

Meeting report

WHO Global Breast Cancer Initiative
First informal partners' forum

21 March 2024

Theme: Leveraging on partnerships on women's health for the implementation of the
Global Breast Cancer Initiative



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Executive summary

An estimated 20 million cases and 9.7 million deaths attributed to cancer were recorded in 2022,¹ with 70% of cancer mortality occurring in low- and middle-income countries (LMICs). Governments have committed themselves and adopted the UN sustainable development goals,² the World Health Assembly 2017 resolution WHA70.12 Cancer prevention and control in the context of an integrated approach³ and the WHO Global action plan on noncommunicable diseases⁴ as guiding frameworks for accelerating action against cancer. Building sustainable cost-effective programmes that promote universal access to comprehensive care and developing effective collaborations and partnerships are identified as key strategies to help countries achieve several objectives in addressing cancer.

Breast cancer is the leading type of cancer in most countries. The World Health Organization (WHO) launched the [Global Breast Cancer Initiative](#) (GBCI) in 2021 and its [implementation framework](#) in 2023 to provide guidance to countries on how to strengthen their health systems for its detection, diagnosis, and treatment. Therefore, in achieving the shared vision of the GBCI, effective partnerships and collaborations with country ownership and governance for impact and sustainability remain crucial.

On 21 March 2024, the WHO GBCI held its inaugural informal partners' forum, a virtual meeting attended by 68 participants across 32 organizations where the GBCI implementation framework was disseminated and ongoing work across regions and countries shared. Henceforth, bilateral meetings will be held with a goal towards identifying and developing key areas of collaboration that will support the implementation of breast cancer programmes in Member States towards reducing breast cancer deaths by 2.5% every year to avert 2.5 million deaths in the next 20 years.

¹ Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed (28 Mar 2024).

² The 17 goals | Sustainable Development, <https://sdgs.un.org/goals>. Accessed 28 Mar 2024.

³ World Health Assembly (2017) WHA70.12 Cancer Prevention and Control.

⁴ WHO (2013) Global action plan on noncommunicable diseases. World Health Organization.

Introduction

WHO convened an informal virtual strategic meeting on 21 March 2024, with partners at global, regional, and national level to disseminate the Global Breast Cancer Initiative (GBCI), update on opportunities in GBCI implementation to potential partners and provide a general understanding of the current landscape of the GBCI.

The specific objectives of the informal meeting were to:

1. Describe the status of the WHO Global Breast Cancer Initiative and its future direction with prioritization of its implementation and country impact.
2. Provide a forum for multisectoral stakeholders to recommend and propose to WHO strategic directions, interventions, and priorities for possible implementation within the framework of GBCI.
3. Align with and get feedback from partners on areas of collaboration and partnerships to advance breast cancer control at the global levels as part of women's health, rights and health equity agenda.

Meeting proceedings

The theme of this inaugural partners' dialogue meeting was "Leveraging on partnerships on women's health for the implementation of the Global Breast Cancer Initiative". The meeting hosted 68 participants, representing 32 key partner organizations which are either leading breast cancer activities across the three GBCI pillars or spearheading efforts in women's health initiatives.

The meeting began with opening remarks from Bente Mikkelsen, the Director of the Department of Noncommunicable Diseases, Rehabilitation and Disability who highlighted the political commitments in the global arena on cancer prevention and control that resulted in the launch of the Global Breast Cancer Initiative in 2021, and its implementation framework in 2023. While noting the burden of the disease and its social and economic impact, efforts to prevent and control breast cancer have been fragmented and insufficient given the scale of disparities. In this regard, she emphasized the importance of partnerships and collaborations, calling upon the participants to engage freely based on mutual trust, collaboration and building relationships for impact from the GBCI platform.

Kara Magsanoc-Alikpala, shared her journey as a survivor recognizing the need to engage people with lived experience at the forefront of efforts. Kara described her experience on receiving a breast cancer diagnosis and the inherent health systems failures that she experienced in her native country forcing her to seek treatment elsewhere. She noted the importance of support systems for patients and their families as well as the significant role that partnerships play among health professionals in multidisciplinary teams and at the doctor -patient level and how all these can transform patient experiences during the treatment journey and beyond.

Mary Nyangasi, WHO Technical Officer, Cancer programme and Lead, Global Breast Cancer Initiative, presented the status of the GBCI, informing the audience of the progress made so far, ongoing operational guidance and country support. She highlighted the persistent barriers across the three pillars especially in LMICs where 70% of mortality occurs and the social impact describing what has worked in bending the curve in high-income countries as including breast cancer included in universal health coverage packages, the presence of screening programmes, the availability of national cancer control plans, the number of public sector cancer centres, and density of mammography services. She explained WHO's role in providing leadership, country support with a focus on implementation as well as development of technical products to facilitate the GBCI implementation.

