

FREINS AU DÉPISTAGE DANS LE MONDE : EXEMPLE DE L'AFRIQUE SUB-SAHARIENNE ET VISION DE L'OMS



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World Health
Organization

African Region



World Health Organization

African Region

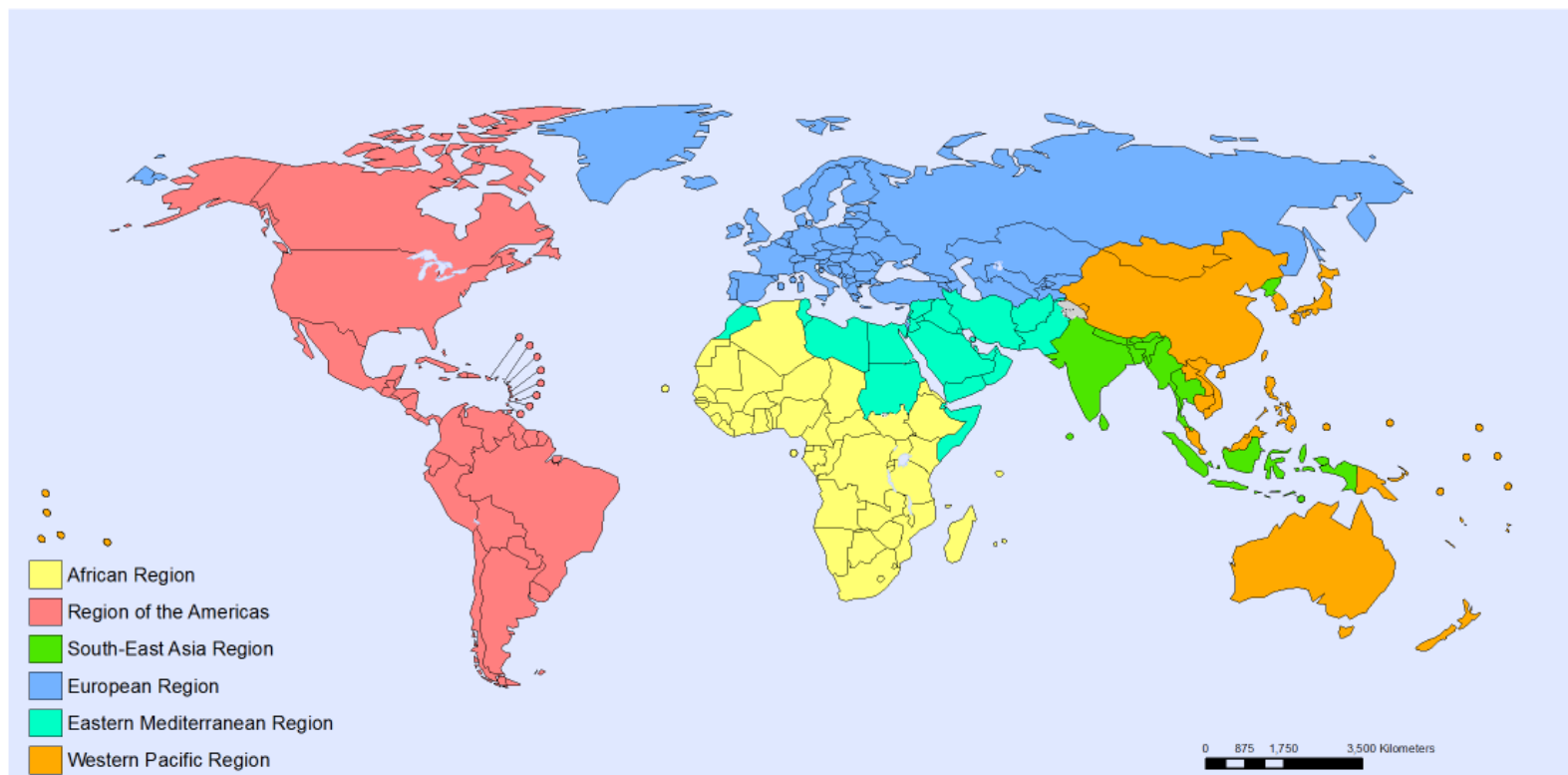
47 PAYS

Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros (the), Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, the Islamic Republic of the Gambia, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe



World Health Organization

WHO regions



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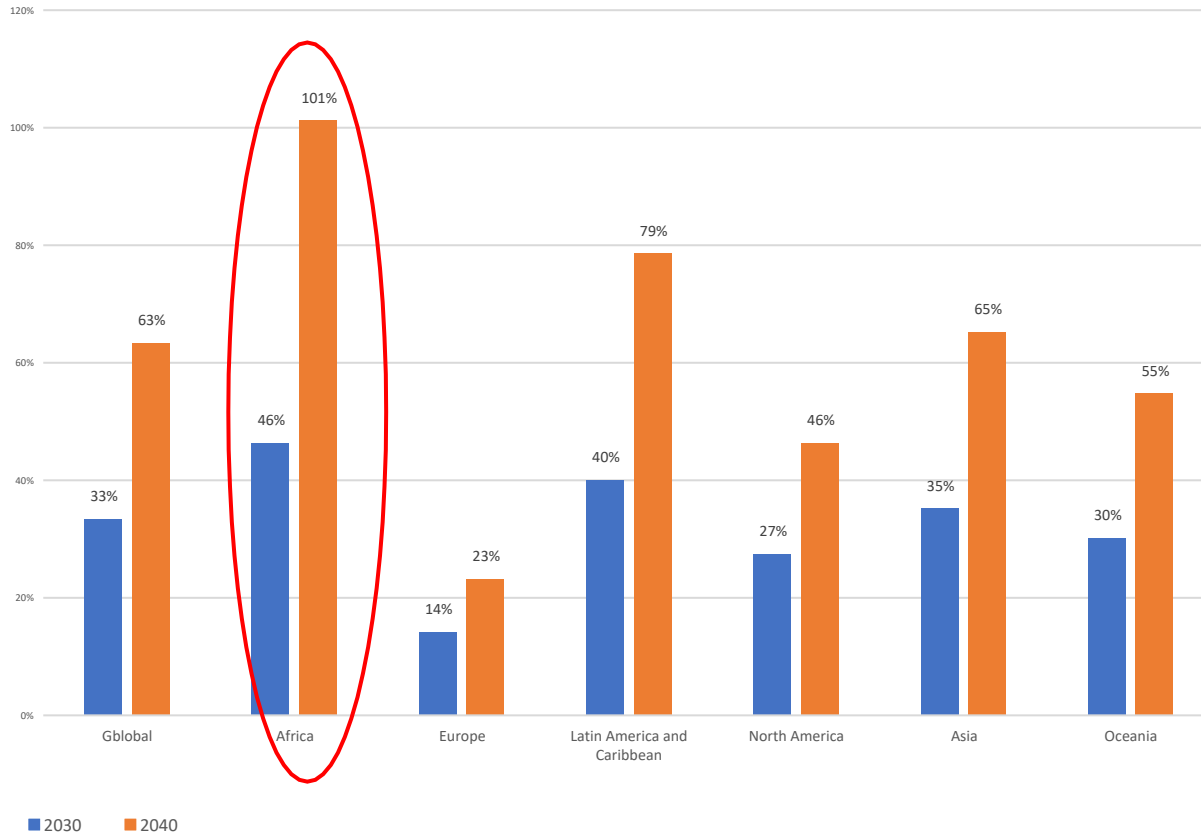
Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization



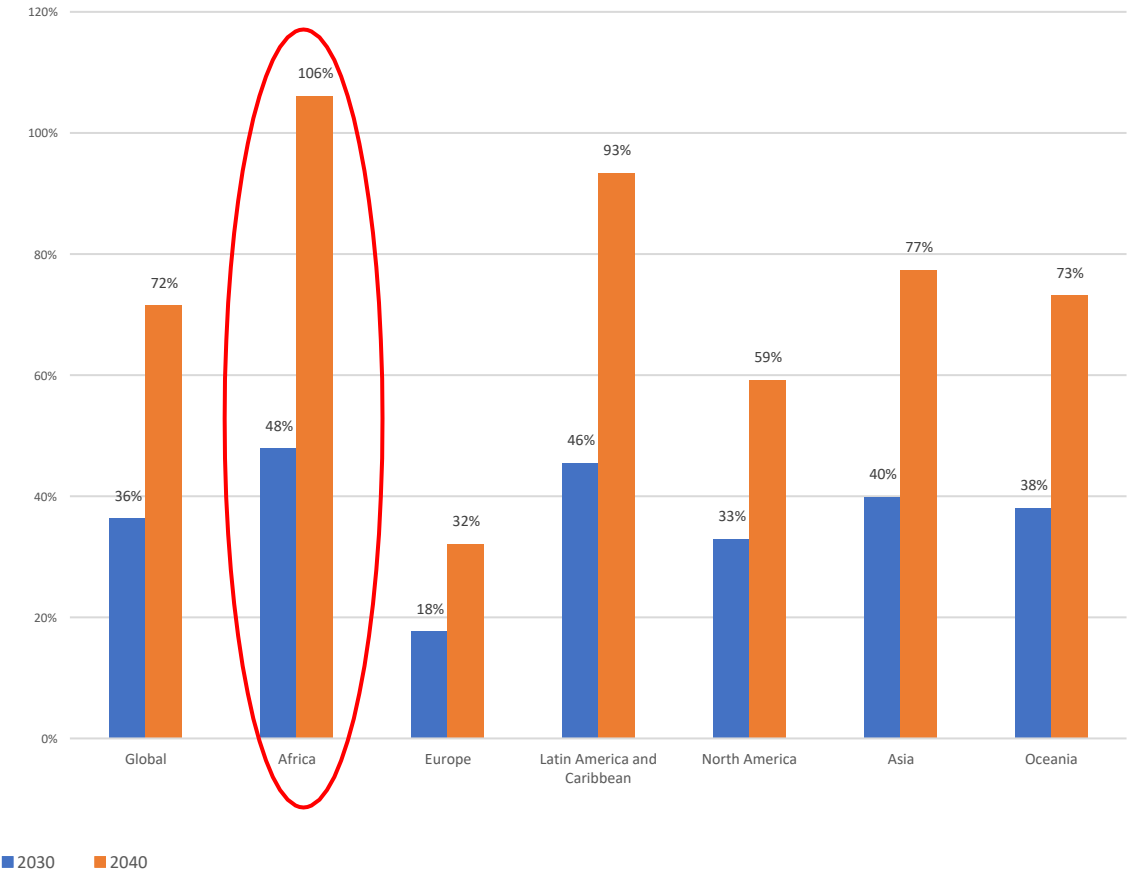
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Le cancer

