

ESMO SUMMIT AFRICA 2019

ESMO & WHO Collaboration: What it means for Africa

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ESMO President

15 February 2019, Cape Town, South Africa



DECLARATION OF INTEREST

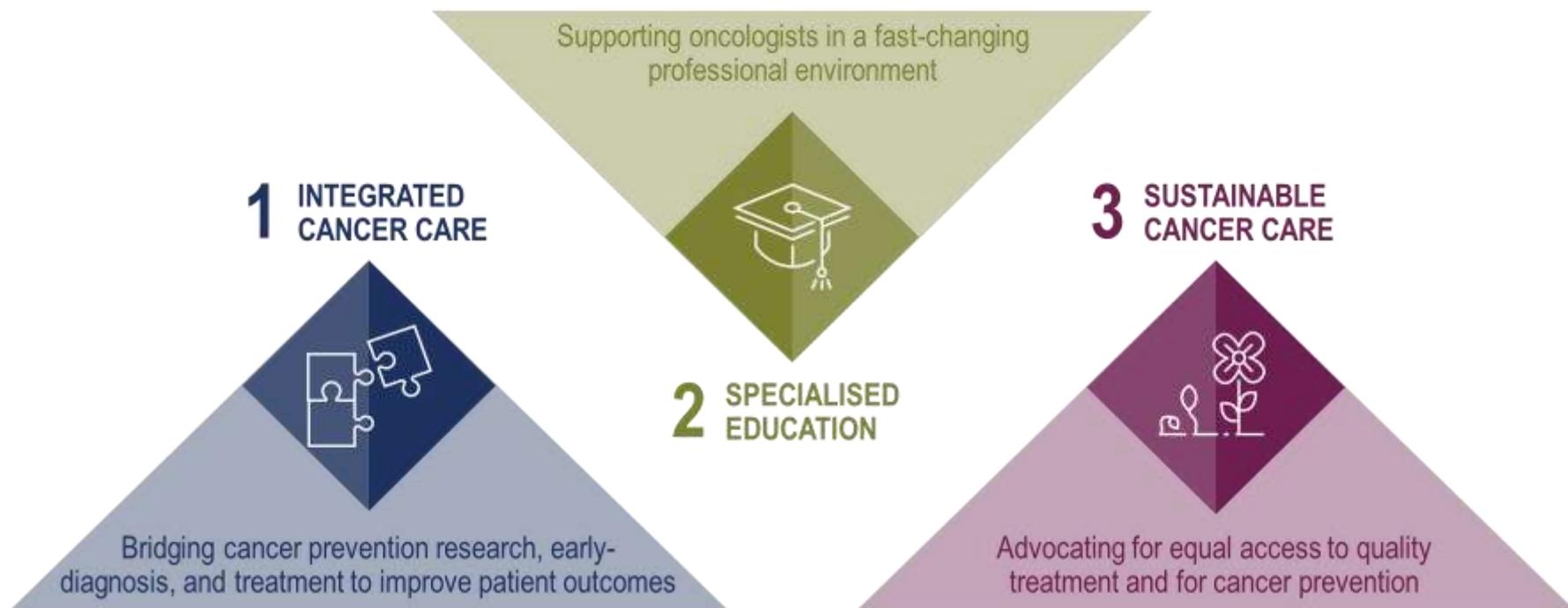


Josep Tabernero reports personal financial interest in form of scientific consultancy role for Array Biopharma, AstraZeneca, Bayer, BeiGene, Boehringer Ingelheim, Chugai, Genentech, Inc., Genmab A/S, Halozyme, Imugene Limited, Inflection Biosciences Limited, Ipsen, Kura Oncology, Lilly, MSD, Menarini, Merck Serono, Merrimack, Merus, Molecular Partners, Novartis, Peptomyc, Pfizer, Pharmacyclics, ProteoDesign SL, Rafael Pharmaceuticals, F. Hoffmann-La Roche Ltd, Sanofi, SeaGen, Seattle Genetics, Servier, Symphogen, Taiho, VCN Biosciences, Biocartis, Foundation Medicine, HaliDX SAS and Roche Diagnostics.

