



FEMALES HEALTH COUNSEL
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BREAST AND CERVICAL CANCER PATHWAY PROJECT

Females Health Counsel



**An innovative 4 country
breast and cervical cancer
educative project in Ghana,
Malawi, Namibia and
Zambia**





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"We have seen too many reports, too many words, too many good intentions, too many families torn apart, and too many excruciatingly painful deaths to see yet more delays in taking collective action".

Professor David James Kerr

FOREWORD

My first memorable encounter with breast cancer was in summer 2013 during my medical school rotation. Over the years, I have worked with several women and men living with breast cancer diagnoses and these experiences have changed some of my core views about the reality of breast cancer in a low and middle income country:

- The most important risk factor is being a woman.

A woman can have almost all of the breast cancer risk factors and NOT develop breast cancer in her lifetime.

A woman can do everything right and still develop breast cancer in her lifetime.

EVERY woman is at risk! It can happen to anybody.

- Lack of access maybe the strongest factor for late stage diagnosis on the African continent.

Earlier on, I used to think that tackling the lack of education about the disease should be the priority if we want to decrease late stage presentation and increase survival rates on the continent. Most of our women do not **choose** herbal, natural or religious therapy as their form of curative breast cancer treatment, because they're not allowed to choose. They can't pick an alternative because there is no alternative. These are often the only options available.

Cervical cancer is a preventable and curable cancer with vaccines available, yet it is in most African countries' top 2 female cancers. In contrast, the developed world is trying to eliminate cervical cancer and currently none of such countries have it in their top 2 or even top 5 female cancers.

If Metastatic breast cancer were to become curable today, it would only be a story for the developed countries.

Every woman deserves reasonable and affordable access to cancer education, screening, diagnosis, holistic cancer care including survivorship, palliative and end of life care.

Every African woman deserves to know about breast and cervical cancers; the two cancers accounting for 50.6% of all new cancer cases among females in Sub Saharan African.



Abena Addai, M.D.

Founder, Lead Educator
Females Health Counsel



AN AFRICAN CAMPAIGN



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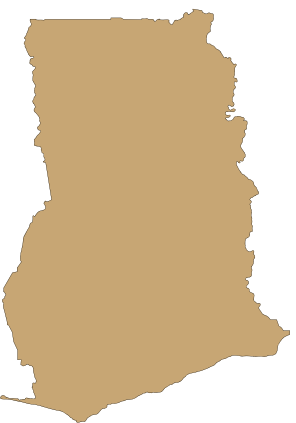
There are a multitude of health system defects fighting against the progress of Non Communicable Disease control on the African continent. In Sub Saharan Africa, breast and cervical cancers are the top 2 female cancers and account for 50.6% of newly diagnosed cases in 2020.

There is a huge economic and societal loss in low resource countries because breast and cervical cancers affect African women in their prime. A lot of resources are being invested in girl child education on the continent now. The average African girl is more educated than she has ever been. The harm being done to our societies and our futures by these preventable deaths is frankly immeasurable.

Education is the catalyst for change, and it is on our side now. Now is the perfect time to change the African narrative and break the cycle of late stage cancer presentation - due to lack of education, and more importantly, a lack of reasonable access to cancer care. Because of education and the absence of years of cultural beliefs and myths, the modern girl is much easier to educate about cancers.

This project is specifically designed to educate high school girls in multiple Sub Saharan countries in breast and cervical cancers and involve them in studying the current pathway women have to take to access cancer education, screening, diagnosis, holistic care, survivorship, palliative and end of life care. We study what is currently available to us and develop ways to improve holistic cancer care on our continent.

Globocan 2020 estimates an increase in cancer deaths in Sub Saharan Africa from 520 348 to about 1 million deaths by 2030. **This is our African campaign to build a community and educate ourselves about cancers, develop personal screening routines, speak up about our lack of access to holistic cancer care, and try to reduce the number of cancer deaths by at least 10% by 2030.**



GHANA

Country in Western Africa. Regions - 16. Districts - 216.



