

World Cancer

Declaration

Progress Report 2016

**Tomorrow is now:
Our journey to 2025**



A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER

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Image credits

Cover: A young patient and his carer in the paediatric oncology ward of the Istanbul University Oncology Institute

Image of Sanchia Aranda: © Cancer Council Australia

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Organisations who contributed to each national report are featured at the top of the relevant country page. These reports reflect UICC's members perspectives on their country's cancer control progress.

We would also like to recognise the input of World Cancer Research Fund International in developing the thematic page on nutrition, healthy weight and physical activity. Our thanks also goes to the American Cancer Society for their consent to use infographics drawn from the Cancer Atlas (Second Edition) across the other thematic pages. To explore these infographics and Cancer Atlas further please visit: <http://canceratlas.cancer.org/>.

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World Cancer Declaration

Overarching goal

There will be major reductions in premature deaths from cancer and improvements in quality of life and cancer survival rates.

Target 1



Strengthen health systems for effective cancer control

Health systems will be strengthened to ensure sustained delivery of effective and comprehensive, patient-centred cancer control programmes across the lifecourse.

Target 6



Universal access to screening and early detection for cancer

Population-based screening and early detection programmes will be universally implemented, and levels of public and professional awareness about important cancer warning signs and symptoms will have improved.

Target 2



Measure cancer burden and impact of cancer plans in all countries

Population-based cancer registries and surveillance systems will be established in all countries to measure the global cancer burden and the impact of national cancer control programmes.

Target 7



Improve access to services across the cancer care continuum

Access to accurate cancer diagnosis, quality multimodal treatment, rehabilitation, supportive and palliative care services, including the availability of affordable essential medicines and technologies, will have improved.

Target 3



Reduce exposure to cancer risk factors

Global tobacco consumption, overweight and obesity, unhealthy diet, alcohol intake, and levels of physical inactivity, as well as exposure to other known cancer risk factors will have fallen significantly.

Target 8



Universal availability of pain control and distress management

Effective pain control and distress management services will be universally available.

Target 4



Universal coverage of HPV and HBV vaccination

The cancer causing infections HPV and HBV will be covered by universal vaccination programmes.

Target 9



Improve education and training of healthcare professionals

Innovative education and training opportunities for healthcare professionals in all disciplines of cancer control will have improved significantly, particularly in low- and middle-income countries.

Target 5



Reduce stigma and dispel myths about cancer

Stigma associated with cancer will be reduced, and damaging myths and misconceptions about the disease will be dispelled.

Foreword



Sir George A.O. Alleyne PAHO/WHO Director Emeritus

Since the United Nations (UN) High Level Meeting in 2011, the voice and reach of the non communicable disease (NCD) community have increased dramatically, and there is agreement on the four main areas of activity needed to help drive progress at the global, regional and local levels. These are: advocacy, accountability, capacity development, and knowledge exchange. While not all organisations in the NCD community have the same capacities, each one offers a unique perspective and area of expertise, which collectively strengthens the global civil society voice. This Report demonstrates the particular reach and diversity of the UICC movement, with contributions from professional bodies, patient groups, researchers, and those working at the community level. As one of the four main NCDs, having a diverse, united and strong advocacy voice from the cancer community will enhance the effectiveness of the NCD movement as a whole.

The development of this Progress Report concurrent with the first year of the Sustainable Development Goals (SDGs) is advantageous as it gives benchmarks against which progress can be measured, especially in relation to cancer which features prominently among the NCD targets. It also highlights the potential for synergies between several of the SDG targets, and particularly the goal to achieve universal health coverage (UHC). It must be clear that effective and efficient services for cancer are an essential component of the package of services to be delivered progressively through UHC.

I commend the Report.

Introduction



Cary Adams Chief Executive Officer, Union for International Cancer Control

Since world leaders came together for the UN High Level meeting on NCDs in 2011, the political will to address cancer as part of the coordinated global response to NCDs has continued to build. Most recently, in 2015, we saw the inclusion of a clear standalone target for NCDs within the health goal of the **Sustainable Development Goals** a priority for UICC when we founded the NCD Alliance along with the World Heart Federation and the International Diabetes Federation in 2009.

The next 12 months in particular are a pivotal time for governments and the cancer community on the road to 2025. As well as marking the midpoint from the launch of the World Cancer Declaration targets in 2008 to their delivery in 2025 – it is a key period in the preparatory process for the 2018 UN Review of the implementation of commitments included in the **2011 UN Political Declaration on NCDs** and the **2014 UN Outcome Document on NCDs**, and a landmark opportunity to press Member States on the urgency for action.

We believe now is the time to harness this collective energy and commitment to drive forward progress to achieve the **World Cancer Declaration targets** as part of the NCD agenda. These nine visionary targets are aligned with the global ambition of a 25% reduction in premature mortality from NCDs by 2025, and set out the priorities for cancer prevention, early detection, diagnosis, treatment and care to achieve this mortality reduction in every country.

With this in mind, the UICC membership organisations have worked collectively to create this World Cancer Declaration Progress Report, providing a unique civil society perspective on national successes and major challenges that remain to realise the Declaration targets. Reports from 113 countries were developed by one lead organisation in consultation with other UICC members in each country where possible. These national views are accompanied by official data on the national capacity to respond, drawn from the **WHO's 2014 Country Cancer Profiles** and **2015 NCD Progress Monitor**. The Report also includes a series of thematic pages highlighting resources and global initiatives led by UICC and its partners that can help advance progress against each target.

For governments worldwide, this Report also demonstrates that the 1000-strong UICC membership is a trusted civil society partner in research, planning and service delivery, with the ability to check and challenge progress, and to act as a key platform for sharing expertise and implementation experience with others.

We believe that by presenting the current state of play in cancer control, governments and policy-makers will be motivated to take on lessons learned from others' successes and inspired to take leadership in areas where much is still to be done. We hope this Report will encourage persistence with country-level implementation and inspire a more collaborative approach to cancer solutions pan-government and across sectors, so that together we can reduce premature deaths from cancer and other NCDs, and improve the quality of life for people living with cancer everywhere.

I would like to thank all UICC member organisations for their contributions to this Report, but more importantly the great and meaningful work they do every day in the fight against cancer.

Introduction



Tezer Kutluk President, Union for International Cancer Control

The publication of the World Cancer Declaration Progress Report 2016 coincides with a major milestone in UICC's history, as we celebrate reaching 1,000 members across 162 countries. Our growing membership has much to be proud of, particularly over the last eight years in which we have helped to spearhead the civil society movement for NCDs. As UICC's President, I had the personal honour of giving the opening address, on behalf of civil society, at the [2014 UN High Level Review](#) on NCDs. The next High Level Review is set to take place in 2018, and by showcasing cancer control success stories we can collectively push cancer control in low- and middle-income countries firmly on to the agenda of development funders.

It is clear from the country reports that major strides have been made across the cancer care continuum since the launch of the World Cancer Declaration in 2008. Some stand out successes include the introduction for the first time of plain packaging for cigarettes in Australia in 2012; the exponential increase in the number of girls immunised against HPV and the success of rolling out national-scale vaccination efforts in the African region such as Rwanda's national HPV programme; national colorectal screening programmes in Spain; establishment of the national cancer grid of public sector cancer hospitals across India; and the increased access to palliative care and pain relief for cancer patients in El Salvador.

Our member organisations also highlighted common areas where there is significant room for improvement. Although notable progress has been made in tobacco control, several European countries including Germany, Spain and the UK remarked that efforts to address other cancer risk factors, particularly obesity and physical inactivity have been limited. Across the Western Pacific and South East Asia, countries reported progress in the development of cancer registries but they underlined that more must still be done to improve data quality and coverage. Several UICC members highlighted ongoing efforts to

increase access to paediatric oncology services including in Barbados, the Democratic Republic of the Congo, Pakistan, Russia, and Tonga, but noted that improving early diagnosis and expanding paediatric registries are a still priority.

Inequities in access to quality diagnosis, treatment and care continue in many countries. In particular, access to surgery, radiotherapy and essential cancer medicines remains an enormous challenge for many governments with little progress to report from the majority of countries. This, despite the recently published [Lancet Oncology commissions](#) on expanded access to cancer surgery and radiotherapy, and the recent update of the cancer section of the [WHO Model List of Essential Medicines](#) and the high profile that the [UN High Level Panel on Access to Medicines](#) has afforded the topic. Equally, the gap in skilled human resources for cancer care was highlighted across all regions. Even in high resource settings, including Norway, Sweden, and Australia, there remain challenges in equity of access and concerns of sustainability.

The good news is that this report is testament to what is possible through collaboration and provides several key examples of how a truly multisectoral approach, which builds on current best practice, can increase a country's capacity to mount an effective national cancer response. There are numerous examples in the Report of UICC members supporting and in many cases leading national and regional partnerships in cancer control. The Bahrain Cancer Society has partnered with other NGOs to form the Gulf Federation for Cancer Control, for example; and the Kosova Task Force for Cancer Control is an active member of the Mediterranean Task Force for Cancer Control, developing regional materials and workshops.

It is also important to acknowledge that over 50% of active national and regional NCD alliances include a UICC member organisation. One of the challenges now is to broaden these efforts by joining forces with other national and regional networks to embrace links between NCDs and other sustainable development goals such as poverty, the environment, gender equality and sustainable cities, and to work with all levels of government towards our shared goal of reducing the burden of cancer and other NCDs.

How to use

this Report

Structure

The World Cancer Declaration Progress Report 2016 consists of 113 country reports and two regional commentaries that document progress against the World Cancer Declaration targets. Each country report focuses on four core areas:

- 1 Overall progress**
- 2 Key successes**
- 3 Remaining challenges in order for countries to reach the 2025 targets**
- 4 Achievements of the lead author**

These country reports have been grouped geographically by WHO region.

Between each of these regional chapters, the Report includes a focus piece on one of the Declaration targets. These give a brief introduction to the topic, highlighting key statistics, with a specific focus on sharing global initiatives and resources for use in national advocacy work.

How to use this Report

Data sources and keys

Alongside data from UICC Members, the report also draws on two key documents from WHO, displayed in the two data trackers at the top of each country report:

- The first tracker is compiled from the **WHO Country Cancer profiles** which synthesises the global status of cancer prevention and control, drawing on data reported by Member States on a range of key cancer control activities. From these profiles, we have selected the 11 metrics which relate most closely to progress against the Declaration targets. We encourage you to explore the full cancer country profile data for your country as a great starting point for understanding national progress, and engaging with governments and cancer planners.
- The second tracker highlights key data from the **WHO NCD progress monitor** which presents data on how each country has progressed against the ten targets identified within the 2014 UN Outcome Document on NCDs. We have selected and included the parameters most relevant to cancer prevention and control efforts. We encourage you to explore the full data for your country in the NCD progress monitor for a snapshot of country progress on NCDs more broadly.

The symbols used within this tracker have been taken directly from the WHO NCD progress monitor and the key below provides a brief overview of their meanings:

○	Target has not been achieved
◐	Target has been partially achieved
●	Target has been fully achieved

Abbreviations

Alongside data from UICC Members, the report also draws on two key documents from WHO, displayed in

Throughout the report a number of common abbreviations are used, as noted below;

AFRO	WHO Regional Office for Africa
EMRO	WHO Regional Office for the Eastern Mediterranean
EU	European Union
EURO	WHO Regional Office for Europe
FCTC	Framework Convention on Tobacco Control
HBV	Hepatitis B virus
HPV	Human papillomavirus
IAEA	International Atomic Energy Agency
IARC	International Agency for Research on Cancer
LINAC	Linear accelerator
MRI	Magnetic resonance imaging
NCD	Non-communicable disease
NGO	Non-governmental organisation
Pap	Papanikolaou test (Pap smear)
PAHO	Pan American Health Organization (WHO Regional Office for the Americas)
PET	Positron emission tomography
SEARO	WHO Regional Office for South-East Asia
SPF	Sun protection factor
UHC	Universal health coverage
UICC	Union for International Cancer Control
USD	United States dollar
UV	Ultraviolet
VIA	Visual inspection with acetic acid
WHO	World Health Organization
WPRO	WHO Regional Office for the Western Pacific

Cancer Control Plans

A national cancer control plan is the foundation for an effective and efficient national cancer response.

Target 1



Strengthen health systems for effective cancer control



The [Global Action Plan for the Prevention and Control of NCDs](#) calls on countries to develop and implement a national multisectoral NCD policy and plan.

In 2011, the World Economic Forum reported that the global cost of inaction on NCDs could total USD 47 trillion over the next 20 years, with almost half of that economic burden, USD 21 trillion, affecting low- and middle-income countries¹.

National cancer control plans are a vital first step for countries to implement the most impactful and cost effective interventions. They make a public commitment to action and can serve as a tool to engage international support and civil society engagement in order to reduce the national cancer burden and improve patient outcomes.

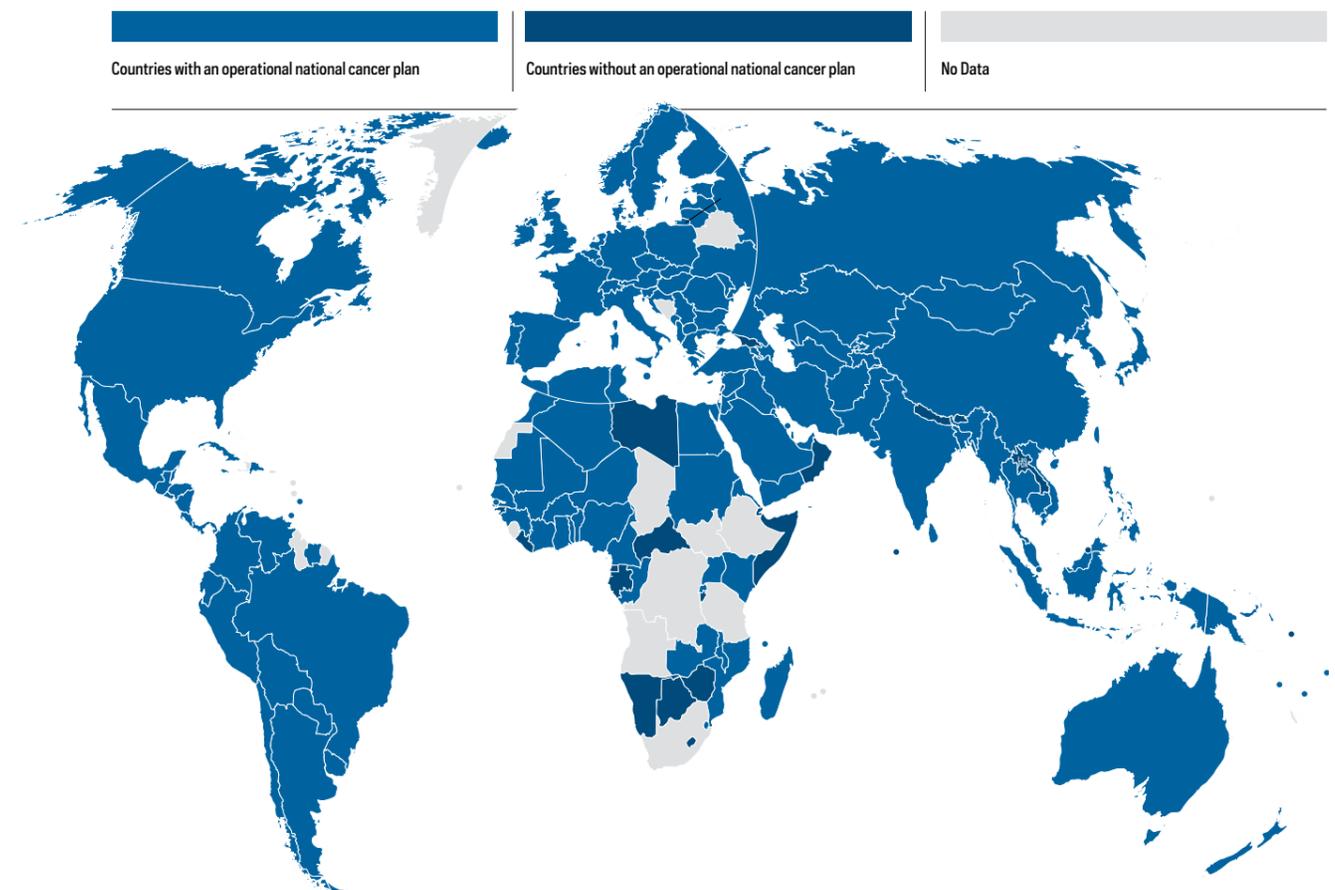
In 2015, 71% of countries had an operational NCD plan addressing cancer, up from 50% in 2010². The greatest progress has been seen across Africa and the Americas - however significant work remains to translate many of these plans into effective national programmes. By contrast, 52 countries have publically available cancer control plans³.



"Evidence-based cancer plans are the foundation of effective cancer control. The Partnership brings together a diverse group of international organisations dedicated to achieving equitable, evidence-based strategies for each and every country, and the ICCP portal offers users a unique opportunity to draw on global experiences and resources to develop these".

Edward Trimble, Director, National Cancer Institute, US - an ICCP partner organisation

Operational National Cancer Control Plans, 2013



Getting involved: International Cancer Control Partnership (ICCP) Portal

The [ICCP Portal](#) offers:

- A one-stop shop for learning and sharing best practices about how to develop and implement national cancer control plans
- Access to more than 160 cancer and NCD plans in multiple languages
- Open online resources that can support national cancer control efforts from early detection and treatment to costing tools.

¹ World Economic Forum, The Global Economic Burden of Non-communicable Diseases www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf [Accessed 19.08.16]

² WHO, Assessing National Capacity for the Prevention and Control of Noncommunicable Diseases (2015) <http://apps.who.int/iris/bitstream/10665/246223/1/9789241565363-eng.pdf?ua=1> [Accessed 19.08.16]

³ ICCP Portal Resources www.iccp-portal.org/resources-search

Cancer Registration

Cancer registries are an essential component of an effective and efficient national response to cancer.

Target 2



Measure cancer burden and impact of cancer plans in all countries



The [Global Action Plan for the Prevention and Control of NCDs](#) outlines the need to improve accountability for the implementation of NCD plans by **assuring adequate surveillance, monitoring and evaluation capacity.**

Robust cancer registry data provides the basis for governments to prioritise investments in cancer control according to the national burden. **Effective cancer surveillance using a population-based approach can be developed in all resource settings.** The greatest increase in numbers of cancer registries was seen across the African region, whose number more than doubled between 2010 and 2015⁴.

These registries have a crucial role to play in identifying national cancer burdens, as well as determining the impact of cancer control interventions on the national cancer burden and patient outcomes.



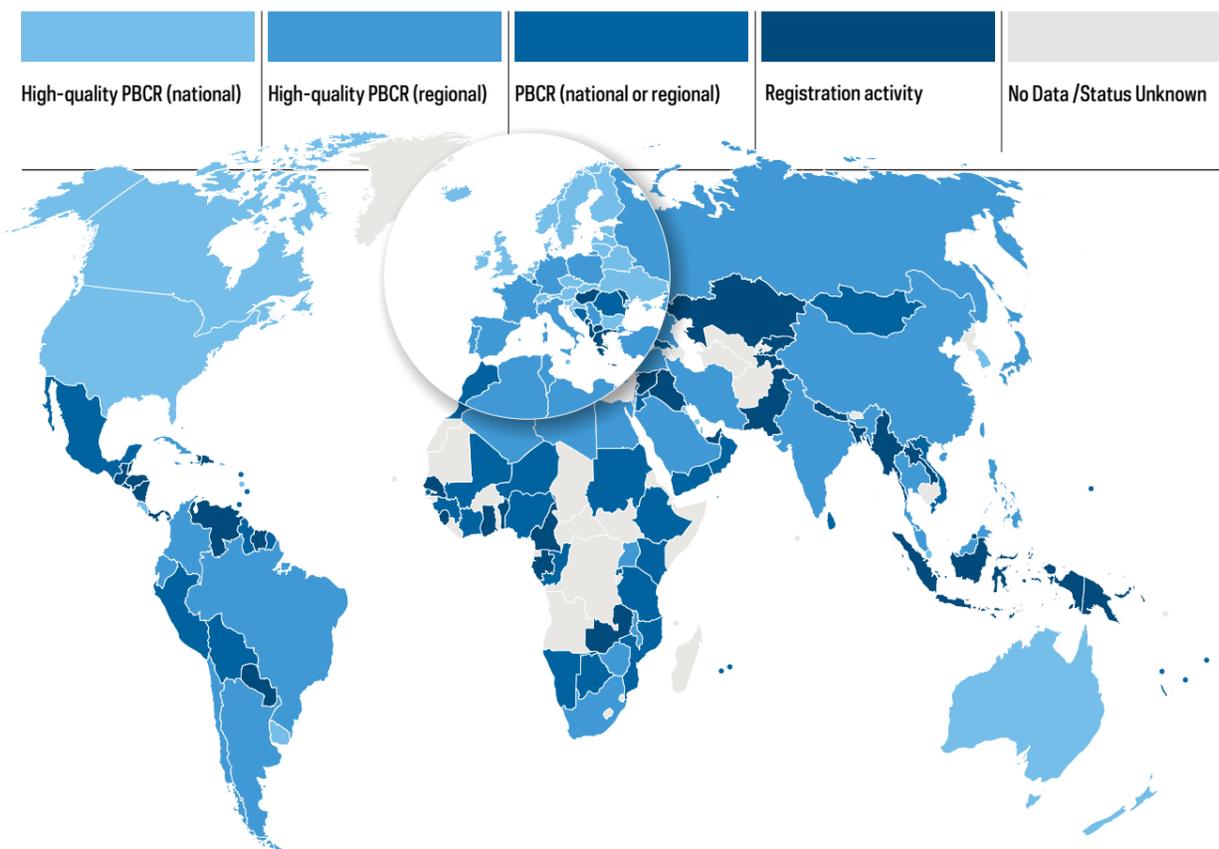
“Population-based cancer registry data [are] an essential foundation of national cancer control planning—if you don’t know your cancer burden, how can scarce resources be targeted at the most appropriate solutions for cancer?”

Eduardo Cazap, President, Latin American and Caribbean Society of Medical Oncology (SLACOM)



84% of countries have an operational cancer registry, with **59%** of countries collecting population-based data⁵.

Status of Population-Based Cancer Registries, 2013



Getting involved: GICR

The IARC-led multi-agency Global Initiative for Cancer Registry Development (GICR) was launched in 2011 to establish effective mechanisms to expand the coverage and quality of data from population-based cancer registries in less developed countries, and to attain a global fund for such activities.

Now operational, a series of IARC Regional Hubs for Cancer Registration are being rolled out in Africa, Asia and Latin America, with plans for the Caribbean and Pacific Islands.

Coordinated by IARC in collaboration with designated local Principal Investigators, the objective of the Hubs are to assist in sustainably expanding high-quality population-based cancer registries within defined regions, by providing the necessary:

- Mentorship and support
- Targeted training
- Guided research capacity
- Advocacy tools.

⁴ WHO, Assessing National Capacity for the Prevention and Control of Noncommunicable Diseases (2015) <http://apps.who.int/iris/bitstream/10665/246223/1/9789241565363-eng.pdf?ua=1> [Accessed 19.08.16]

⁵ WHO, Assessing National Capacity for the Prevention and Control of Noncommunicable Diseases (2015) <http://apps.who.int/iris/bitstream/10665/246223/1/9789241565363-eng.pdf?ua=1> [Accessed 19.08.16]

Algeria

Contributors: ENNOUR for Helping Cancer Patients – Sétif

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
10,900	11,000	Yes	Population-based	95%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

Algeria has made significant progress against the Declaration targets including:

- Participation in international cancer survival studies CONCORD and CONCORD-2^{1,2} that looked at the efficiency of health systems and their impact on patient survival rates
- Building on local registries (including the Setif cancer registry) to develop population-based cancer registries and surveillance systems across Algeria^{3,4}
- Increased efforts to tackle exposure to tobacco, as one of the key risk factors for cancer, as detailed in the National Cancer Plan
- Introduction of the HBV vaccination for all children.



Key successes

Algeria's main success has been the implementation of a national network of cancer registries. This was achieved with the support of a UICC Training Grant in 2014⁵.

In addition, the development of the National Cancer Plan 2014–2019 and National Tobacco Control Plan in 2011 are also key achievements.

Key challenges

Collaboration with international institutions including UICC, WHO and IARC will be critical for ensuring the effective implementation and evaluation of Algeria's National Cancer Plan.

In particular, Association Ennour would like to see the development of national programmes to manage breast, cervical, and colorectal cancer, and further training for physicians on cancer registration, screening, and the importance of patient follow-up. There is also a need to develop research in cancer epidemiology, and for increased efforts to ensure full implementation of the WHO FCTC.



UICC Member's achievements

Association Ennour has built 'Hope Lodge', a centre that provides care for patients with limited resources from across Algeria. Adult and paediatric patients are provided with food, lodging, access to care, and psychological support for several weeks, as well as for their families where necessary.

Association Ennour has also worked to reduce exposure to tobacco smoke, particularly for children. They have collected data around prevalence of smoking in Algeria and developed information sheets, reports and interviews in French and Arabic on the need for smoke-free environments for children in Algeria. In collaboration with the American Cancer Society, they have established a coalition to consolidate tobacco control and cancer prevention efforts, and advocate for the ratification and implementation of WHO FCTC in Algeria.

Footnotes:

1. www.ncbi.nlm.nih.gov/pubmed/18639491
2. http://thelancet.com/journals/lancet/article/PIIS0140-6736(15)61443-X/fulltext
3. http://sante.dz/plan_national_cancer.pdf
4. www.ennour.org/images/enf.pdf
5. www.ennour.org/images/Workshop%20cancer%20affiche%20final.jpg

Benin

Contributors: Association pour la Lutte Contre le Cancer au Bénin

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
1,700	2,000	No	No	78%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	



Progress against the World Cancer Declaration targets

A national cancer control plan has been developed that includes strategies and targets to:

- Reduce the number of cancer patients that have to be evacuated to another country to receive care
- Develop a qualified workforce to deliver effective cancer care
- Promote the use of HPV and HBV vaccinations
- Build a centre of excellence for cancer care, as well as units to deliver radiotherapy, palliative care and adjuvant chemotherapy, and departments for gynaecological and breast oncology.

Alongside the development of a cancer plan, Benin has also been working to develop a population-based cancer registry based out of Cotonou.

Finally, there has been a movement nationally to improve general awareness of risk factors for cancer, with a focus on tobacco, alcohol, sedentary lifestyles, obesity and poor diets lacking in fruit and vegetables.



Key successes

Whilst Benin has started to make general progress towards the Declaration targets as outlined above, it was felt that there were no particular areas of success to highlight.

Key challenges

Association pour la Lutte Contre le Cancer au Bénin (ALCC Bénin) would like to see a number of measures taken in order to help accelerate progress towards the Declaration including:

- Improving access to radiotherapy through the creation of a national centre for radiotherapy and nuclear medicine
- Establishing a national oncology institute in Benin
- Creating cancer screening programmes for breast, prostate, colon and cervical cancers in order to reduce the number of patients presenting at a late stage and thereby improve potential treatment outcomes.



UICC Member's achievements

ALCC Bénin has actively engaged in the prevention and control of NCDs and cancer, including:

- In 2008, conducting the WHO STEPwise approach to surveillance and assessment of risk factors for NCDs at a national level
- Working to increase public awareness and knowledge of cancer risk factors
- Promoting palliative care through the Benin Association for Palliative Care, which has led to the establishment of two palliative care centres and the provision of palliative care services at home
- Advocating for the use of surgery and chemotherapy in cancer cases, and working to enable multidisciplinary consultations.

Burundi

Contributors: Alliance Burundaise Contre le Cancer; Ministry of Health of Burundi

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
2,300	3,100	No	No	96%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level	Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
○	○	○	○	○	◐	○	◐	○	No data	



Progress against the World Cancer Declaration targets

Despite political uncertainty and limited resources for cancer control, Burundi has been able to make progress against the Declaration targets including the:

- Routine vaccination against HBV as part of the national scheme since 2006
- Introduction of HPV vaccine in April 2016 in two pilot projects in the districts of Rumonge and Ngozi. Scale-up of these pilot projects is planned for 2018.



Key successes

In recent years, national authorities have become much more aware of cancer as an issue in Burundi. This has resulted in much more concerted action to develop the policies needed to tackle cancer, and reduce exposure to key risk factors. These actions have included the following:

- HBV vaccination is being offered to children under five, and HPV vaccination is being piloted
- National strategic plans have been developed to reduce tobacco consumption and exposure to smoke, as well as to reduce the harmful consumption of alcohol
- Training of general practitioners on the detection of precancerous lesions, and a related awareness campaign on the screening of women aged 26 and over
- Burundi has developed a national plan for cancer control.

Key challenges

There are a number of key actions which the Alliance Burundaise Contre le Cancer (ABCC) would welcome to strengthen cancer control. These include:

- Improving awareness of cancer, and of primary, secondary and tertiary prevention strategies
- Establishing a national screening and early detection programme for breast and cervical cancers
- Creation of a national referral centre for cancer care and treatment, with facilities for treatment and pathology, such as upgrading those currently available at the University Hospital of Kamenge



- Introducing palliative care and domiciliary services into the national health system
- Mobilisation of sustainable funding for cancer control activities.

UICC Member's achievements

The ABCC works to help reduce exposure to key risk factors, and tobacco in particular. Since 2006, ABCC has:

- Run a campaign promoting tobacco-free environments for pregnant women and children under five
- Provided training for volunteers about the risks associated with tobacco use, and held workshops for youth clubs, students and their teachers on cancer, as well as promoting anti-tobacco songs
- Introduced World Cancer Day in Burundi and organised activities to mark the day
- Raised cancer awareness amongst health authorities and encouraged them to act, for example resulting in the vaccination of children against HBV and integration the vaccine into the national plan, with funding from the Bill and Melinda Gates Foundation
- Negotiated with IAEA, as part of a larger national group, to establish an integrated cancer centre. ABCC will help to organise national counselling for screening, early cancer diagnostics, and palliative care
- Created the Burundi NCD Alliance, with other associations, to reinforce local prevention and policy activities and integrated these into the activities of the East Africa NCD Alliance.

Cameroon

Contributors: Cameroon Laboratory and Medicine Foundation Health Centre

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
3,800	4,400	Yes	Population-based	89%	Yes
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level (clinical breast exam only)	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Not generally available in the public healthcare system	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
								No data	No data	



Progress against the World Cancer Declaration targets

Cameroon has made mixed progress against the Declaration targets primarily due to limited resources, poor infrastructure and the absence of a functional national cancer society. In spite of this, Cameroon has taken steps to:

- Improve public awareness about cancer risk factors, particularly regarding tobacco use and alcoholism. In recent years, there has been a concerted anti-tobacco campaign
- Deliver health education on cancer symptoms and reduce the stigma associated with a cancer diagnosis
- Improve access to opioids. Whilst they remain scarce in Cameroon, the government has worked to ensure that morphine is available in pharmacies by prescription.



Key successes

Despite the challenges, over the past eight years, Cameroon has seen remarkable successes in tobacco control. The national tobacco control coalition has focused on engaging the public through education and sensitisation measures around the dangers of tobacco use, while simultaneously working with the government to implement higher tobacco taxes, and other control measures directed at tobacco companies.

At the same time, Cameroon has rolled out a large-scale HPV screening programme, which reached twice as many women as the goal set for 2015. The government is also taking steps to improve cervical cancer treatment.

Key challenges

The absence of a cancer registry and functional national cancer society in Cameroon are key hurdles to achieving the Declaration targets by 2025, and warrant urgent action. Data are needed to both develop and evaluate national actions, and are an important complement to continued research efforts to improve the quality of cancer services.

The Cameroon Laboratory and Medicine Foundation Health Centre (The Centre) acknowledges that further progress in tobacco control and HPV programmes is much needed, which should build on existing advocacy efforts, campaigns and screening projects. Furthermore, increasing the quality and number of healthcare professionals who can diagnose and treat cancer is essential, whilst developing the training opportunities and physical infrastructure to support and enable individuals will be crucial to long term success.



National policies targeted at reducing poverty and illiteracy within the general population will also be important to help drive efforts towards the Declaration targets.

UICC Member's achievements

The Centre's focus in recent years has been on improving awareness of cancer, both amongst the general population and healthcare professionals. In particular, the Centre has focused on Burkitt's lymphoma and cervical cancers, and has worked to build national capacity to address these through education. Burkitt's lymphoma is the prevalent childhood cancer in Cameroon, but lack of awareness of symptoms means they are often misinterpreted by patients and many healthcare professionals. For example, oropharyngeal presentation can be misinterpreted as an oro-dental abscess, or an intra-abdominal mass for ascites. This crucially delays accurate diagnosis and treatment, resulting in higher mortality.

Chad

Contributors: Ministry of Health of Chad; Hopital Général de Référence Nationale; Action Tchadienne Contre le Cancer

WHO cancer country profile 2014 [Link to profile](#)

Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
2,000	2,500	No data	No data	48%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
No data	No data	No data	No data	No data	No data

WHO NCD progress monitor 2015 [Link to monitor](#)

Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
○	○	○	●	◐	◐	○	○	No data	No data



Progress against the World Cancer Declaration targets

The burden of cancer in Chad is a significant problem and costs an estimated USD 10 million per year. This is largely incurred by patients seeking treatment internationally, due to shortfalls in the provision of services nationally. This has a major impact both on the national economy, and on families, who risk being pushed further into poverty. However, Chad has worked to strengthen the role and impact of the national cancer programme. In particular, the government is working to:

- Establish a high-level national committee for cancer
- Develop Chad's cancer registries and use these data to enhance cancer research nationally, as well as to evaluate current cancer control efforts on an annual basis
- Increase the human, physical and financial resources dedicated to cancer control. The plan to build the country's first cancer centre in N'djamena has been developed and the government is currently exploring funding options as, in the current situation, treatment within Chad is more expensive than treatment internationally. It is hoped that the centre will be able to deliver chemotherapy and radiotherapy services
- Develop training courses on radio-oncology, oncology, pathology and radiophysics



- Enhance national prevention strategies, including public awareness around cancer risk factors. Work is being conducted in partnership with the media, national associations and schools in order to foster healthier behaviours. While the stigma around cancer is not an issue, some cultural beliefs and illiteracy levels, which reach 80% in some sectors of the population, affect the population's care seeking behaviour
- Improve access to screening and early detection. National plans have been developed for screening services, however, due to resource shortages these have not yet been rolled out
- Increase coverage rates of the HBV vaccine for all children, which was first introduced in 2008. An HPV vaccine is currently being piloted
- Develop national palliative care services, including increasing morphine availability
- Build alliances between organisations engaged in cancer control in Chad.

Key successes

Chad has now adopted its inaugural cancer plan and the Ministry of Health is in the process of writing a plan to develop national cancer registries, building on a number of regional registry projects that are currently taking place.

One of Chad's key successes has been the development of a national tobacco control programme, and the adoption of a number of tobacco control laws by the government.



Key challenges

One of the key challenges within Chad is the limited resources available for cancer control. While there are a number of plans being developed, their success and implementation rests on the identification of sustainable resources.

Aside from this, there is a need to evaluate the effectiveness of Chad's NCD strategy (2016-2030), which includes cancer.

Author's achievements

The Ministry of Health is proud of the strategies that have been developed to address the national burden of cancer in Chad. The Ministry has also been working actively to develop relationships with international agencies such as IAEA, the African Organisation for Research and Training in Cancer, the National Cancer Institute of the United States of America, the American Cancer Society and UICC.

Comoros, the

Contributors: Union Comorienne Contre le Cancer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
200	200	No	No	83%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Generally available at public primary healthcare level (Pap smear only)	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

Within Comoros, development of cancer control has been limited and the Union Comorienne Contre le Cancer (UCCC) is the only organisation actively fighting cancer.

UCCC has sensitised the government and development partners of the importance and need to develop a cancer response and a national government focal point has been appointed to lead the fight against cancer.



Key successes

National action against cancer has been limited; however Comoros has begun to celebrate international cancer days, and has used these as an opportunity to improve public awareness around cancer. Follow-up campaigns have also been used in villages and schools to further disseminate these messages.

In addition to this, two doctors have been trained in how to deliver pain relief and palliative care, which is an important first step for the country in this area. Over the last couple of years, UCCC has also managed to invite cancer specialists to conferences and lectures for healthcare professions in order to deliver key information.

Key challenges

UCCC is working on the following activities to help address key challenges:

- Develop a cancer registry in order to measure the national cancer burden and assess the impact of cancer plans
- Develop strategies to reduce exposure to risk factors and deliver universal access to HPV and HBV vaccination
- Work with communities to dispel myths around cancer and to reduce the stigma associated with a cancer diagnosis
- Achieve universal access to screening and diagnosis, as well as pain control and distress management
- Improve the opportunities for training and education for healthcare professionals interested in cancer care.



UICC Member's achievements

Due to lack of equipment, government involvement and qualified personnel, UCCC has concentrated primarily on sensitising the public on the importance of cancer prevention. These messages include the need for regular visits to the doctor for high-risk population groups.

An ongoing agreement has been reached with the Felix Guyon University Hospital of Réunion which enables doctors to send samples taken from patients with suspected cases of cancer to the Felix Guyon laboratory for testing. This means that for the first time in Comoros' history, there is the potential for early detection of cancer.

Congo, the

Contributors: Union Congolaise contre le Cancer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
800	700	Yes	Hospital-based	69%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Not generally available in the public health system	Generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
○	○	○	●	◐	◐	○	◐	○	◐



Progress against the World Cancer Declaration targets

- The Congo has developed a strategic plan to combat NCDs, with a special emphasis on cancer
- The HPV vaccine is currently being provided to young girls in two country districts, Lékoumou and Oyo
- A free cervical cancer screening programme, using VIA, was run from 2000 to 2003 with support from IARC. The programme has continued to run since 2009 at a subsidised rate to encourage greater participation.



Key successes

- Creation of three major oncology services in two of the country's main cities, Brazzaville and Pointe-Noire
- Celebrations to mark World Cancer Day and raise public awareness of cancer
- Development of a national tobacco control programme
- Development of training courses for medical oncology at the University of Medical Specialists
- Introduction of the HBV vaccination into the routine vaccination programme.

Key challenges

The Union Congolaise contre le Cancer (UCC) would welcome action to:

- Establish adequate social protection measures to facilitate greater access to cancer tests and treatment
- Acquire additional equipment, specifically a linear accelerator, to improve the radiotherapy treatment modalities which can be offered
- Acquire a vehicle equipped with screening equipment that is able to deliver screening services in different parts of the country, particularly in more remote and rural districts
- Extend HPV vaccination to the entire country
- Consolidate the national programme against cancer.



UICC Member's achievements

UCC's key achievements include:

- Creation of two additional oncology services in the country's second largest city, Pointe-Noire
- Creation of a dedicated NGO that helps combat cancer
- Becoming a member of both UICC and the L'Alliance des Liges francophones Africaines et Méditerranéennes contre le cancer
- Establishment of a post-doctoral specialty training programme in medical oncology. This has successfully trained 27 African doctors, of which eight were Congolese, to help address the national skills shortage.

Congo, the Democratic Republic of the

Contributors: Congolese League Against Cancer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
13,800	16,900	No data	No data	72%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
No data	No data	No data	No data	No data	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
No data	No data	○	◐	◐	◐	◐	●	No data	No data	



Progress against the World Cancer Declaration targets

- Development of the Democratic Republic of the Congo's first cancer registry, based out of Lubumbashi hospital
- Introduction of radiation therapy, however it is only currently available at one private hospital
- Development of a paediatric oncology unit at Lubumbashi University Clinic
- Implementation of activities to raise awareness of cancer, including in conjunction with World Cancer Day.



Key challenges

- Cancer patients continue to present with late stage cancers, particularly female patients, which significantly limits treatment options and chances of success. As such, there is a need to tackle the public myths and misconceptions around cancer, and improve public awareness around key risk factors and symptoms in order to enable people to access the services they require in a timely manner
- There are a number of organisations working to tackle cancer nationally, however coordination across the group is poor. A mechanism to bring stakeholders together to help build trust and coordinate work could be very valuable and may help to make the most efficient use of national resources
- Diagnostic tests and medicines for cancer remain very expensive, which significantly limits patients' ability to access the diagnostic and treatment services they require
- Expansion of the cancer registry beyond Lubumbashi Hospital would be welcomed in order to better document the national cancer burden and support more effective cancer planning.



UICC Member's achievements

Since 2012, the Congolese League Against Cancer (LCCC) has:

- Established relationships with key national, regional and international organisations, such as L'Alliance des Ligues francophones Africaines et Méditerranéennes contre le cancer, the African Organisation for Research and Training in Cancer and the International Network for Cancer Treatment and Research; including working with the African Network of National Cancer Registries to advocate for a national cancer registry and gather statistics from the pathology anatomy laboratory
- Run a screening campaign in Lubumbashi and organised cancer awareness campaigns through local television and radio channels. LCCC has celebrated World Cancer Day and used the day to launch the Lubumbashi Cancer Registry and raise awareness around cervical cancer
- Developed a paediatric oncology unit at Lubumbashi University Clinic, addressing four of the most common childhood cancers with assistance from the Franco-African Group for Paediatric Oncology (FAGPO)
- Supported patients to be transferred abroad for treatment and facilitated customs clearance for donated cancer medicines
- Organised training for healthcare professionals on cervical screening, and paediatric oncology with assistance from FAGPO
- Organised and participated in national, regional and international conferences on cancer, particularly retinoblastoma.

Côte d'Ivoire

Contributors: Programme National de Lutte contre le Cancer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
4,700	4,500	Yes	Population-based	88%	Yes
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level		Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
No data	No data	○	○	○	◐	◐	○	No data	No data



Progress against the World Cancer Declaration targets

Côte d'Ivoire has taken six key steps towards achieving the Declaration targets including:

- Re-establishment of the Abidjan cancer registry in order to assess the national cancer burden
- Implementing a law to ban smoking in public places
- From 2000, inclusion of HBV in the national vaccination programme and in 2015, introduction of an HPV vaccination programme with assistance from Gavi, the vaccine alliance.
- Development of training for health professionals including a diploma in medical oncology, starting in 2015, and the training of 350 health workers in screening for cervical cancer
- Commencement of work on the Abidjan radiotherapy centre in order to provide more comprehensive cancer care.



Key successes

Key achievements in Côte d'Ivoire include the re-establishment of the Abidjan cancer registry in 2011 which, by 2013, was able to publish its first results. The registry is also part of the African Network of Cancer Registries that means it is able to benefit from expert advice and support, to develop the registry in the coming years.

Efforts to reduce key risk factors, most notably smoking in public places, should help to reduce the long-term burden of cancer in Côte d'Ivoire and there have been significant improvements in the accessibility of screening services.

Key challenges

A number of key hurdles remain and the Programme National de Lutte contre le Cancer (PNLCA) would like to see continued improvements in the rates of early detection and diagnosis of cancer. To achieve this, there would need to be further public and professional training on cancer risk factors, symptoms and treatment options, in order to encourage patients to take part in regular screening activities. The upcoming opening of a new breast screening unit will also help address this need.

They would also welcome steps to improve the supply of quality anti-cancer medicines at affordable prices in Côte d'Ivoire, as access to treatment remains an issue.



UICC Member's achievements

PNLCA has coordinated a number of cervical cancer activities in collaboration with international partners including Jhpiego and UNFPA. Since 2009, 20 cervical cancer screening projects have been piloted, and a further 71 cervical screening sites have been opened. In total, these facilities have screened over 50,000 women, identifying 2,100 precancerous lesions and 96 cases of invasive cancer.

There has also been a strong focus on training and education to detect and treat cancers nationally. A pool of 20 national VIA and cryotherapy trainers has been established along with 21 national cervical screening supervisors to improve access to cervical screening. Since 2009, 350 physicians, midwives and nurses have received training on cervical screening, supported by the development of national guidelines and standards for prevention and detection of cervical cancers.

Ethiopia

Contributors: Mathiwos Wondu-Ye Ethiopia Cancer Society

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
14,500	26,200	No data	No data	72%	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
No data		No data	No data	No data	No data

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	○	○	○	◐	◐	○	◐	○	No data	



Progress against the World Cancer Declaration targets

Ethiopia's first national cancer control plan was developed and officially launched through a collaboration between the Federal Ministry of Health and civil society organisations, including the Mathiwos Wondu-YeEthiopia Cancer Society (MWECS) and its partners. Building on this:

- Six radiotherapy machines are being procured to start cancer treatment in five regional university medical centres and a new cancer centre is being established and will soon be launched in Addis Ababa
- Cryotherapy machines are being procured for more than 118 public hospitals in order to deliver 'see and treat' programmes for cervical cancer
- The HPV vaccine is being piloted in two regions, and scale-up plans are being developed
- A WHO STEPwise survey on NCDs is being conducted to generate more accurate information about the NCD burden in Ethiopia
- Work is ongoing to establish national and regional cancer registries
- Cancer medicines are becoming increasingly available and affordable as a result of continued collaboration between civil society and the Ethiopian Government.



Key successes

- The Ethiopian Food, Medicines and Health Care Control Administration Authority, Federal Ministry of Health, Mathiwos Wondu-YeEthiopia Cancer Society, Tobacco-Free Kids and the Africa Capacity Building Foundation are collaborating on two projects that advocate for a strong comprehensive tobacco control law and tobacco prevention measures in line with the WHO FCTC
- For the first time, oncology training is being delivered at Addis Ababa University
- The National Cancer Control Committee is being chaired by HE Mrs. Roman Tesfaye, the First Lady of Ethiopia, and the committee is working collaboratively with relevant agencies and organisations to challenge the growing cancer burden in Ethiopia.

Key challenges

The ongoing collaborative work of the National Cancer Control Committee, and the development and launch of the National Cancer Control Plan have put in place strong foundations for cancer control in Ethiopia, however, further efforts will be required to ensure effective implementation of the plan and to secure progress against the Declaration targets.



UICC Member's achievements

Thanks to the continued and concerted effort of the government and other stakeholders, Ethiopia has been able to create a conducive socio-political environment to prevent and control cancer, and NCDs more broadly. Within this context, Mathiwos Wondu-YeEthiopia Cancer Society has actively participated in the National Technical Working Group on NCDs, thereby helping to conduct a situational analysis to determine the scale of the issue and to demonstrate the growing burden of NCDs and their risk factors. This process created the strategic framework, a key policy and strategic document, which was integrated into the Fourth Health Sector Development control plan. This is a crucial step to ensuring the integration of cancer prevention into all health activities.

Ghana

Contributors: Breast Care International

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
5,000	5,500	Yes	Hospital-based	90%	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level		Not generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

The Ghanaian Ministry of Health has developed the Health Sector Medium Term Development Plan (HSMTDP), which has a major focus on intensifying prevention and control of NCDs and improving the delivery of healthcare services. The strategies employed within the HSMTDP include the promotion of healthy lifestyles, the development of a national cancer registry and improvements in the detection and management of NCDs. For example, solid tumours are now managed using multidisciplinary approaches with some adjuvant treatments including radiotherapy, rather than through surgery or chemotherapy alone. There have also been important improvements in palliative care strategies¹, regarding pain management regimes and incorporation of palliative care principles into home-based care projects for AIDS and cancer patients².



Key successes

Ghana's key success was the development and launch of its National Strategy for Cancer Control in 2015. The plan provides key strategies and interventions for the management and control of major cancers for the next five years. If implemented effectively, the plan should help to reduce cancer mortality by 30% through primary prevention, screening and early detection, and improve diagnosis and treatment. It also aims to improve the quality of life for those with cancer and their families by 40%, as well as support rehabilitation and palliative care³.

Key challenges

A national screening programme would help improve the rates of early diagnosis, and therefore the number of patients that can be effectively treated. For example, while the Ghanaian National Health Insurance covers the treatment of breast and cervical cancers, late patient presentation often limits treatment options to palliative care. Implementation of the National Strategy for Cancer Control will be the key to success.

Breast Care International (BCI) would also like to see further engagement with the Ghanaian public in order to dispel myths and misconceptions around the ability to treat cancer, and increase the willingness to get involved in prevention activities.



UICC Member's achievements

BCI has worked with communities across Ghana to educate over one million people, and screen over 800,000 women for breast cancer since 2002. With strong support from the media, BCI awareness programmes have yielded a significant and sustained improvement in public awareness of breast cancer⁴.

BCI is also working with patients to develop survivor groups such as the Peace and Love Survivors Association⁵. As more patients are surviving due to improvements in early diagnosis and treatment, these groups are becoming more important in order to support individuals through their treatment and rehabilitation.

Footnotes:

1. <http://read.uberflip.com/i/68480-am-2012-daily-news-monday-sec-c/12>
2. Wright, M., Clark, D., Hunt, J., & Lynch, T. (2006). Hospice and palliative care in Africa: A review of developments and challenges. Oxford: Oxford University Press.
3. www.iccp-portal.org/sites/default/files/plans/Cancer%20Plan%20Ghana%202012-2016.pdf
4. www.ncbi.nlm.nih.gov/pubmed/23913595
5. www.ncbi.nlm.nih.gov/pubmed/23561751

Guinea

Contributors: Génération Sans Tabac; Association Guinéenne Pour la Lutte Contre le Cancer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
2,100	2,200	Yes	Hospital-based	63%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Not generally available at public primary healthcare level	Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
		No data								



Progress against the World Cancer Declaration targets

The Guinean government introduced a number of tobacco control acts in 2004 which regulate advertising, tobacco consumption in public, and require tobacco manufacturers to include health warnings on tobacco products (Arrêté n° A/2003/00442/MSP/SGG and n° A/2003/00443/MSP/SGG).



Key successes

Guinea has taken a number of steps to fight cancer nationally, with a particular focus on improving tobacco control and reducing consumption with the introduction of tobacco control laws. Aside from this, Guinea has implemented a clinical algorithm to support the early detection, diagnosis and treatment of cervical and breast cancers.

The third success has been the delivery of public awareness campaigns, many of which have been led by civil society organisations and are being delivered through schools, the media and social media platforms.

Key challenges

Between now and 2025, Guinea must work to reduce cancer mortality despite its limited resources. Activities such as awareness campaigns and conferences in Guinea's biggest cities must continue in order to educate the public about cancer risk factors, signs and symptoms. The media have a crucial role to play in these awareness-raising efforts.



UICC Member's achievements

Génération Sans Tabac (GST) has been successfully working to deliver smoke-free public spaces. The airport and hospitals in Guinea are now smoke-free as the result of various awareness and advocacy campaigns. The objective of these campaigns is to save lives by:

- Raising awareness of the dangers of tobacco consumption as a public health issue, with a particular focus on the health impacts for women and girls
- Strengthening advocacy efforts with multi-sectoral partners to ensure implementation of the WHO FCTC.

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
11,800	13,600	Yes	Population-based	83%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level (clinical breast exam only)	Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	



Progress against the World Cancer Declaration targets

Kenya has taken a number of important actions to improve cancer control including:

- Development of cancer specific policies, such as the 2012 National Cancer Prevention and Control Act, which led to the establishment of the National Cancer Institute¹
- Creating a National Hospital Insurance Fund that now covers cancer and other NCDs for low-income patients. This has significantly increased the number of patients who are able to seek treatment nationally and overseas
- Devolution of healthcare services, which has enabled services to be tailored to the regional context. It has also facilitated advocacy for NCDs and resulted in increased oncology services at the county level.
- The Ministry of Health has engaged Gavi in an effort to include HPV in the list of regular vaccines as a preventive measure for cervical cancer
- The provision of further oncology training by the Aga Khan University Hospital², including a higher diploma for clinical officers, and plans for an 18-month diploma for oncology nurses.



Key successes

Kenya now has policies in place to support cancer care³ that are driven and monitored by the National Cancer Institute. For example, the 2012 review of the tobacco control policy identified key policy weaknesses and public support for further measures^{4,5,6}. Kenya has also developed cancer registries covering Nairobi, Eldoret, and Mombasa.

Public-private partnerships have improved access to oncology medicines by negotiating a lower purchasing price for medicines and exemptions from import taxes; while the government is helping to ensure effective distribution networks.

Key challenges

A key priority is the strengthening of the health system to ensure that the equipment and personnel are available to meet patient demand. This requires further work as the country currently has six radiation, six medical, and two gynaecological oncologists. The existing medical schools do not currently train oncologists, however the five leading institutions are developing oncology curricula.

The Kenya Cancer Association (KENCASA) would like to see further policy development and enforcement to reduce exposure to cancer risk factors, especially from industrial sources, as there has been little action on this to date.



UICC Member's achievements

The last step would be the development of capacity to deliver pain control as, particularly in low-resource settings, pain relief is managed by families, and is often influenced by unhelpful myths and traditional beliefs.

Through concerted advocacy work, KENCASA has helped to ensure the integration of cancer into existing national NCD programmes. This work has focused on the need to ensure wider access to cancer and NCD education and screening services, as well as to develop an evidence-based strategy to integrate NCD services into existing health structures, specifically those for HIV/AIDS.

In 2011, KENCASA also organised the first media training workshops for 70 journalists from the leading media houses in Kenya. These workshops were focused on how to communicate messages about cancer, and resulted in a collaboration to develop several awareness campaigns around breast and cervical cancer screening free of charge.

KENCASA has helped to foster a public-private partnership to improve access to oncology services for all sections of the population. The partners include civil society organisations, private-sector oncology centres and pharmaceutical companies. By bringing these groups together, KENCASA has been able to subsidise the costs of cancer medicines and thereby help to improve access.

Footnotes:

1. www.ipccr.net/pdfs/Kenya-National-Cancer-Control-strategy.pdf
2. www.aku.edu/admissions/undergraduate/dip-oncology-nursing-kenya/Pages/home.aspx
3. www.kehpca.org/wp-content/uploads/national-cancer-treatment
4. www.who.int/cts/reporting/party_reports/ken/en/index.html
5. www.itcproject.org/countries/kenya
6. www.msh.org

Madagascar

Contributors: Fondation Akbaraly

WHO cancer country profile 2014 [Link to profile](#)

Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
6,800	6,100	Yes	Hospital-based	74%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level	Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015 [Link to monitor](#)

Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	●	●	●	●	●	●	●	No data	●



Progress against the World Cancer Declaration targets

Madagascar has taken a number of steps to tackle cancer including:

- Development of a national cancer policy in 2010 and the creation of a national NCD policy in 2013
- Support for a national network of hospital-based cancer registries
- Passing of tobacco control laws banning smoking in enclosed public spaces and introducing graphic health warnings on cigarette packages
- A second impACT review, which was held in partnership with the IAEA PACT team in August 2015, that developed recommendations to enhance current cervical cancer screening to detect and treat pre-cancerous lesions
- The government has developed a cancer centre in the capital, Antananarivo, and has worked with organisations like Fondation Akbaraly to develop two regional treatment facilities to help improve access to services.

