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HEALTH REPORTER: focus on Cancer in Africa 13 November 2007

produced by the [IDS Health and Development Information](#) team
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This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is **Cancer in Africa**. The bulletin also features summaries of new documents and other additions to the [Health Resource Guide](#)

Health Reporter archive - an archive is now available on the Health Resource Guide. See previous issues of the Health Reporter at www.eldis.org/go/topics/resource-guides/health/health-reporter

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Feature: Cancer in Africa

In 2002 over 500 000 people died from cancer in Africa, and by 2030 this figure is expected to rise above 1.2 million people. Whilst the burden of cancer grows, services for screening, early diagnosis, treatment and palliative care remain negligible. This is partly because the limited health resources and infrastructure that exist are geared towards dealing with epidemics such as HIV and AIDS. In many countries there is a gross underestimation of the incidence of cancers due to the failure of many patients to report to hospital, lack of adequate healthcare facilities and absence of population-based cancer registries. As a result, cancer remains a low-priority for policy-makers and the general population continues to be unaware of the risk factors and early indicators of cancer.

Treating cancer does not necessarily require expensive facilities and drugs which are beyond the reach of many poor people. Up to 40 per cent of cancers are caused by factors that can be prevented or controlled at a low cost. For instance, vaccination programmes against the hepatitis B virus can reduce the incidence of liver and cervical cancer; and public education programmes are effective in reducing risk factors including poor nutrition, alcohol consumption and tobacco smoking - a major cause of lung cancer.

High-level meetings in Cape Town (December 2006) and London (May 2007) have been held to identify ways to bring comprehensive care to African countries. Participants working in global health and cancer control emphasise the need for countries to develop well-funded cancer control strategies through which governments can frame legislation, design health services and raise public awareness. Enhanced cancer surveillance and monitoring through population-based cancer registries is also necessary so that policy-makers can reliably estimate the number of new cases, and know what programmes are most effective and appropriate to treat these.

Political will and government commitment is essential to ensure that financial resources are put into delivering cancer services and programmes that focus on education, prevention and early detection. Partnerships with international organisations, non-governmental organisations and research institutions may be useful for building the capacity of healthcare professionals and existing African institutions whilst at the same time, ensuring that policies are owned by national stakeholders and interventions are appropriate for African contexts.

For more information see:

- Non-communicable diseases
www.eldis.org/go/topics/resource-guides/health/non-communicable-diseases-injuries-and-mental-health
- id21 insights: Palliative care
www.id21.org/insights/insights-h08/index.html
- International Atomic Energy Agency, Programme of Action for Cancer Therapy
www-naweb.iaea.org/pact/

Recommended readings on Cancer in Africa

Controlling cancer in developing countries: prevention and treatment strategies merit further study

Publisher: Disease Control Priorities Project, Maryland, 2007

This paper, by the Disease Control Priorities Project, discusses the burden of cancer in developing countries. It also examines which types of cancers can be prevented and treated affordably in low-resource settings and which interventions can be used to control them. Primary prevention measures include: immunisation against or

treatment of infectious agents associated with cancers; national tobacco and alcohol control programmes; and programmes to promote diets that include more fruits and vegetables and fewer harmful fats and processed foods.

The paper concludes that to guide policymakers on the most effective cancer control strategies in developing countries, more work is needed in the following areas: clinical evaluations of cancer control interventions, health services research, and country specific economic evaluations. It recommends that since current knowledge about cancer control is incomplete, developing countries should start in small areas and gain knowledge from well-documented pilot programmes. Starting small might entail focusing on individuals with certain high-risk characteristics or in a limited geographic area, and scaling up should occur only after pilot programmes have been shown to perform well.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=33975&type=Document

Preventing cervical cancer in low-resource settings

Authors: Reproline [Outlook Journal]

Publisher: Reproductive Health Online, 1998

This edition outlines the issues that must be considered when providing cervical cancer prevention services, and summarises experiences and lessons learned from programs in developing countries. Much of the information has been adapted from the second edition of PATH's Planning Appropriate Cervical Cancer Prevention Programs.

