

WHO & PAHO SUPPORT TO CANCER CONTROL

an update

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outline

- Background
- Political Endorsement
- Technical Support

Background

- Burden of cancer
- Capacity of response

“Need for reliable and timely information on the burden and how well we are doing in responding”

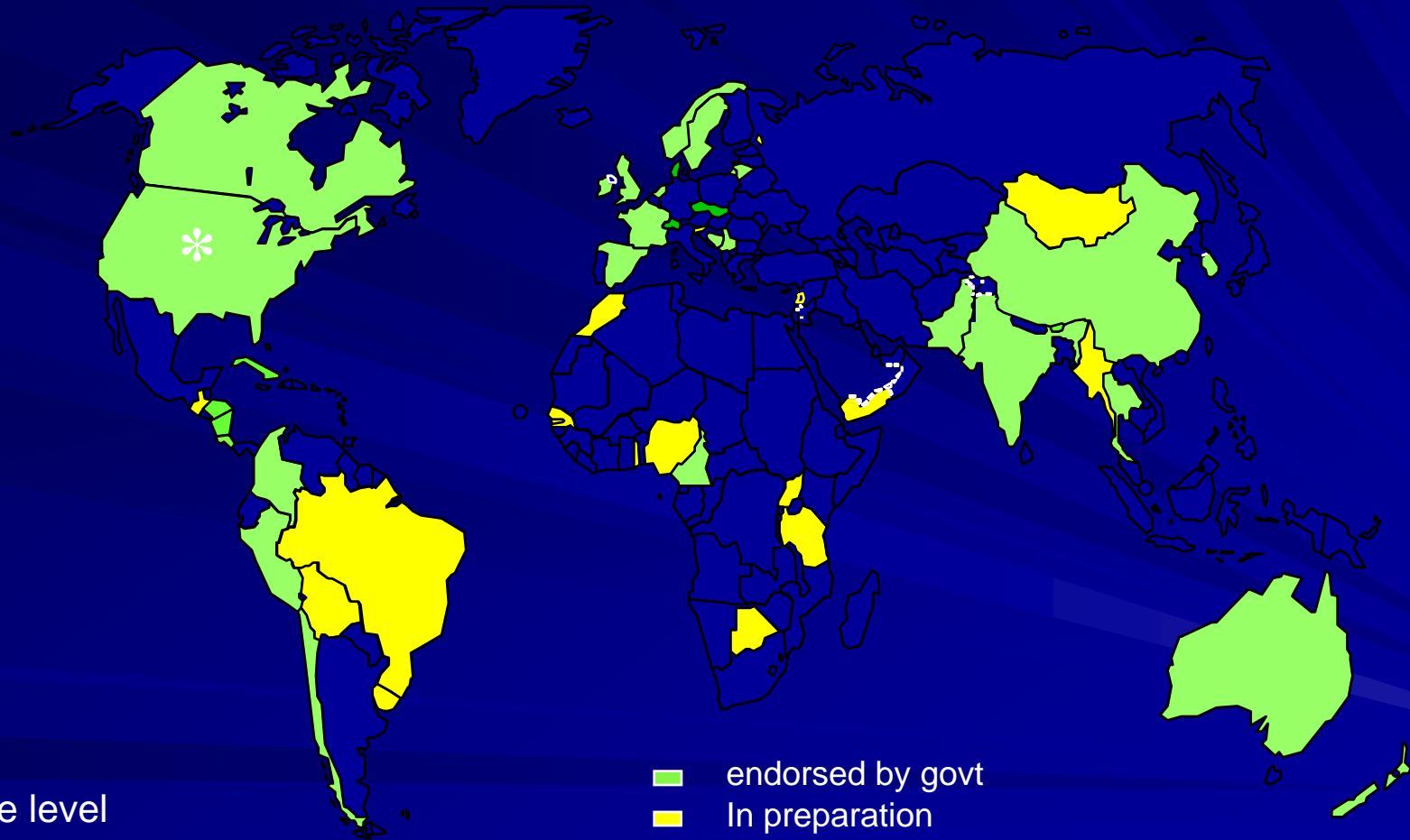
Cancer control in countries

	% of countries
National policy	41
National action plan	60
National programme	47
Nacional protocols	69
Specific budget	54

Response rate = 133/192 (69.3%)

Source: WHO Report of the Global Survey on the Progress in National Chronic Diseases Prevention and Control (2007).

Which countries have comprehensive cancer control plans?



