

# Joint Programme News

Spring 2011



**IAEA**

International Atomic Energy Agency

**WHO–IAEA  
Joint Programme on  
Cancer Control**



**World Health  
Organization**

# First WHO–IAEA Joint Cancer Seminar held in Mongolia



A WHO–IAEA Joint Cancer Seminar took place in Ulaanbaatar, Mongolia, from 1-3 November 2010 within the framework of the WHO–IAEA Joint Programme on Cancer Control, and was hosted by the Ministry of Health of Mongolia. This was the first time that a joint event was organized by WHO and IAEA since the establishment of the Joint Programme in 2009, and highlights the close collaboration that exists between both organizations and the commitment to fight cancer together. The “call for action” launched by WHO in 2005 finally bore fruit and materialized in a joint desire to “make a difference”.

The seminar was aimed at strengthening National Cancer Control Programmes (NCCPs) and Primary Health Care approaches for cancer prevention and control in the eight PACT Model Demonstration Sites (PMDS) Member States. The meeting gathered health professionals in cancer control, non-communicable diseases and primary health care from Albania, Ghana, Mongolia, Sri Lanka, Vietnam and Yemen, as well as international experts and WHO and IAEA representatives, who all contributed to the success of the event.

IAEA Director General Yukiya Amano, on an official visit to Mongolia, delivered a special address on the first day of the seminar together with Dr Jadambaa Tsolmon, Vice-Minister of Health. The Director General noted that the WHO–IAEA Joint Programme on Cancer Control was established in 2009, and emphasized the wish for the IAEA to continue strengthening its already strong ties with WHO. He also expressed his personal commitment to fighting cancer and promoting effective cancer control, and added that his presence at the seminar illustrated the IAEA's commitment to continue implementing its mandate in partnership with the WHO and other key organizations through PACT. This approach, he highlighted, had proven essential in allowing PACT to bridge the gap between the IAEA and WHO, from radiation medicine to cancer control, and from a focus on treating individual cancer patients to a focus on populations.

Mr Amano thanked the Mongolian authorities for having made the seminar possible as well as Dr Margaret Chan, WHO's Director-General, for her continuous support and full commitment to the Joint Programme on Cancer Control. As a concluding remark he stated that, “Together we have a real opportunity to improve cancer survival in developing countries”.



Dr Truong Le Van Ngoc, NCD Prevention and Control, Ministry of Health, Vietnam

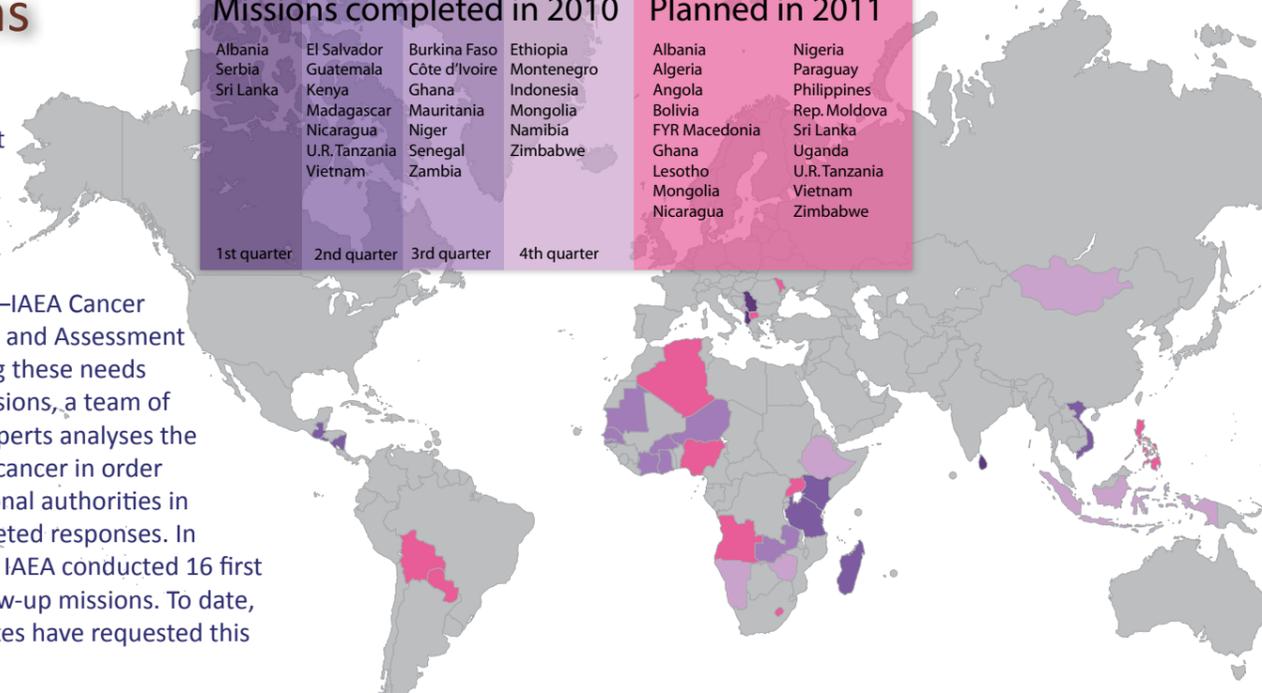
Dr Genden Purevsuren, Deputy Director, National Cancer Centre of Mongolia

