



Global Summit on International Breast Health and Cancer Control:

Improving Breast Health Care through Resource-Stratified Phased Implementation

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?**

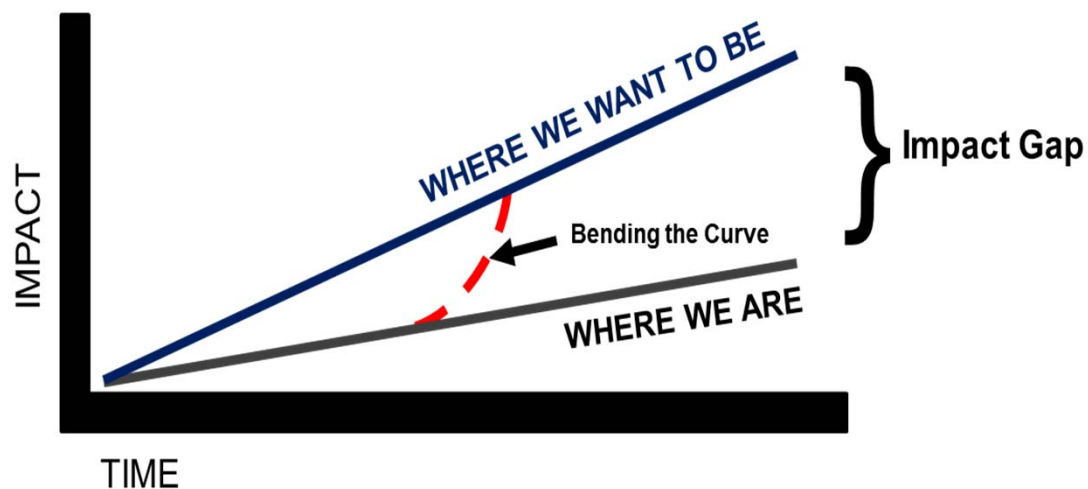
- › Strengthen the **performance of health workers and health systems** to provide quality health care services for women and families

- **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



Opportunities for Integration into current service delivery:



