

Setting the challenge in a global context
The Union for International Cancer Control - UICC

"We unite the cancer community to reduce the global cancer burden, to promote greater equity, and to integrate cancer control into the world health and development agenda."



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Overview of UICC

- Oldest and largest cancer fighting organisation globally, established in 1933
- A non government organisation in Switzerland
- More than 1070 members across 164 countries
- Official relations with UN agencies: WHO, IARC, IAEA, UNODC and consultative status at ECOSOC
- A team of 40 based in Geneva
- A Board elected by the UICC Membership





An Award Winning Organisation

International and European Associations Awards

2015 – CEO of the Year

2016 – Conference Development

2017 – Best Membership Engagement

2018 – Best Website and Integration

The European Associations Award

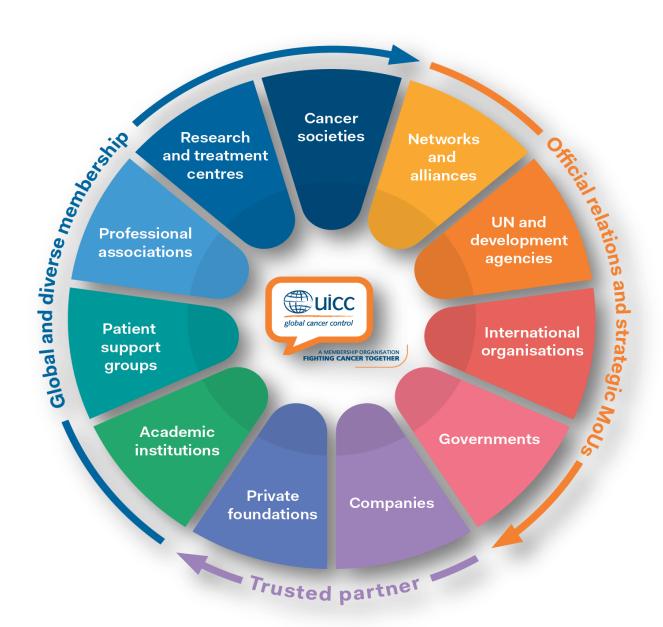
2018 – Best Association Website

The Association Awards

2017 - Best Use of Social Media (at the Paris World Cancer Congress)

Uniting the cancer community

Working in partnership to deliver impact



UICC's areas of focus



Convening

Provide platforms for the entire cancer community to join forces and drive change on a global scale







Capacity Building

Innovative tools and skills to help organisations do a better job tomorrow than they are already doing today

- Leadership development (CEOs, young leaders)
- Peer to peer capacity building at global and regional levels
- Online education and resources
- Grants for fellowships, project improvement, workshops, change and innovation
- Improving national advocacy for treatment and care

Advocacy

Promote 'Treatment for All', including:

Follow through on the World Health Assembly Cancer Resolution 2017

Integrate cancer control in the global health and development agendas, including:

- NCDs
- Universal Health Coverage
- Sustainable Development Goals

Track record in establishing successful and sustainable initiatives with others





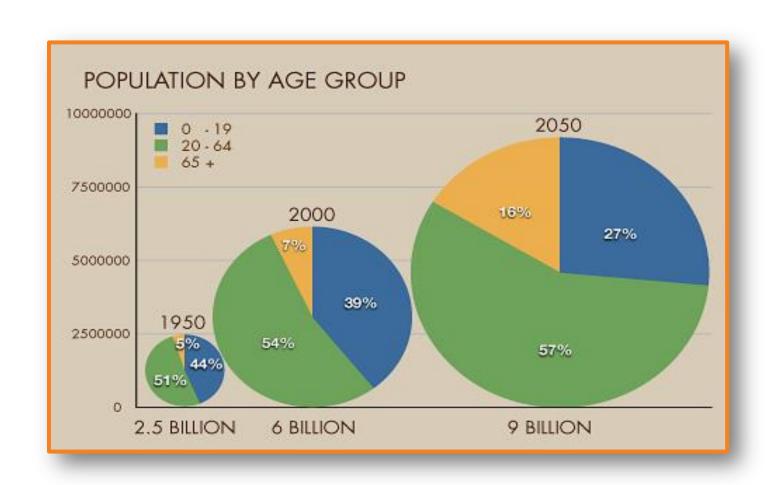




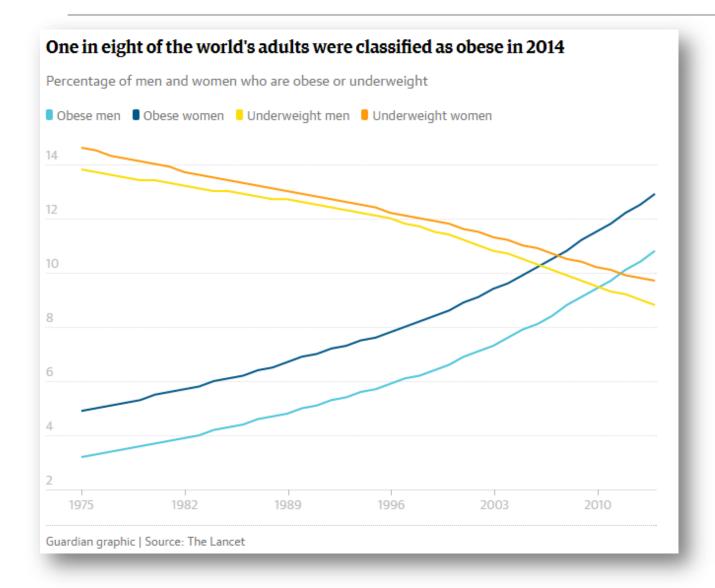


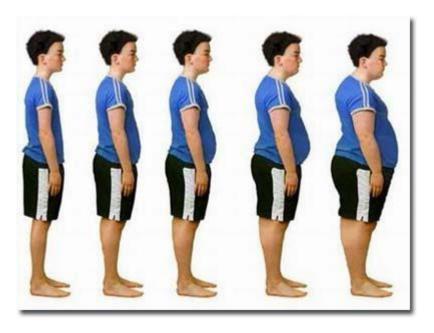


An Ageing Population

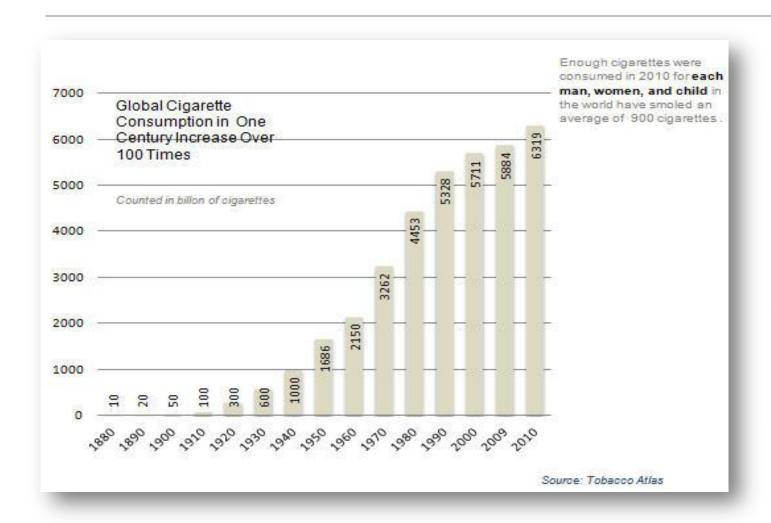


Getting Larger





Smoking no less ...





The Challenge of Cancer Control

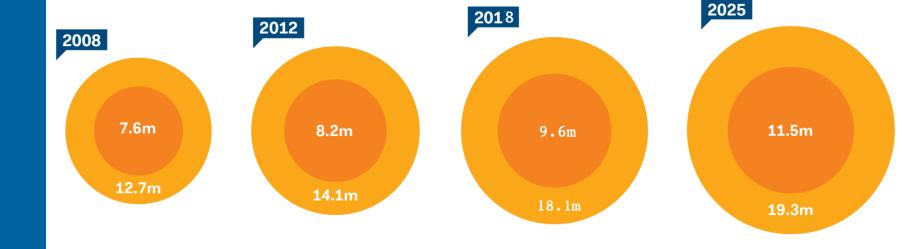
"Chances are, at some point in our lifetime we will either know someone who has had cancer or is currently fighting it. It affects us all - be it through a colleague, family member, or friend."