Dr William Bosu, National NCD Coordinator, Ghana

## Missions

One of the key services the WHO–IAEA Joint Programme on Cancer Control offers to Member States are WHO–IAEA Cancer Control Reviews and Assessment Missions. During these needs assessment missions, a team of international experts analyses the local burden of cancer in order to support national authorities in developing targeted responses. In 2010, WHO and IAEA conducted 16 first time and 7 follow-up missions. To date, 84 Member States have requested this service.

| Missions completed in 2010     |  |  |  | Planned in 2011   |   |
|--------------------------------|--|--|--|---|---|
| 1st quarter                    | 2nd quarter  | 3rd quarter  | 4th quarter  |   |   |
| Albania<br>Serbia<br>Sri Lanka | El Salvador<br>Guatemala<br>Kenya<br>Madagascar<br>Nicaragua<br>U.R. Tanzania<br>Vietnam | Burkina Faso<br>Côte d'Ivoire<br>Ghana<br>Mauritania<br>Niger<br>Senegal<br>Zambia | Ethiopia<br>Montenegro<br>Indonesia<br>Mongolia<br>Namibia<br>Zimbabwe | Albania<br>Algeria<br>Angola<br>Bolivia<br>FYR Macedonia<br>Ghana<br>Lesotho<br>Mongolia<br>Nicaragua | Nigeria<br>Paraguay<br>Philippines<br>Rep. Moldova<br>Sri Lanka<br>Uganda<br>U.R. Tanzania<br>Vietnam<br>Zimbabwe |



## First Global Ministerial Conference on Healthy Lifestyles and NCD Control Moscow, 28-29 April 2011

Non-communicable diseases (NCDs), principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, caused almost 36 million deaths in 2008. This figure represents 63% of all deaths globally. More than 9 million deaths from NCDs occurred before the age of 60, including 8.1 million in low and middle income countries.

In consecutive sessions, in May and December 2010, the United Nations General Assembly adopted resolutions relating to organization of a High-level Meeting on NCDs.

The aim of the First Global Ministerial Conference on Healthy Lifestyles and NCD Control was to review the current burden of NCDs and its socioeconomic impact, presenting cost effective interventions to reduce the burden, and identifying ways to scale up action at the country level. These efforts are based on the Global Strategy for the Prevention and Control of NCDs (World Health Assembly resolution 53.17) and its Action Plan



(World Health Assembly resolution 61.14). The Conference resulted in a Declaration, which will be adopted by the participants attending the Conference. The results of the Conference may also serve as a basis and platform to be considered for the High-level Meeting.