The paper demonstrates that the demand for programs to combat cervical cancer is strong. While many countries have expended their scarce resources on providing surgical and radiotherapy services to a very small proportion of these women, there is little they can do for most cancer patients but provide palliative care. It argues that, at a minimum, programs must plan to achieve the goals listed below to reduce cervical cancer incidence and mortality:

- increase awareness of cervical cancer and preventive health-seeking behaviour among women in their thirties and forties
- screen all women aged 35 to 50 at least once before expanding services to other age groups or decreasing the interval between screening
- treat women with high-grade lesions, refer those with invasive disease where possible, and provide palliative care for women with advanced cancer
- collect service delivery statistics that will facilitate ongoing monitoring and evaluation of program activities and outputs

At the same time support for general STI control efforts will contribute to preventing a portion of cervical cancer cases in the long term. Key activities for achieving these minimum program goals in many low-resource settings include:

- coordinating cervical cancer prevention services with health programs that offer related services and/or reach women in their thirties and forties
- identifying and addressing bottlenecks to effective service delivery (for example, inadequate cytology services or inadequate information systems) before initiating a new program
- removing regulatory barriers to broadening access to services, such as regulations that do not allow nurses, midwives, or other paramedical workers to provide screening services
- ensuring that providers at all levels are trained in all aspects of cervical cancer prevention, including counselling skills
- using innovative, culturally appropriate, field-tested strategies to reach underserved older women

- supporting targeted research on new screening and treatment approaches that may increase access to services and cut program costs

Available online at: www.eldis.org/go/topics/resource-guides/health&id=14135&type=Document

Cancer care in sub-Saharan Africa - urgent need for population-based cancer registries

Authors: M. N. Okobia

Publisher: Ethiopian Journal of Health Development, 2007

This article, published in the Ethiopian Journal of Health Development, reviews literature on cancer statistics in sub-Saharan Africa, and assesses the need for population-based cancer registries to enhance cancer care and prevention within the region. The article finds that there are few cancer registries in sub-Saharan Africa and most of these are hospital based. This is partly because in many countries cancer is a low priority as more emphasis is placed on the control of communicable diseases and improving environmental sanitation.

Data emerging from cancer registries indicates that the burden of cancer is increasing rapidly. However, there is a gross underestimation of the incidence of cancers due to failure of many patients to report to hospital, lack of adequate health care facilities, absence of population-based registries, and lack of compulsory registration of births and deaths. The paper concludes that cancer statistics are inadequate due to a lack of functional population-based cancer registries. The authors recommend that population based cancer registries be established to facilitate the formulation of appropriate policies for improved cancer care and prevention.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=34037&type=Document

Cape town Declaration on Cancer Control in Africa

Publisher: Programme of Action for Cancer Therapy, 2006

Over 70 high level health care authorities and experts from Africa met in Cape Town, South Africa, in December 2006 to discuss the growing burden of cancer in Africa. The meeting focused on the most common cancers in men and women, existing capacities to diagnose and treat cancer, and future trends. They also addressed some key questions about the urgent need for comprehensive cancer control planning at national level and the need for new funding.

The declaration made by the participants at the meeting contains several recommendations for improving cancer diagnosis, treatment and care in Africa. These include:

- Raising awareness about the looming cancer problem in Africa and the huge disparities that exist in cancer care services.
- The establishment of effective national plans that are financed from national resources, with international agencies helping by providing technical assistance.
- Utilising existing data to initiative and develop national plans, and the establishment of population-based cancer registries.
- Engaging national health authorities and civil society in raising public awareness about cancer and its risk factors.
- Concurrent planning of education and training programmes to build capacity of health care professionals using existing African institutions and regional cancer training networks.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=34041&type=Document

London Declaration on Cancer Control in Africa

Publisher: Programme of Action for Cancer Therapy, 2007

The purpose of this London Declaration is to raise awareness of the magnitude of the cancer burden in Africa and to call for immediate action to bring comprehensive care to African countries. The establishment of cancer care programmes in African countries requires the integration of clinical and public health systems. A comprehensive cancer control strategy must bring together prevention, early detection and diagnosis, treatment and palliative care. More investment is needed to deliver these services in terms of trained staff, equipment, relevant drugs and information systems, as well as public education.