Comparing the projected increase in new cancer cases across regions with 2018 as baseline



Comparing the projected increase in cancer death across regions with 2018 as baseline

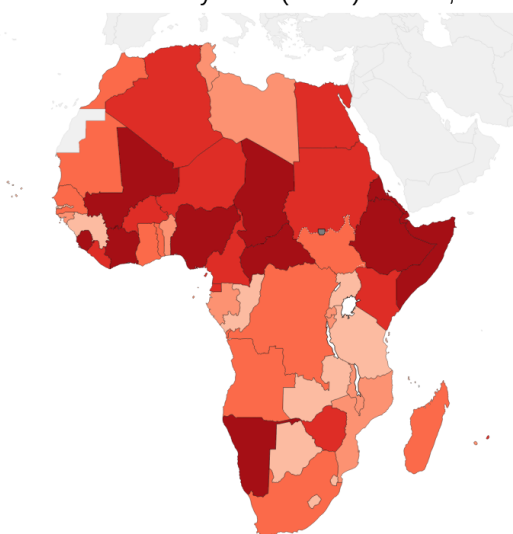


Augmentation de la charge du cancer dans le monde
Afrique +++

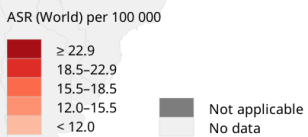
Cancer du sein Afrique 2020: Nouveaux cas 66 963 / Décès 129 000
2020-2040 → Incidence: 85,7% Mortalité: 89%

Mortalité, Incidence, Prévalence

Estimated age-standardized mortality rates (World) in 2020, breast, females, all ages



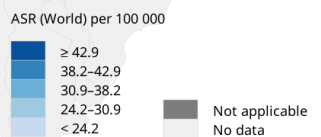
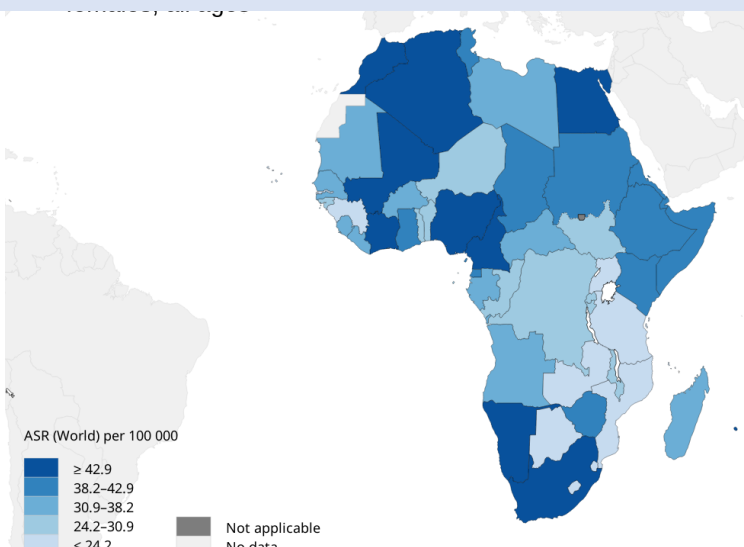
Population	ASR(W)	Population	ASR(W)
Somalia	27.2	Angola	16.7
Mali	26.6	Togo	16.7
Nigeria	25.5	South Africa	16.0
Côte d'Ivoire	25.3	Congo, Democratic Republic of	16.0
Chad	25.2	South Sudan	15.8
Eritrea	25.0	Rwanda	15.4
Djibouti	24.6	Burundi	15.4
Central African Republic	24.4	Guinea-Bissau	15.3
Ethiopia	24.1	Malawi	14.9
Namibia	24.1	Libya	14.3
Sierra Leone	23.0	Sao Tome and Principe	13.9
Cameroon	22.8	Benin	13.9
Sudan	21.2	France, La Réunion	12.5
Egypt	20.4	Gabon	12.5
Burkina Faso	20.3	Tunisia	12.5
Zimbabwe	20.2	Mozambique	12.1
Niger	20.0	Uganda	12.0
Mauritius	20.0	Tanzania, United Republic of	12.0
Kenya	19.4	Congo, Republic of	11.3
Equatorial Guinea	18.8	Comoros	10.4
Liberia	18.7	Guinea	10.4
Algeria	18.5	Eswatini	9.9
Madagascar	18.4	Lesotho	9.7
Ghana	18.1	Zambia	9.5
Morocco	17.5	Cabo Verde	8.5
Senegal	17.3	Botswana	7.0
Mauritania	17.0	The Republic of the Gambia	5.8



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Data source: GLOBOCAN 2020
Map production: IARC
(<http://gco.iarc.fr/today>)
World Health Organization

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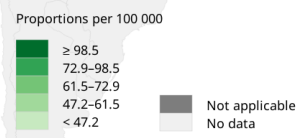
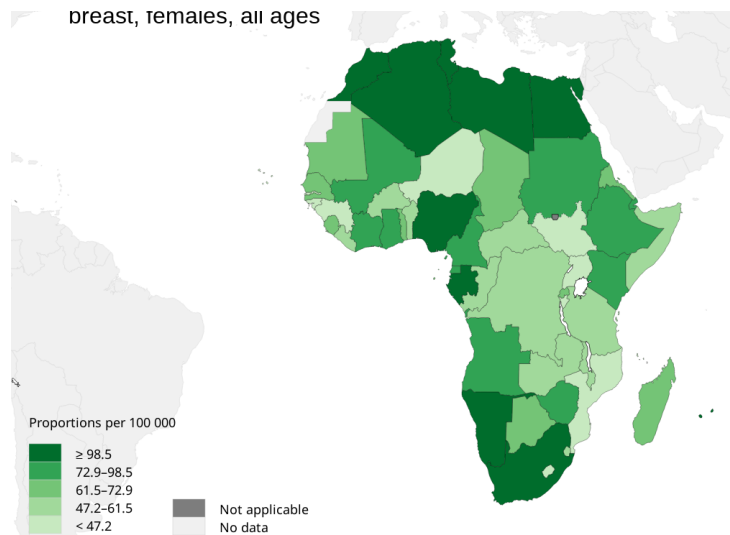
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Data source: GLOBOCAN 2020
Map production: IARC
(<http://gco.iarc.fr/today>)
World Health Organization

Population	ASR(W)	Population	ASR(W)
Mauritius	66.2	Angola	34.4
France, La Réunion	59.6	Burkina Faso	32.7
Namibia	57.6	Liberia	31.9
Morocco	56.4	Senegal	31.8
Algeria	55.8	Mauritania	31.8
South Africa	52.6	Togo	30.7
Nigeria	49.0	Niger	30.6
Egypt	48.7	Rwanda	29.1
Côte d'Ivoire	44.7	Sao Tome and Principe	27.8
Cameroon	43.6	Congo, Democratic Republic of	27.5
Mali	43.6	Malawi	25.7
Djibouti	42.4	Benin	25.6
Eritrea	42.1	Guinea-Bissau	25.4
Somalia	41.7	South Sudan	25.2
Ethiopia	41.5	Burundi	25.1
Tunisia	41.4	Congo, Republic of	24.7
Sudan	41.2	Tanzania, United Republic of	23.4
Kenya	41.0	Eswatini	22.8
Chad	40.0	Uganda	22.2
Equatorial Guinea	39.4	Comoros	21.1
Zimbabwe	39.2	Mozambique	20.4
Ghana	38.3	Zambia	20.0
Sierra Leone	37.8	Botswana	20.0
Central African Republic	37.7	Lesotho	19.2
Madagascar	34.7	Guinea	18.2
Libya	34.6	Cabo Verde	18.0
Gabon	34.5	The Republic of the Gambia	11.0

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breast, females, all ages



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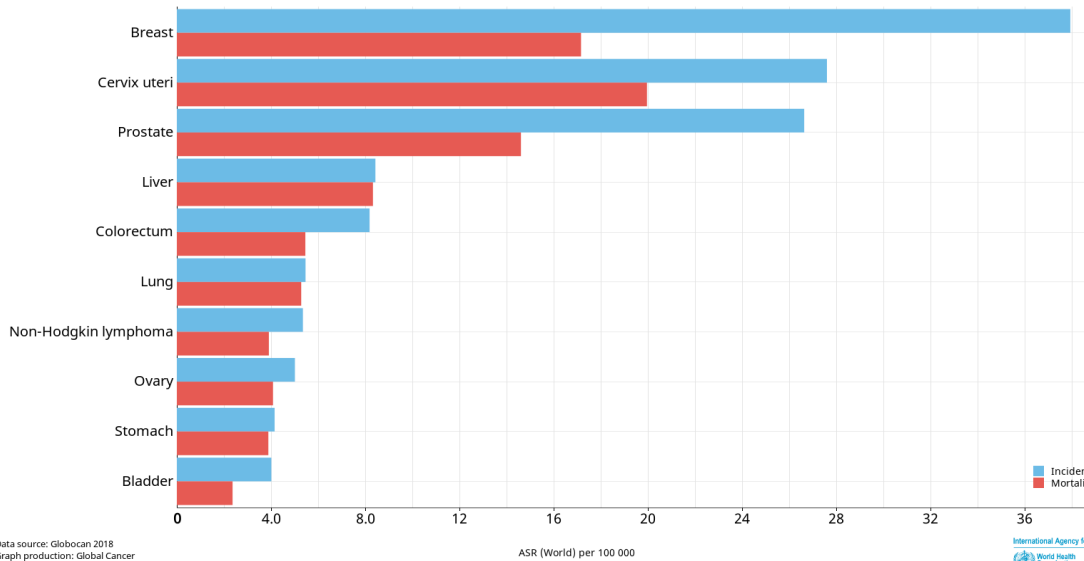
Data source: GLOBOCAN 2020
Map production: IARC
(<http://gco.iarc.fr/today>)
World Health Organization