Slide 5

mv1

Information based on what countries have reported

In yellow :National Plans being developed for the first time or updated

In green policies finished and published

US correspond to state comprehensive plans . There isn't a National plan

villanuevam, 6/21/2007

Political endorsement: Related Resolutions

- WHO Global Strategy -Prevention and Ctrl of Chronic Diseases (2000);
 - Framework Convention for Tobacco Control (WHA56.1, 2003);
 - Global Strategy on Diet, Physical Activity, and Health (WHA57.17, 2004);
 - Cancer Prevention and Control (WHA58.22, 2005)
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- Regional Strategy & Plan of Action for ... Chron Dis ...incl DPA (CD47/17) 2006
 - Regional Strategy & Plan of Action on cervical cancer

WHA 58.22 (2005)

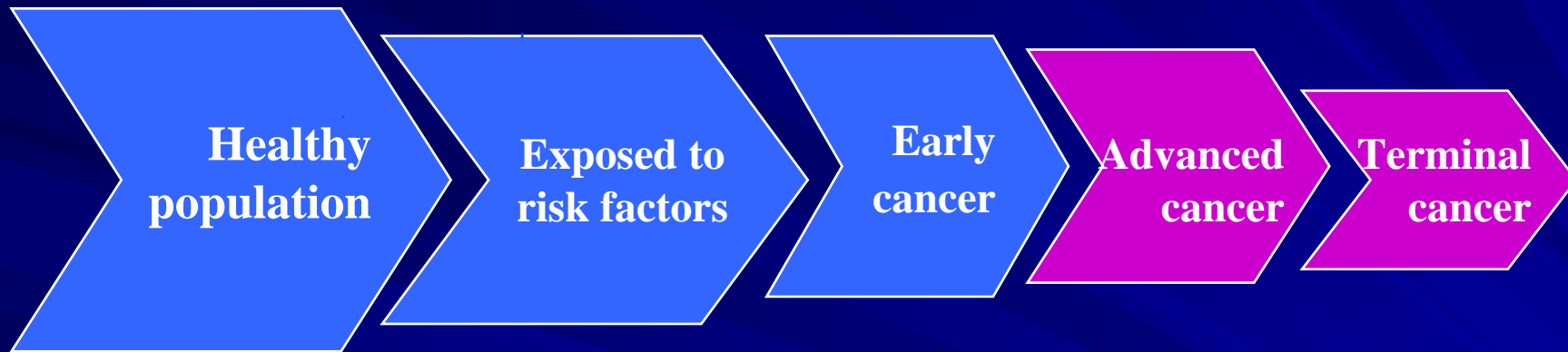
- Collaborate with WHO in developing or reinforcing comprehensive cancer programs
- Set priorities based on the national burden of cancer
- Integrate national cancer control programs in existing health systems
- Strengthen policies for equipment for diagnosis and treatment
- Give priority to research, involvement of stakeholders from different sectors,
- Improve access to technologies, minimum standards for treatment and palliative care

WHA 58.22 (2005)cont

- To develop appropriate information systems that support planning, monitoring and evaluation of cancer prevention, control and palliative care programs
- Asses periodically performance of cancer prevention and control programs

Comprehensive cancer control programmes:

Cancer continuum



**Health
Promotion**

**Primary
prevention**

**Early
detection**

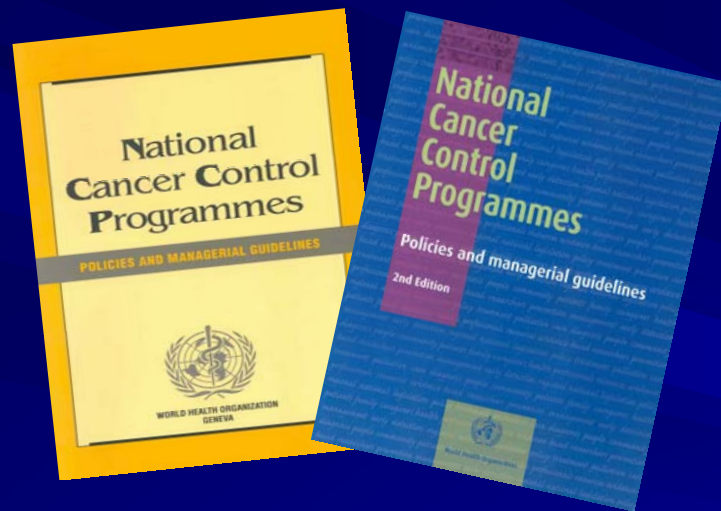
**Dg &
Treatment**

Palliative care



WHO Cancer Control Framework

WHO promotes comprehensive cancer control since the mid 80's as the best way for bridging the gap between knowledge and practice, and for making the most efficient and effective use of limited resources



1995
1995

2002

www.who.int/cancer

"Cancer Control: Knowledge into Action, WHO Guide for Effective Programmes"



A series of 6 modules on how to plan and implement effective cancer control

www.who.int/cancer

National cancer control programmes

Key Principles

- Strong leadership and effective management
 - Involvement of all stakeholders
 - Goal oriented
 - People centred
 - Comprehensive
 - Based on evidence, resources and social values
 - Equitable & sustainable
 - Integrated to all levels of care
 - Continuous improvement

PAHO Areas of Work in Cancer

- Promote National Cancer Control Programs
- Cancer Prevention
 - tobacco control, diet and physical activity, viral infections
- Screening
 - cervical cancer, breast cancer
- Occupational and Environmental Health
- Radiological Health
- Palliative care
- Pediatric cancer network

Regional Strategy & Plan of Action on cervical cancer

Improve capacity for comprehensive cervical cancer prevention and control:

- Health education
- Monitoring of incidence, prevalence & survival
- Screening and pre-cancer treatment
- Cancer treatment and palliative care
- HPV vaccine introduction:
 - analysis of evidence to support policy decision
 - when it can be sustainable, relying on affordable price



