



2020 INTERNATIONAL CANCER WEEK REPORT

Nigeria

Cancer in Nigeria in the COVID-19 Era and Beyond

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LIST OF ACRONYMS

AIT	African Independent Television
AORTIC	African Organization for Research and training in cancer
BWS	Breast Without Spots
CHAI	Clinton Health Access Initiative
CiSCANEN	Civil Society for Cancer Eradication in Nigeria
DCL	Direct Consulting and Logistics
FCT	Federal Capital Territory
FMoH	Federal Ministry of Health
HPV	Human Papillomavirus
IAEA	International Atomic Energy Agency
IARC	International Agency for Research on Cancer
ICW	International Cancer Week
IHVN	Institute of Human Virology
IRCE	International Research Centre of Excellence
LOC	Local Organising Committee
NCCP	National Cancer Control Program
NCDC	Nigeria Centre for Disease Control
NGO	Non-Governmental Organization
NPHCDA	National Primary Healthcare Development Agency
NSCR	Nigerian National System of Cancer Registries
NTA	Nigerian Television Authority
SOGON	Society of Gynaecology and Obstetrics of Nigeria
UICC	International Union for Cancer Control
WAVA	Women Advocates for Vaccine Access
WHO	World Health Organization

1.0 INTRODUCTION

The International Cancer Week (ICW) in Nigeria is an initiative of the Federal Ministry of Health (FMOH) - in collaboration with other government agencies and Non-governmental Organizations to provide a platform to create National awareness, education and interactive strategies to prevent cancers in Nigeria. ICW is an annual programme, observed in the last week of October. The Honourable (Hon.) Minister of Health approved the hosting of the 2020 ICW in Nigeria and the constitution of a Local Organizing Committee (LOC) to plan and execute the event to surpass previous success records.

Following the approval of the Honourable Minister, the National Control Programme (NCCP) established the 2020 ICW LOC. Members of the planning committee included NCCP, World Health Organization (WHO), Clinton Health Access Initiative (CHAI), Institute of Human Virology (IHVN), Women Advocates for Vaccine Access (WAVA), Direct Consulting and Logistics (DCL), Civil Society for Cancer Eradication in Nigeria (CISCANEN), Society of Gynecology and Obstetrics of Nigeria (SOGON), Medicaid Cancer Foundation (MCF), International Research Center of Excellence (IECE), Breast Without Spots (BWS), Innovating Health & Cancer Care Foundation, Pink Africa Initiative, Nigeria National System of Cancer Registries (NSCR) and other individuals. The planning committee members had virtual meetings to outline the activities to be conducted during the 2020 cancer week scheduled to hold between 26th to 30th October 2020. This report highlights the ICW LOC planning, and the activities conducted during 2020 Cancer Week in Nigeria.

1.1 CANCER CONTEXT IN NIGERIA

Cancer is a leading cause of death worldwide and in Nigeria. The global distribution of predominant cancers has continued to change significantly in developing countries. While the low and middle-income countries accounted for 51% of all cancers worldwide in 1975, the proportion increased to 55% in 2007 and 70% in 2018. A total of 13, 312 cancer cases (ASR= 53.7/100, 000 per year) were documented by the Nigerian Cancer Registries between 2009 and 2016. Reports from the Nigerian National System of Cancer Registries (NSCR) show that breast cancer incidence in Nigeria increased significantly, doubling from 1960-69 figure of 13.7/100, 000 to 24.7/100, 000 by 1998-99 and 26.1/100, 000 by 1999-2016.

Currently, in Nigeria, the top five most common cancers in women include cancers of the breast (Age-standardized rate 26.1/100, 000), uterine cervix (ASR- 13.5/100, 000), ovary (ASR- 2.8/100, 000), colorectum (ASR- 2.7/100, 000) and lymphoma (ASR-2.1/100, 000). The top five commonest cancers in men include prostate (ASR- 17.8/100, 000), liver (ASR- 2.8/100, 000), colorectum (2.9/100, 000), lymphoma (2.3/100, 000) and nasopharynx (1.2/100, 000).

The Federal Ministry of Health (FMOH) established the National Cancer Control Programme (NCCP) in 2006 to develop, coordinate and implement activities, policies and programmes to stem the ugly trend of cancers in Nigeria. Since its inception, the NCCP collaborates with other government agencies, international and multinational agencies and organizations such as WHO, IAEA, IARC, UICC, AORTIC, including non-governmental organizations (NGOs) to

develop guidelines, policies, and strategic plans to address 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). The current plan's priority areas of action include prevention and early detection, prompt treatment, supply chain, hospice and palliative care, advocacy and social mobilization, data management and governance and finance. Various stakeholders had contributed immensely to implementing these priority areas, resulting in improved human capacity building and introduction of HPV vaccination with a pilot in 2011 when the NCCP immunized over 4000 girls.

1.2 INTERNATIONAL CANCER WEEK RATIONALE

In collaboration with other government agencies, donors, UN and NGOs, the Federal Ministry of Health observes the International Cancer Week (ICW) provide a platform to create national awareness, education, and interactive strategies to prevent cancers while providing training and skills to improve oncology in Nigeria. The Federal Ministry of Health hosted the maiden edition of the ICW titled: "National Pink Cancer Campaign; say No to cervical and breast cancers" from 26th to October 29, 2009, to herald a high-profile nationwide launch and campaign to eliminate the late presentation of breast and cervical cancers in Nigeria and Africa.

Since the maiden edition, the International Cancer Week has been hosted successfully on the last week of October for six (6) consecutive years 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 immune-histochemistry techniques, among others. This training was 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 2016.

