



THE
GLOBAL
SURGERY
FOUNDATION



A ROUNDTABLE DISCUSSION

Strengthening the surgical workforce to eliminate Cervical Cancer



23 WEDNESDAY
NOVEMBER 2022



15:00-16:00
(CET)

[Register here!](#)



unitar

United Nations Institute
for Training and Research

Background

Cervical cancer is the fourth most frequent cancer among women and nearly 90% of deaths occurred in low- and middle-income countries in 2018, according to the World Health Organization (WHO). Cervical cancer is developed by nearly 600,000 women with over 300,000 deaths annually, impacting the lives of many women and girls. In 2020, the WHO launched the global strategy to eliminate Cervical Cancer to address this challenge. The vision of the strategy by WHO proposes a world where Cervical Cancer is eliminated as a public health problem. The 90-70-90 targets were specifically set to reach that vision, which includes:

- 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 disease receive treatment (90% of women with precancer treated, and 90% of women with invasive cancer managed).

Although remarkable progress has been achieved through prevention efforts via vaccinations and screening, not enough has been done to address the treatment target.

Sustainable solutions for treatment require overall surgical systems strengthening, with a dire need to strengthen the healthcare workforce and specialised training, particularly in resource-limited settings. A radical hysterectomy is the most common treatment for early-stage cervical cancer: the surgical removal of the cervix, uterus, and surrounding tissues. This is most effective with a combination of chemotherapy and radiotherapy. If women with early-stage cervical cancer can be treated with radical hysterectomy, there is evidence that shows that up to 95% can be completely treated with a radical hysterectomy¹ and for those with advance disease, 60% can be managed effectively with surgery and/or chemoradiation².

Following the second anniversary of the WHO's Cervical Cancer elimination initiative, The Global Surgery Foundation (The GSF) and the United Nations Institute for Training and Research (UNITAR) invite you to a roundtable discussion on how we can improve cervical cancer treatment and strengthen the surgical workforce, especially in low-income and resource-limited settings.

Guiding questions

- What are the current challenges limiting the scale up of surgical treatment in resource-limited settings in relation to workforce?
- What are some of the innovative solutions to overcome the challenges?
- What are some of the lessons learned from interventions aimed at improving the healthcare workforce?

Event objectives

- Raise awareness on Cervical Cancer treatment, particularly in resource-limited settings.
- Offer a venue for knowledge sharing and discussion on Cervical Cancer and surgical systems strengthening.
- Promote a learning atmosphere and establish a strong network which can be utilized after the event.
- Identify and understand how to coordinate catalytic and sustained financing to scale solutions.

¹ Barbieri. (2019). Simple or Radical Hysterectomy for Early-Stage Cervical Cancer? NEJM Journal Watch. Women's Health.

² Canfell K, Kim JJ, Brisson M, et al. Mortality impact of achieving WHO cervical cancer elimination targets: a comparative modelling analysis in 78 low-income and lower-middle-income countries. *The Lancet*. 2020;395(10224):591-603. doi:10.1016/S0140-6736(20)30157-4

Learning objectives

After the event, participants will be able to:

- Understand the current training models used in resource-limited settings.
- Identify the main challenges for implementing training programmes.
- Expand their networks and identify partners with expertise in Cervical Cancer treatment.

Target audience

Clinicians, Civil society, government officials, and personnel from non-profit and private sectors who work on, are impacted, or interested in learning more about Cervical Cancer, surgical care, and health systems strengthening.



Agenda

15:05 | Pan-Arabian Research Society for Gynaecologic Oncology: Training of professionals treating gynaecological cancers



Dr. Sara Nasser
Gynecologic Oncology, Charité Comprehensive Cancer Center, Charité – Universitätsmedizin Berlin, Germany.
Vice-President of the Pan-Arabian Research Society for Gynecological Oncology

15:12 | The IGCS Global Curriculum & Mentorship program: Experiences from Rwanda



Prof. Rahel Ghebre
Department of Obstetrics, Gynecology and Women's Health (OBGYN), University of Minnesota. International Gynecologic Cancer Society



Dr. Tadios Mekonnen Asres
Director of the Gynecology Oncology Fellowship, Rwanda

15:19 | Distributed capacity for treatment of early Cervical Cancer at the district hospital level



Prof. Michael Hicks
Obstetrics and Gynecology, University of North Carolina, Chapel Hill.
Director of Gynecologic Oncology, Michigan Cancer Institute. International Mentor Gynecologic Oncology Fellowship, University Teaching Hospital, Lusaka, Zambia



Prof. Groesbeck Parham
Gynecologic Oncology, UNC. Senior Clinical Expert, WHO Cervical Cancer Elimination Initiative

15:26 | Catalytic and Sustainable financing needed for scaling capacity in surgical care for Cervical Cancer



Ms. Joanne Manrique
President of the Centre for Global Health and Development

15:00 | Keynote address



Dr. Phumzile Mlambo-Ngcuka
Member of The GSF Foundation Board. Former UN Under-Secretary-General (USG) and Executive Director (ED) of UN Women & Former Deputy-President of South Africa

Moderated by



Dr. Isioma Okolo
Advisor to The GSF Royal Infirmary of Edinburgh, Edinburgh, Scotland, UK Program in Global Surgery & Social Change, Harvard Medical School, Boston, USA

15:35 | Roundtable discussion All

15:55 | Closing