Sanchia Aranda, President, Union for International Cancer Control (UICC)

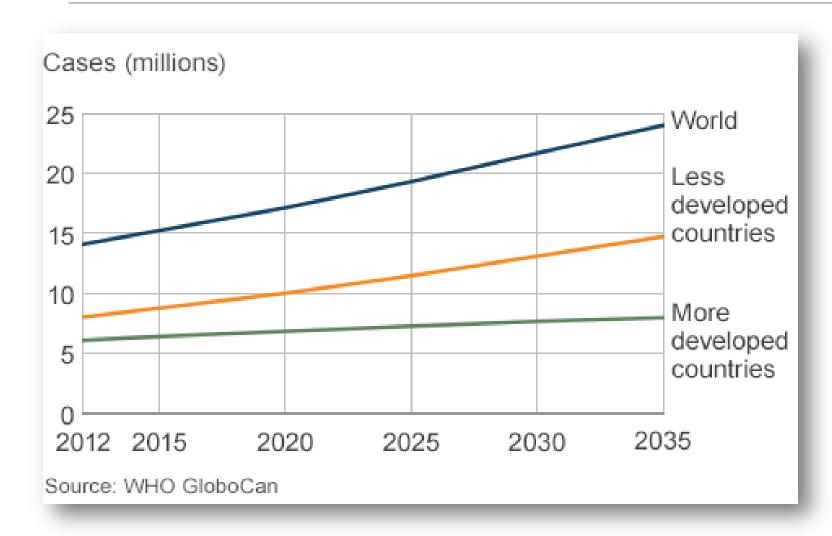
Cancer incidence and mortality

New cases

Deaths



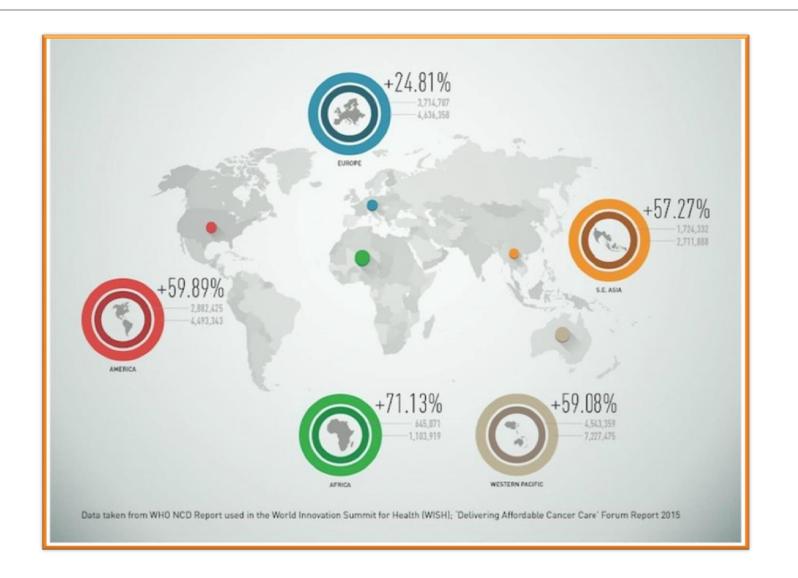
