

Cancer Control interviews Dr Andre Ilbawi, WHO's Technical Officer for Cancer Control



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Andre, can we begin by asking about your background and how you got to WHO?

For many of my colleagues and for me, working at World Health Organization (WHO) is an unexpected privilege and not a planned outcome – it is a unique opportunity and responsibility to serve communities using a powerful platform and network of collaborators.

My background is as a cancer surgeon trained in the United States. During my training, I had the honour of taking three months to work at UICC as a fellow with support from the US National Cancer Institute and Breast Health Global Initiative. My wife, Shannon, came, on sabbatical from her faculty position in family medicine, to volunteer at WHO.

Upon returning to the United States, my wife and I were preparing to move to Africa to work as academic clinicians. An unexpected opportunity to work short-term at WHO opened up. We felt that we could come and help get something started then move to Africa. Six months became a year, two years and now six years.

But, it has been such a privilege to have worked at WHO, to interface with governments committed to action, to be inspired by partners and to be moved by advocates. We have seen a turning of the tide towards oncology being recognized now as a priority area within public health globally and, increasingly, an area in which governments are improving care. It has been a privilege to feel part of this shifting global narrative recognizing the urgency and humanity in cancer care.

The popular perception is that when it comes to cancer WHO is only interested in cancer prevention. Is this view correct?

WHO is the public health agency for the United Nations. Our primary objective, enshrined in our Constitution, is “the attainment by all peoples of the highest possible level of health as a fundamental right of every human being”. This inspiring ambition is important to understand our functions – that they

are not limited to prevention but extend from promotion to palliation.

When we look at progress in health, with what has driven improvements in life expectancy, the primary achievements have been achieved through public health policies and programmes. This same is true in cancer. A lot of our progress, particularly in high-income countries, has been reached because of risk factor reduction and the earlier detection of cancer.

But, this is not the only dimension. The cancer agenda, as part of the global public architecture, is broader. Millions of lives each year are saved because of improvements in access to quality care. This is the tenet of health for all as part of the 2030 UN Agenda for Sustainable Cancer.

We cannot achieve the SDGs without investing more in cancer control. And, our work at WHO reflects that reality – we have launched three global initiatives with partners around the world to catalyze immediate improvements in access to care and to save lives.

While many cancers can be prevented – and should be – the reality is an estimated 50%–70% of cancers cannot. There will be generations of people affected by cancer who deserve attention and care. And, that providing care, we can drive prosperity and development for all.

The popular misconception of regarding cancer as entirely a problem requiring clinical solutions is frustrating because so many of the buttons one needs to press lie beyond the control of clinicians.

Yes. You raise an important point. Cancer control, like all of health, requires a “whole-of-government, whole-of-society response”. This must be our approach to achieve the most meaningful success, because if we focus only on the areas that are frequently in the public discourse – whether it be cancer medicines or advanced technologies for screening – we miss the opportunity to have a holistic and person-centred response.

And, within this framework, we can understand where each of us fits and what we can do. In the prevention realm, for example, we can advocate for tobacco control through policies, regulation, taxation, counselling, knowledge sharing and more. Everyone has a role. And, as we consider the broader context of cancer prevention, we must remain vigilant to better understand carcinogens and to act on emerging risks such as air pollution using levers throughout the halls of government.

Health professionals and advocates are core to this dialogue. But, we must act in solidarity. There is not one button, there is no superior voice. We move as a unified, inclusive community.

Can you talk about some of the other challenges facing us in the cancer community?

We are at risk of losing our guiding beacon, losing steam and losing cohesion. What are we trying to achieve? What motivates our work?

It has been nearly 50 years since the war on cancer was declared. There have surely been major advancements, and we needed to be challenged as a global community to respond to this devastating disease.

But, perhaps it is time to focus on solidarity with a more person-centred understanding of how cancer affects individuals and communities. Let's be more attentive to the care requirements for people living with cancer and their families.

To start, investments in cancer should be more focused on improving access for all populations, driving forward universal health coverage and ensuring financial protection. There is a strong economic argument for doing so. But, even more important is the human justification.

Can we accept a world where, for decades, millions of people are dying unnecessarily from cancer because of where they live or how much money they have? This tears at the fabric of our souls and our bonds as a community. And, it is not a high-income versus low-income country phenomenon. This happens within zip codes, within neighbourhoods.

We also need to shift our language in how people with cancer experience care. There are a lot of questions that get triggered after a cancer diagnosis: why did this happen?, what are the options of treatment?, why has the cancer come back?. Cancer is a life-defining event that ultimately changes the trajectory of life - but it does not have to be something that you should wake up every day and think '*This cancer defines me. This cancer is going to dictate every decision I make.*'

People with cancer have shared with me that a philosophical shift towards cancer as part of life helps, that we begin to experience it as a chronic disease like diabetes or heart disease. Discussions on cancer care should be informed by a vision for tomorrow, not dictated by fears of death from today and the disappointment of losing a "war" against cancer.

So you are not signed up to The War on Cancer and the Moonshot?

