

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

Updated June 2019, based on resolution EM/RC64/R.2

	Strategic interventions	Indicators
In the area of governance	<ul style="list-style-type: none"> » 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 a sufficient national budget for cancer prevention and control efforts » Define an essential cancer care package¹ and identify financing mechanisms to reduce out-of-pocket expenditure » Appoint a national cancer control programme manager 	<ul style="list-style-type: none"> » An operational, funded national multisectoral strategy/action plan encompassing all areas of cancer prevention and control
In the area of prevention	<ul style="list-style-type: none"> » Implement 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 » Vaccinate against hepatitis B in infancy » Vaccinate girls between the ages of 9 and 14 by administering two doses of human papillomavirus (HPV) vaccine » Eliminate or reduce exposure to occupational and environmental carcinogens, such as asbestos 	<ul style="list-style-type: none"> » Five demand-reduction measures of the WHO FCTC² implemented » Four measures to reduce unhealthy diet³ implemented » At least one national public awareness campaign on diet/physical activity conducted every 5 years » Percentage of infants receiving three doses of Hep-B vaccine (HepB3)⁴ » Percentage of girls between the ages of 9 and 14 receiving two doses of HPV vaccine
In the area of early detection	<ul style="list-style-type: none"> » Develop, implement and update evidence-based, nationally approved guidelines/protocols/standards for the early detection of priority cancers, with a focus on early diagnosis » Raise community awareness of the early symptoms of priority cancers⁵ » Build health professionals' capacity to recognize the 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 	<ul style="list-style-type: none"> » Availability of evidence-based, nationally approved guidelines for early detection of priority cancers⁵ » 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 and 49 years screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies⁴

(continued) ↘

Framework for action on cancer prevention and control in the WHO Eastern Mediterranean Region (continued)

	Strategic interventions	Indicators
In the area of management	<ul style="list-style-type: none"> » Develop, implement and update evidence-based, nationally approved guidelines/protocols/standards for management of priority cancers » Assess human resource requirements and develop plans to scale up to meet local needs » Ensure availability, affordability and accessibility of an essential cancer care package¹ » Strengthen coordination of referral system with targets to reduce delays to diagnosis and treatment 	<ul style="list-style-type: none"> » 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 resource strategies and plans
In the area of palliative care	<ul style="list-style-type: none"> » Include 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 health care 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 	<ul style="list-style-type: none"> » 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 cancer⁴ » Availability of training programmes for health care professionals
In the area of surveillance and research	<ul style="list-style-type: none"> » 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 	<ul style="list-style-type: none"> » Cancer incidence, by type of cancer, per 100 000 population⁴ » 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 One of the 25 indicators of the WHO 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 on how amenable they are to early detection, and on their incidence (and projected future incidence) within the country.