



Breast Health
Global Initiative

Global Summit on International Breast Health and Cancer Control:

Improving Breast Health Care through Resource-Stratified Phased Implementation

Addressing Breast Cancer within Context of Non-Communicable Diseases (NCDs)

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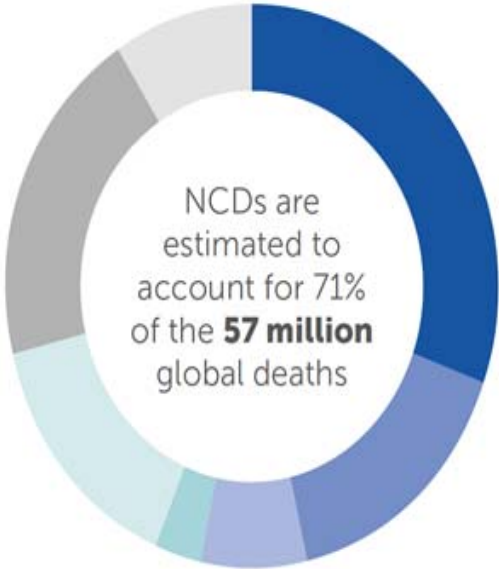


Outline

- Where are we in the global NCD initiative
- Why an integrated NCD approach is critical for breast cancer control
- What is the current status and what actions are needed

GLOBAL MORTALITY (% OF TOTAL DEATHS), ALL AGES, BOTH SEXES, 2016

- ▶ 31% Cardiovascular diseases
- ▶ 16% Cancers
- ▶ 7% Chronic respiratory diseases
- ▶ 3% Diabetes
- ▶ 15% Other NCDs
- ▶ 20% Communicable, maternal, perinatal and nutritional conditions
- ▶ 9% Injuries



Global mortality due to NCDs 41 million- 80% in LMICs

- 17.9 million (44 percent) were due to CVD
- 9 million deaths (22 percent) to cancer
- 3.8 million (9 percent) to chronic respiratory disease, and
- 1.6 million (4 percent) due to diabetes.

81% (32.4 m) are caused by the four groups of diseases

3 important points on the NCD global burden

- More than 80% of NCD mortality is caused by 4 major groups of NCDs (cardiovascular disease, cancers, chronic lung disease, and diabetes)
- A large proportion of people with NCDs die too young (with negative impact on productivity and socioeconomic development). 9 million die below 60 and 17 m below 70.
- Most of the burden occurs in LMICs (80% of all NCD deaths and 85% of premature deaths)

NCDs and major risk factors

The four behavioral risk factors and air pollution are linked with cancers (and breast cancer)

		Modifiable causative risk factors for NCDs				
		Tobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol	Air pollution
Noncommunicable diseases	Heart disease and stroke	✓	✓	✓	✓	✓
	Diabetes	✓	✓	✓	✓	
	Cancer	✓	✓	✓	✓	✓
	Chronic lung disease	✓				✓

Global Response:
Prevention and control of NCDs (World Health Assembly 2000): 3 strategic
directions

