

Exploring Barriers in Health Care Delivery System for Cancer Care in Ethiopia

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ABSTRACT

Background: Though the trouble of cancer is increasing worldwide and recognized as the crucial public health crises, the health care systems have been facing great challenges to improve the care given to cancer. Among total mortality in Ethiopia, cancer takes 5.8%. Considering cancer as the public health priority area in May 2017, world governments decided increase the budget expenditure for cancer control in an integrated approach. As of now the best action to deal with cancer problem is to reduce barriers and to give the feasible quality care as much as possible to all in need in spite of any condition, precondition or geographic location.

Methods: qualitative study with in-depth interview by using semi structured tools was conducted in Ethiopia at Black Lion specialized hospital and Ethiopian ministry of health. Study population was cancer patients, health professionals working at Black lion hospital and health experts working at federal ministry of health. Purposive sampling was employed to select study populations.

Results: In general financial problems for both direct and indirect cost and geographical accessibility, shortage of investigation facilities, absence of physicians in their offices, long waiting time for getting the result, complicated referral process and lacking of ability among physicians, were explained barriers by study participants in health care for cancer care service utilization.

Conclusions: the finding showed that this situation deserves more attention both from health policy decision-makers and private donors to eliminate barriers in health care which would improve the quality of health care delivery system for cancer care.

Key words: barriers, health care service, cancer care

BACKGROUND

Cancer is caused by collective hereditary and non-hereditary alters influenced by ecological factors that can stimulate incorrect activation or inactivation of specific genes leading to neoplastic transformations, or abnormal cell growth. [1]

Previously, cancer did not receive much consideration among different donors and universal policymakers with the fact that becoming important public health problems. Annually about 8.8 million deaths are reported due to cancer, and it is

becoming one among top six deaths in the world. The mortality due to cancer is more than the number of deaths reported other most prevalent disease like HIV/AIDS, tuberculosis and malaria. [2]

Two third of cancer death and greatest burden of cancer is happening in low and middle-income countries. Prominently, the incidence of cancer is projected to be double by 2035. [3]

Among total mortality in Ethiopia, cancer takes 5.8%. The country does not have population based cancer registry

except that of Addis Ababa which has started in 2012 however, the incidence of cancer in each year is predicted as about 60,960 with yearly mortality of more than 44,000. The possibility of being detected as cancer and the possibility of death from cancer for people below 75 years old is 11.3% and 9.4% respectively. Breast cancer (30.2%), cervical cancer (13.4%) and cancer of colorectal (5.7%) are the most common cancer types out of adult population of Ethiopia. Annually around two thirds of cancer mortality is happens in women. [4]

Regardless of the reality that increasing the incidence of non-communicable diseases (NCDs), in the country, the available health care system is not prepared to challenge the common NCDs like cardiovascular disease, diabetes, cancer and chronic respiratory problems still habitually passionate on control of infectious diseases. In the consequences the national health and development plans are not sufficient to deal with the control of NCDs including cancer.

The spread of NCDs with the presence of high prevalence in communicable disease is currently creating a double burden of diseases in Ethiopia if it is not properly handled it will be devastated coming soon.

Based on the report of national oncology center which is found in Black Lion (Tikur Anbessa) specialized teaching and referral hospital around 80% of cancer cases are already diagnosed when the case becomes worst and complicated to treat the disease.

This could be mainly because of lack of awareness about cancer manifestation, shortages of screening services, lack of cancer detection at the early stages and inadequate treatment services. The referral system is also not well structured. In Ethiopia as of today the numbers of qualified oncologists are only for which shows extreme hunger of oncologists for the entire nation's population. Because of this the accessibility of cancer care service is

difficult and leads to long waiting time. This situation gives the opportunity to majority of curable tumors to progress towards advanced stages and makes it incurable. In Ethiopia the infrastructure is in adequate to treat cancer and a number of management options for the disease are not available. Cancer treatment consists of medical treatment, radiation therapy and surgical approach which should be existed within the treatment center to prevent long distance referral and treatment delay, but in reality some patients need treatment outside of the country.

