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Regional Office for the Eastern Mediterranean

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Regional framework for action on cancer prevention and control

Executive summary

1. Cancer is the second leading cause of death worldwide, representing nearly one in six deaths globally. In WHO's Eastern Mediterranean Region, most cases of cancer are diagnosed at a late stage when treatments are less effective which results in poorer outcomes for patients. Modelled estimates indicate that by 2030 the Region will have the highest increase in cancer burden among all six WHO regions. WHO's 2015 country capacity survey showed that in spite of positive developments in some countries of the Region, cancer prevention and control in countries of the Region remained at an early stage of development, with limited strategic direction.

2. The proposed regional framework for action on cancer prevention and control has been developed to scale up guidance to Member States and support implementation of the regional Framework for Action to implement the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases and recent World Health Assembly resolution (WHA70.12) on cancer prevention and control in the context of an integrated approach.

3. The framework covers six key areas: governance; prevention; early detection; treatment; palliative care; and surveillance and research; and includes indicators against which countries can monitor progress. The framework will assist in guiding decision-making on policy options and priority interventions for cancer prevention and control and enable Member States to determine which areas of cancer prevention and control need to be scaled up according to national contexts.

Introduction

4. With 8.8 million deaths in 2015, cancer is the second leading cause of death worldwide, representing nearly one in six deaths globally (15.5% of total deaths) *(1)*. In the Eastern Mediterranean Region, there were 555 318 new cases of cancer diagnosed in 2015, and 393 000 deaths *(1)*. Modelled estimates show that these figures will almost double by 2030, with the Eastern Mediterranean Region having the highest projected increase in cancer burden among all six WHO regions *(2)*.

5. Most cancer cases in the Region are diagnosed at a late stage, when treatments are less effective, therefore survival rates are low. This reflects a pressing need to scale up cancer prevention and control strategies.

6. In 2012, the Fifty-ninth session of the Regional Committee for the Eastern Mediterranean endorsed in resolution EM/RC59/R.2 a regional Framework for Action to implement the Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases. In order to support the implementation of the framework and of the recent World Health Assembly resolution (WHA70.12) on cancer prevention and control in the context of an integrated approach, the WHO Regional Office for the Eastern Mediterranean is focusing on scaling up its guidance to Member States in the area of cancer prevention and control.

7. The proposed regional framework for action on cancer prevention and control was developed over two years in close consultation with Member States. It covers six key areas: governance; prevention; early detection; treatment; palliative care; and surveillance and research. The framework is intended to be used as a tool by Member States to prioritize strategic interventions for cancer prevention and control, based on best available evidence, complementing other WHO tools recently developed to support national country responses in the field of cancer prevention and control.

Status of cancer control in the Eastern Mediterranean Region

8.   Cancer prevention and control in countries of the Region remains at an early stage of development, with limited strategic direction, as shown in WHO's country capacity survey for noncommunicable diseases 2015 (3,4). The survey results showed that only a third of countries in the Region have an operational cancer strategy or action plan, and less than a quarter of countries have a national multisectoral committee or taskforce for cancer control (Fig. 1.) In terms of funding availability, three quarters of countries reported having funding available for early detection and only half had funding available for palliative care services.

9.   The country capacity survey also included a question on primary care integration for early detection of cancers. While most Group 1[1] countries in the Region reported having such integration for early detection of the most common cancers, this was seldom the case among Group 2 and Group 3 countries.
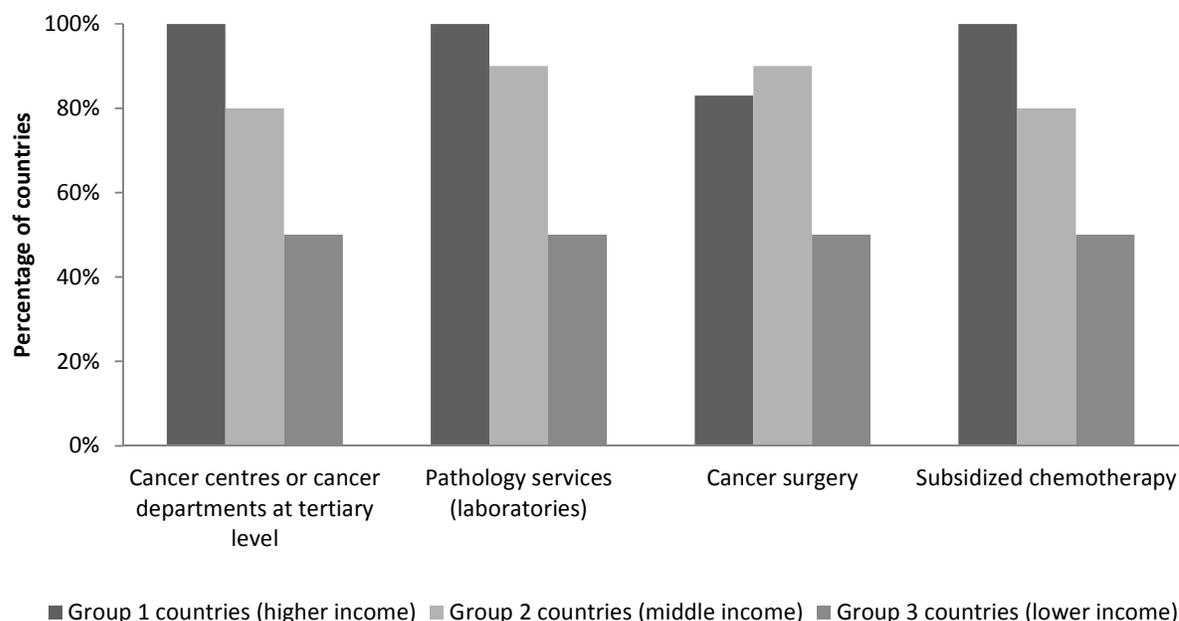
10.   The availability of cancer diagnosis and treatment services is also correlated with the level of health system development (Fig. 2). Almost all of Group 1 countries reported having these important services available in the public sector, covering at least half of the population. However, only half of Group 3 countries reported such coverage.