2.0 ACTIVITIES CONDUCTED

1. **Established Local Organizing Committee (LOC):** The NCCP/ FMOH constituted the 2020 ICW LOC to plan and execute the cancer week programme in Nigeria. Members of the LOC were appointed from organizations who are directly or indirectly involved in the cancer control programme, and they include NCCP, WHO, IHVN, CHAI, WAVA, MCF, SOGON, IRCE, BWS, CISCANEN, DCL, Innovating Health & Cancer Care Foundation, NSCR, Pink Africa Foundation etc.
2. **Held Zoom planning meetings:** The ICW LOC held several virtual planning meetings to highlight the activities to be executed during the 2020 cancer week in Nigeria. The LOC members planned and executed the following activities during the 2020 ICW:
 - i. A media awareness campaign on cancer and nationwide cancer screening organized by government institutions, non-governmental organizations, and other partners.
 - ii. An opening ceremony and scientific session chaired by the Hon. Minister of Health. Other invited stakeholders at the Opening ceremony include the Senate and House of Representatives committees on Healthcare services, Chief executive Officers of Tertiary Health institutions and other Health care agencies and parastatals, International and Multinational Development Partners, NGOs and other stakeholders.
 - iii. A keynote lecture on Cancer in Nigeria in the COVID-19 and post COVID-19 era delivered by Prof Folakemi Odedina at the Opening Ceremony.
 - iv. Presentations and launching of the Costing of the strategic plan for cervical cancer elimination and National training manual for secondary prevention of cervical cancer in Nigeria.
 - v. Technical sessions, training workshops, side meetings on Chemo-Safe, palliative care were also conducted. These parallel sessions were used to present the draft policies on Chemosafe and Hospice and Palliative Care consideration, review and buy-in by the stakeholders.
 - vi. Presentations on Cancer access partnership to improve access to cancer diagnosis and treatment.

To ensure a wide reach and adherence to WHO and National Center for Disease Control (NCDC) COVID-19 preventive measures, the 2020 ICW conference was a blend of virtual and in-person. The conference was streamed live on Facebook, YouTube and Twitter social media platforms.

3. **Submission and review of abstract:** The LOC members requested abstracts on cancer as part of the 2020 ICW. In this regard, 35 abstracts were submitted and reviewed by a 5-member committee established by the LOC. They include Professors Muheez Durosinmi, Olufemi Ogunbiyi, Ima-Obong Ekanem, Emmanuel Ezeome and Obiageli E. Nnodu. Thirty-two (32) abstracts were successful, and the authors were invited to make presentations either virtually or in-person during the conference.

4. **Created and sent registration link to participants:** On October 20, 2020, the LOC created a registration link for the ICW conference sent to participants on October 22, 2020. The link was created to ensure participants' register for the conference and indicate during registration if they will be attending the conference virtually or in-person for proper planning.

3.0 VIRTUAL AND IN-PERSON CONFERENCE

The ICW 2020 conference held for three (3) days, between 27th and 29th October 2020. An



Figure 1: Participants sited and ready to commence the conference

opening ceremony was conducted on October 27, 2020, with the Honourable Minister of Health, Honourable Minister of State for Health, House of Representative Committee Chairman on Health Care Services and other dignitaries in attendance. Following the opening ceremony and the scientific symposium, where different research groups made presentations, there was a

second scientific symposium, review of Hospice and Palliative Care policy and parallel training sessions on Grant writing and Cancer management and Mental Health on Day two. Day three was devoted to reviewing and finalizing the Draft Policies on Chemosafe and Hospice and Palliative Care

Day one and day two events were a hybrid of virtual and physical, and both events were streamed live on the Pink Africa Foundation Facebook page.

3.1 DAY ONE (1): OPENING CEREMONY AND SCIENTIFIC SYMPOSIUM

3.1.1 Arrival and registrations

The meeting commenced at 09.00 am with the registration of in-person participants at the hall entrance. While registrations were ongoing, short cancer awareness audios were played in the



Figure 2: Opening ceremony - Reciting National Anthem

hall, and the timer was set on zoom for virtual participants to see. The programme commenced at 10:30 am with reciting the first stanza of the National Anthem after the arrival of the Hon. Minister of Health.

Over 350 participants were in attendance both virtually and in-person meeting. They included representatives of government agencies, development

partners, academic institutions, civil society organizations (CSOs), the private sector, and the media. Organizations represented at the Forum included but not limited to the FMOH, NPHCDA, WHO, CHAI, DCL, IHVN, SOGON, Civil Society for Cancer Eradication in Nigeria (CiSCANEN), MCF, University of Abuja, Women Advocates for Vaccine Access

(WAVA), APIN Public Health Initiatives, Management Sciences for Health (MSH), Integrated Health Program (IHP), Jphiego, United Nations Population Fund (UNFPA), Planned Parenthood Federation of Nigeria (PPFN), News Agency of Nigeria (NAN), Nigerian Television Authority (NTA) and African Independent Television (AIT).

3.1.2 Welcome address by Permanent Secretary, FMOH

The Director, Department of Hospital Services, FMOH, *Dr Adebimpe Adebisi mni* represented the Permanent Secretary, Alhaji A. M Abdullahi. On his behalf, she welcomed all participants



Figure 3: Welcome Address by Dr. Adebimpe Adebisi mni

to the auspicious opening ceremony of the 2020 International Cancer Week with the theme: **Cancer in Nigeria in the Covid-19 era and beyond**. She stated that cancer results in over 70 thousand death per annum in Nigeria, further compounded by the impact of the COVID-19 on the health system. The representative of the PSH revealed that cancer patients were extremely vulnerable to being very sick or dying when contracted with the Covid-19 virus. She, therefore, stated

that a lot is needed to prevent them from getting the infection. *“The activities planned for this years’ cancer week are expected to therefore spur and galvanize towards the spread of cancer and Covid-19 amongst cancer patients in Nigeria.”* She reiterated that the fight against cancer, led by the FMOH at different times, focuses on ensuring a broad but solid way to achieve the goals and objectives outlined in the Nigeria Cancer Control Plan (2018 – 2022), which is the overarching guide and regulator for cancer control nationwide

Alhaji Abdulahi assured participants that efforts put in place to ensure optimal utilization of resources and solicited everyone’s understanding and support towards delivering on the mandate to improve the health of cancer patients. He added that the FMOH utilizes every opportunity and resource to confront the rising scourge of cancer in Nigeria.

Finally, he urged participants to control their weight, eat healthily, visit their health care provider regularly for a checkup and create awareness about cancer with the hope that it can be contained.

3.1.3 Goodwill messages

Goodwill messages were given by:

- I. Chairman House Committee Representative of Health, Dr Yusuf Solono
- II. The First Lady of Kebbi State, Her Excellency Dr Zainab Shinkafi-Bagudu,
- III. WHO Country Director, Dr Walter Kazidi Mulombo represented by Dr Kelias Msyamboza.
- IV. Country Director, CHAI, represented by Dr Funke Fasawe,

- V. Founding President of ICW and President BWS Professor Ifeoma Okoye
- VI. Secretary, Nigeria Cancer Society, Comrade Elijah O. Elijah and
- VII. Secretary, Medical Women Association of Nigeria (MWAN), Dr Moris

Honourable Dr Yusuf Tanko Sununu: Recognised the great works of the first lady, wife of Kebbi State governor. He also congratulated her on her re-election as a board member of the International Union for Cancer Control (UICC), which indicates that her contribution is recognized globally. He also appreciated the Honourable Minister of Health for introducing the ICW in Nigeria. *“Cancer is a great problem in this country, COVID-19 came and made it complicated. It is, therefore, time for us as a Nation to sit down and focus on the effect in the overall behaviour of Nigerians.”* It is also pertinent to discuss the effect of COVID-19 on cancer – COVID-19 lockdown became an issue


A photograph of Dr. Yusuf Tanko Sununu, a man wearing a white traditional Nigerian cap and a light blue surgical mask. He is speaking at a podium with several microphones in front of him. The background features a banner with text including "th-29th October 2020", "Cancer Access Partnership", "Cancer Health", "of draft Chemosafe Policy", and "workshops on grant writing". There are also logos for "MCE MEDICAL" and "Elektro".

