

**OUTCOME OF THE INFORMAL CONSULTATION ON THE DRAFT RESOLUTION
CONTAINED IN DOCUMENT EB140/31
(CANCER PREVENTION AND CONTROL IN THE CONTEXT OF AN INTEGRATED
APPROACH)**

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Green = Agreed during drafting group at EB140

Blue = Agreed ad ref at informal consultations which took place between Feb-May 2017

Yellow = for consideration by capitals

The Executive Board,

Having considered the report on cancer prevention and control in the context of an integrated approach,¹

RECOMMENDS to the Seventieth World Health Assembly the adoption of the following resolution:

The Seventieth World Health Assembly,

(PP1) Having considered the report on cancer prevention and control in the context of an integrated approach;

(PP2) Recognizing that cancer is a leading cause of morbidity globally and a growing public health concern, with a projected increase in new cancer cases from 14.1 million in 2012 to 21.6 million annually by 2030; (AGREED AD REF)

(PP3) Acknowledging that in 2012, cancer was the second leading cause of death in the world with 8.2 million cancer-related deaths, the majority of which occurred in low- and middle-income countries; (AGREED AD REF)

AND SWITCH ORDER OF PP2 AND PP3

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(PP4) Aware that certain population groups experience inequalities in risk factor exposure and in access to screening, early diagnosis and timely and appropriate treatment, and experience poorer outcomes from cancer; and recognizing that different cancer control strategies are required for specific groups of cancer patients, such as children and adolescents;

(PP5) Noting the potential for the prevention of around half of all cancers through risk reduction;

(PP6) Aware that early diagnosis and prompt and appropriate treatment, including pain relief and palliative care, can reduce mortality and improve the outcomes and quality of life of cancer patients;

(PP6bis) Recognizing with appreciation the introduction of new pharmaceutical products based on investment in innovation for cancer treatment in recent years, and noting with great concern the increasing cost to the health systems and the patients;

PP7. Emphasizing the importance of addressing barriers in access to safe, quality, effective and affordable medicines, medical products and appropriate technology for cancer prevention, detection, screening diagnosis and treatment including surgery by strengthening national health systems and international cooperation, including human resources, with the ultimate aim of enhancing access for patients, including through increasing the capacity of the health systems to provide such access; (AGREED AD REF)

(PP8) Recalling resolution WHA58.22 (2005) on cancer prevention and control;

(PP9) Recalling also United Nations General Assembly resolution 66/2 (2011) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which includes a road map of national commitments from Heads of State and Government to address cancer and other noncommunicable diseases;

(PP10) Recalling further resolution WHA66.10 (2013) endorsing the global action plan for the prevention and control of noncommunicable diseases 2013–2020, which provides guidance on how Member States can realize the commitments they made in the 2011 Political Declaration, including those related to addressing cancer;

(PP11) Recalling in addition United Nations General Assembly resolution 68/300 (2014) on the Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, which sets out the continued and increased commitments that are essential in order to realize the road map of commitments to address cancer and other

noncommunicable diseases included in the 2011 Political Declaration, including four time-bound national commitments for 2015 and 2016;

(PP12) Mindful of the existing monitoring tool that WHO is using to track the extent to which its 194 Member States are implementing these four time-bound commitments to address cancer and other noncommunicable diseases, in accordance with the technical note¹ published by WHO on 1 May 2015 pursuant to decision EB136(13) (2015);

(PP13) Mindful also of the WHO Framework Convention on Tobacco Control; (AGREED AD REF)

(PP14) Mindful further of the Sustainable Development Goals of the 2030 Agenda for Sustainable Development, specifically Goal 3 (Ensure healthy lives and promote wellbeing for all at all ages) with its target 3.4 to reduce, by 2030, premature mortality from noncommunicable diseases by one third, and target 3.8 on achieving universal health coverage;

(PP15) Appreciating the efforts made by Member States² and international partners in recent years to prevent and control cancer, but mindful of the need for further action,³

(PP16) Reaffirming the global strategy and plan of action on public health, innovation and intellectual property; (AGREED AD REF)

(OP1) URGES Member States⁴, taking into account their context, institutional and legal frameworks, as well as national priorities;

(OP1.1) to continue to implement the road map of national commitments for the prevention and control of cancer and other noncommunicable diseases included in United Nations General Assembly resolutions 66/2 (2011) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and 68/300 (2014) on the Outcome document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases;

(OP1.1bis) to also implement the four time-bound national commitments for 2015 and 2016 set out in the Outcome document, in preparation for a third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018,

² And, where applicable, regional economic integration organizations

³ Available at <http://www.who.int/nmh/events/2015/technical-note-en.pdf?ua=1> (accessed 7 December 2016)

⁴ And, where applicable, regional economic integration organizations.

taking into account the technical note published by WHO on 1 May 2015, which sets out the progress indicators that the Director-General will use to report to the United Nations General Assembly in 2017 on the progress achieved in the implementation of national commitments, including those related to addressing cancer, taking into account cancer-specific risk factors;

(OP1.2) to integrate and scale up national cancer prevention and control as part of national responses to noncommunicable diseases, in line with the 2030 Agenda for Sustainable Development;

(OP1.3) to develop , as appropriate, and implement national cancer control plans, inclusive of all age groups, with adequate resources, monitoring and accountability that seek synergies and cost-efficiencies with other health interventions;

(OP1.4) to collect high-quality population-based incidence and mortality data on cancer, for all age groups by cancer type, including measurements of inequalities, through population-based cancer registries, household surveys and other health information systems to guide policies and plans; (AGREED AD REF)

