

# CANCER ADVOCACY TRAINING TOOLKIT for Africa

One-third of all cancers are preventable and another third are curable if detected early.

WHO/PAHO

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Developed by:



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**Message from Africa Oxford Cancer Foundations founder and trustee Professor David Kerr:**

One of the most important ways we feel we can help to reduce the burden of cancer in Africa is to work with African cancer advocacy organisations to help educate and advocate about cancer in their countries. To this end in 2010 we designed with our partners, 13 posters for use in Africa giving health and lifestyle tips on how to avoid cancer and highlighting the early warning sign and symptoms of common cancers in Africa. We have now had the posters translated into French and Swahili and they can be found at [www.afrox.org/cancerposters](http://www.afrox.org/cancerposters).

From discussions with our African partners and our collaborators on this project we thought the next step would be to produce a toolkit designed to advise African cancer advocates on the different types of advocacy they can do to help reduce the burden of cancer in their countries and give them examples of how other African countries and international organisations have done this. The more we share as an international oncology community, the better our chances of improving cancer control.

We hope this toolkit will make a difference and wish good luck to all those that use it to raise awareness of cancer in their homelands and hope that our voices united will carry further in the corridors of power.

David J Kerr, CBE, MA MD DSc FRCP (Glas, Lon & Edin) FRCGP (Hon) Fmed Sci  
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The African Organisation for Research and Training in Cancer (AORTIC) fully endorses the cancer advocacy toolkit, which aims to cater for the many challenges that cancer advocates face in influencing change in public perception, practice and policy.

While the UN High-Level Meeting on NCDs placed cancer on the global political agenda, the challenge remains to convince governments that proven cost-effective solutions exist to reduce the cancer burden. This toolkit provides the key essential elements in cancer prevention and control to support the call for action.

AORTIC's key objectives are to further research relating to cancers prevalent in Africa, facilitate and support training initiatives in oncology for health care workers, create cancer prevention and control programmes and to raise public awareness of cancer on the continent. We strive to unite the African continent in achieving its goal of a cancer-free Africa and seek to make a positive impact throughout the region through collaboration with health ministries and global cancer organisations. AORTIC is committed to improving cancer advocacy in Africa to foster effective comprehensive cancer control policies and program implementation. This cancer advocacy toolkit is in line with our goal to turn the tide on cancer crisis in Africa.

Join us to make cancer issues of high priority in Africa.

A handwritten signature in black ink, appearing to read 'L. Denny'.

Professor Lynette Denny  
AORTIC Secretary Treasurer

*"Working together to prevent, control and care for cancer in Africa"*

[www.aortic-africa.org](http://www.aortic-africa.org)



ESMO is the leading European professional organization, committed to advancing the specialty of medical oncology and promoting a multidisciplinary approach to cancer treatment and care. With 30% of cancers being preventable, ESMO places great importance on promoting health through the development and dissemination of

educational materials on cancer prevention to help save millions of lives. Therefore, we are extremely proud to have contributed through the expertise of our Developing Countries Task Force and our Cancer Prevention Faculty to the content of this **Cancer Prevention Advocacy Toolkit for Africa**. The toolkit is designed as a **train-the-trainer program** and is supported by an international partnership composed of the Africa Oxford Cancer Foundation (AfrOx), the African Organisation of Research and Training in Cancer (AORTIC), ESMO, and the Union for International Cancer Control (UICC). It has also benefited from the contributions of other cancer organizations, cancer leagues and patient advocacy groups, as well as the International Agency for Research in Cancer (IARC) and the World Health Organization (WHO), including the WHO Africa Regional Office.

The main goal of this **international collaborative partnership** is to provide AORTIC, the Pan-African professional oncology society, with a valuable resource that will empower it to host training courses and spread a sustainable cancer prevention advocacy program throughout the African continent. In fact, the toolkit builds upon the **AfrOx-ESMO Cancer Prevention 4 Africa** campaign, designed to raise awareness about cancer prevention and early detection. The campaign consisted of a series of colorful posters (distributed throughout Africa and downloadable from the AfrOx and ESMO Web sites), a YouTube video on how by joining forces we can help stop the 'Runaway Train' of cancer in Africa, and a pilot event on cancer awareness organized together with the Ghana Health Services in Accra for 2011 World Cancer Day.

ESMO develops and supports several programs in cancer prevention to create awareness and sharpen skills in clinical cancer prevention in collaboration with the expert ESMO Cancer Prevention Faculty. ESMO programs include an ESMO Handbook on Cancer Prevention, ESMO e-learning and downloadable cancer prevention slides, ESMO sessions on cancer prevention at the ESMO congresses, ESMO support for cancer prevention meetings like the St. Gallen International Conferences in Clinical Cancer Prevention (organized together with the International Society for Cancer Prevention, ISCaP), and an ESMO public policy prevention campaign as a member of the European Chronic Disease Alliance (ECDA). An ESMO position paper, published in *Annals of Oncology*, outlines the **role and responsibility of medical oncologists in cancer prevention**:

1. Providing **scientific insight** for the development of cancer screening programs that maximize positive outcomes and minimize drawbacks (false positive, false negative, etc.).
2. Participating in **awareness campaigns** to inform the population on the importance of screening programs and the dissemination of information about how to prevent cancer.
3. **Informing their patients** on the lifestyle and environmental factors having an impact on health and their recovery

ESMO's cancer prevention resources are designed to support **WHO Cancer Control Programs** to 'prevent the preventable' by alleviating the social and economic burden of cancer through a reduction in the number of premature deaths and the avoidance of unnecessary suffering worldwide. This ESMO-supported toolkit also represents a practical and tangible means to support the 65th World Health Assembly decision to reduce preventable deaths from NCDs by 25% by the year 2025.

**We invite all African nations to join with us and to actively use this valuable Cancer Prevention Advocacy Toolkit** so that we do not miss any opportunity to reduce the burden of cancer on the African continent and also worldwide. We hope that this toolkit will serve as **a model and an inspiration** for other countries to adapt it to their own needs and **to launch effective cancer prevention campaigns across the globe**.

Adamos Adamou, Cyprus  
ESMO Developing Countries Task Force Chair

Hans-Jörg Senn, Switzerland  
ESMO Cancer Prevention Faculty Group  
Coordinator



**Message from the President of the Union for International Cancer Control (UICC) - Dr Mary Gospodarowicz**

In the next few years, we will face a rapidly increasing cancer burden in Africa, and we must already confront the fact that Sub-Saharan Africa has the highest probability of dying from noncommunicable diseases for people between ages 30 and 70. We have unparalleled opportunity to affect these figures. Now, in 2012, following the United Nations High Level Meeting on non-communicable Diseases (NCDs) the Governments around the World are setting targets and indicators for NCD prevention and control. These targets will allow us to monitor implementation of the United Nations Political Declaration on NCDs adopted in 2011.

This calls for unprecedented urgency for action on the part of civil society.

Global cancer advocacy will be enhanced by a clear voice from Africa detailing the regionally specific needs in the fight against cancers, highlighting the strong infection-driven nature of the cancer burden in the region and threat of increasing lifestyle-driven cancers. Advocacy can show to the world that cost-effective solutions do exist and are being used in Africa to prevent, treat, and palliate many cancers.

A regionally adapted toolkit is an important instrument for cancer control advocates in the region. It provides a framework for sending effective message to multiple stakeholders, decision-makers, and those leading national cancer control planning.

On behalf of the UICC - Union for International Cancer Control, it gives me great pleasure to endorse the *African Advocacy Toolkit* developed by UICC, AfrOx, ESMO, and AORTIC.

It is up to cancer control professionals, cancer control organizations, civil society, people living with cancer, their families, and the African communities at large to send a strong signal to your governments that now is the time to act.

Yours sincerely,

Mary Gospodarowicz  
President, Union for International Cancer Control (UICC)

UICC endorsement 2012

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# 1 Introduction

## 1.1 Cancer in Africa and the Role of Advocacy

One third of cancer deaths are due to preventable causes such as viral infection, poor nutrition and widespread tobacco use. Another third of cases are treatable if detected early – but governments and institutions face a wide range of serious health problems, and cancer is often not a priority in limited resource settings.

Cancer is a global problem accounting for almost 13% of all deaths worldwide. This equates to over 7 million people a year, more than is caused by HIV/AIDs, TB and malaria combined. Although the world is rightly focused on controlling the spread of these infectious diseases, we are ignoring the growing burden of cancer in developing countries.

The global disparities in cancer are stark. African countries are the least able of all developing countries to cope with the challenge posed by cancer as a result of a lack of resources, awareness, trained professionals, support and basic infrastructure to combat this disease. Most Africans have no access to cancer screening, early diagnosis, treatment of palliative care, and many African nations are without a single cancer specialist for the whole population. Furthermore, only 21 of Africa's 53 nations have any access to potentially lifesaving radiotherapy. Thus, cancer survival rates are often less than half those of more developed countries. Many African languages still do not have a word for cancer, and the common perception is that it is a disease of the wealthy world.

By 2020 the World Health Organisation predicts that there will be 16 million new cases of cancer every year, 70% of which will be in developing countries. Overall, the developing world will suffer the heaviest burden of 8.8 million cases of cancer, with Sub-Saharan Africa accounting for more than 1 million cases. Cancer is already a real and relevant problem in Africa and yet it threatens to become a pandemic of unstoppable proportions within the next decade if we do not act now.

That said, there are grounds for optimism. With cohesive, concerted and immediate action, cancer in Africa is a disease that can be tackled and advocacy has a key role in this. There are now a growing coalition of individuals, companies, governments and non-governmental organizations (NGOs) who are waking up to the very real threat posed by cancer and are taking steps to implement sustainable and affordable measures to stem the rising incidence of cancer in the developing world, which has been likened to a "steam train coming down the track".

This toolkit, which has been produced through a collaboration between the Africa Oxford Cancer Foundation (AfrOx), African Organisation for Research and Training in Cancer (AORTIC), European Society for Medical Oncology (ESMO) and the Union for International Cancer Control (UICC), provides a resource to demonstrate the many ways that individuals can be involved in advocacy to help improve cancer care in Africa. The toolkit covers important topics including: (a) the development of an advocacy plan; (b) working with governments; (c) awareness raising events and resources; and (d) how to secure funding. It has been tailored specifically to the needs of African cancer advocates and draws on case studies and examples of successful pilots in Africa. We hope that new and current advocates will find this to be a useful guide and training resource on how to run practical and effective advocacy campaigns in their communities.