Population	Deaths	Population	Deaths
Mauritius	231.1	Senegal	64.2
France, La Réunion	229.6	Rwanda	63.3
Algeria	176.4	Botswana	62.7
South Africa	164.7	Togo	62.0
Morocco	151.3	Chad	61.6
Namibia	149.3	Congo, Republic of	61.5
Egypt	137.0	Liberia	59.3
Tunisia	130.0	Somalia	57.0
Nigeria	106.9	Burkina Faso	56.6
Libya	103.4	Eswatini	56.3
Gabon	101.3	Central African Republic	54.8
Kenya	96.7	Benin	51.2
Côte d'Ivoire	92.5	Congo, Democratic Republic of	50.2
Cameroon	90.4	Tanzania, United Republic of	50.1
Zimbabwe	90.2	Malawi	49.9
Ghana	89.2	Zambia	47.6
Equatorial Guinea	86.1	Uganda	46.7
Sudan	81.8	Cabo Verde	46.6
Djibouti	80.8	Guinea-Bissau	46.6
Angola	78.2	Comoros	46.7
Ethiopia	75.2	Niger	44.8
Mali	73.1	Burundi	42.8
Madagascar	72.1	South Sudan	41.1
Sao Tome and Principe	71.3	Lesotho	39.8
Eritrea	70.4	Mozambique	36.3
Mauritania	65.7	Guinea	34.6
Sierra Leone	65.3	The Republic of the Gambia	19.5

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Le cancer du sein en Afrique

Estimated age-standardized incidence and mortality rates (World) in 2018, Africa, both sexes, all age

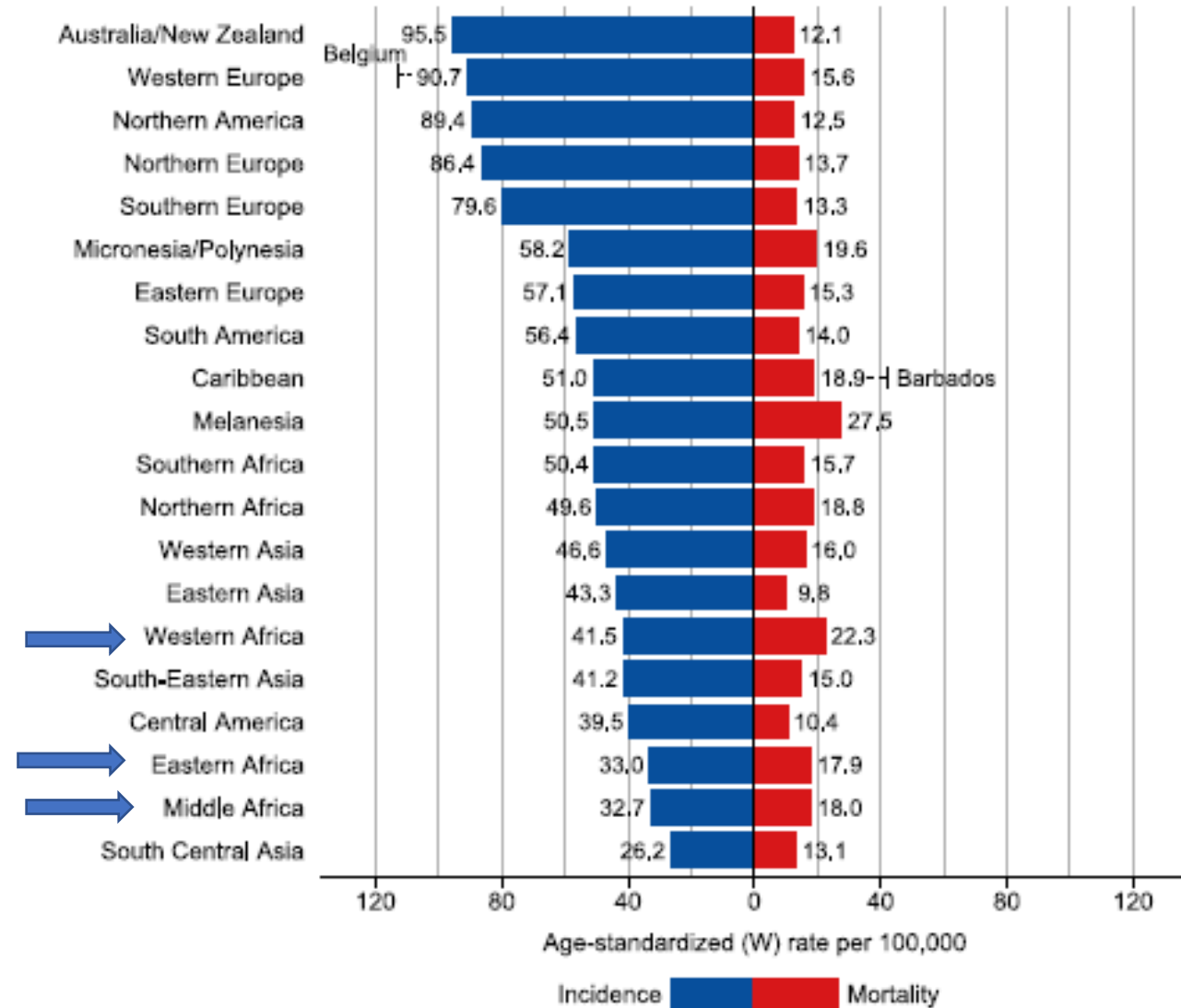


Data source: Globocan 2018
Graph production: Global Cancer Observatory (<http://gco.iarc.fr>)

ASR (World) per 100 000

International Agency for Cancer Research
World Health Organization

Female Breast



Age-standardized (W) rate per 100,000

Incidence Mortality

Afrique: Diagnostic tardif pourquoi



Stage at diagnosis of breast cancer in sub-Saharan Africa: a systematic review and meta-analysis

Elima Jedy-Agba, Valerie McCormack, Clement Adebamowo, Isabel dos-Santos-Silva

Summary

Background The incidence of breast cancer in sub-Saharan Africa is relatively low, but as survival from the disease in the region is poor, mortality rates are as high as in high-income countries. Stage at diagnosis is a major contributing factor to poor survival from breast cancer. We aimed to do a systematic review and meta-analysis on stage at diagnosis of breast cancer in sub-Saharan Africa to examine trends over time, and investigate sources of variations across the region.

Methods We searched MEDLINE, Embase, Web of Knowledge, and Africa-Wide Information to identify studies on breast cancer stage at diagnosis in sub-Saharan African women published before Jan 1, 2014, and in any language. Random-effects meta-analyses were done to investigate between-study heterogeneity in percentage of late-stage breast cancer (stage III/IV), and meta-regression analyses to identify potential sources of variation. Percentages of women with late-stage breast cancer at diagnosis in sub-Saharan Africa were compared with similar estimates for black and white women in the USA from the Surveillance, Epidemiology, and End Results database.

Findings 83 studies were included, which consisted of 26788 women from 17 sub-Saharan African countries. There was wide between-study heterogeneity in the percentage of late-stage disease at diagnosis (median 74.7%, range 30.3–100%, $I^2=93.3\%$, $p<0.0001$). The percentage of patients with late-stage disease at diagnosis did not vary by region in black women, but was lower in non-black women from southern Africa than in black women in any region (absolute difference [AD] from black women in western Africa [reference group] -18.1% , 95% CI -28.2 to -8.0), and higher for populations from mixed (urban and rural) settings rather than urban settings (13.2%, 5.7 to 20.7, in analyses restricted to black women). The percentage of patients with late-stage disease at diagnosis in black Africans decreased over time (-10.5% , -19.3 to -1.6 ; for 2000 or later vs 1980 or before), but it was still higher around 2010 than it was in white and black women in the USA 40 years previously.



Lancet Glob Health 2016; 4: e923-35

See Comment page e875

Department of Non-communicable Disease Epidemiology, London School of Hygiene & Tropical Medicine, London, UK (E Jedy-Agba MD, Prof I dos-Santos-Silva PhD); Institute of Human Virology, Abuja, Nigeria (E Jedy-Agba); Section of Environment and Radiation, International Agency for Research on Cancer, Lyon, France (V McCormack PhD); Department of Epidemiology and Public Health, University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center, Baltimore, MD, USA (Prof C Adebamowo MD); and Institute of Human Virology, University of Maryland School of Medicine, Baltimore, MD.

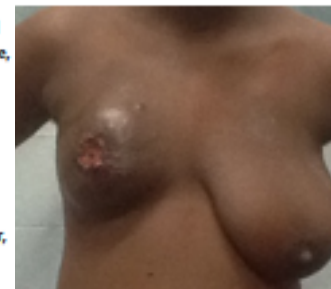
Facteurs liés au diagnostic tardif des cancers du sein en Afrique-sub-saharienne : cas de la Côte d'Ivoire

Factors linked to late diagnosis in breast cancer in Sub-Saharan Africa: Case of Côte d'Ivoire

M. Toure^{a,*}, E. Nguessan^b, A.T. Bambara^a, Y.K.K. Kouassi^a, J.M.L. Dia^b, I. Adoubi^a

^aService de cancérologie, centre hospitalier universitaire de Treichville, BP V3, Abidjan, Côte d'Ivoire

^bService de gynécologie-obstétrique, centre hospitalier universitaire de Treichville, BP V3, Abidjan, Côte d'Ivoire



SPECIAL REPORT

Breast-Cancer Screening — Viewpoint of the IARC Working Group

Béatrice Lauby-Secretan, Ph.D., Chiara Scocciati, Ph.D., Dana Loomis, Ph.D., Lamia Benbrahim-Tallaa, Ph.D., Véronique Bouvard, Ph.D., Franca Bianchini, Ph.D., and Kurt Straif, M.P.H., M.D., Ph.D., for the International Agency for Research on Cancer Handbook Working Group

Les programmes de dépistage organisés



INVITATIONS À SE JOINDRE À UNE POPULATION CIBLE À DES INTERVALLES DONNÉS,



RAPPELS SYSTÉMATIQUES POUR L'ÉVALUATION DES ANOMALIES DÉTECTÉES



LIVRAISON DES RÉSULTATS DES TESTS, DU TRAITEMENT ET DES SOINS DE SUIVI,



SUIVI ET ÉVALUATION RÉGULIERS DU PROGRAMME



ÉQUIPE NATIONALE OU RÉGIONALE RESPONSABLE DE LA PRESTATION ET DE LA QUALITÉ DES SERVICES.