Key successes

- Radiotherapy has been introduced, however it is only available within private clinics that are prohibitively expensive for many patients
- Implementation of a HPV screening pilot project.



Key challenges

Unfortunately, there are a number of competing national priorities for Madagascar, and therefore cancer is not receiving as much attention as it needs. There is growing pressure from community groups to change the national policy on cancer medicines and Fondation Akbaraly would welcome an update to this policy. There is also a need for:

- Training of more doctors and oncology specialists, in order to manage the national burden of cancer in a timely and effective manner
- Establishment of national awareness-raising and screening projects to improve rates of early diagnosis
- Installation of radiotherapy facilities to treat patients within the public health system, as part of a broader strategy to improve treatment access in Madagascar
- Development of palliative care services.

UICC Member's achievements

Fondation Akbaraly has six priority areas of work to help reduce cancer in Madagascar:

- Promoting World Cancer Day. In 2015 and 2016, Fondation Akbaraly held an event in southern Madagascar for over 215 women who visited the organisation, alongside 45 representatives from key local authorities, radio and television channels. Six local organisations, including the Red Cross, Club Soroptimist and the Jeune Chambre international, supported these events



- Raising awareness and conducting screening for women in Fianarantsoa, as well as villages in the Haute Matistra region, and more broadly across southern parts of Madagascar. More than 8,000 women were targeted by awareness campaigns in 2015
- Establishing a prevention and screening programme for cervical and breast cancers at primary and secondary health centres in the Haute Matistra region and southern parts of Madagascar. More than 5,147 visits have been made to the Centre Rex of Fianarantsoa, which includes 1,797 Pap smears, 1,296 breast exams, 1,008 mammary and pelvic ultrasounds and 140 mammograms
- Organising free Pap smears and clinical breast exams at the Centre Rex of Fianarantsoa and the Centre de Santé de Base de la Region. Alongside this, more than 30 missions to rural villages were conducted in 2015 with the use of a mobile health unit
- Delivering training sessions for healthcare professionals in the public and private sectors, as well as sessions for representatives from partner organisations to support them in improving cancer awareness amongst women from different socioeconomic groups
- Reaching out to local civil and religious authorities to build a broad base of support for cancer control, and including these groups in Fondation Akbaraly's network of local partners.

Footnotes:

1. www.iccp-portal.org/sites/default/files/plans/Madagascar%20-%20Politique%20Nationale%20cancer%202010.pdf
2. www.iccp-portal.org/sites/default/files/plans/Madagascar%20-%20Politique%20Nationale%20contre%20maladies%20non%20transmissibles_0.pdf
3. www.tobaccocontrol.org/legislation/country/madagascar/laws/desc

Malawi

Contributors: Malawi National Cancer Registry

WHO cancer country profile 2014 [Link to profile](#)

Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
2,800	4,600	No	Population-based	89%	Yes
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Not generally available at public primary healthcare level	Generally available at public primary healthcare level (VIA only)	Not generally available in the public health system	Not generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015 [Link to monitor](#)

Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
									No data



Progress against the World Cancer Declaration targets

- Malawi has worked to establish more hospital-based cancer registries; one in Lilongwe at Kamuzu Central Hospital and another at Mzuzu Central Hospital. In addition, the Ministry of Health has set up cancer coordinators in all district hospitals
- The government has developed a national alcohol policy to ban alcohol that is sold in 100ml sachets by unlicensed retailers
- In September 2013, Malawi embarked on a pilot project to administer three doses of the HPV vaccine to 6,950 adolescent girls aged between the ages of nine and thirteen in the districts of Zomba and Rumphi. The pilot finished in 2015 and the country is now preparing for a national roll out
- The College of Medicine in Malawi has received a grant from the Medical Education Partnership Initiative which is currently being used to fund several trainees in cancer-related areas.



Key successes

- Malawi now has a national cancer control policy within the NCD policy launched by the Ministry of Health
- There has been an increase in cancer surveillance, with data of high enough quality for Malawi to be included in the 'Cancer Incidence in Five Continents Vol. X' IARC publication
- Cancer education programmes have been delivered through local media and by advocacy groups, and there has been a documented increase in public awareness
- Chemotherapeutic drugs are now more widely available in hospitals, including in public facilities, and an active IAEA-funded national palliative care programme has been established through the Palliative Care Association of Malawi
- The first cohort of trained oncologists have begun to work in hospitals across the country, and a cancer treatment centre containing Malawi's first radiotherapy centre, is being constructed alongside the training of dedicated specialist staff.

Key challenges

Cancer is still not recognised as a notifiable disease in Malawi, posing serious challenges to creating an effective cancer registry. However, as part of the national cancer control policy, there are plans to enforce compulsory cancer notification throughout the country. There is also a need to transition some of the hospital-based registries (especially the Kamuzu Central registry in Lilongwe) into population-based registries.



Further work has also been welcomed to implement universal HPV vaccine coverage alongside systems to evaluate its impact.

Lastly, the country's economy is largely agricultural and tobacco is the major foreign exchange earner. This poses a great challenge to reaching international smoking cessation targets, as the government is not committed to anti-smoking campaigns. However, the successful implementation of the national alcohol policy, which is a clear step in the right direction towards addressing key risk factors.

UICC Member's achievements

The Malawi National Cancer Registry (MNCR) started as a histopathology registry in 1989 at Queen Elizabeth's Hospital, Blantyre. In 1993, MNCR became the only population-based registry in Malawi, recording cases from all hospitals and clinics in Blantyre District however they were diagnosed. Cancer incidence data generated by the registry appeared in the 'Cancer Incidence in Five Continents Vol. X' IARC publication

MNCR is also a founding member of Malawi Cancer Consortium, which is leading an HIV-Cancer linkage study with the aim of measuring the cancer burden among HIV positive individuals in Malawi. In addition, MNCR is contributing to the drafting of the National Cancer Control Programme, in its role as secretariat of the National Cancer Committee. These efforts have led to the inclusion of a cancer section in the Malawi Standard Treatment Guidelines by the Malawi Ministry of Health.

Footnotes:

1. www.iarc.fr/en/publications/pdfs-online/epi/sp164/CI5volX_Full.pdf

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
2,400	4,300	No data	Population-based	74%	Yes
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Not generally available in the public health system	Generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
								No data		



Progress against the World Cancer Declaration targets

Mali has developed a national policy on the control of NCDs, which includes cancer. In 1999, Mali opened a specialised centre for the treatment of adult cancers, and a similar centre for the treatment of paediatric cancers was opened in 2005. Furthermore, a centre for radiotherapy was opened in 2014.



Key successes

Since 2008, the Malian government has been subsidising chemotherapy drugs, as well as morphine for all patients, which has markedly improved the accessibility of cancer care for a number of Malian people.

Over the last four years, Mali has been marking World Cancer Day with a number of different events organised by civil society and patient groups across the country.

Key challenges

Association OncoMali would welcome:

- The introduction of training for medical oncologists, radiotherapists, surgeons, specialist nurses, psychologists, biologists and technicians within the country to help address the current skills shortage
- Further efforts to raise awareness and improve the training given to all general medical practitioners in early diagnostic methods, and the development of guidelines for appropriate referrals, to improve early diagnosis rates and timely access to treatment.

The final key challenge is to improve the prognosis of different cancers in Mali. There were 656 new cases of cancer in 2014 across Mali, which represented an 11% increase since 2013, and a further 467 cases in the first six months of 2015. The majority of these were diagnosed in their third or fourth stage, with breast, colon and cervical cancers most common.



UICC Member's achievements

With the financial support of six Rotary clubs, OncoMali has successfully provided training for 56 general medical practitioners from Bamako on cancer diagnosis, treatment and care, with the aim of improving referral services in oncology in Mali.

The above-mentioned training aimed to increase the ability of general practitioners to refer patients with signs of cancer, or patients for whom a cancer diagnosis was suspected to a specialised service so that they could benefit from optimal cancer care.

OncoMali works with the Haematology and Oncology Service at the CHU Point G Hospital. This is the only service that manages cancer treatment and care in Mali and records detailed information.

Mauritania

Contributors: Ligue Mauritanienne de lutte contre le cancer; Association Mieux Vivre avec le Cancer Gynécologique

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
600	700	Yes	No	80%	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level		Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	○	○	○	●	●	●	○	○



Progress against the World Cancer Declaration targets

Mauritania has developed an integrated National Strategic Plan against NCDs (2012–2020) and, in collaboration with the global donor community, the private sector and civil society, the government is working to integrate cancer into national development programmes and is actively engaged in the fight against cancer.

In 2005, the Government ratified the WHO FCTC. Since then, Mauritania has established a national tobacco control programme, and drafted a tobacco control law, which is awaiting the approval of the National Assembly. Ahead of this, a number of municipalities have created smoke-free places. There have also been a number of advocacy programmes around smoking in schools and workplaces to raise awareness around the risks, and to dispel myths and misconceptions around cancer.

Mauritania is also working to introduce the HPV vaccine for all eligible girls.

The development of cancer registries to cover the whole country is a key area of work and Mauritania has started to use these data to assess the effectiveness of cancer control programmes and interventions.

Finally, there has been a push to improve cancer facilities. A cervical cancer screening centre was opened in Rosso, along with the national oncology centre in Nouakchott. Mauritania is developing training courses for oncologists and palliative care nurses to help meet national needs, and steps are being taken to improve morphine availability. To support poor patients during the treatment process, dedicated local accommodation has been opened in Nouakchott.



Key successes

The development of the National Oncology Centre in 2008 was a major achievement for Mauritania. The Centre offers chemotherapy and radiotherapy, and has ten specialised doctors with nurses, general practitioners and radiation therapist trainees to support them. The centre has 40 beds and on average, treats 1100 patients per year. The development of this facility has also subsequently enabled the development of a paediatric oncology unit, a diagnostic facility and a medical imaging facility.

In cooperation with IAEA, Mauritania has been able to deliver specialised radiotherapy training for three radiotherapists, seven radiotherapy technicians, and three nuclear medical physicists. In partnership with the Lalla Salma Association and their partners, Mauritania has been able to deliver advanced training to current nurses to help them deliver care for cancer patients.

Mauritania has also established a national tobacco control programme and legislation is awaiting approval by the National Assembly.

Finally, there has been active engagement with civil society in Mauritania to help support and care for patients. Ligue Mauritanienne de lutte contre le cancer (LIMALCC) brings together eight national associations to coordinate national cancer control efforts.



Key challenges

Further efforts are required to achieve the Declaration targets in Mauritania, including:

- Implementation of the National Strategic Plan against NCDs, and approval of the tobacco control legislation
- Continued development of Mauritania's cancer registries
- Development of a surgery unit as part of the national oncology centre, to increase the treatment options available, and the construction of housing facilities for patients and their families
- Increased awareness of and access to palliative care and patient support.

UICC Members' achievements

LIMALCC has been working to improve cancer control nationally in partnership with the government and other cancer organisations. LIMALCC has helped develop a cancer registry, advocated for the development of the National Centre for Oncology and created anti-tobacco clubs.

LIMALCC has also delivered education and awareness-raising sessions for the general public, screening campaigns for cervical cancer, training for healthcare professionals on cancer, and created an assisted living facility for patients to support them during treatment.

Through LIMALCC and the Ligue Mauritanienne contre le tabac networks, organisations involved in cancer control have been brought together to harness and coordinate efforts.

Mauritius

Contributors: [Link to Life](#)

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
400	300	No data	Population-based	89%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
No data	No data	No data	No data	No data	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
No data	No data							No data	No data	



Progress against the World Cancer Declaration targets

Mauritius has made good progress in increasing access to screening services, with free breast and cervical cancer screening available to vulnerable groups of women across the island throughout the year, through Link to Life. Any suspected cases of breast cancer are referred to a radiologist for follow-up, after which patients are referred to the hospital.

Mauritius has also initiated an HPV vaccination programme, with Link to Life vaccinating more than 300 girls.

In 2015, more than 60 awareness campaigns were conducted around the island. Accompanying this, training for psychotherapists, social workers and other healthcare professionals has been organised to improve professional understanding and awareness of cancer prevention, early detection, treatment and care.



Key successes

- A national cancer control plan and a cancer registry have been established in Mauritius
- The Ministry of Health and Quality of Life, in partnership with various NGOs, have been working to introduce further tobacco control measures with a particular focus on including pictorial warnings on tobacco packets
- Treatments, such as radiotherapy and chemotherapy, are now available free of charge to cancer patients.

Key challenges

To improve cancer control in Mauritius, Link to Life would welcome:

- More national cancer control campaigns, which make better use of the media in order to disseminate important information to a wider proportion of the public
- More public and private partnerships to support current cancer control measures, including engaging NGOs in cancer control decision-making.



UICC Member's achievements

Link to Life has organised several campaigns on breast, cervical, prostate and colon cancer, which run at least twice a week in various regions of Mauritius. Workshops and specialist training opportunities for doctors, nursing officers and psychologists were also organised in 2015 to improve professional awareness and skills.

Link to Life also provides support services for cancer patients, from psychological support to massage therapies, lymphodema treatment and beauty therapies, as well as group sessions to build cancer patients' self esteem and confidence.

In 2015, Link to Life launched the 'Reach to Recovery Mauritius' campaign to support cancer patients nationally.

Namibia

Contributors: Cancer Association of Namibia

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
400	300	No data	Population-based	89%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level (PAP smear only)	Not generally available in the public health system	Not generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
No data	No data	○	●	●	●	○	◐	No data	No data



Progress against the World Cancer Declaration targets

Through recent multimedia campaigns, Namibia has made significant progress in raising awareness of and reducing exposure to cancer risk factors, and also addressing the cultural stigma associated with the disease.

The Cancer Association of Namibia (the Association) has also helped drive national progress with respect to screening and early detection of cancers, through the rollout of numerous community awareness and screening campaigns in 2015. These campaigns remain a high priority in 2016 and will focus on breast, cervical, prostate and testicular cancer screening.

Furthermore, as a result of collaboration between the Ministry of Health and Social Services of Namibia and several international partners, Namibia will see its first HPV and HBV vaccination campaign kicking off in 2016. The campaign will target state schools and health clinics.



Key successes

The Namibian Government implemented the Tobacco Control Act No. 1 (2010) for the control, use, distribution and marketing of tobacco products in an attempt to help fight cancer, lung and heart diseases in the country.

Key challenges

As the CAN Association is seen as the 'responsible body' to fight cancer in Namibia, the Association would welcome the establishment of more urgent action on cancer awareness, and medical treatment and care within the Ministry of Social Services.



UICC Member's achievements

The Association is a registered non-profit organisation that serves as the umbrella body for cancer awareness, education and financial support for the fight against cancer in Namibia. The Association raises funds for all its activity, with no additional assistance from the government or international agencies.

The Association recently embarked on a national awareness campaign targeting the most rural areas of the country, which have previously not been reached. The aim is to reach at least 70% of the Namibian population of 2.4 million and educate them on cancer in their mother tongue. This involves delivering information in thirteen languages across over 824,000 square kilometres by the end of 2017.

Additionally, this campaign has led to the creation of the first 'Cancer Manual for the Republic of Namibia', which has been developed in English as well as other Namibian languages, and was distributed for free on World Cancer Day. Information from the manual was also aired on local radio stations.

Nigeria

Contributors: Federal Ministry of Health in Nigeria; Breast Cancer Association of Nigeria; Breast Without Spot Initiative; Partnership for the Eradication of Cancer in Africa (Nigeria)

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
30,400	38,800	No	Population-based	63%	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level		Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
○	●	○	◐	○	◐	◐	◐	○	No data



Progress against the World Cancer Declaration targets

Nigeria's Federal Ministry of Health reports progress including:

- An increase in the number of population-based cancer registries from two to six by 2016, while the number of hospital registries increased from 12 to 26
- Adoption of the national Tobacco Control Bill in May 2015¹
- Initiation of a universal HBV vaccination plan, and development of a similar plan for HPV vaccination
- Creation of awareness-raising jingles (short songs) in electronic media in local languages
- Development of a national cervical screening strategy
- Support for NGOs to deliver cancer screening alongside government services
- Improvements in immunohistochemical diagnostic equipment in Abuja and Ibadan
- Improved availability of pain relief in the form of oral morphine
- Establishment of a palliative care training facility for nurses and healthcare workers
- Training of medical physicists, which started in 2012 at Ibadan University, and the development of a postgraduate programme in nuclear medicine.



Key successes

Nigeria has seen significant improvements in the availability of training for cancer care nationally, although some challenges remain. Improvements include facilities providing education on palliative care, oncology postgraduate training opportunities for doctors, a residency training programme for medical physicists, and an oncology nursing training school.

Alongside this, Nigeria has worked to improve awareness of cancer through jingles in local languages. Raising awareness is a key component of national programmes to achieve universal HBV immunisation among children and to scale up cervical cancer screening.

Key challenges

UICC members have suggested that there is scope for Nigeria to build on current progress by:

- Developing population-based registries to serve all states within Nigeria
- Completing the national strategic plan on cancer, systematically engaging with NGOs to shape and deliver it
- Rolling-out the HBV vaccination plan to ensure universal access
- Increasing screening outlets and locating programmes in primary and secondary healthcare centres. This requires further training for healthcare professionals, with a focus on cancer screening, and will depend upon extensive collaboration with NGOs



- Building treatment capacities, both through the development of comprehensive cancer centres, and strengthening and equipping local health units and referral systems
- Helping to dispel myths and stigma around cancer through the rollout of jingles, supporting NGOs and the private sector to deliver awareness campaigns, and further strategic national awareness programmes, with a particular focus on breast and cervical cancers that significantly contribute to the national burden².

Author's achievements

Nigeria's major cancer control success has been improvements in the availability of equipment for cancer treatment, including the installation of radiation equipment in eight hospitals and breast, cervical and prostate screening equipment in six other tertiary healthcare facilities. However, there have been issues in maintaining the functionality of these facilities. The IAEA are assisting in the implementation of a curriculum for medical physicists to ensure quality control in radiotherapy centres. Local pharmaceutical industries are also being supported by the government to produce adjuvant essential medications, and import duty and related taxes for chemotherapeutic drugs were abrogated in 2014.

Other achievements include the passage of the Tobacco Control Bill in May 2015, the incorporation of the HBV vaccine into the Expanded Programme of Immunisation for children in 2014, and promotion of the HPV vaccination in both government and private health facilities. Building on this, a plan for a pilot Gavi assisted HPV vaccination programme is at an advanced stage.

Footnotes:

1. www.tobaccocontrol.org/legislation/country/nigeria/laws/desc
2. Jedy-Agba E, Curado MP, Ogunbiyi O, Oga E, Fabowale T, Igbinoja F, Osunor G, Otu T, Kumai H, Koechlin A, Osinubi P, Dakum P, Blattner W, Adebamowo CA. (2012). Cancer incidence in Nigeria: a report from population-based cancer registries. *Cancer Epidemiol.* 2012 Oct;36(5)

Rwanda

Contributors: Partners In Health

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
2,700	3,200	Yes	No	98%	Yes
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level		Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	●	○	○	○	◐	○	◐	●	No data



Progress against the World Cancer Declaration targets

Rwanda has made progress against the Declaration targets through several key initiatives. Firstly, the Ministry of Health (MoH) has developed a nationwide HPV vaccination programme, and it continues to build on this success to maintain high coverage rates. Secondly, national symposia on oncology are conducted regularly to improve the coordination of care throughout the country. Most recently, Rwanda became the first recipient of a novel pathology service delivery programme from the American Society for Clinical Pathology, which will establish robust pathology centres nationally. Furthermore, the MoH has also successfully established an implementation plan for the national palliative care programme, which will include a community-based element.



Key successes

The Rwandan MoH is the global leader in cervical cancer prevention through its strategic national implementation of the HPV vaccine. Implementation began with national sensitisation campaigns prior to rollout of the vaccination. In collaboration with the Ministry of Education, pre-adolescent and adolescent school girls were targeted through the public and private school system. Ultimately, the inclusion of teachers, local leaders and community health workers in the strategic planning allowed for a successful public-private-community partnership. With the support of Merck, Gavi and others, the implementation of a school-based multi-phase vaccination strategy over three years achieved a coverage rate of 93%. This accomplishment has been well-documented and viewed as an international precedent, upon which other countries should follow.

Key challenges

Rwanda will seek to strengthen the following strategic areas in order to achieve the Declaration targets:

- Establish robust cancer centres at national referral hospitals
- Establish a national cancer registry and a national electronic medical records system, specific to cancer, to facilitate clinical care, monitoring, evaluation, and research
- Continue successful rollout of HPV vaccination programme
- Establish a body of community-based healthcare providers to implement campaigns to sensitise and reduce stigma, in addition to the provision of follow-up care



- Enhance screening capacities in cervical, breast and other cancers
- Rollout national pathology services in collaboration with the American Society for Clinical Pathology
- Establish radiotherapy treatment centres
- Implement cancer and palliative care training and education opportunities for all categories of health professionals at multiple levels of the health system.

UICC Member's achievements

Partners In Health has worked together with the Rwandan MoH to strengthen the quality of care at the Butaro Cancer Centre of Excellence¹. With the support of partners, including Dana-Farber Cancer Institute and Brigham and Women's Hospital, this cancer referral facility serves the needs of Rwanda as well as surrounding countries². Through the support of the MoH, Partners In Health's key achievements have been:

- The addition of the ambulatory cancer centre and a paediatric oncology unit at the Butaro Cancer Centre of Excellence. This has alleviated pressure on the oncology ward, improving patient satisfaction, and a more efficient and effective operational structure³
- The development of telepathology services, which has improved the turnaround time of results
- The updating of clinical protocols and electronic medical records templates and forms, which has allowed for greater efficiency and adherence to standards of care
- Oncology nurse training, which has reinforced best practices in clinical and psycho-social support.

Footnotes:

1. www.pih.org/blog/faster-better-care-for-breast-cancer-in-rwanda
2. www.ncbi.nlm.nih.gov/pmc/articles/PMC4797361/pdf/12885_2016_Article_2256.pdf
3. www.worldcancerday.org/content/paul-rwanda

Seychelles

Contributors: Ministry of Health of the Republic of the Seychelles

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
No data	No data	No	Population-based	99%	Yes
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level		Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
🕒	○	🕒	●	●	🕒	🕒	🕒	●	No data



Progress against the World Cancer Declaration targets

Cancer is the second leading cause of death in the Seychelles, and tremendous efforts have been put towards achieving the nine Declaration targets. Progress includes:

- Development of a national cancer control plan, and the establishment of a cancer registry in 2008
- Inclusion of HPV and HBV vaccinations as part of the National Health Plan
- Health promotion programmes in workplaces, schools, and media outlets to improve awareness of cancer risk factors. Further health education is helping to challenge stigma and myths around cancer
- Delivery of diagnostic and treatment services free of charge
- Introduction of screening programmes, following which the Seychelles has seen a 95% decrease in the number of late stage cervical cancers being diagnosed.



Key successes

The establishment of a population-based national cancer registry in Seychelles has provided the data necessary to understand the national cancer burden and thereby tackle the most common cancers.

Education in cancer health has been promoted through media outlets, as well as through partnership with NGOs, such as the Cancer Concern Association and Soroptimist. These outreach programmes have contributed to improved rates of early detection and treatment, and impacted national survival rates.

The Seychelles provides free healthcare services to try to ensure that every person can access treatment. Services, such as radiotherapy, that are not available in the Seychelles are still covered by sending patients for overseas treatment.

Key challenges

The Ministry of Health (MoH) has identified three key areas which require further work, and which should be addressed through the implementation of the national cancer control plan:

- With the increase in newly diagnosed cancer patients per year, there is a need to increase the number of trained healthcare professionals. Education and training on cancer care for healthcare professionals needs to be stepped up to meet the national demand, as well as to improve the quality of care across the country



Author's achievements

The MoH has established a cancer programme unit covering health education, screening and outreach activities within the broader national NCD structure. The unit is lead by the Cancer Programme Manager whose responsibility is to ensure that cancer plans are fully implemented.

One key area of work within the MoH has been the establishment of the national cancer registry which provides the data required to monitor the cancer burden and the effectiveness of screening activities for breast, prostate and colorectal cancers.

- Currently, Seychelles has one palliative care centre that can accommodate only 2% of terminally ill patients. While most terminally ill patients are cared for at home, a centre that can implement pain control and distress management for patients is much needed
- Improving awareness around cancer prevention and introducing mechanisms for screening that will target at-risk populations is crucial. There is a pressing need for robust screening programmes for breast and colorectal cancers in particular.

Sierra Leone

Contributors: Crusaders Club Ministry Sierra Leone

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
900	1,300	No data	No data	92%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
No data	No data	No data	No data	No data	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	○	○	○	○	●	○	●	○	○	



Progress against the World Cancer Declaration targets

Although cancer control in Sierra Leone has been hampered by a lack of resources, there has been progress in a number of areas through collaboration between the NCD unit within the Ministry of Health and Sanitation (MoHS) and national NGOs focused on cancer.

The development of a Health Education Unit, within the MoHS, has also played an important role in delivering and supporting health education for the general population. This group has actively worked with civil society organisations to dispel damaging myths and misconceptions about cancer. It has focused on how cancer can be prevented and treated nationally.

Information about risk factors has also been disseminated in collaboration with local and international NGOs. Workshops have been held on tobacco use and obesity, and Sierra Leone is starting to see reductions in both of these risk factors nationally.

HBV and HPV vaccines are being administered, however shortages in stocks of both have posed a problem and prevented universal coverage. Similarly, while there have been some improvements in access to diagnosis, treatment and care, there is the potential for far greater advances with the right investments. In particular, patients in Sierra Leone have limited access to palliative care services and medicines for pain control.



Key successes

The MoHS has created a 'Cancer Group Committee' that brings together organisations from across the country who are engaged in cancer control in order to coordinate activities. In 2012, this group organised a series of successful events to mark World Cancer Day and also took an active role in the national health fair, organised by the MoHS.

Sierra Leone has also developed a national cancer registry. The registry was launched in 2012 and is responsible for tracking all cancer diagnoses nationally and developing baseline cancer data.

Key challenges

The Crusaders Club Ministry Sierra Leone would welcome action in the following areas:

- Further awareness-raising efforts focused on key risk factors for cancer, and in particular tobacco and alcohol consumption
- International support to equip state hospitals with modern equipment to ensure that patients have access to screening, accurate and timely diagnosis, and essential medicines. This should be delivered through dedicated wards in all government hospitals
- Development of palliative care centres across the country
- Training opportunities for healthcare professionals and advocates.

Underpinning all of these elements is the need to secure sustainable funding for cancer control and treatment.



UICC Member's achievements

Since 2009, the Crusaders Club Ministry Sierra Leone has been working both independently and with international organisations to improve cancer awareness amongst healthcare professionals and the general public through capacity building workshops.

The advocacy team began to operate in 2010 and has trained nurses and teachers across six institutions in Freetown and Kissy to improve cancer awareness and become cancer advocates within their own institutions¹.

The Crusaders Club has also successfully organised awareness-raising activities as part of the Global Cancer Awareness Campaign in 2015 and World Cancer Day in 2012, and provides funds for cancer research projects.

Footnotes:

1. <http://ecancer.org/news/3892-spreading-cancerprevention-messages-in-sierraleone.php>

South Africa

Contributors: Cancer Association of South Africa

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
20,700	20,600	No data	No data	65%	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
No data		No data	No data	No data	No data

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	○	○	○	●	●	●	●	No data



Progress against the World Cancer Declaration targets

Key measures taken in South Africa include:

- Rollout of the HPV vaccination across South African schools by the National Department of Health in 2014, assisted by a vaccine implementation working group, which included key civil society groups
- National rollout of awareness and early detection services to help deliver early detection programmes in previously underserved communities. Nine of the mobile health clinics are being operated by the Cancer Association of South Africa (CANSAs)¹
- Introduction of measures to help people reduce their exposure to risk factors, including an online tobacco cessation programme 'eKickButt', which is a free service to the public²
- Health awareness campaigns including: a campaign to dispel cancer myths with infographics in four languages³, a 'Smart Choice Seal' campaign to encourage South Africans to read product labels and make informed choices⁴, and a campaign to protect water from carcinogens⁵
- Implementation of support programmes for cancer survivors such as 'iSurvivor', an online support service⁶.

Footnotes:

1. www.cansa.org.za/cansa-mobile-health-clinics/
2. www.ekickbutt.org.za/ 3. www.cansa.org.za/reduce-your-cancer-risk/
4. www.cansa.org.za/cansa-seal-of-recognition/
5. www.cansa.org.za/fracking/ 6. <http://isurvivor.org.za/>
7. www.cansa.org.za/about-cansa-research/
8. www.cansa.org.za/keeping-the-youth-safe-from-skin-cancer/
9. www.cansa.org.za/reduce-your-cancer-risk/ 10. www.cansa.org.za/why-should-baby-bottles-be-bpa-free/ 11. www.treasury.gov.za/public%20comments/Sugar%20sweetened%20beverages/POLICY%20PAPER%20AND%20PROPOSALS%20ON%20THE%20TAXATION%20OF%20SUGAR%20SWEETENED%20BEVERAGES-8%20JULY%202016.pdf



Key successes

In particular, South Africa has achieved the following:

- Reducing exposure to risk factors by improving food labelling and passing legislation to prohibit food from containing more than two percent of trans-fats. BPA was banned in baby bottles in 2011
- Active support of cancer research, with South African scientists helping to discover the mutation that causes colon cancer and helping to develop an early diagnostic test for colon cancer. In addition, South Africa has funded key pieces of research related to development of the HPV and HBV vaccines. CANSAs supports more than 31 research projects annually, using funds from bequests⁷.

Key challenges

CANSAs would welcome the following changes in order to improve the priority, access to and affordability of cancer care in South Africa:

- Amendment to the current South African patent law, in order to improve the affordability of cancer medicines for patients
- Re-orientation of the healthcare system, including national health insurance, prescribed minimum benefits for cancer patients and a national cancer control programme
- A national ban of the use of sunbeds by children. CANSAs has collected over 16,000 signatures supporting the requested ban, which is still being considered by the National Department of Health⁸



- Development of a network of youth ambassadors to advocate and raise awareness about cancer in schools and in higher education institutions.

UICC Member's achievements

CANSAs has successfully introduced several health awareness campaigns⁹ on cancer to reach more communities and spread the cancer message nationally. Over 200 fact sheets and position statements have been developed to support national advocacy and awareness efforts, which are shared through online platforms. The documents are reviewed and updated regularly to ensure the availability of accurate cancer information.

CANSAs has also worked to reduce exposure to carcinogens, such as through campaigning for a ban on BPA in baby bottles¹⁰. One of the current campaigns is focused on implementation of the proposed sugar tax, highlighted by the Minister of Finance, in order to help combat obesity¹¹ and previous successful campaigns lead to cancer becoming a notifiable disease from April 2011..

As a member of the Ministerial Advisory Committee for the prevention of cancer and a member of the national Tobacco Action Group, CANSAs has worked extensively through partnerships to further national efforts for NCD and cancer control and was awarded the WHO AFRO 2009 World No Tobacco Day achievement award. It has also helped to found the Cancer Alliance and co-founded the South African NCD Alliance.

The CANSAs TLC programme has also been established, which provides affected children and families with free lodging & support.

Tanzania, United Republic of

Contributors: Ocean Road Cancer Institute

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
9,100	10,800	No data	No data	91%	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
No data		No data	No data	No data	No data

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
No data	No data	○	○	○	◐	○	◐	No data	No data



Progress against the World Cancer Declaration targets

There are approximately 50,000 new cancer cases every year in Tanzania. Many of these cases present at a late stage of the disease, resulting in poor treatment outcomes. It is estimated that only 10% of patients are able to access treatment.

The Tanzanian government has taken a number of steps to address this, including the establishment of the Ocean Road Cancer Institute (ORCI) and the introduction of free treatment for cancer patients. In 2013, Tanzania developed its first national cancer control strategy to integrate cancer control into the health system, implement prevention strategies, address inequities in access, and improve patients' quality of life. To achieve this, the government has established a second cancer treatment centre in the north of the county. Tanzania has also developed an extensive NCD plan (2008-2018)¹.



Key successes

The government has focused on improving awareness of cancer through education sessions in schools and workplaces, as well as using the media to disseminate key information about cancer.

Furthermore, in partnership with Gavi, the Ministry of Health has started to vaccinate school children against HPV. This initiative complements the national HBV vaccination programme that focuses on immunising high-risk populations before they reach the age of 15.

In response to the national cervical cancer burden, 1,050 healthcare providers have been trained to screen for cervical cancer across 253 sites. These more remote facilities have succeeded in screening around 400,000 women. This is a significant improvement, as until recently, only two tertiary facilities offered screening services.

Following the decentralisation of palliative care services, district-level healthcare staff have been trained to administer pain medications, and have been supplied with oral morphine. Palliative care guidelines have also been developed and will be launched soon.

Local training programmes have helped to address the shortages in the cancer healthcare workforce. A Bachelor's degree in radiotherapy technologies and Master's degree in clinical oncology are offered nationally, and an online programme for a certificate in oncology has been developed in partnership with an overseas institution. There is a plan underway to develop courses on nuclear medicine, medial physics and nursing oncology in the coming years.



Key challenges

To further improve diagnosis and treatment services in Tanzania, ORCI would welcome the following:

- Planned review of the cancer treatment protocol in collaboration with the MD Anderson Cancer Center and the Susan G. Komen organisation
- Building of a modern hostel for cancer patients to create a 'home-away-from-home' in collaboration with Pink Ribbon Red Ribbon.

A key challenge will be the transformation of current hospital-based cancer registries into a population-based registry.

UICC Member's achievements

ORCI has been working to improve the quality of cancer patient care in Tanzania and this will be enhanced by plans to install two new LINAC radiotherapy machines in 2016². This will enable the centre to treat more patients more effectively.

Footnotes:

1. www.iccp-portal.org/tanzania-national-non-communicable-disease-plan-2008-2018 BEVERAGES-8%20JULY%202016.pdf
2. www.orci.or.tz/

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
1,200	1,500	Yes	Hospital-based	84%	Yes
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Not generally available at public primary healthcare level	Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	



Progress against the World Cancer Declaration targets

Togo has made key progress in the following areas:

- In 2012, the Togolese Council of Ministers passed three tobacco control decrees, setting out laws around tobacco labelling and packaging, banning smoking in public places, and the mandate and composition of a national tobacco control committee
- A National Cancer Institute was established in 2015
- In 2015, the Ministry of Health initiated an HPV vaccination campaign for girls under the age of 11 years
- The first national cancer conference, entitled 'Prevention and management of cancer in Togo: challenges and opportunities' was held in Togo in February 2014
- A day of reflection on palliative care was held in 2015.



Key successes

Togo has worked to develop the institutional framework needed to fight cancer. A key success was the adoption of the Strategic Plan for Non-communicable Diseases in June 2012.

Key challenges

The Ligue Togolaise Contre le Cancer (LTCC) would welcome action to ensure:

- Continued political will to improve cancer control nationally, as well as the required budget allocation to support national plans
- Development of a population-based cancer registry
- Organisation of national cancer screening programmes for breast, cervical and prostate cancers, as well as national cancer awareness campaigns, using the media, to sensitise the general public
- Installation of full medical imaging facilities in each regional health facility to improve diagnosis accuracy. Endoscopy in particular is almost non-existent and plays a crucial role in diagnosing digestive cancers
- Establishment of a pathology laboratory
- Development of a fully-equipped radiotherapy centre in Togo
- Effective implementation of the tobacco control decrees
- Improved access to cancer medicines, including oral or intravenous morphine, monitored by a palliative care committee with the capacity to conduct palliative care training



- Creation of specific training programmes for oncology to meet national needs, and development of immigration incentives for specialists from the Togolese diaspora to return
- Creation of psychological support services for cancer patients.

UICC Member's achievements

The LTCC was founded in May 2014 as an alliance of Togolese organisations. The organisation conducts a number of activities to support cancer patients including:

- Supporting patients to seek care at specialised centres and monitoring the continuity of treatment
- Offering psychological, social, spiritual, physical and occasionally, financial support to cancer patients as well as conducting advocacy and fundraising to help meet patient needs
- Celebrating World Cancer Day and conducting awareness-raising campaigns through the media and local institutions such as schools, churches, hospitals, markets and companies to help dispel the stigma around cancer. In 2014, LTCC also leveraged cancer action month to hold a solidarity march for cancer patients
- Distributing flyers with information about cancer
- Donating medicines to the hospital at Lomé and to individual patients
- Offering free screening for breast cancer every October (Breast Cancer Awareness Month) since 2009, with a particular focus on targeting low socioeconomic groups and providing screening at a subsidised rate for the general public.

Uganda

Contributors: Uganda Cancer Society

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
9,100	9,000	No	Population-based	78%	Yes
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Not generally available at public primary healthcare	Not generally available at public primary healthcare	Not generally available in the public health system	Not generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	○	●	●	●	○	●	●	No data



Progress against the World Cancer Declaration targets

The Government of Uganda, through the Ministry of Health, has taken a number of key actions to improve cancer prevention and control including:

- Tabling a Cancer Control Bill in parliament, and the allocation of a dedicated budget to cancer activities
- Passing a comprehensive tobacco control law in 2015 to reduce tobacco use and exposure to second-hand smoke
- Launching a nationwide HPV vaccination programme in 2012 with support from development partners
- Inclusion of civil society and private sector actors in raising public awareness of cancer¹
- Developing treatment infrastructure including the construction of a new cancer ward, and a radiotherapy centre. In partnership with Fred Hutchinson Cancer Research Centre (FHCRC) a new cancer research, outpatient care and training facility at the Uganda Cancer Institute (UCI) has been developed with a focus on increasing research outputs².



Key successes

The launch of the national HPV vaccination programme and the introduction of a tobacco control law in 2015 signal major government commitment to tackling cancer risk factors nationally³.

Alongside this UCI, Uganda's only national cancer referral unit, has gained independent status and become a centre for excellence for cancer control⁴. The establishment of the FHCRC facility at UCI will also go a long way in improving cancer treatment and management in Uganda through research.

Finally, the steady growth of civil society movements for patient support and awareness-raising has contributed to a positive policy environment for cancer prevention and control.

Key challenges

The Uganda Cancer Society (UCS) would welcome the establishment of a functional cancer control programme, with an emphasis on prevention, alongside specific national indicators for cancer within the NCD plan. There is also a need to significantly invest in the human resources available to manage cancer and decentralise services, including screening.

The financing of national cancer programmes remains a challenge and as such UCS is advocating for the appropriate prioritisation of cancer in the national development agenda and budget, through the introduction of a law on cancer.



Finally, UCS will work to intensify awareness-raising efforts nationally to help dispel myths around cancer and provide life-saving information on screening and early detection.

UICC Member's achievements

UCS coordinates civil society efforts for cancer prevention and control nationally by providing a platform for member organisations to discuss, share ideas and jointly plan activities. This harnesses synergies and helps prevent duplication of efforts. UCS also works closely with the Uganda NCD Alliance network to strengthen cancer prevention and control through joint activities⁵.

Founded by and hosted at the UCI, UCS works to support patients, and in 2015, received a grant from the American Cancer Society to enhance its organisational capacity and strengthen its role in mobilising resources. UCS used this opportunity to build up its team to help deliver more effective cancer prevention and control in Uganda.

Footnotes:

1. www.uccf-ug.org
2. www.uci.or.ug/uci-research
3. www.tobaccofreekids.org/tobacco_unfiltered/post/2015_07_30_uganda
4. www.uci.or.ug/history-and-background
5. http://ugandacancersociety.org/

Zambia

Contributors: Zambian Cancer Society; Tobacco-Free Association of Zambia

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
2,300	3,300	Yes	Population-based	79%	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level		Not generally available at public primary healthcare level	Not generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	●	○	●	○	●	●	●	○	●	



Progress against the World Cancer Declaration targets

Cancer has been recognised as a public health concern in Zambia, and as a first step, radiation and chemotherapy services are being provided through the Cancer Diseases Hospital (CDH), which became operational in 2007. In the second phase of work, which is currently underway, the hospital wards will be able to provide 252 bed-spaces for in-patients.

The establishment of the first radiation therapy technology training programme at the CDH has led to a reduction in the cost of training, and increased the availability of the much needed human resources to facilitate cancer treatment.



Key successes

- The government has developed a National Cancer Control Strategic Plan for the management and control of cervical, breast, prostate cancers and retinoblastoma
- Cervical cancer screening using the see-and-treat method with VIA has been rolled-out in each of Zambia's 10 provinces, covering 51 sites. More than 300,000 women have been screened through this programme and over 300 health workers have been trained
- A three-year HPV vaccination demonstration project has been successfully completed with over 30,000 adolescent girls vaccinated
- In 2008, Zambia ratified the WHO FCTC and a law was enacted to strengthen the 1992 smoking ban to include all public places (except indoor offices). In collaboration with the International Tobacco Control Project team, Zambia evaluated current tobacco control efforts leading to the implementation of awareness campaigns
- Integration of the HBV vaccine into the national vaccination programme.

Key challenges

While Zambia has made major strides in addressing the increasing cancer burden, it still faces significant challenges, with around two thirds of patients presenting with late stage disease. Comprehensive cancer awareness programmes should therefore be a priority in Zambia.

Further investment in research, through the development and strengthening of research



institutes is also critical, as there is still a gap in knowledge about the epidemiologic profile of cancers in Zambia.

In order to improve equitable access to oncology services, Zambia will also need to decentralise these services across the country.

Finally, there is a need for stricter enforcement of the tobacco law provisions, including compliance with smoke-free environments, alongside larger pictorial warnings and tax increases.

UICC Member's achievements

The Zambian Cancer Society (ZCS) is a non-profit organisation that aims to improve the quality of life of persons affected by cancer irrespective of age, gender or type of cancer. The Zambian government encourages synergistic partnerships with key stakeholders including civil society to support cancer prevention and control.

To supplement the government's efforts to improve education and training of healthcare professionals, ZCS has developed the country's first psychosocial counselling curriculum on cancer.

The expected impact of the training is multifaceted. At an individual level, participants will acquire new skills and competencies. At national level, a new programme delivering psychosocial counselling in cancer will be integrated into existing HIV, home-based care and palliative care programmes to enhance the continuum of cancer care. The training will be rolled out nationally and sustained in collaboration with the Ministry of Health. The first group of counsellors will be trained in 2016.

Zimbabwe

Contributors: Cancer Association of Zimbabwe, Ministry of Health and Child Care

WHO cancer country profile 2014 [Link to profile](#)

Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
6,100	8,300	No	Population-based	95%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Not generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015 [Link to monitor](#)

Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	○	●	○	●	●	●	●	○



Progress against the World Cancer Declaration targets

Zimbabwe has made progress across the nine Declaration targets, with a strong focus on building the capacity of the healthcare system:

- A NCDs unit has been developed to coordinate action on cancer. The Zimbabwe Cancer Prevention and Control Strategy (ZCPCS) was launched in March 2014, but remains uncostered
- A national cancer forum has been created to provide a platform for stakeholders to advise the Minister of Health and Child Care¹ on cancer issues, and a registry has been developed²
- HPV demonstration projects have been implemented, and high coverage rates were reported across Marondera and Beitbridge districts
- A cervical cancer screening programme is being rolled out, and a cervical cancer control strategic plan is in development
- Five new radiotherapy machines have been installed as part of the refurbishment of two radiotherapy centres at Parirenyatwa and Mpilo hospitals
- The Palliative Care Policy has been developed
- World Cancer Day is celebrated annually and is used as a platform for the national dissemination of information on cancer.



Key successes

Zimbabwe's main achievement has been the development and launch of two key strategic documents - the ZCPCS and the Palliative Care Policy. Zimbabwe has also ratified the WHO FCTC.

The development of human resources has also been a priority and has been addressed through the introduction of oncology nurse training in 2014, as well as continued training of oncologists and radiation therapists, and the recruitment of three haematologists.

In recent years, Zimbabwe has particularly focused on high impact, preventable, and curable cancers, such as cervical cancer. These efforts are expected to result in a reduced cervical cancer burden, allowing for a focus on other cancers in the future. VIA screening has been rolled out in central, provincial and district/mission hospitals; and two HPV demonstration projects were carried out in preparation for the HPV vaccine roll-out.

Key challenges

The Cancer Association of Zimbabwe (CAZ) would welcome action to:

- Develop sustainable funding for cancer outreach projects in order to ensure the provision of accessible and affordable treatment for patients
- Decentralisation of comprehensive cancer prevention, treatment and care services



UICC Member's achievements

CAZ has provided psychosocial support through individual or family counselling and support groups. These efforts aim to enable clients to cope with their condition and to reduce stigma and discrimination. On average, the CAZ centre offers 120 counselling sessions per month to cancer patients and their families.

CAZ has also delivered education on breast and cervical cancer, and started a screening outreach project 200km from the capital, which was recently evaluated using a baseline survey and an endline review³. The project saw 4,228 women screened for cervical cancer and 3,316 women screened for breast cancer. CAZ's workplace program has helped to improve access to cancer education and screening to employees with the support of employers. Access to cervical cancer screening has greatly improved, with most of the provincial hospitals now offering VIA services. This is a positive and notable development, particularly given that cervical cancer accounts for one third of the total cancer burden in Zimbabwe.

Footnotes:

1. www.mohcw.gov.zw
2. <http://afcrn.org/membership/members/83-zimbabwe-harare>
3. www.cancerzimbabwe.org

African Organisation for Research and Training in Cancer: Building capacities through regional alliances



Regional progress against the World Cancer Declaration targets

Concerted action on cancer control has increased across the African region in response to the rising burden of the disease on the continent. Policymakers remain aware that the burden of cancer is forecast to continue growing as a result of greater exposure to key risk factors associated with changing lifestyles and an aging population in many African countries.

A foundation stone of effective cancer response is a cancer control plan and so far, 23 countries have developed, or are in the process of developing a strategy. AORTIC also contributed recently by developing a template for a regional strategy^{1,2}. A number of countries have also developed cancer registries in partnership with African Cancer Registry Network³. Through this process AORTIC has supported and facilitated country progress through the dissemination of the information across its membership, delivering education, and helping to establish prevention, screening and early detection strategies across different resource settings.



Key successes

Capacity building for cancer control across the African region has been the leading success. This has involved a number of national and international partners. One key achievement has been bringing together the African cancer control community through AORTIC and the creation of strong relationships between its members. These partnerships have also facilitated the adoption and the update of national and regional strategic cancer plans in line with the needs of the patients.

The region has a dedicated and inspirational leadership for cancer and NCDs across all sectors of society. A number of Africa's First Ladies have championed the need for effective and accessible cancer prevention and care services in their countries, and are leading the call for action using continental alliances^{4,5}. Alongside these efforts, AORTIC has played a role in the development of future African cancer leaders through the popular African Cancer Leaders Institute for African scientists, clinicians and researchers. The programme contributes to training, networking and professional support for young leaders to engage and take cancer research, advocacy, education, policy and clinical practice forward as part of a continental network.

Key successes

AORTIC continues to engage in promoting the development and implementation of national cancer control plans for each and every country. However, across the continent, there is a continuing need to further improve skills in disciplines such as pathology, surgery, and radiotherapy in order to improve patient care. AORTIC works alongside international and national alliances in order to increase equity in access to care for all those affected by cancer in Africa.



AORTIC's achievements

Over the last few years AORTIC has seen an encouraging and constant growth in its membership, as well as sustained interest from most African governments and international organisations. This demonstrates that there is national and international enthusiasm to fulfil AORTIC's mission of providing all Africans with the benefits arising from better research and training for cancer, as well as the provision of diagnostic, treatment and palliative services where needed. The organisation is, and will remain, a voice for scientists as well as the patient community and brings together scientists, researchers, advocates, clinicians, volunteers, national and international alliances.

AORTIC has been working to support all African members and local NGOs to build capacity for cancer control in their own countries and develop further cancer research offering support for education through a number of fellowships and workshops. AORTIC is at present updating the report detailing present national cancer control planning efforts on the continent.

Finally advocacy, and the training of cancer advocates on the ground, has become one of the key priorities of the organisation in recent years. The sustained work of AORTIC's diverse but united members will translate into better access to care across Africa and improve outcomes and quality of life for cancer patients.

Footnotes:

1. [www.iccp-portal.org/resources-search?search_api_views_fulltext=&sort_by=search_api_relevance&sort_order=DESC&page=1&f\[0\]=type%3Acancer_plans&f\[1\]=search_api_combined_1%3A82](http://www.iccp-portal.org/resources-search?search_api_views_fulltext=&sort_by=search_api_relevance&sort_order=DESC&page=1&f[0]=type%3Acancer_plans&f[1]=search_api_combined_1%3A82)
2. www.AORTIC-africa.org/index.php/resources/
3. <http://afcm.org/membership/members/68-current-members>
4. www.au.int/en/pressreleases/31203/first-ladies-africa-determined-stop-breast-cervical-and-prostate-cancer-death
5. www.iaea.org/newscenter/news/first-ladies-commit-to-action-and-leadership-on-cancer-control

Tobacco Control

Tobacco use is associated with 70% of all lung cancers, 20% of cancer deaths⁶, and is a known causal factor in over 10 cancer types - many of which could easily be prevented.

Target 3



Reduce exposure to cancer risk factors



The [Global Action Plan for the Prevention and Control of NCDs](#) calls for a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years.

Tobacco control policies are cost-effective and are estimated to have contributed to substantial decreases in smoking and smoking-related deaths. Effective measures require strong multisectoral collaboration for successful national action.

Tobacco taxation has been identified as the **single most important population-wide measure that governments can take to reduce NCDs**. Taxation can simultaneously raise revenues for investment in cancer and NCDs, whilst reducing the long-term disease burden across all income settings.

87% of countries are working to implement tobacco taxes, in line with the provisions of the [WHO Framework Convention on Tobacco Control \(FCTC\)](#).

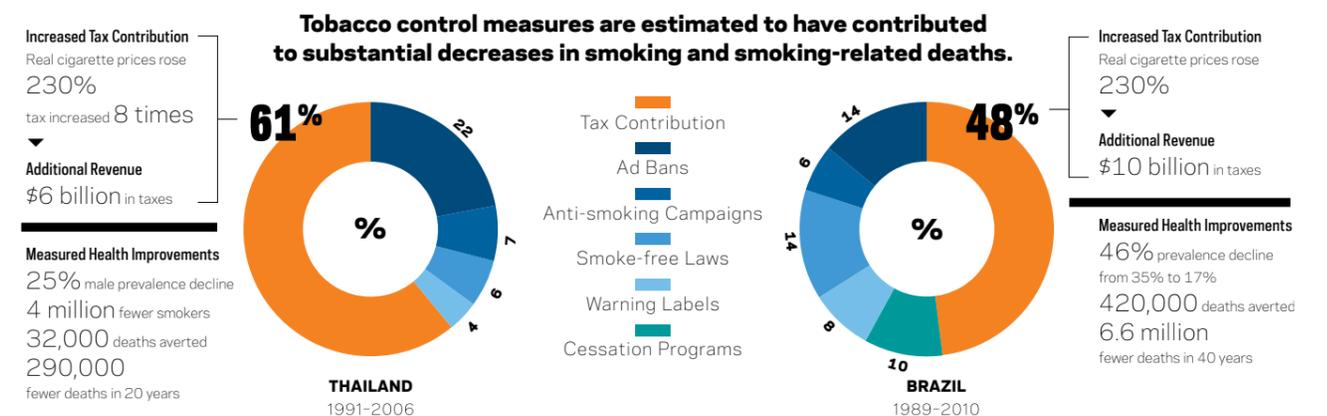
However, many of the 180 parties to the FCTC are facing significant challenges in implementation.



"The McCabe Centre offers a unique and highly successful international legal training programme which equips lawyers and policy makers with the skills and knowledge required to better tackle the legal issues relating to the prevention and control of cancer and other NCDs."

Jonathan Liberman, Director, McCabe Centre for Law and Cancer

Estimated contributions of tobacco control measures to declines in tobacco use



Getting involved: McCabe Centre for Law and Cancer

The [McCabe Centre for Law and Cancer](#) runs an international legal training programme that builds national capacity to support the prevention and control of cancer and other NCDs.

The course focuses on building coherence between health, trade, investment, human rights and sustainable development. The programme comprises a three-week intensive legal course run primarily for government lawyers from low- and middle-income countries, hosted in Melbourne, Australia twice per year, and shorter versions of the course run in other countries and regions.

Since October 2013, the McCabe Centre has trained over 200 government, intergovernmental, academic and NGO lawyers and policy experts from over 75 countries. Most of these training activities form part of the McCabe Centre's role as a WHO FCTC Knowledge Hub.



Getting involved: Global Task Force for Tobacco Free Portfolios

The [Global Taskforce for Tobacco Free Portfolios](#) is a global coalition working to encourage pension funds, sovereign wealth funds, insurers, banks and fund managers to implement investment strategies that are tobacco-free. **Many individuals and organisations are unknowingly contributing to the global tobacco epidemic via their finances**, undermining the excellent tobacco control advances that have been achieved by the global health sector and governments across the world. The Global Task Force for Tobacco Free Portfolios strives to disentangle the global finance sector from the tobacco industry.



"When it comes to tobacco control we must think big and aim high because the current status quo is a world that is on track for one billion tobacco related deaths this century."

Bronwyn King, CEO, Tobacco Free Portfolios

⁶ WHO IARC, World Cancer Report 2014 <http://publications.iarc.fr/Non-Series-Publications/World-Cancer-Reports/World-Cancer-Report-2014>

Afghanistan

Contributors: Afghan Society Against Cancer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
8,100	7,400	No	No	71%	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level		Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Generally available in the healthcare system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
○	○	○	◐	○	●	●	●	○	○



Progress against the World Cancer Declaration targets

Afghanistan has not yet developed a cancer registry, and shaping activities without knowing the cancer burden is very challenging. Similarly, there is no data to monitor trends or track progress nationally against the World Cancer Declaration targets. Notwithstanding, Afghanistan is now undertaking activities across some of the targets. For example, vaccination against the HPV has now been integrated into the national immunisation programme.



