AWACAN-ED

African aWAreness of CANcer & Early Diagnosis

Insights from the AWACAN-ED Programme

Focus on South African findings

Report prepared by Dr Sudarshan Govender for the AWACAN-ED programme following a Dissemination event at the Protea Hotel - Cape Town Waterfront Breakwater Lodge on 13th May 2026

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AWACAN-ED – African aWAreness of CANcer & Early Diagnosis

An NIHR-funded Global Health Research Group focussing on Advancing Early Diagnosis of Cancer in Southern Africa through research, collaboration and engagement.

Contents

Background

Cancer is an increasing public health concern in Africa, placing strain on individuals, communities and health systems. In Southern Africa most patients are diagnosed when they self-present to health facilities with symptoms, and usually with advanced stage cancer which has associated poor outcomes. Meaningful improvements in cancer outcomes require locally relevant interventions that are informed by an understanding of public awareness of cancer, and multi-level factors impacting the complex pathways to cancer diagnosis and care.

Between 2016 and 2020, the AWACAN (African Women Awareness of CANcer) study was conducted across South Africa and Uganda, with a focus on improving community-level awareness of breast and cervical cancer. The study made a significant contribution to our understanding of cancer awareness in the region, identifying notable gaps in community knowledge around cancer symptoms and risk factors. It also highlighted the challenges patients face along their healthcare journeys, and the critical need for primary healthcare providers to be better supported and equipped to recognise and manage individuals presenting with potential cancer symptoms.

Building on these findings, the AWACAN-ED (African Awareness of CANcer & Early Diagnosis) program was established. Funded by the National Institute for Health and Care Research (NIHR) as a Global Health Research Group, AWACAN-ED aims to develop and evaluate tools for timely symptomatic diagnosis of cancer (breast, cervical, and colorectal) and strengthen research capacity in Southern Africa through training programmes and mentorship. The AWACAN-ED study was conducted across South Africa (an upper middle-income country) and Zimbabwe (a lower middle-income country). In each country two regions with different resource levels were selected. The research was structured around three core workstreams. Workstream 1 sought to map patient pathways from initial symptom awareness through to referral and diagnosis, across four sites: Harare and Bulawayo in Zimbabwe, and the Western and Eastern Cape provinces in South Africa. The second workstream involved developing two locally relevant and context-sensitive toolkits to promote more timely presentation and referral. One toolkit was intended for use by primary care providers, and the other for the wider public. The third workstream evaluated both toolkits across South Africa and Zimbabwe, assessing their feasibility, acceptability, and potential to support timely referral within these contexts. Figure 1 provides an overview of the AWACAN-ED programme.

Figure 1: **Overview of the AWACAN-ED study**

The South African dissemination event

To mark the culmination of four years of collaborative, multi-disciplinary research focused on the early diagnosis of breast, cervical, and colorectal cancer in Southern Africa, the AWACAN-ED research group hosted a dissemination event on 13th May 2026 to share and discuss the research findings, outputs and lessons emerging from the programme. This event (one of several planned) focused on the South African component of the programme. A diverse group of more than 60 stakeholders attended the event including policy makers, health care providers across all levels of care, community members, NGOs, researchers and academics. The programme included presentations of the AWACAN-ED key findings and outcomes, followed by a moderated panel discussion where key stakeholders reflecting on the implications of the findings for research, policy, and practice and an open discussion with members from the audience.

This report provides a summary of the dissemination event, including the programme proceedings, key discussion points, participant reflections and opportunities for future action.

Summary of presentations

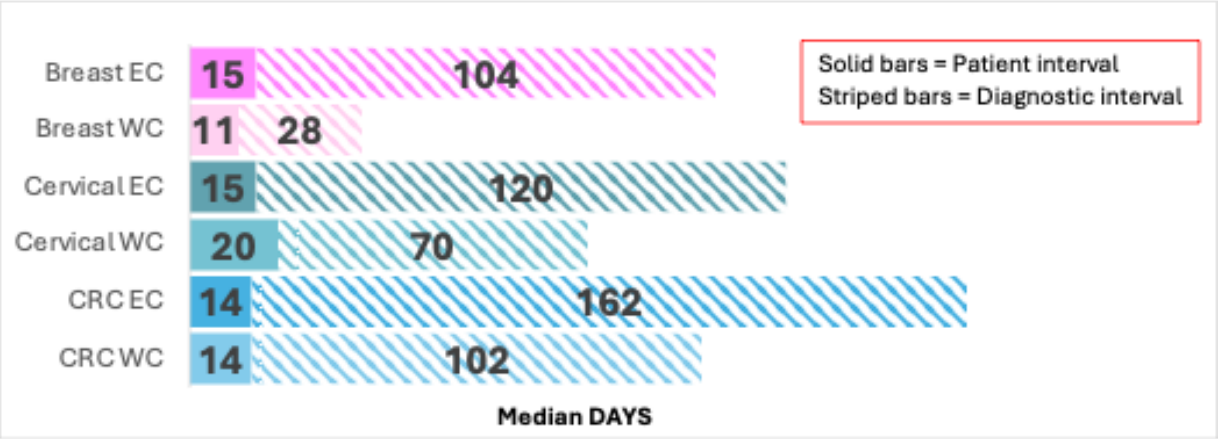
Mapping time to and stage at diagnosis, Professor Jennifer Moodley

