

**ARRANGEMENTS
BETWEEN THE DIRECTORS GENERAL OF
THE WORLD HEALTH ORGANIZATION AND
THE INTERNATIONAL ATOMIC ENERGY AGENCY
FOR
THE WHO/IAEA JOINT PROGRAMME ON CANCER CONTROL**

A. GENERAL

Background

The World Health Organization of the United Nations (WHO), in accordance with its mandate as the directing and coordinating authority on international health work, has developed the national cancer control programmes (NCCP) strategy to strengthen its support to countries in the area of cancer control. The major components of NCCPs are: prevention, early detection/screening, treatment, pain relief and palliative care, and research. The priority given to cancer control has been confirmed by the Global Strategy for Prevention and Control of Noncommunicable Diseases, endorsed by the World Health Assembly in 2000 and in the Implementation Plan for the Strategy submitted to the 61st session of the World Health Assembly in May 2008. Further, WHO's International Agency for Research on Cancer (IARC) coordinates and conducts research on the causes of human cancer, the mechanisms of carcinogenesis, and to develop scientific strategies for cancer control.

The International Atomic Energy Agency (IAEA), with its mandate for encouraging, assisting and coordinating research and development and practical application of atomic energy for peaceful uses world-wide, has recognized expertise in radiation oncology and nuclear medicine. In order to leverage the effectiveness of these therapies by efficient health care systems, the IAEA established the Programme of Action for Cancer Therapy (PACT) to build partnerships with the world's pre-eminent cancer control organizations to help low and middle income countries develop comprehensive cancer control programmes with effective capacity for radiation medicine and mobilize the resources needed to implement them.

The formalization of a partnership and potential joint programme between the IAEA and WHO in the area of cancer control have been urged by both the World Health Assembly (WHA) and the General Conference (GC) of the IAEA. The WHA Resolution WHA58:22 on cancer prevention and control requested the Director-General of WHO to explore the feasibility of initiating the development of a joint programme between WHO and IAEA for cancer prevention, control, treatment and research. The IAEA General Conference Resolutions GC(50)/RES/13.A.2, and GC(51)/RES/14.A.2 encouraged the IAEA to pursue both the formalization of a partnership as well as a potential joint programme with WHO.

Article 1

These Arrangements between the Directors General of the IAEA and WHO give effect to the establishment of the WHO/IAEA Joint Programme for Cancer Control (Joint Programme) to coordinate activities and resources supporting the development and implementation of sustainable comprehensive cancer control programmes in low and medium resource countries.

Areas of common interest

Article 2

The IAEA and WHO have identified the following main areas of common interest (see also the Attachment to these Arrangements):

- (a) developing and enhancing cancer registration and planning capacity;
- (b) strengthening support to countries implementing measures and interventions to prevent cancer;
- (c) supporting countries establishing and evaluating early detection programmes to ensure timely diagnosis for curable cancers;
- (d) increasing access and strengthening effectiveness of treatment, including radiotherapy and other treatments, to cure cancer and extend productive life;
- (e) increasing access to effective pain management and palliative care;
- (f) promoting research in cancer prevention and control;
- (g) building national capacity required for managing and evaluating comprehensive national cancer control programmes; and
- (h) mobilizing resources to build capacity for a comprehensive approach to cancer control in Member States, while maintaining the integrity and independence of WHO and the IAEA and the validity and credibility of the normative functions of WHO and the IAEA and subject to both organizations' rules on avoiding conflicts of interest.

B. ARRANGEMENTS FOR THE JOINT PROGRAMME

Basic principles for operating the Joint Programme

Article 3

The purpose of the Joint Programme is to facilitate and coordinate the efforts of the IAEA and WHO, including IARC, to attain the objectives reflected in the main areas of common interest as defined in Article 2 above, to strengthen support to countries and to promote synergy between the work of the two organizations and other partners through cooperative actions.

Article 4

Subject to the availability of resources, the IAEA and WHO, through the Joint Programme will engage in:

- (a) planning, programming, coordinating and reporting all joint activities concerned with the assessment, planning and implementation of comprehensive cancer control programmes, including the PACT Model Demonstration Sites (PMDS), utilizing the financial and human resources assigned to the Joint Programme by the IAEA, WHO, and other partners and the resources mobilized through joint efforts.
- (b) assisting and co-operating in the activities agreed to be undertaken by the Joint Programme and with other programmes and departments of the two organizations and other partners in projects concerning the maximization of the effectiveness of radiation medicine in the diagnosis and treatment of cancer and the provision of pain relief and palliative care in the context of a comprehensive and integrated cancer control programme.
- (c) maintaining direct contact with those programmes of WHO and the IAEA that are concerned with projects related to cancer prevention and control which do not come within the competence of the Joint Programme but which are of concern to both the IAEA and WHO.

