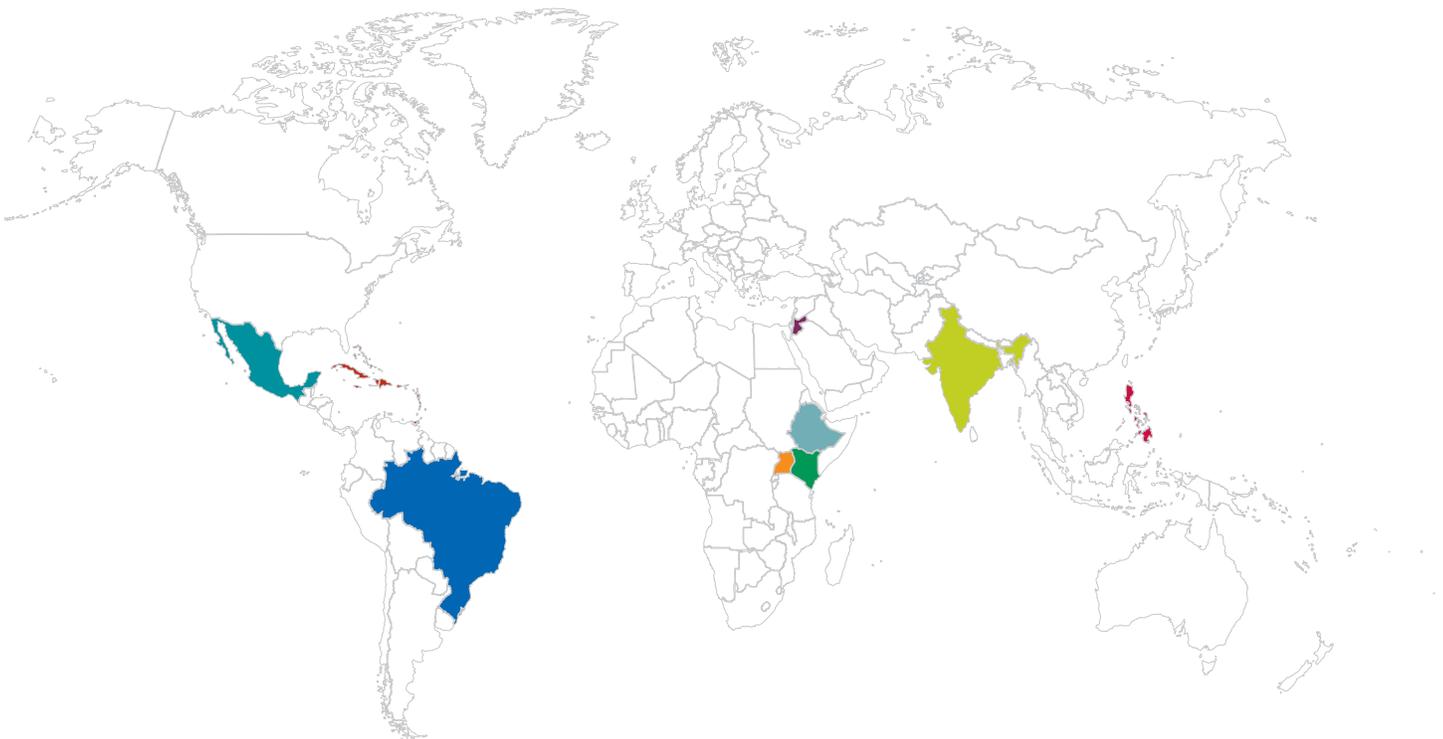


# Meet the Targets

Encouraging Country-level Action to Make Cancer and Other Chronic Diseases a Global Priority



# FOREWORD



This year, the American Cancer Society announced a significant decline in cancer death rates in the United States: 20 percent just since the early 1990s. While this is great progress – and worth celebrating – worldwide the cancer fight tells a different story, as global cancer deaths are on the rise and threaten a virtual tsunami of needless human suffering and death.

Every year, more than 7 million people die from cancer, exceeding the combined deadly toll that HIV/AIDS, malaria, and tuberculosis takes on our society. And almost half of these deaths are avoidable. The high prevalence of cancer is shifting ominously from developed nations to poorer, less medically equipped countries in Africa, Asia, and Latin America. As these countries make economic progress and their citizens live longer, some are adopting the same unhealthy lifestyles associated with more developed countries, such as smoking, physical inactivity, and poor diets – all key cancer and chronic disease risk factors.

Similarly, while smoking rates have been slowly declining in the United States and many other developed nations during the past 25 years, they have been increasing in low- and middle-income nations, which are the least prepared to deal with the effects of tobacco-related disease. In 2011, tobacco use killed approximately 6 million people worldwide, with 80 percent of those deaths occurring in low- and middle-income nations. Left unchecked, tobacco will kill one billion people in this century. We know, too, that chronic diseases such as cancer threaten not only lives, but also livelihoods in nations around the world. They are so much more than just a health issue. The World Economic Forum estimates that just the 13.3 million new cases of cancer in 2010 were estimated to cost \$290 billion (USD). By 2030, these total costs are expected to rise to an incredible \$458 billion, surely wreaking havoc on the global economy.

In September 2011, the United Nations (UN) acknowledged the very real threat of chronic diseases, giving the issue new prominence on the development agenda by holding the first-ever UN High-level Meeting on Noncommunicable Diseases (NCDs). At this critical gathering, all member states unanimously approved a political declaration where world leaders (including more than 30 heads of state) declared these diseases a global priority and committed to taking urgent action to address the crisis. They also acknowledged we have important “best buys” at our fingertips – strategies we know will work to reduce the deadly burden of cancer and NCDs on our society in proven, cost-effective ways that include reducing the tobacco threat and increasing access to cancer prevention, detection, and treatment technologies.

During this first-ever High-level Meeting on NCDs, I was honored to serve as a member of the official United States delegation and to leverage the Society’s unique role as an NGO with official UN Consultative status to play a meaningful role in the proceedings and to work with our global partners to ensure that the voice of civil society was heard by world leaders. Civil society can be proud of the momentum that is building to make cancer and NCDs a global priority that includes these notable achievements:

- Adoption of the World Health Organization’s Global Monitoring Framework on NCDs, including nine global targets to drive progress and the visionary goal to reduce deaths from chronic disease 25 percent by 2025
- Adoption of the WHO Global NCD Action Plan 2013-2020, which will act as the roadmap for achieving the targets and developing cooperative action for all relevant partners
- Agreement to establish a Global Coordination Mechanism for NCDs, which will coordinate activities of the UN, WHO member states, and non-state actors (including civil society)

- Establishment of the UN Inter-agency Task Force on NCDs, to leverage the capacity, expertise, and resources of the entire UN system to combat NCDs

This is great progress indeed. It will no doubt take all of us, working together, to combat the coming tide of chronic disease. And our fight is far from finished. Governments must adopt these targets and indicators and take steps to achieve them, including allocating the human and financial resources it will take to make measurable progress. That will include creating broad and holistic public health and health care systems able to meet diverse and ever-changing health needs.

