

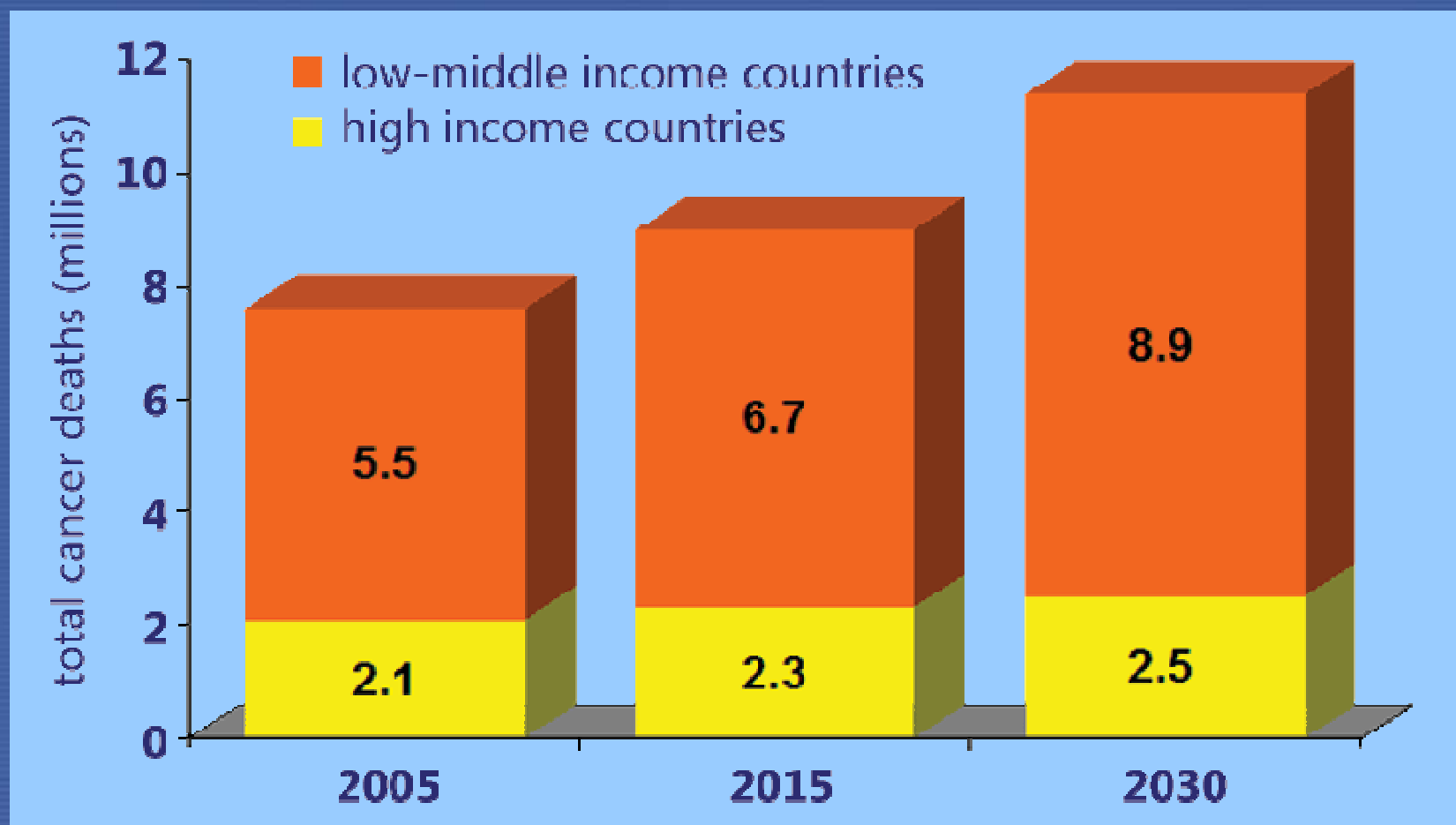
TC Europe Training for National Liaison Officers

Building Partnerships to Fight the Cancer Epidemic

Massoud Samiei
Head of PACT Programme Office



Trends in global cancer mortality



Focus on a new upcoming epidemic

Why has cancer become a considerable challenge for many developing countries?

