

Cancer prevention and control: A strategy for the African Region

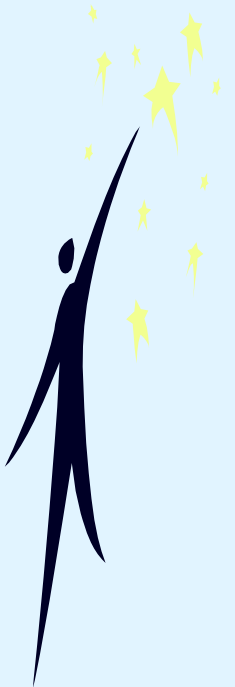
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Despite the global achievements made in cancer prevention and control, cancer remains in Africa, a public health problem that has not yet received adequate attention



Outline of presentation

- INTRODUCTION
- SITUATION ANALYSIS & JUSTIFICATION
- THE REGIONAL STRATEGY
- MONITORING AND EVALUATION
- CONCLUSION



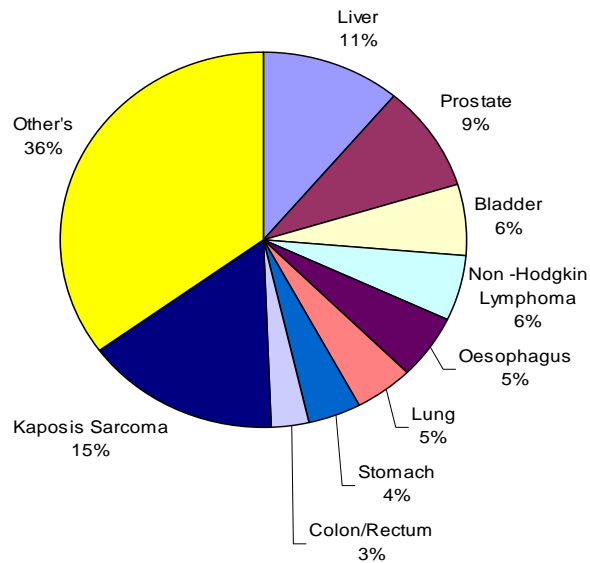
INTRODUCTION

- Cancer : diseases characterized by abnormal cell proliferation and tendency to invade adjacent tissues and produce metastases.
- 2005: 12,5% all deaths worldwide. By 2020 about 15 million new cases every year → 70% in developing countries.
- Impacts negatively on the overall health status of the population.
- Existing initiatives: AU Head of States & Governments Declaration; WHO AFR/RC50/10; WHO AFR/RC51/12 Rev.1; WHA56/2003/REC/1; WHA 57.17/2004; WHA58.22/2005

