ADMISSION OF A NEW PARTICIPATING STATE

Morocco

1. The Director has the honour to inform the Governing Council that the Government of the Kingdom of Morocco has applied to be admitted as a Participating State in the International Agency for Research on Cancer. This application was communicated in a letter to the Director-General of the World Health Organization dated 25 March 2015, a translation of which is appended (Appendix 1). The Director-General transmitted this application to all Participating States by letter dated 2 April 2015 and informed them that it would be considered by the Governing Council in accordance with Rule 50 of the Rules of Procedure of the Governing Council. Note is taken of the date of delivery of the letter of application in relation to the time-limit stated in Rule 50.

2. The documents in relation to the application of the Government of Morocco were sent for review to the members of the Governing Council Subcommittee on the Admission of New Participating States, who will meet by teleconference on 7 May 2015, and report to the Fifty-seventh Session of the Governing Council.

3. A report of the Government of Morocco on cancer research in Morocco is also appended (Appendix 2).
Appendix 1 (translated)
Letter from Ministry of Health of the Kingdom of Morocco

Dr Margaret CHAN
Director-General, World Health Organization, CH-1211 Geneva 27, Switzerland

Subject: Application for Admission of the Kingdom of Morocco as a Participating State in the International Agency for Research on Cancer of the World Health Organization

Dear Dr CHAN,

On behalf of the Government of the Kingdom of Morocco, the Ministry of Health formally requests admission as a Participating State in the International Agency for Research on Cancer (IARC), with immediate effect.

As per Articles III and XII of the Statute of IARC, we are sending you our application for admission to the Agency, including a brief description of the cancer research and control activities in Morocco. We would be grateful if these documents could be forwarded to the IARC Governing Council before its next session, to be held in Lyon on 13 and 14 May 2015.

The Ministry of Health, on behalf of the Government of Morocco, hereby undertakes to observe and apply the provisions of the IARC Statute, including assuming the financial commitment associated with being a Participating State of the Agency, according to the modalities established by the Governing Council.

The Ministry of Health, on behalf of the Government of Morocco, awaits the processing of this application, and is looking forward to becoming a Participating State of IARC as soon as possible and to contributing effectively to the scientific and technical work of the Agency. Our understanding is that, on admission, Morocco would have full voting rights as and from the first year of its participation.

Any requests for further information on this matter should be addressed to Dr Latifa BELAKHEL, Head of the Cancer Prevention and Control Department at the Ministry of Health (belakhel@gmail.com / +212661548360 / +212661176707). The Ministry of Health, on behalf of the Government of Morocco, kindly informs you that a copy of this letter has been sent to Dr Christopher WILD, Director of IARC.

Yours sincerely,

Professor El Houssaine LOUARDI
Minister of Health

Enclosure: Scientific and technical summary of cancer research and control activities in Morocco

cc: Dr Ala ALWAN, Regional Director, EMRO
    Dr C.P. WILD, Director of IARC
Appendix 2

Request for the Kingdom of Morocco to be admitted as Participating State of the International Agency for Research on Cancer

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Details on the presence of a national cancer institute or equivalent leading organizations of cancer research

Morocco is living through a ‘double burden’ epidemiological transition – the coexistence of infectious diseases and chronic conditions. While the prevalence of infectious diseases and malnutrition is in decline, there is an increase in the prevalence of non-transmissible diseases, such as cardiovascular disease, chronic illnesses and cancers, which account for 56% of the total burden of disease. Cancer, in particular, places an increasingly heavy burden on the health care system.

**National Action Plan to Combat Cancer**

The Moroccan Government has set up the National Plan for Cancer Prevention and Control 2010-2019\(^1\) (PNPCC), launched officially by Her Royal Highness Princess Lalla Salma and the Head of Government on 24 March 2010. The PNPCC is the result of a close partnership between the Lalla Salma Foundation Against Cancer (FLSC) and the Ministry of Health. Its strategic objective is to reduce the morbidity and mortality caused by cancer and to improve the quality of life of patients and their families.

The vision of the PNPCC is to prevent and combat cancer at the national level, using a fact-based multi-sectoral approach, and promoting concrete, sustainable campaigns, regularly revised according to national priorities, making the best use possible of available resources, and always bearing in mind the socio-economic and cultural context of the country. This Plan enables existing resources to be used in a rational and relevant manner, and new resources to be mobilised in order to better respond to the needs of patients.

