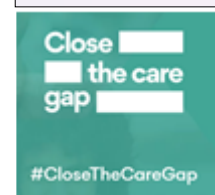
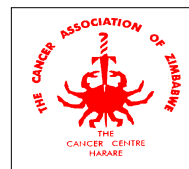


By: Lovemore Makurirofa (The Cancer Association of Zimbabwe – Information, Research and Evaluation Unit)



## WORLD CANCER DAY 2024

**#CloseTheCareGap**

**THEME: “CLOSE THE CARE GAP”**

World Cancer Day was established by the Paris Charter adopted at the World Summit Against Cancer for the New Millennium (Paris on 4 February 2000). This Charter aimed to promote research for curing, preventing, improving cancer patient services, the sensitisation of the common opinion and the mobilisation of the global community against cancer. In its article 10, the Charter established that 4 February would therefore be World Cancer Day, so that the Charter of Paris would remain in the hearts and minds of people around the world.

As the world commemorate the 2024 World Cancer Day (WCD) on Sunday, the 4<sup>th</sup> of February under the theme “**CLOSE THE CARE GAP**”, it is imperative for us to share information about the current cancer situation in Zimbabwe so that we all work together in reducing the national cancer burden by closing existing cancer care gaps in Zimbabwe. Cancer is not beyond our reach since a lot can be done in areas of cancer prevention, early detection, treatment and care.

Cancer is now acknowledged as a major cause of morbidity and mortality in Zimbabwe with over 7500 new cancer cases and over 2500 deaths being recorded per

### FOCUS AREAS FOR CLOSING THE CANCER CARE GAP IN ZIMBABWE

**“CLOSE THE CARE GAP” - IN CANCER AWARENESS AND CANCER LITERACY LEVELS:** *There are cancer knowledge level gaps in Zimbabwe because of common cancer myths and misconception. Health education is more pronounced on communicable as compared to non-communicable diseases. The lack of knowledge lead to delayed presentation of cases at health institutions. In 2018, Zimbabwe National Cancer Registry (ZNCR) reported that over 80% of the cases were diagnosed at advanced stages. Increase in cancer awareness can empower people to recognize early warning signs, make informed choices about their health and counter their own fears and misconceptions about cancer.*

**“CLOSE THE CARE GAP” - IN EARLY DETECTION, TREATMENT AND PALLIATIVE CARE SERVICES:** *Over the years, Zimbabwe has improved accessibility to screening of common cancer particularly cervical cancer. However, there are still pronounced gaps in the provision of screening for other common cancers such as prostate, breast and colon cancers. The prohibitive user fees, centralization of cancer screening and treatment services and constant breakdown of radiotherapy machines reduces accessibility to these vital lifesaving cancer services.*

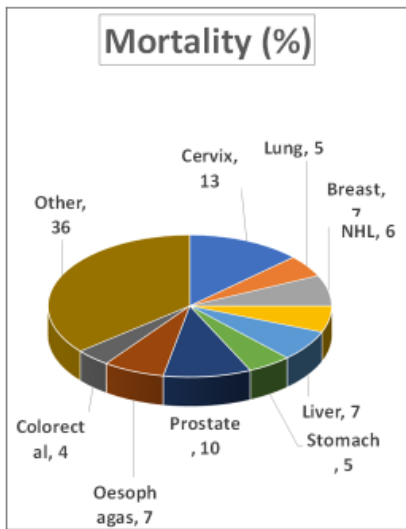
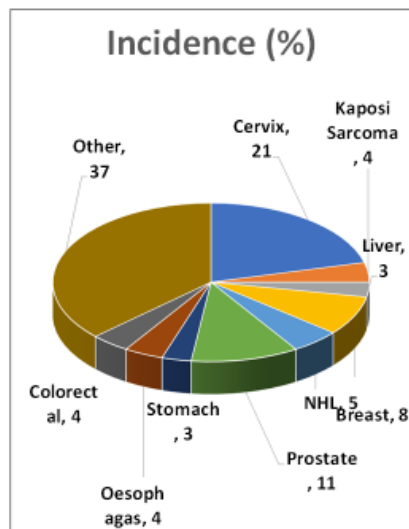
**“CLOSE THE CARE GAP”: - IN THE AVAILABILITY, AFFORDABILITY AND ACCESSIBILITY OF ESSENTIAL CANCER MEDICINES:** *MOST OF the common cancers in Zimbabwe can be treated, however, the cost of medication is unbearable to patients. Cancer medicines are mostly available in private pharmacies where prices are pegged in foreign currency. Very few patients are covered through private health insurance which partially cover the medication expenses. The majority of patients pay for their medication through out-of-pocket expenditures resulting in failure to even commence or to complete the prescribed treatment regimes.*