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

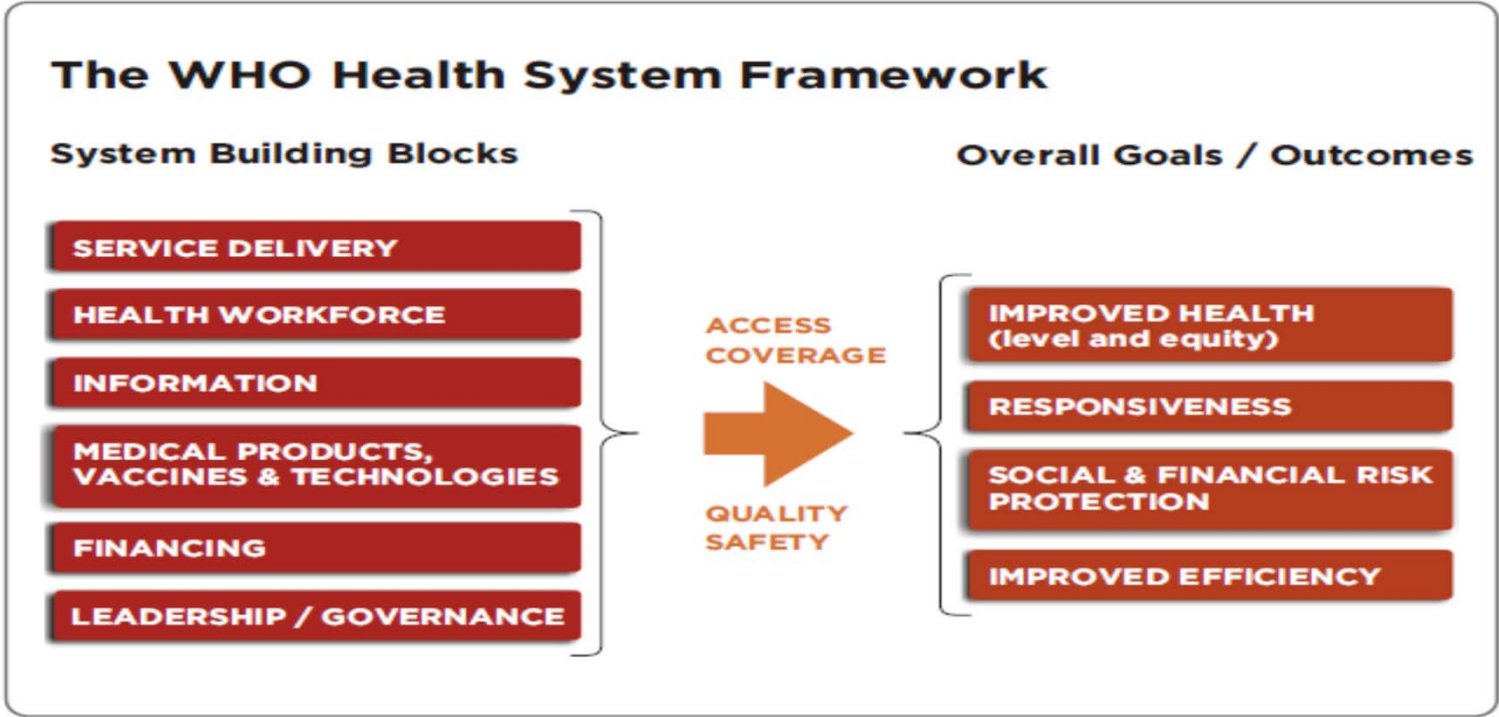
Integration

"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)

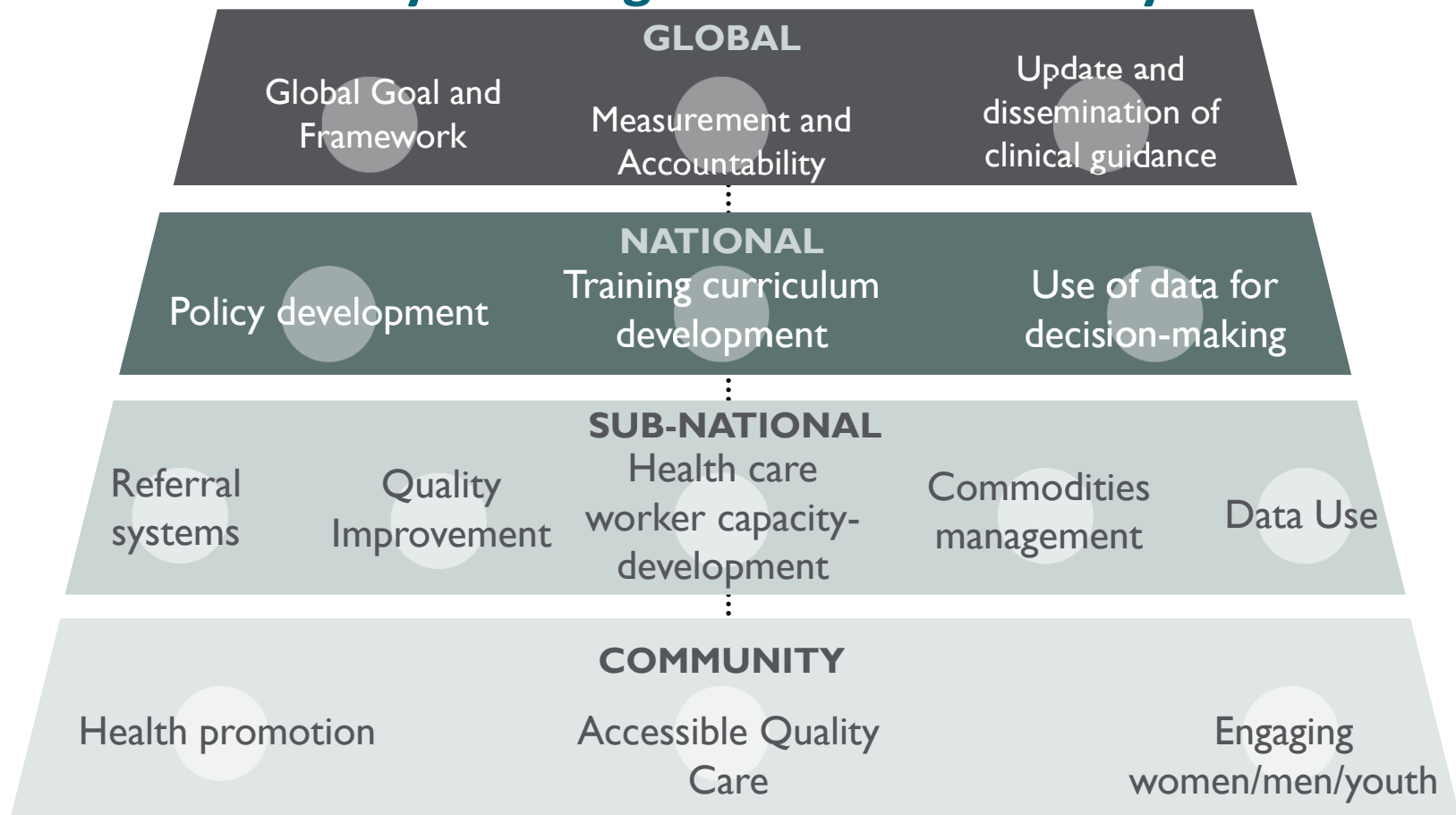
"Integrated care includes initiatives seeking to **improve outcomes of care by overcoming issues of fragmentation** through linkage or co-ordination of services of providers along the continuum of care." ISBN 978-92-79-66679-7; March 2017