To further this work, the American Cancer Society in 2012 launched its Meet the Targets program, providing a total of \$380,000 in funding to support national advocacy efforts to include NCD targets and indicators in government policies in specific priority countries. We hope these grants will help local advocates to accomplish the following:

- Ensure national implementation of the commitments made at the UN High-level Meeting on NCDs.
- Hold decision makers accountable to the global NCD targets established in 2012.
- Mobilize national networks to work together globally to ensure NCDs are included as a priority in the UN’s post-2015 development framework.

Your American Cancer Society is proud to be the only civil society organization that has funded such a multi-country advocacy effort to help implement NCD targets. We believe this work will help us finish the fight against cancer – our organization’s rallying cry for our second century, as we celebrate our 100th birthday this year.

This report contains the stories of these advocacy efforts – reaching from Brazil to Jordan, Mexico to Ethiopia, and India to the Philippines, and touching so many parts of our shared fight against cancer. The organizations you’ll see chronicled here come from different places in this fight – but together, we are all united in our quest to make this century cancer’s last.

This key success would not have been possible without the tireless advocacy efforts by the Society’s Global Cancer Ambassadors in their home countries.

**John R. Seffrin, PhD**  
*Chief Executive Officer*  
*American Cancer Society*

# BRAZIL

## CAMPAIGNING FOR THE IMPLEMENTATION OF A NATIONWIDE ANTI-TOBACCO LAW

### Grantee: Aliança de Controle do Tabagismo (ACT) actbr.org.br

**Description:** ACT (Tobacco Control Alliance in English) is a nongovernmental organization (NGO) focused on reducing the health, social, environmental, and economic impact generated by the production and consumption of tobacco products and the exposure to tobacco smoke. It is composed of NGOs, medical associations, scientific communities, and activists. The alliance has emerged as the strongest NGO working in tobacco control in Brazil.

**Cancer in Brazil:** Almost 22 percent of the male population smoked in 2009, and 15 percent of male deaths and 6 percent of female deaths can be attributed to tobacco, according to *The Tobacco Atlas Fourth Edition*, a publication of the American Cancer Society and the World Lung Foundation.



*Signature campaign for petition about the regulation of the federal law for tobacco control in Brazil.*

After years of strong advocacy work by tobacco control proponents, including ACT, President Dilma Rousseff signed tough anti-tobacco measures into law in 2011. The new tobacco law calls for higher taxes, smoke-free places, advertising restrictions, and stronger warning labels. However, the government still has not issued the regulations necessary to enforce the law despite intense efforts by a civil society coalition pressuring government, generating media coverage, and running online petitions.

In 2012, ACT received an American Cancer Society Meet the Targets grant to advocate for the regulation, implementation, and enforcement of the new federal legislation in accordance with the World Health Organization Framework Convention on Tobacco Control.

### These are some of the achievements to date:

- ACT organized meetings and public events in the capital of Brasilia aimed at advocating with the government for regulation, implementation, and enforcement of the new federal legislation.
- The alliance conducted an opinion poll in São Paulo state, showing that 89 percent of those surveyed favor a national smoke-free law. These results are being used to persuade the government to move forward with the enforcement of the law.
- ACT increased its use of media advocacy to improve public awareness of the law by placing articles in the mass media, developing and disseminating campaign materials, running social media campaigns, and conducting a petition.
- The organization held capacity building workshops for the members of the anti-tobacco coalition to strengthen their skills in advocacy, media relations, and tobacco control issues.

ACT supports the WHO Global Monitoring Framework on NCDs, which includes a voluntary target of a 30 percent reduction in the prevalence of current tobacco use in people 15 years of age and older by 2025.

**“Although the success of the tobacco control measures is responsible for a reduction of the NCD burden, we need to implement the remaining effective measures and apply the lessons learned with tobacco control to other areas,”** said Paula Johns, executive director of ACT.



*Rally for regulation of the federal law for tobacco control in Brazil.*

# THE CARIBBEAN

LAUNCHING A REVOLUTION AGAINST CERVICAL CANCER

## Grantee: Healthy Caribbean Coalition (HCC) healthycaribbean.org

**Description:** The HCC is a civil society alliance established to combat NCDs and their associated risk factors and conditions. Based in Barbados, it is comprised of more than 40 Caribbean-based health NGOs, 45 nonprofit organizations, and 150 individual and organizational members across the Caribbean and the globe.

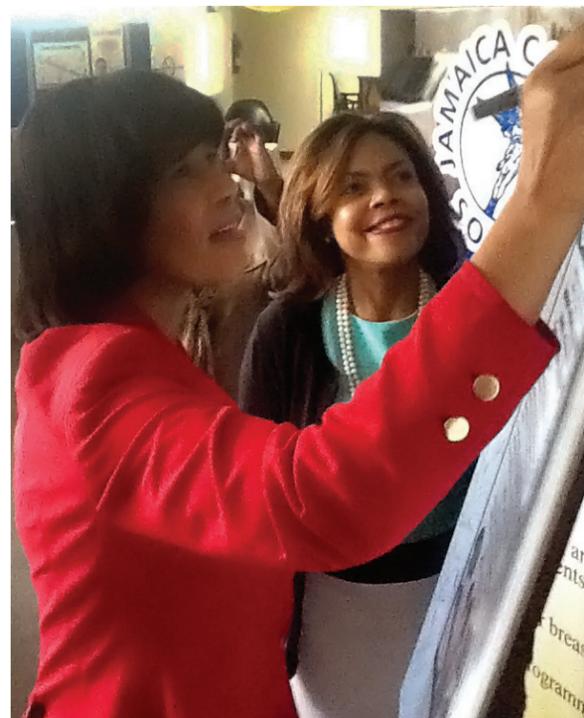
**Cancer in the Caribbean:** The Caribbean is among the four highest sub-regions in the world with respect to incidence of cervical cancer (Strategic Plan of Action for the Prevention and Control of NCDs for countries of the Caribbean Community 2011-2015, CARICOM), which is the second leading cause of cancer-related deaths among Caribbean women (GLOBOCAN 2008).

