



Mr YS Bhamjee  
Chairperson: Health Portfolio Committee  
KwaZulu-Natal Legislature

**Date : 23 May 2017**

**Cancer Alliance Call to Action: Radiation crisis KZN; Delays in treatment due to equipment failure and staff shortages leading to death of cancer patients.**

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The **Cancer Alliance** is a **collective group of cancer control non-profit organisations and cancer advocates** brought together under a common mandate, to provide a platform of collaboration for cancer civil society to speak with one voice and be a powerful tool to affect change for all South African adults and children affected by cancer.

**Members of Cancer Alliance in support of this memorandum:** Amabele Belles' Project Flamingo, Breast Health Foundation, Breast Course 4 Nurses, Cancer Association of South Africa CANSA, Care for Cancer Foundation, Can-Sir, Can-Survive, Childhood Cancer Foundation of South Africa (CHOC), Hospice Palliative Care Association (HPCA), Igazi Foundation Lymphoedema Association of South Africa(LAOSA), Look Goof Feel Better, National Council Against Smoking, Oncology Nursing Society of South Africa, Pancreatic Cancer Network of South Africa (PANCAN), People Living With Cancer (PLWC), Pink Trees for Pauline, Pocket Cancer Support, Reach for Recovery, SA Oncology Social Worker's Forum (SAOSWF), The Sunflower Fund, Vrede Foundation, Wings of Hope, Salomé Meyer (Independent Cancer Advocate)

## INTRODUCTION

There is a clear disparity between the Public and Private sector, currently there are 41 Radiation Oncologists in the whole of the South African public sector serving +/- 85% of the patients whilst 139 Radiation Oncologists service the private sector serving for +/- 15% of the patients. The treatment equipment required for the public sector is also vastly under provided. All radiotherapy units require specifically trained radiation oncologists and radiation therapists and radiation therapy physicists to provide an adequate and sustainable service. This highly technical equipment needs regular calibration and service contracts to ensure effective and safe treatment of patients at all times. This is an essential part of delivering a sustainable radiation service.

## CURRENT SITUATION IN KWA-ZULU-NATAL

KwaZulu-Natal public sector have the following equipment:

- Addington Hospital: 2 LINAC's of which both have been out of order for nearly 2 years due to service contracts not in place
- Inkosi Albert Luthuli: 3 LINAC's. Services contracts are in place, however severe staff shortages are hampering the treatment of patients.

These machines are used for mainly for patients that need radiation therapy for cancer such as cancer of the Cervix, Prostate, Head and Neck squamous cell carcinoma and palliative care patients. **Any waiting period longer than 12 weeks is potentially detrimental to patients outcomes and beyond 16 weeks treatment outcomes for majority of patients are severely impacted.**

There are many patient narratives that speak to the wide level of poor services delivery and lack of access to care of cancer services in KZN the last 2-4 years. As the *"Voice of the Voiceless"* we have knowledge of at least 6 deaths directly related to lack of radiation services in the last few months.

These are just a few of those stories we are highlighting the extend of the crisis

1. <http://www.iol.co.za/capetimes/cancer-treatment-meltdown-brings-woman-to-the-brink-of-death-8231017>

Cape Times | 17 March 2017, 5:10p

Giordano Stolley:

2. <http://www.iol.co.za/news/politics/the-rotten-business-of-addingtons-cancer-machines-2010416>

### **The rotten business of Addington's cancer machines**

Politics | 15 April 2016, 9:06pm

Giordano Stolley

3. <https://www.pressreader.com/south-africa/weekend-argus-sunday-edition/20161211/283515090545388>

Durban Cancer Patients left waiting due to lack of staff and treating equipment

Weekend Argus 11 Dec 2016

The importance of the impact of radiation therapy waiting lists has been well documented internationally for over many years. Delays in accessing radiation therapy result in poorer treatment outcomes for patients. For those receiving palliative treatments, delay in gaining relief from symptoms may have a critical effect on

quality of life at the end of life/palliative care phase. Delays in receiving treatment increases the distress, anxiety and depression experienced by patients and their carers on the cancer journey.

The stress caused for medical and support staff when treatment delays are a daily experience, is vast as their desire and training requires them to do the best for their patients and the fact that they are not able to do so. This creates an additional burden of care on these professionals that can be traumatising.

