An initiative of the UICC CEO Programme

12 June 2019 - Hotel Jardin Savana, Dakar, Senegal

The first Leadership in Action (Leaders en Action) meeting for the Francophone Africa subregion brought together 23 senior executives from nine countries on 12 June 2019 in Dakar, Senegal.

During the meeting, the importance of sharing lessons learned and best practices were highlighted as powerful sources of inspiration and support for the community, in responding to common challenges such as achieving Universal Health Coverage (UHC). The discussions also focused on two pressing issues; women’s cancer and the role of public-private partnerships and brought together diverse perspectives to identify opportunities for progress.

This inaugural meeting was designed to bolster peer support networks between UICC member organisations and builds on the interest garnered at the 2016 World Cancer Congress in Paris, where dedicated sessions for French-speaking delegates were held to put the spotlight on the Francophone Africa subregion. The launch of the Bourses pour l’Afrique Francophone in 2017 built on this momentum and, alongside the Leaders en Action meeting, seek to build the capacities of the cancer community in an important but often underserved subregion.
Universal Health Coverage in the Francophone Africa region

As discussions took place in the lead up to the UN High-level Meeting on UHC and recognising the critical importance of UHC to achieving the Agenda 2030 for Sustainable Development, the meeting started with a session on UHC across Francophone Africa.

Speakers and participants shared their experiences and lessons learned from the efforts taking place, starting with a presentation on ‘Senegal’s experience in developing the universal health coverage’ by Dr Mor Ngom from the Agence de la Coverture Maladie Universelle (UHC Agency). Dr Ngom laid the foundations for the discussion by sharing the different phases and processes required for the launch of a UHC programme in the country in 2013, and the subsequent creation of the UHC Agency. The national programme intends to extend UHC to 75% of the population through four strategic axes:

1. Get support from health insurance
2. Reinforce existing free initiatives
3. Free treatment for children under 5 years
4. Reform of the pension fund.

The results of a population-based performance study were also provided, alongside a summary of the challenges met, including the need to improve communications, sustainable funding, better targeting and identification of beneficiaries, etc. One of the major challenges facing the cancer community nationally identified was the limited inclusion of essential cancer services within the current national benefits package.

Based on the performance review, suggestions on how to keep improving and move forward were shared with the audience. Some of the recommendations included strengthening partnerships with private sector to leverage their resources and expertise in the scale-up of programmes, the integration of operational systems about insurance coverage and the adoption of legislation to support the delivery of UHC nationally.

The second part of the session expanded on the challenge of sustainable financing by providing an example of how to engage the private sector. Through her presentation ‘Innovative financing in UHC: sharing the experience of a public-private partnership’, Ms Ndeye Fatou Tall Ndiaye from ShopsPlus-AbtAssociate, introduced the model ‘Sustaining Health Outcomes through the Private Sector (SHOPS) Plus (2015-2020)’. SHOPS Plus is a USAID initiative that builds the capacity of governments to engage with the private sector to overcome limits in the current health systems and improve equitable access to care. The presentation of the current projects running in Senegal explored several public-private opportunities, including how governments can engage the private sector in health financing programs, increasing the availability and demand of health services and improving the quality of private sector health services. The parameters of the strategy, the implications, first results and lessons learned of the innovative model provided an inspiring new insight to the problems experienced nationally and which are common across the subregion.

“The key to successful outcomes is to create a partnership progressively, by a consecrated participation, patience and respect from all stakeholders”

Ndeye Fatou Tall Ndiaye,
ShopsPlus-AbtAssociate
The role of civil society

Experiences from Senegal were complemented by interviews with stakeholders from Mali and Côte d’Ivoire, conducted by Mr Anselme Mubeneshayi Kananga. Jean-Claude Kouassi, from the Ministry of Health of Côte d’Ivoire, and Fatimatou Dicko, from Simasoh Nani International in Mali, shared the experiences of civil society engagement in their respective countries, touching upon both the obstacles and opportunities that could impact and ensure the sustainability of UHC in their local and national context.

