



## Summary

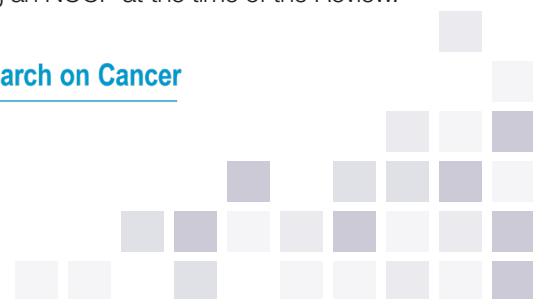
Following a request from the Ministry of Health and Social Protection (MoHSP) of Togo received by the International Atomic Energy Agency (IAEA) in February 2017, the IAEA, the International Agency for Research on Cancer (IARC), and the World Health Organization (WHO) conducted an [imPACT Review](#) in Togo from 11 to 15 September 2017. The imPACT Review's main objective is to support Togo's MoHSP in developing a comprehensive national cancer control programme and to improve access to quality cancer care.

The imPACT Review expert team, nominated by the IAEA, WHO and IARC assessed Togo's cancer control capacity and needs in the areas of cancer control planning, cancer registration, prevention, early detection, diagnosis and treatment, palliative care, as well as radiation safety infrastructure and practices, and the security of radioactive sources used for medical purposes.

The experts visited facilities in Lomé, Afagnan and Tsévié. The institutions visited included: the WHO Country Office; the MoHSP; the Centre Hospitalier Universitaire Sylvanus Olympio (CHU SO), Lomé; CHU Campus, Lomé; the Saint Jean de Dieu Hospital, Afagnan; the Public Health Centre, Directions Préfectorales de la Santé (DPS), Zio; the Autel d'Elie clinic, Lomé; the Biasa clinic, Lomé; and the Faculty of Health Sciences of the University of Lomé. During these visits, they collected and verified data and information in consultation with professional counterparts, the majority of which provide cancer-related services or oversee relevant activities and programmes.

## Main findings

1. Non-communicable diseases (NCDs) are significant contributors to the morbidity and mortality burden in Togo. They constitute 30% of all deaths, 4% of which are from cancer. According to IARC's GLOBOCAN 2012 database, there were approximately 3700 new cancer cases (1400 in men and 2300 in women) and approximately 2800 deaths from cancer (1200 in men and 1600 in women) in 2012. The three most common types of cancer for women were breast cancer (603 new cases), cervical cancer (433 new cases) and liver cancer (189 new cases). For men, liver (302 new cases), prostate (212 new cases) and stomach (114 new cases) were most frequent.
2. The MoHSP developed the Strategic Integrated Policy and Plan for Control of Non-Communicable Diseases (PSIMNT) for 2012–2015. The Policy proposes interventions to reduce exposure to cancer risk factors. In addition, the Government developed and adopted a Strategic Plan for the Prevention and Control of Cervical Cancer for 2017–2022. The MoHSP was in the process of developing an NCCP at the time of the Review.



3. A population-based cancer registry (PBCR) was established in the Pathology Department of CHU SO in August 2017. It was not fully operational at the time of the imPACT Review.
4. Some prevention activities were being considered or already in implementation. While the Human Papilloma Virus (HPV) vaccination was not yet included in the National Immunization Programme, relevant pilot studies had been successfully conducted. Togo had a tobacco control programme, including specific national government objectives for tobacco control.
5. Cervical cancer screening was found to be small-scale, opportunistic and conducted only by very few Centres de Santé Intégrés (CSIs), NGOs and private practices, mainly in Lomé. There was no screening or early detection programme for breast cancer and the majority of women in Togo with breast cancer are diagnosed in late stages. Togo does not have any organised screening programme for any other cancer site.
6. The infrastructure for diagnosis and treatment of cancer in Togo was found to be generally insufficient to meet the needs of the country. The country's infrastructure for diagnostic services, including pathology, is mainly concentrated in Lomé. The vast majority of cancers are diagnosed at a late or advanced stage due to the limited availability of diagnostic tools for cancer in public hospitals and cost of diagnostic procedures.
7. There are shortages of qualified medical staff in pathology, radiology, biochemistry and nuclear medicine. Radiotherapy services are not available and surgical oncology is mostly limited to palliative surgery. The education of appropriate human resources in specialities such as nuclear medicine and medical physics is not yet foreseen.
8. Bachelor's level schooling is available for nurses and midwives. There are opportunities to obtain postgraduate education for technicians in several fields, such as medical imaging, anaesthesia, audiometry, rehabilitation and mental health. There is not yet a systematic national approach to continuous medical education (CME).
9. Togo has no stand-alone national policy or strategic plan for palliative care. However, palliative care was integrated into the Strategic Plan for the Prevention and Control of Cervical Cancer. There are no hospices and no palliative care services in health facilities.
10. Togo has a handful of civil society organizations engaged in the fight against cancer that actively collaborate with the MoHSP.



# Summary of recommendations

## Cancer Control Planning

- Establish a national coordination unit, led by a national cancer coordinator, to manage and oversee all the activities to address the cancer burden; ensure inclusive participation and representation in those activities, including by relevant civil society organizations (CSOs), the private sector and development partners, and cancer research institutes.
- Continue the development of and finalize the new National Cancer Control Plan (NCCP), separate from the existing Strategic Integrated Policy and Plan for Control of Non- Communicable Diseases (NCDs) for 2017–2022.
- Ensure that the national budget makes an adequate and reliable annual allocation for cancer control activities.

