What Should We Do to Raise Awareness on the Issue of Cancer in the Global Health Agenda?

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INTRODUCTION

Developing and emerging countries, including China and India, account for a large proportion of the global population, and as measures to address infectious diseases in these countries bear results, we are seeing a transformation in the nature of diseases that affect these countries. It is against this backdrop that cancer is presenting an increasingly serious threat in developing countries (WHO. The World Health Report 2008—primary health care: now more than ever.) ‘Global health’ has become an often-heard term in discussions on international health, and backed by a number of well-funded global initiatives, it is now positioned as one of the major agenda items for the international community (Reich MR, Takemi K, Roberts MJ, Hsiao WC. Global Action on Health Systems: A Proposal for the Toyako G8 Summit. Lancet 2008;371:865–9). However, cancer has not yet attained its rightful position on this global health agenda. This paper gives an overview of the discussions that took place at the 5th Asia Cancer Forum. Based on the challenges and outlook for placing cancer on the global health agenda, we conduct analysis that focuses on top-down mechanisms and bottom-up mechanisms.

Key words: global health agenda — millennium development goals (mdgs) — health equity — traditional medicine

The Asia Cancer Forum (3) has been held on a total of four occasions since 2008, in collaboration with the Asia-Pacific Cancer Conference (APCC). With regard to the question ‘what should we do to ensure cancer is placed on the global health agenda?’ a concept note was formulated based on an interview with Dr. Harold Varmus of the United States, who was responsible for the compilation of The U.S. Commitment to Global Health (4), and an agenda was duly distributed to Asia Cancer Forum participants. With regard to the question of how the issue of ‘Health equity’ should be positioned and what indices should be utilized to assess health equity, the opinion of Dr. Ala Alwan, World Health Organization (WHO) Assistant Director-General for Non-communicable Diseases and Mental Health was sought, based on discussions that took place at the WHO’s Kobe Center in June 2009 (5). Dr. Alwan was scheduled to participate at the APCC, but prior commitments meant that he recorded a video message, which was relayed to the participants of the Asia Cancer Forum (6). An established 5.5 million people die from cancer each year in developing countries, and this figure continues to rise. The WHO projects that by 2015 an estimated 5.7 million people will die annually from cancer in developing countries, rising to 8.9 million by 2030. People living in low- and middle-income countries are in greater danger than people living in high-income countries of succumbing to risks that can be relatively easily avoided by man-made interventions (Fig. 1). These risks include smoking, unhealthy eating and lifestyle, lack of exercise, excessive intake of alcohol and chronic infections such as HPV or hepatitis. The importance has been pointed out of quantifying the current status in developing countries and developing projections for the future, and making efforts to track changes in the
situation. With limited medical resources, diseases such as HIV/AIDS and malaria remain priority issues for global health, however, the time has come for policy transformation (7). In strategic terms our objective is to include cancer in the Millennium Development Goals (MDGs) of the United Nations (8). The question that thus presents itself is what actions should we engage in to take the next step towards achieving the inclusion of cancer in the MDGs?

TOP-DOWN MECHANISM

In a globalized world, issues relating to global health are not limited to overcoming disease, but also encompass a number of other complex factors, including socio-economic elements and political maneuvering on the diplomatic stage. The era in which international cooperation aimed simply at ‘disease eradication’ can bring results is now over and global health must now be considered as a series of complex interlinked elements, even as we face the effects of the worst financial crisis in history (9). Senior Fellow of the Japan Center for International Exchange Keizo Takemi identified the following four approaches concerning what mechanisms and theories have been utilized as determinants for setting the global health agenda:

(i) Realist approach: emerging pandemics and conflicts between property rights and public health;
(ii) Theoretical approach: emerging new theories such as social determinants of health, cross-sectoral approach;
(iii) Legalistic approach: health as a human right; and
(iv) Moral approach: human dignity and human security.

He also pointed out that a framework is beginning to emerge in the world that seeks to address health-related issues through a multi-sectoral approach (10). This move to a multi-sectoral approach has, however, raised other issues, as evidenced by the announcement of almost 130 global health initiatives in various areas, and the emergence of numerous players in policy formulation, which has served to create confusion.

In order to raise the priority of cancer-related issues in the global health community, which is facing an era of transition, Executive Advisor of the Chiba Prefecture Department of Health and Welfare Hajime Inoue spoke about the importance of gathering empirical evidence and showing such evidence to policy-makers and other people who do not necessarily have a specialist background in cancer. Dr. Inoue pointed out that of total global expenditure on developing health aid, the proportion of health aid allotted to cancer-related issues is disproportionately small in comparison to the disease burden cancer presents, and that this is a reality that cancer specialists need to recognize (Fig. 2). However, discussion of high mortality or morbidity in merely epidemiological terms will not result in cancer taking its rightful place on the global health agenda (11). Dr. Inoue emphasized that in order to remedy this situation and implement a solution, the most important factor is the availability of human, physical and financial resources, means of evaluation, and most particularly commitment. In other words, it is incumbent upon us to demonstrate a means of tackling and resolving the relevant disease burden. In developing countries the general understanding is that cancer treatment is difficult to implement, and it is therefore important for efforts to be made to emphasize that even in the developing world there are means of preventing and treating cancer.