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Globocan 2020 statistics:

Population: 31 072 945

Number of new cancer cases: 24 009 (Males 9 931 Females 14 078)

Number of new breast cancer cases: 4 482 (31.8% of all female cancers)

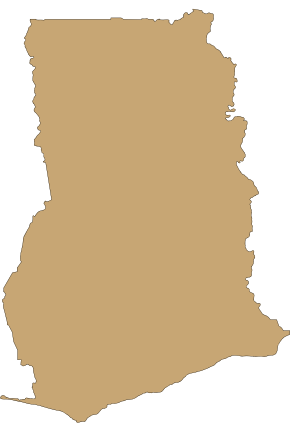
Number of new cervical cancer cases: 2 797 (19.9% of all female cancers)

Data source: 1 cancer registry (Kumasi Cancer Registry) for incidence data, **NO** registry for mortality data

Teamwork: Team Ghana developed ways to improve holistic breast and cervical care for women in Ghana.

Suggestions for cancer screening

- Increase in affordability and regional access to breast and cervical cancer screening.
- All breast cancer screenings should be non-referral.
- All patients should educate their daughters about breast cancer. Brochures should be given to all daughters of mothers with a breast cancer diagnosis. Yearly educational event for all the daughters of patients.
- Breast screening schedule for survivors should be created with routine cervical cancer screenings when due. Screening schedules should also be made for the other comorbidities / diseases of patient (Hypertension, Diabetes, etc).

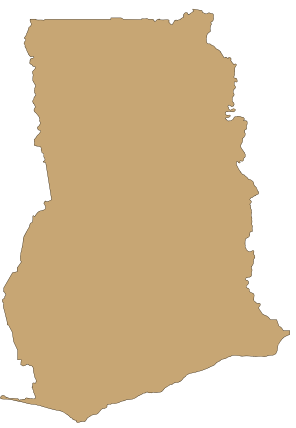


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TEAM GHANA

Suggestions for cancer education

- Training religious leaders and their leaders' wives (majority of religious members are women and the first point of call when they notice a breast anomaly may likely be women leaders or the wives of religious leaders). These trainings can be done at an annual leadership meeting.
- Making once a year cervical cancer education and breast cancer education and screening a requirement for organisations: worship centres, women and youth groups, universities, high schools. Guest speakers educating high schoolers with breast cancer survivors.
- Innovative ways to get the attention of the youth: eg. A breast and cervical cancer dubbed concert in the university with information fliers around the campus.
- Sensitisation of the general public: eg. Short ads (1-2 min) for TV stations. "In Ghana, 51.7% of all female cancers are breast and cervical cancers. Get screened today! Early detection saves life." Consistent radio interviews; eg. every 3 months to educate about breast and cervical cancers. Health stations may be more receptive to this, however all other stations may want to participate in October. Ads can also be run on the pages of young Ghanaian influencers on social media. Educational tik-tok content.
- Telling survivor stories – short 3 - 5 min videos to share in October on social pages, television and radio stations.
- Friday/Saturday evening educative live sessions on social media with partner influencers.



TEAM GHANA

Suggestions for holistic cancer care



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- Peer to peer counseling done by trained breast cancer survivors to support and navigate newly diagnosed patients. (See questions to individualize care).
- Refine already existing peer to peer counseling programs to get specific social information to help individualise care and assist patients where they need help the most.
- Focus groups: design 5-10 participant group meetings with women going through active treatment. (Maintaining confidentiality and anonymity during focus group meetings / only discuss general issues like chemotherapy side effects).
- Regularise focus groups for breast cancer survivors.
- Have general survivors meetings.
- Women's meetings once every 3 months with the aim of making them monthly meetings with food and music. Target audience: active cancer patients and breast cancer survivors.
- End of life wishes and metastasis education talk and counseling with survivors 6 months after active treatment. Ideally should include patient's primary caregiver if patient agrees. Patient should know they can amend their end of life wishes anytime, provided they are not in a critical condition/ill.
- Patients should be encourage to tell trusted family member(s) and involve them on their journey. Patients who receive a metastasis diagnosis should be counseled with primary caretaker and ideally be navigated by a metastatic breast cancer peer counselor.

FOREWORD

Societies around the world have always depended on women as a backbone. Though this is true, women's health, for centuries, has been a general taboo conversation in many cultures. This has led to the spread of misinformation about women's health globally. In Ghana, for example, breast cancer has become a public health challenge. Breast cancer has become one of the most common cancer-related death among Ghanaian women.