Surveillance
Mapping the
epidemic of
NCDs

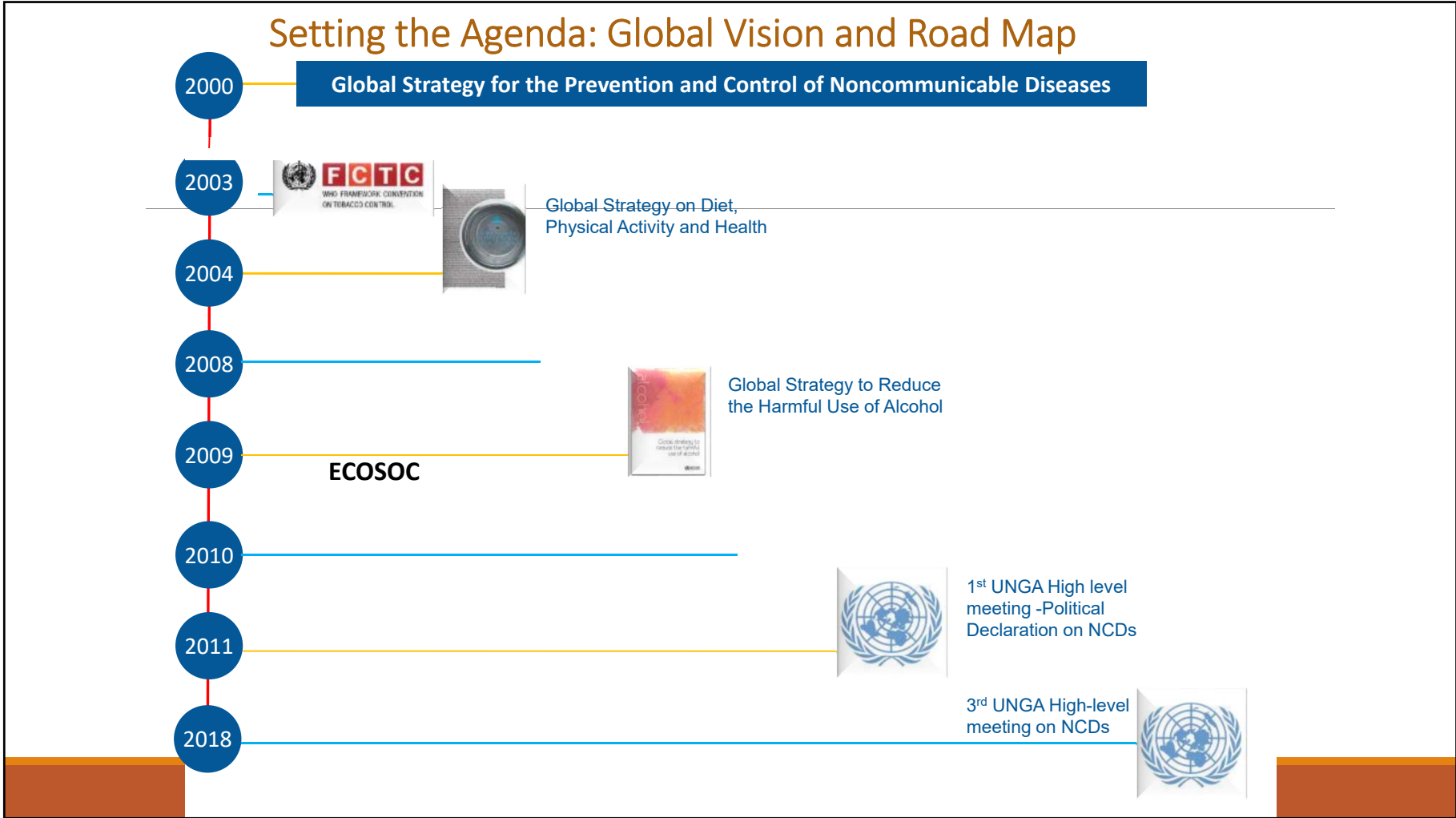


Prevention
Reducing the
level of
exposure to
risk factors



Management
Strengthen
health care for
people with
NCDs





United Nations

A/RES/66/2



General Assembly

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Agenda item 117

Resolution adopted by the General Assembly

[without reference to a Main Committee (A/66/L.1)]

**66/2. Political Declaration of the High-level Meeting of the
General Assembly on the Prevention and Control of
Non-communicable Diseases**

Commitments for countries

Action Area
Governance
Risk factors
Health systems
Surveillance



- **Set national targets** for 2025 in 2013, taking into account the 9 global targets
- **Develop national multisectoral NCD policies and plans** to address the three major components of the NCD strategy



- **Implement the NCD surveillance framework with its 3 key components:**
 - Monitoring health risks and determinants
 - Monitoring morbidity and cause-specific mortality
 - Monitoring health system capacity and response

