



— THE — CANCER PROGRAMS DIRECTORY

WHO ARE THE BENEFICIARIES?

This publication includes examples of cancer access programs undertaken by IFPMA member companies which specifically target both people with low income and patients in needs of treatment. Programs aim to improve treatments gaps where urgent and needed. The vast majority of these initiatives targets women and children's cancers.

WHAT ARE THE OBJECTIVES OF THESE PROGRAMS?

Programs presented in this directory aim at:



FACILITATING ACCESS to medicines, vaccines and diagnostics. We believe that it is possible to reconcile access with efficient and innovative treatments.



STRENGTHENING COUNTRIES HEALTH CAPACITIES to allow for a more integrated care management. We believe that cancer should be dealt with throughout the continuum of care.



ACCELERATING INNOVATION. We believe that innovation does not happen in a vacuum. The alignment of public policies with new scientific, technical, logistic and economic challenges is indispensable to ensure both improved access and sustainable innovation.

GEOGRAPHICAL TARGET

Industry cancer programs cover all six regions and benefit more than 80 countries throughout the world.

6 regions

80 countries

PARTNERSHIPS

Cancer management can only happen through a multi-stakeholder effort. All programs presented in this publication are the result of the collaborative efforts between industry, health care workers and civil society in pooling expertise and finding tailored solutions adapted for each patient.

For more information visit: partnerships.ifpma.org



PATIENT ACCESS PROGRAM

ROCHE

Health Needs

In the Philippines, there is limited public funding of healthcare and patients often have to pay out of their own pocket for treatment. Around 20% of the population have medical insurance plans through their employer; the other 80% have to pay out of pocket. The government-owned Philippine Healthcare Insurance Corporation (PhilHealth) provides basic national healthcare coverage, however, it doesn't include treatment with biologics. Biologics is a relatively new class of medicines that includes Herceptin (trastuzumab), a Roche treatment for targeted therapy of HER2-positive breast cancer. At the start of the program, less than 10% of patients with HER2-positive breast cancer were receiving Herceptin and a large number of patients could not adhere to full treatment duration due to cost. Today, access to Herceptin has more than tripled, thanks to this program.



COUNTRIES/REGIONS

East Asia & Pacific – The Philippines



BENEFICIARIES

Mothers, patients in needs of treatment, people with low income, women



DISEASES

Breast cancer



FOCUS

Access to medicines, care



IMPACT

Over 30% of patients who may not have received treatment otherwise now receive Herceptin through the discount program. More patients are able to complete the full treatment duration.



STARTING DATE

2010 - on-going



MORE INFORMATION

http://www.roche.com/sustainability/for_patients/access_to_healthcare/making_innovation_accessible/ath_pricing.htm

PROGRAM OBJECTIVE

Increase access to healthcare by developing a pricing program tailored to patients ability to pay.

PROGRAM DESCRIPTION

The Roche Patient Access Program was established to help people who are financially constrained, through a socialised pricing program that considers the individual affordability level of a patient. Physicians refer patients to the program, who are then assessed by an independent third party on their ability to pay. Qualified patients receive a discounted price for Herceptin based on their financial status. This differential pricing improves access to products for poorer patients without impacting the price for patients able to pay out of pocket.

As Herceptin works primarily in patients that have a cancer driven by over-expression of a protein called 'HER2', it is critical to have a reliable HER2 test before deciding on treatment. Hence, Roche has established HER2 programs to create awareness of the need for HER2 testing and to improve testing accuracy.

As another way to improve healthcare coverage, Roche has partnered with Philam and five health management organisations to develop cancer insurance programs.



GLIVEC® INTERNATIONAL PATIENT ASSISTANCE PROGRAM (GIPAP™)

NOVARTIS

Health Needs

There exists a lack of access to and reimbursement for cancer treatment in low and middle income countries.

PARTNERSHIP OBJECTIVE

- Ensure access to Glivec for patients in need.
- Guarantee effective management of the program.
- Support the drug distribution and tracking process.

PARTNERSHIP DESCRIPTION

Novartis established Glivec® International Patient Assistance Program (GIPAP) as a response to lack of access to and reimbursement for treatment in low and middle income countries. GIPAP's aim is to provide breakthrough drug, Glivec, at no cost to patients with certain forms of chronic myeloid leukemia (CML) and gastrointestinal stromal tumors (GIST), who would not otherwise have access to treatment. GIPAP also provides patients with access to support groups, treatment and disease information, education and emotional support to help manage their illness.