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





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

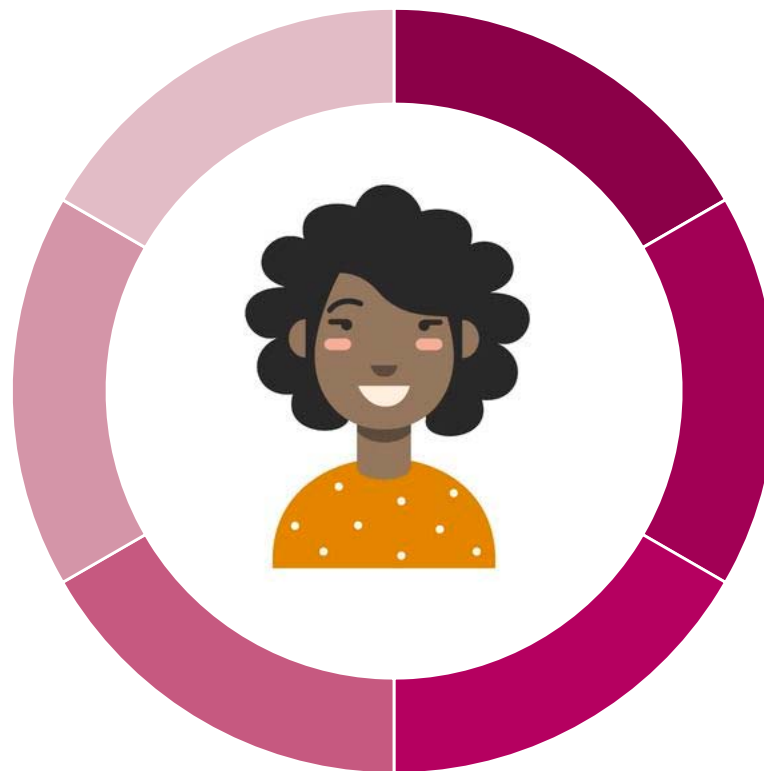
Co-design programs and operational strategies in close consultation with end-users



