Workshop 1: How to strengthen cancer control infrastructure?

Moderator: Dr. Thomas Gross, National Cancer Institute, U.S.A
Co-Moderator: Dr. Sofia Ribeiro, Young Gasteiner

1. Strengthening resources requires registry databases, well-developed economic and social infrastructure, and well-educated people.
2. A more comprehensive viewpoint may be required to develop policy and to advocate improvement, launch programs, strengthen service delivery and develop a system for referral cancer registry.

Workshop 2: How to promote cancer screening in a more organized way?

Moderator: Dr. Yen-Po Yeh, Changhua County Health Bureau, R.O.C. (Taiwan)
Co-Moderator: Mr. Krisjan Magnusson

1. Using social media platforms to reach the younger population.
2. Advocacy campaigns using Facebook, Twitter, and mobile devices. People can use Facebook to “check in” at the screening facility to let friends know what they are doing. This may inspire others to do the same.
3. Getting schools involved and assigning children educational “homework,” which entails having these children ask their parents whether or not they had done their screening already.

Workshop 3: How to initiate obesity prevention programs in your country or area?

Moderator: Ms. Yen-Fang Chen, Director Community Health Division, Health Promotion Administration, Ministry of Health and Welfare, R.O.C. (Taiwan)
Co-Moderator: Ms. Hannah Brinsden and Ms. Nina Krtelj, Young Gasteiner

1. Building healthy public policy, create supportive environments, strengthen community actions, develop personal skills and reorient health services.
2. Multiple stakeholders should be involved, including the children themselves and their parents, in addition to the government, schools, the media, administrators of the workplace, NGOs and health professionals
3. Educating through peer-education and family activities.

Workshop 4: How to strengthen tobacco control system and action?

Moderator: Director Tzung-Yee Feng, Division of Health Education and Tobacco Control Division, Health Promotion Administration, Ministry of Health and Welfare, R.O.C. (Taiwan)
Co-Moderator: Mr. Olivier Wouters

1. Limit the (a) affordability, (b) accessibility, and (c) acceptability of tobacco products.
2. Reduce the affordability of cigarettes and other tobacco products, policymakers should increase prices through taxes. For price sensitive consumers (e.g. most young, unemployed citizens), this is likely to significantly reduce consumption levels.
3. Limit the accessibility of tobacco products, governments should ban marketing strategies aimed at young persons and enforce strict rules prohibiting the sale of tobacco products to minors.
4. Policymakers should decrease the acceptability of smoking through a concerted anti-smoking campaign.

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Global Health 2013 in Taiwan

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Minister Wen-Ta Chiu, nine left, Dr. Shu-Ti Chiou, left, Director-General of Health Promotion Administration, Ministry of Health and Welfare, (R.O.C.) Taiwan poses for photos with guests of this year's Global Health Forum in Taiwan during a pre-conference event held yesterday in Taipei. Wang Chien-yu, Conference Journal

Dr. Wen-Ta Chiu, Minister of Health and Welfare, R.O.C (Taiwan)

Minister of Health and Welfare, Wen-Ta Chiu (邱文達) welcomes foreign and local health experts in an opening speech. Wang Chien-yu, Conference Journal

Edited By: Hannah Brinsden, **Young Gasteiner**; Isaac Yen-Hao Chu (朱彥豪), Wendy Tsai (蔡雨玹) and Chih-Chin Lee (李芷泰), **Young Taiwaners**

【Opening Remarks】

Minister Chiu opened the conference and welcomed the guests and experts to the event. He started with an introduction of cancer in Taiwan and around the world. Minister Chiu welcomed distinguished guests including Dr. Gross from the National Cancer Institute in the U.S., Dr. Knaul and Dr. Marx from Harvard Global Equity Initiatives, Dr. Fenton from Public Health England and Dr. Cheng from Princeton University, and moderators President Sparks from IUHPE, President Gaufin from APHA, Geneva, Secretariat head Borisch from WFPHA and Professor Ronald E. Larporte from the University of Pittsburgh to three-day conference symposium, the "Cancer Control & Prevention" is the theme of the first day.

He said that cancer has been the top cause of death in Taiwan since 1982, and it is also a leading cause of death worldwide, accounting for 7.6 million deaths (around 13 percent of all deaths) in 2008, whereas 70 percent of all cancer deaths occurred in low- and middle-income countries. Deaths from cancer worldwide are projected to continue to rise to over 13.1 million in 2030.

According to the WHO, 30 percent of cancer deaths are due to five leading behavioral and dietary risks:having a high body mass index, low fruit and vegetable intake, lack of physical activity, tobacco use and alcohol use. He wished that participants could share knowledge on how grave the global cancer epidemic is and come up with ideas and strategies for how we should respond.