At present, the Essential Medicines List (EML) of Ethiopian does not consist of chemotherapy of cancer. Even the essential medicines those given as the pain-management are not usually available in majority of public hospitals. [4]

Though the incidence of cancer in developing countries tremendously increasing the, health systems, are organized with full of lacks like lack of equipment, human power, resources and infrastructures and do not have the capability to handle this rising burden, and the present financial allocation and mobilization of world resource are obviously inadequate. With having estimated cases of 60% in Low and middle income countries (LMICs), only 5% of worldwide allocated budget for cancer control is given to these countries. [5]

Additionally, out of global budget of health only 1% is directed towards NCDs controls, which include cancer, and again the distribution is greatly disproportionate to the real burden of NCDs. Considering cancer as the public health priority area in May 2017, world governments decided increase the budget expenditure for cancer control in an integrated approach. As of now the best action to deal with cancer problem is to reduce barriers and to give the feasible quality care as much as possible to all in need in spite of any condition, precondition or geographic location. [6]

Considerable numbers of cancer patients have been not accessing adequate health care primarily due to lack of strong

health care system, insufficient countrywide services, there is inequalities in access to cancer care and high financial costs. Moreover, the lack of public awareness about the signs of cancer contributes to delays for timely accessing care and it worsen the situation to high cancer mortality. Dealing with the increasing burden of cancer as a public health main concern is not easy. Cancer by its nature is a mass of diseases. A lot of cancers have heterogeneous characteristics, with hundreds of histological and biological subtypes. It requires explicit investigations and treatment strategies, with well trained and capable professionals to put into practice, it should be done in a coordinated multidisciplinary teams attached with the need of patient care. [7]

Approaches to tackle the universal cancer burden should be in line with the reality at the local levels. It must consider a country's most common or prevalent cancer types and be dealt in line with the country's available resources. In order to utilize the available resources wisely and appropriately it should be based on the result of research findings and from precise national cancer registries which provides accurate data about cancer epidemiology of the country. Therefore resolution should be based on accurate data about the nature of the disease in order to utilize the maximum available evidence to address the national cancer control plan in the context of the country (NCCP). [8]

Furthermore to accomplish the NCCP successfully there has to be multidisciplinary team involvement from all concerned bodies which includes health professional of different disciplines, academic organizations, civil societies, industry, health policy makers and patients to work together.

Though the prevalence and incidence of cancer is increasing studies about cancer is not adequately addressed in Ethiopia. As of the investigator knowledge no study conducted to explore the barriers in health care system for cancer care. This

could be due to lack of sufficient financial support in cancer research. In this study we find out barriers in health care system for cancer care from individual experiences in order to understand better about the problem and support patient needs.

The objective of this study is to explore barriers in health care system for cancer care and it also tried to explore challenges that health care providers and experts facing in cancer care continuum.

MATERIALS AND METHODS

Study area

It was conducted in Ethiopia at Black Lion specialized hospital and Ethiopian ministry of health. Black Lion specialized hospital is one of the top referral hospitals in the country and joined with Addis Ababa University's School of Medicine. Black lion hospital is a university which teaches health professionals in many disciples like, postgraduate and undergraduate medical students, midwives and nurses, Radiographers, dentists and laboratory technicians. It has 800 beds. It is the only available nation's cancer referral center.

Study population

The study population was patients diagnosed by cancer, which was selected from TASH cancer treating center, health professionals working at Black lion and health experts working at Federal Ministry of health.

Study design

The study was qualitative explorative methods of data collections. Semi structured interview was conducted.

- **Inclusion criteria:** cancer patients above 18 yrs
- **Exclusion criteria:** those who are severely sick and unable to give information

Sampling techniques.

Regarding selection of health facility **Tikur Anbessa Specialized Hospital** was selected purposely. This is because it is the only hospital where cancer patients are currently getting diagnosis and treatment. In order to select study participants (health experts,

professionals and cancer patients) we have used Purposive sampling.

Sample size was determined based on literatures recommendations and investigator decision. There is no strict rule for sample size determination in qualitative method what matter the sample is the saturation of the information that will be obtained. Because the study has different categories of study subjects based on gender and study population (like patients and health professionals). For this reason we have used a total of 35 taking as two groups like patient categories and health professional categories. We have interviewed 35 cancer patients with different backgrounds.

Data collection

In this study qualitative research methods was used to explore barriers in health care delivery system from health professionals' health experts and cancer patients. A purposive sample of health professionals who was working in black lion hospital cancer treating center, and patients came at cancer treating center were contacted by face to face way and in-depth interview was conducted based on interview guide. Appropriate interview time and place were communicated with study participants have willing to participate in the research team. Before conducting the interview information sheets which explain about study going to happen was explained and informal or verbal consent was obtained. The in-depth interview were conducted based on semi structure questioners by giving adequate opportunity to explain about the questions based on their experiences. All interviews took place between May to August 2017

Data processing and analysis

For qualitative method data analysis will begin at the first date of data collection to guide decision about the requirement of further data collection. Interviews will be transcribed and analyzed. The interview transcripts was reviewed line-by-line by the investigator to identify any missed ideas before analysis begin.

