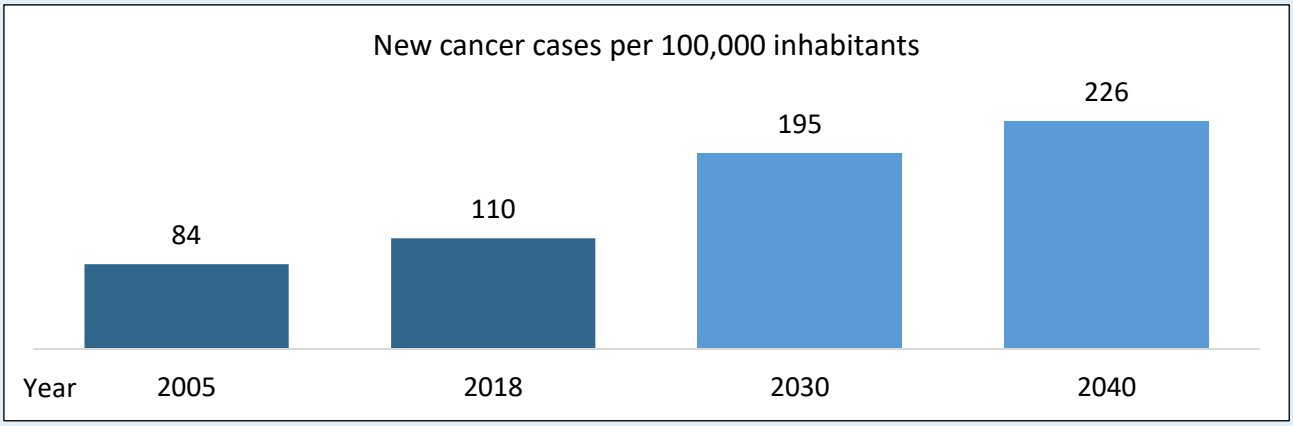
SOUTH AFRICA

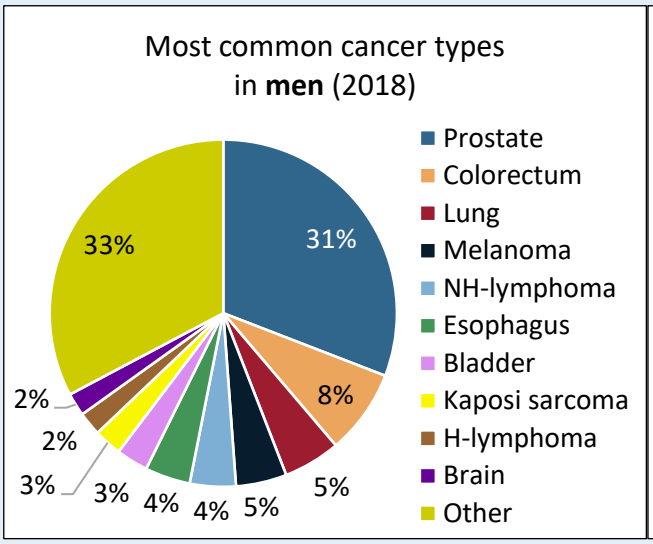
Population: 58.6 million
GDP per capita: USD 6,001
Life expectancy: 63.6 years
Total health expenditure: 8.3% of GDP
(in 2018)

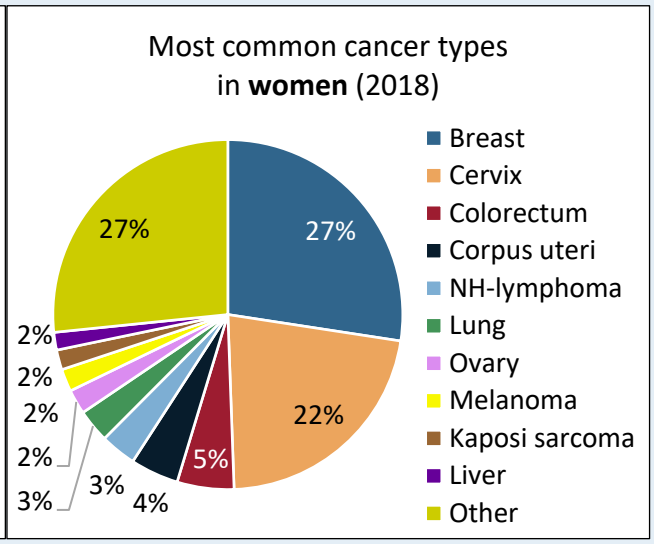
Cancer epidemiology

- The number of newly diagnosed cancer cases (incidence) has been increasing and is expected to increase further in the coming decades.

