



CÁNCER DE MAMA
TÓMATELO
A PECHO



Bringing the health systems strengthening message to life to Close the Cancer Divide

August 30th, 2012

UICC World Cancer Congress, Montreal

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From anecdote ...

... to evidence

June, 2007



Mexican Champion: Abish Romeo treatment through Seguro Popular

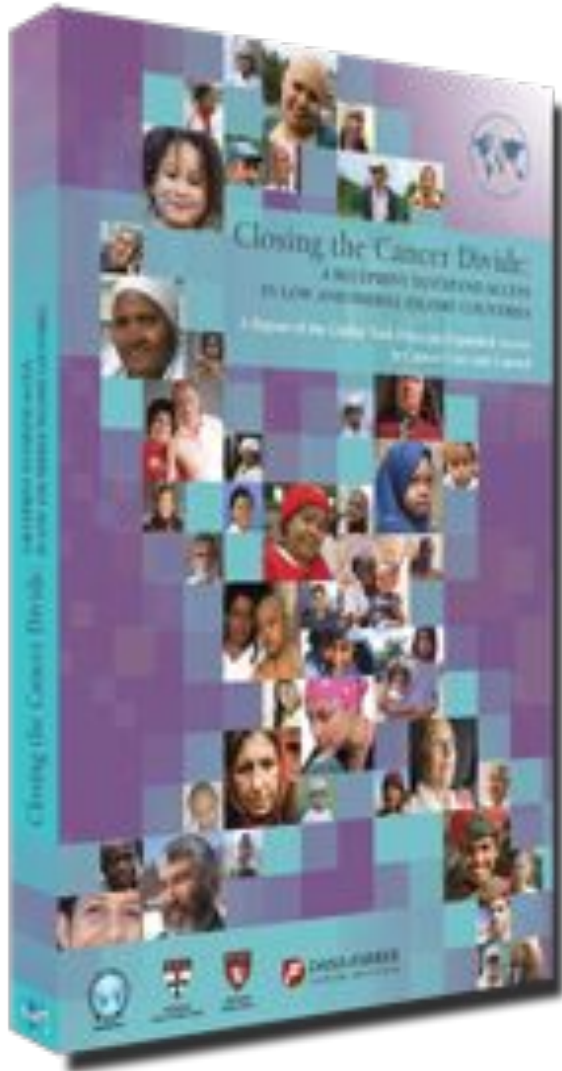


Juanita:

Advanced metastatic breast cancer is the result of a series of missed opportunities



Develop an uplifting message that translates into action:



Closing the Cancer Divide: A Blueprint to Expand Access in LMICs

I: Much should be done

II: Much could be done

**III: Much can be and
is being done**



**A framework against which to argue
that applies to many diseases:**

Myths about cancer/NCD/ Chronic illness

M1. Unnecessary

M2. Unaffordable

M3. Impossible

M4: Inappropriate



The Diagonal Approach to Health System Strengthening

ℳ harness synergies that provide opportunities to tackle disease-specific priorities while addressing systemic gaps.

Delivery: Harness platforms by integrating breast and cervical cancer prevention, screening and survivorship care into MCH, SRH, HIV/AIDS, social welfare and anti-poverty programs.

Example:

- Mexico: integration of breast and cervical cancer awareness and screening into the national anti-poverty program *Oportunidades*



Link global health + cancer care



Link to broad issues of development:

Stigma:




Cancer —
especially in
women and
children - adds a
layer of
discrimination
onto ethnicity,
poverty, and
gender.



