



Cancer control policies, plans and programmes: WHO perspective

Rolando Herrero

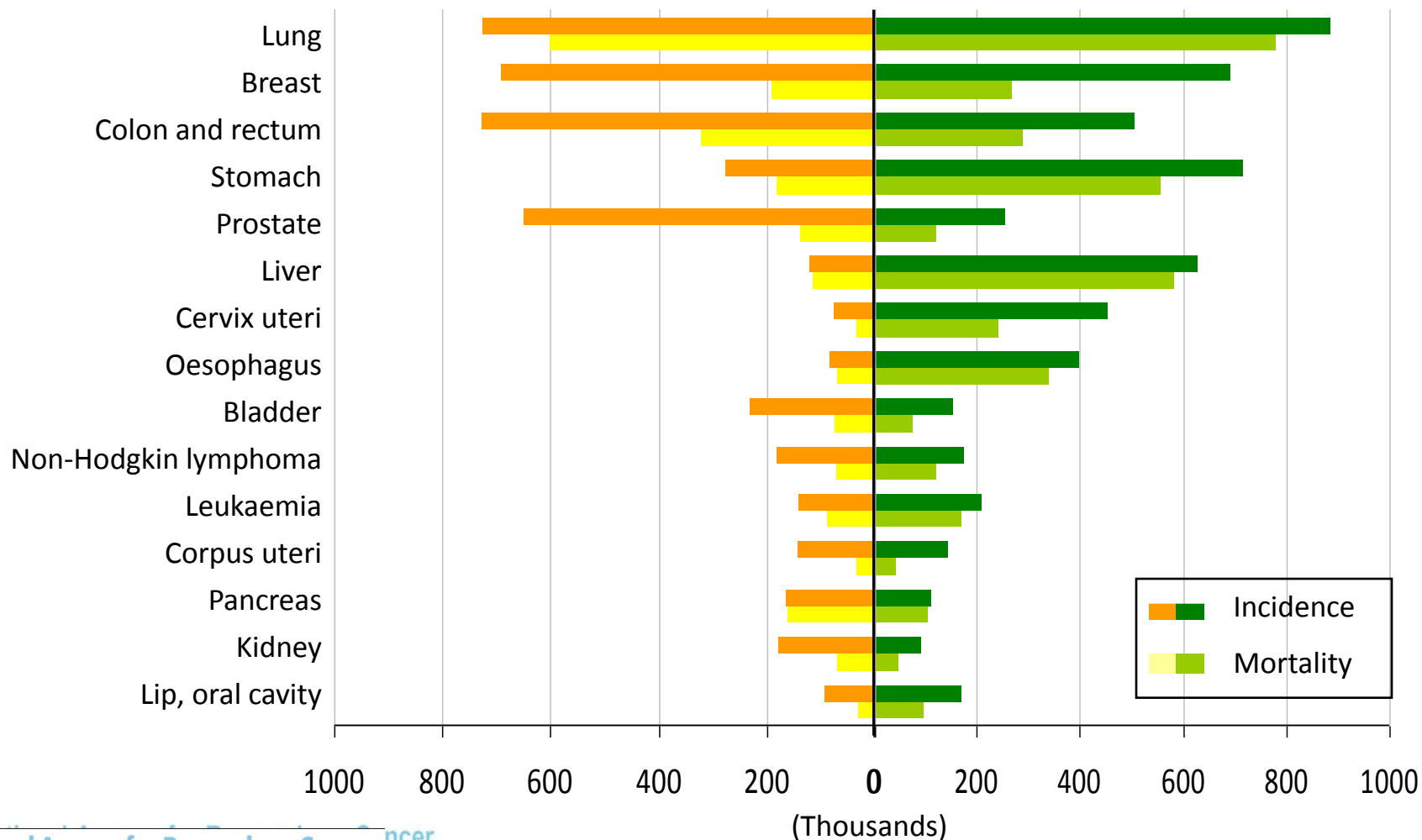
International Agency for Research on Cancer
Lyon, France

Krems, Austria 12 October 2011

Global Burden of Cancer (2008)

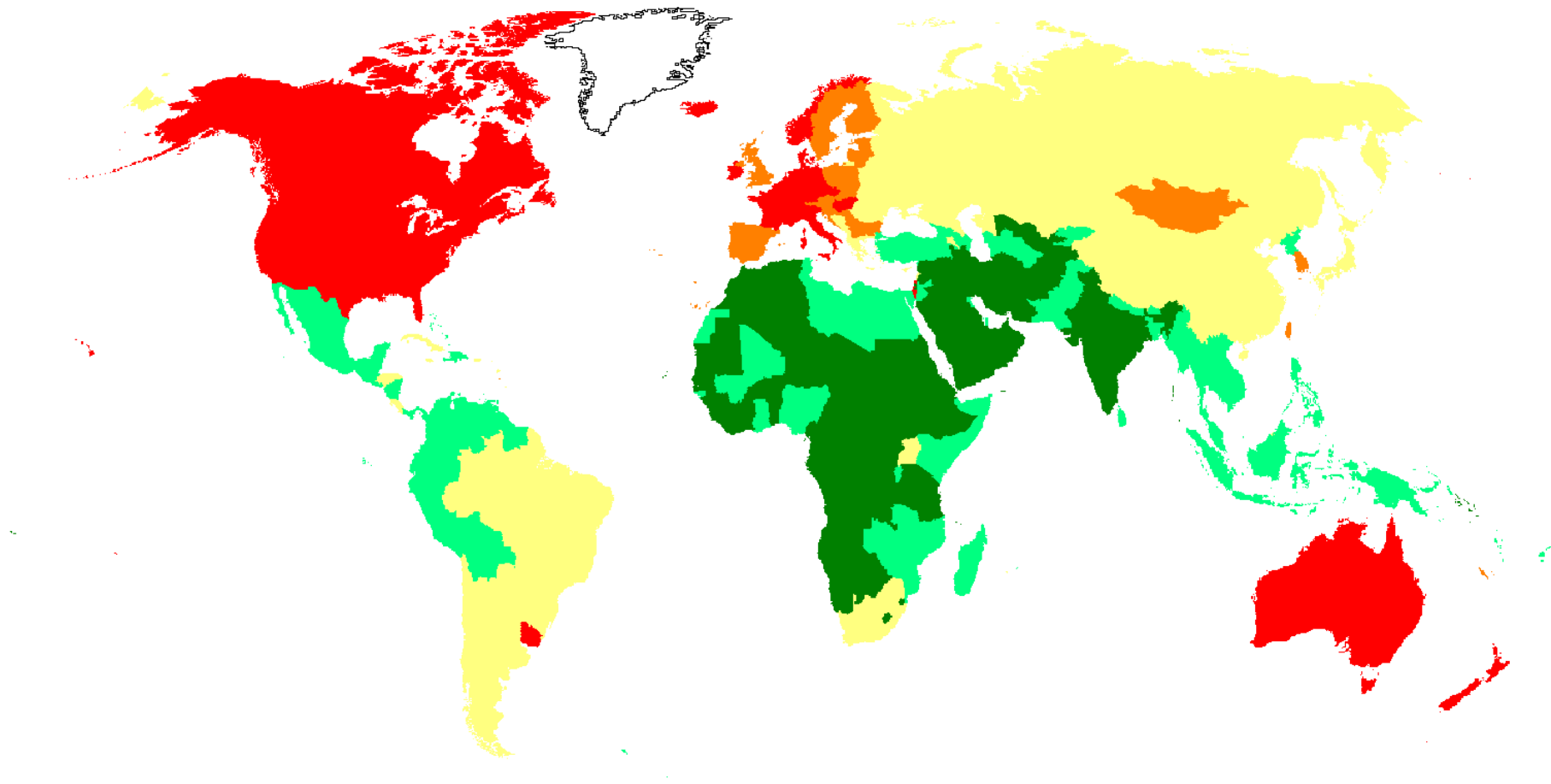
More developed regions
5.6 million cases
2.8 million deaths

Less developed regions
7.1 million cases
4.8 million deaths



Estimated cancer incidence, both sexes (2008)

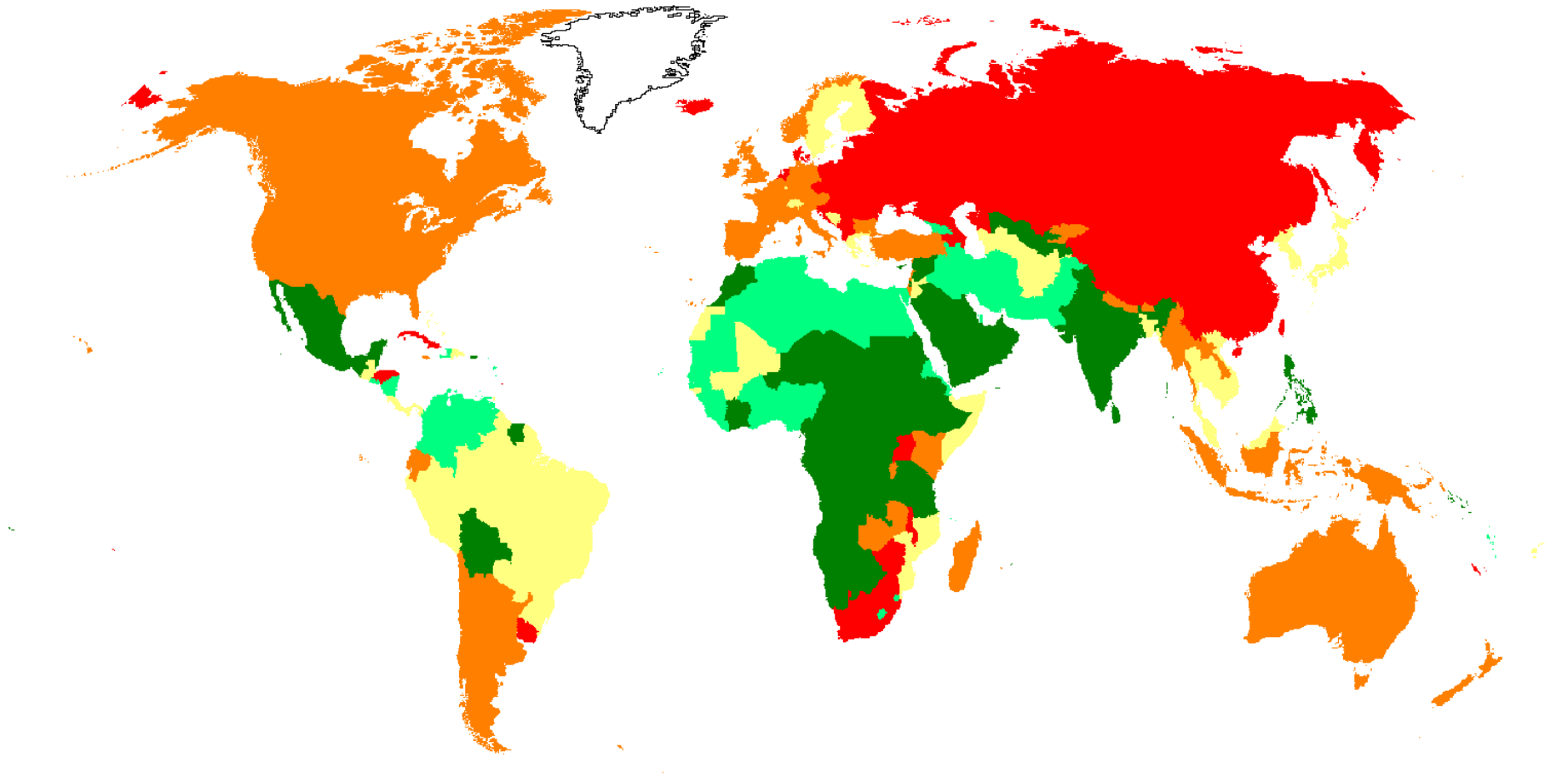
Age-standardised rates per 100,000








■ < 108.1 ■ < 161.4 ■ < 214.6 ■ < 267.8 ■ < 321.1

Estimated cancer mortality, both sexes (2008)

