CAMEROON

Overview: National Cancer Control Plan

There are 12,000 new cases of cancer each year for a population of about 15 million and about 8% of all deaths are due to cancer. Cancer surveillance is not well organized in Cameroon. Most cancer related deaths are neither reported nor recorded. Tobacco consumption is on the rise especially among children and adolescents; men smoke a lot more than women. There are as yet no laws regulating tobacco advertisement in Cameroon but tobacco products are not advertised in official media. The government last year ratified the WHO convention on Tobacco Control.

There was no national cancer control policy or program in Cameroon before this one. A national committee for the control of cancer was set up on October 24, 1990; its activities were limited and only consisted of periodic screening campaigns (two or three times per year) for cancers of the cervix, breast and prostate. Occasional screening campaigns were also organized by a few specialists. These activities were, however, not coordinated. Cancer services essentially take care of treatment and these services only exist in Yaounde and Douala. In July 2002, the National Committee was reorganized and a new team appointed to head it.

Cameroon, like many other sub-Saharan countries, is facing many challenges. The majority of cancer patients go for consultation only at an advanced stage of the disease. Ignorance, local beliefs and poverty influence the behavior of patients. Traditional healers, medical and paramedical staff who, for financial or other reasons, insist on treating cancer patients even though they lack the required expertise, thus delay referral to the appropriate facility. Cancer treatment centers are still few.

Sterile rooms required for certain major chemotherapy protocols are not available in any service in Cameroon, and the inadequacy of equipment limits the practice of chemotherapy in cancer treatment. The limited number of personnel trained in oncology is further compounded by the lack of enthusiasm on the part of young medical officers and nursing staff for oncology. The drugs used for chemotherapy are prohibitively expensive even though, of late, the National Committee has got some manufacturers sell these drugs to us at reduced cost.

These limiting factors confirm the urgency of getting assistance for the cancer control program in Cameroon. The political will to reverse the current trend of affairs is in no doubt. This political commitment is evidenced by the provision for cancer control in the National Health Development Program, its inclusion in the Health Sector Strategy, the re-organization of the National Cancer Control Committee (NCCC) as well as the appointment of its officials. The current National Cancer Control Plan (NCCP) is a comprehensive plan (2003-2007) published in 2004 and includes all the main components but cannot be fully implemented due to paucity of funds. The NCCP was recently revised and now runs from 2006 – 2010.

The information was provided in a telephone interview (March 2006) by:

Dr Anderson Doh
Faculty of Medicine & Biomedical Sciences
Executive Secretary NACFAC
Yaoude
Emai : tandersondoh@yahoo.com.

1. Your national cancer plan in Cameroon is it a new one or is it an updated one?

We have not had a national plan before; this is the first one.

2. When was it published?

This one was published in 2004. We started writing it in 2003.

3. Who published the plan in 2004?

It was under the auspices of the Ministry of Public Health. We had support from the WHO country representative office. The approval and validation were carried out by members of the committee set up by the Ministry of Public Health.

4. When did you start the planning process and who were the people involved? Why did you decide to write the plan?

In 2002, a WHO representative was here for an interim period from Cote d'Ivoire. During discussions with him the idea to have a written national program was conceived. I had been appointed to lead the programme. We started the planning process in 2002. I got colleagues to work with me. We gathered information that already existed as publications and examples of other cancer plans. I got a document from Zimbabwe Cancer Control. And then we tried to work on our own plan.

5. What steps did you take after that and how long did that take you to do it?

Later on in the year, I saw the Minister of Health and told him we needed some money to get the plan done. And that's when we got money for the workshop where a larger group started looking at it. The minister nominated committees. Apart from the executive secretariat we have 5 major committees (education and prevention; registration; diagnosis, treatment and research; finance and public relations). All these colleagues gave their feedback at a 3 day workshop. This document was finalized and evaluated towards the end of 2003.

6. Apart from you and the people you just mentioned who else was involved in the planning process? Did you involve any NGOs or any other organizations?

A lot of work had been done by me and my colleagues before we started getting committees. At the workshop we got some NGOs, religious bodies, etc to participate. Then later on a larger committee (NCCC) was involved in the validation process. Dr Batista and Dr Sepulveda from WHO gave some inputs. Apart from these we did not get expertise from outside.

