

UICC Members Regional Meeting – Middle East & North Africa



World Cancer Congress
Kuala Lumpur, Malaysia
1–4 Oct 2018

Strengthen
Inspire
Deliver



Hosted by



Supported by



Agenda

- Introduction
- Presentation of 3 collaborations – case studies
- How can UICC support
- Discussion
- Conclusion

CASE STUDIES



Case study: Oman Cancer Association Regional Cooperation through International Cancer Prevention Consortium (ICPC)

Oman Cancer Association

Palliative Care Training For Hospital and Community Nurses and Primary Healthcare Physicians.

HE. Dr. Wahid Al Kharusi
FRCS
President of Oman
Cancer Association

Summary

- The need for Human Resource Development and holistic management of cancer patients is evident especially in developing countries, and those with civil strife.
- To achieve the above you need to couple the developing and the developed countries. And funding facilities through an international consortium in cancer prevention.
- Regional cooperation is mandatory to maximize the benefit, to develop a culture for those have to give to those who have not.
- The Number of late stage cancer necessitate internationally certified training programs in palliative care especially in hospital and community nurses and primary healthcare physicians.
- A holistic training should include pain relief, spirituality, patients support, leadership, research, and media academy.
- The ultimate to get these patients to the comfort and stability of their homes.



Results achieved (or expected)

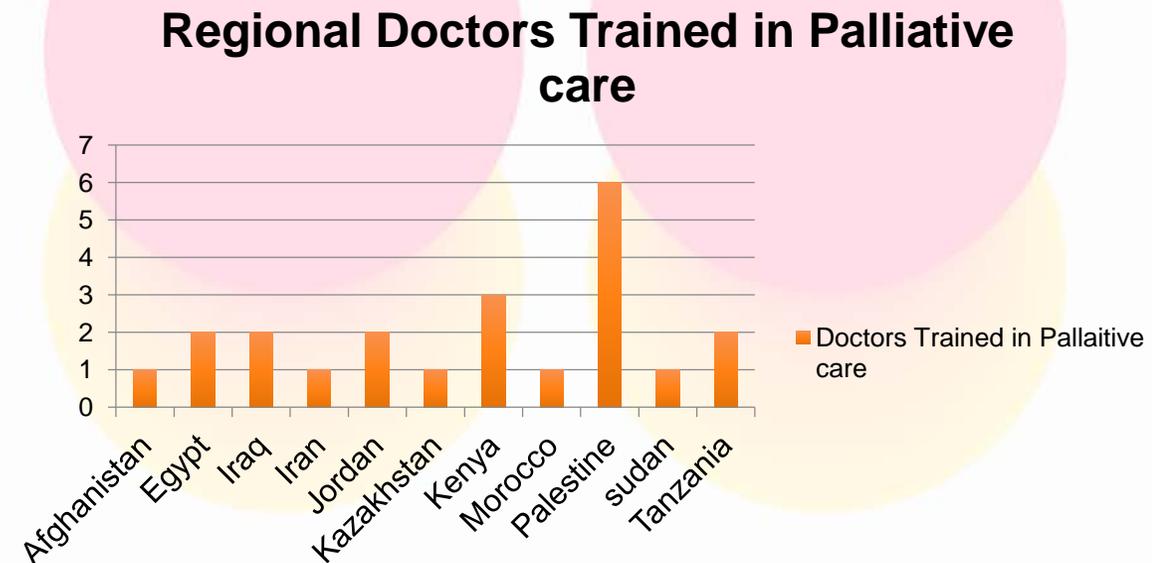
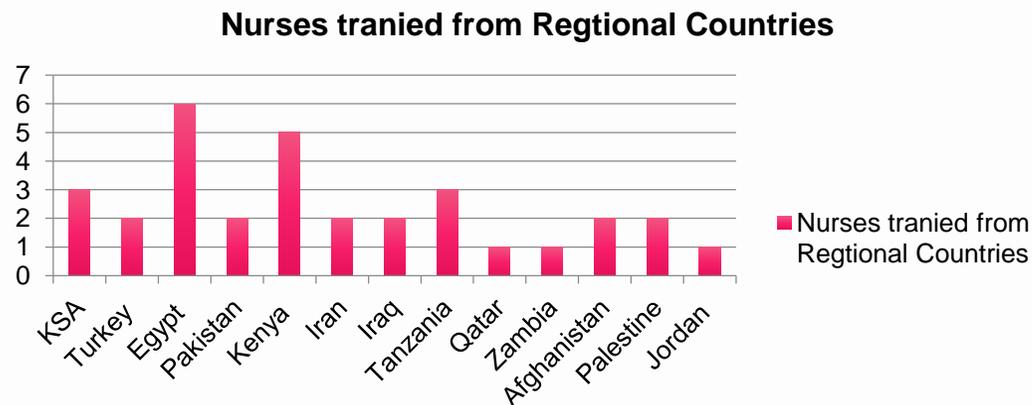
- **Realization of Palliative care services. Increased number of internationally certified palliative care nurses, doctors, and trainers. Increased number of stabilized patients for homecare. Emptying beds for patients needing active treatment. Specialized palliative care beds in the oncology wards. Comfortable life for terminally ill patients in their homes. Relief to the families.**