Age-standardised rates per 100,000

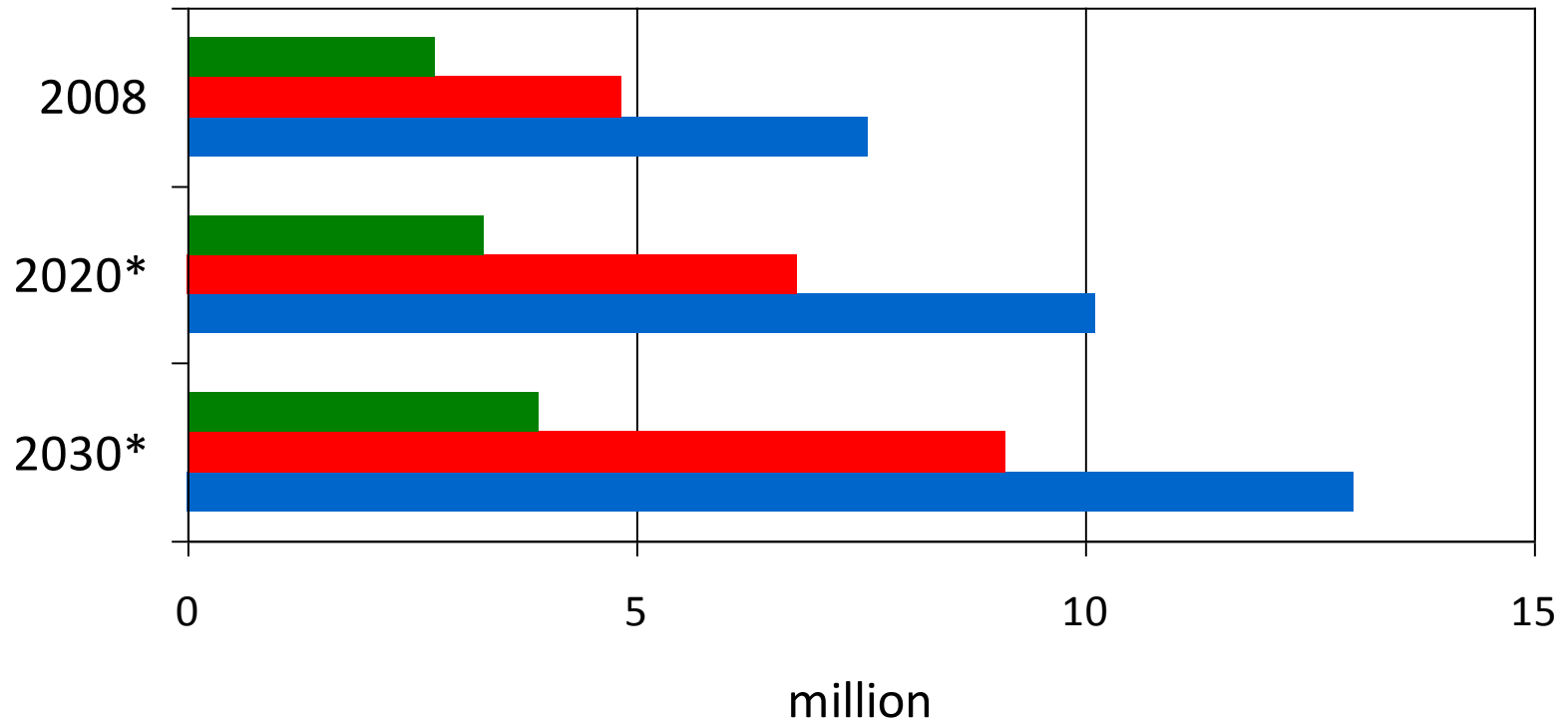


 < 79.8  < 89.6  < 101.4  < 116.2  < 185.2

Population growth and ageing

- The world population will reach 7 billion by 2012 and **8.3 billion** by 2030
 - **4 times** more persons in developing regions in 2030 compared with 1950
- Populations of many countries are ageing rapidly - trend is expected to continue to around 2050
 - **10 times** more elderly in developing regions in 2030 compared to 1950

Global cancer – deaths



■ Total

■ Less developed regions

■ More developed regions

* Assuming rates in 2008 do not change

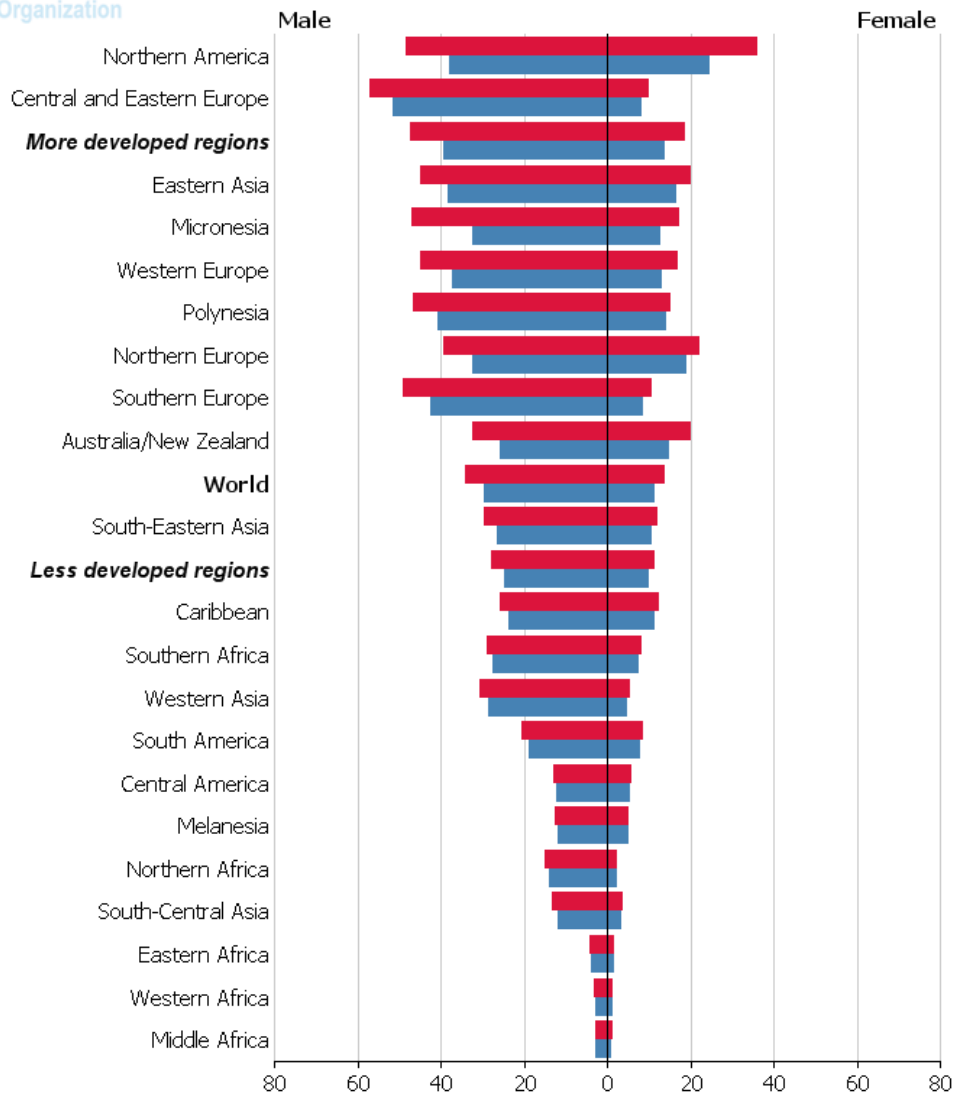
Lung cancer: estimated incidence and mortality (2008)

International Agency for Research on Cancer

Age-standardised rates per 100,000



World Health Organization



International Agency for Research on Cancer

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2008 (IARC)

■ Incidence

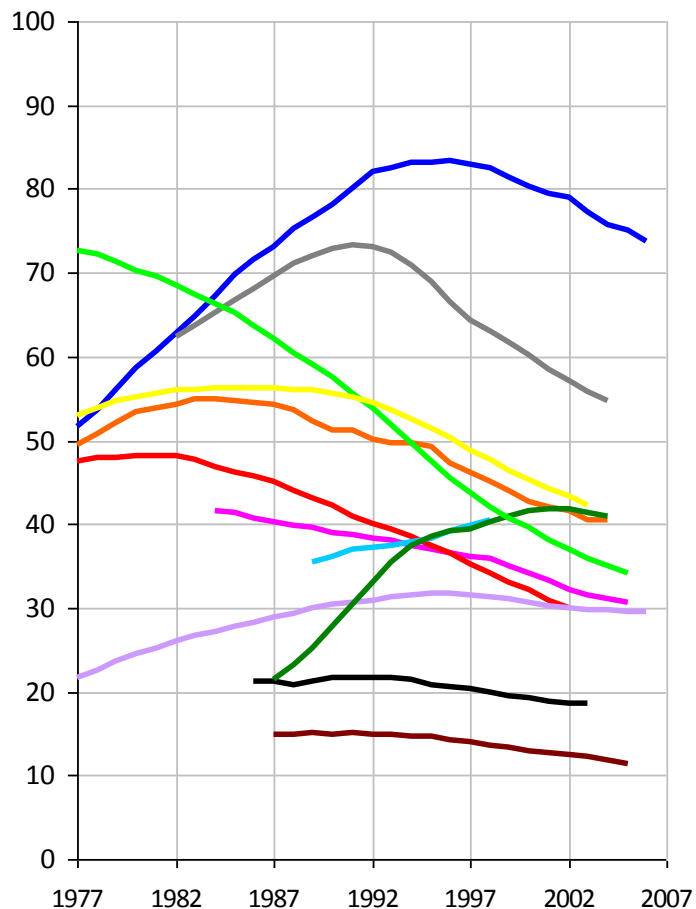
■ Mortality

GLOBOCAN 2008 (globocan.iarc.fr)

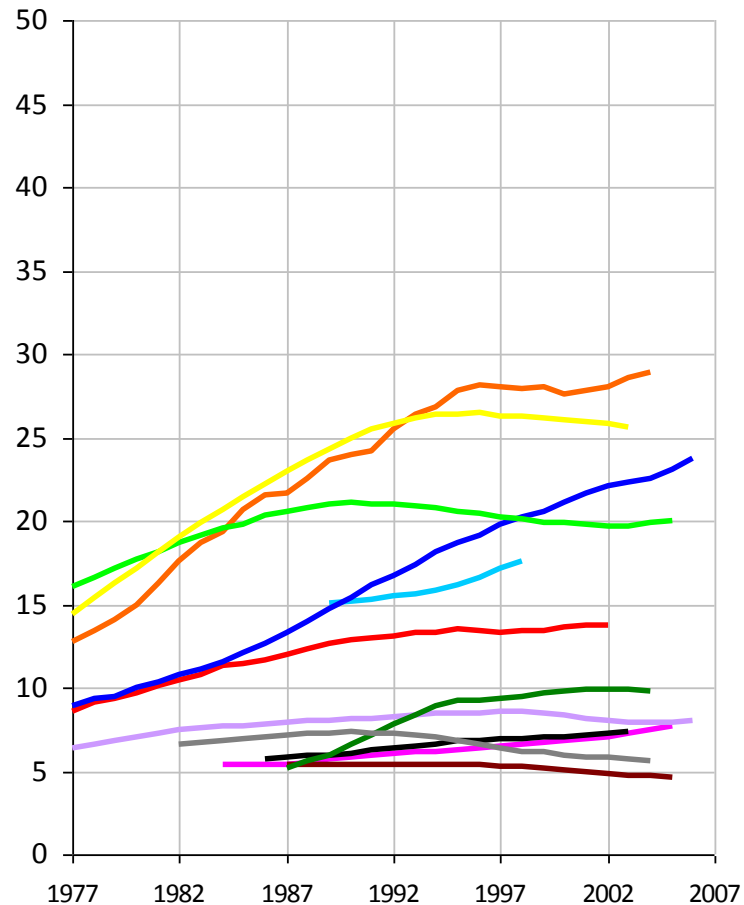
Trends in lung cancer mortality in selected countries

