



**Pan American
Health
Organization**

Regional Office of the
World Health Organization



MYTH 1: CANCER IS JUST A HEALTH ISSUE

Cancer is not just a health matter. It has wide-reaching social, economic, development, and human rights implications.

CANCER AND DEVELOPMENT

Cancer constitutes a major challenge to development undermining social and economic advances throughout the world (WHO, 2011). Approximately 47% of cancer cases and 55% of cancer deaths occur in less developed regions of the world i.e. countries at a low or medium level of the Human Development Index (HDI) (Wild, 2012). The situation is predicted to get worse. By 2030, if current trends continue the burden of cancer will increase by 81% in low and middle HDI countries compared with 2008.

Cancer and the Millennium Development Goals

Today, the impact of cancer on individuals, communities and populations threatens to impede the achievement of the current global development goals, the Millennium Development Goals (MDGs), due to expire in 2015 (Seffrin, et al., 2009) (UICC, 2012). In particular, poverty alleviation and cancer control are interlinked with cancer both a cause and an outcome of poverty. The impact on productivity and family income and the high treatment costs of cancer impoverish families. At the same time, poverty, lack of access to education and health care expose populations to additional risks for presenting with and dying from many cancers (Knaul, Frenk, & Shulman, 2011).

Gains in maternal health and gender equality are also impacted severely by the cancer burden in women of reproductive age in some developing countries. Although progress has been made in parts of sub-Saharan Africa halving maternal mortality levels between 1990 and 2008, and other regions are making even greater headway, maternal mortality is still unacceptably high, and in many low- and middle-income countries women now face the double burden of cancer. Just two cancers, cervical and breast, together, account for over 750,000 deaths each year with the large majority of deaths occurring in low- and middle-income countries (Forouzanfar, et al., 2011).

Positioning cancer in the post-2015 global health and development agenda

For the first time, all Member States of the United Nations agreed that non-communicable diseases (NCDs) constitute a major challenge to socioeconomic development, environmental sustainability and poverty alleviation. The UN Political Declaration committed governments to strengthen and integrate NCD policies and programmes into health-planning processes and national development agendas (Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, 2011).

Further to this Declaration, in June this year, the Rio+20 declaration on Sustainable Development acknowledged that the global burden of NCDs constitutes one of today's major challenges for development (The Future We Want, 2012); and in October, the World Health Organization (WHO) draft framework for a Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020, declared that the prevention of NCDs including cancer is a precondition for an outcome of sustainable human development and is interdependent of social, economic and environmental dimensions of development (World Health Organization, 2012).



**Pan American
Health
Organization**

Regional Office of the
World Health Organization



Global Advocacy Message

Cancer prevention and control interventions must be included in the new set of global development goals for the post-2015 agenda.

Broadening the future global development goals through implementation of evidence-based, resource appropriate interventions that span the entire cancer control and care continuum can strengthen health systems and increase capacity to respond to all challenges to health and wellbeing faced by individuals, families and communities¹.

CANCER AND HEALTH POLICY

Most premature deaths from cancer are preventable by influencing policy in sectors outside health rather than by making changes in health policy alone. A whole-of-government approach engaging sectors beyond health including education, energy, agriculture, urban planning, environment, communication, labour, economics and finance, sports, transport and trade is necessary to implement the wide-ranging interventions known to reduce the burden of cancer. Just as important is a 'whole-of-society' approach whereby all stakeholders are recognised and empowered to support a multisectoral response to cancer prevention and control, including individuals, families and communities, civil society (including non-governmental organisations), faith-based organisations, academia and industry (World Health Organization, 2012).

The UN Political Declaration on NCDs commits governments to a series of multisectoral actions at the national, regional and global levels that will support the prevention and control of NCDs.

Global Advocacy Message

A whole-of-government approach that promotes multisectoral action and partnerships is essential to develop and implement policies and programmes that reduce exposure to risks, promote healthy behaviours, and implement effective and affordable interventions for early detection, treatment and care of cancer.

INVESTING IN CANCER

The staggering risk that cancer poses to economic growth and development is still not recognised despite the fact that we know that this risk can be managed effectively and that a return on investment in health is possible. The cost of cancer is estimated to reach \$458 billion in 2030 (Bloom, et al., 2011) yet the World Health Organization estimates that a basic package of cost effective strategies to address the common cancer risk factors (tobacco use, alcohol abuse, unhealthy diet and physical inactivity) would cost only USD 2 billion a year (WHO, 2011).

Less than 3% (USD 503 million out of USD 22 billion) of overall development assistance for health (DAH) was allocated to NCDs in 2007 (Nugent & Feigl, 2010), and only 5% of global spending on cancer is in the developing world. This is despite nearly 80% of the preventable deaths from these diseases occurring in developing countries, with this percentage set to rise (Knaul, Frenk, & Shulman, 2011).

The UN Political Declaration on NCDs promotes the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms are explored; and acknowledges



**Pan American
Health
Organization**

Regional Office of the
World Health Organization



the contribution of aid targeted towards the health sector, while recognising that much more needs to be done.

Global advocacy message

Investment in proven, cost-effective cancer solutions is an imperative. Resource allocation should be according to country-specific situations and needs determined as part of a national cancer control plan

BIBLIOGRAPHY

UICC. (2012). *The Millennium Development Goals and Cancer*. Geneva.

Wild, C. P. (2012). The role of cancer research in noncommunicable disease control. *J Natl Cancer Instit*, 1-8.

WHO. (2011). *Global Status Report on noncommunicable diseases 2010*. Geneva: World Health Organization.

WHO. (2011). *Scaling up action against noncommunicable diseases: how much will it cost?* Geneva: World Health Organization.

World Health Organization. (2012). *Zero Draft Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020*. Geneva: WHO.

Bloom, D. E., Cafiero, E. T., Jane-Llopis, E., Abrahams-Gessel, S., Bloom, L. R., Fathima, S., et al. (2011). *The Global Economic Burden of Non-communicable Diseases*. World Economic Forum. Geneva: World Economic Forum.

Ferlay, J., Shin, H., Bray, F., Forman, D., Mathers, C., & Parkin, D. (2010). *GLOBOCAN 2008: cancer incidence and mortality worldwide*. International Agency for Research on Cancer. Lyon: International Agency for Research on Cancer.

Forouzanfar, M. H., Delossantos, A. M., Foreman, K. J., Lozano, R., Lopez, A. D., Murray, C. J., et al. (2011). Breast and cervical cancer in 187 countries between 1980 and 2010: a systematic analysis. *Lancet*, 378, 1461-84.

Knaul, F. M., Frenk, J., & Shulman, L. (2011). *Closing the Cancer Divide: A Blueprint to Expand Access in Low and Middle Income Countries*. Harvard Global Equity Initiative. Boston: Global Task Force on Expanded Access to Cancer Care and Control in Developing Countries.

Nugent, R. A., & Feigl, A. B. (2010). *Where have all the donors gone? Scarce donor funding for non-communicable diseases*. Center for Global Development.

NCD Alliance. (2012). *Tackling Non-communicable diseases to enhance sustainable development*.

Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. (2011). *A/66/L.1*.

Seffrin, J. R., Hill, D., Burkart, W., Magrath, I., Badwe, R. A., Ngoma, T., et al. (2009). It is time to include cancer and other noncommunicable diseases in the millennium development goals. *CA: A Cancer Journal for Clinicians*, 59, 282-84.

The Future We Want. (2012). Retrieved from <http://www.uncsd2012.org/rio20/thefuturewewant.html>