Workstream 1 involved a cross-sectional survey of patients newly diagnosed with breast, cervical, and colorectal cancer across four sites in South Africa and Zimbabwe (Figure 1). A total of 1,021 participants were recruited (625 from South Africa and 396 from Zimbabwe). The survey captured data on socio-demographic characteristics, symptom and risk factor awareness, and barriers to seeking care, as well ***as two key time intervals in the patient journey: the patient interval (the time between first noticing a symptom and first presenting to a healthcare provider) and the diagnostic interval (the time between first healthcare visit and receiving a diagnosis).***

Findings revealed important differences in these intervals across provinces. (See Figure 2)

- Across all cancers the diagnostic interval was longer than the patient interval (particularly in the Eastern Cape Province), suggesting that delays were occurring primarily within the healthcare system rather than prior to first presentation.
- In the Western Cape, while the median diagnostic interval for breast cancer was less than one month, the intervals for cervical and colorectal cancer were markedly longer.

Figure 2: **Patient and diagnostic intervals in the Eastern Cape (EC) and Western Cape (WC)**



- Longer patient intervals were driven by the number of barriers to seeking care, while a stronger emotional response to symptoms prompted earlier presentation.
- Shorter diagnostic intervals were associated with the first point of contact being a doctor or specialist (vs a clinic nurse), and with living in the Western Cape vs. the Eastern Cape.
- Lower deprivation levels, higher education, and prior screening attendance were associated with earlier stage diagnosis for cervical cancer, while for breast cancer, a longer diagnostic interval was a key factor associated with more advanced stage at diagnosis.

Take home messages:

To improve timely diagnosis and down stage cancer, a multi-pronged approach is needed that combines guidance to providers and the public:

- Improve cancer symptom and risk factor awareness
- Address barriers to accessing care – targeting those already disadvantaged
- Support primary care providers in managing and referring symptomatic patients
- Health system efforts to address record-keeping and missing stage data

Publication: **Time to diagnosis for breast, cervical and colorectal cancer in Zimbabwe and South Africa: a cross-sectional study**

Moodley J, Scott SE, Day S, Guzha BT, Chirenje ZM, Ataguba JE, Parmar D, Pazukhina E, Myles J, Sills VA, Govender S, Walter FM; AWACAN-ED collaborator team.

BMJ Global Health. 2026 Feb 11;11(2):e021889 https://doi.org/10.1136/bmjgh-2025-021889

Barriers and facilitators to timely diagnosis, Dr Sarah Day

Alongside the patient survey, Workstream 1 also explored the experiences of healthcare workers in managing patients presenting with possible symptoms of breast, cervical, and colorectal cancer.

Qualitative, in-depth interviews were conducted with healthcare workers across all levels of care in the Western Cape and Eastern Cape province of South Africa.

The key themes and findings emerging from these interviews are summarised in the table below:

Patient level related factors	
Barriers	Financial limitations including lack of funds for transport
	Fear of discomfort/pain from invasive testing (e.g., colonoscopies) Mistrust in healthcare systems.
	Perceived preferences of patients for traditional healers or spiritual intervention.
Facilitators	Community healthcare workers are an important safety netting mechanism and assist PHC providers in tracing patients who have missed appointments
Health system related factors	
Barriers	Poor referral and feedback systems
	Training and knowledge gaps

	Limited awareness of protocols/guidelines
	Inappropriate/Suboptimal clinical assessments
	Resource limitations: Widespread constraints were reported, including consumables, theatre time, beds, human resources, and specific infrastructure (e.g., mammogram, CT scan, endoscopy)
Facilitators	Availability of an online referral system (JotForm) for breast cancer. This allows primary level providers book appointments immediately. The system also has an inbuilt healthcare practitioner education component.

Challenges and facilitators related to potential eHealth interventions were also explored.

