

RESPONSES TO CANCER CONTROL SURVEY 2024

In the latest of our occasional series of surveys *Cancer Control 2024* has invited an international healthcare audience to answer the following two questions:

***“Are global events impacting on your country’s capacity to control cancer, and if so, how?
How do you see the situation developing in the future?”***

AFRICA

From an African perspective:

“This is not about one country. Forty million Africans are displaced by conflicts engulfing 16 countries. Climate change displaced 7 million. Cancer services are disrupted or have never been developed due to the same conditions causing conflicts. Cancer does not know not to strike displaced people. The cancer control needs of Africans affected by conflicts or natural disasters continue to be ignored by the world resulting in unimaginable suffering. Time to put the focus on Africa.”

Professor Nazik Hammad, MD, FRCPC, MSc, MEHP, FACP, Division of Haematology-Oncology, St Michael’s Hospital, University of Toronto, Canada

FRANCOPHONE AFRICA

“The political and financial situation in French-speaking Africa has closed down certain countries and made it difficult for caregivers to travel and obtain grants for cancer training. On the other hand, this has not limited the possibility of e-learning training, so we are confident that we can continue to support the fight against cancer through online training, if possible free of charge and with low bandwidth for Africa.”

Sabine Perrier-Bonnet, Project Lead for e-Health, l’Université Numérique Francophone Mondiale (UNFM)



GHANA

“Global events, such as COVID-19, have significantly impacted cancer control in my country, leading to delayed diagnoses, missed treatments, and limited access to care. Furthermore the Russia-Ukraine conflict has exacerbated the global economic crisis, directing donor funds towards crisis-related health needs and causing budget cuts in healthcare. This increases patients out-of-pocket costs and invariably leads to delays in treatment or non-compliance. The situation is getting worse which creates continuous access and affordability issues for cancer care.”

Naomi Oyoe Ohene Oti, Head of Nursing, National Radiotherapy, Oncology and Nuclear Medicine Centre, Korle Bu Teaching Hospital, Accra, Ghana

“In all honesty, global events impact positively on local cancer control especially in low- and middle-income countries. Cancer care is very advanced and holistic in developed countries and it is through global events that we get to experience and discuss the ways in which we can improve the cancer care journey and sometimes even leapfrog in our country. Collaborations and training have been invaluable to our patients and I would like to highlight our most recent breast cancer genetic counselling training with Columbia University. This training has now equipped our staff and institution to start discussions on genetic counselling research among Ghanaian women.”

Dr Beatrice Wiafe Addai, Consultant Breast Surgeon; CEO, Peace and Love Hospitals, and President and Founder, Breast Care International



NIGERIA

“Global inflation has made cancer treatment and medications unaffordable for most in the last year, continued prioritization of pandemic preparedness is limiting funding for cancer care initiatives, the brain drain, and supply chain disruptions specific to the HPV vaccine was a challenge for the national vaccination campaign.

Growing private-sector-led strategic investments in cancer care, advocacy for the implementation of policies promoting early detection and treatment will strengthen Nigeria’s capacity to control cancer.”

HE Dr Zainab Shinkafi-Bagudu, Former First Lady of Kebbi State, Nigeria, Chairperson, First Ladies Against Cancer (FLAC) and CEO, Medicaid.



TANZANIA

“Yes, the impact is more on the awareness creation that prompts early diagnosis and treatment hence saving lives. I look forward to collaborative initiatives that impact my country Tanzania.”

Joackim Kessy, Kilimanjaro Christian Medical University College (KCMUCo); Moshi, Tanzania



ZAMBIA

“Cervical cancer is a major cause of death in the world’s poorest regions. The successful implementation of impactful and sustainable cervical cancer screening services in these settings, where vast numbers of women and their families live in deep poverty, requires a particular sensitivity and understanding of the complexities of the prevailing social circumstances, as well as how governments in these environments function due to limited financial resources and other political/economic pressures. Such realities are rarely taken into consideration by scientists and industry leaders from the global North when conceiving and designing technologies for the detection and treatment of cervical cancer precursors. As a result, many of the tools they create fail to scale amongst populations with the heaviest disease burdens because healthcare providers working in these environments are forced to try and retrofit algorithms that don’t align with local conditions. Until this paradigm changes, and those with the knowledge and wisdom of how things actually work in these settings are empowered, and empower themselves, to participate as equals in the design and financing of cancer prevention technologies and programmes, and link their implementation to the eradication of deep poverty, progress will remain minimal, at best.”

