Thank you for your kind tribute to Dr. Lee. It has been a great loss to WHO and to global public health, but we are determined to carry on his work and his vision. Dr Lee was very committed to the issue of cancer, and was looking forward to addressing you today.

I would like to begin by introducing you to a very brave young woman. Here is her story.

If he were here, I am sure Dr Lee would say that our collective challenge is to change the future for men, women and children like Mariam the world over.

To that end, Dr Lee oversaw the passage of the World Health Assembly resolution on Cancer Control last year, and immediately convened the Director General's advisory committee to give it shape and direction. Its goal is to ensure knowledge about cancer control is shared, and applied, globally.
You can take the snapshot of Mariam's story and multiply it a million-fold to see the global picture. Without action, WHO projects cancer-related deaths will increase by 20 percent over the next 10 years, killing over 9 million people in 2015.

Most importantly, fully 70 percent of those deaths are currently in low and middle income countries, as you can see here in the global distribution. There is not a single country, not a community, and hardly a family, untouched by cancer.

Many of these countries are experiencing sudden and dramatic rises in risk factors such as unhealthy diets, tobacco and alcohol use, which will increase their cancer rates in the future.

In short, we are facing a major, and growing, global health crisis. And yet why is so much of the world is being left behind when we have sufficient understanding of the causes of cancer, and 40 percent of all cases are preventable?

Certainly there is an urgent need for more research and development into new treatments and protocols. There remain knowledge gaps in the field of cancer, many of which have been identified and discussed here this week.

But we must not underestimate how much knowledge we already have: The problem is that what we already know about prevention, early detection, treatment and care is just not being applied universally or equitably.

The reason is quite simply a lack of resources and capacity, married to insufficient political awareness.

Additionally, the health and economic resources of many low and middle income countries are stretched to the limit by diseases such as HIV/AIDS, and so their ability to address cancer control is greatly diminished.

By WHO's estimate in 2002, developing countries, facing 70 percent of the burden, had only 5 percent of all the resources spent on cancer globally.

For example, cervical cancer is the fifth leading cause of cancer death in women worldwide, but the second leading cause of cancer death in women in low income countries.

We are encouraged by the new vaccine for cervical cancer, and are hopeful it will improve the prospects for prevention in millions of young women. But how many of those will be in low income countries without adequate healthcare systems? This is the issue we must face and solve.
The WHO Cancer Control Resolution last year was a crucial turning point, however. All 192 Member States declared that this growing burden of cancer is not acceptable, and mandated the secretariat of WHO to make progress towards supporting countries to develop and implement cancer control strategies. The goal is to develop a comprehensive approach to stem rising trends of levels of cancer risk, incidence and mortality, and improve the quality of life through development of comprehensive and integrated cancer control programmes.

As you have heard throughout the congress from my colleagues, WHO has, of course, been working for years on cancer and other chronic diseases, and so we began this undertaking from a strong position. WHO's response to the global cancer epidemic spans the breadth from cancer prevention, to cancer treatment and palliative care.

A major part of WHO’s cancer work is aimed at primary prevention. Tobacco use is the leading preventable cause of cancer and the landmark WHO Framework Convention on Tobacco Control is making great strides around the world. The WHO FCTC now has more than 130 countries as parties to this first-ever global health treaty, with more to come.

The challenge now is to ensure the provisions of the WHO FCTC are fully implemented, and that will be supported by the establishment of the Secretariat to oversee the Treaty, which is under way, and ongoing work by WHO to support countries and monitor implementation.

We have just marked the two year anniversary of adoption of the WHO Global Strategy on Diet, Physical Activity and Health intended to address the emerging global problem of overweight, obesity and related chronic diseases. With WHO’s support, dozens of countries are now in the process of actively implementing DPAS, and we are working actively with a number of sectors, including private industry, to address this growing risk.

Alcohol is a well know risk factor for cancer and other chronic conditions. In 2005, the World Health Assembly called upon the WHO secretariat to strengthen its work to prevent harmful alcohol consumption and consultations are now under way with a range of stakeholders to develop a comprehensive response.