Novartis partners with physicians and international health organizations to facilitate access to Glivec. To reach as many CML and GIST patients in need as possible in low and middle income countries. GIPAP partners have established clear roles for the partners and a clear process for the program, engaged local governments and officials, and educated local partners to gain their support and commitment.

CHALLENGES

Early engagement with governments in GIPAP countries is essential and clear program criteria are vital to the success of a program of this size and ambition. Equally important is clarity on the roles and responsibilities of all parties involved along with standard operating procedures to standardize processes across many disparate countries. Education on the program for physicians, governments, patients, distributors and others involved is also crucial.



COUNTRIES/REGIONS

East Asia & Pacific, Europe & Central Asia, Latin America & Caribbean, Middle East & North Africa, South Asia, sub-Saharan Africa – 80 countries worldwide.



BENEFICIARIES

Patients in needs of treatment, people with low income, women



DISEASES

Chronic myeloid leukemia (CML) and gastrointestinal stromal tumors (GIST)



FOCUS

Care, access to medicines



IMPACT

Over 60,000 patients have received free Glivec through GIPAP



STARTING DATE

2002 - on-going



MORE INFORMATION

<http://www.themaxfoundation.org/GIPAP/Default.aspx>



PATIENT ASSISTANCE PROGRAM

ROCHE

Health Needs

In China there is limited reimbursement of biologic medicines and a nascent health insurance market, so the majority of patients have to pay out-of-pocket. In addition, physicians often do not prescribe targeted treatments, such as Herceptin for treating HER2-positive breast and gastric cancer, due to low quality HER2 testing and suboptimal duration of treatment as patients cannot afford to stay on treatment.



COUNTRIES/REGIONS

East Asia & Pacific – China



BENEFICIARIES

Patients in needs of treatment, people with low income, women



DISEASES

Gastric and breast cancer



FOCUS

Diagnostics, care, access to medicines



IMPACT

In 2013 alone, 16,456 patients accessed Herceptin through the PAP.



STARTING DATE

2011 - on-going



MORE INFORMATION

www.roche.com/ath_china_pap

PARTNERSHIP OBJECTIVE

Improve awareness, testing and treatment of breast and gastric cancer in China through a patient assistance program (PAP).

PARTNERSHIP DESCRIPTION

To address affordability, in collaboration with the Cancer Foundation in China and the Ministry of Health, Roche launched a patient assistance program (PAP) in August 2011. Under the program, after a patient has taken the first six cycles of Herceptin treatment, Roche donates the next eight cycles, through the Cancer Foundation, so that patients complete the full course of treatment.

Roche also supports patient education programs on breast cancer, offered by the Chinese Anti-Cancer Association, to increase awareness of disease and the importance of early diagnosis, and collaborates with the pathologist's association to improve HER2 testing quality.



GARDASIL ACCESS PROGRAM

MSD

Health Needs

Cervical cancer is the second most common cancer in women worldwide, with about 500,000 new cases and 250,000 deaths occurring each year. Almost 80% of cases occur in low-income countries, where cervical cancer is the number one cause of cancer in women. Virtually all cervical cancer cases (99%) are linked to genital infection with human papillomavirus (HPV), a family of virus types which also causes genital warts and other forms of cancer.

PROGRAM OBJECTIVE

Increase access to human papillomavirus (HPV) vaccination.

PROGRAM DESCRIPTION

Merck is pursuing a systematic and thoughtful approach to expanding access to GARDASIL® [Human Papillomavirus Quadrivalent (Types 6, 11, 16, and 18) Vaccine, Recombinant] in the developing world including a number of initiatives to study the public health impact of routine vaccination programs and to accelerate the introduction of vaccines in resource-poor countries.

Through the GARDASIL Access Program, launched in 2007, MSD has donated over 1.2 million doses of MSD's HPV vaccine to support the development of successful immunization programs in lowest income nations. The program enables applicants to gain operational experience in designing and implementing small-scale HPV vaccination projects. Experiences and lessons learned are being disseminated in an effort to contribute to the public knowledge base on HPV vaccine access and child and adolescent immunization models.

The country partners have shown promising results in demonstrating the feasibility of implementing HPV vaccination programs in low-resource settings. In both Bhutan and Rwanda, a vaccination rate exceeding 90% was achieved during the first year of the programs, according to the respective Ministries of Health.