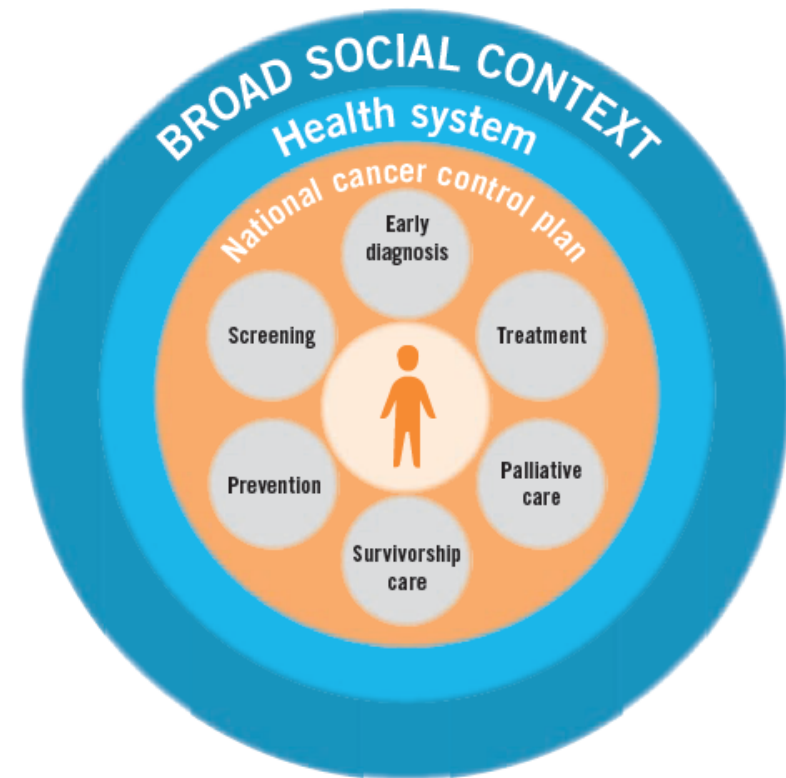
DEPISTAGE/DETECTION PRECOCE

Éléments importants de la lutte globale contre le cancer

- Dépistage du cancer: identification du cancer au stade préclinique ou de lésions précancéreuses dans une population cible apparemment en bonne santé
- Détection précoce : identification rapide du cancer chez les patients qui présentent des symptômes de la maladie
- Ils sont fondamentalement **différents en termes de ressources et d'infrastructures nécessaires, d'impact et de coût**

Objectif détection précoce:

- Identifier la maladie le plus tôt possible
- **Établir le diagnostic et le traitement sans délai améliorant ainsi la survie et la qualité de vie**



Source: Adapted from WHO 2002 (7).



ETAPES DE LA DETECTION PRECOCE

**Sensibilisation et
accès aux soins**

**Évaluation clinique,
diagnostic et
stadification**

**Accès au
traitement**

QUELS SONT LES FREINS EN AFRIQUE?

**Sensibilisation et
accès aux soins**

**Évaluation clinique,
diagnostic et
stadification**

**Accès au
traitement**

Sensibilisation et accès aux soins



Triple rôle:

Nourricier
Esthétique
Sexuel

Peur

Croyances, malédiction, mort, coût, stigma, perte de féminité, maternité, surmonter les facteurs socio-culturels

Éloignement, distance des centres de santé, abandon du conjoint, déconnection de leur soutien social

Accès aux soins primaires, Expérience du vécu des cas de cancer, peu de survivantes, effets secondaires, Leur propre système de santé
qualité des soins

Determinants of **stage at diagnosis of breast cancer** in Nigerian women: sociodemographic, **breast cancer** awareness, health care access and clinical factors

by Jedy-Agba, Elima; McCormack, Valerie; Olaomi, Oluwole; Badejo, Wunmi; Yilkudi, Monday; Yawe, Tema; Ezeome, Emmanuel; Salu, Iliya; Miner, Elijah; Anosike, Ikechukwu; Adebamowo, Sally N; Achusi, Benjamin; Dos-Santos-Silva, Isabel; Adebamowo, Clement

Stage at breast cancer diagnosis and distance from diagnostic hospital in a periurban setting: a South African public hospital case series of over 1,000 women

by Dickens, Caroline; Joffe, Maureen; Jacobson, Judith; Venter, Francois; Schüz, Joachim; Cubasch, Herbert; McCormack, Valerie



JAMA Oncology | Brief Report

Maternally Orphaned Children and Intergenerational Concerns Associated With Breast Cancer Deaths Among Women in Sub-Saharan Africa

Moses Galukande, MD; Joachim Schüz, PhD; Benjamin O. Anderson, MD; Annelie Zietsman, MD; Charles Adisa, MD; Angelica Anele, MD; Groesbeck Parham, MD; Leeya F. Pinder, MD; Songiso Mutumba, MD; Dorothy Lombe, MD; Anna Cabanes, PhD; Milena Foerster, PhD; Isabel dos-Santos-Silva, PhD; Valerie McCormack, PhD



MOYENS ET METHODES

- Cohorte de femmes ayant reçu un diagnostic de cancer du sein entre 2014 et 2017
- Namibie, au Nigeria, en Ouganda et en Zambie.
- Suivi actif du statut vital via un appel téléphonique mobile trimestriel à chaque femme ou à son plus proche parent

RÉSULTATS:

795 décès chez des femmes < 50 ans (85 %) → 964 nouveaux orphelins maternels les décès des orphelins

- Pour 100 décès de femmes de moins de 50 ans, 210 nouveaux orphelins ont été recensés (IC95%, 196)
 - 189 au Nigeria, 180 en Namibie
 - 222 en Ouganda et en Tanzanie
 - 180 chez les Namibiennes
 - 247 chez les Zambiennes

Pour chaque 100 décès de femmes, quel que soit leur âge, on comptait 121 orphelins maternels

17% avaient moins de 5 ans

32% étaient âgés de 5 à 9 ans

32% avaient moins de 10 ans

PROBLEME PSYCHOLOGIQUE DES ENFANTS A EXPLORER...

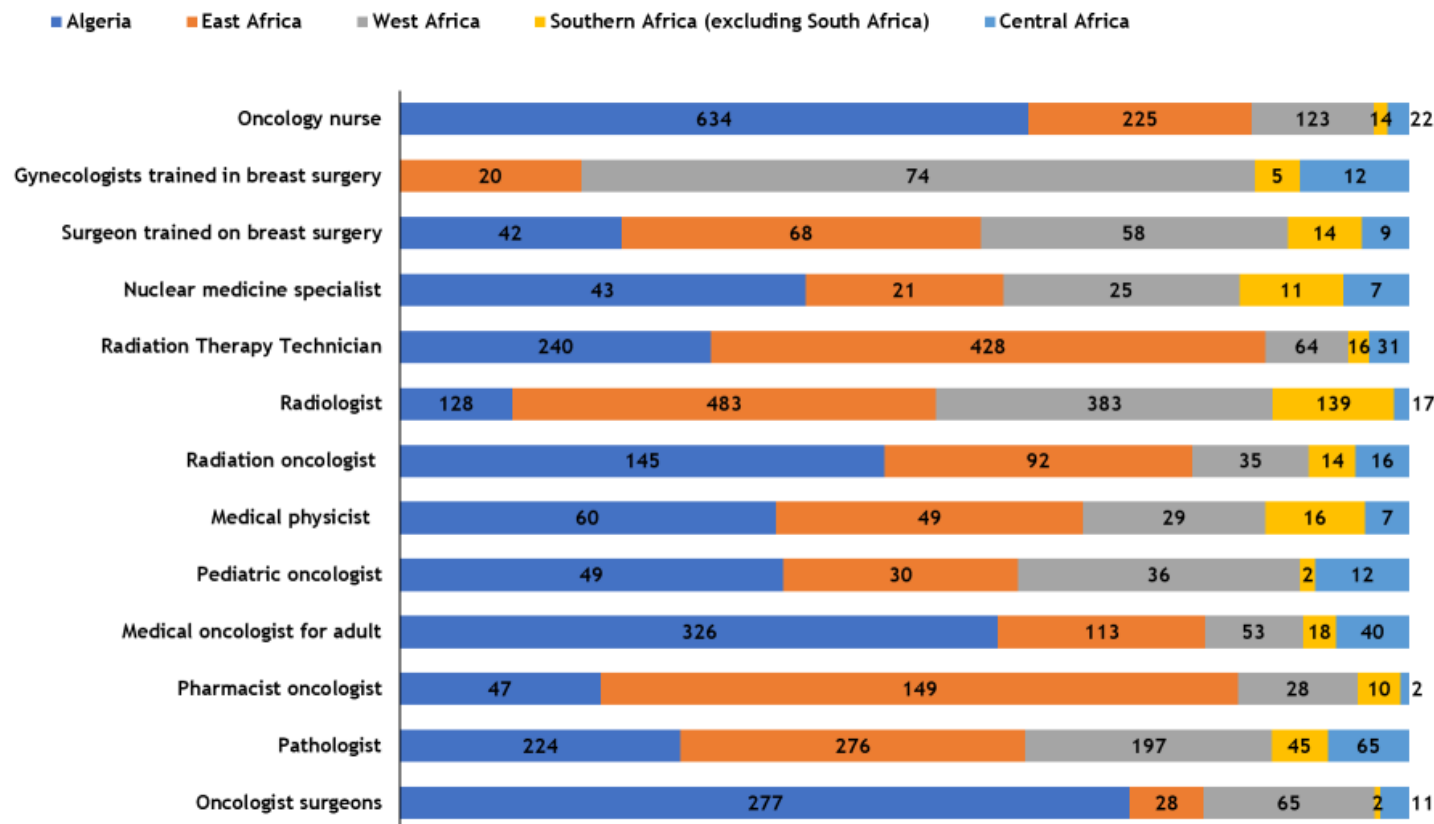
Défis dans l'évaluation clinique, diagnostic et stadification (1)



