



# Cancer in Africa

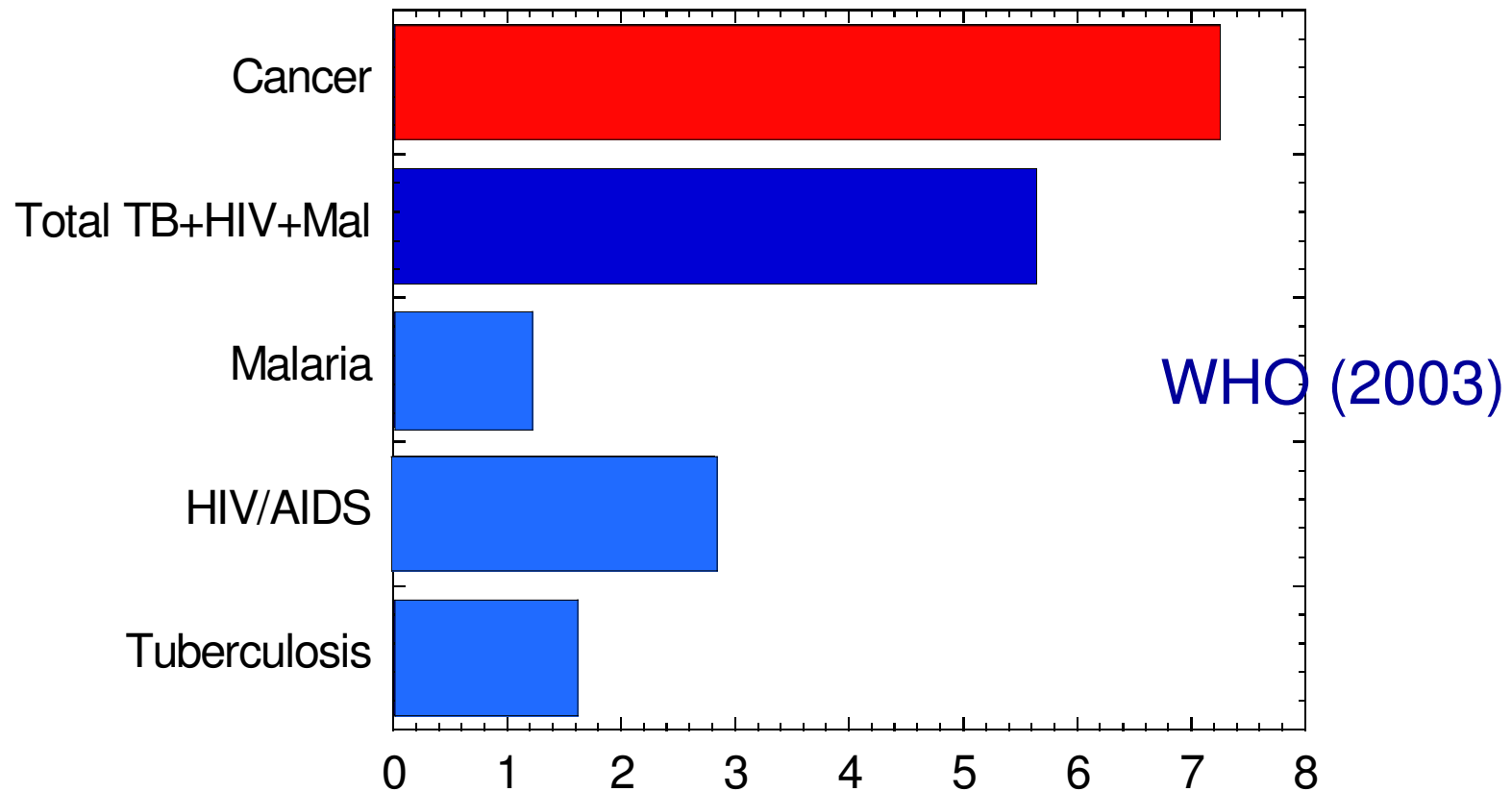
David Kerr  
Oxford of University, UK

December 2007

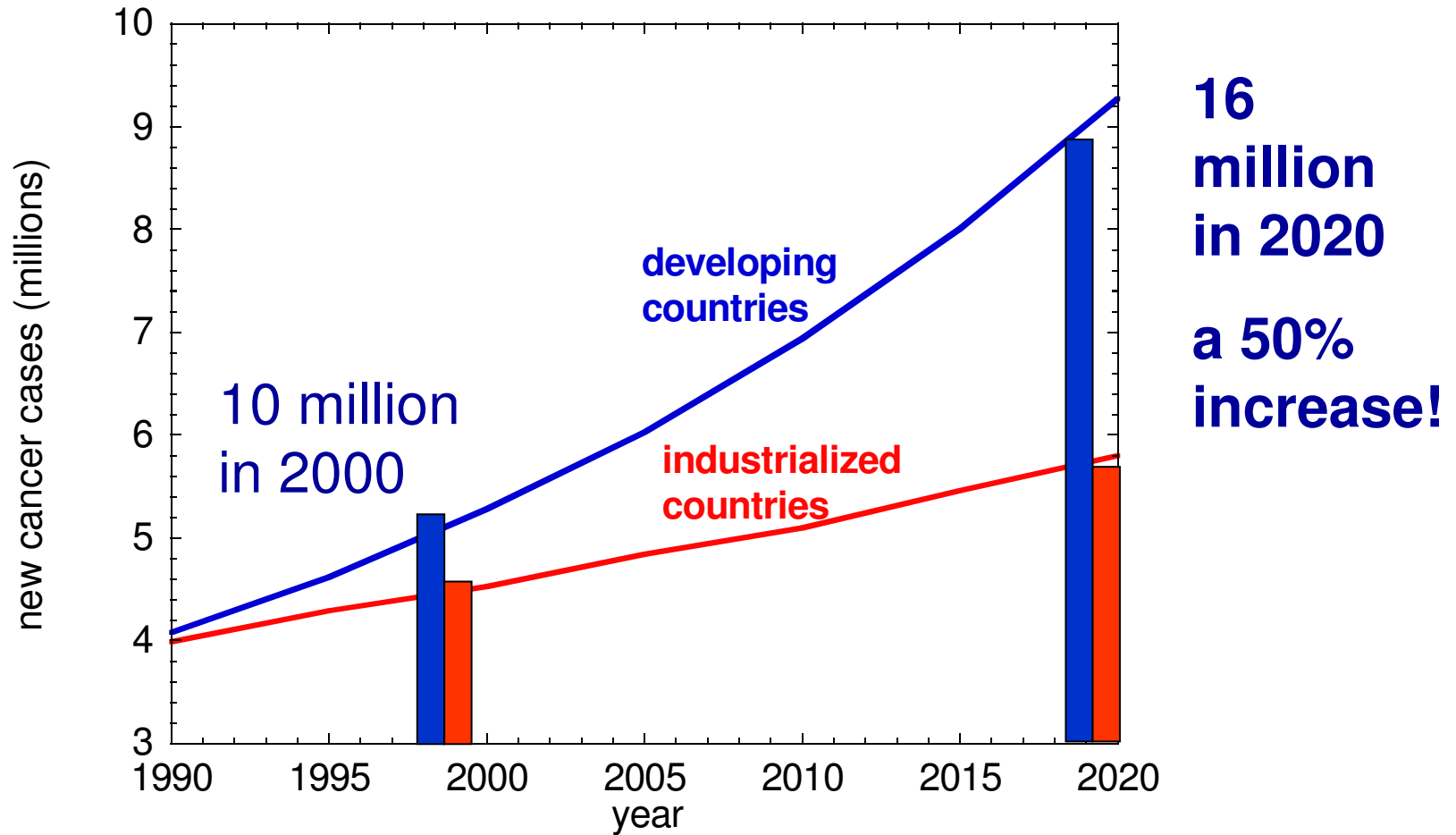
*AFROX*

[www.afrox.org](http://www.afrox.org) ... to enable the delivery of  
comprehensive cancer care to Africa

# Millions of deaths in 2002



# New cases of cancer annually



WHO (2003)

## **AfrOx aims to deliver comprehensive cancer care to African countries where it is most needed ...**



- Life-saving radiotherapy is available in only 21 of Africa's 53 countries, or to less than 20% the total population.
- It is estimated that over 250 million people have no access to cancer screening, early diagnosis, treatment or palliative care.
- Over 1/3 of cancer deaths are due to preventable causes such as viral infection, poor nutrition and widespread tobacco use.

# London Meeting on Cancer Care in Africa

A two-day meeting in London in May 2007.

- Chaired by the Rt. Hon. Alan Milburn
- Over 130 leaders in all aspects of World Health and Cancer Control present and 23 African Health Ministers.