Predicted Global Cancer Cases





Increase in Incidence of Cancer

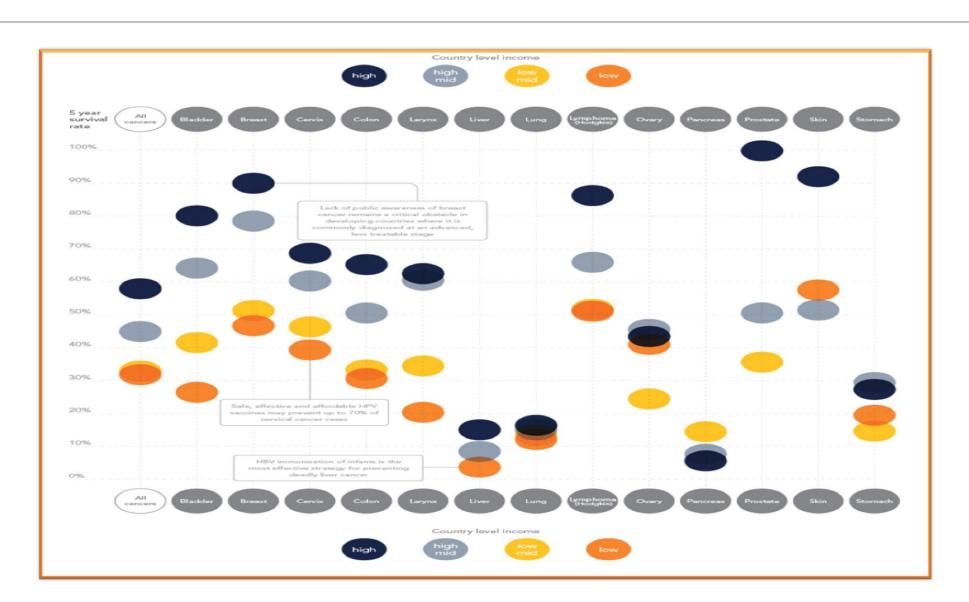
Between 2012 and 2030





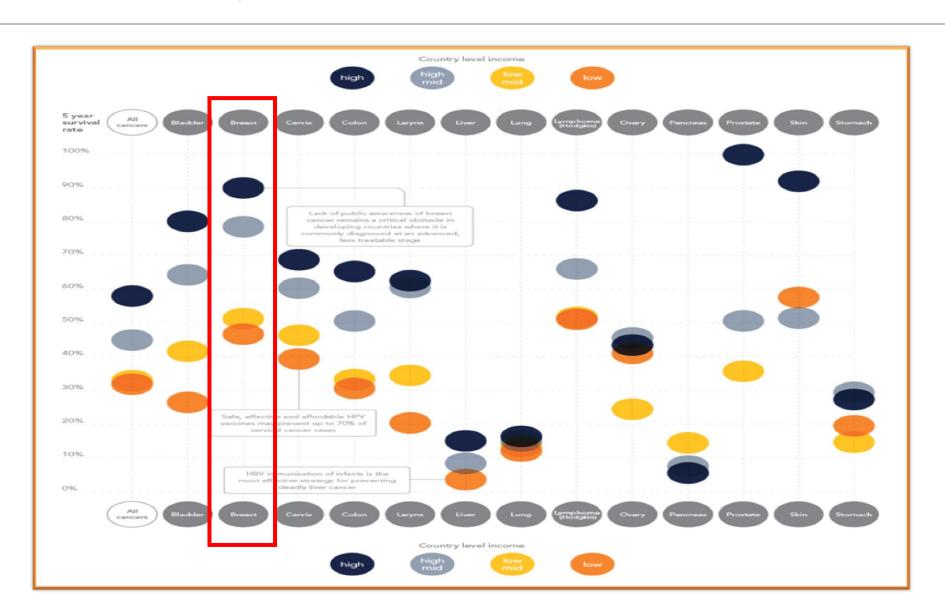
Health Inequalities – Where you live Matters

