

THE 2023 AUWAL SHANONO/OCI FOUNDATION LITERARY AWARD FOR MEDICAL STUDENTS

TOPIC: A novel, research-driven legislative bill initiated by the OCI FOUNDATION to tackle breast and cervical cancers in Nigeria recently passed both chambers of the 9th Nigerian National Assembly (NASS). The Bill is currently awaiting Presidential Assent before becoming a law of the Federal Republic of Nigeria. Using lessons from the pilot of the same project in Anambra State, where it has been functional since 2019, suggest the best possible ways for an expedited, comprehensive, and effective rollout and implementation of the project across all the senior secondary schools in Nigeria.

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INTRODUCTION

Globally, the second leading cause of death is cancer, with approximately 10 million deaths in 2020.¹ In Nigeria, an estimated 72,000 cancer deaths occur yearly with breast and cervical cancer topping the charts.^{2,3} However, with a dearth of government-funded screening and cancer treatment programs available in high-income countries, it becomes imperative to devise innovative, affordable, cost-effective and sustainable means of addressing the cancer menace in developing countries like ours,⁴ and this is where the Onyebuchi Chris Ifediora (OCI) foundation comes in.

After evaluating the impact of its previous annual health symposiums focused on educating final-year Senior Secondary School (SSS) students of Otuocha Educational Zone of Anambra State on breast and cervical cancer, the 2019 initiative of the foundation to address the cancer menace took a new turn; it began a novel project, under an Arm Our Youth (ArOY) Health Campaign, to introduce anti-breast and cervical cancer teaching into the curriculum of all SSS in Nigeria.⁵

The newness of the initiative, however, necessitated the need for a feasibility test, hence a pilot project was launched in all state-owned SSS across the state on the 10th of September, 2019.⁵ On June 29th, 2023, about four years later, the grand finale of the Anambra ArOY Health Campaign Schools Challenge, an inter-school competition featuring students involved in the pilot, was held in Igwebuike Grammar School, Awka⁶—a testament to the project's continued vitality and operation.

However, to advance the cause of the campaign, the foundation further initiated a bill that is currently awaiting the president's assent.⁷ When signed into law, it will mandate a nationwide replication of the pilot project.

Hence, to reconcile the campaign's goal, the pilot, and the would-be law, this essay discusses the lessons from the pilot, and leverages them to suggest the best possible ways for an expedited, comprehensive, and effective nationwide implementation.

LESSONS FROM THE PILOT

Before the launch of the pilot, a 28-man multi-stakeholder committee from the education and health sector, religious communities, and participating schools was constituted to fine-tune the curriculum, ensuring it was culturally, and religiously acceptable to all participants.⁵ Alongside this, the state government, World Health Organization (WHO), Anambra Broadcasting Service, Nollywood Ambassadors, Innoson Group, and others also partnered with the foundation for the campaign.⁵ This extensive and inclusive collaborative network ensured the implementation was seamless, and insulated from constraints of resources, expertise, or government bureaucracy.

Furthermore, the use of Civic education,⁸ a compulsory subject in the state, to incorporate the teachings into the educational curriculum ensured a comprehensive coverage of all the students whilst preventing unwarranted delays and funding constraints that would have ensued if new teachers were recruited and trained. Accordingly, an extensive 2-day workshop training was conducted for all the senior secondary civic education teachers in the participating schools to familiarize them with the 'what and how' of the campaign.⁸ However, although a whopping 261 schools were involved in the pilot,⁸ the non-inclusion of private and unity schools in the state was a limitation considering ArOY's overarching target of all SSS.

Again, to complement the in-class teachings, free OCI ArOY textbooks were provided and kept in each school's library.⁵ This, alongside the use of repetition and in-built assessment to sustain engagement with the project,⁸ was highly impactful. Each teaching was a single 45mins session

held in the 3rd week of every term of every senior secondary year with concurrent evaluation in the mid and end-of-term civic education exams.⁸ This led to a sustained increase in knowledge of various aspects of cervical cancer irrespective of the gender and class of the participants.⁸ Although there are no publications on the impact of the project on breast cancer variables yet, earlier studies have indicated sustained engagement held similar promise of improving awareness outcomes and encouraging routine practice of breast self-examination (BSE).⁹

Lastly, concerning evaluating the impact of the project, only publications from quantitative and no qualitative research are currently available.⁸ Hence, while it was easy to know that ‘knowledge on pap smears’ and ‘knowledge about myths’ were not sustained like other aspects of knowledge regarding cervical cancer, it was difficult to ascertain why,⁸ highlighting a flaw that should be corrected in the nationwide scale-up.