Figure 4: Good will message by Dr. Sununu

on the continuous treatment of cancer as the chance to access healthcare was altered. The country’s economy was also affected massively, and cancer treatment and therapy are costly, which has further worsened cancer patients and cancer care in the country. Considering the series of tests done and the impact of COVID-19, there is a need to come together and build a resilient system that can withdraw any future shock; because the health system must be resilient to absorb shock while maintaining routine services during the pandemic.

Dr Bagudu commended the efforts of FMOH in organizing the 2020 edition of the annual International Cancer Week. She stated that this year’s ICW theme was the best considering that the pandemic was a wake-up call to improve the health care system and infrastructure and the urgency and importance of addressing the fight of patients with chronic diseases, cancer patients, survivors and caregivers. She further stated that the COVID-19 pandemic had thrown an enormous challenge that everyone, especially the cancer patients, is the high-risk group.


A photograph of Dr. Bagudu, a woman wearing a purple headwrap and a purple top. She is speaking at a podium with several microphones in front of her. The background features a banner with text including "prevention in Nigeria", "er 2020", "Cancer Access Partnership", "Cancer Health", "nosafe Policy", and "Training grant writing and". There are also logos for "MEDICAID" and "CANCER".

Figure 5: Good will message by Dr. Bagudu

“Nigeria faced very difficult times already, scarce treatment, facilities have been shut down, chemotherapy, access into the country was stopped as the cost increased and the little clinical trial that we had was stopped.” She revealed that Cancer patients in Nigeria are struggling, and their problems have increased, compounded as the government had to divert resources to

contain the spread of the virus. “Admirably the Nigerian response from the state to the federal levels has been commendable as attested by both local and international partners.” In her last note, she congratulated the FMOH for putting plans in place to resume Human Papillomavirus (HPV) vaccination to adolescent girls from 13 years of age, in line with the global elimination of cervical cancer by 2030. According to her, this is indeed immense progress for Nigeria.

Dr Mulombo congratulated the Honourable Minister of Health, the NCCP and LOC, for



Figure 6: Good will message by the Rep of Dr. Mulombo

organizing this event to raise awareness, provide capacity building for health workers, and network between stakeholders in cancer control in Nigeria. To emphasize the importance of cancer globally, from WHO data, in 2018, there were 18.1million new cases in a year, and 9.6 million people died of cancer. The majority of the figures were carved from low-income countries; in sub-Saharan Africa, cancer cases were increasing, and the figure rose to over 750,000 cases in 2018 and keeps increasing. Breast cancer, cervical and prostate cancers and this trend are also in Nigeria. Cancer is preventable by avoiding the risk factor, which is behavioural – tobacco, alcohol, physical inactivity, overweight and low intake of fruits and vegetables

Concerning cancer in the era of COVID-19 and beyond, Europe is experiencing the second wave of COVID-19, and the cases are increasing, and figures are changing rapidly, however stable in Africa. Importantly COVID-19 has caused a lot of disruption in healthcare services. In May 2020, WHO took a survey about the extent of COVID-19 disruption in the World, and it was shown that 50% have their health centres for cervical cancer control disrupted either partially and in Africa. WHO therefore recommends a comprehensive approach to cancer control – prevention eradication, treatment and palliative care and a control plan be developed, which Nigeria has one. He concluded by appreciating the efforts of the government and stakeholders in the control of cancer and WHO is committed to supporting the initiative.



Figure 7: Good will message by Dr. Fasawe

Dr Fasawe, in her message, informed that CHAI is glad to be part of the event and supporting the federal government of Nigeria and all the 36 states and Federal Capital Territory to recognize the 2020 cancer week. She stated that the event was planned to raise awareness to ensure that people improve their lifestyle and take their health seriously, knowing that non-communicable diseases are on the rise and

many Nigerians die largely from preventable diseases. “As a global health organization, we

focus on strengthening government systems to increase access to effective high quality and affordable medicines and we have been doing that since 2016 in support of the government to increase access to chemotherapy for different cancers in Nigeria.” Dr Fasawe revealed that in 2019, CHAI commenced working with the federal government and states to increase timely screening, diagnostics and prevention of cervical cancer for our women and our young girls in Nigeria. She concluded by congratulating the FMOH and Nigerian people for the great effort and stride. CHAI will continuously support technically, financially, and in all ways possible to ensure that Nigeria achieves its goal to eradicate cervical cancer and provide access to high-quality treatment for all Nigerians.

Prof. Okoye, in her message, reminded participants that cancer is the second leading cause of death globally and has become a significant risk for both high- and low-income countries like



Figure 8 Good will message by Prof. Okoye

Nigeria, where it kills one person every five seconds. “I was used as a vessel to propose ICW to the FMOH and to implement it as its first president till 2015 when it numerous activities were listed with the addition of October 5 gold pink day when it started.” She further stated that ICW was a platform created to foster synergy among cancer stakeholders to efficiently manage the entire continuum of cancer care and

provide opportunities for these stakeholders to share their experiences in the field, exchange ideas, and learn from each other. “It is a week to get all stakeholders on board, especially the media, public influencers, high network individuals and indeed every Nigeria to realize that they are all stakeholders with significant roles to play in cancer control.” She concluded by appreciating individual, organization, and hospital-level efforts to make a valuable impact on the cancer control plan.

Comrade Elijah appreciated the privilege to be a key stakeholder in the fight against cancer in Nigeria and is glad that this meeting is holding. He stated that the Nigeria Cancer Society is at the forefront of change in the state of cancer in Nigeria and therefore support and pray that there will be more synergy to make a bigger impact in the cancer story of Nigeria.



