

Cancer control in sub-Saharan Africa and its impact on health systems strengthening: A case study from Ghana

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By adopting the principles of primary healthcare and by working in conjunction with the non-governmental organization (NGO) Breast Cancer International, the Peace and Love Hospital (PLH) at Kumasi, Ghana, has empowered its local community by raising the levels of awareness about breast cancer in the population. As a result, over the past five years more than a quarter of a million people have been reached, self-referrals have increased and 141,729 women have been screened. This successful synergy between an NGO and a private health institution (PLH) draws attention to the important role that NGOs and civil society organizations can play.

The rate at which the overall disease burden in sub-Saharan Africa, attributable to cancer, is rising is alarming. Sub-Saharan Africa is predicted to have a 85% increase or more in the cancer burden by 2030 (1). Strategies to minimize the burden of cancer in sub-Saharan Africa in the past few years have had little or no impact because of the following factors:

- ➔ low awareness of the cancer burden on the part of decision makers;
- ➔ a poor understanding of the potential for cancer prevention;
- ➔ myths and misconceptions due to lack of awareness among communities;
- ➔ unsatisfactory management by health professionals due to lack of training and poor exposure to technical and soft skills;
- ➔ late presentation by patients which may not be due to their fault or negligence but due to delays within facilities when it comes to management of cancers;
- ➔ poorly equipped health facilities;
- ➔ affordability – costs (direct and indirect);
- ➔ distance – all cancer treatment facilities are based in the big cities;
- ➔ poverty – the absence of social support systems for people diagnosed with cancer.

Breast cancer is known as the most commonly diagnosed cancer in women and also the principal cause of death from cancer among older women, but it has lately been diagnosed

more often in the younger age groups. In Ghana, breast cancer is considered the leading cause of death among women, accounting for 15% of all malignancies. According to the most recent GLOBOCAN report, Ghana recorded 4,645 (20.4%) new breast cancer cases in 2018. It is estimated that the majority of breast cancer patients are women between the ages of 35–50 years, which is younger than Caucasian women in America who are often diagnosed at around 60 years of age.

Comprehensive cancer control has to be started with education and awareness creation.

Late stage presentation of all cancers in sub-Saharan Africa account for the high mortality rates. Hence all efforts should be geared towards early detection, early diagnosis and early treatment.

Case study: The Peace and Love Hospital/Breast Care International model, Kumasi, Ghana

Breast Care International (BCI) is Africa's leading breast cancer awareness charity, delivering educational programmes survivor support as well as research and breast cancer screening programmes throughout Africa (Figure 1). Its mission is to bring hope, health and empowerment to communities in Ghana through the provision and dissemination of quality breast health education, screening, counselling, advocacy, research, treatment and support to intensify breast cancer awareness and improve the quality of life of women at risk of breast cancer. BCI's vision is to maximize personal and community wellness through community participation, excellence in public health education and practice, and empowering people to save

lives and end late-stage breast cancer presentation in Ghana. The ultimate goal of BCI is to reduce the number of women who show up and are diagnosed with late-stage diseases through community outreach and education.

The Peace and Love Hospital, the subject of this case study, is a specialist hospital and is located in the Ashanti Region. There are 43 districts in the Ashanti Region; the remainder of the area served lies in Bono, Bono East, Ahafo, Western North, Central and Eastern regions bringing the catchment population to approximately 7 million.

The collaboration between Breast Care International and the Peace and Love Hospital in Kumasi provides a good example of what can be achieved for cancer care in low- and middle-income countries (LMICs) with slender resources. Peace and Love demonstrates well how community cancer care works, both in the way the service is structured and in its achievements.

The Peace and Love Hospital is a specialist hospital with a strong emphasis on breast pathology. Established in 2002, the hospital is staffed by the following categories of staff: physicians, surgeons, nephrologists, a urologist, radiologists, obstetricians and gynecologists, pharmacists, nurses, laboratory technologists and technicians, researchers, counsellors and administrative staff.

