Technical Cooperation in support of cancer treatment

Ana María Cetto, DDG-TC
29 March 2004
Status in developing countries

• Cancer becoming a major health issue
• Weak policies and strategies to address it
• Few national cancer control programmes
• Inadequate management infrastructure
• Insufficient equipment
• Shortage of qualified professionals
National cancer control programme (WHO)

National cancer programme

Prevention (Agency-)

Early diagnosis (Agency+)

Treatment (Agency++)

Palliation (Agency+)

Surgery

Radiotherapy

Chemotherapy
Technical cooperation programme

• Involvement of IAEA since the 1960s
• Response to MSs needs through a variety of TC projects:
  • cancer prevention (environmental health and nutrition) and cancer screening (incl. radiology);
  • medical, physical, safety aspects of radiotherapy:
    • setting up or upgrading radiation oncology services,
    • fostering the use of advanced techniques in teletherapy,
    • improving treatment planning systems,
    • sponsoring long-term training for medical physicists,
    • improving quality assurance and control (QA/QC);
  • strengthening the implementation of the International Basic Safety Standards.
In the 10-year period 1994 – 2003:

• 519 projects developed and implemented
• 90 countries supported
• US $82.5 million disbursed,

with increased focus on the objectives specific to the Agency.
Number of operational projects (1994-2003)
Number of projects by region (1994-2003)

million US $

Experts | Equipment | Fellows/SV | Training

0 | 0 | 0 | 0
10 | 0 | 0 | 0
20 | 0 | 0 | 0
30 | 0 | 0 | 0
40 | 0 | 0 | 0
50 | 0 | 0 | 0
60 | 0 | 0 | 0
Programming guidelines for projects:

- **Overall** project priority: efficient, safe and cost-effective management of cancer, with emphasis on cancer patients.

- **National** projects to help establish one reference centre to *competence level* in all areas. Once this has been established/upgraded, governments are expected to invest in other centres.

- **Regional** projects to focus on: promotion of QC/QA, implementation of clinical and physical quality auditing and basic safety standards, and introduction of sustainable training in all centres with radiotherapy.

- **Project planning** to assess the overall needs and priorities, the involvement of other UN organizations, the magnitude of the cancer problem, and the existing facilities in MSs.
TC programming process in radiotherapy, cont.

• Participating MSs must:
  • have a minimum radiation protection infrastructure,
  • undertake the necessary measures for the disposal of radiotherapy sources,
  • be willing to accept cost sharing of equipment (except for LDCs).

• Except for LDCs, the creation of a project must not be based on an isolated request, but reflect the national situation regarding access to radiotherapy for cancer treatment.

• A national cancer control programme should exist in the national health plan.
Country programme framework (CPF) process

- A diagnostic planning mechanism that confirms agreement on the priority development objectives where NS&T can provide a sustainable contribution.

- The principal means of applying the central criterion in project design and planning, as it ensures that the project “addresses an area of real need in which there is a national programme enjoying strong government commitment and support.”
CPF results

Radiotherapy identified as a priority or ongoing project in:

- Africa: 24/33 member states
- Asia and Pacific: 9/12 member states
- Europe: 17/27 member states
- Latin America: 10/21 member states
- West Asia: 8/11 member states.
Some lessons learned:

• Although MSs may present to the Agency the same symptoms/needs, the prescriptive remedies/actions are likely to be different.

• The Agency acts as an advising/active partner during the establishment phase of the programme. In each case, real ownership from MSs must be instilled from the start by ensuring:
  • their commitment to the programme, their willingness to mobilize all the necessary resources in its support, and their readiness to explore alternative funding options,
  • their ability to maintain/expand the programme, when it is up and running, by designing the necessary sustainability elements into it,
  • their design of their radiotherapy programmes as part of their National Cancer Management Programmes,
  • their recognition of the medium-term nature of the investment required for a successful programme and the careful planning needed to fuse its different elements into a “unified” whole.
Some lessons learned (cont.):

• It is imperative to develop and maintain the necessary managerial oversight (master plan) that brings together, at the right time, the necessary ingredients (building, hardware, trained staff, other relevant support) into a functioning unity.

• In view of the recognized need to “qualify” (as opposed to simply “train”) staff to a certain standard before they treat patients, an appropriate HR development programme is one of the most critical components of a radiotherapy programme.

• On the other hand, brain drain is a constant risk to such a programme, especially in LDCs. It is therefore necessary to develop a careful, and a mutually agreed, approach to this problem that ensures the return on the resources invested with minimum delay to the programme.
Some lessons learned (cont.):

2003 evaluation of TC projects in radiation therapy in LA&C

1. Observations:

- Radiotherapy was found to be very relevant to the health situation prevalent in developing MSs.
- As a result of past projects, radiotherapy centres in several countries and partners in the Agency projects have seen their capacities and qualifications enhanced.
- Training centres in hospitals and universities have also seen their capacities increased.
- In terms of safety, medical workers in participating MSs have seen their working conditions improved.
Lessons learned: Evaluation of projects in LA&C (cont.)

2. Main recommendations:

• The Agency should, as a matter of priority, design a radiation therapy strategy with a view to aggregate its current array of projects around objectives, and set priority goals for action

• If, after having decided on a strategic plan of action, the Agency decides to maintain or increase its involvement in the field of radiotherapy, it has to increase staffing in the technical departments

• Based on its overall strategy, the Agency’s TC should resume elaborating a thematic plan in the field of radiotherapy

• In the medium term – probably upon completion of a radiation therapy thematic plan – the Agency should seek establishing a partnership with WHO in the field of radiation therapy.
Future directions

- Programming will emphasize sustainability arrangements for radiotherapy facilities
- Regional projects will focus on South-South cooperation and shared resources
- Some technical/managerial responsibilities will be transferred to qualified national institutions
- National/regional partnerships will be encouraged.