Integrating Cancer Care and Control with Women and Health programs: Identifying Platforms, Synergies and Opportunities for Action

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Women´s Cancer Conference: policy and strategic actions
Sheikh Mohammed Hussein Al-Amoudi Center of Excellence in Breast Cancer

Congratulations

And

thank you

to the

Sheikh Mohammed Hussein Al-Amoudi
Center of Excellence in Breast Cancer

Vignette: a series of `unfortunate events´ and Missed Opportunities: Juanita

- 42; left breast substantially larger than right; arrived at Morelos Women´s Hospital bc she could not move her swollen arm; father of children abandoned household at diagnosis
- History 1:
  - 5 children aged 7-18; breast fed all
  - Cartilla de la mujer: regular PAP and clinic visits
  - Has Oportunidades – attends regular community health platicas
- History 2:
  - Felt a breast lump 4 years prior – fear kept her from saying anything
  - Lump grew – last year asked doctor-pasante at local clinic and given anti-b w/out bc
  - Is entitled to Seguro Popular and free care
  - Cannot travel to Mexico City so seeking care locally and paying out of pocket

CÁNCER DE MAMA
TÓMATELO
A PECHO

Vignette:
a series of missed opportunities

Breast cancer advocate, runs an international NGO.

- Concerned about funding for treatment but does not participate in debate about health care reform
- Patients are surviving to suffer other diseases (diabetes?), but her group cannot offer assistance – they have no linkages to other groups
- Does not participate in advocacy about women and health more broadly, yet one of the main barriers to early detection of her patients is machismo and gender discrimination

Policy maker in MOH – office down the hall from women and cancer

- Manages the cash-transfer, family planning program
- Information on NCD and cancers are not a topic that is covered in the discussions … bc it is not a problem and there are no materials

Nurse and midwife

- Works on MCH, SRH and HIV/AIDS locally
- Has participated in global advocacy and training conferences
- Undertakes research and field surveys
- ….has never considered including NCD or cancer – bc…there is no treatment available or it is not a problem

Challenge and disprove the myths about …cancer…

M1. Unnecessary: Not a health priority in LMICs/not a problem of the poor

M2. Impossible: Nothing we can do about it

M3. Unaffordable: ….for the poor

M4: Inappropriate: either/or

Challenging cancer implies taking resources away from other diseases of the poor`

The epidemic of breast cancer:
Unforseen challenge in LDCs

"Some 45% of the more than 1 million new cases of breast cancer diagnosed each year, and more than 55% of breast-cancer-related deaths, occur in low- and middle-income countries.*

Such countries now face the challenge of effectively detecting and treating a disease that previously was considered too uncommon to merit the allocation of precious health care dollars."

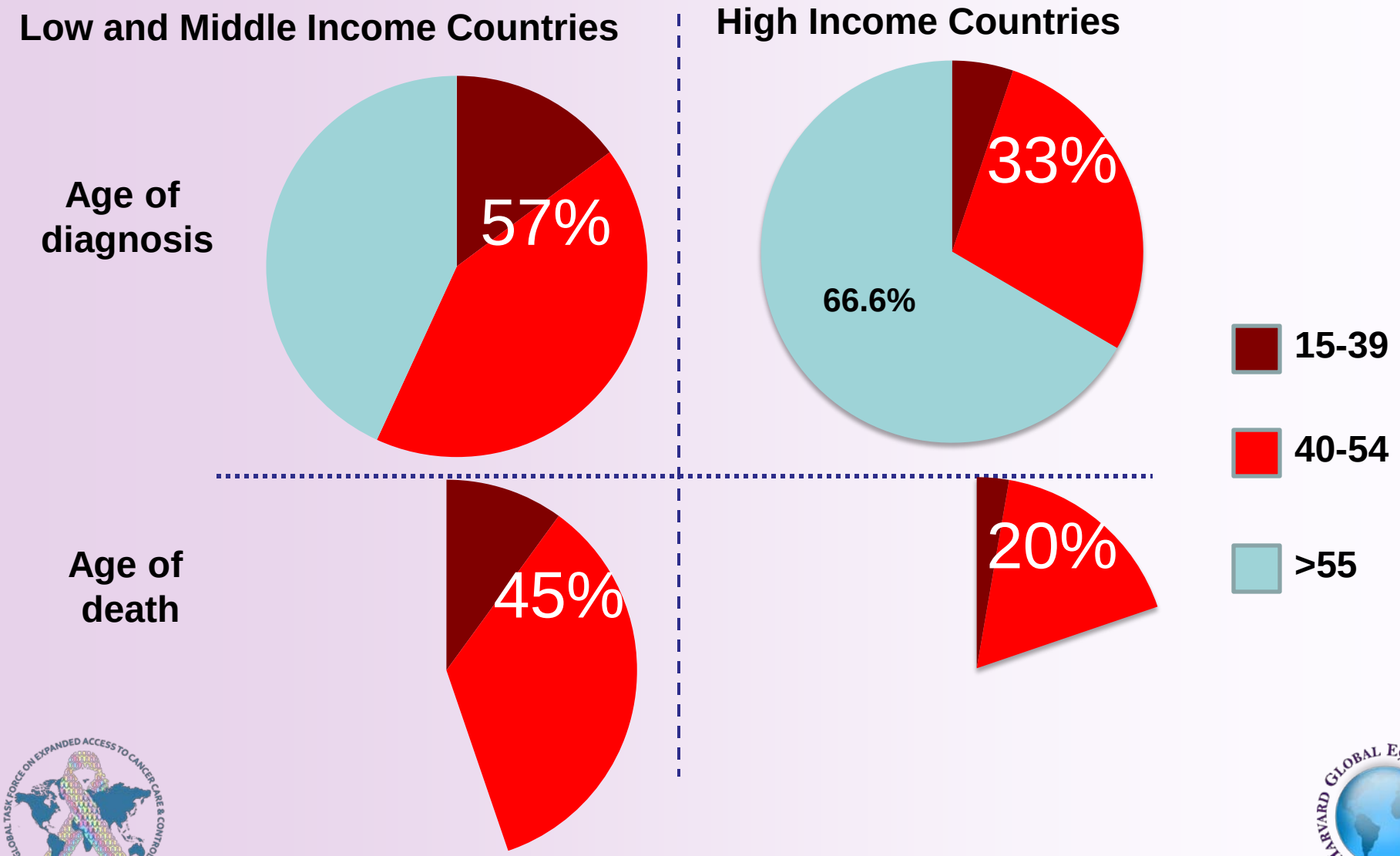
Source: Porter, P. (2007). "Westernizing" Women's Risks? Breast Cancer in Lower-Income Countries." New England Journal of Medicine 358(3):4

