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Activities of the National Cancer Control Program in Strengthening Community Action and Developing Individual Skills for Cancer Prevention in Cameroon (2004-2019)

Activités du programme national de lutte contre le cancer dans le renforcement de l'action communautaire et le développement des compétences individuelles pour la prévention du cancer au Cameroun (2004-2019)

Suh Nchang Abenwie^{1,3*}, Mossus Tatiana¹, Jesse Saint Saba Antaon¹, Eric Nseme¹, Etienne Atenguena¹, Jim Nemy Hervé^{1,3}, Vanina Doris Edo'o^{1,3}, Paul Ndom^{2,4} and Marie-José Essi^{1,3}.

ABSTRACT

⁽¹⁾Department of Public Health, Faculty of Medicine and Biomedical Sciences, University of Yaounde I.

⁽²⁾Department of Internal Medicine, Faculty of Medicine and Biomedical Sciences, University of Yaounde I.

⁽³⁾Research Laboratory on Medical Anthropology and Social Medicine, University of Yaounde I

⁽⁴⁾National Cancer Control Program, Cameroon.

Auteur correspondant

Suh Nchang Abenwie
Department of Public Health,
Faculty of Medicine and
Biomedical Sciences,
University of Yaounde I.
Email :
snabenwie@gmail.com

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Mots clés : PNLCa, renforcement de l'action communautaire, développement des compétences individuelles, prévention du cancer, Cameroun.

Purpose. To evaluate the activities of the National Cancer Control Program (NCCP) in Strengthening community actions and individual skills for cancer prevention and control in Cameroon. **Methods.** A health policy analysis was conducted at the NCCP, using a qualitative evaluation approach. Cancer control policies and health promotion events of the NCCP from 2004 - 2019 were evaluated with reference to the Ottawa Charter of health promotion. **Results.** Minimal activities have been done by the NCCP to strengthen community action towards cancer prevention, including limited partnership programs with some private Cancer control organizations in few regions of Cameroon, but most of these partnerships are not continual, and there are no documented records of the activities done in partnership with some of these organizations. The NCCP does not provide or in-view financial subvention to other cancer control organizations in Cameroon. Furthermore, no remarkable actions have been carried out by NCCP in view of developing individual skills towards cancer prevention, with no education programs designed to empower and support improved health behavior and practices among individuals and population groups, or nationwide campaigns to promote healthy lifestyle. **Conclusion.** There is need for the NCCP to formulate a health promotion and prevention strategy with an integrated and functional nationwide communication plan on the causes and avoidance of modifiable risk factors for cancers and other Noncommunicable Diseases (NCDs), and to establish firm and responsible collaboration with cancer control community-based organizations (CBOs) to strengthen their actions and expand their services to all regions.

RÉSUMÉ

Objectif. Evaluer les activités du Programme National de Lutte Contre le Cancer (PNLCA) dans le renforcement des actions communautaires et des compétences individuelles pour la prévention et la lutte contre le cancer au Cameroun. **Méthodes.** Une analyse des politiques de santé a été menée au PNLCA, par approche d'évaluation qualitative, en comparant les interventions/activités de promotion de la santé mises en place par le PNLCA de 2004 à 2019 à la Charte d'Ottawa. **Résultats.** Le PNLCA a organisé quelques activités pour renforcer l'action communautaire en faveur de la prévention du cancer, et mis en place des programmes de partenariat avec certaines organisations privées de lutte contre le cancer dans certaines régions du Cameroun. Toutefois, la plupart de ceux-ci ne sont pas continus et il s'est avéré impossible de retrouver des documents en rapport avec les activités menées en partenariat avec quelques-unes de ces organisations. Concernant les subventions financières, le PNLCA n'en a accordé aucune du simplement fait qu'il ne prévoyait de le faire. En outre, aucune action remarquable n'a été conduite par le PNLCA en vue de développer les compétences individuelles en matière de prévention du cancer. Aucun programme d'éducation n'a été conçu afin d'autonomiser et soutenir l'amélioration des comportements et des pratiques de santé chez les individus et les groupes de population, ni de campagne nationale pour promouvoir un mode de vie sain. **Conclusion.** Il est urgent de mettre sur pied une stratégie de prévention et de promotion de la santé avec un plan de communication intégré, national et fonctionnel sur les moyens de prévention et de lutte contre le cancer et les autres maladies non transmissibles ; et d'établir une collaboration ferme et responsable entre tous les acteurs, pour renforcer les actions des organisations communautaires et étendre leurs services à toutes les régions du Cameroun.