- **360 trained local nurses.**

- **33 trained nurses from Developing countries.**

- **20 Primary Healthcare physicians in Oman and 22 from the regional Countries.**

- **50 certified trainers to sustain the training in the region.**



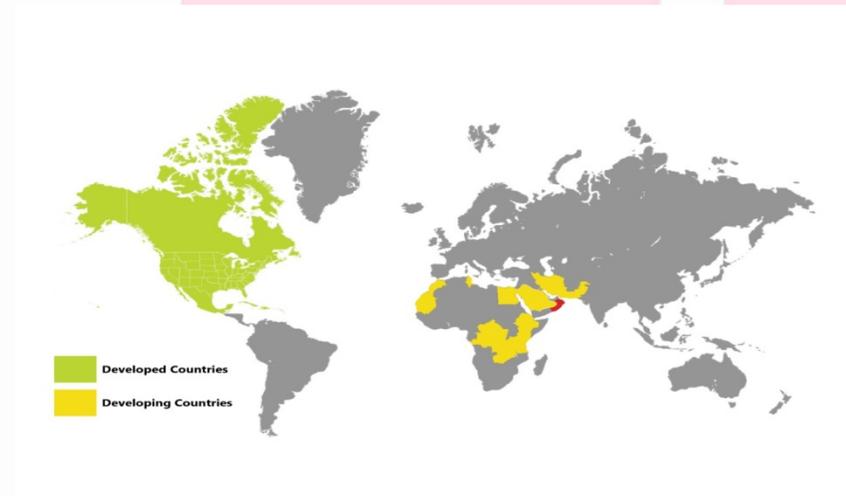
Lessons learned

- **A need Commitment and support of the Ministry of Health of the countries involved.**
- **Choice of the participants, convincing them to do research, continued networking of the participants, compliance to attend all the sections of the course. this was overcome by addressing the challenges of the faculty and the participants and by determining the dates of the training courses well in advance.**
- **The sustainable networking of all those involved.**
- **Do a needs assessment, Understand the requirements of the course, choose your faculty and institution diligently, understand the background of the participants, do post training assessment and identify the KPIs and paradigm change.**



Engagement opportunities

- It is an open opportunity. OCA welcomes whoever is interested in this partnership.
- Yes it is an open initiative. We look for developing countries that are in need participation that needs human resource development. We also look for countries who have the knowhow in training and funding agencies.
- The Oman Cancer Association is always open to create partnership regionally and globally and to develop a comprehensive and pragmatic networking.



Case study

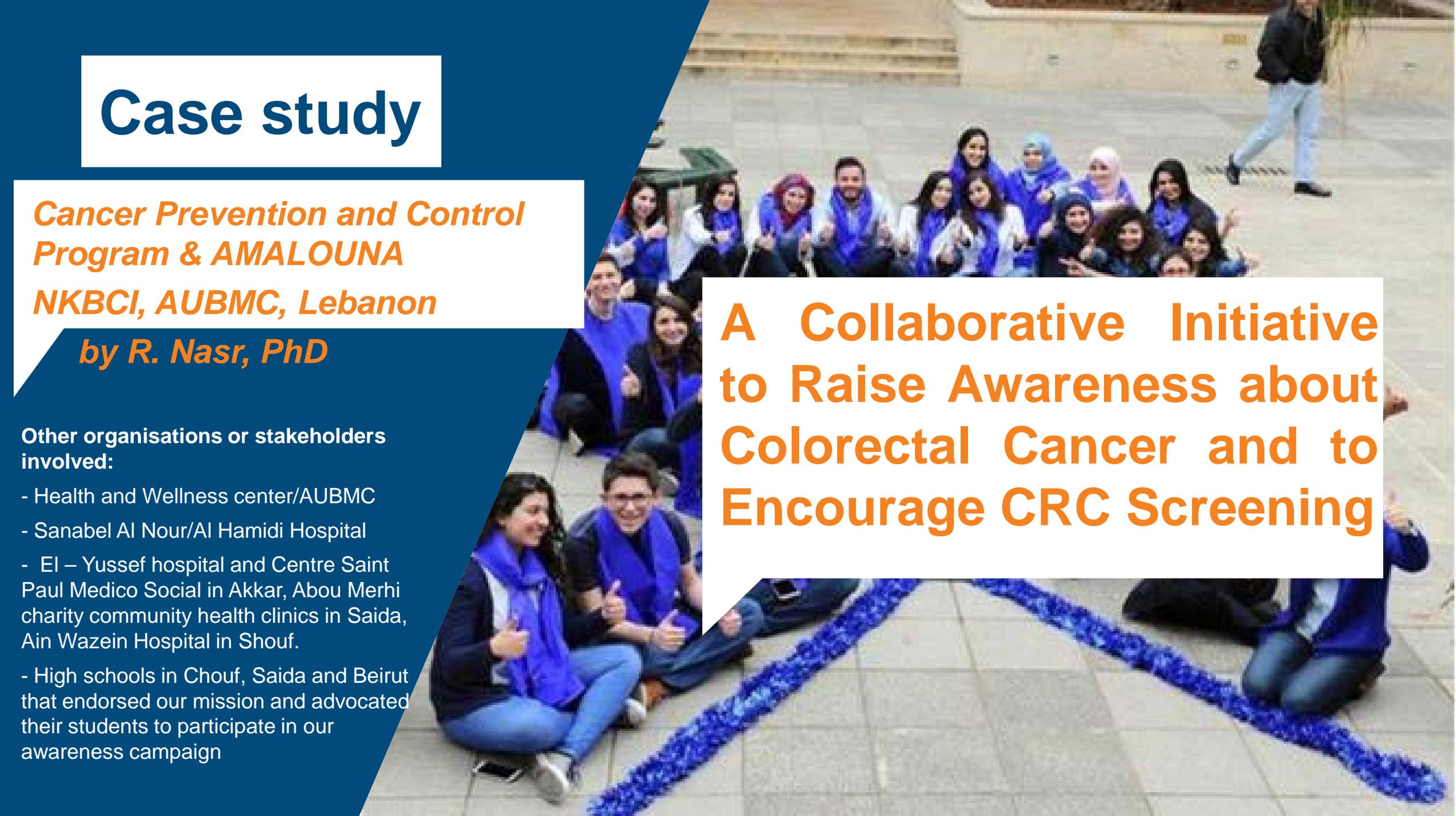
Cancer Prevention and Control Program & AMALOUNA

