

Cancer control in the Eastern Mediterranean Region

Ibtihal Fadhil, President, Eastern Mediterranean NCD Alliance



This profile considers the state of cancer control in the Eastern Mediterranean Region and the trends driving a worrying increase. It also considers the challenges as well as the priorities of those addressing them.

Cancer is a leading cause of morbidity and mortality in the EMR. It is the fourth leading cause of death and the second cause of non-communicable disease-related death in the Region (2). According to the International Agency for Research on Cancer (IARC), approximately 733,965 new cancer cases and over 458,625 deaths were reported in the EMR in 2020; a number that is projected to double by 2040, making this region the one with the highest estimated increase in cancer burden compared to all six WHO regions (3).

This increasing trend is mainly related to ageing and population growth, but it is also due to a higher exposure to risk factors such as tobacco use, unhealthy diets, air pollution, physical inactivity and infections. The prevalence of obesity in adults in the EMR remains high, particularly among women

and children (4) with a high body mass index (BMI) and this is expected to increase the incidence of colorectal, liver and gastric carcinoma, particularly among males, and breast cancer incidence among females (5).

Cancer control challenges

Currently over half of the EMR countries do not yet have operational National Cancer Control Plans (NCCPs) (6). The development of cancer programmes has been gravely affected by political instability and humanitarian crises. Over half of the EMR region is affected with acute and chronic emergencies and political unrest, resulting in waves of migration, displacement and the destruction of health services with negative impacts on all cancer services (7).

Figure 1: Map of the EMR region



A continuous “brain drain” of specialists caused by the unrest and political instability in the region has resulted in serious challenges to health services continuity and shortcomings in a region facing an increasing incidence of cancer. Most countries in the EMR are still challenged by weak public health systems, fragmentation of services, scarcity of resources, increased costs, limited access to cancer medicines and an overdependence on the private sector.

Cancer priorities

Prevention is a priority in the EMR where many of the common cancers can be prevented by feasible and cost-effective public health interventions (e.g. the implementation of FCTC recommendations to reduce lung cancer; increased coverage of hepatitis-B vaccinations to reduce liver cancer; reducing exposure to occupational carcinogens through stringent industrial safety norms to reduce bladder cancer, etc.), the adoption of healthy lifestyle and improvements in physical activities also needs to be prioritized in the region.

The early detection of common cancers is another key cancer control priority in the EMR. Screening for breast, cervical, colorectal and lung cancer is a complex and resource-intensive public health initiative. An “Early Diagnosis” approach, which can be effective for all common cancers and is logistically simpler to implement, and should be an integral component of all cancer control programmes in EMR countries

The cost of cancer treatment varies among EMR countries. The rate of “out of pocket” expenditure (OOP) is lower in high-income countries (25%), where governments fund more than 65% of the current health expenditures (CHE) of patients. By comparison, (OOP) is about 70% in low-income countries and government funding varies from 18% in Sudan to over 40% in Tunisia, Syria, and Morocco (8).

The generation of robust cancer data is a priority in the EMR countries where reliable population-based cancer registry and mortality data are used to monitor cancer incidence time trends, geographical patterns, and patient’s survival at the population level. There is considerable variation across the region, both in terms of population-based cancer registry coverage and quality, reflecting the varying degrees of developments in the region (9). While more than half of the 22 countries in the region (64%) have functional cancer registries in place (both regional and national), about 14% of EMR countries do not have any type of cancer registration system (9).

Palliative care in the EMR

When most cancer cases present at advanced stages (10), the provision of palliative care (PC) services becomes a necessity to reduce the suffering and improve quality of life

. Several initiatives and best practices have been developed in the region, yet the majority of EMR countries have not yet considered PC as a public health need and therefore have not included it in their health agenda. The EMR has a vast variation in laws, religious affiliations, and access to healthcare. Because of this, there is a great variability in PC policies and access to controlled medications; especially i.v. medications such as morphine or fentanyl. A majority of countries in the EMR have a much lower consumption of opioids than the global consumption of opioids which has been on a steady rise. There are many reasons for this, the most significant reason being the lack of access to opioids for both patients and healthcare professionals (11).

Impact of COVID-19

Unfortunately, the COVID-19 pandemic has further complicated the situation of cancer prevention and control in the region and has adversely affected all cancer services, from planning to PC, with the low-income countries being the most affected. According to the WHO survey in 2020,

cancer services were reported as being disrupted in more than 40% of countries in EMR (12). These disruptions to cancer services, including the suspension of screening programmes, delays in diagnosis and treatment (including palliative care), are likely to exacerbate the current situation with an increase in advanced-stage diagnoses and as a result an increase in potentially preventable cancer mortality. Countries continue to mitigate the disruption of service; the extent of the effects of the pandemic are still ongoing and yet to be fully evaluated and measured.