Professor Groesbeck Parham, *Founder of the Cervical Cancer Prevention Program in Zambia and Professor of Gynecologic Oncology, University of North Carolina at Chapel Hill, United States*

THE AMERICAS



BRAZIL

“Global events are not impacting on our country’s capacity to control cancer since we still have our own inequities that have already existed for years.”

Dr Sidnei Epelman, *Director, Pediatric Oncology Department, Casa de Saude Santa Marcelina, St Paulo, Brazil*



CANADA

“Global events (environmental, pandemics, social unrest, fiscal constraints, etc) have adversely impacted the operations of cancer control activities in Canada, e.g. accessibility, treatment delays, workforce and resource priorities. Internal factors, however, have a far greater impact on the country’s capacity to control cancer – politics (federal-provincial-territorial), governance, leadership and growth-indexed resource planning for capacity expansion. This situation is unlikely to change in the foreseeable future.”

Professor Simon Sutcliffe, *President, Two Worlds Cancer Collaboration*

EASTERN MEDITERRANEAN REGION



LEBANON

“Global events meaningfully impact Lebanon’s ability to control cancer, and these impacts can be understood through several lenses: economic, political, healthcare infrastructure, and access to resources. Lebanon has been grappling with a severe economic crisis since 2019. This economic instability has resulted in reduced government spending on cancer treatment and prevention. Many patients are unable to afford necessary treatments. The political turmoil affects the implementation of long-term health policies and disrupts the continuity of care for cancer patients. Preventive services, such as screenings, have been disrupted, possibly leading to a rise in late-stage cancer diagnoses. The brain drain results in a shortage of skilled medical personnel, further compromising cancer care quality and accessibility. The future will depend on the country’s ability to achieve economic and political stability and implement critical healthcare reforms.”

Dr Myrna A A Doumit, *PhD, MPH, RN, FAAN, Associate Professor and Assistant Dean, School of Nursing, Lebanese American University (LAU), Beirut*

“Global events have indeed impacted Lebanon’s capacity to control cancer. Economic crises and ongoing local and regional instability have strained healthcare resources and disrupted treatment access such as medication shortage and the brain drain. Looking ahead, proactive measures like securing international aid and enhancing local infrastructure will be crucial. Despite challenges, we remain hopeful that with sustained support and contributions, we can strengthen our cancer control efforts and improve outcomes for children with cancer in Lebanon.”

Hana Chaar Choueib, *General Manager, Children’s Cancer Center, Lebanon, Beirut*

“Global events have undoubtedly impacted the capacity of EMRO countries to control cancer, primarily through the following: COVID-19 pandemic (disruption of healthcare services, reduced access to care, supply chain issues); global economic crises (budget constraints and loss of income); conflict and political instability (displacement and health system strain, infrastructure damage); climate change (health system stress, population displacement).”

How do you see the situation developing in the future?
 “Through: (a) Building a resilient health system; (b) Investment in telemedicine; (c) Economic recovery plans; and (d) Climate adaptation strategies. Promoting sustainable practices within the healthcare sector can mitigate the long-term impacts of climate change.”

Dr Ibtihal Fadhil, *President, East Mediterranean NCD Alliance*



TURKIYE

“Global financial instability, the COVID-19 pandemic, and increasing conflicts have deprioritized cancer control on global health agendas. Additionally, regional conflicts, financial difficulties, and the severe earthquake have affected national priorities in Turkey, sidelining cancer control despite the maintenance of existing systems. The near future seems to continue in this way. All stakeholders, including governmental and non-governmental organizations, must collaborate to make progress in cancer control. Investing in cancer screening, prevention, quality care and the healthcare workforce are key areas requiring more investment.”

Professor Dr Tezer Kutluk, MD, PhD, FAAP, UICC Past-President and Chair, Department of Pediatrics, Division of Pediatric Oncology, Hacettepe University Faculty of Medicine and Cancer Institute, Sıhhiye-Ankara Turkiye

ASIA



INDIA

“The COVID -19 pandemic impacted cancer care globally with delays and interruptions in delivery of cancer care. With an already stretched and weak healthcare system in India, we still don’t know the impact of the pandemic on cancer diagnosis and outcomes. Though there is a small societal contribution to the global burden of the carbon footprint from low- and middle-income group countries (LMICs) like India, climate change globally has had a negative impact on cancer outcomes due to greater exposure and decreased capacity to adapt. The urbanization and westernisation of Indian villages is another factor which has led to increased lifestyle-related cancers (rising breast and colorectal cancers) and a drop in infection-related cancers (cervix and stomach). The migration of the Rohingya refugees poses another challenge for the delivery of cancer care in a conflict setting and adds additional burdens to an already inundated public system.”

