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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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

All Participants	
Category	Participant
Ministry of Health Official	41
Observer	5
Other Agencies	9
WHO CO	10
WHO HQ	2
WHO Europe	1
WHO SEARO	8
WHO Secretariat	3
Total	79

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

The WHO Global NCD Action Plan 2013-2020 – six objectives

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

Historic crossroads: NCDs included in the 2030 Agenda for Sustainable Development

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

A 25% RELATIVE REDUCTION IN RISK OF PREMATURE MORTALITY FROM CARDIOVASCULAR DISEASES, CANCER, DIABETES, OR CHRONIC RESPIRATORY DISEASES

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 10% relative reduction in prevalence of insufficient physical activity

Halt the rise in diabetes and obesity

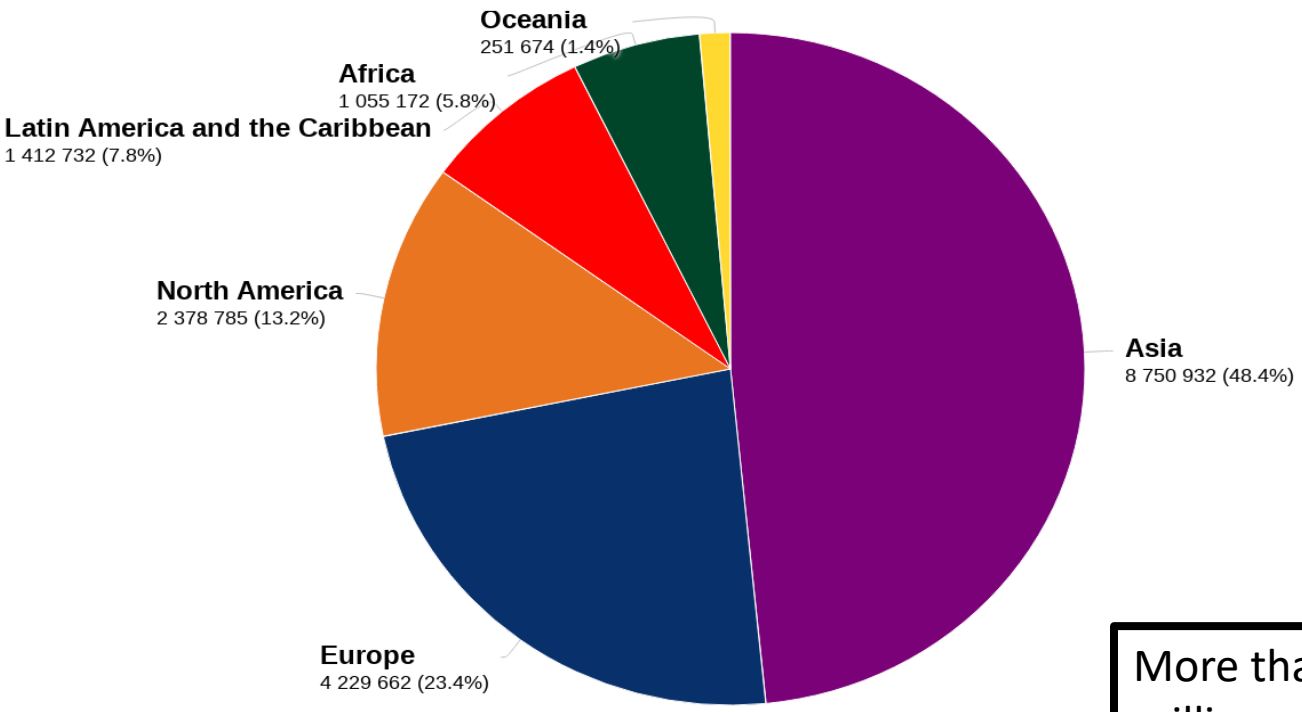
A 30% relative reduction in mean population intake of salt/sodium

