



MYTH 3: THERE IS NOTHING I CAN DO ABOUT CANCER

WORLD CANCER DECLARATION TARGET 3

Global tobacco consumption, overweight and obesity, unhealthy diets and alcohol intake, and levels of physical inactivity, as well as other leading exposures to risk factors will have fallen significantly

WORLD CANCER DECLARATION TARGET 4

Populations in the areas affected by HPV and HBV will be covered by universal vaccination programmes

PROMOTE HEALTHY LIFESTYLES

The conditions in which people live and work and their lifestyles influence their health and quality of life. Global, regional and national policies and programmes that promote healthy lifestyles are essential to reducing cancers that are caused by factors such as alcohol, unhealthy diet and lack of physical activity (1). The most common risk factor, tobacco use, is linked to 71% of all lung cancer deaths, and accounts for at least 22% of all cancer deaths. Based on current trends, tobacco use is estimated to kill one billion people in the 21st century (2).

Alcohol is a known risk factor for cancer. It is strongly linked with an increased risk of cancers of the mouth, pharynx, larynx, oesophagus, bowel, liver and breast. The effect of alcohol on cancer risk is dose dependent, which means that any level of consumption will increase the risk of cancer.

About a third of the most common cancers could be prevented through not smoking, healthier patterns of diet, physical activity and maintaining a healthy weight in high-income countries. About a quarter could be prevented in this way in low- and middle- income countries (LMICs) (3). Much of the world is experiencing upward trends in overweight and obesity and of particular concern is the increasing rates of obesity in children and adolescents. Although the prevalence of overweight in high-income countries is more than double that in LMICs, three quarters of the global total live in LMICs (4). These rising rates of obesity will lead to increased cancer rates unless policies and actions are taken to improve people's diets and physical activity levels, with overweight and obesity strongly linked to increased risks of bowel, breast, womb, pancreatic, oesophagus, kidney and gallbladder cancers.

Reducing exposure to ultraviolet (UV) radiation is also critical for skin cancer prevention. Based on 2000 estimates, there are 60,000 premature deaths associated with skin cancer with most of these deaths associated with recreational exposure to UV radiation.

The positive news is that as these are modifiable behaviours, there is significant scope to effect behavioural change through implementation of policies and programmes, including legislation, that support a life-course approach to prevention, and strengthen the capacity of individuals to adopt lifestyle choices which can help prevent cancer (5).

Healthy Workplaces

There is an increased awareness of the need for employers to protect and promote the health of workers (5-7). Organisations of all sizes can create environments that promote healthy



behaviours through providing 100% tobacco smoke-free environments in all indoor workplaces; provision and access to healthy food options; and workplace health education programmes that create awareness of cancer risk factors and the importance of early detection. Workplace policies which are designed to promote early detection are also being adopted. For example, paid time-off policies that enable employees to have the time needed for preventive or screening appointments with the costs of interventions covered under employee health benefit plans (8).

Universities and other post-secondary institutions can also play a key role in the promotion of healthy behaviors. The healthy campus and tobacco-free campus movements are excellent examples of how young adult can help disseminate cancer prevention messaging.

Beyond this however, specific efforts are needed to reduce the global burden of occupational cancer risks. The World Health Organization (WHO) estimates that 177,000 cancer deaths each year are related to occupational exposure to selected carcinogens, with one in every three deaths estimated to be caused by asbestos (6). Inhalation of asbestos contributes substantially to the burden of lung cancer and causes mesothelioma, cancer of the larynx and the ovaries. Other known occupational exposures include UV radiation, which represents a workplace hazard to employees who spend some, or all, of their working day outdoors (9).

COMMITMENTS BY MEMBER STATES:

The UN Political Declaration promotes the establishment of multisectoral national policies and plans for the prevention and control of NCDs including cancer; and the implementation of measures to reduce the impact of common non-communicable disease risk factors including tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. Subsequently, the WHO Global Monitoring Framework for NCDs (GMF) recommends the adoption of 9 voluntary global targets for the prevention and control of NCDs including:

- Harmful use of alcohol: At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context
- Physical inactivity: A 10% relative reduction in prevalence of insufficient physical activity
- Salt/sodium intake: A 30% relative reduction in mean population intake of salt/sodium
- Tobacco use: A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years
- Obesity: Halt the rise in diabetes and obesity

The GMF also notes the responsibility of the ILO to:

- Support WHO's global Plan of Action on workers' health, Global Occupational Health Network and the Workplace Wellness Alliance of the World Economic Forum
- Promote the implementation of international labour standards for occupational safety and health, particularly those regarding occupational cancer, asbestos, respiratory diseases and occupational health services

GLOBAL ADVOCACY MESSAGE:

Prevention is the most cost-effective and sustainable way of reducing the global cancer burden in the long term. **With the right strategies, more than one in every three cancers can be prevented.**



Effective cancer prevention at the national level begins with a National Cancer Control Plan (NCCP) that responds to a country's cancer burden and cancer risk factor prevalence, and is designed to implement evidence-based resource-appropriate policies and programmes that reduce the level of exposure to risk factors for cancer and strengthen the capacity of individuals to adopt lifestyle choices that promote good health for life.