COUNTRIES/REGIONS

East Asia & Pacific, Europe & Central Asia, Latin America & Caribbean, South Asia, sub-Saharan Africa – Bhutan, Bolivia, Cambodia, Cameroon, Georgia, Ghana, Guyana, Haiti, Honduras, India, Kenya, Kiribati, Lesotho, Moldova, Nepal, Nicaragua, Papua New Guinea, Peru, Tanzania, Uganda, Uzbekistan, Vietnam



BENEFICIARIES

People with low income, women, youth



DISEASES

Cervical cancer



FOCUS

Vaccines



IMPACT

To date, 1,337,830 doses of GARDASIL have been shipped to 25 participants in 21 countries, enough to vaccinate more than 445,900 eligible girls.



STARTING DATE

2007 - on-going



MORE INFORMATION

<http://www.gardasilaccessprogram.org/section/169>



PINK RIBBON RED RIBBON PARTNERSHIP (PRRR)

GLAXOSMITHKLINE , BRISTOL-MYERS SQUIBB, MSD, QIAGEN

Health Needs

Cervical cancer is the most common women's cancer in sub-Saharan Africa and is the third-most common cancer in women, with 530,000 new cases and 275,000 deaths each year. An estimated 80-90% of women in sub-Saharan Africa never have pelvic exams. More than 85% of the global burden of cervical cancer occurs in developing countries, yet the World Health Organization estimates fewer than 5% of these women have access to screening even once in a lifetime. Cervical cancer is four to five times more common among women who are HIV-positive.



COUNTRIES/REGIONS

Sub-Saharan Africa – Botswana, Tanzania, Zambia, Ethiopia and Namibia



BENEFICIARIES

Patients in need of treatment, people with low income, women, mothers



DISEASES

Cervical and breast cancer



FOCUS

Diagnostics, vaccines



IMPACT

In 2013, over 18,000 girls were vaccinated against HPV, over 73,000 women were screened for cervical cancer.



STARTING DATE

2011 - on-going



MORE INFORMATION

<http://pinkribbonredribbon.org/>

PARTNERSHIP OBJECTIVES

- Reduce deaths from cervical cancer by an estimated 25% among women screened and treated through the initiative.
- Significantly increase access to breast and cervical cancer prevention, screening and treatment especially for high-risk HIV-positive women.
- Create innovative models that can be scaled up and used globally.

PARTNERSHIP DESCRIPTION

Pink Ribbon Red Ribbon is an innovative partnership to leverage public and private investments in global health to combat cervical and breast cancer – two of the leading causes of cancer death in women - in developing nations in sub-Saharan Africa and Latin America.

The cervical cancer partnership will leverage the platform and resources of PEPFAR and will draw from lessons learned in the significant scaling-up of access to HIV interventions in recent years. Since breast cancer has not been linked to HIV, PEPFAR funds will not be used for direct support of breast cancer activities. However, other Pink Ribbon Red Ribbon partners will leverage the PEPFAR platforms, using other sources of funding, to support breast cancer efforts.



GIVING LIFE A CHANCE

SANOFI

Health Needs

Breast cancer is among the most acute women's health problems in Russia. Each year, 59,500 women in Russia are diagnosed with breast cancer and over 23,500 women die from it. In Russia, the survival rate of breast cancer women is half of the rates in other countries, such as the U.S.A. or European ones, as only a limited number of patients gets access to quality treatment. Only 26% of Russian women receive modern treatment in line with international standards.

PROGRAM OBJECTIVE

- Save the lives of Russian women diagnosed with breast cancer.
- Drive public and stakeholders' (officials, general public, medical community) attention to the problem of breast cancer treatment in Russia, and importance of diagnosis at early stage and access to modern treatment.

PROGRAMS DESCRIPTION

Sanofi Russia launched an awareness campaign and support programs for breast cancer patients in cooperation with the leading Russian cancer institutes and clinics. As part of a wide-ranging information campaign, both traditional and social media are used. The purpose of the campaign is to help identify breast cancer at an early stage of the disease and start timely therapy according to international standards. The program helped to draw attention of the Russian government officials to breast cancer issues in Russia. Since the beginning of the program in December 2010, 8878 women benefited from treatment. In 2013, the program was ranked among Russia's Top 20 Best social projects for the second consecutive year. In the frame of "Giving life a chance", in 2014, it is planned that 4,017 patients will be treated.



