



MINISTRY of HEALTH
REPUBLIC OF BOTSWANA

Cancer Symposium report

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Meeting the Challenge of Cancer Care in Botswana, May 6-8, 2014

Purpose of the symposium

The main purpose of the symposium was to create a platform for health care workers in Botswana to discuss issues of cancer care arising from within both the public and private sectors, and share knowledge with visiting delegates from United States, with the goal of improving cancer care, cancer control, and patients outcome.

Participants

In attendance were 110 health care professionals representing the Ministry of Health, Botswana, and its health care institutions; the University of Botswana Medical School; Botswana Oncology Global Outreach (BOTSOGO); the Botswana Harvard AIDS Institute Partnership; Texas Children's Hospital; and The Botswana-University of Pennsylvania Partnership

The conference was organized through cooperation of the Ministry of Health, the Botswana Harvard AIDS Institute Partnership (BHP), and BOTSOGO (BOTswana Oncology Global Outreach). BOTSOGO was established as a collaborative effort between government of Botswana and the Massachusetts General Hospital Cancer Center and BHP, following a needs assessment in 2011. BOTSOGO is a collaborative effort in oncology, and was established in 2011 on the foundation set by BHP in HIV/AIDS research and care delivery developed in Botswana since 1996. The initial efforts of the BOTSOGO were centered on sharing expertise in clinical cancer care to build capacity and expertise, to develop a multidisciplinary forum for case discussion, and to establish long term relationships among all the relevant stakeholders. To date this relationship has established a series of monthly tumor board meetings involving Botswana health care staff and MGH oncologists; it has also donated new radiation therapy and pathology equipment and has held training workshops in Botswana and provided on-site assistance in numerous aspects of cancer care within the major referral centers in Botswana as part of this building capacity effort.

The conference drew participants from all phases of cancer care within Botswana, including government, the University of Botswana School of Medicine, the primary care hospitals in Botswana, and supporting services such as the palliative care program of Princess Marina Hospital and the pathology laboratory of the National Health Laboratory. Also participating in the conference were representatives of the Texas Children's Hospital, which maintains a pediatric oncology group at Princess Marina Hospital in Gaborone, and Botswana-University of Pennsylvania Partnership (BUP), a major supporter of graduate medical education, internal medicine training, and cervical cancer care and research in Botswana.



Problem statement

Botswana is experiencing a significant increase in the incidence of cancer, particularly those cancers related to chronic HIV infection and human papilloma virus (Kaposi's sarcoma, lymphoma, squamous cell cancers of the head and neck and female reproductive tract). Due to limited access to tertiary cancer care and limited local resources for screening and diagnosis, cancers are often diagnosed at an advanced stage. Resources required to treat cancer are primarily found in tertiary care hospitals, where staffing with cancer specialists is unable to meet the growing needs for chemotherapy, irradiation, and surgery. Substantial financial resources are used to treat cancers at an advanced stage with inadequate outcomes. A comprehensive cancer control plan in Botswana will require establishment of a systematic response to the cancer challenge, including the provision of timely access to prevention strategies, early diagnosis, quality care, the efficient management of resources for care, and systems for gauging the impact of interventions on outcomes..

Conference Proceeding

Official statements

Opening Remarks by the Minister of Health, the Honorable Rev. Dr. John Seakagosing , and responses

In his official opening remarks Rev Dr. J. Seakgosing highlighted the need for an immediate response to the growing challenge of cancer in Botswana, and called on the more than 100 experts assembled to propose a comprehensive cancer control plan which the country can use as a way forward towards meeting the challenges of the cancer burden. He highlighted the fact that cancer now globally causes more deaths (8 million in 2008) than caused by malaria, TB, and HIV combined. He concluded by challenging the participants and the visiting delegates that, at the end of the proceedings, all the necessary and critical steps should be addressed in recommendations from the conference. These recommendations must address better ways of preventing new cases of cancer, encouraging public education regarding the importance of early diagnosis and treatment, expanding and expediting access to best diagnostic methods, improving access to specialist care, and improving access to palliative care for the cancer patients.

Responses to the Minister speech were delivered by representatives from the Massachusetts General Hospital and Texas Children's Hospital, who both expressed gratitude for the on-going relationship that exists between the Government of Botswana and the USA participants, enabling such specialist collaboration for improved health care and patient care in Botswana.



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The Assistant Minister of Health, Dr, G. Somolekae, followed with words of encouragement at the closing session of the Conference.

Dr Somolekae introduced the final session of the conference (The Way Forward towards Developing Cancer Control Botswana) urged the participants to recognize the immediate need for an effective cancer control plan. She highlighted the specific issues of inequity in accessing health care, and weaknesses in the health care delivery system, and called for strengthening of the system in an integrated and holistic manner. She paid homage to the consistent and broad-based support given by the USA to the Ministry of Health in dealing with the HIV pandemic. She expressed trust and confidence in the attendee and facilitators to deliver an action plan that can be implemented for effective impact on the affected population.

Closing Remarks by Ms. Kathy Dueholm, Acting Ambassador for the USA in Botswana:

Ms. Dueholm commended all those in attendance for the job well done and expressed hope for expanding the cancer collaboration with US academic centers and institutions, based on the prior successes of collaboration in HIV/AIDS care, and the role the US government has played and continues to play in Botswana to improve health care and research.



Conference Conclusions and Recommendations

Key theme areas for advancing cancer control are:

Leadership and coordination

It was agreed from the conference that there is need for the Ministry of Health as the custodian of health to identify and establish a focal point office with appropriate staff responsible for the coordination of all cancer control activities. This was seen as essential for a focused and cost effective response and accountability.