## 1.2 Cancer control in developing countries is a global responsibility:

Developing countries face great challenges in addressing the ever growing burden of cancer in their countries, there is a growing view that a global response is needed to achieve significant success in cancer control and prevention throughout the developing world.

In 2009 the UICC launched The World Cancer Declaration ([www.uicc.org/declaration](http://www.uicc.org/declaration)). The declaration brings the growing cancer crisis to the attention of government leaders and health policymakers across the globe. To those who sign up to it, it represents a consensus among government officials, public health experts and cancer advocates from around the world who



are committed to eliminating cancer. So far the declaration has collected over 500,000 signatures.

In September 2011, the adoption of the Political Declaration of the High-Level Meeting on the Prevention and Control of Non-communicable diseases (NCDs) by the 193 Member States of the United Nations (UN) provided the global cancer community with a robust platform to launch the next phase of advocacy to ensure the following World Cancer Declaration targets are met by 2020:

1. Ensure effective delivery systems in all countries;
2. Significantly improve measurement of the cancer burden;
3. Decrease tobacco, alcohol consumption and obesity;
4. Ensure universal coverage of the HPV/HBV vaccine;
5. Dispel damaging myths and misconceptions;
6. Diagnose more cancers via screening and early detection;
7. Improve access to diagnosis, treatment, rehabilitation and palliative care;
8. Provide universal availability of effective pain control;
9. Improve training opportunities for cancer control professionals;
10. Reduce emigration of healthcare workers specialised in cancer; and
11. Significantly improve global cancer survival rates.

Members of the UN have a responsibility to respond to and work towards these targets. There is a need to maintain pressure on the Member States that have signed the Declaration and to make sure that they remain accountable to these commitments. This requires working together to mobilise collective resources and focus efforts in a detailed advocacy plan.

### 1.3 Developing an advocacy plan

Advocacy is the effort to influence people to create change through various forms of persuasive communication. In the context of cancer control and prevention, effective advocacy is required to create an environment conducive to improving the way cancer control knowledge is put into practice. Effective cancer advocacy can help to increase cancer awareness, reduce barriers to control, develop a comprehensive cancer control plan and allocate necessary resources for priority interventions to reduce the cancer burden. Advocacy for comprehensive cancer control is usually aimed at decision-makers, but it also needs to target influential leaders and groups, and the public in general, in order to eventually mobilise whole societies in a sustained fight against cancer. Without a proper advocacy plan it will be difficult to implement the desired changes in cancer control.

Anyone directly or indirectly involved in cancer control can advocate for it, so long as there is the will to devote time, knowledge and skills to reach the desired outcomes. Within countries, national cancer institutes, national cancer leagues, associations of medical professionals working in cancer control, cancer patients groups, as well as bodies dealing with health promotion, environmental health, and prevention of chronic diseases, all can play an important role in advocating for cancer control.

The importance of an advocacy plan cannot be understated. With collaborative action and a precise strategy we can increase awareness of the growing crisis of cancer in Africa and encourage action towards its control and prevention. The following steps should be used to develop an advocacy strategy:

- 1. Define the problem** – What is the cancer burden within the country?
- 2. Understand what is in place currently** – Every country will differ slightly in the provision of care. You need to know what is available to a typical cancer patient – will they be well informed, will they be diagnosed, will they be offered a curative treatment, will they be offered palliation, is there any health insurance coverage for cancer, how many people use health insurance, are there survivor support groups etc? This should establish your base line of what cancer services are needed in your country.
- 3. Establish a Goal** – SMART (**S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime Measured) goals must be set out at the beginning of an advocacy project. Low-resource countries may not be able to make changes to cancer care that will immediately match developed nations in the provision of care; however, there will always be initial achievable steps that can be implemented.

**4. Know Your Facts!** – In order to prepare a convincing and effective advocacy plan it is important to know the facts about cancer, and what it is exactly that you are trying to advocate and achieve. You need to know what your ‘key message’ is going to be when communicating with politicians, health professionals, as well as the public. Additionally you need to be aware of the evidence, facts and case studies that support and demonstrate your argument. These facts are crucial in illustrating your argument, for example a letter or leaflet including relevant factual material and evidence is much more persuasive and eye-catching. The challenge is to convince governments that proven cost-effective solutions exist to reduce the cancer burden. In responding to this challenge, facts and evidence are powerful tools.

**5. Understand Barriers** – There will always be barriers to new ideas. These might include:

- a. Lack of political will.
- b. Lack of leadership of public health initiatives.
- c. Stigma/Cultural/Religious attitudes towards cancer/vaccines/medicines.
- d. Resource limitations.
- e. Knowledge and Expertise to implement plans.
- f. Many others!

If these can be identified early on, the counter arguments or changes to the proposed plans can be formulated.

**6. Create opportunities!**

Collaboration and networking are key to running a successful advocacy programme. For instance, NGOs who are focused on cancer in South Africa recently joined forces in an alliance. This was suggested by the South African government who wanted to hear a concerted message on cancer policies, rather than having to consult with multiple organisations. The alliance will provide a representative for a Cancer Advisory Committee to the government. The voice of the alliance is stronger than the NGOs separately. In Ethiopia, an Ethiopian Non-Communicable Diseases Consortium was established. This consortium brings together NGOs focused on different diseases that have similar risk factors, such as heart disease, diabetes, and of course, cancer. And there are other ways to create opportunities. The Association of European Cancer Leagues, which provides a platform for cancer advocates across Europe, has been successful in creating opportunities to influence cancer policy on the European scale. For instance, their secretariat organises cancer advocacy events for a group of Members of the European Parliament who are concerned about cancer in order to raise awareness and provide information on all cancer areas at the European and National political levels. Recently (in 2011), AORTIC fostered an opportunity for the creation of the African Cancer Advocates Consortium (ACAC). The ACAC comprises advocates representing diverse NGOs and institutions in Africa and has chairs/co-chairs for political, education, research, fundraising, support and community outreach advocacy. The mission of the ACAC is “to make cancer a top priority in Africa” by providing training and networking opportunities for African cancer advocates. Along with collaboration, networking is fundamental to effective advocacy programmes, so make every attempt to attend events, especially if there are influential guests, such as government representatives, other NGOs or academics. You never know when that contact might be useful!



## 2 Political Advocacy

Cancer, on an individual level, is a devastating diagnosis, frequently fatal and often accompanied by suffering. On a population level, the devastation caused by cancer is magnified. The disease can reduce economically productive workers to be unproductive. It can also ruin a family, social networks and structures, and through inefficient prevention strategies can raise healthcare costs for the nation. In Africa, in particular, where much of the burden still relates to preventable cancers, there is an overinflated impact on the productive working-age population. A study of the global economic burden by the American Society of Cancer and Livestrong suggested that \$895 billion is lost each year as a result of premature death and morbidity caused by cancer (report available at [www.cancer.org/acs/groups/content/@internationalaffairs/documents/document/acspc-026203.pdf](http://www.cancer.org/acs/groups/content/@internationalaffairs/documents/document/acspc-026203.pdf)). Yet there are positives for the future. Cancer is in many cases preventable and in many more detectable and treatable in cost effective ways. What is needed is concerted action at local, national and international levels to achieve this.

### 2.1 Decision-Makers and Influencers

At all levels of society there are decision makers and influencers of local, national and international policies who can bring about tangible and essential changes to health policies. Decision makers are those who have the power directly to make changes to laws, policies and how or what money is spent on or how services are run. They range from local leaders to members of government right up to ministers and country leaders. Influencers are those who have the power to influence the thinking of the decision makers and thus guide them in the direction of change. Influencers may range from respected persons in the community to celebrities to other international leaders. Both Decision Makers and Influencers must be made aware of the issue of cancer in Africa, and convinced and aided in making beneficial changes.



#### Case study 1: Africa Tobacco Control Consortium (ATCC) –Kenya

In Africa, there is an opportunity to stem the spread of tobacco use before it becomes epidemic. Smoking is on the rise, especially in young age groups, so action is required to limit this risk factor at this point. Kenya delayed ratifying the WHO Framework Convention on Tobacco Control between 1998 and 2004. Under the influence of the Africa Tobacco Control Consortium (ATCC) the Convention was ratified in 2004, and legislation to control tobacco in Kenya has subsequently been passed. This process was enabled by both formal government structures and what Rachel Kitonyo of ATCC calls “the dotted line”. The dotted lines are people outside of the formal structures who still hold influence. The Kenyan first lady showed an interest in cancer and asked what needed to be done. On hearing that the Framework Convention was on a desk she spoke to the President, who got the Framework ratified within days. Rachel says influencers are listened to for one of three reasons: 1) out of respect; 2) because they are impressive; or 3) out of fear! So, when identifying influencers to approach think about people who have one or more of these qualities.

### 2.2 The Role of Public Policy in Cancer

The health of a population is to a significant extent determined by the authorities, government or leaders. Cancer is certainly no different. Laws, legislation, policies, resource allocation and the prevailing mind-set of the authorities can all directly affect cancer care, both positively and negatively. Indeed, while many great interventions can be made at a local level to improve cancer care (for example, local hospitals auditing their care of cancer patients and making appropriate changes), it is almost essential for Governments to be involved in order for there to be significant improvements across the nation and internationally. As advocates, you can run a successful programme which is focused on changing a variety of government policies relating to cancer.

### 2.3 Influencing Government Attitudes

Removing the stigma associated with cancer is vital at a government level, as well as an individual level. Without support for the treatment or prevention of cancer at a national level, it is very unlikely that any positive steps can be taken. In Africa the attitude towards cancer control and treatment has not been widely tested. It is likely that there will be some negative attitudes

towards the treatment of cancer – it may be seen as too expensive, there may be a lack of concern or belief that a feasible solution can be found. Changing mind-sets requires patience and use of evidence. but changing attitudes is the fundamental first step in changing policies.

### Case study 2: People living with Cancer (PLWC) – South Africa

PLWC were part of a cancer forum in May 2011 which was facilitated by the American Cancer Society and Livestrong. The forum was held in Cape Town and attendees discussed many important cancer policies. The lack of access to cancer treatment was discussed. Members of the South African government were present at the forum and subsequently took significant political steps towards fighting cancer. A Cancer Advisory Committee was set up and the National Cancer Plan, and cancer in general, is back on the political agenda.



