 2018 UN HLM on NCDs will be the first formal opportunity since 2014 to review progress toward reaching the 2025

#### Box 1: C/Can 2025: City Cancer Challenge

*“If a cancer resolution is going to make a difference by 2025, UICC must also play its part, and show leadership in the translation of global commitments into action. It is with this in mind that UICC is launching C/Can 2025, a multi-stakeholder initiative encouraging cities to take the lead on improving the health of their citizens and reducing inequities in access to quality cancer.”* UICC PRESIDENT PROFESSOR SANCHIA ARANDA, 2016 WORLD CANCER LEADERS’ SUMMIT, PARIS, FRANCE

Today, more than 50% of the world’s population live in urban environments. This figure is anticipated to grow to more than 60% by 2050. Cities, therefore, offer important opportunities to expand access to health services, including quality cancer care, for large numbers of the global population in a sustainable way.

Launched in January 2017, C/Can 2025 aims to increase the number of people with access to quality cancer treatment in cities around the world through a network of motivated partners including city leaders, governments, NGOs, UN agencies, and domestic and international businesses.

C/Can 2025 is already working with a small group of Key Learning Cities, including Cali, Asunción, Yangon, and Kumasi. Beginning in 2018, the ambition is to scale-up support to a wide network of cities that have a population greater than 1 million, in every region. To this end, on the occasion of the 2017 World Cancer Leaders’ Summit held on 14 November in Mexico City, UICC launched a call to action inviting cities to join the initiative as C/Can 2025 Challenge Cities.

**To learn more about the C/Can 2025: City Cancer Challenge visit:** <http://www.uicc.org/what-we-do/convening/ccan-2025-city-cancer-challenge>

targets. It is a rare, critical moment for the cancer and wider NCD community to have a strong share of voice with Heads of State and other stakeholders who drive not just the health, but the 2030 development agenda, and who are key influencers in the allocation of resources to deliver cancer and NCD interventions, particularly in LMICs.

UICC calls for the cancer community to unite behind a clear and strong message to be delivered at the HLM, underlining the importance of increased human and financial resourcing for leaving no one behind in the countdown to 2025. While UICC recognizes the long-term impact of investing in cancer prevention, meeting the 2025 targets requires a health systems response for effective cancer management and improved patient outcomes. With this in mind, UICC will focus on delivering four priority pillars for action: (1) data for public health planning, monitoring and evaluation; (2) improved early detection for timely and accurate diagnosis; (3) early and quality treatment, including access to surgery, radiotherapy and medicines; and (4) management of advanced and metastatic disease through supportive and palliative care. ■

*Rebecca Morton Doherty is Head of City Engagement & Impact for C/Can 2025: City Cancer Challenge, a new multi-sectoral UICC initiative to improve equitable access to cancer care in cities.*

Since joining UICC in 2011, Rebecca has coordinated advocacy efforts with a focus on the global NCD agenda, and UICC's priority advocacy areas including cancer planning, and equitable access to cancer treatment and care. She has a BA in Political Sciences and an MSc in Development. Rebecca has spent over 10 years in the NGO sector, with a focus on strategic communications and policy development in the global health and development fields.

*Micaela Neumann* is an Advocacy Manager in the UICC Advocacy & Networks team, with previous work experience in community engagement, mobile health, vaccination and HIV/AIDS programmes. With a background in social sciences, Micaela has a focus on grassroots, civil society engagement across the cancer control landscape. She is leading the work translating global commitments of the cancer resolution into national action by working with UICC members as part of the new "Treatment for All"

initiative. Micaela has a Masters in Anthropology and Sociology of Development, and a BA in Interpersonal Communication Studies.

*Dr Julie Torode* is UICC's Deputy CEO and Advocacy & Networks Director. Since joining in 2008, she has led work on the TNM classification, the *International Journal of Cancer*, as well as UICC's capacity-building projects in childhood cancer, cervical cancer, access to pain relief, and education and training. Dr Torode has established key partnerships for UICC uniting efforts on the foundations of cancer control – the Global Initiative for Cancer Registration and the International Cancer Control Partnership. With a PhD in Chemistry, Julie entered the health and oncology arenas through leading clinical trials work, with a focus on breast and gynaecologic cancer.

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