**“CLOSE THE CARE GAP”: - IN FUNDING AND RESOURCE MOBILISATION FOR CANCER:** *Cancer control is both capital and technological intensive hence the need for sustainable local and international fundraising initiatives. It makes a lot of economic sense for a nation to invest in cancer prevention and control than dealing with the consequences. Failure to invest in cancer prevention means that the nation will not be able to cope with the increase in the cancer cases and this will retard development due to increased health spending. Cancer burden, if not controlled is likely to retard Zimbabwe’s progress towards achieving the Sustainable Development Goals. Government investment in cancer prevention and control will lead to increased productivity and improved quality of life. Introduction of sin and sugar taxes by the government of Zimbabwe is a step in the right direction.*

**“CLOSE THE CARE GAP”: - IN THE COORDINATION OF NATIONAL CANCER PROGRAMMES** *Zimbabwe cancer burden is increasing every year (ZNCR) and this calls for the need to have a national coordination mechanism that oversees the national cancer interventions to sustain the progress made so far and harness the current global innovations and opportunities in cancer care. This is because cancer is a very unique disease, and its management is both capital and technological intensive hence requires a separate coordination mechanism at higher administrative levels. Discussions on the whether a “cancer council” or a mere “national cancer forum” suffices should be initiated and debated upon until a strong and well interrogated “national cancer coordination mechanism” is arrived at. Now that Zimbabwe now have the Health Commission in place, there is need for a rejuvenated, functional cancer coordination mechanism.*

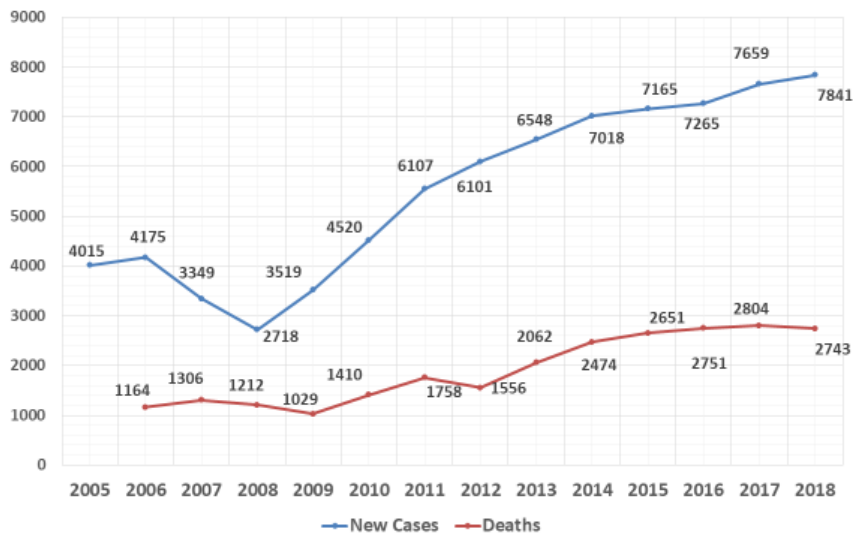
year. Cancer continues to be on the increase in Zimbabwe. According to the Zimbabwe National Cancer Registry 2018 Annual Report. The most frequently occurring cancers among Zimbabweans of all races in 2018 were cervix uteri (21%), prostate (11%), breast (8%), non-Hodgkin lymphoma (NHL) (5%), oesophagus (4%), Kaposi sarcoma (KS) (4%), colo-rectal (4%), stomach (3%) and liver(3%). The other cancers accounted for 37% of the registered malignancies. A total of 293 paediatric cancers (age 0-14) of all races were registered in 2018. In the same year a total of 2 743 cancer deaths were recorded.

 **Cancer Epidemiology (Country Level, ZNCR 2018)**





## Trend Analysis of Cancer Deaths & New Cancer Cases



**Source:** E. Chokunonga, M.Z. Borok, T. Chingonzoh, Z.M. Chirenje, R. Makunike-Mutasa, J. Mudavanhu and N. Ndlovu, Harare, Zimbabwe, September 2022

These alarming statistics calls for a well-coordinated effort to close the current cancer care gaps in cancer awareness, prevention, diagnosis and treatment of cancer.

