



Communication and Marketing Department
Isebe loThungelwano neNtengiso
Kommunikasie en Bemerkingsdepartement

Private Bag X3, Rondebosch 7701, South Africa
Welgelegen House, Chapel Road Extension, Rosebank, Cape Town
Tel: +27 (0) 21 650 5427/5428/5674 Fax: +27 (0) 21 650 5628

www.uct.ac.za

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UCT study reveals critical gaps in early cancer diagnosis across Southern Africa

A major study led by researchers at the University of Cape Town's (UCT) [Faculty of Health Sciences](#) has revealed significant gaps in the readiness of health facilities to detect and diagnose cancer early across Southern Africa. The study highlights urgent opportunities to strengthen health systems and improve patient outcomes.

Titled "Health facility preparedness for early detection of symptomatic cancer in Southern Africa: A multi-centre cross-sectional study", this is the first study to systematically evaluate health system preparedness for early cancer detection across referral pathways in Southern Africa. It focused on three of the most common cancers affecting the region: breast, cervical and colorectal cancer.

"Early diagnosis is one of the most important determinants of cancer survival. Yet in many African settings, patients are diagnosed at advanced stages, when treatment options are limited," said lead author Associate Professor Tasleem Ras, head of UCT's [Department of Family, Community and Emergency Care](#).

The study, published in [PLOS Global Public Health](#), assessed 34 public-sector health facilities across the Western and Eastern Cape provinces of South Africa, and across Harare and Bulawayo in Zimbabwe, examining how well they are equipped to identify, diagnose or refer patients with symptoms suggestive of cancer. The research formed part of the African Awareness of Cancer and Early Diagnosis (AWACAN-ED) programme, funded by the UK National Institute for Health and Care Research (NIHR).

The study highlights important systemic deficiencies in health systems and exposes stark differences between levels of care (primary, secondary and tertiary), between countries (Zimbabwe and SA), and even between provinces in SA (Eastern Cape and Western Cape).

Primary care clinics, often the first point of contact for patients, showed limited capacity for early cancer diagnosis. Staffing levels were low, with very few doctors available in many facilities, particularly in rural areas. Additionally, many remote facilities lacked adequate communication infrastructure, making it difficult to refer patients to specialists. This was compounded by the relative lack of elective transport, with ambulances reserved for emergency cases in some areas.

This meant that it takes patients weeks or months to eventually arrive at the specialist hospitals for a definitive diagnosis of cancer, resulting in the actual diagnosis being made at a much later stage of the disease. While specialist hospitals were better equipped than the primary care facilities, the team reported inequity in access to diagnostic equipment. Mammography, for example, an essential element of breast cancer diagnosis, was not accessible in any of the Zimbabwean hospitals reviewed.

When exploring cancer-related community engagement, it was found that health facilities more frequently ran awareness campaigns for cervical and breast cancer, with only one engaging in colorectal cancer.

Actionable recommendations for health systems

The study outlines several key strategies to improve early cancer diagnosis in resource-constrained settings:

- Strengthen general and cancer-specific infrastructure, especially in remote primary care facilities.
- Leverage available technology to enhance record-keeping and communication across levels of care.
- Enhance delivery and co-ordination of care by co-developing localised clinical protocols, as well as follow through on context-specific implementation plans for these protocols.
- Develop and implement rapid transit care pathways for patients with suspected cancer from primary care to appropriate specialist services (and back), supported by reliable transport for non-emergency patients from remote areas.

“This research offers a detailed picture of where the gaps are, and where interventions can have the most impact,” said Associate Professor Ras. “It gives policymakers, clinicians and researchers a roadmap for strengthening cancer care systems in the region.”

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Ridovhona Mbulaheni

Media Liaison and Monitoring Officer
Communication and Marketing Department
University of Cape Town
Rondebosch
Tel: (021) 650 2333
Cell: (064) 905 3807
Email: ridovhona.mbulaheni@uct.ac.za
Website: www.uct.ac.za