The declaration identifies fundamental areas of cancer control that form the cornerstones of comprehensive cancer control programmes:

- Cancer surveillance/registries and national cancer plans, to collect and analyse data on the scale of the cancer burden of each country
- Prevention programmes that reduce the risk factors associated with cancer, for instance tobacco consumption
- Early diagnosis and screening programmes that include increasing societal awareness of early signs and symptoms of cancer
- Treatment, in particular of childhood cancers which have a high cure rate
- Palliative care, including pain and symptom control, coupled with counselling and spiritual care
- Research and training of health care professionals.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=34033&type=Document

Other recommended readings

Where do tuberculosis patients go for treatment before reporting to DOTS clinics in southern Nigeria?

Authors: J. C. Okeibunor; N. G. Onyeneho; J. N. Chukwu; E. Post

Publisher: Tanzania Health Research Bulletin, 2007

This paper in the Tanzania health research bulletin, analyses the health-seeking patterns of persons with tuberculosis (TB) before reporting at the Directly Observed Treatment Short-course (DOTS) clinic for diagnosis and treatment. From a study of semi-structured interviews with 221 persons in Southern Nigeria, the paper finds that the perceived causes of TB influence people's first choice of treatment. Of the 221 respondents, only four went straight to the DOTS clinic and the remaining 217 took between one and six other options before reporting to the clinic. The respondents had a median diagnostic-delay of 90 days.

The paper concludes that delay in commencement of DOTS treatment was attributable to ignorance among patients and the poor attitude of some health workers which discouraged the use of DOTS facilities. The paper recommends that delays in seeking care can be addressed through community health education and sensitisation programmes that address misconceptions about TB and create demand for DOTS in the communities. The attitude of health workers can be improved through enhanced supervision, better working conditions and organised community participation in monitoring the programme.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=33992&type=Document

A community-based education programme about cervical cancer improves knowledge and screening behaviour in Honduran women

Authors: R. B. Perkins; S. Langrish; L. J. Stern; C. J. Simon

Publisher: Pan American Journal of Public Health, 2007

This study, published in the Pan American journal of Public Health, examines the effects of a community-based cervical education programme in Honduras. The programme consisted of radio broadcasts targeting rural women and presentations to community nurses. It finds that the radio broadcasts increased the proportion of women who were familiar with the term 'cervical cancer', who could identify means of preventing cervical cancer, and who understood the purpose of the Pap smear. In addition, older and under-screened women were successfully recruited for screening via radio. The nurses' programme improved understanding of the correct use of the Pap smear. The nurses retained a significant amount of knowledge two years after this training.

The paper concludes that in developing countries, inexpensive, community-based educational programmes using radio broadcasts and lecture presentations can have substantial impacts in increasing cervical cancer knowledge and improving screening behaviour. The involvement of community volunteers through all aspects of the programme helped to ensure its success and sustainability. [adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/health&id=33960&type=Document

Did the strategy of skilled attendance at birth reach the poor in Indonesia

Authors: L. Hatt; C. Stanton; K. Makowiecka

Publisher: Bulletin of the World Health Organization : the International Journal of Public Health, 2007

This article in the Bulletin of the World Health Organization, assesses whether the strategy of 'a midwife in every village' in Indonesia achieved its aim of increasing professional delivery care for the poorest women. Using data from Demographic and Health Surveys from 1986-2002, the article examines trends in the percentage of births attended by a health professional and deliveries via caesarean section. It finds that after the implementation of the village midwife programme, the greatest increases in professional attendance occurred among the poorest two quintiles. In contrast, most of the increase in rates of caesarean section occurred among women in the wealthiest quintile. Rates of caesarean deliveries remained at less than one per cent for the poorest two-fifths of the population, but rose to ten per cent for the wealthiest fifth.