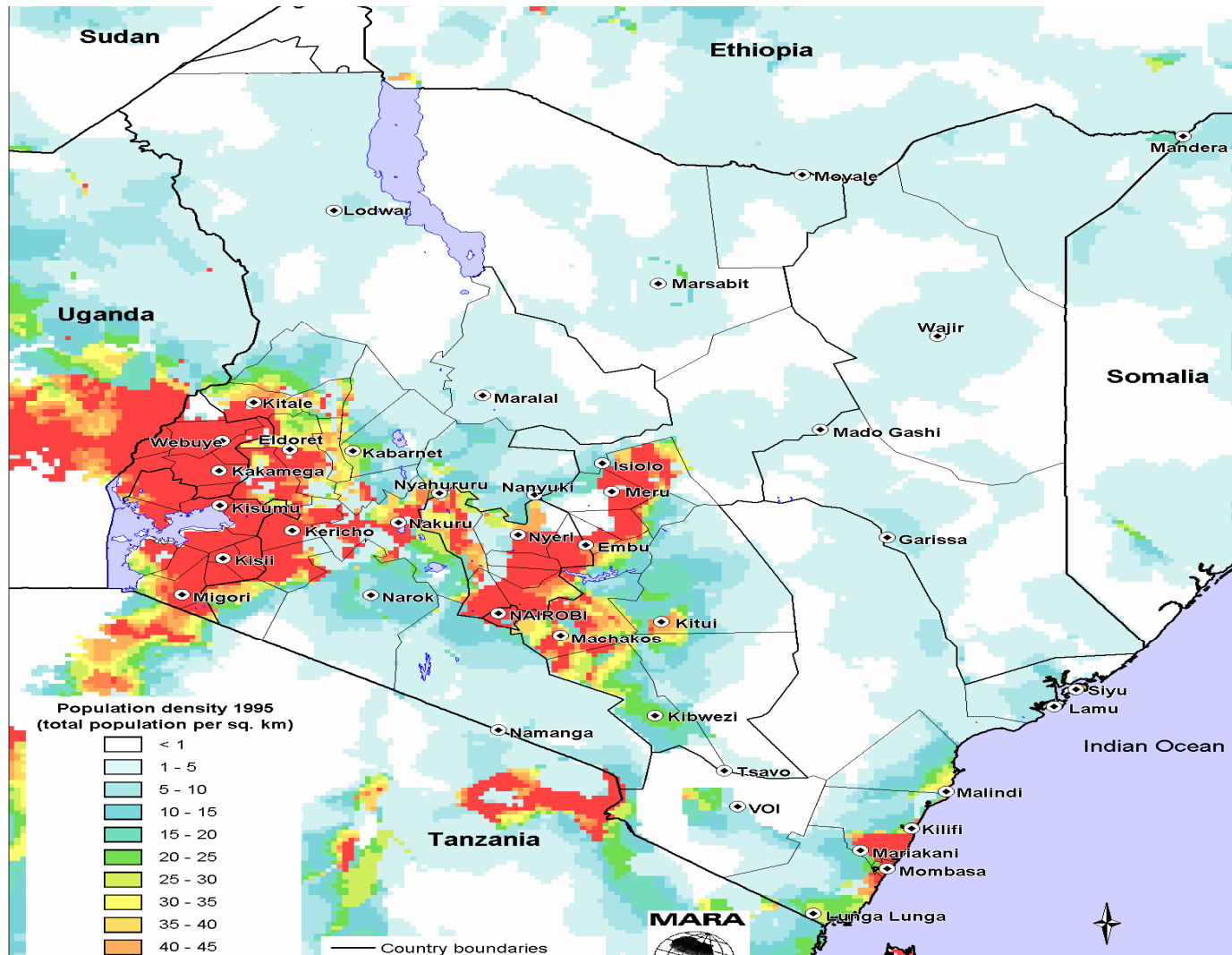
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Download the London Declaration on Cancer Care in Africa from  
[www.afrox.org](http://www.afrox.org)

# Kenya: Country Profile

Location	East Africa
Total population	35, 000, 000
Gross national income per capita (PPP international \$):	1,396 US\$
Total expenditure on health per capita (Intl \$, year):	8.3 US\$
Total expenditure on health as % of GDP (WHO stats):	8.1
Life expectancy at birth m/f (2000-2005):	49.9/48.7