Finally, an overall picture of UHC in the region outlined by participants highlighted that, despite general will of introducing UHC, there is a lack of legislative implementation as well as inclusion of cancer in the common packages, leading to a need for civil society mobilisation. Speakers identified a clear role for civil society organisations in the country to step up and advocate for change nationally. A challenge was issued to the participants to undertake evidence-based advocacy and awareness raising campaigns to build the social and political momentum required to drive policy changes, while continuing the direct delivery of services, such as patient support and navigation programmes, to support underserved cancer patients in this transitional phase.
Mobilising Together: Challenges and Opportunities for Collaborations and Alliances in Francophone Africa

The objective of this session was to encourage participants to make the most of existing thematic networks to support their own work. It brought together diverse speakers who presented case studies on four coalitions and alliances from across the region. The presenters detailed how the alliances were established, what challenges and opportunities they faced, and what lessons were learned in the course of their activities.

Professor Serigne Magueye Gueye, President of the West African College of Surgeons (WACS) presented the organisation which was founded in 1960 by surgeons from the anglophone, francophone and lusophone Africa to promote the development of health specialised human resources. Since 1960, WCAS has undertaken specialised educational workshops and worked towards the harmonisation of diplomas, providing a great example of regional integration, cooperation and coordination. Moving forward, the College is working to expand their regional reach, broaden their capacity building offer, and strengthen international connections.

The example of the Alliance of French-speaking African and Mediterranean leagues for cancer control (ALIAM) was presented by its President, Professor Charles Gombé. With the objective to gather and strengthen regional cancer control leagues, ALIAM offers training opportunities as well as platforms for members to share knowledge, best practices and resources. Although the organisation is currently facing some funding challenges and a lack of engagement, Professor Gambé spread a message of hope, calling on the audience, most of them members of ALIAM, to further engage with the alliance to ensure its sustainability.

Moving to thematic organisations, Dr Claude Moreira introduced the work of the Franco African group of onco-paediatrics (GFAOP). Created in 2001, the association aims to develop the capacities for paediatric oncology in the region and improve the childhood cancer care. Their activities have included developing protocols of actions, providing training, and supplying free treatment.

With the dramatic increase in the number of childhood cancer cases across the region, the network aspires to create a specialised health force, reinforcing their clinical research efforts, and scale-up advocacy at the local, national and regional level to help address the growing burden.

Finally, participants heard about the lessons learned on implementation and networking of two alliances: the Rwanda NCD Alliance and the East Africa NCD Alliance (EANCDA), by Joseph Mucumbitsi. NCD alliances have carried out extensive and impactful awareness-raising and advocacy campaigns. EANCDA's strengths follows from its own nature of gathering not only a variety of countries but also organisations with different agendas and focus to share a common message, thereby reaching a wider group of policy makers, opinion leaders and the general public.

Reflecting on the discussions, a number of factors which underpinned the success of these networks, and the benefits that partnerships had for their members were identified, including:

- The opportunity to pool expertise and resources across countries to reduce the duplication of work and maximise on common areas of work, such as the integration of professional training diplomas or treatment modalities
- The value of bringing diverse stakeholders together around a common goal for advocacy to broaden the reach and impact of alliances in terms of contacts, opportunities and the evidence available
- The importance of considering alliance structure, funding and governance in order to ensure that these structures best serve their members and can continue to perform their roles and meet demand over time

“It is time to set up a network strong enough to carry out collective advocacy actions. It is through synergies that we will achieve our objectives in prevention, access to treatment and palliative care, in our region”

Dr Marie Angèle Ndiaye, Association Guinéenne pour la Lutte contre le Cancer
Expertise marketplace:
Sharing expertise, strengthening collaborations among UICC members

Following an overview of opportunities available through UICC, delegates identified common challenges they face in their daily work, focusing on four different areas: fundraising, engagement with public actors, project management, and leadership and governance.

The objective of this structured session was to provide a supportive forum for participants to proactively exchange and share knowledge and best practices, and through this, strengthen collaborations and networks in the region.

Public Private Dialogue:
How can multisectoral approaches contribute in tackling women's cancer in the region?

Background

UICC’s Public Private Dialogue (PPD) series provides unique opportunities for UICC members, partners and other key stakeholders to engage in a dialogue on key issues in cancer control and explore solutions and concrete areas for collaboration. Building on previous consultations with our members and partners, and following increased interest in UICC’s convening events, the PPD in Dakar explored ‘how multisectoral approaches can contribute in tackling women’s cancer in the region’. Both cervical and breast cancer are high burden cancers in the region, and have been identified as priority national areas in a number of Francophone country National Cancer Control Plans (NCCP). Both types of cancer have recently gained prominence on the global health agenda as a result of the WHO call to action for the elimination of cervical cancers, and have related interventions contained in WHO-recommended ‘Best Buys’.