Figure 9: Good will message by Comrade Elijah

Dr Moris, representing the National President of Medical Women Association of Nigeria (MWAN), Dr Mini Oseche appreciated the FMOH and other stakeholders in cancer control for



Figure 10: Good will message by Dr. Moris

6 months and not only to screen them, we also hope to make early diagnose cases of cancer within these 6 months.”

celebrating the 2020 annual ICW. MWAN recently launched a very ambitious project - women stride on health information. This project will be focused on cervical screening for the early detection of cancer in the cervix as part of the activity to commemorate cancer awareness month in October 2020. “This was actually done with the support of Drs. Amina Bello and Zainab Baguda the first ladies of Niger and Kebbi states, respectively. Our target as MWAN is to screen 6,000 women within

Dr Moris informed that 85% of cervical cancer is within sub-Sahara Africa, and last year in Nigeria, more than 4,000 women were primarily diagnosed at a late stage (stages 3 and 4). This is why MWAN is advocating for mandatory cancer screening, especially cervical cancer, and the HPV vaccines should be made free and introduced in the National immunization schedule. She concluded by urging the government, stakeholders and individuals to eradicate cervical cancer in Nigeria.

3.1.4 Keynote on Prostrate Cancer

Prof. Folakemi Odedina from the College of Pharmacy and Medicine, University of Florida California, presented a keynote on prostate cancer. Her keynote presentation focused on prostate cancer morbidity and mortality rate in Africa. Comparing prostate cancer in Africa,



Figure 11: Key note by Prof. Odedina

Nigeria average is high in terms of morbidity and mortality in Africa. This means that if you look at the WHO African region of cases for prostate cancer, Nigeria is number one. For the number of cancer death, Nigeria is currently number one which is not surprising because of the population we have in Nigeria. The only way to defeat prostate and other cancers in Nigeria is

through actionable research and prioritizing priority research to effectively tackle cancer in Nigeria. Cancer prevention screening, diagnostics treatment, and survivorship are based on research conducted by non-Nigerians and most often non-black population, which is not good. Nigerians are

essentially using medication therapy and intervention developed by the people that are non-Nigerians and tested with the non-Nigeria population.

Prof. Odedina's presentation highlighted the need to **focus and invest in developing research capacity as the country moves forward in fighting cancer**. To address prostate cancer globally, very comprehensively research education training and community outreach are needed. The advantages of looking at research in African ancestry, including Nigeria, facilitate the development of new clinical tools, tailored development, and tailored therapy.

3.1.5 Overview of Cancer Patients Assisted Programme in Nigeria

Paulette Ibeka made a presentation on the overview of the Cancer Patients Assisted Programme in Nigeria. Ibeka's presentation highlighted that cancer is killing more people in Sub-Saharan Africa than malaria or TB, and cancer mortality will nearly double over the next 15 years, approaching HIV. Less than a third of patients survive cancer in Nigeria compared to over two thirds in the USA. Only 10% of patients in Sub-Saharan



Figure 12: Presentation on overview of Cancer Patients Assisted Programme in Nigeria by Ibeka

Africa receive treatment of any kind, including chemotherapy, and about 8 patients die from cancer every hour in Nigeria. Her presentation outlined the systemic challenges influencing limited access to cancer treatment and, consequently, high mortality rate:

1. **Chemotherapy:** Unpredictable and relatively low demand is one of the key factors limiting the availability of quality, affordable anti-cancer medicines; and
2. **Radiotherapy:** Sub-optimal availability of radiotherapy machines and the high machine downtime rob patients access to this complement of treatment.

The Federal Ministry of Health has responded to the growing cancer burden in Nigeria through notable initiatives and partnership with Development partners. They have:

1. Developed and launched the 2018-2022 National Cancer Control Plan, which guides the implementation of cancer activities across the country; and
2. Equipped and designated eight Cancer Centers of Excellence spread across the 6 geopolitical zones to improve access to cancer care for patients.

Through the CAP program, FMOH, CHAI and private sector partners implemented a tailored approach to address the country-specific challenges and maximize the access to reduced cost, high-quality anticancer medicines in Nigeria.

3.1.6 Costing of Cervical Cancer Strategy, Making Investment Case For Elimination Of Cervical Cancer

Dr Raymond Hutubessy of WHO HQ on behalf of the WHO team presented the cost of cervical cancer strategy: making an investment case to eliminate cervical cancer. In his presentation, he highlighted that the 73rd World Health Assembly adopted the Global Strategy to Accelerate the Elimination of Cervical Cancer, which focuses on 3 key pillars and they include:

1. Prevention through HPV vaccination;
2. Screening and treatment of pre-cancerous lesions; and
3. Management of invasive cervical cancer, including access to palliative care.

All pillars must be pursued collectively to reach elimination.

Dr Hutukasy's presentation also highlighted the health and economic benefits for LMICs and the costs for scaling up cervical cancer prevention and control program in Nigeria. The total financial cost of the National Strategic Plan over five years is USD1,017,481,6, and the Total economic cost of the National Strategic Plan over five years is USD2,329,995,713. WHO IVB built the Cervical Cancer Prevention and Control Costing Tool (C4P) for assisting LMIC in planning cervical cancer control strategies over 5 years' time horizon, and the two modules are:

1. HPV (human papillomavirus) vaccination of 9-14-year-old girls; and
2. Cervical cancer screening and treatment for women.

He advocated that Nigeria should make a considerable investment in the elimination of Cervical cancer, stating that there is a massive return of investment; the country is set to gain \$26 for every dollar invested.

3.1.7 National Training Manual, Data Tools and Job Aids for Secondary Prevention of Cervical Cancer in Nigeria

Director programs, CHAI, Dr Funke Fasawe, presented the National Training Manual, Data tools and job aids for secondary prevention of cervical cancer in Nigeria. Her presentation informed that CHAI wants to ensure that every eligible woman is screened on time. Every screened positive woman receives a positive diagnosis and is treated or linked to care. Additionally, every woman who receives treatment will receive an appropriate follow-up and be rescreened at regular intervals. Thus, CHAI wants to ensure that there's a comprehensive