He mentioned that cancer costs more than 40,000 lives annually in Taiwan, and incurs vast medical costs and social losses as well. The Cancer Control Act was passed in 2003 to require the government to develop and coordinate necessary health care resources, implement cancer prevention and control efforts, and strengthen research resources.

The National Cancer Control Program was later implemented in 2004. In addition to promoting healthy lifestyles to reduce cancer risks, the Ministry launched population screening programs for cancers of the cervix, breast, colon and oral cavity. The number of cancer screenings reached 4.9 million tests in 2012, and 47,000 cases of cancer or precancerous lesions have been detected.

Furthermore, Taiwan has been promoting “Quality Accreditation for Cancer-Care Programs” for 5 years, and has reached a certain level of achievement. Hospitals have promoted multi-disciplinary teamwork, personalized treatment plans, pathology peer-review systems, core measurement indicators and evidence-based health care. The 5-year survival rate of patients of all cancer types improved from 47.5 percent during 2002 to 2006 to 51.1 percent during 2006 to 2010.

He said that Taiwan has set a target of achieving a 20-percent reduction in cancer mortality by 2020, and a 25-percent reduction in premature mortality from cancer by 2025. In addition, Minister Chiu also resolved to reduce both the smoking rate and the betel nut chewing rate by 50 percent, and to double the prevalence of sufficient physical activity, all by 2020, in line with the WHO’s "25 by 25" targets on NCDs, but more ambitious.

Chiu’s opening speech focusing on the topic of cancer served as an example of the insightful presentations featured at the forum. He ended his talk by saying, “this is how we wish to move forward, because every life counts.” ■

Global cancer epidemic: impacts, challenges and future trends

Dr. Thomas Gross, Deputy Director for Science, Center for Global Health, NCI, U.S.A

Edited by: Dr. Hannah Brinsden, **Young Gasteiner;** Isaac Yen-Hao Chu (朱彥豪), Wendy Tsai (蔡雨玆) and Chih-Chin Lee (李芷泰), **Young Taiwaners**

Thomas Gross focused his talk on global variance in cancer types. Building on the global overview provided in the opening lecture, Dr. Gross noted that cancer now causes more deaths annually than malaria, TB and HIV combined, an indication that cancer is a real problem and that something needs to be done.

The differences raise questions as to whether the causes are environmental or genetic; for instance, the incidence of lung cancer in Japanese men is much greater than in other parts of the world. However, Japanese men living in parts of America do not have the same high risk of lung cancer, thus indicating an environmental cause rather than a genetic cause. This means that prevention is really important.

Tobacco use, H. pylori infection, alcohol use, hepatitis B&C, low fruit and vegetable intake, physical inactivity and obesity factor into 50 percent of all cancer deaths. However, this differs around the world. Again there is a global variance. For instance, while tobacco accounts for 16 percent of cancer cases in high-income countries (and 10 percent in lower-income nations), infections are responsible for 26 percent of cancer cases in lower-income countries (compared to 8 percent in higher-income regions). National strategies therefore need to be different and appropriate.

As an example, liver cancer accounts for 1 percent of deaths in the world and 9 percent of all cancer deaths. The distribution is largely skewed towards East Asian countries, such as Taiwan, China and South Korea, and in many cases is linked to hepatitis infection. The Taiwanese prevention strategy is therefore focused on preventing these infections

via hepatitis B vaccinations. Over the next few decades it is hoped that liver cancer will become rare in the region.

Cancer is varied around the world, and prevention efforts must therefore be focused at a national or regional level to make sure the right cancer types are targeted. Furthermore, an aging population is a major problem, particularly in low- and middle-income countries, and efforts therefore need to be focused in this way. ■

Development of a national system for comprehensive cancer prevention and control in Taiwan

Dr. Shu-Ti Chiou, Director-General, Health Promotion Administration (HPA), R.O.C. (Taiwan)

Edited by: Dr. Sofia Ribeiro, **Young Gasteiner**, Dr. Dun-Cheng Chang (張敦程) and Chang-Wei Wang (王長偉), **Young Taiwaners**

In this session, Health Promotion Administration (HPA) Director-General Chiou talked about the development of a national system for comprehensive cancer prevention and control in Taiwan. Cancer has been the leading cause of death in Taiwan for the past 31 years, so there are a lot of things that need to be done in Taiwan.

Seven strategies have been implemented, including: high-level political commitment, tobacco surcharges and strategic financing, early detection, diagnosis and management, prevention and community mobilization, surveillance and evaluation, and global collaboration.

She gave many effective examples, such as promoting cancer screening for early detection and early treatment, enhancing quality control and infrastructure, improving hospital accountability, consolidating and mobilizing community resources for preventive and supportive services, promoting hospice care and improving the quality of life of patients, improving cancer payment policies, enhancing multiple channel service systems, and reducing cancer-related inequality.

