



# **The role of NGOs in cancer control in Africa**

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# Content of presentation

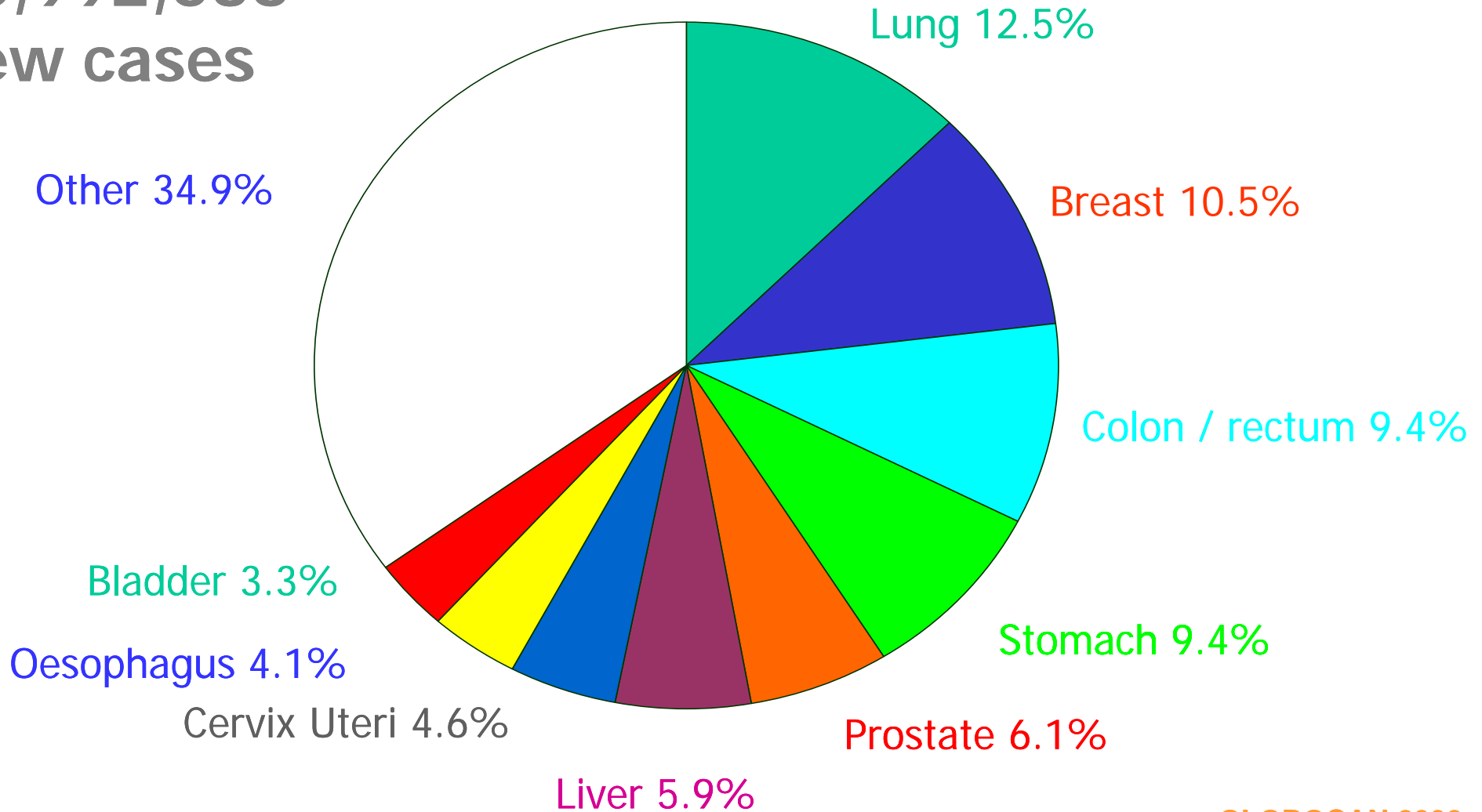
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- The magnitude of the problem
- The solution(s)
- The 2 players
- 2 examples
- Some solutions