### Meeting Objectives:

- To highlight evidence relating to the impact of NCDs on health and socioeconomic outcomes.
- To promote multisectoral actions aimed at reducing the level of exposure of individuals and populations to the common modifiable risk factors for NCDs, while, at the same time, strengthening the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health.
- To profile available effective instruments, strategies and policies to address the epidemic of NCDs, including health system strengthening and promoting access to health care.
- To accelerate integration of the prevention and control of NCDs into the global development cooperation agenda.
- To articulate a road map for action in the Moscow Declaration on NCDs.
- To strengthen international cooperation for the prevention and control of NCDs, with a particular focus on promoting the upcoming debate at the High-level Meeting on NCDs in September 2011 and beyond.

# From the Directors General



Yukiya Amano (D. Calma/IAEA)



Dr. Margaret Chan (WHO)

## Joint OpEd: Poverty's Cancer

Cancer is an enormous — and growing — global public health problem. And, of the 7.6 million cancer deaths every year, 4.8 million occur in the developing world. A disease formerly considered more pervasive in affluent countries now places its heaviest burden on poor and disadvantaged populations.

In some African countries, fewer than 15% of cancer patients survive for five years following diagnosis of cervical and breast cancer, diseases that are highly curable elsewhere in the world. These are shocking statistics, with huge implications for human suffering, health care systems (and budgets), and the international drive to reduce poverty. So they should be treated as a call to action.

The increase in cancer's impact on the poor reflects factors such as demographic growth, population ageing, the spread of unhealthy lifestyles (including

tobacco use), and lack of control of cancer associated infections. Though many cancers develop slowly, lifestyle changes take place with stunning speed and reach. These trends are not easily reversed.

If no action is taken, the number of cancer deaths in the developing world is forecast to grow to 5.9 million in 2015 and 9.1 million in 2030. While cancer deaths in wealthy countries are expected to increase less dramatically, they are nonetheless predicted to rise by a harrowing 40% over the next 20 years.

Throughout the developing world, most health care systems are designed to cope with episodes of infectious disease. But most lack the funds, equipment, and qualified personnel needed to provide basic care for cancer patients. Thirty countries — half of them in Africa — do not have a single

radiotherapy machine. And these countries certainly do not have the financial resources, facilities, equipment, technology, infrastructure, staff, or training to cope with the long term demands of cancer care.

They also have little capacity for prevention, public education, or early diagnosis and treatment, whether it be early detection in primary care, surgery, radiotherapy, or chemotherapy. In large parts of Africa, such treatments are usually reserved for those rich enough to seek specialized care abroad.

The demands of chronic care for a disease like cancer are simply overwhelming. Countries and families also pay a huge economic cost, as the lives of millions of people who could otherwise have made productive contributions to their families and communities for many decades are cut short.

The real tragedy, of course, is that many of these patients do not have to die. We know that around one-third of cancers can be prevented. This figure could be increased markedly if more emphasis were placed on identifying additional environmental and lifestyle associated factors that increase cancer risks. In addition, a diagnosis no longer has to be a death sentence, because one-third of cancers can be cured if detected early and treated properly.

The World Health Organization and the International Atomic Energy Agency are working closely together to improve cancer control in developing countries. The IAEA's work involves building countries' capacity for radiation medicine. But technology means nothing without well trained and motivated staff to use it. That is why both organizations are developing training and mentoring networks and innovative public-private partnerships. With its broad approach to public health, it

is also essential to strengthen health care systems and primary care in order to improve early detection, timely diagnosis and treatment, as well as palliative care.

Preventive measures such as public health initiatives to curb smoking can be remarkably effective. Vaccines against hepatitis B and human papillomaviruses, if made available at affordable prices, could contribute significantly to the prevention of liver and cervical cancers, respectively. At the International Agency for Research on Cancer, the specialized cancer agency of WHO, further research on the causes of cancer is being conducted, which promises to provide the base of evidence required to alleviate even more of the worldwide cancer burden.