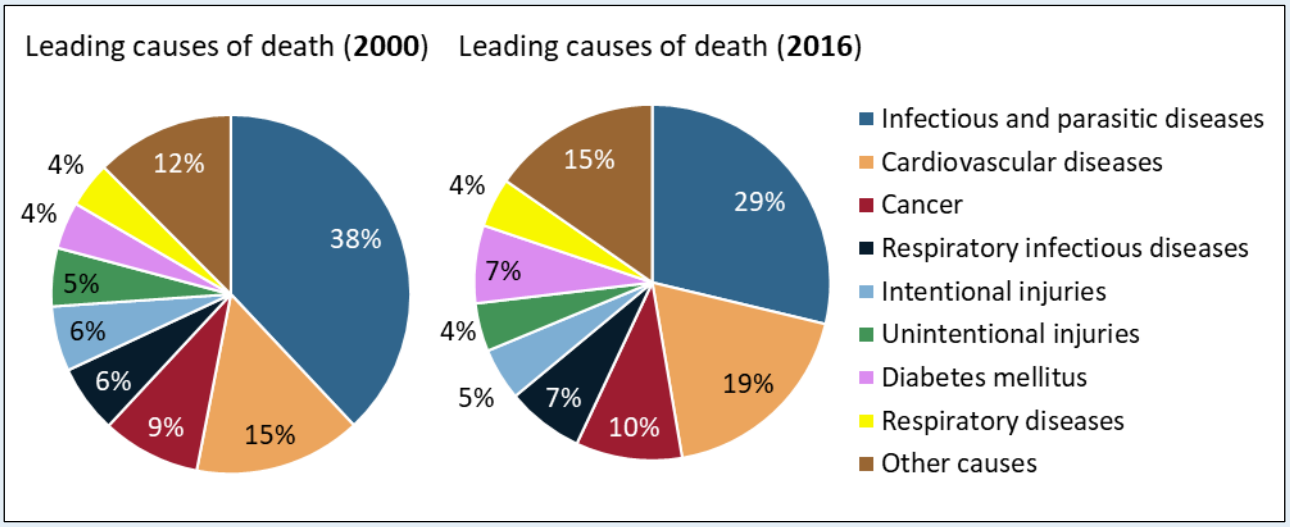


- There are many different cancer types diagnosed in men and women.





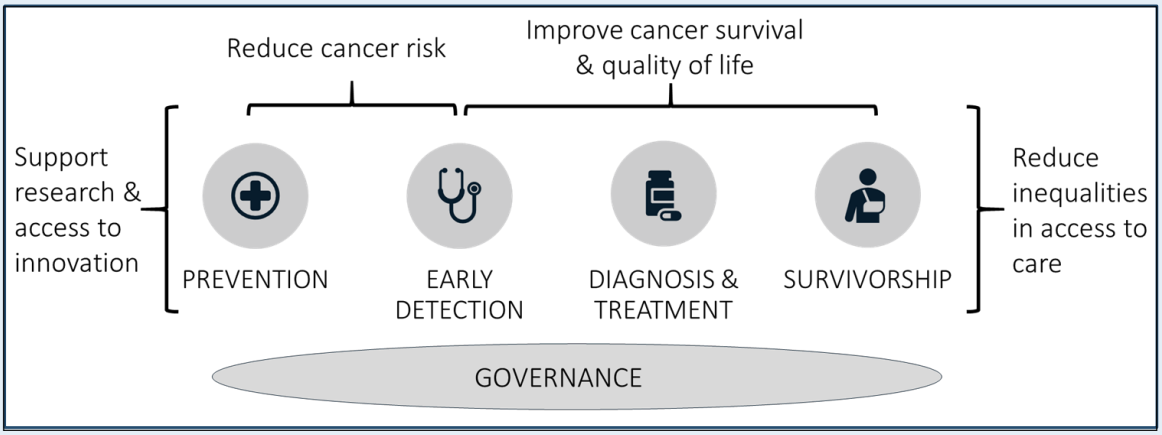
- Cancer is gradually becoming one of the leading causes of death.



Economic burden of cancer

- **Direct costs** within the health care system: USD 11 per capita in 2018 (≈2.1% of total health expenditure)
- **Indirect costs** of productivity losses (premature death, sick leave, early retirement): USD 19 per capita in 2018
- **Informal care costs**: not quantifiable

Areas of cancer control and overarching goals



Recommendations to improve cancer care

General steps to improve cancer care:

1. **Measure and understand** the magnitude and the development of the disease burden of cancer
2. **Plan, coordinate, and implement** – financial and non-financial – actions to address cancer
3. **Monitor and evaluate** actions on cancer control

Governance of cancer care

- There is a cancer plan for 2017–2022 with overall objectives focusing on most areas of cancer care. Despite this plan, all activities in cancer care have been overshadowed by COVID-19 since the outbreak of the pandemic. Before the pandemic, cancer had gradually moved up on the priority list of the NDoH. This was possible as the HIV/AIDS epidemic started to be controlled, and greater focus could be put on cancer and other NCDs. The main challenge in the coming years will be to get cancer back on the agenda of the NDoH.
- Cancer plans (or NCD plans that include cancer) need to be further developed. An evaluation of the first cancer plan and lessons from it should inform the planning of new plans. New plans will also need to include a dedicated funding plan for all planned actions to improve the commitment to implementation. The newly established population-based cancer registry in Ekurhuleni could be used to monitor the effects of the implementation of different actions.