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

World Organ

2018 Estimated number of Cancer New Case Both Sex , All Age



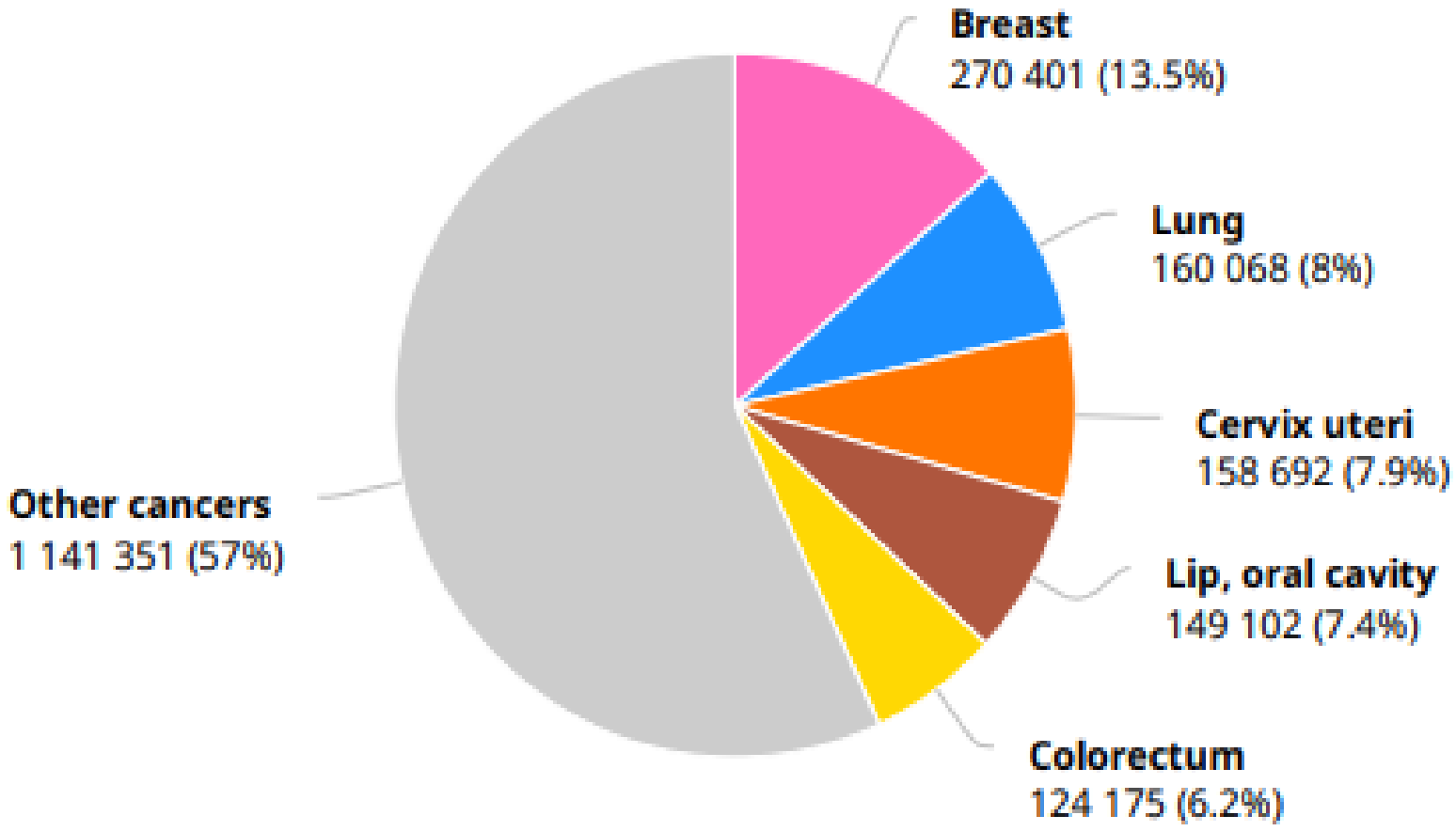
Total : 18 078 957

More than 2 million new cases SEAR Region

Data Source : Globocan 2018

International Agency for Research on Cancer
World Health Organization

New cancer cases in 2018 in SEAR



Data Source : Globocan 2018

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)