Ethical clearance

In this study before starting the data collection ethical clearance was obtained from IERB. Formal letter of permission was produced from all necessarily administrative bodies. Lastly verbal consent was asked from all study participant included in the study during data collection time after explaining the objectives of the study. Participation in the study was based on participants' willingness even they have the freedom to withdraw in between and those who can't give information because of their disease severity was excluded at the beginning. Confidentiality was assured for the information obtained from participants.

RESULT

Early diagnosis and starting of proper treatment is the vital to increase the survival rate of cancer patients. Below barriers in health care faced by cancer patients are discussed. In general financial problems for both direct and indirect cost and geographical accessibility, shortage of investigation facilities, absence of physicians in their offices, long waiting time for getting the result, complicated referral process and lacking of ability among physicians, were explained barriers of service utilization.

Financial problems

Many patients got extensive financial distressed because of cancer treatment-related out-of-pocket. All most all of participants explained the treatment price as the first and great barrier to treatment. According to their saying, majority of the patients cannot afford the price of the treatment because of the lack of appropriate financial support from the government, and low social-economic status of the population. Some patients interrupt the treatment because they cannot afford it.

The most frequent out-of-pocket expenditure which was mentioned by study participants was for prescription drug payments; travel expenses, for hotel and food. Further more time off work for attendant to accompany their family was

also mentioned as important barriers during repeated follow up.

A participant of age 55 came for chemo therapy reported that “the first day when I heard that I have cancer I decided to die at home without getting the treatments. You know why I have heard the cancer price are too much expensive even sometimes not available in the country. This is my second time it is not available in the hospital pharmacy, when we buy it from outside private pharmacy as you might know it is very expensive. I don’t have any job only my husband is working at a private company with less many. How long will you buy it with this cost? I lost all the many which we have before by paying for diagnosis without knowing the disease for more than three years.”

“our account is already null how are we going to pay for drugs at least for the remaining eight doses of chemotherapy and associated cost like transport hotel and food cost we are not from Addis Ababa we came from Gonder. Its life you can’t simply see yourself. Having cancer is economical destruction really.” (male, aged 50-55 years).

“Apart from the disease I have been depressed since having the cancer. I am taking the treatment because of my daughter is paying for me. She is in Arab working as servant. For how long will she pay for me. I don’t want to suffer my daughter even she doesn’t know my disease is cancer. I will be obligated to stop after two three doses. When the drug is available here in the hospital it is cheap and sometimes even its free of cost, however mostly it is not available.” (female from Addis age 45-50)

Lack of investigation facilities

Based on the in-depth interview majority of cancer patients have explained that they have done different investigation that helps to identify the suspected disease in the private hospitals’ laboratory. This can shows that compared to the patient flow there is shortages of investigation facilities in the government health facilities which obliges patients to use the private health

facility forcing them to pay enormous amount of money. Additionally some equipments for investigation facilities are not available in the hospital. This makes long waiting time for laboratory services.

Other participant age of (50-55) expressed his suffering towards the lack of the diagnostic equipment of MRI. “MRI is totally not available in Black Lion hospital but it is available in front of the get of the hospital. But there it is too much expensive for me because I don’t have any Job currently. Is it difficult for a government to bring MRI machine for these patients? I really feel shame in place of my country”

Regarding diagnostic equipment most patients feel that there is some share benefits among government and private hospital doctors. This is mentioned by participant like this “I personally feel that there is equal share among these doctors. Those working in this (Black Lion) hospital when they prescribe any investigation they advise us even the place where and which clinics we have to go among the privates one. I don’t think that they are simplifying things for us, because I have seen these doctors working at the place they have advised.”

Furthermore one participant spoken the financial crisis he faced because of the lack of the diagnostic equipments at the governmental hospitals. Such problem affects the entire family life apart from delaying the whole treatment cycle of the patient. It is explained as “in this hospital no simple things you can get but the biggest one is lack of laboratories or any diagnostic facilities. I am paying a lots of money for laboratory service in private hospital. I don’t have secured job, these days I am paying by borrowing from friends. I have children but I am not in a position to manage them properly. They are not getting adequate food.”

