



Cite article

Article metrics: 259 views

Published 20 Apr 2020

<https://doi.org/10.3332/ecancer.2020.ed99>

PDF

## COVID-19 and its ramifications for cancer patients in low-resource settings: Ghana as a case study

Nuworza Kugbey<sup>1a</sup>, Naomi Ohene-Oti<sup>2b</sup> and Verna Vanderpuye<sup>2c</sup><sup>1</sup>School of Public Health, University of Health and Allied Sciences, Ho, Ghana<sup>2</sup>National Centre for Radiotherapy and Nuclear Medicine, Korle-Bu Teaching Hospital, Accra, Ghana<sup>a</sup><http://orcid.org/0000-0002-0413-0350><sup>b</sup><http://orcid.org/0000-0002-1433-0364><sup>c</sup><http://orcid.org/0000-0003-3656-6965>

### Abstract

The impact of COVID-19 on healthcare in low- and middle-income countries (LMICs) is a major challenge requiring urgent measures. Cancer care in LMICs, including Ghana, is faced with inadequate numbers of skilled healthcare professionals and essential material resources which negatively impacts the quality of healthcare and wellbeing of patients. In the face of COVID-19, cancer patients are likely to be affected in three key ways: access to healthcare, increased financial toxicity and increased mental health burden as a consequence of strict measures being implemented to contain the virus in Ghana, including partial lockdowns and social distancing. Some cultural beliefs regarding COVID-19 and its influence on the health and wellbeing of cancer patients have also been discussed. Measures by the government to lessen the burden on citizens and health workers are highlighted with possible recommendations for improvement in cancer care in Ghana and other LMICs during this pandemic.

**Keywords:** COVID-19, cancer care, financial toxicity, access to care, mental health, Ghana**Correspondence to:** Nuworza KugbeyEmail: [nkugbey@uhas.edu.gh](mailto:nkugbey@uhas.edu.gh)

Published: 20/04/2020

Received: 13/04/2020

Publication costs for this article were supported by ecancer (UK Charity number 1176307).

**Copyright:** © the authors; licensee ecancermedalscience. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Ghana is a low middle-income country (LMIC) in West Africa with a population of 30 million. Cancer incidence in Ghana is increasing as in all LMICs. There are two cancer registries located in Accra and Kumasi. A prevalence of 42,746 cases of cancer were reported over a 5-year period with the incidence of 22,823 new cases in 2018 [1]. The most prevalent is prostate and breast cancer in males and females respectively. Specialized oncology services are mostly provided in three health facilities throughout the country located in urban centres (2 public and 1 private). Some regional and other tertiary institutions perform some surgery and systemic therapy especially for breast cancer. The skilled oncology workforce in Ghana is below average as per many other sub-Saharan African countries [2].

Out of pocket expenditure for treatment is high among cancer patients even in the presence of the national health insurance (NHI) [3]. The NHI for cancer patients is a work in progress. It currently covers breast and cervical cancer and it is expected to cover paediatric cancer.

The emergence of COVID-19 has untoward implications for cancer care, more so in low-resource settings like Ghana. Invariably there are delays in scheduling surgeries, diagnostic procedures, radiotherapy and systemic therapy. As majority present with advanced disease, these unintentional delays are likely to result in less than optimal outcomes in the near future. Moreover, with a reduction in earning capacity and travel restrictions, a good portion of patients will default on their treatment as many rely on extended family income to support treatments. Ghana reported its first 2 cases on March 12, 2020 [4]. As at April 12<sup>th</sup> 2020, the official number of confirmed cases are 408 and 8 deaths [4]. Majority of these confirmed cases are in Ghana's capital Accra (87.5%) and in Kumasi (8%) with 57% as a result of community transmission [4]. This has led the Ghanaian government to enact closure of its schools and borders (land, air

## More from ecancer

Stay up to date with our  
ecancer newsletter

[Learn more](#)

Explore patient resources at  
ecancerpatient

[Visit site](#)

Find out more about ecancer  
and the work we do

[Learn more](#)

Support ecancer's work by  
making a donation

[Donate](#)

[Contact](#) | [Projects](#) | [Cookie Policy](#) | [Terms of Use](#) | [Privacy Policy](#)

The content on this site is intended for healthcare professionals only

© 2020 ecancer, all rights reserved  
UK registered charity number: 1176307