COUNTRIES/REGIONS

Europe & Central Asia – Russia



BENEFICIARIES

Women



DISEASES

Breast cancer



FOCUS

Availability of treatment - product donations, prevention programs - awareness & outreach



IMPACT

In 2013, 3,576 patients from 75 cities gained access to quality treatment in line with international standards.



STARTING DATE

2011– On going



MORE INFORMATION

<http://partnerships.ifpma.org/partnership/giving-life-a-chance>



IMPROVING MOLECULAR GENETIC DIAGNOSIS OF CANCER IN RUSSIA

MERCK

Health Needs

According to the Moscow Oncological Research Institute (MNIOL) 2012 report, some 130,000 patients in Russia have colorectal cancer (CRC), and approximately 26% have metastatic colorectal cancer (mCRC.) The impact of CRC on population health is underestimated, largely due to the lack of a national screening program and limited access to innovative medicines and treatment. Colorectal cancer is an increasing problem in Russia, which has one of the highest incidences of CRC among the BRICS (Brazil, Russia, India, China and South Africa.)



COUNTRIES/REGIONS

Europe & Central Asia – Russia



BENEFICIARIES

Cancer patients in need of molecular diagnostic testing



DISEASES

Metastatic colorectal cancer (mCRC)



FOCUS

Testing access and facility validation



IMPACT

Close to 6,500 patients have received testing and nine labs in Moscow, St Petersburg, Kazan, Barnaul, Irkutsk and Novosibirsk have been validated for RAS molecular diagnostic testing



STARTING DATE

2011 - on-going



MORE INFORMATION

www.cancergenome.ru

PROGRAM OBJECTIVE

- Provide Russian cancer patients and health workers with the knowledge, information and tools to make informed treatment decisions in mCRC through the availability of molecular genetic testing
- Raise awareness among stakeholders of the need for expanded access to molecular genetic testing in mCRC

PROGRAM DESCRIPTION

Since 2011, Merck Serono, the biopharmaceutical division of Merck, has supported the RUSSCO (Interregional Public Organization 'Society of Medical Oncologists') program 'Improvement of molecular genetic testing in the Russian Federation.' The objective of the program is to improve molecular genetic testing in patients with mCRC across Russia. This program has helped physicians treating mCRC to rationalize their treatment decision making. To date, almost 6,500 patients have received molecular diagnostic testing. In addition, Merck is running an external quality assurance program in association with the Pathology Institute of Ludwig Maximilian University, Munich through which nine labs in Russia have successfully been validated for genetic diagnostics. This laboratory network covers all 83 regions throughout Russia.



HEAD AND NECK CANCER AWARENESS IN RUSSIA

MERCK Health Needs

Cancers of the head and neck are the fifth most common cancer type worldwide and account for more than 600,000 newly diagnosed each year. According to the Moscow Oncological Research Institute (MNIOL) report 2012, some 50,000 patients in Russia have cancer of the head and neck.

PROGRAM OBJECTIVE

- Save the lives of Russian head and neck cancer patients through early diagnosis and referral, plus support by multidisciplinary treatment teams
- Disease prevention and awareness raising among the general public as well as a diverse array of stakeholders, including the government and healthcare workers, of the problem of head and neck cancer in Russia and the importance of early diagnosis and access to treatment

PROGRAM DESCRIPTION

Merck participated in the European Head and Neck Cancer Awareness Week in Russia as part of the Make Sense Campaign, an international effort leaded by the European Head and Neck Society to raise awareness of head and neck cancer symptoms among the general population and healthcare workers. This initiative was supported locally by the Federation of Head and Neck specialists, and the Russian Society of Head and Neck specialists. In order to comprehensively and holistically raise awareness of Head and Neck Cancer, multidisciplinary teams of oncologists, ear, nose and throat (ENT) doctors as well as dentists took an active part in the campaign. As part of an extensive information campaign, various sources and information channels were used including regional TV, internet, social media, radio, printed materials and federal call-centers. This year, the campaign covered 32 clinics in 17 cities and over 6,000 patients were examined with 609 cancer and pre-cancer patients diagnosed.



