CATHOLIC HEALTH CARE REGIONAL NETWORK

Southern Africa

MALAWI, ZIMBABWE, LESOTHO, SWAZILAND, SOUTH AFRICA, ZAMBIA, BOTSWANA, NAMIBIA

"OUR STRENGTH LIES IN COMMON GOALS AND FAITH"

Quarterly newsletter

June 2016

'Cancer Management in our various Southern African Countries' edition.

Welcome note from the secretariat

Welcome to our 10th edition of the Catholic Health Care Regional Network's quarterly newsletter. This edition concentrates around cancer challenges in our region. The modicum of public health systems and bourgeoning private health care in Africa are under immense pressure due to the worsening socio-economy and illness. Health reports indicate that all health conditions are worse in Africa than in any part of the world. While communicable diseases are an occasional occurrence in the developing world, they are Africa's daily bane.

It is noted that there is still a massive lack of resources to detect and treat cancer in Africa as a whole. The World Health Organization estimated that nearly half a million Africans died of cancer fifteen years ago and that compared to developed countries, the mortality to incidence ratio is in the order of 80% for most cancers. This figure is expected to rise significantly in the next 20 or so years, due to increased life expectancy, diet and western-influenced lifestyles.

The vast majority of cancer patients present with late stage disease due to lack of awareness about cancer and limited access to health care. One fifth of all cancers worldwide are caused by a chronic infection, and up to one third of cancers in the developing world are curable if caught early. However, to achieve this will need new leadership, critical thinking, investment, and understanding.

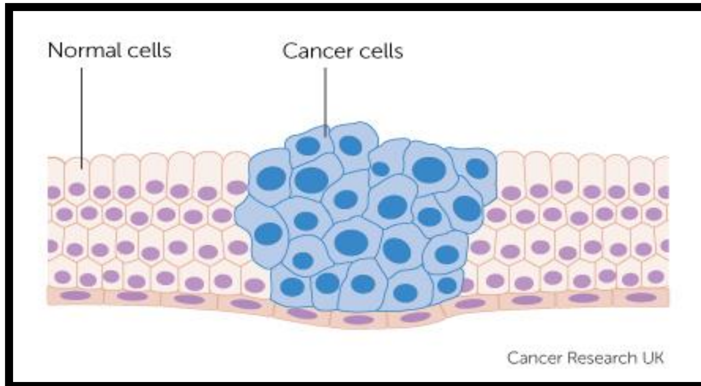
The positive aspect that emerges is that awareness is increasing as people become better informed about cancer due to social media and as prominent cancer survivors begin to tell their stories. We should remain convinced that our task as Catholic healthcare network is to urge governments in our respective countries to establish national cancer control plans in order to address resource issues, reversal of the brain drain of oncologists and researchers away from Africa and to facilitate the implementation of more training and treatment facilities.

Best regards,

Melese Shula on behalf of the Regional Secretariat.

ARTICLES OF INTEREST:

What is cancer



Cancer is when abnormal cells divide in an uncontrolled way.

Some cancers may eventually spread into other tissues. There are more than 200 different types of cancer.

For further reading please go to: http://www.cancerresearchuk.org/ as adopted on 6 June 2016 at 14h46.

Breakthrough in cancer treatment: immunotherapy promises turnaround in cancer cure rates

Scientists and researchers have announced a major breakthrough in the treatment of cancer by using a new form of immunotherapy. Their findings show that immunotherapy can treat, even cure, a range of cancers, including lung, skin, womb, bowel and ovarian types as well as difficult-to-treat cancers.

With an estimated one in three people in the developed world expected to develop cancer in their lifetime, the search for a cure has never been this urgent.

At the 2015 American Society of Clinical Oncology (ASCO) annual conference in Chicago, USA, held from 29 May to 2 June scientists and researchers have brought new hope to this search with a host of developments relating to treatment of cancer and of which immunotherapy is shining like a bright new light.

Roy Herbst, the chief of medical oncology at Yale Cancer Centre told reporters at ASCO that the results are 'spectacular' and considers the treatment a 'paradigm shift in the way oncology is being treated.'

