Briefing on
Regional Workshop to accelerate Cancer Prevention and Control in South East Asia Region
(25-26 June 2019, New Delhi, India)

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Director (NCD)
Department of Public Health
Objectives of the Workshop

• To **update** Member States on the global initiatives and recent developments in cancer prevention and control within the context of 25 by 25 NCD targets and 2030 SDGs.

• To **identify prioritized areas** for capacity strengthening to accelerate cancer prevention and control in the Region.

• To support Member States to **identify key leverage points** for accelerating national cancer control activities including cancer registry and information system.
## Myanmar Country Participants

<table>
<thead>
<tr>
<th>Category</th>
<th>Participant</th>
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<tbody>
<tr>
<td>Ministry of Health Official</td>
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<td>WHO HQ</td>
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<td>WHO SEARO</td>
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<td>WHO Secretariat</td>
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Workshop Agenda

Day 1

• Session 1.1: Hall marks of public health approaches to cancer prevention and control
• Session 1.2: Country presentations on cancer control
• Session 1.3: Screening and early diagnosis for priority cancers in the SEAR
• Session 1.4: Improving access to and quality of care for cancer treatment
• Session 1.5: Review of the draft regional roadmap for accelerating cancer control in the SEAR

Day 2

• Session 2.1: Cancer programme management and financing for cancer control
• Session 2.2: Access to medicines in cancer treatment and management
• Session 2.3: Health workforce and advanced technologies for cancer management
• Session 2.4: Cancer surveillance and registries
• Session 2.5: Dialogue on country-level accelerators for cancer control for 25 x 25 NCD targets within the context of 2030 SDGs

Objective 1: To raise the priority accorded to the prevention and control of NCDs in global, regional and national agendas and internationally agreed development goals, through strengthened international cooperation and advocacy.

Objective 2: To strengthen national capacity, leadership, governance, multisectoral action and partnerships to accelerate country response for the prevention and control of NCDs.

Objective 3: To reduce modifiable risk factors for NCDs and underlying social determinants through creation of health-promoting environments.

Objective 4: To strengthen and orient health systems to address the prevention and control of NCDs and the underlying social determinants through people-centred primary health care and universal health coverage.

Objective 5: To promote and support national capacity for high-quality research and development for the prevention and control of NCDs.

Objective 6: To monitor the trends and determinants of NCDs and evaluate progress in their prevention and control.
Commits governments to develop national responses:

- **Target 3.4:** By 2030, reduce by one third premature mortality from NCDs
- **Target 3.5:** Strengthen responses to reduce the harmful use of alcohol
- **Target 3.8:** Achieve universal health coverage
- **Target 3.a:** Strengthen the implementation of the WHO Framework Convention on Tobacco Control
- **Target 3.b:** Support research and development of vaccines and medicines for NCDs that primarily affect developing countries
- **Target 3.b:** Provide access to affordable essential medicines and vaccines for NCDs
9 GLOBAL TARGETS
FOR NONCOMMUNICABLE DISEASES FOR 2025

- An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities
- At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context
- At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes
- A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases
- Halt the rise in diabetes and obesity
- A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances
- A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years
- A 30% relative reduction in mean population intake of salt/sodium
2018 Estimated number of Cancer New Case
Both Sex, All Age

Total: 18,078,957

Data Source: Globocan 2018
New cancer cases in 2018 in SEAR

Data Source: Globocan 2018

- Breast: 270,401 (13.5%)
- Lung: 160,068 (8%)
- Cervix uteri: 158,692 (7.9%)
- Lip, oral cavity: 149,102 (7.4%)
- Colorectum: 124,175 (6.2%)
- Other cancers: 1,141,351 (57%)

Total: 2,003,789
Delay in diagnosis

Most cancer cases in the Region are diagnosed at a late stage, when treatment is not as effective, and the survival rate is low.