Article 5

All activities under the agreed Arrangements which are wholly or mainly concerned with the maximization of the effectiveness of radiation medicine in the diagnosis and treatment of cancer and the provision of pain relief and palliative care through a comprehensive and integrated cancer control programme and involve the joint participation of the IAEA and WHO shall be carried out and given recognition in the name of both organizations. Activities with IARC will be carried out through the PACT Practical Arrangement signed with the IAEA and through letters of agreement as appropriate.

Article 6

The overall guidance of the Joint Programme shall be agreed by a Steering Committee made up of two representatives from each organization as designated by the respective Directors General. To initiate the Joint Programme, for the IAEA, the Steering Committee Members shall be the Deputy Director General for Nuclear Science and Applications and the Head of the PACT Programme Office (PPO). For WHO, the initiating Steering Committee Members shall be the Assistant Director General for Non-Communicable Diseases and Mental Health and the Director of Chronic Diseases and Health Promotion (CHP).

The functions of the Steering Committee shall be, in addition to reviewing the present Arrangements as provided for in Article 14 (b) and particularly to:

- (a) review and agree upon the proposed biennial Joint Programme in light of the Medium Term Strategies of the IAEA and WHO, including the management of the PMDS;
- (b) agree upon the level of respective contributions to the Joint Programme; and
- (c) and make subsequent recommendations on (a) and (b) above to the Directors General of the IAEA and WHO.

Procedures for reaching agreement on the content of the Joint Programme and for consultations regarding its presentation, as well as any subsequent adjustments needed in the approved programme, shall be mutually developed by the IAEA and WHO through the Steering Committee.

The Steering Committee will meet twice a year, once in Geneva and once in Vienna on a rotating basis.

Article 7

The activities of the Joint Programme shall be coordinated by two technical officials, the "Joint Programme Coordinators", designated by the Directors General of the IAEA and WHO respectively. The Joint Programme Coordinators should regularly discuss ongoing coordination issues and prepare a joint note that will be made available to the Steering Committee following each meeting.

Article 8

Staff assigned to the activities of the Joint Programme shall be staff members of or consultants to one or the other of the two organizations. These staff members shall perform their work under the coordinated direction of the respective Joint Programme Coordinator.

Article 9

Each organization will provide for its respective staff assigned to the activities of the Joint Programme office accommodation, supplies and other office facilities and general operational services that may be required. Other necessary administrative and related procedures to ensure proper and effective collaboration should be agreed by the Joint Programme Coordinators

Article 10

Proposals for each biennial Joint Programme and for reporting on that Joint Programme shall be made to the Steering Committee. The Joint Programme Coordinators shall make routine reports on ongoing activities of the Joint Programme to both organizations through the Steering Committee.

Article 11

Collaboration between the WHO regional and country offices and the Joint Programme will be coordinated through the WHO responsible cluster (currently the Noncommunicable Diseases and Mental Health Cluster). IAEA's collaborative participation in the Joint Programme, focusing initially upon the PMDS and the organization of comprehensive assessments of national cancer control capacity (imPACT reviews), will be coordinated through the responsible IAEA Department (currently the Department of Nuclear Science and Applications, through the PPO).

Finances

Article 12

The work of the Joint Programme shall be financed from the following sources:

- (a) the assessed contributions, subject to approval by the competent organs of the IAEA and WHO;
- (b) voluntary contributions made available by the IAEA for PACT and/or WHO by Member States, to constitute extrabudgetary funds in the corresponding organization's programme budget; and
- (c) grants and voluntary contributions made by organizations and individuals to the IAEA to support PACT and/or WHO.

Article 13

The Directors General of the IAEA and WHO shall recommend to the relevant policy-making organs of their respective organizations that the cost of the Joint Programme shall be borne by both organizations, as agreed upon by the two Directors General.

Applicability

Article 14

For the application of these Arrangements the following provisions shall apply:

(a) Operational Guidelines

The two agencies will develop operational guidelines for work under these Arrangements at regional and country level with definition of roles and responsibilities.

(b) Periodic review

These Arrangements shall be reviewed by the Steering Committee at least once every two years, or upon request of the IAEA or WHO.