### The American Cancer Society Meet the Targets grant to the HCC has three specific objectives:

- To produce a strategic action plan for the effective contribution of health NGOs in the Caribbean to the NCD response rising out of the United Nations Political Declaration on Noncommunicable Diseases (NCDs)
- To strengthen communication between health NGOs in the Caribbean and build capacity among those NGOs for timely and effective response to NCDs
- To implement a Caribbean cervical cancer awareness and advocacy campaign

That campaign, End Cervical Cancer Now, called on the heads of Caribbean governments to increase women's access to affordable cervical cancer screening in the area. A petition was launched on June 11, 2013, along with a video and Facebook page. As of October, the petition had nearly 6,000 signatures, including the prime ministers of Jamaica and St. Kitts and Nevis.

The End Cervical Cancer Now campaign attracted global attention during the opening of the UN General Assembly in New York in September 2013, when the Pan American Health Organization explained that the campaign has spurred Caribbean governments to take action. The HCC also used Globe-athon, an international walk to end women's cancer, as a platform to promote the campaign.



*Portia Simpson-Miller, prime minister of Jamaica, signs the Cervical Cancer Electronic Petition.*

In March 2013, the HCC conducted an advocacy workshop that resulted in the formation of the Caribbean Cancer Network (CCN) and the development of a CCN Facebook group to allow for ongoing real-time communication among the members. This is a prime example of harnessing the power of social media to advocate for health. The HCC has also developed advocacy plans, an advocacy handbook, and a social media guide for civil society.

### Other achievements to date include

- Producing a Civil Society Strategic Plan of Action for Prevention & Control of NCDs for countries of the Caribbean Community 2012-2016 (healthycaribbean.org/Strategic-Plan-2012-16) with four strategic approaches: building capacity, advocacy by empowered Caribbean people, enhanced communications, and the promotion of information and communication technology (mHealth and eHealth) in NCD prevention and management
- Starting work on a capacity assessment tool for responding effectively to NCDs, which is expected to launch in late 2013

The coalition's work under the American Cancer Society grant supports the WHO Global Monitoring Framework for NCDs and its recommendation that women between the ages of 30 and 49 be screened at least once for cervical cancer. The grant fosters an approach in which all of the key stakeholders on this issue are involved in the solution, and in which donors support government-led strategies, for a collective approach to the fight against NCDs.

**“The HCC has been able to use this relatively small grant as the catalyst to create significant impact and add tremendous value to the cervical cancer advocacy movement in the Caribbean,” said Trevor Hassell, president of the Healthy Caribbean Coalition.**



*Dr. Denzil Douglas, prime minister of St. Kitts & Nevis and CARICOM lead head of government for Health, HIV and Human Resources, signs the Cervical Cancer Electronic Petition.*

# ETHIOPIA

## MAKING NCDs A NATIONAL HEALTH PRIORITY

### Grantee: Mathiws Wondu-YeEthiopia Cancer Society (MWECS) mathycancersoc.org

**Description:** The MWECS was established in 2004 as a nonprofit organization dedicated to the national control of cancer. The organization ultimately aspires to support all cancer patients, but for now its focus is on pediatric cancer.

**Cancer in Ethiopia:** New cancer cases in 2008 totaled 51,700, and cancer deaths were 40,600 (GLOBALCAN 2008).

Thanks to joint efforts by the MWECS and other nonprofit organizations, the government of Ethiopia has confirmed that NCDs are one of the country's top three health priorities (a few years ago, they were not even in the top 20), together with maternal health and strengthening the "health development army." As a result, the Federal Ministry of Health is working to establish an NCD Unit with a minimum of five professional staff. National NCD activities will be chaired and managed by the minister of health.

#### The MWECS set two goals for itself with the American Cancer Society Meet the Targets grant:

- Create an environment conducive to the implementation of the UN Political Declaration on NCDs by engaging members of parliament, policy professionals, and journalists in that process.
- Adopt a national program to prevent and control cancer.

The MWECS is also engaged in a media blitz to educate the population on the threat of NCDs. It is preparing to publish articles in two major national newspapers, and its general manager, Wondu Bekele, has gone on a media tour, appearing on local radio and TV. He gave a live two-hour radio interview where he answered questions sent in by the public about cancer and NCDs. Bekele also appeared on Diaspora TV, broadcast from Washington, DC, and engaged the public about what needs to be done to stop the unprecedented growth of NCDs.



Second General Assembly of the founding members of the Ethiopian NCD Consortium.

The MWECS has greatly stepped up its collaborations as a way of pushing NCDs higher on the agenda of civil society.

- It is participating in code of conduct and good practice committees in the Consortium of Christian Relief & Development Associations, the largest gathering of civil society organizations in the country, as a way of advancing the issue of NCDs.
- It is one of the founding members of the Executive Committee of the Ethiopian Civil Society Health Forum, consisting of more than 60 health NGOs, and aiming to increase its membership to more than 250. In October, the MWECS was invited by the Federal Ministry of Health to participate in the annual health sector review meeting in Mekelle, Ethiopia, and used that opportunity to highlight NCDs.
- It is strengthening the new Consortium of Ethiopian NCD Associations and trying to form a Consortium of Ethiopian Cancer Associations.

Regarding the second goal, the required institutional arrangement for drafting a national cancer program has been created.

The work of the MWECS is moving Ethiopia closer to the WHO Global Monitoring Framework goal of a 25 percent reduction in risk of premature mortality from cancer.

"Although we can't change all NCD-related problems here in Ethiopia in a short period of time, thanks to the Meet the Targets grant, we are able to change something today," said Wondu Bekele, general manager of the MWECS.

### Losing My Son Inspired Me to Dedicate My Life to Fighting Cancer



Wondu Bekele with his wife and son during Mathiws's last days of treatment.

Eight years ago, I was living a comfortable life along with my spouse and three children. I was working in a senior position with the 78 percent government-owned National Tobacco Enterprise, and was being paid a salary that would be considered high by the country's standards.

My family and I had no problems to speak of. This changed when my youngest child, Mathiws, fell ill repeatedly. His sickness was identified as ALL-1 type leukemia. Despite the efforts of our family and others, Mathiws died at the tender age of four.