- 70% of all new cases
- Increasing by 30% in the next 10 years
- Most patients left untreated
- Only 25% of patients have access to RT
- Modern technologies often unaffordable
- Some less appropriate for low-resource settings
- Cancer not yet on donor agenda or MDGs
- Health care systems cannot cope



Cobalt Machine in Sri Lanka



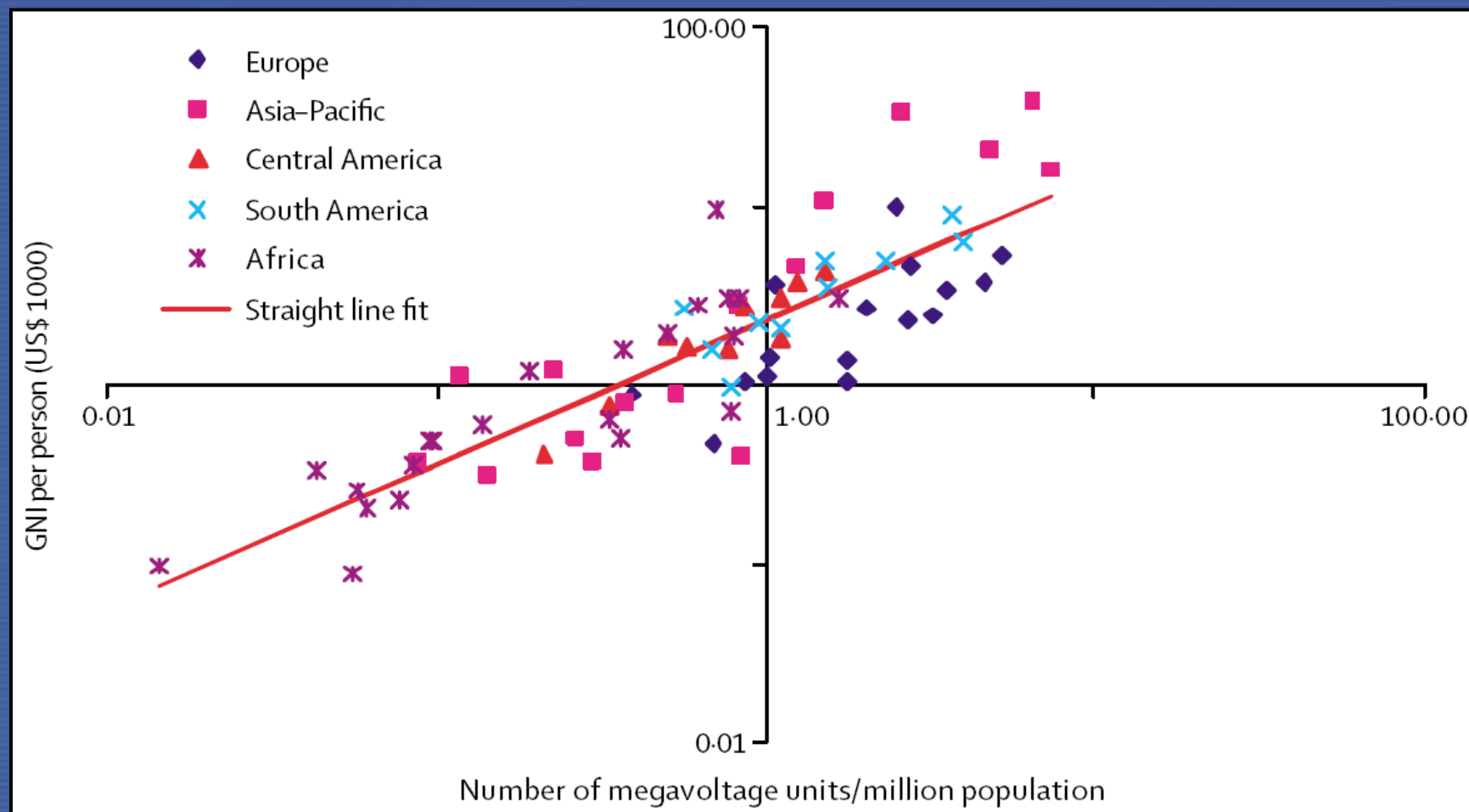
Availability of treatment

Number of people served by a single radiotherapy centre (*latest available data 1995–2003*)

