

REPORT OF 2021 INTERNATIONAL CANCER WEEK (ICW)



FEDERAL MINISTRY OF HEALTH, 2021

NATIONAL CANCER CONTROL PROGRAMME

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EXECUTIVE SUMMARY

The International Cancer Week (ICW) is a novel initiative of the Federal Ministry of Health in collaboration with other government agencies and non-governmental organizations to provide a platform to create national awareness and education to improve capacity to address the cancer menace in Nigeria.

The 2021 edition of the ICW was held from 26th to 29th October 2021 at the NAF Conference Centre and Suites, Kado District, Abuja, with the theme; “Cancer Care for All through strategic advocacy and Investment” and the Governor of Kebbi State, His Excellency Senator, Atiku Abubakar Bagudu as the keynote speaker.

Highlights of the activities for the 2021 ICW include:

- i. Symposium of First Ladies Against Cancer (FLAC) enabled them to present their various cancer control-related activities through their NGOs to encourage others.
- ii. Launching and dissemination workshop of the National Chemosafe policy. The first in Africa
- iii. Launching and disseminating the National Policy and Strategic Plan for Hospice and Palliative care.
- iv. Review of harmonized National Comprehensive Cancer Network (NCCN) treatment guidelines to adapt it in the country as a national treatment guideline.
- v. Training on cancer registration.
- vi. Side meeting on gynaecological cancers, surgical-pathology meeting to foster knowledge sharing and inter-professional harmony and
- vii. Oncology stakeholder’s town hall meeting.

The keynote Speaker, His Excellency, Senator Atiku Abubakar Bagudu recommended that the government take a bond to procure capital intensive cancer equipment like Radiotherapy equipment to address infrastructural deficits and payback with minimal interest. He further recommended that attention should be drawn to private sector partners and other investors to intervene in this direction. He also said that the World Bank/IFC and the Bank of Industry could look towards equipment leasing companies to support Nigeria which can be paid for over a long time. In his view, this would be more profitable than depending on meagre government resources alone. His Excellency also emphasized the need to collectively pressure international audiences to see health care as a universal right and not treated territorially to ensure that everyone sees the need for healthcare to win collectively.

Mr Abdul-Rahman Lediju, Director Innovative Finance, Health Finance Institute USA, while speaking on “Impact of Strategic Investment in Cancer Care - Best Practice Sharing,” noted three key financing obstacles to optimizing cancer care in Nigeria (3P’s). They include; Patient affordability, Provider availability, and Procurement (Diagnostic and equipment).

During their symposium, members of the First Ladies Against Cancer (FLAC) shared their experiences in their various states, which were very laudable. It was clear from their presentations that collaboration was very key in increasing cancer awareness, early detection, and prompt treatment. Almost all the members of FLAC reported that their various

states were at different stages of completing comprehensive cancer treatment centres by the State governments.

Finally, all the stakeholders were pleased with the Federal Ministry of Health for addressing cancer care challenges in the country. Participants were particularly impressed with the development and Launching of the National Policies on ChemoSafe, Hospice, and Palliative Care and adopting the harmonized NCCN Cancer treatment Guidelines. Stakeholders also unanimously expressed optimism in the sustenance of International Cancer Week in Nigeria.

LIST OF ACRONYMS/ABBREVIATIONS

ACS	American Cancer Society
AORTIC	African Organisation for Research and Training in Cancer
FLAC	First Ladies Against Cancer
FMOH	Federal Ministry of Health
IARC	International Agency for Research on Cancer
IAEA	International Atomic Energy Agency
ICW	International Cancer Week
MCF	Medicaid Cancer Foundation
NCD	Non-Communicable Disease
NCCP	National Cancer Control Programme
NCCN	National Comprehensive Cancer Network
NCS	Nigerian Cancer Society
NHIS	National Health Insurance Scheme
SDG	Sustainable Development Goals
WHO	World Health Organization

MEMBERS OF THE LOCAL ORGANISAING COMMITTEE

NAME	ORGANISATION
Dr Okpako Okpikpi	National Coordinator, National Cancer Control Programme, FMOH
Dr Elima Jedy-Agba	International Research Centre of Excellence, Institute of Human Virology, Nigeria
Prof Ifeoma Okoye	University of Nigeria Teaching Hospital/ Enugu President, Brest Without Sports Foundation
Pharm Melvin Uguru	Janssen
Lola Ameyan	Clinton Health Access Initiative
Diane Eyo	Medicaid Cancer Foundation
Bashir Mohd Rancas	Nigeria Cancer Society
Dr Muiyiwa Ojo	WHO Nigeria
Dr Adamu Alhassan Umar	President, Nigeria Cancer Society
Paulette Ibeka	Clinton Health Access Initiative
Dr Uchechukwu Emmanuel Nwokwu	National Cancer Control Programme, FMOH
Dr Murtala Aliyu	Nigeria Cancer Society
Helen Ukpog	National Cancer Control Programme, FMOH
Pharm Kolapo Fapohunda	Roche
Pharm Oiza Sanni	Pharma symbiosis
Aisha Ndanusa	Clinton Health Access Initiative
Dr Mary Dewan	World Health Organization
Prof Hadiza Usman	National Secretary, Nigeria Cancer Society
Dr Kelechi Uzor	Clinton Health Access Initiative
Dr Ishak Lawal	Federal Medical Centre, Birnin Kebbi
Dr Ofonime Essien	University of Calabar Teaching Hospital, Calabar
Elijah H. O. Elijah	Nigeria Cancer Society
Ogechukwu Irechukwu	Nigeria Cancer Society
Dr Blessing Ojika	National Hospital Abuja
Chukwudi Ehibudu	Roche
Khazi Bannebe	National Cancer Control Programme, FMOH
Pharm Rafiu Akanbi	American Cancer Society
Pharm James Yakubu	Department of Food & Drug Services FMOH
Dr Emmanuella Nwachukwu	National Hospital Abuja
Dr Agility Obi-Ihesie	Garki General Hospital, Garki, Abuja
Mrs Chizoba Wonodi	Women Advocates for Vaccine Access (WAVA)
Ms Temitope Olukmogbon	International Research Centre of Excellence
Dr Omonisi Abidemi	Ekiti State University Teaching Hospital, Ado Ekiti
Mr 'Femi Stephen	Department of Food & Drug Services FMOH
Dr Keilas Msyamboza	WHO Nigeria
Dr Usman M. Aliyu	Usman Danfodio University Teaching Hospital, Sokoto
Mr Osaye Eweka	JNC International
Dr Egbea Joseph	Benue State Ministry of Health
Chisom Obi-Jeff	Direct Consulting and Logistics

CHAPTER ONE: CONCEPT OF INTERNATIONAL CANCER WEEK INITIATIVE

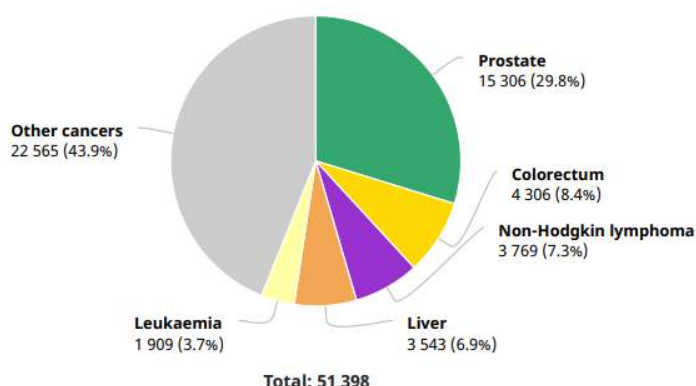
1.0 Background:

Cancer is one of the leading causes of death worldwide and in Nigeria. The global distribution of predominant cancers has continued to change especially in developing countries. While the low and middle-income countries in 1975 accounted for 51% of all cancers worldwide, the proportion increased to 55% in 2007 and 70% in 2018.¹ In Nigeria, 124,815 new cancer cases and 78,899 deaths were reported in 2020.²

Currently, the top five most common cancers in women in Nigeria include cancers of the breast, uterine cervix, ovary, colorectum, and lymphomas. While in men, the top five commonest cancers are cancers of the prostate, colorectum, lymphomas, liver, and leukaemia. See Figure 1 below.

There has also been a recent upsurge of childhood cancers in the country.

Number of new cases in 2020, males, all ages



Number of new cases in 2020, females, all ages

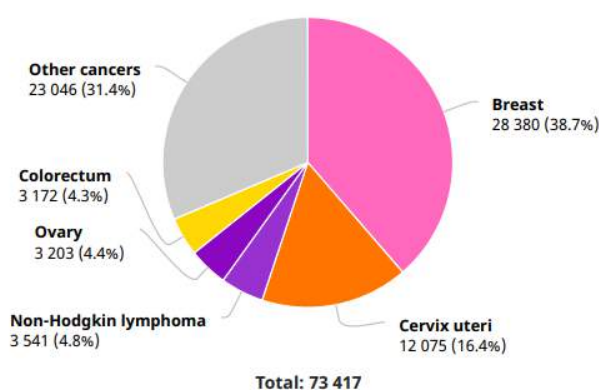


Figure 1: Most common cancer in male and female

1.1 Government Effort

The Federal Ministry of Health established the National Cancer Control Programme (NCCP) in 2006 to develop, coordinate and implement activities, policies, and programs to stem the ugly trend of cancers in Nigeria. Since its inception, the NCCP, in collaboration with other government agencies, international and multinational agencies, and organizations such as WHO, IAEA, IARC, UICC, AORTIC as well as non-governmental organizations, developed and implemented guidelines, policies, and strategic plans, to address the challenges associated with cancer care in the country. Some of the guidelines, policies and plans include the National Guideline on Cancer Therapy, National Cancer Control Plan (2009-2013), National Strategic Plan for the control and prevention of Cancer of the Cervix (2017-2021), and the National Cancer Control Plan (2018-2022).