An Equity Imperative

The cancer divide: a disease of both rich and poor but the poor suffer ever more:

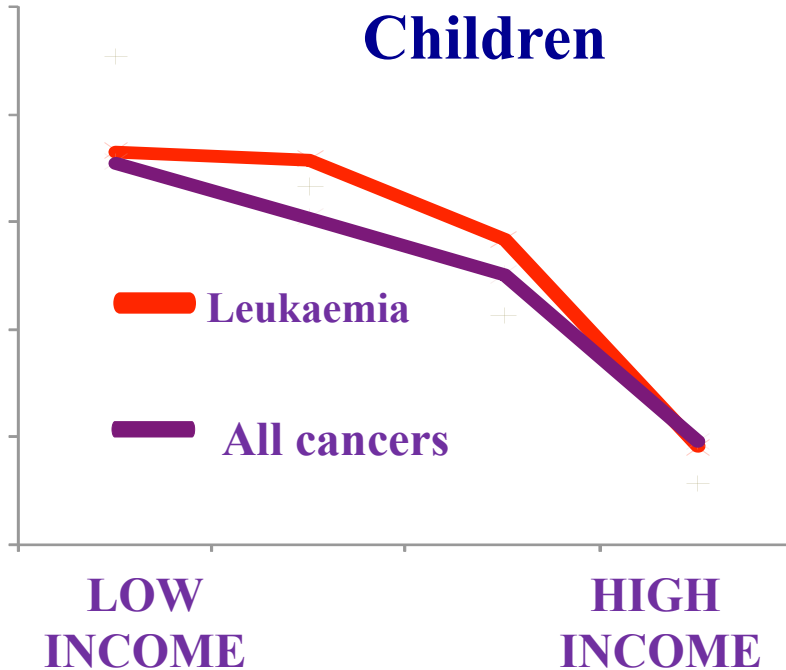
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- 1. Exposure to risk factors**
 - 2. Preventable cancers (infection)**
 - 3. Treatable cancer death and disability**
 - 4. Stigma and discrimination**
 - 5. Avoidable pain and suffering**

Facets

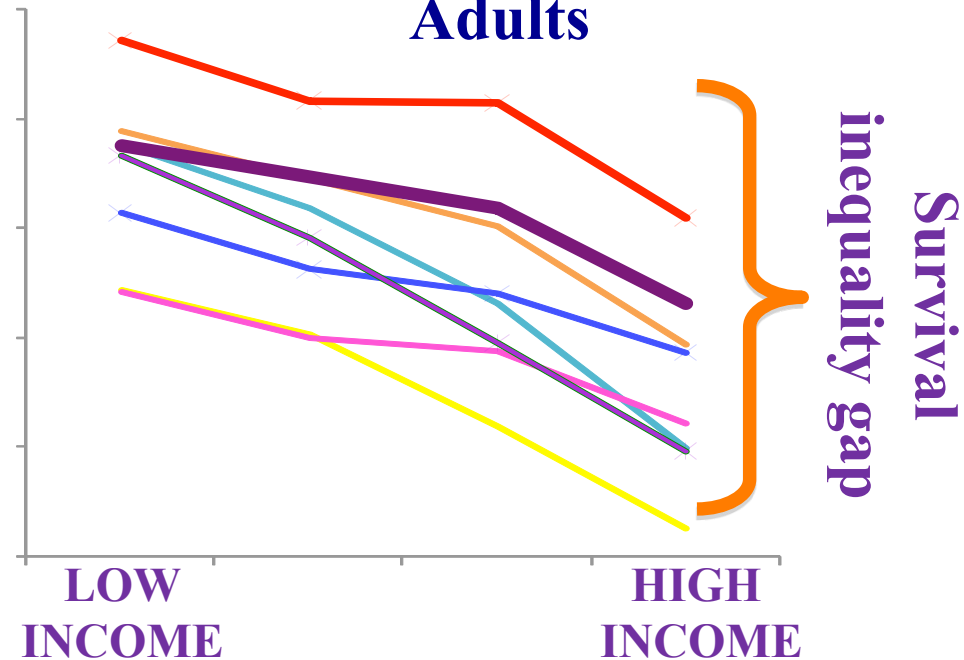
The Opportunity to Survive (M/I) Should Not Be Defined by Income

100%

Children



Adults



In Canada, almost 90% of children with leukemia survive.

