

Kumasi, Ghana

key cancer care gaps and priorities





ACTS & FIGURES

31,556,119

Ghana population¹

3,400,000

Kumasi population²

CANCER BURDEN IN GHANA IN 20203

New cancer cases, males and females, all ages:

24,009

Cancer deaths, males and females, all ages:

15,802

Five most common cancers, males: liver, prostate, liver, non-Hodgkin lymphoma, colorectum, stomach

Cancer incidence rate, males and females:

115.9

Cancer mortality rate, males and females:

80.6
(PER 100,000)

Five most common cancers, females: breast, cervix uteri, ovary, liver, non-Hodgkin lymphoma

- 1 Population Stat, World Bank, United Nations Census (Accessed on 6th December 2020) (https://populationstat.com/ghana/kumasi)
- 2 Population Stat, 6th December 2020 (https://populationstat.com/ghana/kumasi) sources: World Bank, United Nations Census
- 3 Global Cancer Observatory, (Accessed on 25 March 2021) (https://gco.iarc.fr/today/data/factsheets/populations/288-ghana-fact-sheets.pdf)

Highlights of the main needs and challenges identified for the city of Kumasi:

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:

258

healthcare professionals from 38 institutions

53 patients

Kumasi, the second largest city in Ghana joined the City Cancer Challenge (C/Can) at the beginning of 2018. Since then, supported by C/Can's network of local, regional and global partners and experts, Kumasi 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 (CEC) bringing together representatives from the main public and private institutions providing cancer care in Kumasi, local and national government, academia, and civil society, to guide and oversee the C/Can process in Kumasi.

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 23 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. The Technical Committee also convened a wider network of local experts that would collaborate as part of 23 interinstitutional, 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	Medical imaging (radiology and nuclear medicine)
 Limited laboratory services in most health facilities Accreditation exists for laboratory personnel but not facilities No harmonisation of standard operating procedures between laboratories No viable communication system among blood banks and labs 	· Limited equipment and facilities that are often poorly maintained · No proper archiving of images
Surgical Care	Palliative and supportive care
 No written protocols for cancer surgery No dedicated operative theatre or post operative area No comprehensive cancer centre in the city 	 No protocols or policies for palliative care No national essential medicine list with palliative care medication City lacks palliative care units
Medical oncology (adult and paediatric)	Radiation Oncology
 No accredited national training for oncology medical staff Lack of equipment No protocol for indication and chemo drug administration No wards to accommodate cancer in-patients Chemotherapy agents not always available for treatment No bone marrow transplantation done in the city 	 Inadequate equipment to meet the needs of the city Lack of standard protocol for radiation oncology treatment Poor maintenance of equipment





Management of cancer care services

(including education and professional training)

- Limited human resources in cancer care including for nuclear medicine, surgery, medical oncology, radiation oncology, and palliative care
- · Poor health education and cancer awareness
- · Poor insurance coverage for cancer
- · Cancer data is limited which impacts planning

Quality of cancer care services

- · Limited staff to provide cancer services
- · Multidisciplinary team meetings not routine practice
- · Lack of standard operating procedures for treatment planning
- · Cancer registry unit is not properly integrated into the health system
- · No electronic medical record system

Community access to cancer care services

- · Limited cancer units in facilities
- · Patient advocacy programs are available but only practiced in a few facilities
- · Delays due to doctor-patient ratio
- · Financial constraints make it difficult for patients to receive comprehensive care

Translating needs into action



Following the city 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 Kumasi, 12 projects have been identified to address gaps including in the areas of radiotherapy, pathology, palliative care, cancer registration. Out of these 12 projects, C/Can is providing technical assistance to 8. 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 Kumasi in the latest C/Can Activity Report.

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