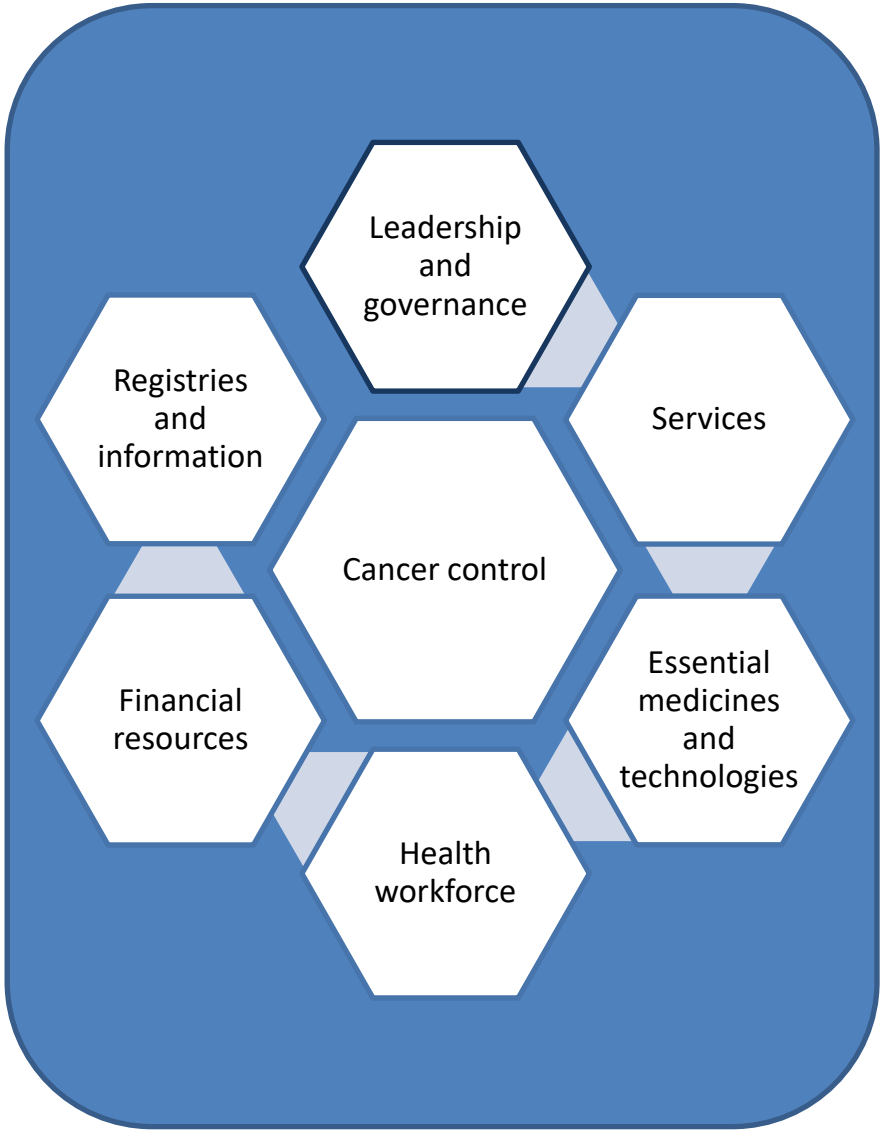
Inequalities in childhood cancer

- 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

	BAN	BHU	IND	INO	MAV	MMR	NEP	SRL	THA	TLS
Dedicated staff	0	0	10	0	0	0	0	25	3	0
Cancer control plan	Y	Under development	Y	Y	Y but not in effect	Y	N	Y	N	N
Written and costed and financed plan	N	N	Y	N		N	N	Y	N	N
Evidence-based guidelines	N	N	Y	Y		Y	Y	Y	Y	N
Govt fund for palliative care	N	N	Y	Y	N	Y	N	Y	Y	Y
Facilities specialized for childhood cancer	Y	N	Y			Y	Y	Y	Y	N