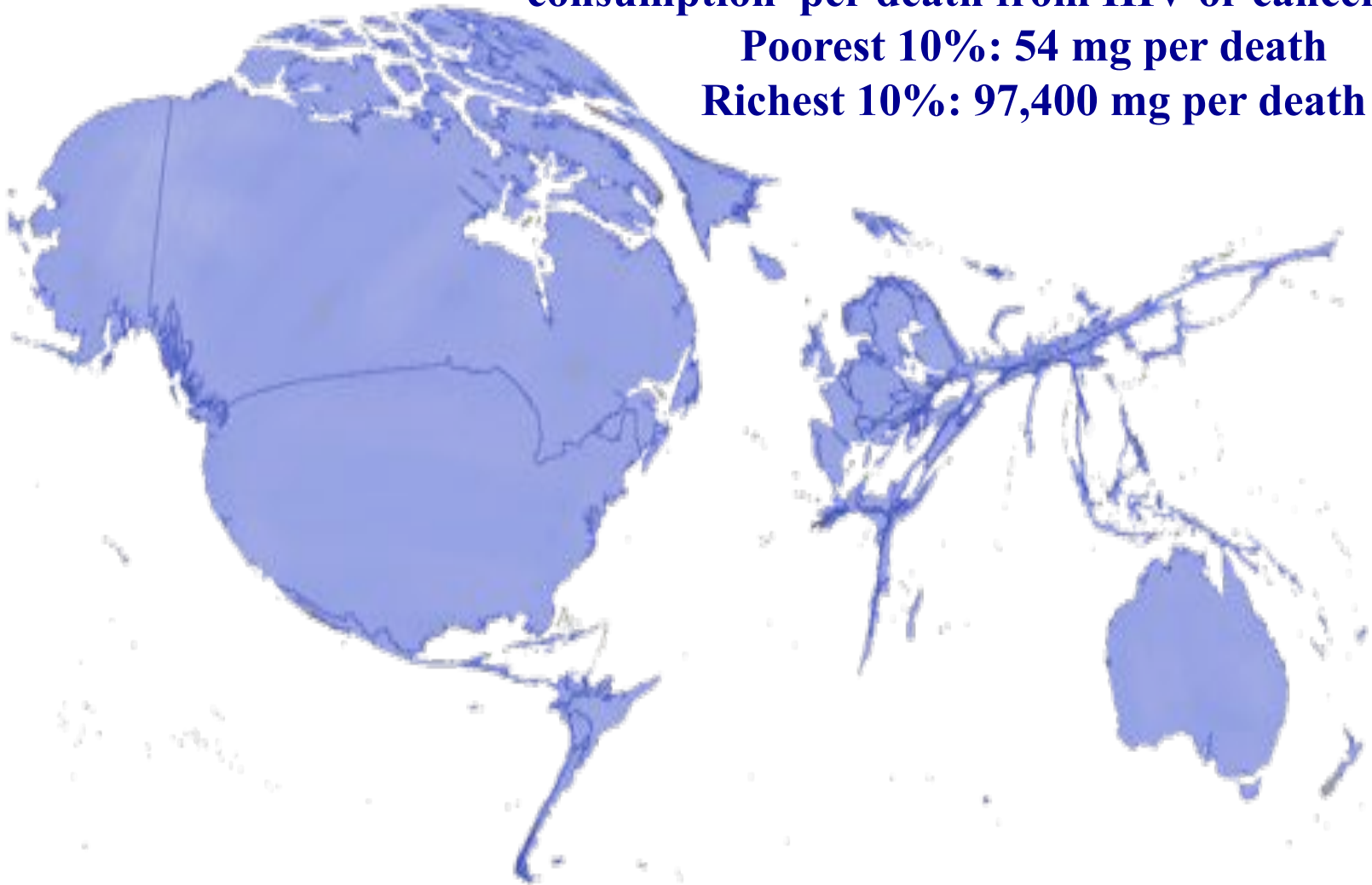
In the poorest countries only 10%.