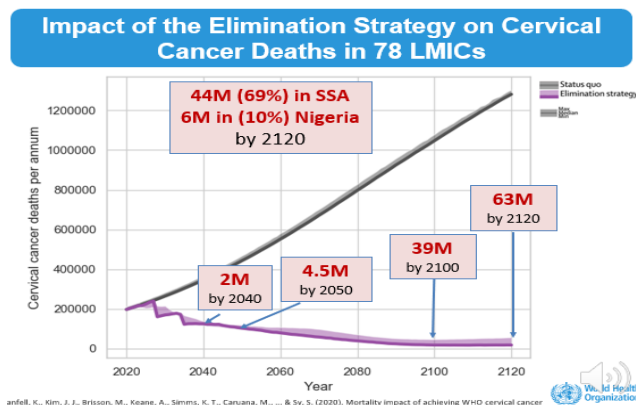


Figure 13: Presentation on the costing of cervical cancer strategy: making investment case for elimination of cervical cancer by Dr. Hutubessy

approach to Cervical Cancer secondary prevention in the country. They worked with the

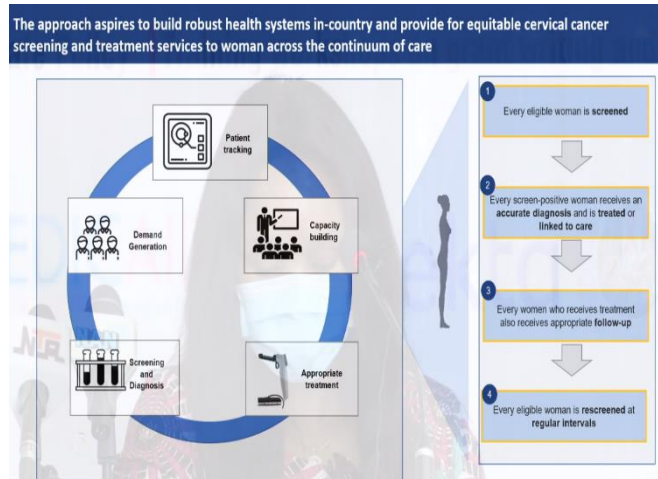


Figure 14: Presentation on the training tools and job aids for secondary prevention of cervical cancer in Nigeria by Dr. Fasawe

government to develop a National Training Manual launched by the Honourable Minister that would enable every partner and anyone who wants to support this programme to ensure that the standardized training manual is used to train the health workers. The National job aid was developed to leverage existing job aids globally and was also developed to ensure that health workers provide standard care. A national data tool was also developed and will be rolled out in all public health facilities to

collect routine healthcare data to ensure that the information system is strengthened.

3.1.8 Radiotherapy In Nigeria

The presentation on Radiotherapy in Nigeria was made by the Executive Director, JNCI, Dr Segun, who represented Mrs Clare Omatsaye. He appreciated the LOC for organizing the ICW and highlighted the commitment of JNCI in radiotherapy in Nigeria. His presentation highlighted JNCI core values and their historical perspectives. They partnered with the Nation Hospital Abuja, and they installed the machines in 2017 and sent the technical teams for training and commissioned the shell in 2018. Looking at the status of radiotherapy in Nigeria, there are 4 functional linear accelerators – 2 at Abuja and 2 at the Teaching hospital in Lagos. Two (2) live machines are not optimal terms of today's treatment. There is still a lot of

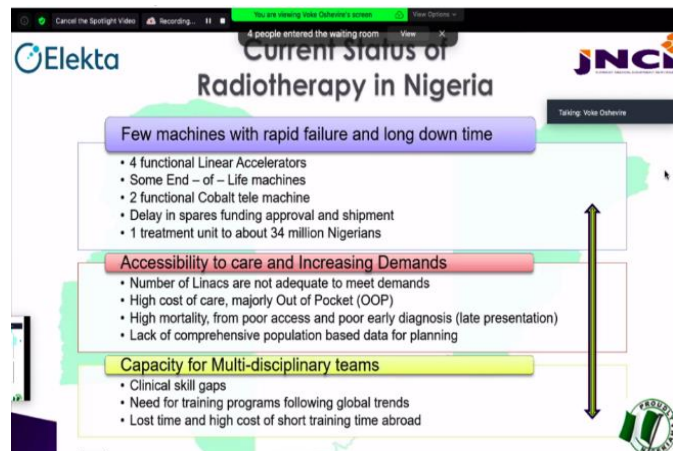


Figure 15: Presentation on radio therapy in Nigeria by Mrs. Omatsaye

work to be done despite a lot of efforts. There is a need for increased clinical capacity, training programs in line with global trends, and capacity building. We propose to work with all stakeholders to upgrade all legacy centres for affordability and patient access.

3.1.9 Remarks

In his remarks, the *Honourable Minister of State for Health Senator Dr Olorunnimbe Adeleke Mamora* appreciated the organizers and FMOH for another edition of the cancer week in Nigeria. He stated that cancer week is an annual event that provides a platform for all



Figure 16: Remarks by Honourable Minister of State for Health

stakeholders to create awareness and foster collaboration to fight cancer in the Nation. “Cancer has gradually become a disease of public health concern as the incident now is more than the incidence of infectious disease including HIV Aids. This underscores the attention given to it.”

He further stated that it had become imperative for all stakeholders to unit and fight cancer in Nigeria. “The Federal Ministry of Health is pleased with the interest of critical agencies and

stakeholders contributing to address the challenges of cancer care in our country and the presence of the Honourable Minister of Women Affairs represented, was a further testimony to our robust inter-ministerial collaborative effort.” He urged all stakeholders to join hands with the Ministry to achieve the ultimate goal of addressing the menace of cancer in our society. On the government part, they were committed to collaboration with stakeholders to ensure significant improvement in oncology practice in Nigeria.

The Acting Director for Women Development represented the *Honourable Minister for Woman Affaires, HE Dame Pauline K. Tallen*. Tallen, in her remarks, commended the Honourable Ministers of Health for their help and support in ensuring that cancer issues, especially breast and cervical cancers in Nigeria. She highlighted the consequences of Covid-19 on women’s health, and development was a genuine concern for her Ministry. The aim of commemorating the 2020 ICW is to create public awareness, sensitize the public, improve lifestyle and help fight the disease worldwide, particularly in



Figure 17: Remarks by Honourable Minister of Women Affairs

Nigeria. She hoped that this event would decrease the number of cancer patients by the year 2030, including increased attention and support for early prevention, detection and treatment, and continued palliative care of the disease. Women have the right to enjoy the highest attainable standard of physical and mental health. The enjoyment of this right is vital to their lives and wellbeing and their ability to participate in all areas of public and private life. The major cause of premature death for women apart from maternal death is breast and cervical

cancers. “The ministry will focus on improving the social health status of women, girls and children and will continue to partner with relevant department and agencies, civil society organizations (CSOs) as well as development partners with the development of programs; aimed at developing the health status of women addressing collective strategy, aimed at addressing the cancer problem including the multi-sectorial project to improve the health challenges that are confronting the women in our land.” She emphasized that together, we can change the narrative by contributing to a better and safer future for national growth and development.