One distinguishing characteristic is the presence of a strong Public Health Department that looks after the public health aspects of breast pathology – Breast Care International. The role this department has played is a contributing factor to the success of this programme, which has created demand for the hospital's cancer services by:

- ➔ increasing breast cancer awareness and education in communities;
- ➔ educating women about the risk factors of breast cancer, prevention strategies, and availability of various treatment options;
- ➔ providing voluntary clinical breast examination (CBE) to women in their catchment areas;
- ➔ teaching women to perform their own breast examinations with demonstrations;
- ➔ aiding and directing those patients found with suspicious lesions to go to treatment centres.

Figure 1: BCI/PLH Breast healthcare management model

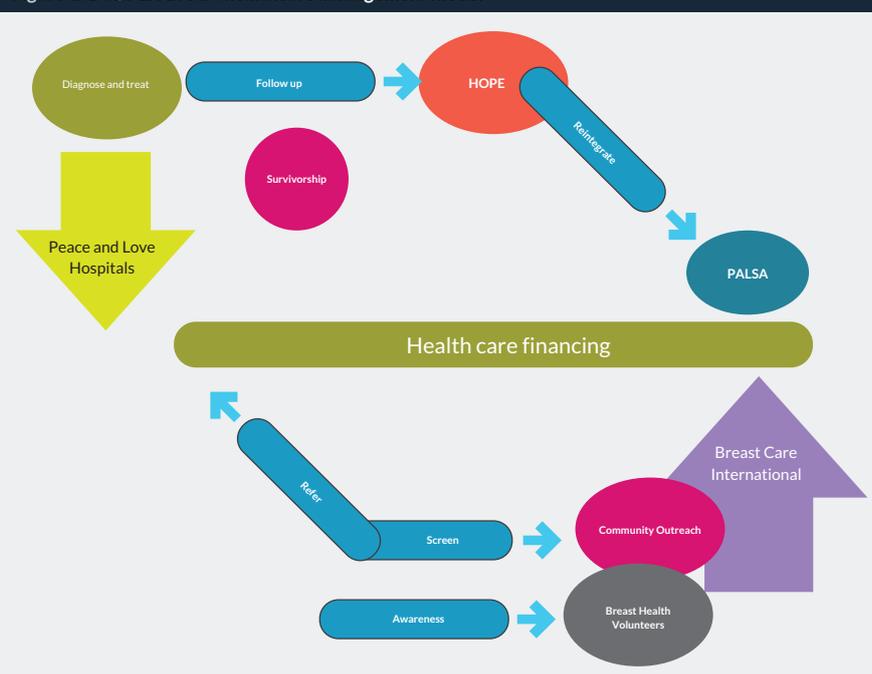


Table 1: BCI/ Peace and Love Hospital model: Increases in population breast cancer awareness and screening 2015–2019

Activity/Year	2015	2016	2017	2018	2019	Total
Number reached through awareness creation	38,955	45,210	47,946	53,299	73,309	258,719
Number screened	12,250	15,450	19,708	37,208	57,113	141,729
Number referred for treatment	935	1,850	1,098	574	465	4,922

Through this model there has been a manifold increase in the awareness levels of the population about breast cancer. Over the past five years we have educated over a quarter of a million people and, as a result, self-referrals have increased and we have screened 141,729 women (See Table 1).

How has this happened?

The Peace and Love Hospital applied the primary healthcare principles in their approach and in offering services as close to the communities as possible. We empowered communities to be able to identify the problems early. When this is done, they know where to go and are willing to accept treatment.

Counselling services are readily available through all the initiatives that have been carefully developed, using peer counselling strategies and volunteers.

Throughout this process, the referral system is strengthened so that late presentation is minimized. When patients are managed close to their communities, travel distance is kept down and therefore the financial burden is also reduced.

Through this model no one is ever turned away because he or she is too poor to pay. The programme has the less-well

off in mind and has built a safety net. Well-wishers make donations to help fund those who cannot pay.

