AFRICAN UNION HIGH LEVEL MEETING ON CANCER – 5th and 6th July 2019


The Ministry of Public Health of Niger, in collaboration with the Tattali Iyalli Foundation and in partnership with WHO, UNFPA, Vaccine Alliance (Gavi) and the Alliance of Francophone, African and Mediterranean Leagues for the Fight against Cancer (ALIAM) organized a conference of Ministers of Health in the presence of the Heads of State and First Ladies of Africa.

The theme of this meeting was "the burden of cancer in Africa" and the general objective was to ensure the commitment of political authorities and other relevant partners to prioritise the fight against cancer in African national health policies, aligned with the WHO agenda 2030.

A document was prepared by the SIOP Africa board in collaboration with Eric Bouffet (SIOP president), Kathy Pritchard Jones (President SIOP elect) and CCI representatives, entitled "Message from the African Pediatric oncology community". This document was written in English and translated to French then shared by email with the African paediatric oncology teams. Each team was
requested to present it to its health authorities and possibly to the first lady of its country to ensure that the same message about pediatric oncology in Africa is conveyed. The document was also printed and distributed at the Niamey meeting. It is available for download from the SIOP website (link https://siop-online.org/sp_cb/africa/)

On the first day, 5th July, the “expert meeting” was held at the Grand Hotel. It was attended by Ministers of Health and their representatives. Also present were representatives from various national and international organizations who are stakeholders in the fight against cancer. All those who attended the meeting were given copies of the Message on Childhood Cancer in Africa from SIOP Africa. An estimated 200 participants were present. The meeting was addressed by the Niger Minister of Health who gave the opening speech. The Regional Director of World Health Organization highlighted some of the policies in African countries towards integration of cancer care in the health service such as Rwanda, early detection such as Ghana and primary prevention such as Ethiopia.

The WHO representative in Niger spoke about the situation of cancers in Africa. The AU Commissioner for Social Affairs urged all to implement decisions and recommendations made at this two-day meeting. He emphasized the importance of treatment being made accessible for children. The representative from the West African Health Organization advocated for cancer drugs to be made affordable and accessible citing the approach used for HIV drugs. He also made mention of regional organization of cancer services to make quality care available. Prevention of cancers required more political will and included higher taxation of tobacco and sugary drinks.

Laila Hessissen gave a brilliant presentation, highlighting the burden of childhood cancer in Africa and the challenges that have led to the poorer outcomes in this region compared to more advanced settings. She emphasized, speaking with passion, the recommendations set forth in the message that had been distributed to all present. A representative of the Framework Alliance Convention spoke further on funding the fight against cancer. Participants were taken through a draft of the commitment of Ministers of Health on the fight against cancer and some suggestions for improvements to the wording were made. The appeal of Niamey by the First Ladies was also read to participants. This ended the day’s sessions.
The second day’s meeting on 6th July, took place at the Palais du Congres. It was attended by thirteen first ladies and their representatives, Ministers of Health, various country delegations, international and national organizations.

The First ladies present were from Niger, Burkina Faso, Mali, Chad, Eswatini, Kenya, Equatorial Guinea, Benin, Ghana, Zimbabwe, Democratic Republic of Congo, The Gambia, and Sierra Leone. The huge hall was filled to capacity. All the First ladies received copies of the message and copies were also given to all the country delegations. The SIOP Africa Message was the main document in front of the First Ladies and they were all seen to be reading it during the meeting. Three Heads of State spoke at the meeting, stating what their countries were doing in the fight against cancer.

The meeting was addressed by the President of Niger who stated that in Niger, there was Universal Health Coverage (UHC) for children under 5 years of age which included cancer. Cancers in women were also included in UHC. The President of Burkina Faso informed the meeting about the use of the telecommunications system in his country to send out prevention of cancer messages to the population. He advocated for the African Union to get prices of diagnostic services reduced. The President of Chad was of the opinion that African Centres of Excellence for Cancer should be set up so Africans could access good care within the continent.