# Incident Cancer World-wide: 2002 Estimates

10,992,036  
new cases



# In the year 2020

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10 million deaths

15 million new cases

30 million living with cancer



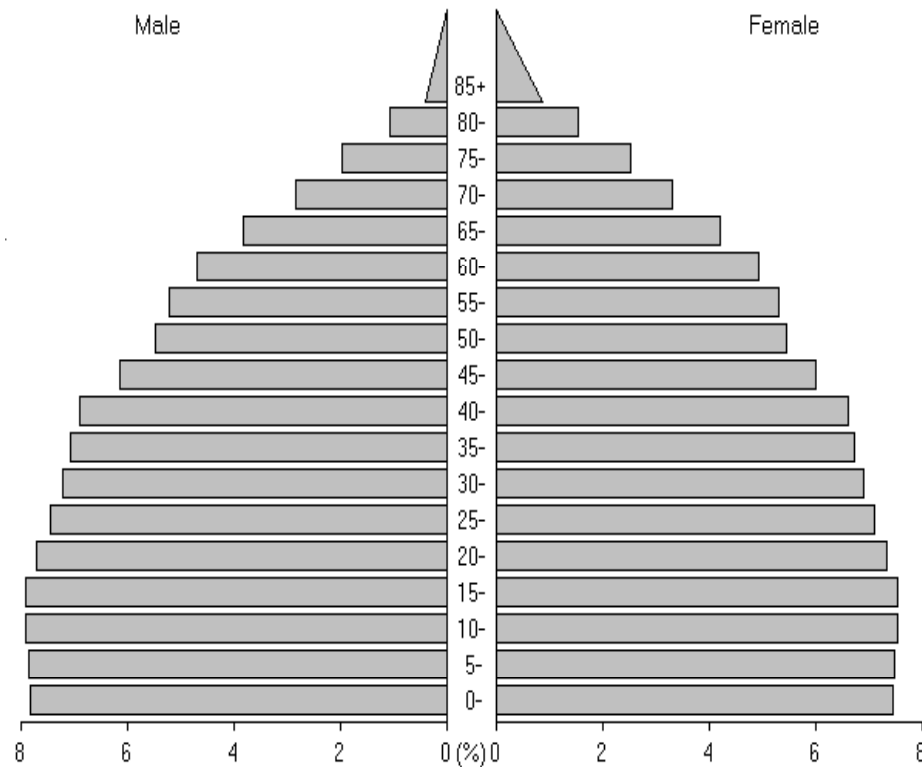
# World



Population (2030)  
8,130,000,000

4,068,000,000

4,062,000,000



# The global burden of cancer at the dawn of the 21st century

Year	Incidence Million/year	Mortality (million year)			Author
		Total	Industrialized countries	Developing countries	
1975	5.9	-	-	-	Boyle 1997
1980	6.4	4.3	2.1	2.1	Tomatis 1990
1985	7.6	5.1	2.2	2.9	Pisani 1993
1990	8.4	6.0	2.4	2.9	Murray 1997
1996	10.0	6.4	2.6	3.8	WHO 1997
2020	15-18	10.0	2.5	7.5	WHO 1997

Audit on Oncology in the Third World  
in: *Cancer in developing countries*  
*S. Tanneberg, F. Cavalli, F. Pannuti*

# The big seven

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In 2000, 60% of cancers in the developing world were accounted for by following cancers: cervical, liver, stomach, esophageal, lung, colorectal, breast

*Globocan 2002*

# Tumors related to infectious agents

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40 – 45 % in Sub-Saharan Africa

30 – 40 % in Latin America



7 – 8 % in Western Europe, New Zealand and North-America

# Causes of cancer in the world

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At least 35% of all cancers are worldwide for sure attributable to nine potentially modifiable risk factors


