



PAHO Plan of Action  
for  
Cancer Prevention & Control:

## Cancer Stakeholders Meeting



(Washington, DC, 11–12 June 2008)

PAHO Headquarters Building, 525 23<sup>rd</sup> Street NW, 2<sup>nd</sup> Floor, Room B

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# Proposed PAHO Plan of Action for Cancer Prevention and Control 2008–2015

**Prevent what is preventable, cure what is curable,  
provide palliative care for patients in need, and  
monitor and manage for results.**

# Proposed PAHO Plan of Action for Cancer Prevention and Control 2008–2015

## Contents

Preamble .....	2
Introduction .....	2
Aim of This Plan of Action .....	3
Goal .....	3
Purpose .....	4
Objectives by Each Line of Action .....	4
Indicators and Examples of Activities for Each Line of Action .....	5
Table on Indicators and Examples of Activities for Each Line of Action .....	6

## Preamble

PAHO is currently engaged in a range of technical cooperation activities with Member States in the area of cancer prevention, screening, treatment and national cancer control planning. In an effort to scale up and align these efforts under one framework, an organization wide Plan of Action for Cancer Prevention and Control is proposed.

This Plan of Action is being developed in consultation with Member States and partner organizations involved in cancer control, in order to better respond to the specific needs in the Region, and coordinate efforts among all partners. Below is a preliminary proposal for a PAHO Plan of Action for Cancer Prevention and Control, which is intended to serve as a basis for discussions during the PAHO cancer stakeholders meeting.

## Introduction

Cancer is the second leading cause of death in Latin America and the Caribbean, where there were an estimated 480,000 deaths due to cancer in 2005<sup>1</sup>. The overall cancer mortality rate in LAC is 107/100,000 and the highest rates are observed in Uruguay, Barbados, Peru, Argentina and Chile. The most common cancers in the Region include: stomach, prostate, lung and colorectal cancers in men; and cervical, breast, stomach and colorectal cancers in women. With an aging population and epidemiological transition occurring throughout Latin America and the Caribbean, the cancer burden is projected to increase significantly in the near future.

Countries in this Region are challenged to meet the demand generated on their health systems from chronic diseases, including cancer, particularly to prevent, diagnose, treat and offer palliative care services. In a 2005 national capacity survey conducted by PAHO, only 50% of the responding Ministries of Health reported having a cancer program and budget line for cancer. All countries in Latin America and the Caribbean reported having cervical cancer screening

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<sup>1</sup> Pan American Health Organization. *Health Situation in the Americas: Basic Indicators 2007*.

services; yet screening coverage was self-assessed to be less than 50% in the majority of these programs. Many countries have cancer registries, however most are hospital based and the quality and completeness of data can be improved.

From a needs assessment, conducted by PAHO in 2006, cancer contacts in Ministries of Health identified the need for greater political will to make cancer a priority public health issue. This included a need for leadership in cancer control; more dedicated funds; trained health personnel, aligned within a cancer program; more infrastructure, equipment and supplies; and better organization and accessibility of cancer treatment, especially outside main cities.

### Aim of This Plan of Action

The aim of the PAHO Plan of Action for Cancer Prevention and Control is to respond to the expressed needs of Ministries of Health, and to align and support the varied initiatives being undertaken in the Region by partner organizations in cancer, including the recent development of a Latin America and Caribbean Network for Cancer Prevention and Control.

The overall goal is to reduce the burden of cancer and improve the quality of life of patients with cancer. It aims to reduce population exposure to cancer risks through effective multi-sectoral policies, regulations and programs that reduce cancer risk factors. In doing so, the incidence of largely preventable cancers can be reduced such as lung, cervical, liver and colorectal cancers. Furthermore, the plan aims to reduce mortality from cancer by improving the health services at primary, secondary and tertiary care level. These health services include population based screening and early detection programs for cervical, breast and colorectal cancers, as well as services for diagnosis and treatment of cancer patients. Services are needed at community and all levels of care to provide palliative care for patients, in particular at advanced stages of cancer.

This plan of action is complementary to the Regional Strategy and Plan of Action for Chronic Diseases and follows the same overall **four lines of action**:

1. policy and advocacy;
2. monitoring and surveillance;
3. health promotion and disease prevention; and
4. disease management.

The following is the proposed goal, purpose, objectives, indicators and example activities of the plan of action. The intent is to further elaborate and modify this plan, based on the discussions with cancer stakeholders during the 11-12 June 2008 meeting.

