

Global Cancer Control

**Union for International
Cancer Control**

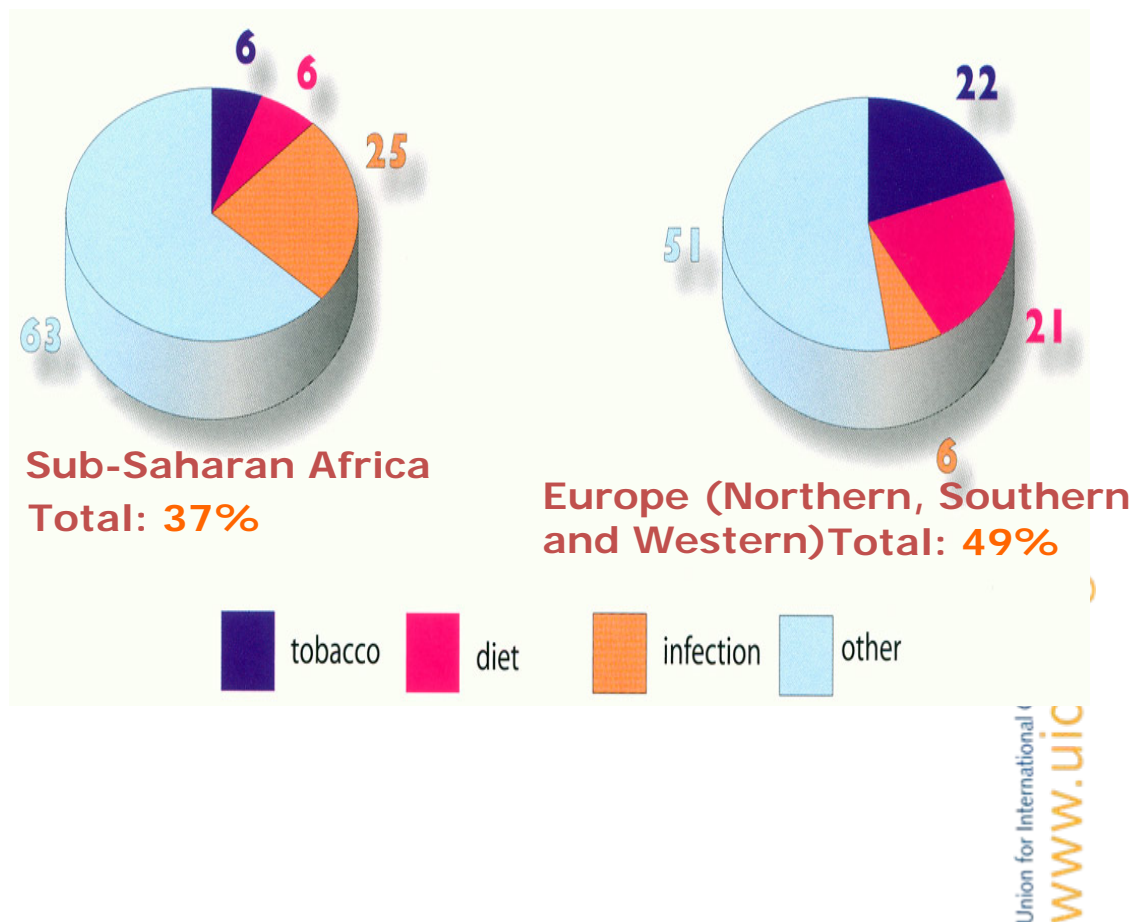


Dr Eduardo Cazap, UICC President

GLOBAL HEALTH

Key Challenges

43% of cancer deaths are due to tobacco, diet and infection



12.7 million new cases

7.9 million deaths

26 million living with cancer

Cancer is a public health
problem worldwide,
affecting – young and old,
rich and poor, men, women
and children



Global Burden of Cancer

- Cancer accounted for 7.9 million deaths in 2007, about 80% in low- and middle-income countries
- In the low and middle income countries of the developing world the consequences of the growing burden of new cancer cases and deaths is expected to continue to worsen

Boyle and Levin [eds.] 2008

The Looming Disaster in Developing Countries

Sum of

- Mainly poverty-related tumours (cervical, oesophagus, liver)
- Tumours linked to western style of life (breast, lung, prostate, colorectal)
- Lack of primary and secondary prevention
- Lack of resources for treatment

The Gap

The global health gap between rich and poor is vast: “in one year alone, fourteen million of the poorest people in the world died [prematurely], while only four million would have died if this population had the same death rate as the global rich.”

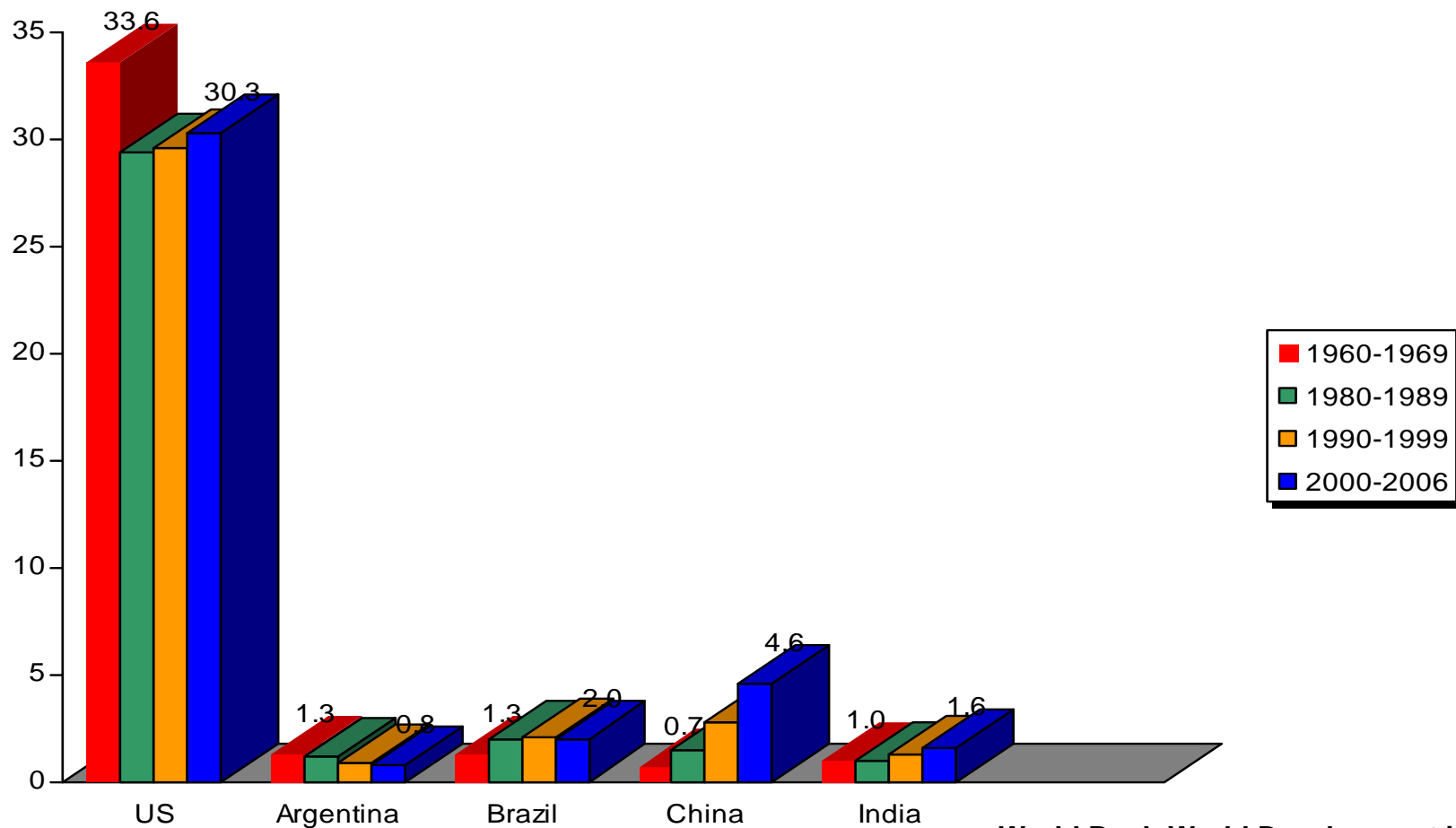
DAVIDSON R. GWATKIN & MICHEL GUILLOT, WORLD BANK, THE BURDEN OF DISEASE
AMONG THE GLOBAL POOR 19–20 (2000)

