

Responding to the call for “Treatment for All”: Examples from Indonesia, Mexico and Uganda

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In response to the growing cancer burden and building on the cancer resolution adopted at the World Health Assembly in 2017, the Union for International Cancer Control (UICC) launched a global campaign calling for “Treatment for All”. National activation of Treatment for All refers to civil society’s guided engagement with this campaign in their country context. This article presents preliminary examples and lessons learned in the initial project phase from civil society in three countries: Indonesia, Mexico and Uganda.

Despite growing attention to the impact of non-communicable diseases (NCDs) on global health, the burden of cancer rose in 2018 to 18.1 million new cases and 9.6 million cancer deaths (1) each year, from 15.2 million and 8.8 million respectively in 2015. While in recent years governments have increasingly worked with national stakeholders, such as civil society organisations, to implement interventions, particularly at primary care level, including vaccination, screening programmes, supportive and palliative care, there is still a wide equity gap in cancer survival rates. Cancer mortality is especially high in LMICs, countries which, despite having almost 80% of the burden as measured by disability-adjusted life years, are estimated to have a less than 5% share of resources for cancer (2), with poorer outcomes linked to limited availability of data and access to diagnosis, treatment and care.

In May 2017, Member States reaffirmed cancer control as a critical health and development priority (3) with the adoption of the World Health Assembly (WHA) resolution on *Cancer prevention and control in the context of an integrated approach* (4). The resolution drew upon the Global Action Plan for the Prevention and Control of NCDs (5) and the Sustainable Development Goals (SDGs) to establish the case for increasing national investment and action on cancer.

Building on the unanimous approval of the resolution, the Union for International Cancer Control (UICC) launched the global advocacy campaign “Treatment for All” in 2018, which aims to decrease premature deaths from cancer worldwide by calling on the international cancer community to close the global equity gap in access to cancer services by addressing the four pillars of Treatment for All:

➔ Improved quality of cancer data for public health use

- ➔ Increased number of people with access to early detection and accurate cancer diagnosis.
- ➔ Timely and quality treatment for early and metastatic disease for all.
- ➔ Basic supportive and palliative care service for all.

In 2018, three civil society organizations joined the ‘national activation’ of Treatment for All as “Country Champions”, working with UICC to translate global commitments into national responses most suited to their country’s needs: Indonesian Cancer Foundation, Indonesia; Salvati AC, Mexico; and Uganda Cancer Society, Uganda. Their efforts were used to inform a broader initiative aiming to engage up to 40 Country Champions by 2020. In the following sections, we outline the main features of the national advocacy campaigns, as well as some insights gleaned through the initial phase of developing the advocacy priorities, which may be helpful for civil society organizations working to advance health sector priorities in their countries.

Indonesia Cancer Foundation: Urging a stronger response to improve palliative care

Country background

Indonesia is a large archipelago of more than 17,000 islands and over 260 million people. In 2018, male cancer mortality was over 100,000, while female cancer mortality exceeded 450,000 (6). Leading cancer types include breast, cervix uteri, lung, colorectum and liver cancers. The Ministry of Health in Indonesia has forecast that approximately 240,000 new cases of cancer will arise each year, 70% of these already at an advanced stage (7). Few screening and early detection programmes are available for cervical, breast and prostate

cancer at the primary healthcare level, and access to palliative care is also limited (8).

While the government has a national cancer control programme (NCCP) and a commitment to universal health coverage (UHC), implementation of the programme has been challenging due to the sheer size of the population, and the need to address other existing health priorities, including infectious diseases and maternal and child health. However, palliative care was identified as an increasingly important and crosscutting demand, particularly given only 1% of the population has access.

A focus on palliative care

Established in 1977, Indonesia Cancer Foundation (ICF) is comprised of 96 branches focused on increasing public awareness and implementing preventive and supportive activities, with emphasis placed on palliative care. Given many cancer cases present at late-stage disease, ICF is building on their existing home-based palliative care training programme for family and caregivers to shape a national advocacy campaign, calling for the improved support of palliative care services by local and national government.

Although palliative care is included in their NCCP and the Indonesian Ministry of Health has launched a palliative care policy as of 2007 (9), services are only available in some larger cities, including Jakarta and Surabaya. Identified barriers to palliative care include a limited understanding amongst healthcare professionals, the difficult and dislocated geography of the country and limited access to opioid medicines (10). In order to begin addressing barriers in access to palliative care, ICF advocates for their home-care training to become certified and recognized, with an extended reach through “train the trainer” workshops in different localities and increased training of healthcare professionals. Paired with these activities, ICF calls on government to draft hospice care regulations this year.

Salvati AC: Budget advocacy for implementation of their NCCP

Country background

Mexico has a population of over 130 million. In 2018, male and female cancer mortality was approximately 40,000 per sex, with breast, prostate, colorectum, thyroid and cervix uteri cancers as the leading cancer types (11).