Main themes identified related to eHealth	
Theme 1: Lack of reliable infrastructure	Frequent load-shedding in SA and poor internet/network connectivity hindered the use of computers.
	Backup, paper-based systems alongside digital tools, resulting in duplication of work.
Theme 2: Use of personal devices and public-access tools	Personal mobile devices (e.g., phones) to access results or communication tools (e.g., WhatsApp) comes with personal financial cost to health care workers (data/airtime being unaffordable)
	Ethical and privacy concerns (e.g., the Protection of Personal Information [POPI] Act in SA), as photos and patient details shared on personal devices
Theme 3: Information, workflow integration, and access	Poor integration: Multiple digital tools in use, each serving different purposes and requiring separate logins, hindering seamless workflow.
	Accessibility issues: Restricted access (logins) and insufficient devices (computers located far from consulting rooms) disrupted workflow and diminished tool value.
	Lack of patient benefit: Some health care workers were reluctant to use tools that were viewed primarily as collecting data rather than benefiting the patient or replacing paper systems.
	Facilitator: Tools enabling immediate appointment booking (e.g., one breast clinic using an online referral platform) were highly valued as they reduced referral delays.
Theme 4:	A spectrum of attitudes was observed, ranging from enthusiasm to resistance, often due to past negative experiences or unsuitable infrastructure.

Digital health Is expanding whether we like it or not	Resistance to change: Older generations sometimes demonstrated resistance, suggesting it was the responsibility of younger, more tech-savvy staff to facilitate adoption.
	Scepticism: Distrust in eHealth reliability stemmed from unstable power supply and the view that underlying structural issues (like insufficient training) needed resolution first

Take home message:

- Future tools to improve earlier diagnosis of cancer must be designed to meet user needs and address infrastructural challenges

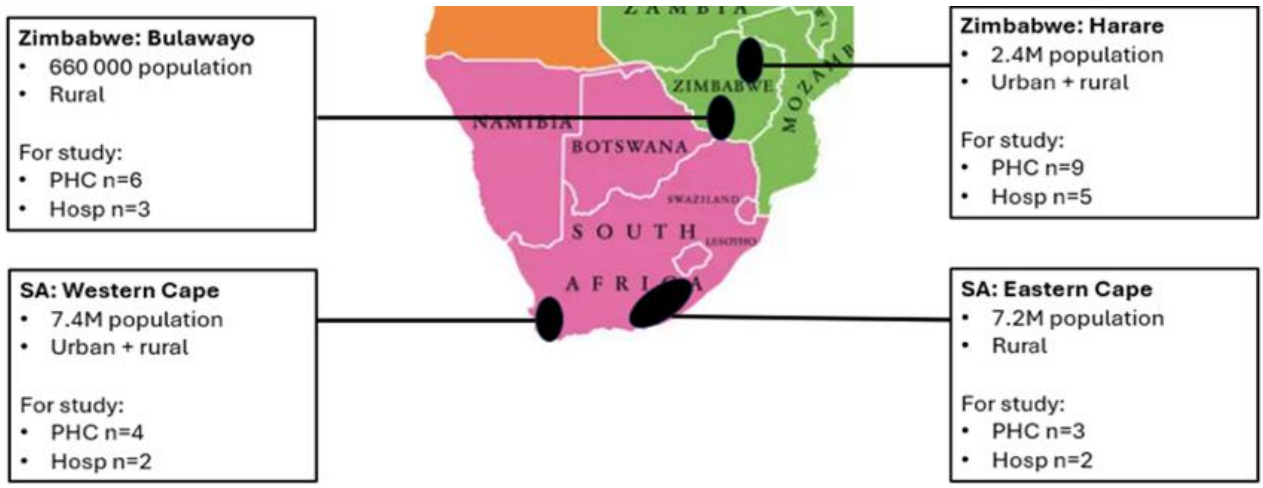
Publications

1) **Challenges and facilitators in pathways to cancer diagnosis in Southern Africa: a qualitative study**
   Day S, Arendse KD, Scott SE, Moyo M, Mzeche S, Guzha BT, Tegama N, Sills VA, Ras T, Walter FM, Moodley J.
   BMJ Open 2025;15:e099296 https://doi.org/10.1136/bmjopen-2025-099296
2) **Health Care Workers' Perspectives on the Barriers and Facilitators to Digital Health Technology Use to Support Symptomatic Cancer Diagnosis in Southern Africa: Qualitative Study**
   Arendse KD, Day S, Guzha BT, Ras T, Sills VA, Tegama N, Moodley J, Walter FM, Scott SE.
   Journal of Medical Internet Research. 2025;27:e68412 https://doi.org/10.2196/68412

Health facility preparedness for timely diagnosis of symptomatic cancer, Associate Professor Tasleem Ras

This study, part of Workstream 1, was the first to systematically evaluate health system preparedness for early cancer detection across referral pathways in Southern Africa. Using a multi-centre, cross-sectional, descriptive design, the study spanned primary, secondary, and tertiary public health facilities in South Africa (Figure 3).