NKBCI, AUBMC, Lebanon

by R. Nasr, PhD

Other organisations or stakeholders involved:

- Health and Wellness center/AUBMC
- Sanabel Al Nour/Al Hamidi Hospital
- El – Yussef hospital and Centre Saint Paul Medico Social in Akkar, Abou Merhi charity community health clinics in Saida, Ain Wazein Hospital in Shouf.
- High schools in Chouf, Saida and Beirut that endorsed our mission and advocated their students to participate in our awareness campaign



A Collaborative Initiative to Raise Awareness about Colorectal Cancer and to Encourage CRC Screening

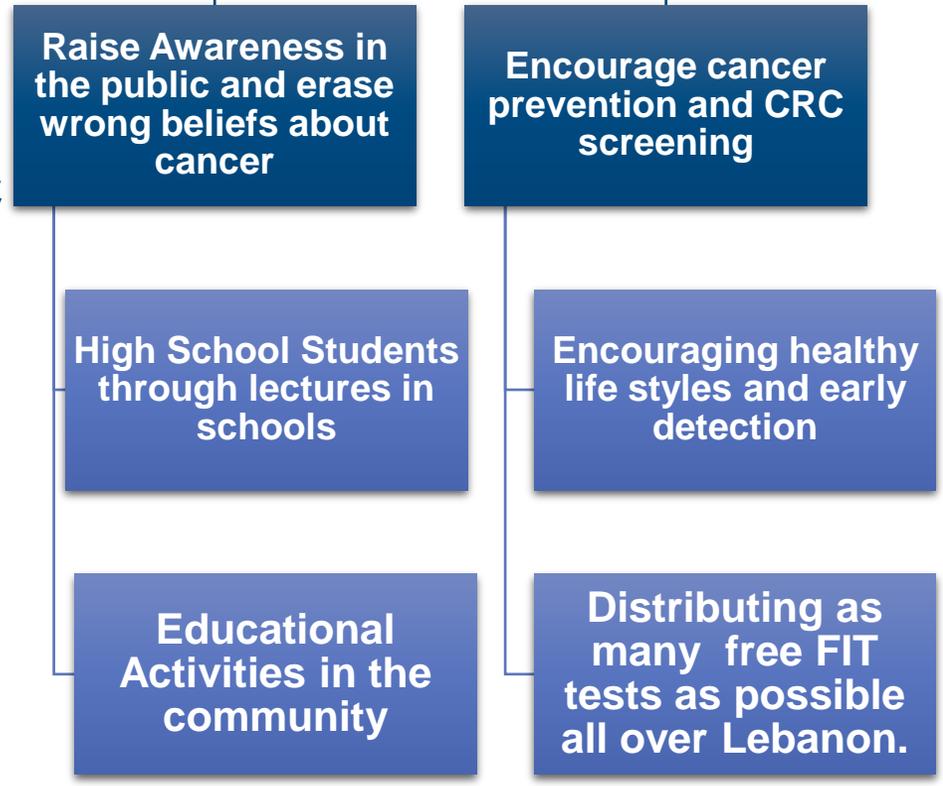
Summary

Rationale

- Colorectal cancer (CRC) ranks 4th in males and 2nd in females as the most-commonly reported cancer in Lebanon.
 - No implemented national CRC screening program.
 - A lot of incorrect notions about cancer are disseminated in the public.
- There is a need for effective strategies to combat cancer generally and CRC specifically by awareness, prevention, and early detection.