His illness and death changed my life, as I experienced some of the challenges other families with ailing children like Mathiws were going through. This led me to establish the Mathiws Wondu-YeEthiopia Cancer Society, an organization that extends a helping hand to cancer patients in difficult socioeconomic circumstances. It also led me to resign my job at the tobacco company. That decision was not easy, but I had

to choose the war on cancer because it killed my beloved son and threatens to kill millions of our people. I saw that I had a role to play in averting this catastrophe.

In Ethiopia, cancer is known as a deadly disease without a cure. Because of this, cancer patients and their families believe that they are doomed and have no future. Because of limited financial capabilities, the Ethiopian government has not been able to give proper attention to diseases like cancer.

Despite this, the advice I would give to someone diagnosed with the disease is that most cancers can be prevented and even cured if diagnosed early, and the quality of life of patients can be improved even if the disease is diagnosed in an advanced stage.

—Wondu Bekele  
General Manager  
Mathiws Wondu-YeEthiopia  
Cancer Society

# INDIA

## MAKING A CASE FOR NCD PREVENTION AND CONTROL IN DEVELOPMENT AGENDA

### Grantee: Health-Related Information Dissemination Amongst Youth (HRIDAY) hriday-shan.org

**Description:** Since 1999, HRIDAY has been a registered society of scientists, health professionals, and lawyers engaged in research, awareness, advocacy, capacity building, and legal guidance related to NCD prevention and control.



*Students' Parliament on Health organized by HRIDAY.*

### Grantee: HealthBridge healthbridge.ca

**Description:** Since 2001, HealthBridge has worked in tobacco control policy and advocacy to encourage the government of India to enact strong and comprehensive tobacco control laws and ratify the Framework Convention on Tobacco Control. It also works with the government and civil society to prevent and control NCDs.

**NCDs in India:** NCDs accounted for 53 percent of all deaths in the country in 2008 (World Health Organization). Twelve percent of male deaths are estimated to be tobacco-related, and 26.6 percent of youth are exposed to secondhand smoke in the home (*The Tobacco Atlas Fourth Edition*, a publication of the American Cancer Society and the World Lung Foundation).

In 2005, NCDs in India cost an estimated \$9 billion (USD), with approximately two million people experiencing “catastrophic” spending as a result of cardiovascular disease and cancer, according to the World Health Organization’s Global Status Report on NCDs, 2010. Yet India has yet to recognize the need to include NCD prevention and control in its national development plans or to address the various NCD risk factors in any concerted manner.

Through their American Cancer Society Meet the Targets grants, HRIDAY and HealthBridge are engaging in strategic advocacy efforts with parliamentarians and policy-makers, urging them to assign a higher priority to NCD prevention and control with clear, time-bound targets. They are doing this through these activities:

- Advocating NCD-development linkages to stakeholders (including government ministries, economists, academics, social activists and NGOs) and publishing a white paper on those linkages
- Engaging civil society
- Collating the existing evidence on NCD prevention and control
- Mobilizing media coverage

In May 2013, HRIDAY and HealthBridge organized a multisectoral consultation about NCD prevention and control and India’s development programs that attracted a broad range of stakeholders. It produced 17 recommendations on incorporating NCDs into the country’s development plans, which were presented to the Ministry of Health and Family Welfare.

### Examples of the recommendations include the following:

- Policy interventions such as raising tobacco taxes; a ban on tobacco and alcohol promotions; regulation of advertising of foods with high sugar, salt, and trans-fat content; salt reduction in processed food; and urban policies that promote physical activity and improved access to affordable, healthy food
- Mobilization of NGOs working on a broad range of issues related to NCDs and development to influence and support relevant government ministries and agencies to move toward the common goal of implementing policies and programs that reduce the NCD burden and contribute to national development

HRIDAY and HealthBridge are following up to ensure that the recommendations are considered in the government’s agenda for addressing NCD prevention and control.

In addition, HRIDAY has worked with the Ministry of Health and Family Welfare to enhance the government’s response to NCD prevention and control, particularly in strengthening government-NGO partnerships, and persuading senior government officials and several members of Parliament to focus on NCDs.

HRIDAY organized a Students’ Parliament on Health, where nearly 1,000 students debated policy interventions needed to reduce the NCD burden, and approached students in schools and colleges about opportunities to address key risk factors like tobacco, alcohol, unhealthy diets, and physical inactivity.

HRIDAY plans to organize a high-level meeting on NCDs in which governmental and nongovernmental partners will deliberate on a plan of action to meet India’s national NCD targets before the grant ends in 2014.

HealthBridge has conducted extensive outreach on the importance of integrating NCD prevention and control into the country’s development agenda. It has developed fact sheets on NCDs and Development, and NCDs and Poverty as advocacy tools. The fact sheets were disseminated widely through government departments, the multisectoral consultation, and other forums.

#### Highlights of the NCDs & Poverty fact sheet

- How NCDs impact poverty in terms of lost income and opportunities, treatment expenditure, underutilization of health care, and exacerbation of poverty
- How the four major NCD risk factors impact poverty

#### Highlights of the NCDs & Development fact sheet

- Socioeconomic determinants of NCDs (industrialization, poverty, globalization)
- Impact of NCDs on national development in terms of household economy, children’s education and nutrition, health systems, and productivity

In 2014, HealthBridge will carry out other tactics for communicating NCD-development linkages, such as a white paper and outreach to mass media and NGO outlets.

“The American Cancer Society grant has helped to kick-start work exploring the linkages between NCDs and development, a hitherto unexplored terrain in India,” said Shoba John, program director at HealthBridge. “It has stimulated dialogue across diverse agencies and sectors to leverage the country’s extensive development programs for prevention and control of NCDs. The task ahead is to nurture and channel the emerging interest into concrete action across sectors.”

Monika Arora, PhD, senior director of HRIDAY, said, “This grant has provided an opportunity to engage with policy-makers on issues related to introducing regulatory policies and legislations with regard to NCD prevention and control. It has also provided a platform to HRIDAY to prioritize multi-stakeholder engagement for augmenting NCD control in India through interaction with different government departments and civil society groups.”

The work of HRIDAY and HealthBridge supports the WHO Global Monitoring Framework on NCDs, with the goal of reducing deaths from NCDs by 25 percent by 2025, and the recognition that NCD prevention and control is a necessary part of the post-2015 development framework.

# JORDAN

## CREATING A ROAD MAP FOR TOBACCO CONTROL

### Grantee: King Hussein Cancer Foundation (KHCF) and King Hussein Cancer Center (KHCC) khcf.jo and khcfusa.org

**Description:** The KHCF is a nongovernmental nonprofit institution founded in 1997 by a royal decree to combat cancer in Jordan and the Middle East. The foundation's medical arm, the King Hussein Cancer Center, is one of the most prominent comprehensive cancer centers in the Middle East, treating both adult and pediatric cancer patients.