The Plan outlines 78 operational measures to be implemented over a period of 10 years, in 5 strategic areas:

- prevention;
- early detection;
- therapeutic treatment;
- palliative care;
- other support for patients.

The setting up of the PNPCC began with a situation analysis based on some 15 studies covering all cancer-related areas. Based on this analysis, six workshops were organised by the FLSC and the Ministry of Health to work out a specific strategy for the different areas of the plan, with the participation of the organizations involved and facilitated by national and international experts.

For each of the key strategic areas, the PNPCC sets a certain number of targets over 10 years. The main expected results are:

**Prevention**
- Reduce by 30% the prevalence of behavioural and environmental risks

**Early detection**
- Have available a nationwide cancer screening programme
- Screen at least 50% of women in the target population for breast and cervical cancer

**Diagnostic and therapeutic treatment**
- Have available infrastructure of adequate standard
- Have available competent and motivated human resources throughout the kingdom
- Treat 100% of patients according to international standards
- Cure 50% of patients treated

**Palliative care**
- Have available a nationwide palliative care network
- Support 100% of patients needing palliative care

A total budget of around 8.2 billion dirhams (around €760 million) was earmarked for the launch and function of the PNPCC:
- 7.1% for prevention
- 1.8% for early detection
- 88.3% for diagnostic and therapeutic treatment (infrastructure, drugs, running costs, organization)
- 1.0% for palliative care
- 1.8% for support for patients

The PNPCC is financed by the Government, the FLSC, and many partners mobilised within the framework of the PNPCC.
Lalla Salma Foundation Against Cancer

Since its creation in 2005 as an initiative of Her Royal Highness Princess Lalla Salma, the Lalla Salma Foundation against Cancer (FLSC) has worked in close partnership with the Ministry of Health and all its partners, to improve the treatment of cancer patients, to encourage preventive action, and make the fight against cancer a public health priority in Morocco. The FLSC is also involved in the field of scientific research, collaborating with many partners in Morocco and abroad.

The FLSC aims at setting up a national system for combating cancer which will apply the best clinical practices, by implementing a strategy adapted to the specific context of the country. In particular, it has had a strategic role, in partnership with the Ministry of Health, in the development and implementation of the National Plan for Cancer Prevention and Control (see above), and in the development of expertise in oncology and the reorganization of cancer research in Morocco.

Overall, the main activities of the FLSC are:

- Public information campaigns, including a ‘National Cancer Awareness Day’;
- A campaign for ‘Smoke-free colleges, schools and businesses’, run jointly with the Ministries of Health and Education, as part of an anti-smoking programme;
- The introduction and coordination of programmes for the early detection of breast and cervical cancer in Morocco;
- Support for the population cancer registry in Morocco: ‘Cancer Registry of Greater Casablanca’;
- Support for the building of oncology centres and the purchase of specialised equipment;
- Free access to care for cancer patients with low income, through the ‘ACCES’ programme;
- Creation of six ‘Houses of Life’ for the lodging of out-patients;
- Social support through a volunteer programme in public oncology centres, and providing schooling for ‘cancer orphans’;
- Support for oncology training for health professionals;
- Support for cancer research activities in Morocco.

The FLSC and the Ministry of Health have put in place a national strategy for the therapeutic and diagnostic treatment of cancer patients. A large number of treatment centres and infrastructure, and cancer specialists, as well as programmes for prevention and early detection, treatment and palliative care in Morocco are coordinated and funded by the Foundation and its partners.

The FLSC is a non-profit, non-governmental organization (NGO), and is recognised as being of public utility.
DESCRIPTION OF THE CURRENT CANCER RESEARCH COMMUNITY, INCLUDING RELEVANT EXPERTISE IN THE AREAS OF ACTIVITY OF THE IARC

Organization of cancer research in Morocco

In 2010-2011, the FLSC coordinated a major analysis of the cancer research situation in Morocco, with contributions from partners and institutions involved in cancer research. Following the conclusions of this analysis, the Scientific Committee of the FLSC launched a programme for structuring research in this area.