Age-standardised rates per 100,000

Men



Women

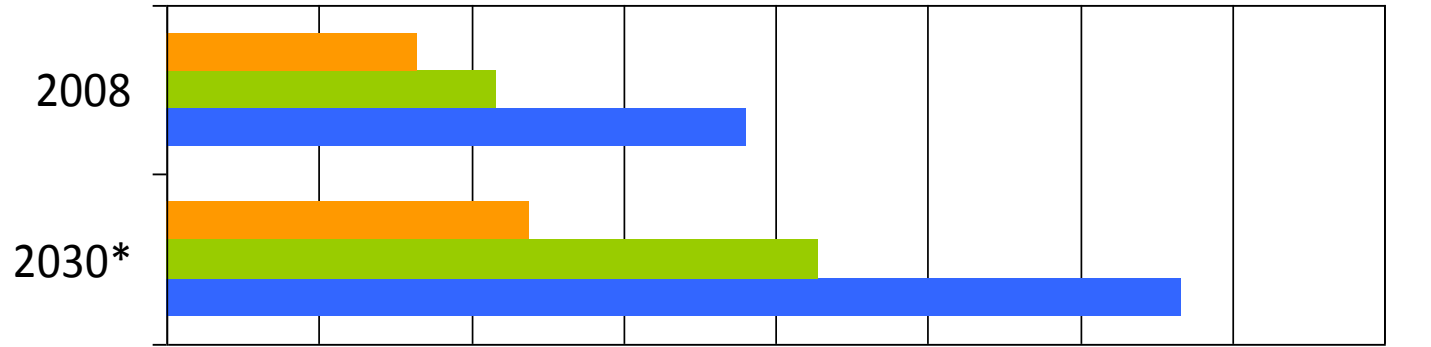


Rates have been smoothed using 3-year moving average

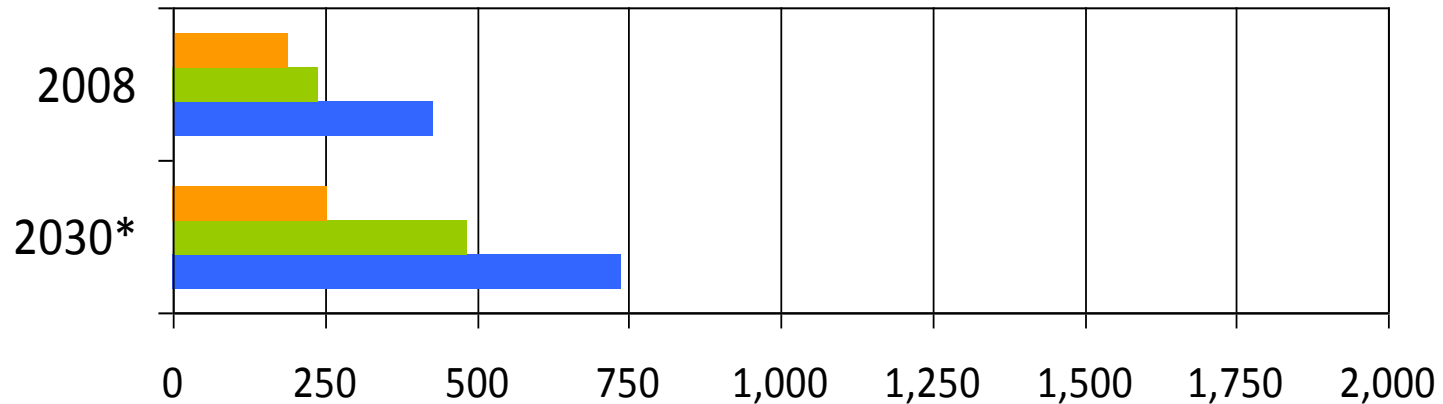
Prediction of lung cancer mortality

Estimated numbers (thousands)

Men



Women



■ Total

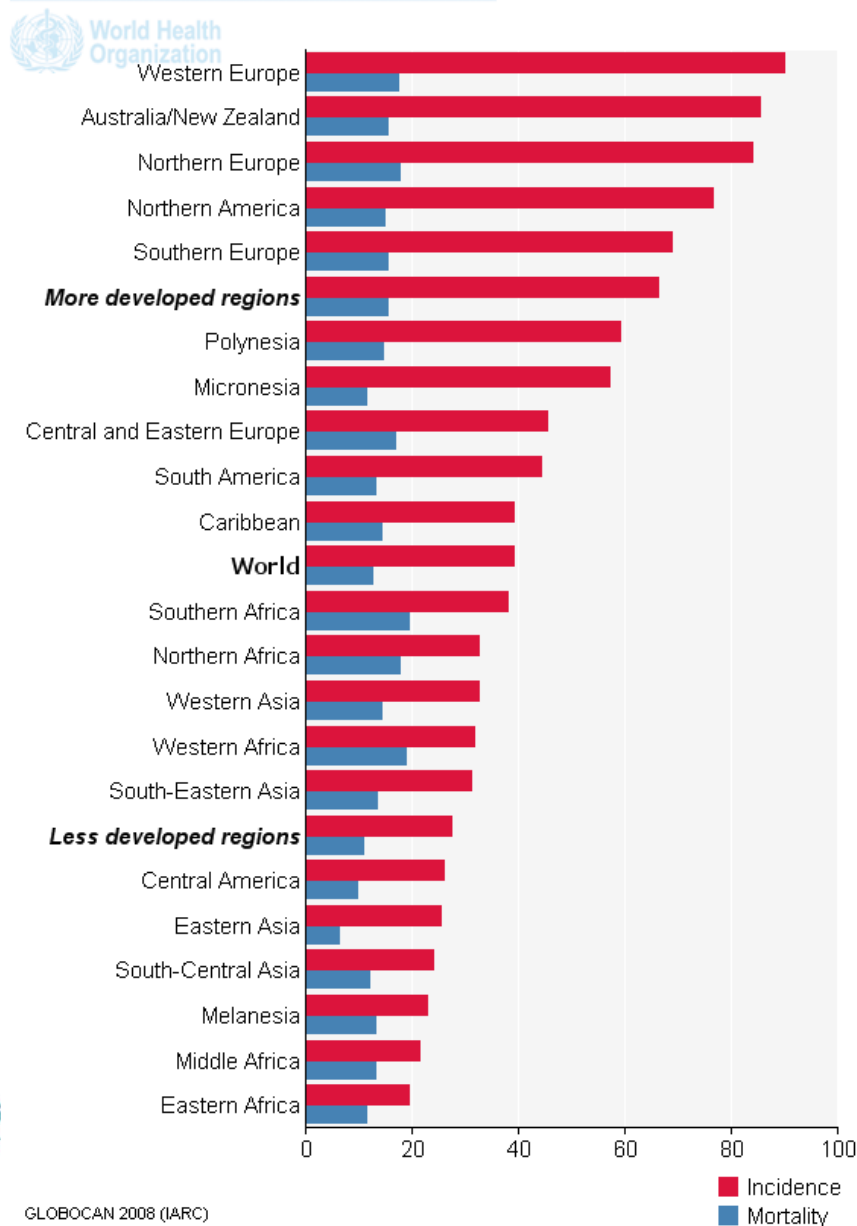
■ Less developed regions

■ More developed regions

* Assuming rates in 2008 do not change

Breast cancer: estimated incidence and mortality (2008)

Age-standardised rates per 100,000



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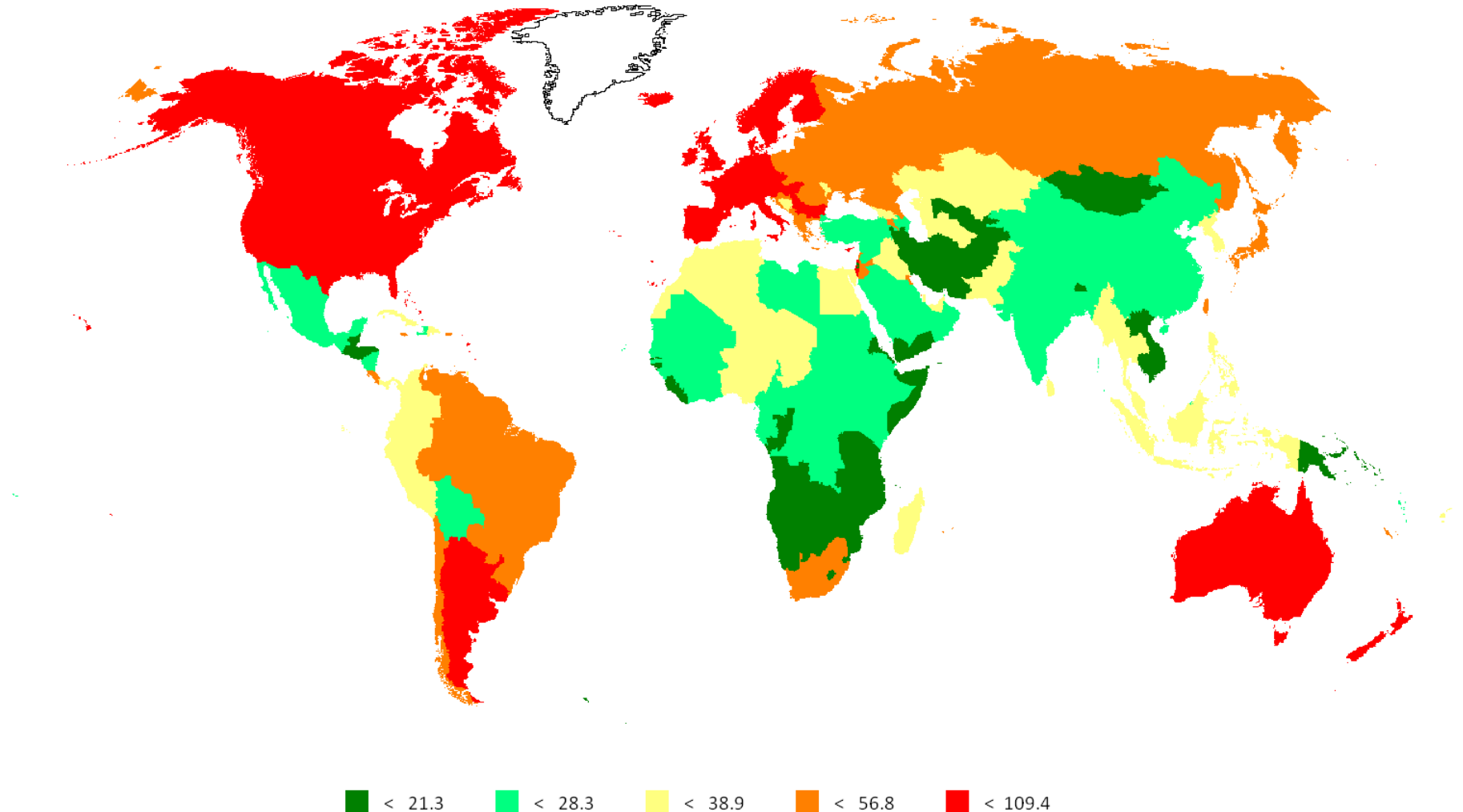


GLOBOCAN 2008 (IARC)

GLOBOCAN 2008 (globocan.iarc.fr)

Estimated incidence of breast cancer (2008)