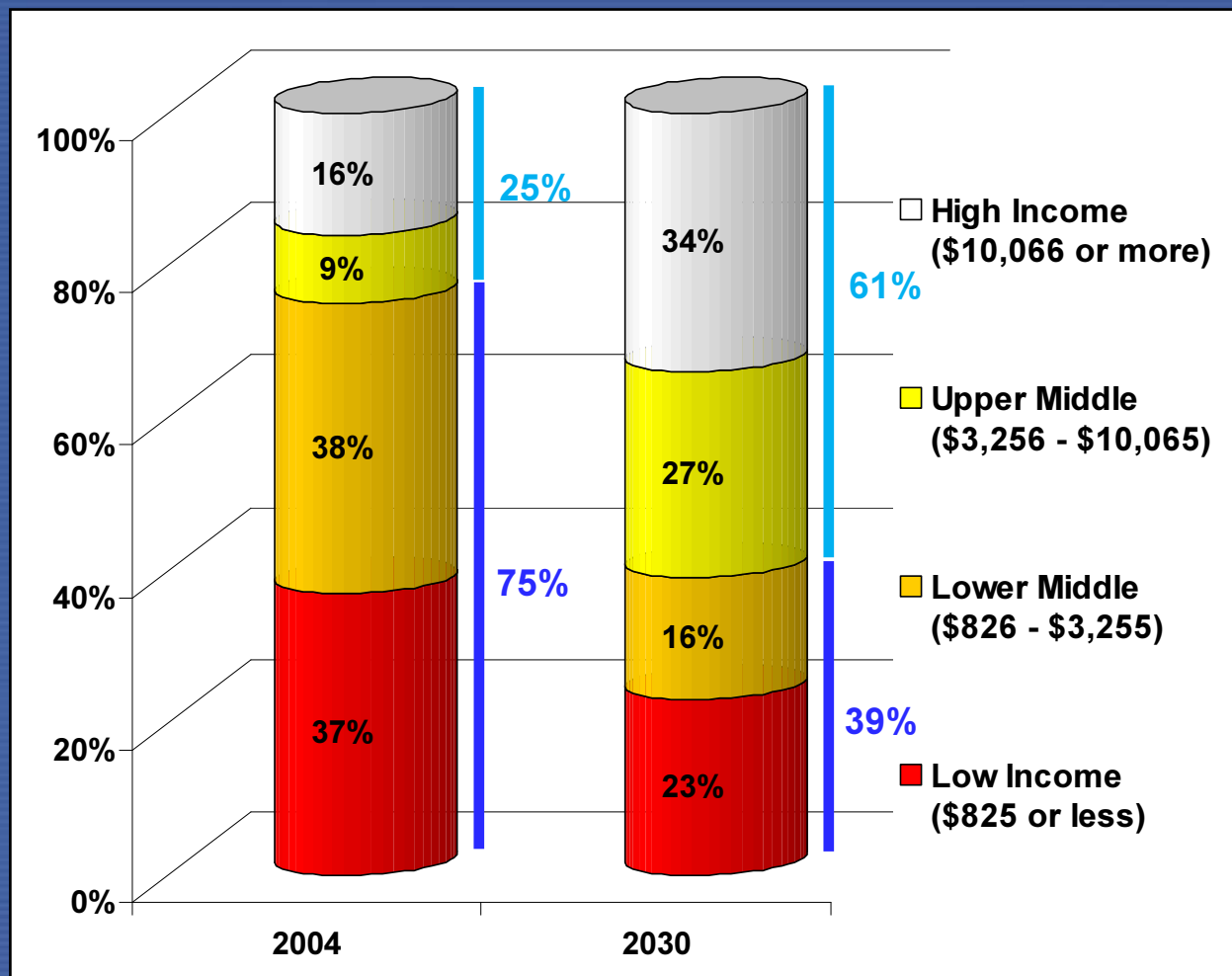


Programme of
Action for
Cancer
Therapy
PACT

Correlation between GNI and radiotherapy



Global trend in GNI and world population per income group



IAEA-TC Expenditure on Cancer Projects 1980-08

Disbursements by programme in 2007



EUROPE
\$46 million

**ASIA and the
PACIFIC**
\$42 million

AFRICA
\$60 million

LATIN AMERICA
\$47 million

INTERREGIONAL
\$7 million


TOTAL EXPENDITURE
\$202 million

* These figures do not include IAEA's corresponding overhead costs.


Radiotherapy Centres



PACT was created to ...




