2006 - 2008 Report on Progress Executive Summary

BACKGROUND

During the World Summit Against Cancer for the New Millennium, the Charter of Paris 2000 was adopted. To build on this call to action, the organizers of the 2006 World Cancer Congress decided to develop the first ever World Cancer Declaration. A draft Declaration was presented to the International Union Against Cancer's (UICC) World Cancer Congress in July 2006 in Washington, DC. All attendees were invited to give online input during the conference which was incorporated into the next draft. This version was presented at the World Leaders Summit, an invited meeting of about 35 leaders from government, business, and nongovernmental organizations (NGOs). Based upon discussions at the Summit, the final draft was prepared and presented to Conferees on the last day of the 2006 World Cancer Congress. The stated purpose of the Declaration was an urgent call to action to address the worldwide cancer burden with 11 high-priority, evidence-based action steps that could be achieved in the next 2-3 years, particularly focusing on the developing world. The Declaration requires partnerships between governments, the private sector, NGOs, and international organizations to develop and implement the adopted strategies before the next World Cancer Congress in 2008.

SUPPORT OF ACTION STEPS

Develop and implement a process for monitoring the action steps of the Declaration and developing future actions

For this progress report, we sought out the most recent data with a global or international focus. Some information concerns activities and measures occurring before the 2006 World Cancer Congress. Often, data that will be used to describe what happened between 2006-2008 are still being collected and analyzed. The information we present in this report can be viewed as part baseline, and part progress, since 2006. **This Executive Summary contains only a small part of the data that can be found in the longer version of the Progress Report.**

For several of the action steps, ongoing organized surveillance systems exist that can be used to assess progress made, at least in part. For others, no such surveillance activity is known or available. (Table 1) For two of the action steps – tobacco control and hepatitis B vaccine – existing monitoring and analysis are in place to provide information needed to assess progress. For cancer surveillance, extensive systems to monitor national cancer registries and risk factors are in place, but a detailed analysis of the data is needed to understand the gaps that exist and resources that are necessary. The International Observatory of End of Life Care provides detailed information on its website describing the state of palliative care in 61 countries, mainly in the developing world. Detailed information exists on opioid use for each country, but a country-specific analysis of narcotic policies that impede the legitimate use of opioids is not available. The World Health Organization (WHO) has basic information from a recent survey of member states about cancer plans and programs; however, it is insufficient to determine the content of each nation's plan or progress in implementation. A repeat of the survey is not yet planned. While no international plan

for implementing human papillomavirus (HPV) vaccination is available, the Bill & Melinda Gates Foundation has funded a consortium of organizations to develop information needed to advance HPV vaccination in countries with a high burden of cervical cancer.

No ongoing comprehensive monitoring with a global perspective is available for the remaining action steps.

Table 1: Global Surveillance Systems to Monitor Action Steps of World Cancer Declaration, 2006

Action Step	Surveillance available	Monitoring organizations	Comments
Support of Action Steps	Not applicable Report to be prepared	2006 – ACS 2008 – UICC	
Investment in Health	None		
Compelling Messages	None	UICC	
Cancer Control Planning	Two surveys of nations on noncommunicble disease programs, including cancer plans/programs	WHO	Only basic information available; surveys are periodic rather than regularly scheduled
Surveillance:			
Registries	Data collection for *Cancer in Five Continents and GLOBOCAN*	IARC	Ongoing; good information on data quality. Detailed analysis needed on gaps and what more is necessary
Risk Factors	Global InfoBase; STEPS; GYTS	WHO	Ongoing surveys from many countries, but not all countries, not all risk factors. Surveys not regularly scheduled. No detailed analysis of coverage available
Tobacco Control	MPOWER package	WHO	Detailed assessment on progress of FCTC; next report in 2009
HPV Vaccine Plan	No written plan available, but Gates Foundation grantees working together	WHO; Gates Foundation grantees	Ongoing; detailed country-specific HPV/cervical cancer data available from WHO/Catalonian Institute of Oncology
HepB Vaccine	Country-specific HepB coverage in infant vaccine programs	WHO	Ongoing
Early Detection/Treatment	None		
Palliative Care:			
	Public health/policy data on palliative care in 61 countries Eastern Europe, Asia, Middle East, Africa, South America	International Observatory of End of Life Care	Ongoing; more countries to be added as research completed
	Country-specific opioid consumption statistics from International Narcotics Control Board	Pain & Policy Studies Group	Ongoing; annual data available from 1980-2005
	Data on access to opioids from hospice providers in Asia, Africa and Latin America	Help the Hospices	One-time survey of hospice providers; low response rate
Mobilizing Individuals	None	UICC	

