
Progress report on implementing the regional framework for action on cancer prevention and control

Introduction

1. In 2017, following World Health Assembly resolution WHA70.12 on cancer prevention and control in the context of an integrated approach, the 64th session of the WHO Regional Committee for the Eastern Mediterranean endorsed the regional framework for action on cancer prevention and control in resolution EM/RC64/R.2, and requested the Regional Director to report on the progress of Member States in implementing the regional framework for action at its 66th session.
2. The regional framework for action provides Member States with 26 strategic interventions divided into six key areas: governance; prevention; early detection; treatment; palliative care; and surveillance and research. Each key area includes a set of indicators against which Member States can monitor progress.
3. This report summarizes the progress made by countries in implementing the regional framework for action's strategic interventions since its endorsement in 2017. The data in this report are compiled from previously available reports¹ and Member States' responses collected through a dedicated survey instrument. At the time of submission of this report, 16 out of 22 countries had completed the survey.
4. The regional framework for action on cancer prevention and control was developed to be aligned with the overarching regional framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases, allowing synergies in implementation and reporting. Implementation of the overarching regional framework is closely monitored through the WHO periodic assessment known as the NCD Country Capacity Survey, creating an overlap in most key areas with the survey instrument used for this progress report and providing baseline data for 2017. Once the 2019 NCD Country Capacity Survey is available, the relevant information will be used to complete and validate the findings presented in this progress report.

Status and progress

Governance

5. In 2017, 16 countries had integrated cancer and associated risk factors as part of their national noncommunicable diseases (NCDs) policy, and 14 countries had vertical programmes on cancer. In the 2019 survey, 11 countries reported having a national cancer policy, strategy or action plan that either is operational (Kuwait, Morocco, Palestine, Syrian Arab Republic, Tunisia, United Arab Emirates) or under development (Afghanistan, Iraq, Libya, Oman, Sudan), with Kuwait, Morocco, Palestine, Tunisia and United Arab Emirates monitoring its implementation.
6. Eleven countries (Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Sudan, Tunisia, United Arab Emirates, Yemen) report having an essential care package for cancer that is publicly funded as part of the country's priority benefits package, nine of which integrate breast cancer, and most of which integrate cervical cancer and colorectal cancer. Childhood cancer is integrated in the priority benefits packages of five countries, haematological cancer in four, while prostate and oral cancer are covered in three.

¹ The baseline data in this report are compiled from the WHO/United Nations Children's Fund (UNICEF) Joint Reporting Form, WHO/UNICEF estimates of national immunization coverage, the 2017 *Atlas of palliative care in the Eastern Mediterranean Region*, and the report of the 2017 NCD Country Capacity Survey in the Eastern Mediterranean Region. The next NCD Country Capacity Survey is being completed during 2019.

7. WHO provides all Member States with technical support to develop and strengthen national cancer control programmes upon request and as needed. During the last biennium, nine countries received cancer-related missions from WHO. An imPACT review was conducted in Afghanistan jointly by WHO, International Agency for Research on Cancer (IARC) and International Atomic Energy Agency (IAEA) in May 2017. The mission gave recommendations in all key areas of the regional framework for action and guided the development of a national cancer strategy. A country mission to Sudan, with a focus on the national cancer strategy and clinical pathways for cancer care, was carried out in January 2019.

Prevention

8. WHO continues to provide technical support to countries for the implementation of interventions to reduce exposure to NCD-related risk factors and promote healthy lifestyles, especially in the areas of tobacco control, nutrition and physical activity, in line with global and regional commitments. Progress in these areas is monitored by the NCD Country Capacity Survey,² and therefore this section only reports on immunization programmes as cancer prevention strategies.

9. According to WHO/UNICEF estimates from 2017, hepatitis B virus vaccination coverage (monitored by the number of third doses of hepatitis B vaccine administered to infants) was 94% or higher in 14 countries, while six countries had coverage rates ranging from 42% to 78%.