Global Health Objectives

- To promote equal access to proper care across borders
- To diminish cancer incidence and to increase curability

ECONOMICAL CONSIDERATIONS

Percent of World GDP in 2000 US\$ terms



World Bank-World Development indicators

The Costs of Cancer

- The financial costs of cancer treatment are a burden to people diagnosed with cancer, their families, and society as a whole. Cancer treatment accounted for an estimated \$72.1 billion in 2004—just under 5 percent of U.S. spending for all medical treatment.
- Worldwide each year \$700 billion are the expenses related only for cancer care. This amount is the same that the US Government allocate for the Bank rescue during the last economical crisis.

But, not only in “ poor countries”

- Poverty Raises Mortality Risk With Non-Hodgkin Lymphoma
- Socioeconomic status and treatment are the key reasons that blacks tend to have a higher risk of death from the disease than whites.
- Census data show that 46.6 million Americans were uninsured in 2005

Ref. Centers on Budget and Policy priorities, 2006

Ref. Cancer , Dec 1, 2008

Developed and developing?

- The economical considerations alone are insufficient to measure cancer control
- Some “developing countries” have a good cancer control structure (ex. Uruguay)
- Some “rich countries” are doing poorly in cancer control (ex. Saudi Arabia)
- In many rich countries , underserved or minority groups are out of the health care systems.

PUTTING CANCER IN THE GLOBAL POLITICAL AGENDA: A UICC PRIORITY

NCDs (defined by WHO)

Diabetes

Cardiovascular disease

Cancer

Chronic Respiratory Disease

Key Risk Factors

Tobacco Use

Unhealthy diet

Physical Inactivity

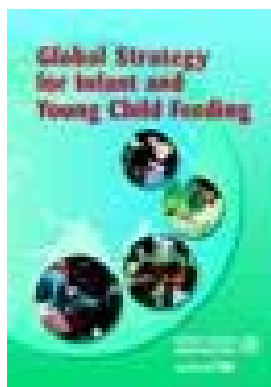
Harmful Use of Alcohol



The Political Momentum behind NCDs

Global strategy for the Prevention and Control of NCDs

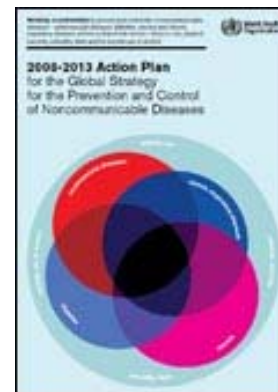
Infant feeding



Tobacco - FCTC



Diet & Activity



NCD Action Plan

Resolution WHA63.13 - Global strategy to reduce the harmful use of alcohol

Resolution WHA 58.22: Cancer Prevention and Control



2000

2002

2003

2004

2005

2008

2010

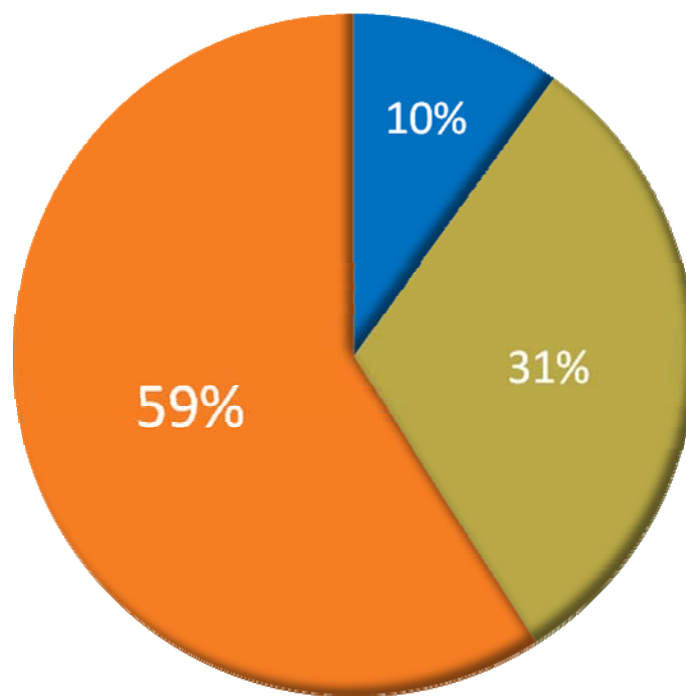
“A public health
emergency in
slow motion”