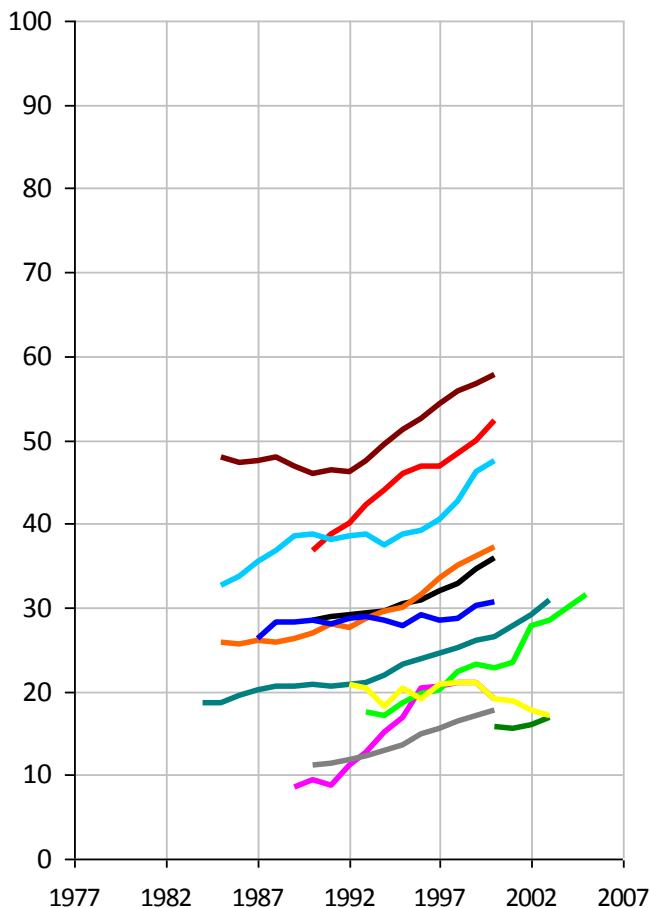
Age-standardised rates per 100,000



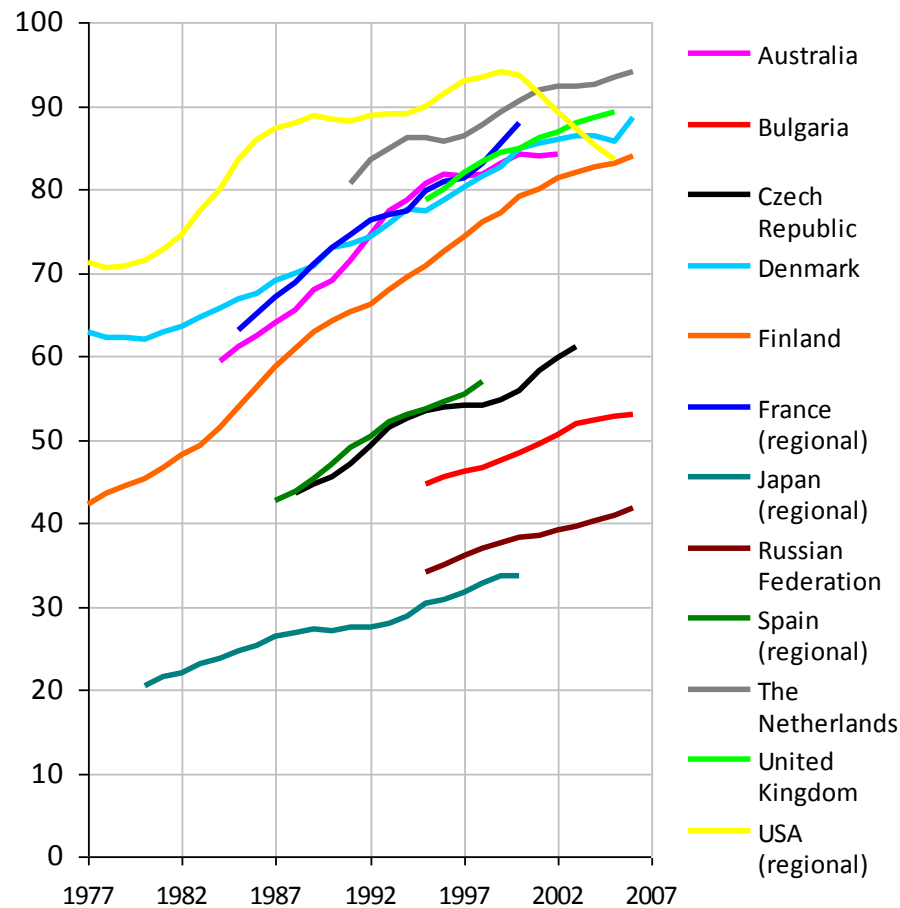
Trends in breast cancer incidence in selected countries

Age-standardised rates per 100,000

Less developed regions



More developed regions



Rates have been smoothed using 3-year moving average

Data sources:

Cancer Incidence in Five Continents Vol. I to IX (CI5.iarc.fr)

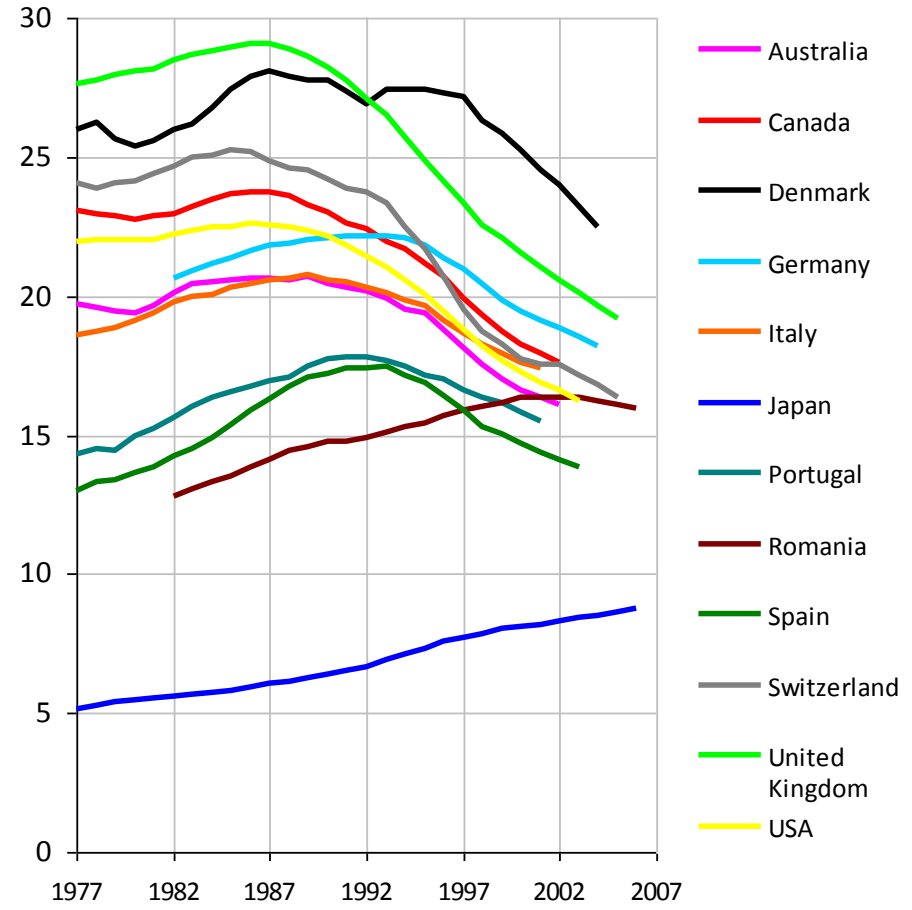
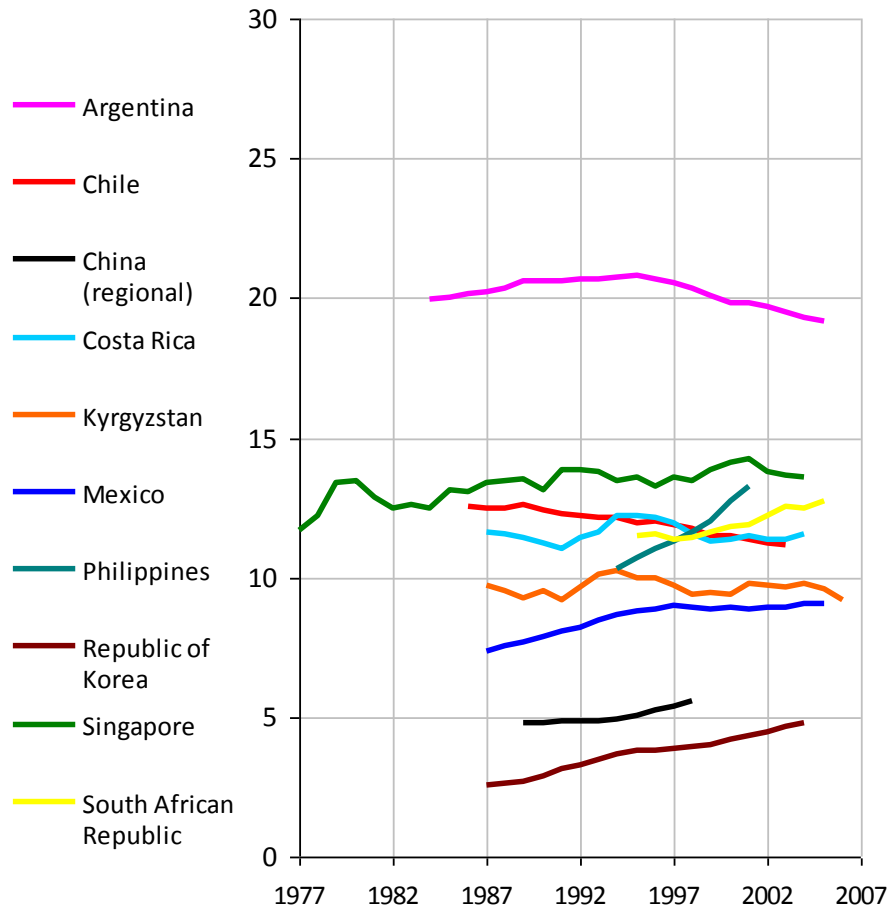
Cancer registry reports

