



CANCER ALLIANCE ADVOCACY TOOLKIT

PRIORITY AREA #1 : ACCESS TO CANCER TREATMENT

SIGNIFICANT IMPROVEMENTS ARE ESSENTIAL IN THE FOLLOWING AREAS

- Access to accurate cancer diagnosis
- Quality treatment
- Palliative care services, and
- Availability of affordable essential medicines and technologies

THE FACTS

Everyone in South Africa has the right to access proven, effective cancer treatment and services, regardless of income levels or where they live. Locally appropriate solutions that achieve effective, quality cancer care are achievable if the government, private and public sectors, and civil society, work together to address the barriers.

WHAT DO WE NEED?

- A primary health care system that caters for the continuum of care, from early diagnosis to treatment of cancer, and should include effective follow-up care post cancer treatments, and palliative care.
- Diagnostic centres at secondary hospital level, which can also deal with basic treatments. Our suggestion will be to ensure at least one diagnostic centre per province by the end of 2017.
- Proper referral pathways for possible cancer patients need to be developed, to ensure patients receive assistance for screening and diagnostic work up, and timeous referrals for cancer treatment and adjuvant therapies. Delays to access to treatment should not be more than one month.
- Dedicated treatment centres for surgery, radiation and chemotherapy, which are situated nearer to patients' homes to ensure compliance, and to mitigate



psychosocial disruption. This will only be possible if public, patient, private partnerships are seriously considered as an option to meet the growing needs of cancer patients across South Africa, as oncology resources are scarce and very costly.

- Access to affordable, effective and quality cancer medicines and technologies.
- Social protection measures to address the financial impact of cancer on patients and their families.

BUT WE CANNOT ACHIEVE THIS WITHOUT:

- Budget allocations that are dedicated to ensure accessible equitable cancer services across South Africa – the fragmentation of cancer care in South Africa is costing us lives and money.
- Investment in infrastructure, and maintenance of existing equipment.
- A willingness on the part of the National Department of Health to reassess current available resources, and to effect redistribution to impact change sooner, rather than later.
- Investment in a skilled and supported cancer workforce, and buy-in from traditional healers.
- An updated Essential Medicines List in line with World Health Organisation (WHO) guidelines, and changes to patent laws.
- Patient Public, Private Partnerships (4P's) as an innovative option to meet the growing needs of cancer patients across South Africa as oncology resources are scarce and very costly.

HOW CAN WE MEET THE CHALLENGES?

Challenge 1: Infrastructure and maintenance

- A willingness to consider innovative approaches to address the impact of the lack of available care on the population of South Africa.
- A willingness to implement changes as a matter of urgency, due to the needs and challenges faced and being experienced in all communities dependent on state health services.
- A budget that reflects the real needs, to ensure equitable access to all, is essential, should start with a centralised budget for cancer. Specialised equipment is expensive to purchase, and to maintain. Radiotherapy, for

example, is routinely provided to about half of all patients diagnosed with cancer. Yet the public sector currently has fewer than one linear accelerator (0.4) per million people (the recommended minimum is at least one per million). In poorer provinces, significant shortfalls are even more pronounced, resulting in potentially life-threatening delays for patients. [1]

- A willingness to find creative solutions to use the skilled workforce and equipment so patients can access treatment nearer their homes, and more timeously thanks to the availability of more private treatment resources across South Africa.
- A willingness from public sector to investment in public – private partnerships, as well as a critical review of the cancer treatment infrastructure, including simulators, linear accelerators and brachytherapy units, along with essential maintenance contracts, will obviate delays in patients accessing treatment in both the curative and palliative context.

Challenge 2: The cancer workforce

- (1) Investment in, and support of the cancer healthcare workers is a critical component in the multi-disciplinary approach essential to address the burden of care in South Africa.

And the urgency becomes even more apparent considering that the country is already significantly under-provided for in terms of oncologists and radiation facilities – a situation that will be exacerbated in the face of the NHI. [2] The latest estimate is 129 active radiation oncologists in the country. With only 31 accelerators available to service every South African outside of the private health sector – or a dismal ratio of one per 1 million people. For purposes of NHI, an additional 84 would be needed, along with the requisite 250 radiation oncologists. Only 129 currently work actively in the country, plus 44 registrars, which illustrates the serious shortfall.

- (2) Curriculum changes to ensure cancer is given the priority it deserves during training of doctors, nurses and other health workers is an essential start, but ongoing professional development, which could be conducted in terms of public-private and NGO partnerships, is equally vital. Such partnerships will go a long way to help, considering that South Africa's private oncology sector is well-resourced and offers good care – yet caters for only 16 percent of South Africans. [3]
- (3) Basic training, continuing education, and specialist palliative care training is the third priority in an effective cancer workforce. [4]
- (4) Since a large percentage of South Africans will first consult a traditional healer, it is important they be considered as part of the cancer workforce. Consequently, investment in their training is also required.

