Summary report on the

Expert consultation to scale up cancer care in the Eastern Mediterranean Region

Cairo, Egypt 27–28 November 2016



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Regional Office for the Eastern Mediterranean

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1. Introduction

In the face of increasing cancer burden, cancer care is of major concern to all Member States and is now a priority for WHO. All countries, including high-income countries, have gaps in access to treatment and quality care. Policy-makers are looking for concrete advice on how to address these gaps and meet the increasing needs and demands for cancer care.

Furthermore, the development of cancer care and treatment in most countries of the Eastern Mediterranean Region has been based on sporadic investments, initiatives and actions rather than on a planned resource-linked strategy as part of the national cancer control programme. In many instances the scientific evidence-base and costeffectiveness for such investments has not been obtained and the evaluation of implemented programs is lacking.

To this end, the WHO Regional Office for the Eastern Mediterranean convened an expert consultation to scale up cancer care in the Eastern Mediterranean Region, in Cairo, Egypt, on 27 and 28 November 2016. The consultation was attended by 21 global and regional experts and technical staff from the WHO Secretariat.

The objectives of the consultation were:

- to review the current regional situation of cancer care services with particular emphasis on gaps, challenges and opportunities for scaling up the services;
- to discuss in-depth the various core elements of quality cancer care guided by a number of draft working papers; and

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• to review the draft regional framework to scale up cancer control in the Region, and gather expert inputs on the proposed strategic interventions as well the monitoring indicators in this framework.

The consultation was opened by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, who explained that the consultation would build on the outcomes of relevant initiatives and past consultations, including the regional meeting on cancer control and research priorities held in Doha in 2013; the expert meeting in July 2014 focused on scaling up cancer care in the Region; and the consultation in January this year on early detection of cancer.

The consultation agenda consisted of five sessions, covering the topics of cancer care, early detection, evidence-based management, palliative care, and surveillance and research. There were also two working group discussions focused on gathering expert feedback on the draft framework for cancer control.

2. Summary of discussions

Provision of cancer care

Information was presented on the organization of cancer care, including the importance of multidisciplinary teams for cancer care, and the use of primary care for follow-up services. Morocco and Tunisia were provided as case studies of best practice. The importance of secondary care in low-income and middle-income countries was highlighted, particularly in countries where tertiary care services have not been developed. Participants discussed the unknown needs for training and equipment in secondary care, the limits of secondary care provision and financial commitment needed. Following this there was a session on financing of cancer care, providing examples of economic evaluation in

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Morocco and Lebanon. The importance of integrating cancer care into the universal health care package was highlighted, along with prioritization of the early detection of breast and bowel cancers.

A discussion on cancer technologies was led by findings of a recent survey with 11 major cancer centres in the Region. Among the findings were that waiting times were not significant, and that the main barrier to cancer technologies was financial. They also highlighted that cancer surgery was often performed by generalists. Participants discussed the limitations of the survey, and the challenges involved in collecting data from the countries. It was noted that WHO has recently produced a detailed document on cancer technologies for Member States. This guide includes information about training and maintenance as well as the equipment.

Information was also provided on essential cancer medicines. It was founds that high-income countries report almost no barriers, while the main barrier in low-middle income countries is financial. For cancer medications, average availability is 70%, however this was only 35% for more expensive care medicines.

Early detection

Examples of early detection programmes in Bahrain, Egypt, Jordan Kuwait, Morocco, Qatar and Tunisia were discussed. Across the Region, it is evident that early detection programmes are sporadic but mainly focused on breast and colorectal cancer. No organized screening programmes are currently in place because they had low uptake when introduced in Kuwait and Qatar.

Participants discussed the risks of screening, such as unnecessary surgery for breast and prostate cancers. Training physicians to pick up

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cancers at stage 1 or 2 was deemed a more suitable approach in the region. The regional policy briefs on early detection were presented, with the policy recommendation for Member States to focus on early diagnosis and building national resources and capacity for this.

Evidence-based management

Information was presented on breast cancer management. It was clear that adequate diagnosis requires a referral system, diagnostic equipment and staging. For effective management, Member States should review facilities for diagnosis and management and remove financial barriers. Participants discussed the importance of training cancer surgeons, and a need to assess quality and improve coordination between countries. It was noted that there has been a stage shift in some countries due to early detection, and improvements in survival due to adequate management.

Cancer care in conflict situations was also discussed. It was stressed many cancers will not be funded in humanitarian settings and therefore need to be treated with palliative care. The lack of dialogue on this topic was discussed, as well as lack of capacity planning to inform major donors, and limited data. In refugee situations, out-ofpocket expenses are often required, and only basic surgery is performed in refugee camps by generalist surgeons.

Access to palliative care

The different models of palliative care were discussed, and it was emphasized that it does not need to be delivered in a health care setting, and often home care is preferred in the Region. Training and education are considered very important for effective care. Only 2 of 107 medical schools in the Region have palliative care integrated into their curricula. Some specialist training courses have been developed, and examples

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were provided from Jordan. It was also highlighted that palliative care must be integrated into oncology services. The lack of access to opioids was identified as a key challenge and participants discussed the difficulty in monitoring opioid consumption in the Region.

Cancer surveillance and research

The lack of research on cancer in the Region was discussed, and also the need to strengthen collaboration, including with international partners, was recognized. Research in the Islamic Republic of Iran was underlined as an example of best practice in the Region, through its collaborative studies and notable publications.

Different types of research are needed, including clinical, epidemiological and behavioural research and priorities need to be identified. However, it was noted that global and regional consultations have already been undertaken on research priorities.

The limited funding available for research appears to be a key challenge in the Region. Despite the availability of many research grants globally; participants noted that many countries lack capacity in making grant applications. It was agreed that researchers in the Region need to be trained on developing high-quality grant proposals. It was also agreed that there is clear need for improved collaboration on research.

Regional framework for cancer control

Working group discussions focused on revising the draft regional framework for cancer control, and looking into the strategic interventions and monitoring indicators. The proposed amendments and additions were presented and subsequently discussed among all participants.

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3. Action points

Following the fruitful and engaging discussions, a number of action points were agreed upon to support countries in scaling up cancer care.

- WHO to revise the framework in light of the feedback provided from the working group discussions. The revised version will be circulated to participants and Member States for further comments.
- The revised framework to be submitted for the forthcoming Regional Committee (October 2017) for review and endorsement.
- WHO to finalize the early detection policy briefs based on the feedback provided by participants. Once finalized, these will be disseminated to Member States.
- WHO to facilitate the establishment of a regional network for cancer research to support countries in scaling up research throughout the Region.
- WHO to develop a practical guide on primary health care cancer control measures to facilitate implementation of the regional framework for cancer control.

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