Trends in breast cancer mortality in selected countries

Age-standardised rates per 100,000

Less developed regions

More developed regions

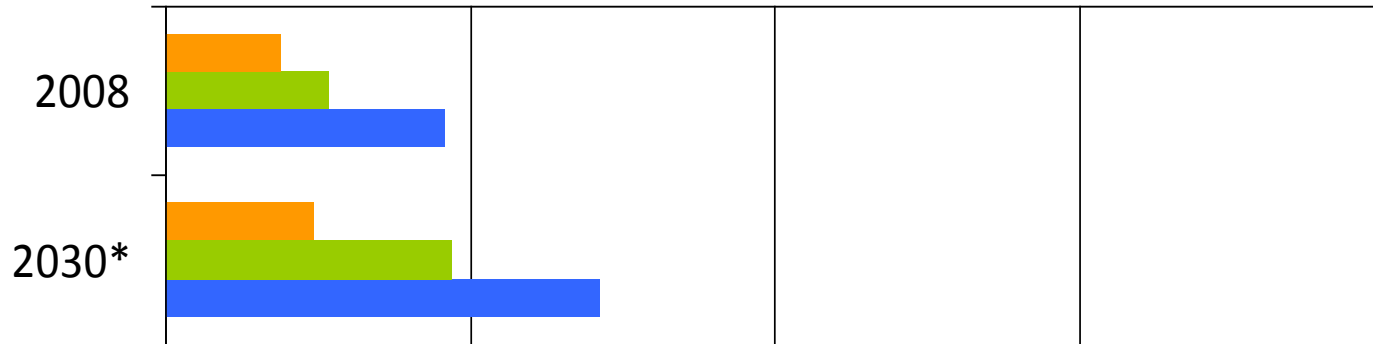


Rates have been smoothed using 3-year moving average

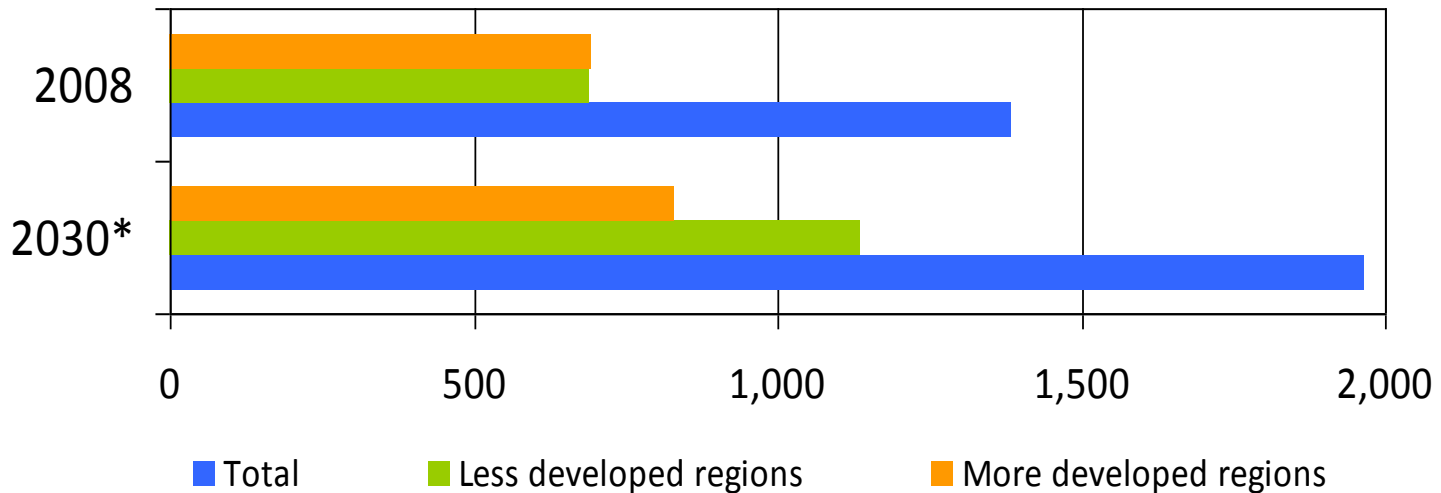
Prediction of breast cancer incidence and mortality

Estimated numbers (thousands)

Mortality



Incidence



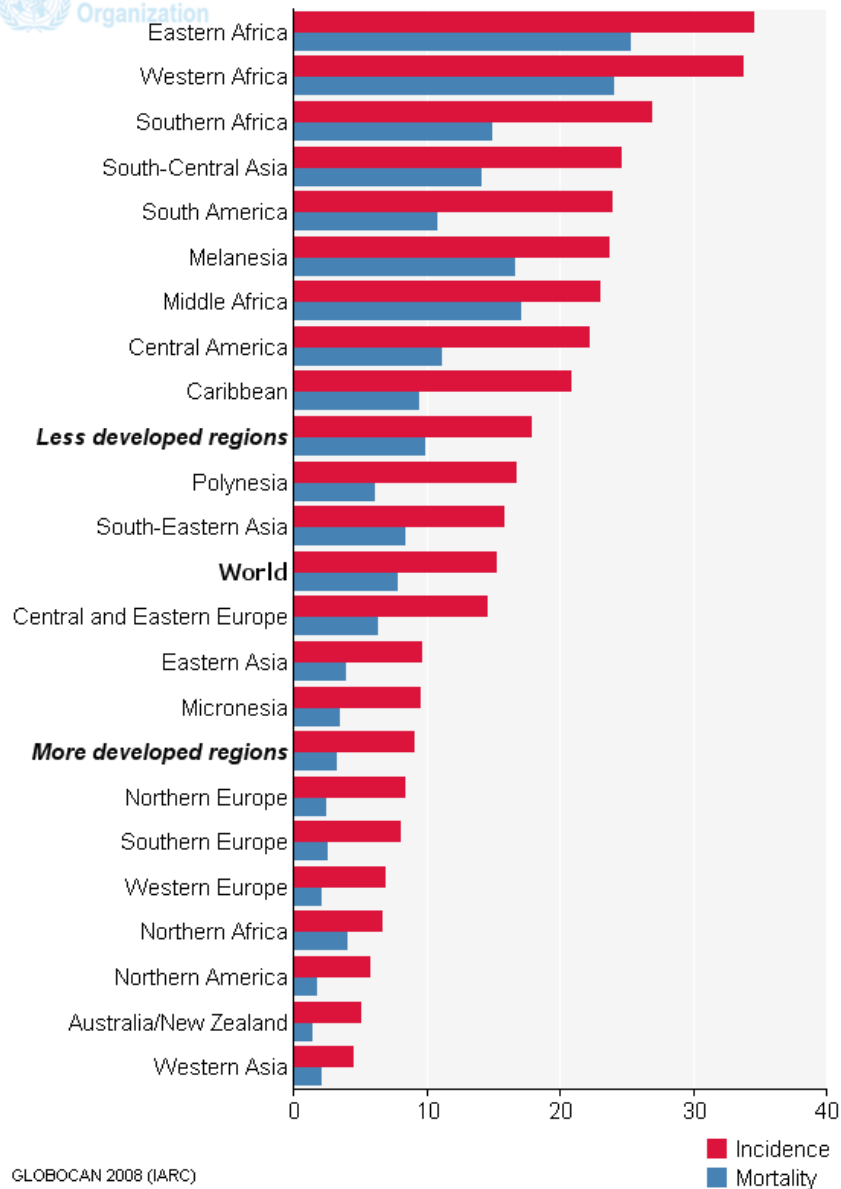
■ Total

■ Less developed regions

■ More developed regions

Cervical cancer: estimated incidence and mortality (2008)

Age-standardised rates per 100,000



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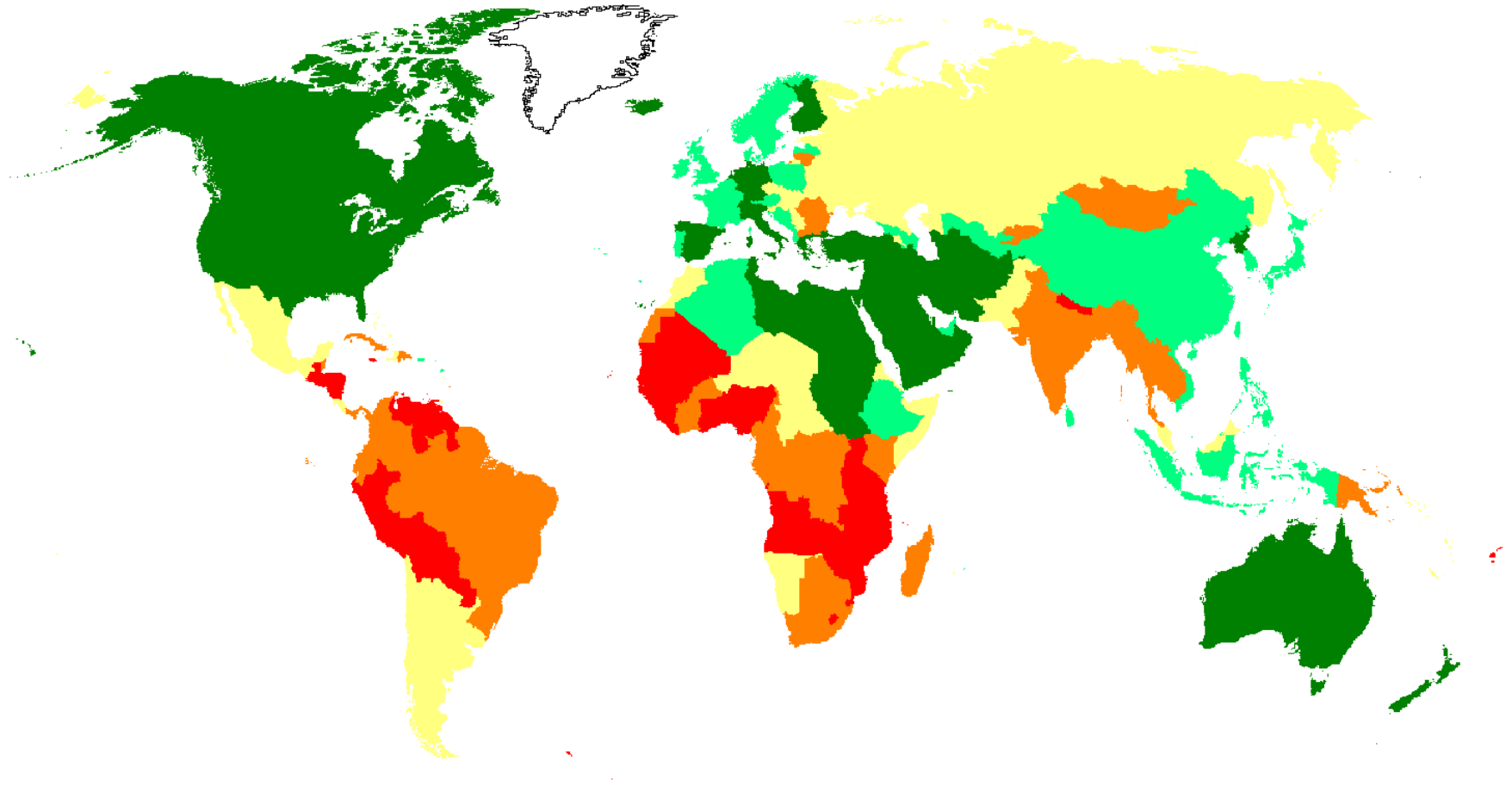
GLOBOCAN 2008 (IARC)

■ Incidence
■ Mortality

GLOBOCAN 2008 (globocan.iarc.fr)

Estimated incidence of cervical cancer (2008)