Herbst remarked that the therapy would be especially beneficial in treating stubborn cancers and that an effective cure has finally been found. Researchers expect the new drug combo to become standard treatment in the near future. As adopted from http://www.health24.com/Medical/Cancer/Cancer-treatment/Immunotherapy-vs-chemotherapy-for-treating-cancer-20150605 at 12h39 0n 7/6/16

Jen's Challenge

"I have raised R2000 from 6 donors" Says Jenna, 12 years old, "My name is Jenna and I'm 12 years old. I have decided to grow my hair and when it is long enough, cut it and donate it to the CANSA, Kindest Cut Campaign. I would like to help make a wig out of my hair." Make an online donation to support Jenna's here and have a look at her Facebook Page here http://www.shavathon.org.za/kindest-cut-online-fundraising-champs/ as adopted on 7/6/16 at 6/7/16.

NEWS ON MEMBER COUNTRIES OF THE REGIONAL SECRETARIAT NETWORK.

Botswana

Cancer in Botswana: The Second Wave of AIDS in Sub-Saharan Africa

As we rejoice in the recent successes of cancer treatment research, we need to be aware of the rising epidemic of cancer in the developing world [1], In some middle income countries such as China, India, and Brazil, the increasing attention afforded to cancer comes as a consequence of improving longevity and the control of infectious diseases. They will undoubtedly inherit the unwelcome morbidity and mortality of cancer as their population ages and their life styles change. In other countries, particularly in sub-Saharan Africa, a surge in cancers related to immune suppression (the so-called Second Wave of AIDS) has become increasingly evident. In the accompanying commentary, Julie Livingston, an ethnographer and student of medical care in Africa, exposes the immense challenge created by this second wave of disease attributable to HIV/AIDS [2], A more detailed examination of the delivery of cancer care in Botswana reveals the complexity of the problem.

For further reading please refer to http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3720627/ as adopted on 7/6/16 at 12h33.

Lesotho

The Lesotho review

Economic growth in Lesotho has been inhibited by unfavourable trends in morbidity and mortality, which have weakened the human resource base. High mortality rates have affected not just the labour force but the social fabric as well through growing numbers of orphans and deepening levels of poverty. Significant drivers of Lesotho's poor health profile include high HIV/AIDS prevalence, limited access to essential healthcare such as maternal-child and preventive services, poor quality of services, and lack of essential drugs.

Cervical cancer is the most common cancer in Lesotho, and the leading cause of cancer death among women in the country – particularly for women living with HIV, who are four times more likely to develop cervical cancer than women who are HIV-negative.

For more reading kindly refer to http://www.lesothoreview.com/healthcare-2015.php as adopted on 7/ 6/ 16 at 12h28.

Malawi

Pathologically confirmed breast cancer in Malawi: a descriptive study: Clinical profile of breast cancer

Breast cancer is the most common cancer and the leading cause of cancer death in Africa[1]. The breast cancer burden has increased across the continent with significant geographic and socioeconomic variation[2]. Low cancer awareness and lack of screening or control programs lead to many women being diagnosed late[3]. Although most breast cancer studies in Africa are small, retrospective descriptions with limited follow-up, available data suggest that African women are frequently diagnosed with advanced disease and have poor clinical outcomes.

Some studies in African settings have shown high frequencies of aggressive tumour types with poorly differentiated tumours that are often hormone receptor (HR) negative. However, HR status assessment is not routinely done in many countries including Malawi[4–6]. This is partly due to an extreme scarcity of diagnostic pathology services in Africa[7]. In Malawi's Central Region, pathology diagnostic services were bolstered by the establishment, in July 2011, of a diagnostic pathology laboratory at Kamuzu Central Hospital (KCH), a teaching hospital in Lilongwe[8].

At KCH, efforts are ongoing to routinely assess HR status for all confirmed breast cancers, leveraging clinical research collaborations which provide immunohistochemistry reagents and technical support for new staining procedures[8]. This institutional database provides important data for understanding breast cancer in the Malawian context.

For further reading kindly refer to http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4478398/ adapted on 7/6/16 at 12h17.