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ESMO 2020 VISION

Securing the best possible outcomes for people with cancer



2018 GLOBAL CANCER DATA

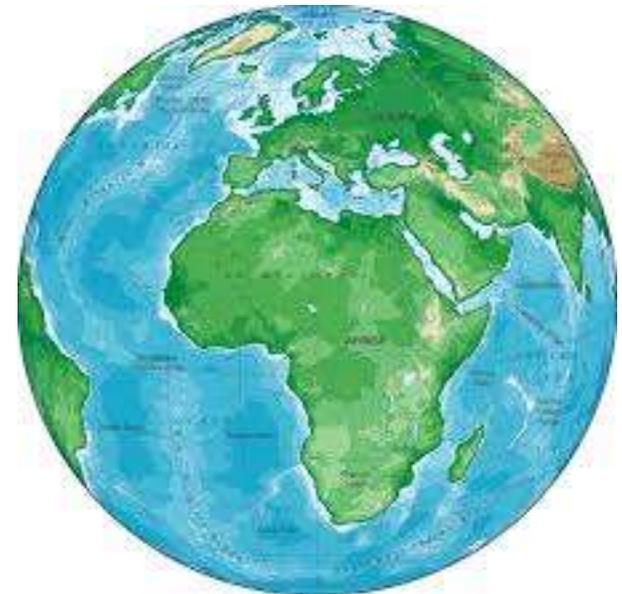
In 2018 the **International Agency for Research on Cancer (IARC)** made available the **Global Cancer Observatory** data.

The **global cancer burden** has risen to **18.1 million new cases** and **9.6 million cancer deaths**.

It is estimated that:

- One-in-five men will develop cancer and one-in-eight will die.
- One-in-six women will develop cancer and one-in-eleven women will die.

http://www.iarc.fr/en/media-centre/iarcnews/2018/gco_globocan2018.php



2018 INCIDENCE AND MORTALITY IN AFRICA

AFRICA

Cancer incidence:

- Estimated new cases in 2018: 1,055 million
- Expected new cases in 2040: 2,126 million

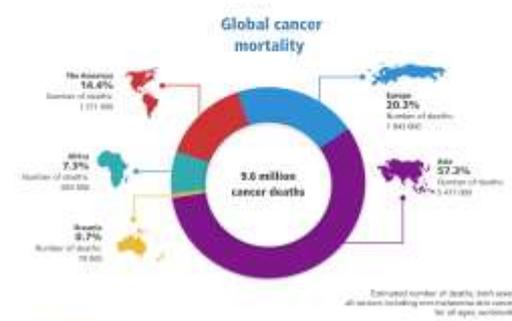
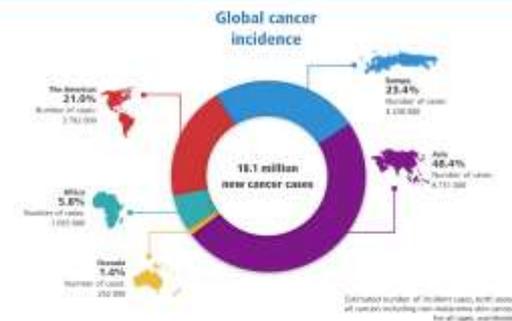
Cancer deaths:

- Estimated deaths in 2018: 693 thousand
- Expected deaths in 2040: 1,43 million

<https://gco.iarc.fr/tomorrow>



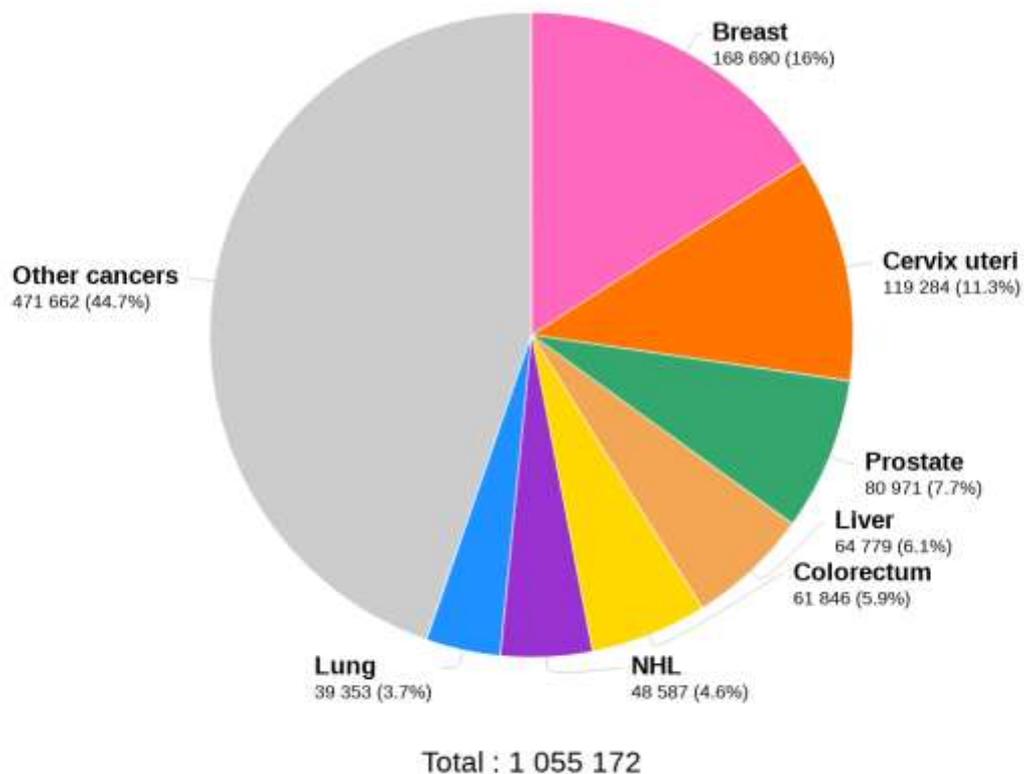
GLOBAL CANCER DATA 2018



Both charts: GLOBOCAN 2018
Available at Global Cancer Observatory (<http://gco.iarc.fr>)
© International Agency for Research on Cancer (IARC)

IARC 2018 GLOBAL CANCER OBSERVATORY: ESTIMATED NEW CANCER CASES IN AFRICA

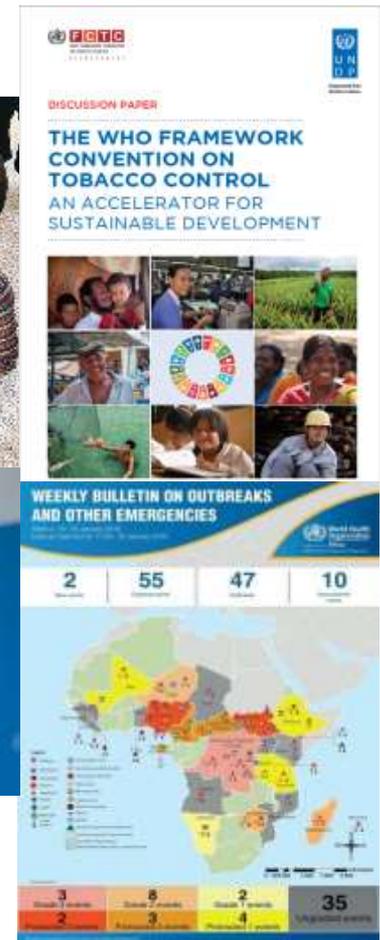
Estimated number of new cases in 2018, Africa, all cancers, both sexes, all ages



WHO: THE GLOBAL GUARDIAN OF PUBLIC HEALTH

The WHO attempts to tackle the world's foremost health problems, and has had a major impact on:

- Eradication of Polio, Smallpox, Tuberculosis
- Global Response to Health Emergencies - HIV/AIDS, H1N1, Ebola, Zika
- Access to HIV treatment
- Antimicrobial Resistance



WHO IN AFRICA

As of 2011, the WHO is focusing on Non-communicable diseases, which include cancer. To date some success stories in Africa:

- The WHO has assisted 31 Member States to develop **NCD Strategic/Action plans**
- Ten countries have integrated WHO's Package of **Essential NCD interventions into their primary care** to increase early detection and treatment.
- Eight countries adopted **laws to address tobacco use** in line with the WHO Framework Convention on Tobacco Control (WHO FCTC) and 17 Member States and three blocks of countries were supported by the WHO to implement changes in tobacco taxation policies.
- **Workshops on cancer registries** with the WHO, IARC, IAEA, and the African Cancer Registry Network have brought together health authorities and cancer control experts from 19 francophone African countries.