Multi-stakeholder perspectives

Dr Jean-Claude Kouassi Comoe opened the panel with a presentation which highlighted that both cervical and breast cancer are the most common cancers in Senegal. The NCCP focuses on prevention, and in the same line, the Ministry of Health has worked with numerous partners, including the private sector, UN Agencies and NGOs to support various efforts, including vaccination programmes and health worker training. One of the issues identified was the lack of coordination between the various NGOs working on awareness-raising nationally, leading to the duplication of efforts and the need to expand the reach of these campaigns to regions beyond the capital. Furthermore, with the decrease in funding, Dr Kouassi Comoe made the case for government to take the lead in ensuring the continuity of the existing programmes on women’s cancers.

Dr Alain Damiba shared perspectives from JHPIEGO, a US-based NGO with a strong presence in Francophone Africa which builds health providers’ skills and develops systems. Through work on cervical cancer prevention (CECAP), JHPIEGO has noted the difficulties resulting from a lack of political will, tangible across the subregion as few countries have specific programmes on women’s cancer or clearly defined objectives. Other barriers to progress include:

- Communities’ poor understanding of cancer, including about cancer risk factors, signs and symptoms which contributes to women presenting with cancer at late stages when there are poorer treatment outcomes
- Difficulties in regional funding of cancer programmes
- The lack of qualified workforce
- The limited availability of accurate data, particularly on women’s cancers.
It was also noted that many countries have not yet implemented human papillomavirus vaccination programmes for girls aged 9 to 13, despite the body of evidence highlighting this as a cost-effective cancer prevention measure.

Dr Marie-Angèle Ndiaye from the Guinean Cancer League (Association guinéenne pour la lutte contre le cancer), a key UICC member in Guinea, shared the civil society and patient perspective on women’s cancers and the importance of prevention. The Guinean organisation conducts awareness campaigns and provides screening and support to patients. One of the challenges identified by the League was the need to reach remote communities to raise awareness about women’s cancers and ensure that they are not being left behind in the drive towards UHC.

The discussion then moved on to engage representatives from the private sector, who shared experiences from their initiatives. Ms Ama Wane Ly from the Bank of Africa (BOA) Foundation shared their journey in becoming a key stakeholder for cancer control in Senegal. The Senegalese Cancer League (LISCA – Ligue Sénégalaise contre le cancer) had been identified as a strategic partner and consulted the Ministry of Health on their national priorities. The BOA Foundation thus effectively responded to the existing needs by supporting the screening of 4,000 women, the construction of a new treatment centre, and providing equipment and the training of midwives.

Dr Amy Fall-Ndao from Sanofi stressed the importance of a multisectoral engagement for programmes in NCDs, and particularly cancer, to be successful. Sanofi Africa has long-standing experience in building partnerships on gynaecological cancers and have been working to improve the availability of essential cancer medicines, engaged experts and trained professionals, and developed tools to raise awareness about women’s cancer in order to mobilise governments and civil society.

“**The private sector has a responsibility – not just a role – as a key stakeholder in healthcare to work hand in hand with patient groups and experts**”

Amy Fall-Ndao, Sanofi

**Discussion themes**

Following the panel, participants were invited to share their experiences in working in multisectoral partnerships and what opportunities and challenges they face within their countries. The key themes that emerged through these discussions were:

- **The importance of diverse partnerships** including governments, civil society and the private sector, but which also consider community networks, high-profile individuals such as First Ladies, the media and religious authorities.

- **Challenges arising from limited data on women’s cancers** is particularly problematic for organisations seeking to conduct evidence-based advocacy around the identification of priority interventions and their implementation.

- **Limited funding for cancer control activities** is an issue across the sub-region but is particularly acute for projects or activities being run outside major cities.

- **Shortfall in trained health workers** required is a major barrier to implement priority interventions for women’s cancers, but the limited awareness of healthcare workers at primary care level is also a barrier as it leads to women with early stage disease being turned away.