Key successes

The Afghan Society Against Cancer (ASAC) is pleased that Afghanistan has ratified the WHO FCTC. This has been supported by draft legislation for tobacco control, which the Ministry of Public Health recently sent on to the Ministry of Justice for adoption.¹

Key challenges

Using the World Cancer Declaration as a framework, there are a number of significant challenges for Afghanistan across the spectrum of cancer control. However, the ASAC would consider the following to be priority actions:

- Scale up national cancer awareness and early detection/screening programmes
- Establishment of a population-based cancer registry
- Training of healthcare professionals across the speciality professions of cancer control
- Establishment of holistic pain management and palliative care services.



UICC Member's achievements

Since ASAC was formed in 2009 it has celebrated World Cancer Day annually. Using the day as a platform, it has advocated for the establishment of at least one cancer treatment centre within the country. To do this, it established a group of advocates called the Afghanistan Cancer Control Coalition². The coalition has worked together and encouraged the Ministry of Public Health to take a first step in this direction by setting up the first specialised oncology ward in one of the public hospitals in Kabul.

Alongside this, ASAC conducts targeted health promotion activities with the public to improve awareness of cancer risks and symptoms. Activities have included the development and distribution of leaflets on breast health, cancer risk factors and opportunities to reduce exposure, as well as promoting early detection through encouraging early help-seeking behaviour. ASAC is particularly proud of its home hospice programme for improving access to palliative care, and it hosted a conference on palliative care in 2012.

Footnotes:

1. <http://moph.gov.af/en/news/10209>
2. <http://glynstrong.co.uk/tag/afghanistan-cancer-control-coalition-acc/>

Bahrain

Contributors: Bahrain Cancer Society; Royal College of Surgeons in Ireland-Bahrain

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
200	200	Yes	Hospital-based	99%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor	
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines		
					No data	No data	No data				



Progress against the World Cancer Declaration targets

More recently the MoH has launched a 2011-2020 national prevention campaign to fight cancer by reducing exposure to cancer risk factors. This focuses on the most prevalent risk factors in Bahrain, namely poor diet, low levels of physical activity and tobacco consumption.

This builds on previous tobacco control efforts including Bahrain's revised 2009 tobacco control law which prohibits tobacco advertising, promotion, and sponsorship and the use of tobacco products (including e-cigarettes) in enclosed public spaces and public transport. In 2007 Bahrain also became a party to the WHO FCTC. To support national tobacco control efforts, Bahrain has opened three anti-tobacco clinics and hopes to expand to include a further two clinics to ensure that services cover the whole country.

Bahrain also operates a number of opportunistic screening programmes, with a focus on breast and cervical cancers.



Key successes

NCDs are the greatest health threat in Bahrain and the MoH has been working with stakeholders to reduce exposure to risk factors, for example by increasing the import duty on tobacco products from 100% to 200%, alongside work to improve access to high quality care across the life course. The primary success has been the development of the Bahrain Health Strategy that focuses on how to promote healthy lifestyles and improve early detection through cost-effective interventions. A Cancer Control Committee has also been established to help promote public awareness of cancer risk factors, signs and symptoms and to coordinate education, early detection and patient palliative care services.

Bahrain has also been very effective in improving immunisation rates under the Expanded Programme on Immunization, and coverage of HBV vaccination has reached almost 100%.

Key challenges

Further work is needed to promote awareness among the general public and healthcare professionals of cancer risk factors, and the importance of early detection and screening. The authors would welcome the establishment of a national screening programme for the most common cancers nationally. Improving diet and increasing physical activity are particularly important in Bahrain.

Creating healthy workplaces and raising awareness of occupational and environmental cancer risk factors will also be critical. Amongst young people alternative forms of tobacco consumption, such as 'sheesha' are very popular and need to be controlled. The authors



UICC Member's achievements

The Bahrain Cancer Society (BCS) focuses on increasing public awareness about cancer risk factors and the need for regular screening. It has organised a series of educational lectures, workshops and seminars on these topics in schools, universities, companies and with the general public. BCS has also run social media campaigns to further improve outreach and has distributed free printed resources. BCS also runs cancer support groups for patients.

In partnership with the Ministry of Health, BCS has helped to establish a cancer registry office and a cancer centre to deal with cancer victims and provide palliative or hospice care. Following a study that demonstrated that breast cancer is a major health problem in Bahrain, and given the increasing incidence, as evidenced by the cancer registry, BCS also launched the National Screening Campaign for Early Detection of Breast Cancer in 2005 for all women aged 40 and over. Working with the Ministry of Health, it has raised public awareness and initiated mammogram services at all governorate's health centres to improve access and reduce waiting times.

BCS has also worked together with other NGO partners to form the Gulf Federation for Cancer Control, which launched its first joint awareness campaign from 1st to 7th February, coinciding with World Cancer Day.

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
39,300	33,000	No	Population-based	97%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Generally available at public primary healthcare level (VIA only)	Not generally available in the public health system	Not generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

Egypt has taken a number of key steps to further cancer control nationally including:

- Adoption and adaptation of international cancer control recommendations to produce a series of national guidelines. For example, Egypt now uses targeted therapies as the standard management in many solid and haematological malignancies
- Establishment of a Higher Council for the fight against cancer, under the Ministry of Health which includes university, military, police and civilian hospitals and specialist units. The Council is responsible for creating and updating the national guidelines, and implementing the national cancer control policy
- Creation of a new hospital to manage breast cancer, which receives 150 cases every day and treats 22,000 new cases annually
- Establishment of a specialised nursing institute for cancer management, which trains around 40 specialist cancer nurses annually.



Key successes

One of Egypt's key successes has been the creation and implementation of national guidelines for cancer management, which are reviewed and updated annually.

In addition, the National Cancer Institute (NCI) is in the process of building the biggest regional cancer centre to address the shortage in specialised facilities across low-income countries in the Middle East and North Africa, and to help improve access to cancer care in the region.

From a policy perspective, Egypt ratified the WHO FCTC in 2005 and has since started to introduce tobacco legislation, such as warnings on tobacco packages.

Key challenges

In the coming years, Egypt will need to further implement national cancer policies and guidelines, particularly around addressing risk factors to reduce the cancer burden. A key step would be to improve cancer awareness among the population to help reduce exposure to risk factors and improve the rates of early detection and the control of cancer. In order to improve cancer treatment outcomes on a population level, Egypt will need to focus on building cancer expertise, especially physicians, in all parts of the country.



UICC Member's achievements

Drawing on the experience of multidisciplinary teams, NCI holds workshops for pharmacists, nurses, surgeons and radiotherapists from all over Egypt to improve cancer management nationally. In addition, NCI holds an annual conference and regularly shares updates with the public on cancer management and the outcomes of clinical trials. For example, NCI has helped improve breast cancer screening and early detection rates amongst patients and the local community. This work is supported by a biostatistics unit that helps track patient outcomes for the Institute.

Alongside this periodic training, NCI provides masters, doctorate and fellowship degrees in medical oncology, radiotherapy, surgical oncology, paediatric oncology, anaesthesia and pain management with the aim of improving cancer management nationally. This has also been vital in expanding NCI's expertise nationally and improving coverage of services in more remote areas.

Iran, Islamic Republic Of

Contributors: Iranian Cancer Association

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
30,200	23,300	Yes	Population-based	99%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at the public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the healthcare system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	○	●	●	●	●	●	●	No data



Progress against the World Cancer Declaration targets

Iran has taken a number of key steps including:

- Full insurance coverage for the majority of essential cancer medicines
- Establishment of a pathology-based cancer registry
- Building on public and governmental awareness of cancer risk factors, leading to the prohibition of smoking in all public places
- Obligatory HBV vaccination for newborns (since 1993) and high-risk populations. The development of an HPV vaccination strategy is currently being assessed
- School-based health promotion and cancer awareness for all primary level students
- Improving access to clinical oncology services and uptake of new techniques, such as breast-conserving surgery with a more than 80% success rate in comprehensive multidisciplinary centres
- Increasing fellowships in the six sub-specialties related to oncology and developing continuous medical education and continuous professional development courses in line with international (ESMO¹ and NCCN²) guidelines.



Key successes

Iran's major successes towards achieving the Declaration targets include:

- Achieving 95% insurance coverage of the population in all cancers and nearly all essential medicines. This includes new technologies such as microsurgery, intraoperative radiotherapy, neo-adjuvant therapies, 3D computerised treatment planning on linear accelerators, and bone marrow transplant
- Increasing the number of specialised comprehensive multidisciplinary centres to seven
- A co-education programme for cancer survivors and the general public to improve awareness and reduce stigma
- Banning public smoking and alcohol consumption
- Evaluating screening and early detection programmes in order to tailor them to Iran's needs
- Development of public and private pain clinics in a country where access to narcotics is limited.

Key challenges

The Iranian Cancer Association (ICA) would like to see further work to develop three levels of cancer care across all 31 regions, given that the recent lifting of sanctions, Iran should now be able to access more modern treatments:

- Primary care level detection and diagnosis of cancers, and introduction of out-patient chemotherapy services



Author's achievements

- Secondary care level cancer units, including hospitalisation and some radiotherapy services
- Comprehensive multidisciplinary centres with an extended variety of cancer sub-specialties supported by national guidelines and processes, as well standardised introduction of PET scanning, MRI and emerging new technologies.

Introduction of a population-based cancer registry and a national HPV strategy would support existing measures to reduce cancer lifestyle risk factors and the potential future burden of cancer. A final key measure will be to increase the number oncology fellowships in order to provide the skills needed to manage cancer effectively.

Author's achievements

ICA was part of an IAEA-PACT³ mission which, working with the government, formed the National Committee for Cancer Control. ICA has also produced a Persian language oncology website that provides public-facing information. It has also been involved in several education and awareness media campaigns that are supported by handouts and a booklet on how to prevent cancer through positive lifestyle choices.

Footnotes:

1. European Society for Medical Oncology
2. National Comprehensive Cancer Network
3. International Atomic Energy Association – Programme of Action for Cancer Therapy

Iraq

Contributors: Zhianawa Cancer Center; Iraqi Cancer Board (Ministry of Health of Iraq)
National Cancer Research Centre (Baghdad University)

WHO cancer country profile 2014 [Link to profile](#)

Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
8,300	9,000	Yes	Hospital-based	66%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level (clinical breast exam only)	Not generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system	

WHO NCD progress monitor 2015 [Link to monitor](#)

Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	●	○	●	●	●	●	○	●	●



Progress against the World Cancer Declaration targets

Iraq has made significant progress in a number of key areas including:

- Implementation of comprehensive tobacco control legislation¹ in accordance with the WHO MPOWER tool, and the existence of national regulations on the prohibition of commercials and public availability of alcohol
- Launch of national public mobilisation campaigns on tobacco control, the promotion of physical activity and healthy diet. Anthropometric measurements and obesity screening have also been introduced in schools
- Implementation of the WHO STEPwise surveillance survey on NCD risk factors
- Development of a population-based cancer registry²
- Reduction of stigma and myths around breast cancer through public health awareness campaigns on risk factors, including in rural areas
- Implementation of population-based breast cancer screening programmes, which are supported by research programmes³
- Improved access to accurate diagnosis and multimodal treatment of cancer, with chemotherapy, radiotherapy, and hormonal treatment now offered free of charge. Almost 80% of the requested treatment protocols are now covered, and waiting lists for radiotherapy in different cancer centres have been shortened
- In collaboration with the WHO, the provision of training opportunities to build the capacity of healthcare professionals.



Key successes

In 2001, the National Programme for Early Detection of Breast Cancer was established in four specialised referral training centres in Baghdad, Basrah and Mosul, and 16 specialised clinics for the early detection of breast cancer were set up in the major hospitals of each governorate. The main objectives of the programme are to down-stage breast cancer at the time of presentation to reduce morbidity and mortality from the disease, and promote public awareness of risk factors, signs, symptoms, and screening tools for breast cancer.

In 2009, the Ministry of Higher Education and Scientific Research organised a national breast cancer research programme to further support this work. Under the supervision of the IARC Screening Unit, the National Cancer Research Centre of Baghdad University developed a comprehensive database for Iraqi patients diagnosed with breast cancer. In 2012, WHO/EMRO suggesting using that model to compare the demographic characteristics, clinico-pathological presentations and management outcomes among patients affected with the disease in the Eastern Mediterranean Region, which led to the establishment of a Regional Comparative Breast Cancer Research Project⁴. An online information system has been now been established to collect data systematically from patients at targeted breast cancer facilities in eight countries⁵.

Finally, between 2012 and 2016, specialised training programmes have been established in medical oncology, radiation oncology and palliative care services in Baghdad and Kurdistan.



Key challenges

Action is still required to:

- Strengthen surveillance systems to monitor and evaluate the impact of Iraq's national cancer control programmes
- Appropriate palliative care services to control pain and distress
- Establish comprehensive of comprehensive cancer centres
- Ensure the availability of qualified postgraduates in cancer specialties, such as radiation oncology.

UICC Member's achievements

The Zhianawa Cancer Center (ZCC) is a public, tertiary cancer care facility specialising in radiotherapy. ZCC was opened in March 2009 and provides care for cancer patients from all regions of Kurdistan and Iraq free-of-charge. ZCC is equipped with two modern linear accelerators and one high-dose-rate brachytherapy suite.

ZCC is accredited by the Kurdistan Board for Medical Specialties as well as the University of Sulaimani as a training centre for radiation oncology and medical physics.

ZCC also launched a multi-disciplinary oncology teaching course series in February 2015 and hosted the 'Best of ASTRO' meeting in December 2015, in collaboration with many international experts.

Footnotes:

1. apps.who.int/ctct/implementation/news/news_ira/en/index.html
2. Iraqi Cancer Board. Results of the Iraqi Cancer Registry 2012. Baghdad, Iraq, Iraqi Cancer Registry Center, Ministry of Health, 2015
3. Alwan, NAS: Breast Cancer Among Iraqi Women: Preliminary Findings From a Regional Comparative Breast Cancer Research Project. Journal of Global Oncology, 2016; 2 (1), 1-4
4. Alwan NA: Iraqi Initiative of a Regional Comparative Breast Cancer Research Project in the Middle East. Journal of Cancer Biology & Research, 2014; 2 (1): 1016-20
5. Alwan, NAS: Breast Cancer Among Iraqi Women: Preliminary Findings From a Regional Comparative Breast Cancer Research Project. Journal of Global Oncology, 2016; 2 (1), 1-4

Jordan

Contributors: The King Hussein Cancer Foundation and Center

WHO cancer country profile 2014 [Link to profile](#)

Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
2,100	1,700	Yes	Population-based	98%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015 [Link to monitor](#)

Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	◐	◐	◐	◐	◐	◐	◐	●	◐



Progress against the World Cancer Declaration targets

Jordan has taken coordinated action to meet the Declaration targets including:

- Collaboration between the Ministry of Health (MoH) and King Hussein Cancer Foundation (KHCF) and Center (KHCC) to:
 - Strengthen national commitment to tobacco control through drafting and launching a comprehensive National Tobacco Control Roadmap¹.
 - Review the status of cancer prevention and early detection services in primary healthcare clinics.
- Improving the reach of treatment for tobacco dependency through advocacy efforts, delivering training² to more than 1,000 participants in Jordan, and developing other supporting tools³. Efforts extend beyond Jordan, and have culminated in establishing training hubs⁴ in four countries.
- Efforts, as part of the Jordan Breast Cancer Programme (JBCP), to strengthen the healthcare system by tackling inequities in the distribution of services across the public health sector; advocating for investment in health infrastructure by the MoH; providing direct investment to upgrade more than 22 breast imaging units; and developing national standards for services
- Introduction of the first breast cancer specific registry, endorsed by the MoH
- Introduction of a Breast Imaging Units Certification programme, which is the first in Jordan and the region, in an attempt to systematically improve breast cancer early detection services



Key successes

Garnering support from all government sectors, general public and the media about the urgency of tobacco control, and engaging these groups in the fight against tobacco has been a major success. The fact that the tobacco industry is fighting even more fiercely is a testament to this success.

Another important achievement has been the inclusion of early detection for breast cancer in the national health strategy, underling it as a national health priority. JBCP has become a national umbrella and reference point for early detection, awareness-raising, service provision and capacity building related to breast cancer, and has successfully engaged the Jordanian community to support its mission. Further efforts are however needed to provide an enabling environment for early detection specifically within this limited resources setting.



Key challenges

Key challenges to respond to include:

- Strategic uninterrupted funding for tobacco control interventions to maximize and sustain outcomes
- Optimisation and standardisation of treatment and quality of screening received in different cancer units across Jordan
- Addressing the shortage in qualified human resources for implementation of a national breast cancer screening programme, and ensuring that this is included in medical curricula
- Ensuring sustainable funding for national screening and early detection interventions for breast cancer

UICC Members' achievements

KHCF/KHCC is tackling tobacco by serving as technical expert to support MoH in developing and implementing the various components of the National Tobacco Control Strategy, which aims to strengthen stakeholder engagement and encourage high-level political commitment.

KHCF leads the JBCP, a national programme aiming to reduce mortality from breast cancer and increase the early detection of breast cancers. In its first seven years, JBCP was able to shift late stage breast cancer diagnosis from 70% to 35%.

Footnotes:

1. www.globalbridges.org/news/blog/2015/12/22/jordan-launches-2016-18-tobacco-control-roadmap/#V6nI6qKAvSY
2. www.ncbi.nlm.nih.gov/pubmed/25364544
3. www.treatobacco.bwa-subway4.co.uk/site/en/uploads/documents/Treatment%20Guidelines/Jordan%20treatment%20guidelines%20in%20English%202014.pdf
4. www.globalbridges.org/news/blog/2016/05/02/moroccan-sidi-mohamed-ben-abdellah-university-tunisian-ministry-health-spearheading-tobacco-dependence-treatment-training-north-africa/#.V6njn6KAvSY
5. www.globalbridges.org/news/blog/2016/06/07/demand-smoke-free-institutions-jordan-rise/#.V6nj1qKAvSY

Morocco

Contributors: Lalla Salma Foundation for Cancer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
12,500	10,400	Yes	Population-based	99%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	●	●	○	No data	No data	No data	●	●



Progress against the World Cancer Declaration targets

Morocco has made progress against each of the nine Declaration targets, with key highlights being:

- Implementation of the National Cancer Prevention and Control Plan (PNPCC 2010-2019), in close collaboration between the Lalla Salma Foundation for Cancer (FLSC) and the Ministry of Health
- Extensive research into the cancer burden in Morocco, including through 15 studies, enquiries and workshops, and the development of a population-based cancer registry
- Delivery of health education about the risks of tobacco in schools, colleges and companies across Morocco
- Organisation of free screening programmes for breast and cervical cancers
- Construction and equipping of oncology centres across Morocco, with chemotherapy now available free of charge for those unable to pay
- Establishment of a palliative care programme in two cities to deliver pain management to patients at home
- The establishment of the African School of Oncology.



Key successes

Morocco has seen successes in three key areas:

- **Prevention:** A tobacco control law was passed in 2008 and was accompanied by a major media campaign. Alongside this, breast and cervical screening programmes have been established across Morocco and can be accessed free of charge
- **Cancer management:** Significant investment in cancer treatment has radically changed cancer management. Training programmes have increased the number of healthcare personnel capable of treating cancer and this has been accompanied by an extension of screening and chemotherapy services
- **Social action:** These actions support patients and their families and include; the provision of accommodation for patients undergoing ambulatory cancer treatment, financial support to help educate children in situations where a parent has died from cancer and the establishment of a network of volunteers in cancer treatment centres. Morocco is also establishing programmes for socio-aesthetic reconstruction.



Key challenges

FLSC welcomes the progress made so far, however there are a number of key actions that are essential to achieving the Declaration targets:

- Establishment of programmes throughout the country to deliver palliative care at home
- Restructuring of cancer research at the regional level. Morocco became a member of IARC in 2015 and they are currently assisting in this process
- Creation of a governance structure to oversee and ensure implementation of the PNPCC 2010-2019 by all stakeholders, and development of a monitoring and evaluation framework.

UICC Member's achievements

To tackle cancer in Morocco, the PNPCC 2010-2019 was developed to provide a strategic vision and operational plan for the country. This plan is the national roadmap for cancer control and is led by an effective partnership between FLSC and the Ministry of Health.

The PNPCC was developed to respond to the specific needs of Morocco's population and includes 78 measures that can be adapted to the resources available. It includes interventions for prevention, screening, and treatment, as well as for the provision of support for patients and their families. It was developed in accordance with the values and culture of Morocco and with the active involvement of civil society. FLSC feels that, given these attributes, the plan could become a template for implementation for other chronic diseases.

Pakistan

Contributors: The Children's Hospital Lahore Pakistan and Institute of Child Health Pakistan Atomic Energy Commission

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
48,600	52,500	No	No	72%	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level		Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	○	○	●	●	●	●	●	No data	○	



Progress against the World Cancer Declaration targets

Pakistan has taken a number of key steps in recent years to advance cancer control including:

- Improvements in governmental and public awareness of adult and paediatric cancers
- Registering with the IAEA PACT programme and hosting an impACT mission to assess Pakistan's national cancer burden
- Establishing a national cancer registry and national cancer control plan
- Development of new cancer hospitals and the upgrade of cancer technologies to improve the accuracy and effectiveness of diagnosis and treatment, including CT scanning, radiotherapy facilities and the inclusion of paediatric haematology units in oncology wards
- Addition of palliative care units and improvement of supportive care services for adult and paediatric patients
- Approval of a grant for the establishment of a bone marrow transplant unit and the initiation of a transplant training programme for doctors.



Key successes

Some of Pakistan's key cancer control successes have been:

- The completion of a successful IAEA impACT mission and the development of clear recommendations for cancer management and control
- The establishment of a cancer registry and a national cancer control steering committee to oversee programme implementation
- A strong emphasis on raising awareness of cancer and the implementation of prevention campaigns through hospitals and NGOs, for example on No Tobacco Day, and Mammogram Day. Tobacco control has been a key focus and public spaces, offices and educational establishments have now been designated smoke-free environments, with heavy fines handed down for non-compliance
- The establishment of three mobile breast care clinics for breast cancer screening
- The government and the private sector have both worked to increase the number of cancer treatment facilities nationally and improve the treatment facilities in existing units.

Key challenges

In order to more effectively respond to the increasing burden of cancer in Pakistan, the authors would welcome the following:

- Inclusion of cancer into Pakistan's national health action plan
- Development of comprehensive national screening programmes for breast and cervical cancers



UICC Member's achievements

- Roll-out of cancer awareness campaigns to improve rates of early detection
- Establishment of comprehensive cancer hospitals, including paediatric and palliative care units, to deliver timely and appropriate care, supported by satellite units with radiotherapy facilities
- Improvements in the availability of essential pain medicines, particularly oral morphine, and education on palliative care to healthcare professionals and the public
- Designation of cancer as a notifiable disease to ensure accurate data can be collected by adult and paediatric cancer registries.

The Oncology Department of The Children's Hospital and Institute of Child Health, Lahore has successfully completed a three year project, 'My Child Matters', that aimed to build capacity in paediatric oncology. The project involved the piloting of a 'shared care' model; training nurses and paediatricians in early diagnosis, stabilisation of cancer patients, and supportive care; and improving the standards of infection control and prevention under the guidance and mentorship of the International Outreach team at St Jude's Research Hospital in the United States of America. A pilot shared care paediatric oncology unit was established at Lahore General Hospital that successfully treated 300 febrile neutropenia patients. Alongside this, a total of four five-day training workshops were conducted to train 80 paediatricians from different districts of Punjab over three years.

Saudi Arabia

Contributors: Zahra Breast Cancer Association, Sheikh Mohammed Hussein Al-Amoudi Center of Excellence in Breast Cancer Care

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
4,900	4,300	Yes	Population-based	98%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Not generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	No data

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	◐	○	●	◐	●	●	●	●	No data



Progress against the World Cancer Declaration targets

- Saudi Arabia has a well-established national cancer registry, which provides reliable data at country, regional, governorate and city level¹
- In 2013, the Ministry of Health (MoH) conducted a national survey on the risk profile for NCDs². The survey included key risk factors for cancer, including overweight, obesity, physical inactivity, and smoking
- Following a pilot study in Riyadh, the MoH is establishing a national screening programme for breast cancer and initial plans are in place for a colorectal cancer screening programme
- The Saudi Commission for Health Specialties licensing body has identified breast imaging as a sub-speciality requiring radiologists and institutions to meet certain standards³.

Key successes

In 2010, a National Cancer Control Committee (NCCC) was re-established under the umbrella of the Saudi Health Council⁴. NCCC introduced the first integrated national cancer prevention and control strategy (2010-2020). This strategy includes seven main components with indicators and deliverables. It is significant to note that it recognises primary and secondary prevention as the foundation for cancer programmes and emphasises the importance of involving NGOs in the planning and implementation of national strategies. The government also supports and recognises the role that NGOs and individuals play in improving cancer awareness, dispelling stigma and supporting service delivery.



There are plans to establish a National Cancer Institute (NCI) to oversee the implementation of national cancer prevention and control strategies, and to ensure the implementation of high quality care through research, training, education, and public participation. The NCI would also be tasked with developing evidence-based guidelines for cancer prevention and management at all healthcare levels; coordinating training courses; initiating collaborative multi-centre epidemiological and clinical cancer research; and enhancing community participation in cancer control and prevention programmes.

Key challenges

Data from the registry indicates that cancer incidence continues to increase by nearly 5% every year, with reports showing that 60% of cancer patients in Saudi Arabia are under the age of 60, and nearly 60% of them present with advanced tumours (Stage III and IV). Establishing coordinated and effective primary and secondary prevention programmes is critical. It is also essential to establish an efficient referral system between healthcare sectors for suspected cancer cases, in order to improve early detection rates and promptly transfer patients to the appropriate cancer care provider.

Despite the clear evidence base, there is currently no national screening programme due to the associated costs. To address these concerns, the authors would support and encourage the following:

- A detailed situation analysis of population-wide and opportunistic screening needs, and an evaluation of their effectiveness to identify priorities for action



- Development of national guidelines for cancer prevention and management, as a prerequisite for the successful implementation of any national cancer screening programme
- Fast tracking of the establishment of the NCI to coordinate equitable access to care across multiple health care providers, enforce national cancer care policies and standards, and minimize current redundancy in the Saudi healthcare system.

UICC Member's achievements

Since 2007, Zahra Breast Cancer Association (Zahra) has led advocacy efforts for a comprehensive national breast cancer programme to address the increasing national incidence. Through its five national offices, Zahra promotes screening and support services and it has also secured five mobile mammogram units to deliver services in more remote regions. Zahra holds training courses and workshops for technicians, health educators and healthcare professionals with local experts from the Ministry of Health, King Saudi University, King Faisal Specialist Hospital and Research Centre, and other cancer care centres.

Each year, Zahra marks breast cancer awareness month and coordinates awareness-raising activities, including discussion forums on breast cancer patients' self esteem, equity and accessibility to specialised cancer care^{5,6}.

Footnotes:

- www.chs.gov.sa/En/HealthRecords/CancerRegistry/Pages/CancerRegistry.aspx
- www.moh.gov.sa
- www.scfhs.org.sa/en/registration/classAndregister/Pages/default.aspx
- www.chs.gov.sa/en/default.htm
- www.zahra.org.sa/en/
- www.guinnessworldrecords.com/world-records/largest-human-awareness-ribbon?fb_comment_id=767604379955105_886627124719496

Tunisia

Contributors: Association Tunisienne de lutte Contre le Cancer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
4,500	2,800	No	Population-based	98%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Not generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	◐	○	○	●	●	◐	●	No data



Progress against the World Cancer Declaration targets

Tunisia has organised a number of information days to educate the public about their cancer risks, cancer signs and symptoms, and prevention strategies.

In addition, the Tunisian Government has also been working with Bayer in a public-private partnership to organise and run a free mobile early detection service. This includes a screening caravan that provides important access opportunities for remote and disadvantaged communities, in order to improve rates of early detection and screening outcomes.

Finally, there are ongoing consultations with regard to how to maximise access to new cancer therapies in Tunisia in order to improve treatment options and outcomes.



Key successes

The key successes for Tunisia have been the development of a national cancer control plan and within that, a specific lung cancer strategy, targeting the leading cancer nationally in men, both in terms of incidence and mortality. This has had a particular focus on educating young people about the dangers of smoking, as a key risk factor for lung and other cancers.

Key challenges

Access to treatment facilities is one of the most pressing challenges in Tunisia. The Association Tunisienne de lutte Contre le Cancer (ATCC) would therefore like to see the development of further cancer centres, and facilities within existing hospitals, to ensure the population benefits from screening, treatment and associated services. In particular, there is a shortfall of services in the southern, southwest and northern regions of the country.

Where services do exist, many patients lack the resources required to travel for treatment and as such, many experience long delays before seeking treatment. ATCC would like to see the development of cancer facilities in the regional capitals of Tunisia as a priority measure to improve access.



UICC Member's achievements

ATCC has taken a number of steps to support patients and improve cancer care nationally. This includes building a home for patients who are being treated for one week or more, as many families are unable to cover accommodation costs, which can jeopardise completion of treatment. ATCC also pays for the transport of patients to consultations, as well as for the costs of radiotherapy, CT and MRI scans.

ATCC has developed a Junior Programme that engages young people in the creation and dissemination of awareness messages around cancer and its risk factors. The Junior Programme also has a crucial role to play in implementing ATCC's street medicine programme that delivers information and cancer screening services to the general public.

United Arab Emirates, the

Contributors: Friends of Cancer Patients

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
700	500	No	Population-based	94%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Not generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
					No data	No data	No data			



Progress against the World Cancer Declaration targets

After six years of advocating for regular breast cancer examination and screening in the United Arab Emirates (UAE), Friends of Cancer Patients (FOCP) Pink Caravan initiative purchased the first state of the art mobile mammography unit under the patronage of His Highness Sheikh Dr Sultan bin Mohammed AL Qasimi, Supreme Council Member Ruler of Sharjah UAE, in order to provide quality breast care throughout the seven emirates all year round.

Furthermore, in collaboration with Pink Caravan and Gustave Roussy, the University Hospital Sharjah has launched its new Sharjah Breast Care Centre. This centre will offer the UAE's first 24-hour diagnosis and cancer treatment activation plan. The aim of this plan is to encourage early diagnosis and rapid treatment of cancer patients in order to improve treatment outcomes. This facility is the first of its kind within the UAE and hopes to provide a service that will alleviate the anxiety experienced by patients during the testing and treatment for cancer.



Key successes

- Availability of a mobile mammography unit
- Establishment of the new Sharjah Breast Care Centre at the University Hospital Sharjah
- Production of health education materials on breast cancer awareness and self-examination techniques.

Key challenges

There is a definite need for a central cancer registry, including data from all seven emirates, to enable the UAE to accurately define the cancer burden, identify cancer types and patterns, understand and determine cancer causes as well as key risk factors. Data collected by cancer registries is also an integral resource for cancer research. The absence of a national cancer registry has hindered efforts to address the UAE's cancer burden more effectively.



UICC Member's achievements

FOCP has been actively engaged in tackling NCDs nationally and internationally. On November 15th, 2015, FOCP's Founder and Patron H.H. Sheikha Jawaher bint Mohammed Al Qasimi launched the Sharjah Declaration on NCDs at the culmination of the first Global NCD Alliance Forum. The Forum saw national and regional NCD alliances discuss the current NCD movement, the need for action, and strategies to accelerate action and hold governments accountable to their commitments.

In addition to this, FOCP's Pink Caravan has launched a comprehensive pamphlet to raise awareness including information on breast self-examination steps for women and men. The pamphlet has been endorsed by The Princess Grace Hospital, a leading multidisciplinary hospital in London.

Yemen, the Republic of

Contributors: National Cancer Control Foundation

WHO cancer country profile 2014 [Link to profile](#)

Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
4,300	4,200	No	Hospital-based	88%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level (clinical breast exam only)	Not generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015 [Link to monitor](#)

Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

Yemen has made limited progress in addressing cancer control. The biggest challenge is providing access to medicines, alongside the diagnostic, imaging and monitoring technologies that are considered essential for cancer management. For example, the national cancer centre in Sana'a only has one radiotherapy machine that is not always functional. This leaves patients with the option of seeking treatment in the private sector at high cost, or traveling outside of Yemen if their condition permits.

The government runs just two treatment centres in Yemen for cancer patients, one in Sana'a with 50 beds and the other in Aden with 30 beds. While both provide chemotherapy, there are no surgery services and state-of-the-art treatments are not yet available. In Yemen's largest city, there is no government hospital. The National Cancer Control Foundation (NCCF) has been filling the gap through the establishment of The Charitable Hope Oncology Centre, which provides free diagnostic, chemotherapy and in-patient services, as well as supportive drugs to approximately 5,000 patients. The current civil war in Yemen has doubled the struggle to establish and maintain services.



Key successes

While Yemen is struggling to meet the fundamental needs of cancer patients, the country is able to provide a basic set of treatment options to patients who are able to travel to Sana'a or Aden. However, this has become more difficult in light of the ongoing conflict.

Key challenges

NCCF would like to see more concerted efforts to strengthen the health system, including the establishment of an electronic cancer registry to track the national burden and help shape policy and investment in essential cancer services.

A second key step would be to establish a network of cancer centres with the facilities to undertake screening, early detection and treatment of early stage cancers. A crucial part of this will be working with the general public to educate people and make them aware of the signs and symptoms of cancer, in order to find cases as early as possible, and empower the population to reduce their own cancer risks.



UICC Member's achievements

NCCF contributes to the provision of medical services for cancer patients through the establishment of diagnosis and treatment units in five cities in Yemen - Sana'a, Taiz, Ibb, Alhudaidah and Aden. These sites offer laboratory, diagnostic and radiology services as well as contributing to a proportion of treatment costs, particularly with regard to the more expensive chemotherapy agents.

NCCF has also established two centres for the early detection of breast cancer; the first in Sana'a (2010) and the second in Ibb city (2012). Both provide free services to women and girls in secondary education and at university. These centres take a full patient history and can provide clinical breast exams, mammography and ultrasound scans when indicated, undertaken by female consultants.

Finally, NCCF continues to work to improve public and professional awareness and understanding of cancer through outreach projects in schools and universities, as well as scientific seminars, conferences and training courses for medical professionals.

Nutrition, healthy weight

and physical activity

More than one third of the most common cancers can be prevented through a nutritious diet, maintaining a healthy weight and undertaking regular physical activity.

Target 3



Reduce exposure to cancer risk factors



The [Global Action Plan for the Prevention and Control of NCDs](#) highlights a suite of policy options to tackle poor nutrition and physical inactivity to reach the voluntary global targets, which include a 30% relative reduction in mean population intake of salt/sodium, a halt in the rise of obesity, and a 10% relative reduction in prevalence of insufficient physical activity.

Government policy is critical in shaping healthier environments and food availability to enable people to lead healthier lives.

The World Cancer Research Fund International's NOURISHING policy framework shows that many countries are already taking positive steps to promote cancer prevention through policy action.



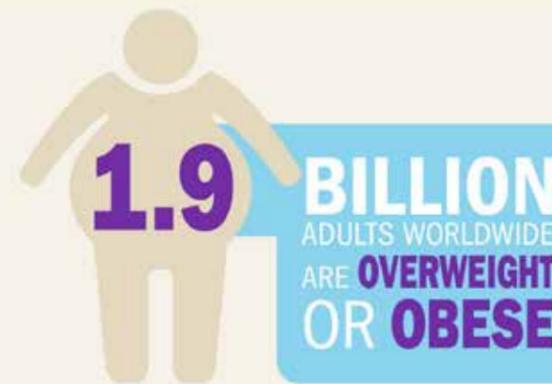
"More research is needed on the impact of policies, and a whole-of-society, multi-sector approach should be pursued by governments to get everyone on board to improve our food system. Better collaboration is required across national ministries to ensure policies work together to achieve agreed government objectives. Such policy coherence is particularly needed between trade and nutrition policy.

Countries can learn from each other's experiences, successes and challenges. In working together, and collaborating with other sectors such as civil society, we can achieve Target 3 of the World Cancer Declaration."

Kate Allen, Executive Director of Science and Public Affairs, World Cancer Research Fund International



PREVENTING CANCER THROUGH A NUTRITIOUS DIET, HEALTHY WEIGHT, AND PHYSICAL ACTIVITY



481,000

CASES OF CANCER
GLOBALLY ARE
ATTRIBUTED TO
EXCESS WEIGHT



ACTION IS NEEDED
AT EVERY STAGE
OF LIFE TO PREVENT
CANCER



TO PROMOTE HEALTHY DIETS & PREVENT OVERWEIGHT AND OBESITY SEE OUR NOURISHING POLICY DATABASE

WWW.WCRF.ORG/NOURISHING

Nutrition, healthy weight and physical activity



Sugary drinks tax, City of Berkley, USA (2015)

- This is the first excise duty on sugar-sweetened beverages (SSB) in the USA, passed by public vote with a 75% approval rate, levying US\$0.01 per fluid ounce.
- As a result of the tax, retail prices of SSBs increased by an average of about US\$0.005 per fluid ounce, while the prices for other beverages remained the same compared to cities without an SSB tax.
- Tax revenue goes into the general tax fund, but US\$1.5 million – the equivalent of the projected tax revenue of the first year – was allocated from the general tax fund to school- and community based prevention programmes aiming to reduce the consumption of SSBs and obesity. Of that, US\$600,000 was distributed to the school district for nutrition and gardening programmes while the remainder of the funds were awarded on a competitive basis after receipt of proposals from community groups. Future tax revenue is expected to be similarly used, with a focus on school based programmes.



Healthier dining programme, Singapore (2014)

- The Health Promotion Board (HPB) partners with 45 widely known food service providers who offer lower calorie and healthier meals across 1,500 outlets (food courts, coffee shops, restaurants) and food stalls.
- Healthier meals must comply with nutrition guidelines set by the HPB, requiring the use of healthier ingredients, such as whole grains and oils with reduced saturated fat, and the reduction of calories. Food service providers who implement the nutrition guidelines for two years can apply for approval by the HPB to use "Healthier Choice" symbols on their menus and marketing materials.
- The number of healthier meals sold per month more than doubled, from 525,000 to 1.1 million, between the launch of the programme in September 2014 and June 2015.

NOURISHING Framework



N O U R I S		H	I N G
FOOD ENVIRONMENT		FOOD SYSTEM	BEHAVIOUR CHANGE
POLICY AREA			
N	Nutrition label standards and regulations on the use of claims and implied claims on foods		
O	Offer healthy foods and set standards in public institutions and other specific settings		
U	Use economic tools to address food affordability and purchase incentives		
R	Restrict food advertising and other forms of commercial promotion		
I	Improve nutritional quality of the whole food supply		
S	Set incentives and rules to create a healthy retail and food service environment		
H	Harness food supply chain and actions across sectors to ensure coherence with health		
I	Inform people about food and nutrition through public awareness		
N	Nutrition advice and counselling in health care settings		
G	Give nutrition education and skills		

www.wcrf.org/NOURISHING

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Physical activity programme, Brazil (2011)

- The Academia da Saúde (Health Academy) programme is present in about 400 cities across Brazil. Health Academies are facilities that provide infrastructure, equipment, qualified instructors and free physical activity classes to overcome structural barriers to physical activity (e.g. lack of public spaces to safely exercise in), particularly among low-income groups. Health academies are jointly funded by the federal government and matched by state/local funds.
- The programme is integrated with primary care. Participants need to be referred by their primary health care unit based on medical reasons or for prevention purposes and all health academies have to be located in areas covered by primary care.
- In the state of Pernambuco, where the programme is most widely available, an evaluation showed that the programme has a positive spill-over effect: people living in cities benefitting from the programme were more active regardless of whether they participated in physical activity classes or not, compared to those living in cities without the programme.

Armenia

Contributors: EuropaDonna Armenia

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
4,500	3,600	Yes	Hospital-based	95%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level (clinical breast exam only)	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	No data	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	○	○	◐	◐	◐	◐	◐	○	◐	



Progress against the World Cancer Declaration targets

In Armenia, the World Cancer Declaration targets are being actively addressed at the national and community level to combat cancer:

- Since 2015, Armenia has implemented mandatory screening for cervical cancer among women aged 30-60. At the same time, the country has coordinated education programmes to dispel harmful myths and misconceptions about cancer in order to encourage earlier diagnosis
- Periodic HPV vaccination programmes are run for high-risk groups, and efforts to reduce tobacco consumption, using measures set out in the WHO FCTC, are helping to reduce the population's exposure to preventable risk factors
- Simplified procedures for the prescription and provision of analgesics for effective pain control of cancer patients have been developed nationally to improve patient access
- Armenia has significantly enhanced the learning opportunities for medical personnel who wish to develop their understanding of cancer management. Efforts have also been made to engage cancer patients in cancer control planning at local and national level.



Key successes

In 2015, the cancer registry in Armenia was restructured and updated to comply with international standards. This significantly improved the usability of the data collected and will simplify future work on clinical cancer epidemiology.

In 2016, the construction of a modern diagnostic centre will be completed in Armenia. The centre will be able to produce isotopes for PET scanning as well as radioisotope research, more broadly it is hoped that national clinical research on breast and prostate cancers will begin in 2016. Armenia has developed a legal framework which provides a favourable but strict regulatory environment for conducting clinical research in oncology.

Finally, the government is consistently working to attract new charity organisations to carry out oncology projects.

Key challenges

Armenia does not have mandatory state-funded screening programmes or compulsory health insurance, and, as a result, the burden of treatment is often carried by the patient through out-of-pocket expenditure. Greater efforts should be targeted at designing a detailed national cancer control plan, which would be approved and adopted by parliament, in order to increase the percentage of state funds allocated to meet oncology needs within the country.



Author's achievements

EuropaDonna Armenia is actively engaged in health promotion activities relating to cancer prevention, as public awareness of the prevention, diagnosis, and treatment of malignant tumours is a key challenge. Myths about the inability to cure cancer are particularly common, which can lead to patients refusing treatment. As a result, actions have been taken to improve public awareness about the benefits of early diagnosis through mass media, internet campaigns and lectures. The 'Ասուղջ-Կրթագրիկ/ Breast Health' Facebook page¹ is one such example that disseminates weekly articles on breast health, screening, diagnosis and therapies to its 17,500 followers. The EuropaDonna website is also used to highlight health information, alongside advertising events for fundraising and raising awareness, such as concerts, bicycle rides and flashmobs. EuropaDonna has assisted with the translation into Armenian of numerous international professional clinical guidelines and protocols on prevention, diagnosis, treatment, and rehabilitation of cancer patients, as well as facilitated their adaptation for a wider audience. The organisation has also established a charity fund to support low-income populations in need of expensive treatment.

Footnotes:

1. www.facebook.com/Ասուղջ-ԿրթագրիկBreast-Health-735857959798237/

Austria

Contributors: Division of Clinical Oncology, University Clinic of Internal Medicine, Medical University of Graz

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
11,200	10,000	No	Population-based	83%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

Austria has worked to implement the National Cancer Action Plan under four core areas of work:

- Prevention activities, including implementing tobacco control programmes, strengthening health literacy around cancer risk factors, reducing traffic emissions, and delivering vaccinations to avoid infection-related cancers
- Diagnosis, treatment and research strategies focused on how to guarantee high quality, demand orientated and equitable access to evidence-based innovative treatments. Austria is also integrating quality assurance mechanisms into all aspects of cancer care, promoting the participation of patients in clinical trials and working to increase independent funding of cancer research
- Psycho-oncology services, which are made available to all patients and relatives. This has involved defining and organising different services for patients and delivering standardised psycho-oncology education and training for all cancer professionals
- Palliative and hospice care. These services are being actively developed by specialist organisations, alongside the delivery of basic training for palliative care, and implementation of quality assurance mechanisms for outpatient oncology rehabilitation in particular.



Key successes

The Austrian Society for Haematology and Medical Oncology (ÖGHO) launched a campaign entitled 'Don't smoke'¹ that aimed to improve public awareness of the health risks associated with tobacco consumption. The campaign has gained significant momentum nationally, including amongst leading political figures, and, as a result, a law is being passed through the Austrian parliament to create smoke-free zones in 2018. This will apply to public institutions and all restaurants.

Key challenges

In order to achieve the Declaration targets by 2025, key priorities for Austria include:

- Improving the quality of cancer statistics, developing a disease-specific data bank and maintaining statistical analyses of cancer epidemiology
- The creation of opportunities for family-orientated cancer rehabilitation, as well as improvements in multi-professional care for elderly cancer patients and improved research into ageing and cancer.



Author's achievements

The Division of Clinical Oncology was one of the lead organisations in the creation of the Comprehensive Cancer Centre Graz, and remains an active member. This interdisciplinary collaboration aims to improve and standardise the quality of cancer care delivered to patients². In the Division of Clinical Oncology, an interdisciplinary approach to caring for the 'whole' patient (using the bio-psychosocial model) is a central element of the clinical work. Weekly interdisciplinary meetings focus on the different needs of the patients to ensure optimal treatment and care³.

One of the priorities within the Division is how to collaborate with other international Institutes of Oncology to conduct further clinical research into psychosocial care and communication. The Division also actively works in collaboration with ÖGHO and other cancer related societies. This networking includes the organisation of national as well as international meetings, and participating in multicentre studies throughout Austria, such as the Austrian Breast and Colorectal Cancer Study group.

Footnotes:

1. www.dontsmoke.at/initiative/
2. www.ccc-graz.at/
3. <http://innerermedizin.uniklinikumgraz.at/onkologie>

Denmark

Contributors: Danish Cancer Society

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
8,900	8,100	Yes	Population-based	No data	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	○	◐	○	◐	◐	◐	◐	●	●	



Progress against the World Cancer Declaration targets

Denmark has taken a number of key steps in order to tackle the national cancer burden including:

- Development of the Danish Sun Safety Campaign that focuses on reducing the incidence of skin cancer. The campaign has produced positive behaviour changes, such as almost halving the number of Danes using sun beds, and a reduction in the percentage of 15-64 years old that are sunburnt, from 44% in 2008 to 32% in 2014¹
- HPV vaccination was introduced into the Danish childhood vaccination programme on 1 January 2009, and is offered to girls aged 12-15. Catch-up programmes were introduced in 2014 for girls born in 1985-1995
- In March 2014, colorectal cancer screening for all persons aged 50-74 years was introduced.

Footnotes:
1. www.skrunedforsolen.dk



Key successes

In 2000, Denmark had the highest cancer mortality rate in Western Europe, which reflected the country's poor prevention and cancer care services. The Danish Cancer Society (DCS) worked with other stakeholders to call for action, and by 2010 three national cancer plans had been developed and launched. The implementation of these plans has been tracked closely at the national, regional and hospital level, and Danish cancer care has improved significantly.

In 2015, in order to maintain momentum and improve areas which were still performing poorly, DCS called for the development of a Cancer Plan IV – 'The Cancer Patients' Plan'. There was a one-year delay in its development, but the initiation of Cancer Plan IV was recently announced by the Minister of Health and Aging.

Key challenges

In order to build on successes to date, DCS would like to see:

- Guidelines that describe the best follow-up care for cancer patients
- Initiatives that demonstrate how cancer patients can become involved in decisions about their treatment, including best ways to inform patients about potential impacts or side effects of available treatment options
- Improvements in data collection so that all patient contact with the healthcare system is registered (including contact with general practitioners) to improve the quality of cancer care given.



UICC Member's achievements

The first two Danish Cancer Plans (developed in 2000 and 2005) paved the way for the introduction of cancer care pathways - resources that identify the optimal cancer care for specific tumour types at every step of the cancer journey. However, long waiting times for treatment have slowed their implementation. In response, in 2007, DCS and Danish cancer specialists launched a successful public campaign: 'Cancer is an acute condition – untimely cancer care is fatal', which resulted in significant political and public support for more urgent action to be taken.

Today, Denmark has 30 disease-specific cancer pathways and cancer care has improved with fast track pre-booked diagnostic and treatment management plans; clinically defined time limits for the various steps that are consistently monitored; pathway management and control through a common national framework; and consolidated specialist units delivering diagnostic and therapy services.

Estonia

Contributors: Estonian Cancer Society

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
1,900	1,600	Yes	Population-based	93%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Generally available at public primary healthcare level (VIA only)	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	◐	◐	○	◐	◐	◐	◐	●	●	



Progress against the World Cancer Declaration targets

Estonia has taken a number of key steps including:

- Introduction of free breast and cervical cancer screening services to women covered by national health insurance, and the implementation of a national colon cancer screening programme in 2016
- The Ministry of Social Affairs and the Estonian Health Insurance Fund are discussing the implementation of a national HPV vaccination programme
- Draft legislation proposed in 2015 will restrict alcohol advertising and accessibility. Outdoor advertising of alcohol will be strictly forbidden, as will alcohol sales in petrol stations and happy hour specials in eating establishments. The Ministry of Social Affairs is also considering giving authority to local governments to implement further alcohol restrictions
- New tobacco legislation prohibits underage use and possession of water pipes, e-cigarettes and snus
- Palliative care services have been established in cancer centres.



Key successes

In terms of primary prevention, the introduction of new tobacco legislation in 2015 is expected to produce a dramatic decrease in the number of smokers in Estonia. The development of existing screening programmes and the introduction of colorectal screening have been significant achievements in terms of secondary prevention.

In January 2015, a new national health registry for cancer screening was established. This registry will gather data from breast and cervical cancer screening and treatment services in a specially designed database to analyse national trends. Colorectal cancer data will be added to this registry with the launch of this screening programme.

Key challenges

While cancer survival rates in Estonia have improved over the past ten years, it still lags far behind most other OECD nations. The disparities between survival rates in Estonia compared to other Scandinavian and Western European countries are particularly significant.

There is a need to improve cancer screening participation in Estonia. Unfortunately, many people without national health insurance cannot afford to attend screening clinics and those with insurance receive invitations too infrequently as offers are based on narrow and restrictive age categories.



The Estonian Cancer Society (ECS) would also like to see work undertaken to strengthen the role of cancer centres in coordinating cancer care nationally and to improve patient access to supportive therapy and rehabilitation.

Finally, the Estonian National Cancer Strategy (2007-2015) expired at the end of 2015 and work is urgently needed to extend or replace the strategy.

UICC Member's achievements

In 2009, ECS purchased a new mammography bus using funds raised through charity events and sponsors. The aim was to improve access to breast cancer screening, particularly for populations in small towns in south and central Estonia. At the end of 2011, a digital mammogram was purchased to replace the old unit, improving the precision of results by 30% and shortening the duration of screening.

With generous support from the general public and private corporations, ECS will be launching two new mobile diagnostic units in 2016 specifically equipped for the early detection of skin and prostate cancer. Both units will be travelling Estonia to improve access to these key screening and diagnostic services in previously underserved regions.

Finland

Contributors: Cancer Society of Finland

WHO cancer country profile 2014 [Link to profile](#)

Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
6,100	5,600	Yes	Population-based	No data	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015 [Link to monitor](#)

Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	●	◐	○	◐	◐	●	◐	No data	●



Progress against the World Cancer Declaration targets

Across Finland a number of actions have been taken:

- In 2014, the Ministry of Health issued a plan for a comprehensive national cancer centre (FICAN). As Finland has been undertaking major healthcare reforms FICAN has not yet been established, but regional cancer centres are in place
- An update to the national burden of cancer is underway by Cancer Society of Finland. One of the key findings has been that smoking prevalence is declining as a result of preventing smoking and snus use among youth, targeting the illegal import and sale of snus, and multiple tobacco tax increases. The 2010 tobacco law established an endgame target for 2040 and a new deadline of 2030 is currently being discussed
- In 2015, it became illegal to advertise alcohol in public places and this ban extends to social media
- Nutrition guidelines have been revised and in 2011 a sugar tax was introduced, however it is being abolished due to a European Commission ruling
- HPV vaccination have been included in the national immunisation programme for all girls.



Key successes

Finland has taken key steps in developing national cancer control plans. In 2010, the 'Development of Cancer Care' report was published by the Ministry of Social Affairs and Health (MSAH). The report made estimates of the future cancer burden; set national targets for diagnoses, care and follow up; outlined the division of labour between healthcare levels and geographic regions; and made recommendations for information systems and for palliative care.

In 2014, a plan on Cancer Prevention, Early Detection and Rehabilitation was published by the National Institute of Health and Welfare, which reviewed prevention to date and made recommendations for future development. In the same year the MSAH published a report recommending FICAN. The Cancer Society of Finland was actively involved in the preparation of these reports and is closely tracking implementation of these plans nationally.

Key challenges

Cancer Society of Finland would like to see the establishment of a national cancer centre that can coordinate good quality and accessible cancer care, and develop an evidence-base for cost-effective and high quality care interventions following current reforms.

An equitable, integrated health system must start with prevention and early detection. Cancer Society of Finland would therefore like to see measures to reach the tobacco endgame by 2030, curb national alcohol consumption and reduce the incidence of obesity nationally.



UICC Member's achievements

The 2011 Health Care Act of Finland outlined the principles for national cancer screening programmes. These national screening programmes for breast, cervical, prostate and colon cancers have been delivered nationally and The Cancer Society of Finland has played an active role in assessing their effectiveness. Recent results suggest that prostate screening has not been effective and an assessment of the effectiveness of colon cancer screening is still ongoing. Overall participation in national cancer screening programmes is still high, although there has been a recent decline.

The Cancer Society of Finland has been advocating at the European level, and is a partner in the European Guide on Quality Improvement in Comprehensive Cancer Control (CanCon) Cancer Control Joint Action¹ initiative that aims to reduce the cancer burden in the European Union.

