

Session Concept Note

Title:

17 October 2022, 9:00 – 10:30, venue, room

Berlin, Germany

Cervical cancer threatens the lives and well-being of too many women, their families, and their communities. In 2020, there were 604,000 new cases and 342,000 deaths globally – with 90% of these occurring in low- and middle-income countries (LMICs).

The *Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem* was launched in 2020 to catalyze action on cervical cancer elimination. The *Strategy* represents the first-ever global effort to accelerate the elimination of a specific cancer type – a cancer that is highly preventable with the HPV vaccine. It sets the following 90-70-90 targets to be met by 2030 for all countries:

- 90% of girls fully vaccinated with HPV vaccine by age 15 years
- 70% of women are screened with a high-performance test by 35 years of age and again by 45 years of age
- 90% of women identified with cervical cancer disease receive treatment (90% of women with precancer treated, and 90% of women with invasive cancer managed).

In 2022, the WHO Secretariat submitted the first report on progress in the implementation of the World Health Assembly (WHA) resolution 73.2, including the progress in the implementation of the global strategy and its targets.

Goals and Objectives

Cervical cancer can often be cured by surgery alone if diagnosed and treated in its early stages. However, of the cancer patients who live in the world's poorest nations, less than 5% have access to safe, effective, and timely cancer surgery. Building and scaling specialized surgical oncology capacity in low-income settings, alongside awareness and early detection service platforms, can have a significant and immediate impact. In alignment with these realities, the **goal of the session** is to shed light on critical gaps across the entire gynecologic oncology surgical ecosystem in high-burden countries and match them with potential resources for capacity-building at the local, national, regional, and global levels. Thus, the session intends to bring together multistakeholder participants, including but not limited to the Member States, the UN system, gynecology professional societies, and civil society.

The goal builds on the World Health Assembly (WHA) resolution 73.2, including the request by the Member States to the Director-General of WHO to:

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- provide ongoing dialogues with professional societies on the one hand, and gynecology program implementers, on the other hand, to map and match existing capacity-building programs and the challenges and needs at the national and sub-national levels;
- offer support to the Member States, upon request, in implementing the global strategy to accelerate the elimination of cervical cancer as a public health problem, including surgery, pathology, blood banking, anesthesia, radiotherapy, and palliative care;
- prioritize support for high-burden countries to bring evidence-based interventions to scale, mindful of the particular challenges faced by low- and middle-income countries;
- to collaborate closely with relevant international organizations and stakeholders and to strengthen stakeholder engagement, coordination, research, innovation, and resource mobilization to support the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem.

The goal of the session is fully aligned with WHO GPW13 and the WHO Program Budget 2022 – 2023, namely, its output 1.1.3 “Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course”.

Modalities of the session

A 90-minute session will be held in a hybrid format that will include participants from the Member States and relevant non-State actors in line with WHO’s policies and procedures (nongovernmental organizations such as civil society and professional societies, academic institutions, and private sector entities).

Outputs

- Session report
- Press release
- Web article

Expected Outcomes

- Identification of gynecologic oncology surgical ecosystem gaps and commitments to fill them in the short, intermediate, and longer-term
- Technical discussions and practical actions proposed on strengthening collaboration between relevant stakeholders for accelerating action towards strengthening capacity for cervical cancer treatment and management across the entire surgical ecosystem, including options to review progress
- Increased awareness of surgical care as a key element (next to much more visible HPV vaccination and cervical cancer screening) of the overall approach to supporting the Member States to achieve 90-70-90 benchmarks, and the need to scale up surgical capacity
- Shared lessons and experiences of existing and potential sources of capacity-building in gynecology

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Participation criteria for invited non-State actors (NSAs)

Given the planned agenda and outcome of the meeting, with a specific focus on facilitating collaboration between all relevant stakeholders) the following criteria will be applied for the participation of NSAs:

- 1) The entity implements capacity-building programs in gynecology in low-income settings for at least 2 years
- 2) The entity has participated in the informal dialogue with WHO on capacity-building in gynecology
- 3) The entity has provided a significant and meaningful technical contribution to the mapping of existing capacity-building programs
- 4) Other entities that have collaborated with WHO or Charité – Universitätsmedizin Berlin on capacity building in the area of gynecology (and across the entire surgical ecosystem) and are ready to make available their programs and other relevant resources to advance WHO's activities and strategies on the elimination of cervical cancer in response to the World Health Assembly resolution WHA73.2 and to support progress in the Member States may be invited to take part subject to the corresponding due diligence and risk assessment processes.

