


Call for implementation research: cross-continental partnership experiences from the Trans-African Digital e-Health Network (i-STARC Project)

Sara Nasser , Berlin, Germany, Berlin, Germany; Pierre Adegne Togo, Bamako, Mali; Adil Elghanmi, Casablanca, Morocco; Esra Bilir , Berlin, Germany, Istanbul, Turkey and Jalid Sehoul , Berlin, Germany, Berlin, Germany

Although the World Health Organization's (WHO) 2030 goal for elimination of cervical cancer is well known, its implementation is highly diverse across the globe. The inequalities and specific needs in low- and middle-income countries are a real-life challenge where we require concrete implementation research initiatives. Hence, we established the Trans-African Digital e-Health Network (i-STARC Network) between Mali, Morocco, and Germany by the Pan-Arabian Research Society of Gynecologic Oncology (PARSGO). This network is supported by a partnership with Siemens Healthineers to provide digital health solutions in the region. Between May 12 and 13, 2022, we had our first i-STARC summer school in hybrid format where the face-to-face part was hosted by Charité University, Berlin, Germany (Figure 1). Our aim is to share the participants' demographics, results from the live-poll questions, and take-home messages from the discussions.

The official language was English. Our objectives were the identification of key issues in the management of cervical and breast cancer in limited resource settings, exchanging our experiences about how to successfully overcome health system gaps by interdisciplinary approaches and partnership development, raising awareness among health authorities about the need for investing in health systems to face the high and increasing burden of female cancers, and discussing strategies about innovative formats for training of healthcare providers. During our meeting, we had live-poll questions to encourage fruitful discussion and familiarize ourselves with the participants' needs and challenges of the different healthcare settings.

Overall, we had 217 registrations from ~100 countries from all the country classifications by income level. Although our participation rate was 40.1%, our participants were highly diverse, from 44 countries covering five continents. Similarly, attendees were highly diverse (gynecologic oncologists: 14.6%, pathologists: 3.4%, public health specialists: 3.4%, patient advocates: 2.2%). In total, we discussed 13 anonymous poll questions. Although the majority of participating countries (82%) had national cervical cancer screening policies, just over half had human papillomavirus (HPV) vaccination programs (56%).¹ Official gynecologic oncology fellowships were not available among 71% of the respondents. Although 88% of the respondents would recruit if clinical trials were more accessible in their country or region, 67% could not currently recruit

their patients. Since the answers were anonymous, an analysis of the country classifications by income level was not objectively possible. However, based on the live discussion, the national HPV program was lower in low- and middle-income countries. In order to hear everyone and overcome language challenges, we provided translations from French to English. For the discussion on single-dose HPV vaccine, the experts concluded that a single dose is better than no dose and might be considered in low- and middle-income countries.

In conclusion, one size does not fit all. We need strong and continuous dialog to achieve health equality across the globe for every woman with gynecologic cancers. As part of our mission in PARSGO, we invite our colleagues, experts, and researchers to join our networks to further improve the health



Figure 1 The i-STARC Summer School panelists and partners (from Germany, USA, Mali, Ethiopia, Italy, Switzerland, and Morocco).

Corners of the world

inequalities in the low- and middle-income countries² and encourage experts to conduct implementation research to meet region-specific needs and invest in policy-making processes.³

Correspondence to Sara Nasser, Department of Gynecology with Center of Oncological Surgery, Charite Global Health Center, Charite Universitätsmedizin Berlin, Berlin, 10117, Germany; sara.nasser@charite.de

Twitter Sara Nasser @dr_saranasser and Esra Bilir @esragbilir

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ORCID iDs

Sara Nasser <http://orcid.org/0000-0002-5719-7532>

Esra Bilir <http://orcid.org/0000-0003-4499-6543>

Jalid Sehouli <http://orcid.org/0000-0002-5963-6623>

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