Figure 3: **Facility assessment sites**



Data were collected across ten domains: facility information and general infrastructure; staffing; specific infrastructure and equipment; cancer diagnostic services; medical record systems; referral systems and protocols; transport to diagnostic services; feedback systems; and community outreach. Together, these domains provided a comprehensive picture of the structural and systemic factors that either support or hinder timely cancer detection and diagnosis at a facility level.

Key findings:

- There were important infrastructural gaps at the primary care level in the Eastern, particularly for communication and transport services.
- Tertiary facilities were better prepared for early diagnosis compared to primary health care facilities.
- Gaps in system preparedness were particularly evident for colorectal cancer, with few primary health care facilities offering colorectal cancer assessments.

Take home messages:

- Strengthen general and cancer-specific infrastructure, especially in remote primary care facilities.
- Preparedness for early diagnosis of colorectal cancer needs urgent attention.

Publication:

Health facility preparedness for early detection of symptomatic cancer in Southern Africa: A multi-centre cross-sectional study

Ras T, Day S, Guzha B, Sills VA, Scott SE, Walter FM, Moodley J.

PLOS Global Public Health 2026. 6(5): e0004825 https://doi.org/10.1371/journal.pgph.0004825

Public toolkits for timely diagnosis, Professor Fiona Walter

To address the need for improved community awareness around cancer, the AWACAN-ED team designed and evaluated a public toolkit for common breast, cervical and colorectal cancer symptoms.

Figure 4 below outlines the co-production process of this public toolkit. In total, 3 tools were created, one for each cancer, illustrated in figure 5. The toolkits were developed in 5 Southern African local languages viz. English, Afrikaans, isiXhosa, Ndebele and Shona.

Figure 4: Timeline of the Development of the Public Toolkit

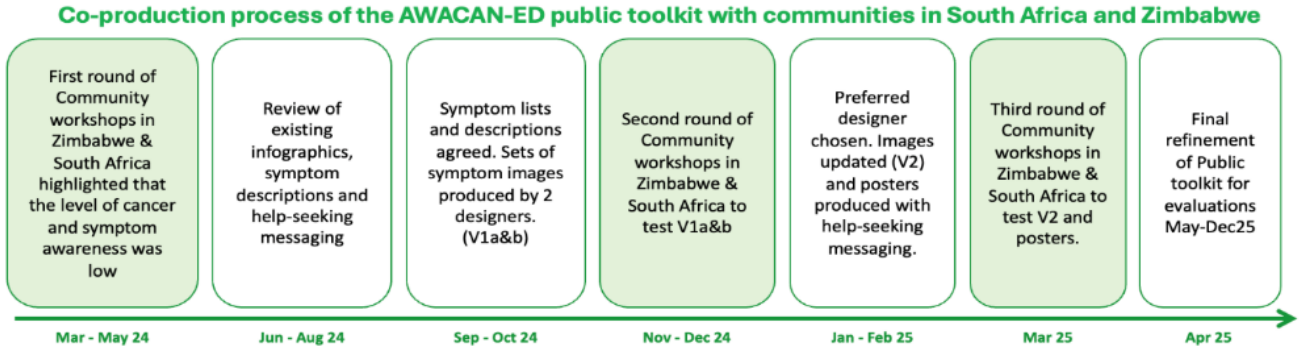
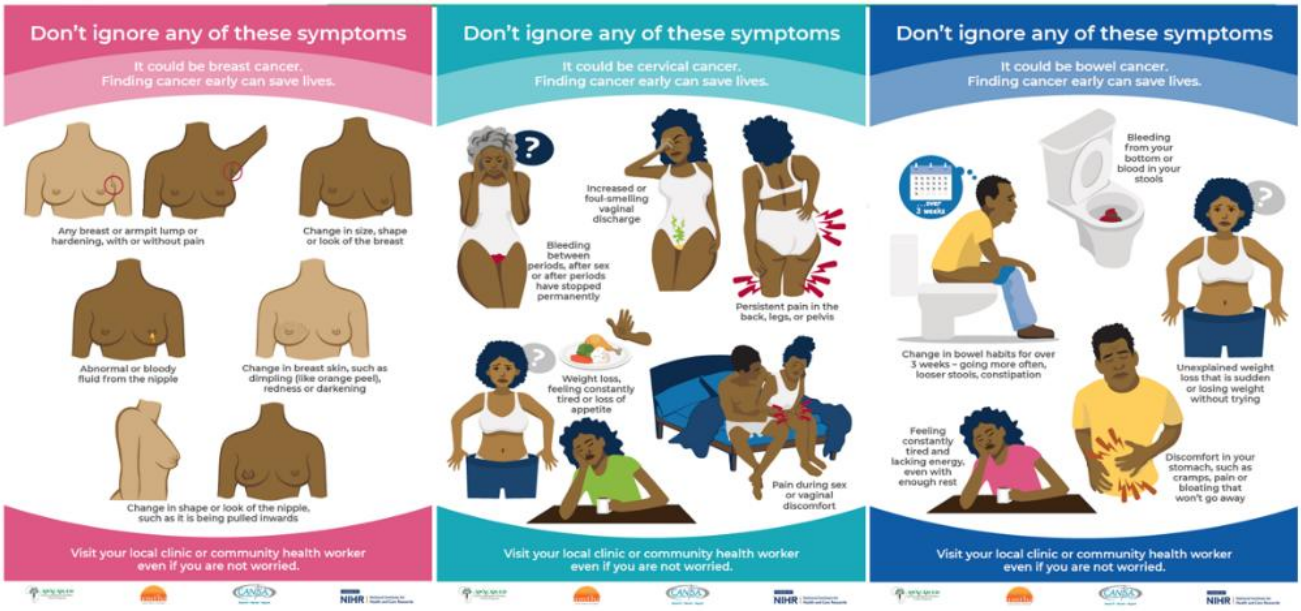