COUNTRIES/REGIONS

Europe & Central Asia – Russia



BENEFICIARIES

Patients in need of testing and screening



DISEASES

Cancer of the head and neck



FOCUS

Disease prevention, testing, and multidisciplinary care



IMPACT

During the one week campaign in 2014, over 6,000 patients in 17 cities gained access to quality testing, screening and care in line with international standards



STARTING DATE

September 2014. this campaign is part of an ongoing awareness campaign



MORE INFORMATION

<http://makesensecampaign.eu/>

**BRISTOL-MYERS SQUIBB****Health Needs**

Cancer is the second-most common cause of death in Europe and remains a significant health problem. There are currently 3 million new cancer cases and 1.7 million deaths from cancer in the region each year. Central and Eastern European countries, however, have worse cancer incidence and mortality rates than the EU 15. Cancer illiteracy among the general population, lack of prevention and screening efforts, and limited health care resources are all seen as contributing factors to this gap.

**COUNTRIES/REGIONS**

Northern Africa – Algeria, Morocco, Tunisia

**BENEFICIARIES**

Marginalized/Indigenous people, women

**DISEASES**

Breast cancer

**FOCUS**

Facility, diagnostics, care

**IMPACT**

In 2013 alone, over 100,000 women have been screened.

**STARTING DATE**

2010 - on-going

**MORE INFORMATION**

<http://www.bms.com/news/features/2014/Pages/Empowering-Nurses-Central-Eastern-Europe.aspx>

PARTNERSHIP OBJECTIVE

Eliminate disparities in cancer treatment between Central and Eastern Europe and EU 15 countries by building healthcare worker capacity, training healthcare workers and increasing patient awareness, screening and treatment.

PARTNERSHIP DESCRIPTION

Bridging Cancer Care directs funding and develops partnerships to help narrow the differences in care and outcomes experienced by countries in Central and Eastern Europe. Priorities include capacity building for cancer nursing, health care worker training and cancer screening.

Bridging Cancer Care creates innovative partnerships with government and civil society organizations to support the public health response to cancer. Funding and initiatives are targeted at the community level for health care worker training (professional and lay), and for community mobilization, education and supportive services that remove barriers to care and support patients as they manage their disease at home and in the community.

Programs are evaluated for increases and improvements in care capacity and for improvement in patient health outcomes and quality of life.



MOBILE BREAST CANCER SCREENING

ROCHE

Health Needs

Over two-thirds of all cancers in Algeria are diagnosed in late stage, and five-year survival is very low. In addition, the incidence of cancer, in particular breast cancer, has increased dramatically in the past two decades. Despite recent advances, a large number of women die from the disease primarily because of limited effective early detection, diagnosis and treatment strategies, particularly in rural areas. Algeria is the largest country in Africa, and sparsely populated towns in the interior are far away from each other, making it difficult for the health authorities to build the necessary healthcare infrastructure to fight cancer.

PARTNERSHIP OBJECTIVE

Bring trained nurses, radiologists, other healthcare workers and much needed facilities to remote desert areas of Algeria.

PARTNERSHIP DESCRIPTION

In February 2013 the first mobile breast cancer screening facility was launched through a joint partnership between the government, patient advocacy group El Amel (Hope), mobile phone operator Mobilis and Roche.

A fully equipped truck, locally referred to as the 'mammobile', brings trained nurses, radiologists, other healthcare workers as well as much needed facilities to remote regions within Algeria. The goal is to combine cancer awareness campaigns with screening facilities so that women with breast cancer can be detected early and sent for treatment in larger cities. Roche supports the training of local radiologists, nurses and other professionals, and equips the mammobile with the software for performing mammograms.



COUNTRIES/REGIONS

Middle East & North Africa – Algeria, Morocco, Tunisia



BENEFICIARIES

Marginalised/indigenous people, women



DISEASES

Breast cancer



FOCUS

Diagnostics, care



IMPACT

Over 350,000 women have been screened since the initiative began in 2010. In 2013 alone, over 100,000 women have been screened.



STARTING DATE

2007 - on-going



MORE INFORMATION

www.roche.com/ath_bc_algeria



AMPATH ONCOLOGY PARTNERSHIP

PFIZER

Health Needs

It has been estimated that in the next two decades nearly three quarters of newly diagnosed cancer will occur in low Income Countries (LICs). Cancer is now the number one cause of premature death in sub-Saharan Africa. In Kenya, specifically, according to 2008 GLOBOCAN estimates there were roughly 22,000 deaths due to cancer and for a child born that year, the likelihood of developing cancer prior to age 75 was 14%. Currently, the resources available for cancer patients in Kenya are inadequate to deal with the present or predicted rise in the burden of this disease. Only two radiation facilities currently exist in Kenya and there is a particular need to develop an adequately trained workforce.



