A worsening global crisis

1. 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. 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. By 2030 it is estimated that over 12 million people will die of this disease every year. More than 70% of these deaths will occur in low- and middle-income countries, where resources available for cancer control are limited or nonexistent.

2. Although there are significant differences in cancer burden, mix and trend 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 developed countries and the third leading cause of death in the developing world. In affluent countries, despite increasing incidence, cancer survival rates are rising because more cancers are detected early and treated appropriately. In stark contrast, incidence and mortality rates are rapidly increasing in less affluent countries but there has been no significant improvement in survival.

3. Cancer deprives families of caregivers and income earners. It causes appalling suffering and often spells economic ruin, as families sink all their resources into paying for treatment that is often inappropriate and delivered too late.

4. 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.

5. 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.

The challenges faced

6. 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 fulfill their pledge to deal with cancer as an important public health priority by implementing a comprehensive national cancer control programme.

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1 At the World Cancer Congress in Washington DC in July 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. The Declaration is a tool, regularly revised, to help cancer advocates bring the growing cancer crisis to the attention of health policymakers at a national, regional and global level. 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, which was the first effort to mobilize the global cancer community to address the growing cancer crisis worldwide.
7. 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 many 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.

8. Tobacco use – the single largest preventable cause of cancer in the world today – is increasing in the developing world, and remains a major global problem. The WHO Framework Convention on Tobacco Control (FCTC) was adopted by the World Health Assembly in 2003, but only about one in five countries has fully implemented any of the six key tobacco control strategies from the FCTC at a level that provides full protection for their populations. Only 5% of the world’s population is covered by comprehensive smoke-free laws.

9. Unhealthy diet, excessive alcohol intake, physical inactivity, and exposure to occupational carcinogens all cause 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 developing countries.

10. One fifth of all cancers are due 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 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. This is particularly problematic in the developing world where 80% of cervical cancer cases occur.

11. Public and professional ignorance about cancer warning signs, limited availability of early detection programmes, and a shortage of trained health professionals means cancers that might be curable if treated in time are often detected too late.

12. Across the globe there are enormous inequities in access to potentially curative treatments, 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.

13. 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 developing countries and even within countries. Sub-Saharan Africa faces the severest health workforce crisis. The migration of health workers, either spontaneously or through recruiting practices, from low- and middle-income countries to high-income countries has exacerbated this problem.

14. 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 developing 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 and regulatory impediments.

15. 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.
Concerted action can make a difference

16. Cancer may never be wiped out completely, but there is much that can be done to reverse the escalating toll of suffering and death. A significant number of cancers can be prevented – primarily through reducing tobacco and alcohol consumption, decreasing exposure to occupational and environmental carcinogens, the implementation of vaccination and screening programmes and promotion of healthy diet and physical activity. Many cancers, including some childhood cancers, can be cured if detected early and treated appropriately. Patients with cancers that cannot be cured can be treated palliatively to minimize their suffering and helped to die with dignity.

17. Significant efforts have been made in recent years to reverse the growing cancer crisis and growing evidence is available on what can be achieved through concerted action. For example:

a) The Framework Convention on Tobacco Control, the world’s first international public health treaty, has been ratified by 154 countries worldwide and efforts to combat tobacco are beginning to reap public health benefits in countries that have introduced and enforced comprehensive smoke-free legislation.

b) The Bloomberg Foundation has made USD 125 million available to create a partnership devoted to reducing dependence on tobacco around the world.

c) Action by the Global Alliance for Vaccines and Immunizations (GAVI) has helped improve hepatitis B coverage in many countries.

d) The Programme of Action for Cancer Therapy (PACT) was created by the International Atomic Energy Agency (IAEA) in 2004 in response to the developing world’s growing cancer crisis, with the aim of helping developing countries build a comprehensive, sustainable cancer control programme. PACT, in collaboration with UICC, WHO and others, has launched six pilot projects within an evolving public-private partnership in Albania, Nicaragua, Sri Lanka, Tanzania, Vietnam and Yemen.

e) UICC launched the World Cancer Campaign in 2005 to scale up public and political awareness of the fight against cancer. The "My child matters" initiative is the largest and most comprehensive childhood cancer programme in low- and middle-income countries, funding 26 pilot projects in 16 countries. "Today’s children, tomorrow's world" is a five-year cancer prevention programme (2007-2012) focused on children and their parents.