Ban Ki-moon,
UN Secretary General



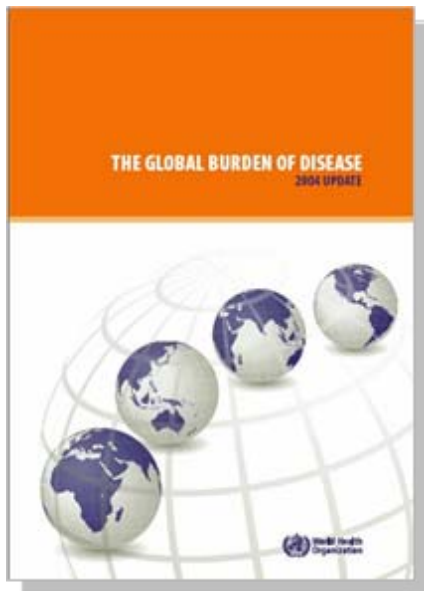
35 million deaths
each year

59% of global deaths are due to NCDs

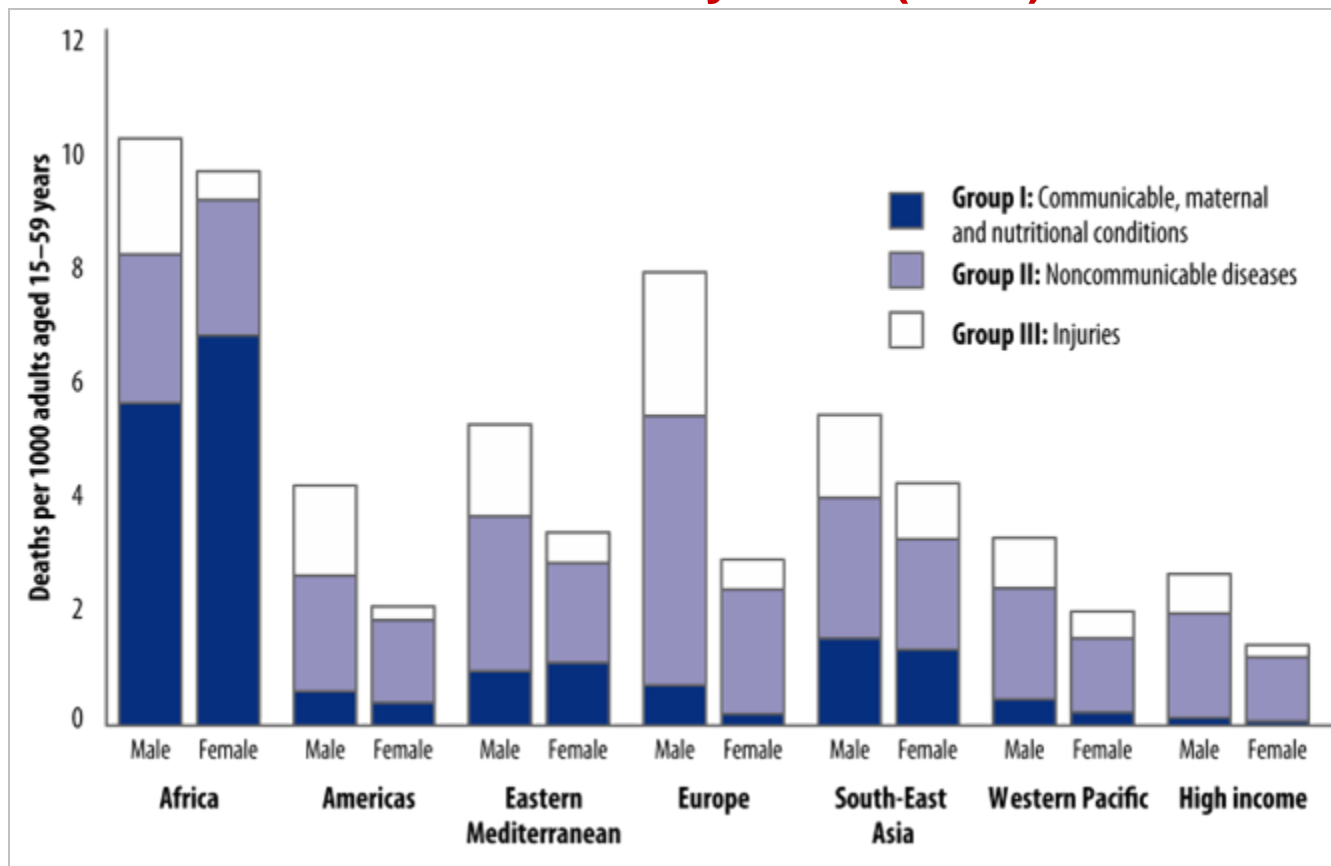


-  Group III - Injuries
-  Group II – Deaths from noncommunicable diseases
-  Group I – Communicable diseases, maternal, perinatal and nutritional conditions

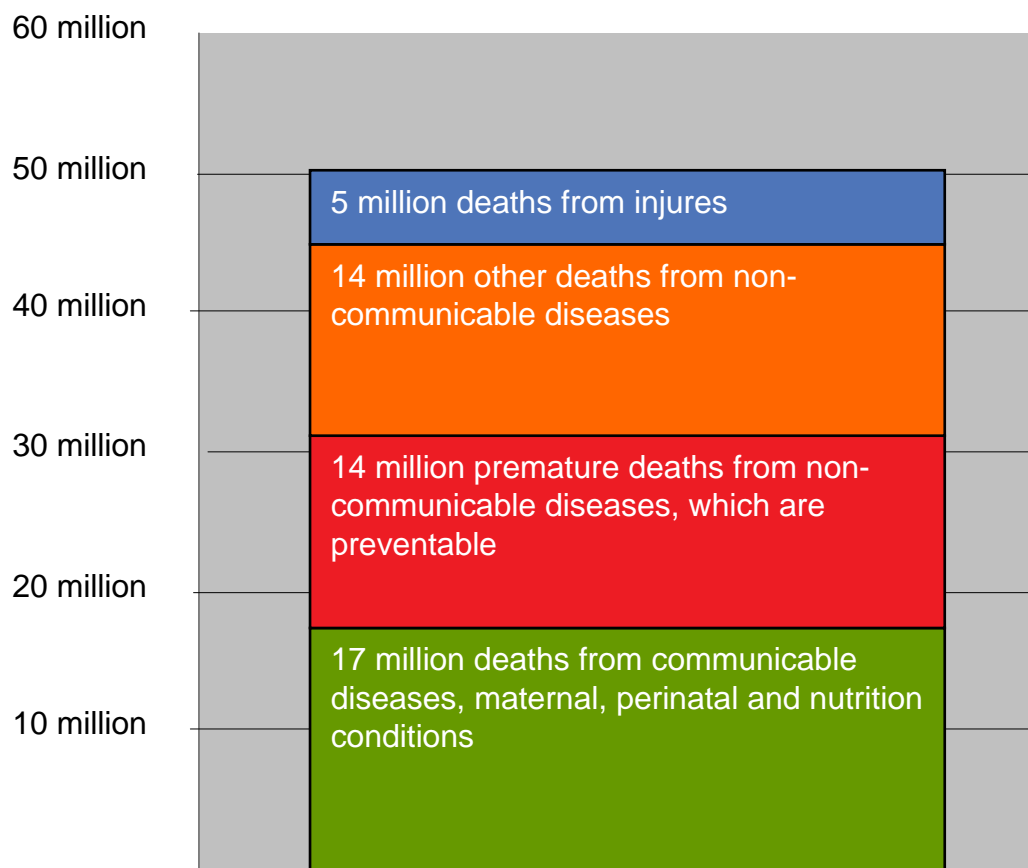
Noncommunicable Diseases and Conditions Adult mortality rates (2004)