Figure 5: The Public Toolkit



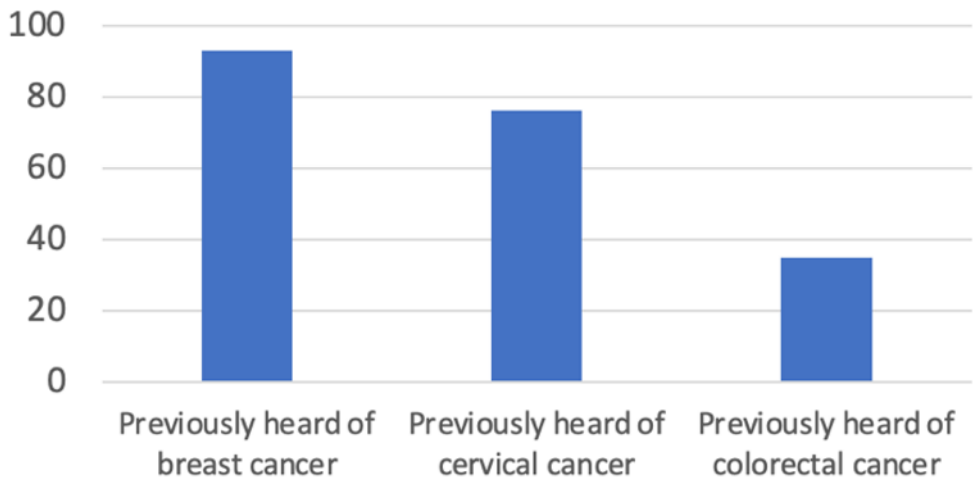
A randomized controlled community trial was conducted to assess the efficacy of the AWACAN-ED public toolkits. The primary objective was to determine the impact of the public toolkit on recall of symptoms of breast, cervical and colorectal cancer. Additionally, the toolkit's acceptability, emotional impact and impact on intention to seek help for possible cancer symptoms was assessed. After administering the baseline questionnaire, participants were randomly allocated to receive one of the three cancer symptom tools. A repeat questionnaire was then administered after 10 minutes and again after 1 month.

Key findings:

- At baseline, most participants had not heard of colorectal cancer (Figure 6)
- Feedback on the toolkits was overwhelmingly positive, with the majority of participants reporting that the toolkit information was easy to understand and appealing.
- Importantly the toolkits did not increase anxiety among participants.
- Preliminary findings showed improvements in both the recall of symptoms and intention to seek help post intervention.