Nadya Dimitrova, Public Health Officer, International Agency for Research on Cancer (IARC) shared about the existence of IARC GBCI team established in 2023 to share information, knowledge, and updates on the latest developments regarding the ongoing relevant IARC projects and facilitate dialogue and coordination. In describing how the three GBCI pillars are monitored by IARC, she noted that though population-based cancer registries (PBCRs) are utilized to determine the stage at diagnosis for pillar 1, not all countries have PBCRs, collect and report stage at diagnosis or use the tumour node metastasis (TNM) staging. IARC supports PBCRs via the Global Initiative for Cancer Registry and promotes use of TNM and essential TNM by PBCRs. IARC also supports other initiatives such as the European Code Against Cancer and World Code Against Cancer for cancer prevention and CanScreen5 initiative on cancer screening including for breast. IARC has a learning portal with training materials and is leading several collaborative studies as well as conducting evaluation of novel technologies and tools.

May Abdel Wahab, Director for the Division of Human Health (NAHU) at the International Atomic Energy Agency (IAEA) described the ongoing IAEA NAHU projects in medical imaging – with almost 300 active projects in 124 countries in procurement support, ongoing fellowships and trainings, expert missions and the development of guidance documents for the implementation of digital imaging, quality assurance and training which includes e-learning modules through the Human Health Campus platform. IAEA also supports innovative approaches such as *Ships of Hope* which serve communities in the Amazon and has ongoing work in St Vincent including training on improving quality of radiotherapy services. She shared ongoing coordinated research projects (CRPs) – with 38 projects currently active, including in curative treatment and imaging for breast cancer and the “Rays of Hope” and Anchor Centres initiatives that holistically address legal and regulatory frameworks, infrastructure and equipment, service delivery, human resources and training. She highlighted the need for centres of excellence within regions, with a focus on south–south collaborations for sustainability.

Lisa Stevens, Director, Division of Programme of Action for Cancer Therapy (PACT), IAEA, presented on impACT, describing the ongoing work in the coordination of country support to strengthen cancer control, provision of inputs into strategic national documents, and facilitating resource mobilization using bankable documents and investment cases, among others. Noting that some countries are now requesting for a specific focus on breast cancer in their impACT reviews (e.g. Djibouti, Ethiopia, Papa New Guinea) she highlighted the fact that the impACT methodology systematically addresses the three GBCI pillars and the corresponding KPIs as guiding targets. She also described the KPIs as being important in designing technical cooperation projects by IAEA as well as in the development of national cancer plans linking this with the implementation of GBCI.

This was followed by a moderated discussion on “How can we leverage partnerships for the GBCI implementation” where colleagues from WHO regional offices and partner organizations deliberated on these three areas of discussion with a select panel of experts from civil society, regional offices for AFRO, EMRO and EURO and partners:

1. What are current and best approaches to partner engagement for GBCI implementation at country, and/or regional?
2. How can partnerships help in positioning GBCI as a priority in the global/women’s health agenda?
3. What are the potential priority areas of focus and mechanisms in these partnerships?

María Laserra Losada, Technical Officer, NCD, from the WHO Regional Office for Europe (EURO) shared how breast cancer now makes up over 26% of female cancers and over 12% of all cancer cases in the 53 Member States of the European Region. EURO has recognized the specific need to improve early detection of breast cancer with a focus on ensuring quality across the care continuum and is working

with countries to improve and set up early diagnosis pathways. Noting the increased interest from organizations to advance breast cancer control, there is need to recognize commercial determinants in the investments. She shared ongoing work in the Region with partners such as the Islamic Development Bank and City Cancer Challenge (C/CAN) and an example of successful implementation from the Republic of Moldova where a policy recommendation on early diagnosis led to a pilot in four regions of the country led by the Ministry with support from the Institute of Oncology. EURO is also working closely with IARC, and with IAEA in strengthening radiotherapy capacity in the Region.

Dille Mahamadou Issimouha, Technical Officer, Cancer Control, represented WHO Regional Office for Africa (AFRO), highlighted priority areas in GBCI for the Region. She mentioned the importance of having good communication between doctors and patients, and its role in timely diagnosis. She expressed the need for specific interventions for effective communication and community engagement and commended IAEA and IARC's work in the Region that helps address gaps in implementation of the existing national cancer control plans. She recognized the need for integrated approaches for screening for breast and cervical cancer to promote efficiency and effectiveness of early detection and a community health approach – to have greater community centric implementation. She also added on the importance of training and the need to strengthen regional cooperation.

