Women’s Health: Opportunities and Challenges for Integrating Cancer Prevention and Care in LMICs

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Jhpiego: Innovating to Save Lives

Jhpiego prevents the needless deaths of women and their families
› Founded 1973
› Affiliate of Johns Hopkins University
› Currently working in more than 40 countries
› More than 3700 employees worldwide
Jhpiego’s Work

• What do we do?
  › Strengthen the **performance of health workers and health systems** to provide quality health care services for women and families

• How do we do it?
  • **Build service delivery and health workforce capacity** through global and local partnerships:
    • Working with doctors, midwives, nurses and health educators
    • Performance and quality improvement and human resources for health
    • Scale up high impact/evidence based interventions
  • **Translating Global Guidance → Local Practice**

• **Expertise: HIV/TB/Malaria, RMNCAH, Cervical and Breast Cancer, Surgery**
“Bending the curve”

to close key gaps in coverage, quality and equity

WHERE WE WANT TO BE

WHERE WE ARE

Impact Gap

Bending the Curve

TIME

IMPACT

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Opportunities for Integration into current service delivery:

Across the current health system there is an opportunity to integrate cancer promotion, screening, detection and treatment.
Integration

"Integrated care is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency." (source: Gröne, O & Garcia-Barbero, M (2002-WHO)

“Integrated care includes initiatives seeking to improve outcomes of care by overcoming issues of fragmentation through linkage or co-ordination of services of providers along the continuum of care.” ISBN 978-92-79-66679-7; March 2017
**WHO Health Systems Building Blocks** A health system “consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health.
Critical Analysis: Integration and Health Systems

GLOBAL
- Global Goal and Framework
- Measurement and Accountability
- Update and dissemination of clinical guidance

NATIONAL
- Policy development
- Training curriculum development
- Use of data for decision-making

SUB-NATIONAL
- Referral systems
- Quality Improvement
- Health care worker capacity-development
- Commodities management
- Data Use

COMMUNITY
- Health promotion
- Accessible Quality Care
- Engaging women/men/youth
Globally, breast cancer is the most common cancer amongst women.

Breast cancer is the most common cause of cancer-related mortality amongst women.

By 2020, more than 70% of all breast cancer cases will occur in low- and middle-income countries.
Challenges in Cancer Care in LMICs

- Individuals and communities lack awareness
- Limited funding, prioritization and leadership
- Poor communication & coordination
- High costs due to inefficient care pathways
- Limited availability of innovative tools and technologies appropriate for LMICs
- Policy barriers - cancer care seen as exclusive domain of tertiary care
- Lack of data for measurement, evaluation, and learning
- Further work needed on building investment case to attract new funders

Women’s Reproductive Cancers are not yet mainstreamed into the global Sexual and Reproductive Health and Rights agenda and it is critical to focus on Primary Health Care and Universal Healthcare Coverage.
Opportunities

• **Growing global momentum and awareness** of the magnitude of the problem of breast and cervical cancer in LMICs

• **Country governments identified NCDS as urgent priorities** developing strategic plans

• **Global leadership** from WHO, NIH, NCCN, and IARC, etc

• **Lancet Commission on Sexual and Reproductive Health** provides a bold vision of integrated services

• Platforms for **service delivery exist** but pathways needs to be strengthened
Strategies for Women-Centered Breast Health Care

Co-design programs and operational strategies in close consultation with end-users

Increase awareness about breast health and the symptoms of underlying disease

Increase capacity for early diagnosis of symptomatic disease at primary care level

Establish strong referral linkages to diagnostics and treatment

Increase access to diagnostics and care by decentralizing diagnostics and treatment

Increase resource allocation for improved access to multi-modality treatment through advocacy
Emerging Area of Focus: National Governments

National Cancer Control Strategy (NCCS)
(2013-2022)

NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASES & STROKE (NPCDCS)

OPERATIONAL GUIDELINES (REVISED: 2013-17)
Case Study: India: Uttar Pradesh and Jharkand

- Early detection of breast cancer being implemented as a part of 5 disease NPCDS program: National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke
- Community awareness undertaken by Community Workers (ASHAs)
- Use of Innovative Participatory Learning Approach for spreading awareness
- CBE offered at >200 lowest level primary healthcare facilities in two districts
- Staff nurses and auxiliary nurse midwives trained for CBE
- Medical Officers trained for managing benign breast illnesses
- Coordinated care through MoUs with tertiary care facilities for prompt diagnosis and treatment for women with suspected disease
- Task sharing for decentralized diagnostics
Referral Pathway for Breast Health

1. Community
2. Urban PHC & Health Sub Centre
3. Urban/Rural CHC
4. District Hospital (Tuesday, Friday)
5. USG Centre
6. SGPGI/RIMS

Forward Linkage: Community to facility
Backward Linkage: Facility to community
Reverse Linkage: Tertiary to secondary/primary facility
Resource Stratified Care Pathway for Breast Health

**Role of Jhpiego**
- Orientation
- Logistics
- Guidelines
- Microplanning

**Community**
- **Role:** Frontline health worker
- **Responsibility:**
  - Line listing of women (30-65 yrs)
  - Awareness generation using job aids
  - Mobilization of clients to nearest health facility
  - Follow-up of CBE +ve cases
- **Tool:**
  - ASHA keychain, enumeration format, monitoring format
- **Review Mechanism:**
  - Supervisor of the frontline health worker