A framework for NCD surveillance

Exposures

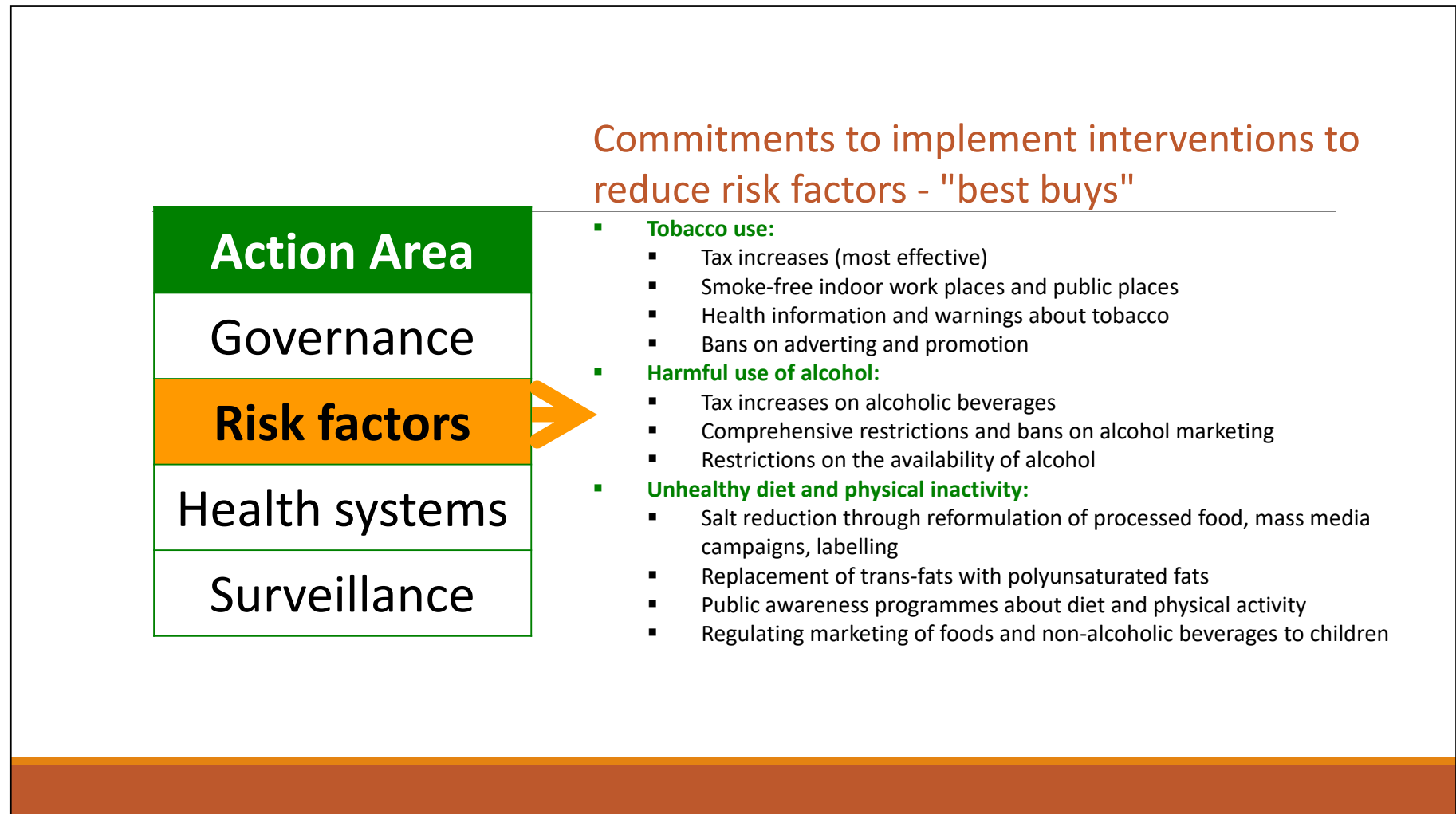
- **Behavioural risk factors:** *tobacco use, physical inactivity, harmful use of alcohol and unhealthy diet*
- **Metabolic risk factors:** *overweight/obesity, raised blood pressure, glucose & cholesterol.*
- **Social determinants:** *education, material well being, access to health care*