Professional Capacity building

The participants at the conference recognized the critical situation currently experienced by Botswana with regards to a lack of specialized skills in medical oncology, surgical subspecialties such as urological and gynecological oncology, and oncologic nursing and chemotherapy administration. In all these subspecialties, professional expertise is limited to a very few trained personnel, located primarily in the tertiary care hospitals in Gaborone and Francistown. It was therefore highlighted that the Ministry needs to develop a training strategy that addresses both short and long term needs for health care workers with relevant skills such as medical and radiation oncology and surgical subspecialties, and a strategy for retaining such valuable personnel, once they have completed training.

Resources: Infrastructure and pharmaceuticals

The recurrent delays in patients care are in part attributed to limited resources and professional staff required to carry out appropriate and timely screening, diagnostic testing, treatment, and palliative care. Delays are also incurred because many health professionals in Botswana lack the awareness of presenting signs of cancer and the appropriate diagnostic approach. Other needs to be addressed include expansion of the current limited resources for laboratory medicine (pathology), imaging (both standard imaging and nuclear scanning), radiotherapy, and surgical subspecialty medicine, all of which are critical to achieving early diagnosis and appropriate treatment.

Furthermore it was highlighted during the conference that inconsistent availability of drugs is often a problem. Reliable availability of drugs is a requirement for both therapeutic and palliative care. It is therefore critical for the Ministry of Health to re-evaluate and strengthen central drug procurement procedures, inventory assessment, and drug distribution systems to avoid shortages of vital drugs both within hospitals and in outpatient care and in palliative care .

Surveillance and research

For evidence based practice it was emphasized that the Ministry of Health of Botswana strengthen



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and expand the current capabilities of the National Cancer Registry on order to assure accurate nationwide monitor of cancer incidence and outcomes or care. An effective Cancer Registry must be recognized as an integral aspect of cancer control with potential to guide both public health policy and case management. Research on cancer should be tailored to the country's specific challenges and needs, and the results of research should be translated into action that improve outcomes.

Monitoring and evaluation

For gauging effectiveness of the health care system, it was emphasized that, similar to the nationwide HIV control program, a robust system for cancer patient record keeping that facilitates electronic communication among primary, secondary and tertiary health care workers is needed, as are systems for monitoring and evaluating nationwide cancer incidence and outcomes of treatment.

Assuring feedback and information sharing between community level health care workers and tertiary care centers was deemed to be of great importance in improving coordination of care and assuring appropriate patient follow-up.

Additional concerns

Patients referral delays

It was expressed during the conference that while poor health seeking behaviors and inadequate public education may in part be responsible for the frequent distressing presentation of cancer at advanced stage, delays in diagnosis and treatment within the system also account for the advanced stage of disease in many patients. The delays in health care occur at multiple stages of patient evaluation and treatment, including the following:

- Delays in patients' seeking medical attention
- Limited patient access to screening and diagnostic facilities
- Delays in obtaining a tumor biopsy
- Delays in diagnosis by pathology laboratory
- Delays in referral of newly diagnosed cases to cancer specialist for consultation
- Limited access to appropriate treatment and palliative care

As outlined above, in order to remedy this problem of delayed diagnosis and treatment it will be necessary to address all facets of the inadequate capacity within the health system for effective response, including:



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- Manpower (experienced and skilled personnel)
- Equipment (laboratory and radiology)
- Technology (radiology and laboratory)
- Cancer chemotherapy drugs
- Effective programs for treatment administration
- Inadequate follow-up following treatment
- Lack of electronic data management and patient record keeping
- Lack of palliative care services and medication for pain control

It was noted that the MOH has expended considerable effort to increase the public awareness regarding the cancer problem and the need for early diagnosis and prompt care. In order to respond adequately to the public interest in cancer, the MOH and health care institutions in Botswana need to expand capacity to meet patient demands and expectations, and to avoid a loss of trust and faith in the healthcare system.

Decentralized service delivery

Currently, the more advanced systems for cancer diagnosis and management, including radiation therapy equipment, are located in Gaborone at the Princess Marina Hospital and the Gaborone Private Hospital, and in Francistown. Given the large distances between many rural population centers and these tertiary care hospitals, conference participants recognized the need to establish a more decentralized system of cancer care and improved patient transportation, in order to improve access at regional sites. Two facilities offer diagnostic and basic treatment at the district level (Letsholathebe Memorial Hospital (Maun) and Sekgoma Memorial Hospital (Serowe)) and these efforts have enhanced access. Furthermore continued training of community health care workers was necessary to expand capacity for early recognition of cancer and for follow-up and palliative care, in coordination with the major treatment facilities.

Clinical guidelines for cancer screening, treatment, palliative care and follow-up are not yet available, although under formulation. The current situation in Botswana is that clinicians offer care based on their own training and personal experience resulting in a non-uniform approach to case management. This flexibility in approach may result in disparities in outcome and a potential misuse of resources

Lack of coordination of services for cancer control

Because Botswana does not have a coordinated comprehensive cancer control plan, activities geared towards cancer control are currently conducted in a disjointed manner resulting in stretching of resources at some sites and duplication of efforts. This has also resulted in an inability to accurately measure impact at both local and national level and furthermore inability to attract resources



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effectively for a coordinated and consistent response.

Final Conference resolutions

- All participants in the conference agreed that cancer is a large and growing public health problem in Botswana
- A national comprehensive cancer control plan is needed urgently to reduce suffering and provide services at a reasonable cost
- Equity of access to care should be facilitated by expanding current resources and decentralization of services
- A national comprehensive cancer control plan should address each important facet of cancer control:
 - Prevention, Screening and Early Detection
 - Access to prompt and effective treatment, including specialty surgery, drugs and irradiation
 - Palliative Care and Survivorship
 - Resource mobilization at the community, secondary and tertiary care levels
 - Training and recruitment of specialists in medical oncology, radiation oncology, and surgical oncology