PACT
OUR GOAL:



Placing cancer on the global health agenda

Improving cancer survival in developing countries



IAEA Programme of Action for Cancer Therapy PACT

pact@iaea.org

- ❖ Help expand radiotherapy capacity in developing countries to address the huge disparities that exist in cancer care services by
 - Establishing a well coordinated IAEA cancer programme with **harmonised strategy**
 - Integrating IAEA's radiotherapy assistance into **public health** and **cancer control systems**
 - Advocating a country level **bottom-up approach**
 - Ensuring implementation in **partnership**

PACT Strategy

1. Capitalize on IAEA's expertise with **radiotherapy**



3. Mobilize **resources** for specific projects

**\$23 million
mobilized
to date**



2. **Build and maintain partnerships** with WHO, development funders, NGOs, private sector



Why Emphasize Partnerships?

- ✓ Organizations previously worked alone with few resources and limited support, leading to duplication and inefficiencies
- ✓ Working together, each organization can **excel in its own specialty**, leveraging the strengths and networks of its partners
- ✓ The 58th World Health Assembly recognized the need for a comprehensive and **integrated** approach to fighting cancer
- ✓ Partnership agreements with **over 20 organizations**, including WHO, already signed



PACT Vision: **Only Possible Through Partnership**



A Global Alliance and Fund for Cancer

Integrated System for Comprehensive Cancer Control

IAEA/PACT Model to Maximize the Impact of Interventions including
Radiotherapy through Balanced Investments across the System

Population based Cancer Control Programmes
(WHO Guidelines on Planning, Management and Evaluation)

Administrative, Financial and Technical Capacity to Manage the Programme

Cancer Knowledge Transfer and Technology Evaluations

Cancer Epidemiology and Surveillance System

Multidisciplinary Education, Cancer Training and Research
(Advocacy, Public Education, Policy, Legislation and Resource Mobilization)

Prevention
Controlling Cancer
Risk Factors

Early Detection
Early Diagnosis
and Screening

Diagnosis & Treatment
Follow-up
and Rehabilitation

(Pathology, Radiology and
Nuclear Medicine, Radiotherapy,
Chemotherapy, Surgery, Other)

Palliative Care
Symptom control & management
(*Opiates and Radiotherapy*)

Psychosocial and spiritual support

Bereavement support
for families and caregivers

PREVENT

DETECT EARLY

TREAT & CURE

CARE

PACT Implementation:

3 Stages, all require Partnerships

1. Comprehensive cancer control needs assessment (**imPACT Review**)
 - **PACT Partners:** WHO, TC, Member State, hospital, INTCR, IARC, consultants
 - **Results:** Shared agreement on priorities, mutual accountability
2. Establish **PACT Model Demonstration Sites** to drive forward fundraising and programme development
 - **PACT Partners:** WHO, TC, Member State, hospital, INTCR, IARC, NGOs , Funders, Private sector, patient groups
 - **Results:** Concentrate resources, sustainability



STAGE 1: imPACT Review

imPACT (integrated missions of PACT) was developed to implement PACT in low and middle income countries

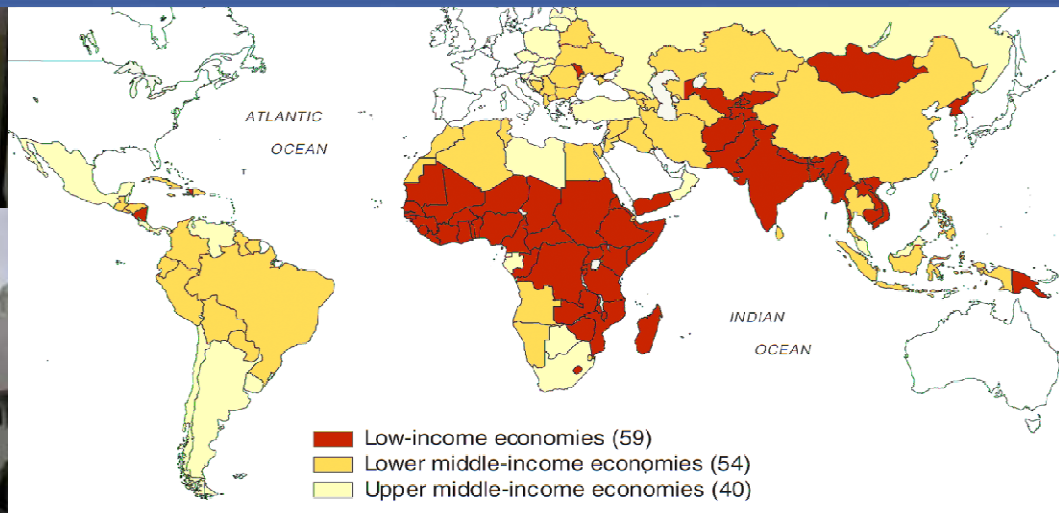
imPACT is a multi-disciplinary & multi-stakeholder planning Tool that:

- Assesses the national cancer burden, status of plans, programmes, policies & infrastructure in all areas of cancer control through a **joint needs assessment**
- Draws on **multi-agency expertise** of PACT partners: WHO and its Regional Offices, IARC, UICC, NCI, INCTR, ACS, national authorities and public-private partners to advance cancer control

STAGE 1: imPACT Review (cont.)

OUTCOMES:

- Detailed national cancer profile
- Assessment of current cancer control capacity and identification of needs
- Recommendations for action to the Ministry of Health



imPACT Reviews Process

Pre-imPACT Mission Actions:

- Request from Government for an imPACT review & coordination with WHO (HQ & Regional Offices)
- Desk studies + PACT questionnaire
- Coordination with IAEA, partners, stakeholders & invitation of mission members
- Development of Terms of Reference for the mission
- **Field visit:** imPACT needs assessment mission

imPACT Review Process (cont.)

Post-imPACT Mission Actions:

- Travel Report and External Report to the Ministry of Health with participating PACT partners
- Submission of Joint Report to the MoH and approval of recommendations by the Government
- Assistance to develop National Cancer Control Strategies & Action Plans
- Follow up visits, 6-12 months after imPACT review + mission to evaluate progress made

Stage 2: **Focus on PMDS**

- Develop multidisciplinary cancer capacity projects in each of the 6 WHO Regions: **Albania, Nicaragua, Sri Lanka, Tanzania, Vietnam, Yemen**
- Demonstrate the value of multiple partnerships and expertise in all areas of cancer control
- Raise donor & public awareness and identify “assistance packages” to encourage donors to support cancer control efforts
- Increase participation of NGOs and civil societies

Make cancer control a self-sustainable process beyond one government's life

Stage 2: Focus on PMDS (cont.)

Scope of projects:

- Cancer control planning
- Cancer registration & surveillance
- Prevention & early detection
- Diagnosis and treatment
- Palliative care
- Education, training, research
- Advocacy, public education, legislation
- Cancer society building
- Resource mobilization
- Programme evaluation

Typical Proposal for One Country's National Cancer Control Programme

- Align IAEA efforts with WHO in the country (3 months)
- Forge concrete partnerships around the cancer project (3 months)
- Desk review and develop Terms of Reference for *imPACT* (6 months)
- Carry out *imPACT* (9 months)
- Present report and recommendations to Government (12 months)
- Develop project and help mobilize resources for PMDS (16 months)
- Train staff (Up to 48 months)
- Help execute PMDS successfully (60 months)



CANCER KNOWS NO BORDERS

it affects men, women, and children;
rich or poor, young or old ...

Millions of lives can be saved if we work together

PACT: Programme of Action for Cancer Therapy

Visit us at: www.iaea.org/pact
pact@iaea.org



Stage 3: Regional Capacity Building



STAGE 3: Regional Cancer Training Networks

- Provide training that is comprehensive and multidisciplinary
- Optimize the use of RT facilities & expand services
- Train local/regional health professionals to replace those who leave
- Develop a Cancer Control International Mentorship Network to facilitate institutional exchange in training & research
- Create a Virtual Cancer Control University to facilitate access and exchange of information in RT and cancer control

PACT: Europe (EURO)

Potential Centres of Excellence or

Mentors: Czech Republic, Greece, Poland, Hungary, Monaco, Germany, Russia, Spain, Sweden, France, UK

With EURO, *imPACT* and first implementations: **Albania**

Preliminary *imPACT*: Georgia, Moldova, Montenegro

Assistance Requested: Armenia, Azerbaijan, Bosnia and Herzegovina, Kazakhstan, Kyrgyzstan, Romania, Uzbekistan

Donors: Hungary, Norway, Poland, United States, OPEC Fund, MDS Nordion



Radiotherapy machine donated through PACT before installation in Albania



PACT in Albania

August 2005:

- First imPACT mission requested by Albanian authorities to review RT and nuclear medicine infrastructure & develop a National Cancer Control Strategy

2006-2007:

- Appointment of a National Board for Cancer Control in Albania
- First draft of the Cancer Strategy prepared by the National Board in collaboration with the WHO Regional Office for Europe
- Consensus Conference for national stakeholders and other partners to review the document and develop an Action Plan

PACT in Albania (cont.)