INVESTMENT IN HEALTH

Make the case that investment in solving the cancer problem is an investment in the health of the population and therefore an investment in a country's economic health

A number of important international organizations have recently released detailed reports or resolutions which include evaluations of the effect of chronic diseases, including cancer, on the economy of nations and regions. These include the World Bank, the Parliament of the European Union, the World Economic Forum, the Oxford Health Alliance, and the WHO.

Last year, the WHO presented a technical briefing to the World Health Assembly (WHA) on its new Global Action Plan Against Cancer, particularly the importance of national cancer planning. In 2008, it is intended that the WHA address non-communicable diseases, and by 2009, specifically address the world cancer burden and WHO's global action plan.

There is no apparent coordination among the organizations concerning the production of these reports, and no effective way to measure progress of this action step.

Consistently deliver a set of compelling messages that can be tailored to different country settings and to traditional and non-traditional partners

In 2006, the UICC began its World Cancer Campaign, called My Child Matters, with the first focus on childhood cancer. In 2007, the UICC began a multi-year focus on prevention strategies for children: a) a smoke-free environment for children; b) a physically-active lifestyle with a healthy diet, and avoidance of obesity; c) accessibility to cancer preventing vaccinations; d) a sun-smart lifestyle. The Campaign is linked with World Cancer Day, each February 4.

In April 2007, the American Cancer Society (ACS) sponsored a three-day workshop for about 20 journalists from around India to introduce them to the broad topic of cancer, from a public health and policy viewpoint. Since the workshop, over 75 cancer-related articles have been published by the journalists. The ACS plans two similar workshops in the summer of 2008.

The need for basic palliative care in low-income nations of the world received important media attention over several months in 2007. *The New York Times* published a multi-part series on the restrictive policies and practices around opioid administration, highlighting the difficulties in Africa, India, and Japan. WHO released its first guide to planning palliative care policies and programs, aimed at national ministers of health. That same month, Help the Hospices, a London-based group, released results of its survey of hospices in the developing world, showing that many have routine shortages of painkillers, and that most specialists get no training in pain relief or opioid use during their medical education.

Progress on this action step was particularly difficult to assess. No comprehensive data source was identified which provides an accounting of international efforts around message development and delivery focusing on cancer prevention and control.

CANCER CONTROL PLANNING

Increase the number of countries with national cancer control programs

In a WHO survey conducted in 2005-06, about 60 percent of the responding countries said they had cancer action plans, and more than 40 percent had national policies and programs. Except for the Western Pacific Region, where it was not measured, there was an increase since a similar 2000-01 survey in the number of countries in each region reporting a national cancer action plan. While response rates were reasonably good, the survey instruments asked only basic questions without collecting details. Results were reported grouped by WHO region rather than providing country-specific information. A survey methodology/instrument is needed that better captures the extent of a nation's efforts with cancer control planning and programs.

Broad consensus exists among the international cancer control community that national comprehensive cancer control plans and programs are useful and necessary to prioritize and implement cancer control efforts for a country. But the planning process requires resources that many countries do not have. At present, no comprehensive system or methodology exists to assess the status of nations' cancer efforts. To increase the number of countries with cancer plans and programs, an ongoing global monitoring system is essential, similar to the one in place for tobacco control, which provides an in-depth analysis of national cancer control efforts.

