



REPUBLIC OF GHANA

**STATEMENT BY THE HON. DEPUTY MINISTER OF HEALTH OF
GHANA**

DR. VICTOR ASARE BAMPOE

**AT THE SIDE-EVENT ON CHILDHOOD CANCER: UNIVERSAL ACCESS TO
TREATMENT, CARE AND SUPPORT FROM A GLOBAL PERSPECTIVE**

MONDAY, 18TH MAY, 2015

AT THE 68TH WORLD HEALTH ASSEMBLY

GENEVA, SWITZERLAND

MAY, 2015

Mr Chairman,

Hon Minsters of Health of the Russian Federation, Germany and the Philippines;

Distinguished Guests;

Ladies and Gentlemen

Burden of Childhood Cancers in Ghana

Childhood cancers refer to uncontrollable cell growth (neoplastic disorders) affecting individuals aged less than 14 years.

Some associated factors or risk factors for childhood cancers (mostly preventable) include radiation, pesticide (associated with acute myeloid leukaemia) infections (viruses, e.g. Epstein Barr virus associated with Burkitt's lymphoma and nasopharyngeal carcinoma, Hepatitis B virus associated with hepatocellular carcinoma) and genetic factors (retinoblastoma and chromosomal breakage syndromes leading to increased risk of cancers).

The population of Ghana is about 24 million and children under 14 years (at risk of childhood cancers) is approximately 40%. Using global incidence estimates of 120 per million children under 15 years of age being affected by cancer annually, about 1,000 children would be expected to develop cancer each year.

However, 150 to 250 cases are reported in our facilities yearly due to low level of awareness and limited access to care. The commonest cancers that present to the two Paediatric Oncology Units (POUs), in the country that admit about 300 cases annually are: Lymphomas (30%), Leukaemias (18%), Retinoblastoma (eye) (15%), Wilms tumour (kidney) (12%), rhabdo-myosarcoma, neuroblastoma (nerves) and brain tumours.

Mr. Chairman

Ministry of Health National Cancer Control Strategy

There is a national cancer strategic plan which outlines the key strategies for the control of the major cancers in Ghana including childhood cancers through the continuum of care from prevention through to palliative care. Strategies include: Awareness creation; early detection - Clinician sensitization to increase the index of suspicion; Diagnosis and Timely Treatment. The two major teaching hospitals (Korle-Bu and Komfo Anokye Teaching Hospitals) have a childhood cancer unit with expertise to manage the cases and also serve as the training centres for capacity development in Childhood cancers. Parent Support Groups (Ghana Parent Association for Childhood Cancer (GHAPACC)) have been organized to mobilize resources to help parent and guardians who are supposed to stay with the children for over 6 months in the hospital during treatment.

The Ministry of Health launched a policy document for cancers in February 2015. This seeks to reduce cancer mortality by 30 percent through awareness creation, primary prevention, screening, early detection, improved diagnosis and effective treatment including palliative care. Essential to this is capacity building to improve access to care in Oncology Units at regional health facilities.

A twinning programme was established between the Paediatric Oncology Unit of Korle-Bu Teaching Hospital, Ghana and the Royal Hospital for Sick Children, Edinburgh. This was after the Africa Continental Meeting of the International Society of Paediatric Oncology in Accra in 2010. Through this, the World Child Cancer and Africa Oxford Cancer Foundation provides support for childhood cancers and is now being funded by DFID through World Child Cancer.

The twinning programme seeks to improve management and outcome of Childhood Cancer nationally by raising awareness, building capacity of health professionals and providing funds to improve access to drugs and diagnostics.

Mr. Chairman,

Challenges

The major challenge has been resources to enable us implement the strategies to prevent and control childhood cancer. In Ghana, the chances of survival are usually dismal for most of the cancers, being less than 20%. Other challenges include general lack of awareness about childhood cancer, adverse socio-cultural practices and limited access to services, with few health workers trained in paediatric cancer management.

Conclusions and Way Forward

It is my hope that as we continue to advocate for this important health condition which has a greater chance of survival especially if detected and treated early, we will all together including our development partners commit resources to this course to ensure that our children have a better life.

Childhood Cancer is preventable and curable, early detection saves life!!!

Let us all empower ourselves with the information to fight against childhood cancer.

Thank you