

Expanding Access to Cancer Care and Control in Low and Middle-income Countries

Opportunities for collaboration between the global health and cancer care communities

Felicia Marie Knaul

Director, Harvard Global Equity Initiative

Secretariat, Global Task Force on Expanded Access to Cancer Care and Control in
Developing Countries

Associate Professor, Harvard Medical School

**ASCO Annual Meeting
June 4, 2011**





- 28 members representing the global health and cancer communities

- Mandate: Design, develop and implement global, regional and local strategies to improve the financing, procurement and delivery of cancer care, control, treatment and palliation in a sustainable manner applying innovative service delivery models appropriate to health systems in the developing world.

Convened in Nov 2009
By HSPH, HMS, HGEI, DFCI
Co-Chaired: L Shulman, J Frenk



**International Conference
“Breast Cancer in the
Developing World:
Meeting the Unforeseen Challenge to
Women, Health and Equity”
(November 2009)**



**Session on the global challenge of cancer:
Clinton Global Initiative
Sept, 2010**





**Consultation on Integrating
Cancer Care and Control with
Women and Health:
Identifying Platforms,
Synergies and Opportunities for Action
(March 2011)**

Co-Organized by:

Harvard Global Equity Initiative, WHO Cluster on Family and Community Health, Susan G Komen for the Cure®, the Harvard School of Public Health Special Initiative on Women and Health, and the Seattle Cancer Care Alliance

Outline: GTF.CCC Lancet Commission report and e- and print Volume

Part 1: Introduction

- 1. Justification and introduction (Lancet call-to-action)
- 2. Framework: Health system strengthening and cancer: a diagonal response to the challenge of chronicity

Evidence
-for-action

Part 2: Analytics and tools

- 3. The cancer divide: an equity imperative
- 4. Essential elements: Cancer services and drugs for LMICs
- 5: Investing in cancer care and control in LMICs

From Evidence
to action

Part 3: Strategies for action at the national and global levels

- 6: Innovative service delivery in low-resource scenarios
- 7: Pricing and procurement of vaccines, drugs and services
- 8: Innovative financing: local and global opportunities
- 9: Evidence for decision making
- 10: Strengthening stewardship

*****ADDITIONAL MATERIAL*****

-Case studies and working papers: Colombia, UGANDA/FHCRC

Challenge and disprove the myths about ...cancer...

M1. Unnecessary: Not a health priority in LMICs/not a problem of the poor

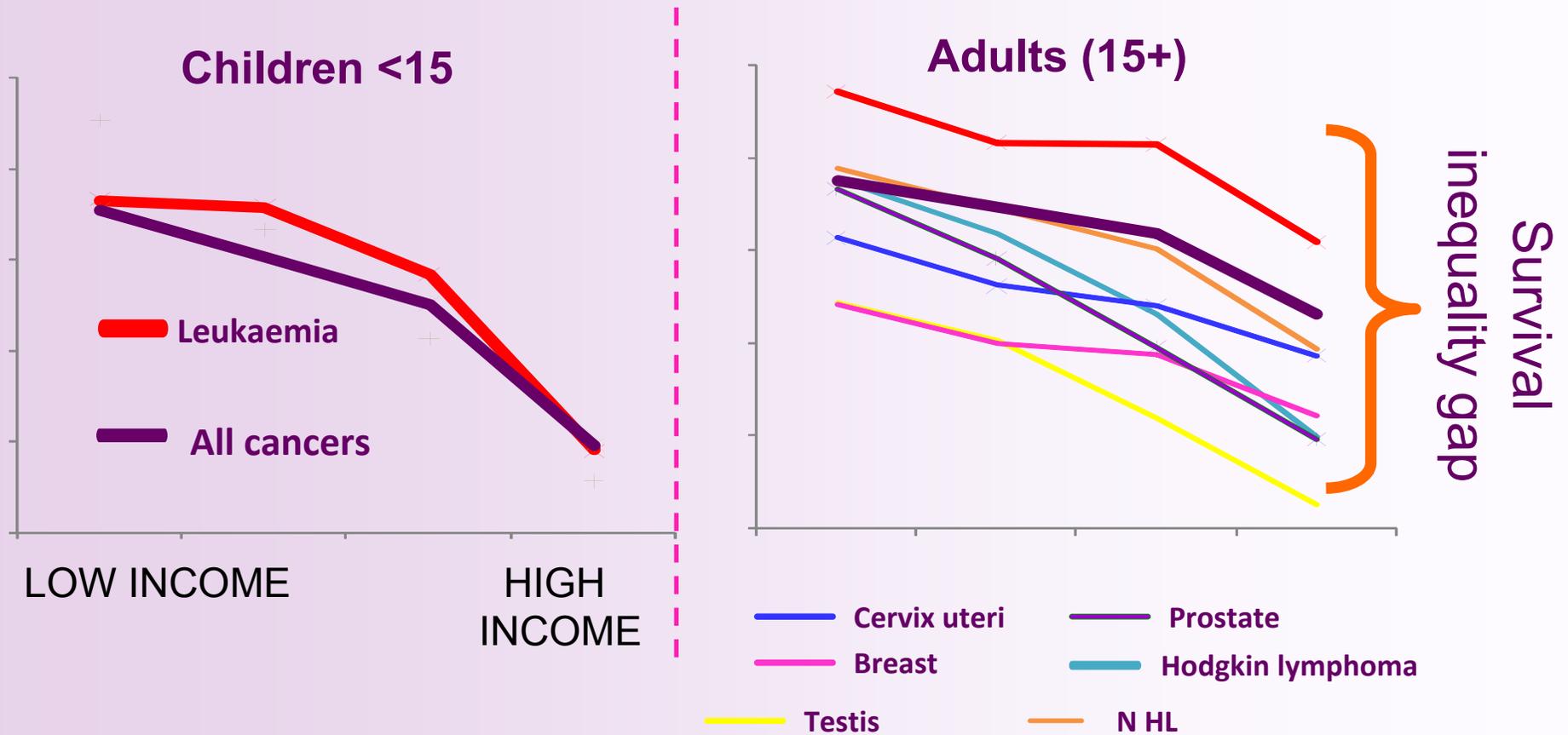
M2. Impossible: Nothing we can do about it