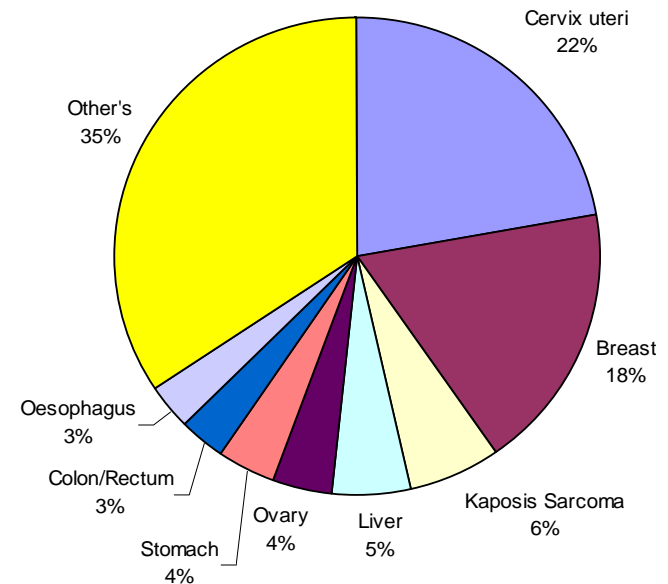


SITUATION ANALYSIS & JUSTIFICATION

MALE CASES 283,000



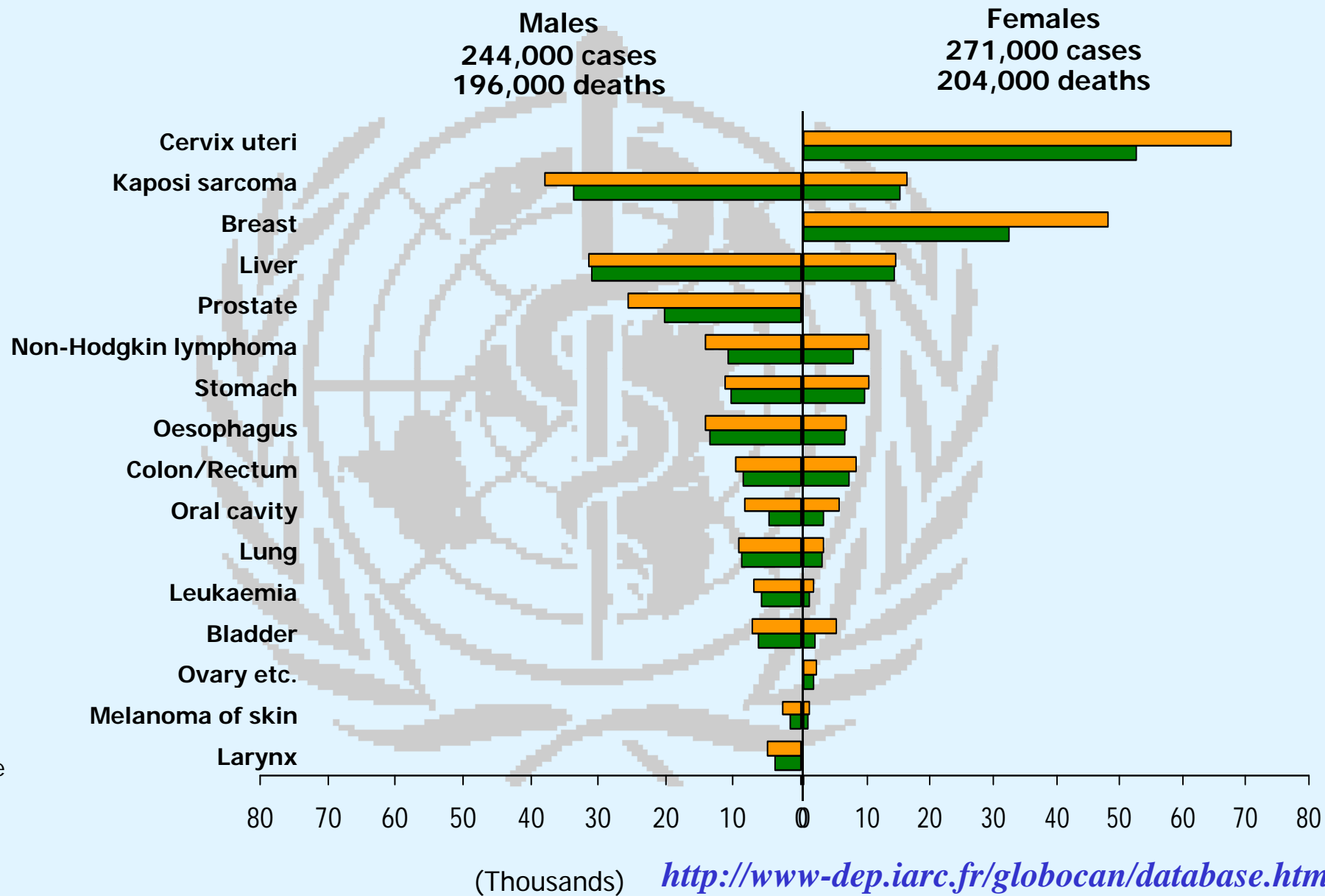
