

Comment

The World Cancer Declaration: is the world catching up?



In 2008, at the Union for International Cancer Control (UICC) World Cancer Congress, cancer leaders approved and issued the World Cancer Declaration,¹ demonstrating their desire to see cancer eliminated as a life-threatening disease for future generations. The declaration presented 11 targets which, if achieved by 2020, would establish momentum towards their longer term ambition.

The declaration calls on leaders around the world to develop and implement national cancer control plans, to build and use population-based cancer registries, to implement policies to reduce the burden of cancer risk factors and prevent those cancers that can be prevented, to enhance screening and early detection capabilities, improve access to diagnosis and treatment, improve training and support for cancer health workers, and to ensure that palliative care and pain relief is made available to all patients in need, but especially in the last days of life.

There are now 386 member organisations of UICC in over 100 countries and this number is expected to double in the next 18 months. Independent of governments, the growing number of UICC member organisations—eg, the American Cancer Society and the Lance Armstrong Foundation—has demonstrated that there are effective solutions to address cancer issues and deliver elements of the declaration. For example, World Cancer Day, which took place on Feb 4, 2010, united UICC members in raising the profile of the link between infections and cancer. More than 2.4 billion people were exposed to the key message of the campaign—that cancer can be prevented too—and members in individual countries ran their own events to ensure the day was recognised and publicised by their local media.

UICC has recently become more active in advocating its ambitions in the political sphere. In early 2009, UICC joined forces with the International Diabetes Federation and the World Heart Federation to form the Non-Communicable Disease (NCD) Alliance. This unique, common interest Alliance was established as an advocacy group to raise political awareness of the worldwide socioeconomic and health impact of NCDs, which account for 35 million (60%) of deaths in the world each year, 9 million of which can be considered

premature and therefore avoidable deaths.² In February this year, the International Union Against Tuberculosis and Lung Disease joined the Alliance, bringing the total number of organisations represented by the NCD Alliance to more than 880 in over 170 countries. The NCD Alliance has an advocacy website and produces regular news bulletins to its members and encourages other organisations committed to help the world address NCDs to join its common interest group.

Inspired by the success of the HIV/AIDS United Nations (UN) Assembly Special Session which took place in June, 2001, the NCD Alliance's initial focus of attention has been to campaign for a similar UN event to address efficacious and cost-effective interventions for NCDs. Concurrently, WHO had begun to place NCDs on the political agenda through the creation of the 2008–13 Action Plan for the Global Strategy for the Prevention and Control of NCDs³ and the Global NCD Network,⁴ a voluntary collaborative meeting of UN agencies, academia, private sector, and civil society representatives.

A second objective of the NCD Alliance is to seek the inclusion of NCDs in the Millennium Development Goals (MDGs). Sadly, NCDs do not feature explicitly in the goals, nor are there indicators that are related directly to these diseases. This results in a skewed distribution of overseas development aid, with less than 2% of more than \$44 billion actually helping developing countries in their fight against NCDs.⁵ Front-line carers and builders of capacity in cancer control, such as the membership of the International Network for Cancer Treatment and Research (INCTR), count the cost of the global neglect of the cancer epidemic in countries of low and middle income on a daily basis. Given that NCDs have become a significant health issue, with 80% of the current burden in countries of low and middle income and trends predicting a 17% increase in global NCD deaths over the next 10 years,² no one can argue that NCDs are not also a serious development issue. Thus, the omission of NCDs in the MDGs appears to be an oversight that merits correction at the MDG summit in New York this month.

