

Closing the care gap in cancer care in Nigeria: time to move from commemoration to a coordinated action

Abisoye S. Oyeyemi

Department of Community Medicine,
Faculty of Clinical Sciences,
College of Health Sciences,
Niger Delta University, Wilberforce Island,
Bayelsa State, Nigeria
Email: abisoyeoyeyemi@ndu.edu.ng

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Background

Cancer, a major noncommunicable disease (NCD), is responsible for ill health, disability and death of a significant proportion of the population around the world. About 20 million new cases and 9.7 million deaths were estimated to occur in 2022 and, given the prevailing conditions, it is predicted that there will be more than 35 million new cases in 2050 - a 77% increase in less than three decades.¹ The extant measures and services to cater to the victims of the disease, unfortunately, are grossly inadequate and cannot cope with the rapidly rising burden of the disease.

Controlling the disease demands a holistic approach comprising four principal components: prevention, early detection, diagnosis and treatment, and palliative care.² The World Health Organization (WHO) in collaboration with other international and national organisations have developed several interventions aimed at stemming the rising tide of the disease alongside other NCDs.³ The Sustainable Development Goals (SDGs) initiative also sets a target of achieving a one-third reduction in premature mortality

from NCDs including cancer by 2030.⁴ Cancer control requires the contribution of all segments of the population - individuals, communities, corporate organisations and government at all levels.

One potent weapon for fighting cancer is awareness creation and public education about what needs to be done to address the different components of care for the disease. A global effort to create awareness about cancer is the observance of World Cancer Day (WCD) on the 4th of February annually. Since 2001 when the first WCD was commemorated,⁵ the day has assumed great significance with more countries and organisations joining the annual campaign to reduce the burden of the disease. The Union for International Cancer Control (UICC) has assumed the leadership of the global observance of the day, developing and rolling out a theme/slogan for each year thereby stimulating actions whose impact lasts the whole year, beyond the day itself. Recognising the yawning gap that exists worldwide in the care available and accessible by victims of the disease, "Close the care gap" was developed as a theme to run for three years (2022 - 2024) to ensure

adequate attention was given to address the care element of the disease.⁶

This article describes the focus for each year of the multi-year campaign, summarises the impact of the campaign, highlights Nigeria's involvement and ongoing efforts, and proposes further actions that need to be taken as the world and Nigeria in particular resolve to close the cancer care gap.

WCD 2022: Realising the problem

The first year of the three-year theme focused on increasing knowledge about the disease and addressing the equity gap. Generally, people in low-and middle-income countries (LMICs) and those on the lower side of the social determinants of health (SDoH) gradient in any country are at a disadvantage when it comes to access to healthcare delivery and more so to cancer care.⁷⁻⁹ All too often where people live (the country's human development index (HDI) category, rural or urban), their gender, race, ethnicity, level of education and income category determine the type and quality of healthcare they receive. This negates the principle of universal health coverage (UHC) and SDGs - reaching everyone and leaving no one behind. For instance, cervical cancer is a preventable and curable disease but women in LMICs are disproportionately affected with 85% of cases and 90% of deaths occurring in these countries.¹⁰ The campaign for the year therefore focused on unearthing these disparities among countries and bringing the information to the knowledge of all that need to act to close the gap.

Figure 1 gives a summary of the global reach of the *Close the care gap* campaign as culled from the UICC impact reports and shows a progressive increase in impact over the three years.¹¹⁻¹³

WCD 2023: Uniting our voices and taking action

Knowledge is power and it informs action. With the increased knowledge from the 2023 campaign and the mental walls of

inequities starting to crumble, WCD 2023 sought to harness and unite the different voices all over the world to take action, form stronger alliances and build collaborations at different levels to intensify efforts at controlling the disease. The year's campaign enjoyed increased attention with social media posts, press mentions and activities reaching more people all over the world.¹²

WCD 2024: Together, we challenge those in power

2024 is the last year of the theme "close the care gap" and is a clarion call to governments, policymakers and leaders to increase investment in addressing the inequities and ensure access of all people to cancer care in keeping with the goal of UHC. There were more media and physical activities globally with the year culminating in the launch by UICC of a *World Cancer Day Call to Action* - a set of actionable recommendations to governments for improving equity in health and cancer care. More than 4000 people from 167 countries signed the call which was formally transmitted to all Geneva-based missions of United Nations Member States.¹³