1.2 International Cancer Week Initiative (ICW)

The International Cancer Week is a novel initiative of the Federal Ministry of Health in collaboration with other government agencies and non-governmental organizations to provide a platform to create national awareness and education to improve capacity to address the menace of cancer in the country. The maiden edition of the ICW was hosted from 26th to 29th October 2009 to herald a high-profile nationwide launch and campaign on the elimination of the late presentation of breast and cervical cancers in Nigeria and Africa titled: National Pink Cancer Campaign; say: No to cervical and breast cancers.

Since the maiden edition, the International Cancer Week has been hosted successfully every year on the last week of October, with impressive outcomes. Some of the achievements of the ICW include training of several health professionals on palliative care and cancer registration, training of several pharmacists on cancer pain control and morphine production, and training of pathologists on immunohistochemistry techniques, among others. These trainings were facilitated by resource participants provided by UICC, WHO, IAEA, and other development partners. The impact of advocacy and training have resulted in more case detection and better management of cancers in Nigeria between the maiden edition of ICW in 2009 and now.

1.3 The 2021 International Cancer Week

Coincidentally, the 2021 edition of the ICW falls precisely on the same dates of 26th to 29th October as the maiden edition in 2009. The theme for the year 2021 edition, "Cancer Care for All through strategic advocacy and Investment," was carefully chosen to address the current reality of the state of cancer care in Nigeria, where most of the state governments are yet to key in fully into the cancer control plan. This is also the reason for the choice of the Governor of Kebbi State, His Excellency Senator, Abubakar Bagudu as the keynote speaker. This is to encourage other states to learn from his wealth of experience in strategic investment in

cancer care.

Other activities for the 2021 ICW included:

- i. Symposium of First Ladies Against Cancer (FLAC) enables them to present their various cancer control-related activities through their NGOs to encourage others.
- ii. Launching and dissemination workshop of the National Chemosafe policy. The first in Africa
- iii. Launching and disseminating the National Policy and Strategic Plan for Hospice and Palliative care.
- iv. Review of harmonized cancer treatment guidelines to adapt it in the country as a national treatment guideline.
- v. Training on cancer registration.
- vi. Side meeting on gynaecological cancers and a surgical-pathology meeting to foster knowledge sharing and inter-professional harmony.
- vii. Oncology stakeholder's town hall meeting.

CHAPTER TWO: FIRST LADIES AGAINST CANCER SYMPOSIUM

(DAY 1 – TUESDAY, 26TH OCTOBER, 2021)

2.0 Opening and Introduction

The program started at about 10:42 am with the National Anthem. Afterwards, a minute silence was observed in honour of those who had lost their lives to cancers especially preventable cancers in Nigeria. This was followed by recognition of the First Ladies Against Cancer (FLAC) members and other dignitaries to the high table. These include First Ladies of Kebbi, Niger, Ondo, Enugu, and Cross River States, Her Excellency Dr. Zainab Shinkafi-Bagudu, Her Excellency Dr. Amina Abubakar Bello, Her Excellency Mrs. Betty Anyanwu-Akeredolu, Her Excellency Mrs. Monica Ugwuanyi and Her Excellency Dr. Linda Ayade, respectively. Others were the representatives of the First Ladies of Ekiti and Kwara States, Her Excellency Erelu Bisi Fayemi and Her Excellency Ambassador Mrs. Olufolake Abduragas as well as former First Ladies of Kwara, Ogun, and the Oyo States, Her Excellency Mrs. Omolewa Ahmed, Her Excellency Mrs. Olufunso Amosun and Her Excellency Mrs. Florence Ajimobi respectively. Other dignitaries were representatives of the Honourable Minister of Health, Dr Adebisi Adebimpe mni, Honourable Minister of the Federal Capital Territory, Dr. Mohammed Kawu, and the Honourable Minister of Women Affairs.

2.1 Remarks

2.1.1 Welcome Address

The Director, Department of Hospital Services (DHS), Federal Ministry of Health (FMoH), Dr. Adebimpe Adebisi, mni expressed pleasure in welcoming all dignitaries and specially thanked the First Ladies for their contributions towards the fight against cancer in Nigeria. She also thanked Prof. Ifeoma Okoye for conceiving the idea of the International Cancer Week Initiative and her commitment to the course of cancer control and all development partners, pharmaceutical companies, and the media for their promotions on cancer control and prevention. She stated that the First Ladies Against Cancer (FLAC) symposium enabled participants to share knowledge and their experiences on cancer control and prevention activities across the states in the country.



Dr. Adebimpe Adebisi mni, Director,
Department of Hospital Services,
Federal Ministry of Health

2.1.2 ADDRESS BY THE MINISTER OF FCT:

The Representative of the Honourable Minister of the Federal Capital Territory (FCT), Dr. Kawu Mohammed, who is the Honourable Secretary for Health, FCT, in his speech expressed appreciation in the invitation of the FCT Minister to participate in the ICW and commended the FMOH and other stakeholders in organizing the program. He stated that cancer treatment is very expensive and burdens both patients and their families. He reiterated that treatment subsidy was paramount and appealed to both the Federal government of Nigeria and partners on this consideration while stressing the need for public sensitization on the disease. In concluding, he expressed optimism that implementable policies and steps would be taken to ensure positive outcomes at the end of the conference and wished all successful deliberations.

2.1.3 OPENING REMARKS BY THE SESSION CHAIR, H.E. DR. ZAINAB SHINKAFI-BAGUDU:

Dr. Zainab Shinkafi-Bagudu, First Lady of Kebbi State, Chaired the First Ladies Against Cancer (FLAC) symposium. In her opening remarks, she welcomed all to the symposium, which she informed was a new introduction to the ICW. She stated that the FLAC was a coalition of current and former First Ladies towards the fight against cancer through humanitarian works and influencing government policies towards cancer control. She noted that the economic burden of cancer is as much as 1.36 billion USD. She informed that they were at the event as mothers, sisters, and concerned Nigerians to share their experiences as they have been working in their states, and they want to work further as a team to improve the plight of Nigeria's Cancer patients. She reiterated that the lack of institutionalized awareness and screening programs were major challenges in the fight against cancer and expressed optimism in the wealth of knowledge that would be shared during the ICW towards improving the fight against cancer.

2.2. Presentations by FLAC Members

2.2.1 Access to Basic Health Care (ABC) Foundation.

The ABC Foundation was founded by Her Excellency, Mrs. Florence Ajimobi, whom Dr. Ajalaku and Mrs. Oyedipe represented. In her presentation, Dr. Ajalaku applauded members of FLAC for what they were doing in their various states. She called for a minute silence for late Senator Ajimobi, the husband of the founder of ABC Foundation, for his contributions towards the activities of the Foundation and FLAC. She informed the audience that ABC Foundation is a non-profit organization established in 2013 with the vision of ensuring that every individual has access to quality healthcare and prevention services. Its mission is to develop an innovative, practical, and sustainable healthcare delivery system. She noted that early detection and increased awareness of cancers were the priority areas of interest to ABC Foundation. They were also more focused on addressing the menace of breast cancer and other cancers recently. In July 2021, ABC foundation became one of the 7 Laboratories in Nigeria to get ISO 15189 certification. They were currently setting up a molecular Lab to improve their testing capacity and early diagnosis of cancers. The Foundation has made a

tremendous impact in developing innovative services through laboratory and radiology services. It has become a source of reckoning in advocacy and awareness. It also provides education, awareness, and screening for breast cancer and other cancers. The hub serves as a screening, diagnostic, and treatment centre. They collaborate with others and hope to continue collaborating to provide quality services to their clients. They seek collaboration and partnership with all necessary stakeholders.

2..2.2 Above Whisper Media Foundation

The Above Whispers Media Foundation was founded by Her Excellency Erelu Bisi Fayemi. Mrs. Fayemi was represented at the symposium by the Director of Nursing, Ekiti State Ministry of Health. In her presentation, she expressed her pleasure in participating in the 2021 ICW. She informed the audience that her Foundation was founded in honour of the former Deputy Governor of Ekiti State, who died of cancer. This led to the establishment of Funmi Adeola Ayinka Cancer Centre, a one-stop shop for cancer diagnosis, counselling, and treatment in Ekiti State.

The Centre was established as a collaboration of the State government and her NGO, Ekiti Development Foundation, which is now Above Whispers Media Foundation. At inception, the centre was equipped with a digital mammogram machine, colposcopes, ultrasound scans etc. Recently, with the support of the Ekiti State Sustainable Development Goal (SDG) office, the Foundation purchased 3D Ultrasound, digital colposcopes, and other sophisticated equipment to make the centre more functional. They organized regular awareness campaigns through mass education, print, and electronic media programs and supported indigent patients, including surgery. In 2021, the Foundation collaborated with other members of FLAC to sponsor surgery for 21 indigent patients, which was successful. Erelu Bisi Fayemi was at the forefront of advocacy for cancer policy in Ekiti State, which is now successful as the policy would be ready by 2021. She appreciated the Ekiti State Honourable Commissioner for Health for his support and commitment. She thanked God for a kindred spirit among her FLAC sisters from whom she learned so much and who have continued to inspire her. She recommended a raised awareness for concrete action beyond rhetorics in the fight against cancer.

2..2.3 Ajike People's Support Centre:

Her Excellency Ambassador, Mrs. Olufolake Abdulrasaaq, founded the Ajike People's Support Centre based in Ilorin Kwara State. Mrs. Abdulrasag was represented at the FLAC symposium by Dr. Habib Lawal, Director Public Health, Kwara State Ministry of Health. In his presentation, Dr. Lawal noted that cancer is a leading cause of death globally and in Nigeria, with Kwara State having its fair share of the disease burden. He pointed out that cancer affecting women was on the increase. He further informed the audience that Her Excellency Ambassador Abdulrasaq was proudly FLAC and observed that the major problem in the fight against cancer in Kwara State was poor funding. However, Her Excellency had ensured the creation of a budget line for cancer prevention in the state.

