

Specialist training is the first step in fighting cancer in Africa

Did you know that the number of practising oncologists barely hits double digits in most African nations? In fact, there are only 13 oncologists in Kenya (all based in Nairobi) for a population of 47m - that's one oncologist per 3,m people. It's even worse in Ethiopia, where a population of more than 100m is served by just four oncologists in Addis Ababa (you don't need me to do the math). For perspective, consider that there is one oncologist for every 75,000 or so people in the UK.

By [Rasha Kelej](#) 3 Nov 2016



Source: Merck

We learnt all this after extensive research into the challenges of access to cancer care in sub-Saharan Africa and it made us realise that the first priority in most sub-Saharan African countries should be to increase the number of oncologists, before discussing investment in infrastructure or drug donations.

The Merck Cancer Access Programme, which launched in Kenya, Uganda, and Tanzania at the beginning of 2015, funds nine doctors with an advanced degree in internal medicine to take part in a two-year fellowship programme at the University of Nairobi.

Merck is also sponsoring another five doctors from sub-Saharan Africa to train at Tata Memorial Hospital, Mumbai, India, in paediatric and adult medical oncology.

In Africa, the lack of financial resources is never the only challenge. It is sobering to consider that many countries in sub-Saharan Africa have no radiotherapy facilities, especially given that as many as 50% of patients with cancer would be expected to benefit from radiotherapy as part of their treatment.

But the real bottleneck is the scarcity of trained healthcare personnel capable of tackling prevention, early diagnosis, and management of cancer. For example, when we started our work with the University of Addis Ababa, we soon found that the university needed to expand its oncology set-up – it was the only cancer centre in the country, after all. Ethiopia's ministry of health has offered them expansion into a new four-story building for patient chemotherapy – a great opportunity, but with so few trained specialists, it is difficult for

the centre to take full advantage.

A growing problem

Cancer is set to be a huge economic and social burden on Africa. By 2020, the World Health Organisation (WHO) predicts there will be 16m new cases of cancer every year, 70% of which will be in developing countries, where governments are least prepared to address growing cancer rates and where survival rates are often less than half those of more developed countries. The numbers represent a massive challenge for African nations, where healthcare systems are largely built to tackle a very different mix of diseases.

Building professional capacity takes a long time but the long-term impact is significant, so I firmly believe that “now” is the right time to start this movement for change. I prefer to use the term “movement” rather than programme or initiative because, if applied successfully, it will change the cancer care landscape all over Africa.

ABOUT THE AUTHOR

Rasha Kelej is the chief social officer and Merck Healthcare. She was recently appointed as a member of the human resources, science and technology cluster of the African Union's Economic, Social and Cultural Council in recognition of her great commitment to building research capacity and improving working conditions, in particular to benefit young scientists in Africa.

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