(c) Revision

These Arrangements may be revised after agreement between the Directors General of the IAEA and WHO by way of an exchange of letters.

(d) Resolution of Disputes

Any dispute arising out of or relating to these Arrangements or a Joint Programme activity, shall be amicably settled among the IAEA and WHO.

(e) Termination

These Arrangements may be terminated by the IAEA or WHO, upon one (1) year written notice to the other.

(f) Entry into force

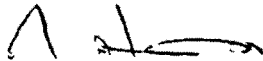
These Arrangements shall enter into force on the date of the last signature of the Directors General of the IAEA and WHO.

(g) Non-Waiver of Privileges/Immunities

Nothing in these Arrangements shall be construed as a waiver of the privileges and immunities accorded to the IAEA and to WHO by their respective Member States.

In witness whereof, the Directors General of the IAEA and WHO have signed two original versions of these Arrangements.

**FOR the International Atomic Energy
Agency:**



(Signature)

**Dr. Mohammed ElBaradei
Director General**

FOR the World Health Organization:



(Signature)

**Dr Margaret Chan
Director-General**

VIENNA, 12 March 2009

(Place and Date)

GENEVA, 5 February 2009

(Place and Date)

Attachment

(a) Areas of common interest, coordination and collaboration:

The overall objective of the Joint Programme will be to strengthen the development and implementation of comprehensive national cancer control programmes (NCCPs) with special emphasis on low- and middle-income countries. NCCPs have the following components:

- Cancer surveillance including cancer registration;
- Cancer prevention, with emphasis on integrated risk factor prevention strategy;
- Early detection/screening;
- Diagnosis and Treatment;
- Pain relief and palliative care.

While joint work will initially be focused primarily in the Programme of Action for Cancer Therapy (PACT) six Model Demonstration Sites (PMDS) in Albania, Nicaragua, Sri Lanka, Tanzania, Viet Nam and Yemen, collaboration will not be limited to the PMDS and should remain responsive to the broader needs and requests for cancer control assistance in low- and middle-income countries. Coordination of resources and expertise will support:

- Assessments of national capacity within the respective specific thematic areas;
- Identification of realistic interventions and targets to strengthen national capacity;
- Determination of priority actions that may result in the greatest impact;
- Development of standardized evidence-based methodology and protocols for implementation of the Programme's activities in countries;
- Development of national cancer plans and establishing joint pilot projects;
- Maximization of respective comparative advantages by dividing labour, roles and responsibilities between WHO, IAEA, and other partners according to mandates and expertise;
- Determination of the level and type of resources needed and contributing to strategies to mobilize resources, including the elaboration of joint grant applications as appropriate;
- Identification of the indicators to be used to measure progress and how impact will be monitored and evaluated;
- Implementation of activities and projects: including, but not limited to:
 - Advocacy, public awareness-raising and education;

- **Assessment of cancer incidence and mortality;**
- **Assessment and the documenting of national capacity including available resources (physical and human), and existing cancer control measures and their outcomes;**
- **Implementation prevention interventions;**
- **Establishment of early detection interventions according to national priorities**
- **The strengthening of diagnosis and treatment with emphasis on radiation medicine;**
- **Procurement;**
- **Research and publishing;**
- **Monitoring and evaluation;**
- **Resource mobilization.**

Annexure A

WHO-IAEA JOINT PROGRAMME ON CANCER CONTROL Resource mobilization

Information of resources mobilized jointly for the WHO/IAEA program will be presented to the Steering committee and used solely for conducting the following activities within "WHO-IAEA Joint Cancer Control Country Projects".

