

# The **SDG Accord**

*The University and College Sector's Collective Response to the Global Goals*



**RCSI**

ROYAL  
COLLEGE  
OF SURGEONS  
IN IRELAND



## *SDG Accord Case Study*

### **Integration of SDGs in**

- Institutional governance/strategic level
- SDGs in research
- SDGs in campus operations
- SDGs in curriculum development
- SDGs in student engagement activities
- SDGs into community activities
- SDGs at a whole-institution level

### **Focus on**

- Goal 1 - No poverty
- Goal 2 - Zero hunger
- Goal 3 - Good health and wellbeing
- Goal 4 - Quality education
- Goal 5 - Gender equality
- Goal 6 - Clean water and sanitation
- Goal 7 - Affordable and clean energy
- Goal 8 - Decent work and economic growth
- Goal 9 - Industry, innovation and infrastructure
- Goal 10 - Reduced inequalities
- Goal 11 - Sustainable cities and communities
- Goal 12 - Responsible consumption and production
- Goal 13 - Climate action
- Goal 14 - Life below water
- Goal 15 - Life on land
- Goal 16 - Peace, justice and strong institutions
- Goal 17 - Partnerships for the goals

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### *Summary:*

#### **Akazi Breast Cancer Initiative, Malawi**

Akazi (meaning 'women' in Chichewa), is a project designed to promote a systematic approach to breast cancer control in Malawi and to facilitate efficient utilisation of available resources in the country. This way, Akazi seeks to improve survival, reduce suffering and lessen the cost of prolonged care for patients, and their families.

In most parts of the world breast cancer has one of the highest rates of avoidable mortality. In Malawi breast cancer is the third most-common cancer in women, with very low survival rates from the time of diagnosis (average of 5.6 months). Only 9.5% of patients survive beyond 18 months.

Led by [RCSI's Institute of Global Surgery](#), Akazi is a project designed to promote a systematic approach to breast cancer control in Malawi and to facilitate efficient utilisation of available resources in the country. The team is trying to improve survival, reduce suffering and lessen the cost of prolonged care for patients, and their families.

#### ***Outline the 3 key benefits of integrating this theme***

##### *1. Prioritising women's health.*

While breast health issues can affect both men and women, it is primarily women who are more commonly affected by conditions such as abscesses, mastitis, and breast cancer. Delays in obtaining a breast cancer diagnosis and initiating appropriate treatment, which are commoner in resource-limited settings such as Malawi, lead to poorer clinical outcomes, directly impacting women's health and survival. Women living in rural areas are particularly affected because they lack access to essential, timely life-saving services. This has been further exacerbated by the negative impact of the COVID-19 pandemic on service provision.

Akazi has developed and implemented a monitoring strategy to enable decision-makers to systematically assess current breast health service provision, to identify gaps and to ensure accountability, in view of informing future improvements in service provision.

Findings of our research, mapping breast health services, are concerning: [for the almost 10 million women in Malawi, there are only 5 hours](#) of specialised breast health clinics available in the whole country.

The project has successfully highlighted this issue and brought it to the attention of the Malawian authorities. Additionally, it has designed measures to address and partially resolve this challenging situation through training and awareness raising. By advocating for improved access to breast health services and working towards implementing effective solutions, the project aims to make a tangible impact and improve the overall breast health outcomes for women in Malawi.

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### *2. Reducing inequalities.*

Global disparities in breast cancer survival persist, not due to lack of evidence on options for breast cancer control, but in large part due to shortcomings in implementing effective breast cancer early detection measures.

To improve it, Akazi has trained 40 frontline health workers from seven different rural sites in Blantyre, who now have the knowledge to detect breast abnormalities in their patients, including possible tumours. Those health workers, who assist hundreds of women every week, are now bringing to the communities a critical service that before Akazi was nonexistent. This pilot initiative, developed and evaluated hand-in-hand with local stakeholders, provides an opportunity to integrate the curriculum into mainstream medical training in Malawi and set the basis for expansion of breast health services in the future where most needed.

The participating health workers highlighted how the training has given them a set of skills critical to the health of patients in the rural areas where they work that they didn't have before:

"I have never done a course like this and it is a great breakthrough to us because regularly we don't know anything about breast cancer and when women visit us we can't do anything because we don't have the training. Now we can assist them."  
(Nurse in charge at Chimembe Health Centre)

### *3. Working in partnership.*

Akazi has brought together key sectoral stakeholders, who previously often operated in isolation, to facilitate deeper collaboration and coordination. These include academic institutions (the University of Malawi and RCSI in Ireland), civil society partners (the Breast Cancer Care Foundation, Traditional Authorities, community groups), the private sector and NGO, and governmental institutions (the Malawi Ministry of Health and the Blantyre District Health Management Team).