3.1.10 Keynote Address

The keynote address was delivered by the *Honorable Minister of Health, Dr Emmanuel Osagie Ehanire*. During his speech, the Honourable Minister mentioned that FMOH commenced observing the ICW in collaboration with other development partners in Nigeria to create awareness, capacity building of Cancer Care service providers, and promote teamwork for a



Figure 18: Keynote address by the Honourable Minister of Health

robust and more effective cancer prevention and control strategy. “In furtherance of fruitful collaboration, the FMOH has been partnering with the FMWA to commemorate the international cancer week every year, in the last week of October since 2009; and with outcomes that have positively impacted the practice of oncology in Nigeria.” He commended the Minister of Women Affairs, H. E Dame Pauline Tallen, for her interest and consistent

cooperation with the FMOH. He stated that breast cancer has persistently remained the commonest over the years in Nigeria, hence, the need to designate the month of October as Breast Cancer Awareness Month.

Breast cancer has been the most common cancer in Nigeria, and the incidence is still on the rise. Report from the system national cancer registries showed a significant increase in breast cancer incidence from 13 per 100,000 (1960 to 1969 report) to 24 per 100,000 (1990 to 1999 report) and 26.1 per 100,000 (2000 to 2016 report). He reiterated that statistics help to measure the state of affairs, and in this case, cancer is an emerging disease in Nigeria that is of severe public health concern. Therefore, a well-cut out strategy or strategic plan is needed to stop the unacceptably growing threat. This informed the FMOH decision to harness and build up all available materials to nip it on the bud. The strategy of the Ministry of Health is under pinned by primary prevention initiatives to reduce incidences through awareness creation, risk communication, self-examination and routine examinations for reduction of these factors. As this is the most cost-effective and effective approach, he encouraged all practitioners and health institutions to embrace it.

“The initiative of the FMOH for the health coverage to the primary health care development agency (PHCDA), the national health insurance scheme (NHIS) and the basic healthcare provision fund, is to establish at least one primary healthcare Centre (PHC) in each political ward of the federation; as the most valuable action for delivery of wide range services including health education and cancer screening to rural and underserved part of the country.”

Dr Ehanire also stated that the most applicable support the development partners can offer

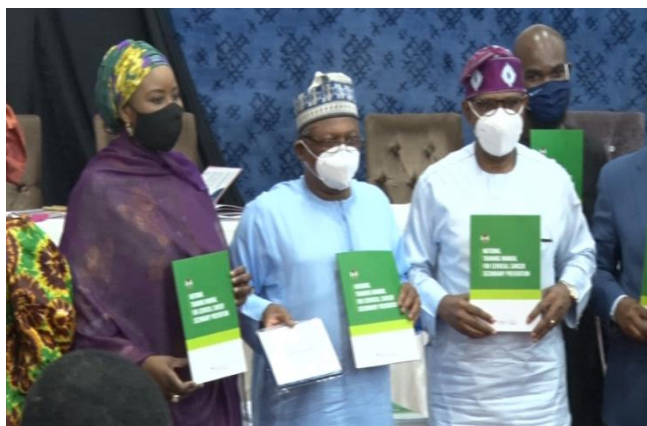


Figure 19: Launch of training manual on cervical cancer by the Minister of Health assisted by other top government functionaries.

Nigeria is to build PHCs according to the FMOH’s newly designed model and the PHCDA. He recognized the CHAI and WHO for supporting the development training manual, data tools and job aids for secondary prevention of cervical cancer in Nigeria; with the expectation that stakeholders will find it useful as we work together to achieve the target of eliminating cervical cancer by the year 2030 in line with the WHO declaration.

Following the keynote address, the Honourable Minister launched and presented the important documents - the **Nigerian National Training Manual, Data Tools and Job Aids**, to prevent and control cervical cancer in Nigeria. He remarked that the documents would be helpful to all stakeholders providing cervical cancer care services.

3.1.11 Vote of thanks

The National Coordinator, National Cancer Control Programme (NCCP), *Dr Okpako Okpikpi*



Figure 20: Vote of thanks by The National Coordinator, NCCP

gave a vote of thanks. He appreciated the Honourable Minister of Health for always supporting and attending the cancer programme activities. He appreciated other Ministers in attendance for constantly approving their programs, and he appreciated other dignitaries, partners and other stakeholders. He recognized the LOC members for the efforts in ensuring the 2020 ICW was successful. He appreciated all virtual and in-person participants for attending the event.

3.1.12 Scientific Symposium – Presentations by research groups

Following the 2020 ICW opening ceremony by the Honourable Minister of Health and other dignitaries between 10:30 am and 2:30 pm on October 26, 2020, a scientific symposium that provided a research opportunity to make a presentation commenced at 3:00 pm. This session

was chaired by Prof Sunday Adewuyi and co-chaired by Dr Emmanuella Nwachukwu, with over 60 participants in attendance both virtually and physically.

Research Presentations

Each researcher was allocated a time of 10 minutes for their presentations, and a total of 6 presentations were made. Prof. Olusegun Alatise made the first presentation, and he presented on the Africa Research Group in Oncology (ARGO). The next presenter was Dr Abubakar Bello, who presented on African Organization for Research and Training in Cancer (AORTIC). Prof. Tim Rebbeck presented on Men of African Descent and Carcinoma of the Prostate (MADCAP), a representative of the TME presented on TANIT Medical Engineering, Prof. Clement Adebamowa presented on The African Collaboration Centre for Genomics and Microbiome Research (ACCME), Prof. Folakemi Odedina presented on Prostate Cancer Transatlantic Consortium (CaPTC) and Adeola Akintola presented on the Nigerian National System of Cancer Registries (NSCR).

After each presentation, five (5) minutes was given for questions and answers. Questions were asked from virtual and in-person participants, but some responses were provided virtually due to time constraint. This session ended at 5:25 pm and was streamed live on Facebook.

3.2 DAY TWO (2): ORAL ABSTRACT PRESENTATION AND TRAINING

On day two (2), the conference commenced at 9:30 am with registration by the physical participants. The session was chaired by Prof Ifeoma Okoye and co-chaired by Dr Agility Obi, with over 70 participants in attendance (virtually and in-person).

