

# Program against Cancer in Myanmar, Burma

El Hadji Seydou Mbaye

International Agency for Research on Cancer, Senegal, E-mail: seydou27@hotmail.com

**Keywords:** Cancer Program; Cancer Control; Prevention; Early Detection; Institutional Reinforcement; Diagnosis; Treatment; Low and Middle-Income Countries; Myanmar, Burma

## Abstract

Introduction: Worldwide, one in eight deaths is thanks to cancer. Cancer aim more deaths than AIDS, tuberculosis, and malaria combined. When countries are grouped consistent with economic development, cancer is that the leading explanation for death in developed countries and therefore the second leading explanation for death in developing countries. Rates of cancers common in Western countries will still rise in developing countries if preventive measures aren't widely applied. Projections sustained the GLOBOCAN 2012 appraisal predict a substantive merger to 19.3 million new cancer cases per annum by 2025, thanks to growth and ageing of the worldwide population. Incidence has been increasing in most regions of the world, but there are huge inequalities between rich and poor countries. More than haulable cancers (56.8%) and cancer deaths (64.9%) in 2012 occurred in less developed regions of the planet, and these proportions will increase further by 2025. By 2030, the worldwide burden is predicted to grow to 21.4 million new cancer cases and 13.2 million cancer deaths. Rates of cancers will continue to rise by 2035 with 23,980,858 new cancer cases.

In Myanmar, Burma, the number of new cancer cases is estimated to 72,553 with 55,990 deaths in 2015. By 2025, incidence is expected to grow to 94,304 with 74,636 deaths. Rates of cancers will continue to rise to 116,716 new cancer cases by 2035 with 95,853 deaths if preventive measures are not widely applied. According to the planet Health Organization (WHO); Entitled: National Cancer Control Programs: Policies and Managerial Guidelines, many lives might be saved annually if countries made use of existing knowledge and therefore the best cost-effective methods to stop and treat cancer.

## 2. Methods

**2.1. Economically Country Classification:** The economics states are established among the means of GNI-PPP according the administrations of the International Monetary Fund (IMF); the World Bank (WB) and the Central Intelligence Agency (CIA). The difference concerning an equivalent country are often considerable among the info origin. These variations are explaining by:

These data must be taken with precaution

Economically Country is divided according to the gross national income (GNI) per capita 2016, Atlas method and PPP.

- Estimated to be low income (\$1,005 or less)
- Estimated to be lower middle income (\$1,006 to \$3,995)
- Estimated to be upper middle income (\$3,956 to \$12,235)
- Estimated to be high income (\$12,236 or more).

**2.2. Gross National Income (GNI), Per Capita, Purchasing Power Parity (PPP):** Gross national product is gross domestic product (GDP) plus net income (employee compensation and investment income) from abroad. GNI, per capita is GNI divided by mid-year population. PPP is purchasing power parity; a world dollar has an equivalent purchasing power over GNI as a U.S. dollar has in the United States. PPP exchange rates are used to account for the local prices of goods and services not traded internationally. However, PPP is employed to match across national accounts, not for creating international poverty comparisons.

**2.3. Cancer Incidence:** Incidence is the number of new cases that occurs during a given period of time in a specified population. It are often expressed as an absolute number of cases per annum or as a rate per 100,000 persons per annum. The rate provides an approximation of the typical risk of developing a cancer. Cancer incidence data presented are based on the most recent data available at IARC. GLOBOCAN 2012 provides a worldwide profile of cancer that has been developed employing a number of methods that are hooked in to the supply and therefore the accuracy of the info. National sources are used where possible, with local data and statistical modeling utilized in their absence.

**2.4. Population:** Standard population (POPst) is determining to Senegal population (Western Africa) with 14,668,522 persons. Myanmar, Burma population is estimated to 55,123,814 persons. Population estimates for this country take under consideration the consequences of excess mortality thanks to AIDS; this will end in lower anticipation, higher infant deathrate, higher death rates, lower increase rates, and changes within the distribution of population by age and sex than would rather be expected. The provisional budget is establishing among the rules developed by WHO for regional and national cancer control programs consistent with national economic development. However, a world nuclear energy Agency report suggested that in developing countries a minimum of 60% of cancer patients require radiation treatment. Radiotherapy is one among the most components of recent cancer treatment and requires substantial capital investment, trained professionals in several disciplines, high precision equipment and a specific external and internal organizational structure.

**Conclusion:** Cancer has the foremost devastating economic impact of any explanation for death within the world. Incidence has been increasing in most regions of the world, but there are huge inequalities between rich and poor countries. Projections supported the GLOBOCAN 2012 estimates predict a substantive increase to millions new cancer cases per annum by 2030.

It is vital for all organizations to remember of the complexity of cancer control. A flexible approach is needed. This account must be added to the actual supply efforts of cancer prevention and treatment. However, effective measures to reduce cancer morbidity and mortality require the active participation of cancer survivors and their local communities; the mobilization and appropriate allocation of resources; the formulation of evidence-based policies and proven interventions; and the commitment of organizations and institutions in the nonprofit, for-profit, and governmental sectors. Ultimately, cancer control goes hand in hand with efforts to promote human and economic development and to improve standards of health, education, and medical care throughout the world.