Age-standardised rates per 100,000

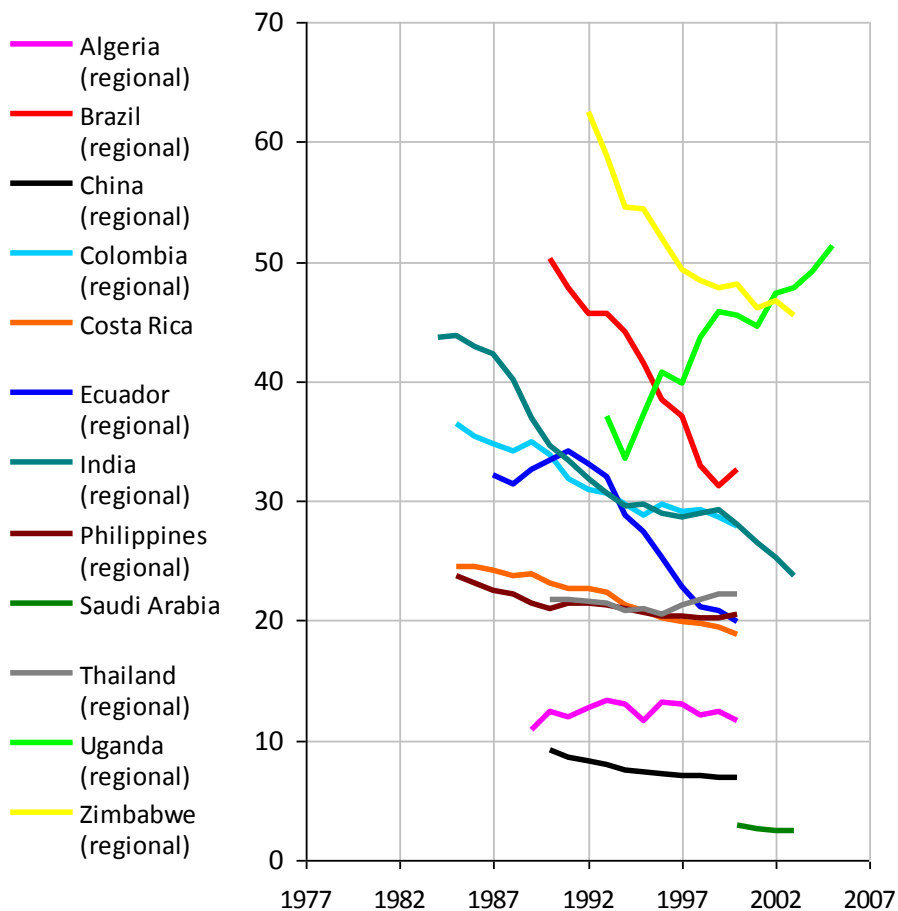


■ < 7.0 ■ < 12.9 ■ < 20.3 ■ < 29.8 ■ < 56.3

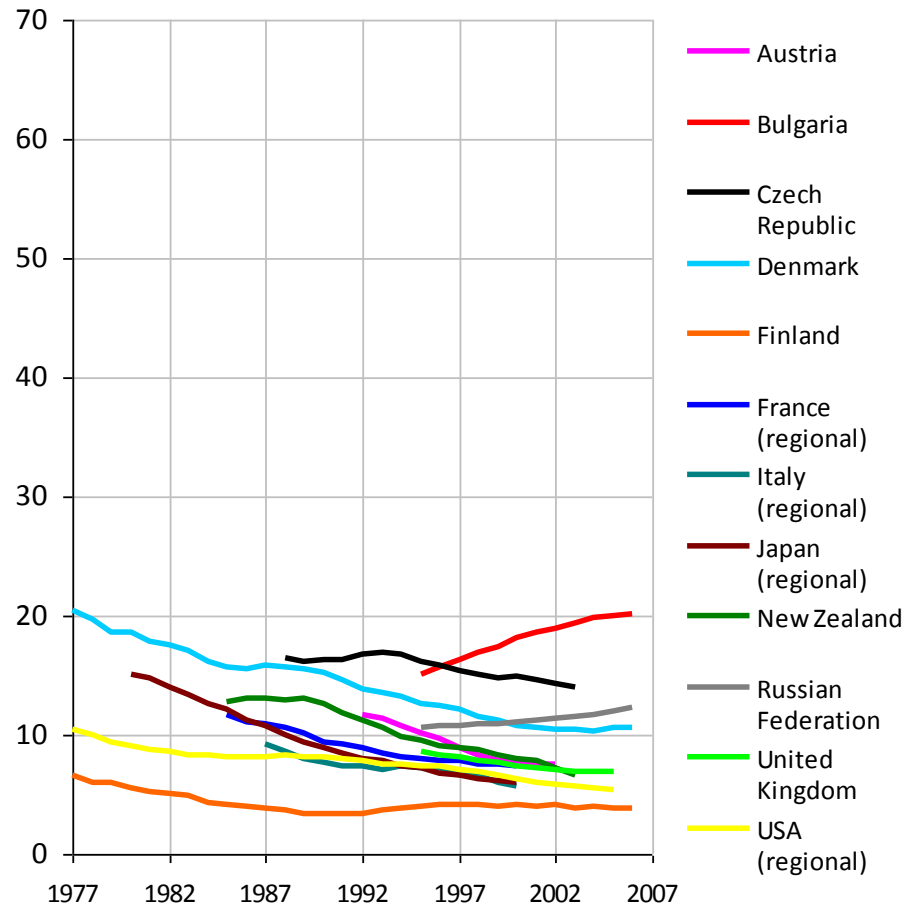
Trends in cervical cancer incidence in selected countries

Age-standardised rates per 100,000

Less developed regions



More developed regions



Rates have been smoothed using 3-year moving average

Data sources:

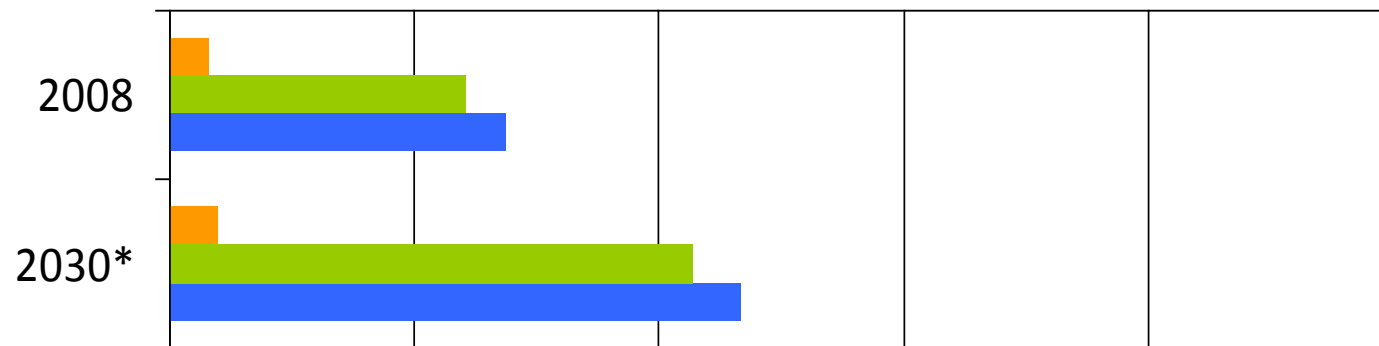
Cancer Incidence in Five Continents Vol. I to IX (CI5.iarc.fr)

Cancer registry reports

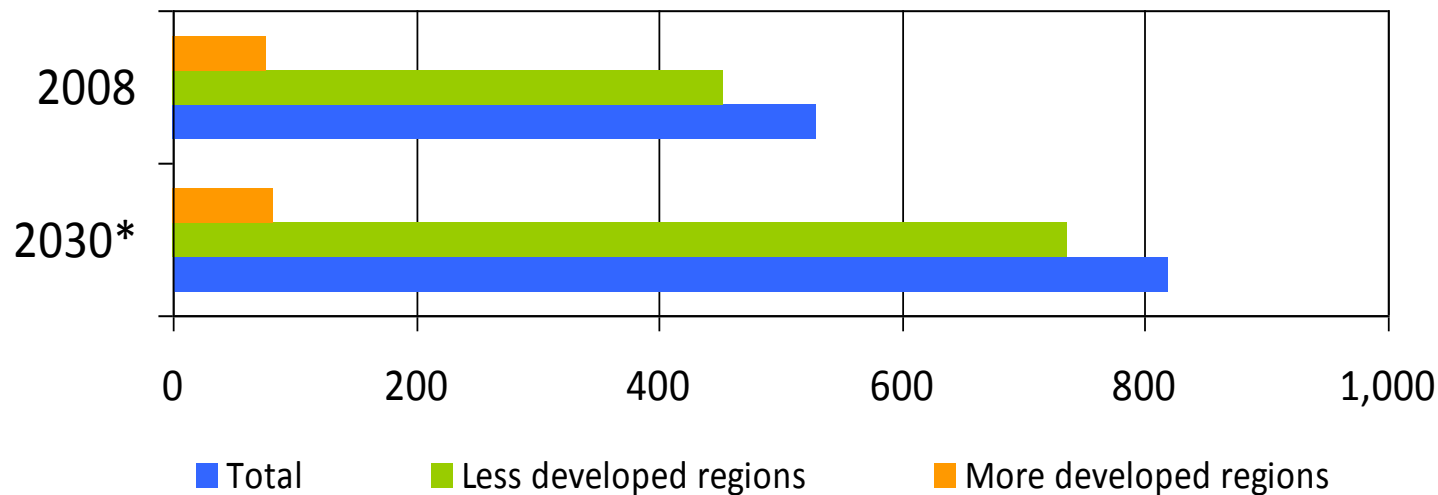
Prediction of cervical cancer incidence and mortality

Estimated numbers (thousands)

Mortality



Incidence



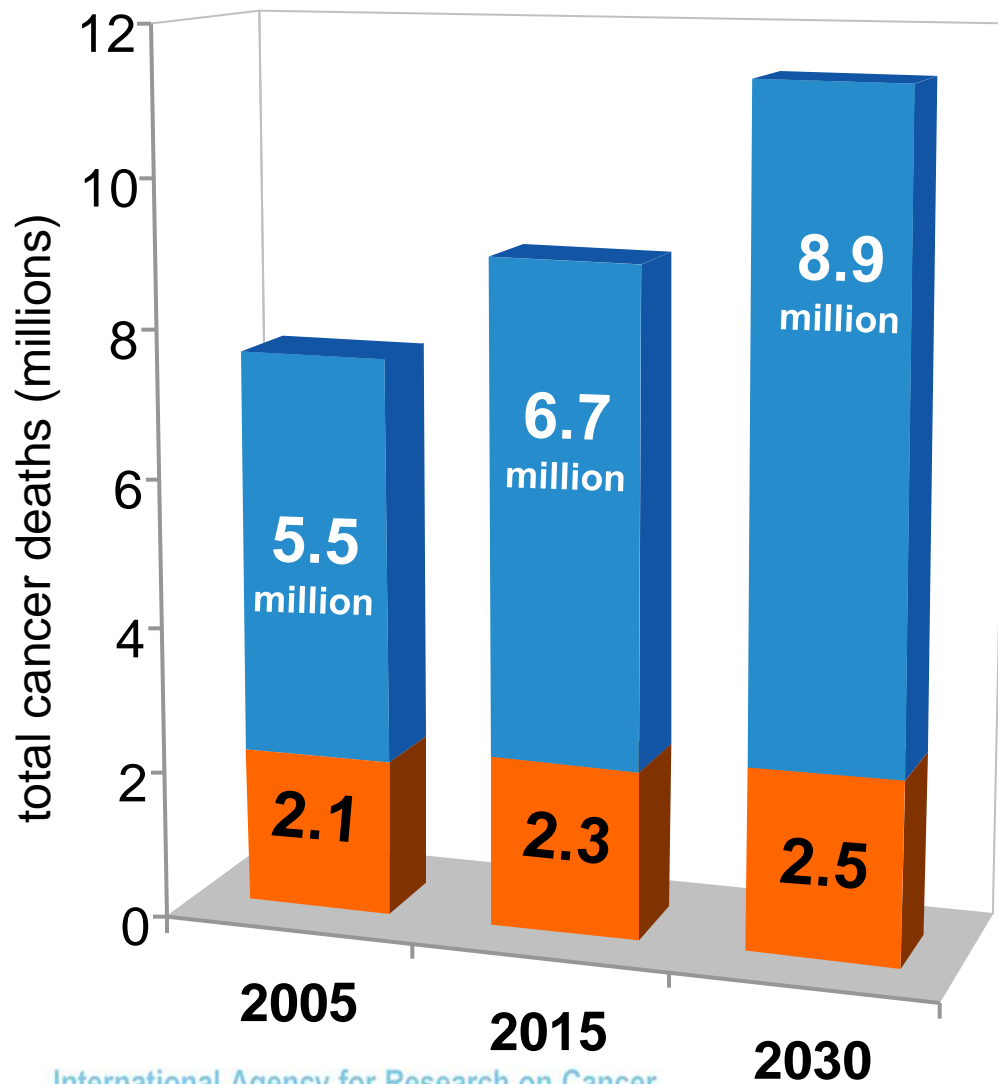
■ Total

■ Less developed regions

■ More developed regions

Deaths from cancers

① ② ③ ④



Key message 1:

In all developing countries, cancers now account for a large enough share of **premature deaths** and poverty to merit a concerted and coordinated public policy response.