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

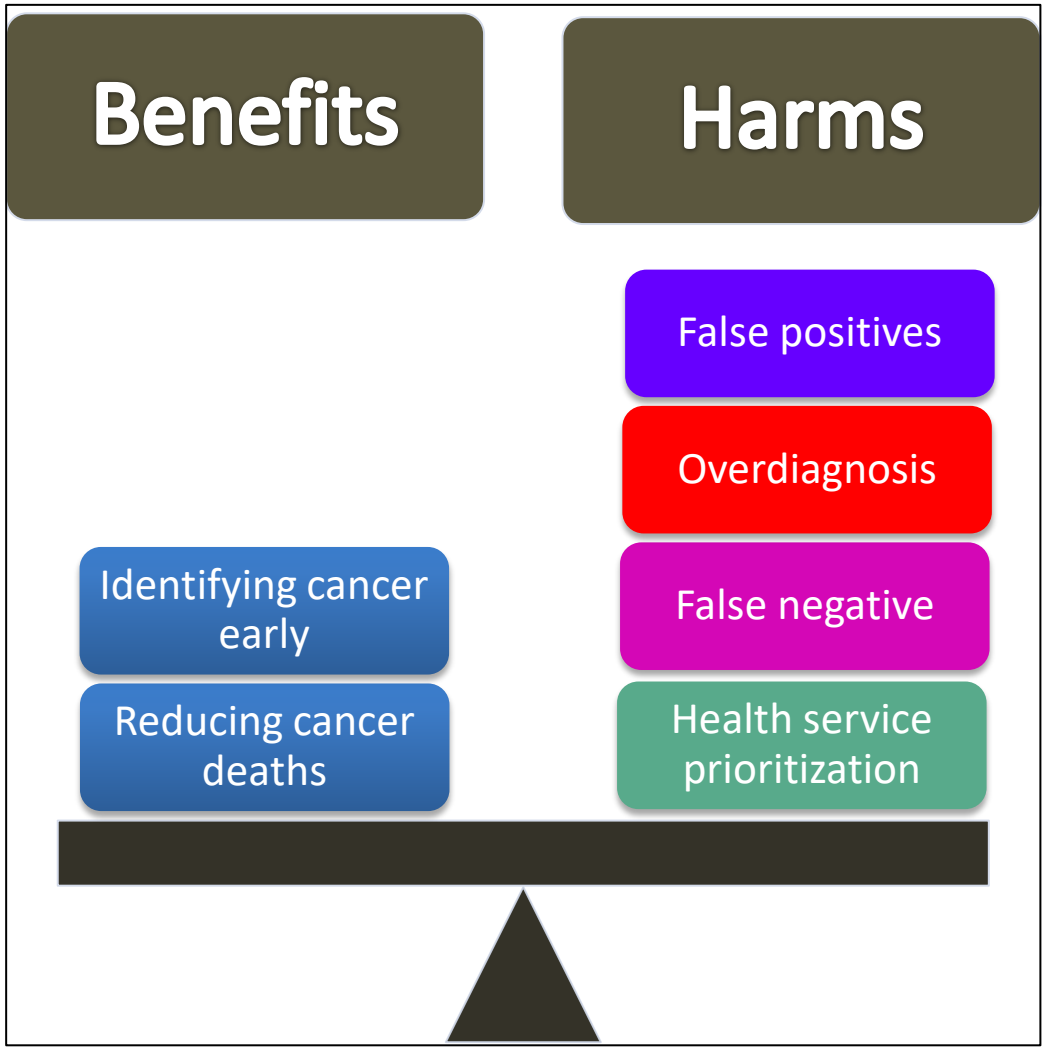
Myanmar Country Presentation on Childhood Cancer Initiative &PBCR