Challenge 3: Essential Medicines List

The Essential Medicines List is out of line with that of the WHO, which added 16 new drugs to its list of essential cancer medicines for low- and middle-income countries in 2015. [5]

A shocking example is that of trastuzumab, more commonly known in South Africa as Herceptin (or Herclon), which is not currently purchased on national tender for use in South Africa's public sector. This is in spite of the fact that breast cancer is the leading cancer affecting women in the country, and as many as 26 percent of these patients are HER-2 positive and the drug could give them a real fighting chance at survival. [6]

Patent law compounds the challenge. In July 2016 the Department of Trade and Industry released a Framework Consultation document for finalising the National Policy on Intellectual Property, but despite this and other positive commitments from the government, progress towards patent law reform has been plagued by ongoing delays. The result, taking trastuzumab as an example, means patent monopolies could block the use of more affordable biosimilar products in South Africa until 2033. [7]

Challenge 4: 4P Principle Partnerships

Patient Public Private Partnerships between the state and private health sectors, along with civil society, NGOs and non-profits can be beneficial in many aspects of the continuum of care, including access to staff and equipment, help driving down exorbitant costs of cancer drugs and technologies, continuing professional development, acknowledging the role of traditional healers, and ensuring social protection measures to help address the financial impact of cancer on patients and their families.

The reality is that the bulk of oncology specialists are in private practice in South Africa, and apart from those specialists in teaching hospitals, there are very few in the public sector.

The statistics show that 25 percent of the country's oncologists are required to treat more than 75 percent of the population [8], pointing to the potential to create meaningful partnerships that benefit all South Africans – and are essential in our resource-constrained setting.

More than 25 dedicated cancer non-profit organisations service cancer patients and their families with essential services such as awareness, education, patient navigation, support and care. In some cases, these services do not reach all corners of the country due to severe budget constraints and in some areas they overlap.

REFERENCES

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SOCIAL MEDIA GUIDE

PRIORITY AREA 1: ACCESS TO CANCER TREATMENT

Significant improvements are essential in the following areas:

- Access to accurate cancer diagnosis,
- Quality treatment,
- Access to palliative care services, and
- Availability of affordable essential medicines and technologies

Hashtags for this campaign:

#LetsTalkAboutCancer

#TogetherWeCan

#Accesstomedicines

#RightToHealth

SUGGESTED POSTS

Everyone in SA has the right to effective cancer treatment and services, no matter what they earn or where they live #LetsTalkAboutCancer #RightToHealth

Government, private and public sectors, and civil society must work together to remove barriers to treatment #RightToHealth #LetsTalkAboutCancer

Patient Public Private Partnerships are vital to provide treatment access across South Africa #RightToHealth #LetsTalkAboutCancer

We need access to affordable, effective and quality cancer medicines and technologies #RightToHealth #LetsTalkAboutCancer

We need social protection measures to address the financial impact of cancer on patients and their families #RightToHealth #LetsTalkAboutCancer

The fragmentation of cancer care in South Africa is costing us lives and money
#RightToHealth #LetsTalkAboutCancer

Government must budget to ensure accessible equitable cancer services across South Africa #RightToHealth #LetsTalkAboutCancer #Accesstomedicine

We need innovative approaches to oncology infrastructure and maintenance. And ideas? #RightToHealth #LetsTalkAboutCancer

SA has one radiation oncologist per 450 000 people. We need a minimum of 1:250 000 #RightToHealth #LetsTalkAboutCancer

A lack of specialised equipment leads to life threatening delays for South Africa's cancer patients. This can't continue! #RightToHealth #LetsTalkAboutCancer

Investment in, and support of the cancer healthcare workers is a critical component in the multi-disciplinary approach essential to address the burden of care
#TogetherWeCan #LetsTalkAboutCancer

Delays in cancer treatment cause the death of cancer patients in South Africa. This has to stop. #TogetherWeCan #LetsTalkAboutCancer

SA's private oncology sector is well-resourced and offers good care – yet caters for only 16% of patients #RightToHealth #LetsTalkAboutCancer #TogetherWeCan

WHO added 16 new cancer medicines for low- and middle-income countries in 2015, but SA's essential medicines list is out of date #accesstomedicines

26% of SA's breast cancer patients need Herceptin but they are dying because it is not on the essential medicines list #LetsTalkAboutCancer #Accesstomedicines #fixthepatentlaw

25% of SA's oncologists treat more than 75% of the population. We need meaningful partnerships that benefit all South Africans #LetsTalkAboutCancer

Cancer patients should be able to receive treatment closer to their homes. Public-patient-private partnerships will make this possible #TogetherWeCan
#LetsTalkAboutCancer