- **Need for better coordination between stakeholders** nationally to maximise the current resources for cancer control, avoid duplicating work, and ensure that programmes reach out beyond the main cities.
Key opportunities moving forwards

The increase in public-private partnerships in the region was identified as a major opportunity, given the need for more effective resource mobilisation, best practice sharing and coordination. There is growing awareness of women’s cancers at the global and regional level that influence governments. WHO’s global call for action towards the elimination of cervical cancer is also appealing to global efforts to accelerate regional and national action.

Participants highlighted the importance of leveraging existing regional organisations including the West African Health Organisation (WAHO/OOAS), the Economic Community of West African States (ECOWAS/CEDEAO), the Organisation of African first ladies for development (OAFLAD) and the Alliance of African and Mediterranean French-speaking Leagues (ALIAM). There was a call for participants to use meetings of these organisations and for Leadership in Action and PPD meetings to build momentum for action.

Reflecting on current projects in the subregion, panellists highlighted that the private sector is more involved in cancer control programmes and provided examples of strong partnerships encompassing vaccination programmes, and the provision of equipment and training. In Senegal, regional medical agreements and alliances of private organisations with the Ministry of Health have been established to improve access to affordable treatment. Companies are also increasing funding through their corporate social responsibility, while reforms to taxes have also encouraged companies to support cancer control.

The panellists concluded with a call to action to establish a stronger network to tackle women’s cancers in Francophone Africa. There are various initiatives that have begun to address the gaps in services for women’s cancer and there was a clear consensus in the room that regional stakeholders will need to increase their efforts as a priority. UICC’s convening events and activities were identified as platforms to share experiences and improve coordination to help achieve this.

“I have an optimistic outlook thanks to the presence of all stakeholders that are passionate about this issue. I hope that together, we can improve the situation of women’s cancers in the region”

Alain Damiba, JHPIEGO
The next day, a two-day workshop took place with the support of the French National Cancer Institute (Institut National du Cancer - INCa) and in collaboration with the Ligue Sénégalaise contre le cancer (LISCA), on exploring partnerships for Women’s Cancers in Francophone Africa.

It was noticeable that there is a willingness to collaborate, to come together as a region and move forward towards common action. And to channel this will, a number of grants entitled Leadership Development Grants, were made available to members offering the possibility to continue conversations started during the meeting on how to support each other and share the existing expertise between organisations.

Through its CEO Programme and other capacity building activities, UICC supports the cancer community to acquire the skills, knowledge, and networks necessary to discover relevant solutions and advance cancer control in their region. Please have a look at our website for the latest opportunities.

For further information about the Leadership in Action meetings, please contact the UICC Capacity Building regional team at regionalcb@uicc.org

If you are a UICC member, and are interested in hosting a Leadership in Action meeting in your region, please express your interest online.
List of participants

Delegates (ordered alphabetically by country represented)

Freddy Gnangnon, SOS Cancer, Benin
Gabriel Nahayo, Buraca, Burundi
Charles Gombe Mbalawa, ALIAM, Congo Brazzaville
Judith Malanda Mfinga, Ministère de la Santé, Congo Brazzaville
Hervé Aka, Hope Life, Côte d’Ivoire
Jean Claude Kouassi Comoe, Ministère de la Santé, Côte d’Ivoire
Marie-Angèle Ndiaye, Association guinéenne pour la lutte contre le cancer, Guinea
Fatoumata Dicko, Simasoh Nani International, Mali
Anselme Mubeneshayi Kananga, Palliafarmili, République démocratique du Congo
Aminatou Sar, PATH, Senegal
Claude Moreira, CHU Le Dantec, Senegal
Coumba Diop, Association Cancer du Sein du Sénégal, Senegal
Fatma Guenoune, LISCA, Senegal
Ibrahima Gueye, AMREF, Senegal
Mame Diarra Kébé, Association Cancer du Sein du Sénégal, Senegal
Mansour Niang, LISCA, Senegal
Mor Ngom, Agence de la CMU, Senegal
Mouhamed El Bachir Lo, AMREF, Senegal
Ndeye Fatou Tall Ndiaye, AbtAssociates / Shops Plus, Senegal
Serigne Magueye Gueye, COAC/WACS, Senegal
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Special thanks to the local organising team and volunteers of the LISCA.

Sponsors

The Leadership in Action meeting for UICC Francophone Africa members was hosted by the LISCA. UICC’s Public Private Dialogue session was supported by Novartis.