

# POLICIES AND LEGISLATION

Globally and locally, policymakers use legislation and public policies to reduce leading risk factors, increase access to key technologies and services, and build enabling environments to improve health, well-being and development.

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) came into force in 2005, committing its parties to take action to reduce the single most preventable cause of cancer—tobacco use—and inspiring broader global action on non-communicable diseases (NCDs). ① In 2011, the United Nations General Assembly held a landmark high-level meeting to address chronic NCDs, including cancers, as a major development challenge. Leaders from over 120 nations committed to work to prevent, treat and manage these diseases, and in 2013 the World Health Assembly adopted the WHO Global Action Plan on NCDs, emphasizing whole-of-society approaches to reduce the major drivers of preventable cancer. ② The Plan also endorsed a global monitoring framework including nine voluntary global targets such as decreasing premature mortality from NCDs by 25% by 2025.

Meeting the global targets will require concerted national action. A recent WHO survey of 178 countries found that about two-thirds of countries currently have an operational policy, plan or strategy on cancer, either as a standalone

plan (17%), integrated with other NCDs (17%), or both (33%). The WHO Global Action Plan on NCDs and the global monitoring framework will encourage countries to strengthen or develop national cancer plans with dedicated funding, strengthen cancer registries, reduce leading risk factors, and improve access to essential NCDs medicines and technologies, palliative care, cervical cancer screening, and vaccination.

Improved vaccine access is changing the global cancer prevention landscape. Over the last decade, major global public policy efforts have helped to bring about a twofold increase in the percentage of infants worldwide vaccinated against hepatitis B to prevent liver cancer later in life, with the most dramatic gains in the high-burden regions of Africa (from 23% to 72% coverage) and Southeast Asia (from 10% to 72% coverage). GAVI Alliance support to countries and negotiation of favorable pricing has enabled several low-income countries to vaccinate girls against the human papillomavirus (HPV) to protect them from developing cervical cancer. By negotiating for a common price that national ministries can afford, the Pan-American Health Organization's Revolving Fund also works to expand access to vaccines against cancer for low- and middle-income countries in the Americas.

Countries have also intensified cancer control efforts by passing strong tobacco control legislation and coordinating on global tobacco control concerns. The USA enacted new tobacco product regulatory authorities and implemented cutting-edge mobile communications and social media initiatives to help people quit smoking. In 2011, Australia limited tobacco marketing by legislatively mandating standardized plain packaging with large graphic warnings on all cigarettes. In 2012, Brazil became the most populous country to enact national indoor smoke-free legislation. The WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products, adopted in 2012, requires parties to act domestically and cooperate internationally to control the supply chain.

