



THE ISDB-IAEA PARTNERSHIP INITIATIVE FOR BREAST AND CERVICAL CANCER CONTROL IN LOW- AND MIDDLE-INCOME COUNTRIES



Foreword from IAEA

I am proud of our lifesaving partnership with the IsDB to expand comprehensive cancer care for women affected by cervical and breast cancer in low- and middle-income countries. The IAEA is committed to working closely with the IsDB to deliver the best possible assistance to potentially millions of cancer patients.

Millions of women in developing countries suffer and die from cancers that would often be treatable if they had access to modern cancer care. All of us have a responsibility to help ensure that no woman dies from a disease that could have been prevented or treated, and that patients recover to live long, healthy and productive lives.

The IAEA and the IsDB will work together to expand breast and cervical cancer control programmes in countries which are Member States of both organisations, providing equipment, training and education and strengthening quality assurance in the use of nuclear and radiation medicine.

Our common goal is to ensure that every woman has a fair chance against cancer.

Thank you.

Rafael Mariano Grossi, Director General, International Atomic Energy Agency

A handwritten signature in black ink, appearing to read 'Rafael Grossi', with a long, sweeping horizontal line extending to the right and curving downwards at the end.

Foreword from IsDB

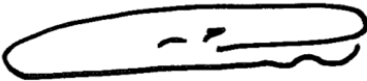
Our Partnership for Breast and Cervical Cancer Control in Low- and Middle-Income Countries, is something that I am immensely proud of, and hope to see great things emerge from.

The Initiative aims to achieve improved maternal and reproductive health for women in LMICs by expanding and scaling-up Member States' capacities for the effective, safe and sustainable delivery of cancer control services.

By joining forces, IsDB and the IAEA, with their partners, are providing a concrete platform, delivering tangible results to comprehensively address cancer prevention, screening, diagnostics and treatment services for women in common Member Countries. We hope that this will contribute to saving over 1 million women's lives from breast cancer and 3.7 million women's lives from cervical cancer over the next decade.

Thank you.

H.E. Dr Bandar Hajjar, President of the Islamic Development Bank





BREAST CANCER

NEW CASES: 2 MILLION (2018)



DEATHS: 630,000 (2018)



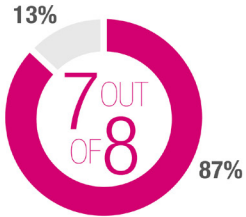
□ Global ■ Developing countries

67% OCCUR IN DEVELOPING COUNTRIES



ONE WOMAN DIES EVERY 50 SECONDS

Breast cancer patients recommended for radiotherapy



Sources: IARC 2014; IARC GLOBOCAN 2018; Lancet 2015; IAEA 2010



CERVICAL CANCER

NEW CASES: 570,000 (2018)



DEATHS: 310,000 (2018)



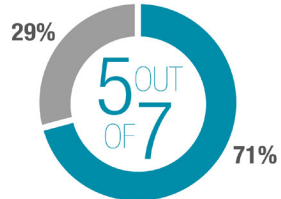
□ Global ■ Developing countries

90% OCCUR IN DEVELOPING COUNTRIES



ONE WOMAN DIES EVERY 100 SECONDS

Cervical cancer patients recommended for radiotherapy



Only radiotherapy can cure advanced cervical cancer

Sources: IARC 2014; IARC GLOBOCAN 2018; Lancet 2015; IAEA 2010



Background

Worldwide, more than 8.6 million women suffer and many die from largely preventable and treatable cancers. This situation is even more pronounced in low- and middle-income countries (LMICs), where 61% of cases and 70% of these deaths occurred.

Except for some countries in Eastern and Central Africa, where cervical cancer dominates, breast cancer is the most commonly diagnosed cancer in women worldwide. According to estimates of the International Agency of Research on Cancer (IARC), in 2018, over 2 million new breast cancer cases occurred in women. In 2018, over 600,000 women died from the disease – that's the equivalent of one woman dying every minute. Breast cancer is the leading cause of cancer death among women in LMICs and the second leading cause of cancer deaths (following lung cancer) among women in developed countries.

For cervical cancer (caused by the human papillomavirus, HPV), a further 570,000 women were diagnosed and 311,000 died in 2018 – the equivalent of one woman dying every hundred seconds. With almost 90% of new cervical cancer cases and 92% of related deaths occurring in LMICs, the situation is reaching epidemic proportions. Most of these deaths could be avoided if prevention measures, proper cancer screening and quality treatment were in place.

The striking need to address women's cancers as a matter of priority and to scale up effective diagnosis and treatment services is pressing. Significant investments involving a broad range of partners in comprehensive cancer control are required and crucial to improving the quality of life of women affected by cancer while at the same time strengthening national health systems.

The IAEA, the World Health Organizations and other international organizations have – under their respective mandates – been working for decades to support Member States in improving cancer control and expand access to screening and effective, safe and sustainable cancer diagnostics and treatment services. This work needs to be expanded.