Consequently, they conduct screening and awareness programs in Kwara for early detection. The government of Kwara State recently funded a facility-based cancer screening program in the year 2020, during which 6,726 women were screened for breast and cervical cancer, out of which 144 had abnormal findings for cervical cancer screening, which was treated with

cryotherapy. On the other hand, 66 women had abnormal breast findings and were referred for further investigation and treatment. The state is currently building capacity at the primary health care levels to conduct cervical cancer screening and refer if abnormalities were detected. According to Dr. Lawal, the Kwara state government had completed plans to construct a modern cancer centre. She encouraged the First Ladies to continue to pioneer advocacy for improved funding of cancer control activities at the state levels.

2.2.4 Breast Cancer Association of Nigeria (BRECAN) Foundation:

Her Excellency, Mrs. Betty Anyanwu-Akeredolu, founded BRECAN. In her presentation, Mrs. Akeredolu appreciated the organizers of the 2021 ICW for giving FLAC members the platform to share their works and the development partners for supporting the conference. She informed the participants that BRECAN was conceived after her ordeal with breast cancer in 1997 to ensure that no woman dies needlessly of breast cancer due to ignorance and poverty in Nigeria. She noted that the four pillars of BRECAN, which include awareness, advocacy, patient support, and research, were pivotal in achieving the goals of the Foundation. According to Her Excellency, BRECAN has a national outlook with chapters in Oyo, Imo, Abuja, Lagos, and Bayelsa. She reiterated that they have created awareness over the past 24 years and provided financial and psychological support to cancer patients and survivors. They have also supported the research. She also noted that BRECAN started when there was no fund with low turnout at their events but has grown to the level where they were at the moment. She appreciated the Governor of Ondo State, His Excellency,



Her Excellency Mrs. Betty Anyanwu-Akeredolu, Founder BRECAN/First Lady of Ondo State

Rotimi Akeredolu (AKETI), for his support. She observed that BRECAN was growing in size, scope, and operation as they joined the global call for the elimination of Cervical cancer in 2020 by decorating a monument in Ondo State. They were leveraging other existing health-related facilities to create awareness and empower women to make informed decisions regarding cancer care services. They plan to make BRECAN Chapters one-stop-shop centres to provide breast and cervical cancer services. They also raised advocates from primary and secondary schools in Ondo and Imo States. According to Mrs. Akeredolu, BRECAN paid a courtesy visit to the Ondo State House of Assembly, which led to creating a budget line in Ondo State for cancer control activities in the State Ministry of Health. Therefore, there was continuous budgetary provision for cancer control activities in the state annually. Her Excellency also informed her audience that the Governor had pledged to build a cancer centre in Ondo State which she believes will be fulfilled. She pointed out that BRECAN had won recognition from foreign institutions and individuals across the globe. Some of the individuals and institutions include; Hillary Clinton in 2005, Harvard University, University Edinburgh, and Biding cancer in 2018. We must take cognizance of the large field of cancer with little human capacity. The problems of misconceptions, poor awareness, late presentations, high mortality still stir us in the face. Mrs Akeredolu encouraged all stakeholders to raise awareness, engage the political sphere to formulate policies, make

legislation to make cancer care a national priority.

2.2.5: The LEAH Foundation:

Her Excellency Deaconess Omolewa Ahmed founded the LEAH Foundation. She was represented at the symposium by Mr. Lanre Bello. In his presentation, Mr. Bello stated that LEAH Foundation had been operating for over 10 years. According to him, their main focus was breast and cervical cancer and lately prostate cancer. He said they initially started with sensitization due to poor awareness due to cultural and religious beliefs, which were major barriers. Mr. Bello noted that people presented late due to a lack of information about the disease.

The Foundation then delineated its audience and engaged people of influence such as political, religious, and traditional leaders to break some perceived barriers. According to him, they took awareness to markets, motor parks, and the young ones by creating LEAH anti-cancer clubs. The LEAH anti-cancer clubs became LEAH ambassadors to reach out to parents to present their wards for vaccination against cervical cancer. They went a step further to establish screening centres in the communities. He informed the audience that those who went for screening and needed treatment were assisted with cryotherapy and LEEP at subsidized rates. The Foundation also subsidized screening to make it affordable. They ventured into prostate cancers to accommodate the men as they felt left out by the Foundation. Mr. Bello stated that the Foundation could reach out to different strata of the society through jingles and community awareness.

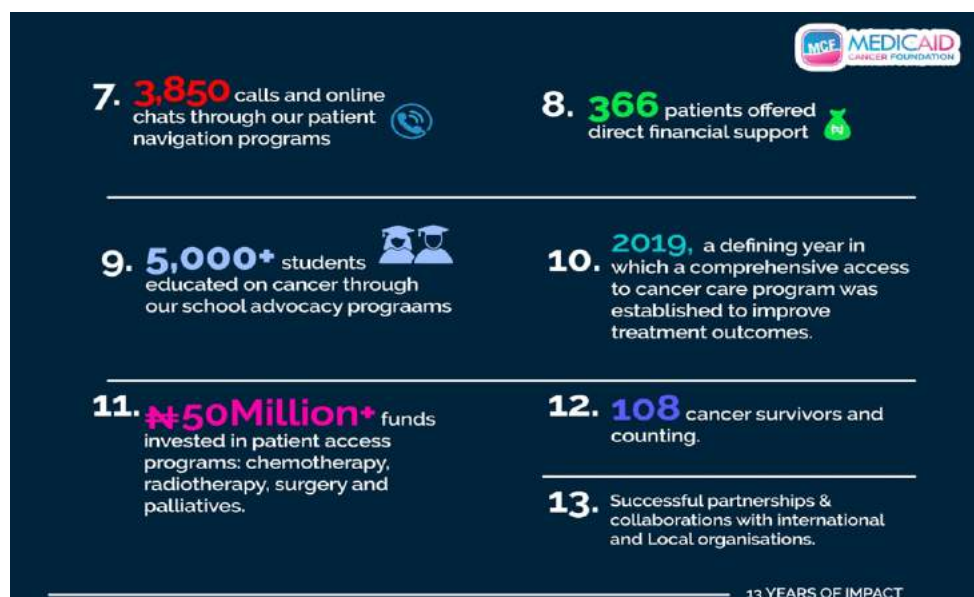
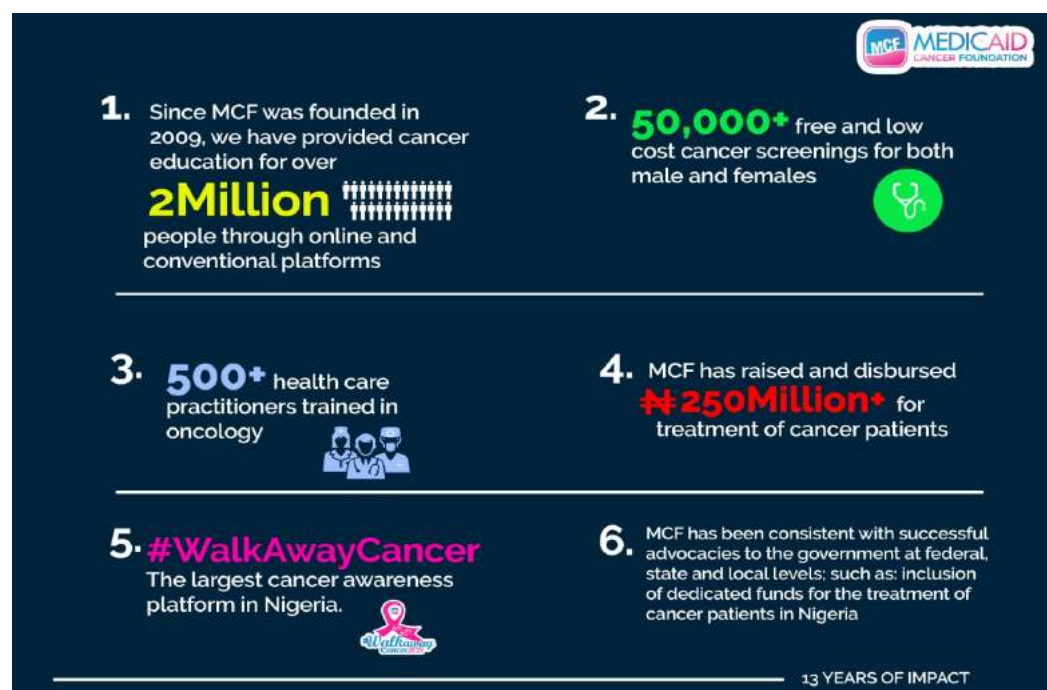
2.2.6 Medicaid Cancer Foundation:

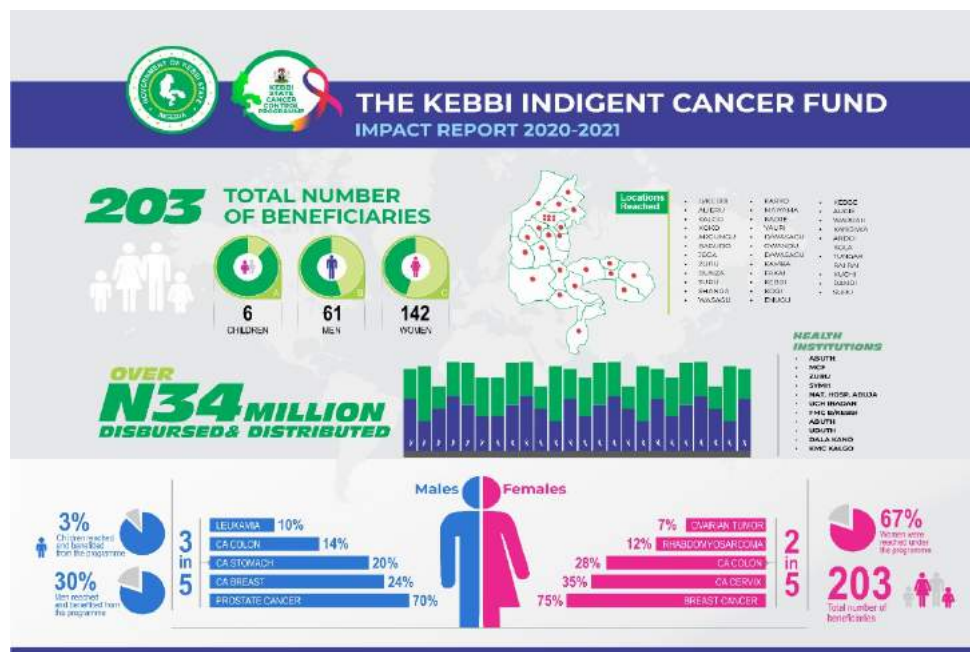
Her Excellency Dr. Zainab Shinkafi-Bagudu is the founder of Medicaid Cancer Foundation (MCF), Board Member, Union for International Cancer Control (UICC), First Lady of Kebbi State, Chairperson, First Ladies Against Cancer (FLAC), Member National Technical Working Group (TWG) on Cancer Control and Prevention in Nigeria, Member, Cancer Health Fund (CHF) Steering Committee among others. In her presentation, Mrs. Bagudu said that



Medicaid Cancer Foundation was a 13-year-old organization established mainly to assist women in navigating access to cancer care. The Foundation provides screening, supports women in getting access to treatment, and carries out awareness through the annual walkaway cancer. She stated that they were involved in policymaking and advocacy with the Federal Ministry of Health in the TWG, Steering Committee of the Cancer Health Fund, finally getting to the poor. The Foundation is also involved in capacity building with CHAI to provide secondary prevention of cervical cancer and breast self-examination, currently operational in 5 states, including Kebbi State. They had trained Primary Health care workers to carry out screening for early detection and prompt treatment. They also work with the State

government to produce Cancer Control Plan and indigent Cancer Fund akin to the National Cancer Health Fund. Their Cancer Control Plan is costed with a budget line in the State Ministry of Health to ensure proper implementation and sustainability. They work with international partners to ensure that the HPV vaccine becomes readily available in Nigeria in no distant time. The Foundation also collaborated to establish the Kebbi Cancer Registry. Now they have two Cancer Registries.





2.2.7 Mediatrix Development Foundation:

Mediatrix Development Foundation was founded by the Wife of the Governor of Cross River State, Her Excellency Dr. Linda Ayade. In her presentation, Dr. Mrs. Ayade expressed delight in joining the FLAC members to contribute her quota in the fight against cancer in Nigeria. She was highly encouraged to join other FLAC members, and her little effort is currently



Her Excellency Dr. Linda Ayade,
founder, Mediatrix Development
Foundation and First Lady, Cross
River State

yielding significant results beyond her imagination. The First Lady of Cross River State pointed out that Mediatrix Health Foundation runs other programs, including malaria prevention programs, women's economic and political Empowerment, and recently, cancer awareness. The Foundation had observed that women who came down with cancers go to the churches and herbalists who give them false hope. She noted that many high-profile women have died due to the false hope of herbalists and church leaders. The Foundation leveraged on the platform of her malaria program and catch them young school children initiative and the Cross River women emancipation program to champion awareness by training healthcare workers at the primary health care centres where the women were checked regularly. They partner with stakeholders like the Medical Women Association of

Nigeria (MWAN) and the Radiological Society of Nigeria to provide access to care. One of the challenges they encountered was the inability of the women to fund their treatment which she channelled through the state government for funding. The other challenge was the lack of treatment facilities like radiotherapy facilities within the state. The First Lady noted that the nearest Radiotherapy facility to the State was Enugu and Lagos. However, she was excited to inform that the Cross River State government was now building a cancer centre which was 70% completed in the Northern part of the Cross River. The centre would have all the relevant diagnostic and treatment facilities. She further noted that poverty was another major setback in the fight against cancer and urged everyone to put hands together to address the poverty challenge and to move the country forward.

2.2.8 RAISE Foundation

RAISE Foundation was founded by Her Excellency, Dr. Amina Abubakar Bello. RAISE is an acronym for Reproductive Health, Advocacy Intervention Safety, and Empowerment. As a seasoned Obstetrician, Dr. Mrs. Bello founded the Foundation to prevent women from dying during pregnancy and childbirth. In her duties, she found out that cancer, especially breast and cervical cancers, was among the commonest causes of death among women. Therefore, these cancers were among reproductive health issues that fall squarely within the mandate of the RAISE Foundation.



Unfortunately, there was low cancer awareness, especially in Niger State at the time. They included breast and cervical cancer prevention programs in the Foundation. In 2016, they launched a cancer screening centre and noted that there was no mammogram machine in Niger State. The Foundation partnered with the State government to procure a mammogram machine and subsidized the cost of screening in the state. Breast and cervical cancer program was aimed at early detection and launched awareness program to reduce the incidence of late presentation. They routinely conducted lecture series, T.V. and radio programs, screening programs, especially in hard-to-reach areas. They embarked on advocacy visits to all the Emirs in the state, giving their influence in the belief system in the state. The Foundation also conducted a patient navigation programme to make things easier for the patients to get diagnosis and treatment. The RAISE Foundation also initiated a crowd funding program to assist women who cannot fund their treatment. With this method, they had constant funding to provide treatment support for the women. Dr. Bello encouraged everyone to join the raise 1000-Naira program. The Foundation collaborated with the Niger state government to develop a Cancer Control Plan to be launched soon. It also convinced the State government to include breast cancer and cervical screening as a basic minimum package for their health insurance scheme.

2.2.9 UPLIFT Development Foundation:

The Founder of UPLIFT Development Foundation, Her Excellency Mrs. Olufunso Amosun, was represented at the symposium by Mr. Ben Akaga. In his presentation, the Representative of Her Excellency stated that UPLIFT is an acronym for Understanding Peoples' Limiting and Inhibiting Factors Today. Mr. Ben also informed that the UPLIFT development Foundation has 6 intervention programs. In the year 2012, he said that UPLIFT resolved to join the rest of the world in waging the war against the menace claiming the lives of women. The Foundation added lumpectomy to their breast cancer screening and treatment program. Mr. Ben further informed that they sourced funding to support the program. Given the number of clients that needed their support from different parts of the Ogun State, the Foundation decided to build and donate well-equipped cancer centres in the three senatorial districts in the state. According to Mr. Akaga, the Foundation has made free breast and cervical screening services available in Ogun state for over 10 years. He thanked the former Governor of Ogun State, His Excellency Senator Ibikunle Amosun, for his untiring support towards their course. Senator Amosun was said to have committed total support to the goals and missions of the Foundation and other FLAC members to tackle cancer in Nigeria. UPLIFT Development Foundation was impressed with the overwhelming testimonies of the beneficiaries of their activities which Mr. Akaga described as gratifying.

2.2.10: Ugo's Touch of Life Foundation (U-TOLF):

Her Excellency, Mrs. Monica Ugwuanyi, the First Lady of Enugu State, is the founder of Ugo's Touch of Life Foundation. In her presentation, she said that U-TOLF was registered as a multi-sectoral NGO with a strong emphasis on the care of children and mothers in line with the attainment of the Sustainable Development Goals (SDGs). U-TOLF's core purpose was to touch lives everywhere positively and in different ways. Her Excellency informed that some of the current projects of the organization include:

- i. Health care interventions: Breast and Cervical Cancer screening and sensitization, Medical Outreaches
- ii. Child protection,
- iii. Livelihood support for indigent women,
- iv. Education support - scholarship for indigent children,
- v. Care for the physically challenged,
- vi. Advocacy on social issues, etc

She noted that Enugu state was predominantly a civil service state with limited funding. As a grass-root person, she went to the rural areas for sensitization and cancer awareness. She used her platform where women gather monthly, called the Enugu Prayer Network, to start free medical outreach. During the outreach, they did a health talk, teaching them the need to eat natural foods, which reduces the risk of cancers. The First Lady used the platform of her NGO to employ corps doctors who were trained on cervical cancer screening so that at the end of the service year, they could become change agents and continue to render the service.

On the other hand, the women who come for screening were linked to the treatment centres



Her Excellency Mrs. Monica Ugwuanyi, Founder Ugo's Touch of Life Foundation (U-TOLF)

which she pays for. Her Excellency stated that she later built and equipped hospitals in the rural areas for free screening and treatment to ensure the program's sustainability. They leveraged ante-natal care services as the women were unwilling to come out for cancer screening. The decision to equip the hospitals is to ensure sustainability as she may not remain in office as First Lady forever. Her Excellency informed her audience that many women had benefited from the program, with 1000 women so far screened and 44 of them

offered various treatment modalities. They also started partnering with secondary school children on menstrual hygiene and cervical cancer prevention, especially HPV vaccination. Mrs. Ugwuanyi noted that sensitization was key and needed to be sustained, especially in the rural areas, to demystify cancer.