We are seeing promising results in individual countries, but our efforts are just a drop in a vast ocean of need. In order to respond to the growing cancer epidemic, we need nothing less than concerted global

action similar to the successful mobilization against HIV/AIDS.

Cancer should be acknowledged as a vital part of the global health agenda. World leaders should be made aware of the scale of the cancer crisis facing developing countries. We need systematic action at the highest level to end the deadly disparity in cancer survival rates between rich and poor countries, thereby helping to save millions of lives. The goal must be to promote effective cancer control that is integrated into national health-care systems throughout the developing world.

The United Nations General Assembly's Summit on Non-Communicable Diseases in September provides an opportunity to focus the world's attention on cancer in developing countries. Let us make cancer control one of the good news stories of 2011.

Yukiya Amano  
IAEA DG

Margaret Chan  
WHO DG



A mother and her daughter in the cancer ward of Bugando Medical Centre in Mwanza, United Republic of Tanzania. Most of the female patients in this ward are being treated for breast or cervical cancer.

# 2010 IAEA Scientific Forum: Cancer Epidemic Calls for New Agenda Setting



Can we hope that significantly more resources and much greater awareness can be mobilized to make cancer control in the developing world a global health priority?

Cancer experts gathered at the Scientific Forum during the 54th IAEA General Conference to answer just this question. Although the situation looks grim — cancer has not received the forceful attention this ravaging disease warrants, nor has it been included

among the Millennium Development Goals — the panellists and experts in the audience agreed that priorities can be changed. With sufficient political resolve, cancer can become a priority issue on the global health agenda.

Franco Cavalli, Chairman of the Scientific Committee of the European School of Oncology, noted that many governments are afraid to talk about cancer because to be effective, cancer care and control requires a health care system that is robust from the ground up. And many countries simply do not have such a system.

Cavalli also said efforts by non-governmental organizations, civil society and international organizations will never be successful, unless national governments are interested and enthusiastic about curing cancer, which many view as a challenge that is too expensive or too complex to overcome.

Eduardo Cazap, President of the International Union for Cancer Control, said it is necessary to have a wider perspective when combating cancer, since the lack of access to treatment plagues the poor and uninsured in all countries, even rich, developed nations.



## The 3rd Meeting of the Steering Committee of the WHO–IAEA Joint Programme for Cancer Control

WHO HQ, Geneva, 7 April 2011

Dr Ala Alwan, WHO Assistant Director-General for Noncommunicable Diseases and Mental Health (NMH) hosted the meeting, and welcomed Mr Daud Mohamad, IAEA Deputy Director General Department of Nuclear Sciences and Applications, as well as the rest of the WHO and IAEA participants.

Dr Alwan highlighted that since the establishment of the programme, important achievements had been made though some areas still needed to be strengthened. The work already accomplished since last year was reviewed, as well as the joint activities ahead such as the development of monitoring and evaluation tools, WHO–IAEA Cancer Control Reviews and Assessment Missions and regional collaboration. The WHO Regional Office for Europe and IARC were able to join in some of the discussions through teleconferences.

The WHO and IAEA Coordinators of the Joint Programme, Dr Shanthi Mendis and Mr Massoud Samiei, also shared their views on the lessons learned from the Joint Programme in the past two years. It was agreed that considerable progress had been made and that both organizations had come closer. The complementarity of both WHO and IAEA mandates have contributed to the strength of the programme. Through this joint initiative, Member States have been advised on the development of national cancer control programmes. One important result for Member States has been to place the development of their diagnostic and treatment capacity, especially radiotherapy, within a public health plan to ensure its sustainability. The meeting concluded that the Joint Programme was a learning experience and despite positive developments, some areas still needed further strengthening, particularly there was a need to streamline activities and act as one joint WHO–IAEA programme, with joint vision, objectives and plans.