The article concludes that the Indonesian village midwife programme dramatically reduced socioeconomic inequalities in professional attendance at birth, but the gap in access to potentially life-saving emergency obstetric care widened. This underscores the importance of understanding the barriers to accessing emergency obstetric care and the ways of overcoming them, especially among the poor. [adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/health&id=33915&type=Document

The burden of high blood pressure and related risk factors in urban sub-Saharan Africa: evidence from Douala in Cameroon

Authors: A. P. Kengne; P. K. Awah; L. Fezeu; J. C. Mbanya

Publisher: African Health Sciences, Makerere University Medical School, 2007

This article, published in African Health Sciences journal, investigates the burden of high blood pressure (hypertension) and its risk factors in an urban area of Cameroon. Using data collected from over 2,500 adults, the study finds that approximately nine per cent are hypertensive. This was associated with known risk factors including tobacco smoking, alcohol consumption, obesity and age. The high prevalence of hypertension and its risk factors, associated with an aging population will result in an increase in the number of patients in the near future, adding a heavy burden to the health system.

The paper finds that in most sub-Saharan African settings, hypertension control assumes a relatively low priority and little experience exists in implementing sustainable and successful programmes for treatment. It concludes that there is an urgent need to implement at primary care level, both community and health facility-based, cost effective strategies that targeting risk factors, community awareness and management of this condition by health professionals. There is also a need for greater epidemiological studies into monitoring the trends of hypertension and related risk factors, as well as both fatal and non-fatal outcomes.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=33985&type=Document

Generating political priority for public health causes in developing countries: implications for a study on maternal mortality

Authors: J. Shiffman

Publisher: Center for Global Development, USA, 2007

This Centre for Global Development brief discusses the factors that have influenced the degree to which national leaders have made maternal mortality a political priority. The brief compares five countries - Guatemala, Honduras, India, Indonesia and Nigeria, which have varying levels of political priority for maternal mortality reduction. The factors affecting the extent to which maternal mortality is prioritised in these countries include: increased resources from donors, domestic advocacy, the organisation of large scale events which bring visibility to the issue, and practical and clear policy solutions.

The paper concludes that attaining public health goals is as much a political priority as it is a medical or technical challenge. Success requires not only appropriate technical interventions but also effective political strategies. It recommends that policy communities in settings with significant public health problems need to develop careful political strategies to ensure that their national leaders give these issues the attention and resources they deserve. National health advocates are more likely to be effective if they: unify their political power to press national leaders to act; develop credible indicators and deploy these strategically so that policy leaders become aware of the problem and cannot plausibly deny its existence; present practical solutions; and understand the country context.

Available online at: www.eldis.org/go/topics/resource-guides/health&id=34038&type=Document

Announcements

Request for feedback about the Eldis health, health systems and HIV and AIDS resource guides

Eldis are in the process of reviewing the health, health systems and HIV and AIDS resource guides, and are looking for ways to improve and expand their coverage. We are interested to know whether there are any

subjects that you would like to receive more information about or additional themes that we could cover. Please send your suggestions to hdi@ids.ac.uk

Conference: Healthy People for the Healthy World, 25-27 June 2008, Bangkok, Thailand

This conference is being held in celebration of the 60th year anniversary of WHO and the 30th year of "Health for all". This will be the 5th International Conference in collaboration with the Global Network of WHO Collaborating Centres for Nursing and Midwifery Development. This conference emphasises the health services and strategies that promote people's optimal level of health. Concurrent sessions are open for projects and research across health care disciplines. Abstracts for paper and poster presentation are welcome.

The conference serves as a forum for health care providers, researchers, educators and policy-makers from international institutions to present the results of research and project developments, and highlights related activities from around the world. It provides greater opportunities to interact, exchange ideas and discuss potential health issues across the disciplines and to meet international experts of the health care professions around the world.

January 15, 2008 : Deadline for abstract submission

April 10, 2008 : Deadline for early-bird registration

For more information go to: www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=33903&type=Item

See the complete list of new additions, announcements, job adverts at: www.eldis.org/health

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The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - www.eldis.org/health
- Health Systems Resource Guide - www.eldis.org/healthsystems
- HIV and AIDS Resource Guide - www.eldis.org/hiv aids

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 16,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

You are welcome to re-use material from this bulletin on your own website, provided that it is accompanied by an acknowledgement to Eldis and a link to the Eldis website (either to our home page or to the home page of one of our Resource Guides). An alternative way to add Eldis content to your website is by adding one of our [newsfeeds](#).

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Eldis is funded by DFID, Sida, SDC and NORAD, and hosted by the Institute of Development Studies, Sussex, UK.

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