Example: In Nepal, median total diagnostic delay: 157 days

Out of the total diagnostic delay:

- median patient delay: 68.5 days
- median health care provider delay: 40 days
- median referral delay: 5 days
- median diagnostic waiting time: 9 days

Gyenwali et al. BMC Women's Health 2014, 14:29
Lower cancer survival rates

SEAR has lower 5 year survival rates when compared with high income countries

– Example: 5-year survival for breast cancer is 89.5% in Australia and 90.2% in the USA, as compared to 66.1% in India. (CONCORD 3)
Inequalities in childhood cancer

• The 5-year survival is less than 30% in the Region as compared to 5-year survival of more than 80% among children diagnosed with cancer in high-income countries
## Current cancer control response in the SEAR

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<td><strong>Evidence-based guidelines</strong></td>
<td>N</td>
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<td><strong>Govt fund for palliative care</strong></td>
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<td>N</td>
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<td><strong>Facilities specialized for childhood cancer</strong></td>
<td>Y</td>
<td>N</td>
<td>Y</td>
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<td>Y</td>
<td>Y</td>
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</table>

- **Y** indicates yes
- **N** indicates no
- **Under development** indicates ongoing development
- **Y but not in effect** indicates planned but not currently implemented
A health systems approach: Cancer control

• Current realities in SEAR
  – Fragmentation of services- screening and early detection services low
  – PHCs need integration of cancer control
  – Quality of cancer care (difficult to get data)
  – Low volume of specialists in cancer, and PHC workers need more skills
  – Essential medicines including pain killers are in low access
  – Low financing for cancer control
Moving forward: Accelerate the cancer control response

- Strengthen the NCCP at MoHS — improve capacity for cancer control stewardship
- Invest in integrated primary health care approach — expand early diagnosis and screening for selected cancers and follow-up care
- Sharpen models of integrated chronic care and people-centred model for cancer control supported by tertiary care services including childhood cancer
- Invest in health workforce capacity for cancer response
- Improve access to palliative care services
- Pay attention to inequalities in cancer control: policies that reduce high OOPS for cancer patients and families
- Build convincing policy case for domestic resource allocation for cancer control
Myanmar Country Presentation on Childhood Cancer Initiative & PBCR

Childhood cancer control initiatives in Myanmar

Introduction
Cancer is a leading cause of death for children and adolescents around the world, with approximately 300,000 children aged 0-15 years worldwide diagnosed with cancer each year.

The most common categories of childhood cancer include acute lymphoblastic leukemia, brain tumors, acute myeloid leukemia, and solid tumors such as Wilms’ tumor, neuroblastoma, and rhabdomyosarcoma.

In 2016, WHO launched the Global Initiative for Childhood Cancer (GICC), which promotes global leadership and technical assistance to support governments in building and sustaining high-quality childhood cancer care.

The goal is to achieve a 60% survival rate for all children with cancer globally by 2020.

Yangon Children’s Hospital

Mandalay Children’s Hospital

Hematological Malignancy Cases 2015-2016

Solid Tumor + Lymphoma Cases 2015-2016

YCH - Hematology Cases 2015-2016

Operational Guidelines for Comprehensive Cancer Control Plan

- Regionally, cancer data for 2016 being collected from the region.
- Technical support for the hospital-based cancer registries of several major hospitals in Yangon, Mandalay, and Sagaing which utilize and population-based cancer registries.

Regional workshop to accelerate cancer prevention and control in the South-East Asia
New Delhi, India, 25-26 June 2019
Perspective on cancer screening

- Based on Recent meetings
  • Workshop on cancer screening with IARC (January 2019)
  • Technical consultation on screening for NCDs (February 2019)
Worry: Poor awareness and understanding of the harms of cancer screening

Benefits:
- Identifying cancer early
- Reducing cancer deaths

Harms:
- False positives
- Overdiagnosis
- False negative
- Health service prioritization

False positives: Test positive while there is no cancer
Overdiagnosis: Cancer if left untreated will not harm the patient
False negative: Cancer missed by screening
Health service prioritization: Financial and human resources mobilized on screening
Suggestion for Screening

• Secondary prevention encompass early diagnosis as much as screening
  – If your health system is not delivering, screening is not the solution

• To screen or not to screen?
  – Yes for cervical cancer
  – Maybe for colorectal and breast (if you already have low proportion of late diagnosis)
  – No for all the other cancer
Elimination of Cervical Cancer
MAY 2018: WHO DIRECTOR GENERAL’S CALL TO ACTION TO ELIMINATE CERVICAL CANCER

We can eliminate cervical cancer as a public health problem through intensified vaccination against HPV, screening and treatment.

TOWARDS A WORLD WITHOUT CERVICAL CANCER

Targets to achieve by 2030

Goal: Below 4 cases of cervical cancer per 100,000 woman years

- **90%**
  HPV vaccination
  of 15 year old girls

- **70%**
  HPV test
  at 35 and 45 years of age and managed appropriately

- **30%**
  Mortality reduction
  from cervical cancer
The ROSE SOLUTION

#1. Self-sampling

#2. HPV testing

#3. E-digital, mobile platform and population registry
SELF-SAMPLING: HOW IT’S DONE

Bagaimanakah cara untuk mengambil ujian HPV anda sendiri?