In May, 2010, at its 64th session, the UN passed Resolution 64/265 in recognition of growing concerns being voiced by countries—in particular, the Caribbean



Published Online
September 20, 2010
DOI:10.1016/S1470-
2045(10)70228-X

For more on the **World Cancer Declaration** see *Lancet Oncol* 2008; **9**: 810–11

For the **NCD Alliance advocacy website** see <http://www.NCDAlliance.org>

Panel: Key statements in UN Resolution 64/265

At its 64th session, the UN General Assembly:

- decided to convene a high-level meeting of the General Assembly in September, 2011, with the participation of heads of state and government, on the prevention and control of non-communicable diseases;
- decided to hold consultations on the scope, modalities, format and organisation of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, with a view to concluding consultations, preferably before the end of 2010;
- encouraged member states to include in their discussions at the high-level plenary meeting of the 65th session of the General Assembly on the review of the MDGs, to be held in September, 2010, the rising incidence and the socioeconomic impact of the high prevalence of non-communicable diseases worldwide;
- requested the Secretary-General to submit a report to the General Assembly at its 65th session in collaboration with member states, WHO and the relevant funds, programmes and specialised agencies of the UN system, on the global status of non-communicable diseases, with a particular focus on the developmental challenges faced by developing countries.

countries and those of the Commonwealth. More than 135 countries supported the resolution, highlighting widespread recognition and concern about NCDs. The key statements from the resolution are shown in the panel. Importantly, the high-level meeting of the General Assembly in September, 2011, proposed in this resolution, will be attended by heads of state and government. The NCD Alliance is particularly keen to ensure that heads of state and government will issue a serious response in an outcomes statement at this summit which details the specific actions governments will take to strengthen health systems, and a set of indicators against which progress can be measured.

In the lead up to this summit, UICC will mobilise the global cancer community to identify and scope a programme of cancer-specific advocacy and technical work to feed into and complement the umbrella NCD platform. UICC will take a leadership role in the NCD Alliance to drive a programme of work that will include: a global consultation process to finalise a package of NCD key asks and priority interventions; generate a global price tag to implement these interventions; implement an advocacy strategy that will ensure these key asks and interventions are followed and ensure that the scope, modalities, and organisation of the high-level meeting

will deliver a thorough discussion on NCDs and result in a powerful outcomes statement by UN heads of state at the NCD summit. The comparable HIV/AIDS Special Session in 2001 lasted 3 days, and there are arguments that NCDs, representing a wider spectrum of diseases whose prevention, diagnosis, and management, particularly in the context of cancer, deserve longer than this. Consensus is building around a 3-day high-level meeting, with several regional consultations of both member states and public review taking place in the months leading up to September, 2011.

What would a successful UN high-level meeting on NCDs be? The NCD Alliance has a broad range of clear asks: it wants to see all countries develop and implement a viable national NCD action plan, supported by political will and allocation of sufficient resources for NCD prevention, management, treatment, research, and health systems. They would like to see full implementation of the Framework Convention on Tobacco Control.⁶ They seek support from all countries to agree on cost-effective interventions for the early detection, treatment, and palliation of NCDs which can be funded and globalised with political will. Finally, the NCD Alliance wishes to see NCD management built into global targets for the future, particularly the MDGs and their successor goals in 2015.

The final ask recognises that, although NCDs affect high-income countries too, the barrier of access to funds and political support is not as great as in the developing world, where help hinges on the lead being given by the MDGs. Hence Resolution 64/265 encourages member states to include NCDs in their review of the MDGs to be held in New York in September, 2010.

Pressure is mounting on member states to recognise NCDs in the current MDGs and certainly, it is expected that the replacement when the MDGs expire in 2015—the MDG successor goals—will need to respond to the arguments supporting their inclusion, particularly if the September, 2011, high-level meeting itself leads to a concerted global effort to reduce the burden of NCDs. In truth, the world cannot wait until 2015 to address this issue. Millions will die unnecessarily if we do not include NCDs in the MDGs now.

Is the world catching up with the World Cancer Declaration? Is there growing optimism that the targets set for 2020 are becoming more achievable? It seems that the answer to both of these questions is yes.

The next 12 months could deliver a new paradigm for cancer and other NCDs. We hope that the outcomes lead us to a position where future generations do indeed feel that our generation worked as hard as it could to eliminate cancer as a life threatening disease.

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Supported by UICC's NCD Alliance partners—International Diabetes Federation, World Heart Foundation, and International Union Against Tuberculosis and Lung Disease. The authors declared no conflicts of interest.

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