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## Guyana Plans to Increase Access to Cancer Services, in Line with IAEA Recommendations



Midwives Evadney Tyrell (left), Shanda McGregor (second from left) of the Guyana Cancer Society's Linden Chapter presented an overview of the Society's patient support activities to the imPACT team during the visit to the Wisroc Health Centre, Guyana. (Photo: A. Juric/IAEA)

"We particularly need to build our national radiation safety and security infrastructure at the health facilities. To help reduce cancer incidence and mortality, we require assistance to design a national cancer control plan, grounded on proven technical knowhow and expertise."

— Volda Lawrence, Minister of Public Health

The IAEA, in collaboration with the the World Health Organization (WHO) and the International Agency for Research on Cancer (IARC), recently sent a team of experts to conduct a cancer control situation analysis in Guyana, following the country's request for support as it faces an increasing number of cancer cases.

"Our healthcare professionals are trying very hard and we have the capacity to develop, but we need technical support to become self-sufficient in cancer control," said Guyana's Minister of Public Health Volda Lawrence, who approached the IAEA at the 2018 World Health Assembly seeking support. "We particularly need to build our national radiation safety and security infrastructure at the health facilities. To help reduce cancer incidence and mortality, we require assistance to design a national cancer control plan, grounded on proven technical knowhow and expertise."

According to the IARC, the annual numbers of new cancer cases and related deaths in Guyana are expected to rise by almost a third by 2030. Breast and cervical cancers constitute nearly two-thirds of all new cases among women, and prostate cancer constitutes nearly 50% of all cancers among men.

In 2000, Guyana established a national cancer registry and surveillance system to capture patient data as well as disease trends and patterns. The Ministry of Public Health plans to strengthen



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registration capacities to help guide effective national cancer control planning and investment decision-making.

### Experts' assessment

The multidisciplinary expert team visited the capital Georgetown, as well as New Amsterdam, Linden and Port Kaituma, to collect data, observe clinical and health system practices and assess the situation first-hand in both urban and peri-urban settings, as part of an imPACT Review mission.

They reviewed all areas of comprehensive cancer control, from prevention to palliative care, as well as the cancer registration and surveillance system, and the national cancer control planning and governance measures.

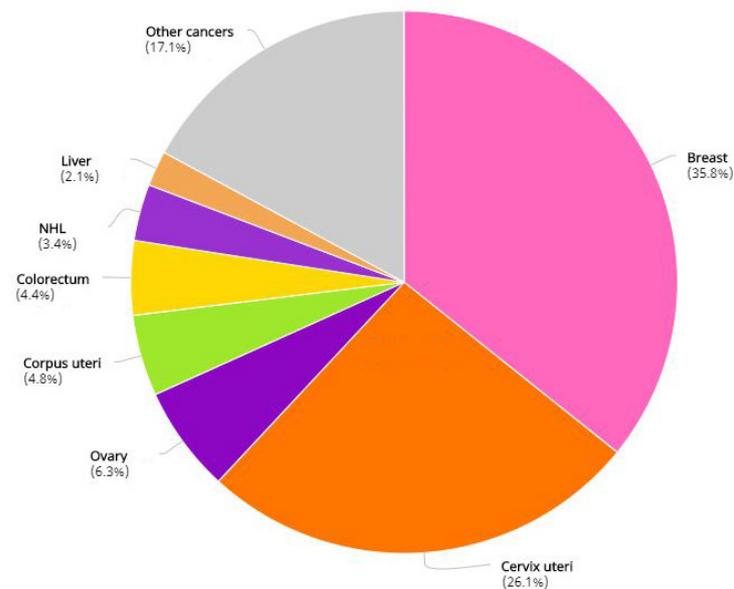
While cancer diagnosis and treatment services are currently limited to the capital, the experts acknowledged the government's progress in establishing a good health care infrastructure, which forms a basis for the expansion of diagnostic and laboratory facilities, as well as for treatment centres outside of Georgetown.

They suggested the promulgation of the national Nuclear Law that would provide a basis for the legal and regulatory framework on radiation safety and security; designation of an independent regulatory body and recruitment of a sufficient number of qualified staff.

The PAHO/WHO Representative in Guyana, William Adu-Krow said: "It is clear that more cancer control services are needed. Radiation therapy in the country is only offered at the private Cancer Institute of Guyana. Radiotherapy is therefore accessible to only a small fraction of patients. Most cancer surgeries and chemotherapy are currently performed at the Georgetown Public Hospital Corporation, with limited surgical capacity at the five regional hospitals located across the country."

The imPACT mission to Guyana was the 95th conducted by the IAEA since 2005.

### Link to related resources:



Breast and cervical cancers constitute nearly two-thirds of all new cases among women in 2018, according to the International Agency for Research on Cancer. (Source: IARC GLOBOCAN 2018)

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