*Note: the analysis is currently being finalized

Figure 6: Previous awareness of Cancer (%)



Provider toolkits for timely diagnosis, Dr Sudarshan Govender

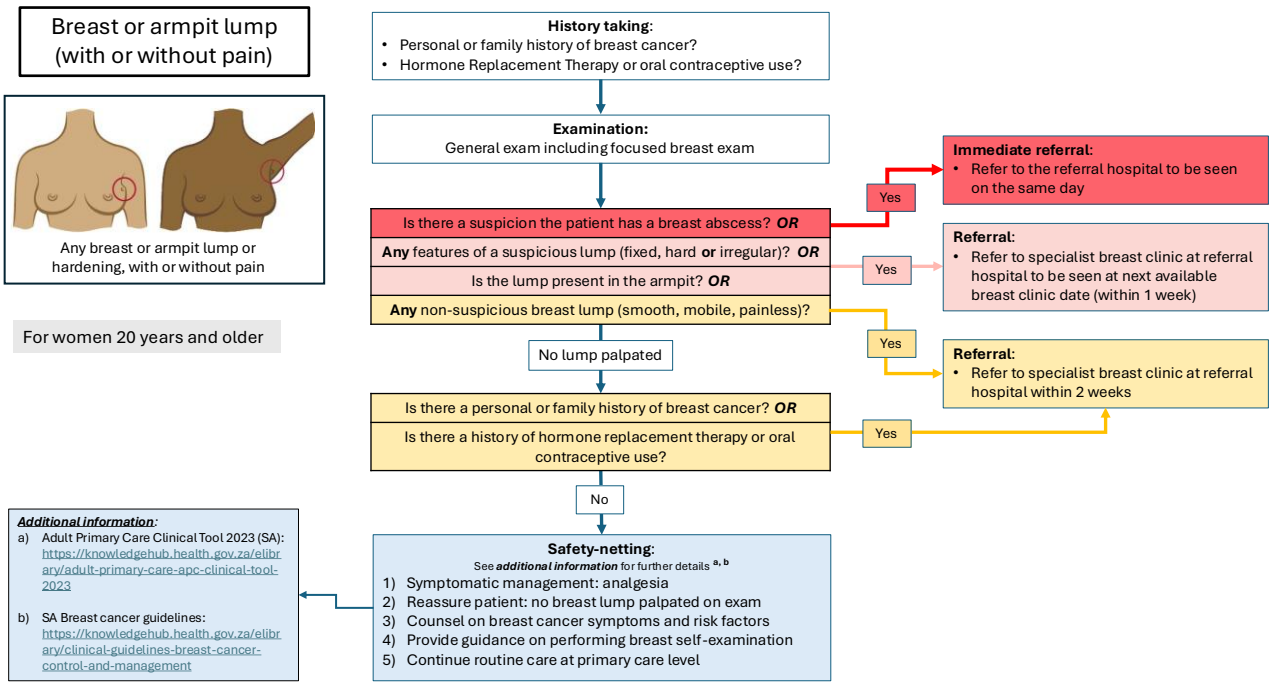
To address the need for more support and guidance for primary care healthcare providers, the AWACAN-ED team designed and evaluated a clinical decision support tool for primary care workers.

The toolkit was developed through a structured, iterative process, drawing on national cancer control policies from South Africa and Zimbabwe, existing primary care resources, and international guidelines including the UK NICE guidelines. An initial version was refined through stakeholder workshops with specialist clinicians and primary healthcare nurses and doctors (the intended end users), before being finalised by the AWACAN-ED research team.

The AWACAN-ED toolkit consists of three 'tools', one each for breast, cervical and colorectal cancer. The first page of each 'tool' displays images of the common cancer-specific symptoms, followed by symptom-specific guidance on patient management and referral. Several principles guided the design: the toolkit was structured to follow the flow of a clinical consultation; referral suggestions were colour-coded to reflect the level of clinical concern and highlight referral urgency; and a safety-netting component was included to reduce the risk of patients being mismanaged or lost to follow up.

Figure 7 provides an example of the Breast Cancer tool for the symptom: Breast or armpit lump.