• Curado MP, Edwards B, Shin HR, et al., eds. Cancer incidence in five continents. France: International Agency for Research on Cancer, 2007.

In developing regions, breast cancer…

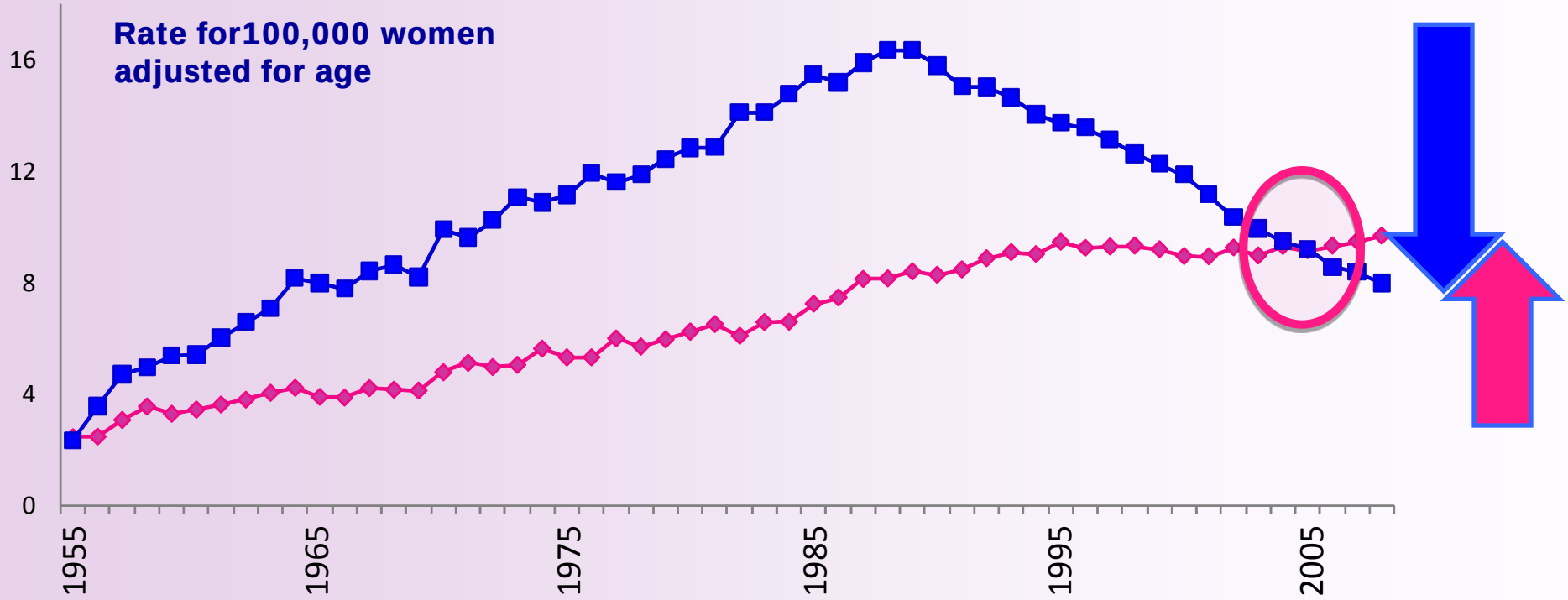
- Most frequent cause of cancer-related death in developing and developed regions
- leading cause if death especially for young women
- 268,000 of the 458,000 deaths per year are in LIMCs: 58%
- Most common cancer in developed and developing regions
- 4.4 million women alive (diagnosed): how many in developing regions?
- 2008: 1.38 million new cases; 50% of which are from LIMCs
- 10.9% of all incident cancers – second to lung
- (Globocan, 2010; Boyle y Levin, 2008; Beaulieu, Bloom, y Bloom, 2009).

