

UICC Members Regional Meeting – AFRICA



World Cancer Congress
Kuala Lumpur, Malaysia
1–4 Oct 2018

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Agenda

- Introduction
- Presentation of 3 collaborations – case studies
- How can UICC support
- Discussion
- Conclusion

CASE STUDIES



Case study

Access to Basic medical Care Foundation

Other organisations or stakeholders involved:

- Society for Family Health
- Planned Parenthood Foundation of Nigeria
- University College Hospital Ibadan
- Department of public health Oyo state Ministry of health
- All Schools of nursing in Oyo state



Oyo state cervical and breast cancer screening training programme for nurses





Summary

- The rationale of the initiative is to increase the number and improve the proficiency of healthcare workers (nurses) at primary and secondary care level to carry out breast and cervical cancer screening in light of the dearth of nurses proficient in cancer screening in Oyo state.
- A collaboration was needed because the different partners had developed core competence in different levels of cancer control activities and the scope of the initiative is too wide for any of the partners to carry out alone.
- The collaborative approach was the best way to address the issue because it allowed for resource sharing, wider coverage and reach and a coalescence of the efforts of all the partners leading to increased impact.
- The objective of the initiative is to develop skilled manpower to facilitate early detection of breast and cervical cancer at primary care level, thereby reducing severe morbidity and mortality due to late presentation.
- By working in synergy with all the other stakeholders, each partner is able to have a wider impact with less resources. Also, a joint structured programme would help facilitate sustainability of each partner's programme in light of reduced funding through resource pooling and resource sharing.



Impact and results

- Increased number of nurses at primary and secondary care level proficient in cervical and breast cancer screening. So far, 600 nurses and nursing students have been trained between July 30, 2018 and August 13, 2018. A total of about 1,420 would have been trained by September 30, 2018. Also, about 500 proficient nurses are expected to graduate from the various nursing schools annually.
- Improved early detection of breast and cervical cancer at primary care level which would be monitored by assessing the percentage of cancer patients presenting at the cancer treatment centres on referral from the primary care centres.
- Reduction in severe morbidity and mortality due to breast and cervical cancer as a consequence of late presentations which would be monitored by improved treatment outcomes as a consequence of early presentation and prompt diagnosis.



Lessons learned

- **If we could change 1 thing about the collaboration, it would be:**

Involvement of health workers in the private sector. About 40% to 60% of health care service delivery is done by the private sector.

Involvement of other cadres of health care professionals especially doctors.

- **Challenges faced and how to overcome them:**

- Funding, the cost of the initiative was spread out across all the partners while for continuity and sustainability, the programme itself would be revenue generating.
- General apathy and unwillingness of the health workers to take up additional responsibilities. Close interactions with facilitators in small groups of not more than 4 and financial compensation for all health workers
- What has really worked well and would recommend to a peer with a similar project?
- Multi sectorial collaborations and involvement of all relevant stakeholders in the planning stage.
- Secondly, setting up of a small sized working group with clearly defined goals and objectives.
- Building the initiative into existing health programmes (routine antenatal and post natal care programmes) in the state helped facilitate an almost seamless take off of the initiative.



Engagement opportunities

- The initiative is an open project that offers multiple opportunities for additional partners to come on board based on their core competences and mutual interests.
- To get involved, please contact Access to Basic medical Care Foundation or the Department of public health, Oyo state Ministry of health, at:
 - info@abcprogramme.org

Case study

African Palliative Care Association



Other organisations or stakeholders (More than 13) involved: Open Society Initiative for Southern Africa; Ministry of Health & Raleigh Fitkin Memorial Hospital in Swaziland; Mozambique Palliative Care Association, Chibuto Rural District Hospital & Douleurs Sans Frontières in Mozambique; Hospice Palliative Care Association of Zimbabwe & Island Hospice & Healthcare; Palliative Care Association of Malawi & Palliative Care Support Trust - Queen Elizabeth Central Hospital in Malawi; Hospice Palliative Care Association of Southern Africa & Wits palliative care - Baragwanne Hospital in South Africa

Supporting the implementation of national palliative care policies in Southern Africa (Swaziland, Mozambique and Zimbabwe)

Summary



The need:

