Global Task Force for Expanded Access to Cancer Care and Control in the Developing World

A project promoted by the Harvard Global Equity Initiative, the Dana Farber Cancer Institute, the Harvard School of Public Health and the Harvard Medical School.

Objective

The mandate of the Global Task Force for Expanded Access to Cancer Control and Care in the Developing World is to design and implement opportunities for expanding access to cancer education, prevention, detection and care in the developing world. The initiative will focus on the implementation of innovative service delivery models that are adapted to local contexts, and the creation of global facilities and strategies for the financing, procurement and delivery of affordable, essential cancer drugs.

Justification

There is increasing awareness in the world of the magnitude of the challenge that humanity faces with cancer. The burden of cancer (measured by its incidence and number of deaths) has doubled in the past 30 years, making this disease the second greatest cause of death worldwide, according to report recently published by The Economist Intelligence Unit. Once thought to be a problem exclusive to the developed world, it is now clear that low and middle income countries will bear a growing share of the burden of this disease, which accounts for more deaths in the world every year than AIDS, Tuberculosis and Malaria combined¹. It is estimated that in 2009 there will be 12.9 million new cases of cancer worldwide, and by 2030 this figure is expected to rise to 27 million (with 17 million deaths)².

The cited report estimates that more than 50% of new cases this year (and approximately 66% of deaths) will occur in the developing world. By 2030 low and middle income countries will bear 70% of the cancer burden.

The global cost of just the new cases expected in 2009 (including treatment, foregone income due to illness and research expenses) is estimated to be $286 billion. Meanwhile only 5% of the global

² Ibid.
resources for cancer are spent in the developing world. Low and middle income countries, where large portions of the population lack access to timely detection and basic services, have much higher case fatality ratios (proportion of patients that die of the disease). If all the countries in the world were to match the amount of resources invested in cancer in the countries with the lowest case fatality ratios (and the highest survival), there would have to be an additional expenditure of $217 billion in 2009. This is the magnitude of the expenditure gap.

Much can be done to improve this situation in the developing world even without utilizing the latest and most expensive technologies, but rather by providing basic health care, education, early detection, and the treatment of cancers which are potentially curable, or where long-term palliation is possible. For example, the United States achieved great improvements in outcomes in Breast Cancer prior to 1975, before the use of mammography and adjuvant chemotherapy and hormonal therapy was widespread. Increased access to primary care combined with well designed and affordable disease control programs can greatly improve matters in the developing world. There has been much innovation in the design and implementation of effective service delivery models that are community based, and well adapted to the constraints of poor countries. ‘Partners in Health’ is a prominent example of innovation in and implementation of such models.

Meanwhile the world has witnessed an unprecedented success in mobilizing resources for increased access in poor countries to vaccines, and to medication for AIDS, Malaria and Tuberculosis. The PAHO Revolving Fund for Vaccines, GAVI, the Global Fund, and non for profit organizations like the Gates Foundation and the Clinton Foundation among others, have also innovated in financing and procurement schemes for guaranteeing access to much needed vaccines and medications. As a result of this unprecedented mobilization of resources, millions of lives have been saved in the world. The lessons learned from these previous initiatives, and that of AIDS in particular, can illuminate the path for undertaking similar efforts in other chronic conditions like cancer.

Schemes for financing, procuring and delivering needed drugs to poor countries are necessary to improve outcomes and achieve greater equity in the world. Not only must the drugs be affordable, but there must be a dependable, consistent and sustainable supply chain. Previous experiences, however, point to the fact that those schemes cannot exist in isolation but need to be integrated both to local health systems, and more importantly, need to be coupled with service delivery models that are suited to the local contexts.

Proposal

The most difficult problems also provide the greatest opportunities. In face of the rising global challenge of cancer, and in light of the successful previous initiatives and innovations, the time is right for setting

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3 Ibid.
4 Ibid.
5 Shulman et al, forthcoming.
up a global initiative for the financing, procurement and delivery of affordable cancer drugs in a predictable and sustainable manner within appropriately designed service delivery models.

The first step in its creation is to convene a Task Force with the mandate of designing and setting up this global scheme. The work agenda of the Task Force would include the justification of the scheme, the prioritization of cancers to be included in it, the definition of an essential package of services and drugs, estimation of potential demand for drugs, design of appropriate service delivery models, and monitoring of service coverage and health outcomes. In what has to do specifically with access to cancer drugs the Task Force should define the appropriate institutional framework for procurement and price negotiations. The definitive work agenda of the Task Force will be debated and defined in its first meeting, to take place (tentatively) at the Institute of Medicine in early 2010.

The Task Force will base its work on the lessons learned from previous initiatives that can also be applied to cancer. Of particular interest are the lessons that can be learned from the Global Fund and partner initiatives that lead to a rapid and significant increase in access to AIDS treatment in the developing world. Synthesizing these lessons with the aim of applying them to the new initiative for cancer is therefore a critical step in the work of the Task Force.

The Task Force was announced in Boston on November 4th 2009 during the opening session of the Conference Breast cancer in the developing world: meeting the unforeseen challenge to women, health and equity.

Lance Armstrong and HRH Princess Dina Mired of Jordan are the honorary co-presidents of the Task Force, the initiative is co-chaired by Doctors Julio Frenk, Dean of the Harvard School of Public Health and Lawrence Schulman, Chief Medical Officer and Vice President for Medical Affairs at the Dana Farber Cancer Institute. Membership of the Task Force is still being defined. The attached document lists the members that have accepted to join to date.

The Task Force will oversee a Core Team, chaired by the Technical Secretariat, which will be charged with carrying out its directions and initiatives. The Harvard Global Equity Initiative, under the direction of Dr. Felicia Knaul, will be the Technical Secretariat for the Task Force.