### Summary of the cancer situation in Zimbabwe

- ❖ Decentralisation of cervical cancer screening services by the government and its partners. Cancer Association of Zimbabwe is very supportive of this initiative and therefore urges more partners to come aboard and help in availing this important service to rural communities.
- ❖ Continued Increase in new cancer cases (incidence). Cancer is becoming a generalised disease unlike before and increase in cancer cases among the general population of Zimbabwe is putting pressure on the available cancer service centres and public health institutions.
- ❖ HIV related cancers are on the increase. In fact, almost 60% of all new cancer cases are HIV and AIDS related.
- ❖ Most of the reported cancer cases are diagnosed late. In fact, 80% of the cases are reported very late at the health intuitions resulting in less chances of treatment success and high cost of treatment. Early detection and appropriate treatment not only improve prognosis but also reduces the cost of treatment.
- ❖ There are a lot of myths and misconceptions on cancer among the general population of Zimbabwe. These myths and misconception are acting as barriers to cancer prevention, early diagnosis and treatment. The most common myth is that cancer cannot be treated using the conventional treatment modalities and this is resulting in late presentation of cancers. Though not ascertained as of now, it cannot be doubted that some of the cancer patients

are falling prey of some individuals who claim to cure cancer using treatment modalities which are not yet approved. We, therefore, urge our beloved cancer clients to make sure that they get the right treatment advice from the accredited medical practitioners.

- ❖ Late commencement of treatment even when diagnosed of cancer due to both myths and misconceptions on cancer treatment and unaffordability of the cost of treatment.
- ❖ Cancer education, screening, diagnosis, and treatment services remain highly centralised to major towns.
- ❖ Hidden cost of cancer: Despite the fact that cancer diagnosis and treatment cost is relatively high, there are other “hidden cost” to cancer that the poor and rural cancer patients must endure. These hidden costs include:
  - i. The cost of travelling long distances to access cancer screening and treatment services.
  - ii. The cost of investigations before, during diagnosis and treatment.
  - iii. Accommodation and meals in urban areas during diagnosis and treatment far away from home.

#### **Recommendations for the national cancer intervention**

- ❖ Extensive cancer education programmes to counter the current myths and misconceptions about cancer which are acting at barriers to cancer prevention, screening, diagnosis, and treatment.
- ❖ Subsidized cancer screening, diagnosis and treatment services and improving the capacity provincial and district public health institutions in cancer management.
- ❖ National Cancer Policy
- ❖ Sustainable financial resource mobilisation for comprehensive national cancer programmes. This will enable decentralization of cancer information dissemination, screening, diagnosis, and treatment services and a multisectoral approach in the management of cancer. Introduction of sin and sugar taxes by the government of Zimbabwe is a step in the right direction.
- ❖ More local research on cancer is required to guide national cancer intervention.
- ❖ Essential cancer medicines (WHO model list) should be availed through the public health pharmaceutical route and to be accessed at pharmacies at public health institutions across the country.
- ❖ Social protection such as Assisted Medical Treatment Orders (AMTOS), medical travel warrants and food vouchers for vulnerable cancer patients such as patients without medical insurance, people living with disabilities, children and the elderly seeking cancer treatment, to be revived and sustained.

Cancer knows no boundary; we therefore need to come together as one to win our fight against cancer. You are therefore urged to make your own individual personal commitment in the fight against cancer in Zimbabwe and

translate that commitment into action so that we can win our fight against cancer. It is in light of this personal commitment to cancer that Ban Ki-moon, (Former Secretary-General of the United Nations) once said:

*“On World Cancer Day, let us resolve to end the injustice of preventable suffering from this disease as part of our larger push to leave no one behind.”*

**For more Information Contact:**  
**Cancer Association of Zimbabwe (a member of the Union for International Cancer Control (UICC))**  
**60 Livingstone Avenue, Harare**  
**Tel: +263 24 2 707444 / +263 24 2 705522, [info@cancer.co.zw](mailto:info@cancer.co.zw), [www.cancerzimbabwe.org](http://www.cancerzimbabwe.org)**



**OUR VISION: *Universal access to cancer information and comprehensive cancer management services***

*“We are committed to cancer prevention and improving the quality of life of patients, their families and communities through timeous, cost effective and evidence-based interventions” – Together We Can!*

*Disclaimer: Lovemore Makurofofa writes on behalf of the Cancer Association of Zimbabwe, however, both the Cancer Association of Zimbabwe and the writer will not be responsible for any damage that may arise from the views expressed in this article. This article is for educational purposes only and is not meant to substitute any health advice that you may get from your health/medical practitioner.*