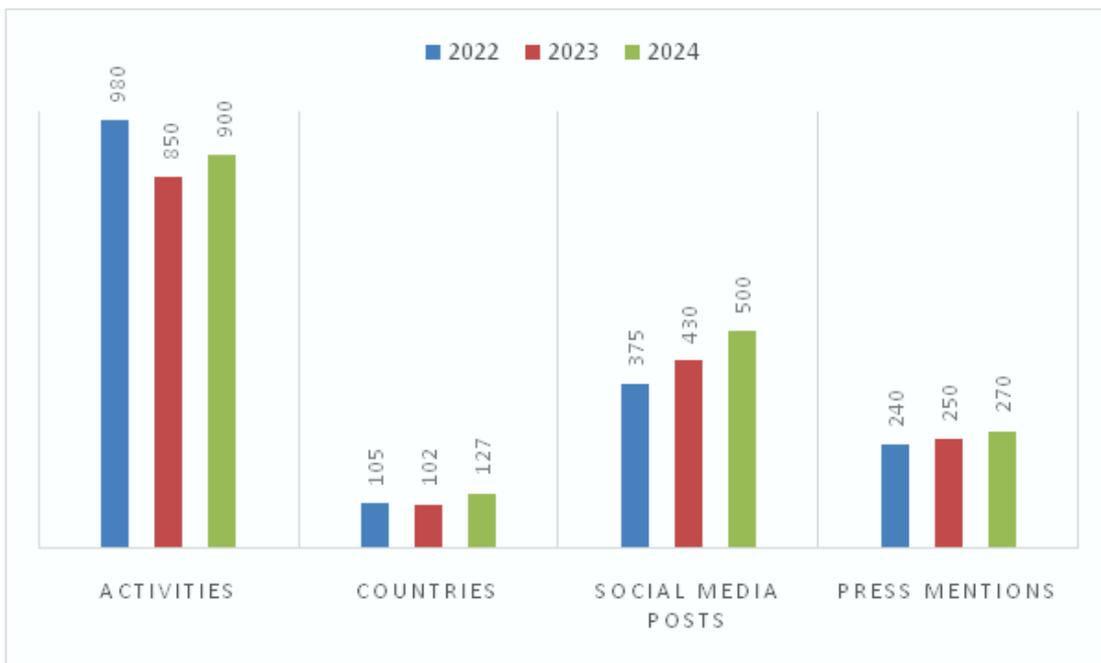


Figure 1: World Cancer Day 2022-2024 global impact in numbers
 NB: Social media posts are in thousands (e.g., 375=375,000) while the press mentions are in hundreds (e.g., 240=24,000)

Nigeria's involvement in “Close the care gap”

Nigeria has the second-highest number of cancer cases and deaths in Africa (Egypt is first) and accounts for 127,763 (10.8%) of the 1,184,182 cases and 79,542 (10.4%) of the 763,278 deaths reported for the continent in 2022. 14 Nigeria featured prominently in the commemoration of WCD 2022 to 2024 as shown on UICC's map of activities,^{5,16} though it may be difficult to say with precision the number of activities or events that took place in each year of the multi-year campaign due to a lack of a dedicated national repository/database for such a global observance. There is evidence, however, of nationwide participation in the days by the government and organisations committed to the fight against cancer. Like in other countries, there were social media posts, radio and television news broadcasts and live coverage of events, and newspaper reports.¹⁷⁻²¹ The UICC in its global impact report featured *Pink Blue* for 2022, *11Medicaid* for 2023, 12 and *Pink Africa Foundation* for 2024 13as major nongovernmental organisations that

participated in the commemoration.

Beyond the days, time for action

Cancer control, like any other disease control, is a marathon – a perennial activity that continues till the disease ceases to be of public health importance, is eliminated or eradicated. Commemorating WCD is not an intervention per se but is meant to stimulate or intensify efforts across established interventions in the cancer control continuum. These interventions are usually coordinated by a cancer control programme at the national and subnational levels. Nigeria has a National Cancer Control Programme that is not operating at full capacity yet and needs to be strengthened to lead and coordinate activities in the 36 states and the Federal Capital Territory (FCT), each of which is expected to have its cancer control programme. Recent activities show some progress but given our weak health system, there is a need for accelerated effort to reduce the burden of the disease and close the care gap in Nigeria.