That is a great question. There are dimensions of the War on Cancer that have saved countless lives. I am not advocating for less investments in cancer research and innovation.

But, for many in the cancer community, the bellicose language or survival at all costs has had unintended consequence. People living with cancer – the people we care for – are experiencing fear, poverty, isolation. Providers are feeling burnt out, exhausted. Inequities are rampant. Vulnerable populations are being ignored. This cannot continue.

What if the social context of cancer changes? What if we create a social context, based on equipoise, that addresses the harsh physical realities but balances it with systems designed to meet the broader needs of people with cancer – mental, social, spiritual and economic.

There would be great value in changing the narrative, but it is not easy to produce. Our investments reflect our priorities. It is time to ask if we are investing enough in the broader care needs of our communities and if we are ready to protect the social fabric of our communities by promoting equity and solidarity.

It is time to shift our understanding of cancer. Of all the things that I remember, from the hospital and all the people I talked to, I remember you encouraging me and telling me that it's okay, 'You can deal with this', in the same way that I'm dealing with my own high blood pressure, my own obesity, and it's not necessarily going to be a perfect solution around the corner. But it shouldn't make me live in fear."

There is a third option: that we maintain this fictional war on cancer while at the same time supporting people to come to terms with their diagnosis? It is close to double think.

Exactly. This is why it is so challenging. If you and I, people who have lived and breathed these questions for decades, feel the double speak in our internal thoughts how can we communicate to others? How can we help the patient who's sitting in a cancer ward focus on the future, on survival but also live each day abundantly. It is a paradox, and that does complicate how cancer is framed.

Cancer as a death sentence is still so real for so many people. And that fear does influence everything. Sometimes it's has positive consequences to motivate advocate, drive political decision making. And in that regard, how do we support people experience fear?

It is horrific to see someone suffer and die from cancer, especially when palliative care isn't available. But that goes back to where we can also spend more time as a community. How do we create an environment where the needs of cancer patients are being met in all domains of their life? The inability

to provide more holistic care is, in some ways, a moral failure.

And when we ask people with cancer four questions “Do you know what your prognosis is? Do you know why you’re receiving treatment? Do you know what are some of the complications of your treatment? Do you know what the financial implications of the treatment you’re receiving? ... Ask these four questions anywhere in the world, and the vast majority of cancer patients won’t be able to know? Now, please tell me isn’t that an absolute failure in creating a system that empowers cancer patients?”

How do you regard the current COVID-19 pandemic?

It has been devastating in health impact, but also devastating in its social impact. Health has become increasingly viewed in a political context, and trade-offs are positioned through a lens of tribalism rather than solidarity. We are losing an opportunity to show that health should promote social cohesion rather than exacerbate it.

These days carry the weight of history. It is a global gut check. The past year (2020–2021) has been so challenging because solidarity is being lost in so many communities. Going back to your question on what are some of the challenges for us in the cancer community. We are experiencing similar phenomena now with COVID-19 – divisions in priorities, motivation and objectives. And, it is triggering burnout and radical individualism that will harm the health agenda. We still have opportunities to emerge stronger and with new ways of working. But, we must acknowledge the massive human and economic costs of the pandemic.

We should all be thinking more about the political philosophy of cancer. What’s so instructive about cancer is that it makes you look afresh at Society and how we regard one another. If we only think about the medicine, and the scientific/clinical side of cancer we’re missing a large part of the story.

I totally agree. We all applaud the advances in cancer survival. But, at the same time, the social narrative and what cancer means to individuals and to communities has been lost on the focus on increasing survival at all costs. That’s where I agree with what you what you’ve said. The failure to create a philosophy of cancer results in a complete void of a coherent narrative behind it. Misinformation is rampant, creating situations in which the gut response to the word ‘cancer’, for too many people, is fear and misery not empowerment. And that is current predominant ‘the philosophy of cancer’.

If everyone’s so afraid of cancer, why haven’t we done better in terms getting it onto political agendas? If cancer is so commonplace why isn’t it a leading issue?

It is multi-factorial and is linked to the broader political context

of health. The general public often does not prioritize health in political dialogues, instead focusing on income and wealth, security, infrastructure. Our task is to make health seen as a communal good.

The promotion of health is further constrained by what people expect from governments in regulations to reduce risk exposure – that is, a ‘nanny state’ dialogue. And with cancer, we are further tasked with communicating the difference between risk and hazard.

Within the health agenda, cancer can feature prominently, particularly in high-income countries. It has featured in recent US elections as an example through political commitments. But, in the vast majority of countries, investments are not concomitant to the broader health, social and economic burden of the disease.

And, political commitments are only one step towards practical actions. After the UN High Level Meeting on NCDs in 2011, after all this energy went into preparation and into political engagement, progress has been sporadic and insufficient. There were 34 Heads of State at that Meeting and over 50 Health and Foreign Ministers. But, if we look at impact from available data, there has not been concomitant improvements in general government expenditure on NCDs before and after that 2011 event.

But we all felt better afterwards?