*Godartz D et al.  
Lancet 2005; 366:1784-93*

# The 9 modifiable risk factors

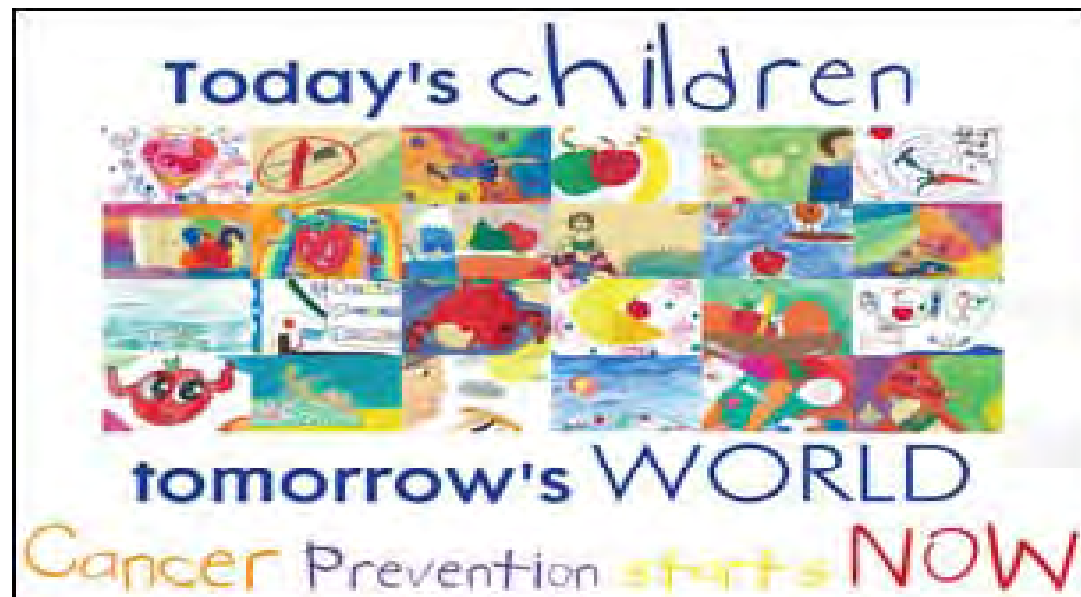
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- Overweight
- Low fruit and vegetable intake
- Physical inactivity
- Smoking
- Alcohol
- Unsafe sex
- Air pollution
- Indoor smoke of solid fuels
- Contaminated injections

*Godartz et al:  
Lancet 2005; 366: 1784-1793*



**UICC 5-year  
cancer prevention  
campaign 2007-2012**



# A national cancer control plan

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- evaluates situation and resources
- sets priorities
- determines deadlines
- outlines plans for actions and for measuring outcome

# A national cancer control plan

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Should always analyze resources both of NGOs and government, and moreover outline possible synergies

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# In summary

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1/3 of tumors can be avoided

1/3 of tumors can be cured

1/3 of tumors can be palliated

# WHO puts cancer on global health agenda

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At the General Assembly of May 2005, 192 WHO-member states have accepted a resolution "Cancer prevention and control" which for the first time prioritizes cancer control.

They came. They had the Bible and we had the land.

And they said to us: "Close your eyes and pray".

And when we opened the eyes, they had the land and we had the Bible.

# Nora Astorga

## Screening programme for cervical cancer

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Geographical area	Managua, Area 6, 72 kmq
Target population	27.000 women aged > 15 yrs
Health services	9 health posts, 1 health centre, 1 gynaecological specialty hospital (histopathology, oncology, radiotherapy departments)
Time frame	November 1988 – November 1990

# Nora Astorga

## Screening programme for cervical cancer

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### Conclusions

- Possible within primary care system
- Relatively unexpensive ( < 100.000 US\$)
- Must be coordinated with other health programmes
- But low coverage of high risk women

and

Main reason for failure: **lack of government support**  
(government change)

# 1986: La Mascota Project

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Improvement of survival in children with cancer offering the best possible treatment free of charge

# 1986: La Mascota Project

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Long-term twinning global-programme:

- training and supervision of health professionals
- building inpatients – outpatients structures
- laboratories facilities
- use of protocols tailored to the local possibilities
- clinical research

# 1986: La Mascota Project

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Bilateral agreement with management responsibilities given to local professionals, in particular the director of the La Mascota PCU.