Lack of Drugs at governmental hospital

Shortages and inconsistent oncology drug supplies were mentioned by all study participants. When drugs would be vacant at the oncology pharmacy of Black Lion

hospital patients those who can afford buy from private hospitals drug store whereas those who can't afford to buy from private hospitals would stay without their drugs until they would become available at the pharmacies of the medical centers at the Black Lion hospital.

One participant mentioned:

“Most of the times we are not getting oncology drugs from Black Lion hospital I only got once in the past two years. Drugs are not available. So, I am buying from pharmacy of private hospitals.”

It is explained that the availability of drugs in the pharmacy of private hospital still is not constant. Sometimes private hospitals face shortage of supply of the oncology drugs. Therefore those who can afford to buy in higher price than that of government hospital price had to find their own mechanism to get their drugs. For example some of them buy from outside of the country via their friends or relatives for India.

“I only get the drugs once from this Black lion hospital mostly they are not available here even I am not getting from outside of this hospital mean at private hospital drug stores. As a result, what I did was two times I have searched Ethiopians living India and called them and ask them to buy these drugs. Finally I have to wait until somebody brings it.”

On top of this the other participant told us” I have one daughter in USA. She is covering me all my health expense here. When the drug was not available in the private hospital she has sent me from India through her friends. She told me that in US the health care cost is much more than India.”

The worst thing is for those who couldn't afford to buy either from private hospitals or from any other foreign country they are spending long the time by quitting the medicine in between till it becomes available again at Black lion hospital. It might take a number of months. According to one of the participant explain it

“As you can easily see and understand my health status, I am getting

very week daily because I am not taking my drug as it is prescribed from the doctors. Drug is not available at the government hospital I myself can't afford it to buy from private hospital. The only option which I have is waiting until it comes for several months, but I don't know when it will come”

Other participant added that, “I don't know the role of government in this regard, drug is mostly not available and it is very expensive to buy from private hospital. Most people are dying without getting the drug. I am also waiting my turn”

Long waiting time for getting treatment

Long waiting time can be a consequence of the organization and functioning of the health care system. These waiting time explicitly relate to the activities of individuals in the institution, or infrastructure issues and also it includes the lack of necessarily resources and treatments.

In general all study participants agreed up on long waiting time for getting treatment from the diagnosis time. In addition to this participants explained that the waiting time during appointment date by itself is too long. This is in fact due to the insignificant number of oncologists for the entire cancer patients of the country. One participant gave witness as follows:

“To day is my appointment date but I came early morning but now it is already about the end of working hours for today. I got this appointment after eight months of knowing my disease as cancer. It is too sad to have such challenging appointment with challenging disease by itself.”

In addition to this according to one radiologist working at Black lion mentioned that “As you have seen the oncology center is too much crowded with limited number of oncologist. We are working day and night and trying to address many patients as much as we can. In fact is challenging to give short appointment date for patients. For example patients have to wait an average of one and half year for radiotherapy treatment. We have only two radiology machine and one is working intermittently.”

On top of this an oncology nurse reported that: “we have all demographic information on patients’ registration book. Depending on their date of visit we will tell them that we will call them for their appointment date of treatment at least before a week. However the number of patients died before their appointment date is too much. We feel that we are trying to address as much as possible with the resource we have.”

The investigator of this study heard that when the health facilitator calls to patients for their appointment and repeated death is reported.

The inpatient oncology nurse reported that “the number of bed we have for cancer care is limited. It is about 18 beds. Having these beds we cannot address all patients in a short time. For example for chemotherapy we will admit at least for three days. This is one main reason for long waiting time. Patients have to wait till they will get bed for admission.”

Furthermore other oncology doctor reported that “As you can easily guess the number of patient flow and available health professionals with admission bed is not proportional. The number of patient is increasing in a daily bases to the opposite number of oncology staff is sometimes decreasing by different reasons. There is an occasion where Procedures can be postponed or cancelled to handle emergency cases to save that life as much as possible. All these together make long waiting time for a single patient”

On top of this one female health expert working in federal ministry of health explained as about the lack of referral hospitals for cancer care and the initiation of expanding referral hospitals in different six regions of the country. “Expansion of cancer treatment services is underway. The referral service for cancer care is expanding in Mekele, Jimma, Hawasa, Wellega and Haromaya. The country plans a nation-wide scale up of the screening and treatment for cervical pre-cancer into over 800 health facilities (one health facility per district).

Complicated referral process

Referral can be explained in two ways, the first one is referring patients to the higher stages from the primary health care facilities or secondary health care facilities. This indicates that reassurance and optimism. The second one is counter reference which is referring back to the primary health care shows the condition is improved and it provide reassure for patients or families.