FEMALE CASES 299,000



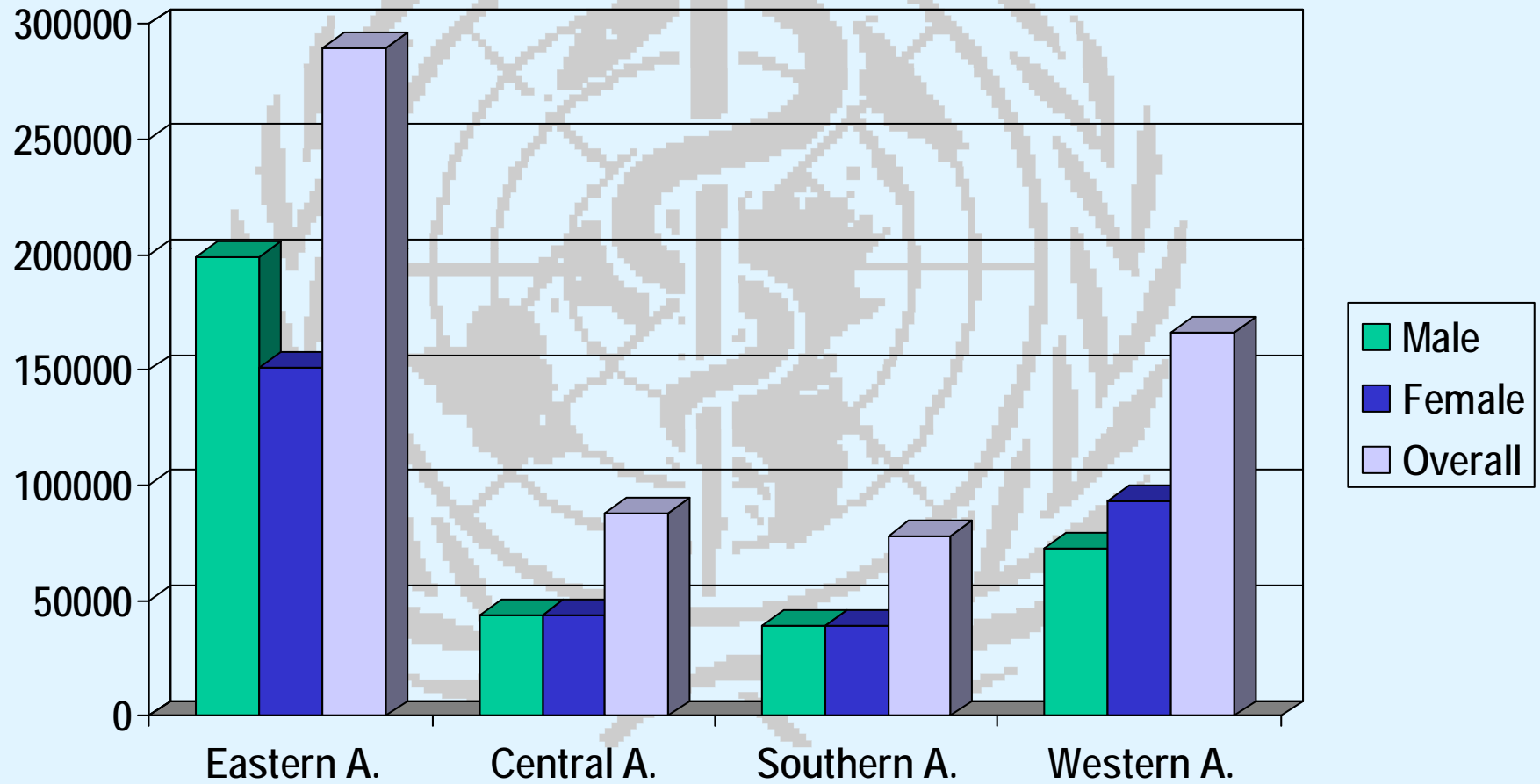
<http://www-dep.iarc.fr/globocan/database.htm>