Perspective on cancer screening

- Based on Recent meetings

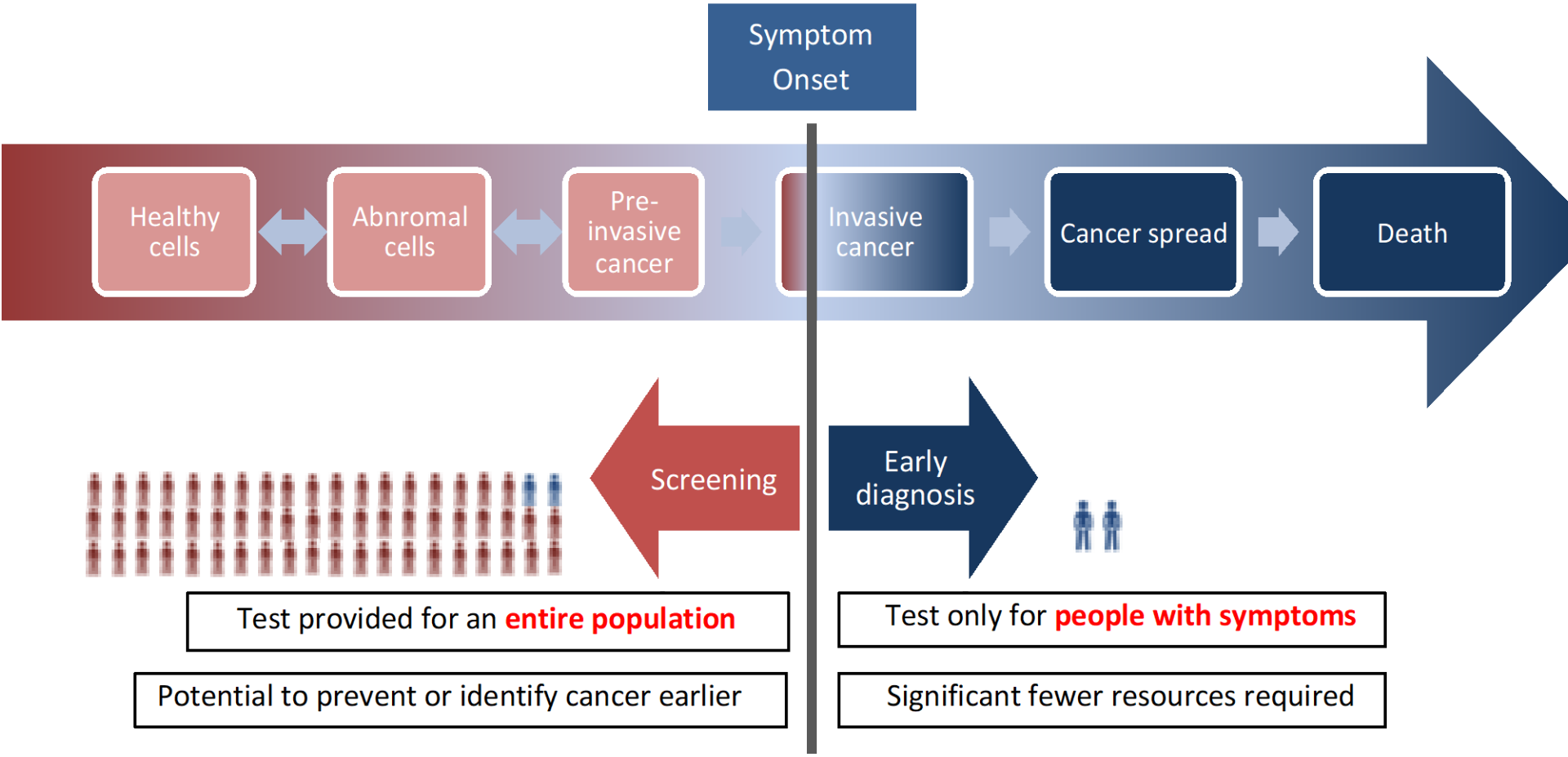
- Workshop on cancer screening with IARC (January 2019)
- Technical consultation on screening for NCDs (February 2019)

Worry : **Poor awareness and understanding of the harms of cancer screening**



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 ressources mobilized on screening

Screening versus early diagnosis



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

World Health Organization

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

World Health Organization · UN WOMEN · unicef · UNFPA · UNAIDS · IAEA · International Agency for Research on Cancer · World Health Organization · UNODC · Unitaid · The Global Fund · Gavi · Clinton Health Access Initiative · UICC · GHO · unfm · NYU Langone Health

https://www.who.int/reproductivehealth/call-to-action-elimination-cervical-cancer/en/

