Cancer is a major cause of morbidity and premature mortality, worldwide, and in the South-East Asia Region (SEA). At the Sixty-sixth World Health Assembly in 2013, WHO Member States committed to a 25% relative reduction by 2025 in premature mortality from noncommunicable diseases (NCD), including cancer. This target cannot be achieved without a substantial reduction in cancer mortality.

The High-Level Preparatory (HLP) Meeting held in the WHO Regional Office in New Delhi from 29 June to 2 July 2015 reviewed the attached working paper and made the following recommendations:

**Actions by Member States**

1. Develop and implement comprehensive national cancer control plans containing a range of prioritized interventions at different levels of health-care delivery systems.
2. Strengthen health promotion, prevention of risk factors, immunization, early detection, advanced diagnosis and treatment and palliative care services.
3. Consider appropriate techniques for prevention and early detection of common cancers including cervical, breast and oral cancer based on the country-specific epidemiological situation as well as programmatic and economic feasibility.
4. Strengthen surveillance, monitoring and operations research for cancer prevention and control.
5. Allocate sufficient funds for cancer prevention and control including through innovative financing such as taxation on tobacco, alcohol and unhealthy products.

**Actions by WHO**

1. Support Member States in setting priorities for cancer prevention and control and developing and implementing comprehensive cancer control plans.
2. Provide technical support to Member States in establishing population-based cancer registries and conducting operations research for prevention and control of cancer.
(3) Support Member States in building capacity of different categories of health workforce in delivering cancer prevention, diagnosis, treatment and palliative care services.

(4) Advocate for and mobilize regional/international cooperation for making cost-effective cancer technologies, therapeutics and vaccines for prevention and treatment more affordable and accessible to populations.

The working paper and HLP recommendations are submitted to the Sixty-eighth Session of the Regional Committee for its consideration.
Introduction

1. Cancer is a major cause of morbidity and premature mortality worldwide. In 2012, there were an estimated 14 million new cases and 8.2 million cancer-related deaths. It is projected that by 2030, over 21 million people will be diagnosed and 13 million will die from cancer annually; and 60% of all new cases and 70% of cancer-related deaths will occur in developing countries.

2. In 2011, the UN Political Declaration on Noncommunicable Diseases (NCDs) highlighted the urgency in addressing four major NCDs, including cancer. At the Sixty-sixth World Health Assembly, WHO Member States committed to a 25% relative reduction in premature mortality from NCD by 2025. This target, spelled out in the WHO Global NCD Action Plan 2013 – 2020, cannot be achieved without a substantial reduction in cancer mortality.

3. In the South-East Asia Region (SEAR), cancer accounts for 9% of all deaths, making it an important public health priority. In 2012, an estimated 1.7 million new cases and 1.2 million deaths occurred due to cancers in the South-East Asia Region. It is a matter of serious concern that 72% of cancer deaths were among those aged below 70 years. Among men, lung, colorectal and oral cancers are the most common, while breast, cervical and colorectal cancers are the leading cancers among females.

4. Tobacco (both smoked and smokeless) is the single most preventable cause of cancer. In addition, other behaviour-related factors such as harmful use of alcohol, unhealthy diet, overweight/obesity; environmental risk factors including air pollution and occupational carcinogens, particularly asbestos as well as chronic infections caused by human papillomavirus (HPV), hepatitis B and C viruses, and Helicobacter pylori are also of high importance and preventable.

Interventions for prevention and control of cancer

5. A comprehensive cancer control programme includes a continuum of four components: primary prevention of risk factors, early detection, treatment and palliative care services.

6. At least one-third of cancers can be prevented by implementing interventions such as: vaccination against HBV and HPV to prevent hepatocellular carcinoma and cervical cancer respectively; reducing smoked and chewed tobacco use by implementing the WHO MPOWER package; decreasing alcohol use by increasing taxation, restricting availability and enforcing bans on advertising; promoting physical activity and a healthy diet rich in fruits and vegetables; and reducing exposure to environmental and occupational carcinogens.

7. Early detection of cancer is important to improve survival rates. Many of the common cancers in the Region like breast, cervical and oral cancers have a high potential for recovery if diagnosed and appropriately treated at an early stage. Early diagnosis and screening for these common cancers must be included in the package of essential NCD services at the primary health care level.
8. Treatment involves a series of interventions, including psychosocial support, surgery, radiotherapy, and chemotherapy using evidence-based standardized protocols and aims at curing the disease or prolonging life while improving the patient’s quality of life.