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION
48th DIRECTING COUNCIL
60th SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 29 September-3 October 2008

CD48.R10 (Eng.)
ORIGINAL: ENGLISH

RESOLUTION

CD48.R10

REGIONAL STRATEGY AND PLAN OF ACTION FOR CERVICAL
CANCER PREVENTION AND CONTROL

THE 48th DIRECTING COUNCIL,

Having considered the report of the Director, *Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control* (Document CD48/6),

Noting the World Health Assembly resolution on cancer prevention and control (WHA58.22, 2005), which urges governments to develop comprehensive cancer control programs and recommends the prioritization of cervical cancer prevention and control programs;

Recalling Resolution CD47.R9 (2006) of the 47th Directing Council on the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, which includes cancer as one of the priority chronic diseases;

Cognizant that there are an estimated 27,500 deaths in the Americas from cervical cancer, caused mainly by persistent infection with some genotypes of the human papilloma virus (HPV), and recognizing that although cervical cancer can be prevented and controlled through a comprehensive program of health education, screening, diagnosis, treatment, and palliative care, it continues to cause premature mortality and disproportionately affects women in the lower economic strata, revealing the existing health inequities in the Region;

PAHO Plan of Action for Cancer Prevention and Control (2008)

Purpose:

- to improve country capacity for comprehensive cancer prevention and control programs, through strengthened institutional capacity and strategic alliances with cancer stakeholders.

Four lines of action:

- Cancer policy & advocacy
- Monitoring and surveillance
- Health promotion and cancer prevention
- Cancer management

Cancer Plan: Four lines of action

1. Policy and advocacy:

- to advocate for cancer control as a public health priority
- to assist countries with national cancer control plans

2. Monitoring and surveillance

- to improve country capacity for cancer program monitoring and cancer registries

3. Cancer prevention and health promotion

- to disseminate information and promote education on cancer prevention, early detection.

4. Cancer management

- to improve access, quality and use of standardized guidelines for cancer screening, diagnosis, treatment and palliative care.

Re cancer surveillance: PAHO mandate is:

To provide technical assistance and support capacity building of member states in:

- improving information on cancer including cancer program monitoring and evaluation
- by supporting development of recommendations for monitoring compliance with program standards for data completeness, timeliness, and quality.

COUNTIES WITH DATA ON INCIDENCE & PREVELENCE OF CANCER IN LATIN AMERICA AND CARRIBEAN



PAISES DEL CARIBE

ANG, NEA,, BER, GUA,
VUS, BVI, SCN

CON INFORMACION
SIN INFORMACION

COMMENT:

Most of the countries inform about incidence and prevalence of cancer of the lung, brest, cervical cancer with different levels of quality and update.

objectives	indicator	activities
improve country capacity for cancer monitoring	By 2010, 15 countries applying existing tools (chronic disease country profile) to understand cancer situation	Chronic disease programs to complete the country profile tool and analyze cancer information. WHO Cancer Situation analysis Guide
To promote the harmonization of terminology, data standards, specifications used to collect and report	By 2010, all countries will systematically report cancer mortality data using standardized terminology.	PAHO Program for Improvement of Vital and Health statistics; NCD Minimum data set initiative.
capacity building for cancer epidemiology and registration	By 2015, at least 10 countries will have improved the quality and accuracy of their cancer registry.	Adapt and promote IARC Cancer Epidemiology course for LAC Adapt and promote CDC training on "Fundamentals of Registry Operations "
monitor and evaluate the performance of national cancer programs	By 2015, at least 10 countries will have evaluated the performance of their cancer program	Promote use of IARC tools for validity and consistency to improve register quality. Recommendations for monitoring compliance with international standards for data completeness, timeliness, quality.
occupational exposure to carcinogens		national profiles for carcinogens job exposure metrics for discerning simultaneous exposure to multiple agents

CANCER CONTROL: working in partnerships

- Latin American Alliance for Cancer Control to support national cancer programs
 - partnership of national cancer institutes, Ministries of Health, NGOs (international union against cancer, American Cancer society, breast health global initiative), and PAHO/WHO.
- Central America sub-regional cancer plan:
 - endorsed by RESSCAD in 2007
 - strengthening cancer prevention, diagnosis, treatment, palliative care with technical support from partner organizations (IAEA)
 - model demonstration project set up in Nicaragua (project PACT).

CANCER CONTROL: working in partnerships cont.

Collaboration with CDC:

Country program assistance:

-to support implementation of the cervical cancer strategy

- situation analysis
- Assess readiness to adopt new technologies
- Operations research on introducing new technologies
- Monitoring and evaluation systems

- cancer registration system improvements

- assessment of registry operations and procedures
- training
- data analysis assistance

CANCER CONTROL: working in partnerships cont.

PAHO-IARC Collaboration Planning meeting

Quito: April 2009

**Improving cancer information in Latin America
and the Caribbean**

Brasilia, Oct 2009

MOH Brazil, INCA, PAHO, IARC, 17 countries and
partners

Thank you!