2.3 Wrap Up of Presentation Session

Her Excellency Dr. Amina Abubakar Bello informed on the new leadership of FLAC and briefly summarized the activities/presentations by the various Foundations. She noted that awareness creation was common in all the First Ladies do. Their partnership is strong; they have grown from 5 to 9 member organizations. Her Excellency announced the new executive members of FLAC, now chaired by Dr. Zainab Shinkafi-Bagudu, and encouraged all the stakeholders to support the new leadership of FLAC. Mrs. Bello recommended that proposals/policies, as prescribed by the Foundations of FLAC members, should be made into bills for sustainability. She afterwards thanked all for their attention and wished fruitful deliberations as the International Cancer Week activities continued.

2.4 Comments

- i. An appeal was made to the FLAC to encourage the Governors of States to build comprehensive Cancer Centres so that organizations can put more focus/efforts into awareness campaigns and advocacy.
- ii. An appeal for FLAC to ensure the sustainability of activities by the Foundations through the institutionalization of such activities.
- iii. Appeal for capacity to be built in the control, treatment, and prevention of cancer; for at least three (3) doctors from each state to be sent for specialization in Radiotherapy, so that when facilities/Centres were up and running, there will be manpower to operate such Centres.
- iv. Appeal for the liaison of H.E. Erelu Bisi Fayemi and her Foundation with Ilorin Cancer Registry.

- v. To maintain standards, there was a need to engage the FMoH, relevant regulatory bodies, and experts in building Cancer Centres.
- vi. There was a need to also inform the FMoH and media on the feats of FLAC so that the international community would have access to such information.
- vii. A further appeal was made for awareness programs to continue beyond October.
- viii. Due to chemotherapy's side effects, which presented as turn-offs for cancer patients, there was a need to enlighten patients/create awareness on the importance of chemotherapy.
- ix. Erstwhile President of the Nigerian Cancer Society commended the FLAC and FMoH for their efforts against cancer. She stated that the Federal Ministry of Education should be a major part of the awareness for cancer and the inclusion in the school curriculum and that premium should be placed on Radiotherapy and diagnosis. She further reiterated the need for proper research before consideration should be given to any form of vaccination against cancer.
- x. There was a need for adequate counselling to cancer patients and their families to curb the occurrence of stigmatization.
- xi. More capacity was needed to be built to ensure that the right professionals handle cancer patients.
- xii. Need for more awareness and support for children with cancer.

CHAPTER THREE: OPENING CEREMONY

3.0 Introduction

The opening ceremony for the ICW commenced at about 2:00 pm with the arrival of the Executive Governor of Kebbi State, H.E. Senator Atiku Abubakar Bagudu, and was opened with the National Anthem. Other dignitaries were recognized, and afterwards, a charge for the fight against cancer was given by the Master of Ceremony, Mrs. Moji Makuonjuola.

3.1 Opening Remarks

The Permanent Secretary (PS), Mr. Mahmud Mamman, was represented by the Director, Department of Traditional, Complementary and Alternative Medicine, Pharm. (Mrs) Zainab Sheriff. According to the Permanent Secretary's speech, ICW was the hallmark of the activities in the fight against cancer. The P.S. reiterated that cancer was a public health disease and encouraged all hands to be on deck as he informed that the FMOH was already implementing the National Cancer Control Plan (2018-2022). He also said that the conference would allow reviewing and adopting/adapting the harmonized NCCN Guidelines. He appreciated all members of FLAC and other partners for their contributions towards cancer treatment, control, and prevention and assured of the FMOH's continued commitment to lead the fight. He concluded by expressing confidence in the Keynote Speaker to do justice to the subject.

3.2 Operating the Power of One to move Cancer Control to the next stage in Nigeria – Prof. Ifeoma Okoye

Prof Okoye noted that having a diverse, united, and strong advocacy voice from the cancer community will enhance the effectiveness of all the efforts in addressing the cancer menace in Nigeria. She also noted that in 2009, passionate Cancer Control Advocates across the country joined forces with the FMOH to forge a common interest to fight cancer under the umbrella of the International Cancer Week in Nigeria. The initiative adopted the motto: united to fight cancer in Nigeria and targeted to 'Wake Up Everyone', to the roles they can play & have a common platform to share actions taken & chart new directions in Cancer Control for all stakeholders to go back & run with, for that year. Prof Okoye believed that each person can make an impact when complimented by another person's effort.

She called for a synergy between government and individuals to address critical areas such as awareness and research/data management for effective cancer prevention and control in Nigeria. She believes that the availability of such organised and reliable data, will attract,

higher volumes of Clinical Trials, with improved participation in Genome-wide studies, If we can add on, creative sustainable means of funding Cancer care, we will be nearer to ameliorating the increasing cancer burden in Nigeria, change survivorship statistics positively, and thus the narrative, with impact on Late Presentation.

She also believed that it was time to harness this collective energy and commitment, all hands on deck, each one touch one, to drive forward progress to, at least, achieve these two targets, out of the nine visionary, 'World Cancer Declaration targets', as we March towards 2025, She was of the view that ICW would play the pivotal role of bringing everyone together, FLAC, NCS, Government, FBOs, organized private sector to operationalize & optimize this power of one as a little drop goes a long way & can save a life and each life saved makes a difference

3.3 Goodwill Messages

- i. The Chairperson, FLAC, H.E. Dr. Zainab Shinkafi Bagudu, reiterated the need to capitalize on the power and called on behalf of FLAC for affirmative action against cancer, more inclusion, and awareness in the fight against cancer. She appealed to the NHIS to include cancer care in the scheme. She reiterated that it would be a significant chance to succeed in the fight against cervical cancer.
- ii. The Country Representative of WHO, Dr. Walter Mulombo, appreciated the organizers of ICW for inviting the WHO to speak at the event. He shared the experience of losing his brother to brain cancer which started as an eye problem but eventually turned to be cancer. He called for affirmative action and inclusion of cancer care packages in the NHIS and the Basic Health care provision fund. He also stressed the need for collaboration to address cancer care. He commended members of FLAC for their role and congratulated them on their initiative and achievements.
- iii. The President of AORTIC, Dr. Abubakar Bello, stated that the AORTIC was the biggest cancer organization in Africa to support African nations to build capacity for African people. As an organization, AORTIC wants to ensure that clinical trials are conducted in Africa. He stated that they were working with FLAC to improve access to Radiotherapy. He encouraged FLAC members to prevail on the governors to establish a cancer centre in each of the federation states.
- iv. The President of the Nigerian Cancer Society, Dr. Adamu Umar Alhassan, stated that the Nigerian Cancer Society was a major partner in the planning and execution of the ICW. On behalf of the NCS commended the Federal Ministry of Health for carrying the society along in making key policy decisions and planning the ICW. He informed that NCS had instituted annual awards and stated that 4 persons and organizations would be awarded during the 2021 ICW. The awardees included the HMM, the Keynote speaker, H. E Atiku Abubakar Bagudu, for being a trailblazer. The other awardees were the founding president of ICW, Prof. Ifeoma Okoye, and the African Health Budget Network (AHBN) for supporting CSOs in Cancer advocacy. He wished all a happy stay in Abuja for the 2021 International Cancer Week activities.
- v. In her goodwill message, the President of BVGH/AAI, Jennifer Dent, said that her organization partnered with FMOH in 2017 to launch AAI and the African Consortium of African Trials. She expressed her pleasure to travel from the

United States of America to be part of the 2021 ICW. She pledged more collaborations between BVGH and the Federal Ministry of Health.

- vi. In her goodwill message, the Vice President of the American Cancer Society, Dr Meg O'Brien, stated that they have been partnering with FMOH in improving access to cancer reserment, Hospital Pain-free initiative, Chemotherapy Safety, and use of cancer treatment guidelines in line with global best practice in cancer care. She was excited to be part of the event and urged participants to be actively involved in all the discussions, especially on the implementation of treatment guidelines. She pledged continued support for improved cancer care activities in Nigeria.
- vii. The Representative of the Country Director, Clinton Health Access Initiative (CHAI), Lola Ameyan stated that CHAI has been working closely with FMOH to scale up to secondary cervical prevention across the country. They also partner to improve access to treatment and are willing to continue to support the government.
- viii. In her goodwill message, the President of ARCON, Dr Nwamaka Lasebikan, said that the association uses a system thinking approach with their core competence in cancer treatment. She further informed that they were willing to be part of the ChemoSafe policy implementation. She called for a scale-up of capacity building and infrastructure for cancer management in the country and pledged ARCON's willingness to partner with the Federal Ministry of Health in all the cancer control activities. She also appreciated the members of FLAC for work well done.
- ix. The President of NSHBT, Dr. Madu Anazoeze, stated that NSHBT has been working with various stakeholders including Roche, the European Society and the African Society of Hematology to improve blood transfusion services and cancer management in the country. He informed that a Hematologist was crucial in managing all other cancers, especially with blood transfusion. He pledged the society's collaboration with FLAC, NCS, and other stakeholders.
- x. The President of NAOWA and Wife of the Chief of Army Staff said that she was involved in advocacy for cancer prevention in Nigeria. She pledged their commitment to joining hands together in line with the "power of one" against cancer.

3.4 Presentations

3.4.1 Abstract Presentation by H.E. Mrs. Betty A. Akeredolu (a breast cancer survivor) on "Internet Access and Breast Cancer Awareness among Akure Residents".

The study aimed to determine the impact of the internet in the practice of breast self-examination by female students in Akure. It was observed that half of the respondents were young adults. Almost all the respondents were aware, and more than half had good knowledge of breast cancer, but the majority did not know the risk factor. Few of them knew about self-breast examination.