1. **Situation analysis and capacity assessment:** Funds (60% of total estimated cost) will be provided to the Ministry of Health to conduct a survey using defined WHO/IAEA tools and methodology. The WHO-IAEA NCCP Core Capacity Self-Assessment Tool, initially developed by WHO, is now a joint tool endorsed by both organizations. The tool was completed last year and is useful for carrying out rapid assessment of the country cancer capacity in a qualitative way. During analysis, a scoring system for each question will be developed to allow for a more quantitative analysis. In addition to this, the evaluation framework for NCDs (Action plan for the global strategy for the prevention and control of noncommunicable diseases, 2008–2013) developed by WHO, will be utilized with expanded indicators to look more in-depth into specific cancer issues.
2. **Establish national cancer control plans and programmes within a NCD policy framework:** Funds (50% of the estimated cost) will be made available and technical support provided to conduct two meetings/workshops at the country level to develop the integrated policy and a 4 year national plan of action, strengthen capacity and to begin implementation. The following issues will be given special consideration in this activity:
 - Developing effective cancer control programs in the context of national policies for prevention and control of noncommunicable diseases and the WHO Country Cooperative Strategy. A special focus on tobacco and alcohol control policies, diet and physical activity strategies, unsafe sex, reproductive health including cervical cancer control and environmental health including carcinogens.
 - Country implementation of integrated programs for major NCDs including cancer through a primary health care approach in order to scale-up prevention, early detection, diagnosis and treatment and palliative care.
 - Safe, effective and /appropriate use of medical devices and technologies for application of radiation for diagnostic and treatment purposes.
 - Country capacity to monitor and evaluate activities for prevention, early detection, treatment and palliative care of cancer including establishment of health information systems and cancer registries including both clinical and managerial aspects of cancer control programmes.

- Capacity in countries for priority areas of research for prevention and control of cancer as outlined in the prioritized agenda for NCD research.

WHO and IAEA will also provide technical expertise to identify priority areas for the implementation of the NCCP in the area of their mandates.

3. Integrate cancer early detection and palliative care at primary health care: Funds (50% of the estimated cost) will be made available and technical support provided to conduct a workshop and a follow up meeting to integrate early detection of cancer and palliative care into primary care, to establish referral mechanisms to secondary and tertiary levels and to monitor progress. The initial focus is on strengthening capacity for early detection of cancer based on awareness (of the health workforce and the population) of early signs and symptoms of the most prevalent detectable cancers (breast and cervical cancer to start with) as well as palliative care . These interventions will be integrated at the primary health care and community levels and adequate referral systems will be introduced for taking care of suspected cancer cases in a defined area. When appropriate cancer control programmes in primary care will be strengthened by leveraging the rapid expansion of HIV/AIDS programs and by reinforcing the existing health system to include effective cancer early detection (coupled with timely diagnosis and treatment) and cancer palliative care interventions.
4. Monitoring and evaluation of impact of WHO/IAEA technical assistance. A core set of indicators will be used to monitor and evaluate the technical assistance provided by the Joint Programme, including financial evaluation including the progress in cancer control capacity and the cancer control impact by countries

Annexure B

WHO-IAEA JOINT PROGRAMME ON CANCER CONTROL Selection of countries

Once a Ministry of Health submits an official request to the WHO/IAEA to obtain assistance from the joint program, a set of criteria listed below will be weighed in deciding on the selection:

- ❖ that the country has a declared commitment to NCD/cancer control
 - ❖ an effective and motivated designated leader of the NCCP
 - ❖ a supporting national committee
 - ❖ minimal facilities for cancer care
 - ❖ a health infrastructure based on primary care
 - ❖ Ability to develop and implement NCCPs that will be sustainable using domestic resources within 4 years
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- IAEA will indicate countries that have made requests for support.
 - WHO Regional Offices will provide information on priority countries, preferably countries that have prioritized Cancer Control in their National Health Plan and/or in the Country Cooperation Strategy.

On the basis of the information and data available, the WHO-IAEA Steering Committee will analyse the indicators related to countries, and along with the Regional Offices, consider the countries that are most in need and make the final selection at the beginning of every year.

Once selected, the country's efforts to build and reinforce its capacity for planning and implementing an effective National Cancer Control Programme will be supported by the WHO/IAEA joint programme as outlined above for a period of 4 years. The above mentioned activities shall be closely coordinated with the Ministry of Health through the WHO Country Representative and the designated IAEA National Liaison Officer. The financial support provided by the Joint programme will be of catalytic nature to facilitate necessary changes in line with the above objectives. WHO/IAEA will also assist selected countries to mobilize resources to sustain priority programmes beyond the project.

The role of the Ministry of Health

The Ministry of Health need to demonstrate its commitment by implementing the following activities:

- Nominate a Cancer Focal Point and inform the Joint Programme Coordinators accordingly within the first 6 months of the start of the programme
- In accordance with the WHO's policies and managerial guidelines, form a functional National Cancer Control Steering Committee and develop and endorse a NCCP and a corresponding action plan for implementation within the first 12 months of the start of the programme .
- Accountability to the cancer control projects facilitated by the WHO/IAEA through Joint Programme by agreed resources and annual progress reports.
- Provide a plan by the end of the second year for sustaining and appropriately expanding the activities initiated by the WHO/IAEA joint programme beyond the four years of the project.