11.   The survey results show that the availability of cancer policies, strategies, funding and services is patchy and inconsistent at both regional and country levels.
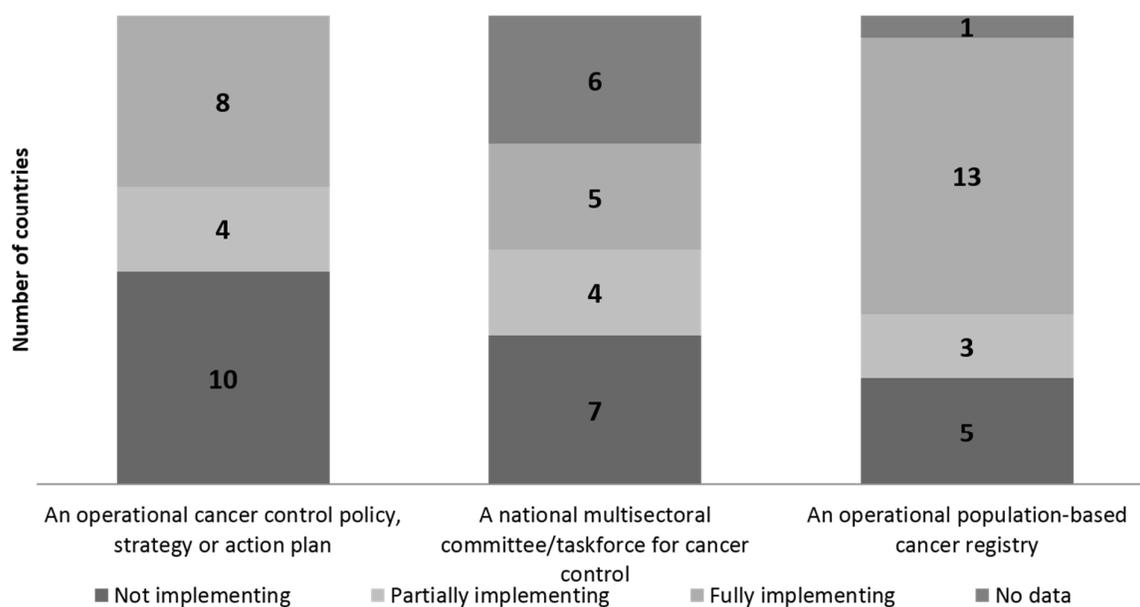
Fig. 1. Status of implementation of planning and policy protocols for cancer control in countries of the Region, WHO country capacity survey, 2015

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[1] The regional country classification system defines three groups of countries based on population health outcomes, health system performance and level of health expenditure: 1) countries in which socioeconomic development has progressed considerably over the past four decades, supported by high income; 2) countries, largely middle income, which have developed an extensive public health service delivery infrastructure but that face resource constraints; 3) countries which face major constraints in improving population health outcomes as a result of lack of resources for health, political instability, conflicts and other complex development challenges.

**Fig. 2. Availability of cancer diagnosis and treatment services, by country group,
WHO country capacity survey, 2015**

Background, purpose and scope of the framework

Background

12.   The regional strategy for cancer prevention and control 2009–2013 was developed for a five-year period with a number of key strategic actions. However, there were no clearly defined monitoring indicators, and a comprehensive regional approach has not been established since the end of the five-year period in 2013.

13.   At an expert meeting on scaling up cancer care in the Region convened in July 2014, it was agreed that more work was needed to develop guidance for policy-makers, including policy options and priority interventions. A number of work-streams were developed as a result of this meeting, and subsequently a series of working papers have been drafted in the areas of early detection, essential cancer technologies, and palliative care. Furthermore, it was established at this meeting that a framework for action on cancer control was needed.