Hiroyoshi Endo, Professor of the Department of International Affairs and Tropical Medicine of Tokyo Women’s Medical University spoke, based on his long experience in dealing with infectious diseases, about the differences...
in measures required to tackle cancer and infectious diseases, 
and accordingly the differences in justification for including 
cancer in the MDGs. He highlighted the following points for 
comparison: (i) time frame for treatment (infectious diseases 
can be dealt with in the short term, whereas cancer treatment 
is long term, counted usually in units of years), (ii) target for 
treatment (collective treatment for infectious diseases and 
individual treatment for cancer), (iii) resources for diagnosis 
and treatment (overwhelming lack of resources for cancer 
treatment in the developing world), and (4) potential for full 
recovery (cancer has a high rate of reoccurrence, etc.). If 
cancer is to be included in the MDGs, it will be necessary to 
define specific goals, or possibly to target certain diseases and 
create indicators for measuring and evaluating these. At the 
same time, it is important to recognize the importance and 
effectiveness of overcoming the differences between cancer 
and infectious diseases as noted by Dr. Endo.

**BOTTOM-UP MECHANISM**

Manami Inoue, Section Head of the Epidemiology and 
Prevention Division, Research Center for Cancer Prevention 
and Screening of the National Cancer Center spoke about the 
necessity of monitoring of disease statistics and estimation of 
the population attributable fraction of major risk factors by 
systematic review and meta-analysis to provide concrete esti-
mates for cancer-prevention strategies. In Asia, disease moni-
toring systems have been improved and an increased number 
of epidemiological evidence has become available in the past 
decade. However, current research funding for cancer research 
in Asia is generally only available for topic-specific research 
(i.e. association between smoking and lung cancer, etc.). The 
following needs were identified:

(i) A research platform for cross-country communication 
and collaborative research aiming towards an eventual 
estimation of the impact of major risk factors and 
cancers in Asia.

(ii) International organizations and funds are expected to 
play a role to act as a funding base, to assure balanced 
and equal collaboration, and to ensure the multina-
tional collaborative studies.

It was emphasized that in order to reach out to people other 
than specialists in the cancer-related sector, it is essential to 
gather accurate and convincing data that will provide impact 
assessments and estimates for major risk factors and will 
stand as concrete statistics to justify funding for cancer-related 
research. Dr. Inoue noted that in order for such data collection 
in Asia to become reality, an enormous sum of money and a 
great pool of human resources would be required (11).

**DISCUSSION**

In an increasingly internationalized world we still face the 
harrowing reality that even when afflicted with exactly the 
same disease, some people will be cured, while others will 
suffer and die. What, then, should we do to address this 
troubling reality? Proceeding with strategic initiatives alone 
blunts sensitivity to the actual situation of the real people 
whose health and welfare we are trying to support.
purely top-down approach brings with it the possibility that momentum towards encouraging independence and self-help efforts among the public will be lost, and therefore nullifies any results that are achieved. If cancer is not to take the same path in developing countries that it has taken in industrialized countries, we must consider mechanisms that allow us to fulfill our responsibility to provide assistance to developing countries in the form of information and knowledge that have already been amassed, while ensuring that economic development in these countries is not hindered.

Preventive activities and measures require a long period of time before results become apparent and as the cost-benefit effect of allocated funds cannot be measured in the short-term, preventive activities have therefore tended to be given a low priority in terms of national policy (12). Taking in a long-term perspective that looks ahead to the issues that will face future generations and responding to challenges presented by cultural diversity, we must work to maximize limited resources and seek to position cancer as a central theme on the global health agenda. The readily available infrastructure in the form of health classes in schools (13) would be one effective method of creating a model for cancer-prevention education (14). Cancer, which to date has been perceived as a disease affecting individuals in developed countries has now become an issue in developing countries, and disparities in medical and societal resources are providing further obstacles to the realization of justice and fairness. We must construct measures that do not require limitless quantities of money to be outlaid to save lives, but that seek to provide nursing care and medical treatment based on the rights and dignity of the individual (15).

Kenji Watanabe, Associate Professor of the Center for Kampo Medicine of Keio University School of Medicine spoke about the situation whereby in developing countries it is not possible to use traditional medicines as a complementary therapy for living with cancer. In recent years interest in the WHO has grown in traditional medicine and ways are being sought to add traditional medicines to the International Classification of Diseases (ICD). Traditional medicines could become an effective resource for linking the Western and Eastern hemispheres.

In the face of the common challenge presented to humankind of winning the fight against cancer, the Asia Cancer Forum aims to build a discourse on ‘human security,’ which offers a means of applying concepts of ‘justice,’ ‘human rights,’ ‘growth,’ and ‘sustainability’ in a real-world context.

In order to further develop global research on cancer, the Asia Cancer Forum will engage in strategic analysis focusing on the ongoing work towards the revision of the Millennium Development Goals of the United Nations in 2015, bearing in mind the significant influence the MDGs possess for setting the global health agenda. It is intended that research will focus on the following two major points:

(i) What prevents cancer from being included on the global health agenda?

(ii) What policy proposals are required to ensure the inclusion of cancer in the revised MDGs?

These questions will be posed to cancer researchers and policymakers from various countries in an attempt to analyze just how current cancer research is positioned in the context of global health, and what the perceptions of current realities are among the various persons concerned, from which challenges and issues will be distilled. The Asia Cancer forum will continue this work through its online network. The first priority is to share a common awareness of the current situation with those in the cancer community, after which it will be essential to issue concrete data that will form the basis for policy proposal activities.

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Conflict of interest statement

None declared.

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