CANCER SURVEILLANCE REGISTRIES

Increase the number of countries with viable and adequately funded cancer surveillance systems, including cancer registries

Cancer Incidence in Five Continents (CI5), the premier compilation of global cancer incidence data, is updated every five years by the International Agency for Research on Cancer (IARC). In 2007, the ninth edition was released. There has been marked improvement over time in the number of registries included in CI5, as well as the proportion of the world's population covered by the statistics. However, the share of the world population covered in volume IX is only 11 percent, and varies dramatically by world region. The population coverage for each world region is: Africa: 1 percent, Caribbean, South and Central America: 4 percent, North America: 80 percent, Asia: 4 percent, Europe: 33 percent, Oceania: 73 percent. The IARC website has extensive capabilities to examine cancer incidence rates from volume IX online for individual registries.

The IARC website also provides cancer mortality data for 26 types of cancer from a limited number of WHO member states (about 70). GLOBOCAN 2002 uses available data on cancers diagnosed from 1993-1997 to estimate site-specific cancer incidence and mortality rates for each member state. Importantly, for many of the lesser developed nations without cancer registries, the estimates are modeled from available regional or continental data.

WHO has developed standardized surveys for chronic disease risk factors that can be used by countries, STEPwise approach to Surveillance (STEPS). Nations can use STEPS information not only for monitoring within-country trends, but also for making comparisons across countries. Presently, STEPS is being implemented in 5 regions: Africa (country reports available on the website for 11 nations); Southeast Asia (8 nations); Eastern Mediterranean (7 nations); Western Pacific (8 nations); Americas (0 nations). It is unclear the amount of funding resources that are available to low-income countries to initiate STEPS surveillance. The WHO and the Centers for

Disease Control and Prevention (CDC) collaborate on a surveillance system for tobacco use among youth, the Global Youth Tobacco Survey, which has been collecting data since 1999.

While these are vitally important surveillance systems, an ongoing, coordinated effort is needed to identify gaps and necessary resources to broaden the surveillance capabilities, especially in less-developed regions.

TOBACCO CONTROL

Increase the number of countries implementing strategies that have been identified as successful in the WHO Framework Convention on Tobacco Control (FCTC)

Of all the action steps in the declaration, the one on tobacco control has been the easiest to assess progress. An extensive assessment has been done by the Tobacco Free Initiative at WHO, in partnership with Campaign for Tobacco Free Kids, Johns Hopkins Bloomberg School of Public Health, the World Lung Foundation, CDC, and the Bloomberg Philanthropies. The result of the assessment was published in a 329-page report entitled ***WHO Report on the Global Tobacco Epidemic, 2008: The MPOWER package***, released in February 2008.

The MPOWER report provides results from a survey to WHO member states, conducted in 2007, that collected information on national level tobacco control policies. At least some data were available from 179 member states. The WHO report provides a detailed analysis of the member states' adoption of six key strategies from the FCTC. There are also assessments of the degree of enforcement and strength of the policies for each country. The report is a valuable resource for each nation's tobacco control program, as well as for the international cancer control community.

While nations have made definite progress, the key finding in the report is that there is much more to do: "… only about one in five countries has fully implemented any of the key five policies – smoke-free environments, treatment of tobacco dependence, health warnings on packages, bans on advertising, promotion and sponsorship, and tobacco taxation – at a level that provides full protection for their populations, and not a single country has implemented all six at the highest level."

The plan is to repeat the report annually. The next report is to be released in May or June of 2009. The MPOWER report is a model for the type of monitoring that is so important to assess the status of the action steps of the World Cancer Declaration. One can only hope that resources become available to enable comprehensive monitoring of other action steps.

