



*Republic of* **Mauritius**

**OPENING CEREMONY OF  
INTERNATIONAL ASSOCIATION OF CANCER REGISTRIES  
33<sup>RD</sup> ANNUAL MEETING 2011 (IACR)**

**INTERCONTINENTAL MAURITIUS RESORT  
BALACLAVA**

**TUESDAY 11 OCTOBER 2011**

**09 30 HRS**

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**SPEECH**

**FOR**

**DR THE HON NAVINCHANDRA RAMGOOLAM, GCSK, FRCP  
PRIME MINISTER**

**Colleague Minister,  
The President of the International Association of Cancer Registries,  
Distinguished Delegates,**

**It gives me great pleasure to open the 33<sup>rd</sup> Annual Meeting of the International Association of Cancer Registries (IACR) which is being held, for the first time, in Mauritius.**

**Allow me to extend a warm welcome to all the eminent participants who have come here for this important conference. This event places Mauritius on the international cancer scene and is an acknowledgement of the efforts the Government is making in the fight against cancer.**

**Mauritius has been branded a success story in terms of its sustained economic growth, with major improvements in the living standards of its population over the past few decades. Our island ranks among the top nations in terms of good governance, human development level and business facilitation.**

**The flip side of the coin, however, has been a change in our lifestyle which has resulted in an epidemiological shift from infectious to non-communicable diseases. Today, we are facing the major challenge of Non - Communicable Diseases which constitute 80% of our disease burden.**

**We are fortunate to have been legated a welfare state by the Father of the Nation who was, himself, a visionary doctor. Health, from primary to tertiary services, including treatment overseas for vulnerable groups, is free of user cost in Mauritius, thus shielding the population from excessive spending on medical care.**

**We have also realized that international collaboration is essential in dealing with NCDs, especially for Small Island Developing States like Mauritius.**

The Prevention and Control of Non-Communicable Diseases was the subject of a High-level Meeting of the UN General Assembly. Now that NCDs are firmly on the global agenda, Heads of Governments are committed to a coordinated global response to NCDs and to substantially increase resources for NCDs. Legislation restricting the use of tobacco and alcohol is already in force. Legislation banning the sale of soft drinks and unhealthy snacks in school canteens has been promulgated in 2008. The amount of industrially-produced transfats in foods will soon be regulated. Action Plans on Nutrition, Tobacco and Physical Activity are already being implemented.

In line with the WHO Framework Convention on Tobacco Control, my Government has promulgated legislation which came into force on 1st June 2009. Mauritius is the first African country to have introduced graphic warnings on tobacco package.

The Ministry of Health & Quality of Life is also providing a cessation clinic for smokers. This will soon be scaled up and will be available in all regions of Mauritius and Rodrigues.

However, cancer in Mauritius is emerging as a major public health problem. Lifestyle modifications as well as environmental changes are contributing factors.

Ladies and Gentlemen,

Cancer is a leading cause of death worldwide. It accounted for 7.6 million deaths (around 13% of all deaths) in 2008.

And deaths from cancer, worldwide, are projected to continue to rise to over 11 million in 2030.

In Mauritius, cancer has become the third major health threat after diabetes and cardiovascular diseases. The total number of new cases has risen by over 40%

between 1992 and 2008. In 2008, cancers accounted for 11.9% of all deaths in the country.

**My Government's approach to cancer has a number of goals:**

- **Reducing the risk factors;**
- **Encourage early screening;**
- **Ensure timely access to diagnosis and treatment; &**
- **Improve the patient and family experience of cancer care.**

This approach is paying dividends as cancer survival rates are improving and compare well internationally. My Government aims to ensure that all Mauritians, living with cancer, have access to the best possible care.