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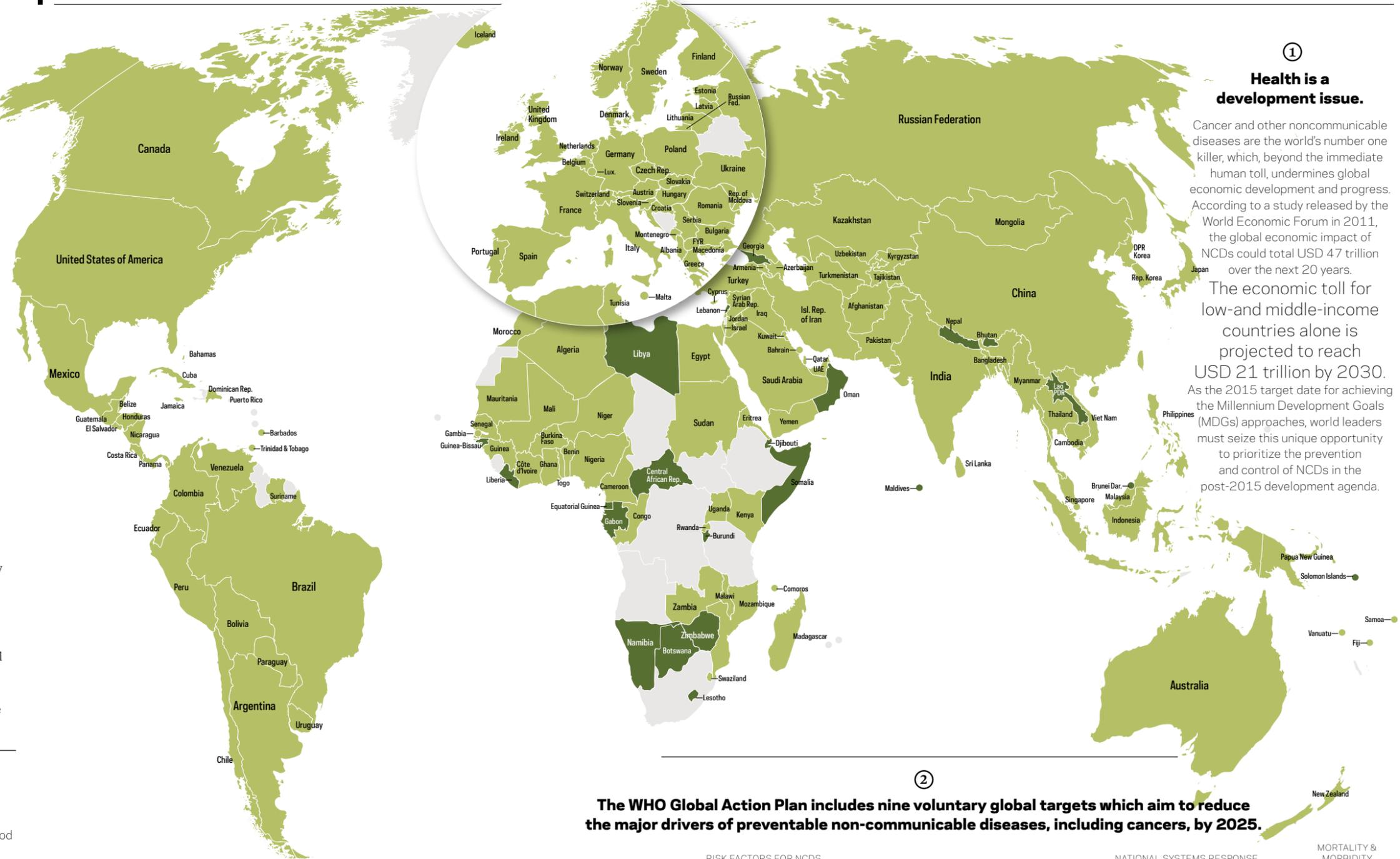
Addressing noncommunicable diseases (NCDs) is critical for global public health, but it will also be good for the economy; for the environment; for the global public good in the broadest sense.

If we come together to tackle NCDs, we can do more than heal individuals—we can safeguard our very future.”

— UN Secretary General Ban Ki-moon

## Operational national cancer plans

2013



### ② The WHO Global Action Plan includes nine voluntary global targets which aim to reduce the major drivers of preventable non-communicable diseases, including cancers, by 2025.

RISK FACTORS FOR NCDs						NATIONAL SYSTEMS RESPONSE		MORTALITY & MORBIDITY
<b>10%</b> reduction in HARMFUL USE OF ALCOHOL	<b>10%</b> reduction of PHYSICAL INACTIVITY	<b>30%</b> reduction of SALT/SODIUM INTAKE	<b>30%</b> reduction of TOBACCO USE	<b>25%</b> reduction of RAISED BLOOD PRESSURE	<b>0%</b> increase of DIABETES/OBESITY	<b>50%</b> coverage for DRUG THERAPY & COUNSELING	<b>80%</b> coverage for essential NCD MEDICINES & TECHNOLOGIES	<b>25%</b> reduction in PREMATURE MORTALITY from NCDs