

Decentralization of Cancer Care to Primary Care - a One stop Shop for Cancer Care

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Cancer poses a significant public health problem in developing countries, including Ethiopia. According to the World Health Organization, cancer ranked as the second leading cause of death in low- and middle-income countries, contributing to 2.5% of all deaths in 2015. A major challenge in combating cancer in developing countries is the lack of access to diagnosis and treatment. In many instances, these countries lack dedicated cancer treatment facilities, or if they do exist, they often lack the necessary resources to offer comprehensive care. This means that people with cancer often have to travel long distances to access care, coupled with the difficulty of affording the treatment they need.

Studies have documented that most cancer patients are coming to health care attention at an advanced stage. Resulting in low survival and premature deaths. While especially cervical and breast cancers can be effectively treated when women come to an early stage. One consideration in tackling this problem is through a One-stop cancer diagnosis and treatment center. These centers provide a comprehensive range of services, all the way from screening and diagnosis to treatment, at a single location. This not only makes it more convenient for individuals with cancer to access care, but it can also help reduce the overall cost of treatment.

Recently, a one-stop cancer center was established in Addis Ababa with the aim to decentralize the diagnosis and treatment for cancer to the primary health care level. The center is referred to as Else Kroener One-Stop Cancer Clinic (EKCC) with a multidisciplinary team dedicated mobilised both from Else Kröner Ethiopia: Upgrading and decentralizing oncology services the Churchill Health Center and a mobile team from Tikur Anbessa Specialised Hospital (TASH).

Accordingly, located in a designated health center close to the university hospital, the one-stop multidisciplinary clinic offers services in oncology, gynecology, and breast surgery. The different departments involved include gynecology, surgery, oncology, pathology, radiology, anesthesiology, microbiology, bio-medical engineering, and public health.

In addition to decentralization of care, the model serves in offloading services from specialized tertiary centers as the main university hospitals are very crowded. It is believed that the model improves patient flow and concentration, ensures timely and competent service provision and increases the quality of care of patients from the Addis Ababa region and those referred from other parts of the country. If the model proves successful, feasible, and cost-effective, it can hopefully be replicated in other locations throughout the country.

Anecdotal evidence has shown that people who received care at a one-stop cancer center had more likely to be diagnosed with cancer at an early stage, leading to increase survival rates. The model is considered a valuable tool for improving cancer care in developing countries, as it improves access to treatment, reduces the cost of healthcare, and improving cancer-related outcome

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References:

- World Health Organization. (2018). Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *International Journal of Cancer*, 142(2), 359-381.
- AAU and MLU, Else Kröner Ethiopia: Upgrading and decentralizing oncology services (2020-2025) EKFS Project Proposal.
- EKCC Website (<https://ekcc.aau.edu.et/>)