STRATEGIES FOR AN EXPEDITED, COMPREHENSIVE, AND EFFECTIVE NATIONWIDE IMPLEMENTATION

In June 2023, a bill mandating the provision of student loans to students across the federation was enacted by the incumbent president, and set to commence in September.¹⁰ However, as of today, it is still yet to be implemented.¹⁰ This lacuna between enactment and implementation in Nigeria poses a big challenge to the OCI-initiated bill.

To resolve this impasse, the foundation should urgently commence engagement with all stakeholders, partners, and sponsors critical to the expansion of the pilot, as explained subsequently.

Initially, it should engage the National Education and Research Development Council to fast-track the design of a new curriculum that incorporates anti-breast and cervical cancer teachings. Civic

education is a compulsory subject for all SSS (private, unity and state-owned) student in Nigeria,¹¹ hence it should be maintained to incorporate the teachings. At the state level, it should engage education, health, and women affairs policy technocrats; religious and community leaders; and school administrators to fine-tune the curriculum in line with their infrastructural (pupil-to-teacher ratio, students and schools population, and literacy rate), social-cultural and religious peculiarities.

In expanding the pilot, it should adopt a phased rollout approach per geopolitical zone, continuing from the zone where the pilot is ongoing, with each zonal implementation completed within a year, and the full expansion, within six years. Since each geopolitical zone has six states each, aside north-west, each state rollout can be followed by a two-month observational period to ensure its effectiveness.

At the pre-flag-off phase, funding and publicity are critical. It should flaunt the success of the pilot, legalisation of the expansion, and endorsement from notable organizations like Harvard Medical Association and WHO to attract financial sponsorships from government, health organisations and private entities. Regarding publicity, engaging only traditional media houses, and Nollywood ambassadors for community campaigns will not suffice. Social media influencers should also be involved in conducting online campaigns, debunking myths and garnering local support for the project. Such efforts will help overcome knowledge decay that may arise from cultural resistance to the teachings.

From the accrued funds, it should procure free OCI ArOY textbooks for the schools, and organize comprehensive training for the teachers on all aspects of breast and cervical cancer education and prevention. However, because some schools may lack civic education teachers,¹² and the teachings are once per term, volunteers from Medical Student Associations, or the National Youth Service Corps can be trained alongside to fill such void.

Furthermore, research has indicated that songs are effective in improving public health knowledge and behaviours,¹³ that repeated testing aids long-term retention,¹⁴ and that reward systems enhance academic performance.¹⁵ Hence, to improve the learning phase of the campaign, it should convert the teachings into traditional rhymes; incorporate recurrent low-stake quizzes into the teachings alongside the statutory mid- and end-of-term assessments; reward outstanding students of the campaign; and integrate extra-curricular activities like assembly ground talks, and cancer awareness clubs into the program.

Also, since using printed hand-outs is as effective as face-to-face instruction to teach about breast cancer,⁹ leveraging it, the OCI Cervibreast app and the OCI online courses will help prevent learning loss during holidays or periods of curriculum disruptions like the recent pandemic.

Upon completion of the expansion, the National Examinations Council should also include questions on the teachings in her annual examinations to heighten the stake of non-compliance and ensure the long-term sustainability of the project.

Lastly, at national and state levels, it should involve the Office of Education Quality Assurance to monitor and ensure the schools comply with the modified curriculum. Also, it should collate routine reports from civic education examinations; quantitative surveys; and direct feedback from the students, instructors, and administrators at community, local government, and state levels to assess and ensure the rollouts are achieving the aims of the ArOY Campaign. To collate feedback from unity and private schools across the federation, the Ministry of Education and the National Association of Proprietors of Private Schools should be engaged respectively.

CONCLUSION

Breast and cervical cancer do not discriminate; they affect women of all backgrounds and walks of life. The quote ‘we rise, by lifting others’ is a clarion call; the lives of our mothers, wives, aunties, sisters, daughters, and nieces are at stake. Integrating anti-breast and cervical teachings into the curriculum of SSS, evidenced by the success of the pilot, holds much promise for changing the cancer story in Nigeria. However, it needs to be replicated. Leveraging the lessons from the pilot project, a comprehensive and effective nationwide expansion is the fulfilment of ‘arm them young, arm them all, and arm them now.’ With the commitment and cooperation of all stakeholders to follow the strategies proposed in this essay, we have the potential to save countless lives and build a brighter future for Nigeria.

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