3.2.1 Oral Abstract Presentations

A total of 14 presentations were made (6 virtually and 8 in-person). 10 minutes was allocated to each researcher for their presentations and five (5) minutes for questions and answers. The presentations made include:

1. Cervical cancer screening without adequate capacity building for tertiary health facilities to promptly diagnose, treat and follow up referred patients is an effort in futility – Dr Ishak Lawal.
2. Gender issues influencing uptake of preventive services of cervical cancer in Nigeria with special attention for male involvement – Dr Sholakunmi Olusanya.
3. The spectrum of CNS tumours seen in a tertiary institution in Sokoto: A single-centre experience – Dr Usman Malami Aliyu.
4. Fight against breast and cervical cancers in Nigeria: Evaluating the efficacy through a “Cluster promised RCT” study and the potential role of a mobile phone application – Assoc. Prof. Chris O. Ifediora.
5. “Trends in the Incidence of cancer in Ekiti, South-western Nigeria 2013-2017” – Dr Abidemi E. Omonisi.
6. Cervical cancer screening in Calabar, preliminary finding from a population-based cancer registry coverage area – Prof. Ima-Obong A. Ekanem.

7. Nurses' perceived challenges in the management of hospitalized cancer patients in a tertiary hospital in a federal comprehensive cancer centre in South-eastern Nigeria – Opara Hope C.
8. Transcriptomics analysis reveals unique immuno-inflammatory signatures of Nigerian prostate cancer – Solomon O. Rotimi.
9. Assessing the feasibility and acceptability of a mobile health intervention to improve breast cancer early detection and strengthen the referral process for women with breast symptoms in North-Central Nigeria – Uzoamaka Okwor.
10. Molecular profile of breast carcinomas: A hospital-based analysis – Dr Solomon Raphael.
11. Uburu.aiTM web app: A tool for data collection and patient education in the management of NCDs; a collaboration between BWs and Uburu health – Joel Ifenna Aniegbe.
12. Prevalence and outcomes of a typical BCR-ABL1 transcript variant in Nigerians with chronic myeloid leukaemia – Dr Owojuyigbe T.O.
13. The effect of good governance on cancer outcome disparities and cancer control on the African continent: are we resource-limited or governance-poor settings? – Dr Nuhu Tumba.
14. Childhood cancers in Nigeria – Chisom Joy Mbadugha.

3.2.2 Grant Writing Workshop

Following the oral abstract presentations, Project Pink Blue facilitated a parallel training on Introduction to Grants Writing and Cancer Care and Mental Health on day 2. The cancer care and mental health training were held in person. On the other hand, the grants writing training was conducted both virtually and in-person and was chaired by the Director of Policy Planning, CaPTC West Africa, Dr Abidemi E. Omonisi.

The grant writing training was conducted in different phases and was commenced with an introductory remark by the Coordinator, International Research Centre of Excellence, Institute of Human Virology of Nigeria (IHVN), Dr Elima Jedy-Agba. Following Dr Jedy-Agba's remarks, an Overview of Cancer Funding Opportunities was presented by Dr Solomon Rotimi.

During the grant writing training, Prof. R. Renee Reams, Florida A&M University, USA made a presentation on developing the "Specific Aims" page. Dr Emmanuel A. Taylor, National Cancer Institute (NCI)/ NIH USA, also identified suitable agencies and contacted program directors. The last presentation at this training was made by Dr Ernest Kaninjing, Georgia College, USA, and he presented on cover letter, review process and writing for the reviewers.

Prof. Ifeoma Okoye, University of Nigeria Teaching Hospital, Enugu, Nigeria, wrapped up the training and stated the agenda for 2021. The training ended at 5:30 pm with over 20 participants in attendance (virtually and in-person).

3.3 DAY THREE (3): POLICY REVIEWS

Day three, which was the last day of the conference, was meant for policy reviews, and the review was conducted in-person. The documents reviewed include:

1. Review of ChemoSafe Policy; and
2. Review of National Hospice and Palliative Care Policy

NCCP chaired the policy reviews. The first drafts of the National Chemosafe, National Hospice and Palliative care policies were reviewed and adopted by the stakeholders.

3.4 CONCLUSION

The 2020 ICW was held for three (3) days, from 27th to October 29, 2020. The event commenced with an opening ceremony where the minister of health graced and other dignitaries and cancer control stakeholders were urged to ensure cancer is controlled in Nigeria. The Minister of Health also urged participants to live a healthy lifestyle and visit the hospital for regular healthcare checkup.

The conference, a hybrid of virtual and in-person, was successful as oral research presentations were made. Training and policy reviews were conducted on day two and three, respectively.

The Medicaid Cancer Initiative conducted a free cervical cancer screening at the conference venue. A free hi-tech bra for the cure of breast cancer was also distributed to a diagnosed cancer patient by Pick Africa Initiative. A free breast and cervical cancer screening at National Hospital, Abuja and Federal Medical Center, Jabi, Abuja were scheduled to hold on 3rd and 4th November 2020.

Finally, the FMOH appreciated the participants for gracing the conference. They also recognized the efforts of the LOC members in organizing and ensuring the event was successful. They promised to consider all suggestions and reviews made during the conference to control cancer in Nigeria.

4.0 CHALLENGES ENCOUNTERED

1. Due to insecurities in some part of the country, some stakeholders could not attend the conference in-person.
2. Inadequate funding.

5.0 RECOMMENDATIONS

1. Sustain the annual International Cancer Week in Nigeria through regular funding.
2. Encourage robust private sector participation in funding and ownership.
3. Take steps to constitute a tenured board of ICW that will give it a resemblance to UICC, which may attract funding from the global community into the Nigeria Cancer Space.

6.0 NEXT STEPS

1. Present report to the Honourable Minister of Health.
2. Take steps to implement recommendations, especially in addressing challenges of research in cancer care in Nigeria.
3. Present the final drafts of ChemoSafe, Hospice and palliative care policies for HMH approval.
4. Take steps to disseminate, distribute and implement the ChemoSafe and Hospice and Palliative Care policies.
5. Commence early preparations for the 2021 edition of the International Cancer Week.