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

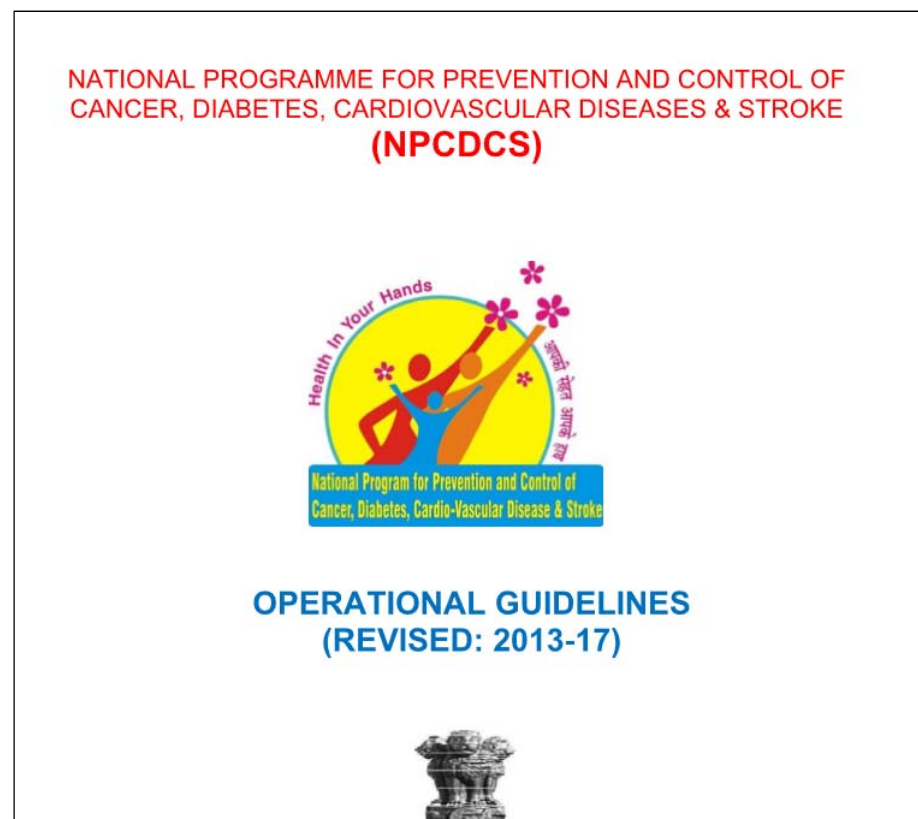
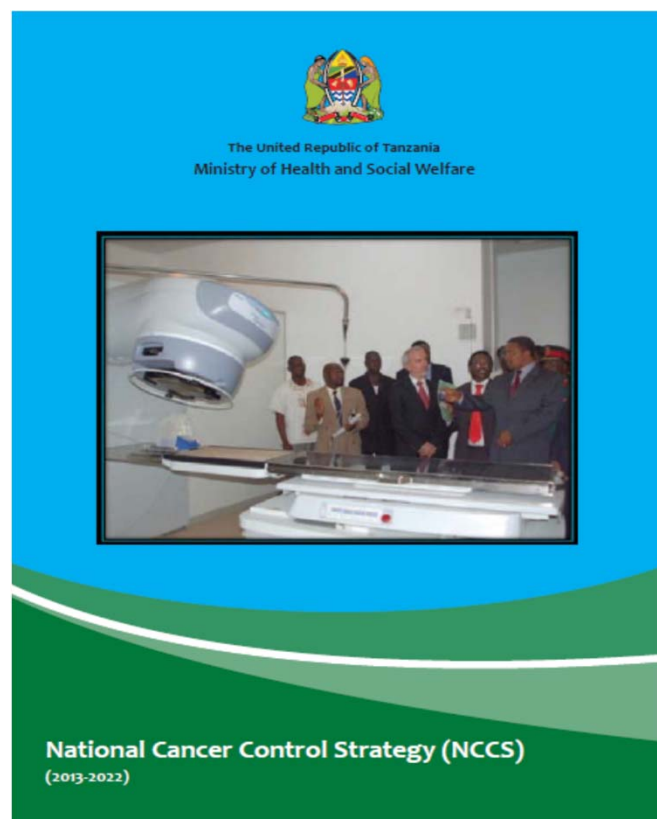