**Cancer in Jordan:** Per capita consumption of cigarettes in Jordan is 1,372 cigarettes per year, by far the highest of the nine countries that received American Cancer Society Meet the Targets grants in 2012 (*The Tobacco Atlas Fourth Edition*, a publication of the American Cancer Society and the World Lung Foundation).

With the support of the American Cancer Society Meet the Targets grant, the KHCF and KHCC sought to reaffirm political commitment to tobacco control, to strengthen engagement of stakeholders, and to provide a roadmap for taking tobacco control in Jordan to the next level. Those stakeholders include governmental, nongovernmental, and academic sectors.

#### The project encompasses three phases:

- A first-ever comprehensive report, Status Quo of Tobacco Control in Jordan, assessing the situation of tobacco control in Jordan
- A convening of stakeholders to set priorities and recommend actions for a strengthened response, all of whom received the report
- A consultation of national stakeholders and international experts to evaluate the quality of the proposed plan

#### The achievements to date include the following:

- The report was prepared after extensive consultation with stakeholders. It is a detailed review of international treaties and guidelines to compile requirements for a comprehensive tobacco control program and to compile a survey of public opinion and knowledge about existing tobacco control legislation. This marks the first time that a comprehensive report on tobacco control has been published in Jordan. The KHCF is following up with the participants to sustain this outstanding engagement. The final report (in Arabic) will be published at the end of this grant, followed by a version in English.



*National workshop to launch the Status Quo of Tobacco Control in Jordan report.*

- A national workshop attended by 58 participants from 43 organizations from the governmental, nongovernmental, and academic sectors was held in June 2013 in Amman to launch the report and identify national tobacco control priorities.

#### The report includes these major findings:

- In a survey conducted in the capital city of Amman, the majority of people stressed the need for strengthened tobacco control efforts by the government and more coverage by the media.
- Despite imposing taxes and duties on tobacco products and industry, such revenues are not directed (in whole or in part) toward tobacco control programs.
- Jordanian legislation does not reflect the fact that a fatwa (religious verdict) bans smoking.
- A high level of support exists for smoking bans in hospitals, health centers, schools, universities, public buildings, public transportation, and shopping centers. The level of support for smoking bans in restaurants is lower, and much lower still for cafes.
- The public is ready to ask smokers to abide by a smoking ban. For those unwilling to do so, the top two reasons are a feeling that this is not the responsibility of individuals, and embarrassment. If asked to do so, however, most smokers are willing to refrain from smoking.

In earlier phases, the KHCF and KHCC achieved buy-in and ownership of the project from the Ministry of Health, the Ministry of Interior, the Greater Amman Municipality, the Jordanian Tobacco Control Alliance, Jordan Against Indoor Smoking, and Petra University. The KHCF and KHCC continue to establish a presence in traditional and social media, which helps in their outreach to youth.

The work of the KHCF and KHCC supports the global target of reducing the prevalence of tobacco use by 30 percent by 2025, which is part of the WHO Global Monitoring Framework on NCDs.

"To stop the serial killer that is cancer in its tracks, we need to cut its lifeline – or at least the one-third of its lifeline that we can control, and this includes effective tobacco control," said HRH Princess Dina Mired, director general of the KHCF. "In Jordan, the fight against tobacco is gaining momentum; we've begun setting the groundwork and mobilizing stakeholders to create a comprehensive roadmap for a tobacco-free future for generations to come."

### Having a Child with Cancer Brings 'Lots of Tears'



*HRH Princess Dina Mired*

Sixteen years ago, just two days shy of our son Rakan's second birthday, my husband and I were told that he had leukemia. Rather than watching our toddler blow out his birthday candles, we found ourselves watching the doctors inject an IV drip into his hand. Rather than the joy of celebration, we found ourselves facing a cancer diagnosis and the multitude of emotions that comes with it: shock that this was happening to our family; sorrow at everything our son would have to go through. And, stronger than all of the other emotions, we felt fear, the paralyzing fear that we could lose what is most precious.

All I can remember of those first few weeks is a flurry of activity and lots of information; doctors and nurses came in and out with statistics and numbers, protocols that would be used, possible outcomes, likely side effects, the weekly procedures. And tears – lots and lots of tears.

Amid the fog of sadness and the unbearable worry in our isolated room, we heard a

knock on the door. A little blond boy came in with his mother. Apparently he had been in treatment for one year. And that was that. Like a burst of sunshine on a foggy, rainy day, hope was born. This little boy, just standing there, flesh and blood, without saying a single word, made hope real, made hope possible. Just like that we could suddenly believe that after the bombardment of needles, toxic medicines, and surgeries, our little boy might recover every single strand of hair, might regain the color of his cheeks, might recapture his beautiful smile.

The sight of a survivor was all we needed to get us through the battle ahead. Now, as I watch my little boy make his first tentative steps into manhood, I can thankfully say that I am the mother of a cancer survivor, and I work to ensure that other mothers are able to say those very same words.

*–HRH Princess Dina Mired  
Director General  
King Hussein Cancer Foundation*

# KENYA

## INTEGRATING CANCER AND NCD EDUCATION AND SCREENING WITH HIV SERVICES

### Grantee: Kenya Cancer Association (KENCASA) kenyacancer.org

**Description:** Recognizing that cancer was emerging as a leading cause of death, KENCASA was established in Kenya in 1995. The voluntary nonprofit organization's core mandate is to raise public awareness about cancer, as well as mobilize stakeholders to prioritize the disease.

**Cancer in Kenya:** Kenya has a higher rate of age-standardized mortality rates per 100,000 population for noncommunicable (681) than communicable (624) diseases, according to WHO's 2013 World Health Statistics. In 2008, more than 60 Kenyans died of cancer every day, with breast and cervical cancer being the two leading forms of cancer in the country (GLOBOCAN 2008).

The goal of the American Cancer Society Meet the Targets grant is to develop an evidence-based strategy to integrate cancer and other NCD education and screening into the extensive network of HIV counseling and testing centers that already exist in Kenya, in order to provide their clients with access to education and screening for breast cancer, cervical cancer, diabetes, and hypertension.

