Good afternoon, ladies and gentlemen, and thank you, Monsieur Lenoir. I appreciate the opportunity to take part in this 'Entente Cordiale' between two world leaders in Cancer Control, and to address this group today on such an important subject.

I note with interest that the title of our session today is 'Cancer Control: an Inaccessible Dream?', but as you will also note, I am here to issue a global call for action for cancer control with a very optimistic outlook. I, and the World Health Organization, firmly believe this is an accessible goal, but achievable only with leadership. We need global action, partnership and cooperation, and a broader vision of what must be done, beyond the sphere of health policy, to address the growing burden of cancer across all countries and all cultures. WHO is preparing a strategy on Cancer Control, the broad vision of which I would like to share with you today.
It is probably unnecessary to quote statistics of burden and incidence to this group. You know full well the enormity of the problem we face to prevent and treat cancer: Just recently, for example, I am sure you saw The American Cancer Society noted that cancer had become the number one cause of death in the U.S., and that it is estimated that the rate will increase 50% in the next 20 years. None of this is news to those of us in the field. What we are maybe less aware of is the enormous burden of cancer in developing countries: There is a misperception that cancer is a disease of wealthy nations and populations. In fact, cancer is among the three leading causes of death in developing countries.

![Graph showing cancer burden rise](image)

(PPT Side 2)

WHO predicts that if the global cancer incidence continues to grow at its current rate, 15 million people will be diagnosed in 2020. Staggeringly, however, two-thirds will be in newly-industrialized and developing countries, where resources for cancer control at all points - from prevention through treatment and care - are weakest. The potential for a health disaster on the horizon is not an overstatement, and so we must develop a global response now, and begin implementing it immediately.

How do we do that, though? The existing body of knowledge about cancer prevention, treatment and palliative care is extensive: We have sufficient understanding of the causes - and the measures necessary to prevent - at least a
third of all cases, and yet the numbers are steadily rising. This is because knowledge is not always being translated into action: cancer control requires a complex range of solutions, which stretch across social, economic and political domains, and requires adequate resources and will to implement them. Tobacco control is not a health issue alone, for example. It requires enormous political will, social attitude and behaviour changes, and economic adjustments. So this is our challenge: to span the gap between our knowledge of what must be done and the political, economic and social action that will achieve our goal of improved cancer control.

(PPT Slide 3)

Before I go any further, I think it would be useful for all of us if I was clear about WHO's concept of cancer control. In our view, it begins with surveillance in order to assess the situation, evaluate evidence and plan for response. Prevention of risk factors and early screening for cancer are the next element, crucial to heading off development of the disease in populations, or dealing with it at a point when treatment is most successful. Diagnosis and treatment are obviously very important, but also provision of palliative care including pain relief for those who cannot be cured. So cancer control involves 4 key elements: surveillance, prevention and early screening, diagnosis and treatment, and palliative care.
The challenges and the arguments for action:

To begin to address the issue of cancer control at a global level, it is necessary to get a clear picture of the extent of the problem. As I said, I don't intend to overwhelm you with numbers, incidence rates, and so on, but a few key statistics may be helpful:

Worldwide, approximately 10 million people are diagnosed annually, of which more than 6 million will die. According to WHO estimates, that is an increase of about 19 percent in incidence and 18 percent increase in mortality in fifteen years. It certainly comes as no news to this group that the most common forms are lung, breast and colorectal, with lung cancer the largest single cause of cancer deaths worldwide.

What may be less well known are the distinctly different pictures of cancer's impact between the developed and developing world: The reason the rate of cancer death is nearly a third higher in less developed countries is quite simply a lack of resources and capacity. Less developed countries, in many cases, are
already struggling with heavy disease burdens, including HIV/AIDS, malaria, TB, to name just three. Their health and economic resources are stretched to the limit, and so their ability to address cancer control is greatly diminished. This means every step of the process of cancer control is lacking in adequate attention and resources.

Let us, for the sake of illustration, compare the experience of a cervical cancer patient here in Paris, with that of a woman with cervical cancer in, say, Africa. If she lives here, the woman is likely to have received education about the importance of pap smears for early detection, and would quite likely have had one at a regular visit with her doctor. In the best case scenario, the screening would pick up the cancer lesion at a very early stage, with treatment to follow swiftly and without question as to her resources or ability to pay. The treatment would be of the highest quality available, and in all likelihood her outcome would be very good to excellent.