Cancer Morbidity in the AFRO region



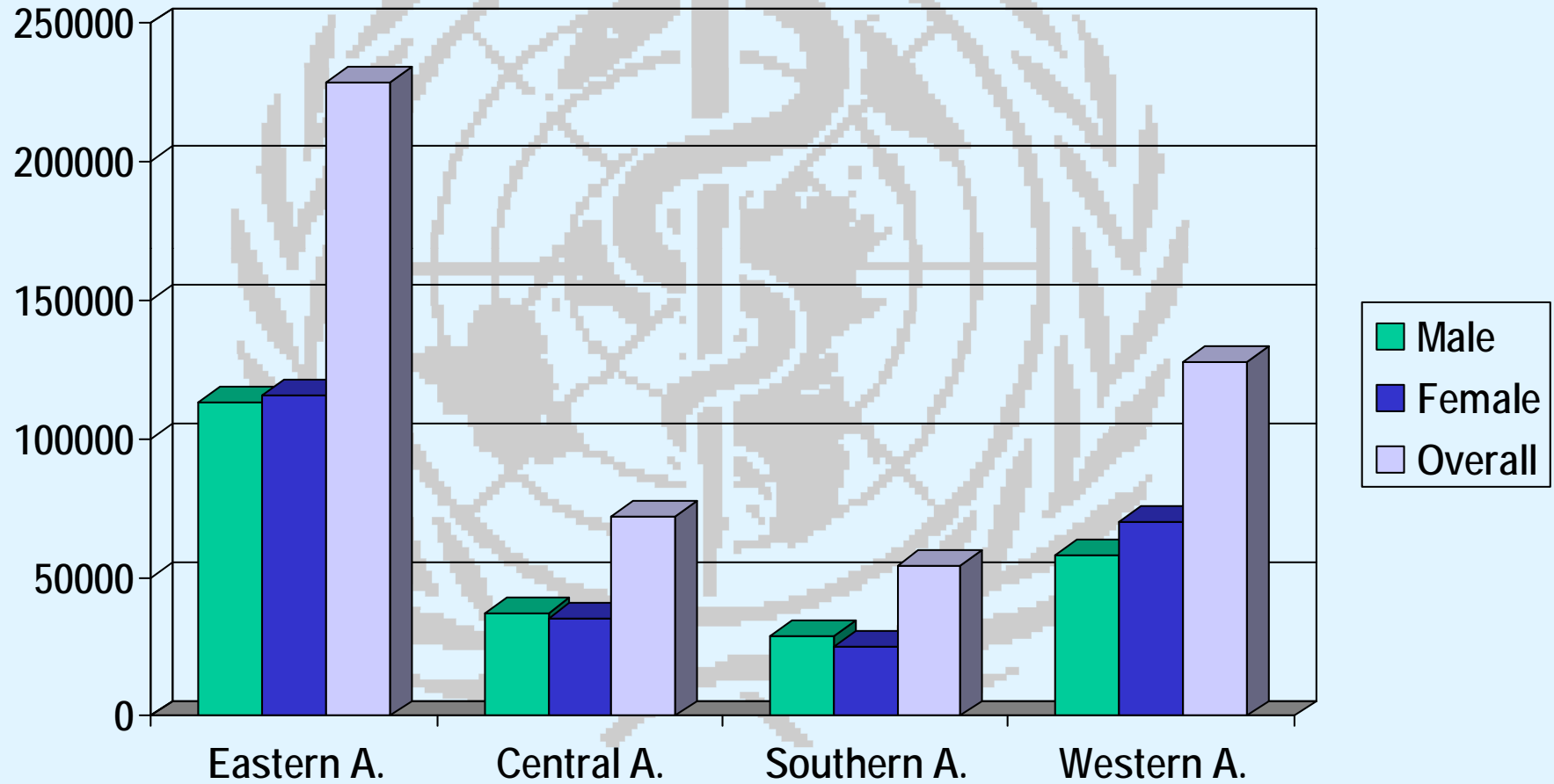
Estimated number of new cancer cases in 2007