(OP1.5) to accelerate the implementation by States parties of the WHO Framework Convention on Tobacco Control; and , for those Member States that have not yet done so, to consider acceding to the Convention at the earliest opportunity, given that the substantial reduction of tobacco use is an important contribution to the prevention and control of cancer, and act to prevent the tobacco industry's interference in public health policy for the success of reducing the risk factors of noncommunicable diseases;

(OP1.6) to promote the primary prevention of cancers; (AGREED AD REF)

(OP1.6bis) To promote increased access to cost-effective vaccinations to prevent infections associated with cancers, as part of national immunization schedules; based on country epidemiological profiles and health systems capacities and in line with the immunization targets of the Global Vaccine Action Plan; (AGREED AD REF)

(OP1.7) To develop, implement and monitor programmes, based on the national epidemiological profiles, for the early diagnosis of common cancers, and for screening of cancers, according to assessed feasibility and cost-effectiveness of screening, and with adequate capacity to avoid delays in diagnosis and treatment; (AGREED AD REF)

(OP1.8) to develop and implement evidence-based protocols for cancer management, in children and adults, including palliative care; (AGREED AD REF)

(OP1.8 bis) to collaborate by strengthening, where appropriate, regional and subregional partnerships and networks to create centres of excellence for the management of certain cancers;

(OP1.9) to promote recommendations that support clinical decision-making and referral based on the effective, safe and cost-effective use of cancer diagnostic and therapeutic services, such as cancer surgery, radiation and chemotherapy, and facilitate cross-sectoral cooperation between health professionals, as well as the training of personnel at all levels of health systems; (AGREED AD REF)

(OP1.10) to mobilize sustainable domestic human and financial resources and consider voluntary and innovative financing approaches to support cancer control in order to promote equitable and affordable access to cancer care;

(OP1.11) to promote cancer research to improve the evidence base for cancer prevention and control, including on health outcomes, quality of life and cost-effectiveness;

(OP1.12) to provide pain relief and palliative care in line with resolution WHA67.19 (2014) on the strengthening of palliative care as a component of comprehensive care throughout the life course;

(OP1.12bis) to anticipate and promote cancer survivor follow up, late effect management and tertiary prevention, with the active involvement of survivors and their relatives;

(OP1.12ter) to promote early detection of patients' needs and access to rehabilitation, including in relation to work, psychosocial and palliative care services;

(OP1.12quar) to promote and facilitate psychosocial counseling and after-care for cancer patients and their families, also in the light of the increasingly chronic nature of cancer;

OP1.12quint to continue fostering partnerships between government and civil society, building on the contribution of health-related NGOs and patient organizations, to support, as appropriate, the provision of services for the prevention and control, treatment and care, including palliative care of cancer; (AGREED AD REF)

(OP1.13) to work towards the attainment of target 3.4 of the Sustainable Development Goals, reiterating the commitment to reduce, by 2030, premature mortality from cancer and other noncommunicable diseases by one third;

(OP1.14) to promote the availability and affordability of quality, safe and effective medicines (in particular, but not limited to, those on the WHO Model List of Essential Medicines), vaccines and

diagnostics for cancer; (AGREED AD REF)

OP1.14bis Promote access to comprehensive and cost-effective prevention, treatment and care for the integrated management of NCDs, including, inter alia, increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies, including through the full use of trade-related aspects of intellectual property rights (TRIPS) flexibilities, noting that, inter alia, intellectual property rights are an important incentive in the development of new health products; (AGREED AD REF)

(OP2) REQUESTS the Director-General:

(OP2.1) to develop or adapt stepwise and resource-stratified guidance and tool kits to establish and implement comprehensive cancer prevention and control programmes, leveraging the work of other organizations;

(OP2.2) to collect, synthesize and disseminate evidence on the most cost-effective interventions for all age groups, and to support Member States in their implementation and make an investment case for cancer prevention and control;

(OP2.3) to strengthen the capacity of the Secretariat to support the implementation of cost-effective interventions and country-adapted models of care and to work with international partners, including the International Atomic Energy Agency, to harmonize the technical assistance provided to countries for cancer prevention and control;

(OP2.3bis) to work with Member States⁵, and collaborate with NGOs, private sector, academic institutions and philanthropic foundations as defined in FENSA to develop partnerships to scale up cancer prevention and control, and to improve the quality of life of cancer patients, in line with Sustainable Development Goals 3 and 17;

(OP2.4bis) to strengthen the collaboration with NGOs, private sector, academic institutions and philanthropic foundations as defined in FENSA, with a view to foster the development of effective and affordable new cancer medicines;

(OP2.4ter) to provide technical assistance, upon request, to regional and subregional partnerships and networks, including, where appropriate, towards the establishment of centres of excellence to strengthen cancer management;

(OP2.5) to develop, before the end of 2019, the first periodic public health and policy-oriented world report on cancer, in the context of an integrated approach, based on the latest available

⁵ and , where applicable, regional economic integration organizations

evidence and international experience, and covering the elements of this resolution, with the participation of all relevant parts of the Secretariat, including IARC, and in collaboration with all other relevant stakeholders, including cancer survivors;

(OP2.5bis) to enhance the coordination between IARC and other parts of WHO on assessments of hazard and risk, and on the communication of those assessments;

(OP2.5 ter) [to prepare a comprehensive technical report to the 144th Executive Board that examines the impact of price transparency measures on prices of medicines for the prevention and treatment of cancer, and, as may exist, any evidence of the benefits or unintended negative consequences, including on incentives for R&D investment and innovation of these measures, as well as the relationship between costs and product prices, financing gaps for R&D, and options that might enhance the affordability and accessibility of these medicines;]

(OP2.6) to periodically report on progress made in implementing this resolution to the Health Assembly, through the Executive Board; (AGREED AD REF)

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