Income level influences 5 year survival rate

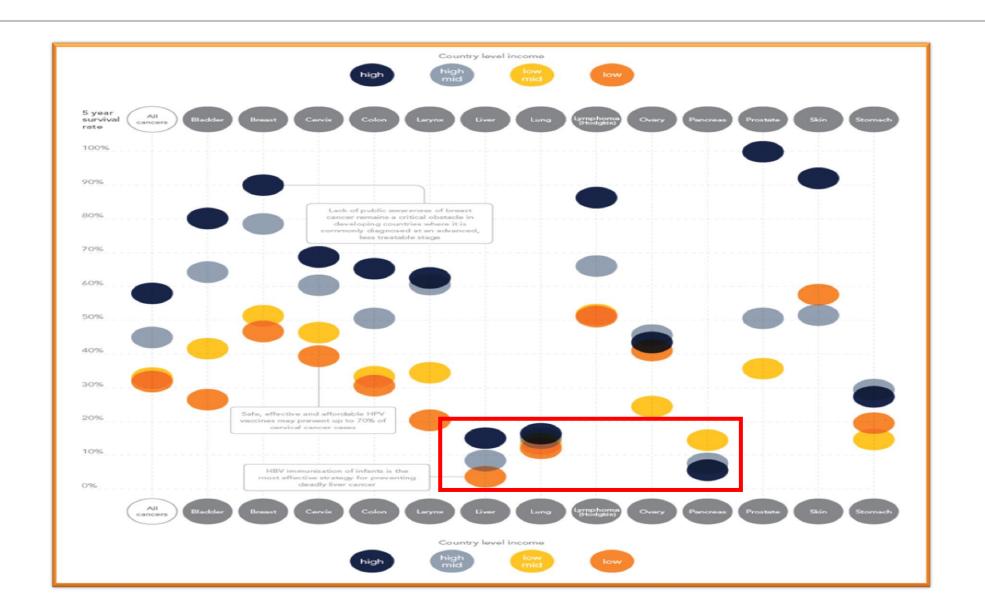


Health Inequalities – Where you live Matters

Income level influences 5 year survival rate



Health Inequalities – But not all cancers



How Patients' Life Expectancy has Improved

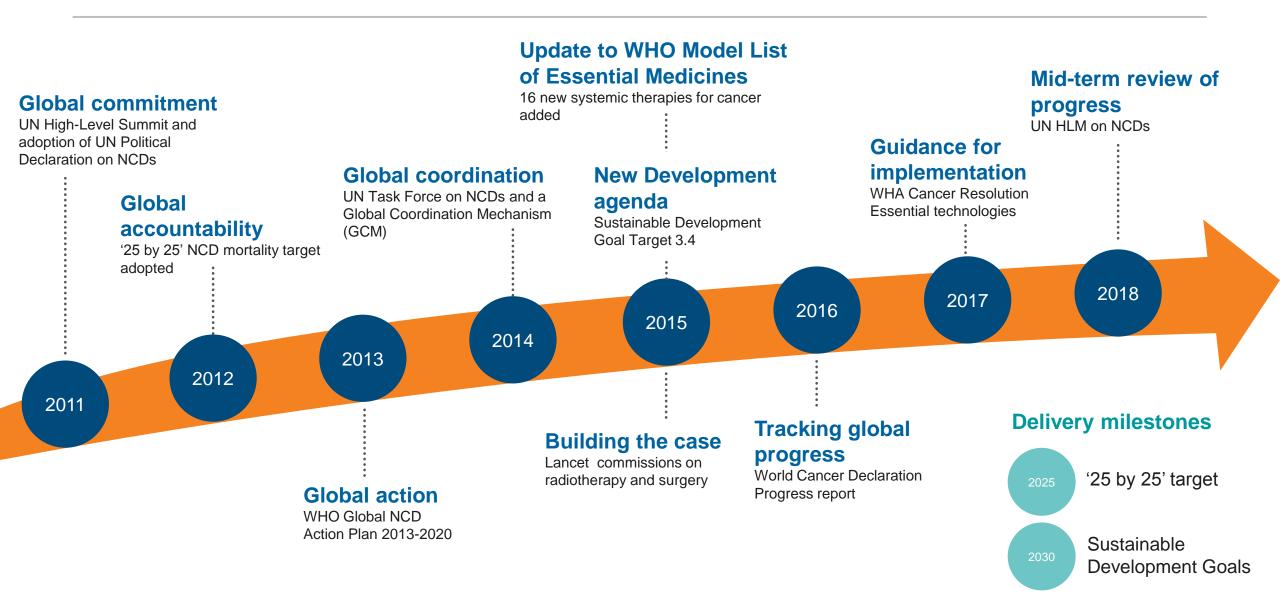
Data from UK

TYPE OF CANCER	SURVIVAL RATE (1971/2)	SURVIVAL RATE NOW	ADVANCES
Bowel	0.6 years	10 years	Awareness campaigns encouraging patients to see GP early. MRI and CT scanners now spot tumours. Improvements in surgery and new forms of chemotherapy.
Breast	5.5 years	9.6 years	Mammograms to all women aged 50-70. Better surgery and radiotherapy to remove tumours and cancerous tissue.
Leukaemia	3.6 months	3 years	Better chemotherapy and drugs. More bone marrow transplants.
Brain	3.6 months	6 months	Advances in chemotherapy and radiotherapy.
Lung	2 months	5 months	No landmark changes in medication. Anti-smoking awareness campaigns led to earlier diagnosis.
Pancreas	2 months	2 months	No landmark breakthrough but drugs have slowly improved.