Footnotes:

1. www.cancercontrol.eu/index.php

France

Contributors: French League against Cancer; Institut National du Cancer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
97,800	72,700	Yes	Population-based	74%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	●	●	●	●	●	●	●	●	No data



Progress against the World Cancer Declaration targets

France has taken a number of key steps¹:

- Introducing electronic patient records to improve care coordination
- Concerted measures to reduce tobacco consumption through the introduction of plain packaging from May 2016, development of smoke-free spaces and cities in France
- Educating children about the dangers of tobacco consumption. In 2014, 6,036 sessions were held for 135,962 students
- Playing a crucial role in the banning of the herbicide glyphosate within the European Union
- Launching web campaigns, including a quiz on individual risk factors and a 'two-click' guide to inform individuals which screening programmes are available to them
- Updating screening programmes with new immunological tests for colorectal cancers within the national colorectal screening programme
- Ensuring that high-risk women have free access to mammography services within the national screening programme, with a citizen conference held to improve uptake of services
- Improving the equity of access to individual genetic diagnosis identifying pre-dispositions to cancer; genetic consultations on cancer; genetic testing and targeted therapies



Key successes

- Introduction of plain packaging for tobacco control
- Promotion of HPV vaccination among young girls
- Creation of the National Cancer Screening Programmes for breast, colorectal and cervical cancers
- Trialling of personalised pathways for patients, with cross-disciplinary meetings to help take treatment decisions for each patient
- Development of dedicated networks or centres for paediatric, geriatric, oncogenetic and rare cancers to improve care quality.



Key challenges

The authors would welcome further efforts to:

- Increase tobacco control measures nationally to reduce rates of smoking
- Development of comprehensive health education including the key risk factors for cancer; such as alcohol consumption, low physical activity, and poor diet
- Improve equitable access to innovative cancer treatments and care
- Conduct further epidemiological research into risk factors for cancer, other than tobacco.

UICC Member's achievements

The French League against Cancer (La Ligue) is a national alliance of regional committees dedicated to the fight against cancer. Focus areas include; funding clinical, epidemiological and social research; conducting education and screening sessions; and offering financial, psychological, social and technical support to cancer patients and carers. La Ligue also works to change attitudes to cancer and engage with other organisations, particularly within Francophone countries, to improve cancer control internationally.

In recent years, La Ligue's key achievements have been conducting advocacy at the European level in partnership with French authorities to reduce the cost of cancer medicines, particularly for new and innovative medicines. La Ligue has also advocated for a national law to ensure that cancer survivors do not need to include their cancer diagnosis when applying for bank loans.

Footnotes:

1. <http://www.e-cancer.fr/Plan-cancer/Plan-cancer-2014-2019-priorites-et-objectifs/Deuxieme-rapport-au-president-de-la-Republique>
2. <http://www.e-cancer.fr/Plan-cancer/Plan-cancer-2014-2019-priorites-et-objectifs/Club-des-entreprises-Cancer-et-Emploi>

Georgia

Contributors: Association of Oncologists of Georgia; Fight against cancer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
3,800	3,100	No	Population-based	93%	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level		Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	○	●	●	●	●	●	○	●



Progress against the World Cancer Declaration targets

Georgia has taken a number of key steps to reduce premature deaths from cancer and make improvements in cancer survival rates:

- A national cancer screening programme has been launched in all regions of Georgia since 2011, following the success of a regional programme in Tbilisi. This has been implemented by the National Screening Centre. The programme includes breast, cervical, bowel and prostate screening, and cancer risk management services for patients across the country
- Georgia has developed a population-based cancer registry that provides updates on the national cancer burden. In 2015, the data suggested that lung, prostate, larynx and colorectal cancers accounted for 50% of new diagnoses in men. Breast cancer alone accounted for 25% of new cancer cases among women, followed by cervical and uterine cancers.



Key successes

The major achievement in Georgia has been improvements in the early detection of cancers, following the rollout of the National Screening Programme. Patients presenting with third and fourth stage cancer have fallen from 56% of cases to 18% over the last five years. In particular, Georgia has seen a significant rise in the detection of pre-cancerous lesions and other precursor states enabling patients to seek treatment earlier, with better potential outcomes and fewer severe side effects.



Key challenges

The Association of Oncologists of Georgia would like to see the further extension and strengthening of the Georgian population-based cancer registry in order to ensure that it produces the most accurate information about the cancer burden. They would also like to see greater use of these data in the development and evaluation of national cancer programmes, such as the national screening programme, to ensure that these programmes are focused on tackling the more urgent national priorities.

Germany

Contributors: Deutsche Krebsgesellschaft

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
125,500	104,300	Yes	Population-based	87%	Yes
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

In Germany, there are approximately 480,000 new cancer cases every year and due to demographic changes an increase of at least 20% is expected by 2030. However, the survival prospects of cancer patients in Germany have significantly improved over the past 30 years. One of Germany's key health system successes has been balancing the differences in cancer survival rates between the states of former East Germany and West Germany.

The most significant survival improvements have been achieved for breast, colon and prostate cancers, which are mainly attributed to progress in diagnosis and treatment. Several years will need to pass before it is possible to effectively assess to what extent breast cancer screening has contributed to these outcomes.



Key successes

In 2008, the German National Cancer Plan was launched by the Federal Ministry of Health. The plan focuses on:

- Developing cancer screening
- Improving oncology care and quality assurance structures
- Ensuring access to effective treatments, initially focusing on drug therapy across Germany
- Strengthening patient orientation in cancer care.

The adoption of a federal law setting out the framework for comprehensive clinical cancer registries in 2013 was a major National Cancer Plan milestone. Establishing clinical cancer registries is an important tool to improve the quality of cancer care, and under the new law certain screening examinations will be conducted through organised programmes.

Key challenges

Deutsche Krebsgesellschaft e.v. (DKG) would like to see the development of effective programmes to support those willing to address their cancer risk through lifestyle changes, notably to tackle tobacco use, obesity and physical inactivity. There is also a need for research into how to effectively raise public awareness about preventable cancer risks. This should be coupled with policy changes, such as the law to implement the 2014/40/EU Tobacco Product Directive, which is currently under development.



UICC Member's achievements

With more than 7,500 individual members, DKG is the largest network of oncology experts in Germany. They also act as an umbrella organisation for 16 cancer societies that provide regional support to cancer patients. Activities include:

- Certification of cancer centres and development of annual reports on quality to ensure patients are offered treatment based on high quality standards
- Development of clinical practice guidelines as part of the German Guideline Programme in Oncology, launched in 2008
- Cancer prevention activities as part of the German Non-Smoking Alliance, which supports reductions in tobacco use, and as part of the German Alliance for UV Protection
- Influencing health policy as one of the co-founders of the German National Cancer Plan, which was launched in 2008 by the Federal Ministry of Health
- Networking through various national and European initiatives, including with UICC.

Greece

Contributors: Hellenic Society of Medical Oncology; International Institute of Anticancer Research

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
17,200	11,500	Yes	Hospital-based	98%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	●	●	●	●	○	○	●	○



Progress against the World Cancer Declaration targets

It is difficult to objectively determine progress against the Declaration targets because Greece currently lacks reliable health statistics, although an initiative is being developed to establish a population-based cancer registry.

The healthcare system has also been shaken by a series of structural problems stemming from the country's economic crisis. The number of doctors and nurses is declining, and social and economic support structures are being dismantled, leading to significant health impacts across the Greek population. Finally, funding limitations are further exacerbating these structural problems within the health system.

Nevertheless, Greece has taken a number of measures to address the Declaration targets including:

- Launching a number of national campaigns tackling cancer risk factors. However, the success of tobacco control measures have been limited by weaknesses in law enforcement
- Vaccination programmes are now reimbursed by public insurance
- Improvements in quality of care through measures to recruit well-trained medical oncologists, and development of innovative education and training programmes for young oncologists
- Ensuring the availability of pain medication and that the regulatory system supports pain specialists.



Key successes

Public awareness of cancer risk factors and symptoms is good. This is in part due to a good level of education amongst the general population, as well as the energy and breadth of campaigns to raise cancer awareness.

Greece has also taken important steps to ensure a high skill level amongst cancer care providers, and particularly medical oncologists, in line with international guidelines.

Key challenges

The development of a cancer registry has the potential to have significant impact by providing key statistics on the national cancer burden in order to guide investments in cancer.

Given the current difficulties, the Hellenic Society of Medical Oncology (HESMO) would like to see the promotion of multidisciplinary care in order to meet the needs of cancer patients. This will require medical oncologists alongside supportive and palliative care services. In order to achieve universal access to quality care, there is the need for the restructuring of the health system.

Finally, HESMO would like to see further development of national screening programmes, as well as stringent measures to control tobacco and manage obesity nationally. Effective evaluation mechanisms are also needed in order to determine their impact on health outcomes over the coming years.



UICC Member's achievements

HESMO has developed a public awareness campaign challenging the stigma associated with cancer and the assumption that a cancer diagnosis means death. Launched in 2015, the campaign's core message is that 'the war against cancer can be won'. It emphasises the need for early diagnosis, calls for the early involvement of medical oncologists in treatment, and empowers patients to request cancer services. The campaign is running on TV and radio, and has been actively taken up by the media and general public.

HESMO has also contributed to strengthening awareness and uptake of screening for breast and cervical cancer through the Women in Oncology (W4O) initiative¹. This initiative offers free screening for cervical cancer and free genetic testing for breast and ovarian cancers nationally.

Footnotes:

1. <http://w4ohellas.org/>

Hungary

Contributors: Hungarian League Against Cancer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
18,300	14,900	Yes	Population-based	No data	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level		Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	●	●	●	●	●	●	○	●	○



Progress against the World Cancer Declaration targets

Hungary has taken a number of actions towards achieving the Declaration targets:

- Mammographic screening is available free of charge for all women aged 45 to 65 years, however uptake rates remain at 38% to 40%
- Screening services for HPV, prostate-specific antigen, and colorectal, skin and oral cancer are available nationally, but once again uptake rates remain low
- HBV vaccination is available through the national vaccination programme
- Measures to reduce tobacco control have been introduced, with a particular focus on educating young people about the cancer risks.



Key successes

Hungary's leading success has been the development and implementation of national screening programmes for the cancers that have the highest burden of disease.

Key challenges

Hungary is still struggling with a comparatively high burden of cancer and high mortality rates due to low investment in cancer prevention and care. In order to address this, the Hungarian League Against Cancer (MRL) would like to see:

- Active investment in the education and recruitment of oncologists
- Further work to reduce the myths around cancer and encourage participation in screening programmes
- Development of new policies to address the national cancer burden, in particular to address key risk factors for cancer, such as tobacco, alcohol consumption, poor diet and physical inactivity.



UICC Member's achievements

MRL is an alliance of 4,500 organisations from across the country that works on five priority areas:

- Health education for the general public, teachers, healthcare specialists and volunteers to help individuals reduce their cancer risk, identify signs and symptoms, and dispel misconceptions around cancer
- Improving screening access, including mobile units targeting rural areas
- Delivering treatment information to patients to ensure they are aware of the options available to them
- Supporting rehabilitation through patient groups and anonymous psychological support services
- Promotion of patient rights, particularly their right to choose treatment options and locations.

MRL also takes the opportunity to mark a number of cancer-related days throughout the year, including World Cancer Day, in order to engage the general public, for example through anti-smoking events in Budapest.

Ireland

Contributors: Irish Cancer Society

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
4,400	3,700	Yes	Population-based	95%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	○	●	●	●	●	●	●	●	●	●



Progress against the World Cancer Declaration targets

Alongside the landmark passing of the tobacco plain packaging legislation, Ireland has taken a number of important steps to address its national cancer burden:

- The National Cancer Control Programme has been successful in centralising cancer treatment and improving rapid access to diagnostics for certain cancers. A new Cancer Strategy for the next ten years has been drafted and will be published shortly
- Important public health campaigns¹ have helped promote awareness of cancer risks, including physical inactivity, and stigma associated with cancer
- Legislation² identifying minimum unit pricing for alcohol, and structural separation of alcohol and health labelling on alcohol products has been drafted
- The extension of population-based screening programmes has progressed significantly recently with the inclusion of women aged 65-69 to the breast screening programme. Biennial bowel cancer screening was established in 2012 for the 60-69 age group.



Key successes

There have been major successes in public health legislation on alcohol and tobacco in Ireland, with a ban on in-store advertising of tobacco in 2013, a ban on smoking in cars from 1 January 2016, and successive increases in excise duty on both products.

The HPV vaccine was introduced into the national immunisation programme in 2011 as part of the national cervical cancer strategy. Rollout of the vaccine has progressed significantly, and since September 2011 all girls in their first year of secondary level education have been offered the HPV vaccine, with catch-up programmes for those up to the age of 16, running until 2013.

Key challenges

A recent report³ highlighted shortcomings in access to diagnostics in the Irish public health system, with vast discrepancies between Ireland's public and private health systems. 88.5% of general practitioners surveyed said that ability to pay determined access to cancer diagnostics. The Irish Cancer Society (ICS) will work with the National Cancer Control Programme to address this, as well as campaigning for universal access to healthcare.



A lack of radiographers has meant that rollout of breast cancer screening has been delayed, while bowel cancer screening has only reached 40% of the target population. It is understood that efforts are being made to improve awareness of the bowel cancer screening programme, especially among 'hard to reach' areas of the population.

Finally, claims about the adverse impacts of the HPV vaccine persist and so emphasising the safety of the vaccine and its importance in reducing long-term cancer risks remains a key focus.

UICC Member's achievements

ICS has lobbied, in alliance with other health organisations, for the introduction of standardised tobacco packaging in Ireland since 2012. This was passed into law in 2015 after concerted campaigning and commissioned research on the potential impacts amongst teenagers; and it is likely that the law will come in to force in 2016.

Additionally, ICS has pursued the extension of screening programmes for breast, bowel and cervical cancer to wider populations. This has had notable successes, with the extension of the country's free breast screening programme to women aged 65-69 beginning in the past year. Full rollout is expected by 2021.

Footnotes:

1. www.quit.ie/campaign/
2. <http://alcoholireland.ie/uncategorized/public-health-alcohol-bill/>
3. www.cancer.ie/sites/default/files/content-attachments/icgp_irish_cancer_society_report_-_access_to_diagnostics_to_detect_cancer.pdf

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
5,700	5,400	Yes	Population-based	98%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	○	◐	○	◐	◐	●	●	●	◐	



Progress against the World Cancer Declaration targets

Israel has implemented several measures to tackle the national cancer burden including:

- Implementation of a national cancer control programme by the Ministry of Health (MoH), which includes the Israel Cancer Association (ICA)-supported National Cancer Registry
- Launching national media campaigns and distributing information materials to promote healthy lifestyles, dispel myths and break the silence around cancer
- Early detection campaigns, such as breast, skin, and colorectal cancer awareness programmes
- Inclusion of the HPV vaccine in the National Healthcare Package
- Enhancement of treatment rehabilitation modalities for cancer patients and survivors (ICA serves as a "watchdog" to safeguard patient rights, while working to expand the National Healthcare Package)
- Support for ongoing professional education for multi-disciplinary oncology staff.



Key successes

A consistent decrease in smoking rates in Israel has been observed since the 1980s, when they were at 45%. By comparison, in 2008, the smoking rate among Jewish men was 28.1%, and amongst women, it was 18.7%. These rates have since continued to fall, with 2014 figures of 23.1% and 14% respectively.

Since the implementation of the National Mammography Screening Project, the survival rates for breast cancer have increased and mortality rates have dropped by 25%, among Jewish and Arab women alike.

A MoH circular, issued in 2009, mandated the establishment of a palliative care framework in hospitals and within the community.

Finally, the MoH annually reviews the drugs and technologies available within the National Healthcare Package to ensure fulfilment of patient needs. This package is available to every Israeli citizen free of charge.

Key challenges

Whilst ICA looks back with great satisfaction on the achievements detailed above; there is still a long road ahead. ICA looks forward to the cancer community in Israel continuing to reduce cancer morbidity and mortality, acting to alleviate the pain of cancer patients, supporting survivors and their families and improving the quality of life of patients throughout the disease trajectory. ICA will also continue to advocate for patient rights.



UICC Member's achievements

ICA, in collaboration with the MoH and local Health Maintenance Organisations, initiated and implemented the National Mammography Screening project.

One of the significant achievements of the project has been the delivery of a mobile mammography unit, which has helped reduce the gaps in screening compliance between different populations and completely eradicate the disparity between Jewish and Arab women.

An intensive ICA 'sun smart' public information campaign was conducted amongst all age and population groups in Israel, aiming to improve awareness of the potential risk that UV exposure poses. Israel subsequently dropped from third among the 20 countries with the highest melanoma incidence rates worldwide, to 13th place for male incidence, and to 20th place for female incidence.

Italy

Contributors: Regina Elena National Cancer Institute of Rome; Centro di Riferimento per l'Epidemiologia e la Prevenzione Oncologica; Soletterre-Strategie di Pace Onlus

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
93,800	73,400	Yes	Population-based	97%	Yes
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	●	◐	◐	◐	◐	●	○	●	◐	



Progress against the World Cancer Declaration targets

- Development of a population-based cancer registry drawing on regional data sources
- Italy ratified the WHO FCTC in 2008, building on measures taken earlier to ban smoking from public transport and public places (although there is a provision for smoking rooms), and to significantly limit tobacco advertising and sponsorship
- A national prevention plan (2014-2018) has been developed which highlights key measures relating to diet and physical activity, reducing alcohol consumption and tobacco use nationally. It also calls for the scale-up of HPV-DNA testing by 2018
- Italy was the first European country to offer the HPV vaccine free of charge to 12 year old girls in 2007
- The Ministry of Health has developed guidelines for cervical, colorectal and breast cancer screening programmes, in line with the European Commission's 2003 recommendation
- National implementation of cervical, colorectal and breast cancer screening.



Key successes

Italy's greatest success has been improving the rates of screening across the population. In the last survey, conducted 2011-2012, it was found that screening invitations were sent to 20 million residents, of which 10 million took part. For cervical cancer screening, 77% of 25-64 year olds have received a Pap smear or HPV test in the last three years. National screening programmes tested 38% of the eligible population for colorectal cancer and 70% of the population received mammography screening¹.

Key challenges

One of the greatest challenges in Italy is the disparity in screening coverage between northern, central and southern Italy. This disparity may be due to differences in education and awareness of cancer risk factors and services, economic issues, or an influx of migrants and refugees in the south of the country. In regions with comprehensive organised screening programmes, test coverage was higher and there were smaller disparities based on socio-economic status.



There are also a number of challenges in Italy with regards to childhood cancer. In order to adequately address childhood cancer, it will be important to ensure that there are dedicated departments and spaces for children and adolescents within health facilities, including recovery rooms, and tailored areas where adolescents and children can play and continue their education during treatment. Oncology wards for adults and children also need increased funding in order to include psycho-oncologists and/or psychologists in their permanent staff.

UICC Member's achievements

The aim of the Regina Elena National Cancer Institute (RENCI) of Rome is to improve general awareness about the prevention, diagnosis and treatment of cancers nationally. To achieve this, RENCI organises meetings for the general public and cancer patients on key prevention measures, including the risk associated with HPV infection and tobacco use, as well as the signs and symptoms for breast, colorectal and skin cancers. In parallel, RENCI holds seminars for general practitioners and a congress for cancer specialists.

Footnotes:

1. Zappa M, Carozzi F, Giordano L, Sassatelli R, Federici A (eds.). The National Centre for Screening Monitoring. Eleventh Report. Epidemiol Prev 2015; 39(3) Suppl1: 1-125

Kazakhstan

Contributors: The Kazakh Institute of Oncology and Radiology

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
12,200	10,900	Yes	Population-based	99%	Yes
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	



Progress against the World Cancer Declaration targets

- The national health system is being developed to meet the goals set out in the cancer control plan for 2012-2016, and a new plan will be developed in 2016
- A population-based e-cancer registry was established in 2012 and work is ongoing to make the data more reliable
- The Kazakh Institute of Oncology and Radiology (KIOR) collaborates with the Centre for Healthy Lifestyles to reduce exposure to cancer risk factors
- HBV vaccination is already in place for all newborns in Kazakhstan; HPV vaccination is covered in four regions with plans to make it nationally available in 2017
- Six cancer screening programmes have been implemented nationally
- The Kazakh cancer control plan includes equipment and education for different specialists from all cancer hospitals in order to improve access to cancer care nationally.



Key successes

The cancer control plan for 2012-2016, the development of a population-based e-cancer registry, and the implementation of a tobacco control plan have been three of Kazakhstan's major successes.

- The cancer control plan included 67 actions and EUR 1 billion (USD 1.1 billion) of funds to implement the changes identified. It also included the creation of psychosocial services in each cancer hospital with at least one psychologist and one social worker.
- The national population-based e-cancer registry facilitates online data entry from all 18 cancer hospitals and simplifies follow-up, cancer statistics analysis, research etc.
- Kazakhstan has now implemented most of the measures set out in the WHO FCTC including banning smoking in all public places (including education and healthcare facilities) and cigarette packs now have graphic warnings.

Key challenges

KIOR would like to see the continuation of cancer screening programmes and overall efforts for cancer prevention. Treatment outcomes would also be improved by the development of facilities to deliver high precision diagnostic and treatment methods in all regional cancer hospitals, as well as further research in these two areas. Better access to specialised oncology training courses (such as those for medical oncology, surgery, radiotherapy, medical physicists), and the development of palliative care services with increased access to pain medication are also critical.



UICC Member's achievements

KIOR coordinates national research, education, treatment and policy development as well as operating the Kazakh population-based cancer registry. Key achievements have been collaborating on the creation of the national guidelines on the standard of cancer care delivery in Kazakhstan, and leading the preparation of the 2012-2016 cancer control plan.

The Institute has also led on the implementation of six cancer screening programmes for breast, cervical, colorectal, gastric, liver, and prostate cancers. From 2013, four regions started implementing HPV vaccination as part of a national project which will be incrementally scaled-up. Multidisciplinary groups have opened in all 18 cancer hospitals to help support cancer care.

WHO cancer country profile 2014

Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
No data	No data	No data	No data	No data	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
No data	No data	No data	No data	No data

WHO NCD progress monitor 2015

Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
No data	No data	No data	No data	No data	No data	No data	No data	No data	No data



Progress against the World Cancer Declaration targets

Kosovo has taken a number of steps to tackle cancer including:

- Conducting training sessions for staff involved in cancer care in order to build skills, including how to improve surveillance systems, reporting on cancer, and data registry
- Promotion of equal access to cancer control measures, for example through the cervical screening programme that actively includes Roma, Ashkali and Egyptian vulnerable groups living in Kosovo
- Education activities to improve professional and public understanding of cancer and its impact on Kosovo and all Mediterranean citizens. Brochures have been developed and translated into different languages for distribution by the countries in the Mediterranean Task Force for Cancer Control (MTCC). These resources include guidelines on preventative diet and lifestyle behaviours, as well as guidelines for cancer screening and early diagnosis.



Key successes

Within Kosovo, the development of surveillance systems, including reporting on cancer and registering data, has been a major achievement. Alongside this, the following measures are contributing to a more cancer-aware environment within the country:

- Clear policy commitment to tobacco control, including banning smoking from all public spaces, banning tobacco advertising and sponsorship, and developing graphic warnings on tobacco product packets¹
- Development of screening and early detection programmes
- Work to reduce stigma, myths and misconceptions associated with cancer.

Key challenges

A number of challenges remain in Kosovo and the Kosova Task Force for Cancer Control (KTCC) considers the most pressing to be:

- Tackling cancer-causing infections by ensuring that HPV and HBV are covered by universal vaccination programmes
- Developing effective pain control and distress management services
- Working to sustain screening programmes
- Building the capacity of the health sector to deliver accurate cancer diagnosis, quality multimodal treatment, rehabilitation, and supportive care
- Ensuring the availability of affordable essential medicines and technologies in Kosovo.



UICC Member's achievements

KTCC is actively working to reduce the national cancer burden through international and national collaborations. As a member of the MTCC, KTCC works with 24 Mediterranean countries to strengthen cancer control activities. There is a particular focus on building professional and public awareness about prevention and the importance of early detection, alongside developing the technical and policy environment to deliver accurate diagnoses and treatment. As part of this, KTCC has organised workshops for Kosova family doctors and Security Forces' doctors to improve their understanding of different malignant disorders and to improve cancer care.

KTCC closely collaborates with the Kosovo Health Institutes and policy groups in order to advocate for and influence policy to promote high quality cancer prevention, early detection and state-of-the-art treatment facilities for patients. Since its inception, KTCC has worked closely with a range of institutions and developed a strong national network of governmental representatives, civil society participants, and volunteers from the general public to support activities.

KTCC has also explored the role of art in helping cancer patients' recovery through an initial project with Kosova artists². This programme brings breast cancer survivors together with the philosophy that creating art – no skills required – has a complementary role in healing; given that a patient's emotional wellbeing can have a real impact on overall health. There has been a particular focus on engaging young patients in these programmes.

Footnotes:

1. www.euro.who.int/en/health-topics/disease-prevention/tobacco/news/news/2013/05/kosovo-adopts-strong-and-comprehensive-tobacco-control-law
2. www.tkkk-ktcc.com/

Netherlands, the

Contributors: Dutch Cancer Society

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
25,300	21,300	No	Population-based	95%	Yes
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level		Not generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
									No data



Progress against the World Cancer Declaration targets

The Netherlands has developed a focused strategy to help address cancer nationally. Key areas of progress include:

- Implementation of tobacco control measures including a significant rise in tobacco taxes, following on from active advocacy efforts by the Smoke-free Netherlands Alliance
- Development of a research and implementation programme to accelerate the translation of research into practice
- Continued development of a patient-focused cancer knowledge platform¹
- Development of an advisory report on improving the availability of anti-cancer medicines within the Netherlands
- Involvement of the Patient Advisory Committee in the development of cancer activities, including the assessment of several financing rounds
- Substantial investment of over USD 100 million in improving prevention, research and patient support activities, with support from the Dutch Cancer Society (DCS).



Key successes

The Netherlands has had a number of key successes in tackling cancer risk factors and treatment. The Smokefree Netherlands Alliance, of which DCS is a member, has played a crucial role nationally in advocating for stronger tobacco control with the final aim of a 'smoke-free generation' by 2035. In line with this, the Dutch government has introduced measures to make the hospitality sector smoke-free; increasing the age limit for purchasing tobacco from 16 to 18; heavily increasing the excise tax on roll-your-own tobacco; and introducing graphic warnings on cigarette packets in accordance with the European Tobacco Product Directive.

In 2016, in their role as EU chair, the Dutch Minister of Health raised awareness about the cost of, and access to, cancer drugs as a critical issue. This followed a report entitled 'Effective new anti-cancer drugs, but the funding is creaking at the seams', published in 2015, and led to the establishment of a European Cancer League taskforce on equal access to cancer medicines.

Key challenges

While the Netherlands has taken significant steps to improve cancer control and care, a lot of work remains and the DCS would like to see further measures to:

- Improve awareness of cancer signs and symptoms among the general public to improve rates of early detection and improve the potential for successful treatment



UICC Member's achievements

DCS is one of the leading investors in cancer research in the Netherlands. They recently launched their research and implementation programme to fast track results from scientific research to clinical application. All project proposals are reviewed by patients, experts and scientists according to the following three criteria: scientific quality, feasibility, and relevance. Once a project is approved for funding, DCS remains heavily involved and their coordinators liaise closely with researchers. DCS is convinced that it can create a 'win-win-win' situation by launching this programme: more flexibility for researchers, more tangible results for patients and the general public, hence more impact.

DCS actively invests in national and international partnerships, with organisations and individuals that support its mission, including the European Cancer League, International Cancer Research Partnership and TRANSCAN – a European research network.

Footnotes:
1. www.kanker.nl

Norway

Contributors: Norwegian Cancer Society

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
6,100	5,300	Yes	Population-based	No data	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	



Progress against the World Cancer Declaration targets

Figures from the National Cancer Registry of Norway suggest that close to seven out of ten people diagnosed with cancer are alive five years after their diagnosis, and the trends shows a significant increase in cancer survival. At the same time, it is evident that increasingly more people are being diagnosed with cancer. The main cause is an aging population, but unfortunately there is also an unfortunate increase in preventable cancers, like lung cancer and melanoma. However, overall, from a global perspective, cancer care in Norway is good.

Key successes

Norway's key success has been the implementation of standardised clinical pathways on cancer diagnosis for 28 types of cancer. These clinical pathways are expected to contribute to faster and better treatment by clearly identifying next steps and the expertise required to treat cancer cases.



Key challenges

There are still bottlenecks in the health system and as such the Norwegian Cancer Society (NCS) would like to see further work done including:

- Improvements in effective cancer diagnosis as the foundation for treatment. Due to an aging population, it is expected that the number of cancer patients will increase in the years ahead and more cancer patients will suffer from co-morbidities. Co-morbidities typically make diagnosis and treatment more difficult
- Increasing the recruitment and training for cancer specialists in order to enable the health system to provide treatment to the increasing number of patients – as well as people suffering from other diagnoses
- Development of new ways of organising the health system to cope with future challenges within the health sector. The adoption of innovations and the use of new technologies will be important in this regard.

Even in a relatively egalitarian country like Norway, there are increasing social inequalities related to cancer risk factors, such as tobacco use and physical inactivity. This is likely to contribute to increased differences in patient outcomes in the years to come.



UICC Member's achievements

The NCS has worked on several areas in line with the Declaration's overall objective of reducing cancer deaths and improving quality of life for those affected by cancer¹. It has been a strong advocate for – and helped develop and implement – standardised clinical pathways for cancer treatment.

In order to further prevent the uptake of smoking or other tobacco products, the NCS has worked closely with national health authorities to introduce plain packaging for tobacco products, in line with the WHO FCTC.

Access to new cancer medicines has been – and continues to be – a hot topic of concern in Norway and the NCS has taken an active role in the public debate on this.

Furthermore, in 2015, the NCS supported cancer research with USD 27 million of funding.

Footnotes:

1. https://kreftforeningen.no/PageFiles/24/Eng_%C3%A5rsrapport_2015.pdf

Portugal

Contributors: Portuguese League Against Cancer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
16,600	10,600	Yes	Population-based	98%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
	No data								



Progress against the World Cancer Declaration targets

Portugal is constantly updating the guidelines for diagnosis and treatment in order to improve care and ensure diagnoses are accurate and timely. Screening is available nationally for breast, skin and oral cancers. Health education and prevention are core national priorities and there are several national and regional projects targeting tobacco use, healthy diets and sun exposure, as well as HPV vaccination. A curriculum has also been developed for healthcare professionals, and psycho-oncology services are being developed to support patients and their families.

Work has been done to reduce stigma and dispel myths about cancer, with a particular focus on promoting intergenerational interventions that bring together people throughout their life course, and reaching previously underserved groups, particularly the blind.



Key successes

Portugal's major successes have focused on improving access to early detection services and prevention materials, such as the national breast cancer screening programme. Tobacco control is also a key focus, and in 2017 Portugal will host the European Conference on Tobacco or Health 2017.

Portugal is also developing its national palliative care services further in order to support patients throughout the cancer care continuum.

Key challenges

In order to achieve the Declaration targets, the Portuguese League Against Cancer (LPCC) would like to see further work on:

- Reducing the inequalities in access to and uptake of services nationally
- Tackling the stigma and myths which persist around a cancer diagnosis through more creative solutions
- Scaling up colorectal and cervical screening to achieve population-based screening
- Steps to ensure that palliative care and home care support are available for all patients, as this is a growing area of need.



UICC Member's achievements

LPCC is the only national organisation working across the spectrum of cancers to improve access to accurate diagnosis and effective treatment. LPCC is currently advocating for equality in access to the national breast cancer screening programme, that reaches almost 100% of Portuguese women. An education project, developed with the Health and Education ministries, has helped to deliver crucial information about cancer within schools and other organisations, and LPCC's social media platforms are some of the most widely visited in Portugal.

Alongside this, LPCC has developed a psycho-oncology service that supports not only cancer patients, but also families and carers. In addition, LPCC has been invited to be part of several consultative meetings about cancer.

Russian Federation, the

Contributors: N.N. Blokhin Russian Cancer Research Centre; National Society of Pediatric Hematologists and Oncologists

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
176,900	148,700	Yes	Population-based	97%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	●	○	●	●	●	●	●	○	●	



Progress against the World Cancer Declaration targets

Russia is making cancer a priority and has taken a number of key steps including:

- Adoption of the 'Priority National Health' project and a national project for the modernisation of the healthcare system to develop a three-tier cancer control system
- Federal laws on tobacco control, banning smoking from all public areas; regulating cancer care for children and adults; and improving the availability of palliative care, including for children
- Adoption of guidelines for HPV vaccination
- Development of screening programmes for cervical, breast, colorectal, lung and prostate cancers
- Leveraging World Cancer Day and Melanoma Day to raise public awareness and understanding of risk factors
- Organisation of continued medical education on cancer care for individuals at all professional levels;
- Publication of annual editions of 'Cancer Statistics of Russia and Commonwealth of Independent States (CIS) Region'.



Key successes

- Russia acceded to the WHO FCTC in 2008, and a federal law banning smoking in public places entered into force in 2013
- Russia has created clear national frameworks within the federal national target programme 'Control of NCDs' and sub-programme 'Oncology', which was completed in 2012. This was followed by the National Health Project, which included cancer control. The roadmap for cancer control was adopted by the government in 2012, reviewed in 2014, and provides monitoring of cancer incidence, survival, death, care, quality and other key parameters
- Russia has increased the number of cancer hospitals and professional oncologists, and the availability of specialist cancer diagnostics equipment available nationally, and the number of deaths attributable to cancer has been gradually decreasing since 2009.

Key challenges

The authors would like to see an integrated national programme for cancer screening, alongside an increase in the pathological and molecular genetic diagnostics facilities that are necessary for a personalised anti-tumour therapy approach.

Enhanced financing for anti-tumour drugs will be essential to achieve equality in access to cancer care and for the development of modern radiation therapy. In order to achieve this, the authors would welcome prioritising of the national cancer control programme.

Alongside this, the extension of the current paediatric cancer registry would assist in



planning for paediatric patients, as would the development and use of common standards for diagnosis and treatment of malignant tumours in children. These should be based on best practices, drawn from international examples where needed, with special attention paid to pre-malignant syndromes and symptoms, as well as rehabilitation for children with cancer.

UICC Member's achievements

The N.N. Blokhin Russian Cancer Research Centre (Blokhin Centre)¹ has improved diagnostics, including CT, MRI, PET, radiology, endoscopic, genetic and immunological analyses, and specialised anti-tumour therapies utilising high-tech services, such as surgery, radiation, chemotherapy, targeted and immunotherapy, that result in increased survival rates; and the Blokhin Centre now manages 58,600 outpatient visits per year. Improving paediatric services is a key focus and the Blokhin Centre maintains the paediatric cancer registry, manages 45,000 paediatric outpatient visits per year, and has worked to dramatically enhance post-transplantation survival in paediatric patients with poor prognosis.

The Blokhin Centre has increased the number of research projects conducted, involving 'next-generation sequencing' and microRNA arrays, and the use of international clinical protocols. They have also increased the number of training fellowships and projects dedicated to building national good clinical practice centres.

Finally, the Blokhin Centre issues annual cancer statistics for Russia and the CIS region, alongside organising regional conferences such as the RUSSCO and CIS cancer congresses, and topical cancer conferences.

Footnotes:
1. www.ronc.ru

Serbia

Contributors: The Faculty of Technical Sciences, University of Novi Sad

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
14,800	11,000	No	Population-based	91%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
								No data		



Progress against the World Cancer Declaration targets

Cardiovascular diseases and cancers are the most common causes of death in Serbia, and there has been a steady increase in the incidence of malignant diseases every year. In response, Serbia has developed its national cancer programme, which includes the following key areas of work:

- Improving public awareness about cancer risk factors at home and in the workplace
- Development of screening programmes for cervical, breast, and colorectal cancers, which have been rolled out nationally, accompanied by a strategy to improve the efficacy of diagnostic methods
- Development of a research framework spanning the cancer control spectrum, with a focus on improving oncology treatments and available prevention strategies
- Development of continuous medical education programmes for health professionals, in order to support improvements in early detection, treatment and prevention.



Key successes

- The Ministry of Health and the Office for the Prevention of Malignant Disease established the 'Dr Milan Jovanovic Batut' Institute of Public Health. The Institute has organised and implemented programmes in prevention and early detection of cervical and breast cancers, and colorectal carcinoma at the national level.
- Screening started in 2013 and over a five-year period, the programmes aim to test 45% of women aged from 45 to 69 years for breast cancer, 75% of women aged from 25 to 69 years for cervical cancer, and 40% of men and women aged from 50 to 70 years for colon cancer.

Key challenges

The Faculty of Technical Sciences, University of Novi Sad (The Faculty), feels that one of the key priorities for Serbia would be to strengthen the capacity of health institutions to improve the accuracy of cancer diagnostics and efficacy of treatment options for malignant diseases. A core element of this will be building the capacity of the health system to increase the number of patients that can receive efficient treatment within facilities delivering secondary and tertiary prevention.



Author's achievements

The Faculty's main activities are education, research and applied research. Courses are run at undergraduate, master and doctoral level to train engineers, with a strong emphasis on radiation protection related to environmental exposures and exposures within medicine, and medical quality assurance. Research and education in the field of ionising radiation has a particularly important place at The Faculty.

The Faculty conducts research into low-dose ionising radiation, with a focus on cancer risk assessments given the current uncertainty in this area. Seminars on radiation protection, and quality assurance for diagnostic imaging are organised for students, health professionals and for interested members of the public, as part of continuing education courses.

Slovakia

Contributors: Slovak League Against Cancer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
6,600	4,900	Yes	Population-based	98%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	◐	◐	◐	◐	◐	◐	◐	●	No data



Progress against the World Cancer Declaration targets

Slovakia has taken a number of key steps to reduce the national burden of cancer including:

- Improving early detection of breast, cervical and colorectal cancers in partnership with international organisations such as WHO, the Association of European Cancer Leagues, and UICC
- Building awareness of cancer risks through public campaigns, leveraging World Cancer Day and the European Week Against Cancer and using recommendations from the European Code Against Cancer
- Strengthening the national cancer registry through improved data recording strategies.



Key successes

Slovakia has developed its national cancer control plan, which should be published in early 2017. Alongside this, the National Cancer Registry is now publishing high quality data on a regular basis, although with a few years' delay.

With regards to prevention mechanisms, a lot of work has been done to pass tobacco control legislation including a non-smoking policy for public institutions and public places. Public campaigns have also targeted other well-known risk factors, specifically highlighting the need for good nutrition, reduced alcohol consumption and increased physical activity, in partnership with schools, the Slovak Media, Slovak League Against Cancer (SLAC) and the Slovak Public Health Authority.

Although Slovakia does not have a population-based screening programme, the availability of preventive examinations is very good, and a significant increase in breast cancer stage I cases and a steep decrease in advanced stages has been observed.



Key challenges

SLAC would like to see;

- Improvement in the frequency and quality of data collected as part of the National Cancer Registry
- Further work around primary prevention, in particular more effective national campaigns focused on schools
- Development of population-based screening programmes for breast, cervical and colon cancers, and streamlining of the process of starting treatment following screening
- Improvement in the national introduction of and access to innovative therapies.

UICC Member's achievements

SLAC has achieved great progress in cancer prevention through a school-based cancer education project, launched in 1999. As part of this, annual training sessions and workshops have been held for teachers and students to enable them to take part in national campaigns.

In recent years, SLAC has developed a psychosocial care programme with the objective of providing professional psychological services to patients and their families, within and external to cancer institutes and hospitals across the country. In its role as chair of the European Cancer League's patient support working group, SLAC adopted the Psychosocial Rehabilitation Programme as a priority within its own work. The aim of this programme is to help patients to maintain the physical, social, psychological and vocational aspects of their life both during and after treatment.

Spain

Contributors: Asociación Española Contra el Cancer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
69,000	42,600	Yes	Population-based	95%	Yes
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	◐	●	◐	◐	◐	○	●	●



Progress against the World Cancer Declaration targets

Spain has made progress in two key areas:

- Addressing the need for early detection through the provision of universal coverage of high quality breast cancer screening programmes
- Establishing cancer committees in hospitals and developing regional cancer and palliative care plans in every autonomous community, which has helped to improve cancer care management. This follows the standards set out in the National Cancer and Palliative Care Strategies.



Key successes

There have been two major cancer control successes nationally:

- The extension of the previous law on tobacco control to ensure more places are smoke-free from 2010
- Inclusion of population-based screening programmes for colorectal cancer in the National Catalogue of Public Health Services in 2014.

Key challenges

- One of Spain's major challenges with regards to cancer prevention is the country's increasing obesity rates.
- Another challenge is achieving an effective model of comprehensive cancer care, one which is multidisciplinary and integrates services that respond to the various needs that a cancer patient and their family may have (physical, psychological, social, work, spiritual, rehabilitation, etc.) along the cancer journey, including palliative care. This needs to be done in coordination with other sectors including social services and voluntary organisations.
- Finally, the Asociación Española Contra el Cancer (AECC) would like to see Spain take action to boost cancer research, both translational and clinical research, as well as evaluating access to cancer care. It is also worth noting that Spain does not yet have a National Cancer Registry.



UICC Members' achievements

AECC has developed a comprehensive strategy to achieve a major goal in Spain, population-based colorectal cancer screening programmes as a right for all persons in the target population. In 2009, only six out of 19 regions had started screening programmes. By 2015, 17 out of 19 regions had them in place.

The AECC strategy includes several elements:

- Establishment of a large alliance of scientific organisations, patient associations and other non-profit entities working together to advocate for the programmes
- Investment in a research project on colorectal cancer prevention
- Lobbying the national and regional health authorities to establish the programmes
- Annual awareness campaigns to inform people of colorectal cancer and their right to have access to screening programmes
- An intense campaign mobilising people to sign a petition for the inclusion of these programmes in the National Catalogue of Health Services, which has amassed more than 560,000 signatures.

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
11,800	11,100	Yes	Population-based	No data	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (Mammogram only)	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	◐	○	○	◐	◐	●	◐	●	◐	



Progress against the World Cancer Declaration targets

Sweden is performing relatively well in the areas of prevention, early detection, treatment and research.

Population-based screening programmes have been developed for breast and cervical cancers, and similar programmes for colon, prostate and lung cancers are being explored.

National guidelines for breast, prostate, colorectal and lung cancers have been developed as well as clinical practice guidelines for several diagnoses.

A system has also been established for incorporating lessons learned into new programmes and large investments have been made in building population-based cancer registries.

Approximately 10% of the Swedish population smoke daily and the government recently endorsed the tobacco endgame target, a 'Smoke Free Sweden 2025'. It is also exploring plain packaging, point of sale display bans, and extended smoking bans in outdoor environments.

Finally, the HPV vaccination is now universally offered to girls aged 10 to 12 years.



Key successes

The establishment of six Regional Cancer Centres (RCCs) is one of the key successes of the national cancer strategy in Sweden. In partnership with county councils, these centres are responsible for creating more patient-focused and equitable cancer care. Many of the Declaration targets are being met through these centres.

The RCCs have also become hubs for developing improved processes concerning cancer, such as defining and implementing investments targeted at reducing waiting lists for cancer treatments, and exploring how to concentrate the undertaking of advanced procedures to a small number of centres.

Key challenges

The Swedish Cancer Society (SCS) would like to see further investments in reducing risk factor exposure. For example, building on national tobacco control successes and applying measures to reduce alcohol consumption, unhealthy eating habits, physical inactivity and exposure to UV radiation. Alongside this, the extension of HPV vaccination to boys would be a key measure.

Secondly, it will be of great importance for Sweden to increase the investment in clinical and implementation research. New knowledge and new treatments need to reach the patients faster and more equitably.



Furthermore, action is needed to address the scarcity of oncology specialists, as evidence suggests that age, gender, geography and socioeconomic status have an impact on a patient's access to care.

Finally, for SCS it is crucial that all cancer patients are offered rehabilitation with suitable investments to support these services, as effective rehabilitation facilitates cancer patients remaining as independent and productive as possible.

UICC Member's achievements

For the last ten years, SCS has been advocating for a National Cancer Plan to guide cancer control. While cancer outcomes, particularly mortality and survival rates are good compared to international standards, the national healthcare system has faced many challenges including shortages in specialised health workers, fragmented care and long waiting times.

In response, SCS developed an annual report¹ and media campaign² to highlight the need for a National Cancer Plan to effectively coordinate cancer prevention, education, care, and research. The government decided to hold an inquiry tasked with developing proposals for a National Cancer Strategy, and in 2009, the commission submitted the report, 'A National Cancer Strategy for the Future'³. This included wide-ranging proposals, the implementation of which are currently ongoing with the support of SCS.

Footnotes:

- <https://res.cloudinary.com/cancerfonden/image/upload/v1418299886/global/dokument/cancerfonden/cancerfundsrapporter/cancerfundsrapporten2006.pdf>
- www.dn.se/debatt/bostadsorten-avgorande-for-cancersjuks-chans-att-overleva/
- www.cancercentrum.se/globalassets/vara-uppdrag/a_ational_cancerstrategy_summary.pdf

Switzerland

Contributors: Swiss Cancer League

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
9,300	7,400	Yes	Population-based	No data	Yes
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	○	◐	○	◐	◐	◐	○	●	No data	



Progress against the World Cancer Declaration targets

Switzerland has focused action on five key areas:

- Counselling and training sessions have been developed to tackle cancer stigma alongside a 'cancer and work' programme. Switzerland has also used World Cancer Day to demystify cancer, and run a solidarity campaign during breast cancer awareness month
- Information on mammography is freely available and works in tandem with a national 'prevention bus'. Switzerland also has 12 quality certified breast centres
- External oncology care teams have been developed along with 'Madame Tout-le-Monde'¹, which provides resources and a chat option for children with questions about cancer. Switzerland has also developed a stop smoking helpline and a distress fund for cancer patients
- Development of palliative care services, information brochures on pain management and psycho-oncology counselling
- Education and training for healthcare professionals including psychological counselling and seminars for paediatric oncologists.

Footnotes:

1. <http://madame-tout-le-monde.ch/?lang=fr>



Key successes

There are several successful prevention and early detection communication tools including the 'prevention bus' and a 'smoothie bus' that promotes the consumption of fruit and vegetables.

Federal tobacco control and cancer registration laws have been passed, and nine of the 26 Swiss cantons now have breast screening programmes.

Nationally, there has been a focus on improving cancer information services, which are accessible by phone or email and include a chat service, which is currently used around 4,500 times annually. In addition to this, personal counselling is available in 19 cantons.

Key challenges

The Swiss Cancer League would welcome work in the following areas:

- Further development of prevention and early detection programmes on skin, breast and colon cancers
- Wide use of e-health platforms and digital collection of patients' data to improve retrieval and assessment. Given demographic changes, it would be used to track co-morbidities and potential medication interactions to improve quality of care as well as building greater capacity for personalised medicine nationally



UICC Member's achievements

The Swiss Cancer League has been mandated to implement the country's National Strategy against Cancer 2014-2017. To achieve this, the Swiss Cancer League has supported the following projects:

- Develop a cancer survivor programme for Switzerland's expected 500,000 survivors by 2025. These cancer survivors have new and diverse needs that must be met appropriately
- Improve the integration of healthcare services and build the competencies of healthcare professionals to deliver these services.
- Development of a federal law on cancer registration and the building of registries including data on treatment quality
- Strengthening the structure and capacities of early detection and screening programmes for breast and colon cancer including assisting with the introduction of breast screening programmes and development of a national early diagnosis expert group.
- Fostering patients' self-efficacy
- Development of patient care pathways alongside clear guidelines for treatment and multidisciplinary cancer care teams
- Health services, clinical and translational research, epidemiology and monitoring in order to translate knowledge into effective practices and policies.

Turkey

Contributors: The Turkish Association for Cancer Research and Control; Turkish Society of Medical Oncology

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
58,400	32,500	Yes	Population-based	97%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	◐	●	●	◐	◐	◐	●	○



Progress against the World Cancer Declaration targets

Turkey has taken a number of key steps towards achieving the World Cancer Declaration targets including:

- Development of the country's first national cancer control plan in 2008, which was updated in 2013, with the aim of reducing cancer incidence by 5%
- A 13% reduction in the smoking rate from 2008 to 2012 as a result of targeted legislation and public awareness-raising
- Introduction of national salt reduction, obesity control and physical activity programmes by the Ministry of Health
- Screening rates have reached 30% for breast cancer, and 80% for cervical cancer
- In 2014, Turkey organised a cancer control workshop in collaboration with the National Cancer Institute, United States of America.



Key successes

- Development of Turkey's first national cancer control plan in 2008
- The Ministry of Health, in collaboration with a number of NGOs, has led significant improvements in the number and coverage of cancer registries to include 81 cities. This means there is at least one registry in every major city, which now covers 62% of the country's population. Two of these registries are already accredited by IARC and it is expected that a further 20 will be accredited by 2025. Moreover, the registry located in Izmir has become a regional training hub for the Global Initiative for Cancer Registry Development
- The government has collaborated closely with civil society organisations to address cancer regionally and internationally
- A palliative care programme has been a key focus of work for the Turkish government
- The establishment of a National Cancer Institute (NCI) in 2015, to coordinate cancer research as part of the National Institute of Health. NCI also coordinates the National Cancer Programme, which conducts and supports research across the cancer control spectrum.

Key challenges

The Turkish Association for Cancer Research and Control (TACRC) would like to see further improvements in the implementation of tobacco control legislation in cafés and restaurants to ensure 100% compliance. TACRC would also welcome an increase in the screening rates for breast and colorectal cancers to achieve 80% national coverage.



UICC Member's achievements

TACRC has focused on tobacco control as a key area of work since the mid 1970s. Between 2012 and 2014, TACRC led the national coalition against tobacco, which saw the expansion and enforcement of tobacco control legislation, including smoke-free environments. National statistics showed that tobacco use nationally dropped from 32% in 2008 to 28% in 2012.

The second pillar of TACRC's work has been convening and outreach. In 2014, the European Conference on Tobacco or Health was organised by TACRC in Istanbul, and in 2015, Istanbul hosted the World Cancer Leaders' Summit. TACRC has also participated in the annual Cancer Patient Conference since 2006. In parallel, TACRC works to raise public awareness of cancer, focusing on cancer prevention in the first week of April each year and leveraging World Cancer Day on 4 February to reach around 15 million people.

TACRC also advises the Turkish Ministry of Health as part of the National Cancer Council, supports professional oncology education, and the translation of key oncology resources, such as the TNM classification of malignant tumours and the Cancer Atlas.

United Kingdom of Great Britain and Northern Ireland, the

Contributors: Cancer Research UK; World Cancer Research Fund International

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
86,300	76,900	Yes	Population-based	No data	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	●	◐	●	◐	◐	◐	●	●	●	



Progress against the World Cancer Declaration targets

Progress against the targets has been underpinned by National Cancer Plans for England, Scotland and Wales. The three key areas of progress have been:

- Screening and early diagnosis – the 'National Awareness and Early Diagnosis Initiative' in England and 'Detect Cancer Early' in Scotland both aim to improve overall five year survival by tackling barriers to accessing cancer diagnoses, such as awareness of symptoms, and streamlining the referral process from general practitioners
- In both England and Scotland, governments have launched strategies on alcohol and tobacco to reduce cancer risks, with the Scottish Government also setting a tobacco-free generation ambition. Moreover, in 2013, the UK Government introduced voluntary front of pack colour-coded labelling for food and drink products and will develop an obesity strategy in 2016
- The Radiotherapy Innovation Fund has improved access to radiotherapy.

Key successes

The UK has taken a number of key actions covering risk factors, public awareness and establishing frameworks for treatment, these include:

- Introduction of HPV vaccination for 11-12 year old girls in 2008, and a ban on the use of sunbeds by under 18s in all countries of the United Kingdom, between 2009 and 2012



- Ban on tobacco vending machines in 2012, and creation of 'Stoptober' as an annual mass quitting campaign. In 2015, plain packaging legislation was developed
- In 2015, new guidelines were issued stating that, in terms of cancer, there is no safe limit for alcohol consumption. The suggested units for men have been reduced, and pregnant women have been advised not to drink
- Public Health England launched a new Eatwell Guide to help promote healthy diets, in line with World Cancer Research Fund recommendations stemming from the 'Continuous Update Project'
- In 2008, the 'National Awareness and Early Diagnosis initiative' was launched in England, followed by the 'Be Clear on Cancer' series of public awareness campaigns in 2010
- 2011 saw the launch of the 'Improving Outcomes' national cancer plan in England, followed in 2015 by the launch of a subsequent plan, 'Achieving World-Class Cancer Outcomes'
- In 2016, the UK National Screening Committee issued updated recommendations, including using the Faecal Immunochemical Test for bowel cancer screening, and HPV as the primary test for cervical cancer.

Key challenges

The authors would welcome work on the following priority areas:

- A renewed focus on prevention and a public health approach to cancer including: achieving a tobacco free UK; securing funding for public health services including



- mass media campaigns; reducing the influence of the tobacco industry; and reducing obesity rates in children and adults
- A national ambition to achieve earlier diagnosis for cancer patients
- Giving equal weight to patients' experience of care, clinical effectiveness and safety
- Transforming support for people living with cancer and cancer survivors
- Investing in modern high quality services
- Overhauling the way the National Health Service commissions and provides services, including addressing waiting times and sourcing data on access to treatment.

UICC Member's achievements

Cancer Research UK (CRUK) plays a leading role in beating cancer sooner by conducting research into all 200 types of cancer, educating the public, engaging with healthcare professionals and informing government policy. In 2015, Sir Harpal Kumar, CEO of CRUK, led the taskforce that produced England's new cancer strategy – 'Achieving World-Class Cancer Outcomes'. CRUK also co-chaired the 'National Awareness and Early Diagnosis initiative'.

Alongside this, CRUK has campaigned to reduce exposure to risk factors, for example through standardised packaging of cigarettes and a ban on the use of sunbeds by under 18s. Another campaign has helped to ensure targeted investment in innovative radiotherapy across the UK, which has significantly increased uptake.

Ukraine

Contributors: The National Cancer Institute

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
49,000	39,000	No	Population-based	46%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	No data

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	



Progress against the World Cancer Declaration targets

Ukraine has undertaken a number of key actions to improve cancer prevention and control nationally:

- HPV and HBV vaccination are covered by universal vaccination programmes and public lectures are held to provide people with further information. Lectures are also held on cancer prevention, and signs and symptoms in order to improve rates of early diagnosis
- Mass media campaigns on television and in newspapers have focused on dispelling damaging myths and misconceptions about cancer
- Ukraine is also working to develop nano- and biotechnologies for more effective diagnostics and treatment of cancer patients.