Lamia Mahmoud, Regional Adviser, NCDs, WHO Regional Office for the Eastern Mediterranean (EMRO), voiced the critical role of partnerships in implementing the GBCI despite different mandates, approaches, capacities, and the reach that partners have but with a common shared goal. She highlighted that it is important to ensure that partnerships are tailored to the context, are culturally sensitive and that the projects are accessible and sustainable overall. She shared about the Presidential initiative on Women's Health in Egypt, a nationwide programme led by the Egyptian Ministry of Health highlighting the impact of high-level leadership and engagement in achieving targets in such a short time such as downstaging of late-stage breast cancer from 70% to 20%, and diagnostic workup within 49 days. The Regional Office is also working with CSOs and foundations noting the impact of innovative national–corporate social responsibility funds that allow public health facilities in the Gulf countries, Iran, United Arab Emirates to partner with private facilities and outsource services that are not available in the public sector. An investment case for women's cancers has been developed to provide the basis of an economic argument for prioritization of women's cancers and provision of financial resources by the Ministers of Health in the Region.

Alfredo Polo, Director, Technical Cooperation and Capacity Building, City Cancer Challenge, described the CCAN model at the city-level, working with facilities and health care professionals to strengthen city-level cancer care and create a functional model at the facility level that can be replicated and scaled up at country level. Using a bottom-up approach, the projects follow a local context to identify problems and co-design together the solutions, the vehicles to deliver are then deployed which then result in concrete, streamlined projects with specific outcomes. CCAN is currently focused on pillars 2 and 3 of the GBCI framework. The cross-cutting projects have many spill overs which has benefits for other types of cancers too, for example, using the GBCI patient navigation pathway is useful in creating patient navigation models and referral systems for other cancers as well.

Vivienne Mulema, Associate Director of the Global Cancer Program, Clinton Health Access Initiative, introduced the Clinton Health Access Initiative (CHAI) cancer programme which operates in 13 out of 40 countries where CHAI is active. In 2017, CHAI and the American Cancer Society (ACS) formed the Cancer Access Partnership (CAP) to increase access to treatment, and support governments to establish plans to comprehensively manage cancer. CAP negotiates pricing with pharmaceutical companies, resulting in significant cost savings and increased access to essential drugs and facilitates transactions between

pharmaceutical companies, buyers, and local distributors. Nigeria implemented an innovative payment, distribution, and inventory management platform through CAP which ensures medicine supply to 20 participating hospitals, that directly sells to patients. The Program integrates with the Nigerian Government's Cancer Health Fund and National Health Insurance, demonstrating its potential for scalability and sustainability. Lessons learned include the importance of government leadership, private sector involvement, regional learning, and partnership with patient support groups. The success of CAP in Nigeria has led to its replication in Cameroon, highlighting the Program's adaptability and potential for widespread impact.

Sabrina Zucchello, Senior Manager at the Union for International Cancer Control (UICC) shared about the UICC breast cancer programme which was started in 2020 currently engaging 420 organizations in 110 countries around the world. Noting the synergies of GBCI and the UICC breast cancer programme to unite and support the cancer community to reduce the global breast cancer burden, promote gender equity and ensure that breast cancer control continues to be a priority in the global health and development agenda, UICC breast cancer programme also conducts capacity building, advocacy and provided some grants for breast cancer projects to drive the national implementation of the GBCI. She gave an example of one of the national projects “Diagnostic mobile mammography integration with CBE for early detection in Kyrgyzstan” for early detection of breast cancer in remote mountainous regions in which 18 000 women had access to breast cancer services and were screened within a year of implementation with the Ministry of Health procuring seven more mammography units. Working together, various actors contributed to playing a critical role in bridging existing breast cancer services to communities including in remote areas.

Prebo Barango summarized the moderated session and thanked all the speakers. He acknowledged the role of the role of civil society especially in pillar 1 – health promotion and advocacy which also lends the building blocks for the work on pillars 2 and 3.

Slim Slama, Unit Head, Management-Screening, Diagnosis and Treatment closed the session, thanking the participants, speakers and colleagues. He acknowledged the common vision shared, and the common consensus around some of the key intervention established in the discussion.

Key messages

- [Political commitments are required to address breast cancer by Member States](#)

With the resolution WHA70.12 on cancer prevention and control, governments committed themselves to cancer control and good political leadership coupled with effective collaboration can quickly drive country level impact as happened in Egypt and the Republic of Moldova.