Dr Matshidiso Moeti from Botswana is the first woman WHO Regional Director for Africa

WHO DIRECTOR-GENERAL: DR. TEDROS, ETHIOPIA

Dr. Tedros from Ethiopia is the Director-General of the WHO. Under the theme 'Health for All' he has put forward a **'triple billion target' by 2023** which focuses on healthier populations, protection from health emergencies, and **universal health coverage**, all critical issues in Africa. This means that all WHO projects need to focus on achieving these goals.

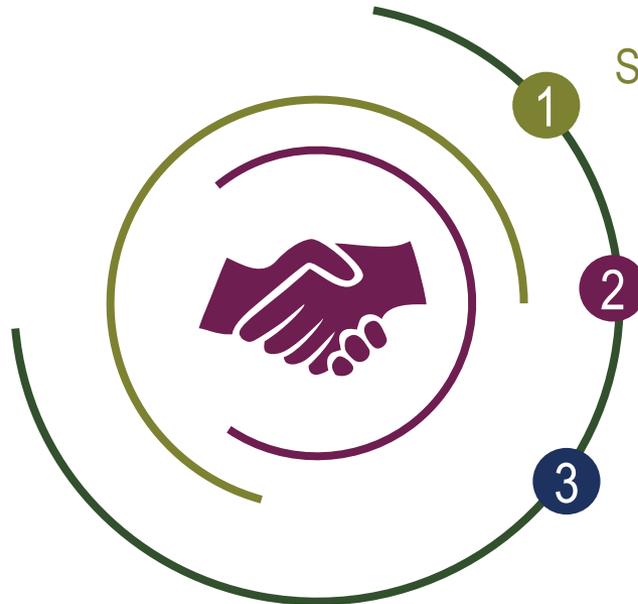


WHO's 3 dimensions of universal health coverage are:

- **Expanding population coverage**
- **Increasing cancer services**
- **Reducing out-of-pocket costs for patients.**

ESMO shares with WHO the vision of universal health coverage.

SINCE 2013, ESMO HAS 'OFFICIAL RELATIONS STATUS' WITH WHO



Special Sessions with the WHO at ESMO congresses

Collaboration with the WHO:

- ESMO Opioid Survey
- ESMO Antineoplastic Medicine Survey
- WHO Model List of Essential Medicines

Supporting WHO's global resolutions:

- 2013-2020 WHO Global Action Plan on Non-communicable Diseases
- 2017 WHO Cancer Resolution

2017 WHO 'CANCER RESOLUTION': A MILESTONE FOR ONCOLOGY



At the 2017 World Health Assembly, the WHO 'Cancer Resolution' was unanimously adopted by all 194 WHO member states.

Its overarching goals are to:

- Reduce mortality from cancer by 25% by 2025 and 33% by 2030.
- Achieve Universal Health Coverage by 2030.