To effectively address the challenge at hand, the IsDB and the IAEA developed the Partnership Initiative for Breast and Cervical Cancer Control in Low- and Middle-Income Countries, aiming to:

- Contribute to the global effort to save millions of women's lives from breast and cervical cancer by giving them a fair chance through increased access to prevention, diagnostic and treatment, in cooperation with other United Nations partners;
- Provide a tangible contribution towards the United Nation's Sustainable Development Goals (SDGs) 3, 5, 9 and 17 by working with other United Nations partners to improve gender equality and basic human rights, access to health services and improved sexual and reproductive health and rights of women as well as encouraging innovation, increase research and development spending.



The Initiative

Utilizing a comprehensive and needs-based approach, the IsDB and the IAEA, in conjunction with Member States, aim to strengthen national capacities in cancer control addressing the needs of women and adolescent girls affected by breast and cervical cancers through:

- Strengthened national health systems in the areas of breast and cervical cancer prevention, – in cooperation with other partners in the United Nations system – early detection, diagnosis and treatment by expanding and scaling-up capacities for effective, efficient, safe, quality and sustainable cancer services.
- Enhanced access to effective, quality and affordable cancer services for women in need.

The following common Member Countries can benefit from the first phase of the Initiative: Albania, Azerbaijan, Bangladesh, Benin, Burkina Faso, Code d'Ivoire, Djibouti, Iraq, Kyrgyzstan, Libya, Malaysia, Morocco, Niger, Senegal, Sierra Leone, Tajikistan and Uzbekistan.



There are four key pillars to the work we want to do:

1 Improving Cancer Care infrastructure

The development of health infrastructure is an economic cornerstone and a prerequisite for addressing the need for delivering cancer care in a sustainable manner. Demographic growth and urbanization increase the pressure on national health infrastructure requirements. Infrastructure project financing has traditionally been a key strength of IsDB and the Bank has gone further than other Multilateral Development Banks in prioritizing investments in this area. Member Countries' stakeholders have repeatedly and almost unanimously evoked this need for expanded cancer care infrastructure funding, inviting IsDB to continue contributing in the future.

The expected outcome is upgrading of cancer care facilities through building/upgrading infrastructure in support of the other three pillars of the Partnership Initiative.

2 Prevention and Diagnosis

Early diagnosis and identification of disease location are of pivotal importance in the management of patients with cervical and breast cancer. It allows the selection of the appropriate treatment and the evaluation of the response to the therapy. It is also an indispensable tool for follow-up and detection of relapse. This forms a core part of the IAEA's work in cancer control.

Early detection, before serious health consequences arise, will be undertaken under this initiative, with the aim to increase screening coverage, in particular for cervical cancer, and to enable appropriate management of women who have screened positive. The effective delivery of HPV Vaccination schemes and expansion of national breast and cervical cancer awareness raising programmes will be supported with the involvement of additional United Nations partners.

3 Cancer Treatment

- This pillar of the Initiative is aimed at directly decreasing mortality from both cervical and breast cancers and increasing the capacity of existing health facilities and providers offering cancer care. The IAEA will, through the activities of its technical cooperation projects included in the proposal, support common Member States in:
- Providing capacity building in radiation medicine, in particular in diagnostic imaging and radiotherapy practices for relevant medical professions;
- Increasing the numbers and types of adequate diagnostic and treatment equipment.

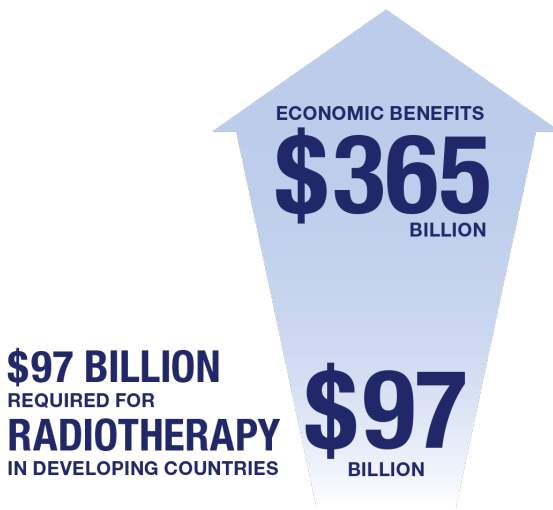
4 Quality Assurance / Quality Management

Radiation technologies that are used to diagnose and treat cancer are required to be of high quality for safe and effective clinical application. Optimization of radiation doses reduces the likelihood of accidents and errors. The IAEA promotes quality improvement for cancer management worldwide, and the Initiative will support projects in this area.

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Increasing Resources

Private investment into global health initiatives is a key factor in ensuring sustainability of these endeavours. The IsDB and the IAEA recognize the importance of increasing support for projects across the globe, which requires seeking additional funding, technical expertise and strategic partnership. In order to actively engage the global community and key stakeholders including governments, multilateral banks, philanthropic foundations and the private sector, the IsDB is leading a process to tap into additional sources of funding under a new approach to be developed by the Parties.



The economic benefits of investing in radiotherapy are substantial. Investing \$97 billion in developing countries between 2015 and 2035 would produce benefits of \$365 billion, enabling the treatment of many cancer cases, saving lives, and providing positive economic benefits.
Source: Lancet 2015



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