The first Lady of Niger, Dr Lalla Malika Issoufou addressed the meeting and urged stakeholders to act now to fight cancer. She stressed the importance of prevention campaigns. The WHO Regional Director stated that it was important to prioritize Universal Health Coverage (UHC) so as to address the issue of equity for all. Treatment should be decentralized and tackling cancer should be high priority. She mentioned that the WHO was ready to work with countries and other partners to ensure UHC was achieved. Childhood cancer was not mentioned specifically in her address, much to our disappointment. A panel discussion was held and there were brief presentations by representatives of various organizations including the International Atomic Energy Agency who mentioned what the agency was doing to establish radiology centres in African countries.

The Director of the Hartmann Cancer Institute brought up the important issue of Africans undertaking research and establishing biobanks. The representative
from BID addressed resource mobilization for the fight against cancer which included tax revenue, partnering with the private sector, effective utilization of funds, plugging loopholes and scaling up advocacy for the fight against cancer. A representative from the Dangote Foundation gave examples of how private-public partnerships can work effectively. The event ended with the appeal of Niamey from the First Ladies read on their behalf by the First Lady from Burkina Faso.

Laila Hessissen, Mhamed Harif (French African Group of Pediatric Oncology GFAOP) and Lorna Renner visited the Niamey Pediatric oncology unit and the National Cancer Centre on the 6th July. We were shown round the children’s ward, the diagnostic centre, which is under construction and which will house a CT scanner, MRI machine and Linear Accelerator as well as facilities for brachytherapy.

Supported by Sanofi Espoir Corporate Foundation
Prof LORNA RENNER, previous SIOP AFRICA President, lovingly lauded for her achievements and dedication.

Professor Lorna Renner, our programme lead in Ghana, was recently surprised by the team of nurses at Korle Bu Teaching Hospital as she was presented with a touching citation and a drawing of her to celebrate and thank her for all of her hard work.

Team members Alice and Meg witnessed the occasion when visiting Ghana and commented by saying it was an emotional yet inspiring experience for all in attendance.

Our programme leads around the world help to manage and implement the programmes we develop in low-middle income countries. Prof. Lorna received The First Lady’s Excellence Award for Medicine and Healthcare delivery on International Women’s Day earlier this year and continues to work tirelessly to support children with cancer and their families in Ghana.
COLLABORATIVE WILMS TUMOUR AFRICA PROJECT

SUCCOUR – Supportive Care for Children with Cancer in Africa

The mission of these projects and our collaborative group is to contribute to improved survival of children with common and curable cancers in Africa and the vision is that they can achieve survival rates over 60%. With our mission and vision we join in with the recently launched Global Initiative on Childhood Cancer led by the WHO. Our focus is on developing and implementing treatment guidelines adapted to local circumstances, on preventing abandonment of treatment and on improving supportive care.

The Collaborative Wilms tumour Africa project has been implementing a SIOP PODC adapted treatment guideline with uniform evaluation of outcome in several centres in sub-Saharan Africa since 2014. SUCCOUR started this year with the aim to specifically improve supportive care.

Five centres in Africa are now participating in the SUCCOUR project. These are in Kumasi (Ghana), Eldoret (Kenya), Harare (Zimbabwe), Mbingo (Cameroon) and Blantyre (Malawi). These centres will start in September with a baseline assessment of current practices and outcome in the areas of malnutrition and nutritional support, febrile neutropenia, abandonment of treatment, death during treatment and traditional medicine. Meanwhile we are planning meaningful interventions to improve supportive care.

Dedicated ‘SUCCOUR’ nurses of participating centres are having monthly educational web meetings on supportive care topics. The first and successful, very inspiring meeting was this July. These meetings are organised by Glenn Mbah Afungchwi. We hope and plan to start with a second group of centres participating in SUCCOUR in March or April 2020.