7. Where did you get the resources that you used? Where did you get the funding from?

One of our main problems is getting the money to get things done. I was mainly intellectually motivated to get things done and through the workshop many colleagues could join me easily. The ministry has been helping us out since 2004 but it is not so easy for them especially when they have other major programs too. It is not because they do not consider this important. The other programs like HIV/AIDS, Tuberculosis, Malaria, Enlarged Program for Immunization, function fairly well and better because they get funds from partners like the Global Fund, European Union, World Bank, etc.

8. You have the plan but you have problems in implementing it. What have you implemented so far?

We have problems implementing the plan because of financial constraints. Staffing is also a problem because we also have to pay them salaries. Despite all this, I wouldn't say nothing has happened; we have done a few things. We have tried to produce a yearly budget and tried to execute it every year.

We have implemented bits of the plan, but not the entire plan, mainly activity on education (IEC), screening, training of medical personnel locally, etc. We have some programmes on the radio. We are about to produce pamphlets, we had some before but we are going to meet soon to update them. We carry out sporadic screening which to me is not good enough; we need to plan this on a more permanent basis so that people know where to go. We carried out research using Visual inspection after application of dilute acetic acid which was sponsored by WHO. We have started a series of workshops to train staff.

It is rather costly for patients to pay for their own treatment and we do not have a national insurance policy to cater for their treatment. So we took the option to give some money to reference hospitals so that patients pay less than they normally have to, to help them undertake surgery and/or radio therapy. Anti-mitotic drugs are also provided at less than 40% the cost in private pharmacies. We get funding from the Ministry of Health, especially funds from the "Heavily Indebted Poor Countries (HIPC) Initiative" to carry out all these activities.

9. How about palliative care? Is it funded?

Palliative care is not organized. Individuals take care of their patients. 80% of our patients are seen at a late stage so palliative care is an important component. Ministry of health has signed on 6th April 2006 a partnership with International Network for Cancer Treatment and Research (INCTR). One of the main activities will be to get palliative care program started. For now, we subsidize the purchase of major analgesic drugs. We need training of staff in palliative care also. We had a workshop in Dakar recently on palliative care where some of our nurses participated. Good generic drugs for palliative care would be useful.

We have better man power for health care services compared to other countries around us. So we need to fortify all these so that we not only help patients in the country, but also those from the neighbouring countries.

10. What were the priorities and main goals and objectives of the plan?

Our overall objective is to reduce cancer related morbidity and mortality. One of our main specific objectives is to start a national cancer registry. So we thought by starting in Yaounde and Douala (put together accounts for nearly a quarter of the population), we would then find out how it goes and if we make any errors we can correct them; this started last year. Earlier most of the data came from district, provincial, and reference hospitals. But one specific objective was to get better record keeping, informing the population of diseases that are preventable.

Last year, we started vaccination for hepatitis B as a preventive measure that is going to help the next generation of Cameroonians avoid liver cirrhosis and viral – induced liver cancer.

11. What about preventive measures like the framework of the Tobacco convention?

The government has signed the WHO framework for Tobacco Control.

12. Where are you getting your resources from?

We are getting them from the government, since 2004 the programme has been included in the national budget. We also benefit from the HIPC funds. But it is not enough to for us to implement all the activities.

Finance is the main problem. We need help from outside in terms of finance. That is why we are getting into partnership. The WHO Representative has been helping us in terms of encouragement. It seems they are having financial problems too. That was a source that we had hoped for. We are looking into other areas for funds; even from the OPEC funds.

13. Do you have the evaluation included in the plan?

Yes. We have a secretariat which coordinates activities. We have 5 major committees under NCCC. Decentralization of the National Cancer Control Committee is envisaged with the setting up of provincial sub-committees; we have 10 provinces.

Evaluation would be both internal and external. Internal evaluation we do ourselves; but for external evaluation we would get people from outside, for example WHO, UNICEF and International Atomic Energy Agency. That way we can carry out three yearly external evaluations once the programme is fully ongoing.

This publication does not necessarily represent the decisions or the stated policy of the World Health Organization.