

## **London Declaration on Cancer Control in Africa**

Presented during the African Cancer Reform Convention  
May 10 & 11, 2007  
London, UK.

### **Background**

Over 120 leaders in all aspects of World Health and Cancer Control gathered in London for a 2 day meeting, chaired by Prof David Kerr, the Rt. Hon. Alan Milburn and Sir John Arbutnott, to discuss how best to bring comprehensive cancer care to African countries. This meeting built on two previous international conferences, held in 2006, that addressed the issue of the cancer burden in all developing countries (The Cape Town Meeting organized by the International Atomic Energy Agency, IAEA and the World Cancer Congress in Washington DC organized by the International Union Against Cancer, UICC). There is a growing awareness of the magnitude of the cancer problem in the developing world and a sense of urgency regarding the need to take immediate action. Prof David Kerr, University of Oxford, has recently set up a new organisation, AfrOx, whose mission it to enable the delivery of comprehensive cancer care to African countries.

### **Scope of the global problem**

Cancer is a global problem accounting for 12.5% of all deaths worldwide, a greater percentage than is caused by HIV/AIDS, TB and malaria combined. By 2020 there are expected to be 15 million new cases of cancer every year, 70% of which will be in developing countries, where governments are least prepared to address the growing cancer burden and where survival rates are often less than half those of more developed countries.

### **Impending African Crisis**

African countries will account for over a million new cancer cases a year and they are the least able of all developing countries to cope, having few cancer care services. Lack of resources and basic infrastructure mean that most Africans have no access to cancer screening, early diagnosis, treatment or palliative care. Life-saving radiotherapy is available in only 21 of Africa's 53 countries, or to less than 20% of the population, and consequently cancer is a sentence to a painful and distressing death. At the same time, over one third of cancer deaths are due to preventable causes such as viral infection, poor nutrition and widespread tobacco use. Cancer in the developing world knows no age limits. It is estimated that 100,000 children die unnecessarily from cancer in the developing world each year. In Africa, on average 5% of childhood cancers are cured, compared to nearly an 80% cure rate in the developed world. In terms of cancer care, the disparities between the standard of care in developed and developing world countries couldn't be greater. In addition, in many African countries the combined effects of cancer, poverty, deprivation and infectious diseases hinder the development of a sustainable population and consequently a sustainable future.

The only way to effectively prevent, detect and treat the rising number of cancers in the developing world is to develop broad and effective partnerships of research institutions, international organizations, NGOs, national governments in developed and developing countries and the pharmaceutical industry. Strong local and international leadership is essential.

The relevant organisations and individuals, with funds from government and private donors, must be brought together to develop achievable and sustainable national cancer plans that are evidence based, priority driven and resource appropriate for African countries, and we are committed to doing this.

## **Purpose**

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 cancer care to African countries.

It builds on the World Health Assembly Resolution on Cancer Prevention and Control (2005) and on previous Declarations from the International Atomic Energy Agency (Cape Town Declaration on Cancer Control in Africa, Dec 2006) and the International Union Against Cancer (World Cancer Declaration, July 2006).

We are calling on research institutions, international organisations, the pharmaceutical industry and national governments and civil society in developed and developing countries to unite and work together to enable the delivery of comprehensive cancer care to Africa. To establish cancer care programmes in African countries requires the integration of clinical and public health systems so as to be truly comprehensive. A comprehensive cancer control strategy must bring together prevention, early detection and diagnosis, treatment, palliative care and the investment needed to deliver these services in terms of trained staff, equipment, relevant drugs and information systems, as well as public education. Any cancer control strategy must be guided by the needs of the country. Our vision for cancer control in Africa is a model authored by the Member State, with technical, policy and financial support provided by inter-agency alliances and governments in the developed world. African governments must be the driving force behind implementing cancer control in their countries with support at every level provided by the international alliance. Only in this way can achievable and sustainable national cancer plans that are evidence based and resource appropriate for African countries be developed.

**There are grounds for optimism. With concerted early action cancer in Africa is a disease that can be tackled.**

There are a number of fundamental areas of cancer control that form the cornerstones of comprehensive cancer control programmes. The **Six Essential Steps** are:

### **Cancer surveillance/registries and national cancer plans**

- Cancer surveillance programmes, including population based cancer registries, are required to collect and analyze data on the scale of the cancer burden in each country. They provide essential information on the incidence, prevalence, trends, mortality, and survival rates which is required to help develop a realistic and sustainable national cancer plan. In addition, they help to evaluate the impact of prevention, early detection/screening, treatment and palliative care programmes. Such programmes must be fully supported by the governments to ensure that they are complete and comprehensive.
- African countries must be supported and assisted in developing sustainable national cancer plans that are evidence based, priority driven and resource appropriate for African countries. It is essential that national cancer plans be integrated with wider development by African governments to ensure a balanced health system is put in place according to national priorities.