Our primary prevention activities also encompass chemical and biological carcinogens. The International Programme on Chemical Safety works to assess risk from exposure to chemicals, and to address the biological causes of cancer. As part of WHO’s expanded programme on immunization, over 100 countries have now introduced hepatitis B vaccine in their routine immunization programmes.

WHO is also focusing on early detection, treatment and palliative care, because we know that all too many patients do not have access to even basic services. For example, we and our partners have recently published this practical guide for comprehensive cervical cancer prevention and control tailored to low resource settings.

All this work is, of course, supported by the generation of new knowledge. I wish here to acknowledge the crucial role played by WHO's International Agency for Research on Cancer, IARC, which coordinates and conducts cancer research with focus on the
burden of cancer, the causes of cancer, the mechanisms of carcinogenesis, and on strategies for cancer prevention and early detection. IARC works, in conjunction with the many cancer research organizations globally, to provide the strong foundation of cancer work upon which WHO is building a comprehensive response.

The first step has been to coordinate the wide range of cancer initiatives across the organization, working in partnership with other UN agencies and civil society organizations. The purpose is to provide support to countries to develop or improve their cancer control programmes through the transfer of knowledge and technical assistance.

As an important element of this initiative, I am pleased to present to you today the first module of the new series of practical guides entitled, *Cancer control: knowledge into action: WHO guide for effective programmes*. This first module, as you can see, addresses planning. It gives programme managers essential practical guidance on the necessary steps for developing an effective cancer control plan. The module takes users through an assessment of their current country situation, to setting up realistic priorities that can be implemented as resources and capacity allow.

This is the first of six modules in the series to be produced over the coming months. Together they provide practical advice for programme managers and policy-makers on how to advocate, plan and implement effective cancer control programmes, particularly in low and middle income countries.

The next step is to ensure development or improvement of cancer control programmes in countries. WHO will support our regional and country offices to assist and advise Ministries of Health on technical issues and to provide assistance in scaling up essential services. We are developing a comprehensive plan for ensuring country-level implementation and adequate support.

In concrete terms, this will mean working with national ministries of health and cancer institutes to train health managers and health workers, to support development of strategies and to build capacity for implementing cancer control programmes.

These efforts to tackle the burden of cancer form part of WHO’s wider Global Goal to reduce chronic diseases - heart disease, stroke, cancer and diabetes primarily. The Global Goal is to reduce the rate of deaths from chronic diseases by 2 percent each year until 2015. If achieved, more than 36 million deaths could be averted - many of them premature, most of them in developing countries.

For cancer alone, as you can see, there would be a dramatic impact: more than 8 million deaths averted. We know what needs to be done, how to prevent and properly
treat so much of this devastating disease. But we must ensure that knowledge is shared and applied.

There is a vital role to be played by the wider cancer community in this effort. 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. Decision-makers must come to understand the toll this disease is taking on populations, as well as the social fabric and economy. We need your leadership to raise awareness of this issue and to continue to develop strong public policy on cancer control.

Towards that goal, WHO welcomes the Declaration of this congress, which will serve to support our shared vision and the aims of raising awareness and supporting countries to develop all the elements of an effective cancer control programme.

We would also ask that you consider a range of assistance and support in coordination with WHO: developing countries need improved access to the expanse of knowledge and experience on cancer control. Partnership and cooperation among the world's leading cancer experts and institutions is a key to moving forward.

To that end, I hope you take away from today the memory of Mariam. If Mariam had received adequate treatment and care - and if the hospital had been adequately equipped to provide it - it's possible her cancer could have been caught early enough to be halted.

Sadly, however, we got word a few months ago that Mariam lost her battle. She never got a chance to live her dream of becoming Health Minister so she could help others like herself. We can carry on her dream however, by supporting governments to develop and implement cancer control strategies to translate knowledge into action - and save lives.

Thank you.