14.   A draft strategic framework for action on cancer prevention and control was developed by the WHO Regional Office for the Eastern Mediterranean in June 2016. The draft framework was circulated electronically for consultation to key regional and global stakeholders in June 2016. This included attendees of the expert consultations in July 2014 and January 2016, as well as WHO technical officers at headquarters and in regional offices. Feedback was included in a revised version of the Framework.

15.   An expert consultation to scale up cancer care was held at the Regional Office in November 2016 and attended by 21 global and regional experts. A detailed review of the draft framework was conducted and the input used to refine the document. The framework was finalized in consultation with cancer focal points in Member States in June 2017.

Purpose and scope

16.   The purpose of the proposed framework is aimed at guiding policy-makers in decisions about priority interventions for cancer prevention and control, based on best available evidence. It is intended as a tool that will enable Member States to review the proposed interventions in relation to their country context and determine which areas of cancer prevention and control need to be scaled up, and how best to achieve this.

17.   The draft framework covers six key areas: governance; prevention; early detection; treatment; palliative care; and surveillance and research. Each of the areas has a number of recommended strategic interventions, along with proposed monitoring indicators. Where possible, the indicators have been aligned with NCD global monitoring indicators in order to streamline progress monitoring.

Key strategic interventions at country level

18.   At the country level, the framework will assist countries to strategically implement the interventions suggested in each of the areas.

19.   In the area of governance, the interventions focus on development of a multisectoral strategy and committee, and a budget, with designated leadership. These interventions are in line with the national cancer control programme approach advocated by the WHO Working Group on National Cancer Control Programmes *(5)*. The interventions proposed in the area of prevention have already been agreed internationally, and were endorsed by the Regional Committee in 2012 as part of the regional framework on noncommunicable diseases.

20.   The strategic interventions for early detection have been selected based on four key areas of this topic: population awareness of the early signs and symptoms of cancer; health professional education; prompt diagnosis and referral; and screening programmes if appropriate. The implementation of these interventions at country level is supported by a series of policy statements on early detection of certain cancers in the Region: breast, cervical, colorectal, prostate and oral cancer. These five have been selected based on their incidence and their amenability to early detection interventions. WHO also published a guidance document in 2017 to support policy-makers in prioritizing and distinguishing between early detection policy approaches, i.e. screening and early diagnosis.

21.   In the area of management, the interventions include the development of treatment guidelines, access to cancer medicines and treatments, human resources, and a referral system. These areas are closely linked and require health system reforms, touching on all the WHO health system building blocks. The implementation of these interventions is supported at the country level by the WHO essential medicines list for cancer and the recently published WHO list of priority medical devices for cancer management (2017).

22.   For palliative care the proposed interventions include guidelines and medicines, in addition to awareness-raising, professional training, and establishment of multidisciplinary services. At the country level, such implementation is supported by the WHO guide for planning and implementing palliative care services 2016.

23.   The establishment of national cancer registries is being supported by the International Agency for Research on Cancer (IARC) in collaboration with WHO. The interventions in the final section of the framework not only emphasize the importance of developing and strengthening a national cancer registry, but also sourcing research funding for cancer.

Way forward and next steps

24.   The proposed regional framework for action on cancer prevention and control is intended as a key tool to support Member States in scaling up national cancer prevention and control strategies, thus contributing towards meeting national and global targets on noncommunicable diseases and the Sustainable Development Goals.

25. The framework will be reviewed on an annual basis to ensure it is in line with updated evidence and guidelines. It is anticipated that progress against the monitoring indicators will be reviewed on an annual basis, and reflected in the country cancer profiles.

26. The Regional Committee is invited to endorse the proposed regional framework for action on cancer prevention and control.

References

1. Global Health Estimates: Deaths by cause, age and sex, by country and by region, 2000-2015. Geneva: World Health Organization; 2017 (http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html, accessed 10 June 2017).

2. Kulhánová I et al. Profile of cancer in the Eastern Mediterranean Region: the need for action. Cancer Epidemiol. 2017;47:125–32. doi: 10.1016/j.canep.2017.01.009.

3. Assessing national capacity for the prevention and control of noncommunicable diseases: global survey 2015. Geneva: World Health Organization; 2016 (http://apps.who.int/iris/bitstream/10665/246223/1/9789241565363-eng.pdf?ua=1, accessed 17 May 2017).

4. Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2015 country capacity survey in the Eastern Mediterranean Region. (http://applications.emro.who.int/dsaf/EMROPUB_2016_EN_19168.pdf?ua=1, accessed 17 May 2017).