August 2008:

- Final draft of the Cancer Strategy revised by the MOH

September 2008:

- Follow up mission to Albania to assess progress of cancer control activities
- Submission to PACT of Breast Cancer proposal to be funded by OFID

PACT in Albania (cont.)

March 2009:

- Installation of Equinox cobalt machine (cost-shared by PACT, TC and Albania) at Mother Teresa Hospital
- Installation of HDR Brachytherapy machine provided through TC

PACT Missions:

2005: 10-12 August

2006: 27-29 March

2007: 6-7 February, 27-28 February, 8-9 October

2008: 1-3 September

Partners in Albania

- Centre of Applied Nuclear Physics
- Ministry of Health
- WHO Country Office Albania
- National Institute of Public Health and Hygiene
- Hospital University Centre “Mother Teresa”
- Association “For a Tobacco-Free Albania”
- Sue Ryder Hospice Albania



PACT in Georgia

2005:

- **Pre-imPACT** mission to Georgia (PACT & TC) to assess cancer control infrastructure, identify needs and explore collaboration with PACT
- Further to the mission needs, PACT could complement TC assistance in the areas of cancer registration, cancer control planning, early detection and palliative care together with its international partners
- Explore possibility of preliminary imPACT mission in 2009



PACT in Moldova

2007-2008

- Donation of funds from Czech Republic to PACT in 2007 to strengthen capacity in comprehensive cancer control & nuclear regulatory infrastructure in Moldova
- imPACT mission to Moldova in April 2008 (PACT/TC/NAHU, WHO and IARC), upon request from the Government to assess cancer control needs

2009

- Organize an imPACT mission to Moldova to follow up on recommendations made during the 2008 mission



PACT in Montenegro

2006-2007:

- Commitment from the Czech Republic to provide sum of EUR 450000 to Montenegro to improve cancer control capacity (decision to postpone assistance in 2007)
- PACT mission in Sept. 2006 to meet with Ministry of Health and discuss PACT assistance in Montenegro
- Establishment of regulatory authority for radiation protection still in process in 2007
- TC Project MNE/6/002 “Improvement of Radiotherapy” created

2008:

- Establishment of the Environmental Protection Agency (EPA) for radiation protection and security of sources
- Construction of comprehensive Oncology Clinic underway (USD 10 million concessional loan from Austria)
- During General Conference, Montenegrin Delegation expressed interest in having a PACT preliminary mission in 2009.



IAEA

Atoms for Peace: The First Half Century
1955-2010

Programme of
Action for
Cancer
Therapy

PACT

From Radiotherapy to PACT

- 2004 **WHO** calls for global action to fight the cancer epidemic sweeping through developing countries
- 2005 IAEA responds and establishes **PACT** to address full spectrum of cancer control, using radiotherapy as a lynchpin
- 2006 **PACT Model Demonstration Sites** (PMDS) established in Albania, Nicaragua, Sri Lanka, Tanzania, Vietnam & Yemen
- 2007 High level cancer control meetings **Africa, Latin America**
- 2008 **\$23 million** mobilized to date by PACT at country level
- 2009 **WHO-IAEA Joint Programme** on Cancer Control signed & under implementation

*Cancer team,
Nicaragua PMDS*



IAEA

*Atoms for Peace: The First Half Century
1945-2015*

Programme of
Action for
Cancer
Therapy

PACT

PACT 2009-2011 Plans

- WHO-IAEA Joint Programme for cancer control implementation
- Consolidate partnerships
- Project development, fundraising and implementation of PMDS priority interventions including
 - Cervical cancer
 - Breast cancer
 - Palliative care
- Focus on regional capacity building through the *Virtual University for Cancer Control*



For more information:

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Or visit:

<http://cancer.iaea.org>