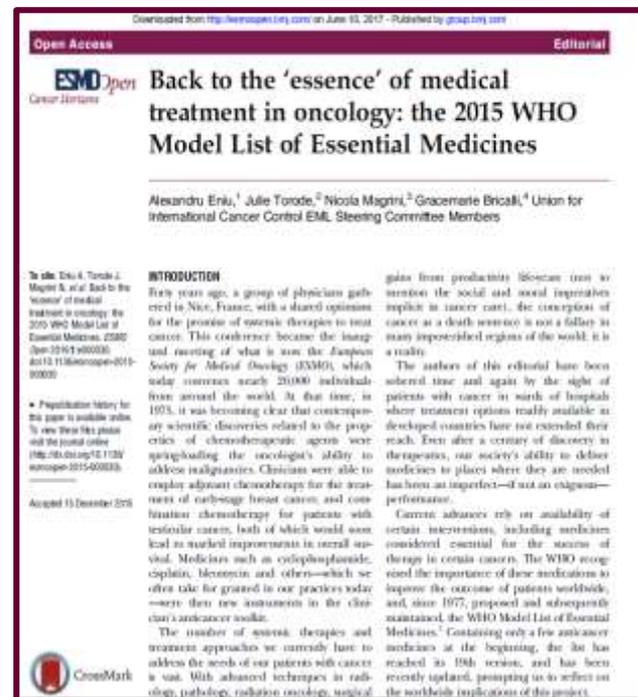
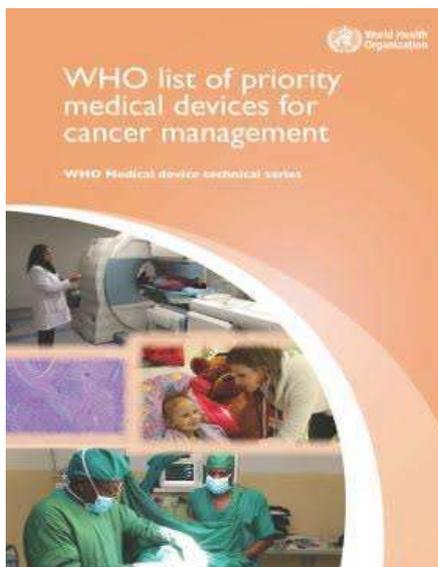
KEY WHO PROJECTS TO IMPLEMENT THE 2017 WHO CANCER RESOLUTION



WHO tools and building blocks to create and scale-up cancer services, especially in developing countries:

1. WHO Priority List of Medical Devices for Cancer Management
2. WHO Model List of Essential Medicines
3. WHO Oncology Workforce Optimisation Project
4. WHO National Cancer Control Prioritisation and Costing Tool
5. WHO Elimination of Cervical Cancer Initiative
6. WHO Global Initiative on Childhood Cancer
7. WHO Global Report on Cancer

WHO PRIORITY MEDICAL DEVICES AND ESSENTIAL MEDICINES FOR CANCER MANAGEMENT



- The **WHO list of priority medical devices for cancer management** provides the list of medical devices for cancer interventions, so countries can build cancer services from the ground up.
- The cancer medicines on the **WHO Model List of Essential Medicines** are referenced in the **ESMO Clinical Practice Guidelines** and used to treat the majority of cancers. They are inexpensive, and also available as generics and biosimilars. They should be on national essential medicines lists and protected against shortages.

WHO HEALTH WORKFORCE OPTIMISATION FOR CANCER CARE PROJECT

Goal: To develop a strategic tool to optimise the current cancer workforce and plan for future needs

Survey



Module 1: The Cancer workforce



Module 2: Education & early career development



Module 3: Regulation of professional practice



Module 4: Professional associations



Module 5: Policies, national plans, and legislation



Module 6: Workforce planning & infrastructure



Module 7: Country progress over last 10 years

MODULE 2

Occupation	Anatomic pathologist	Surgical oncologist	Medical oncologist	Oncology nurse	Radiation oncologist
ISCO code	2112	2112	2112	2201	2112
201a:	Is there an education programme available in this country for this occupation?				
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
201b:	Indicate the total number of education places in the first year of study for this occupation?				
	2017	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2018	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2019	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
202a:	Are there formal criteria to decide how many education places will be offered?				
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
202b:	Please provide information on the formal criteria.				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
202c:	Who decides the number of places?				
	<input type="radio"/> a	<input type="radio"/> a	<input type="radio"/> a	<input type="radio"/> a	<input type="radio"/> a
	<input type="radio"/> b	<input type="radio"/> b	<input type="radio"/> b	<input type="radio"/> b	<input type="radio"/> b
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WHO NATIONAL CANCER CONTROL PLAN PRIORITIZATION AND COSTING TOOL