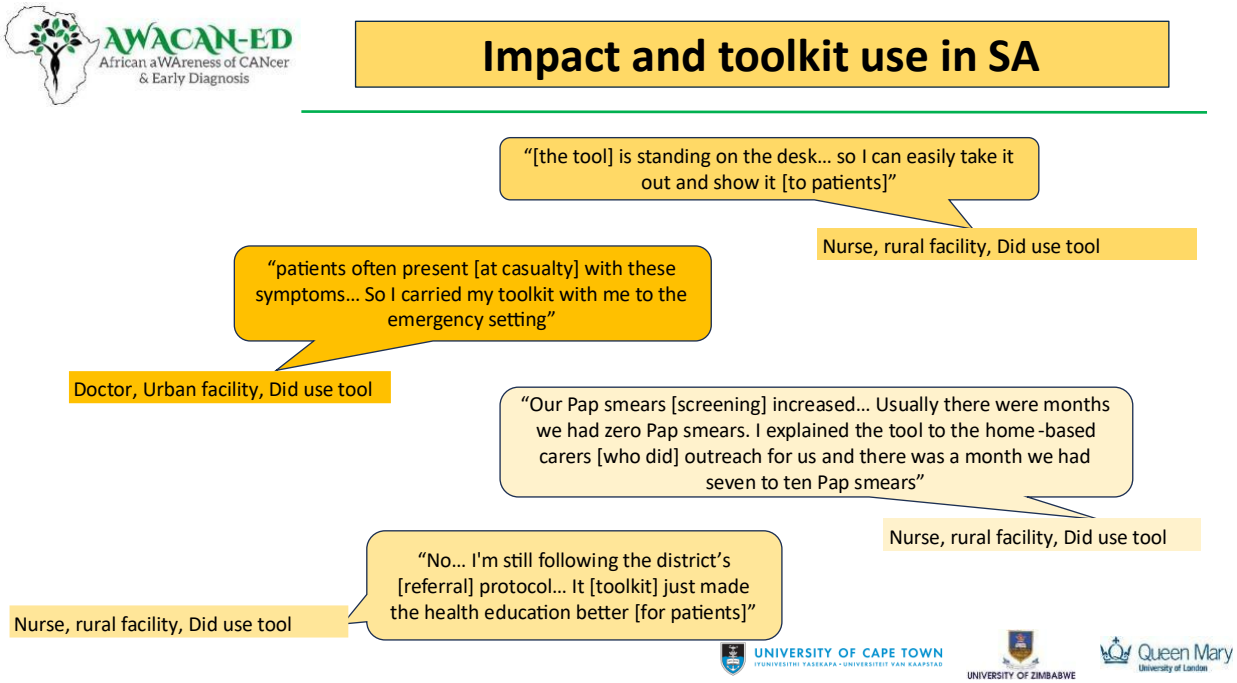
Figure 7: Breast Cancer example from the provider toolkit



A mixed methods study was conducted with primary care nurses and doctors across South Africa and Zimbabwe to evaluate the toolkit acceptability and feasibility of implementation. A paper-based questionnaire measuring symptom and risk factor recall and clinical confidence in managing patients with possible cancer was administered at baseline, one month, and three months following the introduction of the toolkit. Semi-structured interviews explored participants' attitudes, engagement, and the barriers and facilitators to implementation.

Preliminary findings for SA and Zimbabwe combined, show a significant increase in recall of cancer symptoms at 3 months compared to baseline and a significant increase in confidence in managing patients with possible breast, cervical and colorectal cancer symptoms

Below are several quotes taken from the semi-structured interviews demonstrating experiences with using the toolkit in South Africa.



*Note: The analysis of this study is currently being finalized

The tea break following the presentations provided an opportunity for participants to engage with the AWACAN-ED public and provider toolkits. This sparked considerable interest, encouraged networking, and prompted discussions on how these resources could support healthcare delivery and community engagement.

Moderated panel discussion: Reflecting on the implications of the AWACAN-ED findings

This session was facilitated by Associate Professor Tasleem Ras and Dr Bothwell Guzha.

The panelists included:

- Elize Joubert, CEO Cancer Association of South Africa (CANSA)
- Ms Rosemary Jacobs, MD Umtha Strategy Planning & Development Consultancy
- Dr Juanita Arendse, Chief Director: Emergency & Clinical Services Support at Western Cape Government
- Dr Keith Cloete, Head of Department of Health and Wellness, Western Cape Government
- Mr Denis Okova, PhD candidate, Division of Health Economics, School of Public Health, UCT
- Dr Rosa Jansen, Family Medicine Specialist, Western Cape Province
- Professor Jennifer Moodley, Programme Co-Director AWACAN-ED project

Key discussion themes

Reflections on the AWACAN-ED findings

Panellists reflected on the significance of the AWACAN-ED findings, highlighting the critical role of the social determinants of health in shaping cancer outcomes. There was strong recognition of the value of community engagement throughout the research process and the importance of involving communities as active partners in the development of interventions. The co-creation approach used in developing the public toolkit was widely commended as a model for meaningful stakeholder engagement.

The discussion emphasised the need for respectful, patient-centred communication and greater public involvement in health decision-making. Panellists noted the enthusiasm demonstrated by community participants throughout the project and highlighted the importance of sustaining this engagement beyond the life of the study. Concerns regarding advanced-stage cancer diagnosis were also raised, with discussion focusing on the need for culturally sensitive approaches, engagement with traditional leaders, and strategies to address persistent urban-rural inequities in access to care.

Translating research into action

A key area of discussion centred on how the AWACAN-ED findings and resources could be translated into sustainable action. Panellists stressed the importance of maintaining momentum and ensuring that the knowledge, partnerships, and resources generated through the programme continue to influence policy and practice. Particular emphasis was placed on the contribution of students and early-career researchers who participated in the programme. AWACAN-ED's investment in capacity strengthening, including cancer research schools and support for Master's and PhD students across Southern Africa, was recognised as an important legacy of the project.