7.0 REFERENCES

1. Federal Ministry of Health. National Strategic Plan for Prevention and Control of Cancer of the Cervix in Nigeria 2017-2021.
2. National Guideline on Cancer Therapy, National Cancer Control Plan 2009-2013
3. National Cancer Control Plan 2018-2022.
4. Nigerian National System of Cancer Registries (NSCR)

8.0 ANNEX 1

8.1 AGENDA

Session 1

<i>Time</i>	<i>Activity</i>	<i>Responsible Person</i>
9:00-10:00 am	Arrival and Registration	All
10:00-10:05 am	National Anthem	All
10:05-10:10 am	Introductions	All
10:10-10:15 am	Welcome address by the Director, Department of Hospital Services	Dr Adebimpe Adebiyi, mni
10:15-10:20 am	Opening Remarks by the Permanent Secretary	A. M Abdullahi
10:20-10:35 am	Goodwill messages: <ol style="list-style-type: none"> i. Senate Committee Chairman on Health ii. House of Representative Committee Chairman on Health iii. First Lady of Kebbi State and President, Medicaid Cancer Foundation, Board Member, UICC, H. E Dr Zainab Bagudu iv. Country Representative of WHO v. President Nigeria Medical Association vi. Country Director, CHAI vii. Founding President of ICW and President BWS, Prof. Ifeoma Okoye etc 	
10:35-11:00am	Keynote Lecture: Cancer in Nigeria in Covid-19 era and Beyond	Prof Folakemi Odedina
11:00-11:05 am	Overview of Cancer Patients Assisted Programmes in Nigeria (CAP/CHF/GIPAP)	Paulette Ibeka
11:05-11:15 am	Overview of Cervical Cancer: <ol style="list-style-type: none"> i. Costed Plan for Elimination of Cervical Cancer in Nigeria ii. Training tools and job Aids for Secondary Prevention of Cervical Cancer in Nigeria 	Dr Olumuyiwa Ojo (WHO) Dr Funke Fasawe (CHAI)
11:15-11:20am	JNCI presentation	Mrs Clare Omatseye
11:15-11:25 am	Remarks by the Honourable Minister of State for Health	Senator (Dr) Olorunnimbe Adeleke Mamora
11:25 -11:35am	Remarks by the Honourable Minister of Women Affairs	Her Excellency, Dame Pauline Tallen

11:25-11:40 am	Keynote Address by the Honourable Minister of Health ❖ Launching of the Training Manual and Job Aids for Secondary Prevention of Cervical Cancer in Nigeria. ❖ Launching of the costed Strategic plan for The Prevention and Control of Cervical cancer in Nigeria	Dr. E. Osagie Ehanire, MD, FWACS
11:40-11:45am	Vote of thanks by the National Coordinator, National Cancer Control Programme	Dr Okpikpi O.
11:45-12:00	Tea break	All

Session 2

Time	Research Group	Responsible Person
1:00pm-1:10pm	Introduction of the Major Research Groups	Session Chair and Co-Chair
1:10pm-1:25pm	African Research Group in Oncology (ARGO)	Prof. Olusegun Alatise
1:25pm-1:30pm	Questions & Answers for ARGO	All
1:30pm-1:45pm	Nigerian Breast Cancer Study Group	Dr. Agodirin Sulaiman
1:45pm-1:50pm	Questions & Answers for the Nigerian Breast Cancer Study Group	All
1:50pm-2:05pm	African Organization for Research and Training in Cancer (AORTIC)	Dr. Abubakar Bello
2:05pm-2:10pm	Questions & Answers for AORTIC	All
2:10pm-2:25pm	Men of African Descent and Carcinoma of the Prostate (MADCAP)	Prof. Tim Rebbeck
2:25pm-2:30pm	Questions & Answers for MADCAP	All
2:30pm-2:40pm	TANIT Medical Engineering	Rep. of TME
2:40pm-2:55pm	The African Collaborative Center for Genomics and Microbiome Research (ACCME)	Prof. Clement Adebamowo
2:55pm-3:00pm	Questions & Answers for ACCME	All
3:00pm-3:15pm	Prostate Cancer Transatlantic Consortium (CaPTC)	Prof. Folakemi Odedina
3:15pm-3:20pm	Questions & Answers for CaPTC	All
3:20pm-3:30pm	Nigerian National System of Cancer Registries (NSCR)	Adeola Akintola
3:30pm-3:40pm	Childhood Cancers in Nigeria	Chisom Joy Mbadugha
3:40pm-4:00pm	Networking	All

Session 3

Time	Topic	Presenter
02:30 – 02:35pm	Opening and Introductory Remarks	Dr Elima Jedy-Agba Coordinator, International Research Centre of Excellence, Institute of Human Virology of Nigeria (IHVN).
02:35 – 03:00pm	Overview of Cancer Funding Opportunities	Dr Solomon Rotimi, PhD Covenant University, Nigeria
03:00 – 03:55	Grant Writing Session 2: <ul style="list-style-type: none"> • Developing “Specific Aims” page 	Prof. R. Renee Reams Florida A&M University, USA
03:55 – 04:25	Grant Writing Session 1: <ul style="list-style-type: none"> • Identifying suitable agencies • Contacting Program Director 	Dr Emmanuel A. Taylor National Cancer Institute (NCI)/ NIH USA
04:25 – 4:55 11:25-11:55EST	Grant Writing Session 3: <ul style="list-style-type: none"> • Cover Letter • Review process • Writing for the Reviewers 	Dr Ernest Kaninjing Georgia College, USA
4:55 – 05:00	Wrap-up and agenda for 2021	Prof Ifeoma Okoye University of Nigeria Teaching Hospital, Enugu, Nigeria

8.2 BANNER

THE HONOURABLE MINISTER OF HEALTH

DR. E. OSAGIE EHANIRE

Welcome all Delegates to

2020 EDITION OF THE ANNUAL INTERNATIONAL CANCER WEEK

THEME:

“CANCER IN NIGERIA IN THE COVID-19 ERA AND BEYOND”

DATE: 28TH-30TH OCTOBER, 2020 | TIME: 9:00 AM DAILY | VENUE: NAF EVENT CENTRE, AHMADU BELLO WAY, ABUJA.

(Day 1, 27th October 2020) | Opening Ceremony and Scientific Symposium to be chaired by the Honourable Minister of Health, Dr. E. Osagie Ehanire, MD, FWACS.
Launching of the training Manual for Cervical Cancer prevention in Nigeria | Launching of the Costed-Strategic Plan for the elimination of Cervical Cancer in Nigeria.

Day 2 & 3, 28th-29th October 2020) | Cancer Access Partnership/Cancer Health management Trust Fund (CHF).
| Review of draft Palliative Care Policy | Review of draft Chemosafe Policy | Training workshops on grant writing and research/ Cancer Registration Methods | Side meetings etc.

World Health Organization | IRCE | BV/S | MCF | MEDICAID | Elekta | NCI | PinkAfrica FOUNDATION