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HEALTH SYSTEMS TRUST

STRENGTHENING CANCER SERVICES IN SA

Articles at a Glance

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Introduction

This pioneering edition of the *South African Health Review* which is dedicated to strengthening cancer services in South Africa, underscores the urgent need to address the persistent gaps and challenges in cancer care within the country.

The insights and evidence presented throughout these articles highlight the necessity of rethinking current policies and practices, and the importance of fostering a more integrated and patient-centred approach to cancer prevention, diagnosis, treatment, and support.

As we move forward, it is crucial that stakeholders across the health system collaborate to implement the recommendations provided, ensuring that every person receives timely and equitable care.

We trust that this publication will serve as a catalyst for meaningful change, driving progress towards a stronger, more resilient healthcare system that meets the needs of all South Africans.

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HEALTH SYSTEMS

Breast cancer: do the current policies mean anything?

Susan Botha, Neo R.T. Ledibane, Lydia M. Dreosti

Despite the number of promulgated policies relating to fast track systems via specialist breast units, fiscal and human capital deficiencies negatively impact attempts to diagnose and treat patients timeously and increase survival.

Aim

This study was initiated to determine where the longest delays occur during the breast cancer patient's journey, from the first symptom to the first treatment. This information, combined with the existing policy, identifies shortfalls in the breast cancer diagnostic and treatment pathways that must be addressed.

Results

The longest delays experienced were between the patients' first visit to any medical facility to date of diagnostic biopsy. Key Area 2 of the Breast Cancer Prevention and Control Policy makes provision for patients to be referred directly to a regional/tertiary/quaternary medical facility for further screening, diagnosis and treatment within 21–60 days from the first visit. In the study's cohort, a mean of four months from first visit to diagnostic biopsy was recorded.

Conclusions

The delays patients experienced highlight the lack of knowledge about the urgency and correct referral of suspected malignancy cases.

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HEALTH SYSTEMS

Medicine needs of children not addressed in the National Cancer Strategic Framework: insights from a triangulation study

Iris R. Joosse,
Hendrika A. van den Ham,
Aukje K. Mantel-Teeuwisse,
Fatima Suleman

The 2017–2022 National Cancer Strategic Framework overlooked challenges in access to childhood cancer medicines. To ensure access in the future, solutions specifically tailored to the needs of children are needed.

Aim

This article evaluates whether the 2017–2022 NCSF adequately addressed issues related to childhood cancer treatment, in particular paediatric oncology medicines.

Findings

Three recurrent gaps in the NCSF in relation to childhood cancers were identified, representing a range of issues throughout the pharmaceutical value chain: 1) childhood cancers are neglected compared to adult cancers; 2) there are particular challenges for childhood cancers due to their rarity; and 3) children must be accompanied by a caregiver during treatment, causing several social and financial issues for their families.

Conclusions

There is a pressing need for a strategic cancer plan that makes proper provisions for children. Such an endeavour, in an updated NCSF, must commence with acknowledging the areas in which childhood cancers are different from adult cancers, and which demand targeted intervention.

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HEALTH SYSTEMS

Intra- and inter-facility experiences of coordinating care for patients with lung cancer in KwaZulu-Natal public health facilities: a qualitative study

Buhle Lubuzo,
Khumbulani Hlongwana,
Themba Ginindza

Improved coordination has long-term benefits, including reduced costs and a more simplified and uniform approach to delivering cancer care across the system. Government and healthcare organisations should incorporate principles of collaboration, care coordination, and insight into healthcare as a complex adaptive system in their induction programmes.

Aim

With so many health professionals, services, and settings involved, the care of cancer patients can become fragmented and uncoordinated. This paper explores healthcare professionals' perspectives on coordinating lung cancer care within and between healthcare services.

Findings

The overall public health system challenges reported by participants involved service fragmentation, staff shortages, and communication problems. Drivers of lack of care coordination varied widely across healthcare professionals, with interoperability and communication challenges standing out as the most prominent themes. This study provides pertinent information for policymakers and healthcare professionals to develop appropriate strategies for improving cancer care coordination interventions.

Conclusions

A fundamental change is required to shift the direction of the KwaZulu-Natal public health system towards responsive, patient-centred, comprehensive, and coordinated care. Enabling the primary healthcare level to play a substantial role in care coordination may provide a plausible intervention to circumvent healthcare complexities.