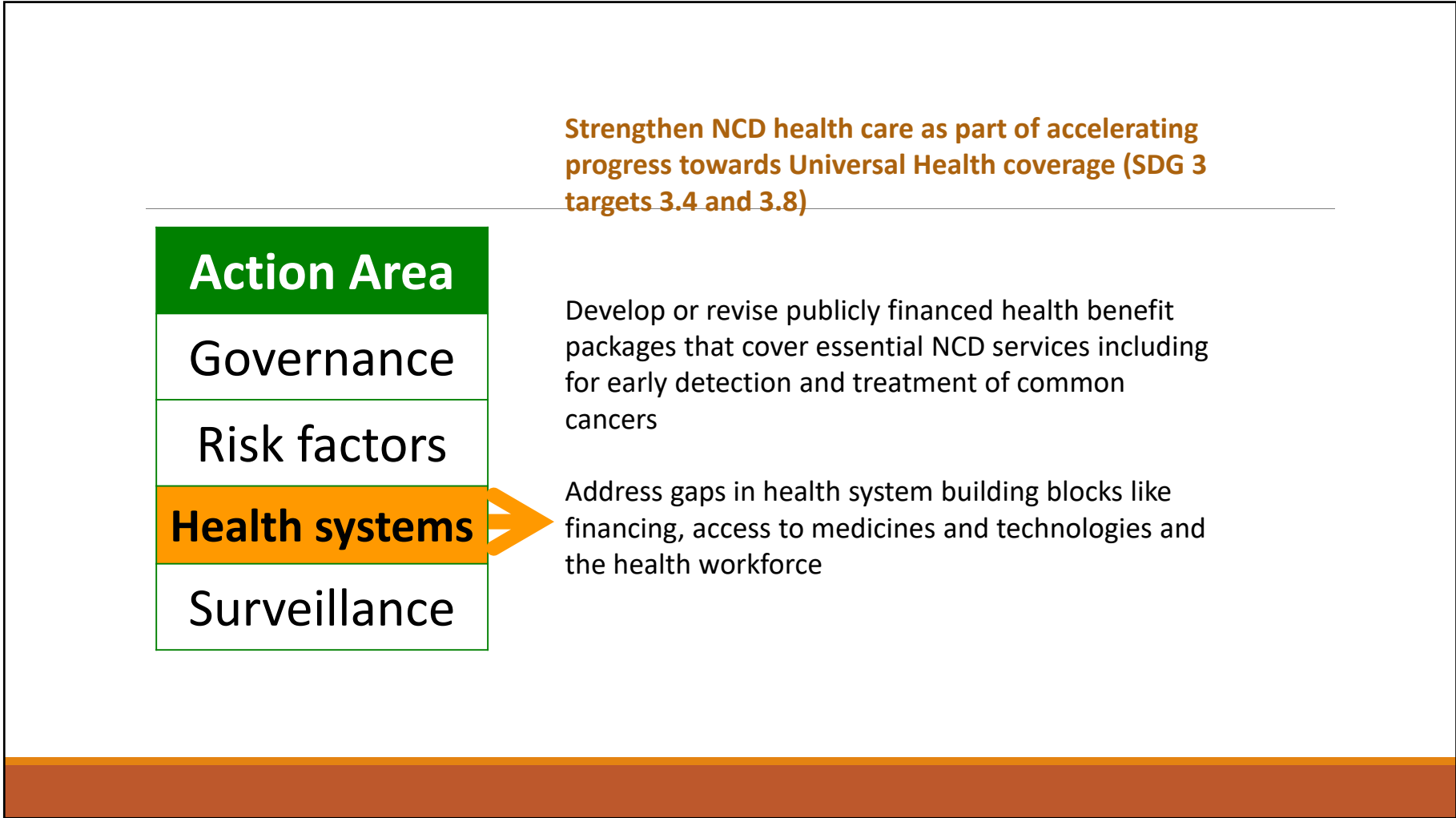
Outcomes

- **Mortality:** *NCD specific mortality*
- **Morbidity:** *cancer incidence and type*

Health System Response

- **Interventions and health system performance:** *infrastructure, policies and plans, UHC monitoring indicators*





How do these commitments support cancer control? Does an integrated NCD approach make sense for breast cancer?

- Causative risk factors and prevention strategies are shared among the major NCDs
- A narrow focus on one condition when the same interventions are equally effective against the other NCDs is not feasible specially in under-resourced health systems
- Parallel planning, funding and management cause duplication, fragmentation and are scarce and cannot be sustained in most LMICs

How can the NCD agenda improve cancer control in LMICs?

- Surveillance: Addressing gaps in reliable data on cancer incidence and types; strengthening monitoring of cancer survival and reporting of cause specific mortality
- Prevention: scaling up the implementation of NCD (and cancer) best buys
- Health care: maximizing efforts and resources to strengthen health systems; move towards UHC and establish publicly financed health benefit package
- Augmenting services which are non-existent or deficient: building capacity in histopathology, basic cancer surgery, radiotherapy, access to medicines and palliative care

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How is the world doing in implementing the commitments made at the UN in 2011?

- Despite some promising achievements in some countries, progress has generally been slow and inadequate
- Serious impediments are responsible for the slow progress
- Commitments are not translated into actions
- Financing remains a major challenge
- Unmet needs in technical support to LMICs
- Obstructing forces, weak engagement of corporate sector and conflicts of interest

What is needed for a more effective response...

- Reinigorating commitment at the highest level– Innovative evidence-based global advocacy;
- Stronger health systems - supporting LMICs in scaling up progress to achieve UHC
- More domestic resources for health and NCDs/ reprioritizing government budgets, innovative financing, more effective use of existing resources (more health for money)
- Making the case for more development assistance funding in LICs; a global financing mechanism for LICs?
- Stronger engagement and accountability of the private sector
- A more effective engagement of academic and research institutions in implementation science and technical support to LMICs
- More effective monitoring and accountability framework for countries and other stakeholders



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