3.4.2 Sponsored presentation by Janssen Pharmaceuticals of Johnson and Johnson:

A Patient-Centred Approach in the Management of Prostate Cancer by Pharm. Melvin Uguru, Janssen Pharmaceuticals. In his presentation, Pharm. Uguru said that Janssen was the biggest and most diversified manufacturing company globally. However, the major focus of the presentation was the oncology portfolio of the company. He stated that there were 4 pillars in Janssen's patient-centred approach to prostate cancer management. The pillars include screening and awareness, Alternative access to treatment with mDoc, patient navigation program, and capacity building and partnerships. He went on to list the company's achievement in the various pillars, including collaboration with the Kebbi State government, which has made a tremendous impact. The company is also willing to partner with other stakeholders, including the Federal Ministry of Health.



3.4.3 Roche sponsored presentation: Impact of Strategic Investment in Cancer Care - Best Practice Sharing by Abdul-Rahman Lediju, Director Innovative Finance, Health Finance Institute;

Mr. Lediju in his presentation noted that the global cancer burden rose to 19.3 million new cases and 10 million deaths in 2020, while in Africa, there would be a 70% increase in new cancer cases due to population growth and ageing by the year 2030. He further noted that the cancer burden was rising in Nigeria with year over year increase in new cases and mortality with an expected doubling of breast and lung cancers by 2040.2, 3 According to Mr. Lediju, Cancer death rates in Africa are projected to exceed the global average by 30% in the next 20 years. There were three obstacles to optimizing cancer care in Nigeria. He observed that there were three key financing obstacles to optimizing cancer care in Nigeria (3 P's). he listed the obstacles to include:

- a. Patient affordability: to address this, he recommended the need to widen or smooth cash flows at the household level to have patients continue to pay out of pocket (OOP) in a way that doesn't lead to catastrophic health expenditures. E.g. consumer financing solutions (patient-level) and credit risk-sharing solutions (NHIS / state HMO / private HMO level)
- b. Provider availability: Mr. Lediju said that there is a need to expand and upgrade local infrastructure (physical and digital) to amplify access points and quality of care for cancer patients. High up-front investment to build cancer treatment facilities and purchase equipment was another way of addressing provider availability and high ongoing operating costs such as maintenance, training, human resources, procurement of supplies, software licensing, etc.
- c. Procurement (Diagnostic and equipment): To address the obstacle posed by procurement, Mr. Lediju recommended that there was a need to optimize

procurement processes to get the most affordable, high-quality cancer care equipment into the hands of patients and pooled procurement consumables.



Dr. Ladi Hammed receiving on behalf of Roche Nigeria, an award of recognition from the Representative of the Honourable Minister of Health

3.4.4 Innovative Financing for Cancer Care in Nigeria by Prof. Nasir Sambo, Executive Secretary, NHIS.

The Executive Secretary noted that the provisions of the Universal Health Coverage target 3.8 and the Sustainable Development Goals (SDG) 3 are to ensure that all people have access to needed key promotive, preventive, curative, and rehabilitative health services of good quality at an affordable cost without the risk of financial hardship linked to paying for care. He further noted that cancer was both a cause and effect of poverty resulting in a negative impact on human development and economic productivity. Prof Sambo stated that long-term disability and the high cost of cancer care control impoverished families.



Prof. Nasir Sambo, Executive Secretary, NHIS

Furthermore, poverty, lack of access to education, limited access to health care, and discrimination increased the risk of presenting late and dying from cancer. He noted that huge disparities existed between rich and developing countries and individuals with respect to incidence and death from preventable and treatable cancers and the stigma associated with the disease. These disparities constituted a cancer divide and demonstrated that increasing access to cancer care and control was also an equity issue.

The NHIS Executive Director clarified that NHIS is a strategic purchasing agency, mobilizing

pooling and strategic purchasing. He mentioned that there were principles with NHIS as an entity as it is not a free system since it is either you pay, or someone pays for you. The system, according to him, thrived on cross-subsidization, proportional equity in accumulation, and management of the fund. While both the poor and the rich contribute a proportion of their earnings, there was no differential inequality in the delivery/ consumption of services. The benefits package is proportional to the amount accumulated. Therefore, services delivered were proportional to the funds accumulated. The NHIS Act of 2004 captured people in the formal sector only; the agency is working in the law, making it mandatory for the public and private sectors to contribute.

On their cancer-related services, Prof Sambo said that the agency had stakeholder engagement to scale up health insurance coverage and health sector response to cancer and other disease conditions. The stakeholders included: Federal Ministry of Health and agencies (eg NAFDAC, NIPRD, NPHCDA), State Health Insurance Agencies (Health Insurance Under One Roof), Private Sector Drug manufacturers, Pharmaceutical companies, Development Partners and Non-Governmental Organizations, Civil Society, Academia

He also said that as part of their Corporate Social Responsibility, they support increasing cancer awareness and promoting early detection.

The Executive Secretary further informed that the agency now provides the following cancer care services:

- i. Surgery such as biopsy, mastectomy, prostatectomy, Hysterectomy etc
- ii. Radiotherapy
- iii. Chemotherapy: 5-FU, gemcitabine, cyclophosphamide, doxorubicin, epirubicin, paclitaxel, irinotecan, and others contained in the NHIS list.

In conclusion, with the following quote, “Each one of us is one illness away from poverty. Cancer is not necessarily a death sentence, but it can push Nigerians into additional financial hardship and expose them to further ill health.

The only way out is to strengthen the health system by working together to pool available resources for strategic purchasing to effectively address the health challenges of all Nigerians, including cancer”. Prof. M. N. Sambo (ES/CEO NHIS).

3.4.5 JNCI Presentation

The Chief Executive Officer of JNC International, Pharm. Clare Omatseye made a presentation on behalf of the company. She stated that JNCI is a Proudly Nigerian Turnkey Medical Equipment Solutions Company with a long-term partnership focus. The company is said to be operating across Nigeria and parts of West Africa for the past 17 years. It exclusively represents 28 Global Leading Manufacturers and provides warranties/ extended warranties and clinical training. The company focuses on the long-term strategic partnership with the Oncology multi-disciplinary team, with their patients at the centre of their focus.

Elekta/JNCI developed new clinical capacity development programs in partnership with the Turkish Radiation Oncology Society (TROS) and supported 3 focus group sessions in 2021. According to the CEO, JNCI refocused its effort to scale through beneficial policies through collaboration adapted market offerings to meet clinicians' demands – from Diagnosis to Intervention.

3.4.6 Oncopadi Technologies Ltd:

In her presentation, the Founder and President of Oncopadi Technologies Ltd stated that Oncopadi is a digital health innovation company on a mission to empower confident cancer care decisions by patients, clinicians, and leading health care companies. The pillars for innovation of Oncopadi is as below:

Our pillars for innovation



Figure 2: Oncopadi Technologies' Pillars for Innovation

3.5 Keynote Lecture/Speech by H.E. Senator Abubakar Atiku Bagudu, Governor, Kebbi State:

His Excellency started by appreciating all those who have made a tremendous impact in the Nigeria Cancer space, including the Federal Ministry of Health, development partners, different Cadres of the Medical Profession, members of FLAC, and Her Excellency, Dr. Zainab Bagudu, who has positively influenced his decisions to address cancer care challenges in Kebbi State. The Governor also expressed gratitude for being the keynote



H.E. Senator Abubakar Atiku Bagudu, Governor, Kebbi State

speaker for the 2021 International Cancer Week in Nigeria. He noted that the ICW is a major platform that would address cancer challenges in the country. He congratulated everyone for the achievements made so far in the cancer space. His Excellency observed that cancer was preventable yet prevalent, manageable, yet catastrophic, non-communicable, yet its medicines are expensive. Importantly, what could be done

differently was to appreciate that science and public policy need to link to address the challenge. Advocacy has always been done, but after awareness, then what next. He also noted that the striking thing was that we cannot ignore cancer again, as various stakeholders were already thinking about what to do. He expressed joy in the partnerships that yielded results, including collaboration with Janssen, Roche, CHAI, and even other government agencies such as the National Assembly, Nigeria Sovereign Investment Authority (NSIA), the Central bank of Nigeria (CBN) etc. It was instructive to note that the President and his Wife and other top government officials were now interested in advancing cancer advocacy.

The Governor also said that many stakeholders, including himself, were doing their bit. However, gatherings like this needed to mobilize resources in equivalent terms as in other parts of the world. He recommended that the government take a bond to procure capital-intensive cancer equipment like Radiotherapy equipment to address infrastructural deficits and pay with minimal interest. He also recommended that the organizers of ICW should draw the attention of private sector partners and other investors to intervene in this direction. The world bank/IFC can look towards equipment leasing companies to support Nigeria, which would be more profitable. The Bank of Industry can also be requested to intervene. He believed that the collapse of science, economy, and financing needed to be addressed to solve the problems of cancer care. Senator Bagudu noted that Healthcare professionals had been involved in policy effectiveness by drawing attention to what works and what does not. Although it was not an invitation to anarchy, there was a need to invest more in prevention, generate a balance between private motives and profit interests of companies, doctors, and diagnostics facilities, and the wider issues of providing access to all the aspects of cancer care. In conclusion, he recommended putting pressure collectively on international audiences to see health care as a universal right and not treat it territorially. To ensure that everyone sees the need for healthcare to win collectively, we need to generate resources so that equipment can be paid for over a long time.

3.6 Remarks by Hon. Minister of Women Affairs:

The Representative of the Hon. Minister of Women Affairs congratulated all stakeholders for the successful organization of the program and informed them that the Ministry of Women Affairs was at the forefront of campaigns for cancer awareness and screening of women. She appealed for the forum to continue to draw attention to the need for more funding and infrastructure for cancer control. She called on all stakeholders to continue to support government efforts towards ensuring the scourge of cancer is eradicated.