Panellists also discussed the implementation and uptake of the provider toolkit, while emphasising that improvements in cancer symptom awareness alone would not be sufficient to improve cancer outcomes. Participants highlighted the need to strengthen the entire cancer referral pathway. While promoting earlier presentation at primary care level is important, patients continue to experience substantial delays in accessing secondary and specialist services. Addressing barriers throughout the cancer care continuum was therefore identified as essential to achieving timely diagnosis and treatment.

Priorities for the Western Cape Cancer research agenda

The panel identified several priority areas for future research and action in the Western Cape. These included strengthening cancer education and awareness initiatives, including the potential integration of health education into school curricula; improving understanding of the cultural beliefs, perceptions, and stigma associated with cancer; and generating a deeper understanding of patient journeys to identify barriers and delays across the care pathway.

The discussion also highlighted the importance of implementation science in translating research evidence into practice. Panellists emphasised that interventions must be contextually appropriate and locally acceptable, recognising that approaches shown to be effective in one setting cannot simply be transferred to another without adaptation and evaluation.

Audience reflections and contributions

Audience participation enriched the discussion and generated several practical recommendations and reflections.

- The finding that the diagnostic intervals were substantially longer than patient intervals prompted discussion around barriers within the healthcare system. One participant proposed the development of a real-time point-of-care booking system at primary healthcare level that would enable direct scheduling of investigations and specialist appointments at referral facilities. This suggestion was widely supported as a practical mechanism to reduce diagnostic delays.
- Participants also explored the potential role of public-private partnerships in addressing the growing cancer burden. The discussion considered opportunities for greater collaboration between public and private healthcare sectors, including the pooling of resources and the development of more integrated and coordinated systems of care.
- Several attendees reflected on inequities in cancer service infrastructure and capacity between the Eastern and Western Cape provinces, highlighting the need for more equitable distribution of resources and services.
- Collaboration emerged as a recurring theme throughout the discussion. Participants noted that the AWACAN-ED programme had successfully brought together a diverse range of stakeholders and created valuable opportunities for engagement through its stakeholder workshops and collaborative research activities. Many suggested that this model of partnership should be sustained and expanded to address cancer challenges collectively.

- A participant involved in tertiary oncology services in the Western Cape observed that the findings provide important insights into factors limiting optimal cancer control within the province and proposed the establishment of a provincial Cancer Control Task Team to coordinate future efforts.
- Researchers and scholars who had participated in the AWACAN-ED scholarship programme and Southern Africa School for Cancer Research also reflected on the programme's impact. They expressed appreciation for the knowledge, skills, mentorship, and collaborative opportunities gained through the initiative, noting that it had strengthened regional networks and helped break down traditional disciplinary and institutional silos across Southern Africa.

Closing remarks

In her closing remarks, Associate Professor Tracey Naledi, Deputy Dean for Social Accountability and Health Systems in the Faculty of Health Sciences at the University of Cape Town, commended the diversity of stakeholders represented at the event and the quality of the discussions. She highlighted the value of bringing together policymakers, healthcare providers, researchers, academics, civil society organisations, and community representatives to reflect on the findings and collectively consider pathways for strengthening cancer control in the region.

Panelists across both photographs and from left to right: Jennifer Moodley, Denis Okova, Keith Cloete, Juanita Arendse, Rosa Jansen, Rosemary Jacobs and Elize Joubert

Post-event engagement and emerging opportunities

The SA AWACAN-ED dissemination event generated considerable interest among stakeholders and has led to several follow-up engagements. Following the event, researchers expressed interest in incorporating the provider toolkit into existing primary healthcare provider resources, indicating the potential for wider integration and use of the toolkit within routine healthcare practice.

Provincial health managers have also requested additional presentations to further engage with the project findings and explore opportunities for translating the recommendations into policy and practice. These requests highlight the relevance of the findings to ongoing provincial health priorities and the demand for continued dialogue on implementation strategies.

In addition, researchers and academics have expressed a strong interest in participating in a multidisciplinary task team aimed at addressing provincial cancer-related challenges. This emerging network presents an opportunity to strengthen collaboration, support evidence-informed decision-making, and advance collective efforts to improve cancer prevention, diagnosis, and care within the province.

These post-event engagements demonstrate the value of the dissemination event in fostering stakeholder buy-in, promoting the uptake of project outputs, and catalysing future collaborative action.

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Plus our fantastic field teams, collaborators and study participants in Zimbabwe and South Africa

Find out more about AWACAN-ED on our website https://awacan.online/

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