#### The achievements to date include the following:

- Identifying 150 HIV counseling and testing centers in Nairobi and asking them to partner with KENCASA and submit a proposal to the government for collecting data from these centers. Once that is approved, KENCASA can collect the data it needs to create the strategy.
- Organizing a series of stakeholder events to pave the way for a national NCD advocacy strategy, and hoping that this will lead to NCDs being included in the post-2015 development goals. Stakeholders include the Ministry of Health, the Kenya Medical Research Institute, the World Health Organization, patient support groups, and other ministries.
- Organizing NCD outreach to schools, communities, and media, including a school exhibition featuring art with a cancer theme. When KENCASA approached the private schools about raising awareness, they chose art as the medium to share the message. The public had the opportunity to purchase the art, with the proceeds going toward health insurance for children with cancer.
- Supporting full-time staff in the KENCASA office, without whom all of these activities would not have happened

KENCASA's activities are in sync with the first objective of the WHO Global Monitoring Framework on NCDs, which is to raise the priority accorded to the prevention and control of NCDs in global, regional, and national agendas and internationally agreed goals, through strengthened international cooperation and advocacy.

"The American Cancer Society grant has enabled us to reach out to other stakeholders, bring them in one room, and speak in one voice," said Anne Korir, chairperson of the KENCASA Executive Committee. "We are confident that this team will deliver a platform for national advocacy on NCDs."



*Raising cancer awareness in schools through an art exhibition.*

### Diagnosed with Cancer while Pregnant with Second Child



*Katheke Mbithi with her husband Tony and daughters Mutanu and Mutheu*

Flashback to 2005. I am 22 weeks pregnant with my second child and have a daughter who is 2½ years old. I find a lump in my left breast and ask my doctor about it. I find I have a high chance of malignancy. It cannot be, I tell him. There is no cancer in my family!

Three days later, my husband and I go see a breast surgeon. As soon as we sit down, he draws a picture of a breast and how he is going to cut mine! He has clearly ignored the fact that I am pregnant. "We need to do the surgery ASAP," he says. At 11:15 a.m. on October 13, 2005, my baby is delivered through C-section. As my ob-gyn is working on me, another team of doctors is removing a sample for biopsy. Two days later, it is confirmed that I have breast cancer.

They say when it rains, it pours. My health provider refuses to cover my cancer treatment. It is only through the grace of God that we manage to pay for six rounds of chemotherapy and 30 sessions of radiotherapy. As I was going through treatment, my dad had a stroke. Honestly, what is happening? Fast forward to 2007. During a routine checkup,

my doctor finds cysts in my ovaries, and he recommends a full abdominal hysterectomy and oophorectomy. I think God wants me back in pieces.

Have you noticed that I have not mentioned counseling once? It's because we didn't get any.

Kenya is known for her long-distance runners, and I decide I am going to become an athlete for cancer advocacy and awareness. I volunteer to do hospital and home visits for newly diagnosed patients. I go to schools, churches, and workplaces and talk to them. It is in this regard that I become a member of the Kenya Cancer Association (KENCASA).

I have learned to give a little infusion of courage and joy to newly diagnosed patients. I tell women their femininity is as much in their minds as their bodies. Breasts do not make a woman; they just enhance womanhood.

*—Katheke Mbithi  
Secretary of KENCASA*

# MEXICO

EMPOWERING CITIZENS TO ENSURE ACCESS TO NCD SERVICES

## Grantee: Fundación Cim\*ab cimab.org

**Description:** This nonprofit organization was founded in 2002 by a group of breast cancer survivors with the goal of attacking the problem of breast cancer through educational campaigns on detection.

**Cancer in Mexico:** In 2008, there were 65,700 new cases of cancer among women, and 39,400 women died of the disease. Breast cancer is the leading type of cancer among women (GLOBOCAN 2008).



*Patient Empowerment course in La Paz.*

In Mexico, NCDs account for 70 percent of deaths. That number is expected to increase to 80 percent by 2030, the result of an epidemiological transition, an aging population, obesity, and the growing prevalence of tobacco consumption (National Health Program 2007-2012, Ministry of Health Mexico).

### Cim\*ab has five main goals under the American Cancer Society Meet the Targets grant:

- Work in coalition with other cancer NGOs to establish a Citizen Observatory to verify access and quality of health services.
- Train volunteers and survivors about health rights in breast and other cancer control programs so they can inform and empower others.
- Create and implement an advocacy strategy that includes media, other NGOs, and survivors.
- Nurture a close relationship with health official and legislators.
- Present President Enrique Peña Nieto with a document explaining the importance of NCDs and risk factors.

### The achievements to date include the following:

- Creating a Citizen Observatory to verify that health centers are meeting the standard of care set in a new official standard on breast cancer patients and health services for early detection, diagnosis, care, and counseling
- Training 331 people in 10 cities in “patient empowerment” so that participants understand their rights, obligations, legal framework, and strategies for being engaged patients
- Sending the NCD document to President Enrique Peña Nieto and to a Health Committee of the House of Representatives and Senators. As a result, the administration has made the fight against obesity, diabetes, and chronic diseases in general a priority.
- Founding and launching Mexico SaludHable, a coalition of 118 foundations led by a smaller group of 10 people who represent cancer, diabetes, obesity, malnutrition, tobacco, and mental and cardiovascular disease, in order to resolve lags, inequities, and resource constraints that prevent people from accessing health services
- Supporting Contrapeso, a coalition of 40 NGOs, including Cim\*ab, that is advocating for a two percent tax on sugary drinks. The tax is being considered by the Senate and House of Representatives.

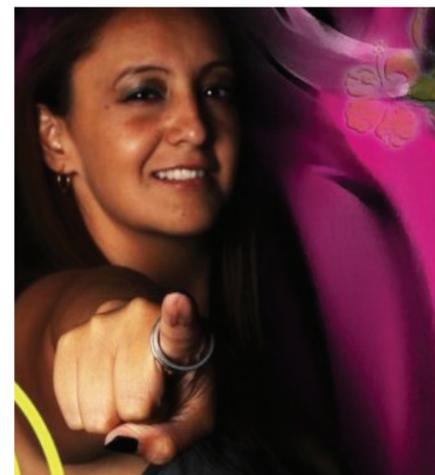
Cim\*ab’s program corresponds to the WHO Global Monitoring Framework on NCDs, which calls for strengthening national capacity, leadership, governance, multisectoral action, and partnerships.

“Today, we have patients better informed who fight for their rights, as well as better access to services for breast cancer control,” said Lorena Montserrat Granados Ruiz of Cim\*ab. “We know we have a long way to go but are confident that our advocacy team will fight daily for our patients.”



