

The Process of Setting up an Inter-Country Cancer Care Program in Low-and-Middle-Income Countries: A Case of International Cancer Institute's Uganda Blueprint for Innovative Healthcare Access Program

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Background

Close to 70% of all cancer deaths occur in low- and middle-income countries (LMICs) with the rising cancer burden causing a strain on the already weak health care and economic infrastructures. The extrapolation of the experiences of cancer control programs in High Income Countries (HICs) to LMICs is often inappropriate requiring a regional scale up of successfully implemented cancer programs across LMICs.

Methods

International Cancer Institute (ICI) is a non-governmental, not-for-profit organization whose main purpose is to expand education and training opportunities in cancer care, education and research across Sub-Saharan Africa through multisectoral corroborations and partnerships. ICI successfully implemented two Blueprint programs in Kenya thus sought to scale up the program to Western Uganda. An online search of key players in Cancer care in Uganda was conducted that identified six potential partners including Ministry of Health – Uganda, Uganda Cancer Institute (UCI), Uganda Cancer Society (UCS), Uganda Non-communicable Diseases Alliance (UNCDA), Mbarara Regional Referral Hospital and Mbarara University of Science and Technology. Virtual meetings were held with two of them with a site visit scheduled for face-to-face meetings.

Results

ICI team met with UCS and UNCDA teams in Uganda where contacts of other potential partners were obtained resulting in face-to-face meetings with UCI; Mbarara Regional Referral Hospital; Ministry of Health Western Uganda; District leadership of Western Uganda; Kampala International University Teaching Hospital; and Kampala International University, Western Campus. An assessment of the scope of districts of focus, distribution of facilities and the health system structure was done. A technical working group with representatives from ICI and the identified partners will then be formed to guide program design, implementation, monitoring and evaluation.

Conclusion

The process of setting up a cancer care program in LMICs applies not only new innovations but also resource appropriate interventions. Leveraging on existing partner expertise maximizes positive program outcomes.