

## Guest Editorial

# Cancer Nurses in Africa Finding Their Footing

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Received: December 24, 2016, Accepted: December 31, 2016



David Makumi is an award-winning cancer control leader. The US Oncology Nursing Society (ONS) awarded him the prestigious Distinguished Award for contribution to cancer care in 2011. The following year, the International Society of Nurses in Cancer Care presented him with the Past President Award for his work in designing low-cost models of increasing access to breast cancer screening. David is the East Africa Regional Cancer Programs Manager for the Aga Khan University Hospital. He has been involved in cancer advocacy on policy and legislation for over 10 years. David is currently the Chair of the Kenya Network of Cancer Organizations, thus he represents civil society on the Board of the National Cancer Institute of Kenya. At the international level, David sits on the International Advisory Panel of the ONS. David, a registered nurse, has a Postgraduate Diploma in Palliative Care from Dundee University and a Higher Education Diploma in the same from Oxford Brookes University. He has been involved in several initiatives aimed at networking cancer care nurses in Africa to share knowledge, experience, and expertise.

Africa is the second largest continent occupying nearly a quarter of the earth's surface and a population of almost 1 billion. Africa is endowed with vast natural resources, resilient people, and some of the most contrasting geographical features on the planet from tropical rain forests in Central Africa to the vast Sahara desert in the North. Unfortunately, Africa has been unable to fully exploit its huge human and economic potential. Some of the factors that have hindered Africa's growth include poor governance, wars, and political upheavals as well as drought from the effects of climate change. These factors have also caused Africa to lag behind the rest of the world in human development and health indices.

Following independence, many African countries set out to fight poverty, disease, and ignorance. Unfortunately, they

do not allocate adequate resources to effectively fight these "enemies." Infectious and now noninfectious diseases have over the years burdened the underfunded health systems in Africa. Survival rates for all major noncommunicable diseases such as cancer are significantly lower than those in developed countries due to low awareness levels, poor diagnostic capabilities, and lack of specialized care facilities.<sup>[1,2]</sup> The scale and character of these problems compounded by deficiency in resources and infrastructure present particular challenges to nurses who provide care to patients with cancer.<sup>[2]</sup>

Governments in Africa seeking to turn the tide against cancer must invest heavily in research to inform policy

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Website: [www.apjon.org](http://www.apjon.org)

DOI:  
10.4103/2347-5625.199082

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**Cite this article as:** Makumi D. Cancer nurses in africa finding their footing. *Asia Pac J Oncol Nurs* 2017;4:4-5.

and generate appropriate knowledge for addressing cancer using local resources.<sup>[3]</sup> Unfortunately, research, especially in cancer and other noncommunicable diseases, receives very little attention in funding.<sup>[4]</sup> Nurses and other cancer care professionals across Africa rely heavily on studies done in developed countries to inform their practice.

Nurses in Africa form the largest segment of the health-care workforce. They are, therefore, a natural choice to lead the cancer control agenda because they are also the first point of contact with communities in Africa. Nurses understand more than anybody else how the population interacts with the social, economic, and political environment. Nurses can design and deliver innovative culturally acceptable low-cost cancer control programs by identifying and closing the gaps on missed opportunities. Poor working conditions and low pay have long been a source of dissatisfaction among nurses in Africa and a reason for migration to better-paying developed countries.

## Oncology and Palliative Care Nursing Education

Specialized training for qualified nurses in most of the African countries mainly follows demand and supply dictated by disease patterns and availability of resources. Majority of nurses learn to deal with complexities of cancer treatment and palliative care on the job. Lack of training is compounded by competing health-care priorities.<sup>[3,5]</sup> Though cancer is now the third leading cause of mortality after infectious and cardiovascular diseases in Africa,<sup>[6,7]</sup> opportunities for post-basic education in cancer care nursing are few and far apart.<sup>[8]</sup>

Several African countries are at various stages of developing their country-specific cancer curriculums.<sup>[8]</sup> Kenya has oncology nursing programs offered to nurses at masters and diploma level. Countries such as Kenya, Tanzania, and Zimbabwe have experimented with initiatives where visiting cancer nursing scholars from Europe or North America provide quick education interventions. This model has also been used in some francophone counties in North Africa including Morocco and Niger with support from the French League Against cancer and other European cancer agencies.

A pilot project on virtual and online cancer nursing programs undertaken by the International Atomic Energy

Agency through the Virtual University of Cancer Control covering Uganda, Tanzania, Ghana, and Zambia showed that it is feasible to deliver cancer nursing education online to nurses in urban areas of Africa. Tanzania has had a small-scale pilot project with OncoLink e-learning cancer nursing education program. South Africa has the most robust formal cancer nursing education programs on the continent offered in its universities. Egypt among other North African countries has also made significant steps in developing cancer nursing education. Key opinion leaders responsible for education like chief nursing officers, nursing school tutors, deans, and faculty of nursing programs are critical to facilitating the development of formal, accessible, affordable, and effective specialist cancer nursing training programs.<sup>[9]</sup>

There are small but tangible advances in cancer nursing education, nursing research, and nursing leadership in cancer control in most of the African countries as evidenced by the papers submitted for this special focus on cancer care nursing in Africa.

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