

Director's speech at WHO Global Conference on NCDs

The International Agency for Research on Cancer, as a research institute, integral to the World Health Organization and the wider UN family, is committed to being part of the response to the pressing challenge of NCDs worldwide. I will confine my remarks today to the role of research in meeting this challenge.

Like others, we recognize the scale of the health burden of NCDs. Those health burdens are compounded by the economic burdens, both on health systems and on individuals. A cancer occurring in a family in a low-income country brings catastrophic out-of-pocket expenses, while access to treatment is limited, costly, and frequently ineffective. People are surviving to older age only to die from largely preventable diseases. We need to balance information on the health burden with more innovative research on the economic burden, including for example “return on investment” analyses.

There are also major inequities within and between countries. I will provide just one statistic for you, from two countries, which sit close by each other in the UN General Assembly and which I visited recently: in the United Kingdom, eight out of ten women diagnosed with breast cancer survive their disease, but in Uganda, it is three or four out of ten who survive. This disparity need not be.

But even in the high-income countries, generally with better survival rates, the increasing burden of cancer and spiralling costs of treatment lead us to one clear conclusion: no country, however wealthy, can afford to treat its way out of the cancer problem. We must have an integrated response of prevention, early detection, and treatment.

Science and research are fundamental to meeting this NCD challenge. Indeed, research has underpinned a majority of the discussion over the past three days. Data on the scale of the disease burden, the description of the risk factors, evidence on preventive interventions and treatments – all of these are based on evidence acquired from research. Research is not a luxury to add on to the NCD agenda; it is an integral part of it.

But let me be frank – the information we are using is vitally important but far from complete. For example, our own agency provides the figures of 15 million new cancer cases a year worldwide, but of course no-one records information on all these individuals. We could not name the people. These are our best estimates, based on partial data from the available cancer registries.

Data on risk factors and interventions are also incomplete. I was fairly new to IARC at the time of the First Global Ministerial Conference on Healthy Lifestyles and NCDs held in Moscow in 2011. What struck me at that meeting, as a scientist, was the imperative on public health to act now, on the currently available evidence, while accepting that knowledge is incomplete and therefore research must continue in the background, to strengthen the evidence base and subsequently refine the applied control measures accordingly.

For example, we know enough of the adverse effects on health of overweight and obesity to seek effective interventions now, but the scientist asks: How much excess body weight presents a risk? Is it a cumulative effect – like pack-years of smoking? Does obesity in childhood carry particular risks? And so on. These are not esoteric questions. Answering them enables more effective action.

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Moving forward, IARC will dedicate its efforts to “cancer research for cancer prevention”. But as the former UN Secretary-General Dag Hammarskjöld knowingly remarked, “The ‘great’ commitment is so much easier than the ordinary everyday one.”

What IARC will do, therefore, every day, is to generate evidence on which cancer control measures can be founded. We will do so in three main areas.

First, describe the occurrence of cancer. With our international partners, through the Global Initiative for Cancer Registry Development, we aim to support low- and middle-income countries to establish informative cancer registries. People tell me that the topic of cancer statistics is a hard sell to donors. But without this foundation, any investment in cancer control is little better than a gamble.

Second, discover the causes. Cancer has many and varied causes. There are at least a third of all cancers for which we still have little or no knowledge of the important risk factors. How can one prevent something when one doesn't know the cause?

Third, evaluate preventive interventions and their implementation. We must rigorously evaluate whether an intervention works or not. But too often cancer research stops after a “proof-of-principle” demonstration under idealized conditions, for example in a randomized trial. Research must not stop at the door of policy implementation. It must accompany that implementation into national programmes, evaluating the factors which help or hinder successful cancer control measures.

Research is integral to tackling the enormous challenge of NCDs and the barrier they present in meeting the Sustainable Development Goals. IARC can bring the scientific evidence to the table. That is our offering. But we should not then withdraw from the table, satisfied with our contribution. Researchers must not only generate the evidence base but must sit alongside and support those wrestling with the task of translating that evidence into action.

This is where being a part of WHO and joining with our colleagues in the areas of policy, guidelines, and recommendations presents an enormous opportunity. In this we will also be guided by the May 2017 World Health Assembly Resolution on cancer prevention and control.

I leave this conference with a fresh sense of mission, encouraged by meeting with like minds. Time is pressing. Let's get to work. Thank you.