



The Honourable Dr. Zweli Mkhize
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Dear Minister Mkhize

RE: Cancer treatment challenges during COVID19

Cancer patients are at increased risk of infection and developing severe complications during this COVID19 era. In line with the call of the World Health Organisation (WHO) "to stop, contain, control, delay and reduce the impact of this virus at every opportunity", it is vital that all oncology units in South Africa (private and public sector) prepare themselves to reduce exposure of cancer patients and staff to COVID-19. However, timely lifesaving surgical, chemotherapy, radiation and palliative oncology treatments for both adults and children are equally essential and should not be displaced by measures adopted to address COVID-19. Thus, and to deal with possible/significant increase in number of cancer cases with COVID-19 is critical.

Even before COVID-19 provision of oncology services in South Africa's public sector were already limited and existing services are overwhelmed by annually increasing numbers. During the COVID crisis, patients are currently experiencing problems where some of the oncology services have been scaled down.

Current problems facing Oncology patients are:

- 1) Most public-sector hospitals are experiencing problems with provision of care for all three treatment modalities (surgery, chemotherapy and radiation therapy) due to a lack of qualified health care professionals, no provision for additional human resources, theatre lists, imaging and equipment despite increasing numbers of patients. This is further impacted by shortages of anti-cancer medicines and equipment failures. Waiting lists are a reality and this will be further impacted by COVID19. Palliative care at provincial level has not been accompanied by additional posts of doctors and palliative care



nurses, and frequently patients are sent home to die without any care. This is unethical and a gross violation of their human rights and the South African Constitution. Existing problems in oncology services cannot be overlooked in this period.

- 2) Many of the older chemotherapy drugs such as etoposide, dacarbazine and calcium folinate were difficult to obtain before and procurement continues to be problematic. (Etoposide is essential for germ cell tumours, lung cancer, leukaemia, lymphoma and neuroendocrine tumors. Dacarbazine is essential for Hodgkin's lymphoma and melanoma while calcium folinate is essential with 5 fluorouracil in gastrointestinal tumors. Cisplatin and carboplatin are required for sarcomas, gynaecological cancers, lung cancers, bladder cancers and doxorubicin is required for breast cancer, lymphoma and sarcoma treatment)). The supply of anthracyclines including doxorubicin, probably the most widely used chemotherapeutic agent in oncology, is in short supply affecting treatment of breast, gastric and lung cancer, soft tissue and bone sarcomas as well as lymphomas and leukemias. All of these chemotherapy agents also form the backbone of all cancer chemotherapy regimens for children with curable cancers. Potential stock-out of anti-cancer hormonal medicines, such as tamoxifen, anastrozole, zoledronate and goserelin for breast cancer patients may soon become a reality due to the Active Pharmaceutical Ingredients (API) not being available and thus resulting in a global supply chain unavailability. Urgent attention to possible supply chain issues is required.
- 3) Patient access and accommodation during treatment is a further problem being experienced nationwide. Many patients that would have accessed primary health care or open clinics for cancer services are not doing so and it is already evident that numbers of patients diagnosed with cancer are down across the country which will lead to many patients not getting timely treatment. Traveling between provinces is not permitted under lockdown but many cancer patients have to travel between provinces for diagnostic follow-up and treatment. This problem also applies to care workers that have to travel with cancer patients. In Gauteng, 3 breast cancer patients in a taxi were stopped by soldiers while travelling to their chemotherapy appointment at the Charlotte Maxeke Johannesburg Academic Hospital on 7th April and were sent back home. They had their referral papers but no appointment date was evident because they get the date telephonically. Urgent attention must be given to include this category of patients and their caregivers in the issuing of medical travel permits so that they can access lifesaving services.
- 4) Some cancer patients (and/or their caregivers) may also require accommodation during treatment. This is already difficult to manage as private sector accommodation is restricted and not all the Interim Care homes of CANSA and/or CHOC that mainly service the public sector, are open during this period. These organisations are reliant on donations from the public for this specific service and lock down has negatively impacted on the income stream available to these two organisations, limiting their ability to continue providing these services. In the Western Cape, a patient's treatment was postponed. Her disease has now progressed from a curative to a palliative stage. She is unable to drive herself and now had to resort to staying with a complete stranger. Moreover, she is unable to go home as no permit

has been granted for her caregiver to bring her home to travel across provincial borders to fetch her.

- 5) Most cancer Non-profit Organisations provide cancer support and care mostly to indigent patients from the public sector. Funding from Government has become critically necessary because of increased unemployment, loss of employment and the drastic slowdown of the economy which has resulted in public support drying up. There is thus an urgent need to investigate how essential services provided by the Non-profit Organisations to patients during and beyond COVID -19 will be managed to ensure that there is not total collapse of services that cancer Non-profit Organisation provide.

We believe that this is the most opportune moment to plan for integrated cancer care services as part of a comprehensive primary health care led services. Such planning should be coordinated by the National Department of Health to ensure that inequities within the Provincial health system are not further exacerbated as a result of COVID-19.

We therefore request the Minister of Health to urgently extend the Terms of Reference of the MACC to include the management of Cancer and other life-threatening conditions during COVID19 and for this Committee, together with key representatives of the private and public sector as well as civil society, to effectively plan, guide and monitor cancer care services during and beyond the COVID-19 era.

Your current open communication, close link with the scientific community and leadership displayed during the Covid-19 pandemic gives us confidence that you will extend this to the oncology services.

Yours sincerely,

CANCER ALLIANCE: EXCO

Dr Nkuli Boikhutso, Linda Greeff, Nersan Govender, Elize Joubert, Ouma Mamatela, Salomé Meyer, Sinki Mlambo, Dr Mpho Ratshikana-Moloko, Louise Turner

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About the Cancer Alliance

*The **Cancer Alliance** is a collective group of 28 cancer control non-profit organisations and cancer advocates brought together under a common mandate, to provide a platform of collaboration for cancer civil society to speak with one voice and be a powerful tool to affect change for all South African adults and children affected by cancer.*

Endorsed by: Alphabetical order
 ICON Oncology
 Médecins Sans Frontières (MSF- SA)
 Non-Communicable Disease Alliance South Africa (NCD Alliance SA)
 Progressive Health Movement, South Africa (PHM SA)
 Rural Health Advocacy Project (RHAP)

Treatment Action Campaign(TAC)
SECTION27
Sexual and Reproductive Justice Coalition
TBProof
Triangle Project
South African Oncology Consortium (SAOC)
South African Society for Clinical Radiation Oncology (SASCRO)
South African Society for Medical Oncology (SASMO)

Heads of Departments of Provincial Oncology Units:
Charlotte Maxeke Johannesburg Academic Hospital
Chris Hani Baragwanath Hospital Breast Clinic
Frere Hospital
Groote Schuur Hospital
Helen Joseph Breast Clinic
Kimberley Hospital
Steve Biko Academic Hospital
Universitas Hospital Complex

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