

## PART 1.

## EVIDENCE OF SOCIAL INEQUALITIES IN CANCER

## FOCUS 4.

# Social inequality in cancer: perspectives from Africa

*Lynette Denny*

Africa is a complex, heterogeneous continent characterized by premature death as a result of both communicable and noncommunicable diseases, high levels of poverty, poor-quality living and working conditions, poor governance, and high levels of conflict, civil disruption, and corruption. As a consequence, health tends to be neglected; the available funding and resources are insufficient to serve the needs of Africa's population of now more than 1 billion (Lingwood et al., 2008).

Cancer care has received little attention as a public health problem in Africa, largely because of the competing needs of the many countries, ranging from the predominance of malaria, tuberculosis, HIV, nutritional deficiencies, and maternal and neonatal mortality, to name a few health problems, to major issues surrounding access to clean water, sanitation, decent housing, and employment. The consequences of these competing needs are that although cancer is not the primary cause of morbidity and mortality in Africa, those who

do develop cancer have a very high case mortality rate, and more than 80% present with advanced-stage disease. Facilities for prevention (e.g. cervical cancer screening and human papillomavirus [HPV] vaccination) and early detection are limited, and they are barely available in the public sector. Access to diagnostic services (pathology, radiology, and laboratory testing) is limited, and such services are not accessible to most individuals, especially in rural areas. The training of health-care professionals in cancer care and management is minimal and is only available at very few of the 148 medical schools in Africa (Mullan et al., 2011). There is also a significant so-called brain drain of health-care professionals from Africa to other continents, where working conditions and salaries are much more favourable (Duvivier et al., 2017). Furthermore, access to treatment facilities (surgical oncology, radiotherapy, and chemotherapy) is very limited, and such treatment is prohibitively expensive for the majority of people with cancer.

Access to palliative care is also poor but has improved in the past 10 years; Hospice Uganda is leading the way and introducing home-based care and nurse-driven pain management with oral morphine. Of all the African countries, in only 11 countries do the residents have access to oral morphine.

The World Health Organization has strongly recommended that ministries of health adopt national cancer control programmes that encompass the entire continuum of cancer care, including: improving prevention and early detection and diagnosis, to reduce the proportion of patients who present with advanced-stage disease; developing support infrastructure for cancer care, to enable access to high-quality treatment; and providing palliation and rehabilitation services for cancer survivors. Efforts to create an aware and competent health-care workforce need to be prioritized, as well as the creation of a health system that is able to support the provision of cancer care.

# References

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