Langkah 1

- Keluarkan swab dari tiub plastik.
- Putar dan tarik.
- Gunakan pemegang tiub untuk meletakkan tiub swab.

Langkah 2

- Tanggalkan pakaian dari aras pinggang ke bawah.
- Tanggalkan seluar dalam anda.
- Pastikan anda berada pada kedudukan yang selesa.

Langkah 3

- Gunakan tangan yang lain untuk membuka lipatan kulit pada saluran faraj dengan perlahan.
- Pegang swab pada tanda merah.
- Masukkan swab sedalam tanda merah tersebut.

Langkah 4

- Putarkan swab sebanyak 10 kali. Anda mungkin mengalami kesakitan atau ketidakselesaan yang sedikit ketika ini.
- Jika berhadapan sebarang masalah, sila rujuk kepada jururawat.

Langkah 5

- Masukkan swab semula ke dalam tiub.
- Serahkan tiub kepada jururawat.
WHY DO WE NEED A SCREENING REGISTRY?

Vision: A world without cervical cancer

Goal: Below 4 cases of cervical cancer per 100,000 woman years

2030 TARGETS

- **90%** of girls fully vaccinated by 15 years of age
- **70%** of women screened with a HPV test at 35 and 45 years of age and all managed appropriately
- **30%** reduction of mortality from cervical cancer
Accelerating prevention and control of cancer in the South-East Asia Region: roadmap towards the 25 x 25 NCD targets within the context of 2030 SDGs
Purpose of the roadmap and accelerators

• Identify catalytic actions that can fast-track the cancer control response in Member States in the Region
• Guide Member States to set strategic priorities for the 25 x 25 NCD timeline for cancer
Contents of the roadmap and accelerators

SEVEN key output areas and TWENTY ONE accelerators:

• governance;
• prevention;
• early detection;
• treatment and palliative care;
• health workforce for cancer; and
• information and financial protection.
### Accelerators by Countries

<table>
<thead>
<tr>
<th>Accelerators</th>
<th>Countries</th>
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</thead>
<tbody>
<tr>
<td>1. Setting up NCCP with fulltime staff/or strengthening NCCP</td>
<td>Bangladesh, Bhutan, Indonesia, Nepal and Timor-Leste, <strong>Myanmar</strong></td>
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<tr>
<td>2. Develop cancer control plan/strategy</td>
<td>Bangladesh, Bhutan, Indonesia</td>
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<tr>
<td>3. Strengthening palliative care services including access to morphine</td>
<td>Bangladesh, Bhutan, India, Indonesia, Maldives, <strong>Myanmar</strong> and Thailand</td>
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<tr>
<td>4. Treatment protocols and guidelines</td>
<td>Bhutan, India, Indonesia, <strong>Myanmar</strong>, Nepal</td>
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<tr>
<td>5. Childhood cancer</td>
<td>India</td>
</tr>
<tr>
<td>6. Capacity building including primary health care workforce development</td>
<td>Bangladesh, Bhutan, Indonesia, Maldives, <strong>Myanmar</strong>, Sri Lanka and Timor-Leste</td>
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<tr>
<td>7. Creation of national excellence centre for cancer treatment and strengthening institutions and diagnostics</td>
<td>Bangladesh, Bhutan, Maldives, <strong>Myanmar</strong>, Nepal</td>
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<tr>
<td>8. Cancer registries</td>
<td>Bhutan, Maldives, Timor-Leste and Sri Lanka</td>
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<td>9. HPV testing</td>
<td>Thailand</td>
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</table>
Why establish a National Cancer Control Programme

- With growing morbidity and mortality worldwide, cancer is a major public health problem
- Even the main risk factors for cancers are growing worldwide
- Yet, 1/3 of cancers are preventable
- Another 1/3 curable if detected early
- Pain relief and palliative care improve quality of life of patients and families
- A strong national cancer control programme with competent management (with planning, implementation and M&E) ensures achieving substantial degree of cancer control
- Even in limited resource setting this is achievable
Essential Cancer Medicines
Availability and Affordability
## Availability and Affordability of Selected Essential Anti-Cancer Medicines in Bangladesh, India, Indonesia, Myanmar, Nepal, Thailand