## Cancer Registration

- Provide the cancer registry at the CHU SO in Lomé with dedicated and skilled personnel and allocate adequate financial resources to enable the registry to function.

## Cancer Prevention

- Implement nationwide Human Papillomavirus vaccination for girls aged 9–14 years with a two-dose schedule (0.5 mL at 0 and 6 months).
- Create and implement effective mechanisms to reinforce tobacco laws and regulations. Further raise taxes on tobacco as a means to control the spread of tobacco use, as recommended by the Framework Convention on Tobacco Control and WHO. Establish smoking cessation services in the public health sector (at CSIs).
- Review the law that regulates commercialization of alcohol and advertising and establish legally binding regulations on alcohol advertising and product placement.
- Expand education programmes that promote healthy lifestyles and obesity control in CSIs, involving civil society and private companies.

## Early Detection

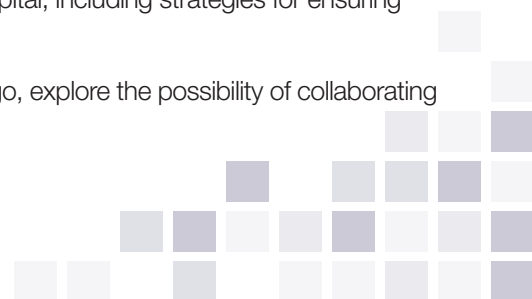
- Increase the awareness among the general population and health professionals of the early symptoms and signs of cervical cancer and of the importance of early diagnosis. In view of the limited resources, implement systematic visual inspection with diluted acetic acid (VIA) as the primary screening test and the 'screen and treat' approach to screening in all CSIs. In the short term, consider using the family clinics to start such screening.
- Implement a national strategy in the short term for early diagnosis of breast cancer. Use the CSIs to implement an early detection programme, including: Raising awareness in the population; Training the main CSI health providers in early detection; Ensuring access to good quality diagnostic services, comprising diagnostic mammography, ultrasound and core biopsy followed by staging.

## Cancer Diagnosis

- Enhance the existing national capacity-building strategy for education and recruitment of human resources in all specialities dealing with cancer diagnostics, including cytology, pathology, biochemistry, diagnostic imaging, medical imaging, nuclear medicine and medical physics.

## Cancer Treatment

- Create a medical oncology department in a public hospital in Lomé with adequate infrastructure, staff and equipment, and implement medical oncology-specific training for healthcare staff to ensure the safe administration of drug treatments.
- Conduct a comprehensive evaluation of needs for the establishment of a radiation oncology department in either a National Cancer Centre or a public hospital, including strategies for ensuring appropriate and reliable financing.
- Pending the availability of national radiotherapy services in Togo, explore the possibility of collaborating with radiation oncology services in neighbouring countries.



## Education and Training

- Establish or strengthen the education and training programme for physicians in conjunction with the MoHSP and the Ministry of Higher Education and Research, taking into account national needs for pathologists, biochemists, geneticists, radiologists, radiation, medical and surgical oncologists, medical physicists and nuclear physicians.
- Plan and arrange for the education abroad of technicians in radiation oncology and nuclear medicine as soon as possible.

## Palliative Care

- Develop and implement a national action plan for the integration of palliative care into the national health system, taking into account the specific cancer situation in Togo.
- Establish a 'train-the-trainer' programme in palliative care for doctors, nurses, pharmacists and social workers in key health facilities.

## Follow-up actions taken by the Ministry of Health

A meeting was held on October 2020 in follow up to the imPACT Review conducted in 2017. The objective of this meeting was to discuss the situation of Togo in the fight against cancer and how the IAEA, WHO and IARC can support the country through current and future programmatic opportunities. During the meeting, the MoHSP:

- Gave a brief overview on the status of cancer care activities across the spectrum. Togo has a draft NCCP, which needs validation and national budget allocation. Clarified that the NCD programme with sub-programmes was created and the nomination of a responsible authority to lead the NCD programme is pending. Once nominated, there will be advocacy to deploy funds to this programme, considered as priority.
- Informed that the NCCP will have to be submitted for technical validation to MoHSP and Minister of Finance for budget allocation.
- Informed that the cancer registry still needs to be installed.

In November 2020, the MoHSP formalized the drafting committee for the NCCP.



imPACT Review experts and Togolese health professionals during the in-country mission portion of the imPACT Review. (Photo: IAEA)



# IAEA-WHO-IARC joint activities on cancer control

In March 2009, WHO and IAEA signed arrangements at the Director-General level to implement a [Joint Programme on Cancer Control](#). The main purpose of this arrangement is to coordinate activities and resources to provide evidence-based and sustainable support to comprehensive cancer control programmes, particularly in low- and middle- income countries.

In response to a Government request, an [imPACT Review](#) is carried out as a comprehensive assessment of national cancer control capacities and needs. It is a partnership effort between the International Atomic Energy Agency (IAEA), the International Agency for Research on Cancer (IARC) and the World Health Organization (WHO). Where relevant, other partners are involved, such as the Union for International Cancer Control (UICC) and the United Nations Office on Drugs and Crime (UNODC). The IAEA Division of [Programme of Action for Cancer Therapy \(PACT\)](#) is responsible for coordinating the imPACT Reviews and for mobilizing the resources for their implementation.

## Link to imPACT Review news and related resources:



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