## 2.4 National Cancer Plans

A cancer plan defines a nation's strategy for preventing, detecting, treating and providing palliative care for cancer (see the UICC National Cancer Control Plan for further information – available at [www.uicc.org/resources/national-cancer-control-planning-nccp](http://www.uicc.org/resources/national-cancer-control-planning-nccp)). Once there is the political will to write the National Cancer Control Plan (NCCP), there is a process to follow. Aiding the government in preparing the NCCP is a key stage in ensuring that the cancer problem is tackled; as such, you should take every opportunity to take part in the process.

### Case study 3: Cancer Society of Ghana and the Ghanaian Ministry of Health – Ghana

In 2007 Billy Bosu, the Programme Manager for Non-communicable Diseases (NCDs) in Ghana, was part of the government delegation to a conference organised by AfrOx and attended by Ministers of several African countries. Later, AfrOx visited Ghana to discuss the country becoming a model for cancer care in Africa and how this could be started. It was agreed that a Cancer Care plan should be written which would then form the basis of cancer policy. AfrOx met with several officials at the Ministry of Health University of Ghana Medical School and with Cancer Society of Ghana (CSG). Members of the Cancer Plan Steering Committee included the CSG, experts in various fields related to cancer from the Medical school, representatives of NGOs in cancer advocacy, Ministry of Health officials and Ghana Health Service programme director and assistant for NCDs. The meetings were facilitated by the CSG working closely with the Ministry of Health. Members of the core group and other experts were co-opted to draft sections of the plan specific to different cancers. They were brought together for two retreats lasting two days each. At the end, all the drafts were edited by a selected editorial committee. The document was reviewed by AfrOx, the IAEA and other interested organisations. The final document, which had an introduction written by the Minister for Health, was handed over to him in 2011. He presented it to the cabinet and it was accepted in Parliament. It has now formed the basis for cancer control in Ghana by various stakeholders.

## 2.5 Prevention

The prevention of cancer can also be advanced by government intervention. Policies can be developed to reduce cancer risk under the influence of NGOs. Targets for prevention campaigns might include tobacco control, sun exposure, alcohol, infections and obesity.

**Case study 4: Cancer Association of South Africa (CANSA) – South Africa**

In South Africa, CANSA aim to influence government policy to limit people's exposure to carcinogens. For instance, CANSA developed a petition that requested that legislation be put in place banning children under 18 from using sun beds. Sun beds are considered one of the most dangerous cancer causing agents by IARC. Over 12,000 people signed the petition on the website, which will be presented to the Department of Health.

CANSA was also one of the organisations that successfully lobbied the government to regulate against tobacco consumption in public places. Draft regulations, written by the Health Minister Dr. Aaron Motsoaledi, would prohibit smoking in public places and certain outdoor public places, including eating areas, beaches, schools and stadiums.

**Case study 5: Africa Tobacco Control Consortium (ATCC) –Kenya**

Legislation important to tobacco control includes taxation of tobacco products, limits on advertising, smoking in public and selling of products to minors. Following ratification of the WHO Framework Convention on Tobacco Control in Kenya, the next step was to pass legislation. Omnibus legislation was used, which combined many relevant laws and regulations so that all necessary elements could be passed at one point. The ATCC identified that in Kenya, 40 of 220 members of parliament (MPs) were required to pass the legislation. They set about identifying the MPs most likely to vote for it. First they identified that Muslims would listen to their religious leaders in this matter and lobbied the Muslim Supreme Council to request that these members voted for the legislation. They targeted young MPs who were concerned for the well-being of under-18s, as part of the legislation limited the selling of tobacco to minors.

The taxation of tobacco products was not included in the omnibus legislation as it is covered by the Ministry of Finance. To persuade the Ministry of the need for the legislation, the ATCC prepared an economic case which recommended that a 10% increase in tobacco tax be applied. This would increase revenue for the Ministry, but also decrease tobacco use. Preparing a case such as this, which appeals to the audience you are appealing to, will help ease the political process. Arguments from your opponents, such as the tobacco companies, can be countered with good evidence of the value of your policies.

## 2.6 Early detection and screening

Cancer develops over many years and typically begins with pre-cancerous lesions. In addition, cancer stage at diagnosis is the most important determinant of treatment options and patient's survival. Early recognition of signs and symptoms and development of capacity for diagnosis and therapy of symptomatic cases can therefore improve survival and in many cases also reduce cancer deaths. In a population where the majority of the cancers are diagnosed in late stages, and particularly also when cancer rates are low, promotion of early diagnosis may be the most feasible strategy to reduce the percentage of advanced stages and improve survival rates for selected cancers that may be amenable to effective treatment with limited resources, such as early detection of children's cancers and cervical, breast and colorectal cancers.

Screening aims to detect and treat very early stages of localized cancer, or so-called pre-cancers, before they metastasize and/or cause symptoms. It involves the application of validated tests, examinations and other procedures that can be applied rapidly to an age-group in the general population with elevated risk. Particularly in the case of cervical cancer or colorectal cancer this can prevent many cases from ever developing. In addition, as in the case of breast cancer, many cases of cancer can be cured because the cancer is detected and treated earlier than when symptoms appear. However, assuring the quality of a screening programme is a complex process and it is unethical to run a screening programme without adequate facilities to treat the newly identified cases. Any screening programme must therefore be well funded, well run, well researched and acceptable in the local area. This will minimise wrongly diagnosing healthy people and falsely reassuring ill persons that they are healthy. Demonstrating that screening saves lives, is cost effective and safe, makes it a more appealing policy for decision makers to consider.



Essential elements for successfully organized screening are an informed decision to initiate screening for priority cancers in the context of a national cancer control programme, and the political will to proceed, with support and funding from the Ministry of Health, on the basis of an adequate health care infrastructure. The target population for screening must be defined and informed, including a list of priority cancers, and a means to identify the target population and to invite them for screening. Some active call and recall system of the target population is necessary to achieve a high coverage. Whereas in high-resource countries such a system is generally based on population lists and written invitations, elevated participation rates can be obtained in low-resource countries by mobilizing communities and community health workers.

Successful implementation of population-based cancer screening programmes also requires comprehensive multidisciplinary guidelines for quality assurance of each step in the screening process beginning with information and invitation of the target population and including performance of the screening test and, if necessary diagnosis and treatment of detected lesions. The process of establishing a fully functional screening programme generally requires ten or more years, beginning with planning and feasibility testing and followed by piloting and phased rollout of the programme across a country or region.

### Case study 6: IARC – Cancer screening guidelines

In recent years, the Quality Assurance Group in the Section of Early Detection and Prevention at IARC has coordinated the development of comprehensive, multidisciplinary quality assurance guidelines for breast, cervical and colorectal cancer screening in the European Union. The availability of comprehensive guidelines covering the entire screening process from invitation of the target population and performance of the screening test through to diagnosis and treatment of lesions detected in screening has facilitated the commissioning of screening programmes by national and regional governments. The same principles of quality assurance apply in any resource setting, although the tests and procedures used may differ and organisation and communication must be adapted to local conditions. The European Guidelines can serve as an informative starting point for planning and implementing screening programmes:

EU breast screening guidelines: [www.bookshop.europa.eu/is-bin/INTERSHOP.enfinity/WFS/EU-Bookshop-Site/en\\_GB/-/EUR/ViewPublication-Start?PublicationKey=ND7306954](http://www.bookshop.europa.eu/is-bin/INTERSHOP.enfinity/WFS/EU-Bookshop-Site/en_GB/-/EUR/ViewPublication-Start?PublicationKey=ND7306954)

EU cervical screening guidelines: [www.bookshop.europa.eu/is-bin/INTERSHOP.enfinity/WFS/EU-Bookshop-Site/en\\_GB/-/EUR/ViewPublication-Start?PublicationKey=ND7007117](http://www.bookshop.europa.eu/is-bin/INTERSHOP.enfinity/WFS/EU-Bookshop-Site/en_GB/-/EUR/ViewPublication-Start?PublicationKey=ND7007117)

EU colorectal screening guidelines: [www.bookshop.europa.eu/is-bin/INTERSHOP.enfinity/WFS/EU-Bookshop-Site/en\\_GB/-/EUR/ViewPublication-Start?PublicationKey=ND3210390](http://www.bookshop.europa.eu/is-bin/INTERSHOP.enfinity/WFS/EU-Bookshop-Site/en_GB/-/EUR/ViewPublication-Start?PublicationKey=ND3210390)

#### WHO – Guidelines

The WHO has developed comprehensive guidance on essential practice in cervical cancer prevention that includes not only screening but also primary prevention ([www.who.int/publications/2006/9241547006\\_eng.pdf](http://www.who.int/publications/2006/9241547006_eng.pdf)). Recommendations on the use of cryotherapy for treatment of cervical precancerous lesions that take into account the limited resource settings frequently encountered in Africa have recently been developed ([www.who.int/publications/2011/9789241502856\\_eng.pdf](http://www.who.int/publications/2011/9789241502856_eng.pdf)). These recommendations will be taken into account in the current project to update the comprehensive WHO guidelines. Numerous other publications on comprehensive cervical cancer control are available on the WHO website: [www.who.int/publications/en](http://www.who.int/publications/en)

### Case study 7: Cancer Association of South Africa (CANSAs) – South Africa

CANSAs run a variety of screening programmes in their centres across South Africa. This is a response to the need of their country, where treatment is available, but people are not seeking treatment early enough. CANSAs is concerned that increasing awareness, without also increasing capacity for diagnosis, is pointless. They screen the breast, prostate, cervical, skin and colorectal cancer. Once diagnosed, people enter the public health system for treatment. In the year between April 2011 and March 2012 they undertook almost 15,000 PAP smears, 19,000 breast screens, 7,000 PSA tests and 2,000 skin exams. Around 9% of people were referred for treatment. Screening saves lives in South Africa and identifies cancer cases earlier than they would otherwise be diagnosed, which increases the chance of a positive treatment outcome.

## 2.7 National cancer registries

It is impossible to treat a problem if you don't know what the problem is. There are many forms of cancer and considerable regional variations in the incidence of these forms, which must be measured. The act of recording how many people have developed cancer and what type of cancer they have can provide a picture which allows an accurate assessment of the needs of the population. Over time it will also allow for a response if the pattern of the cancer burden is seen to be changing. Developing a strategy for prevention and treatment is only feasible if the burden and therefore causation is known. Cancer registries also provide you, the advocate, with the facts you need to back up your point. As such advocating for a registry is a valid programme for any cancer NGO.