Key successes

Cancer control in Ukraine has made major headway through the development of:

- A National Cancer Registry
- National mobile clinics that can perform diagnostics and offer treatment for cancer patients have significantly improved access to cancer care nationally
- New nano- and biotechnologies for diagnostics and treatment of cancer patients¹ offers exciting new opportunities to tackle cancer nationally.

Key challenges

The National Cancer Institute (NCI) would like to see a further focus on screening and early detection for cancer in order to build on the work that has already taken place. NCI would also like to see further work on environmental cancer risks.



Author's achievements

NCI has developed a national plan entitled '50 steps against cancer in Ukraine' alongside working with the government to pass the 'National programme for the fight against cancer by 2016' into law. One key measure has been the provision of mobile clinics nationally which provide screening services, and the development of new national standards for the diagnosis and treatment of patients.

The National Cancer Registry is coordinated by NCI and documents cancer cases nationally, contributes to worldwide cancer statistics and provides monitoring data on the quality of diagnosis and treatment of cancer patients. NCI also provides training and workshops for oncologists, develops standards for the diagnosis and treatment of cancer patients and has developed a new magazine entitled 'Clinical Oncology' to provide oncologists with regular updates.

Footnotes:

1. Orel V, Shevchenko A, Romanov A, Tselepi M, Mitrelias T, Barnes CH, Burlaka A, Lukin S, Shchepotin I. Magnetic properties and antitumor effect of nanocomplexes of iron oxide and doxorubicin. *Nanomedicine*. 2015 Jan;11(1):47-55

HPV Vaccination

The two leading cancer-causing infections are Hepatitis B (HBV) and the Human Papillomavirus (HPV), which are both vaccine preventable.

Target 4



Universal coverage of HPV and HBV vaccination



The [Global Action Plan for the Prevention and Control of NCDs](#) calls for **vaccination against human papillomavirus**, as appropriate if cost-effective and affordable, according to national programmes and policies.

Worldwide, infectious agents are responsible for an estimated 2.2 million cancer deaths annually. The burden of infection-related cancers is much higher in less developed regions; estimates suggest that up to 50% of cancers in sub-Saharan Africa are attributable to infections⁷.



"Very high-coverage programmes have been demonstrated to be achievable in less developed countries like Rwanda and Bhutan. However greater efforts are necessary to improve coverage and bring cheaper HPV vaccines to less developed countries especially in Sub-Saharan Africa and Asia."

Silvia Franceschi, Head Infections and Cancer Epidemiology Group, International Agency for Research on Cancer (IARC)



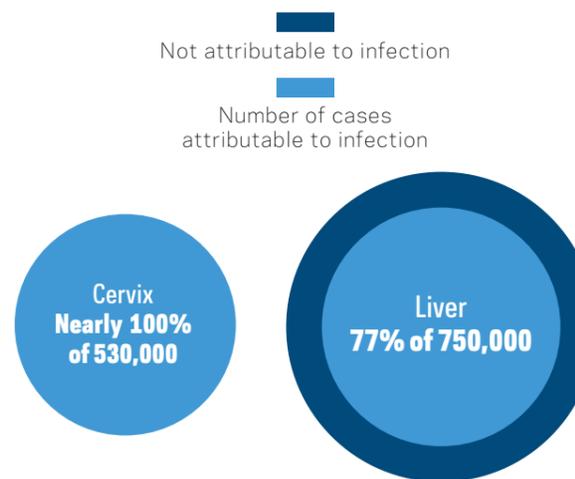
By 2016, **65 countries had introduced HPV vaccines**, although these were predominantly high-income countries.

Across countries, **coverage rates vary from less than 30% to more than 80%**, highlighting serious barriers for adolescents to access the HPV vaccine¹⁰.

Percentage of Cancer Cases Attributable to Infection

Many of the most common cancers are at least partly attributable to infection.

PERCENTAGE OF NEW CANCER CASES CAUSED BY INFECTION AND TOTAL NUMBER OF NEW CASES



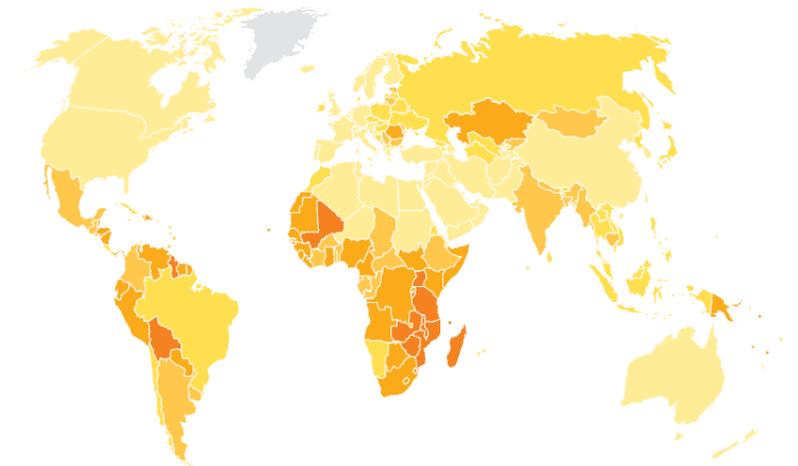
HPV infection is responsible for approximately 630,000 cancer cases per year, with a disproportionate burden in low- and middle-income countries⁸. Given that 70% of cervical cancers and precancerous lesions are attributed to infection by two strands of HPV⁹, the immunisation of adolescent girls has the potential to significantly reduce national cancer burdens and mitigate the devastating impact on patients and their families.

Estimated Incidence of Cervical Cancer (Age Standardised Rate [World] Per 100,000) In Females, 2012



Resource: RHO Cervical Cancer

[PATH's RHO Cervical Cancer](#) website is designed to provide easy access to science-based information for health programme managers and decision-makers seeking to prevent cervical cancer in low-resource settings. The site includes an action planner and a library of key cervical cancer resources.



⁷ Plummer et al. (2016) Global burden of cancers attributable to infections in 2012: a synthetic analysis [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(16\)30143-7/abstract](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30143-7/abstract) [Accessed 19.08.16]

⁸ Plummer et al. (2016) Global burden of cancers attributable to infections in 2012: a synthetic analysis [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(16\)30143-7/abstract](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30143-7/abstract) [Accessed 19.08.16]

⁹ WHO, HPV and cervical cancer <http://www.who.int/mediacentre/factsheets/fs380/en/>

¹⁰ Plummer et al. (2016) Global burden of cancers attributable to infections in 2012: a synthetic analysis [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(16\)30143-7/abstract](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30143-7/abstract) [Accessed 19.08.16]

HBV Vaccination

Safe, effective and affordable vaccines are available, and programmes have been shown to be highly cost-effective in preventing some of the most common cancers, across a range of income settings.

Target 4



Universal coverage of HPV and HBV vaccination



The Global Action Plan for the Prevention and Control of NCDs calls for prevention of liver cancer through Hepatitis B immunisation.

HBV infection is responsible for approximately 420,000 cancer cases per year, infections are broadly distributed in line with global income levels, with higher incidences of HBV infection seen in low- and middle- income countries¹¹.



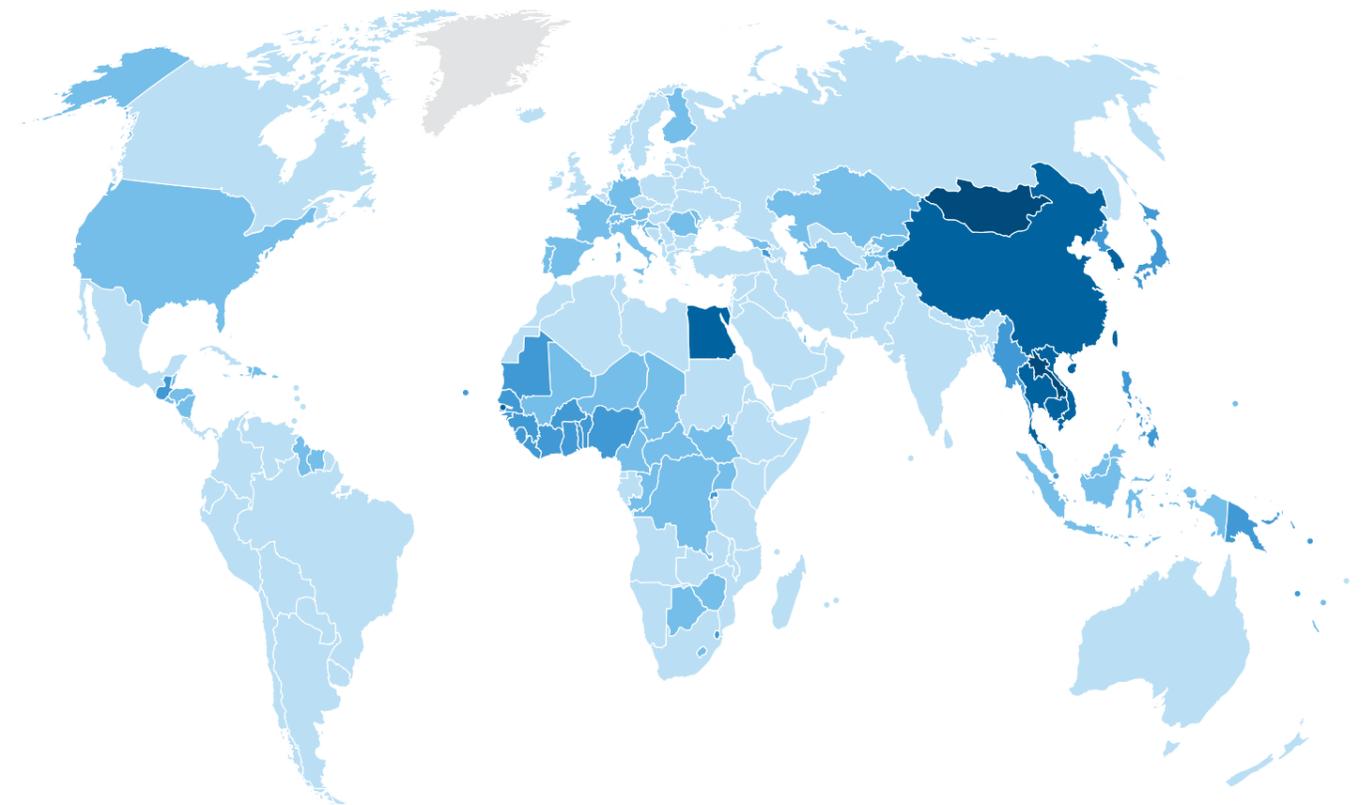
"A highly effective HBV vaccine for infants was introduced nationwide in 184 countries by the end of 2014. A birth dose, which is essential to prevent mother-to-child transmission, was introduced in 96 countries and global coverage was estimated at 38%, reaching 80% in the Western Pacific region, but only 10% in the Africa region, suggesting that high coverage rates are achievable, but concerted efforts are needed by countries to achieve this."

Silvia Franceschi, Head Infections and Cancer Epidemiology Group, International Agency for Research on Cancer (IARC)



Globally, it is estimated that there is **82% coverage with three doses of the HBV vaccine**, and this is as high as **92%** in the Western Pacific Region¹².

Estimated Incidence of Liver Cancer (Age Standardised Rate [World] Per 100,000) In Males, 2012



Getting involved: Gavi

Gavi, the Vaccine Alliance, has played a catalytic role in supporting country demand for two key anti-cancer vaccines - HBV and HPV. Between 2000 and 2014, the Gavi-supported pentavalent vaccine, which includes HBV, was introduced by 73 low-income countries into their routine immunisation programmes. Through its 2016-2020 strategy, Gavi will continue to support countries to increase the HBV coverage.

Since 2013, with Gavi support, one million girls have been reached with the HPV vaccine that protects against two strains of the HPV virus, which cause 70% of cervical cancer cases. Gavi's efforts help to ensure that adolescent girls, a group often facing challenges when accessing health services, are protected from cervical cancer and are receiving other essential health services.

¹¹ Plummer et al. (2016) Global burden of cancers attributable to infections in 2012: a synthetic analysis [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(16\)30143-7/abstract](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30143-7/abstract) [Accessed 19.08.16]

¹² Plummer et al. (2016) Global burden of cancers attributable to infections in 2012: a synthetic analysis [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(16\)30143-7/abstract](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30143-7/abstract) [Accessed 19.08.16]

Argentina

Contributors: Liga Argentina de Lucha Contra el Cáncer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
35,400	31,400	Yes	Population-based	87%	Yes
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	◐	◐	●	●	◐	◐	○	●	◐



Progress against the World Cancer Declaration targets

Argentina has addressed several of the Declaration targets through national cancer laws, as part of a strategy to achieve universal access to cancer services. Alongside this, the specific activities of the National Cancer Institute (INC) have contributed to progress made against other Declaration targets.

Furthermore, Argentina has in place national cancer control plans, that support the implementation of cancer control strategies and efforts to reach the Declaration targets. The most high-profile plans are those relating to maternal health, colorectal and cervical cancers, with the aim of improving prevention, diagnostic and treatment services. To help achieve the targets, the plans include the development of a cancer registry and an emphasis on the need to invest in training of healthcare professionals and researchers.

A number of national campaigns have been run to deliver education to the general public on cancer risk factors, when and how to access health services, and to dispel myths and misconceptions around cancer.



Key successes

The most significant achievement for Argentina is the provision of free access to healthcare. The country has legislated to protect the rights of patients in accessing diagnostic, treatment and rehabilitation services, with the aim of ensuring that individuals from all socio-economic backgrounds have equitable access to essential medicines, mandatory vaccinations and transplants.

A further success has been the devolution of cancer control activities to the INC, which has subsequently been able to manage and give focused attention to the establishment of cancer registries, cancer education and national cancer research.

Key challenges

The key challenge for Argentina is to ensure that there is continued action including in the following areas:

- Enforcement of laws to ensure that the population has access to timely and efficient cancer services
- Ratification of the WHO FCTC. Argentina is one of the few countries to sign, but not ratify the convention
- Improving the coverage of cancer programmes, as many of the most effective projects or campaigns have been implemented only in large cities
- Empowering cancer patients to take advantage of the services and legal protections available to them.



UICC Member's achievements

Liga Argentina de Lucha Contra el Cáncer (LALCEC)¹ has one of the strongest and most extensive national networks, which works to ensure that the entire population has access to timely and accessible cancer screening and early detection services. LALCEC also aims to improve patient records, provide health education and ensure that campaigns reach the whole population.

LALCEC's advisory board is comprised of a multidisciplinary group of national experts, which offer recommendations to the Government and health planners, particularly around the reform of health legislation. It also helps to support and conduct cancer research.

Finally, for many years, LALCEC has actively engaged with international organisations to improve national cancer control². For example, recently, LALCEC worked with the American Cancer Society, UICC and IARC to produce the Spanish edition of the Cancer Atlas³.

Footnotes:

1. www.cancer.org.ar
2. www.alicc.org
3. <http://canceratlas.cancer.org/>

Barbados

Contributors: The Myeloma, Lymphoma and Leukaemia Foundation of Barbados; Ministry of Health of Barbados; Barbados National Registry; SickKids Caribbean Initiative

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
300	300	Yes	Population-based	87%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	●	○	●	○	●	○	●	●	●	●



Progress against the World Cancer Declaration targets

- The Ministry of Health (MoH)¹ focuses on NCDs, including cancer, as a budgeted item within the National Strategic Plan and NCD Action Plans. Work has started on a draft National Cancer Plan concentrating on breast, colon, cervix and prostate cancers
- The Barbados National Registry retrospectively reports on cancer cases from information compiled from multiple sources². The MoH also collaborates with NGOs to provide case finding services
- Barbados has a well developed healthcare system providing care to all citizens free of cost
- Legislation has been passed that bans smoking in public places and the sale of tobacco to and by minors
- HBV vaccinations are part of routine childhood immunisations and the HPV vaccine has been offered to pre-teen boys and girls since 2014
- Barbados is planning to implement population-based screening for cervical cancer. Currently, screening for cervical cancer is opportunistic or voluntary with Pap smears, with mammograms or ultrasound for breast screening, PSA or digital testing for prostate cancer and follow-up of suspicious symptoms for colon cancer.



Key successes

- The establishment of the population-based Barbados National Registry and its surveillance system to monitor cancers and inform new and innovative methods of healthcare delivery
- The 2010 legislation on tobacco control has maintained a relatively low rate of smoking and concomitant low rate of lung cancer revealed by successive NCD risk factor surveys (2007-2012) and data from the Queen Elizabeth Hospital
- SickKids-Caribbean Initiative is a partnership between The Hospital for Sick Children-Canada, the University of the West Indies, Ministries of Health and hospitals from six Caribbean countries. It works to create an educational forum for specialists to share information that will, and has, impacted the lives of children with paediatric cancers and blood disorders in Barbados and the Caribbean³.

Key challenges

- Completion of the National Cancer Plan and implementation of its activities for prevention, population-based screening for the most common cancers, as well as improving timelines for diagnosis, improved treatment and care
- High pricing of cancer drugs by the manufacturers is of deep concern, and a global approach is warranted
- NGOs must continue to raise awareness and provide health education. Communities must be made aware of



UICC Member's achievements

The Myeloma, Lymphoma and Leukaemia Foundation focuses on education, advocacy and the welfare of the patient and their families. Awareness and educational workshops are held regularly across Barbados through schools, churches, service clubs, health fairs, and with the general public. Information is delivered by print and electronic media, handouts, and by interaction with the public.

Twice weekly routine visits are made to the haematology clinic at the Queen Elisabeth Hospital to educate, counsel and monitor the patients' needs. The Foundation collaborates with doctors and the MoH on the patients' behalf and also with other NGOs to share best practices. Upon request, financial assistance is given to patients to purchase medicines and to meet other medical and non-medical expenses.

The Foundation served on the Barbados National Registry Technical Advisory committee from 2011-2013.

Footnotes:

- www.health.gov.bb
- www.bnr.org.bb
- www.ncbi.nlm.nih.gov/pubmed/25980698

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
90	60	No	No	95%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Generally available at public primary healthcare level (Pap smear only)	Not generally available in the public health system	Not generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	



Progress against the World Cancer Declaration targets

- Belize provides a cancer prevention package to the proportion of the population (approximately 50%) that benefit from national health insurance coverage
- The diagnostic capacity of the country has improved, with an increase in the human resources available to manage cancer diagnoses and interventions
- Chemotherapy was introduced to the country by two philanthropists, oncologist Dr. Ellsworth Grant and Dellone Pascascio RN, who have provided training to local nurses on chemotherapy. This has enabled increased access to cancer treatment for poor people, who would have otherwise been unable to access treatment services
- Education on cancer risk factors and vaccinations has been provided by the Belize Cancer Society (BCS) and other partners. The Ministry of Health will add the HPV vaccine to the national vaccination schedule in September 2016, targeting girls aged nine throughout the country
- The national drug formulary for Belize includes morphine and other medicines required to treat and manage cancer.



Key successes

Cancer is now acknowledged to be a problem in Belize and the country is moving ahead with activities for a cancer control plan. Major successes include:

- Development of preventative packages of care, as well as cancer screening, which is offered at all public health centres
- The country has taken on the responsibility, with support from the Social Security Board, to provide funds for the management and treatment of cancer in children in Mexico and the procurement of HPV vaccines.

Key challenges

BCS has identified the following three priorities that will be critical to achieving the Declaration targets by 2025:

- The establishment of a national cancer plan and the urgent development of a population-based cancer registry
- Educating a critical mass of healthcare professionals to manage cancer and deliver care, with a particular focus on resident oncologists and oncology nurses
- Establishing an NCD Secretariat with focal points responsible for cancer and dedicated budgets.



Author's achievements

BCS has built effective partnerships with the Ministry of Health to help deliver cancer control initiatives including:

- The development of a draft cancer plan and supporting the development of the NCD Strategy and Action Plan. The BCS President is a commissioner on the NCD Commission
- Establishing a National Cervical Cancer Committee
- Engaging in advocacy and discussions on the establishment of a cancer registry
- Supporting national Pap smear campaigns.

BCS has also conducted fundraising activities to ensure that they are able to sustain their work, and partnered with the Belize Family Life Association and other NGOs, to carry out joint health promotion activities. The partnerships with the Healthy Caribbean Coalition and UNESCO have enabled the BCS to build its capacity and thereby sustain a number of activities on cervical cancer. BCS is currently the only organisation that is able to provide information on cancer on a regular basis.

Bermuda

Contributors: Bermuda Cancer and Health Centre

WHO cancer country profile 2014

Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
No data	No data	No data	No data	No data	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
No data	No data	No data	No data	No data

WHO NCD progress monitor 2015

Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
No data	No data	No data	No data	No data	No data	No data	No data	No data	No data



Progress against the World Cancer Declaration targets

Through national collaboration between the Department of Health, Bermuda Hospitals Board, Bermuda Cancer and Health Centre (the Centre) and other NGOs, a number of projects have been delivered contributing to progress towards the Declaration targets. These include awareness campaigns, notably focusing on breast, cervical and colorectal cancers, and educational presentations to both health professionals and the general public. By partnering with the Health Insurance Association of Bermuda, the Massachusetts General Hospital and Partners International, the island has been able to deliver the Bermuda Cancer Genetic Risk Assessment Programme since 2006, which provides screening for high-risk families with breast and/or ovarian cancers.

Furthermore, in 2006, legislation was enacted to prohibit smoking in enclosed public spaces including restaurants, bars and hotels. Most recently, through a partnership with the Department of Health, the Centre has provided access to the HPV vaccine for those unable to afford it.



Key successes

In 2011, the Bermuda Health Council reported that the island had the lowest daily smoking rate of all countries in the OECD . This was attributed directly to the introduction of the 2006 no-smoking legislation. Recent legislation has been passed that imposes additional restrictions, including the use of e-cigarettes.

NGOs are actively involved in raising cancer awareness, such as the Centre's school-based prevention programmes for sun protection (SunSmart) and the dangers of tobacco (LungSmart). Through these programmes, cancer education is offered to thousands of school children each year. It appears that through consistent awareness campaigns, the stigma surrounding a cancer diagnosis is declining, evidenced by the numbers of persons openly sharing their stories via newspapers and other media.

Finally, a collaboration between Bermuda Hospitals Board and the Centre means the country is now poised to offer radiation therapy on the island for the first time.

Key challenges

One of the key challenges in Bermuda is the lack of mandatory reporting. While most physicians and other relevant reporting agencies do submit data to the Bermuda National Tumour Registry, there are a number of facilities from which data is either not reported at all, or not submitted in a timely manner. Systematic collection and analysis of data is essential to developing an accurate assessment of the cancer burden in a population group.



UICC Member's achievements

The Centre is a leading mammography facility that offers the latest digital technology. As one of the island's oldest charities, the Centre is pleased to be able to offer all of the available services to uninsured or underinsured men and women through its Equal Access Fund. Services provided include screening and diagnostic mammography, breast and prostate biopsy, as well as ultrasound examinations of soft tissue including the pelvis, abdomen and thyroid. By ensuring these examinations are available to everyone, the Centre provides the best opportunity for early detection; which in turn improves patient treatment options and long term survival. The Centre also provides coverage for uninsured women who attend the Department of Health Women's Clinics for their gynaecological exams and Pap smear tests.

Footnotes:

1. www.oecd.org/about/

Bolivia, Plurinational State of

Contributors: Fundación Contra el Cáncer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
3,000	4,000	Yes	Population-based	94%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

The Bolivian government has implemented a series of measures aimed at reducing the high incidence of cervical cancer. These measures include a Maternal and Child Health Programme that provides free care and financial remuneration to pregnant women who attend all prenatal checkups, including a Pap smear. By law, all employers are required to provide female staff with a day off every year for a Pap smear, and mammography if necessary.

Provisions have also been made for the establishment of a national cancer registry with the support of Sociedad de Lucha Contra el Cáncer in Ecuador.



Key successes

Bolivia's major success has been in improving awareness of, and participation in, cervical screening activities. This has seen civil society groups and the government work to improve the general public's understanding of the need for periodic cervical screening in order to reduce women's risk of contracting cervical cancer. Integration of screening services with more routine health checks has helped to increase uptake.

Key challenges

The main challenge in Bolivia is the need to address shortfalls in cancer services. For cervical cancer, as an example, this will require improving education and public awareness to help individuals reduce their own risk factor exposure, and for the signs and symptoms of cancer to be recognised early. Poor awareness leads to late or no formal diagnosis for cervical cancers in many instances. Cervical cancer prevalence in Bolivia is currently 56 cases per 100,000 population. There are also key socio-cultural and economic barriers to accessing services at health centres, particularly in rural areas. It is estimated that only 13% of the at-risk population are screened, falling short of the goal of 90% screening coverage. Fundación Contra el Cáncer (FCC) would welcome efforts by the Bolivian government to improve the distribution of health centres, and ensure appropriate data collection and referral systems to ensure that patients receive an accurate diagnosis and the care they require in a timely manner. There is also a need for national programmes that focus on regular



UICC Member's achievements

population-based screening for cervical cancers. Finally, the absence of suitable equipment for the treatment of cancers, resulting in suboptimal or a lack of treatment, perpetuates the fear and stigma around a cancer diagnosis, particularly for cervical cancer.

From 2010 to 2014, with support from the American Cancer Society, FCC conducted a series of activities including education talks, health fairs, and workshops. These activities resulted in improved awareness in both rural and urban areas regarding the need for regular cervical cancer screening, as well as the establishment of a coalition of institutions who have worked together to introduce annual cervical examinations across the country. By 2014, approximately 8,500 Pap smears had been performed within medical facilities and over 26,000 women had been screened in their communities, with 1,037 positive results.

Brazil

Contributors: Instituto Nacional de Cancer; FEMAMA; Fundação do Câncer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
119,600	104,100	Yes	Population-based	95%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	●	○	●	●	◐	●	◐	●	●



Progress against the World Cancer Declaration targets

Key actions that have been taken in Brazil include:

- Development of the Strategic Action Plan to address NCDs in Brazil (2011-2022), which sets targets for cancer control
- Updating of the National Policy for Prevention and Control of Cancer to strengthen the guidelines for organisation of the healthcare network, including revision of the parameters and criteria for oncology services, which help identify where services should be developed based on registry data
- Tobacco control measures have reduced the prevalence of smoking from 34.8% (1989) to 14.7% (2013) and increased the provision of treatments to help tobacco cessation
- The national coverage of HBV in Brazil is more than 97% in individuals under 15 years of age. Since 2014, the quadrivalent HPV vaccine is offered for girls aged 9-13 years
- Investments have been made to improve the quality of the Pap test and treatment of precancerous lesions.



Key successes

Brazil has made important advances in tobacco control that have resulted in a considerable reduction in smoking prevalence. Since 2008, these measures include:

- Educational activities about the harms of tobacco use
- Improvement of the law to establish smoke-free environments
- Ban on advertising of tobacco products, including at the point of sale
- Adoption of minimum price for cigarettes and a tax increase
- Improving access to tobacco cessation treatments in the public health system.

Brazil has also made some significant improvements in the quality of their population-based cancer registries. According to IARC criteria, 84% of these registries in Brazil are classified as high quality (A and B). The 26 population-based registries cover 90% of the population living in capitals and 25% of the Brazilian population in total. Also, 93% of oncology hospitals have operating registries with consolidated country data, and their coverage rose from 35,000 cases in 2007, to 2 million cases in 2015.

Key challenges

Across Brazil's five geographical regions, there are unique patterns of mortality and morbidity for chronic diseases, including cancer. This is due to differences in demographic structure, access to health services, speed of socioeconomic change, and quality of information and lifestyle. In comparison to the north region, the population of the south



UICC Member's achievements

is older, with greater economic development and an incidence of cancer two or three times higher. Thus, the greatest challenge would be to develop specific action plans tailored to address these regional cancer profiles. An example of a regional plan was developed by the state of Rio de Janeiro in 2013, in collaboration with the state Health Secretariat, the Instituto Nacional de Cancer (INCA) and the Fundação do Câncer.

Since the late 1980's, INCA has been responsible for the management and governance of tobacco control in Brazil, overseen by the Ministry of Health. INCA coordinates the National Tobacco Control Programme and acts as the Executive Secretariat for FCTC implementation in Brazil. INCA has also joined the team established by the World Health Organization to eradicate childhood obesity, due to evidence of the relationship between obesity and cancer. INCA also formulates evidence-based guidelines, such as for breast and cervical cancer, as well as developing and managing information systems to support surveillance, such as the population-based and hospital cancer registries. It assesses quality in radiotherapy in Latin America using postal audits, and offers courses for workers of the Unified Health System, including Master's and Doctoral programs in Oncology. Finally, it coordinates the national registry of bone marrow donors, which includes more than 4 million individuals.

Canada

Contributors: Canadian Cancer Society; Alberta Cancer Foundation; Canadian Partnership Against Cancer; Public Health Agency of Canada; Department of Oncology at McGill University

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
39,200	35,300	Yes	Population-based	75%	Yes
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level (mammogram only)	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	●	◐	●	●	◐	◐	◐	●	●	



Progress against the World Cancer Declaration targets

Canada continues to make strides in reducing exposure to cancer risk factors. The new federal government has made commitments to introduce plain packaging rules for tobacco, extend a federal ban to menthol flavoured tobacco products, promote healthier eating by restricting the marketing of unhealthy foods to children, strengthen regulations on trans-fats and salt, and improve food nutrition labels. Six provinces are now in the process of implementing bans on flavoured tobacco, including menthol. All provinces have introduced or announced legislation to ban the use of indoor tanning beds by minors.

Collaborative pan-Canadian action is also helping to drive system-level change. Examples include the Canadian Strategy for Cancer Control that brings together different cancer control actors to reach common goals, and the Canadian Cancer Society's (the Society) advocacy work to improve Canada's palliative care services.

Key successes

- Canada has made significant progress in tobacco control since 2008, demonstrated by its lowest smoking rate to date of 15%

Footnotes:

- www.cancer.ca/~media/cancer.ca/CW/cancer%20information/cancer%20101/Canadian%20cancer%20statistics/Canadian-Cancer-Statistics-2015-EN.pdf?la=en
- www.cancer.ca/~media/cancer.ca/CW/for%20media/Media%20releases/2015/ccs-election-platform-June-2015-EN.pdf?la=en
- www.cancer.ca/~media/cancer.ca/CW/get%20involved/take%20action/Palliative-care-report-2016-EN.pdf?la=en
- https://issuu.com/canadiancancersociety/docs/ccsr_rir2015_en_jul2016_hires-fori?e=1256214/37135090
- https://issuu.com/canadiancancersociety/docs/ccsr_rir2015_en_jul2016_hires-fori?e=1256214/37135090



- Canada offers universal HBV vaccination and all provinces and territories now offer HPV vaccinations to girls; some provinces also offer this to boys
- All provinces offer organised cervical and breast cancer screening programmes, and many have introduced colorectal cancer screening programmes
- Data partners, such as the Society, Statistics Canada, and the Public Health Agency of Canada, monitor and report on Canadian cancer statistics. The Canadian Partnership for Tomorrow Project portal offers access to longitudinal data to help understand cancer and other NCD causal factors. More broadly, cancer system performance reporting has been improved through the more effective use of existing data sources such as registries
- New initiatives at the federal and provincial level have improved financial and employment support for those affected by cancer and their families
- The establishment of the Canadian Partnership Against Cancer has brought together national and regional authorities and organisations across Canada to optimise effectiveness and efficiency of action across the cancer control continuum
- A collaboration with First Nations, Inuit and Métis partners has been developed and is helping to implement the First Nations, Inuit and Métis Action Plan on Cancer Control.

Key challenges

The aging and growing Canadian population will lead to a dramatic increase in the number of cancers diagnosed. Given this, there is an urgent need for coordinated and comprehensive planning to improve:



- Support and services for patients, families and survivors
- Infrastructure, including diagnostic and treatment facilities, cancer care centres and community-based care
- Implementation of screening programmes
- Provision of education and training for health and medical specialists
- Research on cancer care planning and effective policy development.

Continued collaborative action is also needed to ensure sustainability of cancer control and to minimise disparities in patient experience and access to services.

UICC Member's achievements

Last year, the Society released Canadian Cancer Statistics 2015¹ with a focus on the future burden of cancer in Canada. There will be a dramatic rise in the number of cancer cases by 2030 as a result of an aging and growing population. These projections can help plan and set priorities in prevention, early detection, treatment, psychosocial, palliative and medical care, and research. The understanding of the future burden was also the foundation of the Society's federal election priorities², which called for a stronger tobacco control strategy, guaranteed access to palliative care³, and long-term investment in health research.

The Society also funds cancer research, with \$38 million (USD 29 million) invested in 2015⁴. This included \$6.3 million (USD 4.8 million) that focused solely on prevention research and \$3.5 million (USD 2.66 million) for quality of life research.⁵

Chile

Contributors: Ministry of Health of Chile

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
12,600	11,600	Yes	Population-based	90%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	●	◐	●	●	◐	○	◐	●	●	



Progress against the World Cancer Declaration targets

Chile has developed many public health policies to reduce exposure to cancer risk factors, including those on:

- Tobacco free spaces, tax increases and advertising regulations
- Obesity control through front-of-package labelling of food, advertising regulations, restrictions on sale of food in schools, and a sugary drinks tax
- Strict regulations on air and soil contaminants
- Universal coverage of HPV vaccination for all girls between nine and ten years old. Screening services for cervical and breast cancer are available for all women in the country within defined age groups
- A national plan for medical specialists has been developed that covers all cancer-related specialists.

Chile has six population registries (three of which are accredited by IARC) and one is a national registry for childhood cancers. Chile also has robust vital statistics and health system information infrastructure. Finally, the Plan of Explicit Guarantees in Health (Plan GES) has built on this through ensuring access to cancer care.



Key successes

The incremental introduction of cancer related conditions within Plan GES has been the most remarkable policy development of the past ten years. Plan GES includes cancers such as; breast, cervical, stomach, prostate, testicle, colorectal, epithelial ovarian, bladder, osteosarcoma, leukaemia, lymphoma, and all cancers for children aged 15 years or less. It also includes a preventive cholecystectomy for people between 35 and 49 years old, and treatments for risk factors such as alcohol dependency, hepatitis B and C, and helicobacter pylori infection. For all these elements, Plan GES ensures access, quality standards (clinical guidelines and accreditation of services), financial protection (virtually free in the public sector for almost 80% of the population), and timeliness by defining maximum waiting times for each condition.

Key challenges

Chile is in the process of revising its cancer control structure through the development of a new National Cancer Prevention and Control Plan for the upcoming years. This will address a diverse range of areas including promotion, prevention, early detection, treatment, rehabilitation and palliative care. The plan is being developed with an integrated healthcare networks perspective, a patient-centred approach, and a social determinants action-oriented framework. The plan also covers cross-cutting issues, such as human resources, knowledge generation and management, and financing. Whilst this is a challenging task, the Ministry of Health is developing this plan with the support of other key stakeholders and international partners.



Author's achievements

Chile has worked extensively since the 1980s to develop its cancer control strategies, including seminal programmes for the early detection and treatment of breast, cervical and childhood cancers, alongside palliative care. In the mid-2000s, there was a significant improvement in cancer treatment, particularly since the introduction of Plan GES. This ensures timely access to quality services and financial protection for a list of 80 prioritised health conditions, including 17 related to cancer, palliative care and pain control. Following on from its implementation, the Ministry of Health has witnessed an increase in incidence and a decrease in both total age-adjusted mortality and inequities in mortality outcomes.

Colombia

Contributors: Instituto Nacional de Cancerología; Instituto de Cancerología S.A; Liga Colombiana Contra el Cáncer; Registro Poblacional de Cáncer de Cali de la Universidad del Val

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
17,000	18,400	Yes	Population-based	91%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

Colombia has made significant progress in tackling cancer with legislation outlining citizens' rights to cancer services. Laws also define obesity and NCDs as public health priorities, support implementation of the FCTC recommendations, including public policies for tobacco control (such as tobacco-free spaces), and outline the obligation to establish tobacco cessation services.

In addition, Colombia has developed and adopted the National Cancer Control Plan 2012-2021, in conjunction with legislation that establishes standards for comprehensive cancer control services, including palliative care. Development of a health information system on cancer has also been a key priority. The Colombian High Cost Disease Fund – High Cost Account (CAC) is a technical agency that collects and validates data to help evaluate and inform policy decisions nationally.

HPV vaccination for all girls aged nine and HBV vaccination for newborns is now obligatory, and Colombia has achieved reasonable coverage of Pap smear tests, with improved access to diagnosis and treatment for abnormal test results and treatment of cervical lesions.



Key successes

- Colombia has established four population-based cancer registries in Cali, Manizales, Pasto and Barranquilla, and contributed data to the 'Cancer Incidence in Five Continents' report¹
- These registries have been unified within a national information system on cancer (SinCan). Through CAC, these data are used to report on cancer progress nationally. Further work has been done to monitor clinical outcomes and survival determinants for children with cancer through the Vigicancer project²
- The implementation of tobacco control measures, including the creation of smoke-free public places to protect non-smokers and a ban on selling cigarettes to underage persons
- Colombia has also reached its aim of reducing cervical cancer mortality, with 6.5 cases per 100,000 women in 2013, in line with the world standardised mortality rate
- Civil society groups are coordinating to track the implementation of adult and childhood cancer service provision, and action on tobacco control.

Key challenges

The authors would like to see significant improvements in the early detection of breast, cervical, prostate and colorectal cancers by:

- Educating general physicians on the early symptoms and signs of cancer and enabling general physicians to refer patients to diagnostic services without the need for mediation by a specialist



UICC Member's achievements

- Removing administrative barriers causing delays in diagnosis and initiation of treatment
- Implement the HPV DNA test in line with Ministry of Health recommendations
- Further research on carcinogen exposure leading to tailored policy responses
- Improving coverage of screening programmes nationally
- Improving acceptability and coverage of the HPV vaccine, which has fallen significantly, through a coalition between the Ministry of Health, Instituto Nacional de Cancerología (INC) and Liga Colombiana Contra el Cáncer

UICC Member's achievements

INC has provided training for general doctors, radiologists, pathologists and technicians in 14 major cities, focused on quality control of mammography services and screening techniques. In line with this, INC has conducted a review of the availability of mammography services across Colombia with the intention of developing a national network for quality control of mammography services. INC has also produced manuals and course materials to build the capacity of general physicians in the early detection of prostate and colorectal cancers.

INC provides 'see and treat' training across the five regions in Colombia with the lowest population density, and has helped to implement HPV DNA tests and visual detection techniques. Finally, INC continues to provide support to Colombia's population-based cancer registries.

Footnotes:

- www.iarc.fr/en/publications/pdfs-online/epi/sp164/
- http://rpcc.univalle.edu.co/uicc/Contenido/index.php?accion=mostrar_inicio

Costa Rica

Contributors: Fundación Dra. Anna Gabriela Ross

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
2,600	2,300	Yes	Population-based	94%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	●	◐	●	●	●	◐	●	●	●



Progress against the World Cancer Declaration targets

Costa Rica has made significant progress against the Declaration targets with particular focus in the area of tobacco control.



Key successes

Costa Rica's major success in cancer control has been the approval and implementation of the Tobacco Control Law. Provisions within this include the designation of all workplaces and public places as smoke-free environments, warning labels that take up at least 50% of the principal display area of packages, and banning tobacco advertising and promotion¹. The legislation's provisions have helped to change national attitudes towards tobacco consumption, and whilst there is limited data available, it is expected that it will have profound implications on cancer incidence and public health in the future.

Key challenges

Fundación Dra. Anna Gabriela Ross would like to see structural reforms to improve access to care for patients throughout the cancer care continuum. This will require further training and investment in human resources, improvements in available resources and equipment, and access to essential medicines.

There is also an increasing need to maintain the quality of cancer data collected and to ensure that this is effectively analysed in order to accurately inform decision making and policy planning.



UICC Member's achievements

Fundación Dra. Anna Gabriela Ross works in many areas of cancer control, from prevention and early detection, to providing support for families and patients and also in advocacy. They have been working to build networks with both the public and private sectors to find solutions to address national issues related to cancer risk factors, incidence, and mortality. One of their activities includes education and information campaigns that reach over 60% of Costa Rica's population every year.

As a result of concerted advocacy work, cancer now features prominently on the national agenda with corresponding improvements in public awareness and resources available for cancer management.

Footnotes:

1. http://www.who.int/fctc/implementation/news/news_costarica/en/

Dominica

Contributors: Dominica Cancer Society; Ministry of Health of Dominica

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
No data	No data	No	No	96%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level (Pap smear only)	Not generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	



Progress against the World Cancer Declaration targets

Dominica has taken a number of actions to improve the prevention, diagnosis, and treatment of cancer including:

- Development of a draft NCD strategic plan that outlines cancer management. Dominica is also in the process of establishing a national NCD commission
- Collection and analysis of cancer data through the National Surveillance System at the Health Information Unit
- Development of legislation to implement Article 8, Article 11 and Article 13 of the WHO FCTC
- Ensuring the availability of HBV vaccinations, although HPV is not yet available in the public health sector
- Commissioning of a new oncology unit in 2014
- Ensuring that clinical breast exams, prostate gland examinations and Pap smears are all free in the public sector. Support for other diagnostic tests can be offered through the Social Welfare Department for low income individuals. The government also provides a grant to the Dominica Cancer Society to provide support to patients.



Key successes

Dominica's new oncology unit has enabled the delivery of clinic services for five days per week and it is staffed by two oncologists, two nurses, and a nursing assistant. In 2015, a councillor and a social worker joined the team to broaden the services provided, and one of the nurses received training to deliver palliative care. In addition, junior doctors are assigned to the unit throughout the year as needed.

The government also provides a grant to the Dominica Cancer Society to facilitate overnight stays to enable patients living outside of the capital to access care.

Dominica is actively engaging with international and regional networks of organisations to assist with the diagnosis, treatment and care of cancer patients.

The statutory rule and order (no. 28) imposed a 10% increase in the tax levied on cigars, cigarettes, and alcoholic beverages, as well as food and drinks with high sugar content.

Key challenges

Dominica faces a number of challenges that could be addressed through:

- Improved data collection and analysis to shape the development of cancer policy, including the development and implementation of a national cancer control plan
- Development and implementation of policies to standardise costs between the public and private sectors and streamline the referral of patients for specialist care



- Establishing tumour boards to enhance patient care
- Establishing a palliative care centre and hospice at the National Hospital, which could be achieved through public-private collaboration.

UICC Member's achievements

In relation to Target seven of the Declaration, to improve access to services across the cancer care continuum, the Dominica Cancer Society has embarked on a programme that helps patients to access screening and treatment services that are not currently available on the island. These include radiotherapy, chemotherapy and PET scans. Most patients who approach the organisation requesting assistance are from low socioeconomic backgrounds and rely on the organisation to assist them in raising funds for their treatment. The Dominica Cancer Society partners with regional treatment centres and facilitates the transfer of medical information, patient referrals, patient literacy, and treatment, as well as organising accommodation and any other assistance that the patients need. The Dominica Cancer Society works with both the private and public sectors to source financial assistance for patients.

Dominican Republic, the

Contributors: Liga Dominicana Contra el Cáncer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
4,600	3,600	Yes	Population-based	80%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Generally available at public primary healthcare level (Pap smear only)	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

The Dominican Republic established a National Commission for the Prevention and Control of Cancer in 2009, which draws together a number of key NGOs, government agencies and commissions to deliver cancer prevention and control activities. Between 2009 and 2010, the Commission also took on the responsibility of developing the Dominican Republic's National Cancer Control and Prevention Plan, building on the WHO Global Action Plan on NCDs and the Sub-regional Plan for Prevention and Control of Cancer in Central America and the Republic of Dominica. The plan outlines a number of key activities to help reduce exposure to risk factors by fostering healthy lifestyles, and building up early detection, diagnosis, treatment, and palliative care services.



Key successes

The Ministry of Health has been taking action to strengthen primary healthcare services, alongside broader government efforts to implement a social protection programme that would increase access to these services by providing thousands of low-income families with subsidised health insurance.

The government has also developed a health strategy that includes prioritising access to high-quality medicines through the creation of a National Solidarity Fund for Healthcare. This was approved by the Chamber of Deputies and will provide an annual fund of RD\$ 500 million (USD 10.88 million). The aim of the fund is to sustainably guarantee access to medicines for patients suffering from complex diseases that require expensive care and treatment, under the supervision of the Ministry of Health.

Key challenges

Liga Dominicana Contra el Cáncer (LDCC) would welcome measures to improve cancer prevention and education in the Dominican Republic. Organisations across the health sector will need to implement education campaigns that promote healthy lifestyles and provide the general public with further information about cancer risk factors, signs, symptoms and the importance of screening. These campaigns could take advantage of key international commemorative days in order to raise awareness amongst the general population.



Alongside these, dedicated cancer programmes, particularly those focused on cervical and breast cancer, would help to improve rates of early detection and diagnosis, and treatment outcomes.

UICC Member's achievements

The LDCC has:

- Leveraged World Cancer Day to deliver key cancer messages through the media. In recent years, the focus has been on motivating the general public to be physically active, eat healthily and avoid alcohol and tobacco consumption. This has been accompanied by educational talks for patients at the National Oncology Institute
- Implemented ongoing education and early detection programmes for cervical cancer. These include primary and secondary prevention activities, with a focus on rural communities where healthcare access is often limited. These programmes include the distribution of information brochures and conducting Pap tests. In 2015, LDCC completed 18,604 Pap tests, 18 of which identified cases of cervical cancer
- Finally, LDCC has provided financial support of RD\$ 44,924,663 (USD 977,800) towards the cost of diagnostic procedures, treatment including surgery, radiotherapy and chemotherapy, and pain relief. In 2015, they contributed to the care of 587,014 patients.

Ecuador

Contributors: Sociedad de Lucha Contra el Cancer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
6,800	7,200	Yes	Hospital-based	98%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	●	◐	●	●	◐	◐	●	●	◐	



Progress against the World Cancer Declaration targets

Since 2010, the Government of Ecuador has implemented a new health policy that helps to ensure that patients have greater access to cancer control and care services, and as a result, services are now available to almost all patients nationwide.

Ecuador has a number of well-established palliative care units, which help manage the symptoms of cancer and end of life care. The Sociedad de Lucha Contra el Cancer (SOLCA) unit in particular has been a leader in terms of developing educational programmes for nurses and doctors in this field.



Key successes

Ecuador has succeeded in establishing six population-based cancer registries, which are crucial in collating data to inform national-level planning and policy development. SOLCA expects that four of them will be part of the next edition of 'Cancer Incidence in Five Continents'¹. In the previous edition, only one registry was able to report data. The increase has been incremental, with three of the registries participating in the CONCORD-2 cancer survival study.

Key challenges

SOLCA would like to see improvements in cancer screening and early detection through the development of national guidelines.



UICC Member's achievements

SOLCA has been working to develop a set of five national guidelines on the diagnosis and treatment of cancer in conjunction with the Ministry of Health. These are in the process of being approved, with a further five guidelines in development. SOLCA has also contributed directly to training healthcare professionals through several postgraduate programmes in areas such as: pathology, oncology, surgery, anaesthesiology and palliative care.

Footnotes:

1. www.iarc.fr/en/publications/pdfs-online/epi/sp164/

El Salvador

Contributors: Asociación Salvadoreña para la Prevención del Cáncer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
2,600	3,400	Yes	No	92%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	○	○	●	◐	○	◐	●	◐



Progress against the World Cancer Declaration targets

El Salvador has made significant progress in the following areas:

- The Ministry of Health developed and approved the National Cancer Control Policy and created a comprehensive cancer care unit
- The National Cancer Registry Committee was created as a result of the First International Congress of Bioinformatics in Cancer. The Committee designed the technical guidelines for hospital-based cancer registries and is currently working on the design of the technical guidelines for population-based cancer registries
- The Tobacco Control Act was approved
- A population-based screening programme for cervical cancer was implemented in the Paracentral region
- Six palliative care and pain management units were established and regionally distributed in health centres nationwide.



Key successes

One of the key successes in El Salvador has been the development of legislation and policies to support cancer control, with the establishment of the Intersectoral Alliance for the Cancer Prevention and Control, and approval of a tobacco control law.

In 2014, El Salvador also conducted a country-wide situational diagnosis of cancer. Subsequently, in 2015, the National Unit of Cancer Prevention and Control was created. The National Policy on Cancer Prevention and Control and the Strategic Plan for Cancer Prevention and Control (2015-2020) have since been developed.

Key challenges

El Salvador has the capacity to improve cancer care through:

- Strengthening screening programmes for cervical and breast cancer
- Strengthening the cancer care system for patients, including palliative care units
- Strengthening education programmes for professionals and leaders in cancer control
- Designing and implementing population-based cancer registries
- Introduction of the HPV vaccine into the national immunisation schedule
- Creation of a national centre for radiation
- Development of a National Cancer Control Programme, including formulation of a law on cancer prevention and control.



UICC Member's achievements

Asociación Salvadoreña para la Prevención del Cáncer coordinated the 'Initiative against Cervical Cancer in El Salvador' in partnership with UICC, the Ministry of Health, and the Salvadoran Demographic Association. The cervical cancer initiative was developed in the west of the country and its main components were community education, provision of early detection services, strengthening the national policy for the control of cancer, and advocacy. Around 5,000 men and women received education about HPV and cervical cancer, and 3,500 women were screened.

The project strengthened the national cancer policy through international consulting forums on 'Organisation and the Information System of the National Program for the Prevention and Control of Cancer'; 'Integrated Networks of care for Cervical Cancer' and 'Population Based Cancer Registries'. Forums were also held with the Parliamentary Group of Women, resulting in the allocation of funds for the prevention and control of cervical cancer.

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
2,900	3,100	No data	No data	68%	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
No data		No data	No data	No data	No data

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
○	○	No data	○	○	No data	No data	No data	○	○



Progress against the World Cancer Declaration targets

Haiti has made significant progress towards the World Cancer Declaration targets including:

- Expansion of chemotherapy services
- Development of new pathology and immunohistochemistry laboratories
- Training of health professionals in cancer treatment
- The provision of health education to journalists to enable them to report on cancer prevention and care, alongside events to raise awareness with patients, partners and the government
- A grass-roots campaign to raise awareness of women's cancers.

Key successes

Across Haiti, the leading successes have been:

- Establishing a national chemotherapy network at five public hospitals. Whilst it has only treated a small number of patients to date, all patients are currently within a three-hour drive of a chemotherapy centre
- Training of 20 doctors and 32 nurses to administer chemotherapy and treat breast cancer

Footnotes:

1. <http://www.innovatinghealthinternational.org/>
2. www.youtube.com/watch?v=mqmEcyo6oaA
3. www.youtube.com/watch?v=WV2wKWKTimk
4. www.youtube.com/watch?v=ulOFDhUyTKM
5. www.youtube.com/watch?v=jgcekOoxAwk
6. www.youtube.com/watch?v=JbvWUln5Twe



- Ongoing work to establish a national cervical cancer prevention programme, based on VIA and HPV testing. Each departmental hospital will have VIA/ cryotherapy as a minimum, and larger units will also have colposcopy/LEEP services. These pathology improvements will be large steps forward for Haiti and for cancer care nationally.

Key challenges

The greatest challenge in achieving universal cancer care coverage in Haiti will be the creation of effective screening programmes, and ensuring awareness of the availability and effectiveness of treatment. Services have been available for some time, but the associated travel, costs, power differentials for women, and other factors have limited their uptake. Violence and discrimination against women in Haiti will continue to be a significant barrier to treatment uptake in the future.

Financing for healthcare through governmental mechanisms is severely lacking in Haiti. As such, long-term sustainability of programmes that rely on government funding will be dependent on individuals to champion them and locate resources.

Author's achievements

Innovating Health International¹ (IHI) has treated more than 300 women with breast cancer since July 2013. Since 2015, IHI has worked with the Haitian government to expand the availability of chemotherapy nationally to five public hospitals, which represents a huge step forward for a small and under-resourced country. For francophone countries, IHI has developed a series of chemotherapy training videos for doctors and nurses^{2,3,4,5,6}.



IHI is also working with local partners to launch a national women's cancer awareness programme. The awareness and engagement toolkit will be specific to Haiti, but the community-based participatory research and human-centred design aspect will be replicable in other countries. A pilot programme for breast reconstruction for women with breast cancer has been launched alongside a national cervical cancer prevention programme that delivers VIA and HPV screening. This programme involves 12 partners including Qiagen who have made the CareHPV test widely available through this network.

Furthermore, a new pathology laboratory is due to open shortly in the north of the country and it is the first outside of the capital, Port-au-Prince. It will increase access to pathology services for the entire northern half of the country. In addition, the telepathology programme will allow pathologists outside of Haiti to interpret results, provide second opinions, and teach local pathology residents. Finally, IHI are opening an immunohistochemistry laboratory at the National Laboratory. This will be the first lab in Haiti to perform immunohistochemistry, including for the oestrogen receptor for breast cancers.

Mexico

Contributors: Instituto Nacional de Cancerología

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
33,900	38,000	No	Hospital-based	82%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	No data

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

Mexico's focus has been predominantly on reducing key cancer risk factors, most notably through the implementation of the 'National Strategy for Prevention and Control of Overweight and Obesity'¹. Increases in the prevalence of obesity in Mexico are among the fastest documented at the global level. As a result, in 2013, the government launched a comprehensive series of strategies² to address this including; public education and awareness-raising, a comprehensive healthcare model, and regulatory and fiscal measures³. A sugar-sweetened beverage tax was implemented in 2014 raising the price of beverages by 10%, which led to an average of 6% reduction⁴ in the purchase of these beverages.



Key successes

Between 2009 and 2011, the tax on tobacco products was increased to 7 pesos (USD 0.37) per pack, raising the average price of a pack by 36%⁵. Over this time, cigarette sales declined by almost 30%, from 1.81 billion packs in 2009 to 1.27 billion in 2011. Government revenues⁶ from tobacco taxes increased 38%, even as sales declined.