3.7 Address by the Honourable Minister of Health – Dr E. Osagie Ehanire

The Keynote Speaker, His Excellency the Governor of Kebbi State, Distinguished Senator, Atiku Abubakar Bagudu, distinguished ladies and gentlemen. It is my pleasure to host the

2021 edition of the International Cancer week in Nigeria, which is the climax of the October Cancer awareness Month commemoration. In collaboration with various partners, the Federal Ministry of Health introduced the International Cancer Week initiative to provide a platform for creating national awareness, education, and interactive strategies for cancer prevention while providing training and skills to improve the practice of oncology in Nigeria.

Since its inception in 2009, the International Cancer Week (ICW) initiative has successfully attained the set objectives. It has consistently provided platforms for various professionals in the oncology space, both within the country and internationally, to present original research findings, which has improved knowledge and influenced policy formulations in the country. The Federal Ministry of Health has also used the opportunity of the ICW to produce several cancer-related policies, plans, and guidelines.

As you all know, we are currently implementing the National Cancer Control Plan 2018-2022, which has 7 priority areas of action, including Cancer Prevention, treatment; supply chain management; Hospice and Palliative care; advocacy and Social Mobilization; data management and research; governance and finance. Under my humble leadership, the Federal Ministry of Health has made tremendous progress in all the 7 priority areas.

1. Prevention: We believe that prevention is better and cheaper than cure. This informed the Ministry's resolve to increase awareness on the risk factors for cancers, early detection and prompt treatment. I want to use this opportunity to commend all the non-governmental organizations and members of the First Ladies against cancer for the unprecedented cancer awareness activities across the country in commemoration of the 2021 October Cancer Awareness month. My office was adequately represented during the walkaway cancer in collaboration with Medicaid Cancer Foundation, which attracted a mammoth crowd on 16th October 2021 as a pre-event to this ICW. We collaborate with the Clinton Health Access Initiative and the World Health Organization to upscale secondary prevention of cervical cancer in Kebbi, Niger, and Ondo States. This will replicate the ongoing UNitaid funded programme in Kaduna, Lagos and Rivers States.
2. Treatment: The Ministry and our partners have continued to improve access to cancer treatment through the Cancer Access Partnership (CAP) Programme with over 1, 400 patients already enrolled in 12 hospitals with additional 8 hospitals at the final stages of activation. The Steering Committee has informed me on the Cancer Health fund that over 300 indigent cancer patients have registered in the six pilot hospitals. I have directed the immediate implementation of the fund for the 3 commonest cancers of breast, cervix, and prostate. We hope that the fund will expand with private sector contributions and more government appropriation to enable us to involve more hospitals in the coming year. We have also mapped out plans to improve capacity building and more infrastructure for surgical and Radiotherapy cancer treatment modalities. As a sequel to improved access to systemic cancer treatment, we have developed a National Chemotherapy Safety (ChemoSafe) Policy which will be launched today. This policy will ensure adequate protection of the patients, the health workers, and the entire work environment from the potential hazards of anti-cancer medicines and other hazardous drugs.
3. Diagnosis: Diagnosis is one of the major challenges in our oncology practice in Nigeria due to the paucity of pathology specialists and limited capacity for immunohistochemistry and other specialized investigations. We are already mapping out training programs in collaboration with various partners to improve

the capacity of our health care workers. The African Access initiatives (AAI) is one of the potential partners. The Ministry is also working out strategies to include some specialized investigations into the CAP program to reduce the cost of such services to about 50%, which is currently the case with the anti-cancer medicines on the CAP Programme.

4. Our supply chain management system has significantly improved with the deployment of an inventory and accounting system to implement the CAP Programme. We may deploy the same for other essential services in the cancer care services.
5. Hospice and palliative Care: Nigeria is one of the few countries in Africa to develop a National Hospice and Palliative Care Policy. This will be launched today, and a dissemination workshop will hold on 28th October 2021 in the course of this ICW. I want to call on all the stakeholders to take ownership of the policy and ensure its full implementation.
6. Data management and Research: The Ministry has made tremendous progress in cancer registration and data management in collaboration with the Nigeria National System of Cancer Registries. We shall continue to improve on what we are doing. As you are aware, the Cancer Registration workshop is one of the activities of this conference. I want to encourage you all to participate in the workshop.
7. Advocacy and Social Mobilization; governance and finance: This is the main focus for the year 2021 ICW. The Ministry and other stakeholders believe that the right advocacy will lead to the right investment by the government at all levels and all other players in the Cancer ecosystem. This informed the choice of the theme: Cancer Care for all: through strategic Advocacy and Investment". The Choice of His Excellency, the Governor of Kebbi state, as the Keynote speaker, was as strategic as the choice of the theme. This is because Distinguished Senator Bagudu has transformed the cancer landscape in Kebbi State among other giant developmental strides in the state. This is evident from the experiences he has shared through his very well-prepared and delivered lecture. Thank you, Your Excellency, for your service to humanity. I am aware that Kebbi state was the first to develop a state Cancer Control Plan and yet the only state to have established Cancer Health Fund with over 200 beneficiaries so far. I am sure that you learned that from the Federal Ministry of Health. I wish to encourage other governors to take a cue from Kebbi State.

The symposium organized by the First Ladies Against Cancer (FLAC) earlier in the day was also aimed at strategic advocacy at the state levels. Thank you, Your Excellencies for the excellent work you are doing in your various states and through your various NGOs.

Ladies and gentlemen, I hope that this conference will provide all the participants with the opportunity to learn new things, network, and forge a common front in the fight against cancer in Nigeria.

Thank you all for your attention.

3.8 Launching of Documents:

The Representative of the Honourable Minister, Dr. Adebimpe Adebisi in the company of the Governor, Kebbi State, FLAC members, and President NAOWA launched the following documents:

- i. National Policy on Chemotherapy Safety (ChemoSafe);
- ii. National Policy and Strategic Plan for Hospice and Palliative Care;
- iii. Virtual Tumour Board Oncopadi ARC.

3.9 Presentation of Awards:

The Representative of the Honourable Minister of Health presented the following awards:

- i. Award of excellence to the Governor, Kebbi State, His Excellency, senator Atiku Abubakar Bello who was the keynote speaker for the 2021 international Cancer Week
- ii. Award of Excellence to the Members of FLAC in recognition of their outstanding roles in cancer prevention in Nigeria. The Awardees include Her Excellency Dr. Zainab Shinkafi-Bagudu, Her Excellency Dr. Amina Abubakar Bello, Her Excellency Mrs. Betty Anyanwu-Akeredolu, Her Excellency Mrs. Monica Ugwuanyi, Her Excellency Dr. Linda Ayade, Her Excellency Erelu Bisi Fayemi, Her Excellency Ambassador Mrs. Olufolake Abdulrasag, Her Excellency Mrs. Omolewa Ahmed, Her Excellency Mrs. Olufunso Amosun and Her Excellency Mrs. Florence Ajimobi.
- iii. MEDICAID Cancer Foundation and BRECAN Foundation won the best Cancer NGO award for 2021.
- iv. Award of recognition to the following organizations: Roche Products Nigeria, JNC International, Tanit Medical Engineering, and General Electric Health in recognition of their outstanding roles in cancer prevention in Nigeria.
- v. Prof Folake Odedina was also given an award of recognition as the keynote speaker for the 2020 International Cancer Week.





3.10 Appreciation of Awards:

On behalf of all awardees, Ms. Claire Omatseye (JNCI) thanked the HMH for the awards in recognition of their efforts towards improving cancer care in Nigeria.

3.11 Vote of thanks by the National Coordinator, National Cancer Control Programme:

Dr. Okpikpi Okpako thanked the Governor of Kebbi State, FLAC, and the NASS to identify with the fight against cancer in Nigeria. He further appreciated the LOC members and wished all safe journeys to their various destinations. The ceremony closed with the National Anthem at about 5:55 pm.

CHAPTER FOUR: SCIENTIFIC SYMPOSIUM

4.1 Group A Presentations:

- i. Piloting Cancer support through advocacy and partnership in Kano State, northwest Nigeria (Dr. Musa Muhammad Bello);
 - ii. What are the knowledge, attitude, and perception of health workers in Cross River State about cancer? (Dr. Ushie D.E.);
 - iii. Prostate cancer sensitization and screening exercise in Kebbi State by Omowhara B.;
 - iv. Economic Burden of Hematologic Malignancies in Calabar, Nigeria from Patients Perspective (Asuquo Inyama M.);
 - v. Delay in diagnosis of patients with chronic lymphoid leukaemias, myeloma, and lymphoma - a 13-year single-centre study (C.U. Akunwata);
 - vi. Navigating the Nigerian healthcare system for a child diagnosed with Wilm's tumour: a mother's experience (Ominuta Stella);
 - vii. The Calabar Hepatitis Registry: Preliminary Report of Early Steps to Support Population-Level Liver Cancer Prevention in Nigeria (Dr. Mbang Kooffreh-Ada)
 - viii. Improving access to cancer treatment through public-private partnerships: A case study of the Nigeria Cancer Access Program (Pauletta Ibeka).
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4.2 Questions and Answers:

After the presentations by Group A, questions were entertained from participants while the presenters provided answers/responses as appropriate.