**Early Detection Site**
- **Role:** ANM, Staff nurse, Doctor
- **Responsibility:**
  - Conducting CBE of clients
  - Recording and referral of CBE +ve cases to diagnostic site on designated day
  - Treatment of benign breast disease
- **Tool:**
  - Provider job aid, IEC posters, benign breast disease protocol, Vernier caliper, client card, Screening and CBE +ve registers, MPR
- **Review Mechanism:**
  - MOI/c & BHM

**Diagnostic Site**
- **Role:** Medical officers and specialists (radiologist, pathologist, surgeon)
- **Responsibility:**
  - History and triple investigation (radiology, biopsy, histopath)
  - Recording and referral of confirmed cases to treatment site
  - Treatment of benign breast disease
- **Tool:**
  - Diagnostic register, MPR, client card, benign breast disease protocol
- **Review Mechanism:**
  - In-charge of diagnostic centre

**Treatment Site**
- **Role:** Breast surgeon, medical oncologist, radiotherapist
- **Responsibility:**
  - Evaluation by breast surgeon
  - Planning of treatment in tumor board after investigations
  - Multimodality treatment
  - Discharge
- **Tool:**
  - Treatment Register
- **Review Mechanism:**
  - Director of treatment centre

**Role of Jhpiego**
- Advocacy
- Scheduling of clients
- Collection of discharge data for follow-up
Case Study: Tanzania: MoH/Susan.G.Komen/Jhpiego
Integration Approaches:

- Operationalization of the national CBE/Referral Guidelines
- Developing critical pathway from health promotion, early detection and treatment in Mwanza and Tanga Regions to inform government program for scale up
- Leveraging the cervical cancer/Outpatient and HIV platforms to offer Clinical Breast Exams: entry point for care of integrated services (CBE,VIA,HTC)
- Working with the CHWs/CSOs and community-based structures to create community awareness
- Integrated training package (CBE & Cervical Cancer Screening and Treatment)
- Same providers trained for CBE & Cervical Cancer Screening & Treatment
- Integrated HMIS: system of breast cancer/CxCa program reporting module in DHIS2
- Integrated referral systems for breast and cervical cancer
- Integrated national coordinating unit and operational plan
Tanzania CBE Service Delivery Model and Key Components

Target
Women and Men with Symptoms

CBE integrated Services
Primary screening method and link women/men to diagnostic/treatment and palliative care services

Community awareness and education (symptoms/signs)

Training/capacity building of trainers and HCPs

Quality of care Supervision/ Clinical mentorship

Service Points: RCH/CECAP, OPD, OPD, HIV Clinic, inpatient

Vision: 100 days pathway to ensure a client is linked to CARE

Advocacy: buy in/ownership

Diagnostic and Treatment services

HMIS Monitoring and Data use

Strengthen the referral system (Follow up/Tracking)
Tanzania National Guidelines Recommendation

• Early diagnosis linked to strengthened referral pathway
  » Improve: timely diagnosis, access to timely effective treatment
• Community education/Breast Health Awareness:
  • Predisposing factors
  • Symptoms and Signs
  • SBE
  » Early detection using: Clinical breast examination (CBE)
  » Referral for: diagnostic/treatment services
REFERRAL PATHWAY POINTS

- Community Level
  - Symptomatic women
  - Awareness of early signs and symptoms
- Primary Care Level
  - Assessment of signs and symptoms
  - Palliative care
- Secondary Care Level
  - Diagnosis/staging
  - Treatment/follow-up Rehabilitation
  - Palliative care
- Tertiary Care Level
  - Follow-up coordination, quality assurance, information system, monitoring evaluation

CC Cured Cancer  EC Early Cancer  AC Advanced Cancer
⊕ Suspected Cancer  ☐ Normal or Benign Condition

Figure 6: WHO recommendation for referral of suspected breast cancer (Adapted from Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings: (http://www.who.int/hcds/management/Eatly_diagnosis_system_copy.pdf?ua=1)

CLIENT REFERRAL FORM

Date: __________________________  Appointment: __________________________

Client and Patient Information:
Name: __________________________  Title: Mr. Mrs. Ms. _____ (other)
Contact Number: __________________________  Best Time To Call: __________________________
Email: __________________________  Fax: __________________________
Pet’s Name: __________________________  Breed: __________________________
DOB or Age: __________________________  Sex: M M/N F F/S Unknown

Vaccination Status:
- Babies: __________________________  DOB: __________________________  DISCP: __________________________  Other: __________________________

Reason for Referral:
________________________________________________________

Primary Concerns/Problem/History:
________________________________________________________

Previous Treatment/Tests/Procedures (include copy of medical records):
________________________________________________________

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Reflections: Be Bold and Integrate into Women’s Health Platforms

- **Integrate into already existing global movements:**
  - Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights
  - HIV: 90-90-90/Pepfar
  - Partnership for Maternal, Newborn and Child Mortality
  - Women Deliver and Youth
  - Family Planning 2020
  - Lancet Commission on Surgery
  - World Bank: Global Financing Facility

- **Ensure costed implementation plans at country level**
- **Identify new Technologies and Innovations to disrupt**
- **Data, Data, Data-Measurement Matters**
- **Build the Investment Case**
- **Don’t forget the power of social media**
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