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WHO outlines steps to save 7 million lives from cancer

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GENEVA—The World Health Organization (WHO) today spells out the need to step up cancer services in low and middle-income countries. WHO warns that, if current trends continue, the world will see a 60% increase in cancer cases over the next two decades. The greatest increase (an estimated 81%) in new cases will occur in low- and middle-income countries, where survival rates are currently lowest.

This is largely because these countries have had to focus limited health resources on combating infectious diseases and improving maternal and child health, while health services are not equipped to prevent, diagnose and treat cancers. In 2019, more than 90% of high-income countries reported that comprehensive treatment services for cancer were available in the public health system compared to less than 15% of low-income countries.

“This is a wake-up call to all of us to tackle the unacceptable inequalities between cancer services in rich and poor countries,” says Dr Ren Minghui, Assistant Director-General, Universal Health Coverage/ Communicable and Noncommunicable Diseases, World Health Organization. “If people have access to primary care and referral systems then cancer can be detected early, treated effectively and cured. Cancer should not be a death sentence for anyone, anywhere.”

Yet, progress in poorer countries is achievable. WHO and the International Agency for Research on Cancer (IARC) are releasing two coordinated reports on World Cancer Day (4 February), in response to government calls for more research into the scope and potential policies and programmes to improve cancer control.

“At least 7 million lives could be saved over the next decade, by identifying the most appropriate science for each country situation, by basing strong cancer responses on universal health coverage, and by mobilizing different stakeholders to work together”, said Dr Tedros Adhanom Ghebreyesus, Director-General, WHO.

WHO highlights a wide range of proven interventions to prevent new cancer cases. These include controlling tobacco use (responsible for 25% of cancer deaths), vaccinating against hepatitis B to prevent liver cancer, eliminating cervical cancer by vaccinating against HPV, screening and treatment, implementing high-impact cancer management interventions that bring value for money and ensuring access to palliative care including pain relief.

“The past 50 years have seen tremendous advances in research on cancer prevention and treatment,” says Dr Elisabete Weiderpass, Director of IARC. “Deaths from cancer have been reduced. High-income countries have adopted prevention, early diagnosis and screening programmes, which together with better treatment, have contributed to an estimated 20% reduction in the probability of premature mortality between 2000 and 2015, but low-income

countries only saw a reduction of 5%. We need to see everyone benefitting equally.” The challenge will be for countries to select treatments balancing considerations including cost, feasibility and effectiveness. Each government is tasked with choosing the appropriate innovative cancer therapies, while recognizing that established treatments, many of which are very effective and affordable, can provide benefits for cancer without causing financial hardship.

Note to editors:

World Health Organization

Report on Cancer: Setting priorities, investing wisely and providing care for all

The report aims to set the global agenda on cancer, mobilize stakeholders and help countries set priorities for investing in cancer control and universal health coverage. It introduces the principles, tools and current priority cancer control interventions in the context of the current and future cancer burden and opportunities.

International Agency for Research on Cancer

World Cancer Report “Cancer research for cancer prevention”

The report focuses on prevention and offers the most comprehensive overview of relevant research available to date, ranging from descriptive etiology, cellular and molecular biology, toxicology and pathology through to behavioural and social science. Key chapters include discussions on the impact of inequalities in cancer, vaccination and screening, genomic individual susceptibility to cancer and the finer identification of those at risk, which may allow ‘precision cancer prevention’.