

Global Breast Cancer Initiative (GBCI)



HEARING THE CALL OF WOMEN WITH BREAST CANCER

520+ participants from 70+ countries gathered to join the call of women with breast cancer on the International Women's Day

We must challenge the continued inequalities women are subjected to around the world, we cannot ignore the avoidable suffering of women's experience in their health.

- Dr Bente Mikkelsen, WHO Director of NCDs



We shouldn't do anything to people or for people with breast cancer without involving them. We choose to turn the tide on breast cancer by working together and investing wisely.

- Ambassador Sally Cowal, fmr. Deputy Director of UNAIDS; fmr. Senior VP for Global Cancer Control, American Cancer Society

I remember a lady in Mexico who needed to come to the city for exams. She took the bus with her husband after literally collecting coins from their neighbors - these are real challenges for patients to gain timely access to quality treatment.

- Ms Bertha Aguilar, Breast cancer advocate, MILC Foundation



Fears and concerns rule her mind. The fear of rejection by her family and her community is one. Then comes the fear of premature death. Uppermost in her mind are her concerns about her responsibility as a mother, a wife, a daughter, and an employee. To top it all, she feels guilt.

- Ms Ranjit Kaur, President, Breast Cancer Welfare Association Malaysia

Many patients wait for over 6 months before radiation starts. These delays come with social and financial consequences. Patients continuously run fundraisers to buy drugs or travel to countries where drugs are available making it difficult to either start treatment in time or complete treatment.

- Ms Gertrude Nakigudde, CEO, Uganda Women's Cancer Support Organization

Global Breast Cancer Initiative

Objectives	To reduce global breast cancer mortality by 2.5% per year, thereby averting 2.5 million breast cancer deaths globally between 2020 and 2040		
Pillars	Pillar 1	Pillar 2	Pillar 3
Pillar Goals	Health promotion for early detection	Timely cancer diagnosis	Comprehensive breast cancer management
Pillar Goals	Increased per cent of stage I and II cases	Increased per cent with evaluation, imaging, tissue sampling and pathology within 60 days	Increased effective coverage for treatment services
Implementation Approaches	<p>1A. Public Health Literacy:</p> <ul style="list-style-type: none"> Culturally appropriate breast health education modules for women and men Integration of breast health education into existing programs including cervical cancer screening programs targeting women ages 30-49 <p>1B. Primary and Secondary Provider Training:</p> <ul style="list-style-type: none"> WHO Package of Essential Noncommunicable Diseases Interventions (PEN) breast education modules for primary health care Clinical breast assessment (CBA) training for district facilities and providers to direct diagnostic breast evaluations 	<p>2A. Rapid Diagnosis Units (RDUs):</p> <p>Resource-appropriate, geographically accessible diagnostic units to facilitate prompt imaging and tissue sampling (biopsy) of breast abnormalities such as lumps or thickenings</p> <p>2B. Tissue Pathology Services:</p> <ul style="list-style-type: none"> Accessible pathology services provide standard tools to make cancer diagnoses and determine essential tumor marker expression Evaluate leapfrog tissue pathology methods such as PCR-based tools used for diagnosis of infectious diseases <p>2C. Patient Navigation Systems:</p> <ul style="list-style-type: none"> Evaluation of patient referral systems to ensure organized and timely patient transfer from primary care (entry) to secondary level (diagnostic services) to tertiary level (treatment) Information sharing among primary, secondary and tertiary units to facilitate systematic health system strengthening 	<p>3A. Timely access to quality multidisciplinary cancer treatment (surgery, radiation therapy, systemic treatment) completed with minimal abandonment:</p> <ul style="list-style-type: none"> Multidisciplinary treatment planning based on resource-adapted guidelines Patient navigation for surgery, radiotherapy and systemic therapy Systematic assessment to measure compliance & treatment abandonment <p>3B. Reintegration of treated women into her community with minimal financial toxicity and social disruption:</p> <ul style="list-style-type: none"> Follow-up care established at primary care Survivorship and palliative care available to women after treatment Address cancer stigma
Outcomes	For women under age 70, reducing global breast cancer mortality by 2.5% per year will avert 25% of breast cancer deaths by 2030 and 40% by 2040		

Roundtable discussions: the community responds

Role of Ministries of Health and Development Banks

- Ministries of Health have the task of providing enabling environment; we need to look at existing structures, initiatives and services, and be able to leverage that - Dr Sharon Kapambwe, Asst. Director, Cancer Unit, Ministry of Health, Zambia
- Development banks have the ability for philanthropists and others to gather under (one) umbrella to strategize a new financial partnership that can not only save the lives of women, but also create better health systems and infrastructure - Ms Joanne Manrique, President, Center for Global Health and Development
- We need to build national coalitions and partnerships to ensure broad-based ownership; use agile processes to generate knowledge about what works; and establish a community of practice with a group of countries committed and engaged to move this agenda ahead - Ms Miriam Schneidman, Lead Health Specialist, World Bank
- No more silos: the time has come to implement a diagonal approach to strengthen health systems while building delivery and financing platforms for specific diseases - Dr Felicia Marie Knaul, Director, University of Miami Institute for Advanced Study of the Americas; Founding President, Tómatelo a Pecho A.C. México