The most insidious injustice: lack of access to pain control

**Non-methadone, Morphine Equivalent opioid
consumption per death from HIV or cancer in pain:**

Poorest 10%: 54 mg per death

Richest 10%: 97,400 mg per death



Lessons from other diseases

Initial views on MDR-TB treatment, c. 1996-97

“MDR-TB is too expensive to treat in poor countries; it detracts attention and resources from treating drug-susceptible disease.” WHO 1997

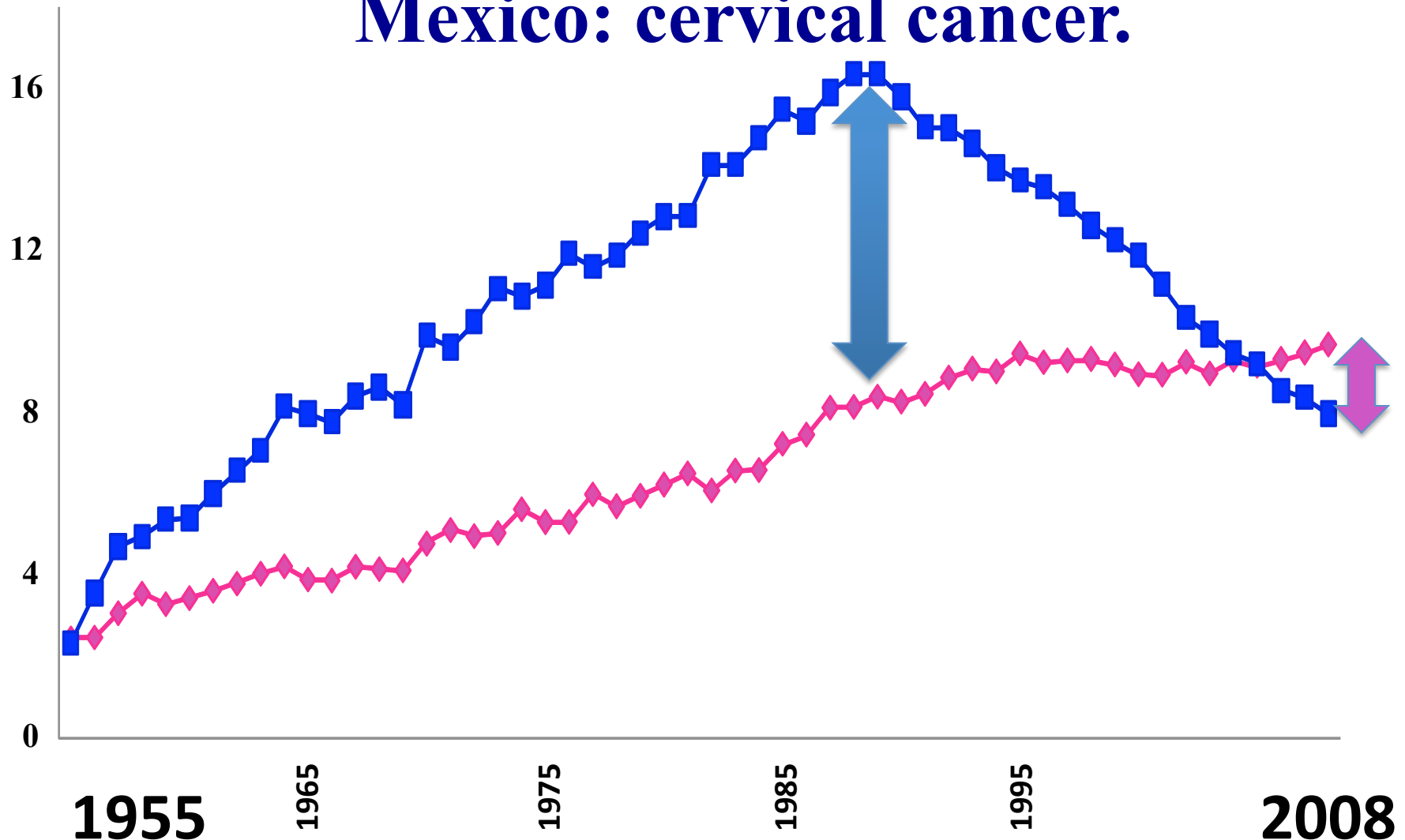
Outcomes in MDR-TB patients in Lima, Peru receiving at least four months of therapy