Global Cancer Facts & Figures 2007, ACS



Estimated number of cancer deaths in 2007



Global Cancer Facts & Figures 2007, ACS



SITUATION ANALYSIS & JUSTIFICATION

- Cancer risk factors
 - Infectious diseases (26%)
 - *Human Papilloma virus*
 - *Hepatitis B*
 - *EBV*
 - *Schistosomiasis*
 - *H. Pylori*
 - *HIV/AIDS*: in Sub Saharan Africa, 20.9 million people infected (2001) 22.5 million in 2007



SITUATION ANALYSIS & JUSTIFICATION

HIV/AIDS related cancers: *Kaposi's Sarcoma, Lymphomas, Cervical cancer, Anal cancer and Ocular tumours.*

- Cumulative Incidence of KS in Kampala was 3.6/100,000 in men and 0.2/100,000 women (before onset of HIV/AIDS epidemic).
- After the epidemic 39.3/100,000 men and 21.8/100,000 women

➔ KS the commonest cancer in men in sub Saharan Africa.



SITUATION ANALYSIS & JUSTIFICATION

- Cancer risk factors

- Tobacco (10%)

Cigarette consumption

131,181 million sticks (1995) & 212,788 million (2000)

→ *alarming 38.4 % increase in five years.*

- Burkina Faso 36.7%

- Nigeria 18.1% (13-15 yrs)

- Malawi 16.9%

- Ghana 16.8%

- Uganda 58.1% (14-18 yrs)

- South Africa 24.3% (13-15 yrs)

- Zimbabwe 18.5% (13-15yrs)

- Rwanda 16.7% (11-15 yrs)

GYTS



SITUATION ANALYSIS & JUSTIFICATION

- Cancer risk factors
 - Unhealthy diet (20%)
 - Lack of physical activity
 - Environmental pollution
 - Harmful use of alcohol



SITUATION ANALYSIS & JUSTIFICATION

- **Socio-economic impact**
 - Increased out of pocket expenditure
 - Productivity losses: poor health; economically productive age group more affected
 - Cancer risk factors highest in individuals with low social status
 - Poor/lack access to treatment and care – decrease the length of life



SITUATION ANALYSIS & JUSTIFICATION

- Resources used for treating cancers at advanced stage and for costly referral of patients abroad.
- Too little invested in cancer prevention.
- Health systems not well prepared to combat the threat of cancers.

If we act now we can save 100,000 lives by 2020



THE REGIONAL STRATEGY

■ AIM

- To contribute to the reduction of morbidity and mortality due to cancer in the African Region

■ SPECIFIC OBJECTIVES

- To develop and implement national strategies and programs
- To scale up prevention, cure and care services
- To advocate for increasing resource allocation, actions, multisectorial collaboration and partnerships
- To foster research on cancer; collection and use of data

■ TARGETS

- 2013: 20% of Member States to achieve a 10% reduction in passive tobacco exposure among youth
- 2013: 40% of countries to develop and be implementing cancer control programs
- 2013: 50% of Member States to have cancer registries established with trained staff



THE REGIONAL STRATEGY

- **GUIDING PRINCIPLES**
 - Country ownership, leadership and fairness
 - Equity and accessibility of services
 - Partnership, team building and coordination
 - Innovation, creativity and accountability
 - A systematic and integrated approach for a step-by-step implementation