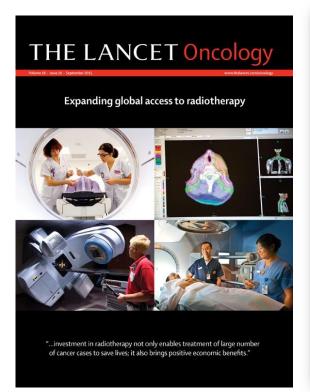




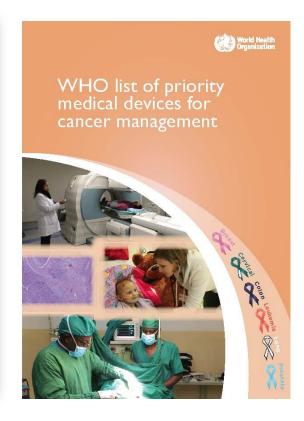
The global stage: Delivering a challenging and impactful agenda



Some Notable Successes









SEVENTIETH WORLD HEALTH ASSEMBLY Provisional agenda item 15.6 A70/32 13 April 2017

Cancer prevention and control in the context of an integrated approach

Report by the Secretariat

1. In January 2017, the Executive Board, at its 140th session, considered an earlier version of this report that contained a draft resolution. During the discussions, a in informal drafting group was set up so that consensus could be reached on the text of the draft resolution. Despite progress made by the drafting group, consensus was not achieved before closure of the Board's session and certain paragraphs of the draft resolution remained pending. The Board then agreed that the discussion of those outstanding paragraphs would be continued during the intervesional period.

BURDEN AND TRENDS

- Cancer is a growing public health concern. In 2012, there were 14.1 million new cases and 8.2 million cancer-elated deaths worldwide. The number of new cases is projected to increase to 21.6 million annually by 2010. The greatest impact is in low-and middle-income countries, many of which are ill-equipped to cope with the escalating burden of disease, and where 65% of cancer deaths
- 3. In 2012, there were 4.3 million premature deaths from cancer worldwide, 75% of which were in low- and middle-income countries. In order to achieve Stustainable Development Cool 31 (Ensure healthy lives and promote weel-leving for all at all ages) and its target 3.4 to reduce, by 2030, premature mertality from noncommunicable diseases, including cancer, by one third, as urgent scale-up of actions is needed. This scale-up-shoold include actions that apply also to other targets, such as target 3.4 to strengthen the implementation of the WHO Framework Convention on Tobacco Control by all Parties to the Convention, as appropriate.
- 4. Progress in cancer control has been uneven. In spite of known effective interventions, the burden of cervical cancer, for example, remains greatest in low- and middle-income countries, where progress has been the slowest. While there have been moderate improvements in age-standardized cancer mortality rates in high-income countries, reaching a 25% reduction in some settings, overall declines in mertality from cancer have no been achieved globally.

Document EB140/31

² See the summary records of the Executive Board at its 140th session, fourteenth meeting, fifteenth meeting, section 1 and eighteenth meeting, section 3.

Driving national action to 2025: Cancer Resolution 2017



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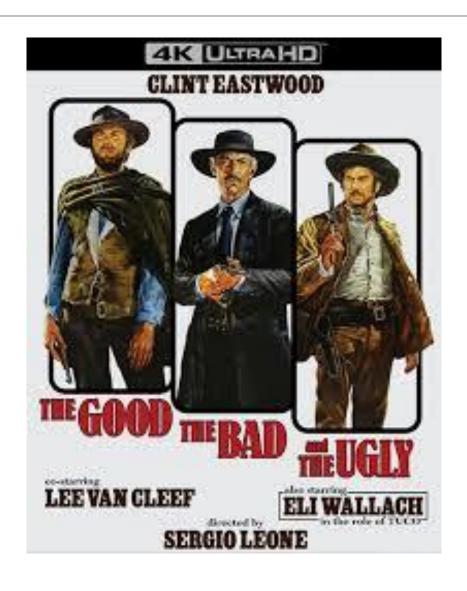
BURDEN AND TRENDS

