



CANCER ALLIANCE ADVOCACY TOOLKIT

PRIORITY AREA #9: COLLABORATION TO IMPROVE SERVICE DELIVERY

EQUITABLE CANCER SERVICES IN SOUTH AFRICA CAN ONLY BE ACHIEVED WITH A 4 PS APPROACH: PATIENT - PUBLIC - PRIVATE PARTNERSHIPS. RESPONSIBILITY FOR THESE SERVICES CANNOT CONTINUE TO REST PRIMARILY ON THE SHOULDERS OF THE PATIENT SECTOR, INCLUDING NON-PROFIT ORGANISATIONS (NPOS).

THE FACTS

The inequities that are a reality for cancer patients around South Africa are being driven by a severely-embattled public health system, constrained by inadequate funding, along with a shortage of technically-skilled oncology staff required to effectively deliver this highly complex treatment. The situation is exacerbated by the high cost of technology to provide essential radiotherapy services throughout South Africa. Non-profit organisations that have stepped in to fill the gaps are themselves hampered by resource shortages and limited skills, rendering them unable to adequately meet the needs of our cancer population.

The HIV/Aids pandemic, for example, triggered a significant response from the private sector – both the for-profit and not-for-profit parts - which resulted in a dramatic increase in donor-funded, health-related activities. These benefits have not however been replicated in other healthcare areas, such as cancer care, in spite of the fact that cancer took the lives of nearly 60 000 South Africans in just one year, in 2015. [1]

The same year, a further 114 091 people were diagnosed with cancer – yet South Africa still doesn't have the firm donor-funded and health-related agreements for



cancer which were achieved post-democracy in the field of HIV/Aids and tuberculosis.

SO WHAT DO WE NEED?

- The declaration of cancer as a priority disease to achieve vital subsidization and dedicated, ring-fenced financial investment for not only treatment and care, but also for research and proper support services for all South Africans.
- Public-private partnerships that boost care quality throughout the continuum of cancer care.
- Private sector assistance with cancer technology and expertise otherwise unavailable to the public sector.
- A centralized national plan to drive cancer care collaborations, and prevent duplication of services.

WE CANNOT ACHIEVE THIS WITHOUT:

- Cancer being afforded the same subsidization from health authorities as HIV/Aids.
- Finding ways to leverage the dramatic increase in donor-funded, health-related activities in the HIV/Aids and tuberculosis fields to address the cancer crisis.
- The development of an innovative cancer care model to leverage all available resources in the public and private sector to secure equitable cancer care across all provinces.

HOW CAN WE MEET THE CHALLENGE?

CHALLENGE 1: PRIORITIZING CANCER

The government affording priority status to cancer, as it has done with HIV/Aids, will open the way to seeing adequate financial resources directed to the most appropriate cancer programmes, including vaccines, early detection and diagnosis, but also to ensuring access to quality diagnostic and treatment facilities and services, at an affordable cost, across South Africa. This would necessitate a radical change in the funding model for cancer care, requiring dedicated, ring-fenced resources to fund cancer services throughout the country. This would include access to oncology drugs, and the continued investment in research and training to ensure successful implementation of new knowledge in the field. [2]

Adequate planning, followed by effective measures, will be needed to address the already considerable and steadily increasing cancer threat.

In addition, the top national research priorities must reflect the need for cancer control.

Although the economic impact of cancer on South Africa has yet to be quantified, the government must urgently consider interventions if the US figures are examined. In that country, almost 600 000 people die of cancer annually, with the losses to the economy estimated at \$21 6.6 billion in 2009. [3]

Worldwide, it has been estimated that cancer has the highest economic impact, from premature death and disability, of all causes of death. [4]

CHALLENGE 2: FOLLOWING THE HIV/AIDS EXAMPLE

The private sector, including for-profit and non-profits, played a vital role in turning around the HIV/Aids pandemic post-1994, and this model of corporate social investment and employee assistance programmes must be applied to the burgeoning cancer threat.