### Case study 8: Cancer Association of South Africa (CANSA) – South Africa

South Africa has had a cancer registry for some time but the last data comes from 2004. In 2005, private laboratories stopped providing information to the registry due to concerns for confidentiality. CANSA is a member of the Advisory Committee for the registry because they provide a small amount of funding to support the registry. CANSA participated in several meetings that included representatives of the National Department of Health, the Cancer Registry and the private laboratories to find a way forward. Several solutions were suggested including encryption and the removal of demographics and locations, but this would have negated the quality of data, hence the problem was not resolved. Eventually in 2011 as of the 29<sup>th</sup> April, the government made the reporting of cancer mandatory. This regulation was based partially on CANSA recommendations written during a rewrite of the National Cancer Policy. Advocacy for enabling health policy won the day, where negotiations failed with service providers had failed.

## 2.8 Treatment

Once cancer is diagnosed, the availability of treatment is crucial. Treatment involves drugs and/or radiotherapy and/or surgery in certain cases, but also specialist oncologists and cancer nurses. Treatment can be prohibitively expensive and is not always offered by the Health Services of African countries. For instance, in Ghana decisions were made to only include the treatment of two forms of cancer under this national health scheme (breast and cervix). Childhood cancers, which in general have a high cure rate and can in many cases be treated for costs in the hundreds of US dollars, are therefore excluded. These costs are still largely prohibitive to most normal families in Ghana and without additional support paediatric cancer mortality rates will continue to rise. NGOs can be effective in supporting the development of treatment availability, through lobbying of government.

## 2.9 Palliative care including drug laws

It is an unfortunate fact that even in the best medical facilities in the world there are a proportion of persons who will not survive cancer. Palliative care is fundamental for cancer patients with life-limiting conditions. It relieves suffering, takes the strain from the families of patients and underpins the dignity of a patient until death. As such, adequate palliative care should be on the policy agenda of every government.

### Case study 9: African Palliative Care Association (APCA) – Swaziland

APCA is an international organisation who works in around 20 African countries to promote access to palliative care. Their key aims are to ensure that palliative care is widely understood, integrated into health systems at all levels and underpinned by evidence. In Swaziland, a palliative care policy was launched in November 2011. Arising from this policy, the Ministry of Health has drafted national palliative care clinical guidelines with APCA's technical support, and plans to adapt *APCA's Palliative Care Standards for Providing Quality Palliative Care Across Africa*. APCA successfully lobbied the Ministry of Health to visit Uganda, which is considered to be a palliative care leader, to observe the production and usage of opioids. APCA have used these study visits as a method to sensitize key members of government and organisations from a variety of countries to the need for palliative care and the intricacies of palliative care implementation at a national level.

Millions of cancer patients suffer in severe pain each year with no access to appropriate pain relief. While morphine is inexpensive, safe, and highly effective, a combination of government drug regulations, inadequate training for health care workers, poor integration of care, and cultural misconceptions mean that an estimated minimum of 3.3 million people with cancer and HIV suffer in agony without treatment. Add to this the millions of people living with untreated pain from traumas, burns, and other diseases and the true scale of the tragedy become clear. Without direct changes in the law in these countries, the ability of health care workers to provide adequate pain relief to their dying patients is severely curtailed.

#### **Case study 10: Global Access to Pain Relief Initiative (GAPRI) – Nigeria**

GAPRI has been collaborating with the Federal Ministry of Health in Nigeria to increase access to pain relief since early 2012. It is estimated that 177,000 people died from HIV or cancer in 2009 with moderate or severe pain that required treatment with opioids. However, between 2007 and 2009 only 216 people were treated with opioids per year. Morphine is included in the essential medicine list in Nigeria, but the last stock of morphine powder expired in May 2010, although small stocks of injectable morphine were replenished.

GAPRI secured funding from Fondation Philanthropia for a full-time staff member working for 3 years to support the Ministry's efforts to improve access to pain relief. The staff member assists the Director of Food and Drug Services in the Federal Ministry of Health to implement a variety of interventions to improve access to pain relief. These include estimating the need and demand for opioids, procuring and distributing opioids, and improving clinical training.

If you are interested in advocating for greater access to pain relief in your country, GAPRI provides reports on the status of access to pain relief by country (available at [www.gapri.org/ttp-country-reports](http://www.gapri.org/ttp-country-reports))

## **2.10 Effective communication with government and health authorities**

Getting decision makers to take note of your message requires motivation and determination. Contact may involve written or spoken communications. As outlined below for contacting the media (see section 4), these communications should outline the problem and the potential solutions.

Possible avenues of contacting decision makers:

- Letters and e-mail;
- Face-to-face meetings;
- Press and media releases; and
- Speaking publically.

#### **Case Study 11: Lorna Renner, oncologist and lobbyist – Ghana**

When working with government, one of Lorna Renner's key messages is perseverance. When organising a Childhood Cancer Conference in Ghana, Lorna managed to persuade the Ministry of Health to fund the conference. The funding provided accommodation for participants from across Africa. Lorna says this was achieved through hours of walking the corridors of the Ministry, getting herself known, networking and then asking for support. In return for the support, the President and Minister for Health were invited to the opening ceremony. The conference helped build the reputation of Ghana as a country dedicated to fighting cancer, which was a significant step forward.



## 3 Education Advocacy

### 3.1 Developing awareness raising resources

Education of people who are unaware or unclear about the details of cancer is a valuable advocacy programme as the beneficiaries of health education become proponents, supporters, advocates, volunteers and agents of change. Resources, such as posters and leaflets are a common method of spreading information. The resources should be developed with your target audience in mind. For instance, if you are looking to educate children you should use language appropriate to that age group, lots of colour and pictures. For a medical audience you can use more technical language. You must also decide how to distribute the resources. If you are running awareness raising events, resources can be given to attendees in order to ensure the message is heard. Posters can be put in prominent places to catch the eye of readers.

#### Case Study 12: AfrOx, ESMO and UICC

AfrOx, the ESMO Developing Countries Task Force and UICC worked together with key African stakeholders to develop a series of 13 cancer prevention and awareness posters designed for use in Africa. The posters will help improve the general public's understanding about the early signs of cancer and of how simple lifestyle changes can greatly reduce the likelihood of developing many cancers. The posters have been endorsed by AORTIC and were also reviewed by the WHO Africa Regional Office. Support for designing the posters was also given through consultations with the Cancer Society of Ghana (CSG), clinicians and nurses in Ghana. The posters have also been translated into Swahili and French, to reach audiences in non-English speaking African countries. The posters are free to download on the AfrOx website at [www.afrox.org/cancerposters](http://www.afrox.org/cancerposters) and can be used by any organisation or individual, and in any country in the world.

#### Case study 13: European Cancer Leagues – Europe

The Association of European Cancer Leagues developed a poster and video project for cancer prevention awareness for their coordination of the European Week Against Cancer which takes place 25-31 of May each year. A competition to design posters and to create videos was run, with the top prizes being iPads. Entrants had to be under 18 and from the EU. The competition provided useful and effective resources, while increasing awareness in a target group.

### 3.2 Distribution of resources

Once you have developed your resources, you have to decide on a distribution plan. It might be that the resources were developed for a specific event, but if you would like to reach the biggest possible group of people you should think carefully about this element of your advocacy programme. Talk to people and build a network of possible distributors, including other NGOs, civil societies, schools, workplaces or even government.

#### Case study 14: AfrOx, ESMO, UICC and Ghana Health Service

In 2011, the AfrOx/ESMO/UICC cancer posters were piloted in Ghana, in collaboration with the Ghana Health Service and NGOs. The aim of the pilot programme in Ghana was to develop a template for low-cost cancer awareness and prevention programmes that could be replicated in other developing countries.

The posters were officially launched in Ghana on World Cancer Day 2011, by AfrOx, ESMO, the Cancer society of Ghana and the Ghana Health service.

The Ghana Health Service (GHS) distributed the posters to health professionals across Ghana. 17,250 AfrOx-ESMO posters were provided to the GHS, addressing smoking, exercise, fruit and vegetable intake, cervical and breast cancer. The distribution of these posters was combined with the GHS cervical and breast cancer poster distribution, demonstrating a compatibility of the resource distribution with other national programmes. Most of these resources will end up in health establishments, but it is hoped that the general public visiting these places will also learn from the posters.



### 3.3 Running awareness events

Running an awareness raising event is similar in many ways to organising a party, complete with a time and location, invites, and entertainment!

- 1) **Who?** The first stage in organising an advocacy event is to decide who the event is aimed at. It could be a mass audience event, with the purpose of educating as many people as possible about cancer, or it could be an event for influential local business people who you are hoping will sponsor your organisation.
- 2) **Where?** Once you have an idea of whom you are trying to attract, and how many attendees there will be, you can choose a location. If you are organising a mass event, you will need a venue capable of accommodating everyone. You may be able to choose a location that already attracts many people, such as a mall, church, workplace or school. This way you will be guaranteed an audience for your message, without having to try hard to attract people.
- 3) **When?** The timing of the event is also crucial for trying to attract the right audience. If a mall is your location, you probably want to hold the event at the most popular shopping time. Alternatively, if you are holding an event for local business people, after work in the evening would seem appropriate.
- 4) **Why?** Why should people attend your event? To increase the attractiveness of your event you can provide incentives for attendees. For instance, if you are able to get a local celebrity to attend and advertise the event effectively people will be more likely to attend. Inviting influential people, such as members of the government, will also attract people. Other incentives might include food, drink or entertainment such as music.
- 5) **What?** What do you want attendees to know? Once you have organised your event and advertised it to a sufficiently large audience, how do you make sure people take home the message you want them to? You could prepare a talk or presentation to illustrate the message you want to get across. This talk should be focused and stay on the subject because people have a tendency to lose their concentration, so try to keep it short and informative! Resources such as leaflets and fact sheets can be prepared and given to attendees to take home with them, and perhaps they will be used to further spread the message within their community. These resources should include contact details so that people can get in touch with you after the event.

#### Case study 15: The Ghana Parent Association for Childhood Cancer (GHAPACC) – Ghana

GHAPACC held a funfair for over a thousand people where the subject of childhood cancer was discussed freely and any questions from the participants were answered. This event, which GHAPACC organised alone, demonstrates creativity in organising events. The funfair was held on the 25<sup>th</sup> April 2011 and was organised by a specialist consulting company. A range of fun activities were used to attract participants including bouncy castles and a variety of sports, with prizes for the winners. Every participant went home with a flyer about childhood cancer and a leaflet about GHAPACC.