*Patient Empowerment course in Monterrey.*

## Stricken with Breast Cancer



*Lili Benítez*

I am Lili, a woman of 22 years. It all started a few years ago when I detected a small lump in my left breast. I had a biopsy, and the results showed it was a tumor. I had it removed and thought everything would return to normal.

I went to see the doctor who had been treating me. His face showed concern. It was in situ cancer, stage 0. I had to have a lumpectomy. I went into shock, allowing myself to absorb what he was telling me. My mom was next to me in tears. Thank God it was a great surgery.

Today, my treatment involves taking one pill a day for five years, and I’ve have had

few side effects. I’ve learned a lot. A lot of people were surprised that this disease could happen to someone my age, and my experience has motivated young women and ladies to understand that breast cancer does not discriminate on the basis of age.

For me, it is clear how important it is to encourage others because early detection can make a difference. There is always an easy way out when we take care of our bodies, valuing every moment.

—Lili Benítez  
Coordinator of Strategic Alliances,  
Cim\*ab

# PHILIPPINES

ENCOURAGING GOVERNMENT TO OFFER CANCER SCREENING PROGRAMS

**Grantee:** ICANSERVE Foundation Inc.  
icanservefoundation.org

**Description:** ICANSERVE was founded in 1999 by four breast cancer survivors who saw the need to provide information and support for women who were newly diagnosed, in treatment, or in remission. In 2008, ICANSERVE refined its mission to focus on promoting early breast cancer detection.

**Cancer in the Philippines:** Breast cancer is the leading cancer in the Philippines (GLOBOCAN 2008).

Due to meager resources, the government of the Philippines has never initiated a long-term screening program for any cancer. ICANSERVE is working to convince the Department of Health to mandate that all cities in the country provide breast and cervical cancer screening programs for the poor. The foundation also is attempting to convince the League of Cities, an association of city mayors, to make these programs permanent. Support of the mayors is crucial for the successful implementation of the screening programs. As the Health Department has decentralized its functions to local governments, the mayors have the final say in the commitment made toward these programs.



*Cecilia Llave, MD, program director of the Cervical Prevention Network, answers questions about the prevention and treatment for cervical cancer.*

**ICANSERVE has three goals, through its American Cancer Society Meet the Targets grant:**

- Present the League of Mayors with information on the importance of institutionalizing breast and cervical cancer screening in their cities, and convince them to adopt the twin program.
- Meet with the Department of Health in order to advocate for making breast and cervical cancer screening permanent.
- Convince the Department of Health to include early breast and cervical cancer detection information in its NCD campaign materials.

**The achievements to date include the following:**

- An NCD consultant has been hired to work inside the Department of Health in an effort to gain support for cancer screenings.
- A high-profile joint breast and cervical cancer screening event was held in October 2013 to show people what such an event looks like and that it is possible.
- The grant has helped ICANSERVE advocate for the Philippine Health Insurance Corporation's new plan to include cervical cancer. The foundation is working on collaborating with PhilHealth for a prevention program.
- ICANSERVE is exploring outreach through the Philippine Cancer Society to better promote cancer screening.



*Pink Positive Forum and Free Clinic, organized by ICANSERVE to raise breast cancer awareness.*

ICANSERVE's activity under this grant supports the commitment by the country's Department of Health to the United Nations of an annual reduction in NCDS of 2 percent, which links to the global NCD targets.

Kara Magsanoc-Alikpala, the founder of ICANSERVE, once asked an oncologist who had embarked on an early breast cancer detection program and failed if she still thought such a program possible. The doctor replied, "As long as there is a champion who won't give up, it is possible." That is the spirit ICANSERVE hopes to bring to this effort.

## Two-time Breast Cancer Survivor Now Helping Others



*Leilani Eusebio*

I was a breast cancer survivor twice. I was first diagnosed in 2004 with stage 2A breast cancer on my right breast. I was 39 and knew nothing about breast cancer. It was such a blessing when a friend gave me the ICANSERVE book, which featured stories of survivors and a directory of support groups.

In an instant I felt I was ready for the battle because the book equipped me with so much information. I called their hotline, and Kara Alikpala answered. Hearing her cheerful and encouraging voice made it easier for me to face my challenges.

I had a lumpectomy, six cycles of chemo, and 33 days of radiation. After my treatment in 2005, I became a volunteer for ICANSERVE because I felt very strongly that women in the Philippines need to be informed about early detection.

In 2010, I was diagnosed with stage 1 breast cancer on my left breast. I had a lumpectomy and 33 days of radiation. No chemo. I guess I am a living example of how early detection saves lives.

In my work with ICANSERVE, meeting the poorest of the poor from the communities where we did community screenings has touched my heart because they have no knowledge about cancer. They think it's a communicable disease. That is why women are afraid to be diagnosed – because they think their families will disown them. I actually met a woman who was asked by her family to leave their home because she had breast cancer. Her story has inspired me even more to keep the fire burning for a rigorous information campaign on cancer.

*– Leilani Eusebio  
Project Manager, ICANSERVE*

# UGANDA

## DEVELOPING THE COUNTRY'S FIRST PALLIATIVE CARE POLICY

### Grantee: African Palliative Care Association (APCA) africanpalliativecare.org

**Description:** Driven by a desire to reduce pain and suffering from life-limiting and life-threatening illnesses in Africa, the APCA was founded in 2004 in Tanzania. The association's mission is to ensure that palliative care is supported by evidence, widely understood, and integrated into all health systems. The APCA has been based in Uganda since 2005, due to that country's pioneering record in palliative care, and the association has a country office in Namibia.

**Cancer in Uganda:** Approximately 80 percent of Ugandans who die of cancer experience moderate to severe pain (treatthepain.org).

The World Health Organization defines palliative care as "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual."

Due to the low rates of cancer survival in Uganda, effective palliative care is critical in ensuring quality of life to the large number of Ugandans living with and dying from the disease. Not surprisingly, the United Nations Political Declaration on Noncommunicable Diseases recognized the role of palliative care as part of the global response to NCDs. Having its own palliative care policy will provide Uganda with the opportunity to be seen as a leader in implementing these policies within its own borders and supporting similar initiatives in other countries.

The APCA has two objectives with its American Cancer Society Meet the Targets grant – to review national policies and strategies to develop an evidence brief on palliative care and to draft a palliative care policy for Uganda.