COUNTRIES/REGIONS

Sub-Saharan Africa – Kenya



BENEFICIARIES

Children, elderly, patients in needs of treatment, people with low income



DISEASES

Cervical and breast cancer, childhood cancers, hematology disorders



FOCUS

Facility, care



IMPACT

AMPATH has been able to treat hundreds of cancer patients who otherwise would not have received curative or palliative treatment



STARTING DATE

2009 - on-going



MORE INFORMATION

<http://www.ampathkenya.org/our-programs/primary-care-chronic-diseases/oncology/>

PARTNERSHIP OBJECTIVES

To create a System of Excellence in Cancer Care in El Doret Kenya by leveraging existing infrastructure and creating targeted programs. The 2011-2012 goal of the program is to establish a cancer and chronic care facility which would provide both adequate space for administration, screening, treatment (including chemotherapy and radiation services) and palliative care. The facility will house hematology-oncology clinics, chemotherapy administration, radiation therapy and screening for breast and cervical cancers.

PARTNERSHIP DESCRIPTION

In 2009, Pfizer began supporting AMPATH's efforts to develop a Center of Excellence in Oncology, an optimal physical structure and a comprehensive oncology program which focuses on developing cost-conscious and sustainable chemotherapy regimens, radiation therapy and continued education and training and clinical trials and research support groups. This model builds on the foundation of the primary care and HIV/AIDS model AMPATH implements.

CHALLENGES The AMPATH Oncology program recognizes that a major component of sustainability lies upon its ability to train a Kenyan workforce to meet the immense needs of the cancer burden. A curriculum is in the late stages in development for Gyne-Oncology and AMPATH is working to expand this to Hematology-Oncology practitioners and nurses.

**SANOFI****Health Needs**

Each year, nearly 250,000 children and adolescents are faced with cancer, and 100,000 of them die. In industrialized countries, 80% of them can be cured. This figure falls to 20% or even 10% in a country with limited resources, and yet 80% of the children who are affected live in these geographies. The reasons are: lack of information, late diagnosis, and often difficult access to care and treatment.

PARTNERSHIP OBJECTIVES

- Generate actions on the ground that are as sustainable as possible, directly benefiting the country, including children and their families, and health professional partners.
- Raise greater awareness in civil society and among policy makers to help reduce the access-to-healthcare gap between developed countries and developing countries where pediatric oncology is still emerging.
- Create the opportunity to build momentum by bringing countries together around the same initiative against childhood cancer so that experiences and ideas can be actively shared.

PARTNERSHIP DESCRIPTION

In operation since 2006 with the Union for International Cancer Control (UICC), St. Jude Children's Research Hospital and other partner organizations, this ambitious program provides financial support, aid from international experts, and in-country networking for project developers. It is one of the most important initiatives ever implemented to fight against pediatric cancer in developing countries. With a total contribution of EUR 7.2 million from the Foundation to date, 45 projects have been supported in 33 countries across Asia, Africa and Latin America.. The ultimate goal is to encourage governments to integrate this fight in their national programs to extend and sustain the work that has already been accomplished.

**COUNTRIES/REGIONS**

East Asia & Pacific, Latin America & Caribbean, Middle East & North Africa, South Asia, sub-Saharan Africa – Algeria, Burkina Faso, Cameroon, Colombia, Côte d'Ivoire, Democratic Republic of the Congo, Guatemala, Honduras, Madagascar, Mali, Mauritania, Morocco, Pakistan, Paraguay, Philippines, Senegal, Thailand, Togo, Tunisia

**BENEFICIARIES**

Children, patients in needs of treatment, people with low income

**DISEASES**

Childhood cancers,

**FOCUS**

Facility, care

**IMPACT**

The project has already helped support 40,000 children and train 10,000 health professionals

**STARTING DATE**

2006 - on-going

**MORE INFORMATION**

http://fondation-sanofi-espoir.com/en/ngo_child-matters.php



ONCOLOGY TRAINING IN RWANDA

GLAXOSMITHKLINE

Health Needs

Cancer is an increasingly critical public health problem in the developing world. By 2020 it is expected that there will be 16 million new cases of cancer every year and that 70% of them will be in developing countries, which also have a much higher mortality rate compared with other regions due to more limited availability of screening, early detection, and access to treatment. Radiotherapy, for example, is available in just 21 out of 53 African nations. And the fact that many developing countries languages still do not have a word for cancer helps to put the extent of the challenge into perspective.