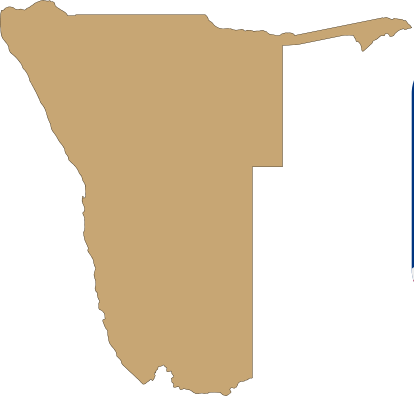
It was an honor for me to have been part of the pioneer FHC team here in Ghana. I am proud of having been part of this team because of everything it aims to achieve. An example of actions taken is the education of high school girls. Learning about their bodies gives girls and young women crucial tools necessary to protect themselves. This outreach effort tries to tackle the stigmatization of women's health in this country. Additionally, this project took into great account the socio-cultural elements that further the spread of misinformation in this country. For example, this project fights for herbal hospitals and prayer camps not to be allowed to advise cancer patients without evidence. These prayer camps and herbal medicine hospitals constitute an important part of the spread of misinformation in Ghana.

I had the chance to have been part of this project with one of my closest friends, Obaayaa Boakye. She can be described as the most organized and calm person in the world. I hope to develop many of her qualities as I grow up and learn to navigate this world. In the meantime, my favorite colors are red. I believe my favorite color is red because it reminds me of the Malian flag, my homeland.

Dede Ayanou-Ouattara

Lincoln Community School
Accra
Ghana





NAMIBIA



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Country in Southern Africa. Regions - 14. Constituencies - 121.

Globocan 2018 statistics:

Population: 2 587 798

Number of new cancer cases: 2 200 (Males 1 047 Females 1 153)

Number of new breast cancer cases: 318 (27.6% of all female cancers)

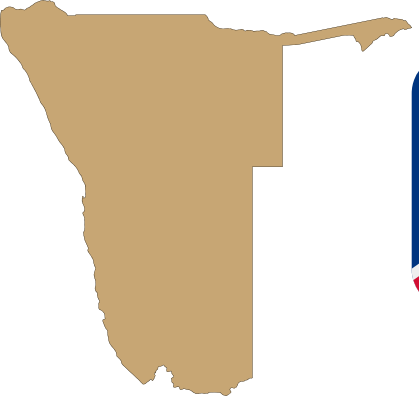
Number of new cervical cancer cases: 236 (20.5% of all female cancers)

Data source: 1 cancer registry (Namibian Cancer Registry) for incidence data, **NO** registry for mortality data

Teamwork: Team Namibia researched the current path a woman in the 3 out of 14 regions has to take to access holistic breast and cervical screening and treatment in Namibia.

What we found out

- Medical imaging services like mammograms are generally provided by private organisations and are out of pocket services.
- There is Medical Aid that pays for cancer treatment (chemotherapy, surgery, radiotherapy, brachytherapy).



TEAM NAMIBIA



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Khomas Region - located in the centre of Namibia and home to the capital city; Windhoek.

- Katutura Hospital

Public hospital. Mammogram available. Radiotherapy machine is out of order. Surgery is available.

- Windhoek Central Hospital

Public hospital. Surgery is available.

- MediClinic Windhoek

Private Hospital. Breast and cervical cancer screening available. Mammogram available. Surgery available.

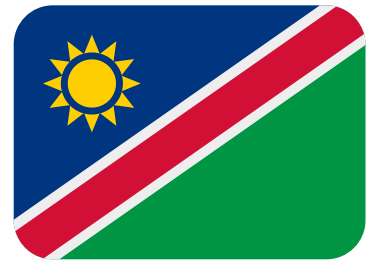
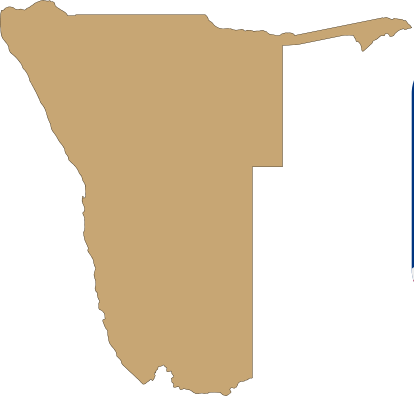
- Khomas Medical Center

Surgery is available.

- Namibia Oncology Center

Near Mediclinic. Chemotherapy available. Radiotherapy available. Brachytherapy available.

Private Imaging companies available in the region: MediClinic, ProQual Diagnostics, Medical Imaging Namibia, PathCare and Medical Imaging Roman Catholic.