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HEALTH SYSTEMS

Mapping local evidence on early recognition and management of people with potential cancer symptoms: a narrative review

Jennifer Moodley, Sarah Day, Tasleem Ras, John E. Ataguba, Jane Harries, Rosemary Jacobs, Zvavahera M. Chirenje, Bothwell Ghuza, Alexandra Payne, Jennifer N. Githaiga, Mary Kawonga, Suzanne E. Scott, Fiona M. Walter

Very few interventions to improve timely diagnosis for people with symptoms have been developed and evaluated in South Africa. This is an urgent need.

Aim

Timely diagnosis and management of people with symptomatic cancer is a neglected yet critical component of comprehensive cancer control. This paper provides relevant insights for improving the journey to diagnosis.

Findings

The AWACAN study developed and validated a local cancer awareness measurement tool for breast and cervical cancer. Studies show that most people in SA need information on cancer risk, symptoms, and pathways to care. Barriers to accessing health care include financial, infrastructural, safety, stigma, and previous health facility experiences. PHC providers require support for symptom assessment and referral systems. There is limited local work on developing and evaluating interventions to improve timely cancer diagnosis.

Conclusions

This paper underscores the importance of prioritising early recognition and management of people with symptomatic cancer as part of a comprehensive cancer control plan, providing insights for improving the journey to diagnosis.

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HEALTH SYSTEMS

Stakeholder perceptions of issues and possible solutions to access to oncology medicines: a case study of multi-stakeholder engagement

Fatima Suleman, Njabulo Jama, Salomé Meyer, Andrew Gray

Addressing access to oncology medicines requires a coordinated effort, involving the government, healthcare providers, civil society, the community, and the private sector to formulate appropriate strategies and policies.

Aim

This case study reports on a series of multi-stakeholder dialogues on challenges to access oncology medicines in both the public and private sectors.

Results

The key issues raised in the discussions included: non-transparency in the approval and pricing of unregistered medicines accessed in terms of section 21 of the Medicines and Related Substances Act of 1965 (as amended); commercial decisions related to the small market for oncology medicines in South Africa; inequities between public and private sector access; alternative forms of price negotiation in the private sector; the restrictions imposed by the single exit price model; and the role of co-payments for those medicines not included as prescribed minimum benefits.

Conclusions

There is a clear need for a forum where all stakeholders and actors in this field can engage in discussions to find solutions to the oncology medicines access conundrum, including the development of legislative amendments.

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PREVENTION, SCREENING AND EARLY DIAGNOSIS

Reducing colorectal cancer mortality in South Africa: experiences and progress from the South African National Cancer Prevention Services

Wenlong C. Chen, Abrie van Wyk, Ursula Algar, Mazvita Muchengeti, Ines Buccimazza, Francois Malherbe, Nomonde Mbatani, Raj Ramesar, Paul A. Goldberg

In a young population, inherited cancers form a greater proportion of the disease burden. Identification and surveillance of high-risk family members would allow targeted intervention while the disease is preventable/curable.

Aim

The South African National Cancer Prevention Services (SANCaPS), was established to implement national systems for identifying individuals with inherited cancers, improving their clinical management, and reducing the overall disease burden. Using colorectal cancer as an example, SANCaPS aimed to extend surveillance and management practices from the Western Cape to a national level.

Results

SANCaPS initiated the standardisation of national pathology reporting for colorectal cancers. Currently, a minimum core pathology dataset collection is being piloted in the National Health Laboratory Service's TrakCare system. Subsequently, SANCaPS aims for broader adoption through stakeholder engagements. This will help to identify patients with mismatch repair-deficient colorectal cancers, facilitate research, and improve reporting.

Conclusion

To improve patient outcomes, this consultative process and framework will be replicated to introduce standardised management workflows for other common cancers, including breast, prostate, uterine, and others.

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PREVENTION, SCREENING AND EARLY DIAGNOSIS

Leveraging implementation science for secondary prevention of cervical cancer in South Africa

Mary Kawonga

Implementation science frameworks could be leveraged for cervical cancer secondary prevention in South Africa by addressing bottlenecks that hamper improvements in cervical screening and pre-cancer treatment coverage.

Aim

This good practice paper applies implementation science frameworks to secondary prevention in South Africa and promotes using such frameworks in cervical cancer prevention programming.

Findings

Drawing from the South African literature, examples of ineffective and failed implementation of secondary prevention interventions are presented including: low acceptability of screening by users and providers, sub-optimal adoption of screening provision by providers, low feasibility of hospital-centred pre-cancer treatment provision, low implementation fidelity, and limited reach of screening and pre-cancer treatment. Using two examples, the paper provides practical guidance on how implementation science frameworks could be leveraged in South Africa to mitigate implementation failure.