Évaluation clinique imprécise, retards dans le diagnostic clinique
Tests de diagnostic, pathologie et stadification inaccessibles
Mauvaise coordination des services et perte de suivi

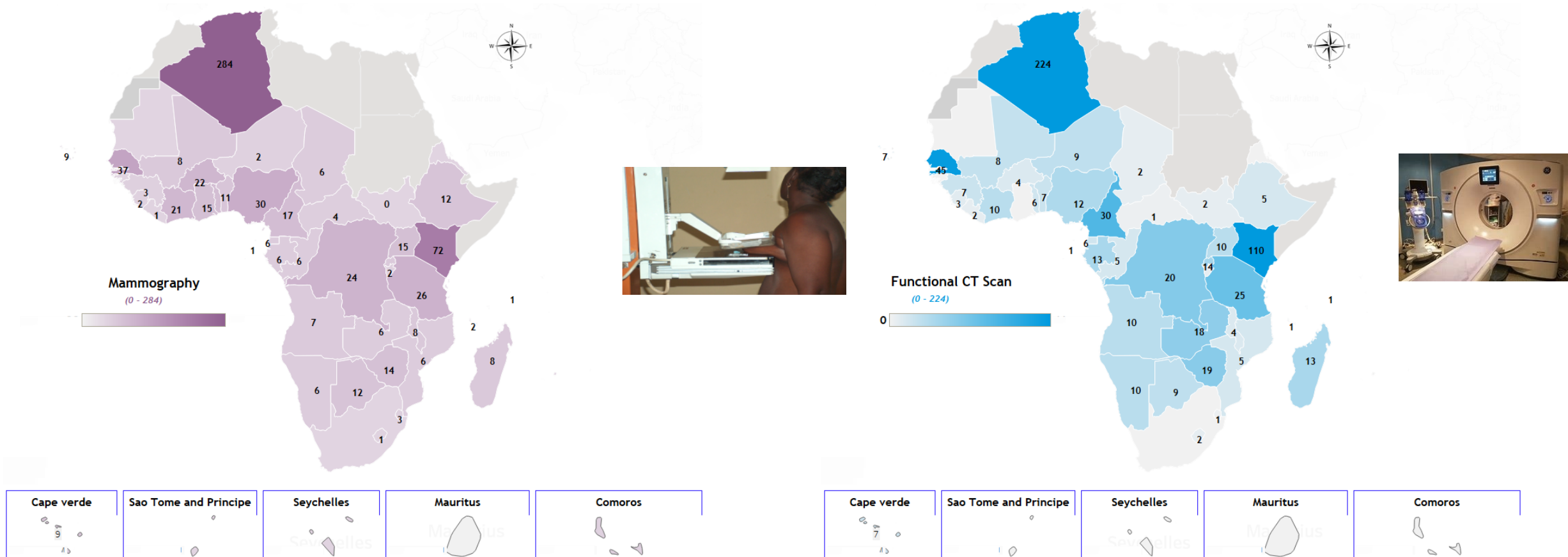
Défis dans l'évaluation clinique, diagnostic et stadification (3)

Ressources humaines



- 277 chirurgiens oncologues en Algérie
- 28 en Afrique de l'Est (à l'exception de l'Erythrée, Rep Maurice)
- 65 en Afrique de l'Ouest (à l'exception de la Gambie, de la Mauritanie)
- 2 en Afrique australe (à l'exception de l'Afrique du Sud)
- 11 en Afrique centrale

Défis dans l'évaluation clinique, diagnostic et stadification (4)



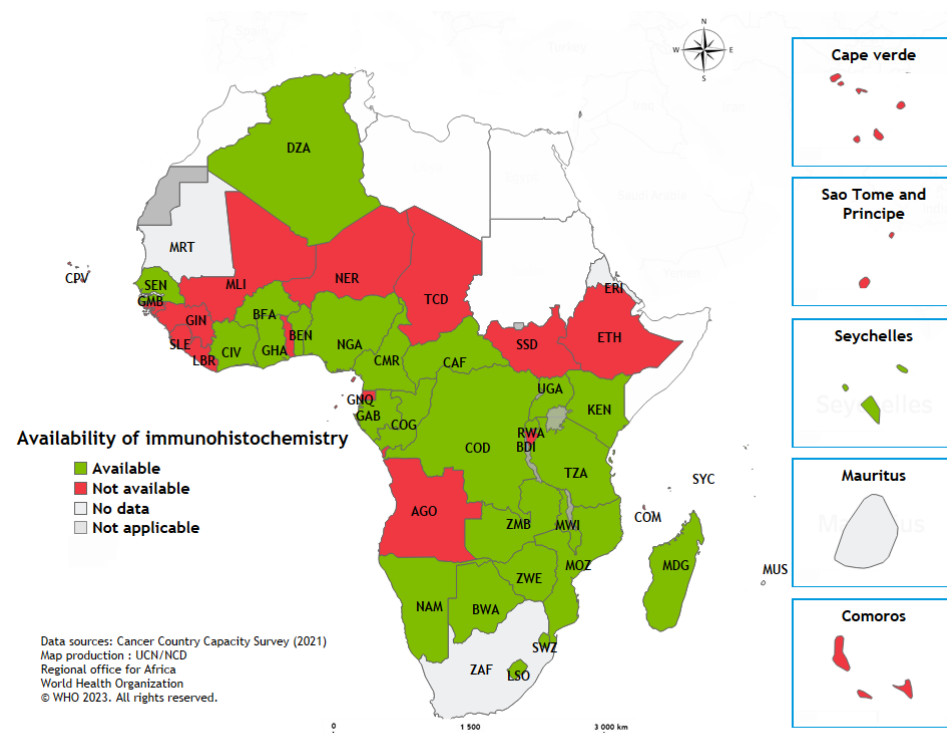
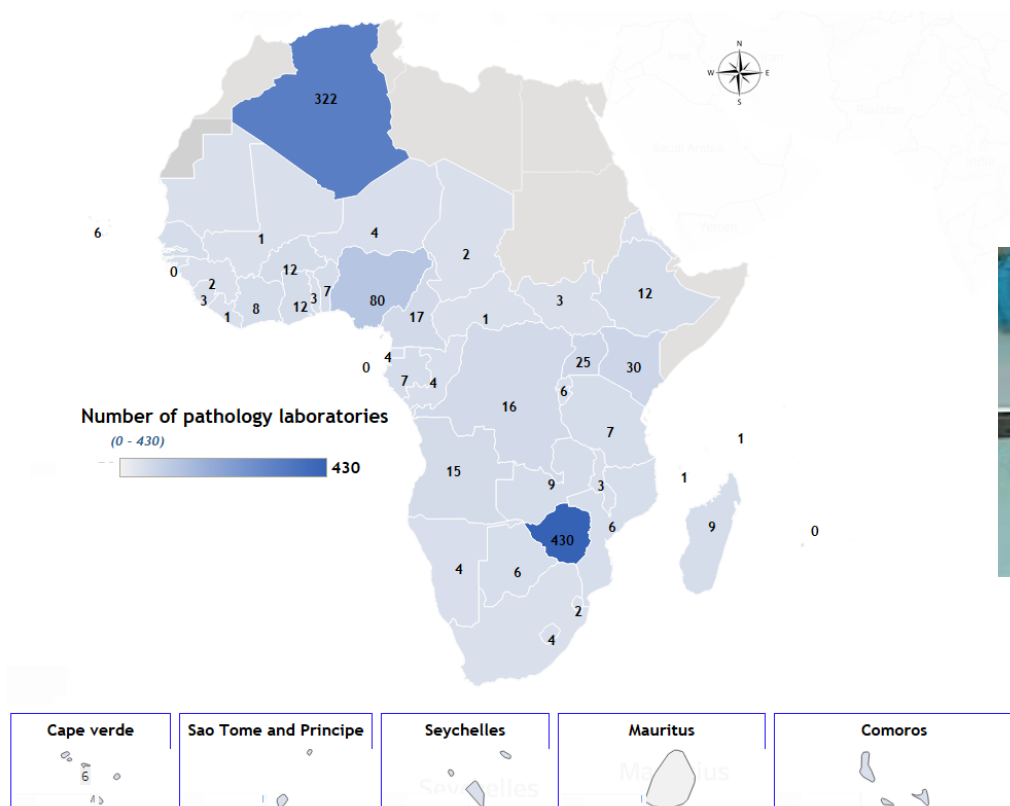
Mammo (Utilisé pour le diagnostic): 12 pays en ont de 0 à 5

TDM: 15 pays en ont de 0 à 5

Ex pays de 25 000 000 d'hbt dont 52% femmes 0 dans le secteur public et 2 secteur privé... délais, coûts

AFRO Unpublished survey data

Défis dans l'évaluation clinique, diagnostic et stadification (5)



Data sources: Cancer Country Capacity Survey (2021)
Map production: UCN/NCDC
Regional office for Africa
World Health Organization
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2 pays n'ont pas de labo, 5 pays ont 1 seul, 3 pays seulement secteur privé
IHC: 16 pays n'en disposent pas

Cout, délai résultat, acheminement prélèvements, prise en charge inadaptée... **AFRO Unpublished survey data**

Évaluation clinique, diagnostic et stadification (6)