Launched October 2008

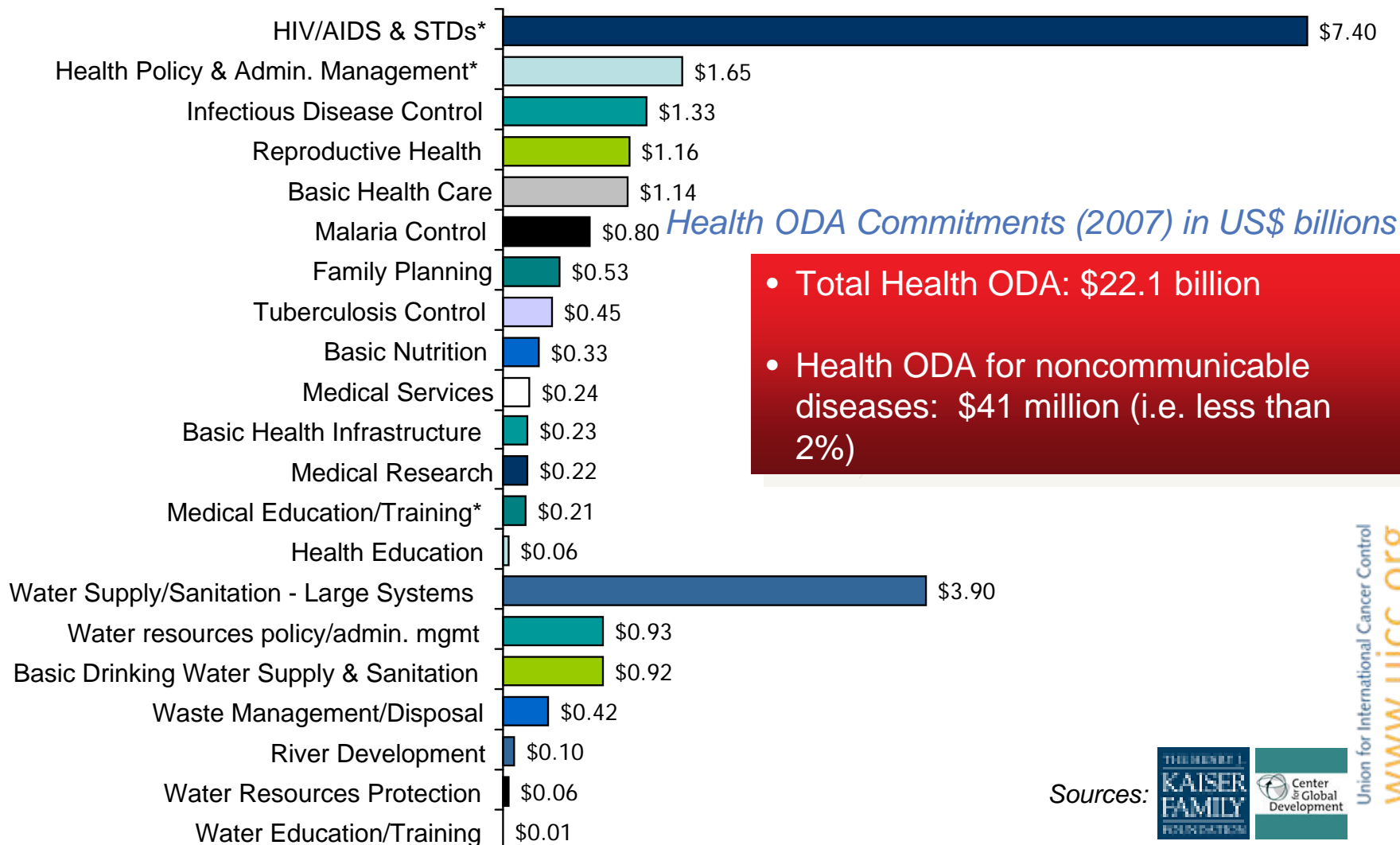


14 million preventable deaths each year



Estimated deaths in developing countries (2004)

NCDs receive less than 2% of ODA for health.



Sources:



Noncommunicable Diseases (2006-2015)

	2005		2006-2015 (cumulative)		
Geographical regions (WHO classification)	Total deaths (millions)	NCD deaths (millions)	NCD deaths (millions)	Trend: Death from infectious disease	Trend: Death from NCD
Africa	10.8	2.5	28	+6%	+27%
Americas	6.2	4.8	53	-8%	+17%
Eastern Mediterranean	4.3	2.2	25	-10%	+25%
Europe	9.8	8.5	88	+7%	+4%
South-East Asia	14.7	8.0	89	-16%	+21%
Western Pacific	12.4	9.7	105	+1	+20%
	58.2	35.7	388	-3%	+17%

(WHO, Chronic Disease Report, 2005)

WHO projects that over the next 10 years, the largest increase in deaths from cardiovascular disease, cancer, respiratory disease and diabetes will occur in developing countries.

"In terms of global macroeconomic impact, our analysis shows that noncommunicable diseases pose a significant economic and financial risk both to advanced and developing economies."

Klaus Schwab, Founder and Executive Chairman of the
World Economic Forum



NCD ALLIANCE: UICC'S CHOSEN VEHICLE FOR ADVOCACY

The NCD Alliance formed in 2009 – more than 880 organisations in 170 countries



International
Diabetes
Federation



uicc

global cancer control



WORLD HEART
FEDERATION®



International Union Against
Tuberculosis and Lung Disease

Health solutions for the poor

NCD Alliance: Established Partnership Structures and Networks

- **UN Summit Partners:** 7 major NGOs (ACS, LIVESTRONG, AHA, FCA, Norwegian Cancer Society, Global Health Council, World Lung Foundation)
- **Common Interest Group (CIG):** 350 NGOs
- **Private Sector** supporters and funders
- **Allies:** WHO, PAHO, WEF, Lancet, govts.....



www.NCDAlliance.org

1. *Decides* to convene a high-level meeting of the General Assembly in September 2011, with the participation of Heads of State and Government, on the prevention and control of non-communicable diseases;

2. *Also decides* to hold consultations on the scope, modalities, format and organization of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, with a view to concluding consultations, preferably before the end of 2010;

3. *Encourages* Member States to include in their discussions at the high-level plenary meeting of the sixty-fifth session of the General Assembly on the review of the Millennium Development Goals, to be held in September 2010, the rising incidence and the socio-economic impact of the high prevalence of non-communicable diseases worldwide;

4. *Requests* the Secretary-General to submit a report to the General Assembly at its sixty-fifth session, in collaboration with Member States, the World Health Organization and the relevant funds, programmes and specialized agencies of the United Nations system, on the global status of non-communicable diseases, with a particular focus on the developmental challenges faced by developing countries.

*86th plenary meeting
13 May 2010*

UN Summit Modalities Resolution Dec 2010

- ▶ Modalities Resolution adopted Dec. 23rd by UN Member States
- ▶ Dates: 19th-20th September 2011 in New York; (1.5 days in length)
- ▶ Calls for a concise action oriented outcome document and participation of Heads of State and Government
- ▶ Three Roundtable Sessions
 - The rising incidence, developmental and other challenges and the social and economic impact of non-communicable diseases and their risk factors;
 - Strengthening national capacities, as well as appropriate policies, to address prevention and control of non-communicable diseases;
 - Fostering international cooperation, as well as coordination, to address non-communicable diseases

Reminder: 2001 HIV/Aids Outcomes Statement

Leadership	By 2003, implement multi sectoral strategies and finance plans that address HIV/AIDS and implement prevention, care, treatment, support and mitigation priorities in development planning.
	Support global plans, national organizations, encourage ECOSOC to request regional commissions .
	Support UN action and coordination , cooperation between bodies and foster collaboration with the private sector.
Prevention	By 2003, reduce HIV prevalence among young people by 25% in the most affected countries, and 25% worldwide by 2010.
	By 2005, implement prevention and care in the workplace, migration and mobile workers.
	By 2005, ensure that 90% and by 2010, 85% of youth have information, education and services to reduce their vulnerability.
Care Support and Treatment	By 2010, reduce by 50% the number of babies infected with HIV.
	By 2003, developed strategies to increase access to drugs .
	By 2005, develop comprehensive care strategies .
Human Rights	By 2003, enforce legislation to stop discrimination against people with HIV/AIDS, also on the workplace.
	By 2005, implement strategies that promote the advancement and empowerment of women .
Reducing Vulnerability	By 2004, implement programmes that set targets for addressing risk factors .
Children orphaned and made vulnerable by HIV/AIDS	By 2003 develop and by 2005 implement strategies for creating supportive environment for orphans . Urge donor countries to support this.
Alleviating the social and economic impact	By 2003, evaluate the economic and social impact of the epidemic.
Research and Development	Increase and accelerate research , support development of research infrastructure.
	Develop approaches to monitoring, strengthen cooperation, and implement ethics protocols.
HIV/AIDS in conflict or disaster	Develop strategies to implement strategies to incorporate HIV/AIDS awareness , prevention, care and treatment in responses to emergencies and assistance in conflicts.
Resources	African Heads of state will allocate at least 15% of their budget to improving health sectors, assisted by donor countries.
	By 2005, reach annual target of between 7 and 10 billion dollar to be spent on HIV/AIDS for LMIC.
	By 2002, launch a worldwide fund-raising campaign by UNAIDS for the Global Fund.
Follow-up	Provide the UNAIDS with sufficient funds to support the goals of this declaration.
	Conduct periodic reviews at the national level, develop monitoring and evaluation mechanisms by 2003.
	Every year, at least one full day of the General Assembly will be devoted to review a report from the Secretary-General on progress.

From Declaration to Outcomes Statement



World Cancer Declaration

The World Cancer Declaration 2008 was developed by the International Union Against Cancer (UICC), adopted by the World Cancer Summit 2008, and endorsed by the World Cancer Congress 2008.

A call to action from the global cancer community

We the global cancer community call on governments, international governmental organizations, the international donor community, development agencies, professional organizations, the private sector and all civil society to take immediate steps to slow and ultimately reverse the growth in deaths from cancer, by contributing to the targets set out below and providing resources and political backing for the priority actions needed to achieve them.