Conclusions

Greater application of and capacity building in implementation science are recommended to contribute towards strengthening cervical cancer secondary prevention in South Africa.

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PREVENTION, SCREENING AND EARLY DIAGNOSIS

The role of primary care practitioners in cancer control in South Africa: a systems-based case study

Tasleem Ras, Olukayode Adeleke, Jennifer Moodley

Primary care clinicians contribute to cancer care by facilitating patient education, appropriate screening, early diagnosis and efficient referral. Enhancing this role could significantly impact cancer outcomes in SA.

Aim

With increased awareness of the importance of primary care in the context of universal health coverage, there has been a shift to explore the role of primary care in comprehensive cancer management. This paper focuses on the role of primary care practitioners (PCPs) in health promotion, early detection and care coordination.

Results

For effective patient assessment, PCPs must be trained in screening and diagnostic techniques as part of their clinical competencies as generalists. These competencies include: risk identification, counselling skills, expert clinical examination, interpretation of basic x-rays, minor surgical skills, interpreting blood tests and point of care ultrasound. Against a backdrop of ongoing budget constraints, consumables and equipment needed for diagnosis should be readily available and referral pathways for patients and specimens should be clearly defined and resourced.

Conclusions

PCPs in community-based facilities are well placed to engage with the psychosociocultural dimensions of care. The SA health system places primary care at the point of closest contact with communities. Efficient care pathways are needed by PCPs to adopt the role of care coordinator when patients with suspected or confirmed cancer enter these pathways.

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PREVENTION, SCREENING AND EARLY DIAGNOSIS

Exploring factors associated with uptake of breast cancer screening among a subset of women in a South African metropolitan area: research to inform public health interventions

Ernest Peresu, Gladys Kigozi-Male, Michelle Engelbrecht, Ronel van Rooyen

Breast cancer screening uptake can be optimised by targeting local psychosocial traits, economic variables, healthcare provider awareness, empowering women through education, and supporting navigation of the healthcare system.

Aim

This study investigates the factors associated with breast cancer screening uptake among a subset of women attending public health services in a South African metropolitan area.

Results

Out of 252 women, 48.0% were older than 30, 69.4% were unemployed, and 56.0% self-reported breast cancer screening non-uptake. After adjusting for other variables, marital status, employment status, home language, and perceived breast cancer screening benefits were significantly associated with breast cancer screening uptake.

Conclusion

A significant proportion of women were in the age range where breast cancer screening is typically recommended, with more than half self-reporting breast cancer screening non-uptake. Results highlight the necessity of addressing socio-economic, cultural, and individual perceptions to improve breast cancer screening rates and promote early detection.

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PREVENTION, SCREENING AND EARLY DIAGNOSIS

The implementation and outcome of a breast cancer genetic counselling service at Potchefstroom Hospital: a model for outreach

Monica R. Araujo, Shelley Macaulay, Tasmyn D. Scriven, Prince K. Mwila, Baudouin K. Kakudji, Amanda Krause

Integrating genetic counselling in South Africa's under-resourced areas enhances patient management and identifies at-risk relatives, thus demonstrating effective resource extension through inter-departmental collaboration and outreach clinics.

Aim

The aim of this pilot study was to perform a retrospective file review and report on the implementation and outcomes of the genetic counselling service at the Breast Clinic at Potchefstroom Hospital, from its inception in 2019, until November 2022.

Results

The majority of patients (83.7%) were diagnosed with an invasive ductal carcinoma, and 57.7% of the patients had a family history of cancer. A total of 62.8% of patients had a histologic grade 3 tumour. A total of 25.5% (12/47) of patients tested positive for a pathogenic variant in *BRCA1* or *BRCA2*. A total of 45 at-risk first-degree relatives were identified who could benefit from predictive testing.

Conclusions

This study highlights the benefit of offering clinical genetics services through outreach clinics. Being able to offer this service is not only beneficial for the management of the affected individuals, but also for their at-risk relatives. It serves as a positive example of how limited resources can be extended to benefit patients.

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TREATMENT AND SUPPORTIVE CARE

Improving perioperative cancer care: experience with the Enhanced Recovery After Surgery (ERAS) programme

Ravi Oodit, Claire Warden, Adam Boutall, Eugenio Panieri, Deborah Constant, Vanessa Pickford, Sharon Bannister, Anna-Lena Du Toit, Marcin Nejthardt, Bhavna Patel, Mary Brindle, Jennifer Moodley

Implementing the ERAS programme, healthcare providers can optimise the use of limited resources. This ensures improved quality of care, efficient resource allocation and enhanced patient outcomes.