Collaboration between different entities
NKBCI, AMALOUNA, NGO, Hospitals, Schools



A **collaborative** and **integrative** approach is essential to fight CRC



Dress in Blue Day



Educational activities and materials



Awareness Lectures



Discover your Colon

امتنا نحمي السرطان
الكشف المبكر لسرطان القولون ينقذ حياتك
تقدم جمعية أمنا بالتعاون مع مركز باسيل للأمراض السرطانية وجمعية سنابل التورفخس مجاني للبراز وذلك ضمن حملات التوعية لمحاربة مرض السرطان
عمر ك فوق الخمسين؟ قم بفحص الدم الخفي في البراز مجاناً الآن في:
• مركز الحمودي الطبي الخيري، طرابلس
• مؤسسة أبو مرعي الخيرية، صيدا
• مستشفى عين و زين، النوف
• مستشفى اليوسف و مركز القديس بولس للخدمات الشاملة، عكار

Do the FIT to Stay FIT

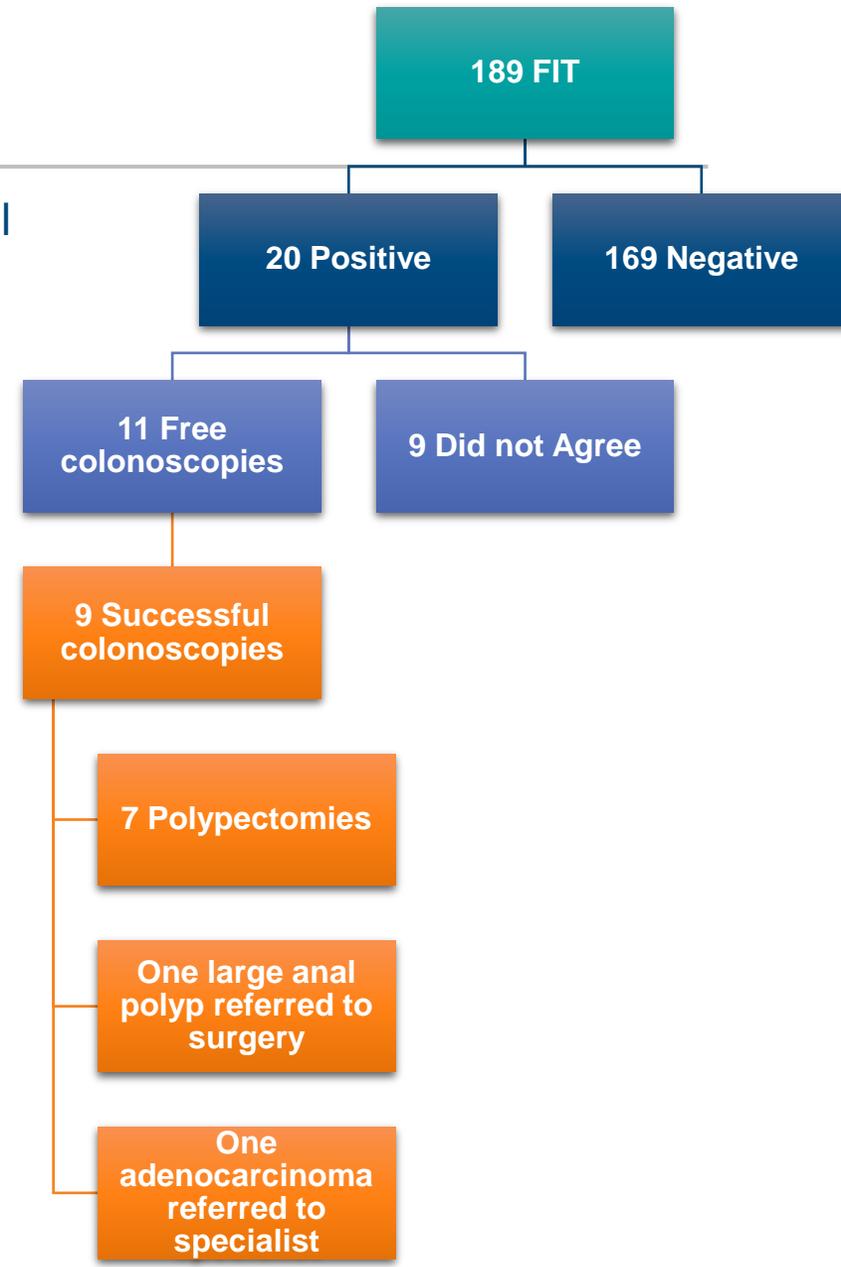


Impact achieved

• **Increased CRC awareness/education:** Success of the campaign's educational arm was highlighted by data collected from 732 community surveys before and after touring the giant inflatable colon.

Age for CRC screening	Pre-test 23% → post-test 79%
Does polyp excision prevent CRC?	Pre-test 43% → post-test 73%
Is CRC always symptomatic	Pre-test 47% → post-test 72%
How likely will you do screening for CRC?	Pre-test 50% → post-test 76%

• **Promoted and facilitated CRC screening:** Success of the screening campaign was assessed by the number of free screening tests that were secured and distributed to the public, especially those from socio-economically disadvantaged backgrounds, as well as by the follow up of FIT positive cases whenever applicable.



Lessons learned



Collaboration is key for success

Together we can reach an underserved community and raise more awareness, promote healthy lifestyles, and support recommended cancer screening.