Targets: by 2020

- Sustainable delivery systems will be in place to ensure that effective cancer control programmes are available in all countries.
- The measurement of the global cancer burden and the impact of cancer control interventions will have improved significantly.
- Global tobacco consumption, obesity and alcohol intake levels will have fallen significantly.
- Populations in the areas affected by HIV and HPV will be covered by universal vaccination programmes.
- Public attitudes towards cancer will improve and damaging myths and misconceptions about the disease will be dispelled.
- Many more cancers will be diagnosed when still localized through the provision of screening and early detection programmes and high levels of public and professional awareness about important cancer warning signs.
- Access to accurate cancer diagnosis, appropriate cancer treatments, supportive care, rehabilitation services and palliative care will have improved for all patients worldwide.
- Effective pain control measures will be available universally to all cancer patients in pain.
- The number of training opportunities available for health professionals in different aspects of cancer control will have improved significantly.
- Eradication of health workers with specialist training in cancer control will have reduced dramatically.
- There will be major improvements in cancer survival rates in all countries.

Priority actions

These targets are ambitious. During the past few years, however, there is growing evidence that concerted action can make a difference in a short time. We believe, therefore, that the targets can be achieved provided a number of priority actions are implemented:

Health policy

- Pace cancer on the development agenda: Increase the political priority given to cancer by demonstrating that a country's investment in dealing with the growing cancer problem is an investment in the economic and social well-being of the country. Organizations concerned with cancer control should work with the global donor community, development agencies, the private sector and all civil society to invest in cancer control.
- Mobile stakeholders: Ensure that strategies to control cancer globally are targeted at those who are most in need: involve all major stakeholder groups in the development, or updating, of national cancer control policies.
- Implement strategies that have been proven to bridge existing cancer surveillance gaps.
- Increase efforts to involve cancer patients in cancer control planning at a local and national level.

Cancer prevention and early detection

- Increase efforts to reduce tobacco consumption by encouraging governments to fully implement and enforce the FCTC.
- Raise awareness about the need for culturally sensitive cancer risk reduction campaigns, along with public and professional education about cancer warning signs. Public governments to implement policies that will support risk-reducing strategies at a community level and enable individuals to make more informed consumption choices and adopt healthier behaviour.
- Encourage governments to implement measures to reduce people's exposure to environmental and occupational carcinogens.
- Undertake actions to ensure that vaccines and other strategies that are shown to prevent cancer-causing infections are made more widely available.




UICC Proposed Cancer Outcomes Statement

Leadership

- Support global cancer control strategies and foster cooperation between international partners.
- By 2015, initiate or strengthen population-based cancer registries in all countries.
- By 2018, implement National Cancer Plans which address cancer prevention, detection, treatment, essential medicines and technologies and palliative care.

Prevention

- By 2015, eliminate and adopt national multifactorial policies to support the experience of a healthy, body weight, regular physical activity, and the avoidance of harmful alcohol use.
- By 2015, implement national strategies to reduce tobacco consumption programmes that support routine advice associated with the goal of 80% coverage among populations at high risk.
- By 2018, achieve effective implementation of the Framework Convention on Tobacco Control (FCTC).
- By 2018, develop and implement national programmes with the goal of 80% coverage of young, adolescent girls and young populations at high risk.
- By 2018, reduce the incidence and mortality of gastric cancer by lowering the exposure rates of and meeting minimum goals for infection.

Public Awareness and Education

- By 2015, eliminate and implement public awareness/cancer prevention programmes at the primary health care level, which seek to identify any rights associated with cancer and to provide information about the methods and effectiveness of early cancer detection combined with effective therapy.
- Develop and implement curricula for cancer for all (primary school children), and ensure evidence-based, non-commercial medical education for health professionals involved in cancer care.

Early Detection and Treatment

- By 2015, reduce the mortality of breast and cervical cancer by introducing population-based, organized screening and early detection programmes and evidence-based treatment strategies appropriate and feasible for various resource settings.
- By 2015, implement the WHO package for primary healthcare services.
- By 2015, cancer patients to have access to essential medicines for pain relief and symptom control, including second-line agents.
- By 2018, provide access to cost-effective diagnostic and all necessary treatment strategies with proven clinical efficacy.
- By 2018, all countries to develop and implement population-based palliative care strategies for cancer.
- By 2020, reduce the mortality of colorectal cancer by introducing population-based, organized screening and early detection programmes and appropriate treatment services.

Research

Strengthen the evidence base to support innovative strategies for cancer prevention, early detection and treatment.

Resources

By 2015, the proportion of development assistance for health allocated to low and middle-income countries for cancer control is sufficient to support the goals of this declaration.

Cancer Mortality

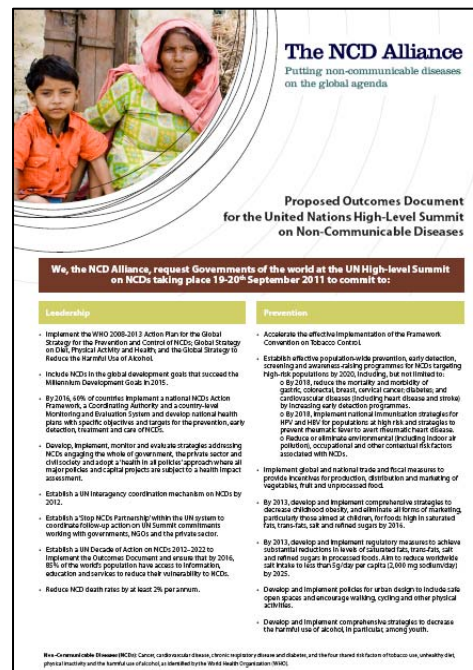
By 2025, achieve an annual reduction of standardized mortality from cancer of 1%.

Progress

By 2015, develop monitoring and evaluation mechanisms and conduct biennial reviews at the national level.

UICC
global cancer control

Take action now. Sign the World Cancer Declaration: www.uicc.org/declaration

The NCD Alliance
Putting non-communicable diseases on the global agenda

Proposed Outcomes Document for the United Nations High-Level Summit on Non-Communicable Diseases

We, the NCD Alliance, request Governments of the world at the UN High-Level Summit on NCDs taking place 19-20 September 2011 to commit to:

Leadership

- Implement the WHO 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs, Global Strategy on Diet, Physical Activity and Health, and the Global Strategy to Reduce the Harmful Use of Alcohol.
- Include NCDs in the global development goals that succeed the Millennium Development Goals by 2015.
- By 2016, 60% of countries implement a national NCDs Action Framework, a Coordinating Authority and a country-level Monitoring and Evaluation System and develop national health plans with specific objectives and targets for the prevention, early detection, treatment and care of NCDs.
- Develop, implement, monitor and evaluate strategies addressing NCDs engaging the whole of government, the private sector and civil society and adopt a health in all policies approach where all major policies and legal impact are subject to a health impact assessment.
- Establish a UN interagency coordination mechanism on NCDs by 2012.
- Establish a Stop NCDs Partnership within the UN system to coordinate follow-up action on the Summit commitments working with governments, NGOs and the private sector.
- Establish a UN Decade of Action on NCDs 2012-2022 to implement the Outcome Document and ensure that by 2016, 80% of the world's population have access to information, education and services to reduce their vulnerability to NCDs.
- Reduce NCD death rates by at least 2% per annum.

