



# World Cancer Day 2023: Close the Care Gap

Galvanizing Action to Close the Cancer Care Gap



## WORLD CANCER DAY WEBINAR

**Theme:**  
Close the Care Gap :  
Galvanizing Action to Close the  
Cancer Care Gap

**#CloseTheCareGap #Care #Compassion  
#Commitment**

 3rd February 2023  3:00pm - 4.30pm GMT + 3

 Zoom  Visit: <http://bit.ly/3kZd1wW>



### Meet our speaker



**Dr. Shadrack Opon**  
Head of Health Systems Department,  
AMREF International University

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## **Acknowledgement**

We acknowledge and appreciate the contribution by Dr. Shadrack Opon, Head Health Systems Department at Amref International University (AMIU) for his facilitation of the session.

We also extend our appreciation to the participants who actively engaged through the discussions sharing insights and perspectives to shape conversations on health systems strengthening to close the cancer care gap.

## **Speaker Bio:**

Dr. Shadrack Opon is a highly trained health systems strengthening and health projects manager, with extended experience in managing healthcare projects for international organizations and development partners. He is a Youth Health Advocate and is passionate about Health Systems Strengthening. Dr. Opon is the Head of Health Systems Department at Amref International University (AMIU). Prior to joining Amref, he was a Senior Project Manager at Africa Health Business (AHB).

Dr. Opon has also been a Lecturer and a Digital Varsity Coordinator at Mount Kenya University where he taught and published articles on health systems strengthening. He drives youth advocacy and champions for youth inclusivity in health leadership and governance as a way to create sustainable health security in Africa.

## Executive Summary

Majority of the population in low and middle-income countries still lack access to comprehensive cancer care even with the advancements in cancer prevention, treatment and diagnosis<sup>1</sup>. This equity gap in accessing cancer care implicates the lives of many. Hence, there is need to close the care gap by knowledge dissemination, mobilizing stakeholders, fostering accountability and supporting structured interventions to improve access to cancer care.

Cognizant of the equity gap that exists, World Cancer Day is held every 4<sup>th</sup> of February to raise worldwide awareness, improve education and catalyze personal, collective and government action towards equitable access to cancer care.<sup>2</sup> This year's theme, **Close the Care Gap**, calls for uniting our voices and act collectively to ensure access to cancer care and treatment is available and equitable for all.

Ryiculture Health and Social Innovation held a webinar on 3<sup>rd</sup> February to mark World Cancer Day under the theme '**Galvanizing Action to Close the Cancer Care Gap**'. Dubbed the **#C-Word – Care, Compassion, Commitment** to close the cancer care gap. The webinar was facilitated by Dr. Shadrack Opon, a health systems expert who gave a lecture on the gaps, advances and gave recommendations on how to strengthen Kenya's healthcare system to close the cancer care gap.

The general objectives of the webinar were to:

- Outline the gaps in cancer care ranging from diagnosis, treatment and cancer management policies
- Mobilize young people and stakeholders to work towards closing the cancer care gap.
- Establish a consensus to works towards closing the cancer care gap.

This report provides a summary of the deliberations during the webinar. The recording of the session can be accessed through our YouTube channel [here](#).

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<sup>1</sup> WCD Impact Report 2022. <https://www.worldcancerday.org/sites/default/files/2022-05/220605-WCD-Impact-Report-2022-Final.pdf>

<sup>2</sup> World cancer day. <https://www.worldcancerday.org/about-us>

## Discussion

Kenya is one of the few countries in Africa with a cancer care strategy and registry. However, we stand at a high risk in getting cancer and increases with age. There's an 18% and 14% chance of getting cancer among women and men respectively<sup>3</sup>. The National Cancer Institute report highlighted that 2% of cancers occur among individuals aged 0-18 years, 25% among 19-29 years and 75% among 30-84. Dr. Opon noted that some of the behavioral factors we associate with as we grow older put us at higher risks of getting cancer.