**Ladies and Gentlemen,**

**My Government has put in place a four-year comprehensive National Cancer Control Programme Action Plan since 2010. This Action Plan focuses on primary prevention but it also incorporates other strategies such as screening, diagnosis, treatment, palliative care, planning of cancer services and cancer surveillance and research.**

**Screening for cancer has been the subject of much debate. Apart from the ethical question it raises, we also have to look at the cost benefits.**

**However, it is undisputed that screening for breast and cervical cancer has clear benefits. That is why the Government is increasing these screening services.**

**Breast and cervical screening services are available free of charge, including through the Mobile Clinics of the Ministry of Health & Quality of Life. This Mobile Clinic**

Service won the first prize, offered by the All African Public Sector Innovation Awards 2010, for its innovative approaches in management and service delivery.

We intend to have a specialized Hospital for women's diseases in the near future, in collaboration with a team from UCL. And this will include screening and treatment for breast and cervical cancer.

A colposcopy unit has been set up, in March this year, at Victoria Hospital. Very shortly a National Cervical Screening Service, which aims at screening all women above 30 years, on a regular basis, will be put in place.

The setting-up of a National Digital Mammography Screening Service is also in the pipeline. We have solicited the service of a consultant to help us improve palliative care for cancer patients.

Curative services for cancer have been available, since 1968, when a Radiotherapy Centre with the first Cobalt machine in the Indian Ocean was set up. This was a big step forward for cancer treatment in Mauritius. The Radiotherapy and Oncology Centre caters for all cancer patients in Mauritius and some from neighboring islands.

A Children Cancer Unit was opened, in May 2009, and this has been extended to a full dedicated ward in 2010. Plans have already been approved for the construction of a new state-of-the-art Radiotherapy and Oncology Centre.

My Government has the ambition to align the health services of Mauritius with the best in the world. Better and more personalized cancer care in the coming decades can transform Mauritius into a regional centre.

Over the last 10 – 15 years considerable progress has been made in understanding the changes that occur at the molecular level.

The increased understanding of the pathogenesis of malignancy, has helped devise novel strategies in anticancer drug development – including hormonal and gene therapy.

That is why my Government adopted the new Clinical Trial Act in 2011 which sets the legal framework for research in Mauritius which includes cancer research and the trial of new medications for cancer.

As the population grows and ages, the number of people diagnosed with cancer will undoubtedly increase. The fact that people are living longer in Mauritius, and the continuing development of expensive new drugs and treatment, the cost of cancer to the public health service will only rise. It is the commitment of my Government to continue to improve cancer survival rates, and to provide care and treatment for those living with cancer, although this will require further investment in capacity and infrastructure.

The theme of this congress, which is "Cancer: Countries in Transition", is apposite to the Mauritian situation. I am confident that the discussions you have will give an opportunity to all participants to re-evaluate our approach to cancer.

Cancer registries provide data on the occurrence of cancer in the population, and are a considerable resource for clinical and epidemiological research. Early cancer registries had their origin in the realization, by physicians, that improvements in the diagnosis and treatment of cancer would depend on the availability of complete and reliable data which only population-based cancer registries could provide.

The International Association of Cancer Registries, through its annual meetings, has managed to rouse interest in cancer registration among cancer patients, health administrators, and health care professionals. But the general public remains largely unaware of the benefits of cancer registration, and cancer registry data continue to be underutilized. I understand that the IACR addressed these shortcomings at its

**32nd Annual Meeting, in Yokohama, last year, where the main theme was 'Society and Cancer Registration - Towards Harmonization'.**

**The National Cancer Registry (NCR) of Mauritius was initiated as a pilot study in 1991. Since then it has improved in completeness to reach population-based cancer registry level. Today the NCR is a reliable source of data that can be used for research and for epidemiological studies.**

**Ladies and Gentlemen,**

**It is indeed a great honour for Mauritius to have so many eminent experts on cancer gathered here for the Annual IACR Meeting.**

**I wish all of you a pleasant stay in Mauritius and fruitful deliberations.**

**I thank you for your attention.**

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