### Goal

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The goal is to reduce cancer incidence and mortality and improve the quality of life of people living with cancer. This will be measured by the following indicator.

**Indicator:** By 2015, there will be a 15% reduction in cancer incidence and a 10% reduction in cancer mortality in the Region.

### Purpose

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The purpose of this plan of action is to improve country capacity for comprehensive cancer prevention and control programs, through strengthened institutional capacity and strategic alliances with cancer stakeholders. This will be measured by the following indicator.

**Indicator:** By 2015, at least 25 countries in the Region will be implementing a national cancer control program.

### Objectives by Each Line of Action

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The overall goal and purpose of this plan of action will be achieved through the four lines of action: cancer policy and advocacy; monitoring and surveillance; health promotion and disease prevention; and cancer management. The objectives of each line of action are detailed below.

#### 1. Cancer Policy and Advocacy

##### Objectives

- 1.1 To advocate for cancer prevention and control to be placed on the national and sub-regional public health agendas, and encourage appropriate resources.
- 1.2 To assist countries with the establishment and execution of national cancer control plans, based on scientific evidence for interventions on prevention, screening, diagnosis, treatment and palliative care.
- 1.3 To develop national policies to prevent occupational and environmental cancers.

#### 2. Monitoring and Surveillance

##### Objectives

- 2.1 To improve country capacity for cancer monitoring, applying existing tools such as the chronic disease country profile tool and WHO Cancer Planning Module.
- 2.2 To promote the use of common terminology, data standards, and message specifications for collecting and reporting cancer data for public health and research purposes.
- 2.3 To support capacity building for cancer epidemiology and registration through collaboration with IARC and CDC.
- 2.4 To monitor and evaluate the performance of national cancer programs, according to established indicators.
- 2.5 For occupational cancers, to strengthen and update information systems.

### 3. Health Promotion and Cancer Prevention

#### Objectives

- 3.1 To disseminate information to health professionals and the public to raise awareness about causes of cancer, risk factor reduction, cancer screening and effective interventions for cancer control.
- 3.2 To promote the implementation of healthy eating, physical activity and tobacco control strategies.
- 3.3 To prevent exposure to occupational carcinogens.

### 4. Cancer Management

#### Objectives

- 4.1 To promote the use of standardized guidelines for cancer prevention, screening, diagnosis, treatment and palliative care.
- 4.2 In collaboration with professional associations and cancer institutes, build technical capacity of health providers for accurate and timely cancer screening, diagnosis, treatment and palliative care.
- 4.3 To improve access and quality of cancer treatment and palliative care services.
- 4.4 To improve availability, access and rational use of cancer medicines and opioids for cancer pain management.

### Indicators and Examples of Activities for Each Line of Action

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For each of the lines of action, the objectives will be measured by a series of indicators defined in the table below (see attached). The following table also illustrates example activities which could be undertaken by PAHO, in collaboration with partner organizations and Member States, to achieve the stated objectives of this plan.

Table on Indicators and Examples of Activities for Each Line of Action

1. Cancer Policy and Advocacy

Objectives	Indicators	Example of Activities
<p>I.1 To advocate for cancer prevention and control to be placed on the national and sub-regional public health agendas, and encourage appropriate resources</p>	<p>By 2010, all sub-regional political entities will have included cancer control as part of the priority public health matters.</p>	<ul style="list-style-type: none"> <li>➔ Work with sub-regional political for a (eg. RESCAD, MERCOSUR, CARICOM) to include cancer control on the public health agenda</li> <li>➔ Hold periodic cancer stakeholder and partner meetings</li> <li>➔ Foster and support the work of the Latin America and Caribbean Alliance for Comprehensive Cancer Control</li> </ul>
<p>I.2 To assist countries with the establishment and execution of national cancer control plans, based on scientific evidence for interventions on prevention, screening, diagnosis, treatment and palliative care.</p>	<p>By 2010, 15 countries will utilize existing tools such as the WHO Cancer Planning Module to develop cancer control programs.</p> <p>By 2015, sub-regional cancer plans will be created in each of the four subregions.</p>	<ul style="list-style-type: none"> <li>➔ Training in how to develop, implement and evaluate national cancer control programs</li> <li>➔ Finalize sub regional cancer plans which have begun in the Caribbean, and Central America</li> <li>➔ Create a sub-regional network of cancer control program managers for information exchange</li> </ul>