The main objective of this programme consists of putting in place the necessary structures and ensuring solid organizational, institutional, scientific and financial foundations, in order to encourage and support the development of cancer research in Morocco, in partnership with the various public and private organizations involved in combating cancer, and in the framework of the PNPCC, which recognises research and training as integral activities for each of its main strategic areas.

The specific objectives may be summarised as follows:

- Contribute to the development of research skills;
- Ensure a favourable environment for research, and make it attractive for the new generation of researchers;
- Promote networking through multidisciplinary teams;
- Target priority research areas;
- Develop mechanisms for following up and evaluating projects;
- Promote the exchange of information between research teams, by organising workshop days and forums;
- Mobilise partners and funds to support this research;
- Create mechanisms for funding research.

Population-based cancer registries in Morocco

An initial population-based cancer registry was published in 2007 of data from 2004 in Casablanca with the support of the FLSC, following an initiative of the local Faculty of Medicine and Pharmacy. The registry covers the district of Greater Casablanca, the most populous region of Morocco, with a population of over 3,615,903 (50.7% women and 49.3% men) representing around 10% of the Moroccan population. A second publication in 2013² comprises data from three years 2005-2006-2007.

In 2006, a second population-based cancer registry was created in the capital, Rabat, as part of a cooperative project between the Moroccan Ministry of Health and WHO. The registry covers a total population of 642,000 habitants (51.8% men and 48.2% women) in the Rabat region. The preliminary data collected in 2005 were reported³, followed by a more recent publication of the data from 2006-2008⁴.

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Age-standardised incidence rates (ASIR) per 100,000 population, for all cancer sites, were 120.7–136.6 for men and 115.9–114.5 for women (data from the registries of Casablanca and Rabat, respectively). Breast cancer was most prevalent, followed by lung cancer, cervical cancer, colorectal cancer, non-Hodgkin’s lymphoma, then prostate and stomach cancer. If these results are extrapolated to the whole population of Morocco, the global standardised incidence (men + women) is of the order of 100 new cases per 100,000 population per year. This corresponds to around 30,000 new cases of cancer in Morocco every year.

Despite certain limitations inherent in the launching of cancer surveillance networks of this type, the data provided by these cancer registries have already provided valuable information on the incidence of cancer in Morocco which has helped defined the priorities of the PNPCC.

Institute of Cancer Research (IRC)

The result of co-operation between the FLSC, the Ministry of Higher Education, Executive Training and Scientific Research, and the Ministry of Health, the Institute of Cancer Research, the first of its kind in Morocco, aims to be one of the main academic institutions in the field of cancer research.

A convention was signed between the three organizations concerned for the creation of a Public Interest Group for the IRC. This convention governs the management of the institute and its role in developing research, training in the field of cancer research, the development of international exchanges, the exploitation of cancer research, and the establishment of a public health observatory.

On National Cancer Awareness Day, 22 November 2013, HRH Princess Lalla Salma, President of the Lalla Salma Foundation, inaugurated the construction site of the Institute of Cancer Research at the University Hospital of Fez.

The main mission of the Institute, which will open in April 2015, will be to support cancer research for Moroccan researchers throughout the country and have a national and international impact.

Its organization combines rigour and flexibility, essential qualities for ensuring the competitiveness of cancer research at the national and international levels.

The idea is thus that the IRC should be made up of a basic team, providing cross-cutting services, but that many researchers should be attached to it for a shorter or longer period.

It will also be responsible for promoting the scientific research projects through various media, for the development of communication and surveillance networks, and the organization of conferences and workshops in Morocco, among other activities.
Description of the funding of cancer research in the public sector and NGOs

Institute of Cancer Research

The construction and equipment of the Institute of Cancer Research required an investment of 16 million dirhams (€1.5 million), financed by the FLSC, on a site attached to the Hassan II University Hospital in Fez. Its running costs will be met for the first few years by the three permanent members of the Public Interest Group, with the aim of becoming self-supporting through the projects which it coordinates and services it offers.

Research in the National Plan for Cancer Prevention and Control (PNPCC)

Research and training are recognised as an integral part of the PNPCC, covering in a cross-cutting way each of the main strategic areas. Each area comprises a complex of specific measures defining objectives for training and research to support and follow up the planned activities.