Through this collective effort, Akazi has been able to engage a diverse range of individuals in the Southern region, contributing to the success of the project. This resulted in developing the first-ever breast-health training curriculum in Malawi's history. This helps to raise knowledge and awareness among healthcare workers and rural communities through outreach initiatives, and more. By establishing a sustainable model and fostering partnerships, Akazi has laid the foundation for replicating its achievements across the country.

### ***Outline 3 barriers or challenges encountered in integrating this theme and how you overcame these:***

#### *1. Fighting nature and poverty.*

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In impoverished countries like Malawi, rural communities often face the greatest vulnerability. Housing and infrastructure in rural areas are often of poor quality, making them fragile and susceptible to collapsing during strong rains or winds. In March 2023, Cyclone Freddy struck the Southern region of Malawi, resulting in numerous fatalities and severe damage.

The cyclone occurred during the initial phase of the project's outreach activities. It exacerbated the already precarious conditions in rural areas, affecting the roads that served as the only access routes to these communities. Moreover, a country-wide shortage of petrol further complicated transportation logistics. These developments served as a stark reminder to all involved of the difficulties in accessing remote areas, and the vulnerability of these communities when faced with such events.

Despite the challenges, the resilient spirit of the Malawian people shone through. Just one month after Cyclone Freddie, with the assistance of the Ministry of Health providing vehicles for transportation and local communities working hard to fix the damages to the main roads, the planned outreach visits were successfully carried out in all seven locations as initially planned. This demonstrated the determination and collective effort of both the project team and the local communities to continue the important work despite adversity.

### *2. Breast cancer stigma*

While training frontline health workers was a crucial and successful aspect of the project, disseminating breast health knowledge within the community proved to be a challenge due to factors such as deeply ingrained traditions and religious beliefs. Stigma surrounding breast cancer is not unique to Malawi, but it poses an additional barrier for the health of women in rural communities.

Health workers and the breast cancer survivors we interviewed as part of the project reported that serious breast health issues in women tended to be attributed to witchcraft in rural communities. Cancer often remained unreported in these places, leading to women's deaths without understanding the true cause. Overcoming this issue seemed daunting, but with the assistance of elders, traditional authorities and religious leaders in our outreach meetings, we had the opportunity to explain the significance of maintaining good breast health in women and how it could prevent many of these once-mysterious deaths.

As explained by a community leader during one of our outreach sessions: "Now we know the reason for those women's deaths. We are going to inform everyone and keep an eye on it." This positive response highlighted the importance of engaging influential community figures and fostering a collective understanding of breast health, ultimately contributing to raising awareness and dispelling myths surrounding breast cancer in these communities.

### *3. Lack of data.*

Due to the above cultural factors leading to reluctance of rural women to seek timely care, and the lack of a comprehensive cancer surveillance system in Malawi, accurate

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data are lacking. In results women with breast complaints are invisible to those who plan and provide health services. Through its participatory research approach Akazi ensured that relevant research findings and lessons learned were made available, adopted and utilised by national stakeholders. This contributed to building the capacity of the local actors to understand the importance of data-driven decision-making processes.

### ***Please outline your conclusions and recommendations to others:***

AKAZI worked through existing health systems, strengthening the capacity of public health facilities and staff, in close collaboration with the MoH, to inform the development of a national breast cancer early detection model to widen access to lifesaving care for underserved populations. In doing so, the project contributes to achieving the SDG target of reducing premature mortality from non-communicable diseases, including cancer, by one-third by 2030, and also to achieving universal health coverage.

Integrating SDGs into research on breast cancer services enabled us to take a comprehensive and holistic approach to address the multifaceted nature of the disease in Malawi. Breast cancer goes beyond just the medical aspect—it encompasses social, economic, and environmental factors that influence its prevalence, detection, treatment, and long-term survivorship. SDGs provide a framework to understand and tackle these broader issues.

Investing in the health of women is an investment in equality, avoidance of social and economic cost, and unquantifiable benefits for national development. It helps sustain the gains made in the reduction of maternal mortality in Malawi, support the efforts to address social and economic inequity, and accelerate sustainable development.