

Cancer prevention and control

The Fifty-eighth World Health Assembly,

Having examined the report on the prevention and control of cancer;

Recalling resolutions WHA51.18 and WHA53.17 on the prevention and control of noncommunicable diseases, WHA57.17 on the Global Strategy on Diet, Physical Activity and Health, WHA56.1 on tobacco control, and WHA57.12 on the reproductive health strategy, including control of cervical cancer, and WHA57.16 on health promotion and healthy lifestyles;

Recognizing the suffering of cancer patients and their families and the extent to which cancer threatens development when it affects economically active members of society;

Alarmed by the rising trends of cancer risk-factors, the number of new cancer cases, and cancer morbidity and mortality worldwide, in particular in developing countries;

Recognizing that many of these cases of cancer and deaths could be prevented, and that the provision of palliative care for all individuals in need is an urgent, humanitarian responsibility;

Recognizing that the technology for diagnosis and treatment of cancer is mature and that many cases of cancer may be cured, especially if detected earlier;

Recognizing that tobacco use is the world's most avoidable cause of cancer and that control measures, such as legislation, education, promotion of smoke-free environments, and treatment of tobacco dependence, can be effectively applied in all resource settings;

Recognizing that among all cancer sites cervical cancer, causing 11% of all cancer deaths in women in developing countries, has one of the greatest potential for early detection and cure, that cost-effective interventions for early detection are available and not yet widely used, and that the control of cervical cancer will contribute to the attainment of international development goals and targets related to reproductive health;

Recognizing the value of multidisciplinary management and the importance of surgery, radiotherapy, chemotherapy, palliative care and other approaches in the treatment of cancer;

Recognizing the contribution of IARC, over 40 years, to research on cancer etiology and prevention, providing evidence on global cancer prevalence and incidence, the causes of cancer, mechanisms of carcinogenesis, and effective strategies for cancer prevention and early detection;

Mindful of the need for careful planning and priority-setting in the use of resources in order to undertake effective activities to reduce the cancer burden;

Recognizing the importance of adequate funding for cancer prevention, control and palliative-care programmes, especially in developing countries;

Encouraged by the prospects offered by partnerships with international and national organizations within the Global Alliance for Cancer Control, and other bodies such as patient organizations;

Recognizing the support given by IAEA to combat cancer, and welcoming the initiative of the Agency to establish the Programme of Action for Cancer Therapy, and research efforts of national cancer institutes in various Member States,

1. URGES Member States:

(1) to collaborate with the Organization in developing and reinforcing comprehensive cancer control programmes tailored to the socioeconomic context, and aimed at reducing cancer incidence and mortality and improving the quality of life of cancer patients and their families, specifically through the systematic, stepwise and equitable implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment, rehabilitation and palliative care, and to evaluate the impact of implementing such programmes;

(2) to set priorities based on national burden of cancer, resource availability and health system capacity for cancer prevention, control and palliative-care programmes;

(3) to integrate national cancer-control programmes in existing health systems that set out outcome-oriented and measurable goals and objectives for the short, medium and long term, as recommended in the Annex to the present resolution, to identify evidence-based, sustainable actions across the continuum of care, and to make the best use of resources to the benefit of the entire population by emphasizing the effective role of primary health care in promoting prevention strategies;

(4) to encourage and to frame policies for strengthening and maintaining technical equipment for diagnosis and treatment of cancer in hospitals providing oncology and other relevant services;

(5) to pay special attention to cancers for which avoidable exposure is a factor, particularly exposure to chemicals and tobacco smoke in the workplace and the environment, certain infectious agents, and ionizing and solar radiation;

(6) to encourage the scientific research necessary to increase knowledge about the burden and causes of human cancer, giving priority to tumours, such as cervical and oral cancer, that have a high incidence in low-resource settings and are amenable to cost-effective interventions;

(7) to give priority also to research on cancer prevention, early detection and management strategies, including, where appropriate, traditional medicines and therapies, including for palliative care;

(8) to consider an approach in the planning, implementation and evaluation phases of cancer control that involves all key stakeholders representing governmental, nongovernmental and community-based organizations, including those representing patients and their families;

(9) to ensure access to appropriate information in relation to preventive, diagnostic and treatment procedures and options, especially by cancer patients, and to palliative-care;

(10) to develop appropriate information systems, including outcome and process indicators, that support planning, monitoring and evaluation of cancer prevention, control and palliative-care programmes;

(11) to assess periodically the performance of cancer prevention and control programmes, allowing countries to improve the effectiveness and efficiency of their programmes;

(12) to participate actively in implementing WHO's integrated health promotion and prevention strategies targeting risk factors for noncommunicable diseases, including cancer, such as tobacco use, unhealthy diet, harmful use of alcohol and exposure to biological, chemical and physical agents known to cause cancer, and to consider signing, ratifying, accepting, approving, formally confirming or acceding to the WHO Framework Convention on Tobacco Control;