Objectives	Indicators	Example of Activities
<p>1.3 Develop policies to prevent occupational and environmental cancers.</p>		<ul style="list-style-type: none"> <li>→ Support development of government policies to regulate importation, production and use of biological agents and substances including carcinogens.</li> <li>→ Define prohibitions and restrictions of use as has been done in Europe and the US, for example.</li> <li>→ Ratify ILO Convention 139: reduction/substitution of carcinogenic substances and reduction of intensity and duration of carcinogenic exposure.</li> <li>→ Intersectoral collaboration at the national and sub-regional levels to lobby decision-makers to ban or reduce well-known carcinogens, e.g. asbestos</li> <li>→ Support social movements originating from workers, patients and those whose health is adversely affected by exposure to occupational carcinogens.</li> </ul>

## 2. Monitoring and Surveillance

Objectives	Indicators	Example of Activities
<p>2.1 To improve country capacity for cancer monitoring, applying existing tools such as the chronic disease country profile tool.</p>	<p>By 2010, 15 countries will apply existing tools such as the chronic disease country profile to understand the cancer situation in their country.</p>	<p>→ Collaborate with Ministry of Health chronic disease programs to complete the country profile tool and analyze cancer information.</p>
<p>2.2 To promote the harmonization of controlled terminology, data standards, and message specifications used to collect and report cancer data for public health and research purposes.</p>	<p>By 2010, all countries will systematically report cancer mortality data using standardized terminology.</p>	<p>→ Work with countries to report standardized data through the PAHO Program for Improvement of Vital and Health statistics; and the non-communicable disease minimum data initiative.</p>

Objectives	Indicators	Example of Activities
<p>2.3 To support capacity building for cancer epidemiology and registration through collaboration with IARC and CDC.</p>	<p>By 2015, at least 10 countries will have improved the quality and accuracy of their cancer registry.</p>	<ul style="list-style-type: none"> <li>➔ Adapt IARC Cancer Epidemiology course for Latin America and Caribbean</li> <li>➔ Pilot the course in one country in LA and one in the Caribbean attached to leading country institution that will further on act as CARMEN school center.</li> <li>➔ Through same institution prepare a plan for interexchange of professionals for capacity building purposes between existing cancer registers and ones in planning.</li> <li>➔ Adapt CDC training on "Fundamentals of Registry Operations" developed by the North American Association of Central Cancer Registries for the National Program of Cancer Registries (NPCR).</li> </ul>

Objectives	Indicators	Example of Activities
<p>2.4 To monitor and evaluate the performance of national cancer programs, according to established indicators.</p>	<p>By 2015, at least 10 countries will have evaluated the performance of their cancer program and produced an evaluation report.</p>	<ul style="list-style-type: none"> <li>➔ Promote use at country level of CANREG 4 software produced by the International Agency for Research on Cancer in collaboration with IACR for population based registers.</li> <li>➔ Promote use at country level IARC tools for validity and consistency to improve register quality.</li> <li>➔ Develop recommendations for monitoring compliance with international standards for data completeness, timeliness, and quality.</li> <li>➔ Provide and encourage adoption in countries of model information systems.</li> </ul>

Objectives	Indicators	Example of Activities
<p>2.5 Strengthen and update information systems for occupational cancer</p>		<ul style="list-style-type: none"> <li>→ Develop national profiles for carcinogens, e.g. national silicosis profile</li> <li>→ Distance-education learning for physicians: train medical doctors and health professionals to include patient occupational history in medical records</li> <li>→ Implement sentinel surveillance – survey for early detection of cancer over different worksites in same sector-based registry</li> <li>→ Develop national cancer registries of exposure to occupational carcinogens (especially those that cause mesothelioma, gall bladder cancer and leukemia) and not only of cancer</li> <li>→ Cancer registries facilitate the establishment of focused case-control epidemiological studies</li> <li>→ Use CAREX (CANcer EXposure) database to monitor, survey and record exposure data, especially for IARC group I and IIa carcinogens and within certain high-risk sectors (e.g. mining, healthcare, females, migrant workers, informal economy)</li> <li>→ Apply job exposure metrics for discerning simultaneous exposure to multiple agents</li> <li>→ Hold annual evaluation meetings</li> </ul>

