

**ESMO-ASCO Joint Statement
for the 3rd High-Level Meeting of the UN General Assembly
on the Prevention and Control of Non-communicable Diseases
on the Actions Required by Governments for the Reduction of Premature Mortality from Cancer**

5 July 2018: The European Society for Medical Oncology (ESMO) and the American Society of Clinical Oncology (ASCO) welcome the 3rd High-Level Meeting of the UN General Assembly on the Prevention and Control of Non-communicable Diseases on 27 September 2018 in New York. We call on Heads of State and Health Ministers to attend this meeting and to reconfirm their strong political and financial commitment to pass legislation and invest in actions that will reduce the burden of NCDs, including cancer. It is imperative that we act now before we are overwhelmed with a tsunami of future cancer cases that will drain our health systems and our economies.

As the leading cancer organisations for oncology professionals, ESMO and ASCO are committed to caring for people who have cancer. We contribute to global cancer control efforts by supporting our 50,000 members in more than 150 countries with the continuing medical education and training required to treat, and even cure, some cancers. However, to do this our members need the appropriate health services to be available in their country.

We all share the goal of reducing premature mortality from cancer by 25% by 2025, as called for in the WHO Global Action Plan on NCDs, and by 33% by 2030, as called for by the 2030 United Nations Sustainable Development Goals. To achieve these goals, we request that the UN Political Declaration from the UN High-Level Meeting on NCDs state that it is necessary for governments to:


1. Implement the 2017 World Health Assembly Cancer Resolution which should serve as the reference document to improve cancer control.
2. Develop and strengthen educational programs that provide cost-effective lifestyle recommendations to prevent tobacco use, reduce harmful use of alcohol, promote physical activity, and encourage healthy weight control.
3. Develop efficient and cost-effective primary prevention measures (e.g. HPV vaccination, viral hepatitis infection vaccination, and Helicobacter pylori eradication).
4. Assure timely access to screening for pre-malignant lesions, early-stage diagnosis, and high-quality, affordable cancer treatment for all stages of cancer including advanced/metastatic cancers.
5. Strengthen health systems to achieve access for all and provide necessary cancer services to the millions of patients who die prematurely because they do not have access to cancer treatment.
6. Provide essential secondary health care services that assure an adequate number of well-trained oncology professionals, who have sustainable access to the resources required to provide appropriate treatment, and supportive and palliative care.
7. Commit to achieving the targets of reducing premature mortality by 25% by 2025, and by 33% by 2030, across all NCDs.

We request that the above actions be linked to time-bound deliverables that turn commitments into action, and for which governments are held accountable. ESMO and ASCO stand ready to do their part and support the WHO, the United Nations, and Member States, with our expertise in cancer management, our post-graduate training and educational courses, and our outreach to the oncology professionals worldwide who treat and care for cancer patients every day.


Josep Taberner, ESMO President


Alexandru Eniu, ESMO Global Policy Chair


Monica M. Bertagnolli, ASCO President


Abdulrahman Jazieh, ASCO International Affairs
Committee Chair

Annex: Proposed changes to the Draft Elements Paper for a Political Declaration of the 3rd UN HLM on NCDs

Original text of Zero Draft Political Declaration	Proposed change to text of Zero Draft Political Declaration
<p>OP2. Scale up the implementation of the commitments made in 2011 and 2014 for the prevention and control of NCDs as part of the ambitious national responses to the overall implementation of the 2030 Agenda for Sustainable Development, including by integrating, as appropriate, action on the prevention and control of non-communicable diseases and promotion of mental health and well-being into national responses; (based on R2 of the report of the HLC, p.78 of 70/1, p30 of 68/300)</p>	<p>OP2. Scale up the implementation of the commitments made in 2011 and 2014 for the prevention and control of NCDs as part of the ambitious national responses to the overall implementation of the 2030 Agenda for Sustainable Development, including by integrating, as appropriate, <i>subsequent World Health Assembly Resolutions such as the 2017 Resolution on 'Cancer prevention and control in the context of an integrated approach' (WHA 70/12), so that the Resolution serves as a government's reference document for actions necessary to improve cancer control within the</i> actions on the prevention and control of non-communicable diseases and promotion of mental health and well-being into national responses; (based on R2 of the report of the HLC, p.78 of 70/1, p30 of 68/300)</p>
<p>OP4. Establish or strengthen national multi-stakeholder dialogue mechanisms with accountability for the implementation of the national multisectoral action plan for the prevention and control of non-communicable diseases to attain the national targets; (R6 of the report of the HLC, Montevideo Roadmap, and 30(a)(vi) of 68/300)</p>	<p>OP4. Establish or strengthen national multi-stakeholder dialogue mechanisms with accountability for the implementation of the national multisectoral action plan for the prevention and control of non-communicable diseases to attain the national targets <i>of reducing premature mortality by 25% by 2025, and 33% by 2030, a cross all NCDs;</i> (R6 of the report of the HLC, Montevideo Roadmap, and 30(a)(vi) of 68/300)</p>
<p>[OP12. Empower the individual to make informed choices by providing the appropriate environment, strengthen health literacy through formal education, implement mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke, implement social marketing campaigns to reduce the intake of total fat, saturated fats, sugars and salt, and promote the intake of fruits and vegetables and implement mass media campaigns to support behavioral change of physical activity levels;]</p>	<p>ESMO and ASCO support this wording for OP12.</p>
<p>OP13. Strengthen and reorient health systems including services for the prevention and control of non-communicable diseases and mental health, as part of universal health coverage, including safe, affordable, effective and quality essential medicines, technologies;</p>	<p>OP13. Strengthen and reorient health systems including services for the prevention and control of non-communicable diseases and mental health, as part of universal health coverage, including <i>timely access to screening and early diagnosis as well as safe, affordable, effective and quality essential medicines, technologies, and vaccines for all people, and for all stages of disease, even advanced/metastatic disease;</i></p>
<p>OP14. Strengthen people-centred primary health care services to ensure equitable coverage throughout the lifecycle with an adequate and well-equipped health workforce so that preventive interventions can be provided for people at risk of disease, and treatment and specialised care for people affected by a non-communicable disease; (R3 of the report of the HLC, P45(j) of 66/2)</p>	<p>OP14. Strengthen people-centred primary <i>and essential secondary</i> health care services to ensure equitable coverage throughout the lifecycle with an adequate and well-equipped health workforce so that preventive interventions can be provided for people at risk of disease, and treatment, and specialised care, <i>and supportive and palliative care can be provided</i> for people affected by a non-communicable disease; (R3 of the report of the HLC, P45(j) of 66/2)</p>