Funding is important

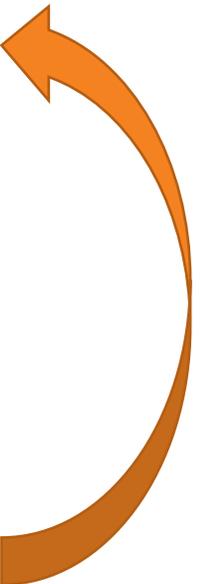
Additional funding is needed in part to secure required colonoscopy for individuals with positive FIT/FOBT testing.



Challenges are inevitable but surmountable

FIT/FOBT positive patients resisting follow up: recruit social workers that specialize in patient communication.

Logistical obstacle: employ specialized mobile stations to deliver and collect tests for people in remote areas. Therefore, maximizing output.





Engagement opportunities

The initiative is open and welcomes new partner(s).

Our campaign is educational at its core, which can be implemented in virtually any setting or community.

This is especially true considering that the recommended CRC screening tests (FIT, FOBT, and colonoscopy) are widely available.

The inflatable CRC model can be easily transported to any location, and all of the credible educational material are readily made available free online.

Interested and motivated?? Come find me or send an e-mail at rn03@aub.edu.lb

Case study

Children's Cancer Center of Lebanon

Other organisations or
stakeholders involved:
ALSAC/St.Jude

Humanitarian Fund



Summary

❑ Rationale of the initiative in connection to the needs of the country/region:

- The major rationale behind initiating the “Humanitarian fund” is the increasing number of children with cancer from nearby countries specially Syria due to the unstable situation and the on-going conflict.
- Two million refugees which is equivalent to half of the Lebanese citizens, of all ages including children were displaced and relocated in Lebanon.
- Children diagnosed with cancer during their stay in Lebanon continuously sought treatment at CCCL as the leading cancer treatment centers in Lebanon and the region, and the only center that treats children for free.

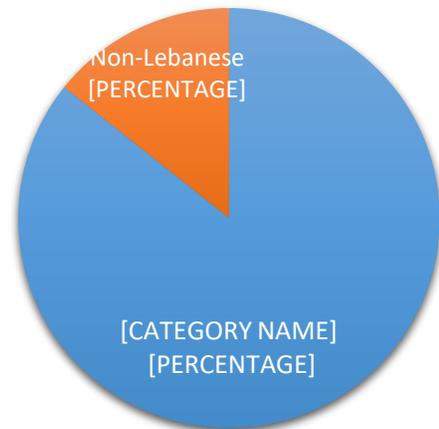
Summary

❑ Need for Collaboration and the best way to address the issue:

- Fulfilling its founder's mission and following Danny Thomas' motto "No child should die in the dawn of life", CCCL's mission is to treat all children residing in Lebanon with no discrimination and zero cost to their parents.
- Percentage of Children Treated at CCCL

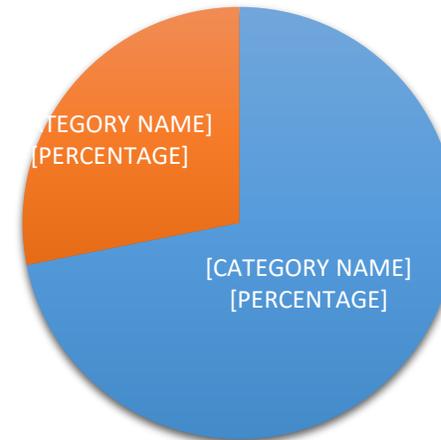
In 2011

Total number of Patients: 70



In 2012

Total number of Patients: 96



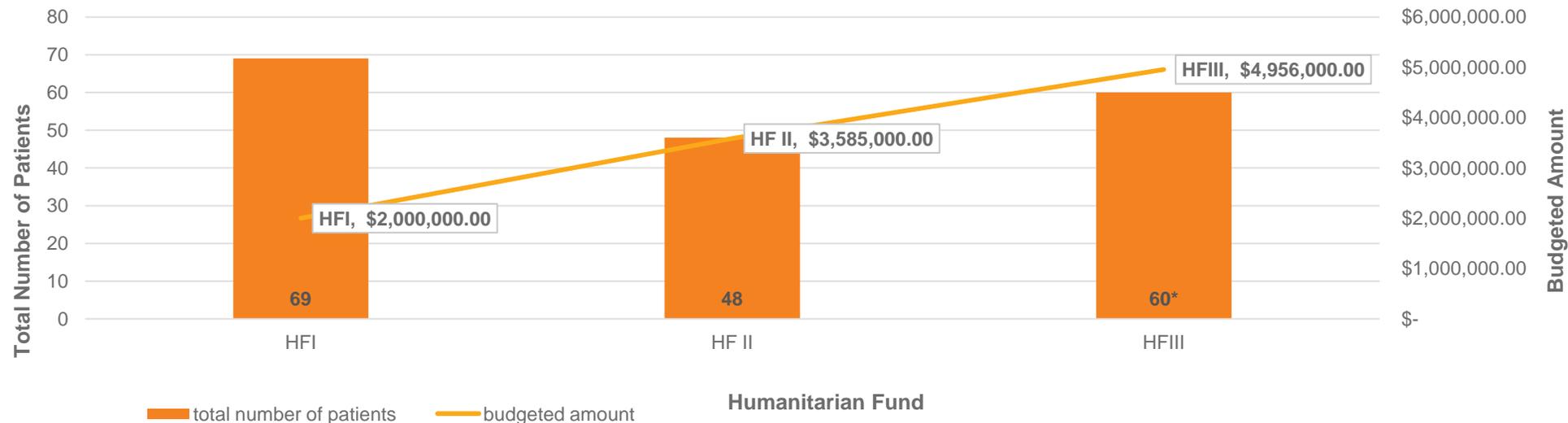
Reasons for Collaborations:

- 1) As per CCCL's registry, an overall increase of Patients admitted to CCCL by 37%; and a 100% increase of non-Lebanese between 2011 and 2012.
- 2) The need of increasing the budget proportionally with the patients increase;
- 3) To safeguard the right of Lebanese children treated and newly diagnosed to receive the needed and necessary care;
- 4) To maintain the social welfare of both communities;

Results achieved (or expected)

□ The initiative and the main objective and implications for the different stakeholders:

- In May 2013, the Humanitarian Fund was established by the American Lebanese Syrian Associated Charities (ALSAC)/St. Jude Children's Research Hospital (SJCRH) in collaboration with the Children's Cancer Center of Lebanon (CCCL) at the American University of Beirut Medical Center (AUBMC).
- In its first edition the CCCL has enrolled 69 patients where 50 were Syrian, 11 Iraqi, and 8 Palestinian using The Humanitarian Fund.
- **The Humanitarian Fund was again renewed in 2015 and then in 2017, but under new terms:**



***Out of which CCCL covered 20% of treatment cost in other hospitals**

- **The Humanitarian Fund helped in saving 70% of the 177 Non-Lebanese patients enrolled.**

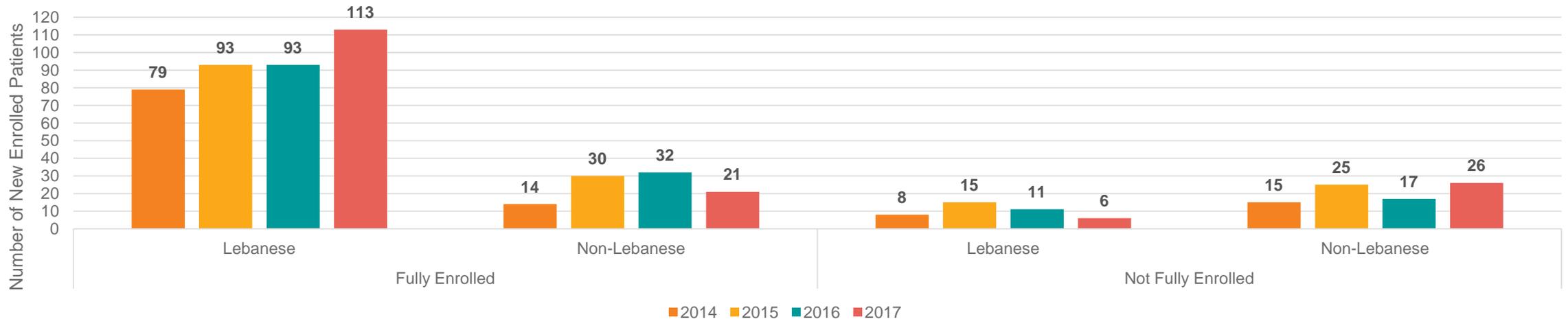
Results achieved (or expected)

- Increasing demand for the Center's services and enrollment of non-Lebanese patients referred to CCCL in an unanticipated numbers have affected Lebanese patients from receiving the Care needed due to:
 - The unreadiness of the structure and infrastructure of the Center.
 - As a result, a sense of discrimination and unfairness was raised in few occasions from Lebanese parents with the Center's Management.

☐ The Impact Expected and The Results Achieved So Far:

- **The Impact Expected:**

Variation of New Enrolled Patients Between 2014 and 2017

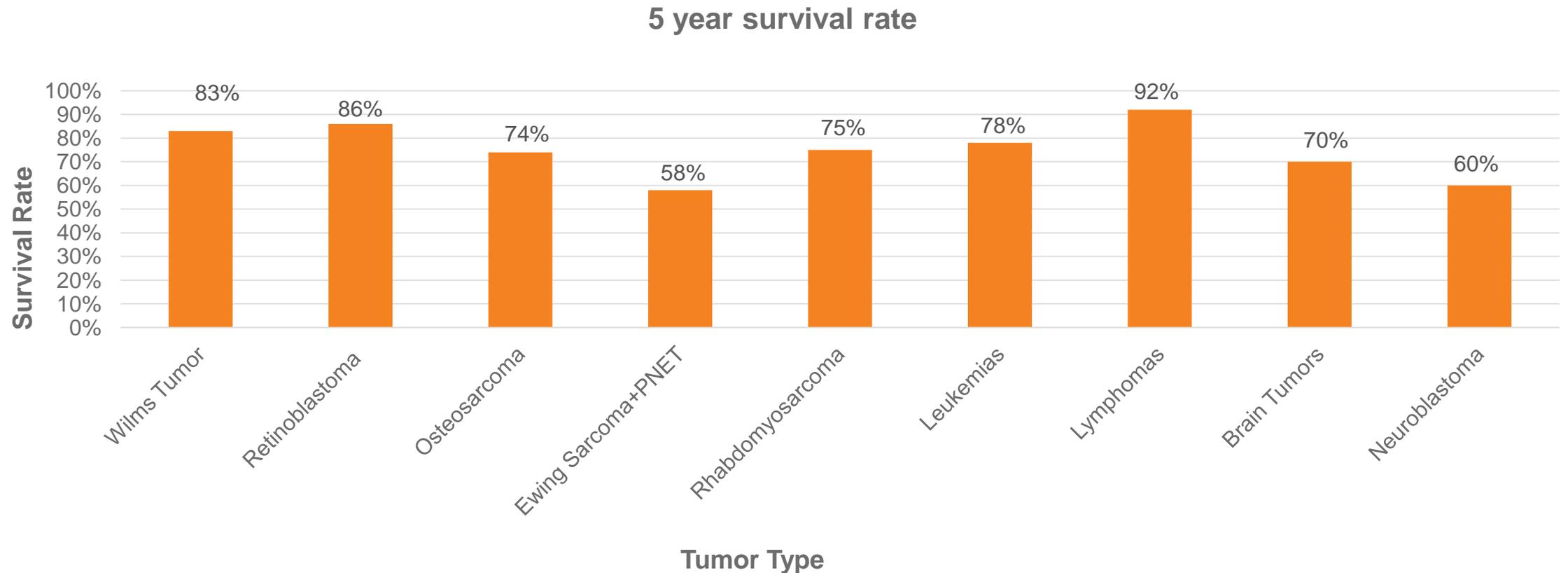


Results achieved (or expected)

- **The Results Achieved So Far:**

Survival rates: 2002 till present

Overall = 76% (N=1275, patients enrolled between 2002-present)



Lessons learned

❑ One thing to change about the collaboration:

- Expansion of human capital and infrastructure before establishing wider collaboration, the collaboration must include international fund and grant giver bodies such as WHO and WHA in order to treat those ignored by their governments and children without any insurance and health services coverage.

❑ Many challenges were faced, the most important points are:

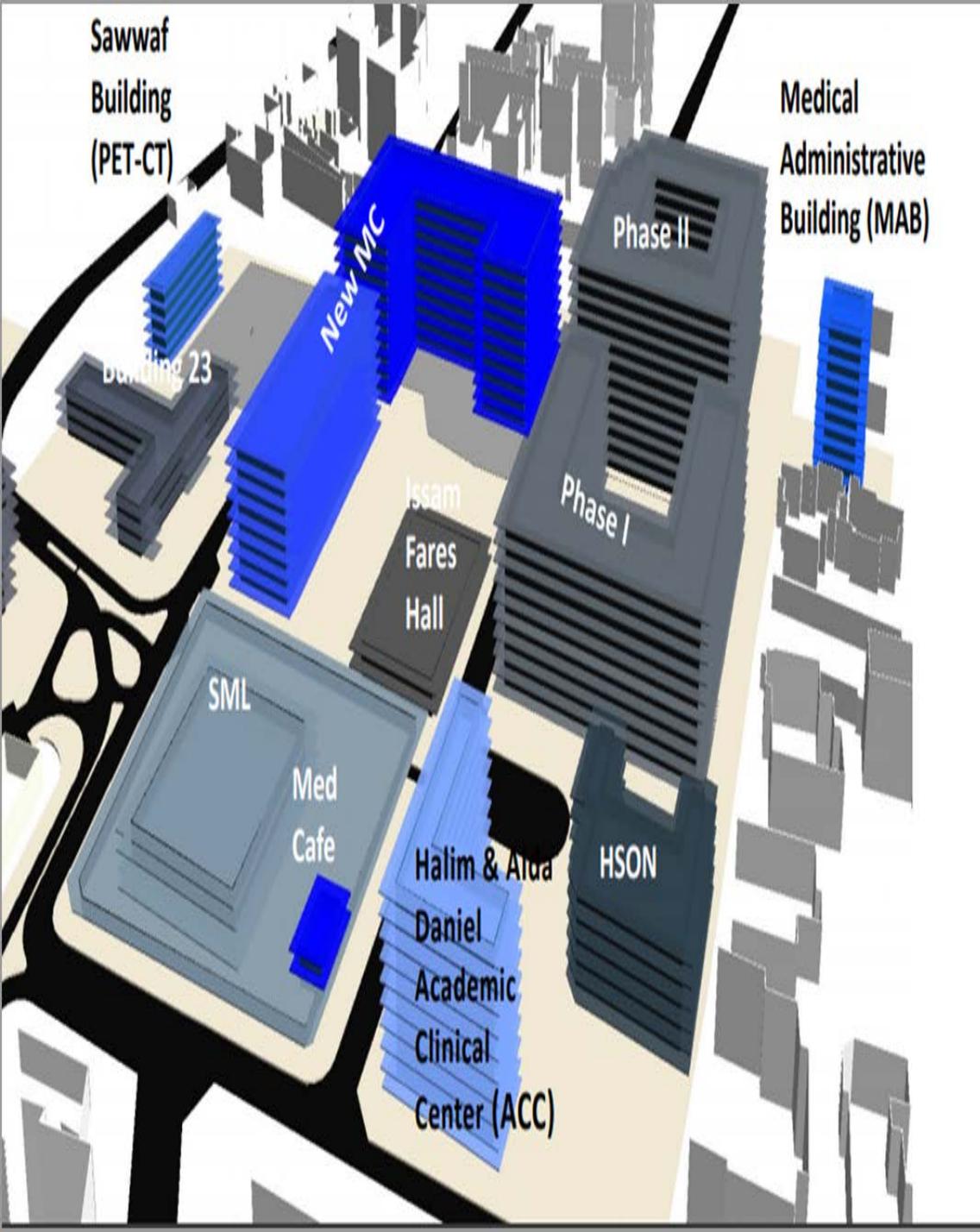
- Not being able to cater for all patients due to terms and guidelines of the Humanitarian Fund set by ALSAC and St Jude that may deny relapsed and treatment extension cases from benefiting from the fund.
- Infrastructural limitations and costs.

