

ASSOCIATION
LALLA SALMA
DE LUTTE CONTRE
LE CANCER



INTERNATIONAL CONFERENCE ON CANCER CONTROL IN THE MIDDLE-EAST AND AFRICA

RECOMMENDATIONS

12th-14th January 2012
Marrakech - Morocco

RECOMMENDATIONS

Three workshops were held to discuss the following topics:

- The HPV vaccine
- Early detection of cervical cancer
- Cooperation and access to care

Each workshop was attended by experts in the field. Each group was composed of public and private health professionals, scientists, and representatives of governments, international agencies, NGOs, pharmaceutical companies and equipment companies.

Recommendation on HPV vaccine

After analysis of the epidemiological situation of cervical cancer in the Middle-East and Africa (MEA) region, and debates on the importance of vaccination as a means of preventing cervical cancer, the participants ended to the following recommendations:

1. Consider / promote the introduction of HPV vaccine in the National Immunization Program of each countries in MEA region, the National Immunization Technical Advisory Group should play an important role in the decision to introduce HPV vaccine;
2. Base the introduction of HPV vaccine on the following evidence:
 - Importance of the burden: countries where cervical cancer is a major disease burden (IARC classification) should not wait for the generation of local data, before vaccine introduction. However, production of local information on the burden of disease (cancer registers and screening) will be needed for monitoring and evaluating the impact of prevention interventions
 - Priority compared to other health problems
 - Cost effectiveness
 - Acceptability of HPV vaccine in the population
 - Accessibility and sustainability
 - Ability to reach the target population
3. Advocate with decision makers for the allocation of necessary funds, by sensitizing them and raising their awareness that cervical cancer is a health problem, although it is a vaccine preventable disease;
4. Prepare the ground for the vaccine introduction success, by conducting campaigns of sensitization and social mobilization, involving key stakeholders and social actors (NGOs, scientific societies, community leaders, artists, sport people, etc.);
5. Enhance awareness of the target population and health professionals to ensure a high demand for vaccination and a good quality of services;

6. Target in priority girls just before puberty. The vaccination strategy should be tailored to reach all target population;
7. Prepare the necessary resources to ensure the administration of the required doses and to achieve good coverage of the target population. A monitoring and evaluation system of HPV vaccine should be established and integrated in the National Immunization Program information system;
8. Conduct an immunization project in a pilot area, before its introduction at the national level, to identify possible obstacles/constraints and their appropriate solutions, as well as to estimate the cost of vaccination;
9. Include in the national action plan for the vaccine introduction a comprehensive communication component, taking into consideration the social, cultural and religious specificities of the population;
10. Conduct an assessment within a year of vaccine introduction for early identification of issues to be solved;
11. Involve and consult the National Immunization Technical Advisory Group in all phases of HPV vaccination program: preparation, implementation, monitoring and evaluation;
12. Promote cooperation between countries of MEA region, facilitating the exchange of experiences and sharing information in forums, technical meetings, training courses, workshops, etc. Organizations involved in cancer control should play a role in this cooperation.

Recommendation on Early detection of cervical cancer

After analysis of the epidemiological situation of cervical cancer in the MEA region, debates on the importance of early detection as a means of reducing the burden of cervical cancer and on the characteristics of the various tools and methods of detection available, participants ended to the following recommendations:

1. Establish an early detection program by all countries in the region must MEA. This program must be implemented even in the absence of epidemiological or population register, the estimation of the problem magnitude could be based on hospital pooled data or cross-sectional investigations;

2. At beginning:
 - Identify existing structures for diagnosis and treatment of precancerous lesions and cervical cancers,
 - Assess accessibility (economic and geographic) of women to those structures,
 - Estimate the number of targeted women for aiming adequate coverage;
3. Consider all the algorithm "Test + Diagnostic investigations + Treatment" before the choice of test to use, and select the one that will allow the management of the largest number of women, according to the local context, structural and economical;
4. Define the places where to practice the screening tests, the diagnostic examinations and the treatments, based on their accessibility for the greatest number of women;
5. Strengthen the existing potential in terms of facilities, technical equipment and staff (nurses, midwives, general practitioners and specialists);
6. Train all actors of the program: medical staff, paramedical staff and managers;
7. Define and get a specific budget for all phases of the program, the advocacy being that the cost to treat precancerous lesions is lower than to treat invasive cancers, in addition to economic loss and family and social harm related to the disappearance of young women;
8. Achieve a participation of at least 50-60% of women targeted for screening;
9. Promote information on the benefit of screening and on the warranty of care, in all places regularly visited by women: primary healthcare centers, reproductive health centers, schools, associations ...;
10. Assure the follow-up of all women who tested positive;
11. Provide quality services at all stages of the program;
12. Establish a specific information system for the program of early detection, to:
 - Monitor the various phases of the program,
 - Control the process according to the defined protocol, and modify it if necessary,
 - Measure the program's impact on the incidence and early diagnosis of invasive cancers.

Overall, the success of a screening program depends on the political will of its implementation, obtaining a specific budget, its organization from the completion of the test to the treatment of detected lesions, taking into account the local capacities.

Recommendations of the Working Group on access to care and cooperation

The working group has concluded unanimously that access to care should be made in a comprehensive manner including chemotherapy, radiotherapy, surgery and palliative care, and provided in an integrated way within the health systems.

Participants recalled that access to care should be a priority at the national level emanating from a political commitment at the highest level, and requires the establishment of appropriate structures and engaging skilled human resources, taking into account the specificities of each country.

In order to support national efforts for the implementation of national cancer control strategies in the countries of the region and improve access to care for cancer patients, the participants strongly support the initiative of Her Royal Highness Princess Lalla Salma for the creation of a regional Middle-East and Africa fund for the prevention and treatment of cancer.

At the end of its proceedings, the group recommends the following:

1. Introduce gradually the joint purchasing mechanisms of cancer drugs, starting with the most commonly used molecules while standardizing treatment protocols among the countries in the region;
2. Strengthen national law to improve access to cancer drugs;
3. Facilitate systematic access to generic drugs and promoting their use by any means including legislative means and the use of technology transfer to develop national production;
4. Request WHO to set up an international observatory on anticancer drugs in order to make available to countries useful information such as the prices, the quality of medications and the pre-qualified production centers;
5. Develop a regional program for implementation and/or strengthening of radiotherapy centers in the countries of the region;
6. Develop regional human skills in all the fields of cancer control, particularly in the domains of surgery and palliative care. In this context, the group strongly supports the initiative for the creation of the African school of oncology;
7. Establish a regional committee to support the cancer control in the region involving national public services, representatives of civil society, international organizations and the private sector, a committee whose mission is to support national cancer control strategies in the region.