WHO/EMRO Regional Framework for Action

To help countries scale up their cancer control programmes, WHO/EMRO has developed a Regional Framework for Action (RFA) on cancer prevention and control (13).

This RFA aims to support countries in developing a more systematic approach to cancer control and to reduce mortality from common cancers. Moreover, WHO has also embarked on three major global initiatives in the past three years:

- ➔ the Global Initiative for Childhood Cancer (GICC);
- ➔ the Global Strategy to Accelerate the Elimination of Cervical Cancer;
- ➔ the Global Breast Cancer Initiative.

The adaptation of these strategic interventions, and prioritization guided by WHO initiatives, will require a far higher level of political commitment and sustained funding by EMR governments, and better evaluation of their existing programmes. ■

This editorial summarises the findings of the report *Cancer Control Eastern Mediterranean Region Special Report* (Fadhil I et al, in press *Global Health Dynamics 2021*) and is linked to the London Global Cancer Week presentation Learning lessons from COVID-19 – *Building better cancer control in the Eastern Mediterranean Region* at 9 a.m. - 11 a.m. GMT on Sunday 14 November 2021.

Dr Ibtihal Fadhil is Founder and Chair of the Eastern Mediterranean NCD Alliance, Former Regional Adviser, Noncommunicable Diseases at the World Health Organization, EMRO and a Commissioner on the Lancet Commission on Women and cancer. Dr Fadhil is also a member of WHO Strategic Technical Advisory Group for NCD prevention and control (2021–2023.) and a member of WHO Working group on NCD 2017–2021.

Prior to this, Dr Fadhil served as Regional Adviser, Noncommunicable Diseases at World Health Organization, EMRO (2008 -2016). She has also held various academic and clinical positions during the last 36 years on national and international levels. Working as NCD consultant for ministry of health in United Arab Emirates, Bahrain, Jordan and Iraq.

Dr Fadhil has served as a member of several national and international medical committees and public health associations, and has published as the main author or co-author of articles in several scientific journals.

References

1. WHO. Health and well-being profile of the Eastern Mediterranean Region: an overview of the health situation in the Region and its countries in 2019. Cairo: WHO Regional Office for the Eastern Mediterranean; 2020 (<https://applications.emro.who.int/docs/9789290223399-eng.pdf?ua=1>).
2. International Agency for Research on Cancer (IARC) and World Health Organization. GLOBOCAN 2012: estimated cancer incidence, mortality and prevalence worldwide in 2012. Geneva: World Health Organization; 2012 (http://globocan.iarc.fr/Pages/fact_sheets_population.aspx).
3. Sung H, Ferlay J, Siegel RL, et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin* 2021; 71: 209–49.
4. WHO Regional Office for the Eastern Mediterranean. Health and well-being profile of the Eastern Mediterranean Region: an overview of the health situation in the region and its countries in 2019. Cairo: World Health Organization Regional Office for the Eastern Mediterranean, 2020.
5. Charafeddine MA, Olson SH, Mukherji D, Temraz SN, Abou-Alfa GK, Shamseddine AI. Proportion of cancer in a middle eastern country attributable to established risk factors. *BMC Cancer* 2017; 17: 337.
6. WHO Cancer Country Profile 2020. Geneva: World Health Organization, 2020
7. alSaghir NS, SotoPe ñrezdeCelis E, Fares JE, et al: Cancer care for refugees and displaced populations: Middle East conflicts and global natural disasters. *Am Soc Clin Oncol Ed Book* 38:433-440, 2018
8. WHO Global health expenditure Data base (<https://apps.who.int/nha/database/ViewData/Indicators/en>)
9. Znaor A, Eser S, Anton-Culver H, et al: Cancer surveillance in northern Africa, and central and western Asia: Challenges and strategies in support of developing cancer registries. *Lancet Oncol* 19:e85-e92, 2018
10. World Health Organization. Towards a strategy for cancer control in the Eastern Mediterranean Region. No. WHO-EM/NCD/060/E. 2009
11. Fadhil I, Lyons G, Payne S. Barriers to, and opportunities for, palliative care development in the Eastern Mediterranean Region. *Lancet Oncol*. 2017 Mar;3(18):e84–176. [https://doi.org/10.1016/S8-30101\(17\)2045-1470](https://doi.org/10.1016/S8-30101(17)2045-1470) PMID:28271872 .
12. Rapid assessment of service delivery for NCDs during the COVID-19 pandemic : (<https://www.who.int/publications/m/item/rapid-assessment-of-service-delivery-for-ncds-during-the-covid-19-pandemic>)
13. WHO Regional Office for the Eastern Mediterranean. Framework for action on cancer prevention and control in the WHO Eastern Mediterranean Region. Cairo: World Health Organization Regional Office for the Eastern Mediterranean, 2019.