- 2. Cancer is a growing public health concern. In 2012, there were 14.1 million new cases and 8.2 million cancer-related deaths worldwide. The number of new cases is projected to increase to 21.6 million annually by 2030. The greatest impact is in low-an dmiddle-income countries, many of which are ill-equipped to cope with the escalating burden of disease, and where 65% of cancer deaths occur.
- 3. In 2012, there were 4.3 million premature deaths from cancer worldwide, 75% of which were in low- and middle-income countries. In order to achieve Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and its target 3.4 to reduce, by 2030, premature mortality from noncommunicable diseases, including cancer, by one third, an urgent scale-up of actions is needed. This scale-up should include actions that apply also to other targets, such as target 3.a to strengthen the implementation of the WHO Framework Convention on Tobacco Control by all Parties to the Convention, as appropriate.
- 4. Progress in cancer control has been uneven. In spite of known effective interventions, the burden of cervical cancer, for example, remains greatest in low- and middle-income countries, where progress has been the slowest. While there have been moderate improvements in age-standardized cancer mortality rates in high-income countries, reaching a 25% reduction in some settings, overall declines in mortality from cancer have not been achieved globally.
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- Advocacy drew on momentum from World Cancer Declaration Report and Lancet Commissions
- Emphasises need for holistic approach to cancer treatment: "Member States should increase efforts to strengthen health systems at the national and local levels to ensure early diagnosis and accessible, affordable and high-quality care for all cancer patients"
- Crucial advocacy tool for holding governments accountable and tracking progress
 - WHO to publish World Cancer Report due 2019
 - UICC to work with members to advocate for national implementation of Appendix 3 of the NCD Global Plan, Essential Medicines and Technologies lists
- Cervical Cancer Elimination Project kicked off with WHO

UN HLM NCDs September 2018



Accelerating

Progress

Translating global commitments into national action:

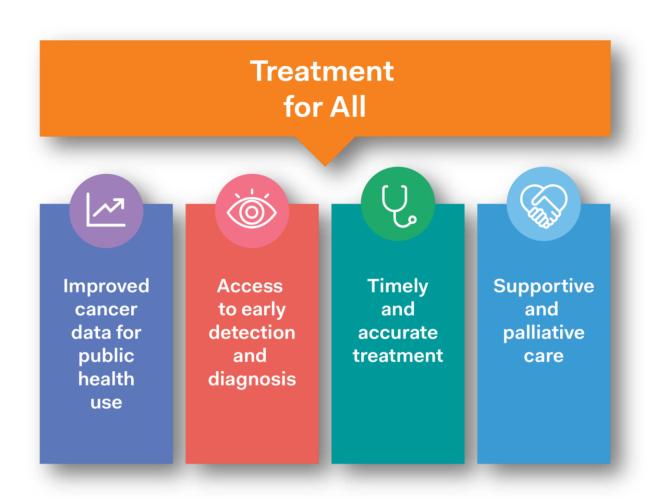
Treatment for All

Changing the future of cancer treatment at the city level:

City Cancer Challenge



Translating global commitments into national action: Treatment for All



UICC will be working with its members and partners to:

- Continue supporting the development of the economic case for investing in cancer
- Lead a campaign to push for action on Treatment for All in the run up to September 2018 UN High Level Meeting in New York on NCDs
- Develop tools for UICC members and partners to make the case for treatment for all nationally/regionally
- Mobilise an army of UICC members to build national/regional coalitions for treatment for all
- Stimulate clinical leadership through key regional and national roundtables

Treatment for All Campaign Work Streams





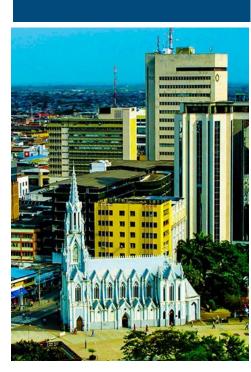
City Cancer Challenge

Cali, Colombia

Asunción, Paraguay

Yangon, Myanmar

Kumasi, Ghana









Thank you

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