■ Low- and middle income countries

■ High-income countries

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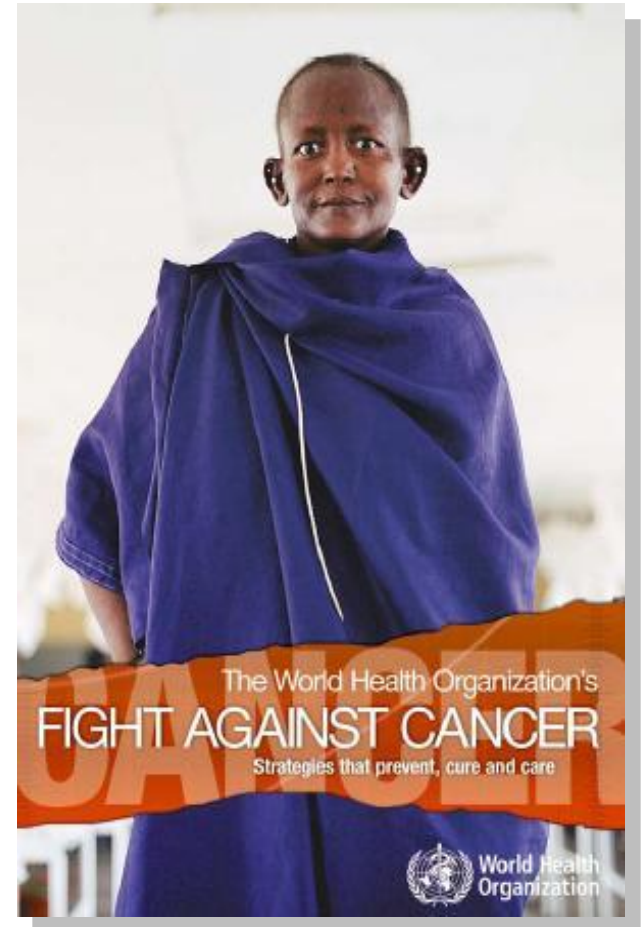
Source: **THE GLOBAL BURDEN OF DISEASE**
2004 UPDATE

① ② ③ ④

Key message 2:

We have the right vision and feasible solutions to:

- prevent up to 1.7 million premature deaths from cancers in developing countries per year
- treat another 1.7 million if detected early
- provide palliative care for the remainder



Three building blocks



Key message 3:

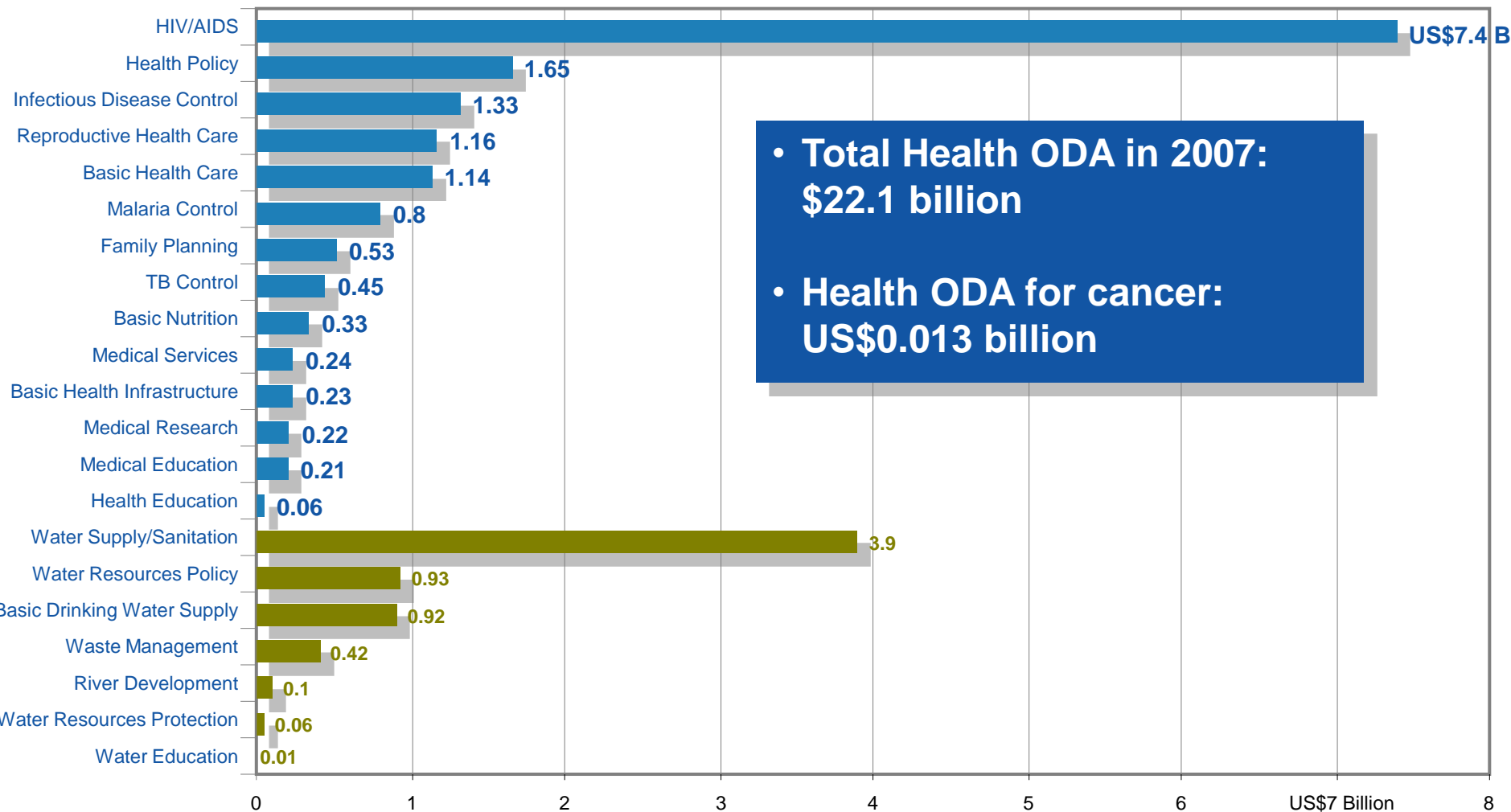
Policy makers and programme managers in developing countries are increasingly challenged to formulate effective cancer strategies to address prevention, early detection, treatment and palliative care.

But their requests to include cancer in global development initiatives and related investment decisions remain largely unanswered by international development agencies.



Global commitments to public health (2007)

(measured in Official Development Assistance)

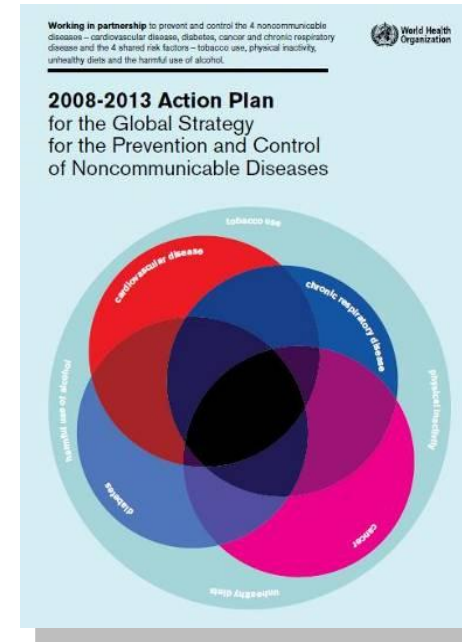


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Key message 4:

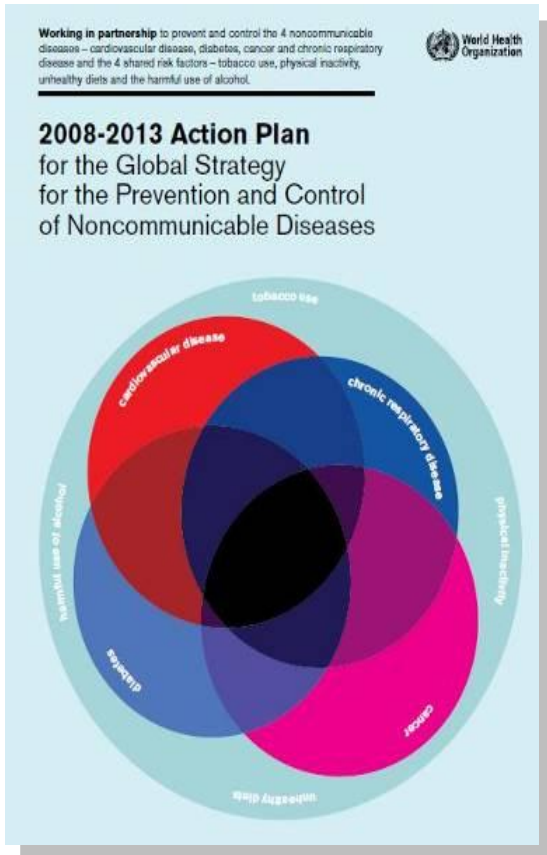
The international cancer community has a unique opportunity to galvanize action to halt and begin to reverse the prevalence of premature deaths from cancers and other non-communicable diseases in developing countries by subscribing to:

- Member States' Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases
- NCD Heads of State Summit 2011 (New York, September 2011)



Mobilizing a global response

Building on a clear roadmap for Member States, partners and WHO

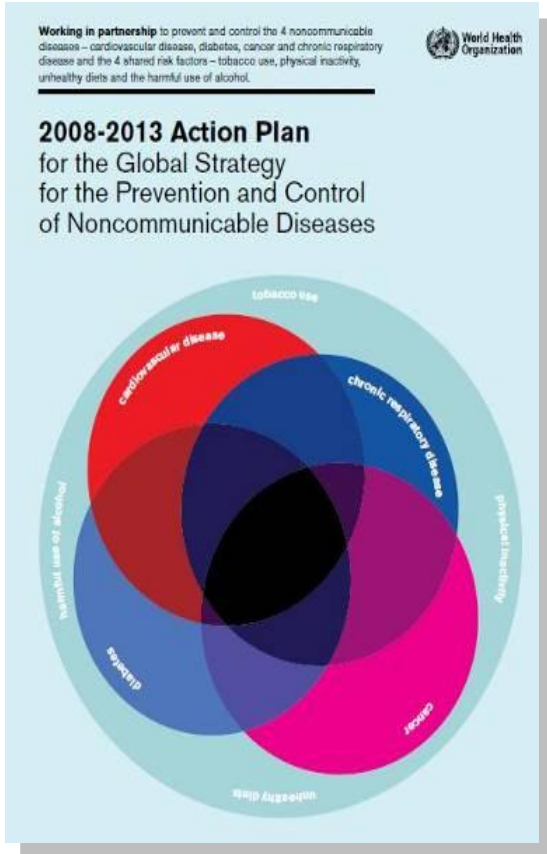


		Modifiable causative risk factors			
		Tobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol
Noncommunicable diseases	Heart disease and stroke	✓	✓	✓	✓
	Diabetes	✓	✓	✓	✓
	Cancer	✓	✓	✓	✓
	Chronic lung disease	✓			

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Mobilizing a global response