TEAM NAMIBIA

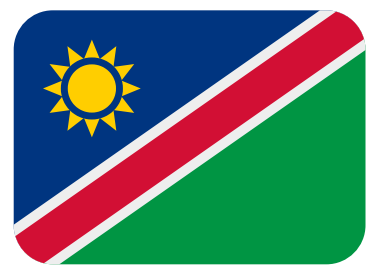
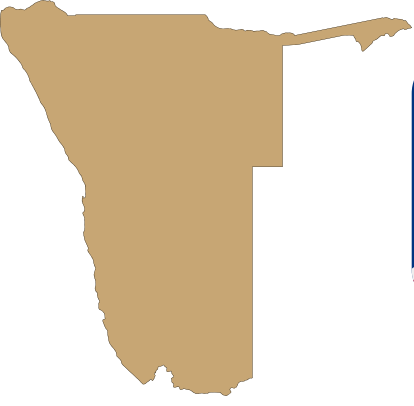
Kavango Region - located in the far north of Namibia.

Agro-forestry: Khaudum National Park and Mahango Game Park.



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- No mammogram machine in this region.
- Has the highest cervical cancer prevalence rate in the country.
- Rundu Intermediate Hospital
- Nyangana Hospital
- Nankudu District Hospital
- Nkurenkuru hospital
- Cancer association of Namibia provides breast and cervical cancer education and screening services in this region. They stay for 3-4 days on each outreach and work on a first come first serve basis because they only serve 100 people per outreach. They also provide free prostate cancer screening for 50 men during their outreaches.
- No specialised cancer care services identified at any of the listed hospitals.



TEAM NAMIBIA



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Erongo Region - located in the central-west of Namibia.

Tourism: Erongo mountain.

- Welwitschia Hospital

Private hospital. Pap smears and free cervical cancer screening are available on the last Saturday of every month. Mammogram is available and provided by Erongo medical group - a private organisation.

- Omaruru Hospital
- Usakos District Hospital
- Outjo State hospital

- Cancer association of Namibia provides breast and cervical cancer education and screening services in this region. They stay for 3-4 days on each outreach and work on a first come first serve basis because they only serve 100 people per outreach. They also provide free prostate cancer screening for 50 men during their outreaches.

- No specialised cancer care services identified at any of the listed hospitals.

FOREWORD



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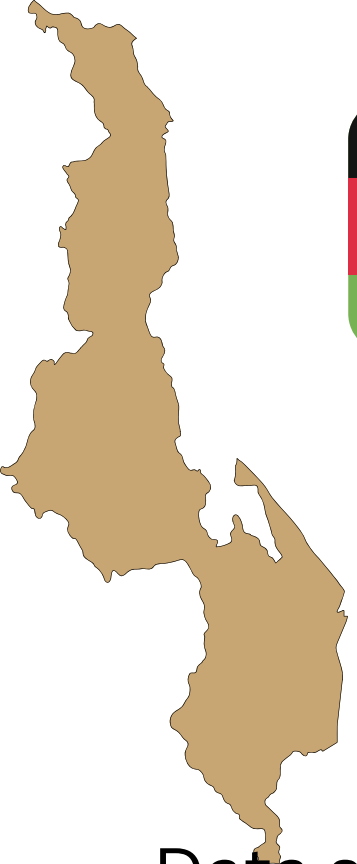
This eye-opening project has educated me about the statistics and the urgent need for efficient cancer care and detection in Namibia. Before, I never really grasped the severity of breast and cervical cancer, as it was never something I learnt at school or had first hand experiences with. However more and more, this course had me thinking about the necessity to start educating teenage girls about this topic, so they may be aware of the symptoms as they grow older. By bettering their knowledge, they can make appropriate lifestyle choices or changes. I'm grateful that this opportunity has given me insight on how common these diseases are and why we need to help in raising awareness throughout the country.

Unfortunately I came to research that cancer treatment facilities are not abundant in the regions of Namibia and even where some are present, the cost of treatment is far beyond what most middle and lower class people can afford. For this reason, cutting the problem at the root, is the most effect way to bring down the alarming statistics. With help of my other international FHC members, we have come together to bring about solutions in order to make these conversations around breast and cervical cancer more familiar and more appreciated within our community. We have hopes to introduce the conversation via electronic and physical pathways. The aim of all of this is to promote early cancer detection and by doing so, decrease the numbers of late detection in our country.