How do you see the situation developing in the future?”

“Global events will impact on incidence and delivery of cancer care in India and most other LMICs. “Vasudhaiva Kutumbakam” – translated as “the world is one family” is the future. Inter-dependence, intra-dependence and collaboration to deliver cost effective care is needed so that every cancer patient has access to basic cancer treatment. The focus of cancer care has to shift from research on non-affordable /affordable only to select few anti-cancer drug treatments to cancer prevention and early diagnosis in stage 0 or 1 so that surgery and radiotherapy itself are able to manage most cancers. Health technology assessment-driven universal health coverage

linked to outcomes is critical to drive the cancer care agenda.”

Professor Bhawna Sirohi, Director of Medical Oncology, BALCO Medical Centre, Nava Raipur, India



KAZAKHSTAN

“We have developed an integrated plan for 2023–2027. Successful global experience in HPV vaccination as a primary cervical cancer prevention and lung cancer screening has allowed Kazakhstan to implement these cancer control programmes in the near future: HPV vaccination will start in September 2024, and lung cancer screening from 2025.”

How do you see the situation developing in the future?

“In the future, we will change all our treatment from radiation therapy to modern therapy. It is planned to strengthen cervical cancer screening by HPV testing, breast and lung cancer screening.”

Professor Dilyara Kaidarova, MD, PhD, Chairman of the Board, Kazakh Institute of Oncology and Radiology (KazIOR), and President, Kazakhstan Cancer Society (KazCS)



MONGOLIA

“Mongolia’s health expenditure of GDP declined to 2.9% in 2023 from its peak of 6% in 2021 during the COVID-19 pandemic. Insufficient funding could jeopardize the progress made in cancer screening, exacerbate inequalities, and reduce access to cancer detection and care, potentially leading to higher cancer mortality rates. Developing a robust national cancer control programme and securing adequate financing for its implementation is crucial to reducing cancer mortality in the future despite the neighbouring war.”

Erdenekhoo Nansalma, MD, PhD, MPH, Director General, National Cancer Centre of Mongolia

EUROPE



MOLDOVA

“No, global events have not had much impact. However, designating Moldova as an European Union (EU) candidate has focused more attention on achieving EU standards (in general) and this has some spillover into health and cancer control.”

How do you see the situation developing in the future?

“The focus on joining the EU is having benefits across all sectors. In health, there is increasing interest in attending Western European congresses and training programmes, and increasing collaboration in medical research. These things will gradually improve cancer control, but it will take time.”

Dr Philip Davies, Health Systems Consultant, Cervical Cancer Prevention United Nations Population Fund (UNFPA); Director General, International Cervical Cancer Prevention Association

SWITZERLAND: GLOBAL COALITION FOR RADIOTHERAPY

“When global events occur, cancer patients are among the most vulnerable, even in countries prioritizing cancer control. Healthcare systems may deteriorate, especially in under-served regions, compelling patients to seek treatment across borders. Ongoing conflicts in the Middle East, Ukraine, Syria, and parts of Africa exacerbate this issue. Without effective planning, resilient healthcare systems, robust radiotherapy infrastructure, and international cooperation, treatable cancers may remain uncured, and patient care will be compromised.”

Darien Laird, Director of Communications, Global Coalition for Radiotherapy (GCR)



UNITED KINGDOM

“Global events are starting to have a major impact on cancer control. The consequences of the pandemic have seen increases in later stage presentation, treatment backlogs and delays in receiving a diagnosis and subsequent treatment. The cost of living crisis, widening inequalities and social isolation triggered by the pandemic are all social determinants linked to an increased risk factor burden and downstream cancer burden. The pressure is on the government to address the current workforce and equipment shortfalls to avoid this increased burden translating to higher rates of mortality than expected.”

Professor Ajay Aggarwal, Professor of Cancer Services and Systems Research, London School of Hygiene and Tropical Medicine (LSHTM), United Kingdom

“By 2040, the UK expects a significant rise in cancer cases to half a million cases annually, with patient outcomes already trailing other comparable countries. COVID-19 strained the UK’s cancer systems, affecting cancer diagnosis and treatment, potentially increasing cancer incidence and mortality in the coming years. Cancer care in the UK is facing acute challenges to address record waiting lists and capacity shortages. Ambitious leadership, evidence-based strategies and international collaborations are vital for better outcomes.”

Sarah Quinlan, MBE, Director, Radiotherapy UK