(13) to improve access to appropriate technologies, with support from WHO, for the diagnosis and treatment of cancer, in order to promote its early diagnosis and treatment, especially in developing countries;

(14) to determine cost-effective minimum standards, adapted to local situations, for cancer treatment and palliative care that use WHO's strategies for nationwide provision of essential drugs, technologies, diagnostics and vaccines, taking into consideration in the case of palliative care the recommendations of the Second Global Summit of National Hospice and Palliative Care Associations (Seoul 2005);

(15) to ensure the medical availability of opioid analgesics according to international treaties and recommendations of WHO and the International Narcotics Control Board and subject to an efficient monitoring and control system;

(16) to ensure, where appropriate, the documented, scientific, evidence-based safety and efficacy of available traditional medicines and therapies;

(17) to develop and strengthen health system infrastructure, particularly related to human resources for health, in order to build adequate capacity for effective implementation of cancer prevention and control programmes, including a cancer registry system;

(18) to accord high priority to cancer control planning and implementation for high-risk groups, including relatives of patients and those having experienced long-duration and high-intensity carcinogen exposure;

2. REQUESTS the Director-General:

(1) to develop WHO's work and capacity in cancer prevention and control and to promote effective, comprehensive cancer prevention and control strategies in the context of the global

strategy for the prevention and control of noncommunicable diseases, the Global Strategy on Diet, Physical Activity and Health, and resolution WHA57.16 on health promotion and healthy lifestyles, with special emphasis on less developed countries;

(2) to provide technical support to Member States in setting priorities for cancer prevention, control and palliative-care programmes;

(3) to strengthen WHO's involvement in international partnerships and collaboration with Member States, other bodies of the United Nations system and actors from a wide variety of related sectors and disciplines in order to advocate, mobilize resources, and build capacity for a comprehensive approach to cancer control;

(4) to continue developing WHO's strategy for the formulation and refinement of cancer prevention and control programmes by collecting, analysing and disseminating national experiences in that regard, and providing appropriate guidance, upon request, to Member States;

(5) to contribute to drawing up recommendations on early diagnosis of cancer, especially in order to define and reach the target populations that should benefit from such diagnosis;

(6) to consider allocating additional resources so that the knowledge provided by research is translated into effective and efficient public-health measures for cancer prevention and control;

(7) to promote research on cost-effectiveness studies on different strategies for prevention and management of various cancers;

(8) to promote and support research that evaluates low-cost interventions that are affordable and sustainable in low-income countries;

(9) to promote research on development of an effective vaccine against cervical cancer;

(10) to support the further development and expansion of a research agenda in IARC and other bodies that is appropriate to the framing of integrated policies and strategies for cancer control and to promote and support technical and medical programmes in cancer treatment;

(11) to promote guiding principles on palliative care for cancer patients, including ethical aspects;

(12) to provide adequate resources and leadership support to the International Programme on Chemical Safety for its active role in international multisectoral mechanisms for chemical safety, including support for capacity building in chemical safety at country level;

(13) to support and strengthen mechanisms to transfer to developing countries technical expertise on cancer prevention and control, including surveillance, screening and research;

(14) to advise Member States, especially the developing countries, on development or maintenance of a national cancer registry containing the type, location of the cancer and its geographical distribution;

(15) to collaborate with Member States in their efforts to establish national cancer institutes;

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- (16) to explore appropriate mechanisms for adequately funding cancer prevention, control and palliative-care programmes, especially in developing countries;
- (17) to explore the feasibility of initiating the development of a joint programme between WHO and IAEA for cancer prevention, control, treatment and research;
- (18) to examine jointly with the International Narcotics Control Board the feasibility of a possible assistance mechanism that would facilitate the adequate treatment of pain using opioid analgesics;
- (19) to explore all opportunities to improve the accessibility, affordability and availability of chemotherapy drugs, particularly in developing countries, for the treatment of HIV/AIDS-related cancers;
- (20) to report regularly on the implementation of this resolution to the Health Assembly.

ANNEX

NATIONAL CANCER CONTROL PROGRAMMES: RECOMMENDATIONS FOR OUTCOME-ORIENTED OBJECTIVES

National health authorities may wish to consider the following outcome-oriented objectives for their cancer control programmes, according to type of cancer:

- preventable tumours (such as those of lung, colon, rectum, skin and liver): to avoid and reduce exposure to risk factors (such as tobacco use, unhealthy diets, harmful use of alcohol, sedentariness, excess exposure to sunlight, infectious agents, including hepatitis B virus and liver fluke, and occupational exposures), thus limiting cancer incidence;
- cancers amenable to early detection and treatment (such as oral, cervical, breast and prostate cancers): to reduce late presentation and ensure appropriate treatment, in order to increase survival, reduce mortality and improve quality of life;
- disseminated cancers that have potential of being cured or the patients' lives prolonged considerably (such as acute leukaemia in childhood): to provide appropriate care in order to increase survival, reduce mortality and improve quality of life;
- advanced cancers: to enhance relief from pain and other symptoms and improve quality of life of patients and their families.

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