Dineo Phatela

St. George's College
Windhoek
Namibia

My name is Dineo Phatela and I'm currently completing my A-levels this year. I enjoy playing classical guitar and traveling around the world. My plan for the future is to study and specialize as a dental surgeon. This project meant a lot to me because I would love to make an impact in the health care department and bring about positive change for the people of Namibia in the future.



MALAWI

Country in Western Africa. Regions - 3. Districts - 28.

Globocan 2020 statistics:

Population: 19 129 955

Number of new cancer cases: 17 936 (Males 6 723 Females 11 213)

Number of new breast cancer cases: 1 486 (13.3% of all female cancers)

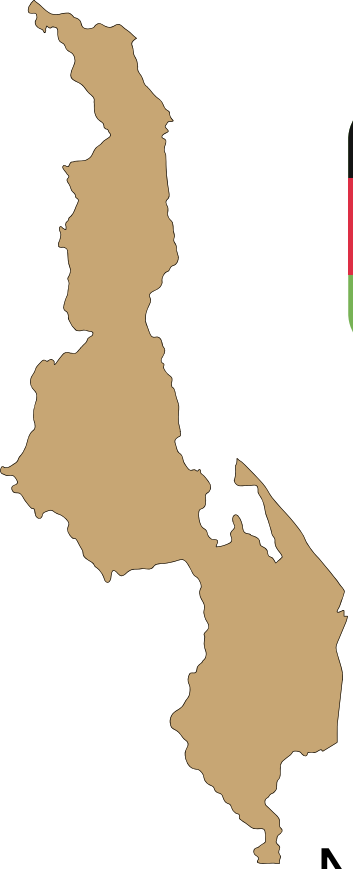
Number of new cervical cancer cases: 4 145 (37% of all female cancers)

Data source: 1 cancer registry (National Cancer Registry) for incidence data, **NO** registry for mortality data

Teamwork: Team Malawi researched the current path a woman in the 3 regions has to take to access holistic breast and cervical screening and treatment in Malawi.

What we found out

- There is national medical insurance available but it is non-comprehensive.
- The distance from the furthest town in the region to the cancer care centre is calculated by foot/bicycle and by car because some patients have to walk or use bicycles to get to the hospitals.
- Screenings are generally free at public hospitals but cost 500 - 2000 malawian kawcha (less than \$2) in private hospitals.



MALAWI

Northern Region - Mzuzu

Lake Malawi, Chizumulu and Likoma islands

- There is a mammogram machine in this region, however we could not find out it's current working condition.
- Mzuzu Government Hospital.
No biopsies.
Breast screenings are available.
No walk-ins, only referrals.

Central Region - Lilongwe

Lake Malawi, Kirk range, Dedza

- There is a mammogram machine in this region, however we don't know it's current working condition.
- Mzuzu Government Hospital doesn't offer biopsies, but offers breast screenings with no walk-ins, only referrals.

FOREWORD



This project highlights the gaps in Malawian healthcare when it comes to cancer care. It takes a realistic lens to the current situation in Malawi. Given the lack of updated online data, one can be misled about the resources available for cancer patients and survivors. Because we have been exposed to this, we are made aware.

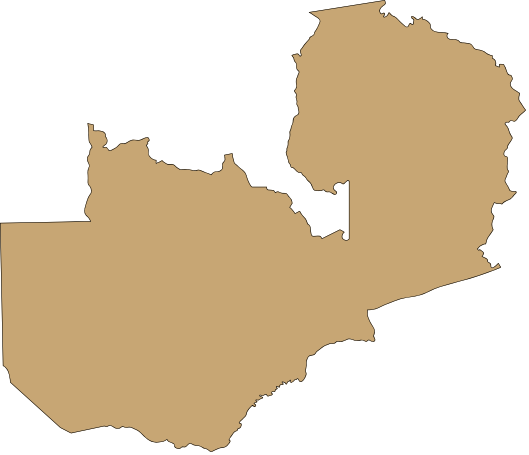
Although we are in highschool, we are privileged to attend a highschool that supports our endeavours to servicing the community in any way possible. Our awareness can be used to disseminate information within our school and enable other clubs, such as health awareness, to take part in awareness or action on a broader scale. We can use the creativity around our school to our advantage.