### 3. Health Promotion and Cancer Prevention

Objectives	Indicators	Example of Activities
<p>3.1 To disseminate information to health professionals and the public to raise awareness about causes of cancer, risk factor reduction, cancer screening and effective interventions for cancer control.</p>	<p>By 2015, all countries will have instituted ongoing social communications campaigns that result in increased participation in early detection programs.</p>	<ul style="list-style-type: none"> <li>→ Prepare and disseminate a regional situation analysis to raise awareness.</li> <li>→ Develop/adapt cancer specific educational materials for use by countries and on website</li> <li>→ Work with countries to integrate health promotion, education, and primary prevention for cancer into routine primary care services.</li> </ul>
<p>3.2 To promote the implementation of healthy eating, physical activity and tobacco control strategies.</p>	<p>By 2015, all countries will have ratified and begun to implement the Framework convention for Tobacco Control.</p> <p>By 2015, all countries will have instituted national campaigns to promote health eating, physical activity and tobacco control.</p>	<ul style="list-style-type: none"> <li>→ Promote and support the use of the MPOWER package</li> <li>→ Promote guidelines and support the development of national campaigns for healthy eating, and physical activity.</li> </ul>

Objectives	Indicators	Example of Activities
<p>3.3 Prevent exposure to occupational carcinogens</p>	<p>By 2015, at least 10 countries will have created and enforced strict laws restricting exposure to carcinogens in the workplace.</p>	<ul style="list-style-type: none"> <li>➔ Preventing exposure to occupational carcinogens prevents occupational cancer</li> <li>➔ Control banding is a qualitative risk assessment approach being used to reduce silica exposure and can be applied to other occupational carcinogens</li> <li>➔ Continue writing and disseminating technical articles on cancer prevention to workplaces</li> <li>➔ Establish occupational safety and health committees at workplaces to prevent exposure</li> <li>➔ Distribute labels, warnings and international safety sheets.</li> </ul>

#### 4. Cancer Management

Objectives	Indicators	Example of Activities
<p>4.1 To promote the use of standardized guidelines for cancer prevention, screening, diagnosis, treatment and palliative care.</p>	<p>By 2010, all countries utilize international standards for interventions on cancer prevention, screening, diagnosis, treatment and palliative care.</p>	<ul style="list-style-type: none"> <li>➔ Further disseminate and support application of cervical cancer screening guidelines, BHGI guidelines for breast health.</li> <li>➔ Develop clinical practice guides for cancer treatment appropriate in low resource settings, in collaboration with SLACOM, ALFIM, ALATRO and other professional societies.</li> <li>➔ Work with the IAHPC to promote the application of palliative care guidelines for clinicians.</li> </ul>

Objectives	Indicators	Example of Activities
<p>4.2 In collaboration with professional associations and cancer institutes, build technical capacity of health providers for accurate and timely cancer screening, diagnosis, treatment and palliative care.</p>	<p>By 2015, at least 15 countries will incorporate continuous quality improvement methods (Quality of Care Model), in order to improve quality of care for cancer prevention and control.</p>	<ul style="list-style-type: none"> <li>➔ Measure quality of care of chronic disease services (including compliance with guidelines/protocols, appointment schedules, referrals, outreach of primary care teams, home care, community interventions, rehabilitation, and palliative care)</li> <li>➔ Develop continuous quality improvement methods, including exit interviews and provider feedback mechanisms, to test methods that will enhance quality of care for chronic conditions.</li> </ul>
<p>4.3 To improve access and quality of cancer treatment and palliative care services.</p>	<p>By 2010, all cancer patients will have access to timely and appropriate treatment, following international standards of clinical protocols.</p> <p>By 2015, all countries in the Region have functioning palliative care services that provide optimal symptom and pain management and psycho-social support.</p>	<ul style="list-style-type: none"> <li>➔ In collaboration with professional associations and cancer institutions, facilitate continuous education and training events for clinicians in cancer diagnosis, treatment, and palliative care.</li> <li>➔ Develop and disseminate standards for clinical practice for cancer treatment, in collaboration with professional societies.</li> </ul>

Objectives	Indicators	Example of Activities
<p>4.4 To improve availability, access and rational use of cancer medicines and opioids for cancer pain management</p>	<p>By 2015, all countries in the Region apply a framework for rationale use of oncologic drugs; and have legislation in place for improved access to opioid medication.</p>	<ul style="list-style-type: none"> <li>➔ Assist member states to incorporate essential medicines for cancer in their national budgets</li> <li>➔ Collaborate with the WHO CC on policy and communications in cancer care to create permissive legislation that will improve access to opioids</li> </ul>