The lack of functional radiation equipment's and staff to manage treatment is vast. The table below indicates the disparities between the private public sector:

Innovative solutions for equitable cancer management in South Africa – © ICON MAY 2012

Table 2 UPDATED in March 2017: Status of oncology facilities in 2017 in the public and private sectors compared to the situation

PROVINCE	CHEMOTHERAPY UNITS						RADIOTHERAPY UNITS						EXTERNAL BEAM MACHINES						External beam machines combined sectors		
	PUBLIC SECTOR			PRIVATE SECTOR			PUBLIC SECTOR			PRIVATE SECTOR			PUBLIC SECTOR			PRIVATE SECTOR					
	2005	2012	2017	2005	2012	2017	2005	2012	2017	2005	2012	2017	2005	2012	2017	2005	2012	2017	2005	2012	2017
GAUTENG	2	2	2	9	21	25	2	2	2	9	12	18	9	10	10	10	13	19	19	23	29
KWAZULU-NATAL	2	3	3	6	8	9	1	3	3	3	5	8	6	6	6	3	5	8	9	11	14
EASTERN CAPE	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	2	3	3	4	6	6
WESTERN CAPE	3	3	3	8	11	13	2	2	2	7	8	9	8	7	8	8	10	11	16	17	19
LIMPOPO	1	1	1	1	1	2	1	1	1	0	1	1	2	2	2	0	1	1	2	3	3
MPUMALANGA	0	0	0	1	2	2	0	0	0	1	1	1	0	0	0	1	1	1	1	1	1
NORTH WEST	0	1	1	2	2	2	0	1	1	2	2	2	0	2	2	2	2	2	2	4	4
FREE STATE	1	2	2	4	4	4	1	1	1	1	2	2	3	4	4	1	2	2	4	6	6
NORTHERN CAPE	0	1	1	0	3	4	0	0	0	0	0	1	0	0	0	0	0	1	0	0	1
TOTAL	11	15	15	33	54	63	9	12	10	25	33	44	30	34	35	27	37	48	57	71	83

The table below reflects the recommended number of external beam radiation machines that are needed to service South Africa's future cancer needs.

Table 6 UPDATED in March 2017: Actual and recommended number of radiation oncology facilities (external beam radiotherapy machines) in the various provinces

Number of external beam machines in South Africa in 2017	WC	EC	KZN	FS	NC	GP	NP	NW	MPU	TOTAL
Combined sector total	19	6	14	6	1	29	3	4	1	83
Population	6,293,200.00	7,061,700.00	11,079,700.00	2,861,600.00	1,191,700.00	13,498,200.00	5,801,900.00	3,790,600.00	4,328,300.00	55,908,900.00
External beam machines needed at 1/500 new radiotherapy patients per annum, an ASiR of 230/100,000 and 60% requiring radiotherapy	17	19	31	8	3	37	16	10	12	154
% of Norm	109%	31%	46%	76%	30%	78%	19%	38%	8%	54%
External beam machines needed at 1/300 new radiotherapy patients per annum, an ASiR of 230/100,000 and 60% requiring radiotherapy	29	32	51	13	5	62	27	17	20	257
% of Norm	66%	18%	27%	46%	18%	47%	11%	23%	5%	32%
External beam machines needed at 1/500 new radiotherapy patients per annum, an ASiR of 400/100,000 and 60% requiring radiotherapy	30	34	53	14	6	65	28	18	21	268
% of Norm	83%	18%	26%	44%	17%	45%	11%	22%	5%	31%
External beam machines needed at 1/300 new radiotherapy patients per annum, an ASiR of 400/100,000 and 60% requiring radiotherapy	50	56	89	23	10	108	46	30	35	447
% of Norm	38%	11%	16%	26%	10%	27%	6%	13%	3%	19%

## HOW TO MEET THE CHALLENGE

The Minister of Health announced in his budget speech of 16 May 2017 the need for Universal Health Coverage for all or in the South African terms the NHI. This indeed will equalise access to health. However, in cancer we cannot afford to wait for the implementation of the NHI. We need to be proactive and creative in our actions.

- Public Private Partnerships offers a practical and sustainable solution for the immediate and future. Such a partnership agreement is already in place in the Western Cape for the George Hospital specifically.
- An audit of all cancer patients on waiting lists to determine what follow-up is required to prevent further unnecessary deaths due to treatment delays.
- An audit of staff associated with cancer services to determine gaps and ensuring that vital staff are replaced to service the needs. This is required for services rendered to adults and children.
- **Ensuring appropriate budget for cancer. This is inclusive of human resources, equipment and essential medicines.**
- Patient Public Private Partnership (4 P Principle) in the format of a dedicated task team mandates to investigate the current situation. Such a Task Team should evolve in a more sustainable mechanism for the province that will monitor and evaluate cancer services on an ongoing basis. With such a model will we be able to address the crisis in an inclusive, transparent and collective manner.

- Cancer services need to be prioritised on a national and provincial level and service delivery to cancer patients should be prioritised with immediate effect. The death caused by the poor access to cancer services are unacceptable and are infringing on these patients human rights.
- The Cancer Alliance as one of the civil society advocates will keep the focus on these areas of concern going forward, until we see substantial positive change and action from the Kwa-Zulu Natal Provincial Government's Department of Health.
- The Cancer Alliance Advocacy Toolkit is available on our website <https://wp.me/P8mDaY-i2>. For your information we have attached #Priority Area 1 that specifically focus on the importance of access to care

END MEMORANDUM

SM/25 May 2017