# Map of Kenya



# Ministry of Health Priority List by Expenditure- 2005/2006

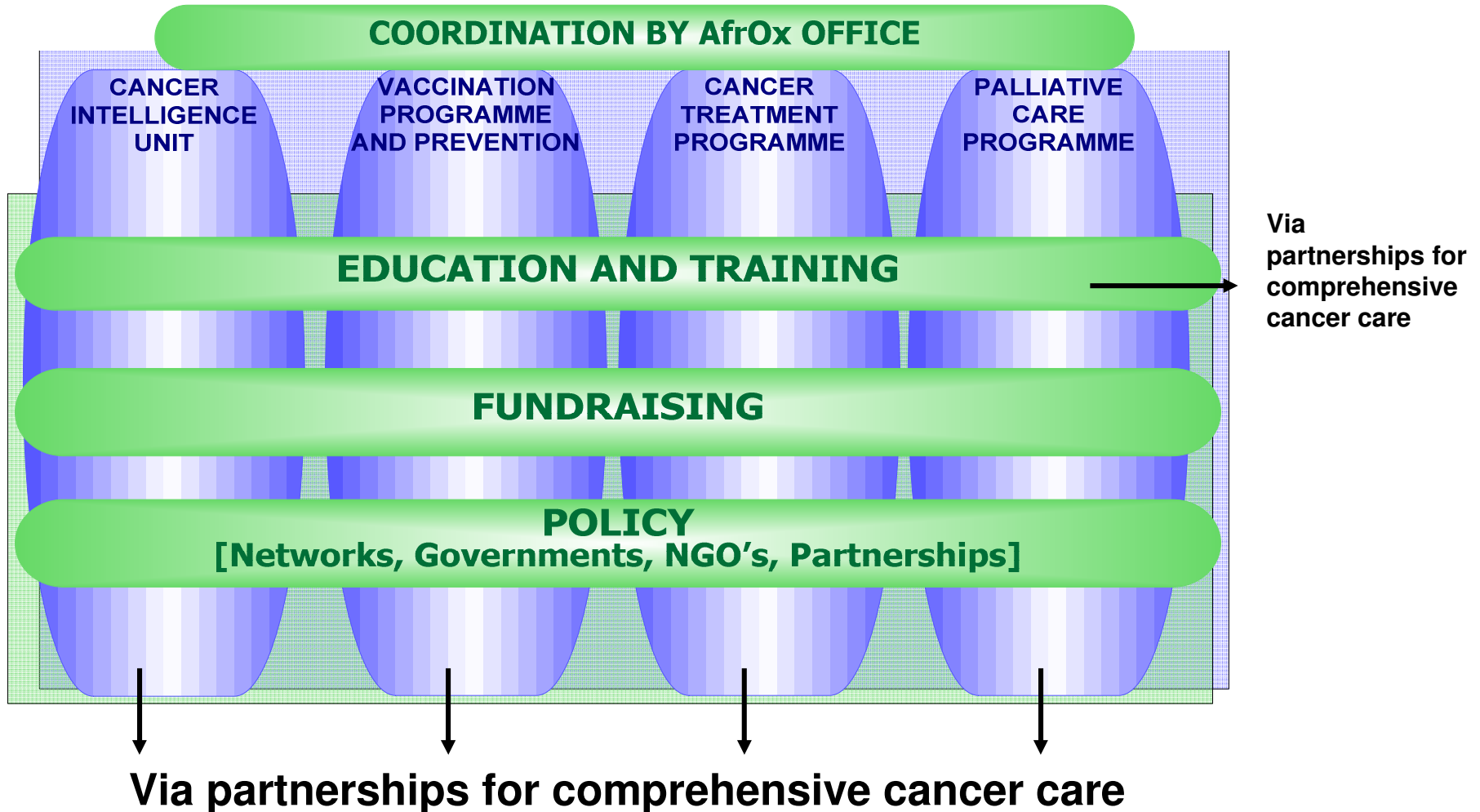
ITEM	Total Annual expenditure in Kshs'000
HIV/AIDS	13,649
Reproductive health	12,781
Child Health/MCH	12,333
Malaria control	8,085
Environmental health	5,494
STI control	2,998
TB control	2,394
EPI	2,390
Health Promotion	1,809
Rehabilitation	1,162
Dental health	858
Palliative care	285
Mental health	136

# Nephroblastoma in Nigeria

- ❑ n = 42, 5 year survival 38%
- ❑ late presentation: late referral, ignorance, recourse to orthodox medicine after traditional practitioners and prayer houses have failed.
- ❑ Resource deficiency: 5 patients could not afford chemotherapeutic drugs, operation was delayed on 7 children because, they could not afford blood and antibiotics. Poverty was largely responsible for default from treatment.
- ❑ Poor compliance to treatment regimen: 17 children could not comply. Chemotherapeutic drugs were given only when available.
- ❑ Lack of collaboration amongst clinical community.