Adult Medical Oncology	Pediatric Oncology	Surgical oncology	Pathology	Palliative care	Gynecological Oncology	Radiotherapy
<p>French</p> <ol style="list-style-type: none"> 1. Algeria 2. Cameroun 3. Congo 4. Cote d'Ivoire 5. Gabon 6. Madagascar 	<p>French</p> <ol style="list-style-type: none"> 1. Algeria 2. Cameroun 	<p>French</p> <ol style="list-style-type: none"> 1. Algeria 2. Senegal 	<p>French</p> <ol style="list-style-type: none"> 1. Algeria 2. Burkina Faso 3. Burundi 4. Madagascar 5. Mali 6. Niger 7. DRC 8. Congo 9. Senegal 	<p>French</p> <ol style="list-style-type: none"> 1. Algeria 2. Benin 3. Cameroun 	<p>French</p> <ol style="list-style-type: none"> 1. Algeria 2. Benin 3. Chad 4. Senegal 	<p>French</p> <ol style="list-style-type: none"> 1. Algeria 2. Cameroon 3. Madagascar 4. Senegal
<p>English</p> <ol style="list-style-type: none"> 7. Nigeria 8. Uganda 9. Tanzania 10. Botswana 11. Ethiopia 12. Kenya 	<p>English</p> <ol style="list-style-type: none"> 3. Ethiopia 4. Ghana 5. Kenya 6. Madagascar 7. Uganda 8. Tanzania 9. Zambia 10. Zimbabwe 	<p>English</p> <ol style="list-style-type: none"> 3. Angola 4. Kenya 5. Ethiopia 6. Nigeria 7. Zimbabwe 	<p>English</p> <ol style="list-style-type: none"> 10. Botswana 11. Ethiopia 12. Ghana 13. Kenya 14. Nigeria 15. Rwanda 16. Uganda 17. Tanzania 18. Zambia 19. Zimbabwe 	<p>English</p> <ol style="list-style-type: none"> 4. Ethiopia 5. Ghana 6. Kenya 7. Liberia 8. Nigeria 9. Rwanda 10. Seychelles 11. Uganda 12. Tanzania 13. Zimbabwe 	<p>English</p> <ol style="list-style-type: none"> 5. Ethiopia 6. Kenya 7. Nigeria 8. Rwanda 9. Uganda 10. Zambia 11. Zimbabwe 	<p>English</p> <ol style="list-style-type: none"> 5. Ethiopia 6. Ghana 7. Kenya 8. Nigeria 9. Uganda 10. Tanzania 11. Zambia 12. Zimbabwe
<p>Portuguese</p> <ol style="list-style-type: none"> 13. Angola 14. Mozambique 	<p>Portuguese</p>	<p>Portuguese</p> <ol style="list-style-type: none"> 8. Mozambique 	<p>Portuguese</p> <ol style="list-style-type: none"> 20. Angola 21. Mozambique 	<p>Portuguese</p> <ol style="list-style-type: none"> 14. Cape Verde 	<p>Portuguese</p> <ol style="list-style-type: none"> 12. Mozambique 	<p>Portuguese</p> <ol style="list-style-type: none"> 13. Angola

DÉFIS DE L'ACCÈS AU TRAITEMENT EN AFRIQUE?(1)

Sensibilisation et
accès aux soins

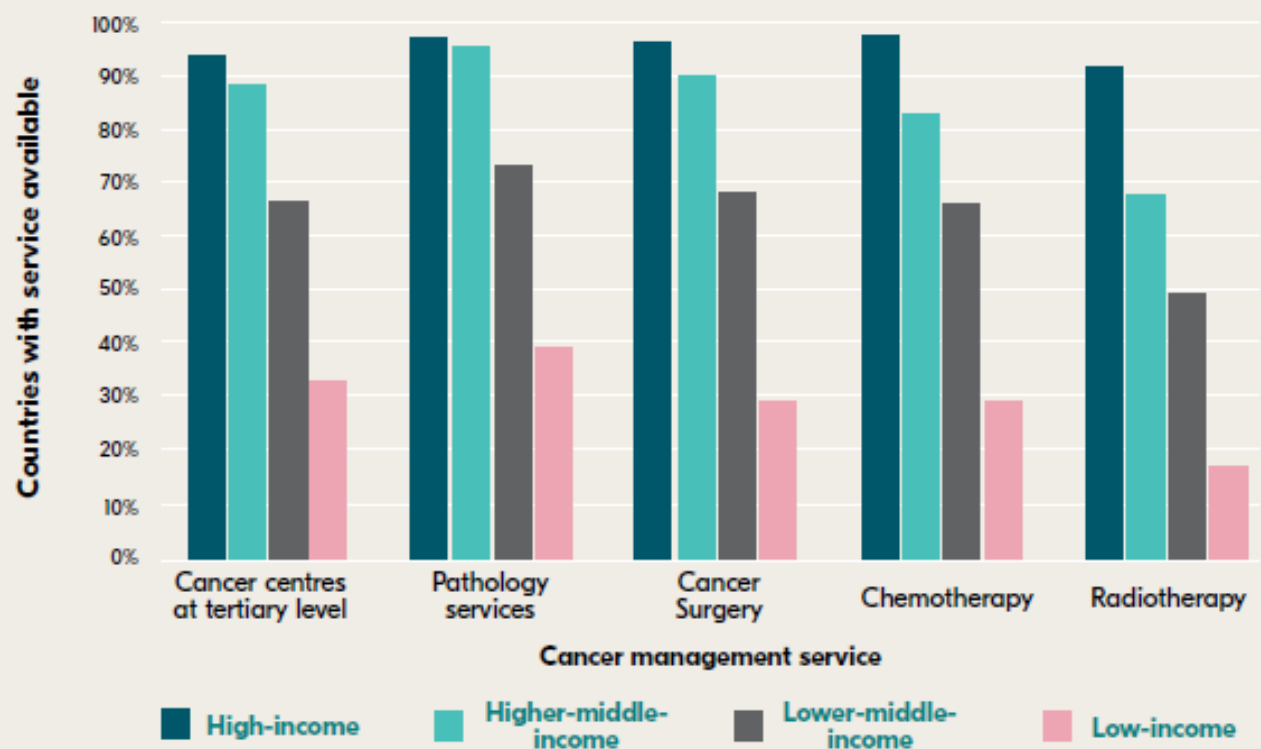
Évaluation
clinique diagnostic
et stadification

**Accès au
traitement**

Accès aux soins primaires, contraintes financières, due à des obstacles géographiques ou de transport, à des facteurs socioculturels ou liés au sexe, niveau de connaissances en matière de santé généralement plus faible et une stigmatisation du cancer plus importante...

Accès au traitement (2)

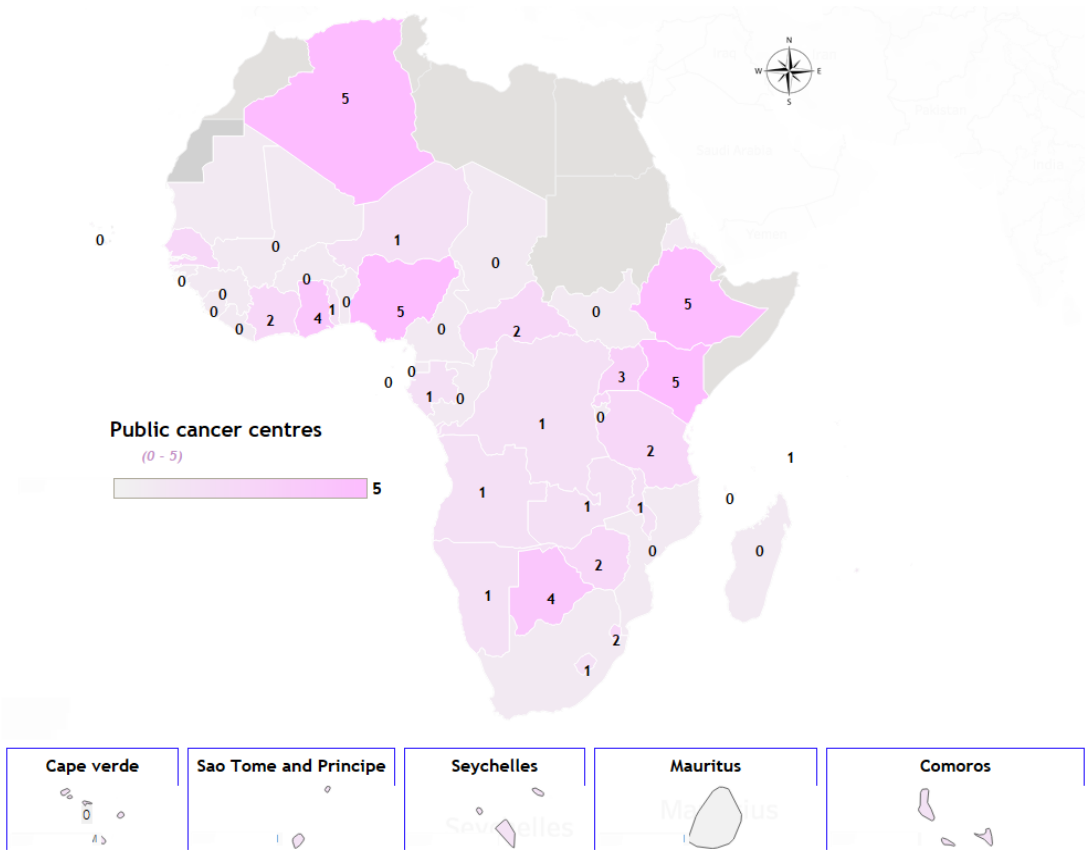
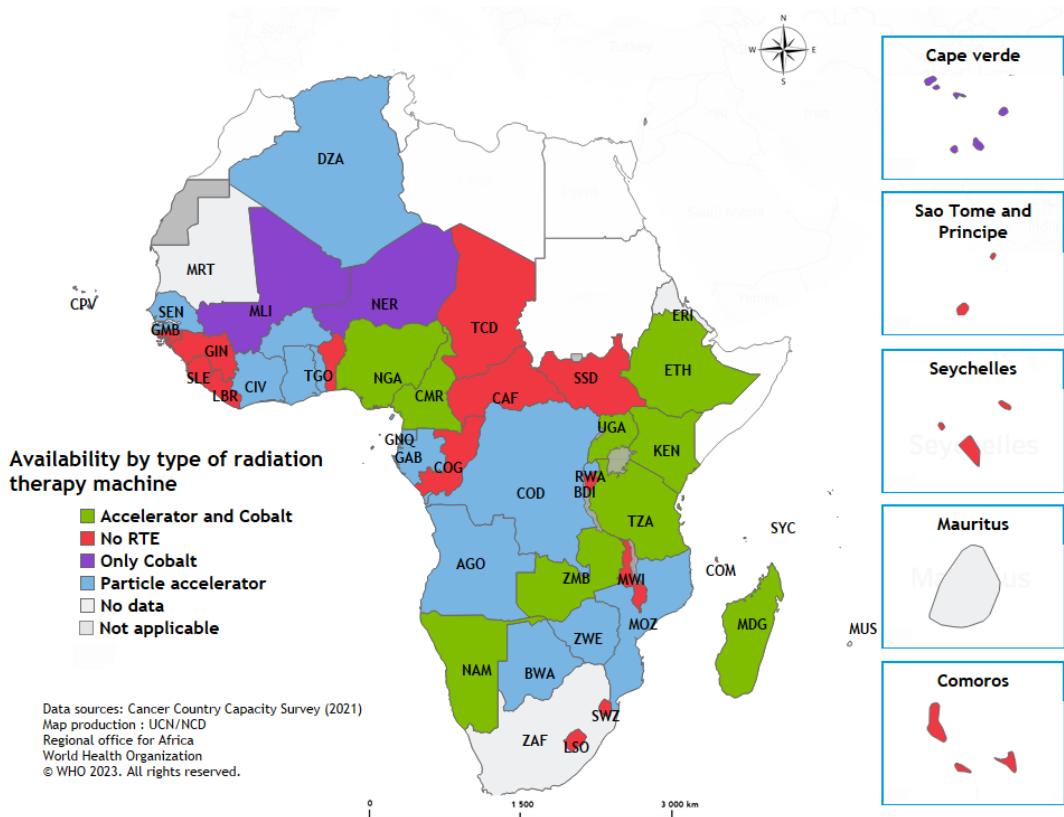
Fig. 5. Percentage of countries with generally available cancer diagnosis and treatment services in the public sector, by World Bank income group, 2019



