World Health Organization
REGIONAL OFFICE FOR Africa

AFR/RC69/INF.DOC/3
19 July 2019

REGIONAL COMMITTEE FOR AFRICA **ORIGINAL: ENGLISH**

Sixty-ninth session
Brazzaville, Republic of Congo, 19–23 August 2019

Provisional agenda item 15.3

PROGRESS REPORT ON THE IMPLEMENTATION OF THE REGIONAL STRATEGY FOR CANCER PREVENTION AND CONTROL

Information document

CONTENTS

Paragraphs

BACKGROUND

1. The Fifty-eighth session of the WHO Regional Committee for Africa in 2008 adopted the document entitled "Cancer Prevention and Control: A Strategy for the WHO African Region",[1] aimed at guiding Member States in the development and implementation of national strategies to reduce cancer morbidity and mortality. Priority interventions recommended for implementation and scaling up in Member States include development of policies, legislation and regulations; mobilization and allocation of adequate resources; fostering partnerships and coordination; training of health personnel; acquisition of adequate infrastructure and equipment for primary, secondary and tertiary prevention; providing strategic information; and conducting surveillance and research.

2. The Cancer strategy articulates the following three targets to be achieved by 2013: (a) 20% of Member States will have achieved a 10% reduction of passive exposure to tobacco smoke among youths aged 13 to 15 years; (b) 40% of countries in the Region will have developed and be implementing cancer control programmes, including primary, secondary and tertiary prevention; (c) at least 35% of Member States will be equipped with cancer registries and adequately trained staff.

3. Despite the implementation of the Cancer strategy, the total number of cancer cases and deaths is increasing in the Region. On the path towards universal health coverage, Member States need to assess achievements so far, identify challenges and plan for the future. This report summarizes progress made in the implementation of the regional cancer strategy, which sets targets that were to have been achieved by 2013, and proposes the next steps.

PROGRESS MADE/ACTIONS TAKEN

4. **Policies, legislation and regulation:** As at May 2018, twenty-eight[2] of the 47 Member States had a noncommunicable disease (NCD) integrated multisectoral policy/strategy addressing cancer, including 14[3] which have implemented their integrated plans. Eleven Member States[4] have enacted legislation and regulations, in line with the WHO Framework Convention on Tobacco Control (WHO FCTC),[5] while seven[6] have ratified the Protocol to eliminate illicit trade in tobacco products, with support from WHO to undertake changes in tobacco taxation policy.

5. **National cancer control programmes**: Since 2007, WHO, in collaboration with the International Atomic Energy Agency and the International Agency for Research on Cancer, has conducted 24 national cancer needs assessments under the integrated mission of the Programme of Action for Cancer Therapy (imPACT) reviews, resulting in the development and costing of national cancer strategic plans. In total, 34 Member States[7] had developed an operational strategy/action plan for cancer by 2017. WHO has convened consultations on NCD prevention and control strategies, including for tobacco and cervical cancer, and supported implementation of related programmes. Sixty-four experts from 10 Member States[8] were trained as master trainers in cervical

---

1 WHO, Cancer Prevention and Control: A Strategy for the WHO African Region, World Health Organization, Regional Office for Africa, 2008 (AFR/RC58/4).

2 Benin, Botswana, Burkina Faso, Cabo Verde, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, The Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Mauritania, Namibia, Niger, Nigeria, Senegal, Seychelles, South Africa, United Republic of Tanzania, Togo, Uganda, Zambia and Zimbabwe.

3 Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, Eswatini, Ethiopia, The Gambia, Ghana, Guinea, Kenya, Lesotho, Niger, United Republic of Tanzania and Togo.

4 Burkina Faso, Chad, Ethiopia, Gabon, The Gambia, Ghana, Nigeria, Rwanda, Senegal, Seychelles and Uganda

5 https://www.who.int/fctc/en/ Assessed on 30 April 2019.

6 Burkina Faso, Comoros, Côte d'Ivoire, Eswatini, The Gambia, Mali and Senegal.

7 WHO. Global Health Observatory data repository. Policies, strategies and action plans. Data by country. http://apps.who.int/gho/data/view.main.2473.

8 Ghana, Guinea, Kenya, Madagascar, Malawi, Nigeria, Senegal, Sierra Leone, Zambia and Zimbabwe.

cancer, advocacy, information, education and communication and strategic planning. In addition, WHO conducted training workshops in French[9] and English[10] on strengthening mainstreaming of population-based cancer registries into national information systems.

6. **Primary prevention:** To support implementation of WHO FCTC measures, WHO developed five practical guidelines[11] on the core articles of the WHO FCTC. Implementation of the mPOWER package is ongoing in 11 countries. The trends in passive exposure to tobacco smoke were calculated based on data available from Global Youth Tobacco Surveys (GYTS) done from 2007 to 2018.[12] Forty-one Member States have done at least one round of GYTS since 2007, while 11[13] countries have done two rounds, showing a decline in the level of exposure, with varying proportions from country to country. Nineteen per cent of Member States have achieved decreases of more than 10% in exposure to second-hand smoke among children aged 13–15 years, from 2008 to 2018.