The capacity to effect change rapidly has also been well-demonstrated in ways that could throw a lifeline to cancer patients.

Collaborative efforts are essential to ensure that a dramatic increase in donor-funded, health-related activities in the HIV/Aids and tuberculosis fields, aimed specifically at South Africans without medical insurance, will be harnessed in the fight against cancer.

Creative thinking must be applied to determine mechanisms to leverage these resources, including the relative over-concentration of skilled human resources in those fields, to provide cancer services where they are needed across South Africa. [5]

There are more than 26 recognized cancer prevention and control NPOs in South Africa, some focused on specific cancers, and they bear a significant portion of the country's cancer burden. Their trained volunteers provide most of the cancer awareness, education and support that cancer patients currently receive, in spite of limited funding. It's time for the government to join hands with them to change the face of cancer services. In the same vein as the AIDS Helpline and the Gender Based Violence Helpline, we need a review of cancer support services, and the introduction of similar innovative initiatives to help address the many unmet support and care needs of public sector cancer patients and their families.

CHALLENGE 3: A FRAMEWORK FOR COLLECTIVE ACTION

We need solutions that address from both the supply-side and demand-side issues of prevention and early detection of cancer, and for that we need a framework to drive the efforts of everyone working towards addressing South Africa's cancer burden.

The recently approved Policy Framework and Strategy for Ward-Based Primary Healthcare Outreach Teams of the National Department of Health is a perfect starting point for collective action by the government and civil society. This would

however require civil society to rethink and reprioritize its focus to poverty-stricken areas, as identified by Statistics SA.

We need firm donor-funded and health-related agreements to secure programmes into the long-term future, and the only way to successfully achieve this is via public-private partnerships. A centralized planning unit, including public and private cancer treatment resources for rendering services, with an associated budget for the interim period, is essential to ensure equitable care across all provinces.

Such partnerships are routinely harnessed, especially in resource-constrained settings, to bolster government efforts at strengthening the health system, and consequently service delivery in areas such as cancer. [6]

They can add value to quality cancer service delivery, particularly in rural areas and amongst marginalized communities where infrastructure is under-developed, and health worker density low.

PPPs are increasingly viewed by governments in Africa as an efficient way of fostering development in the face of insufficient investment and growing pressures on government budgets. If cancer is identified as a priority by South Africa's government, such collaborations can create incentives for the private sector to mobilize investment capital, and bring managerial experience, to help address the cancer crisis.

REFERENCES

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SOCIAL MEDIA GUIDE

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HASHTAGS FOR THIS CAMPAIGN

#LetsTalkAboutCancer

#RightToHealth

SUGGESTED POSTS

If cancer is declared a priority disease we will get subsidies and investment for treatment, care and research **#LetsTalkAboutCancer**

We want the #4Ps Patient Public Private Partnerships **#LetsTalkAboutCancer #RightToHealth**

The private sector should assist with cancer technology and expertise otherwise unavailable to the public sector **#LetsTalkAboutCancer**

We need a national plan to drive cancer care collaborations, and prevent duplication of services **#LetsTalkAboutCancer**

Cancer deserves the same subsidisation from health authorities as HIV/Aids **#LetsTalkAboutCancer #RightToHealth**

Adequate planning, followed by effective measures, are needed to address the already considerable and steadily increasing cancer threat **#LetsTalkAboutCancer #RightToHealth**

Worldwide, it has been estimated that cancer has the highest economic impact, from premature death and disability, of all causes of death **#LetsTalkAboutCancer #RightToHealth**

@CANSAs is bearing much of the burden and it's time for the government and the for-profit private sector to step up to the plate **#LetsTalkAboutCancer**

We need a framework to drive the efforts of everyone working towards addressing South Africa's cancer burden **#LetsTalkAboutCancer #RightToHealth**

We need firm donor-funded and health-related agreements to secure programmes into the long-term future **#LetsTalkAboutCancer #RightToHealth**