Source: WHO country capacity survey, 2019 (18).

	Radiotherapy centers	Radiotherapy machines	Brachithery machines
NORTH AFRICA	137	233	52
CENTRAL AFRICA	30	54	18
SOUTH AFRICA	67	110	29
WEST AFRICA	17	22	6
TOTAL AFRICA	251	419	105
% Africa/World	3%	2,81%	3,1%
TOTAL WORLD	8229	14885	3320

Accès au traitement (3)



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

CNLC: 22/42 pays n'en ont pas

RT: 18/42 pays n'en ont pas 2 ont seulement le cobalt

Délai RT: 87 à 159 jours Coût : 200 à 400\$

RT: 15\$ par séance

INITIATIVE MONDIALE CONTRE LE CANCER DU SEIN

Objectif et piliers



BREAST
CANCER

Launch Q1 2021

OBJECTIF :

Réduire la mortalité par cancer du sein de **2,5 % par an** dans le monde → éviter **2,5 millions de décès par cancer du sein entre 2020 et 2040**

L'Initiative mondiale contre le cancer du sein a déterminé les **trois piliers** suivants devant lui permettre d'atteindre son objectif principal.

Pilier 1

Promotion de la santé pour la détection précoce (intervalle pré-diagnostic)

Indicateur de performance clé : > 60 % des cancers invasifs sont au stade I ou au stade II au moment du diagnostic

Pilier 2

Diagnostic rapide de la zone mammaire (intervalle de diagnostic)

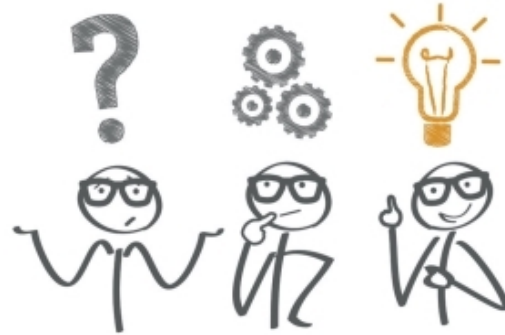
Indicateur de performance clé : évaluation diagnostique, imagerie, prélèvement tissulaire et diagnostic de la pathologie dans un délai de 60 jours

Pilier 3

Prise en charge globale du cancer du sein (intervalle de traitement)

Indicateur de performance clé : > 80 % des malades reçoivent un traitement multimodal sans abandon

Comment atteindre les objectifs en Afrique sub-saharienne pour le rendez vous de 2040?



“ Service delivery reforms should re-organize health services around people’s needs and expectations so as to make them more socially relevant and more responsive to the changing world, while producing better health outcomes.”

(World Health Report, 2008)

Les **réformes** de la **prestation de services** devraient **réorganiser** les services de santé en fonction des **besoins** et des **attentes** de la **population** afin de les rendre plus **socialement pertinents** et plus réactifs au monde en mutation, tout en produisant de **meilleurs résultats** en **matière de santé**”.

Leadership/Gouvernance/Financement

- 18/42 pays disposent de Plans stratégiques cancer
 - Budgétisé?
 - Financé?
- Budget alloué à la santé/budget alloué à la lutte contre le cancer
 - CSU? Dépenses catastrophiques
- Urbanisation des soins ? Décentralisation ?
- Systèmes de santé : orientation vers le curatif
- Insuffisance de données: 35 PBCR dans 25 pays (3 performants!!!)
- 3/42 Pays avec programme de dépistage organisé ???

National cancer control plans: a global analysis

Yannick Romero*, Dario Trapani*, Sonali Johnson, Zuzanna Tittenbrun, Leslie Given, Karin Hohman, Lisa Stevens, Julie S Torode, Mathieu Boniol, André M Ilibawi

There is increasing global recognition that national cancer plans are crucial to effectively address the cancer burden and to prioritise and coordinate programmes. We did a global analysis of available national cancer-related health plans using a standardised assessment questionnaire to assess their inclusion of elements that characterise an effective cancer plan and, thereby, improve understanding of the strengths and limitations of existing plans. The results show progress in the development of cancer plans, as well as in the inclusion of stakeholders in plan development, but little evidence of their implementation. Areas of continued unmet need include setting of realistic priorities, specification of programmes for cancer management, allocation of appropriate budgets, monitoring and evaluation of plan implementation, promotion of research, and strengthening of information systems. We found that countries with a non-communicable disease (NCD) plan but no national cancer control plan (NCCP) were less likely than countries with an NCCP and NCP plan or an NCCP only to have comprehensive, coherent, or consistent plans. As countries move towards universal health coverage, greater emphasis is needed on developing NCCPs that are evidence based, financed, and implemented to ensure translation into action.

Introduction

A national cancer control programme is the total of all cancer prevention and control activities undertaken in a country to address the national cancer burden.¹ The programme should result from a national cancer control plan (NCCP) or a national health plan inclusive of cancer that has been developed as a strategic public health approach to prevent and control cancer in the context of the country's sociocultural environment and health-care system.

Over the past decade, the development and imple-

mechanisms improve cancer outcomes.² However, many of these plans are not being implemented because of underfunding, inadequate expertise for scale-up, competing priorities, or lack of political will.³ WHO data from 2015 suggested that about one in four countries do not operationalise their NCCP or NCD plan.⁴ Therefore, from an international cancer-policy perspective, attention is moving away from ascertaining whether or not a country has an NCCP and toward improving the quality of that plan and ensuring that it is financed, implemented, and monitored.



Lancet Oncol 2018
Published Online
September 26, 2018
[http://dx.doi.org/10.1016/S1473-2165\(18\)30681-8](http://dx.doi.org/10.1016/S1473-2165(18)30681-8)
* Contributed equally
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Tanzanie

3700 ET 6500 hbts



Downstaging cancer in rural Africa

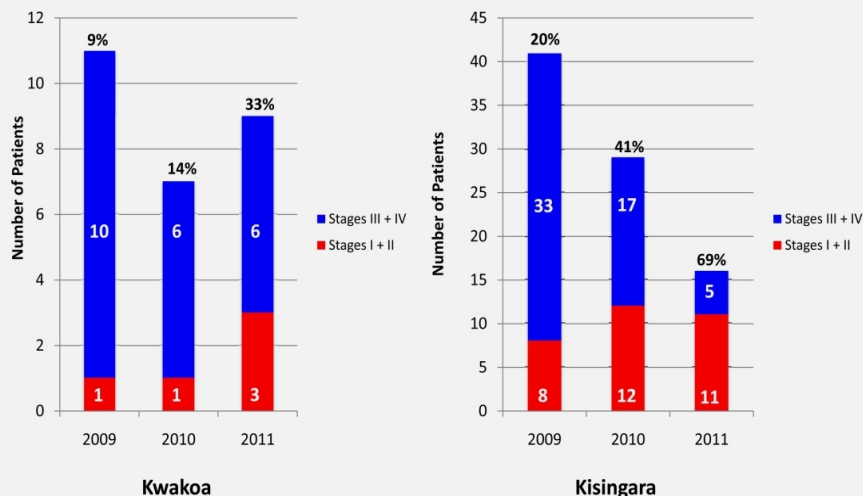
Twalib Ngoma¹, John Mandeli² and James F. Holland²

¹Ocean Road Cancer Institute, Dar es Salaam, Tanzania

²Icahn School of Medicine at Mount Sinai, New York, New York 10029

Cancer is usually diagnosed late in rural Africa leading to incurability and abbreviated survival. Many curable cancers present on the body surface, often recognizable early by laymen as suspicious, justifying professional referral. Cancer diagnoses in two randomly chosen Tanzanian villages were compared after conventional dispensary self-referral vs. proactive visits in the home. Village navigators organized trips for professional consultation. In the control village 21% were self-referred, 20% of them were sent on as suspicious, 78% had cancer (8% in men) 0.9% of the village population. In the intervention village 99% were screened, 14% were referred for professional opinion, 93% had cancer (32% in men) 1.6% ($p < 0.01$ compared with control village). In the second and third years similar activity yielded 0.5% cancer annually in the control village for a 3 year total of 1.86% whereas interventional villagers had 1.4% and 0.6% cancer for a 3 year total of 3.56% ($p < 0.001$). Downstaging was recognized in the second and third years of intervention from 23 to 51 to 74% Stages I and II ($p < 0.001$) but in the control village Stages I and II changed from 11% to 22% to 37% ($p = NS$). The greatest downstaging occurred in breast and cervix cancers.