5. National cancer control programmes: policies and managerial guidelines. 2nd ed. Geneva: World Health Organization; 2002. (http://www.who.int/cancer/media/en/408.pdf, accessed 11 September 2017).

Annex 1. Framework for action on cancer prevention and control in the WHO Eastern Mediterranean Region

September 2017   Draft for discussion

	Strategic interventions	Indicators
In the area of governance	• Develop a multisectoral strategy and action plan for cancer prevention and control, as part of national noncommunicable disease response • Establish a national multisectoral committee for cancer prevention and control • Ensure sufficient national budget availability for cancer • Define an essential cancer care package[1] and identify financing mechanisms to reduce out-of-pocket expenditure • Appoint a national cancer control programme manager	• An operational, funded national multisectoral strategy/action plan encompassing all areas of cancer prevention and control
	Strategic interventions	**Indicators**
In the area of prevention	• Healthy lifestyle interventions in the areas of tobacco control, physical activity, healthy diet and alcohol, in line with the regional framework for action on noncommunicable diseases • Ensure vaccination against hepatitis B in infancy • Ensure human papillomavirus (HPV) vaccination in preadolescents in countries with high risk of cervical cancer • Eliminate or reduce exposure to occupational and environmental carcinogens, such as asbestos	• Five demand-reduction measures of the WHO FTFC[2] • Four measures to reduce unhealthy diet[3] • At least one national public awareness campaign on diet/physical activity within the past 5 years • Vaccination coverage against hepatitis B virus monitored by the number of third doses of Hep-B vaccine (HepB3) administered to infants[4] • HPV vaccination coverage
	Strategic interventions	**Indicators**
In the area of early detection	• Develop, implement and update evidence-based, nationally approved guidelines/protocols/standards for the early detection of priority cancers, with a focus on early diagnosis • Promote community-awareness about the early symptoms of priority cancers[5] • Promote health professional education on early signs and symptoms of common cancers, for prompt referral of symptomatic patients to diagnostic and treatment services • Ensure availability, affordability and accessibility of diagnostic tests for suspected cases • Periodically assess effectiveness of early diagnosis and screening programmes	• Availability of evidence-based, nationally approved guidelines for early detection of priority cancers[5] • Proportion of cancer patients diagnosed in early stages • Reduction in cancer mortality rates for which early detection programmes have been introduced • Proportion of cancer patients who receive timely diagnosis within one month of symptomatic presentation at primary health care services • Proportion of women between the ages of 30–49 years screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies[4]
	Strategic interventions	**Indicators**
In the area of management	• Develop, implement and update evidence-based, nationally approved guidelines/protocols/standards for management of priority cancers • Assess the human resource requirements and develop plans to scale up to meet local needs • Ensure availability, affordability and accessibility of an essential cancer care package[1] • Strengthen coordination of referral system with targets to reduce delays to diagnosis and treatment	• Availability of evidence-based guidelines/protocols/standards for management of priority cancers • Proportion of patients who complete a course of prescribed treatment • Availability of national human resources strategies and plans

	Strategic interventions	Indicators
In the area of palliative care	• Ensure inclusion of palliative care within national cancer control plans • Develop, implement and update evidence-based, nationally approved guidelines/protocols/standards for palliative care • Introduce palliative care into the curricula of healthcare professionals • Develop affordable, multidisciplinary integrated palliative care services, including pain relief, psychosocial and spiritual support, in both hospital and community settings • Ensure availability and accessibility of opioids, analgesics and other essential palliative care medicines, addressing legal and regulatory barriers	• Availability of national guidelines/protocols/standards for palliative care • Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer[4] • Availability of training programmes for health care professionals

	Strategic interventions	Indicators
In the area of surveillance and research	• Establish and strengthen hospital- and population-based cancer registries that cover a population not less than one million • Develop a system to monitor quality of care and the performance of national cancer control programmes • Develop and implement a cancer research plan relevant to country needs	• Cancer incidence, by type of cancer, per 100 000 population[4] • Availability of progress/gap analysis on implementation of national cancer control plan • Number of peer reviewed publications related to cancer

1. Cancer care package includes diagnostic procedures, medicines and technologies, surgery and radiotherapy, and survivorship care

2. Tobacco demand reduction measures, WHO NCD Progress monitor 2017: Increased excise taxes and prices; smoke-free policies; large graphic health warnings/plain packaging; bans on advertising, promotion and sponsorship; mass media campaigns

3. Unhealthy diet reduction measures, WHO NCD Progress monitor 2017: salt/sodium policies; saturated fatty acids and trans-fats policies; marketing to children restrictions; marketing of breast-milk substitutes restrictions

4. These are from the WHO 25 indicators of the Global Monitoring Framework on NCDs http://www.who.int/nmh/ncd-tools/indicators-definition/en/

5. Priority cancers for early detection can be selected based how amenable they are to early detection, and on their incidence (and projected future incidence) within the country