# 3rd Roundtable on Strengthening the Coordination of International Stakeholders involved in the Adoption of Alternative Technologies
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# Cancer Diseases Hospital Today

- Today the CDH is a comprehensive cancer care facility offering chemotherapy, surgery, radiotherapy, other therapies etc.
- Infrastructure development has been based a graded approach
  - Cancer Diseases hospital  Phase I
    - out-patient facility offering radiotherapy and chemotherapy (1 cobalt, linear accelerator, 1 brachytherapy)
  - Cancer Diseases Hospital Phase II
    - In-patient facility plus equipment (cobalt 60 , brachytherapy Ir 192, nuclear medicine)
  - Cancer Diseases Hospital Phase III
    - 2 new sites with equipment ( radiotherapy and nuclear medicine)

# International Stakeholders

- International Atomic Energy Agency (IAEA)
  - Experts, training, procurement
- Program of Action for Cancer Therapy (PACT)
  - National cancer control Plan
- International Agency for Research on Cancer (IARC)
  - Training

- OPEC Fund (OFID)
  - Funding through Government channels
- Arab Bank for Economic Development in Africa (BADEA)
  - funding

- Pacific Northwest National Laboratory (PNNL)
  - security upgrades to protect radiological source

- Hospitals and /or Universities (UK,USA,SA)
  - Training, technology and knowledge transfer

- NGOs
  - Bio Ventures for Global health who were willing to assist with source importation (Ir 192)

- USAID, JICA (though nothing tangible yet has been realized)
- Government (Austria, India, USA)
  - equipment

# Major milestone transitions

- It was well understood that the source will need replacement and repatriation of the old source as well as installation
- Gamma services were contacted on our behalf by the local company who had the service contract
  - A 7 – 10 days exercise, well coordinated
  - Licensing organized by hospital for the source in- and out bound

- Cost of replacement for cobalt 60 source through a service contract (the only of its kind)
  - Cost of new source was embedded into the 5 year service contract (source was replaced in year 7 of its life)

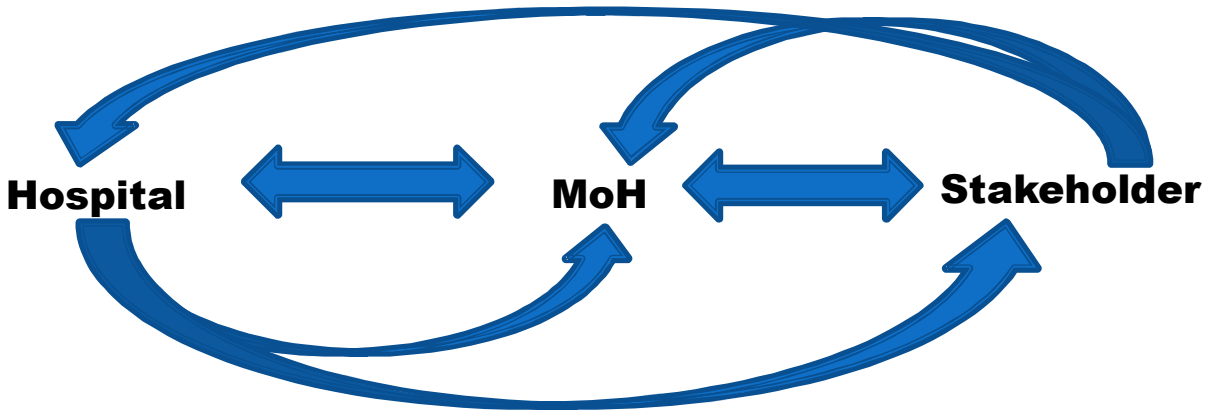
- Electrical Maintenance Limited (EML) who are the local engineering company contracted Gamma services
  - Timely repairs and continued maintenance of at least 90% of our major equipment for the 12 years

# National approach

- End-user develop proposals to stakeholders then endorsement is sought
- MoH endorses recommendations from the end-users who have direct contact with stakeholders
  - provide professional advise, approved designs, inform on legal requirements
- As end user we initiated 2 new phases of the project and are in direct consultation with stakeholders (Funders, Technical Advisory Experts like the IAEA)
  - Main drivers are the professionals through annual budget, reports, performance assessment
- To get approvals for projects to go ahead, document preparation done with the stake holder and the hospital will be the local contact person dealing with the Ministry of Finance

# Approach / Interface

- Sometimes the MoH will source partners and refer them to the end users to identify needs
  - Coordination of external funders (non-government) through directorate of planning



# Lessons Learned

- Setting up of a project implementation unit to be the liaison link created a platform
- Suggestions and recommendations from experienced persons (other hospitals and universities)
- Lack of local expertise doing the specifications  led to some inadequacies in the equipment that was finally installed.
  - Equipment supplied as was specified (which clearly was not done properly by local)
- Dialogue – the right expert (should talk to the right expert (vendors- funders - local expert)
- Design and build for the future – flexibility to build now and equip later incase funding ceilings are limited
- Overall project design must only be endorsed when all key players are satisfied and this must be proven

# Recommendations

- Dialogue
  - External stakeholders wanting to address their agenda which is not always aligned to the national plans (national, hospital, provincial level)
  - Lack of skills in the local expertise (engineering, clinical, administrative)
- Training (Vendors, manufacturers, hospitals/universities)
  - Still a huge gap.  Infrastructure and technology must come with associated training
- Pre-regulatory involvement (especially cost of repatriation)
  - Regulators must have good know-how of the pros and cons of technology and can be drivers towards using technology appropriate to the level of expertise
- Create a fund – The AU, Africa Development Bank, create some cost sharing mechanism for sustainability

# Acknowledgement


- Directorate of National Cancer Control
- Cancer Diseases Hospital Management