During 2011 and 2012, four new cancers were included in 'Seguro Popular'⁷, a social protection programme designed to provide affordable health care to the 50 million uninsured people in Mexico. The cancers included were prostate, ovarian, colorectal and non-Hodgkin lymphoma. Results suggest that this has increased access to care⁸. The incidence of catastrophic spending has fallen by 20%, alongside overall out-of-pocket spending particularly for the poorest households, and abandonment of treatment is approximately 6%.



Key challenges

In order to make progress towards the Declaration targets, the Instituto Nacional de Cancerología⁹ (INCan) would like to see:

- Development of a sustainable and strategic national cancer control plan based on Mexico's cancer burden, prevalence of risk factors and taking into account the resources available for implementation and the healthcare system context
- Establishment of a cancer registry that can provide accurate data to support and inform health planning, research and improvements in patient care and cancer control.

UICC Member's achievements

INCan has worked to keep cancer on the political agenda and in 2014, the President appointed the Secretary of Health to create a National Cancer Control Programme that would reduce cancer incidence and mortality, and improve the life of patients through the implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment, and palliative care.

INCan has also built a new hospital facility, which has been designed to optimise the patient experience and physician collaboration. The focus is on delivering multidisciplinary care alongside the most advanced diagnostic, therapeutic and surgical technologies, as well as providing services to care for the general wellbeing of patients. Innovative clinical research is an integral component of INCan's facility and the new building has designated space for research and Phase I clinical trials specifically.

Footnotes:

1. <http://mexicosalud.com/the-sectorial-program-for-health-2013-2018/>
2. <http://oment.uanl.mx/good-state-practices-derived-from-the-national-strategy-for-the-prevention-and-control-of-overweight-obesity-and-diabetes/?lang=en>
3. http://iris.paho.org/xmlui/bitstream/handle/123456789/18390/978-92-75-31871-3_esp.pdf?sequence=5&isAllowed=y
4. www.insp.mx/epppo/blog/3666-reduccion-consumo-bebidas.html
5. www.ftc.org/images/stories/success_Mexico_en.pdf
6. www.controltabaco.mx/publicaciones/the-impact-of-taxation-on-tobacco-consumption-in-mexico
7. www.worldbank.org/en/results/2015/02/26/health-coverage-for-all-in-mexico
8. www.paho.org/hq/index.php?option=com_content&view=article&id=9418%3A2014-in-mexico-safety-net-women&catid=144%3Aweb-bulletins&Itemid=135&lang=es
9. www.incan.salud.gob.mx/

Nicaragua

Contributors: Fundación Movicáncer

WHO cancer country profile 2014 [Link to profile](#)

Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
1,700	1,900	No	Hospital-based	98%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system	

WHO NCD progress monitor 2015 [Link to monitor](#)

Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

Nicaragua has taken a number of key steps including:

- Introduction of new low-cost technologies for early detection of cervical cancer, including HPV DNA testing, which so far has covered 110,000 women in three regions
- Development and implementation of a surveillance system, Sivipcan, focused on prevention and early detection of cancer in women
- Communication and awareness-raising campaigns to promote healthy lifestyles and improve the early detection of cancer amongst the population
- Delivery of training for healthcare professionals to improve their awareness of cancer signs and symptoms, and to ensure the provision of quality prevention services.

Footnotes:

1. www.movicancer.org.ni/movicancer-entrega-reconocimientos-esperanza-por-la-vida-edicion-2016/
2. www.movicancer.org.ni/exitoso-workshop-sobre-control-del-cancer-del-cuello-uterino/
3. www.movicancer.org.ni/movicancer-presenta-nuevo-estudio-sobre-mujer-cancer/
4. www.movicancer.org.ni/exitoso-foro-preparatorio-del-curso-pro-salud-mamaria/
5. www.movicancer.org.ni/workshop-nacional-sobre-sivipcan-en-el-auditorio-de-opsoms/
6. www.movicancer.org.ni/fundacion-movicancer-recibe-reconocimiento-nacional-a-la-innovacion/
7. www.youtube.com/watch?v=e0CwdqfSS9E
8. www.movicancer.org.ni/segundo-curso-nicaraguense-en-gestion-del-programa-para-el-control-del-cancer-en-la-mujer/
9. www.movicancer.org.ni/sin-tabaco-avanza-en-el-fortalecimiento-del-programa-de-control-del-cancer-de-la-mujer/
10. www.movicancer.org.ni/minsa-y-movicancer-nicaragua-desarrollan-curso-de-gestion-en-control-del-cancer-en-la-mujer-en-la-raan/
11. www.movicancer.org.ni/segundo-curso-nicaraguense-en-gestion-de-programas-de-control-del-cancer-en-la-mujer/
12. www.movicancer.org.ni/sin-tabaco-vivimos-mas-y-mejor/
13. www.movicancer.org.ni/movicancer-lanza-campana-contra-el-cancer-de-senos/
14. www.movicancer.org.ni/movicancer-lanza-la-campana-hablemos-claro-sobre-el-cancer-de-la-mujer/
15. www.movicancer.org.ni/cancer-de-mama-2030-el-futuro-ya-nos-alcanza/
16. www.youtube.com/watch?v=szG6kpElin0
17. www.youtube.com/watch?v=Bm-2kAz2F0
18. www.elnuevodiario.com.ni/nacionales/369858-cancer-prostata-mata-mas-hombres/
19. www.youtube.com/watch?v=50NypVpF9Q



Key successes

The development and implementation of Sivipcan has been one of the major national successes, and is an outcome of the commitments made by the Council of Ministers of Central America and the Dominican Republic (COMISCA) in Antigua, Guatemala in 2011. COMISCA agreed to develop a series of monitoring tools for the prevention and control of NCDs, and cancer more specifically, with the aim of improving the evidence base for decision making, particularly for cervical and breast cancers.

A further success has been strengthening the implementation of the 2012-2015 Regional Plan for Health Promotion by COMISCA. Paragraph 2.4 addresses the development of a surveillance system for key NCDs, their risk factors, and the responses of healthcare services to meet these needs. Countries are working to build regional data collection and comparison instruments, alongside a new model for accessing preventative healthcare services for breast and cervical cancers.

Key challenges

Fundación Movicáncer would welcome actions to strengthen the country's public health system, with a particular focus on:

- Tackling risk factors, including tobacco consumption, unhealthy diets, alcohol intake and physical inactivity
- Strengthening immunisations, including the national introduction of HPV
- Improving timely access to effective cancer diagnosis, treatment and care
- Improving the training available to healthcare professionals on cancer.



Author's achievements

Fundación Movicáncer has worked to make cancer a priority item on the national political and social agenda by organising events such as the 'Hope for Life' awards, which highlight the social commitment of individuals, companies and institutions to cancer¹.

Movicáncer has also supported the Ministry of Health through technical assistance, workshops, conferences and courses to strengthen the capacity of doctors and nurses who lead the National Cancer Control Programme. The focus has been on building their capacity to manage strategies for cancer prevention, detection and early diagnosis with a focus on childhood, hepatopancreatobiliary, cervical² and breast cancers^{3,4}. Alongside this, Movicáncer helped to develop the software for Sivipcan, which provides an online platform to register cancer screening activities with women, which is accessible to all health facilities (private and public) and can be used to evaluate cancer prevention programmes, enable follow-up and ensure timely treatment^{5,6,7,8}.

Movicáncer has trained more than 89 doctors and nurses to manage cervical and breast cancer programmes in 8 of the 19 health districts, thereby supporting the expansion of health services^{9,10,11}. It has also developed health promotion campaigns focused on tobacco risks, and the early detection of cervical and breast cancers^{12,13,14,15,16,17,18,19}.

Finally, building on existing efforts to rollout HPV DNA testing, Movicáncer plans to expand the use of this technology to one additional region to provide the service to 7,000 women aged between 25 and 49 who have never had a Pap smear test.

Panama

Contributors: Asociación Nacional Contra el Cáncer; Hospital del Niño
Dr. José Renán Esquivel

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
1,700	1,500	No	Hospital-based	80%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

- Panama is taking continuous action to strengthen the facilities at the National Oncology Institute, which is the only dedicated cancer unit nationally, and is working to develop cancer services in other public hospitals. Private hospitals have also increased equipment available for cancer treatment. A new national hospital-based cancer registry has been created that draws on data from all public hospitals and many of the private hospitals
- Tobacco control measures have been implemented, and exposure to tobacco smoke and the number of smokers have both been reduced
- The national vaccination programme covers 30 vaccines, including those for HBV and HPV, the latter of which is offered to boys and girls aged nine and ten in all public and private schools free of charge
- There are a number of ongoing campaigns on cancer in the media and across social networks
- There has been a push to improve the early detection of cervical, breast and prostate cancers, as well as access to effective and appropriate treatment services, although pain control has not been a priority so far
- The number of medical students and other allied health professionals in universities has been growing.



Key successes

Panama has developed guidelines for the prevention, early diagnosis and treatment of cervical and breast cancer through collaborations between the Ministry of Health and other public and private health institutions. The Ministry of Health has also established a national commission on cancer, with a sub-commission for each of the most prevalent types of cancer nationally. These sub-commissions coordinate the development and update of the relevant guidelines.

Key challenges

Both authors would welcome further action to improve:

- The education of the general public concerning the prevention and the early detection of cancer. This is the top national priority in order to reduce the long-term burden of cancer and improve treatment outcomes
- Training and retention of additional healthcare professionals to meet the resulting increase in demand for cancer services and specialities.



UICC Member's achievements

Asociación Nacional Contra el Cáncer (ANCEC) participates in the Health Commission of the Panamanian National Assembly. As part of the Commission and together with the National Coalition against Tobacco, which comprises a number of non-governmental organisations, ANCEC has helped to achieve reforms to the tobacco laws. These reforms regulate the selling of cigarettes, including tax increases to reduce consumption, and the creation of smoke-free spaces in all enclosed public areas and private spaces such as offices, shops and restaurants. In 2015, the WHO recognised Panama for its efforts in developing some of the strictest tobacco control legislation globally.

Peru

Contributors: Liga Peruana de Lucha contra el Cáncer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
12,300	14,000	Yes	Hospital-based	88%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level	Generally available at public primary healthcare level (Pap smear only)	Not generally available in the public health system	Not generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

Peru has made strong progress against the Declaration targets in particular with regard to:

- Universal coverage of HPV and HBV vaccination. Peru now has an awareness campaign at the national level that aims to educate girls and their parents about cervical cancer and the HPV vaccine
- Improving access to services across the cancer care continuum. Peru has developed a national plan for comprehensive cancer care and improving access to cancer services called 'Plan Esperanza'. The focus is to try to reduce the cost of cancer care for patients and families, define strategies to improve public access to services that help promote healthy living, prevention and early diagnosis of cancer, as well as plans to strengthen health services to achieve effective diagnosis and timely care. It also includes details for monitoring and evaluation of these activities.



Key successes

The national plan for cancer control, 'Plan Esperanza', is one of Peru's notable successes.

Peru acknowledges that cancer is a disease that affects not only the patient, but the whole family and it is estimated that the annual incidence rate in Peru is increasing. An increased number of new cases per year are diagnosed in late stages (III and IV), resulting in lower rates of survival, less chance of being cured and higher costs of treatment. Plan Esperanza includes a budget to support early diagnosis and vaccination, and therefore, aims to reduce mortality and morbidity from cancer. The plan aims to progressively improve access to cancer services from early diagnosis to palliative care, dependent upon the availability of resources and developments in technology.

Key challenges

At the national level, Liga Peruana de Lucha contra el Cáncer would welcome improvements in access to and availability of cancer care services in the public health system to ensure timely diagnosis and treatment for cancer patients.

Also, improving cancer registries in Peru, and strengthening the training of professionals through education programmes aimed at the faculty of each school, would improve cancer control and patient care.



UICC Member's achievements

In 2015, the Government of Peru won 280,000 free doses of the HPV vaccine to vaccinate girls in the fifth and sixth grades. The Liga Peruana de Lucha contra el Cáncer supported this activity by running a national awareness campaign on the vaccine as well as cancer prevention more broadly, entitled 'Yo cambio la Historia¹'. The campaign initially targeted eight regions, and ten schools in each of these, holding workshops for 1,690 teachers, 11,005 students, 6,631 parents and 200 civil servants alongside health professionals and community leaders. It also made use of social networks and the media to achieve greater dissemination of the messages and maximise acceptance of the vaccine.

Footnotes:

1. www.yocambiolahistoria.com/cambio.html

Suriname

Contributors: Technical Working Group Cancer Control Plan (Ministry of Health of Suriname and Lobi Foundation)

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
200	200	Yes	National	86%	Yes
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	●	○	●	◐	◐	◐	◐	●	◐



Progress against the World Cancer Declaration targets

Suriname has taken a number of steps to improve the planning, prevention, treatment and care for cancer nationally including:

- Development of a cancer control plan, which includes an analysis of the national cancer burden
- Approval of tobacco control legislation in 2013 that bans smoking in public places, tobacco advertising, sponsorship and promotion; introduced inclusion of pictorial warnings; and created the mandate for a body to monitor the implementation of the law¹
- A national NCD risk factor survey to evaluate lifestyles in 2014
- Introduction of the HPV vaccine in 2014
- Broadcasting of information films about cancer on television
- Introduction of multidisciplinary oncology meetings to improve the quality of care. The focus has been on improving adherence to cancer guidelines and reducing delays in cancer care
- A basic healthcare plan has been introduced to lay the foundations for universal access to screening and early detection. The National Committee for Essential Medicines has also been reinstated to update the national essential medicines list and expand access to anticancer drugs and analgesics.



Key successes

Suriname has made a number of important achievements in cancer control:

- The approval of tobacco legislation in 2013, which bans smoking in public places
- The development of a draft cancer plan, that is in the process of being finalised with stakeholders
- The introduction of a HPV vaccination programme in 2014 as part of the national immunisation schedule².

Key challenges

Suriname is committed to:

- Finalising the draft cancer control plan, ensuring the engagement of all relevant stakeholders, and the installation of a National Cancer Board to oversee the successful implementation of the cancer control plan
- Development and establishment of a national cancer registry, alongside systems for monitoring and evaluation of cancer interventions, focusing initially on the HPV vaccination programme
- Development and implementation of a national cervical cancer screening programme.



UICC Members' achievements

The Lobi Foundation, a member of the Technical Working Group Cancer Control Plan, has been providing cervical cancer screening using Pap smears since 1978. In 2003, a pilot research project was developed to introduce VIA and since 2007, this method has been adopted nationally as one of the screening methods for cervical cancer.

The Lobi Foundation works to deliver a comprehensive and integrated approach to the delivery of cancer screening services, for example, providing cervical cancer screening and breast examination in one visit with pre- and post-test counselling. A pilot project to increase cervical cancer screening coverage through a context or area specific community approach is being developed and will be implemented once funding is secured. Part of this project will be to review the barriers to screening and perform an evaluation of current approaches. The data gathered will be used to develop a national evidence-based cervical cancer screening programme.

Footnotes:

1. www.who.int/fctc/implementation/news/news_sur/en/
2. http://apps.who.int/immunization_monitoring/globalsummary/countries?countrycriteria%5Bcountry%5D%5B%5D=SUR&commit=OK

Trinidad and Tobago

Contributors: The Trinidad and Tobago Cancer Society

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
1,100	900	Yes	Population-Based	92%	Yes
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	No data	○	●	●	●	◐	◐	No data	No data	



Progress against the World Cancer Declaration targets

- Government and civil society groups have actively worked together by pooling resources and expertise to strengthen existing education and screening systems, while actively developing new systems
- Numerous national and community health fairs have addressed cancer control issues such as risk factors, stigma surrounding those diagnosed with cancer, and screening methods
- The Ministry of Health launched the HPV Vaccine National Educational Programme on September 11th 2012¹
- Free or subsidised screening for prostate, cervical and breast cancer is available at the national and community levels.



Key successes

The government's national cancer strategy utilises the three specialist cancer treatment centres: the National Radiotherapy Center at the St. James Medical Complex, a new National Center for Non-Communicable Diseases and the National Oncology Center to be located at the Eric Williams Medical Sciences Complex. Through the Ministry of Health, all citizens of Trinidad and Tobago have at their disposal free and full management of cancer treatment utilising both primary and secondary healthcare facilities, from diagnosis to advanced management and palliative care at all Regional Health Authorities. To date, the cancer registry has published statistics up to 2009 and continues to advise and guide healthcare professionals with evidence-based information, which would effectively assist in understanding and addressing cancer in Trinidad and Tobago.

Key challenges

Areas that require further emphasis include;

- The formulation of policies, procedures and guidelines that would aid in the efficient and effective running of the Cancer Registry
- Mobilisation of resources for, and the expansion of, the cancer drug formulary in Trinidad and Tobago require

There should be future plans to decentralise chemotherapy services to the Regional Health Authorities and Tobago's Oncology Unit.



UICC Members' achievements

Over the past 45 years, the Society has worked relentlessly towards its mission of increasing awareness to reduce the national cancer burden through screening.

The Society provides free cancer awareness lectures and brochures to communities, organizations and schools nationwide as we seek to help dispel myths and misconceptions that would deter people from either leading healthy lifestyles or getting screened.

The Society's in-house and mobile clinic provide screening for cervical, breast and prostate cancer at subsidized costs which makes screening both accessible and affordable to all citizens in rural and urban areas of Trinidad and Tobago.

Footnotes:

- <http://health.gov.tt/news/newsitem.aspx?id=382>

United States of America, the

Contributors: American Cancer Society; American Association for Cancer Research; George Washington University; LIVESTRONG Foundation; National Cancer Institute; St Baldrick's Foundation

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
330,100	297,800	Yes	Population-based	90%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	●	○	○	◐	◐	◐	◐	●	◐



Progress against the World Cancer Declaration targets

The USA has made significant progress towards the Declaration targets, including a reduction in mortality rates from cancer. Other key areas of progress include:

- The Affordable Care Act, which requires that all health plans cover any U.S. Preventive Services Task Force-approved immunisation or cancer prevention measure without out-of-pocket payments by the insured
- Initiation of the Cancer Moonshot¹, an initiative to accelerate cancer research, improve access to therapies for more patients and increase the ability to prevent and detect cancer early
- Federal regulation of tobacco products, state and local legislation to increase tobacco taxes, increased coverage of tobacco-cessation programmes, expansion of smoke-free workplace laws, and increased access to pain medication
- Restoration of federal funding to cancer research to pre-2010 levels. In 2015, Congress passed a budget including a USD 2 billion increase for medical research at the National Institutes of Health, of which USD 264 million will go directly to cancer research.

Footnotes:

1. <https://www.whitehouse.gov/CancerMoonshot>
2. <http://www.cancer.org/myacs/eastern/areahighlights/affordable-care-act-six-ways>



Key successes

The USA's key achievement has been the 23% drop in cancer mortality rate between 1991 and 2012, which equates to approximately 1.7 million lives saved. It is thought that this is attributable to steady reductions in smoking, combined with advances in cancer prevention, early detection and treatment.

Other successes include:

- Creation of the Comprehensive Cancer Control National Partnership comprised of 17 leading national cancer organisations working in collaboration to develop and implement state, tribe and territory cancer control plans
- Establishment of partnerships between government agencies and NGOs to help implement key actions, including the National HPV Vaccination Roundtable that is dedicated to reducing the incidence of and mortality from HPV-associated cancer, and the National Colorectal Screening Roundtable that is working to achieve an 80% testing rate by 2018
- Under the Affordable Care Act, approximately 90% of Americans now have access to quality health services (including cancer prevention, treatment and care)², although approximately 32 million remain uninsured.

Key challenges

The cancer burden remains unequal both in terms of incidence and survival, with geographic and socioeconomic disparities continuing to persist with regards to cancer prevention and control. In 2016, an estimated 1.6 million new cases of cancer will be



diagnosed with 595,690 projected deaths, with rates highest amongst low socioeconomic groups and black men in particular.

The authors would welcome action to:

- Increase screening participation, particularly for colorectal cancers among adults aged 50–75 years (currently 55%)
- Improve HPV vaccination rates among adolescent girls and boys
- Further reduce tobacco use and exposure
- Deliver access to palliative care and coordinated care management for cancer patients and survivors of all ages

UICC Member's achievements

The American Cancer Society (ACS) works in collaboration with partners in the public and private sector, and steady progress has been made to achieve the Declaration targets and identify critical gaps in cancer control. In 2015, a coalition of four organisations, including ACS, published the Annual Report to the Nation on the Status of Cancer, which showed that mortality rates from cancer continue to decline for children and for the most common types of cancer; lung, colon, breast and prostate. ACS have also released new guidelines for breast cancer screening.

In addition, ACS has a strong base of approximately 2.5 million volunteers, who help contribute to cancer control activities. They also run national fund- and awareness-raising events amongst the general public, and fund research. Notably, ACS also provides financial and accommodation support to patients and their families through their network of Hope Lodge facilities, and have provided 4 million nights of free lodging since 1984.

Uruguay

Contributors: Comisión Honoraria de Lucha Contra el Cáncer

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
4,600	3,600	Yes	Population-based	94%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	○	○	●	●	◐	○	○	No data	○	



Progress against the World Cancer Declaration targets

The goal of reducing premature cancer mortality has been included in the national health objectives for 2015–2025. Across Uruguay, the focus of action for cancer control has been:

- Development of a national health policy that prohibits tobacco consumption (law 18256) and reduces excess alcohol consumption, as well as campaigns to prevent obesity
- Implementation of a free universal HPV vaccination scheme for those aged 12 to 15, as part of the routine immunisation programme, which has also included HBV vaccination since 1999
- Developing clinical practice guidelines for the early detection of cervical, breast and colorectal cancers
- Strengthening the population-based cancer registry, and developing electronic clinical records in oncology
- Developing palliative care services at the national level
- Supporting cancer research.

Key successes

Uruguay has seen a sustained decline in standardised premature cancer mortality rates for both sexes, by approximately 0.9% annually. This decline is due to a significant fall in breast and cervical cancer for women, and lung cancer for men. There are a number of contributing factors to this success:



- A significant decline in the prevalence of daily smokers, from 32.7% in 2006 to 28.8% in 2013. The 2008 tobacco legislation has contributed to this success as it incorporates almost all elements of the WHO FCTC
- New legislation has helped to increase access to Pap smear tests and mammography services by making it compulsory for employees to be given a paid vacation day to have the tests, and for the tests to be included in every employee's health record
- National rollout of cervical and breast screening, and faecal immunochemical test screening services for populations with a moderate risk of developing colorectal cancer
- Universal access to cancer treatment, including expensive treatments, and the development of clinical practice guidelines tailored to the Uruguayan population and its health system.

Key challenges

Comisión Honoraria de Lucha Contra el Cáncer (CHLCC) would welcome measures to:

- Expand tobacco control policies, with a particular focus on reducing tobacco use amongst women. According to the Adolescent Drug Consumption Survey, 9.2% of youth are smokers, of which a high proportion are women
- Strengthen prevention programmes targeted at cervical, breast and colorectal cancers through public and professional education focused on detecting the signs of cancer, increasing coverage of screening programmes, and improving follow-up with patients to ensure timely and appropriate diagnoses and treatment



- Improve the monitoring and evaluation of cancer prevention, diagnosis and treatment activities
- Strengthen access to expensive technologies
- Encourage and support the development of academic research, prioritising epidemiological studies aimed at identifying cancer control strategies and solutions that best respond to the needs of the Uruguayan population.

UICC Member's achievements

CHLCC has helped to:

- Develop the population-based cancer registry, which includes IARC Class A certified incidence data
- Develop educational programmes targeting the general population and health professionals across the spectrum of cancer control actions
- Implement a national cervical cancer prevention programme that uses Pap smear testing
- Accredited gynaecological cytology laboratories in the national health sector to external quality control standards (ISO/IEC 17043)
- Research the prevalence of different strains of HPV present in healthy women, compared to those found in the tumours of women diagnosed with cervical cancer and precancerous lesions
- Develop a national breast cancer screening programme, which has introduced digital mammography and created a referral centre for breast imaging.

Venezuela, Bolivarian Republic of

Contributors: Sociedad Anticancerosa de Venezuela

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
11,000	11,000	Yes	Population-based	82%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
No data	No data							No data	No data	



Progress against the World Cancer Declaration targets

Venezuela has seen a decline in the prevalence of adult smokers from 17% to 16% and a similar decline in the prevalence of adolescent smokers from 5.6% to 4.6%. There has also been an increase in the use of smoking cessation services, which now cover 30% of the smoking population. This figure is in line with international norms for smoking cessation services.



Key successes

The most notable success in Venezuela has been a decline in the cancer incidence rate by 13 points per 100,000 inhabitants in 2015¹.

Unfortunately, this success was not reflected in cancer mortality rates, which actually increased by four points per 100,000 inhabitants in 2015².

Key challenges

The Sociedad Anticancerosa de Venezuela (SAV) would welcome further measures by the Government of Venezuela to support cancer control nationally including engaging with civil society organisations, such as SAV, to unite cancer control efforts across the country. In addition to this, there is a need to:

- Strengthen anti-smoking laws and their implementation
- Extend the coverage of centres that offer smoking cessation services
- Raise awareness of the HPV vaccine among the general public and civil society, so that when the HPV vaccine is approved by the government, it can be effectively rolled out at national level, with a high uptake.



UICC Member's achievements

SAV has developed a number of successful activities over the last couple of years. One of the leading campaigns has been 'My Child's Lunchbox' that delivers education to pre-school and school aged children on good nutrition.

Alongside this, another programme called 'Help Cancer Patients' has been created to support patients and their families, with a website providing first-hand information on cancer, as well as related studies, and events taking place in each region of Venezuela³.

Finally, SAV has developed a programme of educational talks on cancer prevention targeting public and private sector organisations, as well as the general population.

Footnotes:

1. Statistical study on morbidity and mortality by the Cancer Society of Venezuela (Sociedad Anticancerosa de Venezuela (SAV) – Centro de Estadísticas y Matemática Aplicada / Universidad Simón Bolívar y Laboratorio NOLVER
2. Statistical study on morbidity and mortality by the Cancer Society of Venezuela (Sociedad Anticancerosa de Venezuela (SAV) – Centro de Estadísticas y Matemática Aplicada / Universidad Simón Bolívar y Laboratorio NOLVER
3. www.ecancerlatinoamerica.org

Red de Institutos Nacionales de Cancer: Regional collaboration to strengthen health systems



Regional progress against the World Cancer Declaration targets

The impact of cancer is rising steadily in Latin America, both central and south. The incidence of cancer is increasing as a result of the epidemiological transition taking place across the region, alongside a change of lifestyle in most of the countries and inequities of access to prevention and primary health services. Higher mortality from cancer is generally attributed to late diagnoses and patients presenting with advanced stage disease.

Over the past years, Latin American governments have shown a growing interest in committing themselves to cancer control, with remarkable achievements in:

- Argentina with a successful programme to improve access to cervical cancer prevention services
- Brazil which has worked to reduce the prevalence of smoking from 34.8% to 14.7%
- Chile with the development of the Plan of Explicit Guarantees in Health that has improved overall access to cancer care
- Peru with a National Comprehensive Cancer Care Plan - Plan Esperanza.



Key challenges

Most countries still face a major challenge in re-orientating health policies to respond to NCDs, such as cancer, becoming the leading cause of morbidity and mortality. Health systems have so far been slow to respond to notable disparities in access to and quality of care, especially in remote or sparsely populated regions with varying levels of literacy. Challenges include:

- A lack of adequate funding for NCD services
- Inequities in the number, distribution, and training of human resources and equipment
- Low socio-economic status of many cancer patients, with ethnic and cultural traditions potentially limiting access to services
- High prevalence of risk factors poses future challenges.

In Latin America, 17 out of 33 countries have a national plan or specific cancer control programs, but only a few of these can be considered comprehensive cancer strategies. In many countries cancer control plans are integrated within broader NCD policies.

It is critical to establish the most effective strategy for each country as a one-size-fits-all approach will not work. The region has significant differences in the resources available for health and the structure and complexity of individual health systems. Some countries, such as Bolivia, Paraguay, Ecuador, Guyana, Suriname and Venezuela, face considerable challenges investing in effective policies for health education, comprehensive national screening programs, and in effective treatment modalities. As a result, many of these actions are now being fostered by regional networks coordinated by multilateral government entities.



RINC's key achievements

In 2011, the Union of South American Nations (UNASUR) established the Network of National Cancer Institutes and Institutions (RINC). The aim of the collaboration was to create a platform to promote cooperation and technical coordination among health organisations across Latin America. RINC-UNASUR leverages the current political will to incorporate governmental bodies within a regional cancer control community. By sharing best practices, encouraging the exchange of information and identifying common interests related to cancer control, RINC aims to strengthen cancer control across the region.

Promising areas for collaboration have been cervical and breast cancer control planning, and cancer registration. RINC and UNASUR have a joint programme aimed at eliminating cervical cancer regionally through effective prevention strategies, providing technical assistance and knowledge exchange to roll out VIA and a 'see and treat' strategy. Regional work has also opened new opportunities for Latin American countries to benefit from the support of regional and global organisations like PAHO, with their focus on women's cancers, and UICC and IARC, who have established a Latin American cancer registries hub that is now producing reliable, high-quality information on the regional burden of cancer.

A final important cooperation initiative fostered and led by UNASUR, is the development of a mechanism for the joint purchase of high-cost and high-demand medicines for the treatment of diseases including rare cancers, in order to supply national health systems and make the most of limited resources.

Cancer screening and early detection

Strategies for equitable access to screening services for the early detection of high impact cancers should be implemented in all resource settings and integrated in all health settings.

Target 6



Universal access to screening and early detection for cancer



The Global Action Plan for the Prevention and Control of NCDs calls for population-based screening for cervical, breast, colorectal and oral cancers, linked to timely treatment.

National cancer burdens have been significantly reduced by ensuring the availability, accessibility and acceptability of affordable early detection programmes. A single cervical cancer screening test for women between the ages of 30 and 40 can reduce a woman's lifetime risk of developing cervical cancer by 25–31%¹³.

In several high-income countries, cervical cancer incidence has substantially declined with the introduction of screening programmes. Such programmes enable the detection of precancerous lesions, or early stage cancer, giving time for effective treatment which significantly improves patient outcomes. This in turn helps to dispel myths that cancer is an untreatable condition.

79% of countries reported availability of cervical screening, with breast screening available in 76% of countries. However, colon screening was only available in 40% of countries, and screening for oral cancer was not reported¹⁴.

Few of these programmes were described as population-based and access to screening services varies greatly across low-, middle- and high-income countries.



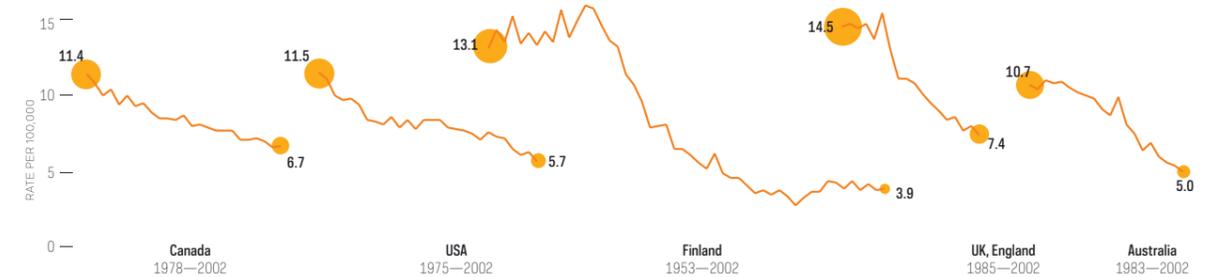
“One of the greatest cancer control challenges of the 21st century is to bring the benefits of effective interventions to as many people as possible, including low- and middle-income countries.”

Christopher Wild, Director, International Agency for Research on Cancer (IARC)

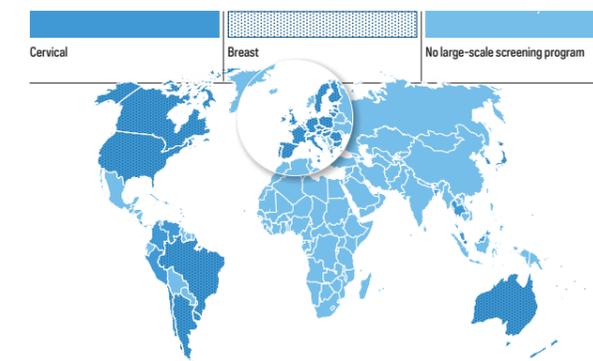
“In many countries, women are not diagnosed until they have late stage disease. In these settings, the promotion of early detection strategies followed by prompt effective treatment is critical.”

Benjamin Anderson, Chair and Director, Breast Health Global Initiative

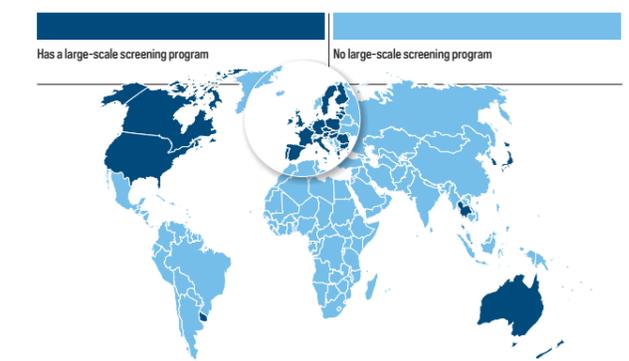
Trends in Cervical Cancer Age-Standardised Incidence Rate (World), 1953–2002



Countries with Large-Scale Cervical and Breast Screening Programmes, 2014



Countries with Large-Scale Colorectal Screening Programmes, 2014



Emerging opportunity: Cervical Cancer Action

Cervical Cancer Action (CCA) is a diverse community of organisations dedicated to taking cervical cancer prevention to scale and eliminating preventable cervical cancer deaths. CCA advocates for cervical cancer prevention be integrated into existing health services to ensure that they are universally accessible and affordable to women.

The coalition focuses on four key areas of work, which were discussed at an inaugural meeting in London, to ensure that individuals, organisations and countries generate the maximum impact from cervical cancer investments:

1. Advocacy for informed policy making and funding for HPV vaccination, cervical screening and preventive treatment
2. Mobilisation of champions from diverse groups, including youth and advocates for cancer, women's health, sexual and reproductive health, and HIV/AIDS to support comprehensive cervical cancer prevention
3. Coordination between partners to ensure the effective use of resources and share lessons learnt
4. Collaboration with international agencies, government donors and private foundations to mobilise resources to take national programmes to scale.

¹³ Goldie et al. (2005) Cost-Effectiveness of Cervical-Cancer Screening in Five Developing Countries www.nejm.org/doi/full/10.1056/NEJMsa044278#t=article [Accessed 19.08.16]

¹⁴ WHO, Assessing National Capacity for the Prevention and Control of Noncommunicable Diseases (2015) <http://apps.who.int/iris/bitstream/10665/246223/1/9789241565363-eng.pdf?ua=1> [Accessed 19.08.16]

Bangladesh

Contributors: Bangladesh Cancer Society; Professor Dr Obayedullah-Ferdousi Foundation Cancer Hospital and Research Institute; Eminence Association

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
48,800	41,900	Yes	No	97%	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level		Not generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	



Progress against the World Cancer Declaration targets

Bangladesh has taken a number of actions to reduce the national cancer burden including:

- Development and endorsement of a tobacco control act designating all public places as smoke-free zones
- The government has actively engaged in multi-stakeholder partnerships to deliver cancer care, including UICC members, such as the Bangladesh Cancer Society (BCS), the Professor Dr Obayedullah-Ferdousi Foundation Cancer Hospital and Research Institute, and Eminence Association. The government has encouraged private facilities to develop their own cancer diagnosis, treatment and palliative care facilities
- Taxes on medical imports, most notably HPV and HBV vaccinations and diagnostic equipment, have been reduced in order to minimise the financial barriers to establishing cancer management facilities
- Training for cancer specialties has been introduced in conjunction with international organisations such as IAEA to expand radiotherapy services
- The formation of a National Cancer Control Council.



Key successes

One of the key successes in Bangladesh has been the development of a legal and policy framework to support cancer control, which includes national plans on cancer control and NCDs, and laws on tobacco control. Bangladesh ratified the WHO Framework Convention on Tobacco Control in 2004 and the Smoking and Tobacco Product Usage (Control) Act was amended to include a comprehensive ban on tobacco advertising, promotion and sponsorship; sale to and by minors; health warnings on tobacco packages; and the use of misleading information on tobacco packs. Smokeless tobacco products, which are also widely consumed in the country, are included under this law so that the regulations apply to all tobacco products.

Bangladesh has also developed cervical and breast cancer screening programmes across the public and private sectors of the health system. A programme for cervical screening, using VIA and treatment, has been in place since 2004. There are trained health workers in all districts, and a referral system is in place for diagnosis and treatment of pre-cancerous lesions.

Key challenges

There is a strong need for further education and public awareness about the risk factors, signs and symptoms of cancer and to dispel myths about cancer treatment. This information needs to be tailored to reflect the different risk profiles of men and women in Bangladesh, for example, the prevalence of cervical and breast cancers are highest among women, compared to lung and throat



UICC Member's achievements

cancers amongst men. To achieve this, multi-stakeholder partnerships need to be developed to plan and deliver public education through different channels.

Another key action would be the enforcement of current legislation, particularly around tobacco control.

Finally, it is essential that there is an increase in the allocation of funds for HPV and HBV vaccination, as well as an improvement in screening, treatment, rehabilitation and palliative care services to meet national needs.

BCS has a longstanding involvement in raising public awareness of cancer risk factors, signs and symptoms. They currently run information sessions in schools and colleges on a weekly basis, as well as for imams and cultural leaders, in order to help dispel myths and misconceptions around cancer. They are also developing regional branches to help develop a national movement to support cancer patients and raise further awareness.

BCS has been developing a Hospital and Welfare home, increasing the number of beds available and improving the quality of services through new pathology laboratories, an operating theatre and rehabilitation services to support cancer patients.

Bhutan

Contributors: American Bhutanese Associates for Health Foundation; RAD-AID International

WHO cancer country profile 2014 [Link to profile](#)

Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
200	200	No	No	97%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Generally available at public primary healthcare level	Not generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015 [Link to monitor](#)

Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	No data	●	○	●	◐	○	●	●



Progress against the World Cancer Declaration targets

Bhutan has taken a number of steps to improve cancer control including:

- Tobacco control acts in 2010, 2012, and 2014, which ban smoking in public places and set strict limits on the importation and taxes levied on tobacco products
- Passing of Alcohol Control Regulation, which imposes taxes on alcohol
- Implementation of free national HPV and HBV programmes. These are being expanded to reach the final 10% of the population that are largely located in rural areas and have so far been unable to access services
- Introduction of a national tumour registry
- Introduction of a palliative care programme delivered through primary healthcare facilities.



Key successes

Since the Alma Ata Declaration in 1976, Bhutan has worked to improve the coverage of basic health services, which now cover 90% of the population. Alongside improvements in access to clean drinking water and basic sanitation, Bhutan has seen a rise in life expectancy from 37 to 68 between 1960 and 2012.

Bhutan has developed an effective national vaccination scheme. Cervical cancer represents the most common cancer among females in Bhutan¹, and in response, Bhutan became the first low- and middle-income country to introduce a national vaccination programme against HPV.

In 2010, over 130,000 doses of quadrivalent HPV vaccine were administered, primarily through schools.

Hepatitis B monovalent vaccination was introduced in 1997, and subsequently the tetravalent vaccine in 2004, with 97% coverage achieved for infants.

In 2014, the Royal Ministry of Health, in partnership with the American Bhutanese Associates for Health (ABAH) Foundation, initiated a palliative care programme delivered through primary healthcare units.



Key challenges

The ABAH Foundation and RAD-AID International would like to see the development of a national programme dedicated to tackling breast cancer, with funds dedicated to the acquisition of equipment.

Bhutan has the 13th highest age-standardised incidence rates of stomach cancer (17.2/100,000) and extremely high rates of *Helicobacter pylori* infections, with regional estimates ranging from 68% to 97%². As such, the ABAH Foundation would welcome the development of an effective and affordable control strategy including public education and environmental measures to curb infection rates. This would require international academic collaboration to address Bhutan's needs, alongside improved access to screening, diagnostic imaging, and treatment^{3,4}.

Author's achievements

The ABAH Foundation has worked with RAD-AID International, WHO and the Bhutanese Ministry of Health to complete 'Radiology Readiness Assessments' for the two major referral hospitals in Bhutan. For Bhutan's population of 760,000, there are currently no radiotherapy and mammography facilities with which to screen and treat cancer patients. Diagnoses are dependent on one digital x-ray, one CT and one MRI scanner, which are all located in the Jigme Dorji Wangchuck Referral Hospital in Thimphu. The Ministry of Health are therefore seeking to develop mammography services and purchase key equipment including CT and MRI scanners for the 20 regional hospitals.

Footnotes:

1. www.hpvcentre.net/statistics/reports/BTN.pdf
2. Dendup T, Richter J et al, 2015, geographic distribution of the incidence of stomach cancer in Bhutan. *World Journal of Gastroenterology*, Oc 14, 21(38): 10883-10889
3. www.who.int/countryfocus/cooperation_strategy/ccs_btn_en.pdf
4. www.who.int/countryfocus/cooperation_strategy/ccsbrief_btn_en.pdf?ua=1

WHO cancer country profile 2014 [Link to profile](#)

Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
357,500	326,300	Yes	Population-based	67%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at the public primary healthcare level	Generally available at the public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015 [Link to monitor](#)

Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

India is amongst the few low- and middle-countries that have had a national cancer control programme in place since 1975¹. Three key areas of progress stemming from this are:

1. An established National Cancer Registry Programme that was initiated by the Indian Council of Medical Research in 1981. This programme has continued to develop and now includes over 40 cancer registries, the majority of which are population-based and cover both urban and rural areas. This work also contributed to the creation of a national cancer atlas that provides information about cancer incidence in a particular geographic area
2. The provision of support to 85 oncology wings in medical colleges, which includes 27 tertiary cancer centres across the country
3. Launch of the National Tobacco Control Programme by the Ministry of Health and Family Welfare in 2007-8 with the objectives of improving public awareness of the harmful effects of tobacco use and introducing supporting legislation to facilitate effective implementation of the national tobacco control law².



Key successes

- The National Cancer Registry Programme, which provides clear data on the incidence of, and geographical variation in cancer cases, and reasonable coverage of survival data with good internal validity
- The National Tobacco Control Programme, and the banning of gutka and pan masala in 14 states, which has resulted in a downward trend in the incidence of oral cancers, as documented by the major registries³
- Improvements in women's awareness of the signs of cervical cancer and preventative practices. Notably, data from the population-based registries indicates that the incidence of cervical cancer appears to be on the decline in India.

Key challenges

The authors would welcome work to:

- Deliver a tobacco-free India as whilst there is strong legislation in place and taxation policies for cigarettes, there needs to be further work to implement this fully and control the use of bidis and chewing tobacco. There is a particular need to reduce tobacco use amongst young people
- Implement a National Cancer Screening Programme to enable early detection of the three most common cancers in India, namely oral, breast and cervix. NGOs could have a crucial role to play in delivering mass education campaigns alongside training for community health workers and related health professionals, like dentists, to recognise the early signs of cancer
- Improve awareness around the cancer risks associated with obesity and set up a programme to tackle obesity in urban areas



UICC Member's achievements

- Strengthen health systems to ensure access to timely and appropriate treatment for patients diagnosed with cancer, particularly in semi-urban and rural India. Telemedicine could play a powerful role in improving diagnosis, but this would need to be complemented by streamlined referrals for treatment and improved access to treatment modalities, ideally at the regional cancer centres
- Deliver universal access to pain control through community health centres and district hospitals.

Tata Memorial Hospital (TMH) is a tertiary cancer centre that has been committed to all aspects of cancer care for over 75 years, from prevention and early detection, to treatment and palliative care.

TMH spearheaded the creation of the National Cancer Grid (NCG), which was formed in August 2012 with the mandate of linking cancer centres across India. The NCG originally had 14 cancer centres, but has rapidly grown to include 52 major cancer centres that almost cover the entire country. It is now one of the largest cancer networks in the world.

Funded by the Government of India and the Indian Department of Atomic Energy, the NCG has the mandate to develop uniform standards of care across India by adopting evidence-based management guidelines, which can subsequently be implemented throughout these centres. It also works to facilitate the exchange of expertise between centres and to create a network for collaborative research in cancer. The network is strongly supported by the leadership of the various cancer centres⁴.

Footnotes:

1. www.mohfw.nic.in/showfile.php?lid=324
2. www.mohfw.nic.in/index1.php?lang=1&level=2&sublinkid=671&lid=662
3. http://ctchp.org/index.php?option=com_content&view=article&id=603:state-governments-notification-on-the-ban-of-gutkapan-masala&catid=220&Itemid=246
4. https://tmc.gov.in/ncg/docs/PDF/NCG%20JMPO.pdf

Indonesia

Contributors: National Cancer Control Committee; National Cancer Institute (USA)

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
103,100	92,200	Yes	Population-based	85%	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level		Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	○	●	●	●	●	●	●	●



Progress against the World Cancer Declaration targets

Indonesia has made progress in three key areas. First, the National Cancer Control Committee (KPKN in Bahasa Indonesia) has prioritised cancer promotion and education for the public to reduce stigma and increase uptake rates of screening. Many Indonesians still believe in traditional medicine, therefore education is needed to ensure that appropriate diagnosis and treatment are sought by people who may otherwise seek the advice of traditional healers or unauthorised medical centres.

KPKN has also prioritised training for healthcare professionals, initially focusing on cervical cancer screening by VIA and breast cancer screening. The First Lady of Indonesia, together with the Ministry of Health (MoH) and KPKN launched a health screening campaign linked to the national strategy on cervical and breast cancers.

Finally, Indonesia introduced universal health care in January 2014, which includes coverage for cancer screening and treatment.



Key successes

Since 2008, Indonesia has taken steps forward in institutionalising cancer control into the federal government. Within the MoH, the formation of an NCD unit, with a specific sub-directorate focused on cancer, has increased Indonesia's capacity to address the growing burden of disease. However, the strategy has not yet had a significant impact. To yield better results, KPKN was recently formed to better coordinate cancer-related efforts within the MoH and with other partners. It has established a strategic cancer control plan (2015-2019), implemented education, planning, registry, regulatory and cancer service programmes, and is monitoring their effectiveness. NGOs have helped achieve these successes and play a key role in health promotion, cancer prevention and patient support.

Key challenges

Indonesia faces a number of challenges in detecting, and recording cancer cases in a country with more than 250 million residents spread over 13,000 inhabited islands. Specific areas that require work include:

- Developing a population-based cancer registry, as one does not exist, that can accurately measure the burden of cancer nationally. Work has begun to establish population-based registration in certain cities, and this will provide the government with representative data that could be used to estimate the burden for the country. However, this will take additional attention and resources in the years to come



- Reducing exposure to cancer risk factors, such as efforts to reduce tobacco consumption. More than 70% of men in Indonesia smoke tobacco, which places the country at serious risk of NCD co-morbidities, including cancer
- Implementation and monitoring of national guidelines for services, comprehensive treatment, and multidisciplinary management.

Author's achievements

The creation of the KPKN¹ in Indonesia has been a major step towards improving cancer control. KPKN was formally launched on World Cancer Day 2015 and is comprised of representatives from NGOs, MoH, healthcare professionals, and other stakeholders. It is the umbrella organisation tasked with coordinating all cancer control activities for the country. In its first 18 months, it has successfully developed a strategic plan for 2015-2019, prioritised work on national guidelines for cancer treatment, surveillance and registration; public awareness and screening; and training. KPKN has a website that features links to resources, such as cancer profiles, guidelines, and healthcare facility standards. It will soon have information about the national cancer registry, mapping of facilities and resources across Indonesia.

Footnotes:

1. <http://kanker.kemkes.go.id/>

Maldives

Contributors: Cancer Society of Maldives

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
90	60	No	No	99%	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level		Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	○	●	●	●	●	●	●	○



Progress against the World Cancer Declaration targets

- Policy commitments for improving comprehensive cancer treatment and care have been made a priority by the government, who have also started work to establish a cancer registry in the country
- To reduce exposure to risk factors, tobacco control measures are a priority and the Maldives has ratified the WHO FCTC. A tobacco-free youth campaign 'I choose life' was launched, in addition to a comprehensive ban on tobacco advertising and an increase in import duty imposed on tobacco to 200% in 2015
- To improve healthy dietary habits, the government introduced a no tax policy on imported and locally grown fruit and vegetables
- Inclusion of the HBV vaccination in the national Extended Programme of Immunization (EPI) since 1993, which administered to all infants and has a coverage rate of 98.7%.



Key successes

The Tobacco Control Act (15/2010) was enacted and is fully aligned with the WHO FCTC with demand reduction measures such as awareness-raising, education, taxation, advertising and sponsorship bans, as well as measures that prescribe smoke-free places, licensing, labelling, display requirements, banning sales to minors and growing of tobacco¹. Tax on tobacco products and articles used in consuming tobacco products are levied under the Import Export Act 31/37 at 200% of the customs value of the product².

Key challenges

There is a need to implement the policy commitments made by the government by developing a national cancer control plan. This could include improving comprehensive cancer treatment and care through establishing cancer treatment centres in the country, including chemotherapy and integrated palliative care, pain and distress management.

The Maldives would also benefit from establishing a cancer registry to accurately determine the cancer burden and risk factor profile. This could then be used as the basis for more targeted screening programmes across the atolls.



UICC Member's achievements

Finally, the Maldives needs to introduce a national HPV vaccination programme with comprehensive coverage for all adolescent boys and girls, and strengthen human resources for cancer treatment and care, as well as training health professionals to provide information on the signs and symptoms of cancer to increase public awareness.

The Cancer Society of Maldives (CSM), formed in 2012, has conducted several cancer awareness sessions throughout the Maldives for the general public as well as specifically for school children. CSM marked World Cancer Day for the first time in the Maldives in 2013; where CSM conducted awareness campaigns and activities. Since then, CSM has committed to marking the day each year, and joining the global World Cancer Day campaign.

CSM started breast cancer screening 'camps' in 2014 in collaboration with FeM Surgery of Mount Elizabeth Hospital, Singapore. Two screenings are conducted annually extending to the outer atolls of the Maldives. So far, three camps have been conducted and have covered four out of 20 atolls. Oral cancer and prostate cancer screening programmes have also been conducted.

In 2015, CSM embarked on a successful programme to build human resources by training two local facilitators from all 20 of the atolls. This has resulted in a number of awareness programmes being held in the outer atolls, which have in the past been unreachable due largely to the geography of the Maldives.

Footnotes:

- <http://apps.who.int/ctc/implementation/database/parties/maldives>
- www.fctc.org/fca-news/price-and-tax/635-maldives-hikes-tobacco-import-taxes

Myanmar

Contributors: Shwe Yaung Hnin Si Foundation

WHO cancer country profile 2014 [Link to profile](#)

Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
25,700	23,600	Yes	No	72%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015 [Link to monitor](#)

Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

Progress across Myanmar includes:

- The organisation of a national seminar on comprehensive oncology services by the Ministry of Health
- Development of a cancer registry, although this currently only draws on data from government hospitals. A population-based death registry system based on data from verbal autopsies is being developed
- Myanmar is a signatory to the WHO FCTC and warning messages on the health hazards of smoking, drinking alcohol, nutrition and obesity are now regularly disseminated through mass media
- The vaccination of children under five years of age against HBV since 2002. HPV vaccination is available, but is limited to private clinics and hospitals
- Cervical cancer screening and breast self-examination programmes are conducted by township health departments to improve early detection, but public screening programmes are still limited
- An sizeable increase in the national health budget, alongside a concurrent increase in the availability of medicines and radiotherapy
- Establishment of dedicated pain clinics in all the major hospitals. Private hospices also now exist in Yangon and Mandalay.



Key successes

Myanmar has made significant steps in reducing tobacco use. The law on the 'Control of Smoking and Consumption of Tobacco Products' was passed in 2006, and Myanmar has participated in the Global Tobacco Surveillance System and monitored the prevalence of tobacco use. All government office buildings and compounds are now smoke-free and the Ministry of Health has issued guidance on non-smoking signs and smoke-free areas. Notably, WHO presented the World No-Tobacco Award to the Union Minister of Health in 2013.

Researchers in Myanmar have also participated in the three-year ACTION study - a longitudinal cohort study of patients with a first-time diagnosis of cancer, that sought to assess the impact of cancer on the finances of patients and their households, patients' survival, costs of treatment and quality of life.

Key challenges

The biggest obstacle to developing future policies in cancer care is the lack of reliable data. Therefore, the Shwe Yaung Hnin Si Foundation (the Foundation), would like to see the establishment of a cancer registry, using ICD classification, in all hospitals to obtain a complete record of cancer and cancer-related deaths in hospitals.

It would also be useful for the country to develop a knowledge transfer network for cancer amongst caregivers, policy makers, researchers and public health personnel. In addition, national guidelines on diagnosis and cancer treatment are needed, and it is essential that cancer is recognised and acknowledged as a broader societal issue and not just one confined to health.



UICC Member's achievements

The Foundation has been working to improve prevention and early detection of cancer¹. In 2014 and 2015, the Foundation conducted 41 community education sessions that covered eight townships reaching 8,000 people. In addition, 130,000 pamphlets on cancer awareness were distributed to members of the public, and group discussions were held on a holistic approach to cancer².

In total, 100 women volunteers have been trained on breast health and breast self-examination through workshops. To improve healthcare workers' knowledge of cancer, 160 general practitioners have received training on their role in cancer control in the Yangon and Bago regions. To further enhance professional awareness of cancer control, the First Joint Cancer Forum in Myanmar was organised in October 2015 in collaboration with the Myanmar Oncology Society.

In addition, the Foundation has screened 2,560 people for oral, cervical and breast cancers as well as Hepatitis B, obesity and diabetes.

Footnotes:

- www.shweyaunghninsi-myanmarcf.org
- www.facebook.com/ShweYaungHninSi

Nepal

Contributors: Cancer Society Nepal

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
6,900	7,400	No	Hospital-based	92%	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level		Not generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

Despite being a low-income country with competing health challenges, Nepal has made progress against several of the Declaration targets including:

- The development of tobacco control policies that mandate pictorial warnings on all tobacco products and the introduction of smoke-free public places
- Provision of free cervical screening services
- Governmental contributions to help patients cover the cost of cancer treatment up to the value of approximately USD 930.



