Leveraging existing public health infrastructure is an important strategy for cancer control in low- and middle-income countries, where resources to address the burden of chronic disease are limited. Building public health capacity in developing countries has historically stemmed from efforts to combat infectious diseases—responses to HIV/AIDS, tuberculosis, malaria, and other diseases. More recently, countries have strengthened the infrastructure and workforce for public health activities in order to address the increasing burden of cancer and other chronic diseases.

Established in 2003 in response to the AIDS pandemic, the United States President’s Emergency Plan for AIDS Relief (PEPFAR) has enabled the development of an increasingly important platform for the control of a number of diseases, including cervical and breast cancer—PEPFAR-facilitated infrastructure has served as a springboard for women’s cancer initiatives in more than 15 countries. Among these is the Pink Ribbon Red Ribbon (PRRR) initiative, an innovative public-private partnership that uses evidence-based approaches to deliver healthcare services, and outbreak response. Since 1980, 50 of these programs have produced more than 2,800 graduates in 69 countries, with more than 80% of graduates serving as public health leaders in their home countries. There is great potential to leverage FETP infrastructure and expertise to build capacity and leadership for the prevention and control of cancer and other chronic diseases.

Leveraging public health workforce and infrastructure can be leveraged across infectious and chronic diseases to increase their impact. Resources for cancer prevention and control are severely limited in many low- and middle-income countries, but existing public health workforce and infrastructure can be leveraged across infectious and chronic diseases to increase their impact.

“Poor people endure a double burden of communicable and non-communicable chronic illness, requiring a response that is well integrated into the health systems of low-income and middle-income countries. Extension of cancer prevention, diagnosis, and treatment to millions of people at risk of cancer is an urgent health and ethical priority.” — Farmer P, et al. Lancet 2010.

Since 1980, 50 CDC-supported FETPs have produced more than 2,800 graduates in 69 countries (not including the US). CDC-supported FETPs have significantly expanded the ability of lower-resource countries to conduct surveillance, and public health training programs.

CDC-supported Field Epidemiology Training Programs (FETPs)

Since 1980, 50 CDC-supported FETPs have produced more than 2,800 graduates in 69 countries. In 2013, CDC developed open access training materials in chronic disease epidemiology, which are popular in FETP focus countries. CDC and the US National Cancer Institute are currently developing a curriculum for low-resource settings.

Pink Ribbon Red Ribbon (PRRR)

Since 2011, more than 250 healthcare providers at PRRR-supported sites in Sub-Saharan Africa have been trained in the “late and treat” approach to cervical cancer screening. More than 5,000 women have been screened for breast cancer in Tanzania.

More than 100,000 women have been screened for cervical cancer at PRRR-supported sites in Botswana, Zambia, and Tanzania.

Nearly 19,000 girls have received the full three doses of the HPV vaccine through PRRR-supported vaccine demonstration programs.

The United States President’s Emergency Plan for AIDS Relief (PEPFAR)-facilitated infrastructure has served as a springboard for women’s cancer initiatives in more than 15 countries. There are many opportunities to leverage existing public health workforce and infrastructure across infectious and chronic diseases. Amidst an increasing burden of cancer and limited funding for cancer programs, this strategy can increase the impact of resources devoted to cancer prevention and control in low- and middle-income countries.

Collaborations with existing infectious disease programs around the world are increasing capacity for cancer control.

The GAVI Alliance has worked with the WHO Expanded Program on Immunization (EPI) to prevent cervical and liver cancers in low-income countries by increasing access to HPV and hepatitis B vaccines.

The WHO list of essential medications and its prequalification program for manufacturers of antimicrobial drugs for HIV/AIDS can be used to increase access to generic drugs for chemotherapy and palliative care in low- and middle-income countries.