Similarly, other entities willing to contribute to this process may be invited to participate in any follow-up activities subject to the WHO decision to continue its engagement and the corresponding due diligence and risk assessment processes, as outlined above.

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Draft agenda

A. Introduction - 7 minutes

B. Gyne oncology ecosystems in the Member States selected by WHO and Charite - present status and needs (short, intermediate, and longer-term) - 3 minutes each

1. Malawi
2. Kenya
3. Zambia
4. Rwanda
5. Lesotho
6. Eswatini
7. Sierra Leone
8. Nigeria
9. Mali
10. Morocco

C. Models of training - 3 minutes each

Academic Institutions and Nongovernmental Organizations

1. Global gyne oncology mentorship and training program - *International Gynecologic Cancer Society*
2. MSF-comprehensive cervical cancer project - *European Society of Gynaecological Oncology*
3. Competency-based surgical intensification - *Women's Oncology Collective Africa*
4. Virtual reality surgical simulation - *Institute of Cancer Policy*
5. Telepathology - *American Society for Clinical Pathology*
6. Surgical system strengthening – *Global Surgery Foundation*

Other participating societies include the *Society of Gynecologic Oncology* and the *Pan Arabian Society of Gynae Oncology*. They will be able to make interventions within the discussion.

D. Interactive discussion between capacity-building entities and frontline implementers from the Member States – 20 minutes

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E. Other non-State actors¹: 2 minutes each

1. Merck
2. Organon
3. Siemens healthineers
4. German Health Alliance
5. Roche

F. Next steps (options) 7 mins

1. Outcome report documenting technical requests and any agreed actions of each non-State actor in line with WHO's policies and rules to support WHO in advancing WHA73.2.
2. Technical support and actions proposed by non-State actors to implement training in the selected target country/countries as recommended by WHO, in agreement with national authorities and subject to due diligence and risk assessment processes., (eg. WOCA support to implement "competency-based surgical intensification training" in several high-burden countries over the next year; IGCS will start new gynecology training programs in several high-burden countries over the next year).
3. The parties will consider elaborating options on how to best continue to work together and review progress.
4. A proposal for a meeting (in the margins of a global health event, such as the World Health Assembly) will be convened to review progress, and identify challenges to new collaborations and solutions (e.g., lessons learned to extend the model beyond the participating countries.)
5. A statement by the participating societies to support the WHO's work on the implementation of the Global strategy to accelerate the elimination of cervical cancer as a public health problem.

¹ Subject to due diligence and risk assessment by Charité.

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Session brief

SUGGESTED FORMAT:

From	To	Speaker order	Title	Country	Intervention
8:30			<u>Coffee/Tea for the participants outside the room</u>		For introductions, warm –up and any outstanding arrangements or questions.
8:30	9:00		Section One: Introduction The meeting will be moderated by Dr. Andreas Ullrich /Dr. Sara Nasser Charité and Prof. Groesbeck Parham, WHO. Moderators will briefly introduce the goals and objectives of the meeting. Afterward, the moderators briefly introduce Dr. Jalid Sehouli, Director of the Department of Gynecology with Center for Oncological Surgery, Charite, and Dr. Nono Simelela, Assistant Director-General, Special Advisor to the Director-General, Strategic Priorities, WHO. Dr. Sehouli and Dr. Simelela will provide opening remarks for three minutes each.		
9:00	9:30		Section Two: Moderator-led presentations on gyne oncology ecosystems in the Member States - present status, gaps (Parham, Ullrich, Nasser) Each speaker/frontline provider will make a brief presentation on the short, intermediate and longer-term needs in their respective country to strengthen their capacity across the entire gyne oncology ecosystem.		
(3 min)		Speaker 1:	Dr. Lameck Chinula	Malawi	Gyne oncology surgical ecosystem - present status and needs (short, intermediate and longer term)
(3 min)		<u>Speaker 2:</u>	Dr. Anisa Mburu	Kenya	Gyne oncology surgical ecosystem - present status and needs (short, intermediate and longer term)