Cervix Cancer



Earlier Breast Cancer Detection in Peru: Establishing a Comprehensive Program in an Underserved Region

Monica M. Matsumoto, MD, Scott Widemon, MD, Geerlitte Farfán, MD, Tatiana Vidaurre, MD, Jorge Dunstan, MD, Debra E. Krotish, PhD, Daron G. Ferris, MD, José M. García Santos, MD, PhD, Daniel J. Mollura, MD, Erica Pollack, MD, John R. Scheel, MD, PhD, MPH

DESCRIPTION OF THE PROBLEM

Rising breast cancer incidence and mortality rates in low- and middle-income countries are largely attributed to changing lifestyle, economic factors, and late-stage diagnosis. In Peruvian women, it is the second most common cancer diagnosis (16%) behind cervical cancer (24%) and is the second leading cause of cancer hospitalizations [1]. The breast cancer burden is expected to rise and cause more premature deaths unless early detection programs are established.

and improving access to screening mammography [2]. Despite these efforts, $\leq 20\%$ of screening-eligible women (50-69 years old) have received a mammogram in their lifetime, and most breast cancer is diagnosed at late stages [1]. High costs associated with treating late-stage disease and scaling screening mammography programs—currently only available in the largest cities—have led to questions on the sustainability of universal coverage [3]. Additional efforts are needed, particularly outside metropolitan areas, to

2018 to collect data on current infrastructure and community resources and to identify potential partners in breast health (Fig. 1). Our primary partner, CerviCusco, is an established nongovernmental organization that provides primary and secondary prevention of cervical cancer in Cusco, an underserved region of Peru. CerviCusco has an on-site cytopathology laboratory with US-based telepathology support, conducts mobile outreach campaigns, and partners with local hospitals and US academic centers.

Comparative Study > Lancet Oncol. 2021 Mar;22(3):361-369.

doi: 10.1016/S1470-2045(20)30674-4. Epub 2021 Feb 5.

Comparison of breast cancer and cervical cancer stage distributions in ten newly independent states of the former Soviet Union: a population-based study

Anton Ryzhov¹, Marilys Corbex², Marion Piñeros³, Anton Barchuk⁴, Diana Andreasyan⁵, Sayde Djanklich⁶, Vadim Ghervas⁷, Olga Gretsova⁸, Dilyara Kaidarova⁹, Konstantin Kazanjan¹⁰, Fuad Mardanli¹¹, Yuriy Michailovich¹², Elena Ten¹³, Alesya Yaumenenka¹⁴, Freddie Bray³, Ariana Znaor¹⁵

Affiliations + expand

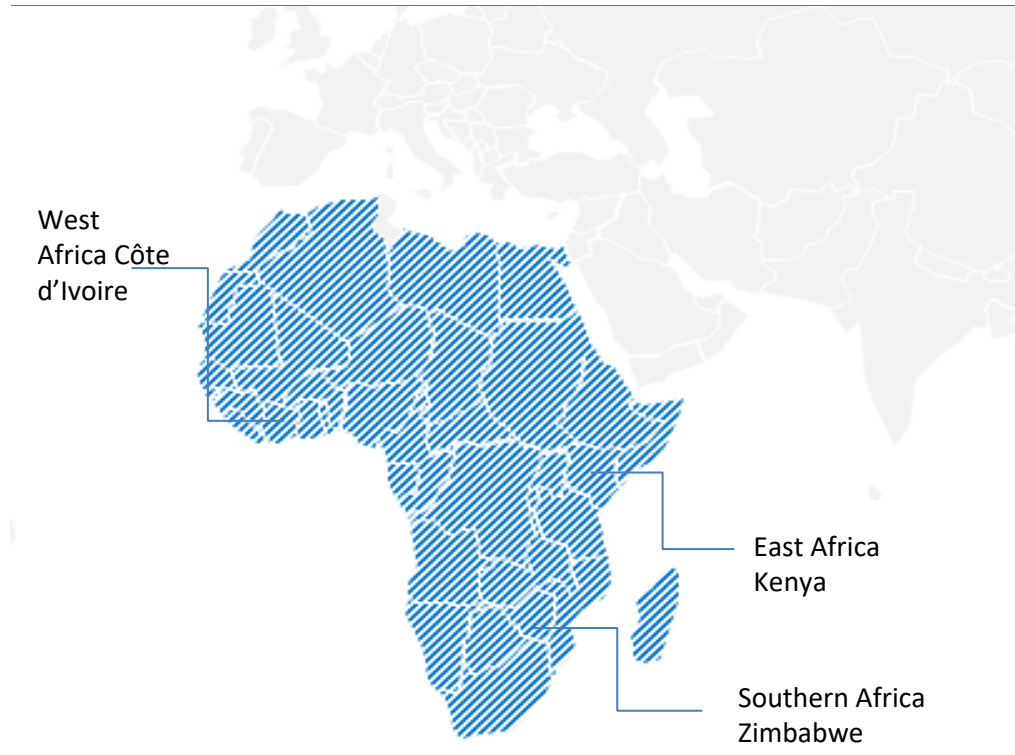
PMID: 33556324 PMID: PMC8014987 DOI: 10.1016/S1470-2045(20)30674-4

Free PMC article

Biélorussie

Septembre 2023/Autonomiser les femmes grâce à des services intégrés de lutte contre le cancer du sein, du col de l'utérus et d'autres MNT à l'aide d'une approche de SSP en Afrique

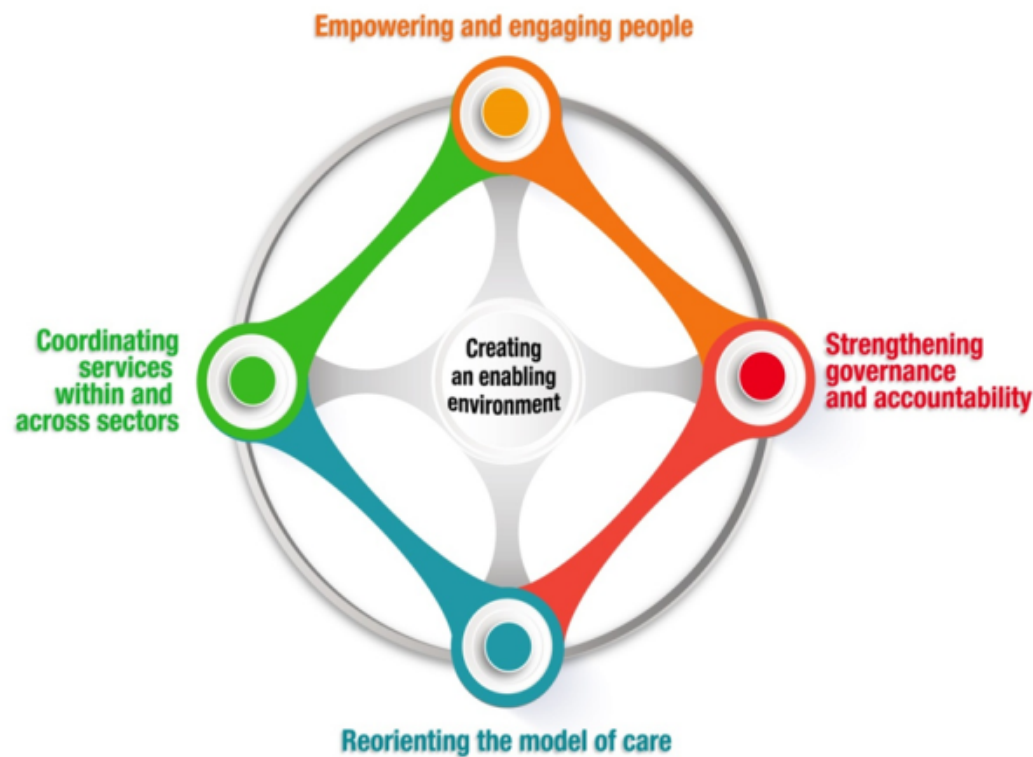
Améliorer les services de lutte contre le cancer du col de l'utérus et du sein grâce à la mise en place de structures de santé centrées sur les femmes dans certains pays d'ici 2022



- Mise en place d'Equipes multidisciplinaires nationales
- Amélioration des services de dépistage et de diagnostic précoce
- Renforcement des services de pathologie
- Etablissement des **parcours de référence des patients reliant les soins 1^{er}, 2nd et 3^{ème}**
- Améliorer le parcours du patient dans le continuum de soins du cancer en tirant parti des technologies mobiles (mHealth) Autres maladies non transmissibles (HTA, Diabète)
- Exploration de l'impact du cancer du sein et du col de l'utérus sur la santé mentale
- Renforcement des capacités nationales de suivi et d'évaluation du dépistage et du diagnostic précoce du cancer du sein et du col de l'utérus

Responsabiliser et engager les personnes Renforcer la gouvernance et la responsabilité Réorienter le modèle de soins

Coordonner les services au sein des secteurs et d'un secteur à l'autre



- Education sanitaire
- Revaloriser la promotion, la prévention et la santé publique
- Bâtir des systèmes solides fondés sur les soins primaires
- **Autonomisation et engagement des communautés**
- Agents de santé communautaires (ASC)
- Engager la société civile
- Formation aux métiers informels
- Soutien par les pairs et groupes de patients experts
- **Prestation de services de proximité pour les personnes mal desservies ou marginalisées...**

Impact social et économique du cancer → Lutte contre le cancer = facteur de développement

Impacts négatifs sur les individus et les familles



- Vies perdues
- Perte de revenus
- Augmentation des dépenses médicales personnelles
- Pauvreté et catastrophe financière (CSU)
- Perte de temps due aux responsabilités de soins
- Conséquences intergénérationnelles associées aux décès par cancer en Afrique subsaharienne

Incidences négatives sur la main-d'œuvre nationale et le PIB



- Absentéisme: Perte de production
- Coûts de remplacement des travailleurs qui quittent la population active en raison d'un cancer
- Coûts non sanitaires du cancer
- Diminution du capital humain

Augmentation des dépenses du gouvernement et du secteur privé



- Augmentation des dépenses publiques pour le dépistage et le traitement
- Dépenses du secteur privé en matière de santé
- Dépenses du secteur non sanitaire

MERCI DE VOTRE ATTENTION

Parce que chaque femme qui meurt d'un cancer du sein est un drame pour sa famille et sa communauté

Nos défis peuvent devenir nos opportunités