Organization and financing of health care and cancer care

- Public spending on health care amounts to around 4% of GDP, which falls short of the informal WHO spending target of 5% of GDP. Additional spending to bring the country closer to the benchmark would be needed and should be used to extend the range of care services and improve the quality of care.
- Achieving UHC has been a priority. The National Health Insurance proposed in 2012 and submitted as a government bill to the parliament in 2019 has not been enacted yet, which delays moving towards UHC. Currently, most people only have access to a defined set of health care services in public facilities. People with a private health insurance (medical aid scheme) have access to the same or a broader set of services at private facilities. Increasing the health insurance coverage has not been achieved so far, as the population share covered by a medical aid scheme remained unchanged at 17% between 2012 and 2019. Different strategies are needed to break the situation and move towards UHC.

- Progress towards UHC is hampered by capacity problems in the public sector driven by shortages of medical staff and equipment. Education and training of new staff needs to be prioritized and go hand in hand with investment in additional medical equipment.
- Apart from differences in the cancer care services accessible in the public and the private sector, there are also geographical differences in the quality of cancer care. Part of these differences have historical roots in the old Apartheid system, but they are also caused by differences in the governance of the provincial health authorities. Efforts to ensure a more equitable health care provision all over the country need to be enhanced.

Cancer registration

- Continuing to improve cancer registration is important. The establishment of the population-based cancer registry in Ekurhuleni was a step in the right direction, as it is regarded to provide a representative picture of the whole country. Cancer statistics are now published at yearly intervals and delays in publication have been shortened. Underreporting of new cancer cases still needs to be improved and a switch from a paper-based data collection system to electronic records would help facilitate this.
- The registry in Ekurhuleni captures incidence and partly also mortality. A next step would be to get a complete dataset of mortality with identifiable information. This necessitates a linkage to the mortality data collected by the Vital Statistics Department. Due to current confidentiality laws, it is not possible to share this data with the National Cancer Registry. Once full mortality data can be linked to the registry, survival rates would need to be estimated in order to measure and monitor the performance of cancer care.

Prevention

- The fight against tobacco consumption has already borne some fruit with smoking rates starting to decline. Existing age limits for tobacco purchase and smoking bans in public places need continued enforcement. Excise taxes on cigarettes could be increased further.
- Obesity needs to be addressed. Measures need to be taken to encourage changing dietary habits away from fast food. Excise taxes on sugary drinks could be increased further. Ways to increase physical activity also need to be encouraged.
- The launch of the HPV vaccination program for girls in 2014 was a step in the right direction, as cervical cancer is the second most common cancer type in women. The drop in the participation rates since the advent of COVID-19 is a matter of concern and needs to be addressed.
- The hepatitis B immunization coverage in infants needs to be improved in line with the WHO target.

Early detection

- General practitioners need to be better trained to recognize common early symptoms of cancer.
- Health literacy in the general population, and in particular among the rural population, on early symptoms of cancer also needs to be improved.
- Steps to turn opportunistic breast cancer screening into an organized program could be taken to improve participation.
- The current cervical cancer screening program needs to be improved to ensure a more uniform implementation across the whole country. Ways to improve participation also need to be explored.
- The introduction of a colorectal cancer screening program could be considered, given the increasing obesity rates.

Diagnosis and treatment

- In the public sector, there are delays in accessing cancer care services, because patients have to go through a complex referral process from primary to secondary to tertiary care to get access. In the private sector, the referral system functions better. The referral system in the public sector needs to be improved and could draw on learnings from the private sector.

- There is a lack of medical staff, especially in the public sector and in rural areas. Additional education and training of new health care professionals needs to be prioritized. Geographic disparities (both urban vs. rural areas and disparities between provinces) in the availability of trained medical staff also need to be addressed.
- The number of radiation therapy machines meets recommended standards, but there can still be long waiting times in certain areas. The availability of machines capable of providing modern radiation techniques is limited and these techniques are also not included in the PMBs. An assessment of underserved areas could be conducted to determine where the installation of additional machines is of greatest benefit.
- The availability of modern cancer drugs is predominantly (for targeted therapies) or exclusively (for immunotherapies) limited to the private sector. Whether a cancer drug is available in a public hospital depends on listing on the EML. The process to include a new drug on the EML is lengthy. Until recently, the current standard-of-care available on the EML resembled global standards from 20 years ago but this has improved now. Cancer drugs will need continued priority in the development of the EML in the future.
- The decision-making process for listing new drugs on the EML already includes the cost-effectiveness of drugs as one of the main criteria, which contributes to a value-based assessment. A shift towards a more systematic assessment using HTA could be considered to help prioritize modern cancer drugs.

Survivorship

- Existing survivorship programs could be extended to more centers and public support to NGOs already active in the provision of supportive care services could be increased.
- Informal caregivers with regular jobs could be better supported, such as through a right to flexible working arrangements and paid leave.
- The reintegration in the labor market of cancer survivors could be supported by flexible working arrangements.
- Cancer survivors could be protected from discrimination in the acquisition of certain services (e.g., life insurance, loans, mortgages), by imposing time limits up to which a previous cancer diagnosis needs to be disclosed.