In the area of cancer prevention, the introduction and inclusion of human papillomavirus (HPV) vaccination as part of the routine vaccination schedule is a significant step towards cervical cancer elimination, tackling the first of the three targets (90-70-90) set by the WHO.²² Getting every eligible girl child vaccinated wherever she lives is a daunting task but it has to be done in the spirit of the SDGs. Liver cancer is another vaccine-preventable disease and there is a need to redouble efforts to improve Hepatitis B virus (HBV) vaccination from the present poor coverage of 67.2% at birth and 56.6% at 23 months to protect the population against the disease.²³ One major reason for the disproportionately high mortality rate from cancer in LMICs compared to high-income countries is late diagnosis often due to late presentation or delay in arriving at a diagnosis because of poor diagnostic resources (human and material).²⁴ There are pockets of interventions promoting screening and early diagnosis for the three most common cancers (breast, cervical, and prostate) but we still do not have a nationwide programme for a high yield.

The Minister of State at the Federal Ministry of Health & Social Welfare in his remarks on WCD 2024 announced the plan of the Federal Government to construct six cancer treatment centres within 3 years – one in each of the six geo-political zones.²⁵ This is a welcome development and will boost the Nigerian Cancer Health Fund (CHF) already being implemented in the six geo-political zones. The Nigerian Cancer Health Fund is a partnership aimed at assisting indigent cancer patients and is targeted at the three most common cancers –breast, cervical and prostate. It is operational in six pilot hospitals: Ahmadu Bello University Teaching Hospital (ABUTH) - North West, National Hospital Abuja (NHA) - North Central, Federal Teaching Hospital Gombe (FTH) - North

East, University of Benin Teaching Hospital, Benin (UBTH) - South South, University of Nigeria Teaching Hospital, Enugu (UNTH) - South East and University College Hospital, Ibadan (UCH) - South West. Accessing the fund involves a process and successful patients can access up to two million naira (\$1,470) to assist with their treatment including drugs and radiotherapy.²⁶ States should take a cue from the Federal Government and seek collaboration that can improve access to cancer care in their respective states. Survivorship (helping cancer survivors live well after treatment) and palliative care (relieving symptoms and reducing the suffering caused by cancer) are not getting adequate attention yet but it is expected that the treatment centres were designed and will be equipped to function as comprehensive cancer centres that will render the full complement of cancer care from prevention to palliative care and offer support to cancer survivors.

Professionals specially trained in the different aspects of oncology care are needed at every stage of the cancer control continuum. Unfortunately, Nigeria suffers from a grossly inadequate workforce for health care, particularly cancer care and the number is dwindling progressively.²⁷ While cancer centres are being established, training of the requisite manpower that will manage the centres should be accorded utmost priority. One of the objectives of the recently established National Institute for Cancer Research and Treatment (NICRAT) is capacity development in cancer prevention and control.²⁸ With a strong political will and commitment of adequate resources to the institute to enable it to fulfil its objectives and implementation of good strategy for workforce retention, the manpower gap can be incrementally closed over the next few years.

Underpinning the aforementioned actions and the ultimate pursuit of optimal cancer care is the inclusion of comprehensive

cancer care in national health-benefit packages (HBPs). Universal Health Coverage (UHC) would be a mirage if the second leading cause of death globally is left out of HBPs. Unfortunately, this is the current reality as reported in the recent WHO global survey that shows that only 39% of the responding countries had cancer services included in their public-sector HBPs. This dwindled to 28% when palliative care was added.²⁹ Nigeria did not respond to the survey but the National Health Insurance Act (NHIA) places some cancer care services on partial exclusion.³⁰ This however falls short of the desired comprehensive care, and until the national and state-operated insurance schemes include cancer care in their benefit package and expand their coverage, closing the care gap will remain a Herculean task as only the rich may be able to afford care.

Conclusion

For three years, the world has come together in a campaign to close the hitherto wide gap in cancer care globally. It is reasonable to believe that these efforts have led to increased awareness of the unacceptable disparities in care between and within countries, the formation of new and strengthening of existing partnerships in cancer control and the reawakening of the conscience of leaders of communities, corporations and countries leading to a renewed commitment to fight cancer with increased investment. As we move towards 2030 - the magic year for the attainment of SDGs - we hope to begin to see evidence of the gains of the three-year campaign. For Nigeria, recent government actions and efforts by non-governmental organisations offer some promise. If the declarations and commitments are followed through, we hope to see a progressive closing of the care gap in the years to come, but this can only become a reality when we shift completely from commemoration to full action mode and establish an active national control programme with fully functioning state counterparts.

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