Key successes

Despite facing catastrophic hardship from recent natural disasters and an unforeseen blockade, both government and civil society are giving priority to cancer prevention and early detection. Significant progress has been made with multiple stakeholder consultations for the development of a national cancer control plan and cancer registration. Also, the harnessing of volunteers has helped to further create a positive environment for both cancer patients and those involved in cancer prevention and control. In turn, there have been initial indications that there is an increasing number of cancers that are now being detected at early stage.

Key challenges

Nepal still has very high cancer mortality, poor infrastructure and human resources to deliver cancer services. Those families that can afford to still seek treatment internationally. Therefore, a key step in achieving the 2025 targets would be to create more public trust in the national services, to extend these services to include access to palliative and hospice care, and create more equitable access to those living outside of the capital city.

There are number of government and NGO-run cancer hospitals, such as BP Memorial Cancer Hospital, Bir Hospital, Nepal Cancer Hospital Pvt, National Hospital and Cancer Research Centre Pvt, and Bhaktapur Cancer Hospital. However, the majority of these are located around the capital city, Kathmandu. Cancer Society of Nepal (CSN) would therefore like to see the government coordinate the efforts of hospital leaders and other stakeholders to extend services into rural areas and build national confidence in cancer care.



UICC Members' achievements

Over the last ten years, CSN has been working to improve rates of early detection and to raise cancer awareness, particularly amongst rural communities, including screening individuals and facilitating their treatment and recovery. They have been sustaining a cervical cancer screening programme and a school-based cancer education programme. As part of this, CSN has also organised free health camps for cancer screening across the country and training for volunteers.

More broadly, CSN has advocated for the development and implementation of cancer control strategies and policies at national level.

Sri Lanka

Contributors: National Cancer Control Programme of the Ministry of Health, Nutrition and Indigenous Medicine of Sri Lanka

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
6,900	7,400	No	Hospital-based	92%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Not generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines



Progress against the World Cancer Declaration targets

- Integration of cancer control at primary, secondary and tertiary levels of care
- Further improvement of cancer registration throughout the country, including establishing a population-based cancer registry in Colombo district
- Launch of a social marketing campaign to tackle the habit of betel quid chewing
- Planned introduction of the HPV vaccine into the Expanded Programme of Immunisation from 2017
- Addressing myths related to cancer through activities on World Cancer Day in 2013 and 2014
- Implementation of a screening programme for cervical and oral cancers, and an early diagnosis programme for breast cancers
- Strengthening of treatment facilities at nine cancer treatment centres, including with the provision of LINAC therapy
- Availability of pain management medications, including morphine, at district level
- Implementation of human resource development programmes.



Key successes

In addition to overall progress, Sri Lanka has also achieved the following:

- Finalised guidelines for early detection of breast, oral and gynaecological cancers
- Commemoration of World Cancer Day, International Cancer Survivors Day, and World Palliative Care Day alongside Breast Cancer Awareness month through national advocacy programmes and regional community mobilisation activities
- Launched a Master's training programme and other training activities on palliative care
- Led two annual forums, one on best practices and the other on cancer research
- Establishment of comprehensive diagnostic and treatment facilities in all nine provinces
- Gradual introduction of community-based palliative care programmes for cancer patients

Key challenges

Sri Lanka is working to ensure the integration of comprehensive cancer care (primary prevention, early detection, diagnosis and treatment, and palliative care) at all levels of the healthcare system.

With regards to cancer prevention, scaling-up behaviour change communication strategies to reduce unhealthy lifestyles including smoking, betel chewing, alcohol use, unhealthy diets and physical inactivity will be critical, as well as efforts to reduce exposure to occupational and environmental carcinogens. While Sri Lanka



has implemented early detection programmes, it will be important to improve compliance among the public, and also empower individuals and their families with regard to cancer survivorship and palliative care.

Author's achievements

The National Policy and Strategic Framework on Prevention and Control of Cancers for Sri Lanka was launched in December 2015. This document highlights seven strategic objectives for cancer control including primary prevention, early detection, diagnosis and treatment, survivorship and palliative care, cancer registration, human resources, and cancer research. There are plans for a National Advisory Committee on the Prevention and Control of Cancers and cancer control committees at provincial and district level, to plan, implement, monitor and evaluate cancer control activities. Currently, the National Cancer Control Programme is coordinating the implementation of the National Policy and Strategic Framework on behalf of the Ministry of Health, Nutrition and Indigenous Medicine of Sri Lanka.

Thailand

Contributors: National Cancer Institute; Wishing Well Foundation

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
47,200	35,600	Yes	Population-based	99%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	○	◐	●	●	●	●	◐	●	●	●



Progress against the World Cancer Declaration targets

Thailand has made good progress in cancer control, including:

- Universal access to cancer treatment under the National Health Security Office, with well-defined guidelines for treatment of many types of cancers
- Harnessing World Cancer Day to raise awareness of cancer prevention through various activities and campaigns
- Active promotion of tobacco control by the Thai Health Promotion Foundation (THPF), which is funded by a 2% surcharge levied on alcohol and tobacco excise tax. Thai smoking rates were approximately 24% in 2011.
- 99% coverage of HBV vaccine under the universal vaccination program
- Implementation of a population-based screening programme for cervical cancer, but not yet for breast, or colon cancers. A screening program for cholangiocarcinoma has begun for limited areas in Northeast Thailand where it is particularly prevalent
- Establishment of systematic training for oncologists, radiation oncologists, and oncology nurses.



Key successes

- Thailand has 18 population-based cancer registries covering around 35% of the Thai population, and is working to improve the quality of data and coverage. A review in 2011 highlighted 113,619 new cancer diagnoses.
- In 2004, Thailand set up a national cervical screening programme that targets women aged 30 to 60 years to be screened once every five years. The pilot phase ran from 2004 to 2009, with the second phase from 2010 to 2014. 7.9 million women were screened. Cervical cancer incidence has since declined and it is now the second most common cancer among females.
- In addition, Thailand has been developing and implementing key cancer control policies. These include laws and taxes on tobacco products, as well as the 2008 Alcoholic Beverages Control Act that details the designation of alcohol-free zones and restrictions on the sale and advertising of alcohol.
- Palliative care has been included in public health policy since 2014 and will become part of the Health Service Plan in 2016. Extensive training on cancer pain and palliative care for physicians and nurses was introduced in 2015 and morphine is widely, although not yet universally available in Thailand. This has been achieved through the manufacturing of immediate-release oral morphine tablets and morphine in liquid form by the Thai Government Pharmaceutical Organization, which has improved availability and affordability.



Key challenges

The authors would also like to see further health awareness and educational activities to help reduce the public's exposure to cancer risk factors. These activities need to focus on diet, alcohol and tobacco use, protecting against ultraviolet light exposure from the sun, as well as environmental exposures to radiation and carcinogenic chemicals. In addition, innovative programs are also needed to fight the growing obesity epidemic, which has reached 23.8%.

In terms of radiotherapy, patients still face challenges in receiving timely treatment in some areas of the country.

Finally, further efforts are needed to sustainably implement HPV vaccination. A pilot HPV vaccination programme has been implemented in one of 76 provinces in Thailand, however the plan for rolling-out national HPV vaccination has not been finalised.

UICC Member's achievements

The National Cancer Institute, in collaboration with other national bodies, developed and promoted the National Cancer Control Programme, which was established in 1997. The programme was updated in 2013 and consists of seven strategic plans that detail policies and practices for the prevention, detection and treatment of cancer and supportive care. The Thai Ministry of Health strongly supports cancer control and its integration into the service plans for healthcare facilities at all levels.

Quality multidisciplinary

cancer treatment

Equitable access to quality multidisciplinary treatment and care is essential and achievable in all resource settings, and will be critical to achieving a 25% reduction in premature mortality from NCDs by 2025.

Target 7



Improve access to services across the cancer care continuum



The [Global Action Plan for the Prevention and Control of NCDs](#) calls for an **80% availability of the affordable basic technologies and essential medicines**, including generics, required to treat major NCDs in both public and private facilities.

There remains significant inequity in access to essential medicines and technologies, with significant impacts on patient outcomes. With prostate cancer for example, evidence shows that higher mortality generally reflects low access to diagnostic and treatment facilities.

Following key World Health Assembly resolutions, such as those on palliative care, essential medicines and surgery and anaesthesia, countries are now challenged with making investments in health systems for sustained implementation.



“Early presentation, accurate diagnosis, evidenced-based and affordable treatment and models of care are essential. Countries that commit to core investments in pathology, imaging, surgery, radiotherapy and medical treatments will be the ones that are able to respond to the growing cancer burden across all emerging and low-income economies in the next decade.”

Richard Sullivan, Director of the Institute of Cancer Policy, King’s College London

For many cancer patients in sub-Saharan Africa, the risk of getting cancer and the risk of dying are comparable because of late-stage diagnoses and poor or lack of access to quality multimodal treatment.

Investment in treatment services yields important results across all cancers. Access to cancer treatment has the potential to save lives, and thereby generate economic returns from individuals returning to work, as well as improving the quality of life of all cancer patients.

By investing in a few core elements, countries can build up their treatment capacity and strengthen the whole health system. Tools are on hand to help countries develop and prioritise their investments in cancer services.

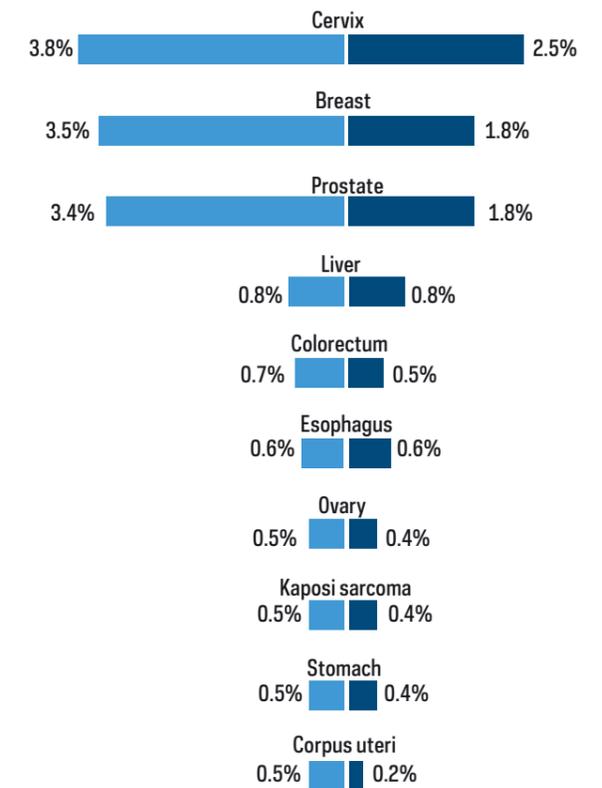


Getting involved: Programme of Action for Cancer Therapy

The International Atomic Energy Agency’s Programme of Action for Cancer Therapy (PACT) works closely with global partners to respond to the growing cancer burden in low- and middle-income countries. PACT supports countries, such as Belarus and those in Francophone Africa to improve access to safe radiation medicine technologies, build capacities and mobilise resources to establish quality, effective, affordable and sustainable cancer control services.

Nelly Enwerem-Bromson, Director of PACT, IAEA.

Probability Of Developing Or Dying From Cancer Before The Age Of 75 In Sub-Saharan Africa, 2012



Probabilities are for both sexes combined, with the exception of cervical, breast, and prostate cancers.



Resources

WHO Model List of Essential Medicines

The [WHO Model List of Essential Medicines](#) is a tool to help countries develop their own country specific formulary responding to their national disease burden. The document can also be used as a tool to revise and update established national essential medicines lists, procurement and reimbursement policies.

WHO Priority Medical Devices

The upcoming ‘WHO Priority Medical Devices for Cancer’ publication will provide timely advice to governments in making the right investments for cancer control programmes. An expert consultation reviewed the medical devices required for the management of six cancers: breast, cervical, colorectal, prostate, lung and leukaemia and a shortlist of interventions and relevant devices is being developed.

Expanding global access to radiotherapy

An estimated 50% of all cancer patients would benefit from treatment with radiotherapy, but access is highly inequitable. Globally, 80% of cancer patients live in low- and middle-income countries, but have access to only 5% of the world’s radiotherapy resources³. However investments in radiotherapy are recouped over 10-15 years and have the potential to strengthen the whole health system.

The [Lancet Oncology Commission on expanding global access to radiotherapy](#), developed by the Global Task Force on Radiotherapy for Cancer Control, explores the investment case for radiotherapy alongside the long-term health and economic benefits of investment in radiotherapy.

¹⁵ Atun et al. (2015) Expanding global access to radiotherapy [www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(15\)00222-3/fulltext](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(15)00222-3/fulltext) [Accessed 19.08.16]

Australia

Contributors: Cancer Council Australia

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
24,400	18,900	Yes	Population-based	91%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	●	○	●	●	◐	◐	○	●	◐	



Progress against the World Cancer Declaration targets

Since 2013 Australia has made substantial progress with:

- A strong health system with cancer outcomes that are amongst the best internationally, however suboptimal coordination and unwarranted variation in cancer treatment leads to inequitable outcomes and lost opportunities for some population groups
- A number of national/state cancer plans, but these are not currently linked to funding. Also, implementation plans lack detail and there is no overall national cancer plan
- National cancer reporting on incidence, mortality and survival
- Accessible pain relief, although there are a number of challenges in ensuring care equity across an ageing and growing population
- Education and training of healthcare professionals is strong by international standards, but there are challenges in continuous improvement and sustainability.

Furthermore, Australia is a world-leader in tobacco control (12.8% smoking prevalence). However, aside from tobacco, Australia underperforms in cancer risk factor prevention.

There are very high skin cancer rates (due to a fair-skinned population and high UV exposure); and while management is improving, investment in prevention is low. Nationally, there are high rates of obesity and alcohol use. Australia is performing well in the areas of cancer screening, HBV and HPV vaccination.



Key successes

Key achievements are listed below, which together with overall improvements, have led to a 40% increase in cancer survival over three decades:

- Global pioneer in tobacco control measures; such as plain packaging and tobacco tax increases, of which there have been four since 2008
- The rollout of a bowel cancer screening programme producing benchmark interim results
- Further enhancements to an already world-leading cervical screening programme
- Significant increase in cancer research investment since 2004.

Key challenges

Priority areas for Australia include:

- Greater commitment to tobacco control programmes targeted at socially disadvantaged groups and increased general investment in cancer prevention (tobacco, skin cancer, nutrition, physical inactivity and alcohol)
- Further investment to increase participation in and effectiveness of three national screening programmes
- Improved management of liver cancer and at-risk communities
- Significant increase in priority-driven cancer research, in order to shape apolitical, evidence-based and equity-driven improvements to health system sustainability and reach



- Targeted programmes to reduce disparities, such as those experienced by indigenous, rural, multicultural, low socio-economic status communities
- Improved quality of, and access to, population health data to underpin accountability and evaluation against the Declaration targets.

UICC Member's achievements

Cancer Council Australia (Cancer Council) is the country's largest non-governmental research funder, investing more than all NGO cancer foundations combined¹. In 2014-15, Cancer Council invested AUD 64 million (USD 47.9 million) into research. They have also had a major impact on biomedical and behavioural science in Australia.

Cancer Council has led the Australian tobacco control agenda and also ran the world's first skin cancer awareness campaigns. In the 1970s, Cancer Council entered the sunscreen market (then dominated by tanning lotions) with SPF products sold at cost prices, encouraging retailers to follow. Cancer Council is the only NGO involved in establishing all three national cancer screening programmes and is the leading NGO involved in the development of cancer clinical guidelines.

The organisation's main activities involve policy advice, advocacy, patient support, and community and professional education. Cancer Council is the only Australian NGO that is active in all facets of cancer control, across all neoplasms.

Footnotes:
1. www.cancer.org.au.

Cambodia

Contributors: Sihanouk Hospital Center of HOPE

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
5,100	5,500	Yes	No	92%	No

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	○	◐	◐	○	○	◐	●	○



Progress against the World Cancer Declaration targets

The Government of Cambodia has developed national strategies and policies for NCDs, including cancer. In collaboration with key development partners and NGO stakeholders, the government is also identifying opportunities for further progress in the areas of cancer registration, prevention, and improving access to quality diagnosis, treatment and care.

NGOs, such as the Sihanouk Hospital Center of HOPE (SHCH), are supporting cancer control activities. Examples include, additional training for healthcare professionals and providing diagnosis and treatment facilities. A network of community-based peer educators has also been used to improve public awareness of cancer warning signs and symptoms.



Key successes

The Cambodian government has recognised the importance of strengthening health service delivery to support the treatment and control of NCDs, including cancer. Key examples include:

- The Minimum Package of Activities for Public Sector Health Centres (2008-15), which includes measures to detect the early signs and symptoms of breast and cervical cancers, education on breast self-examination and risk factors, and the need for cancer screening¹
- The Health Information System Strategic Plan (2008-2015) details a process for the establishment of surveillance and reporting systems for NCDs.

Key challenges

As national policies and strategies are updated post-2015, it will be necessary to continue discussing and representing NCDs, including cancer, in these documents and advocating for sustained implementation efforts. Budgets and resources continue to be limited, and require advocacy and government commitment to ensure sufficient funding is allocated for cancer control.

Community education will be important to increase cancer awareness and improve practices, including preventative measures. There are continuing challenges around health seeking behaviours, whereby many patients choose traditional medicines and/or private practitioners in the first instance, which or who may not effectively treat the disease. Patients often present too late to health facilities for trained providers to treat the disease.



UICC Member's achievements

The SHCH² was established in 1996 to provide clinical education and training to health professionals, while also delivering free care to the poor in Cambodia. Cancer services were introduced at the hospital in 2008, including diagnosis and treatment. In 2016, the hospital opened a dedicated women's health clinic, which specifically focuses on the diagnosis and treatment of cervical and breast cancers - the two most prevalent cancers among women in Cambodia. 671 women have already attended the Women's Health Clinic. Prior to establishing the Women's Health Clinic, SHCH has offered breast cancer services since 2008, reaching 30,244 women with peer education and providing 651 women with breast cancer diagnoses. Furthermore, SHCH is currently establishing a partnership with Douleurs Sans Frontières to provide referrals for palliative care services to patients who require it.

The hospital has also trained more than 670 medical professionals on women's cancers in order to improve detection and treatment.

Finally, SHCH plans to publish two articles on challenges in the management of breast cancer in a low-resource setting in South East Asia, and screening for the prevention of cervical cancer in HIV-positive and HIV-negative Cambodian women using VIA.

Footnotes:

1. www.wpro.who.int/asia_pacific_observatory/hits/series/cambodia_health_systems_review.pdf
2. www.sihosp.org

China

Contributors: Chinese Anti-Cancer Association; Hong Kong Anti-Cancer Society

WHO cancer country profile 2014 [Link to profile](#)

Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
1,425,700	779,500	Yes	Population-based	99%	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Generally available in the public health system	

WHO NCD progress monitor 2015 [Link to monitor](#)

Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	●	○	○	◐	◐	●	◐	●	●



Progress against the World Cancer Declaration targets

China's National Office for Cancer Prevention and Control Research was established in 1969 and cancer prevention plans have been in place since 1986. Building on this, the more recent 2004-2010 plan identified objectives including the identification of eight national priority cancers. The identified objectives included:

- Improving the cancer registry system
- Promoting health education
- Strengthening cancer prevention and implementing early diagnosis and treatment
- Strengthening the Chinese National Comprehensive Cancer Network (NCCN).

Alongside this, there has been strong engagement from supporting non-governmental organisations, such as the Hong Kong Anti-Cancer Society, in the delivery and support of key services, such as palliative care. As a whole, Chinese organisations have engaged actively nationally and regionally in research and conferences on cancer.



Key successes

In 2012, the Ministry of Public Health of China worked with 15 government departments to conduct the Chinese Chronic Disease Prevention and Control Planning Programme (2012-2015), which carried out early diagnosis and treatment in the top 30% highest risk regions. The project screened for stomach, lung, colon-rectum¹, breast, cervix, and pancreatic cancers depending on the regional risk profile. For example, oesophagus screening took place in Lin County, Henan Province, while stomach screening was implemented in Linqu, Shandong Province. Simultaneously, the project implemented policies concerning tobacco control, vaccination, healthy diet and exercise to reduce the population's exposure to key risk factors.

Key challenges

A recent review by the Chinese Anti-Cancer Association (CACA) on efforts in cancer control nationally found that civil society has played a critical role in strengthening government leadership on cancer prevention and control; developing and optimising professional training; and reducing cancer incidence and mortality.

The review also highlighted some important national challenges including the need for:

- Further multisectoral work nationally to fully implement and evaluate current policies
- Promotion of the Chinese NCCN guidelines and a series of cancer treatment guidebooks to standardise cancer treatment by health professionals
- Further public awareness-raising and education on prevention, early detection and treatment.



UICC Member's achievements

Since 2012, CACA has been successfully running the Poor Area Cancer Relief Pilot Project sponsored by the Ministry of Civil Affairs. The project engages well-known local experts to provide breast and cervical cancer screening services for women from poor areas in the provinces of Jiangxi and Guizhou. The aim is to promote standard treatment guidelines, and to train professional oncology medical teams in these regions.

CACA has also been collaborating with UICC and other national civil society organisations to run World Cancer Day events since 2008 to raise public awareness and have included a marathon and public seminars on patient care and scientific updates. These events have helped millions of people to access cancer prevention materials.

Around 60,000 cancer control professionals have benefitted from more than 100 continued medical education training courses that have been held over the last five years, and since 2013, CACA has been collaborating with UICC to run an international medical education programme. This fellowship programme aims to develop future leaders in cancer research and clinical practice, and selected fellows are given the opportunity to train at international centres of excellence around the world.

Footnotes:

1. www.colonscreen.gov.hk/en/index.html

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
200	400	Yes	Hospital-based	99%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level (VIA only)	Not generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
●	◐	○	◐	●	◐	○	◐	●	◐	



Progress against the World Cancer Declaration targets

Fiji is making significant and rapid progress against the Declaration targets including:

- The Ministry of Health and Medical Services (MoHMS) is working to develop a national cancer registry given the vital importance of collecting information to measure progress. This activity is in the early stages so definitive results are yet to be seen
- Coverage of HBV vaccinations is at 90.9% and the HPV vaccination rate is 72% after only a few years of operation.

Key successes

There are a number of key achievements to note:

- In 2010, the MoHMS cancer registry began collating information from multiple sources to create a more accurate account of the national cancer burden. In one year, twice the number of cancer cases were detected, which, while initially shocking, is likely due to the fact that the system generates more accurate data. As a result, there is now a clearer idea of the challenge and resources needed
- In 2010, parliament passed the Tobacco Decree and a dedicated Tobacco Unit was established in a National Wellness Centre by 2012. The Tobacco Unit enforces new laws around smoking, and smoking rates have noticeably decreased as a result



Key challenges

Fiji would make the greatest advances by improving access to services across the cancer care continuum.

Key measures would include:

- Improving awareness through close partnerships with the Fiji Cancer Society and the NGO, WOWS Kids Fiji, to provide a structured and effective awareness programme including cervical screening and breast self-examination for women in rural and maritime areas
- Continuing work with IAEA on a project to establish radiotherapy, which is expected to be up and running by 2021. This is a substantial project, which involves introducing a new medical discipline
- Improvements in chemotherapy with the return of two Fijian medical oncologists later in 2016, following their training overseas
- Ensuring the development of palliative care as a new discipline through planned consultations and the inclusion of palliative care within the 2016 National Cancer Control Plan.



UICC Member's achievements

In 2015, with the support of the Fiji Health Sector Support Programme, Fiji endorsed a Cervical Cancer Screening Policy that laid out the strategic direction for a Cervical Cancer Screening Programme. This is now under the control of the MoHMS and has one dedicated staff member. As part of this programme, the MoHMS has ensured that when nurses receive training on cervical cancer screening, they are also taught breast self-examination, and subsequently are required to instruct all patients on breast self-examination. Breast and cervical cancers are the most prevalent in Fiji and so this strategy aims to target both simultaneously. The cervical cancer screening project works in close partnership with other stakeholders in cancer screening, aid programmes and NGOs, and clinical practice, and selected fellows are given the opportunity to train at international centres of excellence around the world.

Korea, the Republic of

Contributors: National Cancer Center; Korean Association for Clinical Oncology

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
50,100	30,500	Yes	Population-based	99%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	◐	◐	○	◐	◐	○	◐	●	●



Progress against the World Cancer Declaration targets

Korea has made the following progress:

- The national population-based cancer registry covers nearly 100% of cancer cases¹
- Ten codes of practice for cancer prevention have been publicised, and Korea is preparing to revise them based on latest evidence
- Since 2002, a national cancer screening programme for five cancers has been in place. Together with private sector cancer screening services, around 70% of the target population now participate in cancer screening and early detection
- HBV vaccination has been part of the National Immunisation Programme (NIP) for several years. Coupled with vertical transmission prevention services, it is having a significant impact
- From 2016, HPV vaccination for 12 year-old girls has been included in the NIP
- National insurance covers 95% of total medical cost for cancer treatment
- Korea organised a cancer leadership course (CanLEAD) and will open an online course with WHO.



Key successes

The five year relative survival rate for all cancers has increased from 65.1% (2001-2005) to 69.4% (2009-2013) in Korea, while the age standardised mortality rate has decreased by 2.7% annually from 2002 to 2013.

The main contributors to this include; a functioning screening and early detection programme with enhanced quality control, a robust health system with quality medical services, sustained national efforts to reduce the financial burden on patients, and importantly the government's steady investment into cancer prevention programmes².

Since 2015, an increase in cigarette prices, WON 2,500 to WON 4,500 (USD 2.26 to USD 4.06) has increased the budget for the Health Promotion Fund, which can be used for cancer prevention activities, especially smoking cessation programmes.



Key challenges

To address some of the key national challenges, the following programmes are set to be introduced as part of the 2016-2020 National Cancer Control Plan:

- A national programme for lung cancer screening with low dose CT for high risk target groups, following a series of pilot studies and an infrastructure assessment
- Implementation of a new survivorship programme by regional cancer centres
- Extension of hospice care to include consultative and home services
- In collaboration with national and international organisations, cancer research across the cancer continuum, including clinical oncology, will be encouraged. Also, efforts will be made to foster public interest oriented clinical trials.

UICC Member's achievements

The National Cancer Center (NCC) has supported implementation of the second 10-year National Cancer Control Plan (2006-2015). NCC leads cancer research, coordinates the national cancer registration programme, provides technical support to regional cancer centres, and manages a financial aid programme for cancer patients. NCC also evaluates and ensures the quality of nationwide hospice services, and operates the National Cancer Information Center and Tobacco Quitline Service³.

Footnotes:

1. http://ncc.re.kr/main.ncc?uri=english/sub04_Statistics
2. www.ncc.re.kr/sub07_Publications.ncc?isgubun=A&searchKey=title&searchValue=&pageNum=1
3. www.ncc-gcsp.ac.kr
4. www.ncc.re.kr/main.ncc?uri=english/sub04_ControlPrograms

Malaysia

Contributors: National Cancer Society of Malaysia

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
11,200	10,300	Yes	Population-based	96%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines	
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Progress against the World Cancer Declaration targets

- More surgeons have been trained in breast cancer management, ensuring the availability of surgery in eight major public hospitals. Two additional academic centres have also been dedicated to breast cancer care. MYR 50 million (USD 12.55 million) and one mobile clinic bus were allocated to mammogram subsidy programmes, and MYR 9 million (USD 2.25 million) to provide breast prostheses
- 'MQuit' was launched in 2015 to encourage smoking cessation, as well as a 'Hebat programme' in schools, which was effective in encouraging healthy eating, exercising and reducing obesity among children
- HBV immunisation began in 1989, achieving 88% coverage in 2003. HPV vaccinations are also now provided in national schools as well as a catch up programme for young women who missed it, with a current coverage of 70% and a 98% acceptance rate
- Traditional and complementary medicine has been incorporated in the Strategic Plan for Cancer Control to help relieve pain and distress using techniques which have undergone clinical trials.



Key successes

In 2013, the National Cancer Institute was established as the country's reference and research centre on cancer, providing state-of-the-art cancer treatment. It has greatly reduced the waiting time for radical radiotherapy (from 120 days in 2013 to 28 days in 2014).

Malaysia has also strengthened its smoking regulations to fulfil its WHO FCTC obligations, including banning smoking in air-conditioned public places and sheltered walkways, and raising the tobacco tax by more than 40% from 2014 to 2015. A National Tobacco Bill will be enacted in 2016.

In 2010, a national HPV vaccination programme for girls was introduced to decrease cervical cancer risk.

The provision of palliative care has been incorporated into cancer management, with most state hospitals now offering some form of the service.

Key challenges

The implementation of a cohesive national cancer control plan incorporating all stakeholders is integral to the country's commitment to fight cancer. The National Cancer Registry also needs to be strengthened to provide key cancer surveillance data. With a projected rise in cancer incidence, a focus on prevention and earlier detection of cancer is imperative. Malaysia's elevated exposure to cancer risk factors such as the rapid increase in youth and adult obesity incidence, high tobacco prevalence and sedentary lifestyle requires more stringent policies and collaborative measures within the cancer and NCD framework.



Greater efforts are needed to ensure equity and access to cancer care through multidisciplinary management, structured patient navigation and affordable treatments.

UICC Member's achievements

The National Cancer Society of Malaysia (NCSM) through its three pillars of education, care and support augments national efforts in cancer prevention, early detection and patient support. In collaboration with government ministries, NCSM provides community outreach programmes, cervical and breast screening to underserved populations. Annually over 7,000 free and subsidised mammograms, HPV vaccinations and Pap tests are provided to targeted populations. In 2015 alone, NCSM held over 150 grassroots education events.

NCSM drives tobacco control through advocacy, cancer awareness and 'quit smoking' programmes for teenagers in schools, and has established a smoking cessation clinic.

A free cancer information service, which includes a toll-free helpline, provides resources and support to individuals, health professionals and cancer networks nationally.

Mongolia

Contributors: National Cancer Center of Mongolia

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
1,800	1,400	Yes	Hospital-based/National	98%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	●	○	●	●	◐	◐	◐	●	◐



Progress against the World Cancer Declaration targets

- Cancer care and services in Mongolia are provided free of charge and fully funded by the state budget
- A population-based cancer registry was established in 2012, but further efforts are needed to improve quality. In 2013, with support from WHO, the International Classification of Diseases for Oncology (ICD-O-3) was translated into Mongolian and a workshop was held to train pathologists and statisticians
- The second 'National Programme on Prevention and Control of Diseases caused by Harmful Lifestyle Factors' was approved in 2014, and addresses prevention of common risk factors for NCDs, including through laws for tobacco, alcohol and food safety
- A national strategy against viral hepatitis has been implemented
- Following a successful HPV pilot project in two provinces and two districts of the capital city, plans are in place for national rollout
- Cervical and breast cancer screening has been implemented since 2012. Gynaecologists, cytologists and fieldshers (medical assistants) have been trained in cervical cancer screening
- A liver cancer screening strategy was endorsed in 2014
- A new extension building for the National Cancer Centre of Mongolia (NCCM) is under construction, which will allow for expansion of cancer services, including liver surgery and transplantation, radiotherapy and chemotherapy



- Pain management guidelines have been developed and there are regulations for the provision and use of opioids
- Every province and district has an oncology physician and nurse, a palliative care physician and nurse.

Key successes

- The 'Action Plan on Cancer Prevention and Control' (2011-2021) has been endorsed by the Ministry of Health and outlines national strategies on cancer prevention, diagnostics, treatment, and palliative care. This plan informs the development of the 'Sub-programme on Cancer Prevention and Control' (2015-2020) and the national NCD programme. The third national 'Sub-programme on Cancer Prevention and Control' was approved in 2014, and is currently being implemented
- Development of the 'Strategic Plan for Development of Radiotherapy' (2011-2021) aims to upgrade the quality of radiotherapy in Mongolia to international standards and make it accessible for all patients
- The Tobacco Control Law was revised and updated in 2014.

Key challenges

Key challenges include:

- High prevalence of cancer risk factors
- Limited funding and weak multisectoral cooperation for cancer control
- Lack of cancer research capacity
- The need to improve diagnostic and treatment equipment.



UICC Member's achievements

The NCCM provides cancer care and services nationwide, receiving patients referred from all districts of the capital city and all provinces, as well as providing telemedicine support for specialists in the field. NCCM is also responsible for overseeing cancer registration, research, and training of cancer specialists.

NCCM has implemented the 'National anti-cancer campaign' since 2011, in cooperation with the private Khaan Bank and the Mongolian National Broadcaster. Campaign activities include: screening and early detection with high-risk populations for the most common cancers, raising public awareness on cancer, training of district and province level health service providers on prevention and early detection, and building a network of health volunteers specialised in cancer prevention.

NCCM is a key technical institution that oversees the development and implementation of the second and third National Sub-programmes on Cancer Prevention and Control, and has also established the molecular genetics laboratory at the National Cancer Centre.

NCCM is also involved in updating clinical guidelines on early detection, diagnosis and treatment of cancer.

New Zealand

Contributors: Cancer Society of New Zealand

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
4,200	3,900	Yes	Population-based	93%	Yes

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (mammogram only)	Generally available at public primary healthcare level (Pap smear only)	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	○	◐	●	●	◐	◐	●	○	●



Progress against the World Cancer Declaration targets

The Government of New Zealand has developed several strategies and documents that include cancer. The Cancer Society of New Zealand (the Cancer Society) has worked with the government to establish and promote measures such as smoke-free cars, sunbed legislation, access to immunotherapies and work and income support for cancer patients.

Since the introduction of the Cancer Registry Act in 1993 and the Cancer Control Strategy in 2003, New Zealand has made significant progress against the first three Declaration targets.

Key successes

The Plain Packaging Bill is on its third reading through Parliament. The Cancer Society has been advocating strongly for this Bill to be passed.

PHARMAC, the government agency responsible for providing funded access to pharmaceuticals for New Zealanders has recently announced the funding of immunotherapies.



Key challenges

The Cancer Society would welcome measures to develop specific cancer-related strategies, with clearer strategic goals and objectives in order to address:

- Health inequalities – there are sections of the population, including the Māori and Pasifika, who lack easy access to care with implications for treatment outcomes of at-risk groups
- Determinants of health – the Health Strategy 2016 identifies the need for action on a number of cancer risk factors including poor diets, physical inactivity, and obesity, particularly during childhood
- Workforce needs
- Sustainable funding – this is required to deliver on the aspirational strategies set out in the Health Strategy 2016 and to ensure that current cancer strategies can be properly implemented
- NGO representation and involvement
- Cross-government policy – to ensure that New Zealand has a coordinated and effective national cancer response, which includes prevention and research
- Early intervention – which is important for improving long-term health outcomes and efforts should be combined with improving access to primary care services and screening.



Finally, it is notable that some cancers are given more attention than others; for example breast cancer receives more focus and funding than bowel cancer, despite the fact that bowel cancer has higher mortality rates nationally with a death rate per annum of around 1,283¹. Bowel cancer screening and care delivery should therefore be fast tracked.

UICC Member's achievements

The Cancer Society is working hard – on both local and national levels – to reduce the incidence and impact of cancer through advocacy and the provision of health promotion, support services, information and research².

- The Cancer Society funds a large range of cancer research in New Zealand each year, as well as PhD scholarships
- To reduce cancer risk factors, the Cancer Society has representation on the National Smokefree Working Group, and the Smokefree Cars, Smokefree National Action Plan and Tobacco Tax sub-committees. The Cancer Society was also involved in the development of the Skin Cancer Control Strategy 2014–2017 and continues promoting SunSmart Schools across the country.
- To ensure that New Zealand has a strong health system, the Cancer Society develops and presents submissions on government activities.
- To improve the well-being of all those in New Zealand affected by cancer, the Cancer Society provides an impressive range of supportive care and information services to patients and their families.

Footnotes:

1. Ministry of Health, Cancer Registry 2012
2. <https://cancernz.org.nz/>

Philippines, the

Contributors: Philippine Cancer Society

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
28,700	27,900	Yes	Population-based	94%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level (clinical breast exam only)	Not generally available at public primary healthcare level	Generally available in the public health system	Generally available in the public health system	Not generally available in the public health system

WHO NCD progress monitor 2015										Link to monitor	
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines		
●	●	◐	◐	●	◐	◐	◐	●	◐		



Progress against the World Cancer Declaration targets

- A population-based cancer registry is in place
- A National Programme for Healthy Lifestyles has been introduced focusing on tobacco control, healthy diet, increased physical activity and moderate intake of alcohol. National legislation on tobacco control has been enacted
- National Cancer Consciousness Week is observed in the third week of January every year and cancer awareness activities are held every month
- Training has been introduced to build national capacity for cervical cancer screening
- There are several initiatives to address hospice and palliative care, including national legislation and policies
- The Philippine National Health Insurance Programme has expanded its coverage to include benefits for certain cancers.



Key successes

- Quality data on the national cancer burden is now available as a result of the establishment of cancer registries by the Philippine Cancer Society (PCS) and the Department of Health
- Tobacco control efforts have resulted in a significant reduction in tobacco consumption, as indicated in the latest National Nutrition Survey
- National legislation requiring a mandatory HBV vaccination birth dose for all infants has resulted in more than 90% compliance.

Key challenges

To achieve the Declaration targets by 2025, further work is needed to:

- Update the National Cancer Control Programme
- Raise awareness of cancer prevention and the need for early detection with local government
- Educate and train more cancer care specialists
- Increase the availability, accessibility and affordability of pain medicines, especially opioids
- Provide hospice and palliative care to the terminally ill at all levels of care.



UICC Member's achievements

PCS is undertaking pioneering activities in the fields of cancer registration, tobacco control, hospice and palliative care, and patient navigation. It also works in close collaboration with the government and supports several cancer prevention and control activities in an advisory capacity.

In particular, PCS:

- Advocated for tobacco control laws on tobacco regulation (2003), sin taxes for tobacco and alcohol (2013), graphic health warning signs on tobacco packaging (2015), and founded the Framework Convention on Tobacco Control Alliance in the Philippines
- Established the first cancer screening and early detection clinic, and operates a cancer screening bus with facilities for VIA, cryotherapy and clinical breast examination
- Advocated for HBV vaccination and has organised several national summits on this issue
- Founded the National Hospice and Palliative Care Council of the Philippines and the Philippine Society of Hospice and Palliative Care Nurses, and organises national summits on cancer and palliative care.
- Leads activities for the American Cancer Society's Relay for Life campaign in the Philippines and organises several cancer support groups.

WHO cancer country profile 2014

Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
No data	No data	Yes	Hospital-based	95%	No data

Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Generally available at public primary healthcare level	Not generally available at public primary healthcare level	Not generally available in the public health system	Generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015

Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
No data	No data	○	◐	●	No data	No data	No data	No data	No data



Progress against the World Cancer Declaration targets

At the moment, Samoa is not able to fully track the incidence of cancer and mortality rates, and therefore is unable to effectively allocate and justify the resources required for effective cancer prevention and management. Whilst progress against the Declaration targets may have been limited, Samoa has made good progress with regard to reducing exposure to risk factors for cancer. The National Non-Communicable Disease Policy (2010-2015) outlines the need to address smoking, poor nutrition, physical inactivity and alcohol consumption through health promotion programmes, health reform and legislation to support lifestyle changes by individuals and families. Civil society groups have played an important role in supporting the promotion and reinforcement of these health messages, and in the implementation of reforms and legislation that reduce unhealthy behaviour.



Key successes

Samoa has made a key policy commitment with the implementation of the National Tobacco Control Policy and Strategy 2010-2015 with a comprehensive approach towards tobacco control. In May 2015, the Government of Samoa introduced an excise tax on tobacco products.

The Pacific mCessation project, which is a partnership between the University of Auckland and the Samoa Ministry of Health, supports tobacco cessation in Samoa. The pilot project will launch a new anti-smoking mass media campaign early this year and the Samoa Cancer Society (SCS) will assist with the pre and post-test evaluation and feedback studies.

Key challenges

SCS would like to see further work on health promotion and cancer awareness in villages and community groups to encourage individuals to seek early diagnosis and treatment. Working with the government and health providers, SCS can help to ensure that effective early detection programmes are considered and implemented where they are deemed feasible and appropriate.

Development of palliative care services across the islands will be an important step in order to provide patients with adequate support and relief from symptoms. SCS will continue to work with the government and health providers to strengthen palliative care planning for cancer patients and to continue to provide support for pain management as well as medical, social and psychological needs.



UICC Member's achievements

SCS is a non-profit NGO and is the only national organisation focused on reducing the national cancer burden, as well as ensuring the best possible outcomes for those affected by it. Founded in 1998 and governed by a voluntary board, SCS is committed to reducing premature death and suffering from cancer. It is the only organisation in Samoa providing support to cancer patients and their carers, and that raises awareness of cancer to try to improve treatment-seeking behaviour. SCS's key achievements include:

- Educating over 8,000 people per year on the warning signs of cancer and the importance of seeking treatment early
- Providing over 80 people per year with support in managing cancer diagnosis, treatment and palliative care
- Developing and maintaining a database of cancer patients to better inform planning and policy making.

Taiwan, Province of China

Contributors: Formosa Cancer Foundation

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
No data	No data	No data	No data	No data	No data
Breast screening	Cervical screening	Radiotherapy	Chemotherapy	Oral morphine	
No data	No data	No data	No data	No data	

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
No data	No data	No data	No data	No data	No data	No data	No data	No data	No data



Progress against the World Cancer Declaration targets

Since 2005, Taiwan has implemented three phases of its National Cancer Control Plan, and has now adopted all of the WHO's NCD targets for 2025.

- The Health Promotion Administration (HPA) has subsidised more than 230 hospital practices to incorporate preventive healthcare services for tobacco and betel quid cessation, weight loss, and cancer screening. HPA provides cervical, breast, colorectal and oral cancer screening free of charge to age-specific population groups
- The Tobacco Hazards Prevention Act was adopted in 1997
- HBV vaccination for infants was launched in 1984. Free HPV vaccination has been offered to girls in aboriginal regions and from low- and middle-income households since 2011
- In 2008, the Cancer Care Quality Accreditation was launched to ensure the provision of cancer care by multi-disciplinary teams.



Key successes

- The number of people utilising cancer screening services increased from 3.01 to 5.06 million, from 2009 to 2015
- Of the five million people who received screening in 2015, about 12,000 were diagnosed with cancer, and 48,000 precancerous lesions were found
- The screening rates for breast, colorectal, oral and cervical cancers in 2015 were 39.5%, 42.0%, 56.1% and 74.5% respectively
- The standardised mortality rate fell from 132.5 per 100,000 population in 1998, to 130.2 in 2014
- The five-year survival rate increased from 48.3% during 2003-2007 to 54.3% between 2008-2013
- The smoking rate among adults has decreased from 21.9 to 17.1%, from 2008 to 2015. Betel quid chewing rate has decreased from 17.2 to 8.8% between 2007 and 2015, and the national target for weight-loss has been achieved - 1,142,729 kgs in 2014.

Key challenges

A national goal has been set to achieve a 20% reduction in cancer mortality by 2020. This will require additional funding from the government, closer collaboration with NGOs, and the development of human resources, particularly to increase screening rates. In addition, efforts need to be made in ensuring that newly diagnosed patients receive regular treatment within three months of receiving their diagnosis.



To control national obesity levels, multi-sectoral approaches will be critical, particularly for ensuring sustainable purchasing and production, and advocating for food industries to reduce sugar content and promote the Nutrition Act.

UICC Members' achievements

The Formosa Cancer Foundation (FCF) has been involved in several nationwide prevention campaigns including launching the 'five-a-day' healthy eating campaign in 1999, and specifically in elementary schools in 2003. In 2006, the 'five-a-day' recommendation was adopted as part of healthy diet guidelines by Health Bureaus across the country.

FCF has been working with anti-tobacco NGOs since 2007 to urge the government to make tobacco control a priority. In 2010, the '5 Easy Ways to Keep Cancer Away' campaign was launched, underlining that cancer is preventable through smoking cessation, healthy diet, weight control, exercise and screening.

FCF operates cervical cancer screening mobile clinics in remote regions and has been promoting HPV vaccination for cervical cancer prevention since 2007.

In 2009, FCF launched the 'Capture the Polyp' campaign to raise awareness of colorectal cancer.

Finally, since 2007, FCF has established 'Survivors Care Centers' in northern and southern Taiwan that provide cancer survivors with services to facilitate optimal recovery.

Tonga

Contributors: Ministry of Health of Tonga

WHO cancer country profile 2014		Link to profile			
Mortality (male)	Mortality (female)	Cancer plan	Cancer registry	HBV vaccination	HPV vaccination
No data	No data	Yes	Hospital-based	99%	No data
Breast screening		Cervical screening	Radiotherapy	Chemotherapy	Oral morphine
Not generally available at public primary healthcare level		Not generally available at public primary healthcare level	Not generally available in the public health system	Not generally available in the public health system	Generally available in the public health system

WHO NCD progress monitor 2015		Link to monitor							
Risk factor survey	NCD action plan	Tobacco taxation	Smoke-free policies	Tobacco health warnings	Alcohol availability regulations	Alcohol advertising bans	Alcohol pricing policies	Public awareness on diet/physical activity	NCD management guidelines
●	●	●	○	●	●	○	●	●	●



Progress against the World Cancer Declaration targets

The National Health Strategic Plan (2015-2020) has driven progress towards the Declaration targets, incorporating various cancer control strategies to help strengthen the health system. These include a policy outlining an essential package of preventative, curative and palliative health services to strengthen early detection and management of NCDs, including cancer. In addition, Tonga commissioned its first mammography machine in 2014, and CT scans were made available in 2013. Ultrasound guided biopsy is also available and in 2009, chemotherapy for paediatric patients was developed, with five out of eight patients surviving.

Tonga has also ratified the WHO FCTC and in line with this, the government passed a Tobacco Control Act in 2000, including legislation for a ban on smoking in public places.



Key successes

Tonga has seen a number of key successes:

- The cancer registry was re-established in 2014, using the CanReg5 database to input data, and is continually developing. Data from the pathology laboratory is being added to the database, increasing the quality of the data collected
- Strengthening of national tobacco control measures, such as the Tobacco Control Act (2000) and the development of legislation banning smoking in public places
- Chemotherapy for children with leukaemia is available in Tonga since 2009, with four nurses trained on the administration of chemotherapy in 2012.

Key challenges

Key development priorities for the Ministry of Health (MoH) are to:

- Develop a national cancer control strategic plan and conduct further research into cost-effective services for the population
- Establish a population-based registry from the current infrastructure
- Improve screening methods, such as developing immunohistochemistry, to identify tumour markers alongside improved cervical screening methods
- Develop and expand rigorous public awareness campaigns to improve awareness of cancer risk factors, signs and symptoms in order to improve rates of early diagnosis and treatment
- Introduce the HPV vaccination



- Improve access to treatment and palliative care for cancer patients. Treatment plans with international hospitals are being streamlined, however only 1% of patients are sent overseas due to budget constraints. As such, the MoH needs to develop rigorous patient selection processes and sustain relationships with these institutions
- Establish a dedicated oncology unit, led by a trained oncologist.

Author's achievements

The MoH of Tonga has undertaken comprehensive work to improve cancer control nationally, this includes:

- Establishing a cancer registry to identify the current cancer burden and improve surveillance to inform future cancer control plans
- Adopting the Package for Essential NCD Interventions in 2012, and the inclusion of cancer control strategies in the National Health Strategic Plan 2015-2020
- Strengthening tobacco control legislation on smoke-free environments, advertising, manufacture and imports under the Tobacco Control Act. Alongside this, in May 2016, the MoH launched mass media anti-tobacco campaigns and tobacco cessation services
- Availability of paediatric chemotherapy services for leukaemia since 2009
- Engaging in regional meetings including the Pacific Cancer Control Leadership Forum in 2014, a Cancer Registry training course led by WHO WPRO and IARC in South Korea in 2014, and building close working relationships with physicians in New Zealand and Australia.

Footnotes:

1. http://www.who.int/nmh/publications/essential_ncd_interventions_lr_settings.pdf

Palliative Care and

Pain Relief

With a small investment, all countries can deliver the limited number of inexpensive medicines required to provide effective pain relief to cancer patients.

Target 8



Universal availability of pain control and distress management



The [Global Action Plan for the Prevention and Control of NCDs](#) calls for improved access to palliative care.

Opioid analgesics are considered essential medicines and are present on almost every national essential medicines list. A small number of medications, none of which are limited by patent, can control pain for almost 90% of people with cancer pain¹⁶, including children¹⁷.

Morphine, the most effective pain control medicine, is safe, effective, inexpensive, easy to use and available in plentiful supply globally. However, legal and regulatory restrictions, cultural misperceptions about pain combined with inadequate training and poorly-functioning markets forces 5.5 million cancer patients on average to die in pain each year¹⁸.

There are considerable inequities in terms of global access to pain relief and palliative care. Patients in low- and middle-income countries often have the most limited access. It is estimated that **92% of the world's medical morphine is consumed by just 17% of the global population**¹⁹, located predominantly in high-income countries. By comparison, approximately **75% of the world's population has no or limited access to pain relief**.

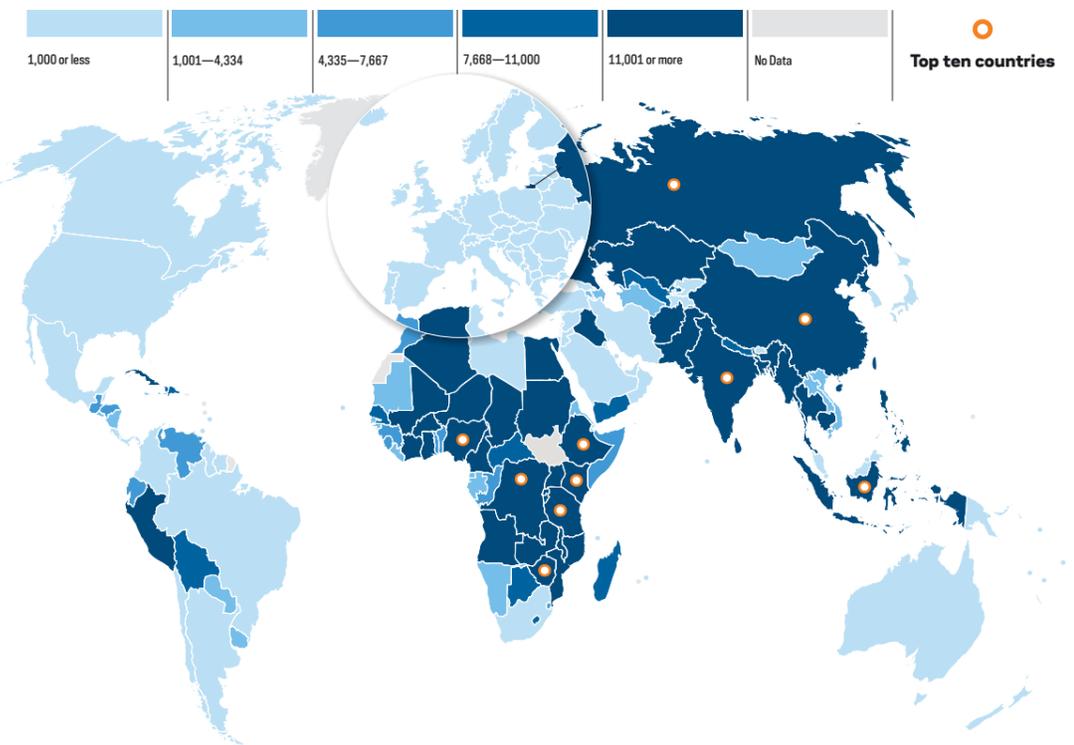
The WHO assessment of National Capacity for the Prevention and Control of NCDs found that approximately **41% of countries could provide palliative care services through primary healthcare facilities**, but only 36% could offer community or home-based care²⁰.

The regulatory requirements established by international drug control treaties are designed to prevent the diversion and abuse of controlled drugs. However, **many countries have adopted measures that exceed those required by the UN Single Convention on Narcotic Drugs**. Numerous international agreements now call for improved balance in drug policies to improve access to pain medicines including: the 2015 report from the International Narcotics Control Board entitled the [Availability of Internationally Controlled Drugs, World Health Assembly Resolution on Palliative Care](#), and the [Global Action Plan for the Prevention and Control of NCDs](#).

The four core elements of an effective palliative care response are **policies, education, availability, and regulation**.

¹⁶ Zech et al. (1995) Validation of World Health Organization Guidelines for cancer pain relief: a 10-year prospective study www.ncbi.nlm.nih.gov/pubmed/8577492 [Accessed 19.08.16]
¹⁷ Zernikow et al. (2006) Paediatric cancer pain management using the WHO analgesic ladder—results of a prospective analysis from 2265 treatment days during a quality improvement study www.ncbi.nlm.nih.gov/pubmed/16243549 [Accessed 19.08.16]
¹⁸ WHO, Ensuring balance in national policies on controlled substances www.who.int/medicines/areas/quality_safety/guide_nocp_sanend/en/ [Accessed 19.08.16]
¹⁹ INCB, Report 2014 www.incb.org/documents/Publications/AnnualReports/AR2014/English/AR_2014.pdf [Accessed 19.08.16]
²⁰ WHO, Assessing National Capacity for the Prevention and Control of Noncommunicable Diseases (2015) <http://apps.who.int/iris/bitstream/10665/246223/1/9789241565363-eng.pdf?ua=1> [Accessed 19.08.16]

Untreated Deaths In Pain, 2011



Global Opioid Policy Initiative

The European Society for Medical Oncology-led [Global Opioid Policy Initiative](#) explored barriers to opioid access across the globe and provides a set of 10 recommendations on how countries can reduce those barriers. The project includes data and a number of **advocacy resources that make the case for palliative care action** in every region.

Hospice Africa Uganda

[Hospice Africa Uganda \(HAU\)](#) was established to provide modern methods of pain and symptom control to patients with cancer and HIV/AIDS. HAU treats over 3,000 cancer patients per year with an emphasis on holistic care and support for patients and families.

HAU worked with the Government of Uganda to change legislation to enable prescriptions for liquid oral morphine by specialist trained nurses and clinical officers. Since 2003, morphine has been available for free to patients with a prescription.