Input the country's national data and cancer burden

Pick and choose from a menu of priority cost-effective cancer services

Calculate the health impact of the services on the population

Receive cost estimates for each cancer service

Make informed decisions tailored to the country's needs and resources

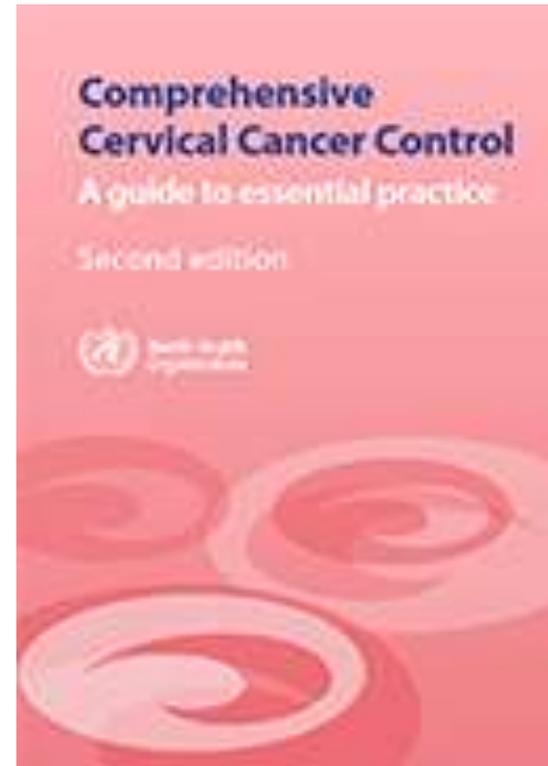
ELIMINATION OF CERVICAL CANCER

Cervical cancer is one of the most preventable and treatable forms of cancer, yet one of the most common causes of cancer in Africa.

In May 2018, Dr. Tedros called for the elimination of cervical cancer.

As a result, in January 2019, WHO was mandated to develop a 2020-2030 global strategy to eliminate cervical cancer.

[http://apps.who.int/gb/ebwha/pdf_files/EB144/B144\(2\)-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB144/B144(2)-en.pdf)



<https://www.afro.who.int/health-topics/cancer>

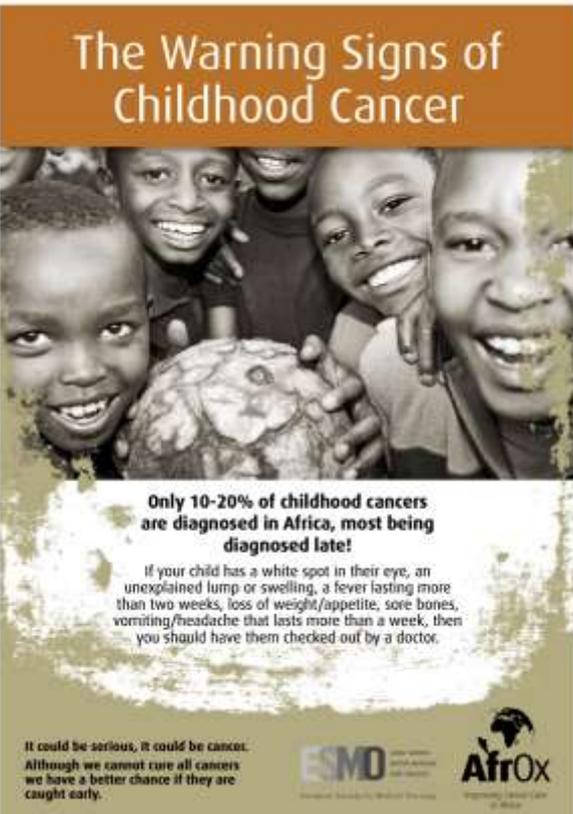
WHO ASSISTANT DIRECTOR-GENERAL FOR FAMILY, WOMEN, CHILDREN AND ADOLESCENTS: DR. PRINCESS SIMELELA, SOUTH AFRICA

“Elimination of cervical cancer as a global health issue is within reach for all countries. We know what works, and we know how to prevent and control this disease. This new approach will unite us and help to focus the world’s efforts on protecting the well-being of women and girls.”



WHO GLOBAL INITIATIVE ON CHILDHOOD CANCER

Goal: To increase the survival rate for children with cancer to 60% by 2030, thereby saving an additional one million lives and doubling of the global cure rate for children with cancer.