THE REGIONAL STRATEGY

■ PRIORITY INTERVENTIONS

1. **Cancer prevention and control policies, legislation and regulations**
 - ensure that all individuals in countries have access to services
 - prevent population from exposure to cancer risk factors
2. **Comprehensive national cancer control programs**
 - Primary, secondary and tertiary prevention including screening, early diagnosis, curative therapy and palliative care integral parts of national NCD programmes
 - Interventions adapted to local settings and implemented in a cost effective manner
 - National, sub regional and regional Centre of Excellence to be designated and supported as part of a program to build capacity and maintain quality care



THE REGIONAL STRATEGY

■ PRIORITY INTERVENTIONS

3. **Advocacy, resource mobilization and appropriate allocation**

- Sustainable resources to be mobilized & equitably distributed
- Establish mechanisms for results-oriented resources allocation
- Advocate for the reduction of costs of cancer medicines and generic drugs production

4. **Mobilization and coordination of partners' interventions**

- Clear definition of areas of contribution, predictability and relevance of support in line with national priorities
- Work collaboratively in international and national alliances and networks.



THE REGIONAL STRATEGY

■ PRIORITY INTERVENTIONS

5. Capacity development

- Improve skills of Decision makers, health personnel and care providers
- Develop and strengthen community capacity for cancer prevention and control
- Implement interventions to strengthen cross-sector collaboration
- Develop human capacity at all levels of the health system, laboratory skills, medical education, adequate infrastructure and equipment



THE REGIONAL STRATEGY

■ PRIORITY INTERVENTIONS

6. Primary Prevention

- Interventions to reduce exposure to the major risk factors
- Preventable cancers targeted by health promotion strategies through improved communication for behaviour change
- Existing immunization programs to make available suitable vaccine and to immunize populations at risk against the biological agents at the origin of carcinogenesis
- Reinforcement of tobacco control
- Involving traditional health practitioners in ensuring early referral of patients to health-care facilities.



THE REGIONAL STRATEGY

■ PRIORITY INTERVENTIONS

7. Secondary Prevention

- Screening, early detection and diagnosis of cancer, at the stages when cancers are curable
- Interventions in reproductive health and childhood cancers should be promoted and implemented at different levels of the health system.

8. Tertiary Prevention

- to ensure that the majority of patients have access to efficient diagnostic and treatment facilities
- Availability of a minimum set of affordable and cost-effective medications for cancer management.



THE REGIONAL STRATEGY

■ PRIORITY INTERVENTIONS

9. Strategic information, surveillance and research

- Cancer Registries to monitor the trends of cancer incidence, prevalence and mortality as well as the risk factors.
- Operational Research should be promoted as an integral part of cancer prevention and control in order to identify knowledge gaps and evaluate strategies.
- Research on traditional medicines must produce evidence of their safety, efficacy, quality and appropriateness for use in cancer chemotherapy and palliative care.
- Findings of research on new cancer therapies, including gene therapy, should be recommended for wider use.



THE REGIONAL STRATEGY

■ ROLES & RESPONSIBILITIES

■ Countries

- To develop and reinforce comprehensive cancer control programs integrated into NCDs plans and into national health systems

■ WHO & Partners

- To provide to countries technical support for establishment or strengthening of NCCP; and to mobilize communities in the fight against cancer

■ RESOURCES IMPLICATIONS

- Additional resources required for primary, secondary & tertiary prevention, and for management



MONITORING & EVALUATION

■ MONITORING & EVALUATION

■ Progress monitoring indicators

- availability and effective implementation of cancer control policy, legislation, regulations and programs

■ Outcome and impact indicators

- reduction of cancer incidence and mortality, trends of morbidity and reduction of risk factors.

■ Continuous monitoring and evaluation



CONCLUSION

- Challenges of the WHO African region: inadequate policies, legislation and regulations and limited access to prevention, diagnosis and treatment services.
- Strong advocacy and commitment at the highest political levels is needed for cancer prevention and control.
- Interventions giving high priority to primary and secondary prevention need to be implemented promptly in Member States.



