

– Concept Note –

***From the perspective of human security, what kinds of collaboration are possible in Asia in order to place cancer on the global health agenda?  
How can we fill in the gaps that exist among us?***

*Organized and sponsored by Asia Cancer Forum*

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**Background and overview**

**Discussion points and challenges for the Asia Cancer Forum to date**

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**1. Shared awareness of the issues**

The incidence of infectious diseases in developing countries and the delay in formulating measures to respond to these diseases is recognized as an issue requiring the attention of industrialized nations. Accordingly, infectious diseases are given due recognition on the global health agenda. However, cancer has still to gain the recognition it rightly deserves in the world of global health. This is due to the fact that it is generally viewed as a disease specific to individuals in industrialized nations, which occurs as a result of the individual's approach to personal health management.

Last year, the Fifth Asia Cancer Forum discussed issues relating to cancer and concluded that the highest priority should be for expert groups to share a common recognition of the necessity for cancer to be raised on the global health agenda. In the international community there has also been increasing recognition of the necessity to "begin discussion on placing cancer on the global health agenda," as evidenced by the Resolution of the United Nations on May 13, 2010 to hold a United Nations General Assembly Summit on Non-Communicable Diseases (NCDs).

However, the results of a survey implemented by the Asia Cancer Forum in April 2010, on the occasion of the 101<sup>st</sup> Annual Meeting of the American Association for Cancer Research (AACR), entitled "Survey on Inclusion of Cancer in the Global Health Agenda," showed that interest in this issue is not particularly high among a great majority of specialists. Discussion on the inclusion of cancer on the global health agenda does not stop merely at the advocacy of humanitarian principles. In fact, what is needed now is a move away from the linear debate such as that which has dominated discussions of aid to developing nations in the past, and a move towards more complex projections. Therefore, it is necessary to gain the broad participation of cancer researchers in working

to decipher the current challenges faced by industrialized nations, which could then be utilized in assistance to developing nations. In other words, it is necessary to establish a framework for resolving issues that face industrialized nations.

Following on from the survey implemented at the AACR in April, a further survey was implemented at the 2010 World Cancer Congress UICC in August, aiming to find out the level of awareness about the inclusion of cancer on the global health agenda. A total of 352 valid responses were received. Both of these surveys demonstrated a correlation and awareness of the place of cancer on the global health agenda can be classified into a number of trends. The surveys showed that further efforts will be required to ensure a common awareness of the issue among cancer specialists. In general, only approximately one-third of people engaged in the study or treatment of cancer were aware of the global health framework under the Millennium Development Goals (MDGs). Despite the fact that cancer is a growing threat in developing countries, the reasons for cancer not being included in the global health agenda are as follows: (1) there are too many targets; (2) cancer is a disease that affects individuals; (3) Cancer is an issue for individual countries to address and is therefore not an international issue; (4) cancer requires enormous budgetary provision; and (5) there is insufficient global data. These are also challenges that are currently faced in cancer research. The results of correlation analysis show that of the people who indicated an awareness of cancer not being included in the MDGs the perceived reasons were as follows. Firstly, that there is a lack of overall interest among researchers and a lack of concrete global data that would be necessary to procure funding. Secondly, that there is a need for the United Nations and pharmaceutical companies to get involved as a means of eliminating disparities in cancer treatment and research in different countries. Thirdly, that there is a need for active debate among researchers about the positioning of cancer in global health. Given this current reality, the international organization that we could perhaps first expect to get involved in raising awareness is the World Health Organization (WHO). However, cancer issues still have a very minor position in the WHO and as part of efforts to boost the presence of cancer in global debate it was decided through a Resolution of the United Nations on May 13, 2010 to hold a United Nations General Assembly Summit on Non-Communicable Diseases (NCDs) in September 2011 in New York, to which national leaders will be invited. This development is of historic significance.

## **2. The challenge of achieving inclusion of cancer in the MDGs and an overview of discussions at the 6<sup>th</sup> Asia Cancer Forum**

Based on the current realities in the field of cancer research and treatment, the 6<sup>th</sup> Asia Cancer Forum was held in August in China, with the aim of identifying what kind of solution framework Japan, as a frontrunner country in cancer treatment and research, can provide to overcome disparities in medical treatment.

Discussion focused on information about medical treatment and data in various countries, which could function as a solution framework through which both developing and industrialized countries can search together for cancer treatment methods that match each country's particular situation and are based on scientific data. However, there were differences in the perception of the issues between developing and industrialized countries.

The perceptions and concepts of both developing countries and international organizations remain based in monetary terms. Namely how much money will be provided to tackle a given issue.

Heading towards the United Nations General Assembly Summit on Non-Communicable Diseases in September 2011 the UICC has given priority to dialogue with the NCD Alliance. However, at the 6<sup>th</sup> Asia Cancer Forum some doubts were raised about the target of including cancer in the MDGs. Among NCDs cancer is the disease that requires the largest degree of funding, it is therefore a sensitive issue and highly susceptible to being dropped from discussions of international aid. To overcome such perceptions of cancer it is essential to present it not in terms of international aid, but as a part of joint research in equal partnership.

### **3. Expected outcomes**

Issues that require further consideration are as follows:

(1) The definition of global health should be reconfigured, transcending current perceptions, and as many people as possible should be made to understand the current situation by engaging in multi-disciplinary dialogue that goes beyond the narrow confines of each compartmentalized area of specialist research.

(2) The Asia Cancer Forum, based in Japan, should progress with research into the ways in which Japan, China and Korea can collaborate, focusing on approaches to middle-income, emerging economies. In addition, consideration should be given to how cancer specialists in Asia can maintain their identity and presence on the global stage, given recent developments in Europe and North America such as the Harvard Global Equity

Initiative and the National Cancer Institute of the United States.

(3) Cancer research needs to be presented in economic terms, and scenarios presented to various stakeholders. A framework that would provide incentives to private sector companies should also be developed and specific collaborative programs promoted in partnership with private companies.

(4) In the development of Cancer prevention, diagnosis, treatment, and care we need to remind stratified strategies for different situations. To data, especially, in Japan, there is the idea that we have to cure patients whatever cost it may require. Now we have to remind our resources in medical practices and its efficient provision in whole sequence of disease control. This could be realized in cooperation of developed and developing countries. The final goal of strategy ends at the stratification of disease control in cancer.