REDUCE THE RISK OF INFECTION-RELATED CANCER

For low- and middle- HDI countries, the situation often goes beyond addressing behavioural change, with many countries facing a 'double burden' of exposures, the most common of which is cancer-causing infections. Chronic infections are estimated to explain approximately 16% of all cancers globally, with this figure rising to almost 23% in developing countries (10, 11). Several of the most common cancers in low- and middle- HDI countries such as liver, cervical and stomach cancers are associated with infections with hepatitis B virus (HBV), the human papillomavirus (HPV), and the bacterium *Helicobacter pylori* (*H. pylori*), respectively. As a consequence, the introduction of safe, effective and affordable vaccines for HBV and HPV as part of national immunisation schedules as well as eradication strategies for *H. pylori* infection are specific priorities for countries with high incidence of these cancers and should be implemented as part of National Cancer Control Plans (12, 13).

As of the end of 2011, 40 countries had introduced the HPV vaccine in their national immunisation schedule, with a number of pilot projects expected to start in several developing countries from 2013. Currently, two HPV vaccines are available, both of which protect against HPV types 16 and 18, the cause of approximately 70% of cervical cancer cases. In clinical trials, HPV vaccines are at least 90% effective in preventing persistent HPV infection caused by types 16 and 18, and 93% effective in preventing type-specific cervical lesions when given to girls prior to HPV infection (14, 15).

The WHO recommends immunisation targeted at young adolescent girls aged 9 to 13 years. Three doses of the vaccine are required within six months (12, 16, 17). Scientific evidence continues to show that the vaccines have excellent safety profiles, with more than 170 million vaccine doses delivered without any substantive evidence for safety concerns (18, 19).

The WHO recommends that vaccination against HBV infection is included in national infant vaccination programmes. The most effective way to reduce the prevalence of chronic HBV infection is by universal infant vaccination with 3 doses of hepatitis B vaccine, with the first dose delivered within 24 hours of birth (13).

COMMITMENTS BY MEMBER STATES:

The PD promotes increased access to cost-effective vaccinations to prevent infections associated with cancers as part of national immunisation schedules. The WHO Global Monitoring Framework for NCDs recommends the adoption of 25 indicators for the prevention and control of NCDs including:

- Availability, as appropriate, if cost-effective and affordable, of vaccines against human papillomavirus, according to national programmes and policies
- Vaccination coverage against hepatitis B virus monitored by number of third doses of Hep-B vaccine (HepB3) administered to infants

GLOBAL ADVOCACY MESSAGE:

Two safe and effective vaccines can prevent infection-related cancers: liver cancer with the hepatitis B vaccine, and cervical cancer with the human papillomavirus vaccine. These



vaccines offer a solution to mitigating the global cancer burden and should be included in national immunisation schedules as part of National Cancer Control Plans.

JOINING FORCES

Most premature deaths from cancer are preventable by influencing policy in sectors outside of health rather than by making changes in health policy alone. A whole-of-government approach that strengthens multisectoral action and partnerships including with the private sector is essential to develop and implement evidence-based policies, legislation and programmes that reduce the level of exposure to risk factors for cancer and strengthen the capacity of individuals to adopt healthy lifestyle choices.

Building synergistic partnerships strengthens the capacity to effect tangible change at both the policy and programmatic levels. The ICCPP portal – International Cancer Control Planning Partnership Portal (<http://www.nccp-uicc.org/>) is an example whereby joining forces has created an effective platform for knowledge exchange underpinning advocacy and supporting best practices in cancer control planning at the national level. The ICCPP portal is an initiative of the International Cancer Control Planning Partnership (ICCPP), a group of organisations whose members were already individually working to support country cancer control planning efforts. Now these organisations are working together to support cancer planners and decision-makers at global, regional and country levels in the development, implementation and evaluation of National Cancer Control Plans (NCCPs). Likewise, innovative initiatives such as the McCabe Centre for Law and Cancer connects lawyers, legal academics and law students with cancer control researchers and advocates and with other disciplines (e.g. public health, behavioural research, health economics, medicine) to help build capacity globally in the effective use of law for cancer prevention, treatment, supportive care and research (<http://www.mccabecentre.org/>).

Strategic partnerships have also been at the cornerstone of elevating cancer and NCDs within the global health and development agenda. By connecting the cancer community from the grassroots levels to national cancer societies and joining forces with the larger NCD community through the NCD Alliance, an opportunity has been created to ensure that all people with cancer have a voice at the highest levels of the development and health discourse. As a result, measurable progress has been made in changing the conversation for cancer control and care, particularly in developing countries. The WHO Global Monitoring Framework (GMF) now includes recommendations around cancer prevention, early detection and treatment that will substantially decrease the global cancer burden. The onus is now on the cancer community to build on this momentum and continue to expand its sphere of influence to make governments accountable for existing commitments within the Political Declaration and the GMF and to push for cancer to be mainstreamed in the post-2015 development agenda.

COMMITMENTS BY MEMBER STATES:

The UN Political Declaration on NCDs commits governments to a series of multisectoral actions at the national, regional and global levels that will support the prevention and control of NCDs, and promotes collaborative partnerships to address implementation gaps.

GLOBAL ADVOCACY MESSAGE:

Broadening the future internationally-agreed development goals to include proven economically-sound interventions that span the entire cancer control and care continuum can strengthen health systems and increase capacity to respond to all of the challenges to development.



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