In this finding most patients would be treated at the beginning in the government health center or the primary health care system, and then when the progress becomes poor they would go to secondary hospitals then finally to the Black lion hospital by the referral linkage. This is through the government health system, but those who had visits the private clinic or hospital at any stages of their visit.

Lack of confidence on the knowledge of oncology Doctors and the quality of services

The most repeated explanation regarding the quality of medical care was that patients had low confidence in doctors’ knowledge like the understanding that doctors would not be able to diagnose patients at first or second visit, most doctors tell incorrect diagnoses, diagnosis of different doctors for the same patient is totally different and participants complain that doctors prescribe so many investigation which is not available at the black lion hospital and patients obligate to go private hospital at least for laboratory services.

Participant complained on the knowledge of physician in identifying the disease as much as early and knowing the disease confidently. This was explained by a male patient of age 58 as follows

“I was suffering with this disease more than five solid years. First I have been following referral hospitals and different private hospital before five years ago, but doctors were saying sometimes kidney, sometimes gastritis surprisingly sometimes they say ‘your case is not known but it seems like infection’ they came to know

lately and finally now they are saying me you came late the disease is already spread in your body. So how can we believe such saying? I think they don't know at early stages....”

On top of this other women participant reported that “I don't fear any thing I want to tell you whether your work is for good or bad. In our country in general we don't have good and clever doctors. All of them are running for their business they don't care of your problem. In my case I have been following both private and government organization. In private hospital after receiving all the money which I have they advise me to visit other private hospital by telling me the name of the doctor which I should contact. This is a kind of sending me to their friend. But they come to know the disease after long time and repeated visit. In government hospital the queue is too long you can't get the turn easily.”

A forty five years age male participant added that “here in Ethiopia honestly speaking doctors are not confident enough in their knowledge. They told you so many things about your disease like it can be this, this, this etc. as lay man work. Especially in cancer case as you can see here in Black lion hospital it is not easy to get doctors so you have to go to their private hospital. In my experience I went in one of the doctor hospital then after so many repeated follow up he referred me to his friend clinic then finally they give appointment for the black lion hospital. “

A woman of age 45-50 claimed that “When you visit their private hospital and pay so much many for long follow up they will give you short appointment for the Black lion hospital to get treatment. But they never told you your disease in first or second visit.”

A male participant of age 50-55 explained that “after long waiting time when you get the turn and visit doctors they prescribe you lots of laboratory service. I know that they do all things for our advantage but the problem is many laboratory tests are not available at Black lion hospital and we have

to visit at private laboratory services and pay lots of money for them. However many people belief that doctors are prescribing such unavailable tests for the income of private services.”

DISCUSSION

In fact the advancement in medical technologies is benefiting cancer patients also but the costs of many modern treatments are expensive. Because of increased health care cost consumers are facing great burden. Recently the Economic Policy Institute stated reported that most cost-sharing proposals lead to higher out-of-pocket medical costs, is affecting who needs advanced medical care this leads to financial risk in the future. ^[9]

In this finding patients are suffering from different aspects of financial scarcity. Since the Black lion hospital is the sole hospital of cancer treating center in the country patients are moving from all over the region to this place. Most patients explained that apart from the direct treatment related cost, the indirect cost for the transportation, food and staying place is unrecognized pain full costs which needs to be considered. In similar way in a work of Smith SK the financial burden that cancer patients come across, social worker at oncology unit reported patients' financial suffering in the whole cycle of cancer care were reported. Most patients displaced from their home to get cancer treatment. The indirect and direct cost of cancer treatment forced some patients to cute the treatment cycle. ^[10] In addition to this similar understanding was found from the work Moffatt S, having cancer is considered as just financial devastation without the help coming through welfare rights advice. receiving additional resources was also seen as mechanism of offsetting the additional costs associated with cancer, like traveling and parking, dietary requirements, which helps to reduce the chance of withdrawing the continuity of the treatment course. ^[11] Furthermore from the finding of Patient Navigation Research Program financial

difficulties was among the most common barrier to receipt cancer care service. [12]

According to the investigation at cancer center of Tanzania regarding the presence of cancer treatments showed that during the time of survey about have percent of specific medicines were identified in the supply. However greater than 70% of cancer patients was not received cancer therapy. In similar setting when patients buy the drugs from private company it costs comparable to between 1 and 7 of their monthly income. Majority of patients did not have insurance as a result only small numbers of them were able to buy. [13]