### **Prevention programmes**

In 2002 in Sub-Saharan Africa, there were more than half a million cancer deaths and almost 40% of these deaths can be explained by chronic infection and tobacco usage.

- Vaccination programmes against Hepatitis B virus, which causes liver cancer, and human papilloma virus, which causes cervical cancer, are effective ways to reduce the growing cancer burden and should be made widely available.

- Similarly, reducing tobacco consumption will also prevent many cancer related deaths. While lung cancer is on the increase in Africa, there is a real opportunity to avoid a lung cancer epidemic by implementing effective tobacco control now. Countries should be encouraged to implement the effective strategies identified in the WHO Framework Convention on Tobacco Control (FCTC). Simple steps such as implementing a ban on smoking in the workplace and in public places can be very effective.

### **Early diagnosis and screening programmes**

Effective treatments exist for many cancers and the chances of surviving depend largely on how early the cancer is detected and on societal awareness of early signs and symptoms of cancer.

- National programmes to educate the public and healthcare professionals will result in earlier detection and better survival outcomes. Such programmes must be prioritized and driven by governments to ensure they are appropriate for the local population.
- Screening programmes to identify at risk individuals, bringing them to curative care earlier, will prevent a large number of deaths.

### **Treatment**

It is thought that up to one third of cancers in the developing world are curable if treated early. In particular childhood cancers have a high cure rate.

- Effective treatment programmes need to be put in place.
- Access to radiotherapy facilities is essential for both treatment and palliation.

### **Palliative care**

Palliative care is an essential part of the continuum of care of all adult and childhood cancer patients. For terminal cancers, palliative care is essential. Pain and symptom control, coupled with counseling and spiritual care, enables patients to die with dignity, preventing a painful and distressing death.

- Palliative care should be introduced as early as possible to produce effective pain and symptom control during disease progression, terminal and bereavement care.
- Palliative care must be introduced into health policies and be included in training at all levels.
- Accessibility of pain relieving medication, particularly morphine, is essential.

### **Training and Research**

A major obstacle in the provision of adequate health care in Africa is the lack of trained health care professionals. The fundamental importance of having staff with appropriate training across the disciplines (clinical, management, logistics) cannot be overestimated, together with improved working conditions and increased job satisfaction.

- Established international cancer institutes and other training and health institutions have a major role. They should establish and implement mentoring and training programmes for African health professionals and scientists and help with capacity building partnerships with African institutions. The Global Health Workforce Alliance is currently coordinating an international effort on training of healthcare professionals.
- New local healthcare personnel must be trained so as to increase capacity and not drain the existing talent from other local needs in both the public and private sectors. This is necessary to ensure a long term sustainable workforce of healthcare professionals. African governments need to be helped to develop the much needed additional capacity.
- Training and research is a multilateral issue that links into employment and salary issues that must be addressed by the WHO, the IMF, the World Bank and other similar organisations. Sustained funding is necessary to ensure sustained employment.

**The London Declaration is a call to action directed at all organizations: governments, international agencies, research bodies, global funders, the pharmaceutical industry, individual benefactors and NGOs.**

## **Speakers and Delegates**

- African Health Ministers or their representatives
- African doctors and health professionals
- Leading international oncologists
- Members of the UK parliament
- The World Health Organization
- The International Atomic Energy Agency (IAEA) and the Programme of Action for Cancer Therapy (PACT)
- International organisations and charities:
  - African Organisation for Research and Training in Cancer (AORTIC)
  - African Palliative Care Association (APCA)
  - American Cancer Society (ACS)
  - AXIOS International
  - Bill and Melinda Gates Foundation
  - Breakthrough Breast Cancer
  - Cancer Research UK (CR UK)
  - European Society for Medical Oncology (ESMO)
  - Global Health Workforce Alliance (GHWA)
  - Help the Hospices
  - International Agency for Research on Cancer (IARC)
  - International Network for Cancer Treatment and Research (INCTR)
  - International Union Against Cancer (UICC)
  - International Society of Paediatric Oncology (SIOP)
  - Maggie's Centres
  - Medical Knowledge Institute (MKI)
  - Medical Research Council (MRC)
  - National Cancer Institute, US (NCI)
  - National Cancer Research Institute, UK (NCRI)
  - Organisation of European Cancer Institutes (OECI)
  - Oxfam
  - Princess Nikky Breast Cancer Foundation
  - Tropical Health and Education Trust (THET)
  - UK Oncology Nursing Society (UKONS)
- The World Bank
- The African Development Bank
- The University of Oxford
- The Royal College of General Practitioners (RCGP)
- GlaxoSmithKline (GSK)
- Representatives from the pharmaceutical industry