Increase access to diagnostics and care by **decentralizing diagnostics and treatment**



Increase resource allocation for improved access to multi-modality treatment through **advocacy**

Emerging Area of Focus: National Governments

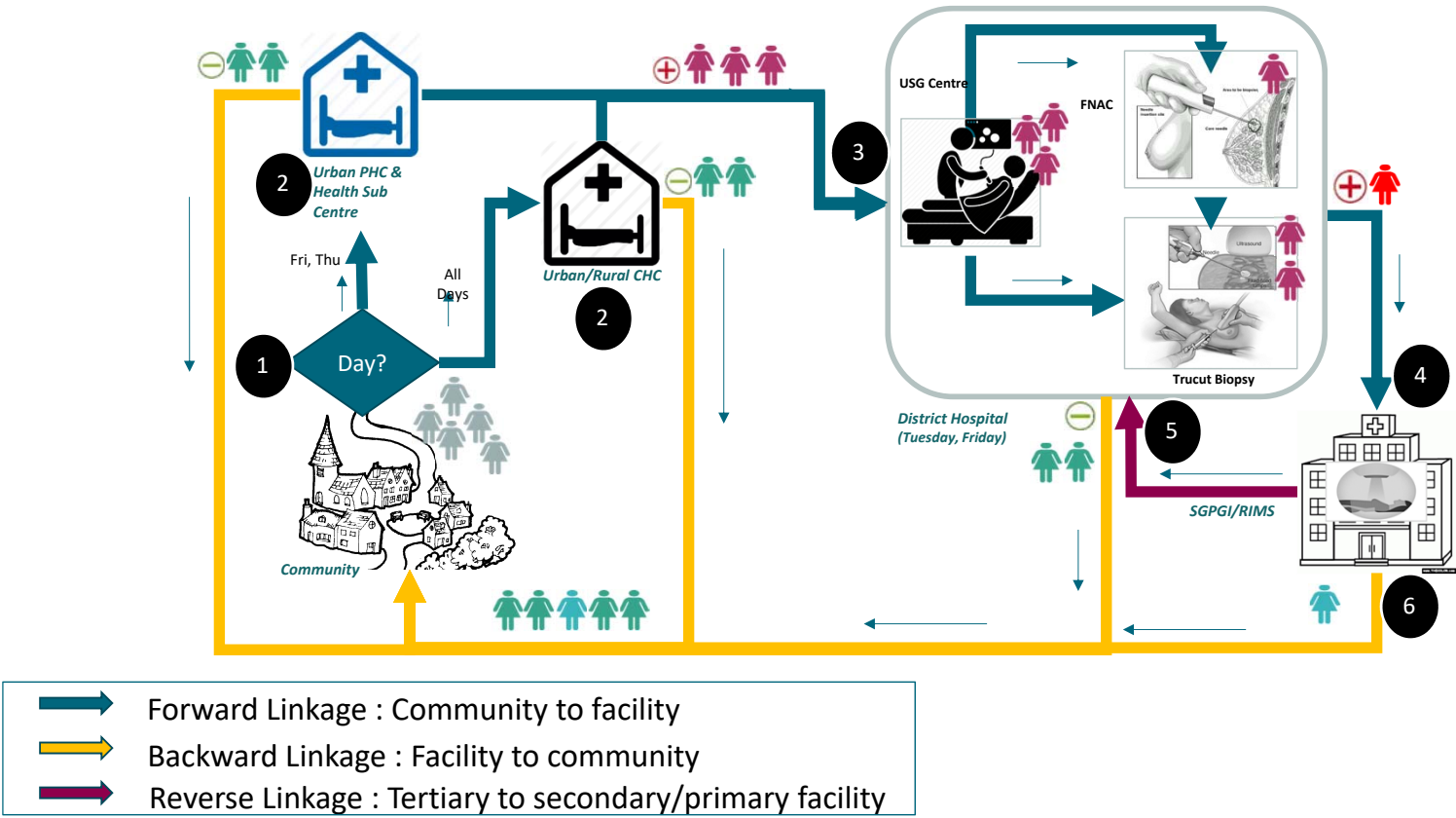


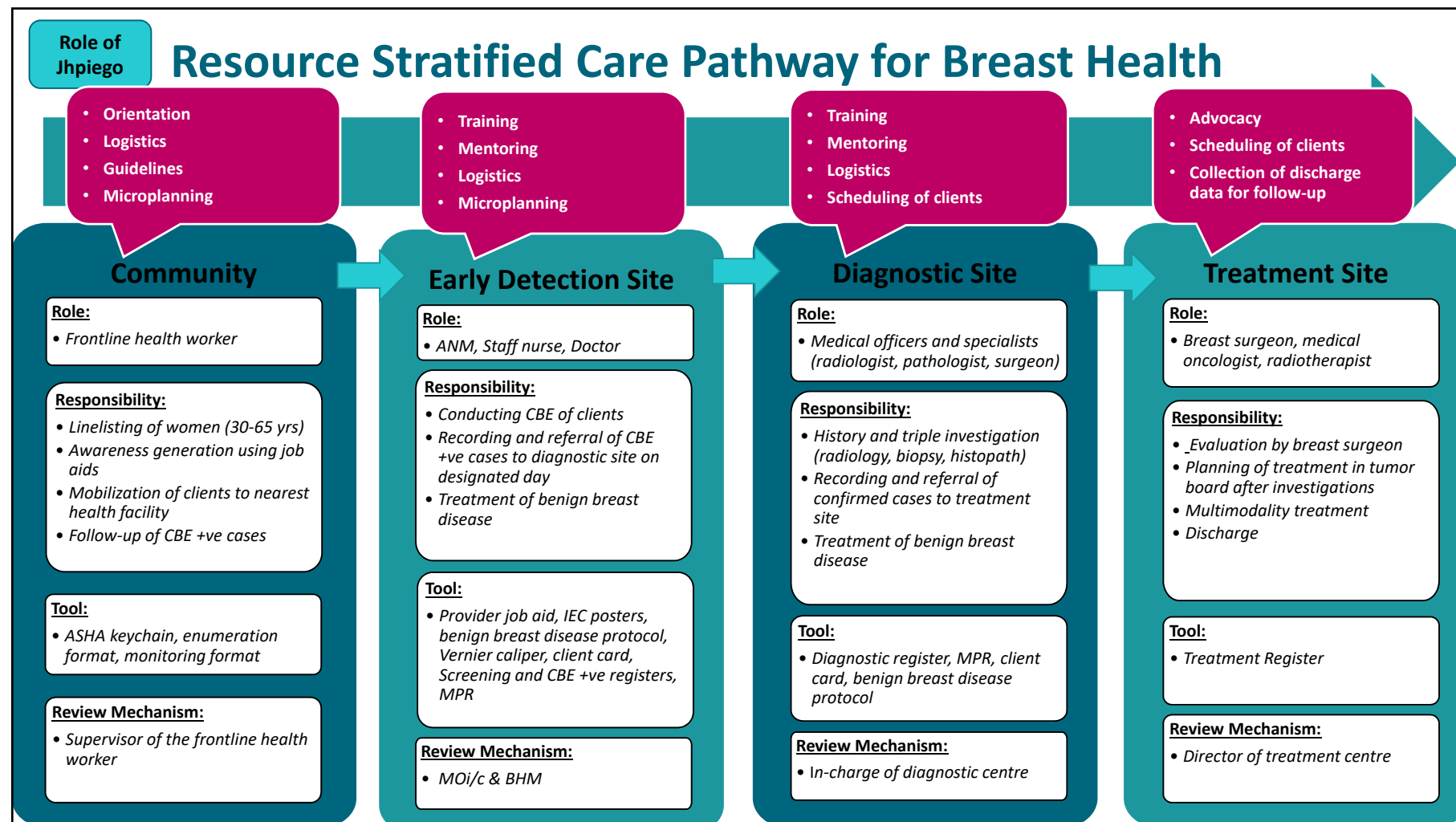
Case Study: India: Uttar Pradesh and Jharkand