INTRODUCTION

Cancer is one of the main causes of death worldwide [1], and there is a steady rise in its burden; from about 14.1 million new cancer cases and 8.2 million deaths in 2012, to about 18.1 million new cases and 9.6 million deaths in 2018 [1]. Even with this, it is estimated that there will be a linear rise in cancer occurrence worldwide to about 24.1 million new cases in 2030, and 29.5 million in 2040 for both sexes and all ages, and with majority of deaths occurring in low- and middle-income countries (LMICs), where there is the least ability to meet the challenge in terms of cancer services [1]. Presently, 56% of new cases and 64% of cancer deaths occur in less-developed countries, and these figures are projected to rise in 20 years' time to 63% and 70% respectively [2]. In 2018, about 752,000 new cancer cases (4% of the global total) and 506,000 cancer deaths occurred in sub-Saharan Africa [3]. Like other less developed countries, Cameroon is experiencing a high cancer burden with a mortality rate of 66.7% (15,796 total cases and 10,533 deaths) [4]. It is however known that 30-50% of new cases of cancer each year are preventable by minimizing exposure to known risk factors. A further one-third can be controlled by early detection and prompt treatment where resources allow, and the remaining more advanced cases are manageable by well-established comprehensive palliative care [5]. WHO promoted the development of NCCPs to reduce cancer incidence and mortality and improve the quality of life of cancer patients, through implementation of evidence-based, cost-effective and context-logical control strategies [5,6]. WHO also recommended that NCCPs should prioritize prevention strategies in LMICs where cancer services are limited. This involves health promotion activities aimed at empowering knowledge, promoting healthy behaviors, and creating healthy policies and supportive environments, to prevent risk exposure, and impact in large segments of the population [7,8]. Since 2004, the NCCP in Cameroon has been implementing control strategies, however, its activities in strengthening community actions and developing individual skills towards cancer prevention are not clearly documented. This study explored the activities of the NCCP in strengthening community actions and developing individual skills for cancer prevention from 2004-2019, with reference to the Ottawa charter of health promotion, to identify available gaps for improvement.

MATERIALS AND METHODS

A health policy analysis was conducted in Yaoundé-Cameroon, using a qualitative evaluation approach, guided by the CDCs Framework for Program Evaluation in Public Health (with focus on process evaluation) [9], from November 15, 2018 - June 30, 2019. Existing cancer control policies of the NCCP from 2004 - 2019 were analyzed and activities implemented in strengthening community actions and developing individual skills for cancer prevention during this period were evaluated with reference to the action areas of the Ottawa Charter of health promotion [7]. Data was collected using document analysis, interviews, and observation for triangulation, to validate and corroborate evidence (Table 1)

Table 1: Health policy documents /national Cancer strategic plans from 2004-2019.

Collection Method	Data sources
Documentary research	<p><i>NCCP Health policy documents/ strategic plans from 2004-2019.</i></p> <ol style="list-style-type: none"> 1. The Cameroon National Cancer Control Plan for 2003-2007 and 2006-2010 [10]. 2. The national strategic plan for cervical cancer control in Cameroon 2015-2020 [11]. 3. The draft strategic plan for national cancer control in Cameroon 2019-2024 [12]. <p><i>Public records, personal documents, and physical evidence at NCCP</i></p> <ol style="list-style-type: none"> i. Terms of reference for program creation. ii. Original program proposal document. iii. Annual and quarterly reports on program activities. iv. Communications between Program and Partners (letters and memoranda). v. Basic program plan or 'logic chain' vi. All relevant files (records and data) of the NCCP including agendas, attendance registers, and minutes of meetings. vii. Events programs (printed outlines). viii. Organizational, conference or institutional reports (organised or attended by the program staff). ix. Mass media communication (newspapers, press releases, posters, etc.).
Key Interviews	3 Staff of the NCCP
Observation	Service meetings, Conferences, Trainings, and Strategic planning workshops.

Procedure

Data from documentary sources was collected using a reading grid, and a check list of criteria activities to create supportive environment was used to summarize the main ideas and supporting details covered in each document [13]. The document name, information obtained and analyzed content category were entered on a log form to keep track of information and sources. In a similar manner, an interview guide and an observation guide were used to guide the key informant interviews and observations, respectively. Interviews were tape recorded and later transcribed accordingly. The Observation date, venue, activity observe, information obtained and analyzed, and content category were entered on the template to keep track of information and sources. Data collection was done by trained research assistants to ensure accuracy.

The documents analysis provided background and context of operation (objectives and direction); additional questions to be asked; supplementary data; served as means of tracking change and development within the program; verification of findings from the other data sources (interview and observation), and an effective

means of gathering data when events could no longer be observed or when informants had forgotten the details.