❑ Challenges were overcome by:

- Including in the center's budget the cost of treating relapsed and extended treatment cases which cannot be covered by the fund. (CCCL's 20% share under the new agreement)
- Establishing partnership with other hospital to increase the capacity of treating as many children as possible.

❑ Recommendation to a peer with a similar project:

Although such projects have challenges, we recommend to continuously assess the needs of the patients on HF and have an effective monetary control system.



Engagement opportunities

□ Involvement/Engagement:

- Grant for expansion and creating an infrastructure that could enhance the capacity of the center and increase the availability of beds and spaces to up to 100% for Lebanese and non-Lebanese children enrolled or semi-enrolled for treatment; subject to the budget and allocated fund;
- International and regional financial governmental and non-governmental partnership (pharmaceutical, medical centers, private sectors, United Nation units/organizations, professional bodies and educational institutions) to support the center with their awareness and training programs;
- Grants for awareness and public educational campaign to help early prediction and correct diagnostics;

Opportunities for UICC Members in the MENA region

Connect globally

WORLD CANCER LEADERS SUMMIT

October 2019, Kazakhstan

WORLD CANCER CONGRESS

19-22 October 2020, Oman

WORLD CANCER DAY 'I am. I will.'

New campaign 4 February 2019

Leadership Development

CEO PROGRAMME

Leadership in Action meetings
5 regions in 2019
Short term Leadership Grants

YOUNG LEADERS

April 2019 Call for Applications

Grants and Fellowships

GRANTMAKING OPPORTUNITIES FOR ORGANISATIONS:

SPARC Metastatic breast cancer
Expansion to other topics in 2019

FELLOWSHIPS FUNDING

1-month learning visit for all professionals – All year long

Treatment for All: National activation

CHAMPION A NATIONAL TFA CAMPAIGN

October 2019: Call for expressions of interest launched
Support country needs assessment
Launch dedicated Toolkit on WCD
Mentoring from experts

Regional engagement

Adapting, facilitating access to & developing activities aligned with Members' needs and UICC priorities



MENA Activities on **World Cancer Day**

On **4 February 2018**, in the EMRO region:

- 15 UICC members supported the 2018 WCD campaign *'We can. I can.'*
- 69 activities took place



'I am and I will'

Official launch at the
2018 World Cancer Congress with
materials available in Arabic



MENA Regional gathering in 2019 Leadership in Action meeting



The Leadership in Action meetings aim to **build an active community of CEOs and strengthen leadership and management capacities across cancer control organisations from the same region**, consolidated through short-term learning exchanges

These convening platforms are designed to adapt the CEO Programme into a regional event to **address specific regional needs**

Leadership in Action

An impactful collaborative platform

Each Leadership in Action is held **in conjunction** with another regional event and is organised and hosted by a UICC member.

It stands as **an action-oriented forum**, which aims to:

- **Provide CEOs with spaces to connect** with each other and **exchange views** on common topics and challenges chosen by them
- **Foster** regional and thematic **collaborations** and shared learning
- **Equip CEOs with the skills, resources and supporting networks** to better navigate the complexities and challenges of their role and organisation missions.



Upcoming event in Oman 2020

World Cancer Congress and World Cancer Leaders' Summit

Save the date

2020 World Cancer Congress

Oman

19 - 22 October 2020

Hosted by

The National Oncology Centre Royal

Hospital Muscat

and the Oman Cancer Association



How your organisation can be a champion and support our region?



1. Engage with UICC and *Treatment for All* to improve access to treatment in your country



2. Take advantage of the impact of **World Cancer Day** worldwide to raise your voice and profile your work and activities



3. Join regional leaders at the **UICC Leadership In Action meeting in 2019** and benefit from key development trainings



4. Engage today in our region to raise our profile internationally and ensure a successful **World Cancer Congress in 2020 in Oman**



Discussion

Suggested questions to discuss:

- 
- What would you like to see from UICC?
 - What are the needs from the region that would benefit from a collaborative response?
 - Who are the stakeholders to have onboard to ensure impact in collaborations?
 - Are there inputs/experiences you would like to share with your peers?

Thank you!

Contact us at:

membership@uicc.org

regionalcba@uicc.org

worldcancercongress.org



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