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(3 min)		<u>Speaker 3:</u>	Dr. Samson Chisele	Zambia	Gyne oncology surgical ecosystem - present status and needs (short, intermediate and longer term)
(3 min)		<u>Speaker 4:</u>	Dr. Dawit Worku	Rwanda	Gyne oncology surgical ecosystem - present status and needs (short, intermediate and longer term)
(3 min)		<u>Speaker 5:</u>	Dr. Muluken T. Eshete	Lesotho	Gyne oncology surgical ecosystem - present status and needs (short, intermediate and longer term)
(3 min)		<u>Speaker 6:</u>	Dr. Elly Agaba (vritual)	Eswatini	Gyne oncology surgical ecosystem - present status and needs (short, intermediate and longer term)
(3 min)		<u>Speaker 7:</u>	Dr. Amadu Sesay	Sierra Leone	Gyne oncology surgical ecosystem - present status and needs (short, intermediate and longer term)
(3 min)		<u>Speaker 8:</u>	Prof. Isaac F. Adewole	Nigeria	Gyne oncology surgical ecosystem - present status and needs (short, intermediate and longer term)
(3 min)		<u>Speaker 9:</u>	Prof. Adil El Ghanmai	Mali	Gyne oncology surgical ecosystem - present status and needs (short, intermediate and longer term)
(3 min)		<u>Speaker 10:</u>	Prof. Oumar Camara	Morocco	Gyne oncology surgical ecosystem - present status and needs (short, intermediate and longer term)

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9:30	9:51	Section Three: Moderator-led reaction to the country needs Each speaker will make a brief presentation on their capacity-building programs in low-income settings.			
(3 min)		<u>Speaker 1:</u>	Ms. Mary Eiken	International Gynecologic Cancer Society	Global gyne oncology mentorship and training program
(3 min)		<u>Speaker 2:</u>	Ms. Renata Brandtnerova	European Society of Gynaecological Oncology	The MSF-comprehensive cervical cancer project
(3 min)		<u>Speaker 3:</u>	Prof. Michael Hicks	Women's Oncology Collective Africa	Competency-based surgical intensification
(3 min)		<u>Speaker 4:</u>	Prof. Richard Sullivan	Institute of Cancer Policy	Virtual reality surgical simulation
(3 min)		<u>Speaker 5:</u>	Dr. Dan Milner (virtual)	American Society for Clinical Pathology	Telepathology
(3 min)		<u>Speaker 6:</u>	Dr. Geoffrey C. Ibbotson	Global Surgery Foundation	Surgical system strengthening
(3min)		<u>Speaker 7:</u>	Dr Sara Nasser	PARSGO	Virtual Tumorboards
9:51	10:01	Section Five: brief reactions and interventions by industry partners, 2 mins per speaker. The following partners will take the floor: <ol style="list-style-type: none"> 1. Merck – Ms. Jutta Reinhard-Rupp 2. Organon – Mr Michael Studen 3. Siemens healthineers – Mr. Bernd Ohnesorge 4. German Health Alliance – Ms. Eeva Karsta 5. Roche – Dr. Paul Chilwesa 			
10:01	10:30	Section Six: Interaction between the Implenters Societeis and Indutry, Summary of discussions and next steps The moderators will facilitate cross over discission and summarize the discussions, highlight key messages, and thank the participants. The next steps may include the following:			

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		<ol style="list-style-type: none">1. Outcome report documenting technical requests and any agreed actions of each non-State actor in line with WHO's policies and rules to support WHO in advancing WHA73.2.2. Technical support and actions proposed by non-State actors to implement training in the selected target country/countries as recommended by WHO, in agreement with national authorities and subject to due diligence and risk assessment processes., (eg. WOCA support to implement "competency-based surgical intensification training" in several high-burden countries over the next year; IGCS will start new gyne oncology training programs in several high-burden countries over the next year).3. The parties will consider elaborating options on how to best continue to work together and review progress.4. A proposal for a meeting (in the margins of a global health event, such as the World Health Assembly) will be convened to review progress, and identify challenges to new collaborations and solutions (e.g., lessons learned to extend the model beyond the participating countries.)
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THE MODERATORS ARE EXPECTED TO ENFORCE THE INDICATED TIME LIMITS.

THE MEETING WILL HAVE DEDICATED RAPORTEURS WHO RECORD KEY OUTCOMES/MESSAGES FOR THE MEETING REPORT AND NEXT STEPS.