f) Since 1999 the Alliance for Cervical Cancer Prevention (ACCP) has conducted field assessments and comparisons of pre-cancer screening and treatment methods in over 20 countries. The ACCP partners, which include EngenderHealth, the International Agency for Research on Cancer (IARC), UICC, IAEC, the Pan-American Health Organization (PAHO), PATH and Partners in Health, have been energetic advocates for cervical cancer screening for all women and have published over 100 fact sheets, training manuals, and white papers. The ACCP is supported by the Bill & Melinda Gates Foundation.

g) UICC has developed a handbook containing evidence-based strategies to reduce the cancer burden for use by civil society and NGOs. This booklet is easily adapted to the reality in different countries.

h) According to the International Narcotics Control Board, some governments have recently changed legislation or policies governing opioid availability. This has made it easier for cancer patients to gain access to the medication they need to control their pain.
Call to action

We the global cancer community call on governments, international governmental organizations, the international donor community, development agencies, 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 goals and targets set out below and providing resources and political backing for the priority actions needed to achieve them.

2020 goals

By 2020
1. sustainable delivery systems will be in place to ensure that effective cancer prevention, early detection, treatment and palliative care service is available in all countries
2. the measurement of the global cancer burden and the impact of cancer control interventions will have improved significantly
3. global tobacco consumption, obesity and alcohol intake levels will have fallen significantly
4. populations in the areas affected by HPV and HBV will be covered by universal vaccination programmes
5. many more cancers will be diagnosed when localised through the provision of appropriate screening programmes and high levels of public and professional awareness about significant cancer warning signs
6. access to appropriate cancer treatment, rehabilitation and palliative care will have improved significantly for all patients worldwide
7. many more cancer patients in pain will have access to effective pain control measures

Intermediate targets

To achieve the above goals by 2020, it is necessary to increase progressively
1. the number of countries with comprehensive national cancer control policies in place that take account of local priorities and realities and include dedicated budgets to ensure implementation
2. the number of countries with cancer surveillance systems in place
3. the number of countries with well-targeted initiatives to raise public and political awareness about the different factors that increase cancer risk and the measures that need to be deployed to reduce cancer risk
4. the number of countries that have ratified the WHO Framework Convention on Tobacco Control and fully implemented the six key tobacco control policies outlined in the documents
5. the number of countries with HBV and HPV vaccination and cervical cancer screening coverage of at-risk populations
6. the proportion of cancers that are detected when localised through the provision of screening programmes, where relevant, and through heightened public and professional awareness of significant cancer warning signs
7. the number of cancer patients with access to appropriate treatment, rehabilitation and palliative care in adequately equipped treatment facilities
8. the number of health professionals with specialist training in cancer prevention, detection, treatment and care
9. the number of cancer patients in pain worldwide that have access to effective pain control

Priority actions

To achieve the 2020 goals and the intermediate targets, priority actions need to be implemented to tackle cancer on many fronts.
Health policy

1. 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 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.

2. 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.

3. Define strategies that can begin to bridge existing cancer surveillance gaps.

Cancer prevention and early detection

4. Raise awareness about the need for culturally sensitive cancer risk reduction education campaigns, as well as public and professional education about cancer warning signs. Encourage governments to implement policies that will enable individuals to adopt risk-reducing behaviour and make more informed consumption and lifestyle choices.

5. Increase efforts to reduce tobacco consumption by encouraging governments to fully implement and enforce the six key tobacco control measures of the FCTC that have been shown to be successful.

6. Undertake actions to ensure that vaccines and other strategies that are shown to prevent cancer-causing infections are made more widely available.

7. Advocate for the provision of affordable screening programmes for which there is evidence of efficacy in the population in question. Undertake pilot projects to that are designed to evaluate the feasibility and efficacy in populations in which the screening technology has not yet been tested.

Cancer treatment

8. Promote the development and use of cancer treatment guidelines that are relevant to local needs and resources. Ensure that sufficient treatment, rehabilitation and palliative care facilities and well-trained staff are available to meets the needs of patients with cancer. Take steps to tackle the many barriers to optimal pain control. Work with the pharmaceutical industry to increase access to essential cancer medicines and immunological agents (e.g., vaccines) that are affordable and of assured quality.

9. Increase the number of health professionals with expertise in cancer prevention, treatment and care by providing specialist training opportunities for doctors and nurses. Raise awareness about the impact of health worker migration 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

10. Increase investment in independent basic and applied cancer research and accelerate the translation of the research findings into clinical practice.

Monitoring progress

11. A report on progress towards achieving the intermediate targets set down in this Declaration will be presented at each World Cancer Congress, which is held every two years.