The establishment of a national cancer surveillance network is also one of the priority activities of the PNPCC, with a budget of 3.9 million dirhams over 10 years (€360,000) for cancer registration and 1.3 million dirhams over 10 years (€120,000) to improve cancer mortality statistics.

Funding programme for cancer research projects in Morocco

With the objective of stimulating and supporting the development of cancer research projects and capacity/expertise in Morocco, the Lalla Salma Foundation and the Ministry of Higher Education, Executive Training and Scientific Research have signed an agreement for the establishment of a programme for funding projects in the priority areas of research with the aim of stimulating the development of scientific cancer research in Morocco.

A call for nationwide collaborative research projects in three main priority areas (solid tumours, blood cancers and childhood cancers) was launched by the Foundation in June 2013. The selection of projects by the evaluation committees was made principally on the basis of the project’s conformity with PNPCC priorities, the scientific quality of the project, its methodology, feasibility and finally its impact.

Of the 50 or so draft projects submitted, eleven were retained, seven of which related to the area of solid tumours, three to childhood cancers and one to blood cancers. They all have multidisciplinary teams, and some have foreign partners. They are currently being financed by the FLSC.

A second call for projects will be launched in the second week of March 2015. Once the IRC is operational, these calls for projects will be managed and followed up by the IRC, with funding from the FLSC and the Ministry of Higher Education.
**EVIDENCE OF CURRENT SCIENTIFIC AND TECHNICAL COLLABORATION WITH THE IARC**

**Collaboration within the national programme of early detection and treatment of cancers of the breast and cervix**

In 2010, the Moroccan Ministry of Health and the FLSC set up the national programme for early detection of breast and cervical cancer, covering the whole country. As part of this programme, clinical breast examination and visual inspection of the cervix following application of acetic acid (VIA) are carried out at the primary health care level by suitably trained nurses and doctors. Currently detection services are provided in 1,900 primary health care centres, and women found positive are referred for diagnosis and treatment to one of 20 regional reproductive health centre and seven oncology centres. Around 3,500 primary health care doctors and 4,300 nurses are taking part in this programme. In 2014, around 850,000 were screened as part of this programme.

The Screening Group (SCR) at IARC works closely with the FLSC, the Moroccan Ministry of Health and the country offices of UN Population Fund (UNFPA) and WHO, for the provision of technical support for the cervical cancer screening programme. SCR has training a number of ‘master trainers’ in VIA, colposcopy and the management of precancerous cervical lesions in Morocco, through three practical training courses (two in Morocco and one in India), and has helped in the preparation of training manuals and online courses for training VIA service providers.

SCR assists Moroccan colleagues in the follow-up and evaluation of the cervical cancer screening programme by introducing tools and data processing procedures appropriate to all levels of the programme and by advising them on the development of a comprehensive information system. A pilot project on the introduction of a computerised information system which would enable the evaluation of breast and cervical cancer screening programmes is being carried out in the Meknès region before possible expansion throughout the country.

A joint research project is underway to assess the acceptability, the safety and the efficacy of cold coagulation in the prevention of cervical neoplasias in the regions of Fez and Meknès. Quality assurance projects are also being carried out and SCR staff are working with Moroccan programme managers to improve the screening programme at all levels. A paper describing the preliminary evaluation of the cervical cancer screening programme has been prepared.

**Collaboration within the National System of Cancer Surveillance**

As part of the continuing collaboration between the IARC and the WHO Eastern Mediterranean Regional Office (Action Plan IARC/WHO EMRO 2013-14), and the activities of the Global Initiative for Cancer Registry Development (GICR), Dr Roberto Zanetti (President of the International Association of Cancer Registries), made an on-the-spot inspection of the Moroccan cancer registries on behalf of the IARC Section of Cancer Surveillance (CSU) in May 2014.

As described earlier, two cancer registries have recently been created in Casablanca and Rabat. Both have published a useful and detailed description of their procedures (see references above). According to Dr Zanetti’s report, these two registries have adequate structures, resources and trained personnel – many of their members have been trained on courses organised by the IARC. But the main concern is the development of the information environment in which they are working: the lack of electronic medical records and the absence (or at least the weakness) of the mortality data system. The lack of precise data on mortality prevents the two registries from accurately evaluating the integrity of their incidence data and from completing their
epidemiological results with survival and prevalence data, which are essential for the forward planning of the PNPCC.

