

The World Cancer Declaration 2008

A call to action from the global cancer community¹

A worsening global crisis

- Cancer kills more people than AIDS, TB and malaria combined and the death toll is set to rise dramatically over coming decades unless concerted action is taken now. Cancer accounted for 7.9 million deaths in 2007. About 72% of these deaths occurred in low- and middle-income countries, where resources available for cancer control are limited or nonexistent. In the few years since the start of the 21st century cancer has already cost almost as many lives as the whole of World War II – the single deadliest conflict the world has ever seen.
- The global cancer burden is increasing rapidly with growth driven largely by the ageing of the world's population and increased exposure to cancer risk factors. By 2030 it is estimated that over 12 million people will die of this disease every year.
- Although there are significant differences in cancer burden and trends across the world, the rapidly increasing cancer burden affects all the world's populations – not just high-income countries. Currently, cancer is the second leading cause of death in high-income countries and the third leading cause of death in low- and middle-income countries. In affluent countries, despite the increasing incidence, cancer survival rates are improving because more cancers are detected early and treated appropriately. In stark contrast, incidence and mortality rates are rapidly increasing in less affluent countries.
- Cancer may never be wiped out completely, but there is much that can be done to reverse the escalating toll of suffering and death. Millions of lives that could be saved will be lost unless action is taken to raise awareness about cancer, galvanize political leadership, and develop practical strategies. Most countries have neither the strategy nor the political will to tackle cancer – few even know how many of their citizens are affected.
- There are significant weaknesses in the global response to cancer. The global health community, which has a huge influence over national priority setting and resource allocation, has for decades focused almost exclusively on infectious diseases. Consequently, the world is poorly prepared and ill equipped to confront this impending disaster.

¹ At the 19th World Cancer Congress (Washington 2006) the global cancer community united behind a call for urgent action to deal with the worldwide cancer crisis by launching the first World Cancer Declaration, which outlines the steps needed to begin to reverse the global cancer crisis by 2020. This revised declaration was adopted at the World Cancer Summit in Cologny, Geneva, on 30 August 2008 and endorsed by the 20th World Cancer Congress (Geneva 2008). The declaration is a tool to help cancer advocates bring the growing cancer crisis to the attention of health policymakers at national, regional and global levels. It represents a consensus between foundations, national and international non-governmental and governmental organizations, professional bodies, the private sector, academia and civil society from all continents that are committed to the vision of eliminating cancer as a major threat for future generations. The World Cancer Declaration builds on Charter of Paris (February 2000), which was the first effort to mobilize the global cancer community to address the growing cancer crisis worldwide.

The challenges faced

- A significant number of cancers can be prevented – primarily through reducing tobacco and alcohol consumption, decreasing exposure to occupational and environmental carcinogens, implementing vaccination programmes and promoting healthy diet and physical activity. Many cancers can be cured if detected early and treated appropriately. Patients with more advanced cancer often live for many years and can enjoy a good quality of life. The provision of high quality palliative care can minimize patient suffering and help patients die with dignity. The heavy mental health burden associated with cancer can be reduced through the integration of psychosocial care into general cancer care. Those who do survive a cancer experience can be rehabilitated to ensure that the long-term consequences of cancer and its treatments do not prevent them living as normal a life as possible.

