

Cape Town Declaration on Cancer Control in Africa

Over 70 high level health care authorities and experts from Africa met in Cape Town, South Africa, on 11-15 Dec 2006, as part of the International Atomic Energy Agency's (IAEA) Nobel Peace Prize 'Special Event' on Cancer Control in Africa. In addition, experts from many regional and international organisations, including World Health Organisation African Regional Office (WHO-AFRO), World Health Organisation Eastern Mediterranean Regional Office (WHO-EMRO), International Agency for Research on Cancer (IARC), International Union Against Cancer (UICC), International Agency for Cancer Treatment and Research (INCTR) and American Cancer Society (ACS) were present.

The meeting was focussed on the growing burden of cancer in Africa, highlighting the most common cancers in men and women, existing capacities to diagnose and treat cancer, and future trends. It also addressed some key questions about the urgent need for comprehensive cancer control planning at national level and the need for new funding.

The participants made the following declaration:

1. The international organisations' efforts, especially the IAEA's Programme of Action for Cancer Therapy (PACT) initiative, to raise awareness about the looming cancer problem in Africa (and other regions) and the huge disparities that exist in cancer care services, are welcome and very timely. There is now sufficient scientific evidence on cancer incidence and mortality patterns in Africa to make an urgent plea for international recognition of this disease as an important public health issue in Africa requiring immediate attention. In 2002, there were 650 000 new cases of cancer in Africa, 506 000 people died from the disease. In 2030, these figures will rise to 1.60 million and 1.23 million respectively.
2. The first step in the fight against cancer is political will and governmental commitment to initiate and support a comprehensive cancer control programme. Effective cancer care begins when a country adopts a more balanced approach that includes education, prevention, early detection, and effective treatment, and moves beyond only treating cancer at the final stages. Out of the 53 countries in Africa, only two have any cancer control plans and programmes, although not even these are well funded or supported adequately. Effective national plans must be fully financed from national resources. International agencies can help in providing technical assistance and as catalysts to attract resources.
3. It is recognised that reliable cancer related data from each country is critical in order to have realistic cancer control plans. Until more data becomes available and is fine-tuned, all countries are encouraged to utilise the existing data to initiate and develop their national plans. For this to materialise, it is recommended that all countries that do not have 'population based cancer registries', initiate collaborative efforts with IARC to establish such services in selected locations. Ministries of Health are encouraged to include cancer control planning in their activities and seek, where necessary, external technical assistance when required. Strategies developed or recommended must take into account the national realities and data. In this sense, every plan will be unique.
4. As part of the planning efforts, national health authorities and civil society must engage in raising public awareness about cancer and its risk factors, and the importance of prevention. Over 40% of cancers are preventable and there is enough evidence on effective measures needed. It is recognised that infection, Human Papillomavirus (HPV) and Human Immunodeficiency Virus (HIV) related cancers are dramatically increasing, adding to the

burden on health systems. Translating this knowledge into action requires concrete political and legislative action in every country. Banning smoking and the consumption of tobacco in public places, as well as successive increases in tobacco taxes, should be amongst the first actions. Governments are urged to follow WHO Framework Convention on Tobacco Control (WHO-FCTC) recommendations on tobacco. Similarly, raising awareness on safe sexual practices, improving coverage of hepatitis B vaccines and introducing HPV vaccines as soon as possible as part of extended immunization programmes, should receive equal attention.

5. Screening and early detection programmes must be focussed on common cancers where the survival outcome for patients would be the greatest; provided adequate treatment is also available. Some of the cancers that could be good candidates in Africa are cervical cancer, breast cancer and head and neck cancers.
6. All cancer patients require some kind of treatment for cure or relief of pain and other symptoms, including palliation when a curative option no longer exists. Radiotherapy is an essential component of modern health care. Together with surgery and, in a significant number of cancers, with chemotherapy, it currently remains the most cost effective way of curing cancer. Over 60% of cancer patients need radiotherapy as part of their treatment. The use of brachytherapy has also significantly increased and indications include gynaecological and other cancer sites.
7. National policies should be in place to facilitate access to and effective treatment for cancers that have a high cure rate, specifically childhood cancers and haematological malignancies.
8. Cancer Treatment Institutes have a vital role to play in the care of patients with cancer, as well as coordinating programmes for the prevention and early diagnosis of cancer, and for assessing the relevance of new developments. These will frequently form around radiotherapy facilities. Out of the 53 countries in Africa, only 25 have functional radiotherapy facilities. This falls far short of being able to respond to even a portion of current demands. A better measure of needs is the number of teletherapy machines per million population. This is an essential marker for the ability to deliver appropriate services, and the increase in the number is closely linked to gross national income. This marker for Africa is less than 0.2 machines/million population. The number for Europe is 5.0 machines/million population. A more realistic target for Africa would be 1.0 machine/million population. There is an urgent need for the African nations to plan the expansion of existing facilities from the current ca. 200 teletherapy machines to about 850.
9. It was recognised that one of the largest problems in Africa is the lack of adequate human resources and health care professionals. Therefore, concurrent planning of education and training programmes to build the necessary capacity by relying on existing African institutions and the Regional Cancer Training Networks was emphasised. There are already a number of recognised training centres for radiation oncology, radiotherapy technologists (RTTs), medical oncologists, medical physicists, and allied staff. However, multidisciplinary cancer training requires more sustained efforts involving all the relevant educational institutions. In this connection, it is essential that international organisations work closely and with joint projects to ensure that all aspects of education and training to build the necessary professional capacity in cancer care are addressed. The IAEA-PACT proposal for Regional Cancer Training Networks is a good starting point in this connection. In addition, research relevant to local problems, which are not always addressed by data collected in resource-rich countries, has an important role both with respect to the creation

of new knowledge and also with respect to developing sustainable programmes led by a cohort of leaders with the necessary analytical skills.

10. The participants from the represented African nations are well aware of the growing burden of cancer and are committed to initiating the necessary steps at national and regional level to fight cancer. In this regard, they welcome international organisations' initiatives and efforts to work in partnership to fight cancer. The IAEA's Technical Cooperation Programme will continue to be the key mechanism for planning and delivery of radiotherapy assistance to African countries. However, it is recognised that the resources required are much beyond the available funding and therefore other mechanisms and sources must be identified. The recent IAEA initiative, PACT, was welcomed as an important step towards assisting the African countries to perform comprehensive and multidisciplinary cancer control assessments in partnership with WHO, IARC, UICC, INCTR, ACS and other relevant organisations present in Africa, as a basis for longer term programme development and fundraising. The PACT Model Demonstration Site in Tanzania to build the country's capacity in cancer control was also welcomed. The government's commitment for the success of this programme was stressed.

11. The countries present undertook to work together and with the IAEA, WHO, IARC, UICC, INCTR, ACS and other regional and international organisations to:
 - a. Recognise cancer as a critical public health problem alongside HIV AIDS, malaria, and TB in the Africa region and one which should be placed as a priority on the public health agenda of relevant agencies, including New Partnership for Africa's Development (NEPAD) and the African Union (AU) Commission;
 - b. Commit to the development, implementation and adequate funding of comprehensive national cancer control plans and programmes led by Ministries and National Departments of Health through an active national steering committee;
 - c. Perform comprehensive needs assessment at national levels utilising mechanisms such as PACT partnership;
 - d. Agree to meet periodically to review progress.