

LEVERAGING EXISTING INFRASTRUCTURE

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.

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 natural disasters have strengthened the infrastructure and workforce for health and laboratory services, disease surveillance, and public health training programs.

① The United States Centers for Disease Control and Prevention (CDC) works with ministries of health and other partners to establish sustainable Field Epidemiology Training Programs (FETPs), which help to build and strengthen workforce capacity for disease detection, laboratory 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.

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. ② Among these is the Pink Ribbon Red Ribbon (PRRR) initiative, an innovative public-private partnership that uses evidence-based approaches to deliver healthcare services for women’s cancers. PRRR-supported programs increase access to cervical cancer screening and treatment, human papillomavirus (HPV) vaccine, and breast and cervical cancer education for underserved women.

③ 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.

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“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 with or at risk of cancer is an urgent health and ethical priority.”

— Farmer P, et al. Lancet 2010.

Field Epidemiology Training Programs (FETPs)

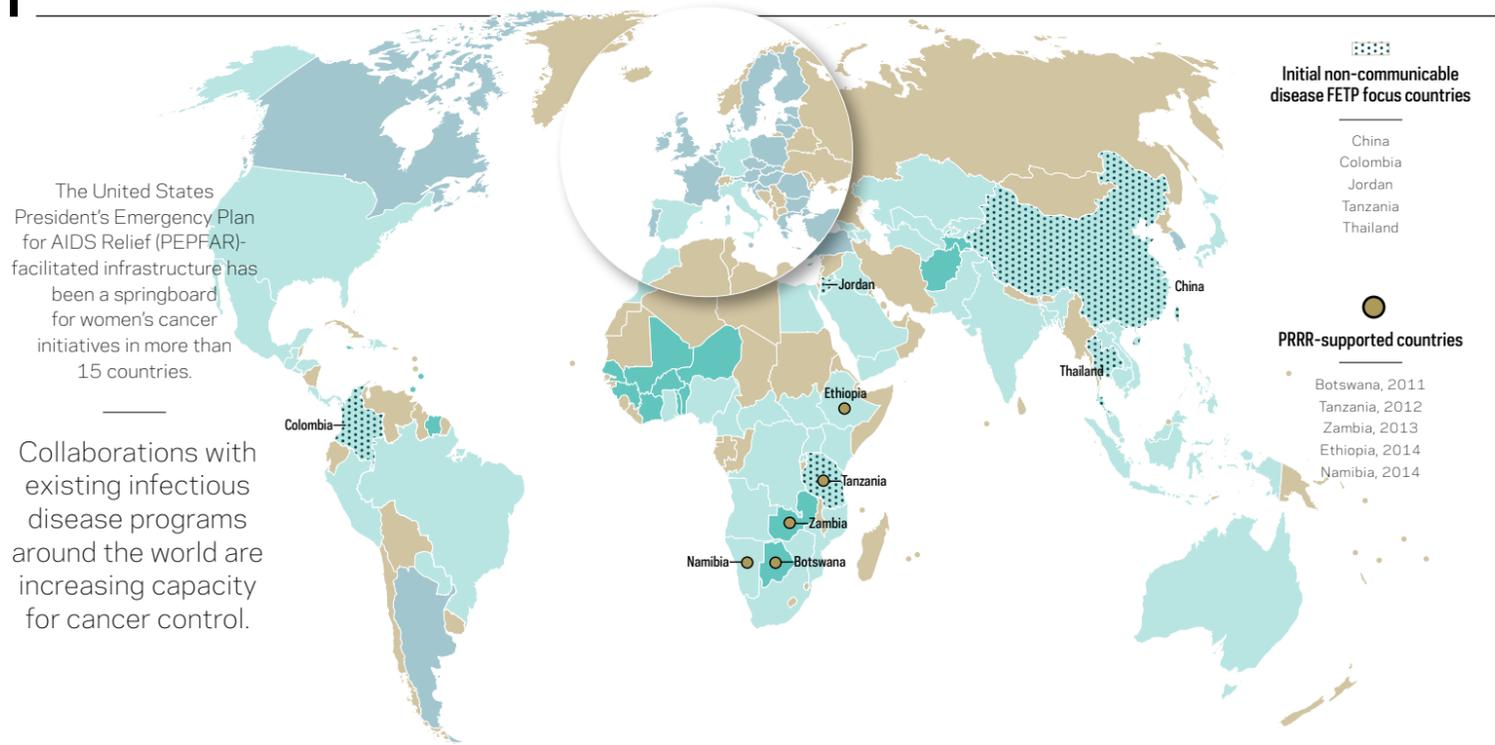
2014

FETP, currently or previously supported by the CDC*

FETP in development with CDC support

FETP, never supported by the CDC

No active FETP



The United States President’s Emergency Plan for AIDS Relief (PEPFAR)-facilitated infrastructure has been a springboard for women’s cancer initiatives in more than 15 countries.

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

*The training program in the USA refers to the CDC’s Epidemiologic Intelligence Service

① CDC-supported Field Epidemiology Training Programs (FETPs)

Since 1980, 50 CDC-supported FETPs have produced more than 2,800 graduates in 69 countries (not including the US Epidemiologic Intelligence Service).

In 2011, CDC developed open access training materials in chronic disease epidemiology, which were piloted in 6 FETP focus countries.

CDC and the US National Cancer Institute are currently developing a cancer curriculum for low-resource settings.



India Epidemic Intelligence Service Officer conducting an immunization coverage survey in Rajasthan, India.

② 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 “see 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.



School girls in Botswana awaiting HPV vaccination.

③ World Health Organization (WHO)

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 antiretroviral drugs for HIV/AIDS can be used to increase access to generic drugs for chemotherapy and palliative care in low- and middle-income countries.



Healthcare worker explains cervical cancer screening and treatment process, Mosi-Oa-Tunya Clinic, Livingstone, Zambia.