All patients initiated therapy between Aug 96 and Feb 99

Successful lessons from cancer:

Mexico: cervical cancer.



Rural Rwanda: 0 oncologist



**Burkitt's
lymphoma**



**Embryonal
Rhabdomyosarcoma**





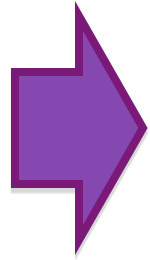
Use economic arguments and data

**`5/80' cancer disequilibrium
(Frenk/Lancet 2010)**

Almost 80% of the DALYs lost worldwide to cancer are in LMICs, yet these countries have only a very small share of global resources for cancer $\sim 5\%$ or less.



Investing in CCC: We Cannot Afford Not To



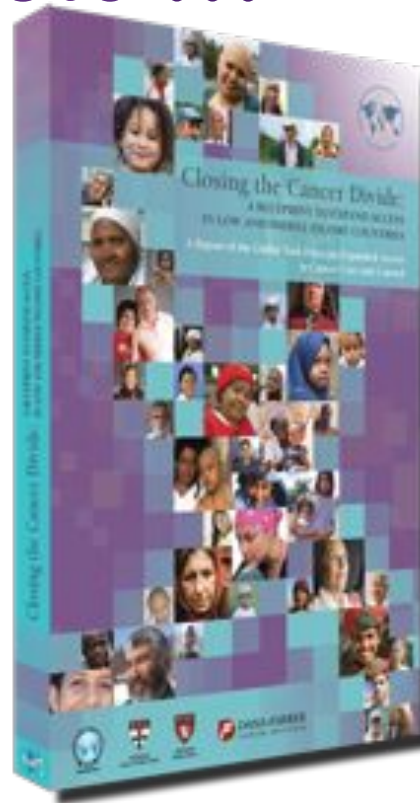
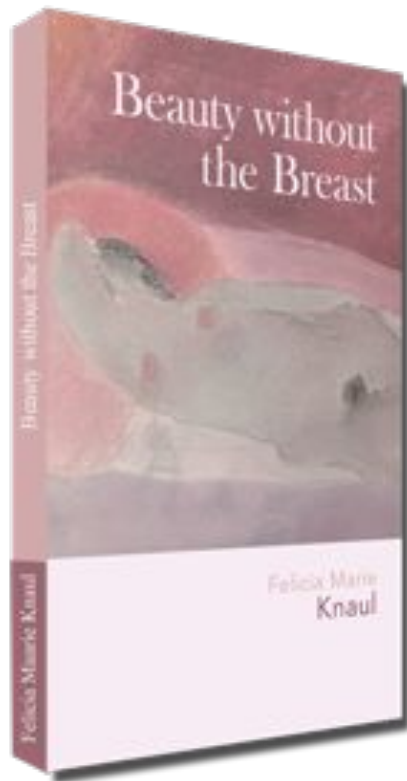
1/3-1/2 of cancer deaths are “avoidable”:
2.4-3.7 million deaths, 80% in LIMCs

ℓ Economic cost of cancer, 2010:
2-4% of global GDP

ℓ The costs of prevention and
treatment are less than many fear

PUBLISH:

From anecdote ...





Be an optimist optimalist



**Expanding access to cancer care and control in
LMICs: Should, Could, and Can be done**