Role of NGOs and Civil Society

- (Civil society) can create an organized advocacy movement and lead patients to policymakers; a successful example includes the passing of a law that made mandatory to start any cancer treatment within 60 days in Brazil - Dr Maira Caleffi, Volunteer President, FEMAMA; Chief, Breast Cancer Center Hospital Moinhos de Vento Brazil
- Civil societies and NGOs can bring integration between different disease-targeted programs, bring lived experiences from the ground to the Ministries of Health, and bridge knowledge gaps at the community level - Ms Benda Kithaka, Founder & Executive Director, KILELE Health
- When civil society organizations are provided with accurate information and opportunities to network and build trust, they are better equipped to pursue evidence-based programs, advocate for appropriate solutions and hold their governments accountable to the commitments they make - Ms Allison Ekberg, Health Policy Advisor, WHO Georgia (formerly WE CAN/University of Washington)
- A WHO resolution or action plan at high-level provides an important push to governments to implement the goals and targets that they have committed to. It creates a framework for advocacy and enables collaborations between civil society and governments to see action happen on the ground - Dr Cary Adams, CEO, UICC

Role of National Cancer Institutes and Professional Organizations

- National Cancer Institutes have a very unique ability to convene diverse stakeholders to address common goals, and those networks should be appropriately leveraged - Ms Kalina Duncan, Branch Chief, Partnerships and Dissemination, Center for Global Health in US National Cancer Institute
- (NCI can spearhead) the development of evidence-based culturally adapted materials and resource-stratified guidelines, and integration of innovative technologies - Dr G. K. Rath, Professor, Chief & Head, Radiation Oncology, AIIMS, National Cancer Institute of India
- How will professional organizations help - we need to partner, work together, exchange ideas, support each other and collaborate in training the workforce, sharing knowledge, promoting and fueling research and supporting the highest quality equitable care, and keeping patients as our primary focus - Dr Julie Gralow, Chief Medical Officer, ASCO
- We have to build evidence, to make a case to policymakers and to make a difference - Dr Alejandro Mohar, fm. Director General, Instituto Nacional de Cancerología (INCAN) México

Collaboration of UN Agencies to support the Global Breast Cancer Initiative

- WHO global initiatives on cervical cancer, childhood cancer and breast cancer have different entry points but are not in silos; it is to build the health systems to respond to different needs through an integrated person-centered approach - Dr Bente Mikkelsen, Director, NCDs, WHO
- It is the right time and opportunity for UN agencies to work together in areas they had worked in individually, and to try neutralizing the detrimental effects of COVID pandemic on access to care - Dr May Abdel-Wahab, Director, NAHU, IAEA
- The opportunities of partnership goes beyond WHO, IARC and IAEA; it is a whole-of-UN effort to develop activities that will best benefit the Member States - Dr Lisa Stevens, Director, PACT, IAEA
- There is a tremendous potential for synergy between three initiatives; improving care pathways and strengthening implementation research will impact on three cancers and beyond - Dr Elisabete Weiderpass, Director, IARC



Pillar Working Groups

1. **Health Education (Pillar 1)**
 - Develop or adapt health literacy materials for breast cancer
 - Update WHO PEN modules for breast cancer (primary and secondary level care)
 - Support Clinical Breast Assessment (CBA) virtual course (with WHO Regional Offices)
2. **Rapid Diagnosis (Pillar 2)**
 - Support improvements for imaging, tissue sampling, pathology interpretation
 - Develop patient navigation framework
3. **Comprehensive Cancer Management (Pillar 3)**

Conceptualize models of health systems coordination for:

 - Multidisciplinary treatment (surgery, radiation therapy, medical treatments)
 - Clinical support services (imaging, pathology, nursing, physical therapy)
 - Patient support services (navigation, community support, palliative care)

Enabling Working Groups

1. **Multisectoral Partnership and Advocacy**
 - Assist country and global stakeholder mapping
 - Assess opportunities for project-specific support
 - Develop GBCI advocacy strategies
2. **Data, Research and Innovation**
 - Examine core metrics needed to evaluate GBCI programmatic success
 - Suggest data platform(s) for storing core data and systems information
 - Develop plan for storing and distributing enduring technical materials
3. **UN Agency Steering Team**
 - Monitor GBCI framework and provide programmatic guidance
 - Oversee and support WHO Technical Package development
 - Coordinate UN Agency breast cancer activities

NEXT STEPS

Want to know more about breast cancer and what WHO is doing?

Please visit <https://www.who.int/news-room/fact-sheets/detail/breast-cancer>.

Want to be part of a community implementing the Initiative?

Please submit the WHO Global Breast Cancer Community registration form to gbc@who.int. We will be pleased to discuss how your organization can get involved.

Want to support the Initiative?

Please email gbc@who.int to find out how. All stakeholders are welcome!

