



Resolution

REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

EM/RC64/R.2
October 2017

Sixty-fourth Session
Agenda item 3(a)

Regional framework for action on cancer prevention and control

The Regional Committee,

Having reviewed the technical paper on a regional framework for action on cancer prevention and control¹;

Recalling the 2011 United Nations Resolution 66/2 on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases, resolution WHA66.10 endorsing a global action plan for the prevention and control of noncommunicable diseases 2013–2020, resolution EM/RC56/R.4 on the strategy for cancer prevention and control in the Eastern Mediterranean Region and resolution EM/RC59/R.2 on the commitments of Member States to implement the Political Declaration based on a regional framework for action addressing noncommunicable diseases, including cancer;

Mindful of the Sustainable Development Goals within the 2030 Agenda for Sustainable Development, specifically Goal 3 with its target 3.4 to reduce, by 2030, premature mortality from noncommunicable diseases by one third which will only be achieved if significant progress is made in the prevention and control of cancer;

1. **ENDORSES** the regional framework for action on cancer prevention and control (annexed to this resolution);
2. **URGES** Member States to:
 - 2.1 Integrate and scale up national cancer prevention policies and programmes, linking with measures to reduce cancer risk factors;
 - 2.2 Prioritize early detection strategies for the most common cancers, in line with WHO guidance;
 - 2.3 Develop and strengthen monitoring and evaluation systems for cancer control, in line with the regional framework for action on cancer prevention and control;

¹ EM/RC64/3

2.4 Ensure sustainable financing mechanisms for cancer prevention and control;

3. REQUESTS the Regional Director to:

3.1 Provide technical support to Member States to implement the regional framework for action on cancer prevention and control;

3.2 Support Member States in the development and implementation of cancer research plans relevant to country needs;

3.3 Report to the Regional Committee on the progress of Member States in implementing the regional framework for action on cancer prevention and control at its sixty-sixth session.

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	<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 sufficient national budget availability for cancer 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"> 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 	<ul style="list-style-type: none"> Five demand-reduction measures of the WHO FTFC² Four measures to reduce unhealthy diet³ 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 infants⁴ HPV vaccination coverage
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 Promote community-awareness about the early symptoms of priority cancers⁵ 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 	<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 30–49 years screened for cervical cancer at least once, or more often, and for lower or higher age groups according to national programmes or policies⁴
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 the 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 resources strategies and plans

	Strategic interventions	Indicators
In the area of palliative care	<ul style="list-style-type: none"> • 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 	<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. 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