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CANCER PREVENTION AND CONTROL IN THE WHO AFRICAN REGION

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BACKGROUND

1. Cancer is an emerging public health problem in the WHO African Region. According to Globocan,¹ there were 582 000 new cancer cases in sub-Saharan Africa in 2002. The commonest cancers in men are Kaposi's sarcoma and cancers of the liver and prostate gland; in women cancers of the cervix and breast and Kaposi's sarcoma are the commonest.

2. In developed countries, one third of cancers are preventable, one third are curable and the remaining one third are incurable. The situation in Africa is quite different with 80%–90% of cancer cases being incurable at presentation, 10%–15% curable when given appropriate treatment and less than 5% preventable. In 2002, 412 100 people in sub-Saharan Africa died from cancer. If no interventions are put in place, it is projected that by the year 2020, the number of new cancer cases will be 804 000 and the number of deaths due to cancer will be 626 400.

3. The main risk factors for cancer are viral and other infectious conditions such as hepatitis, HIV/AIDS or schistosomiasis; tobacco use; environmental pollution; unhealthy diet; excessive alcohol intake; age; and lack of physical exercise. Prevention frequently offers the most cost-effective long-term strategy for cancer control. Preventive measures are doubly beneficial as they can also contribute to preventing other chronic diseases that share the same risk factors.

4. Cancer control is understood as the main public health action designed to reduce incidence and mortality as well as improve quality of life of patients. Cancer control includes the systematic implementation of evidence-based strategies for prevention; early detection, diagnosis and treatment; and palliative care. These are endorsed by the World Health Assembly resolution (WHA58.22) on cancer prevention and control.

5. The purpose of this document is to introduce different aspects of cancer prevention and control, generate debate and identify a possible way forward for cancer prevention and control in the African Region.

ISSUES AND CHALLENGES

6. Until recently, cancer was thought to be rare in Africa. It was regarded as a problem of the developed world where it is only second to cardiovascular diseases as a cause of death.

7. The majority of countries in the WHO African Region have no cancer control policy. When formulating a national cancer control programme, people working in advocacy, policy-making, administration and medicinal practice should act together in justifying priorities aimed at improving the health of the entire population. Sometimes policy-makers and health professionals may face ethical dilemmas when assigning priorities because of limited resources.

8. A comprehensive national cancer control programme requires a system for surveillance of cancer, its determinants or risk factors, and outcomes. In most African countries, data on the magnitude of cancer are very scanty or nonexistent. Setting up cancer registries is a relatively inexpensive way of generating data required for evidence in policy-making.

¹ The Globocan 2002 database, <http://www-dep.iarc.fr/globocan/database.htm>

9. Early detection, which comprises screening of asymptomatic populations and awareness of early signs and symptoms, increases the probability of cure. However, this should be supported by diagnostic and treatment facilities as well as the resources to run and maintain them to serve the population in need.

10. Most countries in Africa do not have the satisfactory infrastructure and facilities for cancer therapy requiring surgery, chemotherapy and radiotherapy. Because cancer therapy requires a multidisciplinary approach, satisfactory infrastructure and good facilities, the availability of effective cancer therapy is often an unrealistic objective. Due to inaccessibility to appropriate health care technology and delays in seeking treatment, the most appropriate approach for African countries is to ensure that palliative care is made accessible for cancer patients.

11. In addition to lack of equipment for the management of cancer, Africa has an acute shortage of cancer experts such as pathologists for diagnosis, oncologists for treatment and oncology nurses for care. Thus, training programmes are needed for the production of different types of cancer specialists as well as other technologists and equipment managers. For these reasons, countries should consider setting up collaborative programmes.

POINTS FOR DISCUSSION

12. The following questions are proposed for discussion:

- (a) Is cancer considered a public health problem in countries of the African Region?
- (b) What are the best approaches to increase awareness on cancer and put it high on the national agenda?
- (c) How can countries set up comprehensive cancer prevention, early diagnosis, treatment and palliative care programmes now?
- (d) Would countries be prepared to run collaborative programmes on prevention and control of cancer?

EXPECTED OUTCOMES

13. Expected Round Table outcomes include:

- (a) Proposals on how to improve awareness on cancer in the Region, including how to generate and use data for advocacy;
- (b) Proposals on how to improve the different aspects of cancer prevention and control in the Region;
- (c) Identification of possible areas of collaboration between countries and partners.