Aim

Surgical cancer care in low- and middle-income countries is negatively impacted by high complication rates and failure to rescue the deteriorating patient. Implementation of the Enhanced Recovery After Surgery (ERAS) programme offers an opportunity to improve care. Insights from implementing an ERAS programme for colorectal cancer patients in the public and private sector in Cape Town are presented.

Results

Overall, ERAS compliance was greater than 70% in both sectors and ERAS compliance was greatest in the pre- and intra-operative phase. An association was seen between increasing compliance and decreased length of stay as well as decreased complication rates.

Conclusions

A robust colorectal cancer ERAS programme can achieve high compliance, decreased LOS, and fewer complications in South Africa. This study provides a foundation for a large-scale national strategy for ERAS implementation for perioperative cancer care across all disciplines.

Beyond diagnosis: using a futurist approach to improve access to radiation oncology services in South Africa

Harsha Somaroo, Duvern Ramiah

Radiation oncology services in South Africa face multifaceted challenges and futurist causal layered analysis provides a comprehensive approach to identifying strategies for strengthening services, improving access and reducing delays.

Aim

Using the established layers of causal layered analysis (CLA), namely, the litany, systemic, worldview, and mythical layers, the NCSF, relevant literature, and expert perspectives, were used to explore the multiple levels of influence related to radiation oncology services in South Africa.

Findings

Considering litany, review of process flows and radiation oncology care models could offer strategic pathways for reducing waiting times and improving access to care. From the systemic layer analysis, health system strengthening should include improving clinical governance and access to available services within both the public and private sectors. This could simultaneously address the worldview of an unconstitutional lack of access to radiation oncology care within the public health sector. The final level considered myths related to radiation oncology in South Africa and highlighted the importance of a business case for radiation oncology services to support enhanced planning and outcomes.

Conclusions

CLA methodology offers new insights into the challenges and opportunities facing radiation oncology services in South Africa. By comprehensively addressing the complex causal layers impacting radiation oncology services, policymakers and stakeholders can make more informed decisions to improve access to radiation oncology care in the country.

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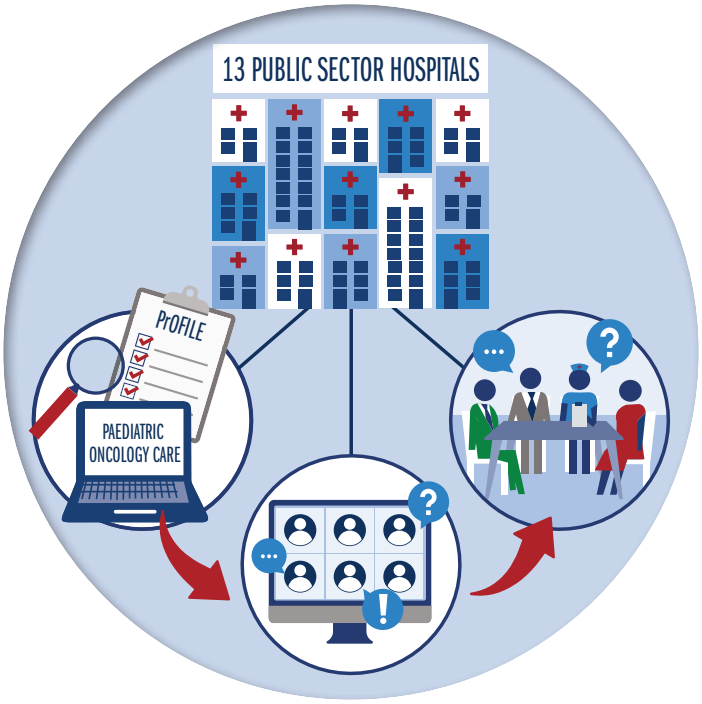
TREATMENT AND SUPPORTIVE CARE

Improving childhood cancer care in South Africa using the Paediatric Oncology Facility Integrated Local Evaluation (PrOFILE) tool

Gita Naidu, Ayomide Omotola, Manoo Bhakta, Kamalina Coopasamy, Alan Davidson, Jan du Plessis, Liezl du Plessis, Jennifer Geel, Elelwani Madhzia, Rema Mathew, Sheena Mukkada, Beverley Neethling, Vuthshilo Netshituni, David Reynders, Carlos Rodriguez-Galinda, Victor Santana, Anel van Zyl, Johan Vermeulen, Nickhill Bhakta

Based on mapping and outputs from the PrOFILE workshop, the NDoH will facilitate the creation of a childhood cancer committee to sustain progress on the key themes and priorities identified.