VACCINES

Develop a collaborative international plan for implementing human papillomavirus (HPV) vaccination program in low- and middle-income countries where the burden of cervical cancer is high

Two effective cervical cancer vaccines are now available on the international market, designed to be administered to adolescent girls. These vaccines could offer the most benefits for developing countries, which have limited screening programs for cervical cancer. But the future for HPV vaccine introduction in these countries is not certain. The ability to maintain vaccine supplies at the temperature necessary is difficult in many low-income countries and vaccination programs in the

developing world have little experience reaching adolescent girls. Finally, the costs of delivering an HPV vaccination program will be high.

Beginning in 2005, the Bill and Melinda Gates Foundation has provided more than $40 million to complete development of a vaccine for global use and to prepare for HPV vaccination programs in developing nations. While no publically available written plan is apparent, the institutions that received Gates Foundation funding are working together on basic and applied research projects that will inform the efforts for successful implementation of HPV vaccination programs.

The cost of an HPV vaccination program is a major impediment such that many low-income nations are not considering initiating one. The many factors that play into the cost-effectiveness of introducing such a program make for a complex decision-making process indeed.

Integrate hepatitis B (HepB) vaccination with other routine infant vaccinations, particularly in countries with high rates of liver cancer

We have seen steady improvement in the situation regarding HepB vaccine introduction and coverage globally; however, the African and Southeast Asian regions lag behind other WHO regions. As of 2006, 164 nations had introduced HepB vaccine in their infant vaccination programs; about 60 percent of infants worldwide have received the full-course of HepB vaccination. Additionally, the price of the vaccine has dropped substantially, in part because the number of manufacturers has increased. The proportion of vaccines produced by manufacturers in developing countries has also increased. The major challenge exists to improve the vaccine programs and coverage in Africa and Southeast Asia, where some of the highest rates of liver cancer in the world are found.

EARLY DETECTION TREATMENT

Adopt appropriate evidence-based guidelines for early detection and treatment program and tailor priority actions to different socio-economic, cultural and resource settings

Guidelines for the early detection and treatment of cancers are plentiful; unfortunately, most are intended for use by health providers and systems in industrialized nations. Even in these countries, too often guidelines fall short or are not used, so that the quality of cancer early detection and treatment delivered to cancer patients may be suboptimal. No comprehensive data source was identified which provides an accounting of clinical guidelines adopted by nations.

The governments of the US, Canada, Australia, New Zealand, and the Council of the European Union have all provided recommendations and guidance for cancer screening. All recommend screening for cervical and breast cancer; all but New Zealand recommend screening for colorectal cancer.

Extensive research has been conducted in the developing world to determine efficient and feasible strategies for cervical cancer screening, including identification of alternative tests to the Pap smear. Detailed guidelines for cervical cancer screening programs in low- and middle-income countries have been developed by WHO and the Alliance for Cervical Cancer Prevention

The goal of the Breast Health Global Initiative (BHGI) is to improve breast health care and cancer treatment for women in economically disadvantaged countries. Begun in 2002, BHGI has created consensus guidelines, available in English and in Spanish, for early detection, diagnosis, treatment, and health care systems/public policies that are appropriate for limited resource settings. In 2007, the BHGI awarded funds to 4 pilot projects in aimed to validate the guidelines.

A survey published in 2008 presented the status of organized colorectal cancer screening worldwide. In total, 35 organized initiatives were identified in 17 countries, including 10 routine population-based screening programs, 9 pilots, and 16 research projects. All of these are industrialized countries from one of three WHO regions: Europe, Americas, and Western Pacific.

In industrialized nations, many guidelines for cancer treatment exist for clinicians and policy makers. No known compilation exists of which national health programs have adopted these guidelines. WHO and the Alliance for Cervical Cancer Prevention have both produced extensive guidance for the treatment of cervical cancer, including palliative care, in low-resource settings. The BHGI has produced consensus guidelines for diagnosis and treatment of breast cancer, with different recommendations based on a tiered assessment of a country's health care resources: basic, limited, enhanced, and maximal.