TOWARDS A WORLD WITHOUT CERVICAL CANCER

Targets to achieve by 2030

Goal: Below 4 cases of cervical cancer per 100000 woman years

2030 TARGETS

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

ROSE
REMOVING OBSTACLES TO CERVICAL SCREENING

The ROSE SOLUTION

#1. Self-sampling

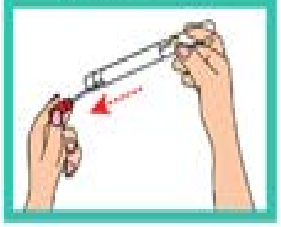
#2. HPV testing

#3. E-digital, mobile platform and population registry

SELF-SAMPLING: HOW IT'S DONE

Bagaimanakah cara untuk mengambil ujian HPV anda sendiri?

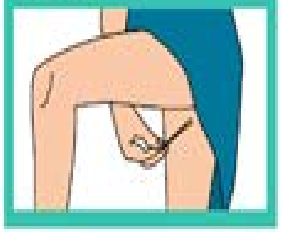
Langkah 1



SWAB:

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

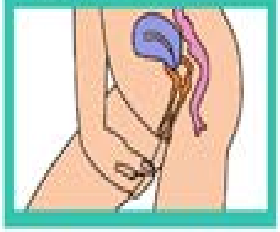
Langkah 2



KEDUDUKAN:

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

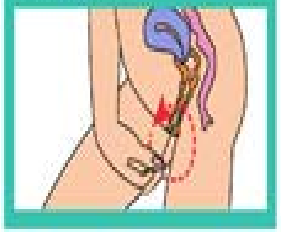
Langkah 3



MASUKKAN SWAB:

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

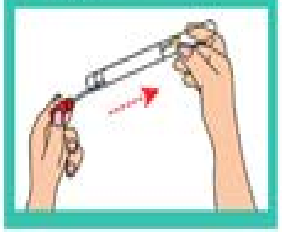
Langkah 4



PENGAMBILAN SAMPEL:

- 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



KEMBALIKAN SWAB:

- 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 100000 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

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

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 of selected essential anti-cancer medicines in Bangladesh, India, ndonesia, Myanmar, Nepal, Thailand

		THA	BAN	IND	INO	MMR	NEP
Bleomycin	Availability	always	always	always	usually	usually	usually
	Affordability	free	full cost	full cost	free	full cost	full cost
Cisplatin	Availability	always	always	always	always	usually	usually
	Affordability	free	full cost	full cost	free	free	full cost
Cyclophosphamide*	Availability	always	always	always	always (iv); usually (tab)	usually (iv); always (tab)	always (iv); usually (tab)
	Affordability	free	full cost	full cost	free	free (iv) full (tab)	full cost
Doxorubicin	Availability	always	always	always	always	usually	always
	Affordability	free	full cost	full cost	free	free	full cost
Vinblastine	Availability	always	always	usually	always	usually	usually
	Affordability	free	full cost	full cost	free	full cost	full cost
Vincristine	Availability	always	always	always	always	usually	always
	Affordability	free	full cost	full cost	free	free	full cost

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 pecified.

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 infor sharing
- Joint negotiation & procurement for polled 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.

World Health Organization
REGIONAL OFFICE FOR South-East Asia

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

Green	4.4 Strengthen childhood cancer network and interlink with NCCP, including 6 index cancer
	1.1 Set up NCCP with full-time programme manager and team and regional level
Yellow	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
	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
	4.2 Identify and equip health facilities for cancer diagnosis and treatment at appropriate level.
Pink	1.3, 1.7 Allocate funds for NCCP and create mechanism for financial protection for cancer patients including palliative care (eg social security scheme)
	5.1 Review and revise quantification of health workforce needs for cancer control
	Personal Commitments - Develop the national cancer programme with full staffs at national and provincial levels and need funds to fulfill the roadmap – Lay Aung - Covey key message and roadmap to Ministry of Health and Sports - To link NCD Action Plan for 2020-21 - Kyaw Kan Kaung - Promote community awareness and that of primary health care workers. Knowledge about the early symptoms of priority cancers – Hnin Hnin Aung - To support National Cancer Control Programme for operationalizing national action plan and facilitate coordination of partners – Myo Paing