

One of the most pressing public-health challenges in Africa today is also one of the least reported: cancer, a leading cause of death worldwide. Every year, some 650,000 Africans are diagnosed with cancer, and more than a half-million die from the disease. Within the next five years, there could be more than one million cancer deaths annually in Africa, a surge in mortality that would make cancer one of the continent's top killers.

Throughout Sub-Saharan Africa, tremendous progress has been made in combating deadly infectious diseases. In recent decades, international and local cooperation have reduced Africa's malaria deaths by 60% , pushed polio to the brink of eradication, and extended the lives of millions of Africans infected with HIV/AIDS.

Unfortunately, similar gains have not been made in the fight against non-communicable diseases (NCDs), including cancer. Today, cancer kills more people in developing countries than AIDS, malaria, and tuberculosis combined. But, with Africa receiving only 5% of global funding for cancer prevention and control, the disease is outpacing efforts to contain it. Just as the world united to help Africa beat infectious disease outbreaks, a similar collaborative approach is needed to halt the cancer crisis.

Surviving cancer requires many things, but timely access to specialists, laboratories, and second opinions are among the most basic. Yet, in much of Africa, a lack of affordable medications, and a dearth of trained doctors and nurses, means that patients rarely receive the care they need. On average, African countries have fewer than one trained pathologist for every million people, meaning that most diagnoses come too late for treatment. According to University of Chicago oncologist Olufunmilayo Olopade, a diagnosis of cancer in Africa is "nearly always fatal."

Building health-care systems that are capable of managing infectious diseases, while also providing quality cancer care, requires a significant investment in time, money, and expertise. Fortunately, Africa already has a head start. Past initiatives – like the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the US President's Emergency Plan for AIDS Relief, and the World Bank's East Africa Public Health Laboratory Networking Project – have greatly expanded the continent's medical infrastructure. National efforts are also strengthening pharmaceutical supply chains, improving medical training, and increasing the quality of diagnostic networks.

Still, Africans cannot face down this threat alone. That is why the American Society

for Clinical Pathology, where I work, is cooperating with other global health-care innovators to attack the region's growing cancer crisis. We have teamed up with the American Cancer Society (ACS) and the pharmaceutical company Novartis to support cancer treatment and testing efforts in four countries: Ethiopia, Rwanda, Tanzania, and Uganda. Together, we have brought immunohistochemistry, a key diagnostic tool, to seven regional laboratories, an effort we hope lead to more timely cancer diagnoses and greatly improve the quality of care.

To complement these technical efforts, the ACS is also training African health-care professionals how to carry out biopsies and deliver chemotherapy. That initiative, funded by Novartis, is viewed as a pilot program that could expand to other regional countries.

Finally, our organizations are advocating for enhanced cancer-treatment guidelines in national health-care planning efforts, protocols that we believe are essential to improving health outcomes. These initiatives are in conjunction with other undertakings, such as a joint ACS-Clinton Health Access Initiative program to broaden access to cancer medications.

When the world took notice that infectious diseases like HIV/AIDS, polio, and malaria were ravaging Africa, action plans were drawn up and solutions were delivered. Today, a similar global effort is needed to ensure that every African with a cancer diagnosis can get the treatment they need. Now, as then, success depends on coordination among African governments, health-service providers, drug makers, and non-governmental organizations.

There is no place on Earth that is immune from the dread of a cancer diagnosis; wherever the news is delivered, it is often devastating to recipients and their families. But geography should never be the deciding factor in patients' fight to survive the disease. Cancer has been Africa's silent killer for far too long, and the global health community must no longer remain quiet in the face of this crisis.

Danny A. Milner, Jr. is Chief Medical Officer of the American Society for Clinical Pathology

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