For the past years, with leadership from the National Cancer Institute in Mexico, a UICC member, there have been several roundtable meetings between health professionals, local authorities, legislators and civil society to establish the guidelines and goals of the NCCP, which focuses on prevention, screening and early detection, treatment, palliative care,

rehabilitation, research and financing, without much success in moving adoption and implementation of the plan forward, particularly with the appropriate budget.

Notably, the 2017 World Cancer Leaders’ Summit in Mexico triggered strong involvement of Mexican stakeholders in the field of cancer control and led to further reinforcement of the plan in 2018. The National Cancer Institute has since been appointed to lead the implementation of the plan, integrating cancer management into all levels of care and the health sector to avoid fragmentation of health services (12). A national cancer committee has also been established, with representation from civil society. Also in 2018, a law to regulate the functioning of a national population-based cancer registry was passed, following a strong call for improved data for public health planning (13).

An NCCP co-driven by civil society

Founded in 2011 with the objective to support low-income people living with cancer, Salvati AC is one of the founding members of Mexico’s national cancer coalition of more than 50 organizations, Juntos Contra el Cáncer.

Leadership from Salvati participates in the national cancer committee, and they intend to represent the voice of patients and civil society comprising Juntos Contra el Cáncer, working alongside partners such as the National Cancer Institute. Building on momentum seen in the past two years for cancer control, despite the political transition to a new government in 2019 (14), Salvati is currently shaping a national “Treatment for All” campaign focused on adequate funding for implementation of an NCCP that puts patients’ needs first. To support this work, they co-hosted the Second Congress for Juntos Contra el Cáncer and the First Congress for Patients in November 2018. Efforts are currently focused on ensuring cancer control is a fundamental part of the upcoming five-year National Development Plan, which will secure adequate government funding for the entire length of the NCCP’s implementation.

Uganda Cancer Society: Coordinating multi-stakeholder engagement to ensure the development of an NCCP

Country background

Uganda has a population of 44,270,565, with male and female cancer mortality over 10,000 per sex. The leading cancer types include cervix uteri, Kaposi sarcoma, breast and prostate cancer, as well as non-Hodgkin lymphoma (15).

While Uganda has one of the most established cancer registries in its region (17), as well as an expired cervical cancer screening programme (18), it does not yet have an NCCP. This means that there is no strategic direction guiding cancer control interventions in the country, which also limits

the amount of funding allocated to cancer. For the most part, screening, early detection and treatment are not available, with only one centralized cancer centre, the Uganda Cancer Institute, providing treatment to patients (18).

A multi-stakeholder approach to drafting an NCCP

In 2011, Uganda Cancer Society (UCS) was established as an umbrella body bringing together different civil society organizations in order to systematically contribute to effective cancer control through advocacy, awareness creation, capacity-building, research and patient support.

UCS seeks the development of an NCCP that will reduce cancer incidence and mortality through implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment and palliation, while making the best use of available resources. To bring different stakeholders to the table on this issue, UCS, alongside the Uganda Cancer Institute, launched a National Cancer Symposium in 2018, calling for an urgent response to address cancer and NCDs.

Building on the launch of this symposium, Uganda has developed a national “Treatment for All” campaign focused on the drafting of their NCCP by February 2020 and will follow up the launch of their symposium with another event this year.

Discussion

UICC worked with all three civil society organizations to better understand their unique cancer control landscapes and determine advocacy goals in line with Treatment for All. Indonesian Cancer Foundation chose to focus on one specific pillar of Treatment for All – palliative care – whereas Salvati AC and Uganda Cancer Society chose to focus on the drafting, budgeting and implementation of their NCCPs. This is well grounded in a recent global analysis on NCCPs, which indicated that, as countries move toward UHC, greater emphasis is needed on developing NCCPs that are evidence-based, financed and implemented to ensure robust national responses (19).

While the Treatment for All national campaigns are only just underway, UICC acknowledges a few crosscutting lessons

learned. Firstly, across all three Country Champions, UICC saw the value of coalition building. Whether the organisation had many branches, served as an umbrella organisation or founded an official alliance, each Country Champion determined their advocacy goal based on collective agenda shaping to represent a more comprehensive set of stakeholders. On this point, we also saw the importance of convening platforms to bring stakeholders and decision-makers together to generate momentum for accelerated policy development, including the Second Congress of Juntos Contra el Cáncer and Uganda’s National Cancer Symposium. Each Country Champion also acknowledged the importance of international partnerships, with UICC and one another, to bolster a more holistic response to address cancer and to link to the notion of a global movement on cancer control, underpinned by a set of global commitments, including the Global Action Plan on NCDs and the cancer resolution.

As efforts across Country Champions continue, UICC plans on setting up key metrics to measure the impact of the national activation of Treatment for All, paving the most meaningful path to reach global cancer control, health and development targets together. As more engage, UICC also aims to establish regional connections for the sharing of best practices and the development of shared solutions. This global campaign calls on all stakeholders, everywhere, with a connection to cancer control to commit to promoting greater equity in access to data, early detection, treatment and care for the robust health system coverage needed to reduce the growing global cancer burden. ■

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