10. In 2017, only Libya and United Arab Emirates had ongoing national human papillomavirus (HPV) vaccination programmes, which is still the case in 2019. Coverage rates are not yet available for the United Arab Emirates HPV vaccination campaign launched in 2019, and no further details were available for Libya.

Early detection

11. Nine countries (Iraq, Jordan, Kuwait, Morocco, Oman, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates) report having nationally approved guidelines for early detection of priority cancers. Early detection guidelines for breast cancer are available in all nine countries, cervical cancer guidelines are available in Kuwait, Morocco, Sudan, Syrian Arab Republic, Tunisia and United Arab Emirates, and guidelines for colorectal cancer are available in Tunisia and United Arab Emirates.

12. Baseline data from 2017 on cancer stage distribution are unavailable; however, Iraq, Jordan, Kuwait, Morocco, Sudan, Tunisia and United Arab Emirates reported in the 2019 survey that they monitor cancer stage distribution. To monitor cancer stage distribution, Iraq, Sudan and Tunisia use the TNM staging system, Morocco and United Arab Emirates use the SEER staging system, and Jordan uses both systems.

13. Nine countries reported the availability of cervical cancer screening programmes in 2017, compared to five countries in 2015. In the 2019 survey, Morocco, Syrian Arab Republic, Tunisia and United Arab Emirates reported that cervical cancer screening programmes are available, for which coverage is between 15% and 18% of the target population. Target populations vary between countries, and Morocco is the only country where the target population corresponds to the 30–49 years age range recommended by WHO.

14. Country support missions to evaluate and strengthen early detection mechanisms have been carried out in two countries. In Morocco, a cervical cancer mission partly focusing on the national screening programme took place in December 2018, and in Saudi Arabia an evaluation of the breast and colorectal cancer screening programmes was conducted in February 2019.

Management and palliative care

15. According to the 2017 NCD Country Capacity Survey, 15 countries had evidence-based national guidelines for cancer management in place. In 2019, 10 of the responding countries reported having evidence-based, government-recognized guidelines, protocols or standards available for the management

² Please refer to the 2017 NCD Country Capacity Survey and to the forthcoming 2019 NCD Country Capacity Survey.

(diagnosis and treatment) of breast cancer (Jordan, Kuwait, Lebanon, Morocco, Oman, Palestine, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates), and six countries had guidelines for management of colorectal cancer (Jordan, Lebanon, Morocco, Palestine, Tunisia, United Arab Emirates).

16. In 2019, five countries (Jordan, Morocco, Pakistan, Palestine, Sudan) indicated that they have a national health workforce strategy, and Morocco, Palestine and Sudan reported the availability of cancer-specific human resources strategies.

17. In 2017, Tunisia was the only country to report having a standalone national palliative care plan, although six countries were developing one. Palliative care was included in the national cancer control strategies of 11 countries (Egypt, Islamic Republic of Iran, Kuwait, Lebanon, Morocco, Oman, Pakistan, Qatar, Sudan, Tunisia, United Arab Emirates) and national palliative care standards and norms were in place in Jordan, Lebanon, Morocco and Qatar. In 2019, five countries (Jordan, Kuwait, Morocco, Syrian Arab Republic, Tunisia) reported having national guidelines, protocols or standards for palliative care, and three countries (Jordan, Oman, Tunisia) reported the availability of palliative care courses as part of continuing professional development.

18. The median opioid consumption per capita in morphine equivalence (excluding methadone) for the Region was 3.27 mg in 2017, with Jordan, Kuwait, Lebanon, Oman, Saudi Arabia and Tunisia's median consumptions being above this.³

19. In addition to providing guidance on cancer management during all cancer-related missions, WHO has provided technical support in cancer management to countries in emergency situations during the last two years. In Palestine, an evaluation of a cancer centre in Gaza was done in 2017, and ongoing technical support for the prioritization and procurement of cancer medicines was provided to the Syrian Arab Republic and Yemen.