Prevention

- Accelerate the effective implementation of the Framework Convention on Tobacco Control.
- Establish effective population-wide prevention, early detection, screening and surveillance programmes for NCDs targeting high-risk populations by 2020, including, but not limited to:
 - By 2018, reduce the mortality and morbidity of gastric, colorectal, breast, cervical cancer, diabetes, and cardiovascular diseases (including heart disease and stroke) by increasing early detection programmes.
 - By 2018, implement national immunization strategies for HPV and other for populations at high risk and strategies to prevent maternal deaths to avert rheumatic heart disease.
 - Reduce or eliminate environmental (including indoor air pollution), occupational and other chemical risk factors associated with NCDs.
- Implement global and national trade and fiscal measures to provide incentives for production, distribution and marketing of vegetables, fruit and unprocessed food.
- By 2013, develop and implement comprehensive strategies to decrease childhood obesity, and eliminate all forms of marketing, particularly those aimed at children, for foods high in saturated fat, trans-fat, salt and refined sugar by 2016.
- By 2013, develop and implement regulatory measures to achieve substantial reductions in levels of salt-saturated fats, trans-fat, and refined sugar in processed foods. Aim to reduce worldwide salt intake to less than 5g per day (per capita 2.6g mg individual) by 2025.
- Develop and implement policies for urban design to include safe open spaces and encourage walking, cycling and other physical activities.
- Develop and implement comprehensive strategies to decrease the harmful use of alcohol. In particular, among youth.

Non-Communicable Diseases (NCDs): Cancer, cardiovascular diseases, chronic respiratory diseases and diabetes, and the four shared risk factors: tobacco use, unhealthy diet, physical inactivity and harmful alcohol use. Identified by the World Health Organization (WHO).

Union for International Cancer Control
www.uicc.org

Involving expert panels and delivering factsheets



The NCD Alliance

Putting non-communicable diseases on the global agenda

Proposed Outcomes Document for the United Nations High-Level Summit on Non-Communicable Diseases

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Leadership

- Implement the WHO 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs: Global Strategy on Diet, Physical Activity and Health, and the Global Strategy to Reduce the Harmful Use of Alcohol.
- Include NCDs in the global development goals that succeed the Millennium Development Goals in 2015.
- By 2016, 60% of countries implement a national NCDs Action Framework, a Coordinating Authority and a country-level Monitoring and Evaluation System and develop national health plans with specific objectives and targets for the prevention, early detection, treatment and care of NCDs.
- Develop, implement, monitor and evaluate strategies addressing NCDs engaging the whole of government, the private sector and civil society and adopt a 'health in all policies' approach where all major policies and capital projects are subject to a health impact assessment.
- Establish a UN Interagency coordination mechanism on NCDs by 2012.
- Establish a 'Stop NCDs Partnership' within the UN system to coordinate follow-up action on UN Summit commitments working with governments, NGOs and the private sector.
- Establish a UN Decade of Action on NCDs 2012-2022 to Implement the Outcomes Document and ensure that by 2016, 85% of the world's population have access to information, education and services to reduce their vulnerability to NCDs.
- Reduce NCD death rates by at least 25% per annum.

Prevention

- Accelerate the effective implementation of the Framework Convention on Tobacco Control.
- Establish effective population-wide prevention, early detection, screening and awareness-raising programmes for NCDs targeting high-risk populations by 2020, including, but not limited to:
 - By 2018, reduce the mortality and morbidity of gastric, colorectal, breast, cervical cancer, diabetes and cardiovascular diseases (including heart disease and stroke) by increasing early detection programmes.
 - By 2018, implement national immunisation strategies for HPV and HBV for populations at high risk and strategies to prevent rheumatic fever to avert rheumatic heart disease.
 - Reduce or eliminate environmental (including indoor air pollution), occupational and other contextual risk factors associated with NCDs.
- Implement global and national trade and fiscal measures to provide incentives for production, distribution and marketing of vegetables, fruit and unprocessed food.
- By 2013, develop and implement comprehensive strategies to decrease childhood obesity, and eliminate all forms of marketing, particularly those aimed at children, for foods high in saturated fats, trans-fats, salt and refined sugars by 2015.
- By 2013, develop and implement regulatory measures to achieve substantial reductions in levels of saturated fats, trans-fats, salt and refined sugars in processed foods. Aim to reduce worldwide salt intake to less than 5g/day per capita (2,000 mg sodium/day) by 2025.
- Develop and implement policies for urban design to include safe open spaces and encourage walking, cycling and other physical activities.
- Develop and implement comprehensive strategies to decrease the harmful use of alcohol, in particular among youth.

Non-Communicable Diseases (NCDs): Cancer, cardiovascular disease, chronic respiratory disease and diabetes, and the four shared risk factors of tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol, as identified by the World Health Organisation (WHO).

Diagnostics and Treatment

- Ensure universal access to affordable high-quality essential NCD medicines and medical technologies including, but not limited to:
 - Diagnostic technologies, radiotherapy and cancer medicines by 2020.
 - Anti-hypertensives, statins, aspirin and penicillin by 2015.
 - Insulin and other diabetes medicines, and diabetes diagnostic and monitoring technologies by 2015.
 - Good-quality, affordable asthma inhalers by 2012.
- Provide improved access to high quality palliative care, including opioid analgesics, for those suffering from pain associated with NCDs.
- By 2013 develop and implement strategies to address NCD treatment and care in emergencies, natural disasters and conflicts.

Health Systems

- By 2015, establish and strengthen national health information systems (including registries) for monitoring and evaluation of NCDs and risk factors and morbidity/mortality statistics by cause.
- By 2016, 60% and by 2020 80% of countries to develop strategies to integrate health-system management of NCDs, especially at primary health care levels.
- Strengthen national and community-based health systems to ensure continuity of care and support through to effective referral by 2020.
- Develop and implement strategies to strengthen human resources for health, including public health and community health workers, to ensure equitable access to NCD prevention, early detection, treatment and care.

Resources

- Allocate sufficient funds to the United Nations and member states to support the implementation of the UN Summit Outcomes Document.
- Develop and implement innovative financing mechanisms for NCDs at global and country level.
- Leverage existing essential medicine procurement mechanisms and develop new solutions to provide access to affordable NCD medicines and technologies.
- Increase the percentage of national health budgets allocated to NCDs.
- By 2012, bilateral donor agencies and multilateral organisations to support NCD programmes in low- and middle-income countries.



Research

- Encourage, increase and accelerate research on NCD causes and cures, including longitudinal research into the 'early origins' of NCDs.
- Encourage operational research on prevention, treatment and management of NCDs.

Human Rights / Vulnerability

- Accelerate approaches to address the social determinants of NCDs, including malnutrition, and reduce the vulnerability of women, children, indigenous peoples and populations at particularly high risk.
- By 2016, implement NCD screening into maternal and child health programmes.
- Implement legislation, policies and public awareness campaigns to reduce stigma and discrimination associated with NCDs.

Monitoring / Follow up

- By 2012, establish a high-level Commission on Accountability for Action on NCDs with representatives from government, donors, multi-lateral institutions, civil society and the private sector to ensure ongoing monitoring of commitments from the UN Summit.
- Every year devote time at the UN General Assembly to review a report from the Secretary General on progress and conduct a high level review of progress in 2016.



NCD Alliance UN Summit Partners

American Cancer Society, American Heart Association, Framework Convention Alliance, Global Health Council, LIVESTRONG, Norwegian Cancer Society and World Lung Foundation.

To comment on this Proposed Outcomes Document and get more information about the NCD Alliance, please visit:

www.ncdalliance.org

UICC Proposed Cancer Outcomes Statement for the UN Summit on NCDs

Since May 2009, UICC has been at the forefront of the civil society campaign for a **UN Summit on Non-Communicable Diseases (NCDs)** to put cancer and the other NCDs on the global agenda, and ensure a coordinated global response that would save millions from premature death.

In 2009, UICC co-founded the **NCD Alliance** with the International Diabetes Federation and World Heart Federation. The International Union Against Tuberculosis and Lung Disease has since joined the Alliance, which now represents the four main NCDs and the interests of 880 member organisations in more than 170 countries. Together the Alliance has lobbied successfully for the adoption of UN Resolution 64/265 to hold a UN Summit on NCDs in September 2011.