In the second case, however, the sub-Saharan woman may never have heard of cervical cancer or a pap smear test, and so right away is deprived of preventive options and early screening. She is likely only to seek medical care - if she can afford it and it is available - when she detects obvious symptoms, by which point the cancer is at an advanced stage. Her only hope is treatment, but unfortunately
now of an advanced cancer. She may face enormous barriers to treatment both of a personal nature and of the capacity of the healthcare system to give her the highest calibre of treatment available. Her prognosis is therefore significantly diminished by comparison to the patient in Paris. Furthermore, palliative care, such as morphine, may be weak, too expensive or unobtainable and so, sadly, her suffering is likely to be much worse.

In fact, the statistics bear this story out: cervical cancer, which has the second highest incidence of all cancers in all women globally, is the leading cause of cancer death in women in less developed countries. A woman in the U.S. or Europe has a 60 to 70 percent chance of survival, while in a developing country it may be as low as 28 percent.

This is to illustrate the enormous challenges we face in cancer control. The resources and capacity of much of the world to respond and act are just not adequate to the needs. Prevention is generally poor, which means more people are exposed to risk factors. Screening and diagnosis, when it is even available, may be beyond the resources of many of the population to access, so early detection rates are not what they should be. Thus more people are diagnosed at very late stages of illness, which means outcomes and prognoses are poorer.

Treatment and palliative care are often not of an adequate quality, with limited resources and capacity available.
And this problem of lack of resources and capacity will become a growing problem as more and more people in developing nations are exposed to risk factors. Increasingly, we are seeing populations across the globe adopting and catching up to our western lifestyles: tobacco use is rising faster in developing nations than in developed. Urbanization and transportation changes mean a more sedentary lifestyle for many more people in many more countries, while food choices are changing as globalization takes hold. Unfortunately, developing countries are catching up to our bad habits at an alarming pace.

The terrible irony, too, is that as developing countries adopt 'western' ways and increase their risk factors and the incidence of cancer, this burden of disease works to further menace their health systems and their economic development. The impact of cancer on people, their families, their communities, their employers, the economy and social fabric is enormous and growing.

In the developed world, risk factors are on the increase, too, and cancer is taking an ever growing toll. An aging population and poor lifestyle choices are behind the predictions for ever-rising rates of cancer. We know that 43 percent of cancer deaths are due to tobacco, poor diet and inactive lifestyle. We know, for example, that we can prevent 90 percent of all lung cancers. The solution is quite simple: stop smoking.
But as easy as that solution sounds, its implementation is an enormous challenge. Cancer is too often given a low priority by governments and health ministries. In fact, many countries lack any cancer response or control capacity at all. In other cases, primary prevention, early detection and palliative care are often neglected in favour of treatment-oriented approaches. The WHO believes that a well-conceived national cancer control programme, from surveillance to palliative care, is the most effective instrument to bridge the gap between cancer control knowledge and practice.

So how will WHO, national governments, international partners and the cancer community move to build that bridge, from knowledge and expertise to global action against cancer?

**WHO’s plans and call to action:**

![A tribesman from a rural area of West Java, Indonesia, wearing a sweatshirt sponsored by a tobacco company. Smoking prevalence in men in this area has been reported to be 84%.](PPT Slide no. 9)

We need a massive global 'push' to reach the goal of cancer control programmes in every country. It will require, first and foremost, getting this issue on the political, social, economic and health agendas worldwide. Governments must be made to understand the toll this disease is taking on its population, its social fabric and its economy. Only a global effort, lead by WHO and a range of influential partners at all levels will have that desired effect.
Secondly, that heightened awareness and understanding must lead to a range of public policy initiatives that promote strong, effective cancer control programmes such as have been established in your two countries. I am pleased to acknowledge the great strides made by my compatriots here in France and in the UK towards effective national cancer control programmes. In France, 'la lutte contre les cancers est une priorité majeur', as declared by Le Président. In three years, much has been done towards improving the quality of prevention, detection, therapy and treatment, undertaken by la Comité National de Cancer and the cancer community.

In the UK, the Cancer Plan 2000 is a comprehensive strategy to reduce risks such as tobacco use and poor diet, to increase early detection and to reduce waiting times for treatment. In addition, the plan is working to improve palliative care and cancer research. The goal has been to make treatment patient-centred, and of course, to reduce cancer rates. According to your figures, there has been a drop of 12 percent in cancer deaths in the UK in the past 6 years, which is to be greatly commended.

Another strong example of a national cancer control programme comes from Canada. Since 1999, Health Canada has worked with the Canadian Cancer Society, the newly developed Canadian Public Health Agency and an alliance of cancer organizations to build a strong social movement advocating for cancer
control. That has now resulted in the Canadian Strategy for Cancer Control, with the goal of applying current knowledge of cancer risks and treatments to a national plan to enhance prevention, treatment and palliative care programmes.

