Global Task Force on Expanded Access to Cancer Care and Control: Mobilizing Action

February 6, 2014

Meeting of Global Task Force on Radiotherapy for Cancer Control

Toronto, Canada
GTF.CCC =
global health
+ health systems
+ cancer care
GTF.CCC Structure
And work areas

- GTF.CCC = global health + cancer care communities, 35 members
- Co-Chairs, Honorary President
- Secretariat, Harvard Global Equity Initiative
- Technical Advisory Committee: 60+
- Private Sector Engagement Group
- Working groups: Ped Onc, Pain & Pall´n
- Priority areas: UHC, Women´s cancers, Survivorship
GTF.CCC Mandate

• Design, promote and evaluate innovative, multi-stakeholder strategies for expanding access to cancer prevention, detection and care in low and middle income countries, as well as globally.

• In collaboration with local partners, participate in the design and implementation of innovative service delivery models to scale up access to cancer care and control, and to strengthen health systems.
## GTF.CCC
### Strategic Overview

- **Key catalytic projects** to generate change in **priority areas**: women’s cancers, pediatric cancers, pain and palliation
- **Support** **national, sub-national, and area-specific task forces** on cancer (i.e. GTF.RCC)
- **Networked action** – work with other networks
  - UICC
  - i.e. NCD Child, PAHO Pan American Forum for Action on NCDs, Women and NCD TF
- **Linkages to broader Commissions/Task Forces:**
  - i.e. Lancet Commissions: Medical Education in the 21st Century; Women and Health
  - i.e. PAHO TF on UHC in the Americas,
- **Mobilize and train future leaders:** i.e. NCDFree
GTF.CCC: getting started

- Launched in 2009 at international seminar on unforeseen challenges to breast cancer care, Harvard U
- debunk myths, building on lessons from HIV/AIDS
- Innovation initiatives or proof of concept identified in Rwanda, Haiti, Malawi, Mexico and Jordan
- Call-to-action, The Lancet, 2010
Triad: Evidence, advocacy, action

Evidence-based Advocacy

Advocacy-inspired Evidence

Action: projects, programs, policies
Apply a diagonal approach

- to avoid the false dilemmas between disease, CD/NCD, disciplinary and specialist silos - that continue to plague global health
- promote integrated global, regional and national solutions
The Diagonal Approach to Health System Strengthening

Rather than focusing on either disease-specific vertical or horizontal-systemic programs, harness synergies that provide opportunities to tackle disease-specific priorities while addressing systemic gaps and optimize available resources.

Diagonal strategies major benefits: \( X = \sum \) parts

- Bridge disease divides using a life cycle response
- Avoids the false dilemmas between disease silos - CD/NCD - that continue to plague global health
- Generate positive externalities: e.g. women’s cancer programs fight gender discrimination; pain control 4all
Diagonal Strategies: Positive Externalities

- Promoting prevention and healthy lifestyles:
  - Reduce risk for cancer and other diseases

- Reducing stigma for women’s cancers:
  - Contributes to reducing gender discrimination.
  - Investing in treatment produces champions

- Pain control and palliation
  - Reducing barriers to access is essential for cancer, for other diseases, and for surgery.
• 144+ authors
• 56 countries
• 20+ country cases

Report: English, Spanish, and Russian at:
http://www.hgei.harvard.edu/
Arabic coming soon

Closing the Cancer Divide: An Equity Imperative

Book distributed by Harvard University Press
available at: http://www.hup.harvard.edu/
Challenge and Disprove the Myths About Cancer

M1. Unnecessary
M2. Impossible
M3. Unaffordable
M4: Inappropriate
Closing the Cancer Divide: An Equity Imperative

Expanding access to cancer care and control in LMICs:

M1. Unnecessary
M2. Unaffordable
M3. Impossible
M4: Inappropriate

I: Should be done
II: Could be done
III: Can be done

1: Innovative Delivery
2: Access: Affordable Meds, Vaccines & Tech’s
3: Innovative Financing: Domestic and Global
4: Evidence for Decision-Making
5: Stewardship and Leadership
Core Recommendations to Improve Global Equity and Close the Cancer Divide

1) **PROMOTE prevention policies** that reduce cancer risk.

2) **EXPAND access** across the cancer care control continuum through universal financial protection for health, an explicit package of guaranteed benefits, and efficient use of all levels of care.

3) **STRENGTHEN national health systems** to respond to cancer and other chronic illness by integrating interventions into existing programs and institutions and by translating evidence into policy through strong information systems, research, and monitoring and evaluation frameworks.

4) **LEVERAGE global institutions** and in particular those that could offer financing, pricing and procurement, evidence generation, capacity building, and stewardship and leadership for cancer care and control.

5) **MOBILIZE all public and private stakeholders in the cancer arena**, through new and existing global and national forums and networks dedicated to improving health outcomes and equity.
1) The Cancer Divide: An Equity Imperative

2) Investing In CCC: We Cannot Afford Not To

3) Countries are gaining ground applying bold programs that provide global lessons
Facet 3: The most insidious injustice: the pain divide

Non-methadone, Morphine Equivalent opioid consumption per death from HIV or cancer in pain:
- Poorest 10%: 54 mg
- Richest 10%: 97,400 mg
- US/Canada: 270,000 mg

Data: [http://www.treatthepain.com/methodology](http://www.treatthepain.com/methodology)
Calculations: HGEI/Funsalud
Knaul et al. Eds Closing the Cancer Divide.
The costs of *inaction* are huge:

**Invest IN action**

- Tobacco is a huge economic risk: 3.6% lower GDP
- Total economic cost of cancer, 2010: 2-4% of global GDP

1/3-1/2 of cancer deaths are “avoidable”:

- 2.4-3.7 million deaths,
  of which 80% are in LIMCs

Prevention and treatment offers potential world savings of

- $ US 130-940 billion
Mexico’s 2003: major health reform created Seguro Popular

Affiliation:
• 2004: 6.5 m
• 2012: 54.6 m

Benefit package:
• 2004: 113
• 2012: 284+57
• Cancers
Seguro Popular and cancer: Evidence of impact

- Breast cancer adherence to treatment:
  - 2005: 200/600
  - 2010: 10/900

- Since the incorporation of childhood cancers into the Seguro Popular
  - 30-month survival: 30% to almost 70%
  - adherence to treatment: 70% to 95%
### Responding to the challenge of chronicity – *lessons for UHC:*

**Health system functions by care-control continuum**

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<tr>
<th>Health System Functions</th>
<th>Stage of Chronic Disease Life Cycle /components CCC</th>
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<tbody>
<tr>
<td></td>
<td>Primary Prevention</td>
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<td>Stewardship</td>
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<td>Delivery</td>
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<td>Resource Generation</td>
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Harness catalytic ideas

- Recent findings of *Lancet Commission on Investing in Health* highlight payoffs:
  - **“Grand convergence”** – rates of infections, maternal and child mortality can drop to lowest levels in LMICs, comparable to “best-performing middle-income countries” by 2035
  - NCDs identified as one of three priority challenges in next 20 years; low-cost NCD interventions in essential packages are critical
- Diagonal approach
  - Joint platforms can help achieve MDGs in post-2015 era
  - Cancer care can contribute to poverty reduction and human development
Closing the Cancer Divide: A BLUEPRINT TO EXPAND ACCESS