In the end, Director-General Chiou also concluded that primary prevention results in high efficiency and would reduce cancer incidence rates in the long term, while expanded cancer screening services improve cancer stage distribution in the short term. There is still a lot of work to be done, from improving the quality of medical care to providing patient-centered services and promoting the life quality of cancer survivors. Finally, the

aim of the national cancer control program in Taiwan is to reduce the mortality rate drastically over 8-10 years. ■

Global responses to the cancer epidemic: scaling up health system transformation

Dr. Felicia Knaul, Director, Harvard Global Equity Initiative; associate professor, Harvard Medical School

Edited by: Dr. Sofia Ribeiro, **Young Gasteiner**; Dr. Dun-Cheng Chang (張敦程) and Chang-Wei Wang (王長偉), **Young Taiwaners**

Felicia Knaul is herself a breast cancer survivor, and started her talk by telling her story since her diagnosis. In her opinion, we need evidence-based advocacy, and also inspired advocacy to be able to fight this disease.

She pointed out that divestment in health care is mostly seen when facing a cancer situation, and she acknowledges that cancer has allowed her to see in practice how a good and accessible health care system is vital to fight the disease. Access to cancer care and control in lower- and middle-income countries (LMICs) is an equality imperative, and it should be done, could be done and can be done.

LMICs account for more than 90 percent of cervical cancer cases and around 70 percent of breast cancer deaths. More than 85 percent of pediatric cancer cases and 95 percent of deaths in this group occur in LMICs. The poorer people are, the more they are exposed to risk factors, preventable cancers (infection), and death and disability from treatable cancers, among others.

The opportunity to survive should not be defined by income, but it still is in many countries around the world. In Canada, for example, 90 percent of children diagnosed with acute leukemia survive, whereas only 10 percent in LMICs are predicted to survive.

The costs of not taking action are higher than those of taking action: one-third to one-half of cancer deaths are avoidable, and among the 2.4-3.7 million deaths per year, 80 percent are of those in LMICs. The prices of cancer therapies are going down, and more methods of prevention are becoming available (vaccination, for example). The solution proposed is the diagonal approach to health system strengthening: providing opportunities to tackle disease-specific priorities while addressing system gaps.

As a final message, she said we need to be both optimists and optimalists to fight cancer, and see an opportunity every step of the way. ■

National cancer screening programs in the UK

Prof. Kevin Fenton, Director of health and well-being, Public Health England, UK

Edited by: Sofia Ribeiro, **Young Gasteiner;** Dr. Dun-Cheng Chang (張敦程) and Chang-Wei Wang (王長偉), **Young Taiwaners**

In this session, Professor Kevin Fenton talked about several topics, including cancer epidemiology, governance of UK screening programs, English cancer screening programs, and further programs under consideration. As cancer is a major cause of death, accounting for around a quarter of deaths in England, England's National Health Service has implemented breast cancer screening, cervical cancer screening, and bowel cancer screening.

As regards breast cancer, the incidence of invasive breast cancer has risen over the last two decades, with a 45-percent rise in age-standardized rates between 1985 and 2005. The aim is

to reduce mortality among the affected group by 20 percent. Since the cervical cancer screening program started in 1988, incidence rates of the cancer have decreased. The aim of screenings for colorectal cancer, the fourth most common cancer in the UK, is to reduce by 15 percent mortality among the affected group. ■

The opportunity cost of cancer care: What are we giving up?

Prof. Tsung-Mei Cheng, Health Policy Research Analyst, Woodrow Wilson School of Public and International Affairs, Princeton University, U.S.A

Edited by: Dr. Sofia Ribeiro, **Young Gasteiner**; Dr. Dun-Cheng Chang (張敦程) and Chang-Wei Wang (王長偉), **Young Taiwaners**

The rapid rise in the costs of cancer treatments has caused notable economic losses in both the developed and developing worlds. Cancer is also by far the greatest contributor towards economic loss (loss of productivity), and therefore places a global burden upon governments, the effect of which is especially profound in middle- and low-income countries.

The factors behind this rise in the cost of cancer drugs are numerous: ageing populations which correlate to an increasing prevalence of cancer; fragmented availability health care, which exists not only on a geographical basis, but also within the same institute.

So what are the solutions to this question: how to make cancer treatment more affordable and more efficient? This question remains political. Nevertheless, by assessing the cost-effectiveness of cancer treatments, the UK government has covered the costs of cancer treatment up to a maximum cut-off amount of 30,000 pounds per Quality-Adjusted Life Year (QALY). This method could serve as a tool to help governments decide their range of universal health coverage. Another solution to this question is to look at the current mode of payment in drugs. Use of off-label cancer drugs is an unregulated and legal phenomenon by oncologists in the U.S., creating overuse and unsustainability. Bundled or episode-based payment methods increase its cost-effectiveness. ■