The Collaborative Wilms Tumour Africa Projects currently working on a revision of the guideline which will include a uniform relapse treatment guideline (Dr Mavinkurve), guidance for radiotherapy (Prof Jeanette Parkes) and automated chemotherapy prescription through excel (Jeremie Hassan). Start of implementing the revised guideline is planned for spring 2020. This is a good moment to join for centres which are interested.
The group had a productive work meeting in June in the Netherlands. We will meet again at the SIOP meeting in October in July and in March 2020 in Harare, Zimbabwe. A regional ultrasonography training is planned for May 2010.

With many thanks to our sponsors, SIOP and World Child Cancer, and on behalf of the whole group,

**Steering Committee Collab WT Africa**  
- Vivian Paintsil  
- Inam Chitsike  
- Trijn Israels

**Steering committee SUCCOUR**  
- Glenn Mbah Afungchwi,  
- George Chagaluka  
- Trijn Israels

For more information and / or for centres in Africa wishing to participate; please contact africa@siop-online.org, t.israels-3@prinsesmaximacentrum.nl or one of the other members of the steering committees.
An update from WORLD CHILD CANCER

Creating a Centre of Excellence for Paediatric Oncology in Sub-Saharan Africa, and developing regional expertise to treat childhood cancer

This year, World Child Cancer and its partners are implementing several exciting new initiatives to extend expertise in paediatric oncology and reach children with cancer in Africa. With support of UBS Optimus, World Child Cancer and its partners are developing a Centre of Excellence as a model and lead for regional training to improve diagnosis and treatment of childhood cancer in Sub-Saharan Africa. Using evidence-based training, World Child Cancer is also raising awareness on early warning signs of childhood cancer to increase rates of diagnosis and will, through context-relevant research and dissemination, ensure learning can inform future interventions and be used for advocating for greater government resources in services.

The Centre of Excellence for paediatric oncology— the first of its kind in West Africa – will provide more universal, accessible and locally-owned cancer services. The Centre will be developed at Korle Bu Teaching Hospital (KBTH) in Accra, Ghana, to strengthen critical skills and improve the quality of paediatric cancer care. It will provide a regional training hub including, in partnership with the Ghana College of Physicians and Surgeons, an outstanding paediatric oncology fellowship programme to increase the number and quality of paediatric oncologists across Sub-Saharan Africa. As it will be a requirement for fellowship programme applicants to have the support of their respective Ministries of Health and commitment to providing necessary resources and funding to establish paediatric oncology in the home country, long-term impact will be maximised. A minimum of 10 paediatric oncologists are expected to enrol over the first 3 years. Specialised nursing skills will also be built through a formalized, tiered paediatric oncology nursing training curriculum which will be designed in collaboration with the Ghana College of Nursing, and support has been given to establish a Sub-Saharan African nursing network to coordinate
existing nursing education initiatives. This network is now formally affiliated to SIOP Africa. Ward improvements at KBTH will be delivered through the initiative, including a high-dependency room and purchase of essential equipment. With high-quality facilities and skills of clinicians strengthened, the Centre of Excellence will act as a model to demonstrate how childhood cancer can be treated successfully and cost-effectively in other comparable settings. With the support of the Unit for Policy and Economic Research in Childhood Cancer (PERCC), data collection systems and research capacity will also be strengthened at KBTH. This is crucial as locally generated, contextually relevant evidence collected will prove solutions to improving childhood cancer diagnosis, treatment and outcomes. This, in turn, will motivate replication in other countries, with long-lasting impact.

