Evolution of HIV in Sub-Saharan Africa: Introducing AIDS Related Cancer Programs

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BACKGROUND

• Since 1999, the Bristol-Myers Squibb Foundation (BMSF) has focused on the fight against HIV/AIDS in sub-Saharan Africa through its support of 250 projects in 22 countries.

• Several factors have helped transform HIV and AIDS from an acute health crisis into a manageable chronic disease. Cancer is emerging as a major public health problem in the HIV population due to aging, growth and increased prevalence of key risk factors.

• More than 60% of the world’s cancer cases occur in Africa, Asia, and Central and South America. Access to early detection/screening and treatment remain a challenge, as survival of people in Africa with Cancer is far worse than that attained in high income countries. If no action is taken, deaths from cancer in the developing world are forecast to grow from 5.3 million to 8.9 million by 2030.

• Building on the Foundation’s previous work and infrastructure already developed in HIV/AIDS, BMSF is now implementing initiatives under The Secure the Future Cancer Network for Care, Education and Research (CANcer) Program.

OBJECTIVE

The primary objective is to describe the process of implementing AIDS related cancer programs to improve health equity and health outcomes in sub-Saharan Africa and the role of the BMSF/Rutgers Public Health Resident.

METHODS

• Initial literature review on key oncology unmet needs and engagement with Key Opinion Leaders (KOLs) lead to grant proposal review and approval.

• Upon beginning implementation for the new cancer grants, from July-November 2017, the PharmD Resident also served as a Technical Assistance Program (TAP) faculty member.

• The Resident collaborated with local non-government organizations partnered with BMSF to enhance patient care through hands-on strengthening and capacity building of healthcare systems, mainly in South Africa and Tanzania.

RESULTS

A total of 5 new oncology grants were approved after initial review of 9 proposals from November 2016 to February 2017. The Resident offered support to 3 projects during the 5 month stay in Africa. Project activities included, but were not limited to:

- Conducting pharmacy inspections to assess quality assurance and analyze pharmacy processes
- Contributing to interdisciplinary ward rounds as a consulting clinical pharmacist
- Handling quality improvement project implementation in the pharmacy departments of the local government hospitals (continuing medical education program, medical dispensing errors & treatment of sub cost-susveillance drug-review)
- Training of community health-care workers and other personnel in research and survey administration
- Developing research protocols, data collection tools, survey questionnaires and managing ethics/IRB approval
- Conducting patient health education screening and outreach programs

PROJECT ACTIVITIES

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<thead>
<tr>
<th>Countries: South Africa, Kenya, Tanzania &amp; Swaziland</th>
<th>Key Partners: Project ECHO, Witwatersrand University, Srorl at Meli Teaching Hospital</th>
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<tbody>
<tr>
<td>Lung Cancer</td>
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<tr>
<td>Breast &amp; Cervical Cancer</td>
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<td>Pediatric Cancer</td>
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<tr>
<th>Countries: South Africa, Botswana, Ethiopia, Namibia, Zambia, Tanzania, Peru</th>
<th>Key Partners: Right to Care, George W Bush Institute</th>
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<tbody>
<tr>
<td>Lung Cancer</td>
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<tr>
<th>Countries: Senegal, Botswana, Malawi, Uganda</th>
<th>Key Partners: Francophone Africa Hospitals, Baylor Pediatric AIDS Initiative</th>
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<tr>
<td>Breast &amp; Cervical Cancer</td>
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<tr>
<th>Northern Cape Cancer Center of Excellence &amp; Research (South Africa)</th>
<th>Grant: $1.7M Goal: Establish lung cancer center &amp; referral network, expand community based cancer services</th>
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<tr>
<td>Mwanza &amp; Kahama (Tanzania)</td>
<td>Grant: $2.8M Goal 1: Improve understanding of lung cancer pathways &amp; access to early diagnostic services</td>
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<td>Goal 2: Provide breast, cervical cancer, HIV, HTM screening to rural villages</td>
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CONCLUSIONS

The cancer picture in HIV has been changing as treatment has improved and people with HIV have been living longer and are now developing other chronic conditions and cancers. As a leader in corporate foundation philanthropy, BMS has achieved long-term, sustainable effects in developing countries by strengthening healthcare worker capacity, integrating medical care and supportive services, and mobilizing communities in the fight against disease.

Addition of TAP faculty, such as the PharmD Resident, allows for direct patient-centered care, collaboration and skills transfer with the grant partners. The Resident succeeded in contributing to the organizational strengthening and development of programs to improve health outcomes.

The BMSF transition into AIDS-related cancer programs depicts the organization’s passion for patient outcomes, innovation in addressing new healthcare needs and accountability to expand the foundations reach and impact on global health.

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DISCLOSURE

Author is affiliated with the Rutgers Institute for Pharmaceutical Industry Fellowship Program and is a paid employee of Rutgers, the State University of New Jersey.