The cooperation or the twinning with registries in Southern Europe is well established, with the possibility of combining the two existing registries, should enable some of these questions to be answered. The plan to set up two other cancer registries in the country (one in the North and one in the South) would usefully complete the system, providing adequate resources are in place and that the rapid consolidation of the two existing registries is not delayed by more ambitious objectives.

The wider national environment in terms of health and cancer advocacy would seem very favourable for positive developments in this area. Direct collaboration with the IARC, including the GICR initiative, would therefore play an important role in the development of cancer registration in the Moroccan population.

**Other current and future research collaboration**

The Dietary Exposure Assessment Group (DEX) is collaborating with Morocco on the AS-PADAM project (Africa’s Study on Physical Activity and Dietary Assessment Methods, involving 22 countries) which aims to develop standardised assessment methods of physical activity and diet. The main results of this inventory will serve as the basis of wider discussions to put in place a system of nutritional surveillance throughout Africa, within the framework of a wider initiative currently being discussed between the IARC, WHO and other regional and UN partners.

Researchers of the IARC Nutritional Epidemiology Group are in discussion with their colleagues at the Directorate of Epidemiology and Disease Control of the Moroccan Ministry of Health, to set up collaboration in the field of diet and cancer, and in particular to carry out a study on the causes of breast cancer in Morocco.
Potential of the Participating State to contribute to IARC research priorities, as described in the Medium-Term Strategy

A number of common priority areas emerged through the collaboration taking place between Moroccan researchers and their colleagues at IARC. A detailed programme of collaboration should be jointly developed, but the following points indicate some of the projects and initiatives which could be launched or strengthened:

• A long-term strategy for cancer registration in Morocco to ensure its quality, sustainability and geographic coverage. This would give reliable data to decision-makers to help identify current and future priorities.
• An evaluation of cervical and breast cancer screening programmes in Morocco in terms of coverage, quality assurance and impact;
• A long-term evaluation of cancer research infrastructure requirements in Morocco, including the advantages of large population cohorts.
• A programme of education and training in cancer epidemiology.

In addition to the areas of collaboration outlined above, the establishment of the National Plan for Cancer Prevention and Control (PNPCC) offers the possibility of setting up a broad collaborative strategy with the IARC in the field of research into implementation, one of the areas emphasised in the Centre’s new Medium-Term Strategy as a key area for development. Collaboration in this area between Moroccan researchers and the IARC has already started. The cervical and breast cancer screening and early diagnosis programmes of the PNPCC, designed in close collaboration with IARC researchers, include follow-up and evaluation elements which will facilitate both operational research on the deployment of the programme and research on implementation, and so enable the evaluation of the conditions for the success of these programmes at the local level.

The lessons drawn from this research will be used to improve the cancer awareness programme in Morocco, and contribute to the factual basis of the efficacy of the implementation of approaches with sufficient resources for cancer prevention, screening, and early detection in the routine health services of developing countries, middle-income countries, and helping in the development of other national cancer prevention and awareness programmes.

South-South co-operation is a priority of the FLSC, which promotes the strengthening of co-operation with many African countries. A global programme of partnerships has been set up for combating cancer in the countries of the region, following the Appeal and recommendations of the International Marrakech Conference organised by FLSC in January 2012. Reflecting the growing importance of Morocco in cancer research and training in Africa, the next conference of the African Organization for Research and Training in Cancer (AORTIC) ‘AORTIC Roadmap to Cancer Control in Africa’, will be held in Marrakech in November 2015, in partnership with the FLSC.

At the regional level, Morocco is in a unique position to support the expansion of IARC programmes for research and capacity development in Africa and the Eastern Mediterranean Region of WHO. As the only African representative among the participating states of IARC, and thanks to its good relations in the region, Morocco would be a focal point for the development and coordination of IARC regional activities within the framework of South-South co-operation.

Finally, for Morocco, participation in the work of the IARC would be essential to sustaining the implementation of its national programmes of cancer prevention and cancer awareness, and would give an important boost to strengthening its cancer research capacity, thanks to shared training initiatives and improved access to collaborative projects, both with IARC researchers and with its vast international network of collaborators and partner institutions.