**The Warning Signs of
Childhood Cancer**

**Only 10-20% of childhood cancers
are diagnosed in Africa, most being
diagnosed late!**

If your child has a white spot in their eye, an unexplained lump or swelling, a fever lasting more than two weeks, loss of weight/appetite, sore bones, vomiting/headache that lasts more than a week, then you should have them checked out by a doctor.

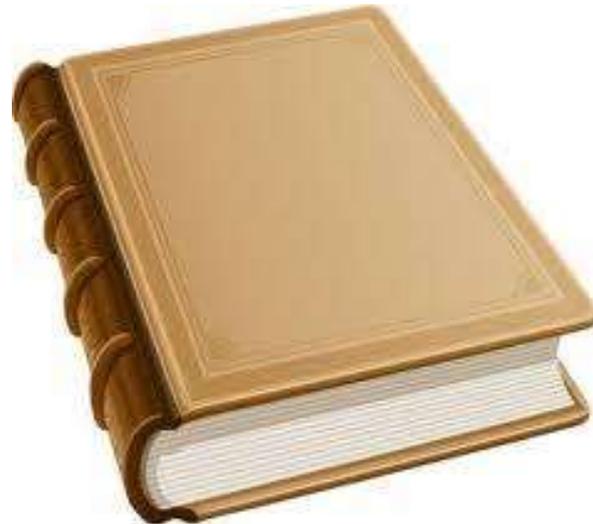
It could be serious, it could be cancer.
Although we cannot cure all cancers
we have a better chance if they are
caught early.

ESMO **AfrOx**

“Too many children have their lives cut short by cancer, and survival rates in poor countries are scandalously lower than those in wealthy countries,” said Dr Tedros Adhanom Ghebreyesus, WHO Director-General.

WHO GLOBAL REPORT ON CANCER

In 2019 WHO will publish with IARC a policy-oriented **WHO Global Report on Cancer**. The publication will provide recommendations for governments to adopt and implement cost-effective cancer policies.



2018 UNITED NATIONS POLITICAL DECLARATION ON NON-COMMUNICABLE DISEASES

In July 2018, an ESMO-ASCO public statement to the United Nations was influential in adding a text on cancer in the UN Political Declaration on Noncommunicable Diseases

The UN Member State actions are to, **'Promote access to affordable, diagnostic, screening and treatment and care as well as vaccines that lower the risk for cancer, as part of the comprehensive approach to its prevention and control, including cervical and breast cancers'**.



2019 UNITED NATIONS HIGH-LEVEL MEETING ON UNIVERSAL HEALTH COVERAGE: 23 SEPTEMBER 2019 IN NEW YORK

- ✓ Universal Health Coverage means 'leaving no one behind'.
- ✓ Universal health coverage has 3 dimensions: **expanding population coverage, increasing cancer services and reducing out-of-pocket costs for patients.**
- ✓ ESMO will advocate that **access to cancer services** must be included in the 2019 Political Declaration of the UN High-Level Meeting on Universal Health Coverage.



CONCLUSIONS

- There has never been a time when cancer has been higher than it is now on the global political agenda.
- At WHO and UN meetings, African governments have publicly supported good health as a basic human right and a prerequisite for sustainable development.
- The 2017 Cancer Resolution can serve as the roadmap for national actions on cancer prevention and control in all countries, including Africa.
- WHO is developing tools that will support governments, especially those in low- and middle-income countries, to build up and expand their cancer services and workforce in a cost-effective manner.
- ESMO is working closely with WHO on concrete cancer projects.
- Resources like the ESMO-ASCO Global Curriculum in Medical Oncology, the ESMO Clinical Practice Guidelines, and the ESMO-Magnitude of Clinical Benefit Scale are freely available on the ESMO website to support oncologists and governments around the world to improve cancer care.
- All national oncology societies should support their governments' cancer efforts, and also hold them accountable to achieve the ambitious goals of reducing cancer deaths by one-third by 2030 and achieving universal health coverage, leaving no cancer patient behind.

THANK YOU!