Building on a clear roadmap for Member States, partners and WHO

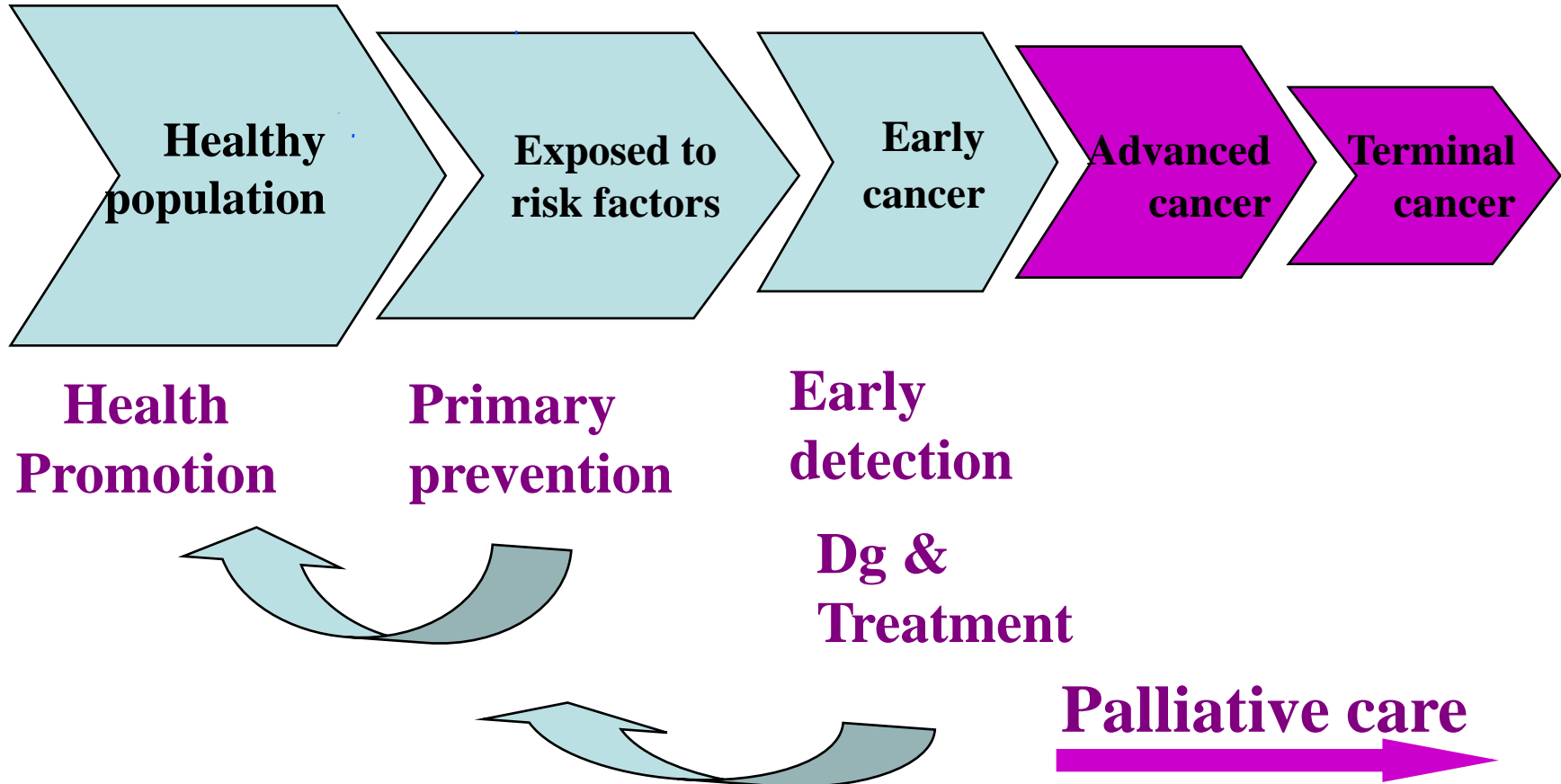


Six objectives:

1. Raising the priority accorded to NCDs in development work at global and national levels, and integrating prevention and control of NCDs into policies across all government departments
2. Establishing and strengthening national policies and programmes
3. Reducing and preventing risk factors
4. Prioritizing research on prevention and health care
5. Strengthening partnerships
6. Monitoring NCD trends and assessing progress made at country level

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National cancer control programmes: implementation of evidence-based interventions across the *cancer continuum*



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Effective implementation of NCCPs requires a **Primary Health Care (PHC)** approach

Mobilization of all forces and sectors around the NCD agenda to transform and improve health systems so there is better health for all

Principles: equity, solidarity, social justice participation

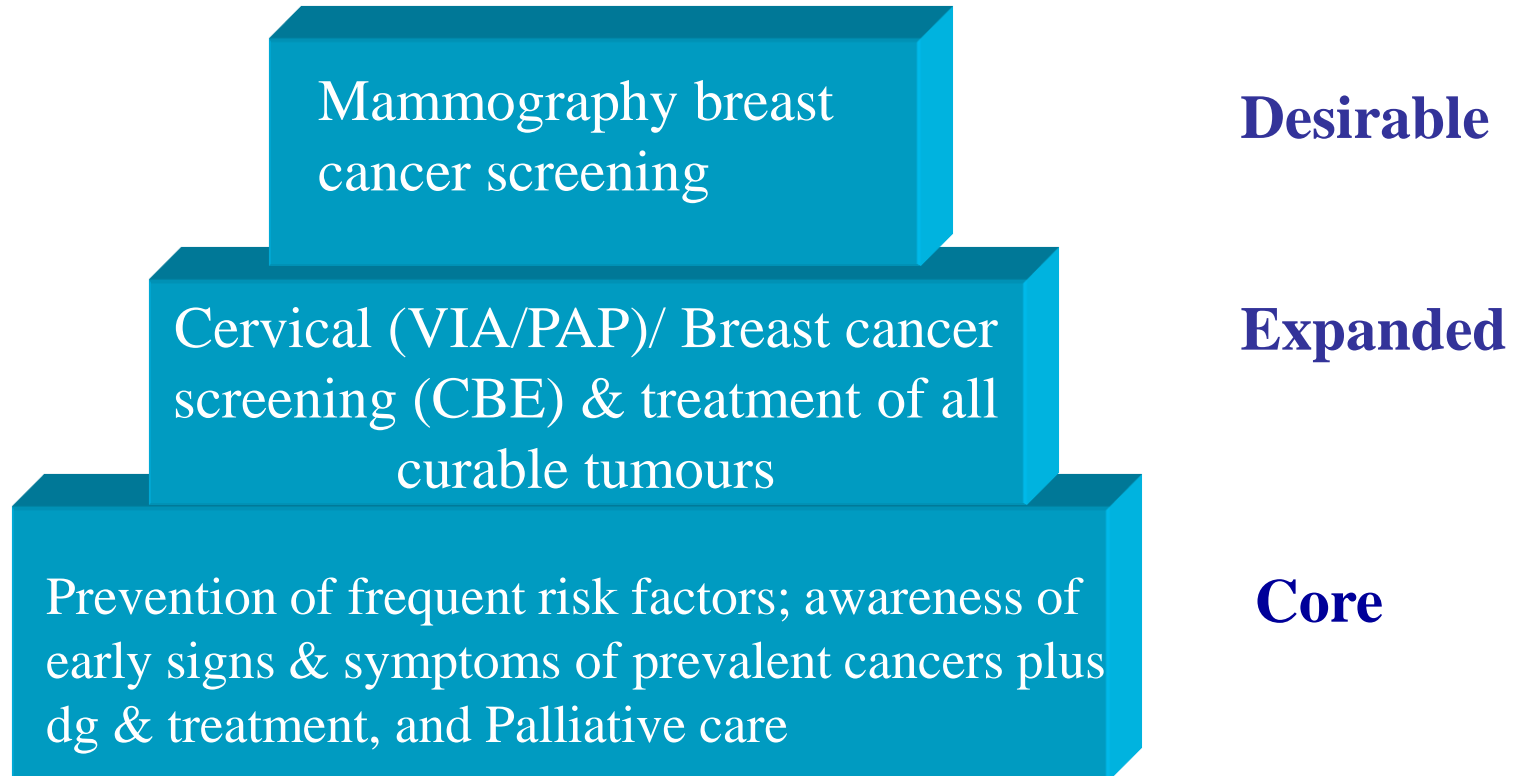


Assessment of strategies for selected cancer sites

Cancer sites	Prevention	Early diagnosis (symptomatic pop.)	Screening (asymptomatic pop.)	Curative therapy	Palliative care
Cervix	++	++	++	++	++
Breast	+	++	++	++	++
Mouth/pharynx	++	++	++	++	++
Colon/rectum	++	+	++	++	++
Stomach	++	+	-	+/-	++
Lung	++	-	-	+/-	++
ALL children	-	-	-	++	++
Lymphomas children	-	-	-	++	++

WHO promotes the gradual implementation of interventions according to the level of resources

Example:

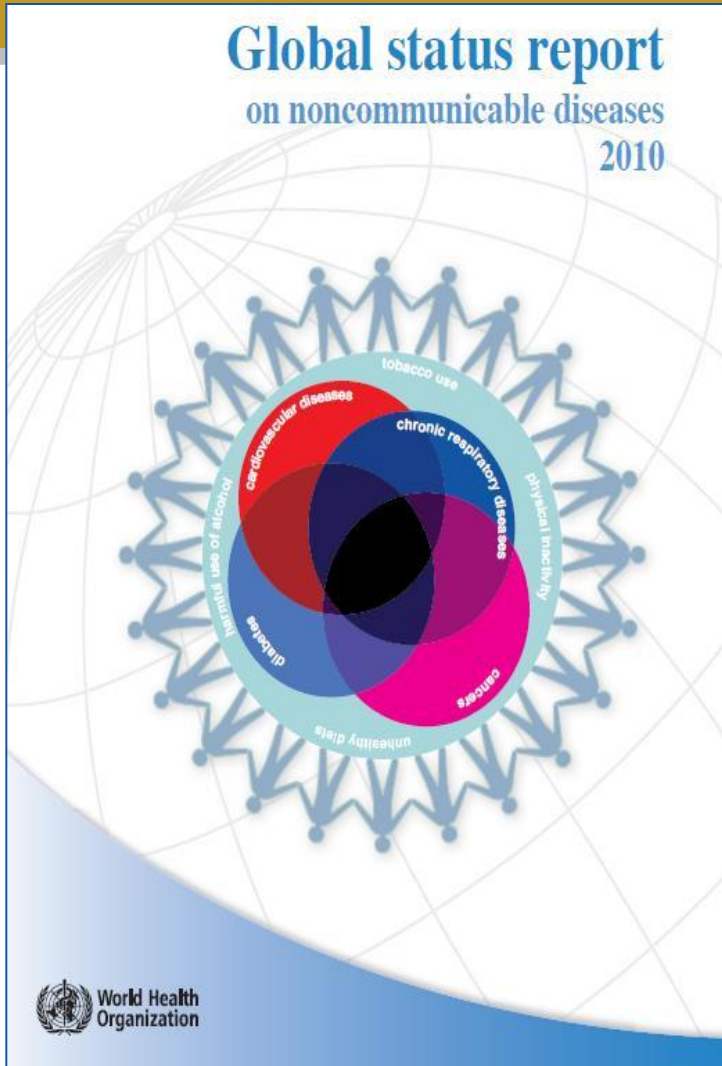


Key Messages

Noncommunicable Diseases (NCDs)

- An already enormous public health problem with increasing dimensions, affecting both high and low income populations
- Responsible for millions of premature deaths every year, particularly in low- and middle-income countries
- Lifestyles factors are at the root of the NCD crisis and its solutions
- There are major socioeconomic consequences and negative impact on development

Global status report on noncommunicable diseases 2010



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UN launches global campaign to curb death toll from non-communicable diseases, September 2011



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The high level general assembly meeting adopted a declaration calling for a multi-pronged campaign by governments, industry and civil society to set up by 2013 the plans needed to curb the risk factors behind the four groups of NCDs – cardiovascular diseases, cancers, chronic respiratory diseases and diabetes

Steps range from price and tax measures to reduce tobacco consumption to curbing the extensive marketing to children, particularly on television, of foods and beverages that are high in saturated fats, trans-fatty acids, sugars, or salt. Other measures seek to cut the harmful consumption of alcohol, promote overall healthy diets and increase physical activity

It calls on WHO, as the lead UN specialized agency for health and the vanguard of the global effort, to set up a comprehensive global monitoring framework and prepare recommendations for voluntary global targets before the end of 2012.