## Health systems shortfalls

1. Funding – Healthcare receives 4-6% of the total budget expenditure contrary to the recommended 15% as per the Abuja Declaration<sup>4</sup>. This translates to limited funding to cater for various disease burdens.
2. Healthcare facilities – There are only about 67 cancer care centres within 19 counties, with 12 of these centres being public. Of the remaining private hospitals, around 5 are able to offer comprehensive cancer care. Nakuru, Nairobi and Kiambu county have the highest reported cancer cases and therefore most of the facilities are concentrated in these three counties leaving out other counties. There is need to have these cancer facilities set up before a spike in reported cases in the other counties.
3. Inadequate human resources – The KMA registry shows that there are slightly above 100 oncologists in the country. This number cannot cater for the healthcare needs vis-à-vis the reported number of cancer cases daily.
4. Lack of public awareness on cancer prevention and control – 46% of cancer diagnoses are done at advanced stages. Most people are not aware of available cancer centres, risk factors and preventive measures against cancer. There is need for young people to be informed and to create awareness on cancer management and prevention.
5. Limited cancer research – Research informs policy that translates to how cancer services are offered in the country. There are inadequate research facilities and institutions that offer oncology courses in the country.
6. Leadership – Young people have not been given recognition and space at decision making tables even though they are part of the majority that is affected by cancer.
7. Lack of multisectoral partnerships – Causative agents of cancer range from urbanization and agriculture hence the need for partnerships with the health sector.

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<sup>3</sup> Cancer statistics. <https://www.cancer.gov/about-cancer/understanding/statistics>

<sup>4</sup> 2001 Abuja Declaration. <https://au.int/sites/default/files/pages/32894-file-2001-abuja-declaration.pdf>

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## Addressing the Health System Shortfalls

1. Multisectoral co-ordination – Cancer elimination and prevention requires a multi-sectoral partnership and proper referral systems
2. Expanding equity and UHC for health services – Health centres that cater for cancer need to be expanded across the counties beyond where majority of cases are reported. Proactive vs. the reactive approach (rather than focusing on treatment, focus on prevention)
3. Strengthening the healthcare (oncology) workforce – Focus on training, strengthening and accelerating specialty oncology courses by engaging local training institutions and international partnerships to build their capacities.
4. Establishment of innovative financing mechanisms – expand UHC package to cover for cancer treatment that is currently expensive. A cancer fund could pool funds to cater for the mentioned needs.
5. Introduction of pricing policies to regulate the cost of treatment.
6. Accountability in leadership and governance in the health sector – There is need for strong monitoring and evaluation framework to monitor facilities designated as cancer care facilities

## Role as Individuals (Youth) in Closing the Care Gap

1. Getting informed in risk factors for cancer such as tobacco use, unhealthy diets that contribute to cancers and raising awareness on the same to our communities.
2. Advocate for vaccination i.e. HPV vaccine that prevents against cervical cancer
3. Get screened regularly to avoid late diagnosis.
4. Holding each other accountable in closing the care gap
5. Designing healthcare interventions that reduce the cancer burden or improve access to care in local communities
6. Furthering education to specialize in cancer management to close the workforce gap

## Questions and Answers

Q.1 Health information systems are critical in functional health systems. What is the state of data surveillance and health information systems across the continuum of cancer care?

There has been advancement in data surveillance such as the cancer registry and enrolment forms. The Cancer Institute is able to track data of individuals from screening, vaccination and diagnosis and make informed decisions based on that. However, there is still room for innovation in comprehensive reporting at household level and counties without cancer centres

Q.2 Which facilities offer cervical cancer screening and HPV vaccine?

All public hospitals from Level 3-5 offer the services for free. Cervical Cancer screening - government facilities from Level 4-6 but not free. Some private hospitals also offer the services at a fee.

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## **Recommendations**

1. Hiring of professionals on contractual basis limits the ability of healthcare providers to specialize due to costs incurred. For those deployed in interior counties, short courses to ensure continuity of health education is key in preventive and promotive cancer care.
2. Allocation of more finances / funding towards healthcare including cancer care.
3. Monitoring and evaluation of the finances to make an impact by reducing wastage & embezzlement
4. Multisectoral partnerships and engagements to ensure cross-cutting interventions are deployed to close cancer care gap across the care continuum
5. Strengthening social accountability measures to ensure governments' are put to task to ensure cancer care is guaranteed and financed appropriately