World Child Cancer is working to strengthen numerous childhood cancer treatment centres in Africa to improve their services, and in addition to KBTH, these include Komfe Anokye Teaching Hospital in Ghana, Queen Elizabeth Central Hospital in Malawi, and six paediatric oncology units in Cameroon. Interventions include a fund for drugs at the centres, which will help to increase capacity to treat childhood cancer as well as reduce treatment abandonment by lowering the burden of drugs costs on families. Abandonment is also being reduced by strengthening on-going psychosocial support and outreach palliative care to help families come to terms with their child’s diagnosis. Training of ward staff is a key to improving quality of care, and to up skill staff, World Child Cancer is facilitating twinning visits of expert paediatric oncologists from Newcastle Royal Victoria Infirmary, Leeds Children's Hospital and Stellenbosch University to deliver training and mentoring of staff at Queen Elizabeth Central Hospital (one of just two paediatric oncology units in Malawi) and all six of Cameroon’s paediatric oncology units. In addition, with support from the Alternative Hair Charitable Trust, World Child Cancer is working with Chantal Biya Foundation Hospital in Yaoundé to improve treatment available for children with leukaemia by establishing referral pathways and support from other paediatric oncology units.
There is growing momentum in Cameroon for improving paediatric oncology with the formation of the Cameroon Paediatric Oncology Group (CPOG) and, with funding from the Sanofi Espoir Foundation, World Child Cancer is working with CPOG to develop a national plan for paediatric oncology that has now been included in the Cameroonian National Cancer Control Plan which previously only mentioned adult oncology. Inclusion of paediatric oncology will encourage commitment of government resources for it.

World Child Cancer is also supporting a pan-African collaboration to improve care and survival for children with Wilms Tumour. Led by a steering committee of African and international experts, the collaboration has brought together eight hospitals in Cameroon, Ghana, Malawi and Zimbabwe to develop treatment guidelines and provide family support. World Child Cancer is also supporting the newly established collaboration ‘Succour’, designed to improve research and practice of supportive care in Africa.

To increase access to the improved paediatric oncology services, particularly for rural communities away from the urban centres, World Child Cancer is developing evidence-based training on recognising the early warning signs of childhood cancer and knowledge of appropriate referral pathways. By training frontline healthcare professionals in early warning signs of childhood cancer, referral rates to treatment centres will be increased. Initially this training is being delivered across Ghana, with the support of the UK government’s Department for International Development but, using lessons learnt, will be extended to Malawi and Cameroon.

Web site  https://www.worldchildcancer.org/
Curing childhood cancers in Tanzania - together we can!

In 2004, 9 out of 10 children with cancer in Tanzania died. Today for the children who present for treatment, survival rates can reach 65%. Although we have come a long way, we have a much longer way to go!

In close collaboration with our partners in the Tanzanian Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDEC), TLM continue connecting paediatric oncology sites across the country. Prior to this, Dar es Salaam was home to the only specialised centre, many thousands of kilometres in distance from many children in need.

It is crucial that a sick child be within no more than a one day distance of an appropriate treatment site so as to provide the best possible chance at survival. Late presentation, misdiagnosis and inability to pay for travel are all factors that impact the chance of a sick child becoming well again.

The TLM six formal connections enjoy free access to all necessary drug, consumables, and transport of children between sites, as well as expert conference call communications for all cases on a weekly basis. All of the services TLM continue to provide, both clinical and non-clinical are completely free of charge for every child and their guardian. With this number of centres live TLM mapped its impact and found they now have 57% of the population within 4 hours of a treatment site. They hope to increase this to 95% in the next few years with the addition of new sites.
Figure 1: Current coverage with 6 sites

Figure 2: Planned Coverage with 30 sites

TLM continue efforts to raise public awareness by expanding our presence online and across social media channels and through annual Tumaini La Maisha Festival in conjunction with our artistic partners at Nafasi Art Space! Check our links below for more!

Armed with the significant progress already made, the knowledge that children’s cancer is curable if treated timely and correctly and the support of their partners and friends, Tumaini La Maisha are hard at work trying to reach and treat each of the estimated 4,500 children who develop cancer in Tanzania annually.