However

- In many countries cancer remains a stigmatized disease associated with damaging myths and misconceptions that pose a significant barrier to effective cancer control.
- In 2005 the World Health Assembly adopted a resolution on cancer prevention and control that calls on member states to intensify action against cancer by developing and reinforcing cancer control programmes. However, too many countries have failed to fulfil their pledge to deal with cancer as an important public health priority by implementing a comprehensive national cancer control programme.
- Despite the marked improvement in the proportion of the world's population covered by global cancer incidence data, information on the number of people living with and dying from cancer is unavailable for much of the world's population. Without comprehensive data, it is difficult to convince policymakers to make the investment necessary to tackle cancer and to measure the impact of cancer control activities.
- Tobacco use – the single largest preventable cause of a range of different cancers – is increasing in low- and middle-income countries and remains a major global problem. As smoking rates falls among more affluent and educated segments of the world's population, tobacco addiction is increasingly afflicting the poor and is a major contributor to health disparities, not only in cancer. The WHO Framework Convention on Tobacco Control (FCTC), the first international public health treaty, was adopted by the World Health Assembly in 2003. However, few countries have implemented proven tobacco control strategies at a level that provides full protection for their populations. Only 5% of the world's population is covered by comprehensive smoke-free laws.
- Unhealthy diet, excessive alcohol intake, physical inactivity, and exposure to occupational and environmental carcinogens also increase a person's risk of getting cancer. Obesity rates are rapidly increasing, even in countries where most of the world's hungry live. Alcohol consumption is also increasing, with most of this increase occurring in low-and middle-income countries. Many governments have not put measures in place to protect workers against occupational carcinogens and reduce exposure to known environmental carcinogens.

- One fifth of all cancers are related to chronic infection caused by the hepatitis B virus (HBV), human papilloma virus (HPV), *Helicobacter pylori*, liver fluke, schistosomes, and human immunodeficiency virus (HIV). While vaccines are available against both HBV and some types of HPV, vaccination coverage is poor or non-existent in most of the worst affected regions. Vaccines for HPV have been approved in many countries; however, few countries have established a comprehensive vaccination programme. Furthermore, not all countries have a cervical cancer screening programme in place. This is particularly problematic in low- and middle-income countries where 80% of cervical cancer cases occur and where resources are limited.
- Public and professional ignorance about cancer warning signs, limited availability of screening and early detection programmes, and a shortage of trained health professionals mean that cancers that might be curable if treated in time are often detected too late.
- Resources needed for diagnosing cancer accurately are often lacking, which means clinical decisions are made on the basis of flawed or incomplete information.
- Across the globe there are enormous inequities in access to potentially curative treatments, supportive care, psychosocial support, rehabilitation and palliative care. Financial constraints, poor infrastructure, and lack of knowledge about how to develop cancer services for diverse cultural, socio-economic and geographic settings hinder the development of services that are equitable and economically sustainable. These limitations mean that a large number of patients do not have access to acceptable levels of cancer care, not even palliative care.
- The global shortage of health workers has a significant impact on the provision of cancer control services. Health workers are inequitably distributed throughout the world, with severe imbalances between developed and low- and middle-income countries and even within countries. Sub-Saharan Africa faces the severest health workforce crisis. The emigration of health workers from low- and middle-income countries to high-income countries, either spontaneously or through recruiting practices, has exacerbated this problem.
- There is a dearth of specialist training opportunities in different dimensions of cancer control for all categories of health workers.
- Underuse of opioids condemns millions of cancer patients to suffer unnecessary pain. Currently, around 90% of global morphine use is in Europe and North America. In many low- and middle-income countries access to opioid analgesics is extremely low or non-existent. Barriers to access include lack of knowledge and skills in pain management, negative public attitudes, economic constraints, insufficient distribution systems and regulatory impediments.
- Investment in independent cancer research and clinical trials networks that can provide guidance on the best ways to improve cancer outcomes in economically, socially and culturally diverse settings is sub-optimal. Moreover, the evidence on cancer control measures that is currently available is not applied in a timely manner.

World Cancer Declaration

A call to action

We the global cancer community call on governments, international governmental organizations, the international donor community, development agencies, professional organizations, the private sector and all civil society to take immediate steps to slow and ultimately reverse the growth in deaths from cancer, by committing to the targets set out below and providing resources and political backing for the priority actions needed to achieve them

Targets

By 2020:

- Sustainable delivery systems will be in place to ensure that effective cancer control programmes are available in all countries
- The measurement of the global cancer burden and the impact of cancer control interventions will have improved significantly
- Global tobacco consumption, obesity and alcohol intake levels will have fallen significantly
- Populations in the areas affected by HPV and HBV will be covered by universal vaccination programmes
- Public attitudes towards cancer will improve and damaging myths and misconceptions about the disease will be dispelled
- Many more cancers will be diagnosed when still localized through the provision of screening and early detection programmes and high levels of public and professional awareness about important cancer warning signs
- Access to accurate cancer diagnosis, appropriate cancer treatments, supportive care, rehabilitation services and palliative care will have improved for all patients worldwide
- Effective pain control measures will be available universally to all cancer patients in pain
- The number of training opportunities available for health professionals in different aspects of cancer control will have improved significantly
- Emigration of health workers with specialist training in cancer control will have reduced dramatically
- There will be major improvements in cancer survival rates in all countries

Priority actions

These targets are ambitious. During the past few years, however, there is growing evidence that concerted action can make a difference in a short time. We believe, therefore, that the targets can be achieved provided a number of priority actions are implemented

Health policy

- Place cancer on the development agenda. Increase the political priority given to cancer by demonstrating that a country's investment in dealing with its growing cancer problem is an investment in the economic and social well-being of the

country. Organizations concerned with cancer control should work with the global donor community, development agencies, the private sector and all civil society to invest in cancer control

- Mobilize stakeholders to ensure that strategies to control cancer globally are targeted at those who are most in need. Involve all major stakeholder groups in the development, or updating, of national cancer control policies
- Implement strategies that have been proven to bridge existing cancer surveillance gaps
- Increase efforts to involve cancer patients in cancer control planning at a local and national level

Cancer prevention and early detection

- Increase efforts to reduce tobacco consumption by encouraging governments to fully implement and enforce the FCTC
- Raise awareness about the need for culturally sensitive cancer risk reduction campaigns, along with public and professional education about cancer warning signs. Push governments to implement policies that will support risk-reducing strategies at a community level and enable individuals to make more informed consumption choices and adopt healthier behaviour
- Encourage governments to implement measures to reduce people's exposure to environmental and occupational carcinogens
- Undertake actions to ensure that vaccines and other strategies that are shown to prevent cancer-causing infections are made more widely available
- Advocate for the provision of affordable screening programmes for which there is evidence of efficacy in the population in question. Undertake pilot projects that are designed to evaluate the feasibility and efficacy in populations in which the screening technology has not yet been tested

Cancer treatment

- Promote the development and use of cancer treatment guidelines that are relevant to local needs and resources. Ensure that sufficient treatment, supportive care, rehabilitation and palliative care facilities and well-trained staff are available to meet the physical, social and emotional needs of patients with cancer
- Take steps to tackle the many barriers to optimal pain control. Work with governments to address the over-regulation of pain medicines. Cooperate with international organizations, including the International Narcotics Control Board and the World Health Organization, to ensure that global implementation of the UN's international drug control conventions do not unduly interfere with legitimate efforts to advance access to pain medicines for cancer patients in pain
- Work with the pharmaceutical industry to increase access to cancer medicines that are affordable and of assured quality
- Increase the number of health professionals with expertise in all aspects of cancer control by providing specialist training opportunities and fellowships to enable professionals to study in specialist settings
- Raise awareness about the impact of health worker emigration on the ability of countries to provide adequate levels of cancer care and work collectively to address global and national health workforce shortages and the resultant deepening of inequity

Cancer research

- Increase investment in independent basic and applied cancer research and accelerate the translation of research findings into clinical and public health practice
- Encourage cancer research organizations in different countries to collaborate, share data and define complementary research objectives to optimize the use of the limited funds available for cancer research and reduce duplication of effort

Progressing towards the 2020 targets

- Through its member organizations, now more than 300 in over 100 countries, the International Union against Cancer (UICC) will promote partnerships and international collaboration aimed at accelerating progress towards achieving the 2020 targets
- Given the huge variability in cancer burden and service provision throughout the world, UICC will encourage members to use the World Cancer Declaration as a template to develop regional or national cancer declarations that can better reflect local needs and priorities and allow for more accurate quantification of targets where data exists
- UICC will take responsibility for preparing a report every two years on the progress made towards achieving the 2020 targets. These reports will be presented at the biennial World Cancer Congress