In summary the strategy includes the following:

- ➔ A strong community approach to cancer care to augment national and individual endeavours.
- ➔ A greatly improved distribution of specialist human resource teams.
- ➔ A greatly improved availability of specialist care even at the community level.
- ➔ A greater availability of referral centres and centres to develop the cancer programmes.
- ➔ Financing of the care of the cancer patients.

Health system strengthening

This type of approach addresses each one of the six building blocks set up by the World Health Organization (WHO) under its health system strengthening agenda. This includes the following six building blocks:

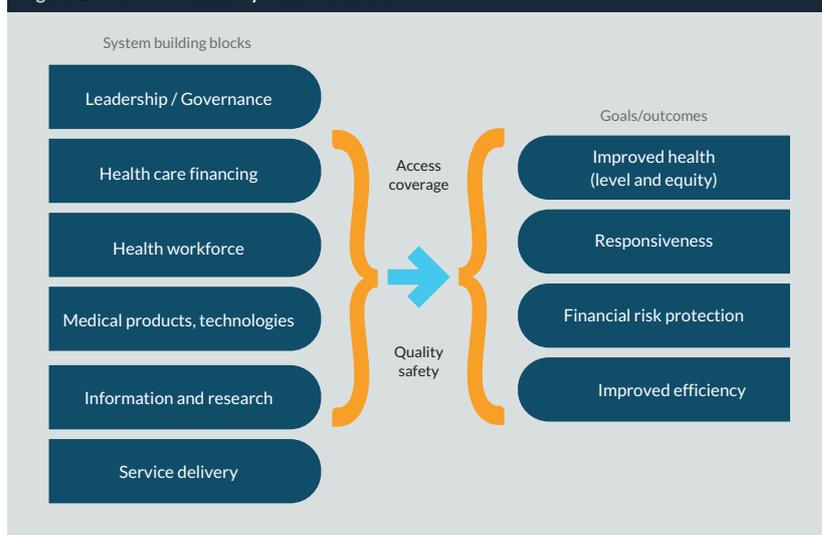
1. **Leadership and governance** involve ensuring the existence of policy frameworks combined with effective oversight, coalition building, regulation, attention to system design and accountability.
2. **A good health financing system** raises adequate funds for health, in ways that ensure people can use needed services and are protected from financial catastrophe or impoverishment associated with having to pay for them.
3. **A well-performing health workforce** is one that works in responsive ways, fairly and efficiently, to achieve the best health outcomes possible, given available resources and circumstances
4. **A well-functioning health system** ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, with scientifically sound and cost-effective use.
5. **An information system** is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status.
6. **Good service deliveries** are those which deliver effective, safe, quality personal and non-personal health interventions

References

1. Morhason-Bello, IA et al. Challenges and opportunities in cancer control in Africa; *Lancet Oncol* 2013;14:e142-51.
2. World Health Organization (WHO). Everybody's business- strengthening health systems to improve health outcomes: WHO's framework for action. WHO; Geneva:2007. http://www.who.int/healthsystems/strategy/everybody's_business.pdf

3. World Health Organization (WHO). Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. Geneva, Switzerland: WHO; 2010.

Figure 2: The WHO health systems framework



to those that need them, when and where needed, with minimum waste of resources.

WHO has supported its health system framework with a monitoring and evaluation framework to monitor programme management of health system investments, assess health system performance and evaluate the results of health reform investments (3).

Conclusion

The collaboration between BCI and the Peace and Love Hospital demonstrates well how community cancer care works, both in the way the service is structured and in its achievements. It provides a fine example of what can be achieved for cancer care in LMICs with minimal resources. This is true for the care the hospital provides within its own Ashanti Region and beyond in its broader area of outreach.

The successful synergy between a non-governmental organization (BCI) and a private health institution (Peace and Love Hospital) draws attention to the important role that NGOs/CSOs can play, and is worth emulating. Working in harmony with BCI, the Peace and Love Hospital is able to achieve success and, by extension, other hospitals can do the same. ■

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