- [Evidence-based strategies for bending the curve exist and can be replicated](#)

Having breast cancer included in UHC packages, availability of screening programmes, availability of national cancer control plans, improving the number of public sector cancer centres, and the density of mammography services available are some strategies that have worked in high-income countries.

- [Placing those with lived experience of breast cancer at the centre of planning and decision-making](#)

The importance of working with people living with breast cancer and building on the work of the WHO framework for meaningful engagement with people living with NCDs was emphasized.

- Leveraging partnerships for GBCI pillars within UN tripartite agencies

Strengthening joint efforts and resources in implementing the GBCI is important since the agencies complement each other across the three pillars of GBCI.

- Partnerships and interventions need to be tailored and must respond to local and regional priorities

By adopting the interventions outlined in the GBCI implementation framework and prioritized areas of actions, key stakeholders including CSOs, and community-based organizations can have tailored-approaches for country implementation.

Conclusion

By leveraging partnerships, innovation in technologies and financing, and data-driven approaches in GBCI implementation can improve access to breast cancer care and reduce mortality rates in LMICs.

The next Partners' forum dates will be communicated.

Annex 1: Meeting agenda

Moderator: Dr Prebo Barango, Cross-cutting Specialist (NCDs and Special Initiatives), WHO headquarters

Time (CET)	Topic	Facilitator/presenter
15:00–15:05	Welcome and opening remarks	Dr Bente Mikkelsen Director, Noncommunicable Diseases, Rehabilitation and Disability Department (NCD), WHO headquarters
15:05–15:10	Sharing on lived experience of breast cancer from a survivor	Kara Magsanoc-Alikpala Founding President, ICanServe Foundation; Vice President for Internal Affairs, Cancer Coalition Philippines; Adviser, Philippine Alliance of Patient Organizations; Patient Advisory Board, Lancet Commission on Women and Cancer
15:15–15:25	WHO Global Breast Cancer Initiative The Global Breast Cancer Initiative Implementation Framework: where we are, the future and opportunities for WHO collaboration	Dr Mary Nyangasi Technical Officer (Cancer, GBCI), NCD Department, WHO headquarters
15:25–15:35	Tracking the 3 Global Breast Cancer Initiative pillars: IARC perspectives on the current status and future direction	Dr Nadya Dimitrova Public Health Officer, Early Detection, Prevention, and Infections (EPR) Branch International Agency for Research on Cancer (IARC)
15:35–15:40	Role of IAEA in implementing the GBCI through provision of technical assistance, capacity building and Rays of Hope Initiative	Dr May Abdel-Wahab Director, Division of Human Health (NAHU), International Atomic Energy Agency (IAEA)
15:40–15:45	Implementing the Global Breast Cancer Initiative: coordinating GBCI-focused country dialogues through impACT missions	Dr Lisa Stevens Director, Division of Programme of Action for Cancer Therapy (PACT), IAEA
15:45–15:50	Break	
15:50–16:45	Moderated discussion: How can we leverage partnerships for the GBCI implementation: <ul style="list-style-type: none"> What are current and best approaches to partner engagement for GBCI implementation at country, and/or regional? How can partnerships help in positioning GBCI as a priority in the global/women's health agenda? What are the potential priority areas of focus and mechanisms in these partnerships? 	Dr Mary Nyangasi Technical Officer (Cancer, GBCI), NCD Department, WHO headquarters Summary reflections from WHO regional offices (AFRO, EMRO, EURO) and identified respondents (City Cancer Challenge, Clinton Health Access Initiative, UICC)
16:45–16:50	Summary of discussions and timelines	Dr Prebo Barango
16:50–17:00	Closing remarks	Dr Slim Slama