NAMIBIA

Cancer cases in Nam rise

BREAST cancer is one of the most common cancers in Namibia. In second place is skin cancer, followed by Kaposi Sarcoma, prostate and finally cervical cancer. Statistics from the Cancer Association of Namibia (CAN), which are compiled together with those of the government, show that in Namibia, cancer cases have been on the rise since 2006, from a total of 1 625 cases to 3 092 recorded in 2012. In 2012, 458 cases of breast cancer were recorded, almost double the 229

recorded in 2006. Contrary to the belief that breast cancer only affects women, statistics from CAN show that five men were diagnosed with breast cancer in 2006, and the number rose to nine in 2012. There were 156 cases of Kaposi Sarcoma mostly diagnosed in men - in 2006. The number of cases rose to 214 in 2012. This is a cancer that develops from the cells that line lymph or blood vessels. It usually appears as tumours on the skin or on mucosal surfaces such as inside the mouth. Tumours can also develop in other parts of the body, such as in the lymph nodes or digestive tract. Cervical cancer cases stood at 125 in 2006 and 266 in 2012, while cases of prostate cancer recorded in 2006 were 136, and 311 were recorded in 2012.
As adapted from http://www.namibian.com.na/index.php?id=120384&page=archive-read at 11h56 on 7/6/12.

SOUTH AFRICA

South Africa: 78% increase in cancer by 2030

A recent study published by medical journal Lancet predicts that South Africa could see an increase of 78% in the number of cancer cases by 2030. From a global perspective, a 75% increase is expected, increasing the total incidence of all new cancer-cases from 12.7 million in 2008 to 22.2 million by 2030.

"Already cancer is one of the world's leading causes of death and has the greatest economic impact in the form of premature death and disability. A recent study conducted by Livestrong and the American Cancer Society estimated the total global economic impact of premature death and disability resulting from cancer was $895 billion in 2008. The figure represents 1.5% of the world's gross domestic product (GDP). The economic impact of a 75% global increase, and 78% local increase, could well be devastating," says Professor Jacques Snyman, clinical advisor for Resolution Health Medical Scheme.

South Africa is ranked 50th on the World Cancer Research Fund's list of countries with the highest cancer prevalence rates. Prostate cancer is the number one cancer diagnosed amongst South African men followed by lung, oesophagus, colon / rectum and bladder cancer. Amongst women, the most prevalent is breast cancer followed by cervical, uterus, colorectal and oesophageal cancer.

"Important to keep in mind when looking at the statistics is that, while the incidence of cancer has most certainly been on the increase, more patients are diagnosed earlier on and more accurately than before due to technological advancements and increased access to healthcare services. Those at particular risk of developing certain cancers include an ageing population and those suffering from HIV/Aids due to the strong correlation between immune competence and certain cancers," says Snyman.

As adapted from http://www.health24.com/Medical/Cancer/Facts-and-figures/South-Africa-78-increase-in-cancer-by-2030-20120721 on 6/7/16 at 11h46.

SWAZILAND

MINISTRY OF HEALTH PREPARES FOR FIGHT AGAINST CERVICAL CANCER

06/07/2014 03:00:00BY AYANDA ZWANE

Minister Sibongile Ndlela-Simelane.

The ministry of health's robust approach in preventing illnesses and health risks has prompted the ministry to have a programme that will handle issues that relate to cervical cancer under its sexual reproductive health unit (SRU).

The ministry pronounced, through Minister Sibongile Ndlela-Simelane, that soon they would make doctors and nurses available all over the country's remote areas.

The cervical cancer guidelines were developed and printed in 2013 and are awaiting dissemination, shared Dr Simangele Mthethwa - the sexual reproductive health's technical assistant. Cervical cancer is the development and presence of abnormal cells in the cervix. The cervix is the lower part of the uterus that connects the body of the uterus to the vagina. These cells tend to spread to the rest of the uterine body and beyond. Most are caused by Human Papilloma Virus (HPV), but there is a genetic predisposition.

As adapted from http://www.observer.org.sz/news/63661-ministry-of-health-prepares-for-fight-against-cervical-cancer.html on 7/6/16 at 11h29.

ZAMBIA

Project ECHO - Zambia

The Management of Cervical and Breast Cancer ECHO clinic meets monthly with partners in the Cancer Diseases Hospital in Lusaka, Zambia

More than 530,000 new cases of cervical cancer and 275,000 related deaths occur annually, worldwide. More than 85% of these occur in low- and middle-income countries. Zambia has one of the highest rates of cervical cancer in the world, where it is the leading cause of cancer death among women. Virtually all cases of cervical cancer are caused by persistent infection with high risk types of the human papilloma virus (HPV). A pilot HPV school-based vaccination program was recently successfully completed in Zambia, with plans to implement a national vaccination campaign for girls.

