Session Topic: Increasing the Capacity of the Cancer Prevention and Control Healthcare Workforce

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Country Context

- Africa’s most populous country with a population of over 200 million
- Gross Domestic Product (GDP) per capita is ~$2,085
- Health expenditure as a share of GDP is 3.03%
- Life expectancy at birth is 55 years
- 1 Doctor to ~3000 patients as of 2019
Strategies in our NCCP that address capacity building for future or existing cancer care workforce

**Prevention**
- Establish national cancer screening guidelines
- Development and dissemination of referral protocols across all levels of care
- Capacity building of HCWs to provide cancer screening services

**Diagnosis & Treatment**
- Update of treatment guidelines
- Improve health care providers knowledge on effective treatment and quality cancer care
- Establish new specialties in post graduate medical colleges

**Hospice & Palliative Care**
- Develop guidelines and policies for providing quality HPC services
- Capacity building of formal and informal care-givers to provide effective HPC, and on pain management
- Establishment of a national training scheme for practicing HCPs and Integration of palliative care into training curriculum

**Advocacy & Social Mobilization**
- Capacity Building in advocacy for maximum dissemination of information on cancer control

  - Community health workers, Nurses, Journalists, Clergy, Youths and Community leaders

**Supply Chain Management**
- Capacity building of local equipment maintenance staff on planned and corrective maintenance

  - Local engineers
Strategies in our NCCP that address capacity building for future or existing cancer care workforce

Data Management & Research

- Capacity building of HCWs on competitive grant proposal development for cancer research

Clinicians including Nurses

Governance & Finance

- Develop and implement a framework to improve capacity and number of skilled personnel for cancer care

All cancer care HCP

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Other capacity building priorities for consideration

- Requirements for continuous on the job training and mentoring
- Driving task shifting and task sharing
- Policies and SOPs governing the posting and transfer health care workers
- Requirements for supportive supervision at all levels
- Standardization of training curriculums
- Strengthening our capacity building focus
Barriers faced as we implement strategies to strengthen the cancer health workforce

**Health workforce migration**

- Implement strategies to improve retention of health workers
  - Improve salaries, allowances, and expand opportunities for further training
  - Incentivize healthcare workers in rural settings

**Insufficient funding**

- Implement strategies to improve cancer financing
  - Increase budgetary allocation for healthcare in general, and cancer care, more specifically
  - Prioritize domestic resource mobilization & healthcare financing

**Limited health system governance and coordination**

- Improve health system governance
  - Leverage on existing governance structures (e.g., technical working groups) to improve synergy in national cancer control and drive more effective supervision and oversight
  - Enhance advocacy efforts to place cancer control as a policy priority for all tiers of government
Facilitators encountered as we implement strategies to strengthen the cancer health workforce

1. Supportive institutional structures and dedicated resources
2. Political will and effective managerial oversight
3. Availability of human resources
4. Collaboration with donors, local and international NGOs
5. Information sharing between staff/providers
6. Positive staff culture, interest, awareness, enthusiasm
Question to Our Colleagues for Discussion

What strategies or practices can Federal, and State Governments adopt to drive sustainable financing for building HCW capacity in cancer prevention and control?