9. Palliative care aims to provide pain relief with an emphasis on home-based care and improves access to oral morphine and other affordable interventions.

Progress and challenges in cancer prevention and control

10. Member States of the Region are taking concerted action to reduce risk factors for cancer. Cancer-related risk factors common to other NCDs are being addressed through mass awareness and multisectoral public policies. All countries in the Region have introduced hepatitis B vaccine in their routine national immunization programmes. HPV vaccination programme has achieved a high coverage in Bhutan and is being considered on a pilot basis in Bangladesh, Myanmar and Nepal. Initiatives are underway to address the health impact of air pollution in India and reduce exposure to industrial pollutants, particularly asbestos, in Indonesia, Sri Lanka and Thailand.

11. Standard diagnostic and management protocols for early detection of breast, cervical, and oral cancers are being introduced at the primary health care level as part of the WHO package of essential NCD services in Bhutan, Indonesia, Nepal and Sri Lanka. Bhutan, Maldives, Myanmar and Nepal have initiated steps to establish population-based cancer registries, whereas India, Indonesia and Thailand have already established them.

12. Despite important initiatives, access to a continuum of preventive, early detection, treatment and palliative services remains elusive for the majority of the population in the Region. Due to limited awareness and lack of access to cancer screening and diagnostic services, the majority of cancer patients are diagnosed at an advanced stage, thus limiting their treatment options and reducing their survival rate. Palliative care including oral morphine and community home care for people with advanced stage of cancer are generally unavailable. Allocated resources are disproportionately lower than required for effective cancer control. Consequently, the health workforce and infrastructure for cancer prevention and control is inadequate at all levels of the health-care system.

WHO support

13. In collaboration with partners, WHO supports Member States by (i) conducting high-level advocacy to increase political commitment; (ii) developing standards and tools to guide planning and implementation of interventions for prevention, early detection, treatment and care; (iii) providing technical assistance to Member States for surveillance and research; (iv) strengthening national health systems to deliver cure and care for cancer patients; (v) facilitating networks of cancer control partners and experts; and (vi) disseminating existing knowledge to facilitate the delivery of evidence-based approaches to cancer control.

14. Selected examples of activities undertaken by the WHO Regional Office for South-East Asia in recent years are:

- joint WHO–IAEA missions to Bangladesh, Indonesia, Nepal and Sri Lanka with recommendations to strengthen national cancer control programmes;
• regional expert group meeting on increasing access to prevention, early detection and treatment of cervical cancer;
• technical assistance to establish cancer surveillance and registries in Bhutan, Maldives, Myanmar and Nepal;
• policy advocacy and capacity-building in tobacco taxation and implementing WHO “best buys” for NCD;
• development/adaptation of protocols for early detection and treatment of cervical cancer within the WHO package of essential NCD interventions in Bhutan, Nepal, and Sri Lanka;
• capacity-building for palliative care in Indonesia, India and Sri Lanka; and
• research and documentation on smokeless tobacco in high burden countries.

Way forward

15. To reduce the burden of cancer and meet global NCD targets, Member States should prioritize the following actions for prevention and control of cancer:

Governance

a. develop and adopt a comprehensive national cancer control plan, integrated within the broader multisectoral NCD action plan, with an effective governance mechanism for implementation of the plan; and
b. ensure adequate and sustainable financing of the cancer control plan.

Primary prevention

c. implement multisectoral interventions in the context of broader NCD programme for primary prevention of behavioural risk factors including tobacco use, harmful use of alcohol, physical inactivity and unhealthy diet;
d. reduce population exposure to environmental air pollution (ambient and household) and occupational carcinogens; and
e. increase access to vaccination against hepatitis B virus and human papilloma virus to reduce the risk of of hepatocellular cancer and cervical cancer, respectively.

Early detection, treatment and care

f. increase access to early detection, diagnostic and treatment services (including medical oncology, radiotherapy and surgical oncology and availability of essential medicines and technologies); and
g. increase access to quality and effective pain management and palliative care treatment including access to oral morphine.
Surveillance, monitoring and research

h. establish functional population-based cancer registries;

i. carry out effective programme monitoring and evaluation on access to prevention, early detection, treatment and palliative care; and

j. generate evidence for policy and programme development by carrying out relevant research.

Conclusion

16. The rising burden of cancer poses a threat to health and development in the Region. The recent global attention and political commitment to address NCD provides an opportunity to reduce the burden of cancer. Going forward, Member States should take a comprehensive approach by prioritizing a continuum of prevention, early detection, treatment and palliative care services.