**Fulgencio Baez**

# Structural facilities

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- 1991 10 beds ward for Hematology  
by Tettamanti Found. and Liga Contra Leucemia y Cancer
- 1992 10 beds ward for Oncology  
by AMCA-Bellinzona, F.Cavalli
- 1993 Play room  
by the President of the Republic of Nicaragua
- 1995 Residence for families  
by Alessandria (Italy) Town Council
- 1999 12 beds ward for Oncology  
by Dukedome of Luxembourg
- 2005 Day Surgery  
by CONANCA
- 2007 New outpatient clinic

# „La Mascota project“ (Managua)

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after 22 years

# Human resources of the Pediatric Hemato-Oncology Unit

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- 8 Pediatric Hemato-oncologists
- 1 Pediatric oncology surgeon
- 1 Anesthesiologist
- 17 Nurses (5 specialized in Hemato-oncology)
- 2 Surgical Technicians
- 2 Laboratory Graduates
- 2 Psychologists
- 1 Social Worker
- 1 Clown



# Structural facilities of the Pediatric Hemato-Oncology Unit

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- 32 rooms
- 1 operating room for painful procedures and day surgery.
- Hematology Laboratory
- 1 Residence with 18 rooms
- 2 play-rooms
- Outpatient Clinic:  
9 medical offices, Psycho-social service with 2 offices,  
Dentistry office, Area for reception and for blood samples,  
Area for application of day surgery  
(total area : 850 m<sup>2</sup>)

*F. Baez, XI.2008*

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Financial support from diverse sources to ensure the independent long-term viability:

- At present, the combined annual investment from Monza and Bellinzona is US\$ 200,000
- The total amount of economic support required to build and sustain the 22-year program has been US\$ 3,500,000

# Government

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## *Advantages*

- resources
- power of law
- coordinating capacities

## *Disadvantages*

- slow
- Priorities might change
- little interest in long-term projects

# NGOs

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## *Advantages*

- rapid
- flexible
- high motivation

## *Disadvantages*

- lack of resources
- changing governance
- can disappear

# A sobering experience

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The WHO Framework Convention on Tobacco control (FCTC) has so far been signed by 124 states (70, including US, not yet).

However the tobacco industry has so far forestalled legislation on tobacco control in most developing countries.

*BMJ 332: 313; 2006*  
*JNCI 98: 667; 2006*

# The main goal of cancer NGOs

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To put cancer on the political agenda;  
i.e. chiefly to require establishment  
and realization of a national cancer  
control plan.

# Start small, scale up smart

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Developing countries should consider scaling up their local or regional programs only after the pilot programs have been shown to perform well.

*In: Disease control priorities in  
Developing Countries, 2nd edition  
page 589; 2006*

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NGOs are particularly well suited  
for implementing pilot programs

*UICC*

# UICC: pilot projects

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➔ *"My child matters"*

➔ some prevention / early diagnosis projects  
(Niger, Cameroun, Uruguay, etc.)

➔ HPV: Tanzania, Nicaragua

# *My child matters*

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33 catalytic childhood cancer projects in 21 selected countries

financing of up to €50,000/year  
*(funding from sanofi-aventis with additional support from NCI-USA)*

# PACT as example

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Program of Action for Cancer Therapy developed by IAEA (International Agency for Atomic Energy) is a first example of a possible global cooperation between governmental agencies (IAEA, WHO, NCI, etc.) and NGOs (UICC, ACS, C-change, etc).

*UICC 2008*



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2010 World Cancer Congress  
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*Preventing the preventable*

*Treating the treatable*

*Systems to make it happen*

[www.worldcancercongress.org](http://www.worldcancercongress.org)