Key Informants were asked to provide documented evidence to back up unclear responses where possible. Direct observation in meetings, conferences, trainings, and strategic planning provided permitted us to cross check the data from document analysis and interview responses.

There was no direct manipulation of human subjects in this study. However, the analyses were conducted with respect of Mann's theory on public health, Ethics and Human rights, geared towards human well-being [14], since the results are intended to guide policy and decision making towards the improvement of the health status of the population. Furthermore, most of the information collected for the study was from unpublished material, documents, archives and works done by the NCCP. Therefore, authorization was obtained from the Permanent secretariat of the National Cancer Control Program in Cameroon to collect and use such information. Administrative and ethical authorization was also obtained from competent authorities and the institutional review board of the Faculty of Medicine and Biomedical Sciences of the University of Yaoundé I.

Retrospective data collected was analyzed using a content-analysis approach to organize the information into categories related to the central research question. After assembling data from the various sources, a thematic content analysis was manually conducted using a deductive approach in which the encoding was based on pre-established themes derived from the WHO Best BUYS strategies and recommended actions for creating supportive environments by the Ottawa Charta of health promotion. The results were regrouped in sub-themes

according to the activities implemented by the NCCP in strengthening community actions and developing individual skills for cancer prevention during the study period.

RESULTS

Strengthening community actions and individual skills towards cancer prevention in cameroon

Activities of the NCCP in strengthening community actions for cancer prevention.

Very minimal measures have been put in place by the NCCP to strengthen community action towards Cancer prevention. These include limited partnership programs with some private organization and companies geared toward cancer control in few regions of Cameroon, but most of these partnerships are not continual, and there are no documented records of the activities of some of these organizations. The NCCP does not equally provide or plan to provide any form of support or financial subvention for other NGOs or community organizations engaged in cancer prevention and control.

Actions of the NCCP in developing individual skills towards cancer prevention [10-12].

No remarkable actions have been carried out by NCCP in view of developing individual skills towards cancer prevention, with no education programs designed to empower and support improved health behavior and practices among individuals and population groups, or nationwide campaigns to promote healthy lifestyles (figure 1).

Table 2: Partnership actions between NCCP and some Cancer control NGOs, CBOs, and Health facilities in Cameroon.

Partner Organisation	Prevention activities	Fate of Partnership	Financial assistance
Cameroon Baptist Convention Health Services (CBCHS)	<ul style="list-style-type: none"> Vaccination of 6800 girls (9-13years) against HPV from 2010 -2012 in the Centre, North-West and South-West regions, Vaccination of 15,720 girls (9-13 years) against HPV in 2014 and 2015 in Edéa and Fouban Health Districts Screening activities in Major cities (Yaounde and Douala) in partnership with CBCHS and funded by the Global Alliance for Vaccines and Immunization (GaviNo) 	Stable	
Presbyterian Church in Cameroon Health Services (PCCHS)	<ul style="list-style-type: none"> Awareness and screening of precancerous conditions in their health institutions in Bamenda, Mbingo, Kumbo, Douala, Mutengene, Kumba, Kribi, Bafoussam, Yaoundé, Limbe. 	No partnership	
Pacha Foundation in Buea	<ul style="list-style-type: none"> Training and community sensitization not documented. 	Discontinued	No subvention
NOLFOWOP in the SW reion	<ul style="list-style-type: none"> Training and community sensitization not documented 	Discontinued	
Solidarite Chimiotherapie SOCHIMIO-Yaounde	<ul style="list-style-type: none"> Therapeutic activities and Health education to affected persons on adequate nutrition, prevention of complication, management of drug side effects and adapting to cancer outcomes like use of prosthesis. 	Stable	
Media (Private and Public radio and TV)	<ul style="list-style-type: none"> Radio talk annually around international cancer prevention day cerebrations focused ONLY on breast, cervical and liver cancers. 	No partnership	



Fig 1: Activities of the NCCP in developing individual skills towards cancer prevention.

Description of omitted activities

School, Workplace, Market places, social groups programs

Individual education on improved health behavior and practices towards cervical and breast cancers prevention and avoidance of risky behaviors. Nationwide campaigns to promote healthy lifestyle including physical activity, good nutrition, tobacco and alcohol control or the need for vaccination.

Community-based programs

Promoting physical activity, healthy eating, alcohol, and tobacco control, as well as social marketing campaigns focusing on healthy choices and health-seeking behaviors. Individualized health education and direct intervention programs such as counselling on risk avoidance and cessation services.

Mass media communication

Design, production, and dissemination of educational micro-programs on cancers to many people throughout the national territory using functional communication strategies encompassing radio and TV programs (including community radio / television broadcasting in the national languages), magazines, songs, bulletins, drama, etc.