Your examples, as well as that of Canada, stand as models of how to approach the development of a national cancer control programme, but we must now lead the way and help guide other nations to learn from your knowledge and experience.

At WHO, we are working with member states and their ministries of health on many aspects of cancer prevention and control.

**The Framework Convention on Tobacco Control:**
- Prevention of people from taking up tobacco
- Promotion of smoking cessation
- Protection of non-smokers from exposure
- Regulations/information about tobacco products
  - the first WHO legally binding international treaty

*(PPT slide no. 11)*

We are very pleased and encouraged, for example, that the WHO-lead Framework Convention on Tobacco Control is set to enter into force as international law at the end of this month, having reached the trigger number of 40 countries ratifying. It has been, I should note, the most widely embraced UN treaty in history, and has set a record for the speed at which the world has moved to set into force a multilateral treaty. All of this is enormously encouraging for global efforts to combat tobacco use.

*(PPT slides 12-14)*
As you can see here: the Tobacco Initiative has already had a significant impact globally: Worldwide we are seeing more advertising bans (slide 12), increased taxation of tobacco (slide 13), and more and more smoke-free workplaces (slide 14).

Here in Europe, public smoking has been banned in Ireland and Italy - where recent reports say the sales of cigarettes dropped more than 20 percent in the first month of the ban. There are plans and discussions underway in several other countries on implementation of smoking bans, too. There is perhaps no measure more important in any strategy to control cancer than efforts to curb and eliminate tobacco use. We must, though, put particular effort into regions where it is growing the fastest and having the most devastating impact: in the developing world.

(PPT slide no. 15)

Equally central to cancer control is addressing the risk factors associated with weight and exercise, however. WHO's Global Strategy on Diet and Physical Activity was adopted by Member States last year. It serves as an important template for countries to develop national plans of action and approaches for this crucial prevention element.
The Global Strategy combines effective prevention and control strategies for both individuals and populations, and provides a toolbox of key policy proposals for changing dietary and activity behaviours, and is having an impact on cancer control efforts in many countries already.

I would also like to acknowledge the important contribution to the field by WHO's sister cancer research agency, the International Agency for Research on Cancer, or IARC. They have consistently been leaders in the field of cancer research, and their cancer database is an essential tool for the whole cancer community. All these elements form a sound and strong foundation to move ahead with urgency towards a Global Cancer Control Strategy. At the recent request of a number of member states, WHO is developing a plan for a major global cancer control initiative. It is still in its early stages, but I can tell you we intend to pull together a wide-ranging partnership of major international cancer organizations and leading countries to form an alliance around this issue. Its goal will be to elaborate a strategy to raise awareness of the need for greater cancer control at the global and national levels, and ultimately, of course, to reduce the burden of cancer worldwide.
To achieve this, we will need the cooperation and support of the global community, as well as the cancer community. Specifically for this group, we would ask that you support and help us push forward with this Cancer Control Strategy. We need your leadership, at home and globally, to raise awareness of this issue and to continue to develop strong public policy to move towards cancer control.

Of course, an initiative of this size and scope will need funding, and we will undoubtedly be contacting you about this in the near future! But we would also ask that you consider other forms of help and support: developing countries are in desperate need of access to the expanse of knowledge and experience on cancer control which resides primarily in developing countries and their institutions. WHO would encourage and hope to develop such initiatives as exchanges of experts, training programmes and twinning of institutions. There is a critical need for what we call 'capacity building': helping countries build their resources.

And I speak to this group as a whole: As members of the cancer community in whatever capacity you hold, I would urge you personally to take the role of an advocate for this global initiative. You have the knowledge, the experience and the public profile to have your voice heard. Speak up, press for global action to address the cancer burden which is growing around the world at an alarming pace. I urge you to remember the lives behind the numbers: if we can prevent cancers long before they need treatment or result in death, think of the suffering we can avert.
Cancer has for too long been a 'silent epidemic' but a personal anguish for patients and a burden for societies and nations, and which too often meets with public and political indifference. And so we must move cancer to the top of not just the health agenda, but also the political, social economic and global agendas around the globe. Cancer knows no borders. We will have to stand together in partnership, with a broad vision and firm resolve. Cancer Control is, most certainly, an accessible dream.

I thank you all for listening, I thank the Entente Cordiale de Recherche sur le Cancer for your kind invitation and this opportunity to speak here today, and I count on your support for global efforts to come.