COUNTRIES/REGIONS

East Africa – Rwanda



BENEFICIARIES

Children



DISEASES

Pediatric cancers



FOCUS

Diagnostics, care, training of clinicians



IMPACT

To date, 109 doctors and 149 nurses have been trained via the National Baseline Training covering basic oncology concepts.



STARTING DATE

2012 - on-going



MORE INFORMATION

<http://www.developingcountriesunit.gsk.com/Disease-Areas/Non-communicable-diseases/Cancer>

PARTNERSHIP OBJECTIVE

- Basic and Advanced Cancer Training: To train healthcare providers in Rwanda on cancer prevention, surveillance, early diagnosis and treatment by creating training materials, training modules, and evidence-based guidelines and protocols; and to create a platform for training providers from throughout East Africa.
- Pathology Training: To improve local pathology capacity by training histopathology technologists for specimen preparation; to inform the annual regional conference on cancer care to promote local academic achievement and the development of rigorous, evidence-based treatment within the local context; and to build capacity for quality cancer care services in resource- and skills-limited setting by employing a task-shifting approach.

PARTNERSHIP DESCRIPTION

In 2012, GSK co-funded, in collaboration with Partners in Health (PIH) and Dana Farber Cancer Institute, the first ever paediatric oncology congress in Rwanda where protocols were endorsed. To date, GSK has provided USD 376,998 to support PIH. The trainings will also facilitate continued engagement in academic medicine and collective support of clinicians involved in cancer care within East Africa. To extend the reach of the project, the programme will focus not just on training clinicians to provide care but on providing training to other clinicians as well. It is expected that participants will train others at their home healthcare facilities about cancer care and curricula developed under this grant will be made available for use by other providers in East Africa. The trained clinicians work in the four oncology referral hospitals and healthcare facilities from all 42 district hospitals in Rwanda. Additionally, 48 laboratory technicians have received foundational training in histopathology tissue preparation and transfer.



PATIENT ACCESS TO CANCER CARE EXCELLENCE (PACE)

LILLY

Health Needs

The fight against cancer is far from over. Too many people still die of cancer and effective treatments for certain types of cancer do not yet exist. Nevertheless, significant progress has been made. The percentage of people alive five years after diagnosis has been rising for several decades. Some once fatal cancers can nearly be managed as chronic diseases. And cancer is better understood than ever before, with growing insights from genomics and molecular biology. This progress is sometimes discounted because it has generally occurred in small steps. Science, medicine and industry have moved forward against cancer not by discovering outright cures in most cases, but by building on existing knowledge and treatments in a series of innovative steps – what is called “continuous innovation.” New treatments or treatment combinations that extend patients’ average survival by a few months are an example of continuous innovation. Over time, this pattern has led to much better outcomes for patients.



COUNTRIES/REGIONS

East Asia & Pacific, Europe & Central Asia, North America – Brazil, France, Germany, Italy, Japan, Mexico, South-Korea, Taiwan, United Kingdom, United States of America



BENEFICIARIES

Cancer patients



DISEASES

Cancers



FOCUS

Access to medicines, accelerating innovation



STARTING DATE

2012 - on-going



MORE INFORMATION

www.pacenetwork.com

PARTNERSHIP OBJECTIVES

- Encourage public policies and health care decisions that speed the development of new medicines.
- Assure cancer treatments respond to the needs and qualities of individual patients.
- Improve patient access to the most effective cancer medicines.

Through patient participation, science, education, and collaboration, we can take faster steps forward towards cures for cancer and access to the best treatments and care for individual patients.

PARTNERSHIP DESCRIPTION

PACE is a collaboration across international borders and among diverse stakeholders-including industry, academia, payers, and patient groups. PACE acts as a network of networks: to create wider awareness of what is being done to speed innovations to the patients who need them, to help coordinate existing work, and to avoid duplication of effort and waste of resources.

PACE participates in and hosts a variety of events and activities meant to empower participants to understand the challenges and opportunities surrounding patient access to innovative cancer care and treatment. The PACE Global Council brings together a small group of internationally renowned patient advocacy, medical, policy, scientific, health care industry leaders and others to share their expertise and explore new ideas.