M3. Unaffordable:for the poor

M4: Inappropriate: either/or

Challenging cancer implies taking resources away from other diseases of the poor`

M/I by cancer type and country income



ALL lethality <15:

Canada 12%; 25 poorest countries 90%

The cancer divide: an equity imperative

Cancer is a disease of rich and poor

And, transition is polarizing the burden so that it is increasingly the poor who suffer:

- **Incidence and death: preventable cancers**
 - **Death: treatable cancer**
- **Avoidable pain and suffering – particularly at end of life**
- **Financial impoverishment from the costs of care and effects of the disease**

- The **diagonal approach** to health systems strengthening is a strategy in which explicit intervention priorities are used to drive necessary improvements into the health system. Rather than focusing on disease-specific vertical programs or on initiatives that focus horizontally on system constraints, a diagonal approach seeks to bridge this divide by looking for synergies that provide an opportunity to tackle disease-specific priorities while addressing systemic gaps.

Applications of the diagonal approach for health system strengthening

1. Integrating cancer into insurance coverage
2. Integrating breast and cervical cancer screening into MCH, SRH; disease prevention and management into social welfare and anti-poverty programs
3. Catalyzing and employing community health workers and expert patients
4. Reducing non-price barriers to pain control
5. Effective health services research

Integrating the global health, health systems and cancer communities

Rural Rwanda, Burkitt's lymphoma



Regimen of
vincristine,
cyclophosphamide,
intrathecal
methotrexate



Central Haiti



Status post-CHOP
in Central Haiti:
Still in remission
three years later



0 oncologists

Mexico: Harness the primary care sector



Mexico Seguro Popular Insurance: Fund for catastrophic illness

- Accelerated universal vertical coverage by disease with a specified package of interventions
- 2004/5: ALL in children, cervical, HIV/AIDS
- 2006: all pediatric cancers
- 2007: breast
- 2011: testicular and NHL
- Significant reduction in abandonment of treatment
- Yet, likely variation in outcomes

Rwanda: National Cancer Programs

- Comprehensive National Cervical Cancer Prevention Program (Public-Private Partnership) – April 2011
 - PPP: Government of Rwanda, Merck (donating HPV vaccine GARDASIL); Qiagen (donating HPV DNA test)
- Intention to integrate breast cancer into the women and health platforms
- Expanding program on pediatric cancers
- Rwandan Task Force on Expanded Access to Cancer Care and Control (RTF.CCC) and national cancer plan

Pre and post High-Level Meeting on NCDs (September 2011)

- **Generate a collective voice pre- and post-September**
- **Support and disseminate existing and upcoming statements and recommendations for action**
 - World Cancer Declaration
 - NCD Outcomes Statement
 - GTF.CCC Report
- **Coordinate w international agencies around specific cancers (UN Women and UNICEF)**

Key events pre- and post-September

- Global Health Council (June 13-17)
- Informal Interactive Civil Society Hearing on Non-communicable Diseases (June 16)
- **High-level Meeting of the General Assembly on Non-communicable Disease Prevention and Control (September 19-20)**
- World Health Summit (October 23-26)
- GTF.CCC International Seminar on Expanding Access to Cancer Care and Control (October 28)
- World Cancer Leaders' Summit UICC (November 18)

Strengthening global health and CCC in LMICS: ideas for action working w/ ASCO

- **Network on global health and cancer**
- **e-forum for sharing experiences to improve implementation (-/+)**
- **Establish additional platforms**
 - e.g. **Women&health/MCH/SRH/HIV and women's cancers**
- **Catalyze national multi-stakeholder networks**
- **Call for institution-based funding and recognition of work on global cancer**
 - in-kind and local (e.g.: **St Judes**)