Global Cancer Initiatives: Radiation in medicine within the context of the cancer continuum

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SDG 3.4. Cancer as leading cause of premature deaths
WHO’s strategic shifts in cancer

**Leadership**

Setting the global cancer agenda, focused on UHC and PHC, innovation for impact through 3 integrated WHO cancer initiatives

Convening stakeholders through Global Forums & cancer centre networks to encourage coordinated action

Forging partnerships with >300 implementing partners across all regions

**Norms & standards**

12 guidance products (2019 – 2022)

Co-creation of products with people affected by cancer

**Technical support**

>70 countries supported (2019–22)

Impact framework & HIMS with IARC

Cancer in global health security
WHO’s programme of work in cancer

Integrated Approach for 3 cancer Initiatives

3 initiatives

WHO Global Initiative for Childhood Cancer
WHO Cervical Cancer Elimination Initiative
WHO Global Breast Cancer Initiative

3 strategic shifts

Country support
imPACT (20+ countries)
Childhood cancer (40+)
Cervical cancer (20+)

Normative guidance
Guidelines
Tools to set priorities & cost
Workforce optimization
Long-term needs of people living with cancer
WHO global status reports

Global leadership, partnership & advocacy
WHO Global partners forum
UN agencies
WHO Collaborating Centres
Development partners
Strategic and Technical Advisory Group

1 integrated package of support
(Sub-)regional networks + communities of practice
The Global Strategy

LIFE-COURSE APPROACH

Three pillars provide a comprehensive strategy for cervical cancer control to ensure that lifetime benefits are maintained.

THRESHOLD: All countries to reach < 4 cases per 100 000 women

2030 Control Targets

- **90%** of girls fully vaccinated with HPV vaccine by age 15 years.
- **70%** of women are screened with a high-performance test by 35 years of age and again by 45 years of age.
- **90%** of women identified with cervical disease receive treatment (90% of women with precancer treated, and 90% of women with invasive cancer managed).
Achieving Management of 90% of Invasive Cancer Cases

Why 40% survival gap?

- Delays in diagnosis
  - Implement early diagnosis strategy (eg, navigators, ↓ stigma)
- Lack available treatment
  - Blending funding & market shaping (eg, include XRT in UHC package)
- Insufficient workforce
  - Optimize HWF, targeted training (eg, palliative care capacity build)
- Low quality care
  - Guideline develop, facility QI (eg, multi-disc tumor boards)
Global Initiative for Childhood Cancer

Launched in 2018 → active in 65 countries

Context

400,000 diagnosed / yr

Profound inequity in outcome determined by country, socioeconomic status

80% of children with cancer will survive in high-income countries

Only about 20% of children with cancer will survive in some low- and middle-income countries

Approach

>60% survival and suffering alleviated for all

Save one million children by 2030

(1) Active in >60 countries

>4 regional networks

(2) >120 partners + WHO community of practice

(3) 10 priority action in CureAll approach + investment cases
Global Breast Cancer Initiative

Announced in 2021 → launch in 2023

**Context**

- **2,200,000** diagnosed each yr
- **Most common** cancer #1 cause cancer deaths for women
- **Major survival inequities**

**Empower**: Women-centred care throughout lifecourse needed,

**Approach**

Reduce breast cancer mortality by 2.5% per year, to **save 2.5 million lives** by 2040.

**PILLAR 1:**
Health promotion & early diagnosis
- **Goal**: Achieve diagnosis of at least 60% of invasive breast cancers at stage I or II

**PILLAR 2:**
Timely breast diagnostics
- **Goal**: Evaluation, imaging, tissue sampling and pathology completed within 60 days

**PILLAR 3:**
Comprehensive breast cancer management
- **Goal**: 80% undergo multimodality treatment without abandonment with successful return to community

**GBCI integrated approach**

1. Convening stakeholders and developing a platform for action: multisectoral working groups to address the 3 pillars
2. Operational guidance: provide evidence-based technical package for implementation
3. In-country engagement and support: harness political will, integrate cancer initiatives and create partnerships
Collaboration with IAEA

- Technical guidance (eg, cancer centres)
- Radiotherapy technical specifications & market shaping
- imPACT reviews
- Global initiatives (eg, Rays of Hope)
“It always seems impossible until it’s done”

- Nelson Mandela
THANK YOU