



In the Name of God, the Compassionate, the Merciful

Address by

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to the

**REGIONAL MEETING ON CANCER CONTROL AND RESEARCH PRIORITIES
IN THE EASTERN MEDITERRANEAN REGION**

Doha, Qatar, 20–22 October 2013

Your Excellency, Dr Wild, Distinguished Guests, Colleagues, Ladies and Gentlemen,

I would like to start by extending my appreciation to the Minister of Public Health and General Secretary of the Supreme Council of Health, H.E. Mr Abdulla Khalid Al-Qahtani, for being with us today in this regional meeting on cancer control and research priorities. The Qatar government has made important strides in building the national capacity for cancer prevention and control, and has implemented important steps toward this aim. We hope that this meeting on cancer control and research priorities will further contribute to strengthening cancer prevention and control efforts in Qatar and in the WHO Eastern Mediterranean Region as a whole.

I would also like to congratulate Qatar for being the first country in the Region to become a Participating State in the Governing Council of the International Agency for Research on Cancer (IARC). Its application for membership was a clear indication of the commitment the Government is giving to research, particularly in cancer control. I encourage other Member States to follow suit.

This meeting has been conceptualized, prepared and organized in full partnership between the WHO Regional Office for the Eastern Mediterranean and the International Agency for Research on Cancer (IARC). I wish to extend my gratitude to our colleagues at IARC, led by its Director, Dr Christopher Wild, for the commitment they have shown in planning, organizing and delivering this important meeting.

This is an excellent model for joint work between two parts of WHO to address public health priorities in the Region. We hope to build on this collaboration toward our common objective of preventing and controlling cancer in the Region.

Ladies and Gentlemen,

The Region suffers from an important and rising burden of noncommunicable diseases, accounting for about 55% of total deaths. Cancer is one of the four main groups of noncommunicable diseases, the others being cardiovascular diseases, diabetes and chronic respiratory diseases. Together they account for over 77% of all deaths from noncommunicable diseases. Cancer is currently the fourth leading cause of all deaths in the Region, killing over 314 000 people every year. About half of cancer cases occur before the age of 55 years, 10–20 years earlier than in industrialized countries. Late stage at diagnosis and inadequate treatment may account for the high case fatality over 70% observed in this region. Alarming, this region is expected to witness the largest increase in cancer incidence among WHO regions, with modelling projections predicting a rise of approximately 100% between 2008 and 2030, if prevention interventions are not put in place. These figures are alarming but they are conservative projections. This projected rise is simply the result of predicted demographic changes (population growth and ageing); migration and changes in lifestyle, such as changes in diet and smoking. Increasing exposure to other cancer risk factors, such as environmental pollution and industrial and agricultural carcinogens, would further add to the increase.

We are at a critical juncture in the efforts to combat cancer and other priority noncommunicable diseases. There is now growing international recognition of the threat to human development posed by the growing burden of these conditions. This was highlighted in the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases, held in New York in September 2011. The Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, approved by the World Health Assembly in May 2013, outlines priority actions to tackle cancer and other noncommunicable diseases and includes indicators for monitoring the progress on cancer prevention and control.

The Member States in this region have also made commitments to cancer and have given us the mandate to move forward in this area. This is well outlined in the regional strategy for cancer prevention and control in the Eastern Mediterranean Region 2009–2013, approved by ministers of health at the fifty-sixth session of the WHO Regional Committee for the Eastern Mediterranean in

2009. A landmark development last year was the adoption by the Regional Committee of a regional framework for action to implement the UN Political Declaration on Noncommunicable Diseases, which explicitly includes cancer. We need to build on these commitments to ensure real progress on cancer prevention and control.

Individual Member States have also taken important steps toward strengthening cancer control and building the evidence base for action on cancer. We need to support these efforts. Ladies and Gentlemen,

You are all aware that the development of appropriate approaches to cancer prevention and control is hampered by knowledge gaps about cancer causation related to the unique risk exposure profile in the region, fragmentation of epidemiologic data due to lack of implementation of best practices in cancer registration, and controversies surrounding the most appropriate approaches, in the regional context, for screening and early detection of the most common types of cancer. We need to address these critical knowledge gaps in order to move forward with cancer prevention and control. We need a clear understanding of the evidence-base of cancer epidemiology, priorities for future research, the best practices in cancer registration and epidemiologic surveillance, and the approaches most relevant in the regional context for screening and early detection of the most common cancers.

This meeting will thus focus on identifying the knowledge gaps in three crucial areas – cancer epidemiology and surveillance; causation; and screening and early detection – and on developing a clear roadmap and priority actions to address these gaps. The meeting has the following objectives:

- to review current status and forecasts of cancer epidemiology in the Region;
- to review current knowledge of the contribution of exposures of particular concern to the cancer burden, including environmental factors, and identify research priorities for addressing knowledge gaps about cancer causation;
- to analyse the current status of cancer registration and reporting, and discuss priorities for strengthening cancer information systems; and
- to identify appropriate approaches for early detection of the most common cancers in light of the controversies and uncertainties surrounding some screening strategies.

Ladies and Gentlemen,

This meeting is the first step in what we hope will be a long partnership in which we can all build on our collective strengths. Your deliberations over the next three days will present guidance for Member States on the way forward and identify areas where WHO and IARC need to focus to provide technical support and capacity development to Member States.

I am confident that the exchange of views and ideas and the focus on clear deliverables during this meeting will lead us to concrete outcomes that contribute to strengthening cancer prevention and control in the Region.

I wish you all a successful meeting and fruitful outcomes.