

CHAPTER 1

Introduction

There is an increasing global recognition of the need for high-level investment in the control of cancer alongside other major noncommunicable diseases (NCDs). At the Seventieth World Health Assembly in May 2017, governments from around the world adopted a cancer resolution (WHA70.12): *Cancer prevention and control in the context of an integrated approach*. This was in response to the growing burden of the disease: cancer is now responsible for one in three premature deaths globally, and was the leading cause of premature death in 48 countries in 2012, ranking above infectious and parasitic diseases, cardiovascular disease, and intentional and unintentional injuries (WHO, 2016).

Cancer is an increasing problem in Africa because of the ageing and growth of the population, as well as the changing prevalence of risk factors associated with social and economic transition (including smoking, alcohol consumption, obesity, physical inactivity, and reproductive behaviours). The number of new cancer cases per year will increase by 70% in Africa between 2012 and 2030 due to demographic changes alone – faster than in any other region of the world (Ferlay et al., 2013). The total increase due to all factors combined is likely to be even greater, given the ongoing urbanization of Africa and the associated lifestyle changes (Bray, 2014).

Despite this growing cancer burden, cancer continues to be a relatively low public health priority in Africa, largely because of limited resources and other pressing public health problems, including communicable diseases such as HIV/AIDS, malaria, and tuberculosis. Another factor may be a general lack of awareness of the magnitude of the current and future cancer burden and its economic impact on the continent among policy-makers, the general public, and international private and public health agencies. The World Health Organization (WHO) has promoted the development of national cancer control programmes to reduce cancer incidence and mortality and to improve the quality of life of cancer patients in individual countries and states. This is accomplished through the systematic and equitable implementation of evidence-based strategies for prevention, early detection, treatment, and palliation, making the best use of available resources (WHO, 2002).

The need for a functional cancer surveillance system is evident in all documents relating to cancer control planning, as is the essential role of cancer registries in the context of low- and middle-income countries. In 2005, the World Health Assembly passed a resolution on cancer prevention and control, calling upon WHO Member States to intensify action against cancer by developing and reinforcing cancer

control programmes and requesting WHO to “advise Member States, especially developing countries, on development or maintenance of a national cancer registry containing the type [and] location of the cancer and its geographical distribution” (WHO, 2005). The 2017 cancer resolution builds on the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020 and the United Nations Sustainable Development Goals 2015–2030, which include the target (SDG 3.4) to reduce premature mortality from NCDs by one third by 2030. Included as part of the resolution is a responsibility of Member States to establish population-based cancer registries to inform planning.

Given the changing landscape of cancer burden and cancer surveillance, IARC established the Global Initiative for Cancer Registry Development (GICR) (<http://gicr.iarc.fr/>) in 2011, as a coordinated multipartner approach to improving the availability of the data necessary to drive policy and reduce the burden and suffering due to cancer. GICR works through a group of Regional Hubs, which are tasked with providing expertise and support to registries in their respective regions.

In 2012, the African Cancer Registry Network (AFCRN) was formally inaugurated as a consortium of registries with a defined set of membership criteria (<http://afcrn.org/membership/membership-criteria>), becoming the Regional Network Hub for Sub-Saharan Africa in the same year. AFCRN expanded the activities of its predecessor, the East African Cancer Registry Network (EARN), which was established in January 2011 thanks to a grant from the Doris Duke Charitable Foundation. AFCRN is a project of the Cancer Registry Program of the International Network for Cancer Treatment and Research (INCTR). AFCRN aims to improve the effectiveness of cancer surveillance in sub-Saharan Africa by providing expert evaluation of current problems and technical support to remedy identified barriers, with the long-term goals of strengthening health systems and creating research platforms for the identification of problems, priorities, and targets for intervention.

This volume represents one of the fundamental Hub activities, which is to provide regional reports on cancer to complement IARC’s role in publishing international cancer incidence data in its *Cancer Incidence in Five Continents* (CI5) series. This volume brings together results from 25 cancer registries in 20 sub-Saharan African countries, from time periods ranging from 1 to 10 years within the past two decades. Not all of these results will be of sufficient quality (i.e. completeness and/or validity) to qualify for inclusion in

the next volume of the CI5 series. However, because AFCRN membership requires that registries meet minimum criteria for completeness of case ascertainment (> 70% of the cases expected in the area must be registered), the results are undoubtedly a reasonable reflection of the true cancer profile in their respective populations. The individual registry presentations (Chapter 4, p. 13) include commentary on specific factors that should be taken into account in interpreting the observations.

This is not the first volume presenting compiled incidence data from Africa. The IARC Scientific Publication *Cancer in Africa* (Parkin et al., 2003) provided a description of recent and historical cancer registration activity in Africa and included data published in Volumes I–VIII of CI5 and data from other sources. As was the case with that earlier publication, it is hoped that the compiled data in this new volume will be of value to those interested in the patterns and

evolution of cancer in Africa, as a means of elucidating, confirming, and evaluating causes of the disease. The data will also be an invaluable resource to anyone concerned with determining priorities for preventive and curative programmes at regional or national levels, evaluating whether goals are reached in target groups, or determining what has been achieved in relation to resources expended. A subset of the data included here has also been published in a recent report on incidence rates of childhood cancer in sub-Saharan Africa (Stefan et al., 2017).

Although we were able to compile and present data from only 20 of the 46 countries of sub-Saharan Africa (i.e. the 46 countries in the WHO African Region) in the present volume, there is every hope that IARC, through GICR and through AFCRN as its Regional Hub, will be able to increase this number in the years to come.