

Quality multidisciplinary

cancer treatment

Equitable access to quality multidisciplinary treatment and care is essential and achievable in all resource settings, and will be critical to achieving a 25% reduction in premature mortality from NCDs by 2025.

Target 7



Improve access to services across the cancer care continuum



The [Global Action Plan for the Prevention and Control of NCDs](#) calls for an **80% availability of the affordable basic technologies and essential medicines**, including generics, required to treat major NCDs in both public and private facilities.

There remains significant inequity in access to essential medicines and technologies, with significant impacts on patient outcomes. With prostate cancer for example, evidence shows that higher mortality generally reflects low access to diagnostic and treatment facilities.

Following key World Health Assembly resolutions, such as those on palliative care, essential medicines and surgery and anaesthesia, countries are now challenged with making investments in health systems for sustained implementation.



“Early presentation, accurate diagnosis, evidenced-based and affordable treatment and models of care are essential. Countries that commit to core investments in pathology, imaging, surgery, radiotherapy and medical treatments will be the ones that are able to respond to the growing cancer burden across all emerging and low-income economies in the next decade.”

Richard Sullivan, Director of the Institute of Cancer Policy, King’s College London

For many cancer patients in sub-Saharan Africa, the risk of getting cancer and the risk of dying are comparable because of late-stage diagnoses and poor or lack of access to quality multimodal treatment.

Investment in treatment services yields important results across all cancers. Access to cancer treatment has the potential to save lives, and thereby generate economic returns from individuals returning to work, as well as improving the quality of life of all cancer patients.

By investing in a few core elements, countries can build up their treatment capacity and strengthen the whole health system. Tools are on hand to help countries develop and prioritise their investments in cancer services.

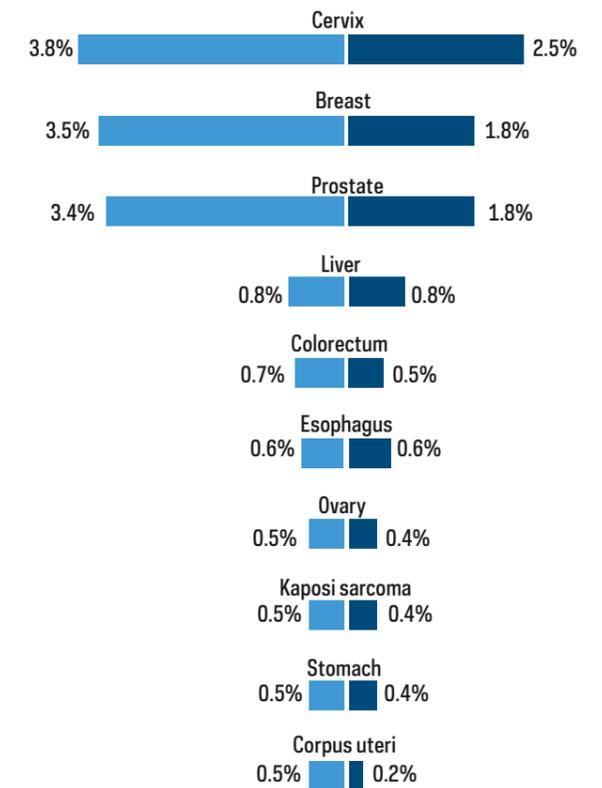


Getting involved: Programme of Action for Cancer Therapy

The International Atomic Energy Agency’s Programme of Action for Cancer Therapy (PACT) works closely with global partners to respond to the growing cancer burden in low- and middle-income countries. PACT supports countries, such as Belarus and those in Francophone Africa to improve access to safe radiation medicine technologies, build capacities and mobilise resources to establish quality, effective, affordable and sustainable cancer control services.

Nelly Enwerem-Bromson, Director of PACT, IAEA.

Probability Of Developing Or Dying From Cancer Before The Age Of 75 In Sub-Saharan Africa, 2012



Probabilities are for both sexes combined, with the exception of cervical, breast, and prostate cancers.



Resources

WHO Model List of Essential Medicines

The [WHO Model List of Essential Medicines](#) is a tool to help countries develop their own country specific formulary responding to their national disease burden. The document can also be used as a tool to revise and update established national essential medicines lists, procurement and reimbursement policies.

WHO Priority Medical Devices

The upcoming ‘WHO Priority Medical Devices for Cancer’ publication will provide timely advice to governments in making the right investments for cancer control programmes. An expert consultation reviewed the medical devices required for the management of six cancers: breast, cervical, colorectal, prostate, lung and leukaemia and a shortlist of interventions and relevant devices is being developed.

Expanding global access to radiotherapy

An estimated 50% of all cancer patients would benefit from treatment with radiotherapy, but access is highly inequitable. Globally, 80% of cancer patients live in low- and middle-income countries, but have access to only 5% of the world’s radiotherapy resources³. However investments in radiotherapy are recouped over 10-15 years and have the potential to strengthen the whole health system.

The [Lancet Oncology Commission on expanding global access to radiotherapy](#), developed by the Global Task Force on Radiotherapy for Cancer Control, explores the investment case for radiotherapy alongside the long-term health and economic benefits of investment in radiotherapy.

¹⁵ Atun et al. (2015) Expanding global access to radiotherapy [www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(15\)00222-3/fulltext](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(15)00222-3/fulltext) [Accessed 19.08.16]