A nation-wide cervical cancer screening program is established and growing, directed from the University Teaching Hospital in Lusaka. Screening services are available in every province in Zambia.

Breast cancer is the second most common cancer diagnosed in women in Zambia. Worldwide, more than 1,000,000 women are diagnosed with breast cancer and >400,000 die from breast cancer annually. Public awareness of breast cancer, and availability of tools for screening and diagnosis are limited in Zambia, and women frequently present with advanced disease.

Project ECHO connects oncologists, radiation oncologists and oncology nurses at the Cancer Diseases Hospital in Lusaka and surgeons at the University Teaching Hospital in Lusaka with a multidisciplinary team of oncology and palliative care specialists at MD Anderson Cancer Center. Together these teams discuss patient management and engage in educational didactic activities on a regular basis.

Project ECHO is part of a larger strategy among these institutions to strengthen the clinical practice surgery and oncology in Lusaka, with the ultimate goal of improving the clinical practice of oncology, reducing the morbidity and mortality from cancer and improving patient outcomes.

Cancer Diseases Hospital, Lusaka

As adapted form https://www.mdanderson.org/education-and-research/resources-for-professionals/clinical-tools-and-resources/project-echo/programs/project-echo-zambia/pr on 7/6/16 at 10h18

ZIMBABWE

Priorities for cancer prevention and control in Zimbabwe

by cancer2014 | Jun 25, 2014 | CC2014, Regional initiatives

Priorities for the control and care of patients with cancer in Zimbabwe include finalization and launching of the existing draft cancer prevention and control strategy.
HPV vaccination, cervical cancer screening and treatment are a priority to reduce the disease burden of this most common cancer which can be used as a performance indicator for the Zimbabwe Cancer Prevention and Control Programme. Control of other preventable cancers and early detection of selected curable cancers should also be prioritized. Cancer advocacy, dissemination of information and communication are also essential for success. Cancer treatment and palliative care need to be ongoing and coordinated. Pillars for success include sustainable, nationally funded, coordinated and collaborated cancer control efforts with adequate infrastructure, equipment, medicines and skilled health practitioners to optimize access.
All of the above can only be fulfilled with increased financial commitment to the fight against cancer in Zimbabwe. Although there is much political commitment, the current financial limitations faced by the country are a major setback. The financial gap needs to be filled to make cancer treatment "free" for the ordinary Zimbabwean patient.

Article was adapted from http://www.cancercontrol.info/cc2014/priorities-for-cancer-prevention-and-control-in-zimbabwe/ and was written by:

***Dr Anna Mary Nyakabau** has been a clinical oncologist at Parirenyatwa Hospital, Zimbabwe, since 1995. She is currently the cancer control coordinator for Zimbabwe. She attained a Diploma in Palliative Care at the University of Cape Town (2006) and Master in Public Health at the University of Zimbabwe (2011). Dr Nyakabau is the southern Africa Vice President of the African Organization for Research and Training in Cancer (AORTIC) and is a board member of various cancer-related organizations in Zimbabwe and regionally. Her objectives are to improve cancer control activities in Zimbabwe and the region, emphasizing a public health approach.*

WORDS OF REFLECTION

"Heal the Sick": Why Public Health Care is a Christian Duty?

By Aana Marie Vigen Professor of Christian Social Ethics, Loyola University Chicago.

Does expanding public health care equal "socialism?" Some say "yes," but I say it is simply the Christian thing to do. Of course, it is not exclusively Christian–people of every (and no) faith tradition also see caring for the sick as essential to their religion/philosophy. I applaud secular ethical arguments in favour of public health care: it will benefit (not sink) the U.S. economically, socially, and politically, and it is part of our civic obligation.
For further reading kindly refer to http://www.faithstreet.com/onfaith/2009/07/15/heal-the-sick-why-public-health-care-is-a-christian-duty/5040 adopted on 8/3/16 at 15h38.

The next issue will be on dementia management and subsequently published in September 2016. May God bless and keep you till then, only the kindest regards from the Secretariat.