



European Society for Medical Oncology (ESMO) Statement for the seventh meeting of the INB (INB7) Agenda item 2 (Consideration and negotiation of the WHO convention, agreement, or other international instrument on pandemic prevention, preparedness and response: Proposal for negotiating text of the WHO pandemic agreement), 6 November 2023

Honourable Chair, Esteemed Delegates,

[The European Society for Medical Oncology \(ESMO\)](#) represents more than 33,000 cancer professionals from 170 countries. We welcome this opportunity to provide our view on the negotiating text of the WHO pandemic agreement.

Given estimations that [one in five people](#) will develop cancer at some point in their lives, it is crucial that the WHO pandemic agreement specifically includes reference to **secondary and tertiary healthcare services**, to avoid leaving millions of patients behind during and beyond pandemics, as it is these levels that cancer patients are predominately treated. We urge Member States to include the following **text** in the WHO pandemic agreement:

Article 6. Preparedness, readiness and resilience

*1. Each Party shall continue to strengthen its health system, including primary, **secondary and tertiary** health care for sustainable pandemic prevention, preparedness and response, taking into account the need for equity and resilience, with a view to the progressive realization of universal health coverage.*

The wording aligns with the 2023 UN Political Declaration on Pandemic Prevention, Preparedness and Response, with which the Member States committed to enhance the resilience of national health systems, including primary, **secondary and tertiary health care** (Article 72.) The wording also aligns with the draft amendments to the International Health Regulations (Article by Article Compilation of Proposed Amendments to the International Health Regulations (2005) submitted by States Parties in the context of Decision WHA75(9)), as 'Annex 1 Theme F. Health Systems Capacities', includes a proposed amendment to build, develop and maintain health systems capacities resilient to public health emergency of international concern at **secondary and tertiary care levels**.

Cancer treatment disruption can have a [heavy impact on survival](#) – as became clear with the COVID-19 pandemic, during which there were [late diagnosis, interruption of regular treatments](#), hurdles in patient follow-up, unavailability or delays in supplies of medicines, and oncologists shifted to other tasks. The consequences for patients are immediate or seen at a later stage. Therefore, sustainable cancer care services must be integrated into preparedness planning and responses to both pandemics and health emergencies, including securing adequate, continued and timely access to cancer and palliative care services and medicines, and continuance of existing clinical trials, avoiding competition with resources required for health emergencies.

ESMO reiterates its availability to work with Member States to assist with the development of resilient oncology services across the whole continuum of care.

Thank you.