

11 May 2020

Address by Dr Swaminathan to the Governing Council

Greetings to everyone on the call. It is good to be able to be “together” and to carry on our work even during this unprecedented pandemic.

As you can imagine, we at WHO have been working night and day on COVID-19. At the same time, we are carrying on with our other work – including tuberculosis, malaria, polio, women and children’s health, vaccinations, and cancer.

With respect to the pandemic, we have been undertaking rolling reviews of the literature, which is exploding daily, to try to ensure that our guidance is as evidence-based as possible. This is a moving target, since so many studies are appearing so quickly. But we are determined, as much as possible, to ground our advice to countries in the results of peer-reviewed scientific research.

We are deeply concerned about the ongoing burden of disease from causes other than COVID-19, and about the fact that people in many, or most, countries are not able at the present time to receive treatment for many noncommunicable, chronic diseases, including cancer.

Of course, we understand that health systems are overwhelmed by the pandemic and that they are prioritizing those affected by COVID-19. At the same time, however, patients with many other conditions are not receiving the treatment they need. This will soon become a great problem for many health systems, with long-lasting consequences.

IARC’s focus on cancer prevention is essential to reduce the global cancer burden in the long term; the COVID-19 pandemic is likely to lead to an increased cancer burden as screening and diagnostic activities are cancelled or delayed.

IARC’s research work and expertise are crucial and integral to WHO’s cancer-related activities in a number of areas:

- In developing noncommunicable disease (NCD) capacity for surveillance and monitoring;
- In developing the global strategy towards eliminating cervical cancer as a public health problem;
- In developing guidance and support for actions that prevent exposure to known, probable, and possible carcinogens; and
- In providing national guidance on the development and implementation of priority interventions (cancer economics).

The functions of IARC and WHO – both in design and in practice – are complementary. IARC is a research agency whose mandate is to collect, synthesize, and interpret the immense data generated in the cancer community. The pace of innovation in cancer is rapid; new knowledge and discoveries in cancer epidemiology and implementation science occur daily. IARC has successfully interpreted cancer science for the betterment of global stakeholders across sectors, as was done in the recent IARC World Cancer Report.

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WHO's work in cancer is aimed at crystallizing and applying our best understanding of science into cancer policies and programmes. The WHO Report on Cancer, also launched this year, presented priority interventions to save 7 million additional lives over the next 10 years.

These two coordinated reports demonstrate how science linked to policy can save lives.

And the importance of science and innovations are even clearer in the setting of the COVID-19 pandemic.

Over the past few years, the collaboration between WHO and IARC has intensified. More coordination is still needed, but progress is being made.

Three areas can be highlighted as case studies of this collaboration:

- IARC data on cancer incidence and mortality have informed key WHO products, including the WHO Report on Cancer as well as the generation of the Global Strategy towards the Elimination of Cervical Cancer as a Public Health Problem.
- IARC and WHO continue to improve coordination in the selection and classification of carcinogens as well as in formulating evidence-based strategies to minimize exposure to such carcinogens.
- Finally, at WHO, we are pleased to be collaborating closely with IARC to define the economic impact of cancer, to define priority interventions that can populate national investment cases, and to monitor the inclusion of these interventions in universal health coverage benefit packages.

These areas of collaboration are meeting the targets in our respective Programmes of Work and, most critically, to benefit our Member States at the country level.

We are cognizant that further collaboration is needed and will be particularly beneficial as we scale up our capacity in cancer at WHO.

In the past two years, we have launched two global initiatives in cancer – cervical cancer, as mentioned above, and the Global Initiative for Childhood Cancer. More than 20 countries are being supported this year, and we anticipate the number to nearly double over the next two years.

Together, we can support governments, measure our impact, and promote research and innovation to achieve our targets and improve outcomes.

We are planning to expand our work to also focus on breast cancer and hire additional staff at WHO. We will be releasing additional guidance in cancer screening policies and promoting better measurement for impact.

WHO and IARC are now engaging partners together and planning projects in a more coordinated way.

I am happy to be able to provide some insight into the collaborative work of our organizations. I wish you a very productive meeting, and I look forward to hearing about the results of your deliberations.