7. Human papillomavirus (HPV) vaccination programmes had been initiated as demonstration projects in 27 Member States by 2017, while 11 Member States[14] had introduced HPV into their national immunization programmes. The hepatitis B birth dose coverage stands at 10% and Hep B3 is 72% regionally.

8. **Early detection**: Thirty-four Member States have a national screening programme targeting the general population for cervical cancer, although 54% of programmes are opportunistic and have low participation rates.[15] Implementation of the "Be Healthy, Be Mobile" initiative, using mobile technology is underway in Zambia to improve participation in cervical cancer screening.

9. **Diagnosis, treatment and palliative care**: Rwanda, Kenya and Ghana were supported to develop and implement cancer management guidelines. Palliative care was integrated into national NCD action plans for five Member States, with WHO guidance. This has contributed to ensuring that people are accessing appropriate cancer control services.

10. **Strategic information, surveillance and research**: Thirteen Member States reported having a population-based national cancer registry, although only five of them have achieved adequate quality for inclusion in Volume XI of the Cancer Incidence in Five Continents publication.[16,17] A regional Handbook for Cancer Research in Africa[18] has been developed to strengthen and coordinate cancer research.

---

9 Benin, Burkina Faso, Cameroon, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Guinea, Mali, Madagascar, Mauritania, Niger, Rwanda, Senegal and Togo.

10 Angola, Eswatini, Ethiopia, The Gambia, Ghana, Kenya, Liberia, Malawi, Mozambique, Nigeria, Seychelles, Sierra Leone, South Africa, Uganda and Zimbabwe.

11 (i) National coordination mechanism; (ii) Becoming a Party to the Protocol to eliminate illicit trade in tobacco products; (iii) Model strategic plan for tobacco control; (iv) Model tobacco control policy; (v) Guide on compliance and enforcement of tobacco control laws.

12 https://www.cdc.gov/tobacco/global/gtss/gtssdata/index.html. Assessed 9 February 2019.

13 Burkina Faso, Comoros, Ghana, Kenya, Mauritius, Senegal, Seychelles, South Africa, Togo, Uganda and Zambia.

14 Botswana, Ethiopia, Malawi, Rwanda, Sao Tome and Principe, Senegal, Seychelles, South Africa, United Republic of Tanzania, Uganda and Zimbabwe.

15 WHO. Global Health Observatory data repository. Policies, strategies and action plans. Data by country. http://apps.who.int/gho/data/node.wrapper.imr?x-id=4690.

16 WHO. Global Health Observatory data repository. Policies, strategies and action plans. Data by country. http://apps.who.int/gho/data/view.main.2474.

17 North, AB, South CD (2017). Cancer Incidence in Antarctica (2008 – 2012). In: Bray F, Colombet M, Mery L, Piñeros M, Znaor A, Zanetti R and Ferlay J, editors Cancer Incidence in Five Continents, Vol. XI (electronic version). Lyon: International Agency for Research on Cancer. Available from: http://ci5.iarc.fr, accessed [12/12/18].

18 https://www.afro.who.int/publications/handbook-cancer-research-africa.

11. Almost 20% of Member States have achieved a 10% reduction of passive exposure to tobacco smoke among youths aged 13 to 15 years, 72% have developed comprehensive cancer control plans, and 30% are equipped with cancer registries.

12. Despite the progress made, major challenges and risks still exist. These include low population and political awareness, inadequate financial investment in cancer, lack of publicly-funded programmes, weak and fragmented health systems, including limited primary care capacity and poor surveillance, which all hamper the full implementation of the cancer strategy.

NEXT STEPS

13. Member States should:

(a) Accelerate the reduction of cancer morbidity and mortality in the Region by ensuring that national cancer control programmes are functional and adequately resourced.

(b) Allocate sufficient domestic resources and mobilize external funding, as necessary, for a comprehensive cancer response, as part of universal health coverage.

(c) Increase cancer awareness among policy-makers and the general population.

(d) Establish and/or accelerate public health screening, focusing on cervical cancer and diagnosis, treatment and palliative care of cancer, integrating across NCDs and health programmes.

(e) Strengthen national information systems, including scaling up of cancer registries.

(f) Accelerate the regional response in accordance with World Health Assembly resolution 70.12 (2017), with focused national action on cervical cancer elimination and childhood cancers.

14. WHO should:

(a) Support Member States in formulating, costing, implementing and monitoring national cancer control plans.

(b) Increase technical support for national programmes for cancer prevention and control including research and innovation, aligned to the national context.

(c) Support strengthening of information systems, including increasing coverage and quality of cancer registries.

(d) Develop a minimum set of indicators to monitor and report progress on the cancer response in the Region.

15. The Regional Committee is requested to take note of the progress report and endorse the proposed next steps.