Aside from these efforts, few guidelines were found that were specifically designed for low-resource settings. Much work has been done concerning cervical cancer screening and treatment, but that is just one cancer. The BHGI's efforts around breast cancer are an important first step. There is still a long way to go, especially for the developing world.

PALLIATIVE CARE

Increase the number of countries that make pain relief and palliative care an essential service in all cancer treatment and home-based care

While 89 percent of the legally controlled medicines, including opioids, are consumed in Europe and North America, in over 150 countries few are available for medical use. Each year, 6 million people die from cancer with inadequate treatment of their pain. A major contributor to this tragedy is that many national governments have created narcotic policies that hamper the legitimate use of opioids. The Pain & Policy Studies Group at the University of Wisconsin has developed a website providing opioid consumption statistics, 1980-2005, for each WHO member state, plus a comparison of its 2005 consumption with other countries in the region. The range among the 156 countries reporting morphine use is tremendous – from 121.4477mg/capita in Austria to 0.0004 mg/capita in Ethiopia. A global increase in opioid use from 1975-2004 has not been spread evenly throughout nations. Rather, the increase is clustered within those countries that report high consumption, typically high-income countries. Recent progress in changing governmental policies concerning availability of opioids has been observed in 10 countries (Austria, Colombia, France, Germany, India, Israel, Italy, Mexico, Poland, and Spain.)

In 2007, WHO created the Access to Controlled Medications Programme. The WHO program has a number of objectives, including: educating health-care professionals and law enforcement regarding best practices; developing clinical guidelines; assisting governments to assess future needs

for opioid analgesics; and helping to ensure an uninterrupted supply of controlled medications at affordable prices. To meet the objectives, the program plans to: hold workshops; support universities to develop curricula that include use of controlled medications; develop treatment guidelines; and provide pricing, supplier, and quality information. These are all important objectives and strategies; unfortunately, the program appears to have limited staff and budget.

Last year, WHO's Cancer Control Program released a publication, Palliative Care, part of a multi-part series for cancer control programs. The guide identifies effective public health models to care for terminally ill cancer patients, especially in developing countries, and provides guidance on how to conduct an analysis and review of a country's specific policies.

The International Observatory of End of Life Care, an organization based in the UK, has compiled public health and policy data relating to palliative care services in 61 countries around the world. More countries will be added as the research is completed.

No comprehensive data source could be identified listing the number of countries that "make palliative care an essential service."

MOBILIZING INDIVIDUALS FOR ACTION

Increase the number of opportunities for people living with cancer and those touched by cancer to participate fully in community, regional, and country cancer control efforts

Opportunities to mobilize individuals and communities around cancer control grow every year. Examples of efforts that have far-reaching and international impact include:

- The Terry Fox Foundation, based in Canada, has raised more than C$400 million worldwide for cancer research through the annual Terry Fox Run.
- The ACS International Relay For Life Program has held events in over 600 communities spanning 19 countries outside the United States. The Relays' objectives are to celebrate survivorship, provide education about cancer, raise money for research and programs, and mobilize communities around cancer prevention and control.
- The American Cancer Society University is a program designed to strengthen the capacity of cancer societies in developing countries by training their staff and volunteer leaders with a weeklong training workshop in all aspects of running a community-based cancer control organization. To date, more than 535 individuals from 85 countries have participated.
- UICC's tobacco control network, GLOBALink, is an online communication tool for 6,000 tobacco control professionals. It provides an online platform for the exchange of ideas, information, and tools for activists operating at local, national, and global levels.

In many communities, individuals now openly discuss their cancer diagnoses and organize to improve the situation for cancer survivors. The Internet has created abundant new opportunities to reach and organize individuals and communities interested in improving outcomes for cancer survivors. But there is no systematic accounting for these efforts, and no effective way to measure progress of this action step.

For more information and to view the complete version of the Progress Report please visit the UICC website at UICC.org or the ACS International website at cancer.org/international