#### Case study 16: Cancer Society of Ghana – Ghana

The Cancer Society of Ghana (CSG) is keen to increase cancer awareness through community events. An awareness raising event was held in the city of Akim Swedru, 360 people from a network of 13 churches were invited to the central headquarters at the Akim Swedru Methodist Church. The event was staffed by a pharmacist, five nurses and four volunteers, and was principally organised by church superintendent the Very Rev. Moses Aidoo. Attendees were educated about cancer risk factors and the benefits of healthy living for preventing cancer. People were taught about the need for Hepatitis B vaccine and testing; leaflets were distributed which discussed the link between Hepatitis B and liver cancer. AfrOx-ESMO posters focusing on how to detect and prevent cancer were distributed to attendees. The event was co-organised with the Cocoa clinic, a private medical clinic which runs a programme to increase awareness of the causes and effects of breast cancer, so an additional 30 minute presentation focusing on breast cancer followed the general cancer presentation. The Ghana News Agency wrote an article covering the day, quoting Mr Edward Amporful, pharmacist for the Cocoa Clinic, when he said “the situation required urgent attention from all concerned stakeholders and advised women to desist from self-medication”. Biyak FM, a Ghanaian radio station, also reported on the event.

## 4 Working with media

Managing an effective media strategy can provide free publicity, advertising and awareness - raising for your organisation. If you are running a mass event to increase awareness of cancer, involving the local media in inviting the public, and then having them cover the event will result in the knowledge reaching more people than would have otherwise be reached.

Journalists and media outlets want newsworthy stories for their publications – effective stories will be timely, new, and relevant to readers, listeners and viewers. A new angle could be new data, activities or an important event, or it could include analysis from experts who have new insight or a clear opinion.

You should consider a number of questions when working on media coverage:

- Who is central to the story?
- What is the news you want to report? When answering this question think carefully about what you want to accomplish.
- Why has it happened?
- When did it happen?
- What will the consequences be?

### Case study 17: Ghana Parent Association for Childhood Cancer (GHAPACC) – Ghana

GHAPACC have been able to engage the media effectively. To increase awareness in the community they hosted a media event at the local international press centre where many journalists are based. The secretariat of the press centre advertised the talk to all resident media outlets. Many journalists were made aware of the association, without requiring them to leave their offices.

The media coverage gained has forced cancer advocacy to the forefront of the political agenda. After talking about the lack of health service coverage for cancer in Ghana on the radio, the Minister for Health was forced to publish a statement about coverage.

During a recent awareness raising event, media interest from a number of radio stations, newspapers and magazines (locally and internationally) was key to ensuring that the number of attendees was in excess of 500 people. Media exposure is also capable of attracting sponsors. After hearing about the association on the radio, potential sponsors have contacted GHAPACC to discuss funding arrangements.

### Case study 18: Africa Tobacco Control Consortium (ATCC) – Across Africa

Rachel Kitonyo, of the ATCC, identifies three stages of working with media. It is important to identify which stage you are in, before working towards the next stage, as each stage brings increased value from your media interaction. The first stage is engaging the media to cover specific events or programmes you are running. For instance, in the process of lobbying the Kenyan government to control tobacco, the ATCC met resistance from the companies that own tobacco farms in Kenya. The ATCC planned to counter this argument with coverage of the imperfect conditions suffered by workers on the farm. They took a group of journalists to cover the workers, and so persuade government that these farms are something that should not be protected. Journalists were largely uninterested by the topic, until they were refused entry by the owners. The journalists started to ask what the owners were trying to hide, and the matter ended up being covered by all the media. This demonstrates the requirement for an interesting angle on a news story. Coverage of events by journalists is an important first step in media advocacy. Once you have achieved this the next stage is to educate journalists about your cause, with the aim of demonstrating the value of your cause and getting them thinking about the issues. Organise a workshop and invite investigative journalists and health editors. The third stage is working with those journalists who are interested by your cause. Rachel Kitonyo thinks that of forty journalists you invite to your conference, maybe two will end up writing about cancer regularly. These journalists will cover not just events, but the broader politics of cancer. They will contact you for stories and write influential articles which help your cause, so treasure these contacts.



Journalists will be encouraged to write an article if you write a press release, which provides all the information needed to write an article. There are four important stages to developing an effective press release: (1) find a news angle; (2) define a target group (for example, wire, trade, or consumer journalists); (3) develop a contact list; and (4) develop and write your press release.

The tone and structure of the press release are crucial. The tone should be objective (refrain from hyperbole) and factual. The content should be checked carefully for grammar and spelling mistakes, and any sources used should be checked and clearly referenced. Try to make the release as concise as possible, with punchy rather than flowery language. If possible, the release could refer to recent news events (for example, World Cancer Day), which helps make the story topical. Including pictures of prominent people or figures that are descriptive of cancer prevention may help make the article accessible to readers.

**For an example of how to write a press release, see the example below of the press release used by AfrOx and ESMO on World Cancer Day 2011.**

**Case study 19: AfrOx-ESMO press release****International community called upon to stop the runaway train of cancer in Africa**

(Add the location and date to your press release) To coincide with World Cancer Day 2011, on 4 February, the Africa Oxford Cancer Foundation (AfrOx) and the European Society for Medical Oncology (ESMO) are driving a project to raise international awareness of the growing problem of cancer in Africa.

AfrOx and ESMO are launching the 'Runaway train of cancer in Africa' video, seeking to galvanise the global community to stop the train and prevent as many cancer deaths as possible ([www.afrox.org/cancerprevention4africa](http://www.afrox.org/cancerprevention4africa)).

In addition to the video, AfrOx and ESMO are launching a series of cancer prevention awareness posters for use in Ghana first and other African countries (free downloadable at [www.afrox.org/cancerposters](http://www.afrox.org/cancerposters) or at [www.esmo.org](http://www.esmo.org)). The aim of the poster project is to develop a template for low-cost cancer awareness and prevention programmes that can be replicated in other developing countries.

"The rising incidence of cancer in Africa is like a runaway train coming down the track," noted Alan Milburn, former UK Secretary of State for Health and Chairman of AfrOx.

At present cancer kills more than 7 million people per year and is responsible for more deaths than tuberculosis and AIDS combined. It is estimated that if no action is taken, the situation will continue to deteriorate and by 2020 it is expected that there will be 16 million new cases per year. 70% of these new cases will occur in the developing world.

"One third of cancers affecting people in the developing world are potentially preventable and another third treatable if detected early," Milburn continued. "But in many developing countries, governments and institutions face a wide range of serious health problems and cancer is often not a priority in limited resource settings."

"Unless something is done it is only going to get worse. The global community must act now to prevent the situation from deteriorating."

There are grounds for optimism, though: "With concerted early action, cancer in Africa is a disease that can be tackled. The joint campaign by AfrOx and ESMO is an example of what can be achieved when organisations work together," he concluded.

Professor David Kerr, ESMO President, said "ESMO has a commitment to support the fight against cancer outside of Europe and we are delighted to be working with AfrOx to both raise global awareness of the problem of cancer in Africa and support prevention and awareness programmes in developing countries."

"We also have high expectations that the 2011 United Nations Summit on Non-Communicable Diseases will result in cost-effective global strategies to support our efforts," Prof Kerr added.

AfrOx and ESMO are currently working on cancer prevention projects in Ghana alongside the Ghana Health Service and the Cancer Society of Ghana.

"Cancer is one of the top 20 causes of death in Ghana, but one third are preventable. Bad habits and diet, tobacco use and sedentary lifestyles can lead to cancer. Avoiding them can also be a way to prevent cancer," noted Billy Bosu, Head of Non-Communicable Diseases, Ghana Health Service.

"Unless we all get our act together and start funding awareness and prevention programmes, we will see a continuing increase in cancer deaths not just within the older generation but among young people as well," he emphasized.

This new awareness initiative by AfrOx and ESMO will enable people to begin to understand how to reduce their risk of developing cancer, and how to identify the early signs of cancer and when to seek advice, potentially saving Africa from being hit by a cancer runaway train.

-END-

**Further Information**

GIVE THE NAME OF A CONTACT PERSON AT YOUR ORGANISATION HERE – INCLUDE THE NAME, JOB TITLE, PHONE NUMBER AND EMAIL ADDRESS.

**Notes to Editors**

Add your support to the 'Cancer Prevention 4 Africa' campaign: we are on facebook, twitter and YouTube

The 'Runaway Train of Cancer in Africa' video was made by amateur film makers Hazel Taylor and Ben Donaldson.

**About AfrOx (Africa Oxford Cancer Foundation)**

AfrOx (Africa Oxford Cancer Foundation) is working in Ghana to help train healthcare workers and to improve early diagnosis, treatment and awareness of cancer. Its aim is to develop a template for low-cost cancer prevention and treatment programmes that can be replicated in other African countries. The four most common cancers in Ghana are liver, prostate, breast and cervical.

AfrOx's mission is to partner with African countries and assist them with implementing comprehensive cancer prevention and control programmes.

AfrOx believes that by forging alliances of individuals, NGOs and governments to share expertise, technology, training and a degree of philanthropic support, much could be done to help reduce global disparities in cancer care.

Only in this way can achievable and sustainable national cancer plans that are evidence based, priority driven and resource appropriate for African countries be developed, and AfrOx are committed to doing this.

AfrOx is a registered charity in England and Wales. Charity No.1131562.

To find out more about AfrOx, please visit [www.afrox.org](http://www.afrox.org)

**About ESMO (European Society for Medical Oncology)**

The European Society for Medical Oncology (ESMO) is the leading European professional organization committed to advancing the specialty of medical oncology and promoting a multidisciplinary approach to cancer treatment and care.

ESMO's mission is to advance cancer care and cure through fostering and disseminating good science that leads to better medicine and determines best practice. In this way ESMO fulfils its goal to support oncology professionals in providing people with cancer with the most effective treatments available and the high-quality care they deserve.

The ESMO community is a powerful alliance of more than 6,000 committed oncology professionals from over 100 countries. As a trusted organization with 35 years of experience, ESMO serves its members and the oncology community through: a brand of excellence in post-graduate oncology education and training; leadership in transforming evidence-based research into standards of cancer care in Europe; dedicated efforts to foster a more favorable environment for scientific research; innovative international platforms to share expertise, best practices and disseminate the most up-to-date scientific research to as wide an audience as possible.

ESMO's scientific journal, Annals of Oncology, ranks among the top clinical oncology journals worldwide. ESMO events are the meeting place in Europe for medical oncologists to update their knowledge, to network and to exchange ideas.

As a European organization with a global outreach, ESMO supports oncology professionals in low- and middle-income countries through its Developing Countries Task Force.