Health facility programs

Health promotion educators in hospitals (dietitians, health educators/counsellors) to provide routine healthy lifestyles education and need for early screening, to patients and their care givers in outpatient departments (OPDs) and consultation waiting areas.

Health promotion conferences to skill general hospital personnel on health promoting hospital culture including active participatory roles for patients in the care process, and involvement of community health workers (CHWs) in patients' care to liaise between institutional care and community follow up of patients.

DISCUSSION

Minimal activities have been carried out by the NCCP to strengthen community action towards Cancer prevention, with very limited partnership and collaboration existing between the NCCP and a few cancer prevention/control Organizations and companies (NGOs, CBOs, and health facilities) in some regions of Cameroon. Furthermore, there are no education programs in place to empower and support skills for improved health behavior and practices among individuals and population groups, or nationwide campaigns to promote healthy lifestyle.

Findings of the study showed that very little has been done by the NCCP to strengthen community action towards cancer control. Limited partnership/collaboration existed between the NCCP and a few cancer control organizations and companies in few regions of Cameroon (including CBCHS and Sochimio in Yaounde; and Pacha foundation and NOLFOWOP in Buea), but this partnership was not continual, and there were no documented records of the activities done in partnership with some of these organizations. This limited collaboration might have been because health promotion/ prevention activities were not priority activities of the NCCP in Cameroon between 2004-2019 [15], meanwhile the activities of most of these NGOs were instead mostly centered around community education on health promotion and cancer prevention. Like Cameroon, analysis of the NCCP in Nigeria identified low level of collaboration with CBOs in carrying out community mobilization towards cancer prevention, but this limitation was corrected in its 2018-2022 implementation plan which identified CBOs NGOs, and the private sector as its key partners to ensure the dissemination of health lifestyle education for cancer prevention [16]. Meanwhile in Suriname, partnership collaboration is completely absent between the NCCP and CBOs, and with no such plans earmarked for the near future [17].

This study also revealed that no financial support was provided or previewed by the Cameroon NCCP to support the activities private cancer control organizations. On the contrary the CBCHS had been supporting the NCCP to conduct several screening activities in the community [11,12]. Like Cameroon, other National cancer control programs in developing countries [16,17] have neglect the need to fully partner and provide technical and financial support to community based and private cancer control agencies and media houses which is essential for the efficient implementation of the activities planned in their strategic plans. Contrary to this practice, the NCCP in Kenya has underscored in its implementation plan the objective to strengthen partnership for cancer prevention and clearly included the functions of various CBOs, to be performed under the supervision and support of the state ministry of health [18].

The NCCP in Cameroon has not done any remarkable activity toward the development of individual skills for cancer prevention. There with no records of individual education programs to support improved healthy behavior and practices among individuals and population groups, or nationwide campaigns to promote healthy lifestyle (physical activity, good nutrition, tobacco and alcohol

control, the need for vaccination) either in Schools, workplaces, social groups, marketplaces, or the media [10,11,12]. Uncoordinated annual radio talks are usually made around international cancer prevention day celebrations, but these are focused only on breast, cervical and liver cancers. This maybe be because of the absence of a health promotion and prevention plan and an Integrated Communication Plan (ICP) on avoidance of modifiable risk factors for cancers and other NCDs [15]. However, reports from existing strategic plans indicated the government's intention to engage preventive in cervical and breast cancers preventive activities, to inform and educate the populations on risk avoidance (even though implementation reports of such activities were not seen) [10]. Like Cameroon, Zimbabwe had no sustained coordinated cancer prevention communication strategy, but later identified this gap and integrated a well formulated communication plan in the 2014-2018 strategic plan, with nationwide awareness programs to address causative agents and risk factors through the mass media, school, workplace, community-based programs, and hospital inpatient/ caregivers' education [19,20]. The republic of Slovenia strategic plan 2017-2021 likewise has a clear activity plan to reduce cancer incidence with specified objectives focused on health promotion, education, and community advocacy approaches [21].

In this study, most of the information from the documents review was inapplicable, disorganized, unavailable, or incomplete, given that the subject of the evaluation was only one aspect of the NCCP activities and was not also considered a priority activity. Most documents used were still in the form of grey matter with no possibility to dig deeper.

CONCLUSION

Given the significance of health promotion in cancer control and the role of CBOs and NGOs in promoting healthy lifestyles in populations, there is need for the NCCP to establish firm collaboration with these organizations including financial support, in order to strengthen their actions and expand their services to all regions; and to demonstrate a leadership role in the monitoring, evaluation, reporting and improvement on the outcome of these community activities.

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