

# Kigali, Rwanda

## key cancer care gaps and priorities



### FACTS & FIGURES

**12,955,736**

Rwanda population<sup>1</sup>

**1,132,686**

Kigali population<sup>2</sup>

#### CANCER BURDEN IN RWANDA IN 2020<sup>3</sup>

New cancer cases, males and females, all ages:

**8,835**

Cancer deaths, males and females, all ages:

**6,044**

Five most common cancers, males: **prostate, stomach, liver, colorectum, lung**

Cancer incidence rate, males and females:

**113.9**

(PER 100,000)

Cancer mortality rate, males and females:

**81.4**

(PER 100,000)

Five most common cancers, females: **breast, cervix uteri, stomach, ovary, non-hodgkin lymphoma**

- 1 National Institute of Statistics Rwanda (Accessed on 30 November 2020) <https://www.statistics.gov.rw/statistical-publications/subject/population-size-and-population-characteristics>
- 2 National Institute of Statistics Rwanda (Accessed on 30 November 2020) ([https://www.citypopulation.de/en/rwanda/admin/1\\_kigali/](https://www.citypopulation.de/en/rwanda/admin/1_kigali/))
- 3 Global Cancer Observatory International Agency for Research on Cancer (Accessed on 25 March 2021) (<https://gco.iarc.fr/today/data/factsheets/populations/646-rwanda-fact-sheets.pdf>)

## Highlights of the main needs and challenges identified for the city of Kigali:

This high level summary is based on the results of the full situational analysis report and the priorities set by the city.

Contributions to the Needs Assessment:

**126**

healthcare professionals from 32 institutions

**80**

patients

Kigali, the capital city of Rwanda, joined the City Cancer Challenge (C/Can) at the end of 2018. Since then, supported by C/Can's network of local, regional and global partners and experts, Kigali has embarked on a process to identify, design and develop sustainable cancer care solutions that respond to local needs.

As a first step, C/Can convened a City Executive Committee bringing together representatives from the main public and private institutions providing cancer care in Kigali, local and national government, academia and civil society, to guide and oversee the C/Can process in Kigali.

*One of the foundational steps in the C/Can process is a data-driven needs assessment to identify key gaps and opportunities for improving access to quality cancer care. The needs assessment is guided by a questionnaire designed to systematically collect data on the quality and capacity of cancer care services in the city. It addresses the extent to which patients are placed at the centre of care by also assessing community access and integration of care within the city.*

The City Executive Committee's first task was to convene a multi-disciplinary Technical Committee of 21 local experts, with expertise in the quality, management and delivery of cancer care, to coordinate a city-wide needs assessment. Together, they identified institutions that, based on their contribution to cancer care, should participate in data collection. In Kigali, over 90% of cancer care providers identified contributed data to the C/Can needs assessment process. The Technical Committee also convened a wider network of local experts that would collaborate as part of 20 inter-institutional, topic-specific working groups (incl. nuclear medicine, pathology, radiotherapy, medical oncology, surgery among others) to collect data, and analyse and interpret the findings.





## Availability of cancer care services

### Diagnostic laboratories (clinical and pathology labs) and blood bank

- Need for infrastructure for basic histopathology and clinical laboratory services
- Limited availability of immunohistochemistry services
- Variation of quality control and operational procedures in laboratories
- Lack of information system for cancer case reporting, including pathology reporting
- Lack of an external quality assurance programme (diagnostic laboratories)

### Medical imaging (radiology and nuclear medicine)

- Limited availability of appropriate radiology equipment in referral and district hospitals
- Lack of standardised radiology reports
- Lack of quality control and quality assurance of radiology departments
- No available nuclear medicine department

### Medical oncology (adult and paediatric)

- Lack of adequate facilities to provide medical oncology services in referral hospitals
- No essential medicines list tailored to the context of Kigali
- Absence of clear referral pathways and multidisciplinary management for cancer patients

### Palliative and supportive care

- No defined palliative care package for cancer patients; palliative care not included in the referral system
- Discontinuity of essential palliative care due to lack of access to medicines

### Radiotherapy

- Limited availability of radiotherapy services





## Management of cancer care services

(including education and professional training)

- Fragmentation of cancer care services due to a shortage of service and trained workforce (physicians and technologists)
- Inefficiency in the referral and counter-referral system
- Time lag between suspicion and diagnosis of cancer
- Absence of a formal continuing medical programmes and clinical research to build capacity for medical specialists

## Quality of cancer care services

- No systematic use of data for planning, monitoring and evaluation of cancer care services and policies
- Lack of standardisation of diagnostic reporting
- No systematic multidisciplinary decision making and treatment planning
- Absence of resource-adapted guidelines for the management of common and curable cancer sites and corresponding treatment protocols

## Community access to cancer care services

- Limited access of patients to the network of public cancer care services
- Low awareness among the population and among primary healthcare practitioners on early signs and symptoms of cancer

## Translating needs into action



*Following the needs assessment, C/Can supports an action planning exercise that results in a City Roadmap for Cancer Care. This city-led plan guides the prioritisation and development of 8-12 city projects, as well as identification of resource mobilisation, capacity development and technical cooperation needs.*

In Kigali, eleven projects have been identified to address gaps including in the areas of information systems, quality imaging procedures and human resource planning. In parallel, C/Can is collaborating closely with local stakeholders to strengthen local capacity, leadership and an enabling policy environment to ensure the sustainability and long-lasting impact of city projects on access to quality cancer care, and ultimately patient outcomes. Learn more about progress in Kigali in the latest [C/Can Activity Report](#).

### ACKNOWLEDGEMENTS\*

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\* Institutions that have contributed data to the needs assessment process in Kigali (listed alphabetically)