In this study among the barriers in health service facilities for cancer care which was explained by participants one was the extreme hunger of investigation facilities especially like computed tomography scan (CT scan), *Magnetic resonance imaging (MRI)* and radiotherapy. The hospital possesses one CT scan and MRI, and two radiotherapy machine but only one works properly. This is explained in the study conducted to assess the barriers of health workers faced in awareness creation of cervical cancer screening in which the absence of medical equipment makes challenged for the whole cancer care continuum. This scarcity equipment is true among 15 countries of Africa and most Asian countries. [14]

Importantly the shortages and inconsistent oncology drug supplies were the crucial barriers in health service system mentioned by all study participants. This finding is in line with investigation conducted in sub-Saharan Africa in 2012, which identified many difficulties. [14]

Even though it is probable that every one of 22 chemotherapeutic drugs which are listed on world health organization (WHO) essential drug list are introduced in the region, most of them are not available every time as needed. Based on the assumption of other essential drugs on the WHO list to cancer situation, the available drugs were shown only to cover half of the

requirements, so the shortage of systemic anticancer drugs is accepted. [15]

Long waiting time was the common health care system barriers mentioned by all participants. The length of waiting time was mainly expressed by participants as the time taken from the first date of doctor visit to the date of first treatment. Patients were waiting long appointment time and after that when the date reaches they also wait long time to be visited by physicians. This could be because of the fact that number of health professionals working oncology unit is too less as compared to patient flow. This was not a unique barrier which only Ethiopian patients are facing. In most literatures it was reported that cancer patients wait too long to get appointment firstly and again they wait too long to get investigation and diagnosis by oncology physicians. [16] For the reason that occasionally some physicians were not avail them self at the hospital on time, patients have to wait for them until they come back or in some cases, they would visit any available physician. [17] Similar finding were identified in the study conducted other places. [18, 12]

In the finding of this study complicated referral process was among one of health care system barriers explained by participants. This could be because of scarcity of referral hospitals in developing country and Ethiopia as well.

The quality of service was criticized by patients' in terms of physicians' knowledge and ethics towards the public health service. As it was mentioned physicians prefers to send patients repeatedly to their private clinic or hospital. They confirm the presence of cancer in the body after many months and years visits of the patient. Similar finding was obtained from the study conducted in Gaza Strip where cancer patients expressed their have no self-reliance in their physicians and explained them as being lacking ability. This is in reality a general feeling in Gaza Strip about the competency of physicians, especially about young physicians who

graduated from the former Soviet Union counties and Romania. [19]

CONCLUSION

The findings of this study revealed that financial problems for both direct and indirect cost and geographical accessibility, shortage of investigation facilities, absence of physicians in their offices, long waiting time for getting the result, complicated referral process and lacking of ability among physicians, were explained barriers by study participants in health care for cancer care service utilization.

Therefore, the finding showed that this situation deserves more attention both from health policy decision-makers and private donors to eliminate barriers in health care which would improve the quality of health care delivery system for cancer care.

Implications for policy makers

- This paper explored barriers in health care delivery for cancer care to revise the national plan of cancer control, prevention and early treatment in an integrated approach.
- It gives a set of tangible actions and policy suggestions to improve cancer patient care.
- As of the investigator knowledge this study is the first to investigate about the health care system barriers touching the roles and responsibilities of clinical practitioners in governmental hospital so that it helps the policy makers to revise rules and regulations for clinical practitioners while working in public hospital.
- National policy has a incredible effect on the health profession including the practice of medical oncology. The national health policy is responsible for all nationwide health systems to look at the service delivered by health system, the quality of the services, capability and the need of training for health professionals, standards of treatment, availability of resources and the health care structure in general focusing on improving of cancer control program and patient outcome.
- It helps policy makers to address the situations according to real national problems and come up with sustainable solutions.

- The national actions and the policy recommendations in this paper for future of global cancer control at the national level, should be implemented if we are to reduce the cancer burden, avoid unnecessary suffering and save as many lives as possible.

Implications for public

Like any other health research this study has significant value to patients as well as the whole society. It gives important information about the barriers in public health system which helps to eliminate the possible barriers from the grassroots levels during the interventions process.

Truly, this kind of health research has show the ways of a remarkable improvement in health care and public health. If the barriers are removed it will have an enormous impact on human health by providing individuals benefits like improved health status, family stability which brings in increased productivity of the population contributes greatly to the national economy.

If the findings of this study considered by all concerned stakeholders it has significant role in reducing disparities in health care service utilizations and lack of access to care. It considerably decreases mortality and morbidity at logical costs.

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