Yes, we did feel better. It was not a failure per se. But, it begs the question of what constitutes success? And, for whom? Similar to ‘shooting for the stars for cancer cure’, are we also ‘shooting for the stars’ that every government is only prioritizing cancer? Would that be well situated in the reality of where cancer fits in a broader health agenda?

Once you start saying cancer is the most important issue.... I’ve always felt very uncomfortable with that. There’s a woman in a field somewhere struggling with a breech birth, are you really telling me that your five-year randomized control trial getting an extra six weeks of life is more important? One wants to say: “Guys, where’s your humanity?”

That was perfectly said. For all of us in the cancer community, it is the a driving purpose for our lives, how we spend our time and energy. At the same time, there’s a lot of unrelated poor health and suffering in the world.

We can start by shifting away from heavily focused investments on curative therapy at all costs. Yes, it is absolutely important that we innovate, that we drive progress. But, we can also see how supporting the broader health agenda will also benefit cancer community and save millions of lives each year while doing it. Investments in primary healthcare and universal health coverage improve cancer care. That is a fact

and that should be a priority.

And, the value of a broader integrated approach is also founded on evidence. For example, integrating palliative care improves quality of life and longevity when compared to focusing on systemic therapy alone.

If we can shift our emphasis toward broader investments in health systems, that will accelerate progress in all domains of health and promote solidarity. We have seen some advocates take this approach, and I think it is transformative.

And, by broadly investing in health, we enable economic growth and prosperity for all. I remember, when I was in college (my goodness!), a professor challenged the common perceptions of investing in health. He said, “The United States is criticized for spending 12%–13% of its GDP on health. Why is that a problem?” It is an extremely important point. The United States now spends nearly 18%. Effective investments in health yield dividends in productivity, human capital development, social cohesion to drive prosperity for all.

These are difficult value judgments to make. But, increasingly, we’re able to show definitively that loss of health – and cancer is a very good surrogate – has a ripple effect across the broader community and economy. The consequences for people with cancer are often that their lives are uprooted, their out-of-pocket expenditures are high, the indirect costs are substantial, marital stability suffers, the health and well-being of the children and family suffers. As a community, we should document these impacts and talk more about what to do about it. We are failing to create the narrative that captures the broader impact of cancer – on our lives and on the lives and well-being of our loved ones.

As a species, for much of our lives we generally don’t think too much about our own death. That’s a problem for ‘later on’. But when we get a cancer diagnosis, we can hear Death knocking on the door, and that’s where the shock is, not just the fear of it, but actually the fear of the whole darkness.

I remember when I first started in medicine, meeting people with cancer was overwhelming. My first day on the ward, I met a young woman dying from cervical cancer, in the room with her young children and husband. It was devastating.

Over time, my perspective changed. People with cancer understand Life in a way that we should all understand it. And the more time I spent in cancer, the more humbled and blessed I have felt to be part of the community that understood Life. And that, for me, is the value in the cancer community setting a new narrative. That’s why, if we can put the people who are going through cancer in the centre – truly in the centre – and actually listen to the experiences that they’re having, then we can begin to understand where cancer fits in Society.

If people with cancer are seen as a population who we invoke

pity on, or for whom we create an environment of fear, then we’re doing them and ourselves a disservice because we’re losing the lessons that they are best positioned to guide us on: Trust, Solidarity, Mortality, Death with Dignity, Purpose. This is what matters.

I have a hope for cancer, because it’s such a relatable disease, regardless of where you are in the world. Cancer means something to a family and to a community, so if there’s anything that will yield solidarity, it should be this disease that we have dedicated our lives to.

Cancer lays out why Health matters in Life for all to see, contained in one irreplaceable experience. That’s where we can all draw our inspiration as a community. And that’s why, I think it’s such an important thing to discuss these things here in Cancer Control and during London’s Global Cancer Week. Let us pause. Innovation is where we need to think; progress for tomorrow is where we need to be. But let’s listen to the lessons of yesterday and today, or we’re not going to know what the value is of the better tomorrow. ■

Dr André Ilbawi is a medical doctor, specialized and double-board certified in surgical oncology. Dr Ilbawi joined the World Health Organization in 2015 and now serves as the focal point for the cancer programme at WHO Headquarters in Geneva, Switzerland.

In his current position, Dr Ilbawi is responsible for implementation of the 2017 World Health Assembly resolution on cancer prevention and control. He was Executive Editor of the 2020 WHO Report on Cancer and has supported additional WHO publications on broad topics ranging from guidance on cancer prevention to access to cancer health products. Dr Ilbawi also led the development of the WHO/IARC priority setting tool for cancer control, workforce optimization strategies, and other tools to support capacity building. He led the launch of the WHO Global Initiative for Childhood Cancer (2018), now being implemented in 30+ countries, as well as supported the launch of WHO Global Breast Cancer Initiative (2021) and implementation of the WHO Cervical Cancer Initiative based on the World Health Assembly resolution on the Global Strategy to Accelerate the Elimination of Cervical Cancer (2020).