Together, We Are TLM and we can do anything

WeAreTLM  @tlmtanzania  @weare_tlm  www.wearetlm.org
CONFERENCE REPORT: Highlights from the 13th African Continental Meeting of the International Society of Paediatric Oncology (SIOP), 6–9 March 2019, Cairo, Egypt


The 13th African continental meeting of the international society of paediatric oncology, held on 6–9 March 2019 in Cairo, was organised in collaboration with the Children Cancer Hospital (57357) in Egypt and the global parents’ organisation (Childhood Cancer International) and supported by a large international faculty. With 629 delegates from 37 countries (24 African), this was the largest forum of healthcare professionals focused on children and young people with cancer in Africa to showcase advances and discuss further improvements. Three targeted workshops, on nursing care, pharmacy and nutrition, attracted large numbers and catalysed new collaborative initiatives in supportive care studies, extended roles for pharmacists in quality control and care delivery and addressed malnutrition concurrently with cancer treatment. The Collaborative Wilms Tumour Africa Project, open in seven sub-Saharan countries, and the trials in Burkitt’s lymphoma reported encouraging outcomes with further initiatives in supportive care (the supportive care for children with cancer in Africa project). While acknowledging deficits in radiotherapy provision, available in only 23 of 52 African countries, centres with facilities reported their technical advances that benefit patients. Of great importance for children with brain tumours, who are underdiagnosed in Africa, was the first announcement of African paediatric neuro-oncology society, whose 63 current members aim to tackle the shortage of neurosurgeons through training fellowships, workshops and a dedicated conference. The congress provided the opportunity to discuss how African countries will work with the WHO global initiative aiming to improve childhood cancer survival to 60% in all countries by 2030. This conference report is dedicated to the three Kenyan delegates who died tragically on the Ethiopian Airlines flight ET302 on their way home, full of new ideas and pride in what they had achieved so far. All those who heard their presentations are determined to continue their excellent work to improve cancer care for children in Africa.

The workshop precedes the South African Congress of Oncology (9 – 11 August 2019). The Society of Neurosurgeons of South Africa (SNSA) https://www.snsa.co.za/ will also host a meeting with the Society of British Neurological Surgeons (SBNS) in Cape Town over the same weekend, allowing synergism for attendees of the workshop.

Why should attend? Adult and Paediatric health professionals who treat CNS tumours, trainees in Neurosurgery, Radiation and Clinical Oncology, Paediatric Oncology, Medical Oncology and Palliative Medicine, Allied Health Professionals including Nurses and Radiographers, Patient and Advocacy Groups and Health Care Managers.

The philosophy of the programme is to represent important multi-disciplinary issues in paediatric and adult neuro-oncology in a thematic and integrated fashion. Sessions will be arranged by histological diagnosis or anatomical site and then go on to include various themes from neurosurgery, radiation oncology and medical oncology, including pathology, endocrinology, palliative care and imaging. Illustrative cases or vignettes will be used to provoke discussion. Practical hands-on contouring sessions will be included in the programme.

ABSTRACTS AND TRAVEL SCHOLARSHIPS
We need our participants to help make the meeting a success. We would like to encourage submission of abstracts in the form of brief clinical vignettes about any aspect of brain tumours describing a patient or series of patients. The abstracts should be limited to 500 words and should be organised under the following headings: (1) Clinical Data (2) Imaging (3) Pathology (4) Clinical Course. This should be followed by a brief discussion of a particular aspect of the case or case series, and one or more clinical questions for discussion. A number of abstracts will be chosen for oral presentation either for our Ask The Experts session on Day 1 or for the Oncology MDT on Day 2 of the meeting. The others will be selected for poster presentation.

All those who submit abstracts will be eligible to apply for travel scholarships covering flights, registration and accommodation. These will be awarded to the best two abstracts per country (and limited to one per institution). The travel scholarships are available on the basis of a generous grant from the Society for NeuroOncology (SNO).

Please click here for more information, the workshop programme and a link to online registration:
http://bitw.brainchild.org.za/
Full SACO brochure and registration: http://www.saco2019.co.za/
Workshop queries: snossapbtw@allevents.co.za or tel: +27 21 5101913

IMPORTANT DATES:
Early Bird rates closing date 31 May 2019
Abstract Submission closing date 15 June 2019