#### The achievements to date include the following:

- In 2012, the APCA completed the evidence brief and presented it to stakeholders (government, NGOs, researchers, and palliative care practitioners), along with other policy and strategy documents to help guide the process of developing a new national palliative care policy in Uganda.
- The association helped convince the Ministry of Health of the need for a national palliative health care policy. It expects the initial draft to be completed before the end of 2013.
- In August 2013, a ministerial statement was released that reiterated the importance of palliative care and announced that the ministry had initiated the process of developing a palliative care policy. The APCA is helping the Ministry of Health draft the policy by providing all of the relevant documents on palliative care.
- A national stakeholders meeting is being planned for 2013, at which a draft policy will be reviewed and input will be obtained from all four regions of the country.

"With the grant from the American Cancer Society, the APCA has been able to convince the policy-makers and palliative care stakeholders in Uganda on the need for a stand-alone national palliative care policy," said Fatia Kiyange, director of programs at the APCA.

The association's agenda helps achieve the goals of the United Nations Political Declaration on NCDs and the WHO Global Monitoring Framework on NCDs, both of which repeatedly refer to the importance of palliative care for people suffering from NCDs.



*Sarah Achieng Opendi, minister of state for Primary Health Care, Ministry of Health of Uganda, speaking at the APCA/HPCA Palliative Care Conference in September 2013 about the need to complete the development of a national palliative care policy.*

### The Cancer Struggle of My Life Mentor



*Fatia Kiyange*

Sarah, my great-aunt, was only 49 when she passed away from cancer. She was the closest person to me, and my life mentor from childhood.

All through her illness, there were things that helped her in the coping process, including a strong faith, trust, family support, and a committed team of health professionals who were not just health workers but also friends. I also learned that cancer is a complex condition to manage, and is very expensive, yet doesn't get the attention it deserves on national and international levels. Ensuring quality of life for those living with the disease should be a priority.

As a palliative care professional, working initially with Hospice Africa Uganda and now the African Palliative Care Association (APCA), I accompanied my aunt through her cancer journey and ensured that she received quality palliative care services.

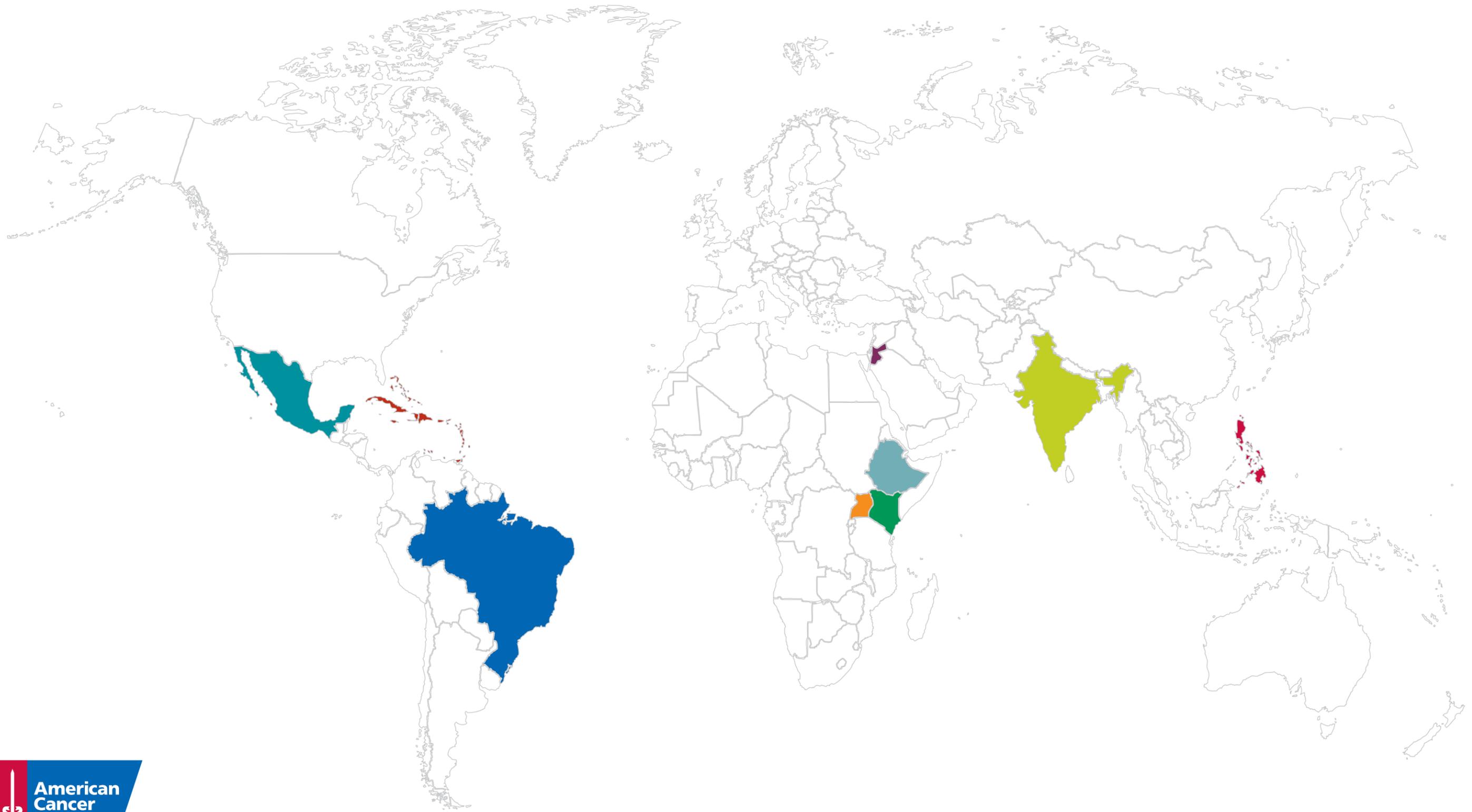
I was already working with the APCA when the toughest times came, and my palliative care experience helped my family and me know what to do at the various stages of the cancer journey. My

great-aunt had confidence in me and valued my recommendations – physical, psychosocial, and spiritual. I received great support from the leadership and staff of the APCA, including time off to provide care.

One of my goals now is advocating for and promoting the integration of palliative care into hospital settings to ensure that clinicians know what to do when the patient is approaching the end of life. I also am an advocate for the availability of and access to cancer treatments in developing countries, such as Uganda, at affordable costs.

Out of my experience, I am actively advocating for and supporting the implementation of approaches that promote the rights of palliative care patients, as well as ensuring that patients and their families get access to legal support when there is a need.

*– Fatia Kiyange  
Director of Programs  
African Palliative Care Association*





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