4.3 Group B Presentations:

- i. Effects of health education on the knowledge of human papillomavirus, cervical cancer and self-sampling among women in rural Delta State, Nigeria (Dr. Omowhara B.);
- ii. Feasibility and acceptability of self-sampling of human papillomavirus testing among women in rural Southern Nigeria (Dr. Omowhara B.);
- iii. Attitude and utilization of pap smear by female health workers in Irrua Specialist Teaching Hospital, Nigeria: a cross-sectional study (Esele F. Ekuaze);
- iv. Prostate cancer sensitization and screening exercise in Kebbi State (Dr. Aminu Isma'ila Aliyu, Medicaid Cancer Foundation);
- v. Gestational trophoblastic disease in Irrua, Nigeria: a 5-year review (Qudus O. Lawal);
- vi. Knowledge and willingness of healthcare providers to use distress thermometer to access distress in cancer patients (Mrs. Rachael Omoladun Onifade);
- vii. Improving cervical cancer screening access/uptake among women living with

- HIV in North Central/North Western, Nigeria (V. Igbinomwanhia);
- viii. Rectovaginal fistula: an early complication of Radiotherapy in a sexagenarian with cervical cancer (Samuel Archibong Efanga);
 - ix. Understanding the cost of treating cancers in Nigeria using chemotherapies and targeted therapies: Perspective from an Economic Modelling Study (Kelechi Uzor).
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4.4 Recognition of top Best Abstracts:

Following reviews of the Abstracts, the following abstracts were selected as best presentations:

- i. 5th position - Understanding the cost of treating cancers in Nigeria using chemotherapies and targeted therapies: Perspective from an Economic Modelling Study (Kelechi Uzor);
- ii. 4th position - Improving cervical cancer screening access/uptake among women living with HIV in North Central/North Western, Nigeria (V. Igbinomwanhia);
- iii. 3rd position - Navigating the Nigerian healthcare system for a child diagnosed with Wilm's tumour: a mother's experience (Ominuta Stella);
- iv. 2nd position - Economic Burden of Hematologic Malignancies in Calabar, Nigeria from Patients Perspective (Asuquo Inyama M.);
- v. 1st position - Feasibility and acceptability of self-sampling of human papillomavirus testing among women in rural Southern Nigeria (Dr. Omowhara B.);

CHAPTER FIVE: POLICY DISSEMINATION REVIEW/WORKSHOP SESSIONS; CHEMO-SAFE, HOSPICE AND PALLIATIVE CARE AND HARMONIZED NCCN CANCER TREATMENT GUIDELINES

5.1 Dissemination Workshop on ChemoSafe

5.1.1 Presentations:

- i. Concept of ChemoSafe (Prof. Sunday A. Adewuyi);
- ii. ChemoSafe Baseline Assessment Report (Pharm. James Yakubu);
- iii. Overview of ChemoSafe Policy and Implementation Strategy (Pharm. Rafiu Akanbi);
- iv. Accessing Cancer Registry Data in Nigeria for Clinical and Epidemiological Research.

5.1.2 Q&A / COMMENTS:

- i. **H.E. Mrs. Betty** - The ChemoSafe document is tailored to the safety of health workers; what about the safety of users of the drugs? How misinformation that chemo kills be corrected? What alternatives are there for chemotherapy? Call for safer approaches.
- ii. **Responding, Prof. Sunday Adewuyi** stated that measures were in place to ensure treatments benefit patients and do not cause harm (justification of treatment). Some patients present late where only surgery and Radiotherapy would be available options. He reiterated that some tumour biology, even at the early stages, may require chemo, as stage alone isn't enough to direct treatment. Also responding, Prof. Bello stated that treatments were based on guidelines and that different stages require different therapies such as hormonal, chemo, mastectomy, and Radiotherapy. He appealed for more concerted efforts to be channelled towards awareness for both early presentation and treatment options. Furthermore, he appealed that incentives scheme for administers of chemo and Radiotherapy should be created due to their prolonged exposure, citing that no incentive was made in the Chemo-Safe Policy.
- iii. While emphasizing the need for the correct administration of chemotherapy, it was reiterated that no incentive would be commensurable to the impacts of chemotherapy administration on caregivers. However, the government needed to put the necessary infrastructure in place for safe administration.
- iv. Appeal for FMOH to work towards providing biosafety cabinets for Oncology Pharmacists for reconstitution of chemo drugs and that bedside administration of chemotherapy should be discouraged.

5.1.3 Next Steps on Chemosafe:

- i. Proper dissemination of documents to all stakeholders;
- ii. Presentation of Policy to the National Council on Health (NCH) for adoption and

- implementation in the States;
 - iii. Training and retraining of relevant healthcare workers;
 - iv. To galvanize support from partners to implement the policy;
 - v. Ensure that Centres have dedicated wards for chemotherapy as contained in the policy;
 - vi. To develop Guidelines and SOPs for the Policy;
 - vii. Conduct routine assessments of facilities to ensure compliance with guidelines;
 - viii. Circulars on Chemo-Safe are being developed and would be circulated accordingly;
 - ix. There's provision for compensations via the OHSCF Service-wide charge;
 - x. Healthcare providers to ensure safety compliance in the administration of chemotherapy.
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5.2 Presentations

Day 3 commenced with presentations as follows:

- i. Dr Nwamaka Lasebikan, ARCON President presided over this session and reiterated the need to optimize treatment outcomes using evidence based options provided by guidelines.
- ii. Relevance of Multidisciplinary Team (MDT) in Optimal Patient Management (Prof. Sunday A. Adewuyi);
- iii. Optimizing Patient Care through Guidelines (Dr. Emmanuella Nwachukwu);
- iv. NCCN Harmonized Treatment Guidelines and Harmonization Process (Dr. Bello Abubakar);
- v. Uptake and Integration of the Harmonized Guidelines (Dr. Robert W. Carlson).

5.2.1 Highlights of Interactive Session:

- i. Cancer care requires an MDT approach;
- ii. There should be adequate and correct information sharing between the MDTs to get the right advice and best results;
- iii. Need for Surgeons to consult Pathologists for histopathology and autopsies;
- iv. Need to educate MDTs on compliance to guidelines;
- v. Need for proper labelling of samples;
- vi. Standard of reporting should be established and maintained across disciplines;
- vii. Need to develop hospital protocols for MDTs;
- viii. Need to develop guidelines. FMOH to champion the development and implementation of the guidelines through the FTHs, as well as the involvement of relevant stakeholders in the process;
- ix. Arising from evolving treatment approaches, guidelines will be interrogated, reviewed/updated for adoption;

- x. Need to have quality assurance and monitoring in all centres;
- xi. Patient Advocacy is important to stir patient care in the right direction: patients should be offered standard of care based of proven evidence provided through guidelines;
- xii. Adoption of Clinical Practice Guidelines can help scale up the introduction of new practices to advocate for more cancer resource interventions;
- xiii. Need to tap into indigenous medical resources in the diaspora for interventions;
- xiv. Due to frequent updates of guidelines, health practitioners should be encouraged to access the guidelines online more often;
- xv. More cancer/oncofertility consortia should be allowed to leverage on preserving fertility, especially for young patients;
- xvi. Need to emphasize the inclusion of all population genetics in clinical trial processes;
- xvii. In concluding the session, Dr. Bello noted that the NCCN guideline had a wide coverage for various cancers and also included guidelines for patients. He encouraged caregivers to ensure they access the guidelines and follow-up on subsequent updates in the treatment of cancer. Dr Lasebikan reiterated ARCON's commitment to work with FMOH on implementation and dissemination efforts of the NCCN Harmonized Guidelines.

5.2.2 Group Sessions on Harmonized NCCN Guidelines:

Participants were broken into three (3) groups to review the guidelines for the popular cancers – Breast, Cervical, and Prostate cancers. At the end of the sessions, all the participants unanimously adopted the Harmonized NCCN Guideline as the best-suited use in Nigeria. It was recommended that this resolution should be presented to the Honourable Minister of Health for approval. The following next steps were agreed upon:

- i. Present the stakeholders' resolution to the Honourable Minister of Health to adopt NCCN guideline for use as a National Cancer Treatment Guidelines for Nigeria.
- ii. Present the Harmonized NCCN guideline at the Council on Health for possible adoption for use by the state governments.
- iii. Disseminate the guideline in all the hospitals managing cancer patients across the country.
- iv. Take steps to ensure that Multidisciplinary Tumor Boards which the FMOH has passed a circular on, review patients based on the guidelines.
- v. Government at all levels and development partners to source for funding and train, retrain, and provide infrastructural capacity for cancer treatment centres to manage their patients according to guidelines and best global practices.

5.3 Presentations on Hospice & Palliative Care:

Day 3 of the ICW concluded with the following presentations:

- i. The Concept of Palliative Care (Prof. Israel Kolawole);

- ii. Overview of the National Policy and Review Implementation Strategies of Palliative Care Policy (Prof. Israel Kolawole);
- iii. Current Status of Palliative Care Services in Nigeria (Dr. Samuel Otene);

5.3.1 Next Steps for the implementation of Hospice and Palliative Care policy

- i. Proper dissemination of documents to all stakeholders;
- ii. Presentation of Policy to the National Council on Health (NCH) for adoption and implementation in the States;
- iii. Training and retraining of relevant healthcare workers;
- iv. To galvanize support from partners to implement the policy;
- v. Ensure that Centres have dedicated Hospice and Palliative care clinics/ wards as contained in the policy;
- vi. To develop Guidelines and SOPs for the Policy;
- vii. Conduct routine assessments of facilities to ensure compliance with guidelines;

CHAPTER SIX: STAKEHOLDERS TOWN HALL MEETING (29TH OCTOBER, 2021)

The International Cancer Week ended with a Town Hall meeting of various stakeholders where far-reaching decisions were made on how to unite and address cancer care challenges. Various cancer stakeholders were admonished to strengthen the Nigerian Cancer Society (NCS), which is the umbrella body of all cancer advocates and practitioners in Nigeria. At the end of the meeting, an award of recognition was presented to Prof Ifeoma Okoye, the initiator of International Cancer Week in Nigeria, and the African Health Budget Network (AHBN) for their contributions towards cancer advocacy and support to the Nigerian Cancer Society.

It was agreed that the International Cancer Week should be sustained and planning for the 2022 edition started as soon as possible.

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5. National Policy and Strategic Plan for Hospice and Palliative Care, Federal Ministry of Health, Abuja.

PICTURE GALLERY



REPORT OF 2021 INTERNATIONAL CANCER WEEK (ICW) IN NIGERIA