Aim

Using the St. Jude PrOFILE tool, SAAPHO collaborated with SJCRH to evaluate the delivery of health services and provide evidence-based assessments to inform and prioritise action plans to increase childhood cancer care.

Results

Individual hospitals and a national aggregate report were compiled to discuss opportunities and priorities. Through structured discussion and voting at a national stakeholder prioritisation workshop, six priority areas were identified and assigned to working groups, namely: redrafting the organisation's constitution, standardising multidisciplinary reporting, developing protocols and treatment guidelines, establishing fever-management guidelines, strengthening chemotherapy safety practices, and enhancing hospital-based cancer registries.

Conclusions

An implementation map enabled stakeholders to develop actionable plans, the success of which is demonstrated by the active implementation of the identified priorities by the focused working groups.

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TREATMENT AND SUPPORTIVE CARE

Strengthening cancer care through the inclusion of audiological services

Nabeelah Nagdee,
Victor Manuel de Andrade

The inclusion of audiological services as a core standard for cancer patients receiving ototoxic treatment may strengthen cancer care and allow for comprehensive, holistic, patient-centred best practice that is contextually attuned.

Aim

This article highlights that the inclusion of audiological services, such as ototoxicity monitoring and management, can strengthen cancer care by reducing the morbidity and effects of ototoxicity.

Findings

Resource and logistical limitations hinder the effectiveness of ototoxicity monitoring and management programmes In South Africa. A lack of awareness of the ototoxic effects of some cancer treatments by oncology nurses, as well as ambiguity regarding the roles and responsibilities of the multidisciplinary cancer team in terms of ototoxicity monitoring, management, and patient counselling, further exacerbate the problem.

Conclusion

A national and standardised protocol and programme incorporating tele-audiology and task-shifting could enhance the effectiveness of ototoxicity monitoring and management. In addition, collaborative work among the cancer multidisciplinary team will foster holistic practice and integration of audiological services.

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HEALTH ECONOMICS AND SURVEILLANCE

Commercial determinants of health and cancer prevention in South Africa

Susan Goldstein,
Sameera Mahomedy

Preventing cancer through controlling the commercial determinants of health should follow a multipronged approach to address the complex methods industries use to increase their profits.

Aim

In South Africa, 30–50% of cancers are preventable, but SA focuses mainly on tobacco control, ignoring major causes of cancer such as alcohol, obesity, and ultra-processed foods. This paper highlights the role of these commercial determinants in contributing to cancer in SA. It outlines strategies and barriers in addressing these determinants.

Findings

The article sheds light on industry tactics, including strategic partnerships, sponsorship, and diversionary narratives during crises, aimed at safeguarding profits. It emphasises the less-explored realm of non-marketing strategies, such as political lobbying, industry-funded research, and the ‘revolving door’ phenomenon where industry insiders become policymakers.

Conclusions

A paradigm shift in cancer prevention policies is required, urging the government to implement a comprehensive suite of measures that include increased taxation on harmful products, strict restrictions on marketing, enhanced product labelling, and eliminating conflict of interest in health research and policies. Addressing the commercial determinants necessitates not only recognising their impact but also adopting a multi-level governance approach that prioritises public health over corporate profits.

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HEALTH ECONOMICS AND SURVEILLANCE

Health and related indicators, 2023

Noluthando Ndlovu, Andrew Gray, Ntombifuthi Blose, Matome Mokganya

There is an urgent need to enhance data collection and quality across all levels of the health system. Strengthening data sources and ensuring regular, comprehensive reporting will be crucial in tracking the effectiveness of policies aimed at cancer prevention, treatment, and palliative care.

Aim

This paper presents a comprehensive repository of data detailing the current status of the South African health system and the health status of its population. The focus is on national and provincial levels, encompassing sociodemographic indicators, determinants of health, health status indicators, and health service indicators.

Results

The findings indicate significant gaps in the availability of relevant and quality indicators, particularly concerning cancer, echoing challenges seen with other non-communicable diseases. While some data exist, they are often fragmented, outdated, or incomplete, limiting their utility in guiding effective policy-making and intervention strategies.

Conclusions

The limited availability of robust cancer-related data highlights the challenges in accurately assessing the burden of the disease and the effectiveness of current interventions. This scarcity of data impedes the ability to monitor progress and make informed decisions regarding cancer prevention, treatment and palliative care.

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