To guide its work in the run up to the UN Summit, the NCD Alliance developed an Action Plan in 2010 together with a set of "key asks" from the Summit:

1. Governments to be accountable and measured on NCD plans
2. Framework Convention on Tobacco Control (FCTC) to be fully implemented
3. A global commitment to prevent the preventable
4. Globally agreed approaches to NCD treatment and care
5. Resources to deliver NCD interventions
6. NCDs in the Millennium Development Goals (MDGs) successor goals.

The only previous comparable UN Summit on health was in 2001, the **UN General Assembly Special Session on HIV/AIDS**, which resulted in an **Outcomes Statement** with specific targets for Governments to report progress against, and which proved to be a turning point in the way Governments thought of and addressed HIV/AIDS. We can expect the UN Summit on NCDs to conclude an action-oriented Outcomes Statement with similar consequences.

Emulating the same style and approach as the 2001 Outcomes Statement, UICC has developed a **Cancer Outcomes Statement** that: supports the long-term delivery of the Targets contained in the World Cancer Declaration, aligns with the broad "asks" from the UN Summit on NCDs, and feeds into the overarching **NCD Outcomes Document** developed by the NCD Alliance.

The Union for International Cancer Control (UICC) is committed to delivering the targets of the **World Cancer Declaration** by 2020 through strategic partnerships with members and other institutions interested in fighting cancer.

With more than 400 member organisations across 120 countries, UICC is a powerful global voice for ensuring that cancer is a global health priority.

The UN Summit on NCDs in September 2011 is an unprecedented opportunity to put cancer on the global agenda. You can contribute to its success by campaigning with us to:

- Achieve the highest level of political support with attendance at the Summit by Heads of State or Government.
- Ensure that the outcomes listed overleaf are supported by Governments around the world.

Links and resources

- NCD Alliance: www.ncdalliance.org
- UICC Cancer Outcomes Statement and Supporting Evidence Sheets: www.uicc.org/advocacy
- World Cancer Declaration: www.uicc.org/declaration

UICC Proposed Cancer Outcomes Statement

Leadership

- Support global cancer control strategies and foster cooperation between international partners.
- By 2015, initiate or strengthen population-based cancer registries in all countries.
- By 2018, implement National Cancer Control Plans which address cancer prevention, detection, treatment, essential medicines and technologies and palliative care.

Prevention

- By 2015, develop and adopt national multisectoral policies to support the maintenance of a healthy body weight, regular physical activity, and the avoidance of harmful alcohol use.
- By 2015, implement national Hepatitis B Virus (HBV) immunisation programmes that support routine infant vaccination with the goal of 80% coverage among populations at high risk.
- By 2016, achieve effective implementation of the Framework Convention on Tobacco Control (FCTC).
- By 2018, develop and implement national Human Papilloma Virus (HPV) immunisation programmes with the goal of 80% coverage of young, adolescent girls among populations at high risk.
- By 2018, reduce exposure to carcinogens in occupational settings to meet or surpass international standards.
- By 2020, reduce the incidence and mortality of gastric cancers by lowering the incidence rates of and treating *Helicobacter pylori* infections.

Public Awareness and Education

- By 2015, develop and implement public awareness/education programmes, anchored at the primary health care level, which seek to eliminate any stigma associated with cancer and to provide information about the methods and effectiveness of early cancer detection combined with effective therapy.
- Develop and implement curricula on cancer for all undergraduate students, and ensure academic, non-commercial medical education for all health professionals involved in cancer care.

Early Detection and Treatment

- By 2015, reduce the mortality of breast and cervical cancer by introducing population-based, organised screening and early detection programmes and evidence-based treatment strategies appropriate and feasible for various resource settings.
- By 2015, implement the WHO package for primary healthcare services.
- By 2015, cancer patients to have access to essential medicines for pain relief and symptom control, including opioid analgesics.
- By 2018, provide access to cost-effective diagnostic and multidisciplinary treatment strategies with proven clinical efficacy.
- By 2018, all countries to develop and implement population-based palliative care strategies for cancer.
- By 2020, reduce the mortality of colorectal cancer by introducing population-based, organised screening and early detection programmes and appropriate treatment services.

Research

Strengthen the evidence base to support innovative strategies for cancer prevention, early detection and treatment.

Resources

By 2015, the proportion of development assistance for health allocated to low- and middle-income countries for cancer control is sufficient to support the goals of this declaration.

Cancer Mortality

By 2025, achieve an annual reduction of standardised mortality from cancer of 3%.

Progress

By 2013, develop monitoring and evaluation mechanisms and conduct biannual reviews at the national level.

Proposed Cancer Outcomes Statement

- ▶ Derived from the World Cancer Declaration.
- ▶ Involvement of the UICC Presidents' Task Force and many other experts.
- ▶ 8 headings: Leadership, Prevention, Early Detection and Treatment, Research, Resources, Public Awareness and Education, Cancer Mortality and Progress.
- ▶ 2 page document to be used by members to show Governments what a good Outcomes Statement would look like for Cancer.
- ▶ Supporting evidence sheets in preparation – to be circulated
- ▶ Supporting Case Studies in preparation – to be circulated

We now have our generic NCD asks and our specific cancer asks of the UN Summit on NCDs

UICC Proposed Cancer Outcomes Statement

Leadership

- Support global cancer control strategies and foster cooperation between international partners.
- By 2015, initiate or strengthen population-based cancer registries in all countries.
- By 2016, implement National Cancer Control Plans which address cancer prevention, detection, treatment, essential medicines and technologies and palliative care.

Prevention

- By 2015, develop and adopt national multisectoral policies to support the maintenance of a healthy bodyweight, regular physical activity, and the avoidance of harmful alcohol use.
- By 2015, implement national Hepatitis B Virus (HBV) immunisation programmes that support routine infant vaccination with the goal of 80% coverage among populations at high risk.
- By 2016, achieve effective implementation of the Framework Convention on Tobacco Control (FCTC).
- By 2016, develop and implement national Human Papilloma Virus (HPV) immunisation programmes with the goal of 80% coverage of young, adolescent girls among populations at high risk.
- By 2016, reduce exposure to carcinogens in occupational settings to meet or surpass international standards.
- By 2020, reduce the incidence and mortality of gastric cancers by lowering the incidence rates of and treating *Helicobacter pylori* infections.

Public Awareness and Education

- By 2015, develop and implement public awareness/education programmes, and/or at the primary health care level, which seek to eliminate any stigma associated with cancer and to provide information about the methods and effectiveness of early cancer detection combined with effective therapy.
- Develop and implement curricula on cancer for all undergraduate students, and ensure academic non-commercial medical education for all health professionals involved in cancer care.

Early Detection and Treatment

- By 2015, reduce the mortality of breast and cervical cancer by introducing population-based, organised screening and early detection programmes and evidence-based treatment strategies appropriate and feasible for various resource settings.
- By 2015, implement the WHO package for primary healthcare services.
- By 2015, cancer patients to have access to essential medicines for pain relief and symptom control, including opioid analgesics.
- By 2018, provide access to cost-effective diagnostic and multidisciplinary treatment strategies with proven clinical efficacy.
- By 2018, all countries to develop and implement population-based palliative care strategies for cancer.
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Progress

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Take action now. Sign the World Cancer Declaration: www.uicc.org/declaration



global cancer control

The NCD Alliance

Putting non-communicable diseases on the global agenda



Proposed Outcomes Document for the United Nations High-Level Summit on Non-Communicable Diseases

We, the NCD Alliance, request Governments of the world at the UN High-level Summit on NCDs taking place 19-20th September 2011 to commit to:

Leadership

- Implement the WHO 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of NCDs; Global Strategy on Diet, Physical Activity and Health, and the Global Strategy to Reduce the Harmful Use of Alcohol.
- Include NCDs in the global development goals that succeed the Millennium Development Goals in 2015.
- By 2016, 60% of countries implement a national NCDs Action Framework, a Coordinating Authority and a country-level Monitoring and Evaluation System and develop national health plans with specific objectives and targets for the prevention, early detection, treatment and care of NCDs.
- Develop, implement, monitor and evaluate strategies addressing NCDs engaging the whole of government, the private sector and civil society and adopt a 'health in all policies' approach where all major policies and capital projects are subjected to a health impact assessment.
- Establish a UN Interagency coordination mechanism on NCDs by 2012.
- Establish a 'Stop NCDs Partnership' within the UN system to coordinate follow-up action on UN Summit commitments working with governments, NGOs and the private sector.
- Establish a UN Decade of Action on NCDs 2012-2022 to implement the Outcomes Document and ensure that by 2016, 85% of the world's population have access to information, education and services to reduce their vulnerability to NCDs.
- Reduce NCD death rates by at least 2% per annum.