To find our more about ESMO, please visit: [www.esmo.org](http://www.esmo.org)

END OF PRESS RELEASE

## 4.1 The role of experts & champions

Employing experts and champions can be crucial in spreading the message of your advocacy programme. Experts are people who provide an educated perspective on cancer. For instance, doctors and nurses with the appropriate experience can make excellent experts. Additionally, patients and their families can be very effective advocates – their experience is an invaluable reference for advocacy programmes. Often, the explanation of a layman with experience of cancer can be both accessible and persuasive.

Aside from experts, champions can also be used effectively in advocacy programmes. The power of celebrities and influential people should not be underestimated; getting an influential person to be a spokesperson for your advocacy programme is a great way of increasing awareness in the general community.

However, some caution should be exercised in the usage of experts and champions. Your choice of expert or champion will depend on the target audience, scale of the campaign and what message you want to put out (for example, do not choose a smoker for an anti-smoking campaign!). Before you approach the expert or champion you should be clear about what their role will be and what involvement you expect from them. Prepare a concept, which carefully defines the message you want them to endorse and how you expect them to do that. You should include a description of any public speaking, appearances or photos you would like to include them in. After you have agreed the terms of the collaboration, you should seek their approval for any elements that involve usage of their name or image.

**Case study 20: European Society of Medical Oncology (ESMO)** is the leading European non-profit, professional organization for medical oncology with a focus on uniting oncology specialists, healthcare professionals, caregivers, patients and policy makers in a global alliance committed to eradicating cancer and ensuring equal access to high-quality treatment of all patients. Recognized as a highly qualified professional, scientific and educational society, it has for over 35 years continuously expanded its mission, aiming to create a wider community of professionals providing optimal care to all cancer patients. ESMO is represented in every European country and in the major geographical regions of the world.

ESMO strongly believes that medical oncologists have the potential to be a large and important group of activists for cancer prevention. It advocates that medical oncologists should be involved in the development of cancer screening programmes; should contribute to and participate in awareness campaigns on the importance of screening and ways to prevent cancer; and should discuss the role of lifestyle and environmental factors on health and recovery with their patients.

ESMO's paper on the role of medical oncologists in cancer prevention is a useful source of further information. [www.annonc.oxfordjournals.org/content/19/6/1033.full](http://www.annonc.oxfordjournals.org/content/19/6/1033.full)



### **Case study 21: African Organization for Research and Training in Cancer (AORTIC)**

AORTIC was formed in 1983 by expatriate African cancer care workers, scientists and their friends, and is dedicated to the promotion of cancer control in Africa. AORTIC's key objectives are to further the research relating to cancers prevalent in Africa, support the management of training programs in oncology for health care workers, deal with the challenges of creating cancer control and prevention programs and raise public awareness of cancer in Africa.

The Executive Council of AORTIC consists of scientists and clinicians with a professional interest in prevention, treatment and study of cancer – volunteering their expertise for the plight of the cancer patient in Africa.

Every two years, AORTIC holds a scientific conference, which now includes training workshops for African cancer advocates. Over 40 cancer advocates participated in the 2011 International Cancer Advocacy Training workshop organized by the University of Florida and The Prostate Net, and supported by the National Cancer Institute (1R13CA162899-01). The African Cancer Advocates Consortium (ACAC) was formed during the 2011 workshop. AORTIC is collaborating with the University of Florida and AfrOx to organize the 2013 Advocacy workshop and a Master Trainer programme for selected cancer advocates in Africa. These training programmes will be held during the AORTIC 2013 international cancer conference 21 – 24 November 2013 in Durban, South Africa.



### **Case study 22: People living with Cancer (PLWC) – South Africa**

The PLWC have used celebrities to increase awareness of cancer in South Africa. Notable cancer survivors took part in the Cancer.vive fundraising motorcycle ride across South Africa. Janie du Plessis, a TV presenter and model, and Lilian Dube, a soap opera actress, took part in the ride. Cancer.vive generated significant media coverage on the internet and newspaper including 30 articles. Several articles focused on the life stories of the celebrities, which will have increased awareness in a broad swath of society.

### **Case study 23: Mathiwo Wondu-YeEthiopia Cancer Society (MWECS) – Ethiopia**

MWECS was started by Wondu Bekele in memory of his son Mathiwo Wondu, who died of leukaemia at age four. The American Cancer Society recently named Wondu a Global Cancer Ambassador for Ethiopia "in recognition of his contribution and leadership role in civil society cancer control in Ethiopia." As such, he travelled to New York City in June 2011 to attend a workshop focused on building a strong global civil society "cancer voice." Wondu recently gave a 20 minute TV interview, which was broadcasted on ETV1 and ETV2 three times in the same week, where he discussed his personal journey as the father of a child with cancer and his role in Ethiopian Civil Society in cancer and, more generally, NCDs. He also discussed the challenges in running the Mathiwo Wondu – YeEthiopia Cancer Society and delivering its objectives, and finally the support he would like to see realized from major donors and the general public. Wondu has made personal sacrifices for MWECS, including having to leave his job at a tobacco company as it conflicted with his charity



## 5 Support Advocacy

Support advocacy is aimed at supporting newly diagnosed cancer patients, survivors, their families and caregivers. This can range from transportation to and from hospital to a bed for parents in the childhood cancer ward. Emotional support can be provided through a group with fellow sufferers or survivors. Support can also be financial, so that people can get the treatment and care they need. Another aspect of support is providing information to the patient.

### Case study 24: People living with Cancer (PLWC) – South Africa

PLWC run an effective support programme for cancer patients and survivors across South Africa, based on a system of support groups. One group is based within an oncology centre of a private hospital in Cape Town. Cancer patients travel from the surrounding townships to meet once a month. Each session is split into two sections – an input session and then a ‘care and share’ session. The input session is usually run by a specialist who educates the group on a topic related to cancer such as nutrition, emotional counselling or other therapy. The ‘care and share’ session is an opportunity for attendees to discuss their thoughts and feelings and to tell their story.

The hope is that survivors from this first flagship group will be trained to run smaller support groups in the townships surrounding Cape Town. Given that transport costs into Cape Town can be prohibitive, smaller satellite groups would mean that more patients could access support. The survivors trained to run support groups will not only act as counsellors and facilitators but will also assess the needs of the community for future lobbying.

Via the PLWC website, cancer patients can request a “buddy” who is a cancer survivor. Buddies are matched on the basis of their profile, disease and treatment protocol. Many of these buddies are featured in survivor stories on the PLWC website. Linda Greef, co-founder of PLWC, states that one of the biggest benefits of this system is to fight the stigma associated with cancer. For instance, some patients worry they might be burnt by radiotherapy or poisoned by chemotherapy.

In Johannesburg, cancer survivors act as counsellors for people referred to the breast cancer clinic of Helen Joseph Hospital. Hundreds of patients are seen every day at this clinic and waiting times can be long. Survivors who are unemployed go to the clinic a few times a week to talk to women waiting to be examined. There is a private room for discussion with particularly worried individuals. This programme has been very effective in supporting people going through the worry of the diagnostic process. Linda Greef says in future she hopes the programme will be able to support people after the initial screening process.



### Case study 25: Reach for Recovery – South Africa

Reach for Recovery run significant support for patients newly diagnosed with breast cancer in South Africa. Breast cancer survivors visit patients at public and private clinics within around 2 days of surgery. Last year they visited around 3,516 patients. The key aim of the visitation is to provide patients with a message of hope, and because visitors are survivors they can talk from experience. They are provided with an information pamphlet, temporary prosthesis and comfort pillow. Patients are followed up with a visit or phone call afterwards. Reach for Recovery additionally organise monthly support groups in larger cancer centres. In these groups, patients meet to chat and doctors, psychologists and other experts are often invited to talk.

At the larger breast cancer clinics, patients who cannot afford proper prosthesis are fitted with them at a reduced price. Prostheses can cost up to R5,000 in South Africa, and through Reach for Recovery patients can buy them for as little as R50.



**Case study 26: Childhood Cancer Foundation South Africa (CHOC) – South Africa**

Hospitals can seem unfriendly and even frightening to children. As the treatment of childhood cancer is a lengthy process (ranging from eight months to three years) and requires regular attendance at hospitals, children and their parents spend a substantial amount of time in the ward. CHOC aims to make treatment centres more child friendly and welcoming and uses trained, dedicated professionals and volunteers to organised structured play with children, talk to parents and occasionally assist professional staff.

Keeping a child stimulated and occupied during long periods when they are in hospital, either for treatment or due to not being well enough to go home, can be a challenge. Having a variety of appropriate activities such as toys, games, televisions and DVD players available, substantially alleviates boredom and stimulates children educationally. CHOC staff and volunteers ensure that children have access to age-appropriate recreational activities and items suitable to their condition (they may be confined to bed or have a drip installed) and that equipment is maintained and replaced when necessary.

The Medical staff in treatment centres in South Africa is largely under-resourced and work under pressure. They have little time to sit with the children to occupy, stimulate or entertain them. CHOC provides carefully selected and trained volunteers who fill this role and are able to spend quality time with young cancer patients as well as to interact with their parents. In this way, the volunteers are able to take the load off professional staff.

The CHOC house programme endeavours to provide a temporary home for the parent or care giver and child during treatment periods in a house close to the hospital. They can relax and be with other families facing similar difficulties. Statistics prove that having a caring and supportive environment in which to stay can assist considerably in reducing the rate of abandonment of treatment by families.

## 6 Community Outreach Advocacy

Community outreach involves the identification of key health needs in the community and developing a plan to counteract them. **To do this, a community team must be assembled with local leaders and stakeholders who share a vested interest in the wellbeing of the community.** After this, develop a strategy for identifying and counteracting problems, which could involve all team members or use focus groups, which work separately. An assessment of the requirements of the community is next. There are several aspects of the community which must be considered: the community-at-large; institutions or organisations in the community; health care services; schools; and workplaces. Each may have different health requirements. Take each of these in turn and consider the demographics, nutrition, exercise levels, chronic disease management, tobacco and other exposures and whether there is any leadership in the community for the public policy process. Identify where you would like the community to be, and then develop a strategy to implement change. Objectives should be SMART (see section 1). Work with all members of the group to implement these targets. Using this framework, your organisation can implement real change in the health and wellbeing of your community.

### Case study 27: The Eat Better. Play Harder. Live Longer programme by The Community Development Foundation – Australia

The Community Development Foundation developed a programme aimed at increasing the level of physical activity of parents, and subsequently their children and the community, to promote healthy eating and increase awareness of chronic disease and how to reduce associated risk factors. The programme was implemented in schools in Australia.