# FOCUS/PRIORITY AREAS



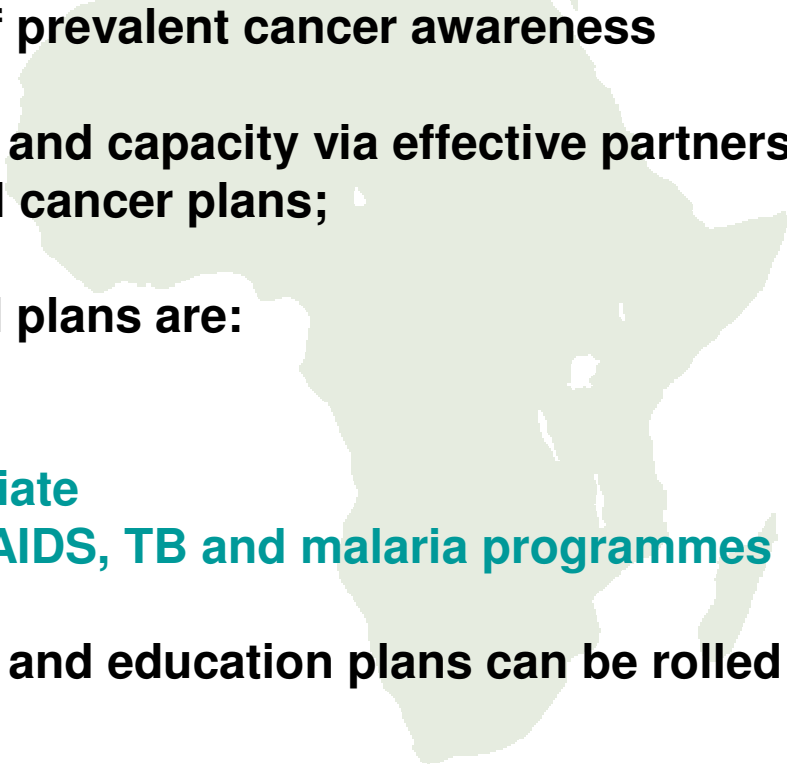
# AfrOx Training, Education and Partnership Programme

covering clinical, healthcare management  
and operational/logistical healthcare disciplines and  
public engagement



# AfrOx Training, Education and Partnership Programme

Priorities are to:

- deal with the lack of prevalent cancer awareness
  - improve knowledge and capacity via effective partnerships → sustainable national cancer plans;
  - ensure that national plans are:
    - + evidence based
    - + priority driven
    - + resource appropriate
    - + aligned with HIV/AIDS, TB and malaria programmes
  - ensure that training and education plans can be rolled out to other countries/ regions
  - ensure that training and education programmes cover specialist and generic requirements, as well as initial and continuing needs
- 



## Cancer Links

- 34 Cancer Networks in UK
- Hub and spoke model connecting about 150 hospitals
- Work force of 750,000
- Legislate for leave, person rights etc
- Twin (CEO level) hospitals to establish their own, joint agenda





# Tools for Communication, Consultation and Collaboration

- ❑ Mobile Phone technology
- ❑ Website - e-learning tools
  - treatment guidelines
- Newsletter
- Cancer Centre open days for public
- Workshops and Events-topic oriented
- Virtual Groups (nurses, site specialists)
- Exchange Fellowship schemes
- Twinning
  - Individuals





## Summary

- ❑ Excellent history of collaboration between international cancer community
- ❑ Ad hoc activity in developing countries is growing
- ❑ increasing realisation of cancer burden
- ❑ need for coordinated action and creation of International Cancer Communities Task Force
- ❑ Advocates for funding, training etc
- ❑ Mobilise the NHS



## Closing Remarks:

Sustained funding is required to ensure that the required education and training programmes can be established

Local ownership and connectivity is important



Join or support us?



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