Training and oversight have been central to HAU's aims and this is provided through the Institute of Hospice and Palliative Care in Africa. The institute offers training courses and support, alongside a distance learning programme up to degree level through an e-learning platform.

HAU's success has stemmed from the **delivery of tailored and effective education to healthcare professionals and measures to ensure access to opioids as part of safe pain management services**.



"Ensuring access to controlled substances for medical purposes requires a focus on education of both clinicians and the public; ready availability of the medicines and improving the laws and regulations that in many countries act as a clear barrier to pain relief. Each on its own is ineffective, but when taken together can result in balanced access to opioids."

Jim Cleary, Director Pain and Policy Studies Group, UW Carbone Cancer

Conclusion



Sanchia Aranda President Elect, Union for International Cancer Control

As I take up the UICC presidency from November 2016 through to 2018, I am both encouraged and inspired by the stories of progress featured in this Report. In particular by the diverse contributions made by UICC members to advance the World Cancer Declaration targets through awareness raising, training and education, service delivery and working in national and regional cancer control partnerships and NCD Alliances. I am particularly impressed with the number of member organisations that recognise the critical importance of cancer surveillance and data as a foundation for focused action. As highlighted in the Report, the Global Initiative for Cancer Registry Development (GICR) is providing vital know-how and support for every country to understand their own burden and I urge you to engage with GICR if you do not have a population-based cancer registry in your country.

Whilst several UICC members are leading or contributing to the development of national cancer control plans or cancer chapters in NCD plans – the Report highlights that many of these plans are not in the public domain or are not being implemented due to underfunding, lack of expertise for scale up, or both. Particularly in developing countries where the burden is set to increase most rapidly, governments are urgently seeking best-practice guidance for implementation and scale up of phased, feasible and quality national cancer control programmes. A health systems response for timely cancer diagnosis and early and potentially curative treatment, which we know is cost-effective, is where help is most urgently needed.

We believe that it is critical to respond to this need by uniting as a cancer community to call for a comprehensive and robust World Health Assembly cancer resolution in 2017 that would articulate a clear framework for a health systems response for cancer, establishing the core disciplines and services for a holistic, impactful and scalable response, adapted to the local burden and aligned with national capacities. The resolution would also:

- Reinforce WHO's mandate to respond to Member States' requests for assistance
- Provide a framework for international engagement
- Support and encourage alignment and integration with the WHO strategies on child, adolescent and maternal health, and life course and aging
- Bring together the components of recently adopted World Health Assembly Resolutions including on palliative care, access to surgery and anaesthesia, and essential medicines.

If a cancer resolution is going to make a difference by 2025, UICC must also to play its part, and show leadership in the translation of global commitments into action. I am therefore honoured to announce that in January 2017, UICC will launching an innovative multi-stakeholder initiative focusing on the smallest unit of a cancer health system response – a reference cancer centre. We will be calling on city leaders to take up the challenge of establishing a cancer solution in all cities of 1 million population or more, and we welcome our members and partners to join us in this bold challenge.

NCD Alliances

UICC members have a crucial role to play in delivering national action on NCDs through national and regional alliances.

Many of the solutions to more effective cancer prevention and control are shared across NCDs, such as diabetes, cardiovascular disease and chronic respiratory disease. UICC is a founding federation of the NCD Alliance, a unique civil society network, uniting 2,000 organisations in more than 170 countries, dedicated to improving NCD prevention and control worldwide.

As well as promoting global advocacy, NCD Alliance supports national and regional NCD civil society organisations and coordinates a growing network of 45 national and regional NCD alliances, strengthening these vital platforms for collaboration and unified advocacy.

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"Together, as an alliance, we advocated for the inclusion of a target in the Sustainable Development Goals to reduce premature mortality due to NCDs by one third by 2030. I encourage all cancer advocates to get involved in NCD advocacy and connect with, or start, local NCD networks to amplify your voice and call for increased government action on cancer and NCDs."

Katie Dain, Executive Director, NCD Alliance

"The challenge of NCDs is so huge that one single stakeholder can't tackle it alone. By standing together with our alliance partners, we as cancer advocates gain a broader perspective, are more easily heard by decision-makers and have more impact. For the better of all of us."

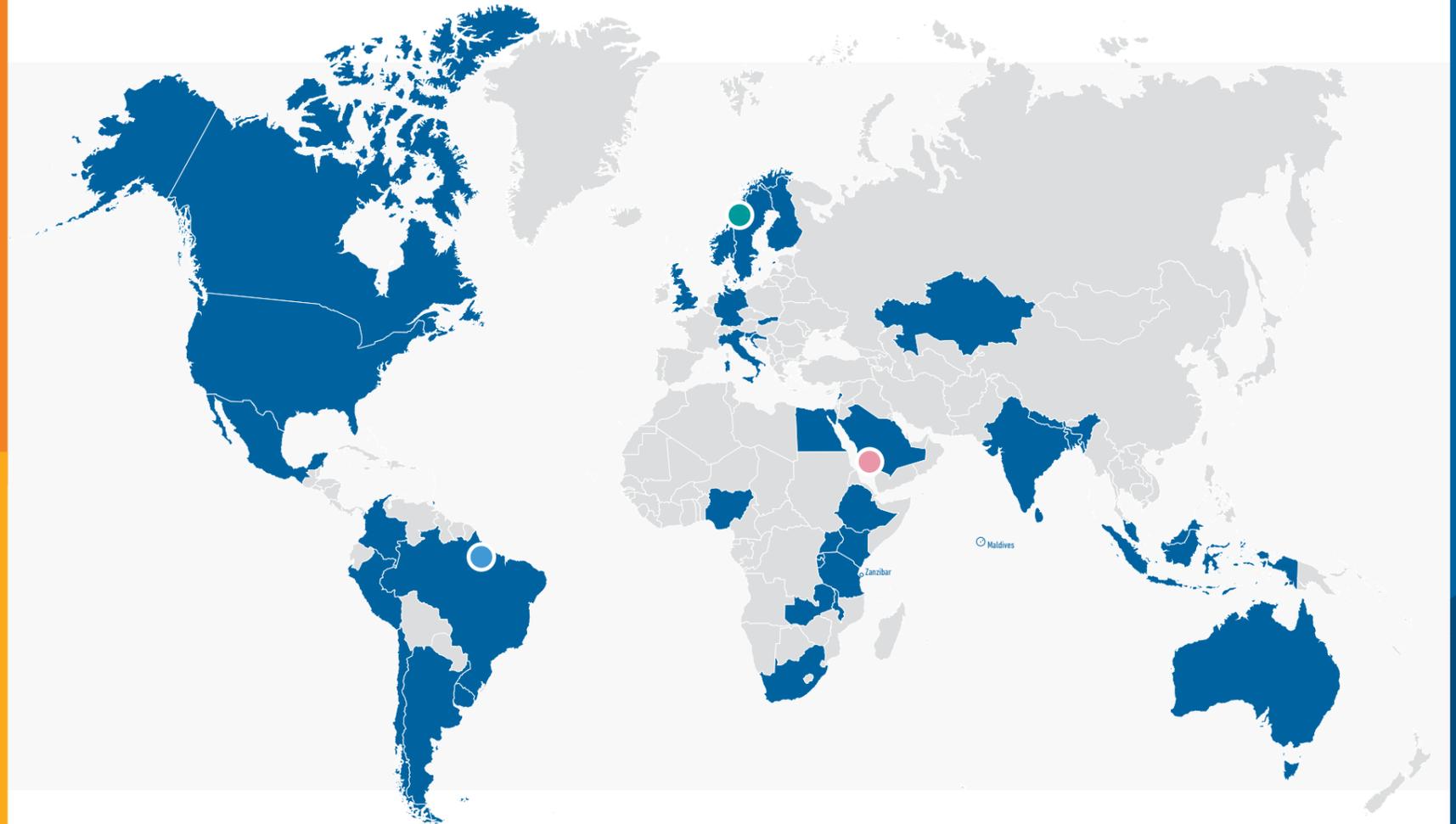
Anne Lise Ryel, Secretary General, Norwegian Cancer Society

"The NCD movement offers enormous opportunity to expand our tobacco control advocacy networks and increase our chances of policy impact. As tobacco advocates we also have unique advocacy skills that can benefit the rest of the NCD community."

Paula Johns, Executive Director, ACT+

Current Distribution of Regional And National NCD Alliances

45 NCD Alliances Worldwide



Forging powerful partnerships with risk factor organisations in Brazil

ACT+Br, was originally ACT Br, a tobacco control organisation. After 2014, it broadened its mission to include NCDs and in 2015, it advocated tirelessly with the Brazilian government for the inclusion of tobacco and NCDs in the SDGs, in which it was successful. Implementing the FCTC is one of the key means of implementation for the health goal.

Shaping national policy in Ethiopia

The Consortium of Ethiopian NCD Associations (CENCDA) was formed in July 2012, with the Mathiwos Wondu-YeEthiopia Cancer Society acting as its secretariat. The consortium advocated for a Strategic NCD Framework, a key policy and strategic document, which was integrated into the Fourth Health Sector Development Program for the first time.

Leveraging networks in Norway

The Norwegian NCD Alliance was formed in 2010 by four members: Norwegian Health Association, Norwegian Cancer Society, Norwegian Heart and Lung Foundation and Norwegian Diabetes Association. It has successfully collaborated with the Norwegian government on a physical activity campaign targeting over 50s who are not physically active to help them reduce their own risk of developing cancer, heart or lung disease.

UICC members:

1,000 and counting

In September 2016, UICC reached the milestone of 1,000 member organisations

Afghanistan

Afghan Society Against Cancer

Algeria

Association d'Aide aux Enfants Cancéreux
Association d'Aide aux Enfants Cancéreux - Béchar
Association des Médecins Libéraux d'Annaba
Chu Annaba - Clinique Médicale Infantile Sainte
El Adwa
EL BADR
El-AMEL Association
ENNOUR for Helping Cancer Patients - Sétif
Errahma
Nassima
Nour Doha
Waha

Anguilla

Anguilla Family Planning Association

Antigua and Barbuda

Antigua Planned Parenthood Association
Caribbean Family Planning Affiliation, Ltd.

Argentina

Asociación Leucemia Mieloide de Argentina
Fundación para la Salud del Adolescente
Fundación SALES
Liga Argentina de Lucha Contra el Cáncer
Linfomas Argentina
Sociedad Latinoamericana y del Caribe de Oncología Médica

Aruba

Foundation for Promotion of Responsible Parenthood

Australia

Adelaide Hills PCSG
Adelaide Mitcham PCSG
Albany PCSG
Albury Wodonga PCSG
Alice Springs PCSG
Anastasia Greek Cancer Support Group
Ararat & District Prostate Cancer Support Group
Armidale PCSG

Australian Catholic University, Exercise Lifestyle Clinic
Bairnsdale Prostate & Partners Support Group
Ballarat Prostate Cancer Support Group
Barossa Prostate Cancer Support Group
Bass Coast Prostate Cancer Support Group
Bathurst Prostate Cancer Support Group
Bayside Kingston PCSG
Bendigo & Districts Prostate Cancer Support Group
Biloela PCSG
Blackwood Districts PCSG
Box Hill PCSG
Breast Cancer Network Australia
Brisbane Prostate Cancer Support Network
Broken Hill Prostate Cancer Support Group
Bunbury District Prostate Cancer Support Group
Bundaberg & District Prostate Cancer Support Group
Busselton PCA&SG
Cancer Australia
Cancer Council ACT
Cancer Council Australia
Cancer Council Northern Territory
Cancer Council NSW
Cancer Council Queensland
Cancer Council South Australia
Cancer Council Tasmania
Cancer Council Victoria
Cancer Council Western Australia
Cancer Nurses Society of Australia
Capricorn Coast Prostate Support & Awareness Group
Central Australia Support Group Leaders Teleconference Group
Central Coast Carers Group
Central Coast PCSG
Central Coast Pre Op Support Group
Central Gold Coast PCSG
Cessnock Prostate Cancer Support Group
Chinese Cancer Society of Victoria Cancer Support Group
Citiplace Advanced PCSG
Clarence Valley Prostate Cancer Support Group
Clayton Greek Cancer Support Group
Coffs Harbour PCSG
Collie PCSG
Concord PCSG
Cootamundra PCSG
Cure Brain Cancer Foundation

Darwin Prostate Support Awareness Group - Prosper
Denmark PCSG
Devonport PCSG
Diamond Valley PCSG
Dubbo PCSG
Dural PCSG
Eastern Shore PCSG
Essendon PCSG & Diamond Valley PCSG
Far North Queensland (Cairns) PCSG
Far North Queensland PCSG
Frankston & District PCSG
Fremantle PCSG
Garvan Research Foundation
Gawler PCSG
Gay Melbourne Prostate Cancer Group
Gay Prostate Support Adelaide
Gay/Bisexual Prostate Cancer Support QLD
Geelong Prostate Support Group
Geraldton PCSG
Gladstone & District Prostate Cancer Support Group
Glass House Country PCSG
Glen Innes PCSG
Gold Coast North Prostate Cancer Support & Awareness Group
Gold Coast Prostate Cancer Partners Support Group
Goulburn & District Prostate Cancer Support Group
Granite Belt PCSG
Great Lakes Prostate Cancer Support Group
Griffith PCSG
Griffith University Menzies Health Institute Queensland
Gympie & District PCSG
Hastings Prostate Cancer Support Network
Hervey Bay Prostate Cancer Support Group
Illawarra Prostate Cancer Support Group
Innisfail Prostate Support Group
Inverell PCSG
Ipswich Prostate Cancer Support Group
Kalamunda PCSG
Kingborough PCSG
Kingston & Robe PCSG
Kyabram & District Prostate Support Group
Latrobe Valley Prostate Support Group
Leederville Prostate Exercise Group
Leukaemia Foundation of Australia
Limestone Coast PCSG
Lockyer Valley PCSG
Lower Eyre Prostate Cancer Support Network
Lower North PCSG

Ludwig Institute for Cancer Research
 Lymphoma Australia
 Mackay & District Prostate Cancer Support Group
 Mandurah PCSG
 Maryborough Prostate Cancer Support Group
 Melmarsh Prostate Cancer Support Group
 Mens Engagement Network
 Monaro Prostate Cancer Support Group
 Monash University Prostate Cancer Research Group
 Mornington Peninsula Prostate Support Group
 Movember Foundation
 Mudgee Prostate Cancer Support Group
 Murray Bridge PCSG
 Naracoorte Mens Cancer Support Group
 National Breast Cancer Foundation
 Nepean/Blue Mountains PCSG Inc.
 Newcastle/Hunter Mater Prostate Cancer Support Group
 North Burnett PCSG
 North Shore PCSG
 North West QLD Prostate Cancer Support Group
 Northern Beaches Prostate Cancer Support Group
 Northern Rivers Day PCSG
 Northern Rivers Evening PCSG
 Northern Tablelands PCSG
 Northern Territory Rainbow PCSG
 Ocean Reef PCSG
 Orange PCSG
 Orbest PCSG
 Parkes Prostate Awareness and Support Group
 PCS - City of Onkaparinga Group
 PCSG Bellarine Peninsula
 Perth Gay/Bisexual PCSG
 Perth Partners Group
 Perth PCSG
 Perth Southsiders Prostate Cancer Support Group
 Perth Western Suburbs Group
 Peter MacCallum Cancer Institute
 Port Pirie PCSG
 Prostamates Support Group
 Prostate (Cancer) Support Awareness Adelaide Group
 Prostate Awareness Twin Town & Tweed Coast
 Prostate Cancer Action Group (S.A.) Inc.
 Prostate Cancer Foundation of Australia
 Prostate Cancer Partners SG Bently Bayside
 Prostate Cancer Support Group ACT Region
 Prostate Cancer Support Group of Younger Men
 Prostate Heidelberg
 Prostate Melbourne Support Group
 Prostate Support Group Warrnambool
 QIMR Berghofer Medical Research Institute
 QLD Advanced PCSG (Telephone Group)
 Queensland and Northern NSW Support Group Leaders Teleconference Group
 Reach to Recovery International

Redcliffe PCSG
 Ringwood PCSG
 Riverland PCSG
 Rockhampton PCS&A Group
 Royal Australian and New Zealand College of Radiologists (RANZCR)
 Royal Prince Alfred Hospital PCSG (Day Group)
 Royal Prince Alfred Hospital PCSG (Evening Group)
 Saddleworth PCSG
 Shepparton & District PCSG
 Shine A Light Group for Gay/Bisexual Men
 Shoalhaven PCSG
 South Perth PCSG
 Southern Highlands PCSG
 St Arnaud PCSG
 St Vincents PCSG
 St Vincent's PCSG for Women
 Stay Strong Prostate Cancer Exercise Group
 Sunraysia Prostate Support Group
 Sunshine Coast PCSG
 Swan Hill Prostate Support Group
 Sydney Adventist Hospital Educational Presentations (Night)
 Sydney Adventist Hospital Facilitated Group Discussion (Day)
 Tamworth Prostate Cancer Support Group
 Taree PCSG
 Tatiara Prostate Cancer Support Group
 Tomaree PCSG
 Toowoomba Prostate Cancer Support Group
 Townsville PCSG
 University of Southern Queensland
 Victoria and Tasmania Support Group
 Leaders Teleconference Group
 Victorian Comprehensive Cancer Centre
 Wagga Wagga PCSG
 Walter & Eliza Hall Institute of Medical Research
 Warialda Community Support Group
 Western Australia Support Group Leaders Teleconference Group
 Westgate Region Prostate Cancer Support Group
 Westmead PCSG
 Westside Prostate Cancer Support Group
 Whyalla PCSG
 Wyong PCSG
 Yorke Peninsula PCSG
 Younger Men Central Coast PCSG
 Younger Men PCSG - Leederville
 Younger Men's Prostate Cancer Teleconference Group

Azerbaijan

National Oncology Centre of Azerbaijan Republic

Bahamas

Bahamas Family Planning Association

Bahrain

Bahrain Cancer Society

Bangladesh

Bangladesh Cancer Society
 Eminence
 Obayedullah-Ferdousi Foundation Cancer Hospital and Research Institute

Barbados

Barbados Family Planning Association
 The Myeloma, Lymphoma and Leukaemia Foundation of Barbados

Belarus

Belarusian Society of Oncologists

Belgium

Belgian Foundation against Cancer
 European CanCer Organisation
 European Cancer Patient Coalition
 European Organisation for Research and Treatment of Cancer
 European Society for Radiotherapy and Oncology
 Patient Organisation Hodgkin and Non-Hodgkin Diseases
 The Anticancer Fund

Belize

Belize Family Life Association

Benin

Association Franco Béninoise de Lutte Contre le Cancer
 Association pour la Lutte Contre le Cancer au Bénin
 Initiative des Jeunes pour le Développement
 Pathology Laboratory of Faculty of Health Sciences / Cancer Registry of Cotonou
 SOS Cancer

Bermuda

Bermuda Cancer and Health Centre
 Teen Services

Bolivia, Plurinational State of

Asociación de Lucha Contra la Leucemia
 Paolo Belli - Instituto de Oncohematología
 Centro de Investigación, Educación y Servicios
 Fundación Boliviana Contra el Cáncer

Botswana

Cancer Association of Botswana
 Nurses Association of Botswana

Brazil

ABRALE Brazilian Lymphoma and Leukaemia Association
 Amigos na Luta Contra o Câncer
 Associação Amor a Vida
 Associação Brasileira de Apoio aos Pacientes de Câncer
 Associação Brasileira de Portadores de Câncer AMUCC
 Associação Brasileira de Apoio ao Paciente com Câncer - ABAC-Luz
 Associação Capanemense de Apoio e

Prevenção ao Câncer da Mulher - APCM
 Associação Cascavel Rosa
 Associação Cearense das Mastectomizadas - Toque de Vida
 Associação das Amigas da Mama
 Associação das Mulheres Iguatuenses
 Associação de Apoio a Mulher Portadora de Neoplasia
 Associação de Apoio de pessoas com Câncer
 Associação de Combate ao Câncer da Grande Dourados
 Associação de Combate ao Câncer do Brasil Central
 Associação de Mulheres Atuantes de Paraíso do Tocantins
 Associação de Mulheres Mastectomizadas de Brasília
 Associação do Câncer Amor Próprio - Uma Luta pela Vida
 Associação dos Amigos da Mama de Niterói
 Associação dos Amigos da Oncologia
 Associação dos Amigos de Prevenção do Câncer- GAMA
 Associação dos Amigos do CRIO
 Associação em Educação e Saúde da Mama Jesuína Estrela (AMAJES)
 Associação Feminina de Educação e Combate ao Câncer
 Associação Laço Rosa - pela cura do câncer de mama - Fundação Laço Rosa
 Associação Limeirense de Combate ao Câncer
 Associação Mário Penna
 Associação Petropolitana de Pacientes Oncológicos
 Associação Rosa Viva - ROSAVIVA
 Bem-Estar Familiar no Brasil
 Brazilian Oncology Nursing Society
 Centro de Integração Amigas da Mama
 Elas Por Elas Vozes e Ações das Mulheres
 Federação Brasileira de Instituições Filantrópicas de Apoio à Saúde da Mama - FEMAMA
 Federación Latinoamericana de Mastología
 Fundação Antonio Prudente - A.C. Camargo Cancer Center
 Fundação do Câncer, Brazil
 Fundação Maria Carvalho Santos
 Grupo Beltronense de Prevenção ao Câncer
 Grupo de Mama Renascer
 Grupo para Motivação e Auto-Ajuda Renovadora - Grupo AMAR
 Grupo Rosa e Amor
 Hospital de Caridade de Ijuí
 INCA Instituto Nacional de Câncer
 Instituto Avon
 Instituto Brasileiro de Controle do Câncer
 Instituto da Mama do Rio Grande do Sul - IMAMA
 Instituto de Desenvolvimento e Valorização Humana
 Instituto do Câncer do Ceará
 Instituto Humanista de Desenvolvimento Social - HUMSOL
 Instituto Oncoguia
 Liga Mossoroense de Estudos e Combate ao Câncer - Grupo Toque de Mama

Liga Norterriograndense Contra o Câncer - Grupo Despertar
 Núcleo Assistencial para Pessoas com Câncer
 Rede Feminina de Combate ao Câncer de Blumenau
 Rede Feminina de Combate ao Câncer de Brasília
 Rede Feminina de Combate ao Câncer de Brusque
 Rede Feminina de Combate ao Câncer de Gaspar
 Rede Feminina de Combate ao Câncer de Itajaí
 Rede Feminina de Combate ao Câncer de Jaraguá do Sul
 Rede Feminina de Combate ao Câncer de Maravilha
 Rede Feminina de Combate ao Câncer de Ponta Porã
 Rede Feminina de Combate ao Câncer de São Bento do Sul
 Rede Feminina de Combate ao Câncer de União da Vitória
 Rede Feminina de Combate ao Câncer de Xaxim
 Rede Feminina de Combate ao Câncer do Amazonas
 Rede Feminina de Combate ao Câncer em Alagoas
 Rede Feminina Regional de Combate ao Câncer de Xanxerê - Santa Catarina
 Santa Casa de Misericórdia da Bahia
 União e Apoio no Combate ao Câncer de Mama - UNACCAM

Bulgaria

Bulgarian Lymphoma Patients' Association
 Bulgarian National Association of Oncology
 Bulgarian Oncology Nursing Society

Burkina Faso

Action Contre le Cancer Infantile au Burkina Faso
 Espoir Cancer Féminin
 Kimi
 Solidarité contre le cancer

Burundi

Alliance Burundaise Contre le Cancer

Cambodia

Sihanouk Hospital Center of HOPE

Cameroon

Association des Volontaires pour la Santé Familiale
 Cameroon Laboratory and Medicine Foundation Health Centre
 Michael and Mauritia Patcha Foundation
 Solidarité Chimiothérapie - SOCHIMIO
 Synergies Africaines Contre le Sida et les Souffrances
 Yaounde Gynaeco-Obstetric and Pediatric Hospital

Canada

Alberta Cancer Foundation
 Alberta Health Services - Cancer Care
 British Columbia Cancer Agency
 Canadian Association of Gastroenterology
 Canadian Association of Nurses in Oncology
 Canadian Association of Radiation Oncology
 Canadian Cancer Action Network
 Canadian Cancer Society
 Canadian Federation for Sexual Health
 Canadian Institutes of Health Research
 Canadian Organization of Medical Physicists
 Canadian Partnership Against Cancer
 Cancer Care Ontario
 Centre for Chronic Disease Prevention
 Department of Oncology, Faculty of Medicine, McGill University
 Direction québécoise du cancer, Ministère de la Santé et des Services Sociaux
 Fondation Québécoise du Cancer
 International Psycho-Oncology Society
 International Society of Nurses in Cancer Care (ISNCC)
 Lymphoma Coalition
 Lymphoma Foundation Canada
 Princess Margaret Cancer Centre
 The Cedars Cancer Institute at the McGill University Health Centre

Cayman Islands, the

Cayman Islands Cancer Society

Chad

Association DONAMA
 Association Tchadienne Contre le Cancer
 Association Tchadienne des Femmes Vivants avec le Cancer

Chile

Asociación Chilena de Protección de la Familia
 Corporación Nacional Maxi-Vida
 Fundación Chilena para el Desarrollo de la Oncología - Fundación Cáncer Chile

China

Beijing New Guideline Medical Technology Development co., Ltd
 Beijing New Sunshine Charity Foundation
 Cancer Foundation of China
 Chinese Anti-Cancer Association
 Chinese Medical Association
 Hangzhou Cancer Hospital
 Jiangxi Cancer Hospital
 Oncology Nursing Committee of Chinese Nursing Associations
 Peking University Cancer Hospital and Institute
 Shanghai Roots & Shoots
 Sun Yat-sen University Cancer Center
 The Fourth Hospital of Hebei Medical University Cancer Institute
 Tianjin Medical University Cancer Institute and Hospital
 Xinhua Translational Institute for Cancer Pain, Shanghai

Colombia

Asociación Pro-Bienestar de la Familia Colombiana
Colombian Leukemia and Lymphoma Foundation
Funcancer
Fundación Esperanza Viva
Instituto de Cancerología S.A.
Instituto Nacional de Cancerología - Colombia
La Asociación de Enfermería Oncológica Colombiana
Liga Colombiana Contra el Cáncer
Registro Poblacional de Cáncer de Cali de la Universidad del Valle
Union Comorienne Contre le Cancer

Congo, the

Accompagnez la vie
Association des Infirmiers du Congo
Bénévoles pour le Bien être Familial
Fondation Calissa Ikama
Union Congolaise contre le Cancer

Congo, the Democratic Republic of the

Agir Ensemble
Clinique de Pointe à Pitre / Kinshasa
Ligue Congolaise Contre le Cancer

Costa Rica

Asociación Demográfica Costarricense
Asociación Profesional del Enfermeras Oncohematológicas
Fundación Dra. Anna Gabriela Ross

Côte d'Ivoire

Aidons les Personnes Atteintes ou Affectées par le Cancer
Association de Soins Palliatifs de Côte d'Ivoire
Association Imagine le Monde
Association Ivoirienne de Lutte Contre le Cancer
Association Ivoirienne des Soins Palliatifs
CHU de Treichville - Service de Pédiatrie
Hope Life
Ligue Ivoirienne Contre le Cancer
Société Ivoirienne de Pathologie
SOS Cancers

Croatia

Association of Patients with Leukemia and Lymphoma
Croatian League Against Cancer

Cuba

Sección Independiente de Control del Cáncer
Sociedad Científica Cubana para el Desarrollo de la Familia
Sociedad Cubana de Oncología, Radioterapia y Medicina Nuclear

Curaçao

Foundation for the Promotion of Responsible Parenthood

Cyprus

Cyprus Anti-Cancer Society
Cyprus Association of Cancer Patients and Friends

Czech Republic

League Against Cancer Prague
Lymfom Help

Denmark

Danish Cancer Society
Multinational Association of Supportive Care in Cancer
Patientforeningen for Lymfekræft & Leukæmi

Djibouti

Association pour le Développement du Millénaire

Dominica

Dominica Cancer Society
Dominica Planned Parenthood Association

Dominican Republic, the

Asociación Dominicana Pro-Bienestar de la Familia
Liga Dominicana Contra el Cáncer
Patronato Cibaeño Contra el Cáncer
Un Paso Max

Ecuador

Asociación Ecuatoriana de Ayuda a Pacientes con cáncer "Esperanza y Vida"
Centro Ecuatoriano para la Promoción y Acción de la Mujer
Fundación Jóvenes contra el Cáncer
Sociedad de Lucha contra el Cáncer

Egypt

Arab Medical Association Against Cancer
Association d'aide aux Malades du Cancer dans l'Oasis de Dakhla
Association Médicale Franco-Egyptienne
Can Survive Egypt
Egyptian Society for Promotion of Women's Health
Fakkous Center for Cancer and Allied Diseases
National Cancer Institute - Cairo

El Salvador

Asociación Demográfica Salvadoreña
Asociación Salvadoreña para la Prevención del Cáncer

Estonia

Estonian Cancer Society

Ethiopia

Mathiwos Wondu Ye-Ethiopia Cancer Society

Fiji

Fiji Cancer Society
Fiji Islands Ministry of Health and Medical Services

Finland

Cancer Society of Finland

France

AFROCANCER
Alliance des Ligues Francophones Africaines et Méditerranéennes contre le cancer
Alliance Mondiale Contre le Cancer
Association Française des Infirmiers de cancérologie
Association Laurette Fugain
Cancérologues Sans Frontières
Cent Pour Sang La Vie
Centre Antoine Lacassagne
Centre Eugène Marquis
Centre Georges-François Leclerc
Centre Henri Becquerel
Centre Léon Bérard
Centre Oscar Lambret
Centre Paul Strauss
Centre Régional François Baclesse
Centre Régional Jean Perrin
Fondation ARC pour la Recherche sur le Cancer
Fondation JDB-prévention cancer
France Lymphome Espoir
French League Against Cancer
Groupe Franco-Africain d'Oncologie Pédiatrique
Gustave Roussy
Gynécologie Sans Frontières
Institut Bergonié
Institut Curie
Institut de Cancérologie de Lorraine
Institut de Cancérologie de l'Ouest
Institut du Cancer de Montpellier
Institut Jean Godinot
Institut National du Cancer
Institut Paoli Calmettes
Institut pour la Prévention de Cancer du Sein
Institut Universitaire du Cancer Toulouse
Oncopole
NESSMA
OncoMali
Pathologie Cythologie et Développement
Physicien Médical Sans Frontières
Raid Evasion Run
Sécurité Solaire / Sun Safety
SOS Don de Moelle Osseuse Moyen Orient
UNICANCER

Gabon

Fondation Sylvia Bongo Ondimba
Ligue Gabonaise Contre le Cancer

Georgia

Georgian Nursing Association
National Cancer Center of Georgia
National (Cancer) Screening Center

Germany

Deutsche Krebsgesellschaft e.v.
Deutsche Krebshilfe
Deutsche Leukaemie & Lymphom-Hilfe eV

Deutsches Krebsforschungszentrum
Krebsallianz GmbH
Myeloma Euronet A.I.S.B.L.

Ghana

African Cancer Organisation
Breast Care International
Ghana Health Service, Non Communicable
Disease Control Program

Greece

Hellenic Cancer Society
Hellenic Society of Medical Oncology
International Institute of Anticancer Research

Grenada

Grenada Planned Parenthood Association

Guadeloupe

Association Guadeloupeenne pour le
Planning Familial

Guatemala

Asociación de Pacientes con LMC
Asociación Pro-Bienestar de la Familia de
Guatemala
Instancia por la salud y el desarrollo de las
Mujeres
Liga Nacional Contra el Cáncer Guatemala
One Voice Against Cancer

Guinea

Génération Sans Tabac

Guyana

Guyana Responsible Parenthood Association

Haiti

Association pour la Promotion de la Famille
Haitienne

Honduras

Asociación Hondureña de Planificación de
Familia
Asociación Hondureña de Lucha contra el
Cáncer
Fundación Hondureña para el Niño con
Cáncer
Liga Contra el Cáncer - Honduras

Hong Kong

Asian Fund for Cancer Research
Hong Kong Blood Cancer Foundation
The Hong Kong Anti-Cancer Society
World Cancer Research Fund Hong Kong

Hungary

Hungarian League Against Cancer

Iceland

Icelandic Cancer Society
India
Apollo Cancer Institute, Apollo Hospitals -
Hyderabad
Cancer Aid & Research Foundation

Cancer Foundation of India
Cancer Patients Aid Association
Delhi State Cancer Institute
Dharamshila Cancer Hospital and Research
Centre
Dr. Bhubaneswar Borooh Cancer Institute
Enhance head neck rehabilitation & enhance
social initiative
Friends of Max
Global Marwari Charitable Foundation
Gujarat Cancer & Research Institute
HealthCare Global Entreprises
Indian Cancer Society - National HQ
Institute Rotary Cancer Hospital
Kidwai Memorial Institute of Oncology
Meherbai Tata Memorial Hospital
North East Cancer Hospital and Research
Institute
Priyamvada Birla Cancer Research Institute
Satna
Rajiv Gandhi Cancer Institute & Research
Centre
Ruby Hall Clinic
Saroj Gupta Cancer Centre & Research
Institute
Tata Memorial Hospital
The Oncology Nurses Association of India
V Care Foundation

Indonesia

Indonesian Cancer Foundation
Indonesian Center for Expertise in
Retinoblastoma
Indonesian Oncology Nurses Association
Yayasan Sentuhan Kasih Anak Indonesia

Iran, Islamic Republic of

Cancer Institute, Imam Khomeini Medical
Center
MAHAK "Society to Support Children
Suffering from Cancer"
Reza Radiation Oncology Center

Iraq

Zhianawa Cancer Center

Ireland

Irish Cancer Society
Lymphoma Support Ireland
National Cancer Control Programme
UPMC Whitfield Cancer Centre

Israel

Flute of Light
Hadassah
Israel Cancer Association

Italy

Associazione Italiana contro le Leucemie-
linfomi e mieloma - Pazienti
Associazione Italiana di Oncologia Medica
Associazione Italiana Malati di Cancro Parenti
e Amici
Associazione Italiana per la Ricerca sul
Cancro

Associazione Vittorio Tison Cultura e
Solidarietà
Centro di Riferimento Oncologico
Centro di Riferimento per l'Epidemiologia e la
Prevenzione Oncologica in Piemonte
European School of Oncology
Fondazione "Edo Ed Elvo Tempia Valenta"
Onlus
Fondazione IRCCS "Istituto Nazionale dei
Tumori"
Istituto Nazionale Tumori Regina Elena
Lega Italiana per la Lotta Contro i Tumori -
Roma
Patologi oltre Frontiera
Soletterre-Strategie di Pace Onlus
UPMC San Pietro

Jamaica

Jamaica Family Planning Association

Japan

Aichi Cancer Center
Asia Cancer Forum
Cancer Solution K.K.
Chiba Cancer Center
Foundation for Promotion of Cancer Research
Fukuoka Foundation for Sound Health
Group Nexus Japan
Higashi Sapporo Hospital
Hokkaido Cancer Society
Japan Cancer Society
Japan Lung Cancer Society
Japan Society of Clinical Oncology
Japan Society of Gynecologic Oncology
Japanese Breast Cancer Society
Japanese Cancer Association
Japanese Foundation for Cancer Research
Japanese Foundation for Multidisciplinary
Cancer Treatment
Jikei University School of Medicine
Kanagawa Cancer Center
Mie University Hospital
Miyagi Cancer Center
National Cancer Research Center - Japan
Niigata Cancer Center
Osaka Medical Center for Cancer and
Cardiovascular Disease
Princess Takamatsu Cancer Research Fund
Saga-ken Medical Centre Koseikan
Saitama Cancer Center
Sapporo Cancer Seminar Foundation
Sasaki Foundation
Shizuoka Cancer Center
Tochigi Cancer Center
Tokyo Metropolitan Komagome Hospital

Jordan

King Hussein Cancer Center
King Hussein Cancer Foundation

Kazakhstan

Almaty Oncology Centre
Kazakh Research Institute of Oncology/
Radiology
Kenya

Aga Khan University Hospital
Childhood Cancer Initiative
Faraja Cancer Support Trust
Henzo Kenya
Hope Beyond Cancer Trust
Kenya Cancer Association
Kenya Hospices and Palliative Care Association
Kenya Medical Research Institute
National Cancer Institute of Kenya
National Nurses Association of Kenya
PECA-Kenya
Women 4 Cancer Early Detection & Treatment
Youth Against Cancer in Kenya

Korea, the Republic of

Asian Society of Gynecologic Oncology
Korean Association for Clinical Oncology
Korean Cancer Association
Korean Society for Radiation Oncology
National Cancer Center - Korea
Yonsei Cancer Center

Kosovo

Kosova Task Force for Cancer Control

Kuwait

Kuwait Society for Preventing Smoking and Cancer

Kyrgyzstan

Public Foundation "Ergene"

Latvia

August Kirchenstein Institute of Microbiology and Virology
Limfomas Pacientu Atbalsta

Lebanon

Lebanese Cancer Society
Naef K. Basile Cancer Institute

Lithuania

Kraujas
National Cancer Institute – Lithuania

Luxembourg

Een Häerz fir Kriibskrank Kanner
The Fondatioun Kriibskrank Kanner

Macedonia, the former Yugoslav Republic of

Borka – For Each New Day

Madagascar

Fondation Akbaraly
Union Malagasy Contre le Cancer

Malawi

Malawi Cancer Registry

Malaysia

Breast Cancer Welfare Association
Cancer Research Malaysia

Max Family Society Malaysia
Malaysian Oncological Society
National Cancer Council
National Cancer Society of Malaysia
Pink Ribbon Wellness (L) Foundation

Maldives

Cancer society of the Maldives

Mali

Association de Lutte Contre les Maladies Cancéreuses
Association de Lutte contre le Tabac, l'Alcool et les Stupéfiants
Simasoh-Nani International

Malta

Action for Breast Cancer Foundation

Martinique

Association Martiniquaise pour l'information et l'orientation

Mauritania

Association Mauritanienne de lutte contre le cancer
Association pour la Santé Préventive de la Femme
Association pour Mieux Vivre avec le Cancer Gynécologique
Ligue Mauritanienne de Lutte Contre le Cancer
Ministère de la Santé - Programme national de lutte contre le Tabagisme de Mauritanie

Mauritius

Leukaemia Foundation
Link to Life

Mexico

Asociación Gerardo Alfaro A.C.
Asociación Mexicana contra el Cancer de Mama AC "Fundación Cimab"
Asociación Mexicana De Leucemia y Gist A.C.
Asociación Mexicana de Lucha Contra el Cáncer A.C.
Centro de Investigacion de Cancer en Sonora
Fundación Mexicana para la Planeación Familiar, A.C.
Fundacion Nacional de Pacientes con Linfoma no Hodgkin (FunaLinH)
Fundación Rebecca De Alba, A.C.
Instituto Nacional de Cancerología - México
Sociedad Mexicana de Oncología, AC

Mongolia

Mongolian Oncology Nursing Society
National Cancer Council of Mongolia

Morocco

Association de Soutien des Cancéreux de l'Oriental
Association des malades atteints de leucémies
Association SOS Face Marrakech

Hôpital Cheikh Khalifa Ibn Zaid
Lalla Salma Foundation - Cancer Prevention and Treatment
Université Mohammed VI des sciences de la santé

Mozambique

Beira Cancer Registry

Myanmar

Myanmar Oncology Society
Shwe Young Hnin Si Cancer Foundation

Namibia

Cancer Association of Namibia

Nepal

B.P. Koirala Memorial Cancer Hospital
Cancer Society Nepal
Children's Cancer Foundation
Nepal Cancer Relief Society
Tulasi Maya Memorial Cancer Relief Foundation

Netherlands, the

Childhood Cancer International
Dutch Cancer Society
Erasmus MC Cancer Institute
European Waldenström Macroglobulinemia Network
IDA Foundation
IKNL Integraal Kankercentrum Nederland
LymfklierkankerVereniging Nederland
Wereld Kanker Onderzoek Fonds

New Zealand

Cancer Society of New Zealand Inc.
Leukaemia & Blood Cancer New Zealand

Nicaragua

Asociación Pro-Bienestar de la Familia Nicaraguense
Fundación Alas de Vida

Niger

Association Against Leukemia in Niger
Centre National de Lutte contre le Cancer
Ministry of public health of the Republic of Niger
Société Nigérienne de Cancérologie
SOS Cancer Niger
SOS Tabagisme
TATALLI
Tous Unis Contre le Cancer

Nigeria

Act of Random Kindness Foundation International
Breast Cancer Association of Nigeria
Breast Without Spot Initiative
CancerAware Nigeria
Care Organisation Public Enlightenment
Ego Bekee Cancer Foundation
Leah Cancer Centre

Lifetouch Africa (reg. as Life Touch For African Women Health Initiative)
Nigerian Cancer Society
Nursing and Midwifery Council of Nigeria
Partnership for Eradication of Cancer in Africa - PECA Nigeria
Project PINK BLUE - Health & Psychological Trust Centre
Sebeccly Cancer Care and Support Centre
Society of Oncology and Cancer Research of Nigeria
The Bricon Foundation
Tobacco Control Foundation of Nigeria. (Nigeria Tobacco Control Alliance)
University of Abuja Nigeria
West African College of Surgeons
Norway
Norwegian Cancer Society

Oman

National Oncology Centre, the Royal Hospital, Muscat

Pakistan

Cancer Patients' Welfare Society NIMRA
Children Cancer Foundation Pakistan Trust
Green Hills Science College Muzaffarabad, Kashmir Pakistan
Pakistan Atomic Energy Commission
Shaukat Khanum Memorial Cancer Hospital & Research
Shaukat Khanum Memorial Cancer Hospital & Research Centre
The Children's Hospital Lahore Pakistan & Paediatric Palliative Care Group

Palestine, State of

Alhayat Association for Cancer Control
Augusta Victoria Hospital
Palestinian Oncology Society
Patient's Friend's Society-Jerusalem

Panama

Asociación Nacional Contra el Cáncer
Asociación Panameña para el Planeamiento de la Familia
Hospital del Niño de Panamá
Panamanian Oncology Nursing Society

Paraguay

Centro Paraguayo de Estudios de Población
Fundacion Unidos Contra El Cancer - Paraguay
Haematooncology Pediatric Department, Faculty of Medical Sciences, National University of Asunción

Peru

ALIADA
FUNDACIÓN PERUANA DE CÁNCER
Instituto de Oncología & Radioterapia de la Clínica Ricardo Palma
Instituto Nacional de Enfermedades Neoplásicas
Instituto Peruano de Paternidad Responsable
Liga Peruana de Lucha contra el cáncer
Luz de Esperanza

Oncosalud S.A.C.
Sociedad Peruana De Enferenonas Encologas

Philippines

Benavides Cancer Institute, University of St Tomas Hospital
Cancer Warriors Foundation, Inc
I Can Serve Foundation
Philippine Alliance of Patients' Organisations
Philippine Cancer Society
Philippine Children's Medical Center
Philippine Oncology Nurses Association Inc.
St. Luke's Medical Center - Quezon City
The Cancer Institute Foundation, Inc.
Touched By Max

Poland

International Hereditary Cancer Center
Polish Lymphoma Association

Portugal

AEOP - Portuguese Association Oncology Nurse
Associacao Portuguesa Contra a Leucemia
Assoçiação Portuguesa de Leucemias e Linfomas
Instituto Português de Oncologia de Coimbra Francisco Gentil, EPE
Liga Portuguesa Contra o Cancro

Puerto Rico

Asociación Puertorriqueña Pro-Bienestar de la Familia

Romania

Association P.A.V.E.L.
Romanian Nursing Association

Russian Federation

Equal Right to Life
N.N. Blokhin Russian Cancer Research Center
Petrov Research Institute of Oncology
Society for Assistance to People with Oncohematologic Disease
The National Society of Pediatric Hematologists and Oncologists

Rwanda

Butaro Hospital
Inshuti Mu Buzima (Partners In Health - Rwanda)
Rwanda Children's Cancer Relief

Saint Kitts and Nevis

Nevis Family Planning Association
St. Kitts Family Life Services Association Ltd.

Saint Lucia

St. Lucia Planned Parenthood Association

Saint Vincent and the Grenadines

St. Vincent Planned Parenthood Association

Samoa

Samoa Cancer Society Inc.

Saudi Arabia

Ministry of Health - Saudi Arabia
Saudi Cancer Society
Sheikh Mohammed Hussien Al-Amoudi
Center of Excellence in Breast Cancer
Zahra Breast Cancer Association

Senegal

Association Cancer du Sein du Sénégal
Hôpital Aristide Le Dantec, CHU Dakar
Institut pour la Formation et la Recherche en Urologie et en Santé de la Famille
Ligue Sénégalaise Contre le Cancer
Ministry of National Education Senegal - Division du Controle Medical Scolaire

Sierra Leone

Crusaders Club Ministry Sierra Leone
MEPS Trust Well Woman Clinic

Singapore

Leukemia and Lymphoma Foundation
National Cancer Center - Singapore
Singapore Cancer Society
The Skin Cancer Institute

Slovakia

Lymfoma Slovakia
Slovak League Against Cancer

Slovenia

Association of Slovenian Cancer Societies
Društvo Bolnikov z Limfomom
Ljubljana Institute of Oncology
Slovenian Coalition for Public Health, Environment and Tobacco Control
Slovensko Združenje Bolnikov z Limfomom in Levkemijo

South Africa

African Organisation for Research and Training in Cancer
Campaigning for Cancer
Cancer Association of South Africa
Cape Peninsula University of Technology, Faculty of Health and Wellness Sciences
National Oncology Nursing Society of South Africa
People Living with Cancer
PinkDrive
Women in Action

Spain

AEAL, Asociación Española de Afectados por Linfoma, Mieloma y Leucemia
Asociación Española Contra el Cáncer
Institut Catala d'Oncologia
Société Internationale de Sénologie - SIS
Vall Hebron Institut of Oncology

Sudan

The Radiation & Isotopes Centre Khartoum

Suriname

Stichting Lobi

Sweden

Blodcancerförbundet
Cancer Society in Stockholm
European Society for Medical Oncology
Fondation ISREC
Gavi, the Vaccine Alliance
Ho/Noho - Schweizerische
Patientenorganisation für Lymphombetroffene
und Angehörige
Hopitaux Universitaires de Genève
International Extranodal Lymphoma Study
Group
International Society for Geriatric Oncology
SIOP International Society of Pediatric
Oncology
Swedish Cancer Society - Cancerfonden
Swiss Cancer League

Syrian Arab Republic

Association Médicale Franco-Syrienne

Taiwan, Province of China

Formosa Cancer Foundation
Hope Foundation for Cancer Care

Tanzania, United Republic of

Medical Women Association of Tanzania
Ministry of Health Community Development,
Gender, Elderly and Children of Tanzania
Ocean Road Cancer Institute
T-MARC Tanzania
Tumaini La Maisha Tanzania

Thailand

Department of Pediatrics, Faculty of
Medicine, Prince of Songkhla University
MaxSmiles
National Cancer Institute - Thailand
Thai International Chemotherapy Society
Thai Pediatric Oncology Group
The Wishing Well Foundation
Udon CML Patient Supporting Group

Togo

Association pour la Promotion de la Santé et
du Bien-Etre Social
Ligue Togolaise Contre le Cancer

Trinidad and Tobago

Family Planning Association of Trinidad and
Tobago

Tunisia

Association des Malades du Cancer
Association SELIMA
Association Tunisienne Contre le Cancer
Association Tunisienne d'Assistance aux
Malades du Cancer du Sein
Association Tunisienne de Soins Palliatifs -
Gabès
Association Tunisienne des Sages-Femmes
Association Tunisienne des Soins Palliatifs

Turkey

Fondation des Enfants Atteints de la
Leucémie
Help Those With Cancer Association
Istanbul University Oncology Institute
KÖKDER
Ministry of Health - Turkey
Turkish Association for Cancer Research and
Control
Turkish Oncology Nursing Society
Turkish Society for Radiation Oncology
Turkish Society of Lung Cancer
Turkish Society of Medical Oncology
Urooncology Society in Turkey

Uganda

African Palliative Care Association
Bless a Child Foundation
Uganda Cancer Institute
Uganda Cancer Society
Uganda Women's Cancer Support
Organization

Ukraine

Ukrainian Public Association for Patients with
Chronic Lymphoproliferative Diseases

United Arab Emirates

Friends of Cancer Patients
Mediclinic City Hospital FZ-LLC
Positive Cancer Foundation

United Kingdom

Breast Cancer Now
Cancer Research UK
Cancer Research UK Manchester Institute
Cancer52
ecancer
European Oncology Nursing Society
Leukaemia CARE
Lymphoma Association
Macmillan Cancer Support
World Cancer Research Fund
World Cancer Research Fund International
World Child Cancer

United States of America

Abramson Cancer Center, University of
Pennsylvania
American Association for Cancer Education
American Association for Cancer Research
American Cancer Society
American Childhood Cancer Organization
American College of Surgeons
American Institute for Cancer Research
American Society for Clinical Pathology
American Society for Radiation Oncology
American Society of Clinical Oncology
Basic Health International, Inc
Campaign for Tobacco-Free Kids
Cancer Africa
CancerCare
C-Change
Centers for Disease Control and Prevention

Chicago Blood and Cancer Foundation
College of American Pathologists
Cutaneous Lymphoma Foundation
Dana Farber Cancer Institute
Direct Relief
Fred Hutchinson Cancer Research Center
Harvard Global Equity Initiative
Indiana University Simon Cancer Center
International Cancer Expert Corps
International Myeloma Foundation
International Planned Parenthood Federation
Western Hemisphere Region
International Waldenstrom's
Macroglobulinemia Foundation
Jhpiego Corporation
John Wayne Cancer Foundation
Leukemia & Lymphoma Society
LIVESTRONG Foundation
Love Hope Strength Foundation
Lymphoma Research Foundation
Massey Cancer Center
Melanoma Research Foundation
Memorial Sloan Kettering Cancer Center
Missouri Cancer Registry & Research Center,
University of Missouri School of Medicine
Dept. of Health Management & Informatics
National Cancer Coalition, Inc.
National Cancer Institute - USA
National Comprehensive Cancer Network
National Foundation for Cancer Research
North American Association of Central
Cancer Registries
Oncology Nursing Society
Partners HealthCare
PATH
Patients Against Lymphoma
Pink Ribbon Red Ribbon
Prevent Cancer Foundation
RTI International
Society of Gynecologic Oncology
Society of Surgical Oncology
St. Baldrick's Foundation
St. Jude Children's Research Hospital
Susan G. Komen for the Cure
T-Cell Leukemia Lymphoma Foundation
The George Washington University Cancer
Institute
The Max Foundation
The University of Texas MD Anderson Cancer
Center
UCSF Helen Diller Family Comprehensive
Cancer Center
University of Colorado Cancer Center
University of Hawaii Cancer Center
University of Miami - Sylvester
Comprehensive Cancer Center
University of Pennsylvania Radiation
Oncology
UPMC
UW Carbone Cancer Center
Young Professionals Chronic Disease
Network

Uruguay

Asociación Uruguaya de Planificación Familiar
Comisión Honoraria de Lucha contra el Cáncer
Comisión Pro Fomento Vecinal Plaza Cuauhtémoc
Fundación Porsaleu
Grupo Linfoma Uruguay
Hospital de Clínicas "Dr. Manuel Quintela"

Venezuela, Bolivarian Republic of

Asociación Civil de Planificación Familiar
Asociación de Ayuda a Pacientes Hemato-Oncológicos
Asociación Venezolana de Amigos con Linfoma
Fundación Hemato-Oncológica Guyana
Sociedad Anticancerosa de Venezuela

Viet Nam

Breast Cancer Society of Hue
Bright Future Fund Vietnam
Can Tho Oncology Hospital
Ho Chi Minh City Oncological Hospital
Vietnam Cancer Society

Virgin Islands, British

BVI Family Life Association

Virgin Islands, US

Virgin Islands Family Planning Association

Yemen

National Cancer Control Foundation

Zambia

Breakthrough Cancer Trust
Cancer Diseases Hospital
Tobacco - Free Association of Zambia
Zambian Cancer Society

Zimbabwe

Cancer Association of Zimbabwe - Harare Branch
Hospice & Palliative Care Association of Zimbabwe
Zimbabwe National Cancer Registry

The Cancer Atlas, Second Edition

in Arabic, Chinese, French, Hindi,
Portuguese, Russian, Spanish, and Turkish

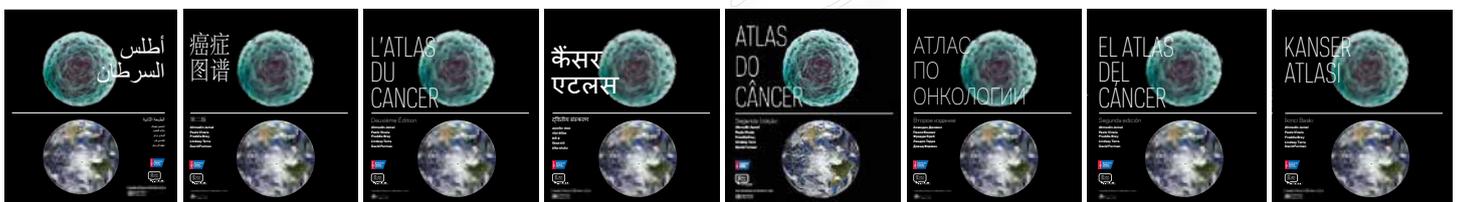
The *Cancer Atlas, Second Edition*, a collaborative effort between the American Cancer Society, the International Agency for Research on Cancer, and the Union for International Cancer Control (UICC), provides a vital tool for the cancer community. This compelling volume aims to increase knowledge, provide a reliable basis for evidence-based decision making, and inspire united action and partnerships against the cancer epidemic.

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Alliance des Ligues francophones africaines et méditerranéennes contre le cancer
Blokhin Russian Cancer Research Society
Friends of Cancer Patients
Hong Kong Anti-Cancer Society
Hospital de Câncer de Barretos
La Ligue Contre Le Cancer
Turkish Association for Cancer Research and Control

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International Agency for Research on Cancer





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