I am 17 years old, and my name is Langelihle, but everyone calls me Langa. I take global politics, english, biology, theatre, spanish and maths. I don't have a favourite colour, but I usually wear black. I enjoy reading, playing netball and watching TV. My favourite show is Bojack Horseman, and I'm currently rewatching Superstore.

Langelihle Nkhoma

Bishop Mackenzie International School
Lilongwe
Malawi





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ZAMBIA

Country in Western Africa. Provinces - 10. Districts - 116.

Globocan 2020 statistics:

Population: 17 609 190

Number of new cancer cases: 12 052 (Males 4 825 Females 7 227)

Number of new breast cancer cases: 888 (12.3% of all female cancers)

Number of new cervical cancer cases: 2 994 (41.4% of all female cancers)

Data source: 1 cancer registry (National Cancer Registry of Zambia) for incidence data,

NO registry for mortality data

Teamwork: Team Zambia's progress will be updated.

FOREWORD

Over the past couple of weeks I have learned how important it is to have knowledge of breast and cervical cancer, as well as how big of a problem it is especially in Africa where treatment is limited and holistic care is not as advanced as other continents.

Breast cancer is a very serious health issue which millions of African women deal with year in and year out. The treatment for breast cancer in Namibia, is very expensive and for some it is unavailable because of how costly it can be. It is also not very easily accessible unless you live in the capital city, Windhoek. This makes it very difficult for people who live in the rural areas of the country to receive treatment.

It is so important to educate young women and men about cancer, as well coming up with new ways to improve holistic care. The more educated people are about breast cancer in Namibia, the faster the country can develop during treatment and care. It also means that less people will have to suffer for long periods of time without knowing what is wrong with them. It educates girls on health checks and preventative methods for late detection. I feel that it is important, as a high school girl, to be educated on situations such as these. It is the job of the educated to educate the uneducated in order to spread awareness and knowledge.

Tumi Phatela

St. George's College
Windhoek
Namibia

My name is Tumi Phatela, I am 19 years old. My future goal is to go into medicine and become either a general surgeon, neurosurgeon or cardiovascular surgeon. My dream is to come back to Namibia and one day open my own practice, where I can help further the healthcare availability and make life better for hundreds of people.



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ACCESS TO HOLISTIC CANCER CARE

What if the priority issue we need to address to fix late stage presentations is ACCESS. If a woman has no access to cancer education, screening, diagnosis and treatment in her town, the city nearby, her district, her region and she seeks herbal, natural or religious means as a way to treat her cancer,

DID SHE REALLY CHOOSE ALTERNATIVE CARE?

Or did she have no choice?

Does this not rather mean African women want to live and survive their cancer diagnosis and if they had access, they would make the right choices to promote survival with early detection and prompt action?

There is very limited access to holistic cancer care in most African countries and the main aim of this project is to educate high school girls about breast and cervical cancers and go an extra step to discover what the pathway is for a woman in the different countries, regions, districts, cities, towns, villages etc to access holistic cancer care.

Is there a way to leverage the multitude of education outreach programs that happen across the continent to improve access to cancer care? Or at the very least start the discussion on how to reach our women with affordable and accessible care. Education alone does not save lives. Education, Early detection and Prompt action saves lives.

THE FUTURE STORY OF AN AFRICAN GIRL

FHC's approach to breast and cervical cancer education in LMICs relies solely on engaging the next generation of African women in innovative and interactive sessions to learn about female health. Our health education stands on the foundation of girlchild education to eradicate poverty and maximise the effects of investment made in the next generation.

We would like to slow down the number of needless deaths of women on this continent from cervical cancer - a preventable and highly treatable cancer that has been almost eliminated in the developed countries - AND breast cancer - a disease with a 98% 5-year survival rate in the developed world. These enviable numbers are because of early detection and prompt action. Now compare that to the wide range of 0-20% in Mali and The Gambia, 35-50% in Uganda and 85% in Mauritius. Malawi states a 0% 5-year breast cancer survival in Hon. Jappie Mhango's foreword (Minister of Health and Population Malawi) in their 2019-2029 National Cancer Control Strategic Plan. To the young African girl/woman today, these figures are us.

There are competing problems on the continent and whilst we wait for our governments and health systems to address female cancer issues head on, the next generation of women in Africa is building a community of educated females who will study, design and implement breast and cervical cancer pathways that support early detection and improve access to holistic cancer care, survivorship, palliative and end of life care.

It ends with us!





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