Annex 2: List of participants

Name	Title and affiliation
Alexandra Brown	Chief Medical Officer, American Society for Clinical Pathology (ASCP)
Amira Ghouaibi	Head, Women's Health, World Economic Forum
Ana Paula Refinetti	Breast Surgical Oncologist, MD Anderson Cancer Center
Arlene Quiambao	Technical Officer, World Health Organization
Baffour Awuah	Director, Technical Coordination, Ministry of Health, Ghana
Beatrice Addai Wiafe	Peace And Love Hospitals; Breast Care International
Ben Anderson	Global Technical Lead, Breast Cancer, City Cancer Challenge
Birgit Fleurent	Founding Partner and Strategic Advisor, Global Coalition for Radiotherapy
Bryan Murphy-Eustis	Vice President, Strategy and Partnerships, The Max Foundation
Catherina Scheepers	Region Head, The Max Foundation
Cathyryne Manner	Vice President, BIO Ventures for Global Health (BVGH)
Chikosa Ngwira	Programme Officer, UNITAID
Clement Chauvet	Strategy and Resource Mobilization Officer, International Agency for Research on Cancer
Debby Basu	Senior Manager, Global Health Grant Programs, American Society for Clinical Pathology
Dhwani Nagpal	Community Specialist, Women's Health, World Economic Forum
Elena Fidarova	International Atomic Energy Agency
Elisabete Weiderpass	Director, International Agency for Research on Cancer
Erica Krisel	Program Manager, American Cancer Society
Erika Minoshima	NMDI-Intern, International Atomic Energy Agency
Esteban Burrone	Head of Policy, Medicines Patent Pool
Farshad Farzadfar	Scientist, WHO
Giulia Segafredo	NCDs Access Manager, Medicines Patent Pool
Helen Mcguire	Global Program Leader, Noncommunicable Disease Programme, PATH
Inés Contreras	National Project Coordinator, PATH
Isabel Mestres	CEO, City Cancer Challenge
Jackson Hungu	Clinton Health Access Initiative
Jamila Al Abri	Director of Department of Woman and Child Health, Ministry of Health, Oman
Jane Brock	Chief of Breast Pathology, BWH, Mass General Brigham
Jihan Azar	Technical Officer, WHO
Julia Franz	Senior Program Manager, BIO Ventures for Global Health (BVGH)
Kathleen Schmeler	Associate VP Of Global Oncology; Professor of Gynaecologic Oncology, MD Anderson Cancer Center
Katy Winckworth-Prejsnar	Senior Manager, Global Policy, National Comprehensive Cancer Network (NCCN)
Kenny Onasanya	Strategic Sourcing/Procurement Manager, UNITAID
Kristie Mccomb	Managing Director, Global Capacity Development and Patient Support, American Cancer Society
Ledet Teka Befekadu	Senior Program Officer, OAFLAD
Margaux Le Gall	Institut National du Cancer
Maribel Almonte	Implementation Scientist, Cervical Cancer Elimination Initiative, WHO
Mariluz Hernandez	Consultant, Cervical Cancer Elimination Initiative, WHO
Mathilde Chaudron	Program Manager, Clinton Health Access Initiative
Matt Izzo	Global Policy/Advocacy Fellow, National Comprehensive Cancer Network (NCCN)

Name	Title and affiliation
Maura McCarthy	Women's Cancer Team Lead, JHPIEGO Corporation
Melanie Samson	Senior Technical Officer, Women's Health, Global Surgery Foundation
Miriam Mikhail-Lette	Technical Officer, Diagnostic Radiologist, International Atomic Energy Agency
Mohamed AFIFI	Women's Health Regional Adviser, WHO EMRO
Nashwa Skaik	Technical Officer, Cervical Cancer Elimination Initiative, WHO
Natia Verdzadze	GBCI Project Coordinator, Technical Cooperation and Capacity Development, City Cancer Challenge
Oleg Belyakov	Consultant, Radiation Biologist, International Atomic Energy Agency
Ophira Ginsburg	Senior Advisor, US National Cancer Institute
Owen Demke	Associate Director, Cancer Diagnostics Lead, Clinton Health Access Initiative
Partha Basu	Head, EPR Branch, International Agency for Research on Cancer
Pat Garcia Gonzalez	CEO, The Max Foundation
Paula Franklin	Senior Global Public Policy Analyst, European Society for Medical Oncology
Peter Lee	Associate Communications Officer, International Atomic Energy Agency
Roberta Ortiz	Cancer Control Officer, WHO
Roberta Ventura	COO, ABC Global Alliance
Sarah Berger	Assoc. Vice President, Cancer Network, MD Anderson Cancer Center
Satish Gopal	Center For Global Health Director, US National Cancer Institute
Sharon Kapambwe	Technical Officer Cancer Control, WHO
Soha Salem	Radiation Oncologist, International Atomic Energy Agency
Somesh Kumar	Country Director, India, JHPIEGO
Sonali Johnson	Head, Knowledge, Advocacy and Policy, Union For International Cancer Control
Toma Omofoye	Radiologist, The University of Texas, MD Anderson Cancer Centre
Valerie McCormack	Deputy Branch Head Environment and Lifestyle Epidemiology, International Agency for Research on Cancer
Vanessa Eaton	Director, International Education, ASCO
Virginia Tsapaki	International Atomic Energy Agency
Wui-Jin Koh	Chief Medical Officer, National Comprehensive Cancer Network (NCCN)