Prevention

- Accelerate the effective implementation of the Framework Convention on Tobacco Control.
- Establish effective population-wide prevention, early detection, screening and awareness-raising programmes for NCDs targeting high-risk populations by 2020, including, but not limited to:
 - By 2018, reduce the mortality and morbidity of gastric, colorectal, breast, cervical cancer, diabetes, and cardiovascular diseases (including heart disease and stroke) by increasing early detection programmes.
 - By 2018, implement national immunisation strategies for HPV and HBV for populations at high risk and strategies to prevent malaria to avert rheumatic heart disease.
 - Reduce or eliminate environmental (including indoor air pollution), occupational and other contextual risk factors associated with NCDs.
- Implement global and national trade and fiscal measures to provide incentives for production, distribution and marketing of vegetables, fruit and unprocessed food.
- By 2013, develop and implement comprehensive strategies to decrease childhood obesity, and eliminate all forms of marketing, particularly those aimed at children, for foods high in saturated fats, trans-fats, salt and refined sugars by 2016.
- By 2013, develop and implement regulatory measures to achieve substantial reductions in levels of saturated fats, trans-fats, salt and refined sugars in processed foods. Aim to reduce worldwide salt intake to less than 5g/day per capita (2,000 mg sodium/day) by 2025.
- Develop and implement policies for urban design to include safe open spaces and encourage walking, cycling and other physical activities.
- Develop and implement comprehensive strategies to decrease the harmful use of alcohol, in particular among youth.

Non-Communicable Diseases (NCDs): Cancer, cardiovascular disease, chronic respiratory disease and diabetes, and the four shared risk factors of tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol, as identified by the World Health Organization (WHO).

Union for International Cancer Control
www.uicc.org

THE KEY NEXT STEPS

The key dates

1.

Russian Ministerial Conference

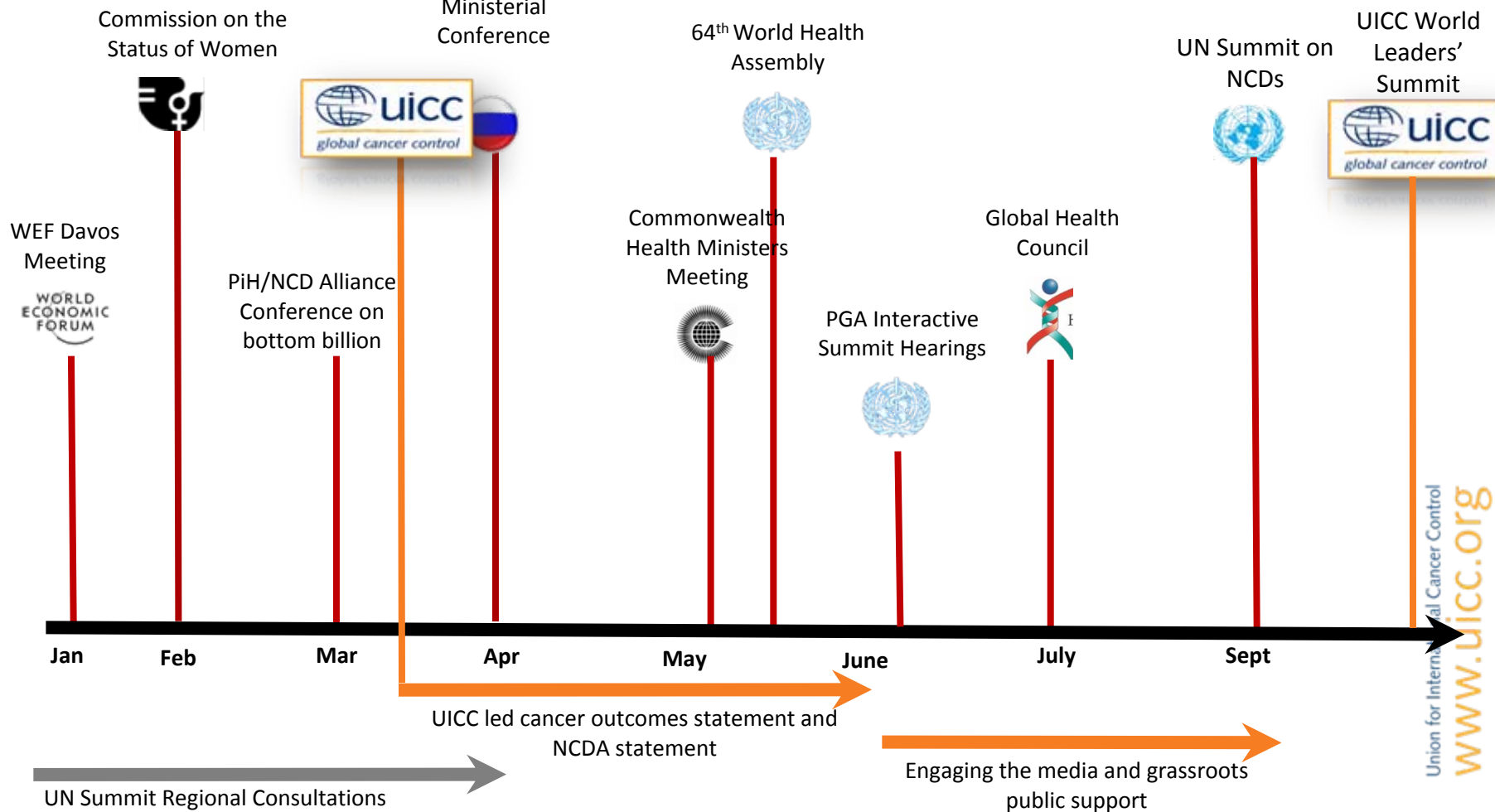
2.

64th World Health Assembly

3.

UN Summit on NCDs

UICC World Leaders' Summit



Expected UN Outcomes Document Process (Our Current Understanding)

- Step 1: Zero (first) draft should be completed by end of June by UN country embassies in NY (expected to be made public).
- Step 2: Countries send comments over 2-3 week period. Process for determining positions different for each member state (many member states have inter-ministerial policy committee's, usually led by Foreign Affairs)
- Step 3: After all comments received, UN (PGA and co-facilitators) produce a consolidated draft (long text/wish list including all comments)
- Step 4: Negotiations on the consolidated draft start by elimination of the bracketed (non-contentious) text and progress to the more contentious issues.

Negotiations could proceed until the last moment (19 or 20th Sep)

UN Mission reps lead on negotiations

Most countries will negotiate in regional blocs eg EU, G77 (131 countries)etc

We expect it to look like the HIV/Aids Outcomes Document from 2001

Summary

- Cancer is a global health problem
- The current knowledge only applies to 8% of the world's population
- Civil society commitment together with the scientific society expertise alone are insufficient to address the issues we face
- It is urgent to have a strategy with global political support
- The UN Summit on NCDs offers us the chance to agree the size of the problem and the way in which we can address it collectively