

The Millennium Development Goals and Cancer

Cancer is a leading cause of death worldwide, despite the fact that the majority of cancer cases are preventable or treatable — the time to act is now!



GOALS AND TARGETS from the Millennium Declaration

CANCER AND THE MDGS

1 ERADICATE EXTREME POVERTY AND HUNGER

Target 1A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

Target 1B: Achieve employment for women, men and young people

Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Cancer is a major burden for the world's poor: Cancer accounts for more deaths worldwide than AIDS, malaria, and tuberculosis combined. Cancer is not only a disease of affluent nations: over 70% of all global cancer deaths occur in low- and middle-income countries (LMICs), where it claims over 5.3 million lives each year.

Cancer affects the most vulnerable: The cancer burden imposes a substantial financial toll on families, which is felt most acutely by the global poor. Lost jobs, lost income, and high treatment costs, as well as potential complications can push poor families into destitution. Inequities in cancer care and outcomes both between and within nations are grave human rights concerns that need to be addressed to combat poverty and promote sustainable development.

Poor nutrition is a risk factor for cancer: Poor diet and malnutrition are linked to cancer incidence and outcomes. Low intake of vitamins and micronutrients is a known co-factor for cancers such as cervical cancer.

2 ACHIEVE UNIVERSAL PRIMARY EDUCATION

Target 2: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Cancer limits education: The financial burden of cancer treatment and care for low-income families can force parents to withdraw children from school, particularly girls.

Educational status is linked to the cancer burden: Cancer prevention and screening rates are generally low among less educated populations.

3 PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 3: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

The cancer burden undermines gender empowerment: Breast and cervical cancer are among the cancers with the highest incidence worldwide. Existing gender biases in power, resources, culture and the organisation of services restrain women with cancer from accessing essential healthcare, resulting in late diagnosis, which may lead to lower chances of survival and increased disability. The social and economic costs of cancer seriously affect women, as victims or as caregivers.

Women & breast cancer: Breast cancer is the second most common cancer in the world and the most common among women. Despite proven interventions to identify high risk populations and to support early screening, 1.38 million cases are diagnosed each year, and about 458,000 women die annually.

Women & cervical cancer: Cervical cancer is the second most common cancer among women worldwide and the most common for women in LMICs. The primary risk factor is infection with human papilloma virus (HPV). Despite proven interventions to prevent the disease (sexual behavioural change & vaccination) or to detect it early, there are approximately 529,000 cases diagnosed annually with 274,000 deaths each year.

Women & tobacco: The use of tobacco is a known risk factor for lung cancer as well as for 14 other cancers, notably cervical cancer in women. Women currently represent about 20% of the world's smokers, but the tobacco industry is aggressively marketing their products to women and girls in high population countries.

Improved cancer control empowers women: Improved support for cancer control can directly diminish the impact of cancer on women's health and socio-economic status. Investing in girls as future mothers and gatekeepers of household nutrition and lifestyle patterns serves as a cornerstone of more participatory models of health and educational policy formulation that empower women to define priorities, policies, and strategies.

4 REDUCE CHILD MORTALITY

Target 4: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Children are disproportionately affected by cancer: Although they are rare, 80% of all childhood cancers occur in low-income settings. Advances in high-income countries lead to survival rates as high as 80%, but poor access to diagnosis and care in LMICs results in 160,000 largely avoidable deaths annually.

5 IMPROVE MATERNAL HEALTH

Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality rate

Target 5B: Achieve universal access to reproductive health by 2015

Cancer control can help improve overall maternal health: Improved cancer control, especially for cervical cancer, would make a strong contribution to services for women's health by complementing and supporting sexual and reproductive health initiatives, and by supporting and improving models of "universal access to reproductive health".

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6 COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS

Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other diseases

Cancer control can complement HIV/AIDS and TB prevention: HPV infection—the main risk factor for cervical cancer—can be prevented through similar and synergistic reproductive health initiatives as HIV/AIDS prevention activities. HIV/AIDS can also lead to HIV-related cancers, and tertiary prevention efforts in HIV/AIDS patients may therefore improve their life expectancy and quality of life. Cancer patients have also been found to be more vulnerable to tuberculosis.

Cancer control contributes to overall Health Systems Strengthening (HSS): Resource-appropriate and evidence-based improvements in cancer control should be a cornerstone of overall health systems strengthening in LMICs. Improved cancer control can thus contribute to the promotion of increased global health funding and strengthened healthcare systems, both of which are essential to improve overall healthcare quality and equity and to combat major diseases.

Cancer is a major disease: Cancers are among the leading global disease burdens and contribute more to the global burden of disease — and its social and economic costs — than other major global health concerns encapsulated in the MDGs. Cancer should be given more attention as an essential component of the major health issues targeted by the MDGs to combat poverty and empower the socio-economically marginalized.

7 ENSURE ENVIRONMENTAL SUSTAINABILITY

Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Target 7B: Reduce biodiversity loss

Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Cancer prevention efforts can complement initiatives to:

- Promote green transportation efforts
- Promote biodiversity-friendly, sustainable food production and extraction systems that provide diversified diets with high proportion of plant-based foods
- Limit production of and exposure to air and water pollution
- Limit occupational exposures to toxic compounds

8 A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Target 8A: Develop further an open, rule-based, non-discriminatory trading and financial system

Target 8B: Address the special needs of the least developed countries

Target 8C: Address the special needs of landlocked countries and small island developing States

Target 8D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Target 8E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Target 8F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Cancer is not recognized as a development priority: Cancer is still perceived as a disease of high-income countries, leading to an underestimation of the costs associated with premature deaths and disability in LMICs. These economic losses may alter these countries' successful development as they face increasing cancer incidence.

Access to affordable essential medicines for cancer is a condition for healthy development: Cancer treatment is often not affordable, and therefore, not accessible. Failure to access vaccines, chemotherapy, hormone therapy and palliative drugs represents a key barrier to improved and equitable cancer control and care in LMICs.

Cancer can be prevented if technologies are available: The benefits of several screening and diagnosis tools available in high-income countries have to be shared with the least developed nations to establish successful prevention programmes. Prevention is a cost-effective way for LMICs to avoid the major economic losses associated with premature deaths and disability due to cancer.

DON'T LET CANCER UNDERMINE THE MILLENNIUM DEVELOPMENT GOALS