Surveillance and research

20. Nineteen countries had cancer registries in 2017, compared to 18 countries in 2019.⁴ Establishing and strengthening population-based cancer registries remains a priority, as this enables monitoring of incidence, quality of care and the performance of national cancer programmes, while providing data for cancer research.

21. In 2017, 16 countries had mortality registration systems reporting mortality data by cause of death, while only eight countries reported having such systems in the 2019 survey. In 2019, 11 countries (Afghanistan, Iraq, Jordan, Kuwait, Lebanon, Libya, Oman, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates) reported the availability of national cancer incidence data. Only Iraq, Jordan, Libya and United Arab Emirates cross-check mortality data from their mortality registration system with cancer registry data.

22. During 2018, Oman and United Arab Emirates received training on cancer registries from WHO in collaboration with IARC, while Iran (Islamic Republic of), Iraq, Jordan, Morocco and Tunisia participated in a workshop on strengthening NCD surveillance systems at the end of 2018, which included elements on strengthening cancer registries provided by IARC.

³ Osman H, Rihan A, Garralda E, Rhee JY, Pons JJ, de Lima L, et al. Atlas of palliative care in the Eastern Mediterranean Region. Houston: IAHP Press; 2017.

⁴ Based on the 2017 NCD Country Capacity Survey and regular monitoring of cancer registration status as part of WHO/IARC collaboration.

Challenges and the way forward

23. Cancer is the second leading cause of death in the Eastern Mediterranean Region, with a growing incidence and the largest projected increase of all WHO regions. Efforts to scale up national cancer response in Member States of the Region will significantly contribute to the overarching NCD agenda and Sustainable Development Goal target 3.4 to reduce premature mortality from NCDs by one third by 2030.

24. Limitations to monitoring progress of the implementation of the regional framework for action include the survey response rate (16 out of 22 countries), resulting in conclusions that may not be representative of the Region as a whole, and difficulties in determining how much countries have progressed since the endorsement of the regional framework. Due to lack of data, the survey did not assess the timeline between symptomatic presentation of patients and diagnosis, and the proportion of completed prescribed cancer treatments. Detailed questions on opioid analgesic consumption were not included in the 2019 survey. In addition, the survey did not calculate the number of peer-reviewed publications related to cancer, due to lack of consensus on the appropriate bibliometric method for measurement.

25. The survey responses, as well as continuous interaction with countries both during and beyond country missions, show there is increasing attention and interest to scaling up national cancer response. Commitment within the ministries of health is evident and, despite the challenges, countries are progressing their efforts in the two years since the endorsement of the framework. Examples of progress include: development of cancer policy in Afghanistan after an imPACT mission; review of national cancer strategies in Palestine and Sudan; evaluation of breast cancer screening in Saudi Arabia; and the planning of a regional meeting of experts on palliative care.

26. In the area of governance, political instability, conflict and humanitarian crises remain the key challenges that hinder progress, causing competing health priorities and putting strain on already weak health systems. Fragmentation within ministries and health systems, linked to low levels of political commitment and sustainable funding, can delay country progress. Furthermore, limited evaluation of existing cancer programmes leads to poor strategic planning and prioritization of interventions.

27. Weak referral systems, lack of coordination between different levels of the health system, increased costs and limited access to medicines have been identified as key challenges in cancer treatment and management. Palliative care in the Region is burdened by difficulties in access to strong opioid analgesics and in training of health care professionals.

28. Member States can progress towards full implementation of the regional framework for action by increasing the impact of cancer prevention measures through multisectoral engagement and action, and by putting in place evidence-based early detection programmes for priority cancers identified in the country. The establishment of robust mortality registration systems by cause of death, cross-checked with cancer registry data, is also a crucial element to monitor and evaluate the impact of such programmes on cancer mortality rates.

29. WHO will continue to provide Member States with the necessary guidance and technical support to accelerate and scale up implementation of the strategic interventions in the six areas of the regional framework for action on cancer prevention and control.