The promotion of strategies to decrease rates of overweight and obesity, increase physical activity and improve mental wellbeing in the Australian population is a national priority.

The Community Development Foundation's Eat.Play.Live program helps alleviate the barriers to involvement of people living in low-socioeconomic areas in health-related activities. Travel, time and cost were identified as the biggest barriers to involvement of parents in health-related activities. By holding the activities for free or no cost, on the school site, and at times which were convenient to parents such as straight after they drop their child at school, sustained high participation rates were achieved.

School-based incentives were provided on completion of each activity, and when a level was completed a larger community reward was given such as gym passes and fruit and vegetable vouchers. Optional activities were determined by community interest and included activities such as Zumba/Konga, group personal training classes, attending the Community Kitchen, discussions on parenting, involvement in school health days such as Jump Rope for Heart, and Group Support Sessions.

Programmes, such as Eat.Play.Live, involve significant evaluation elements. During the project, participants were encouraged to provide ongoing verbal feedback and completed feedback forms at various levels of the program. Participants were also provided with the opportunity to be involved in focus groups. Regular steering committee meetings were also held including staff at the school, university representatives involved in the evaluation, activity coordinators and Community Development Foundation staff. To measure the effectiveness of the programmes participants undertook a start-up and follow-up questionnaire, health checks and completed health screening tools developed by Exercise and Sports Science Australia (ESSA).





### **Case study 28: Tanzania 50 plus campaign – Tanzania**

The Tanzania 50 plus scheme focuses on education, advocacy and support for prostate cancer patients. Rev. Canon Dr. Emmanuel Kandusi, a prostate cancer survivor and the founder of Tanzania 50 plus campaign, believes in the need for community outreach advocacy in prostate cancer. These grass root programmes are targeted at the needs and interests of the audience. The first activity of the outreach programme provides information about prostate cancer and works to counteract false information, rumours in the community. This education programme can occur in a variety of settings, including places of worship, to spread information to the largest audience possible. Second, it provides informed voluntary free prostate-specific antigen tests “harbinger”, body mass index and body fat tests. Third, from experience they identified that many sick men are unable to reach medical services. Therefore the organisation runs an ambulance service to transport elderly people to and from hospital. For those unable to leave home, support visits are undertaken to counsel terminally ill patients, and in some cases to subsidise medical costs.

## 7 Research Advocacy

Research advocacy is aimed at ensuring that research examines scientific problems relevant to cancer patients. For instance, this can involve taking part in research ethics and grant review panels. Advocates can also help recruit participants for research and ensure they are well informed about the research they are taking part in. Ensuring participants are well informed will increase the retention of research participants. A number of NGOs also organise their own research programmes.

### Case study 29: Cancer Association of South Africa (CANSAs) – South Africa

CANSAs fund academic research by scientists from local Universities. Although the issues identified by cancer researchers over the years are pertinent to building a body of knowledge, CANSAs identified that more focus was needed on environmental factors that cause cancer, implementation of CANSAs health programmes, patient care service and advocacy. New categories of research relating to programme implementation were therefore incorporated into a revised research model. These new projects relate to identification and removal of environmental carcinogens, screening and patient care.

This new approach has also enabled CANSAs to fulfil a watchdog role in South Africa. For instance, they tested a cling film product, which was found to contain plasticisers that could be a health concern. They worked with the manufacturer to develop an improved product and then provided the CANSAs logo to endorse the new formulation. Upon identifying the carcinogenic Bisphenol A in baby bottles in South Africa, CANSAs lobbied the government for action. The government banned the manufacture, sale and import of the bottles. CANSAs helped organise a swap of the dangerous bottles for replacements, provided by manufacturers of the CANSAs bottles. They have also tested samples from the homes e.g. water, food, of people living near mines to identify potential carcinogens in the environment.

CANSAs research over the years has been valuable for effective advocacy. For example, CANSAs-funded research identified the link between Hepatitis B and Liver Cancer. CANSAs used this information to successfully lobby the South African Government to include Hepatitis B vaccination as part of its vaccination regime for infants.

### Case study 30: BreastSens – South Africa

BreastSens is a patients' rights advocacy NGO focusing on breast cancer in indigent Black communities of South Africa. Many breast cancer patients arrive at the hospital with late-stage breast cancer due to a variety of social and economic reasons. For example, male authority figures exert social pressure on women to resist medically indicated breast removal surgery or chemotherapy. BreastSens aims to identify these barriers and work to counteract them so that women are diagnosed earlier, and therefore stand a better chance of recovery. Kwanele Asante-Shongwe, of BreastSens, has designed a research programme to identify these factors. Interviews will take place with the medical team at a local breast clinic, with patients and local school girls. Interviews with the medical team will provide information on the sociocultural and/or economic reasons offered for the delay in seeking treatment, refusing treatment or being lost to follow up. Patients will be split into two groups; those who have and have not had surgery. By interviewing both sets of patients BreastSens can understand the differences in attitude to breast cancer, body autonomy and healthcare seeking behaviours. For example, interviews with school children will assess what young girls know about breast cancer, how they feel about their bodies and what is their attitude to healthcare. Information gleaned from this study will be fed back into the charity to try and encourage to their cancer earlier and accept treatment.



## 8 Fundraising Advocacy

### 8.1 Identifying funding opportunities

Many, although not all, advocacy programmes require funding. Attracting funding can be a difficult but rewarding process. To start with, you need to identify a list of potential funders. To do this, first write a budget for your programme to identify a figure you need to raise. Based on this figure, you can research potential funders. If the project is large, such as building a new cancer ward in your local hospital, you might need to consider international partners; if it is an awareness raising event or the production of a series of posters, you might identify local funders. Use all the resources available to you to identify funders to approach, including the internet and networks of people in your community (see references for some potential sources of information). Potential funders might include Rotary clubs, chambers of commerce, industry confederations, local businesses and people, religious organisations, overseas non-resident communities, fundraising events, trusts and foundations.

If possible, it is advisable to have more than one source of support for your programme. Having support from a single source can make your programme vulnerable to the criticism that you are working for that funder, who could be seen as having a vested interest. For instance, if you are funded by a pharmaceutical provider who produces cancer drugs, it could be argued that your campaign to increase awareness of cancer will in turn increase the revenue of the pharmaceutical company. Multiple funders not only demonstrate the importance of your programme and your ability as advocates to raise support, but also protect your projects credibility.

Once you have identified potential funders check that they fund organisations of your interests and scale. If available, use reports about their interests and contact the organisation before you make an application – often these bodies will help you to develop an appropriate and focused funding application. Other than monetary funds, support for your organisation can also come in kind. For instance, if you are running an event to educate people, local businesses might support your organisation with a location for the event, or drinks and snacks for attendees. If you are developing a leaflet to hand out to people, perhaps you can persuade a local business to design and print the leaflet.

#### Case study 31: Reach for Recovery – South Africa

Reach for Recovery run a variety of fundraising events in South Africa including sponsored walks, collection tins, and pink ribbons. They also run regular tea parties and lunches to fund their programmes. Lunches are run in local function venues and can have as many as 500 attendees. Attendees are entertained with music, fashion shows and auctions. Entertainment is provided for free or at reduced prices, allowing the maximum profit from the event. Money is raised from people buying tickets to the lunch. Corporate sponsors can buy a table for their staff, raising significant funds. The auctions themselves can also raise significant additional funds.

Reach for Recovery is supported by the South African Mushroom Farmers Association (SAMFA). Once a year, during October, which is the breast cancer awareness month, the punnets that mushrooms are sold in are turned pink and a proportion of the profit is donated to the charity. SAMFA support this project because mushrooms have been found to fight breast cancer; SAMFA hope people will start to buy mushrooms to prevent cancer. The funding programme is therefore beneficial to both sides. In October 2010, the project raised R232,524 (around \$28,000) and in October 2011 it R380,620 (around \$46,000).

### 8.2 The funding proposal

Many funding opportunities require a funding proposal to be written, but the following general structure can be applied to any application you make for funding. The funding proposal will contain a description of the problem, the rationale of the project, the objectives, strategy and measurable outcomes and a budget. The proposal should define the problem, using evidence to illustrate where possible. Evidence can include statistics, quotes, press articles or the story of a cancer patient. Include information about the context including the region, community and resources available. After you have defined the problem, you need to tell the funder why your organisation is best placed to undertake the project. Funders are more likely to support an

application if you have proven experience in similar projects so you should include any examples of related work you have undertaken. Other information you should include is important collaborations you have organised or links you have built with relevant organisations.

After you have covered these topics, the objectives, outputs and outcomes of the project should be discussed. The objectives of the project should be SMART (see section 1). Funders will only invest in projects they believe can be completed in the timeframe. You will also need to discuss the outputs and outcomes. The output is the immediate result of the activity and the outcome is a longer term effect. For example, the output for an awareness raising event might be that attendees know what cancer is when they leave an event and the outcome would be that attendees go on to share the message with their broader community. Funders will want value for money so you should include ways they can measure the progress of the project. For example, the outputs, the number of people educated at your event, is an effective evaluation of your programme. Better evaluation programmes will attract funders. For instance, to track your education programme a questionnaire to a small number of people before and after the event would allow you to prove the effectiveness of your methods. Be sure to include in your application the benefits of funding your project that the funding organisation will receive, such as making a positive difference in the prevention of cancer.

### Case study 32: World Child Cancer – Across Africa

World Child Cancer fund twinning programmes which link hospitals in low/middle income countries with experienced child cancer units in hospitals in more developed countries. The hospitals and healthcare professionals who dedicate their time to these twinning partnerships provide their expertise and knowledge free of charge and the contribution of their voluntary medical aid is valued at around twice the financial contribution of World Child Cancer.

When World Child Cancer provide funding to these programmes, they do so under circumstances that ensures the money is used effectively. The projects are chosen very carefully and are required to meet several vital criteria before being considered by the charity for funding. Ideally the hospital in the low / middle income country should be situated in a major city which is easily accessible for the population.

A key part of the twinning work is to develop long-term sustainability within the projects where we work so that after the 5 years of funding from World Child Cancer, the project and twinning partnership will continue to work effectively with decreasing external aid and increasing internal self-reliance. World Child Cancer work on long-term sustainability in several ways:

- By demonstrating successful outcomes it is hoped the hospitals can lever more funding from governments, companies and charitable organisations in each country;
- Parent support groups which form an integral part of every project are encouraged to develop local fundraising initiatives; and
- Including training as a priority activity at each of the projects ensures that many more healthcare professionals are appropriately trained in caring for children with cancer. These professionals can in turn train other staff and can extend the training from the project centre to satellite units and at district levels for supportive and palliative care especially.



