

A decade of action on cancer control

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The past decade will be noted in future years as the decade in which cancer and the other non-communicable diseases (NCDs) became recognized as a global health and development issue: three high-level meetings have taken place; a new World Health Organization (WHO) Global Action Plan on NCDs was released; targets were agreed by all countries to help reduce premature deaths by 25% by 2025; a new World Health Assembly resolution on cancer was agreed in 2017; and NCDs were embedded in the United Nations Sustainable Development Goals (SDGs). It was a decade of agreement and commitments.

Such steps did not happen by accident. The UICC has played a critical role in placing cancer at the heart of a movement that sought to establish NCDs as a global priority. It has worked in collaboration with the IAEA and other key partners to spearhead and support this global campaign. In 2009, the NCD Alliance was formed by the UICC, the World Heart Federation and the International Diabetes Federation. Its aims were simple: secure a United Nations high-level meeting on NCDs and ensure that NCDs featured in the SDGs. Some frowned upon the Alliance in its early days, seeing little political leverage being achieved by grouping NCD diseases through a set of common risk factors. However, the NCD Alliance secured credibility in the UN system and, working with a group of committed countries, pushed for a high-level meeting, which took place in 2011 and led to the WHO

Global Action Plan on NCDs and the nine targets that we aspire to in 2025. Further high-level meetings took place in 2014 and 2018, where countries committed to developing and implementing action plans. NCDs are included in SDG 3 with a commitment to reduce premature deaths caused by NCDs by more than one third by 2030. It has been an unprecedented period of UN-led commitment to a set of diseases that impact all people in all countries.

In parallel, the UICC and its members and partners have pressed for specific action on cancer and its unique risk factors. The WHO Model List of Essential Medicines was comprehensively updated in 2017 and a new publication from the WHO entitled *WHO list of priority medical devices for cancer management* was also released that year. The publication sets out the core technologies every country should have in place for effective cancer management.

For the UICC, the IAEA is also a pivotal partner; the IAEA's engagement in cancer control has helped to ensure a broad understanding of the need for balance between investments in prevention and access to treatment and palliative care, and that the role of multidisciplinary services and care is central to cancer plans. This also includes helping national decision makers see the associated upfront costs of developing radiotherapy services in terms of the returns that investment brings.

As we enter the last months of the decade, it is natural to ask the question “Have the agreements and commitments secured at a global level had a material impact on the lives of people with cancer in countries around the world?”

The answer is ‘yes’, according to a global review of national cancer control plans and NCD plans around the world conducted by the UICC in collaboration with the International Cancer Control Partnership.¹ Over the past decade, we have seen the number of national cancer control plans increase from 66% in 2013 to 81% in 2017. Granted, many plans are still not fully funded and the degree to which they are being implemented can be questioned, but given that the UICC considers the existence of political will and a plan to be the preconditions required to address cancer in any country, we should take comfort in the evidence that suggests we are making material progress. We can see that countries with political support and a published and funded national cancer control plan are taking steps to reduce their population’s exposure to risk factors by, for example, implementing stricter tobacco control laws or implementing population-wide screening for common cancers or protecting girls from the human papillomavirus through vaccination. The existence of more plans is therefore a good indicator that cancer is being taken more seriously today than it was at the beginning of the decade.

However, there is still much to do to elevate cancer control in global public health. Many countries that have signed up to the WHO Framework Convention on Tobacco Control

have yet to implement significant price hikes on cigarette packets. Cervical cancer remains a leading cause of death of women in low and middle income countries. The UICC has therefore joined the WHO in a renewed push to eliminate this specific cancer for future generations of girls and women. And while the WHO essential medicines list continues to be constantly updated, many countries lack the skilled resources to ensure that quality medicines are routinely available to those who need them. In addition, we still see the huge and avoidable global disparity in access to pain relief, where millions of cancer patients with moderate to severe cancer pain do not have access to opioid analgesics. These challenges are large but not beyond our reach.

As we enter the next decade, we should take comfort in how much has been achieved in the last ten years to steer and encourage all countries to enhance their abilities to address the growing burden of cancer. To take advantage of the current momentum, cancer advocates must work swiftly to mobilize other civil society groups and organizations across the public and private sectors to create and sustain the changes that can positively impact the health and wellbeing of communities around the world.

¹Romero Y, Trapani D, Johnson S, Tittenbrun Z, Given L, Hohman K, Stevens L, Torode JS, Boniol M, Ilbawi AM. 2018. ‘National cancer control plans: a global analysis.’ *Lancet Oncology* 19(10): e546–e555.