- There is still limited access to palliative care services despite Government recognition of the need in the three countries through establishment of national PC policies
- Currently palliative care need met in Mozambique is 1.09%; Swaziland (0%) and Zimbabwe (8.72%) [1]
- Morphine consumption per capita 2015 Afro regional morphine consumption data: Swaziland 4.4530; Zimbabwe 0.2118; Mozambique not available [2]
- The countries have not had model services for palliative care for learning and expansion

Collaborative approach and main objective

- A collaborative approach used to build local capacity for service provision and for sustainability
- Main objective was to support the implementation of national palliative care policies by improving access to and the quality of palliative care services
- By establishing models/ centres of excellence for palliative care service provision at Chibuto Rural District Hospital in Mozambique and Raleigh Fitkin Memorial Hospital in Swaziland so that others could then learn from them
- In Zimbabwe, the project aimed to initiate the integration of human rights and legal support into palliative care services to improve quality of services

Key interventions

- Hospital baselines
- Awareness creation of hospital management teams
- Capacity building of health care workers in Swaziland and Mozambique
- Sensitisation and training of lawyers in Zimbabwe over a one year period
- Inter-country & inter-institutional clinical placements/experiential visits
- Project period - April 2017 - March 2018

Results



Expected improved access to palliative care services and the quality of the services from the initiative

1

The project hospitals have core teams of trained health care workers providing palliative care services: CDH (25) and RFM (41)

2

Increased number of patients receiving palliative care services in 9 months. CDH from 55 to 255 and RFM from 38 to 403 patients

3

40 lawyers from 17 organizations sensitized on palliative care and 17 of them trained

4

A model for the integration of legal support in palliative care for patients and their families was established. 12 patients from 7 palliative care organizations received free legal services, saving them from legal costs

Beneficiary testimonies

“I already had a clear notion of pain and care, however, I had no clear strategy of following the patient with pain and palliative care. I was afraid to use opioids for severe pain, especially in paediatrics. From the training and supervision through the project, I have gained more empathy, I am more concerned with the relief of the pain of the patients as well as the psychological preparation”.

Dr Jose Munone, Health Worker, Chibuto Rural District Hospital

“We are confident to say that this training helped us to learn good practices and unlearn bad practices on palliative care and pain management”. Dr Kombe Makadi Joel, Project Coordinator, Raleih Fitkin Memorial Hospital

“The patient I visited was suffering from cervix cancer. Her former husband defaulted paying maintenance for two years... of three minor children. I am planning to approach the civil court for upwards variation of maintenance once I obtain all necessary information. Palliative care patients are in need of genuine legal assistance.” A trained lawyer in Zimbabwe

Lessons learned

If you could change 1 thing about the collaboration, what would it be?

- The channeling of funds through a hospital system in Swaziland attracted much bureaucracy and affected implementation and reporting timelines
- Including translation costs for Lusophone country

What challenges have you faced and how have you overcome them?

- **Language barrier in Mozambique** – constant clarification, small information pieces at a time, multiple options of communication, voluntary translation by the few individuals involved in project and speak some English
- **Delayed reporting and accountability from country partners** - addressed through using multiple follow-up options including involvement of local ministry of health for support

What has really worked well and would recommend to a peer with a similar project?

- Involving country project partners in all stages of project development, implementation and evaluation facilitated ownership and learning from each other.
- Hospital baseline surveys enabled the measurement and ownership of project outcomes.
- The flexible approach in project implementation enabled adaptation of strategies suitable for country context.
- Identifying and utilizing resources outside project countries and within the region

Engagement opportunities



- APCA is open to new partners in this project in the:
 - replication in other hospitals and settings in the same countries
 - replication in new countries
- **Contact:** Fatia Kiyange, Programmes Director, African Palliative Care Association,. Email: fatia.Kiyange@africanpalliativecare.org



References

1. Knaul FM, et al. Alleviating the access abyss in palliative care and pain relief – an imperative of universal health coverage: the Lancet Commission report. The Lancet. 2017. Available at: <http://www.thelancet.com/commissions/palliativecare>
2. International Narcotics Control Board; World Health Organization population data By: Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Center, 2015

Case study



National Comprehensive
Cancer Network®

National Comprehensive Cancer Network® (NCCN®)

African Cancer Coalition: NCCN Harmonized Guidelines for Sub- Saharan Africa

Other organisations or stakeholders involved:

- African Cancer Coalition
- American Cancer Society
- Clinton Health Access Initiative
- IBM Foundation



Summary

- The NCCN Clinical Practice Guidelines are widely used around the world.
 - 8 million copies downloaded in 2017 to over 180 countries
- Cancer is an increasing problem in limited resource settings and outcomes are generally poor.
- This project harmonizes NCCN Guidelines for the resource settings of sub-Saharan Africa
 - Optimizes resource utilization to maximize outcomes
 - Provides aspirational guidance to develop regional cancer care programs
- Collaboration plays an essential role
 - Heavily dependent upon local/regional expertise
 - Experts from NCCN assist in the harmonization

Results achieved (or expected)

- In 2017, the collaborators developed and published **8** different NCCN Harmonized Guidelines™ for Sub-Saharan Africa available for free worldwide on the NCCN website and mobile application. Furthermore, we expect to publish **16** additional Harmonized Guidelines in 2018-2019.

- In 2017, we covered 5 out of the top 11 cancers and 48.3% of all cancer in the region

Most Common Cancers: both sexes Sub-Saharan Africa	
1 - Cervix Uteri	7 - Esophagus
2 - Breast	8 - Kaposi Sarcoma
3 - Prostate	9 - Corpus Uteri
4 - Liver	10 - Stomach
5 - Colorectal	11- NHL
6 - Ovary	

- In 2018, we will cover 11 out of the top 11 cancers and 76.4% of all cancer in the region

GLOBOCAN 2012 (IARC) *Section of Cancer Surveillance* (24/8/2018)

NCCN Harmonized Guidelines Published in 2017		NCCN Harmonized Guidelines to be Published: 2018-2019			
Adult Cancer Pain	Kaposi Sarcoma	Antiemesis	Head and Neck	Bladder	Uterine
Breast Cancer	B-cell Lymphomas	Colon	Growth Factors	Kidney	GTN
Cervical Cancer	Palliative Care	Esophageal	Rectal	Liver	Ovarian
CLL/SLL	Prostate Cancer	Gastric	Survivorship	Pancreas	Lung

Lessons learned

- Active involvement of regional oncology experts is crucial to the successful development of clinically meaningful resource-sensitive clinical practice guidelines.
- Identification of the group of regional oncology experts is difficult – we utilized organizations (American Cancer Society, Clinical Health Access Initiative) with experience in region to identify the experts.
- The commitment and respectful interactions of the involved organizations, each with their own expertise has been key – African Cancer Coalition, American Cancer Society, Clinton Health Access Initiative, IBM Foundation, and National Comprehensive Cancer Network.



Engagement opportunities

- Multi-continent, multi-organization, multi-disciplinary initiative to develop and implement resource sensitive clinical practice guidelines in Sub-Saharan Africa.
- Model has potential for use in other geographical regions.
- For more information please contact Jorge Bacigalupo, Global Program Manager, NCCN at Bacigalupo@nccn.org

Opportunities for UICC Members

Connect globally

WORLD CANCER DAY 'I Am and I Will.'

New campaign **4 February 2019**

WORLD CANCER LEADERS SUMMIT

October 2019, Kazakhstan

WORLD CANCER CONGRESS

19-22 October 2020, Oman

Leadership Development

CEO PROGRAMME

Leadership in Action meetings

5 regions in **2019**

Short term Leadership Grants

YOUNG LEADERS

April 2019 Call for Applications

Grants and Fellowships

GRANTMAKING OPPORTUNITIES FOR ORGANISATIONS:

SPARC Metastatic breast cancer

Expansion to **other topics in 2019**

FELLOWSHIPS FUNDING

1-month learning visit for all professionals – **All year long**

Treatment for All: National activation

CHAMPION A NATIONAL TFA INITIATIVE

October 2018: Call for expressions of interest launched

Support country needs assessment

Launch dedicated Toolkit **on WCD**

Mentoring from experts

Regional engagement

Adapting, facilitating access to & developing activities aligned with Members' needs and UICC priorities

Discussion

Suggested questions to discuss:

- What would you like to see from UICC?
- What are the needs from the region that would benefit from a collaborative response?
- Who are the stakeholders to have onboard to ensure impact in collaborations?
- Are there inputs/experiences you would like to share with your peers?



Thank you!

Contact us at:

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regionalcba@uicc.org

worldcancercongress.org



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