



WHO European Conference on Screening
UN City, Copenhagen, Denmark
11–12 February 2020

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Scope and purpose

While there appears to be a growing trend in the WHO European Region towards more screening for noncommunicable diseases and health checks throughout the life-course, policy makers, health professionals and the public often seem unaware of the potential harms of screening, its cost and burden on the health system and the need for strong quality assurance. This Conference aims to increase the effectiveness of screening programmes within the Region, maximizing benefits and minimizing harms.

Screening is defined as the presumptive identification of an unrecognized disease or condition in an apparently healthy, asymptomatic population by means of tests, examinations or other procedures that can be applied rapidly and easily to the target population.¹ Such a definition covers a potentially broad range of population ‘checks’, covering a wide variety of conditions and ages. The primary aim of screening is to improve prognosis of the health condition through earlier intervention and management with the hope to reduce mortality and suffering from a disease. Depending on the nature of the health conditions and the modalities of the screening, however, benefits can vary considerably and in some cases be minimal or even null. Within the WHO European Region, countries are implementing screening programmes for a wide range of conditions throughout the life-course even though there is not a clear evidence-base for effectiveness.

All screening has the potential to do harm² and these harms - like benefits - depend on the health conditions considered and the modalities of the screening. For example, screening for prostate cancer has been shown to bring very limited benefit in terms of reduction of mortality while harms (notably over-diagnosis and over-treatment) have proven to be important even in the controlled context of randomized control trials³. On the other side of the spectrum, organized screening programs for cervical cancer have proven to bring major benefits (decreased incidence and decreased mortality) with minimal harms when quality is adequately assured⁴. Assessing the balance between harms and benefits is not straightforward however and for some conditions it remains largely unknown, making policy decisions on screening a particularly difficult exercise. Decision-making regarding screening implementation can be influenced by many cultural, economic and political factors, which in many occurrences overshadow evidence, even when those are solid and clear.

¹ <http://www.who.int/cancer/prevention/diagnosis-screening/screening/en/>

² “All screening programmes do harm, some do good as well...”. See for example: Muir Gray JA, Patnick J, Blanks, RG. Maximising benefit and minimising harm of screening. *BMJ* 2008;336:480.

³ Chou R, Croswell JM, Dana T, Bougatsos C, Blazina I, Fu R, Gleitsmann K, Koenig HC, Lam C, Maltz A, Ruge JB, Lin K. Screening for prostate cancer: a review of the evidence for the U.S. Preventive Services Task Force. *Ann Intern Med*. 2011 Dec 6;155(11):762-71.

⁴ WHO 2014. Comprehensive cervical cancer control - A guide to essential practice
<http://www.who.int/cancer/publications/cervical-cancer-guide/en/>

Such practices raise questions regarding the amount of harm done to healthy individuals throughout the WHO European Region. This amount has not been quantified, nor has there been an evaluation of the amount of public resources invested in programs that don't bring benefit, however both are suspected to be important. The WHO Regional Office for Europe has therefore undertaken an initiative to explore these issues further with a focus on NCDs and other conditions throughout the life-course. A WHO European Technical Consultation on Screening held on 26–27 February 2019 clarified the evidence available for various screening practices (including harms and benefits), the current screening practices taking place in European countries and the important divergence between evidence and practice. Publications and guidance produced as a result of this first consultation will be shared on the occasion of the present meeting. The 2019 consultation resulted also in identification of some cross-cutting issues and possible solutions that will be further explored during the present meeting.

The purpose of the present meeting is to generate knowledge and provide tools to improve screening practices and policy decision-making related to screening. The meeting will take place over two days and involve a WHO Secretariat team from the global, regional and country levels, as well as policy makers from Member States, technical experts and WHO Collaborating Centres. Expert presentations and country experiences will highlight cross-cutting issues (such as political, social, commercial and technological drivers of screening, legal, ethical and resource implications of screening, health literacy and the role of civil society) and potential solutions for adequate decision-making and successful screening. The outcomes of the meeting will be a set of key messages supporting smart screening strategies and practices.

The working languages of the meeting will be English and Russian with simultaneous interpretation provided.