<table>
<thead>
<tr>
<th>Meds</th>
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<td>NEP</td>
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</table>

Source: Cherny et al., 2017

**BOX COLOR:** Green = enabler of access; Red = barrier to access

**AVAILABILITY:** Evaluated as actually available with a valid prescription (always, usually, half, occasionally, never)

**AFFORDABILITY:** Evaluated as out-of-pocket cost (free, partial or full cost)

Cyclophosphamide IV injection and tablet dosage forms surveyed; response given applies to both forms, unless specified.
Options to improve access to cancer medicines

1. Pricing policies
   - Comprehensive pricing policies
   - Competition where possible
   - HS sensitive differential pricing
   - Price caps

2. Efficiency gains
   - Prioritise selection of cancer meds in EML
   - Use economic evaluations to get best value
   - Negotiate managed entry agreement
   - Do NOT set up cancer fund

3. Transparency
   - Share information on: procurement prices, mark-up in supply chain; R&D cost
   - Publicly share reimbursement prices

4. Cross-sector and cross-border collaboration
   - Sharing information on medicine prices and technical assessments
   - Regulatory harmonization and information sharing
   - Joint negotiation & procurement for pooled demand
Key Recommendation to Member States

• Member States without a NCCP should set up a national cancer control unit/cell/department as appropriate to the national context, and staff with professionals with right competencies to accelerate national cancer control response.

• Ministries of Health should advocate increase in domestic budget to accelerate cancer control in view of the 2025 NCD national commitments.

• Sustain strategic advocacy for political commitment for cancer control.

• Strengthen cancer registries: PBCR and HBCR- in all countries.

• Prioritize managing childhood cancers effectively as a core component of the comprehensive national cancer control programme and align interventions with the global initiatives.
Key Recommendation to Member States (contd)

- Countries need to measurable policy steps for incorporation of pain relief and palliative care as integral part of services at all levels of health care delivery.
- Accredit national palliative care training courses and accelerate training programmes on palliative care.
- Members will initiate implementation of the identified accelerators as relevant and feasible.
- Introduce and improve resource appropriate, sustainable cancer health care.
- Introduce financing mechanisms for cancer control to minimize/avoid catastrophic out of pocket payments (OOP).
Key Recommendation to WHO

• Sustain strategic advocacy for enhancing political commitment for cancer control.
• Share the roadmap to accelerate cancer prevention and control with all Member States.
• Set up a South-East Asia Regional Network of Cancer Registries to support capacity building and knowledge sharing among Member States.
Regional workshop to accelerate cancer prevention and control in the South-East Asia Region New Delhi, India
25-26 June 2019

THANK YOU FOR KIND ATTENTION
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<tr>
<th>Green</th>
<th>4.4 Strengthen childhood cancer network and interlink with NCCP, including 6 index cancer</th>
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<tbody>
<tr>
<td></td>
<td>1.1 Set up NCCP with full-time programme manager and team and regional level</td>
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<tr>
<td>Yellow</td>
<td>3.1, 3.3, 4.1, Develop and implement evidence based national guidelines for early diagnosis, proper referral, management of priority cases and engage the academia to formulate updated evidence-based guideline for cancer management and palliative care</td>
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<td>5.2 Engage medical and health academia to formulate updated evidence-based, nationally approved protocols for cancer management and palliative care as a core learning competency for pre-service trainees</td>
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<td>4.2 Identify and equip health facilities for cancer diagnosis and treatment at appropriate level.</td>
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<td>Pink</td>
<td>1.3, 1.7 Allocate funds for NCCP and create mechanism for financial protection for cancer patients including palliative care (eg social security scheme)</td>
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<td>5.1 Review and revise quantification of health workforce needs for cancer control</td>
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<td><strong>Personal Commitments</strong></td>
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<td></td>
<td>- Develop the national cancer programme with full staffs at national and provincial levels and need funds to fulfill the roadmap – Lay Aung</td>
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<td>- Covey key message and roadmap to Ministry of Health and Sports</td>
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<td>- To link NCD Action Plan for 2020-21 - Kyaw Kan Kaung</td>
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<td>- Promote community awareness and that of primary health care workers. Knowledge about the early symptoms of priority cancers – Hnin Hnin Aung</td>
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<td>- To support National Cancer Control Programme for operationalizing national action plan and facilitate coordination of partners – Myo Paing</td>
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