- 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



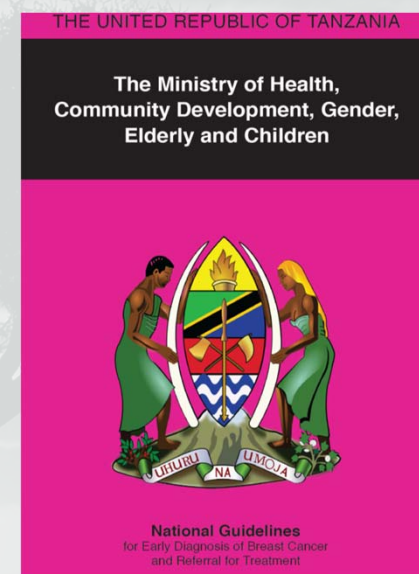
Referral Pathway for Breast Health



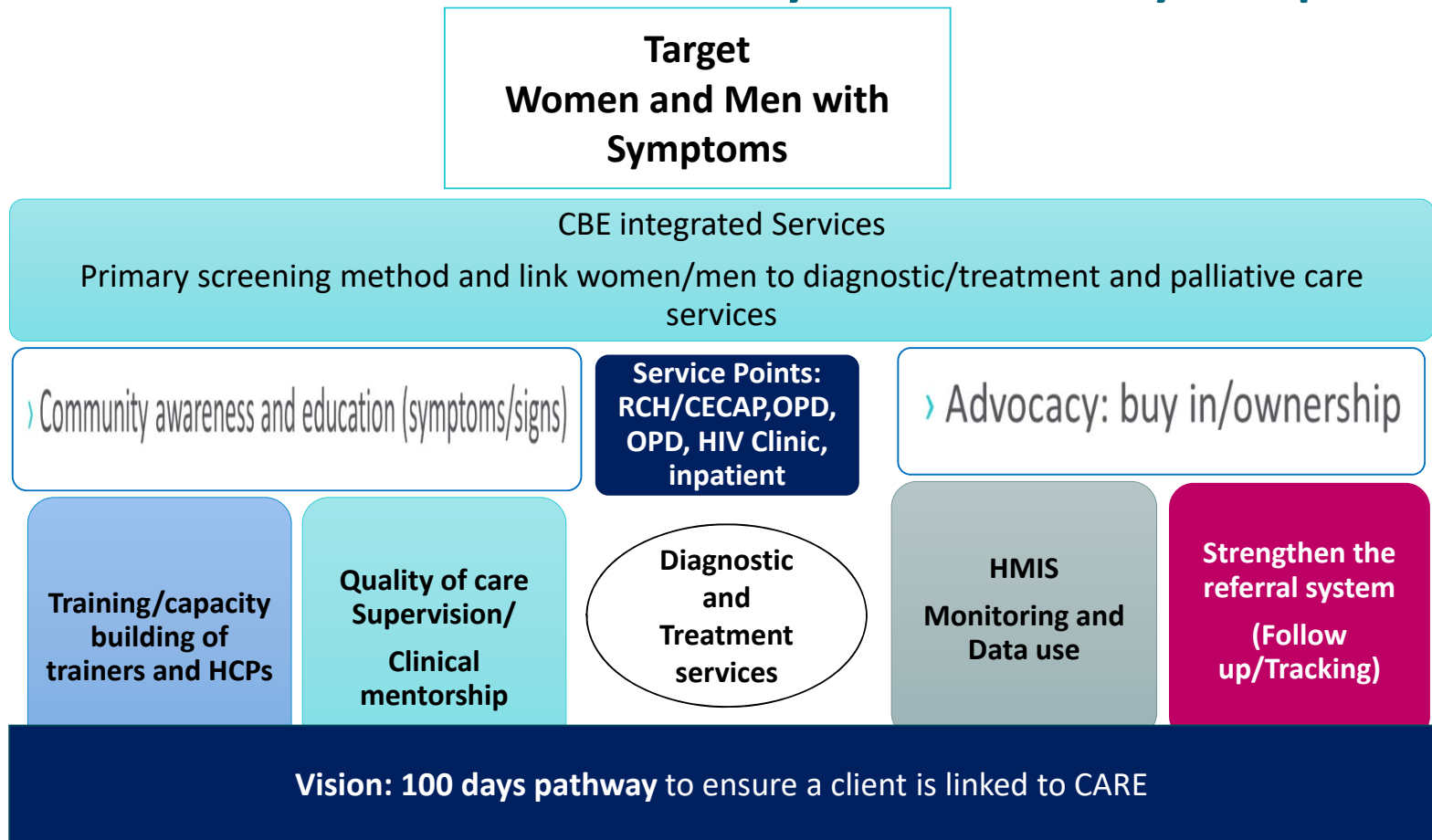


Case Study: Tanzania: MoH/Susan.G.Komen/Jhpiego Integration Approaches:

- 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

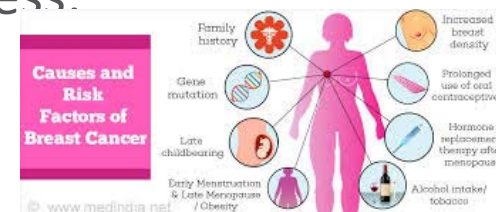


Tanzania CBE Service Delivery Model and Key Components



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

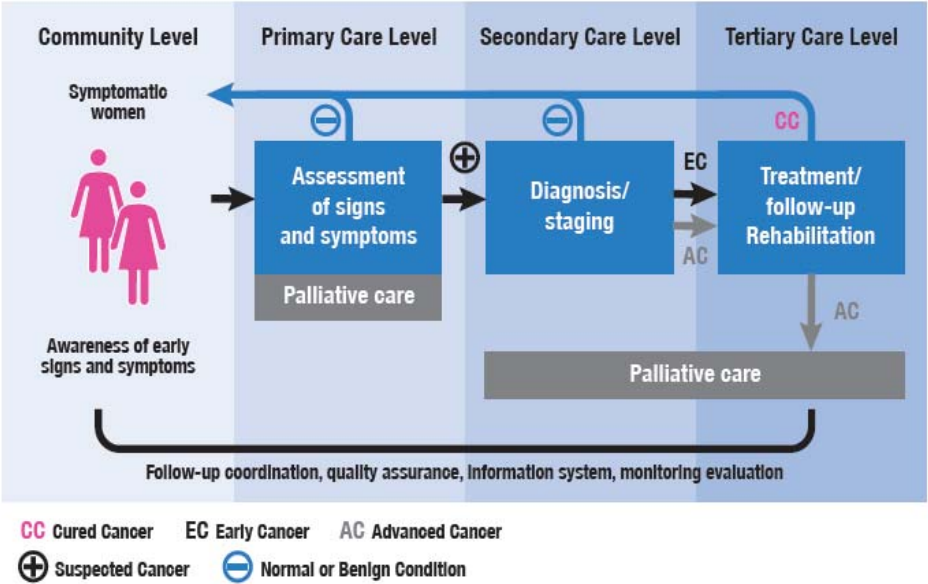


Figure 5: WHO recommendation for referral of suspected breast cancer (Adapted from Package of essential noncommunicable (PEN) disease interventions for primary health care in low-resource settings. (http://www.who.int/ncds/management/Early_diagnosis_system_copy.pdf?ua=1))

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:

Rabies: _____ DHLP: _____ FVRC: _____ Other: _____
Date Date Date Date

Reason for Referral: _____

Primary Concerns/Problem/History:

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

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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