

# BUILDING SYNERGIES

Building synergies between diseases as well as health systems improves cancer prevention and treatment.

In 2011, the global community adopted the Global Action Plan (GAP) for the prevention and Control of Non-communicable Diseases (NCDs). The GAP urged countries to set national targets to address premature death from four major NCDs (cancer, cardiovascular disease, diabetes, and respiratory disease). Built into the GAP is the opportunity to address various risk factors across NCDs that contribute to premature mortality, known as “best buys”. **FIGURE 36.1** In addition to focusing on these proven strategies, countries can turn to successful programs in maternal and child health and HIV prevention and control, among others, to reach the target population to promote cancer prevention

**FIGURE 36.1**  
“Best buy” interventions to reduce noncommunicable diseases and contribute to Sustainable Development Goal 3.4

**GOAL 3.4**

By 2030, reduce by one third premature mortality from non-communicable diseases (NCDs) through prevention and treatment and promote mental health and well-being.

**SUSTAINABLE DEVELOPMENT GOALS**

**REDUCE TOBACCO USE**

- Tax increases
- Smoke-free indoor workplaces and public places
- Health information and warnings
- Bans on tobacco advertising, promotion and sponsorship

**REDUCE HARMFUL USE OF ALCOHOL**

- Tax increases
- Restricted access to retailed alcohol
- Bans on alcohol advertising

**REDUCE UNHEALTHY DIET**

- Reduced salt intake in food
- Replacement of trans fat with polyunsaturated fat
- Public awareness through mass media on diet

**REDUCE PHYSICAL INACTIVITY**

- Public awareness through mass media on physical activity

**MANAGE CARDIOVASCULAR DISEASE (CVD) AND DIABETES**

- Counseling and multi-drug therapy for people with a high risk of developing heart attacks and strokes (including those with established CVD)
- Treatment of heart attacks with aspirin

**PREVENT AND MANAGE CANCER**

- Hepatitis B immunization to prevent liver cancer
- Screening and treatment of pre-cancerous lesions to prevent cervical cancer

and control. Adequately funded and staffed National Cancer Control Plans are the best approach to address the cancer burden in the existing health context. **FIGURE 36.2**

The growing cancer burden in low- and middle-income countries necessitates building on existing infrastructure. **MAP 36.1 & 2** In Rwanda, cervical cancer control has been successfully integrated into women’s health services. In Kenya, leaders built on the existing HIV-treatment infrastructure to screen and treat women for cervical cancer. The American Society for Clinical Oncology\* trains primary care physicians in countries with limited oncology infrastructure to recognize the signs and symptoms of cancer, and to better integrate cancer services into existing resources. Partners who can help country planners see the whole health landscape, including cancer, are critical in supporting this

**FIGURE 36.2**  
Countries with national cancer control and noncommunicable disease (NCD) plans (%), 2015

National cancer control plan + NCD plan

Only NCD plan

Only national cancer control plan

No national cancer control plan or NCD plan

**A growing number of countries have national cancer control plans, noncommunicable disease plans, or both.**

integration at the country level. For example, the International Cancer Control Partnership was formed by the US National Cancer Institute and the Union for International Cancer Control to support country development of national cancer plans or to encourage countries to include cancer control activities within their NCD plan. The International Cancer Control Partnership portal (<https://www.iccp-portal.org>) contains resources for plan development, including examples of plans that integrate across the health system.

Essentially, cancer cannot be addressed alone. It shares many common risk factors with other NCDs, and the health systems that work to prevent and treat NCDs as well as infectious diseases can be leveraged to effectively incorporate cancer control.

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The transformed health systems established through investment in HIV programming in sub-Saharan Africa present a unique opportunity for countries to tackle the rapidly rising burden of NCDs.

— Wafaa M. El-Sadr, Director, International Center for AIDS Care and Treatment Programs; and Eric Goosby, UN Special Envoy on Tuberculosis and former US Global AIDS Coordinator

Addressing multiple risk factors can reduce the overall noncommunicable disease burden and premature mortality. “Best buys” are a set of affordable, feasible and cost-effective intervention strategies to achieve these goals.

**MAP 36.1**

Cervical cancer incidence, age-standardized rate (world) per 100,000, 2018

1.9–9.6

9.7–17.8

17.9–29.1

29.2–45.5

45.6–75.3

No data

**Among women with HIV, 10%-40% have prevalent cervical precancerous lesions, and 1.3%-1.7% are diagnosed with invasive cervical cancer.**

**MAP 36.2**

HIV prevalence (%), both sexes, 2017

1.0% or less

1.1–2.5%

2.6–5%

5.1–10%

10.1% or more

No data

**Because there are many parallels between the burdens of HIV and cervical cancer, and women with HIV are at increased risk of cervical cancer, an opportunity exists to integrate cervical cancer screening into existing HIV care services.**

\*<https://www.asco.org/international-programs/international-meetings-educational-opportunities/cancer-control-primary-care>

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