# Third Biennial World Summit of Brain Tumour Patient Advocates

**#IBTASummit2017**

19th to 22nd October – London, United Kingdom

**If you want to go fast, go alone.**
**If you want to go far, go together.**

**African proverb**

# Sub-Saharan Africa Neuro-Oncology Collaborative (S-SANOC) Planning Meeting

## #BrainTumourAfrica

**18th to 20th October – London, United Kingdom**

# Sub-Saharan Africa

Angola, Benin, Botswana, Burkino Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Cong Democratic Republic, Cote D'Ivoire, Equatorial Guinea, Eritrea, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritaniia, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Somalia, South Africa, South Sudan, Sudan, Swaziland, Tanzania, Togo, Uganda, Zambia, Zimbabwe

# Challenges and opportunities in cancer control in Africa: a perspective from the African Organisation for Research and Training in Cancer

*Imran O Morhason-Bello, Folakemi Odedina, Timothy R Rebbeck, Joe Harford, Jean-Marie Dangou, Lynette Denny, Isaac F Adewole*

**Sub-Saharan Africa has a disproportionate burden of disease and faces a major public-health challenge from non-communicable diseases. Although infectious diseases continue to afflict Africa, the proportion of the overall disease burden in sub-Saharan Africa attributable to cancer is rising. The region is predicted to have a greater than 85% increase in cancer burden by 2030. Approaches to minimise the burden of cancer in sub-Saharan Africa in the past few years have had little success because of low awareness of the cancer burden and a poor understanding of the potential for cancer prevention. Success will not be easy, and will need partnerships and bridges to be built across countries, economies, and professions. A strategic approach to cancer control in sub-Saharan Africa is needed to build on what works there and what is unique to the region. It should ideally be situated within strong, robust, and sustainable health-care systems that offer quality health care to all people, irrespective of their social or economic standing. However, to achieve this will need new leadership, critical thinking, investment, and understanding. We discuss the present situation in sub-Saharan Africa and propose ideas to advance cancer control in the region, including the areas of cancer awareness, advocacy, research, workforce, care, training, and funding.**

## Introduction

Sub-Saharan Africa accounts for a disproportionate amount of the global burden of disease (approximately 24%) that substantially exceeds its fraction of the world's population (about 13%).[1] Moreover, the health-care systems of countries in this region are generally poorly equipped to cope with this large disease burden (figure 1). Only about 3% of the world's health-care workers live and work in sub-Saharan Africa.[2] Consequently, sub-Saharan Africa is a major focus of international donor efforts

those with higher average ages, because age is a highly significant risk factor for most cancers. Second, the average age at which cancer is diagnosed in Africa is lower than in high-income countries, because the average age of the whole population is lower. Third, paediatric cancers constitute a larger fraction of the cancer burden in populations with high proportions of children than in those with fewer children. In some regions of Africa, 6% of all cancers are paediatric cases, whereas in developed countries this figure is lower than 1%.[6]

*Lancet Oncol* 2013; 14: e142–51

This is the first in a **Series** of seven papers about cancer control in Africa

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**Department of Obstetrics and Gynaecology, College of Medicine, University of Ibadan, Ibadan, Nigeria** (I O Morhason-Bello MSc, Prof I F Adewole FAS); **African Organization for Research and Training in Cancer, Cape Town, South Africa** (I F Adewole); **Department of Pharmaceutical Outcomes and Policy and Radiation Oncology, University of Florida, Gainesville, FL, USA** (Prof F Odedina PhD); **Abramson Cancer Center, University of Pennsylvania, Philadelphia, PA, USA** (Prof T R Rebbeck PhD); **Center for Global Health, National Cancer Institute, National Institute of Health, Bethesda, MD, USA** (J Harford PhD); **WHO Regional**


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The Rarecare classification of tumours is based on single tumour entities as coded by the ICD-O classification. According to Rarecare, a rare cancer is one which is based on incidence of <6/100,000/year.

Consolidate and unify efforts for helping brain tumour patients in Sub-Saharan Africa by bringing together key stakeholders to tackle challenges and provide practical solutions for the treatment, care and support of people living with brain tumours in this part of the world.

Gelareh Zadeh

Chas Haynes

# Sub-Saharan Africa Neuro-Oncology Collaborative (S-SANOC) Planning Meeting

| 35 participants | 16 countries |
|---|---|

- Neurosurgeons
- specialist neuro-oncology nurses
- leaders of African brain tumour patient advocacy groups pediatric oncology specialists
- a neuro-pathologist
- Radiation oncologist
- Palliative care specialist
- Researchers
- Representatives of industry

**And additional support from:**

# Sub-Saharan Africa Neuro-Oncology Collaborative (S-SANOC) Planning Meeting

**CLINICAL GROUPS:**

South Africa
Kenya
Togo
Tanzania
Nigeria
Ghana

**BRAIN TUMOUR PATIENT ADVOCACY GROUPS:**

Zimbabwe
Cameroon
South Africa
Uganda

## Sub-Saharan Africa Neuro-Oncology Collaborative (S-SANOC) Planning Meeting

# ISSUES discussed

- ✓ Multidisciplinary care
- ✓ Palliative care
- ✓ The role of patient advocacy organisations
- ✓ Capacity building
- ✓ The role of allied healthcare providers
- ✓ Rehabilitation and psycho-social support
- ✓ The role of traditional healers

## Sub-Saharan Africa Neuro-Oncology Collaborative (S-SANOC) Planning Meeting

# ACHIEVEMENTS

- ✓ A **better understanding** from experts on the ground about the situation for brain tumour patients in sub-Saharan Africa
- ✓ The start of a **networked community** between health care professionals and brain tumour patient advocacy organisations in sub-Saharan Africa
- ✓ A strong **commitment to improving** the situation for people living with brain tumours in sub-Saharan Africa

**Better is possible.**

**It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity.**

**And above all, it takes a willingness to try.**

Atul Gawande, American surgeon and public health researcher

# Watch this space in 2018!

# *Thank you…*

**To everyone associated with the S-SANOC meeting in London on 19th October 2017**

**If you don't stand for something, you will fall for something.**

**another African proverb**

**On behalf of brain tumour patients and their families, thank you for listening.**

**www.theibta.org**


@theibta

The International Brain Tumour Alliance