### 8.3 Other sources of support

Many organisations raise funds by charging membership fees, but be careful not to discourage potential members! Raising money can also include sales of home-made products such as cakes, auctions and charity sales of gifts, and sponsored activities such as marathons or walks.

#### Case study 33: People living with Cancer (PLWC) – South Africa

PLWC run a variety of creative fundraising programmes which support the NGO without any subsidy from the state. For instance, in 2011 they helped organise a motorcycle ride across South Africa called Cancer.vive, which raised R100,000. The event was widely covered by the media, which had the double effect of increasing donations and promoting awareness of cancer.

For the last ten years PLWC, with a private cancer treatment provider GVI Oncology, have run an annual Cancer Survivors Day; in 2011 this was attended by 1,400 people. These events are possible due to support from a variety of organisations. For instance a treat bag with food was given to all attendees including a banana and apple provided by a local greengrocer and sweets provided by a sweet company. For their Patient Empowerment Day on the 14<sup>th</sup> July 2012 the hotel venue was provided for free with light refreshments for all conference attendees. The focus of the event was to empower cancer survivors to become involved in cancer advocacy and to identify cancer advocacy issues in their communities in Cape Town.





## 9 Resources

### 9.1 Sources of information about cancer

Cancer in Africa: Epidemiology and Prevention (2003) IARC Scientific Publication, No. 153, Edited by D.M. Parkin, J. Ferlay, M. Hamdi-Chérif, F. Sitas, J.O. Thomas, H. Wabinga, S.L. Whelan. Available at: [www.iarc.fr/en/publications/pdfs-online/epi/sp153/index.php](http://www.iarc.fr/en/publications/pdfs-online/epi/sp153/index.php) – Detailed information on cancer in Africa up until publication in 2003.

Cancer Survival in Africa, Asia, the Caribbean and Central America (2011) IARC Scientific Publication, No. 162, Edited by R. Sankaranarayanan, R. Swaminathan. Available at: [www.survcan.iarc.fr/indexsurvcan1.php](http://www.survcan.iarc.fr/indexsurvcan1.php) – Detailed information on cancer survival from three African cancer registries in The Gambia, Uganda and Zimbabwe.

GLOBOCAN (2008) [www.globocan.iarc.fr/](http://www.globocan.iarc.fr/) – A useful source with statistics on cancer incidence, mortality and prevalence worldwide up until 2008.

AORTIC Cancer Facts: [www.aortic-africa.org/index.php/cancer-facts/](http://www.aortic-africa.org/index.php/cancer-facts/) – Provides useful maps detailing the incidence and mortality of cancer throughout different parts of Africa.

WHO: [www.who.int/mediacentre/factsheets/fs297/en/](http://www.who.int/mediacentre/factsheets/fs297/en/) – Cancer Fact Sheet No.297 (February, 2012).

WHO: [www.who.int/cancer/publications/en/](http://www.who.int/cancer/publications/en/) – A list of publications on Cancer.

In particular ‘*Cancer Control: Knowledge into Action, WHO Guide for Effective Programmes – Policy and Advocacy*’ is particularly useful.

UICC: [www.uicc.org/advocacy/evidence-sheets](http://www.uicc.org/advocacy/evidence-sheets) – Fact sheets on a variety of different types of cancer and brief action plans for them.

Macmillan Cancer Support: [www.macmillan.org.uk/Cancerinformation/Cancerinformation.aspx](http://www.macmillan.org.uk/Cancerinformation/Cancerinformation.aspx) – Detailed information on the different types of cancer, causes, tests and screening etc.

The American Cancer Society: [www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-031574.pdf](http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-031574.pdf) – Detailed document on the sociodemographics, occurrence and distribution of cancer in Africa.

The Cancer Association of South Africa: [www.cansa.org.za/cgi-bin/giga.cgi?cmd=cause\\_dir\\_news&cat=820&cause\\_id=1056](http://www.cansa.org.za/cgi-bin/giga.cgi?cmd=cause_dir_news&cat=820&cause_id=1056) – Statistics and facts about cancer, specifically with a South African focus.

### 9.2 Further advocacy resources

UICC Cancer Advocacy Toolkit: [www.uicc.org/advocacy/advocacy-toolkit](http://www.uicc.org/advocacy/advocacy-toolkit)

UICC is an organisation that is helping the global health community accelerate the fight against cancer. Their Toolkit includes Key Advocacy Messages that give a guide as to how to understand the commitment the UN has made to fighting cancer and information about how to get involved in global cancer advocacy; Practical Tools for working with the media, how to influence governments and how to build an effective plan; and Evidence Sheets that summarise the supporting data for actions that are aligned with achieving the World Cancer Declaration targets.

PAHO Health and Sustainable Development Toolkit: [www.new.paho.org/tierra/](http://www.new.paho.org/tierra/)  
The aim of this toolkit created by the Regional Office of the World Health Organization for the American Region (PAHO) is to strengthen advocacy efforts aiming at scaling up Health and Sustainable Development programs and to advocate for changes to national policy and service delivery guidelines.

IPPF Handbook for Advocacy Planning: [www.ippfwhr.org/en/advocacy\\_planning\\_manual](http://www.ippfwhr.org/en/advocacy_planning_manual)  
This handbook was put together by The International Planned Parenthood Federation, and

provides a practical guide to support advocates in planning, development and implementation of advocacy activities. It is divided into different modules based on definition of advocacy and the problem, models for successful advocacy and recommendations for developing strategy, governance, political mapping. It provides a hands-on step-by-step guide to designing effective projects supported by practical material and support documents.

WHO Policy and Advocacy report

[www.cancer.org/acs/groups/content/@internationalaffairs/documents/document/acspc-026203.pdf](http://www.cancer.org/acs/groups/content/@internationalaffairs/documents/document/acspc-026203.pdf)

African Palliative Care Association (APCA) Advocacy toolkit

[www.apca.org.ug/~apcaorgu/images/stories/pdf/toolkit.pdf](http://www.apca.org.ug/~apcaorgu/images/stories/pdf/toolkit.pdf)

UICC National Cancer Control Plan

[www.uicc.org/resources/national-cancer-control-planning-nccp](http://www.uicc.org/resources/national-cancer-control-planning-nccp)

#### ESMO Resources

- ESMO Cancer Prevention Faculty Group: [www.esmo.org/about-esmo/organizational-structure/educational-committee/faculty.html](http://www.esmo.org/about-esmo/organizational-structure/educational-committee/faculty.html)
- Editorial on Chronic non-communicable diseases, the European Chronic Disease Alliance – and cancer, published in Annals of Oncology in February 2011 ([www.annonc.oxfordjournals.org/content/22/2/248.full](http://www.annonc.oxfordjournals.org/content/22/2/248.full))
- Editorial on chronic diseases in Public Service Review: European Union, in September 2010 ([www.esmo.org/fileadmin/media/pdf/2010/chronic\\_disease/Public\\_Service\\_Review2010.pdf](http://www.esmo.org/fileadmin/media/pdf/2010/chronic_disease/Public_Service_Review2010.pdf))
- ESMO Policy on Cancer Prevention. Editorial entitled: The perspective and role of the medical oncologist in cancer prevention: A position paper by the European Society for Medical Oncology, published in Annals of Oncology in 2008
- [www.annonc.oxfordjournals.org/content/19/6/1033.full.pdf+html?sid=31d994a4-5eeb-460a-bdd5-6eb621c6e866](http://www.annonc.oxfordjournals.org/content/19/6/1033.full.pdf+html?sid=31d994a4-5eeb-460a-bdd5-6eb621c6e866)
- 2008 ESMO Handbook on Cancer Prevention ([www.esmo.org/education-research/handbooks.html](http://www.esmo.org/education-research/handbooks.html))

### 9.3 Potential funding opportunities

[www.fundsforngos.org/how-to-write-a-proposal/writing-problem-statementproject-rationale-in-a-proposal/](http://www.fundsforngos.org/how-to-write-a-proposal/writing-problem-statementproject-rationale-in-a-proposal/)

[www.fundsforngos.org/](http://www.fundsforngos.org/)

[www.advance-africa.com/Grants-for-NGOs-and-Organisations.html](http://www.advance-africa.com/Grants-for-NGOs-and-Organisations.html)

[www.ngonewsafrika.org/archives/category/ngo-grant-openings](http://www.ngonewsafrika.org/archives/category/ngo-grant-openings)

# You can reduce the risk of cancer by:

- Not smoking
- Eating plenty of fresh fruit and vegetables
- Exercising every day
- Drinking less alcohol
- Practicing safe sex – wear a condom
- Vaccinating your baby against Hepatitis B



**AfrOx:** was founded in 2007 by the Rt Hon Alan Milburn, the UK's former Chief Secretary to the Treasury and Secretary of Health, and Prof David Kerr, Professor of Cancer Medicine at University of Oxford and one of the world's pre-eminent cancer researchers, with the aim of helping to reduce the burden of cancer in Africa. AfrOx believes that by forging alliances of individuals, NGOs and governments to share expertise, technology, training and a degree of philanthropic support, much could be done to help reduce global disparities in cancer care.

**AORTIC:** is an African-based organization with membership from countries throughout Africa and the international cancer community. Our key objectives are to further research relating to cancers prevalent in Africa, facilitate and support training initiatives in oncology for health care workers, create cancer prevention and control programmes and to raise public awareness of cancer on the continent. We strive to unite the African continent in achieving its goal of a cancer-free Africa and seek to make a positive impact throughout the region through collaboration with health ministries and global cancer organizations.

**ESMO:** The European Society for Medical Oncology (ESMO) is the leading European professional organization, committed to advancing the specialty of medical oncology and promoting a multidisciplinary approach to cancer treatment and care. Since its founding in 1975 as a non-profit organization, ESMO's mission has been to advance cancer care and cure. ESMO achieves this through fostering and disseminating good science that leads to better medicine and determines best practice. In this way ESMO fulfils its goal to support oncology professionals in providing people with cancer with the most effective treatments available and the high-quality care they deserve.

**UICC** (Union for International Cancer Control) is a leading voice for cancer control and the organisation's reputation for being independent and objective has been earned over many decades. We guard our 'trusted advisor' status as one of our most valuable assets. Our independence ensures that UICC led advocacy efforts and education initiatives reach the highest levels of government, the private sector and civil society.

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