~40% occurs in pre-menopausal women(<55)



Source: Author estimates based on IARC, Globocan, 2008 and 2010.

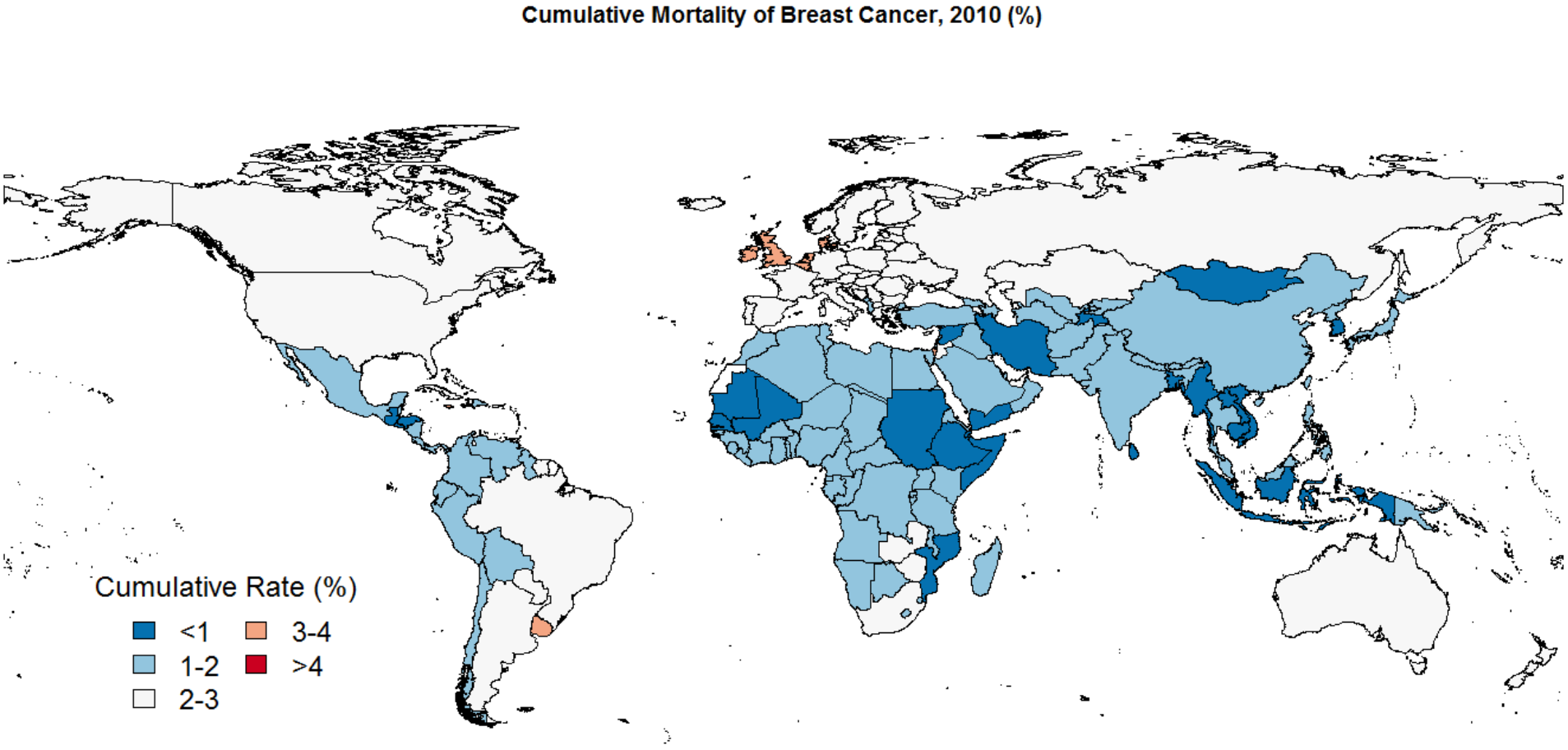
Mortality from breast and cervical cancer in Mexico1955-2008: less death from cervical



#2 cause of death, women 30-54

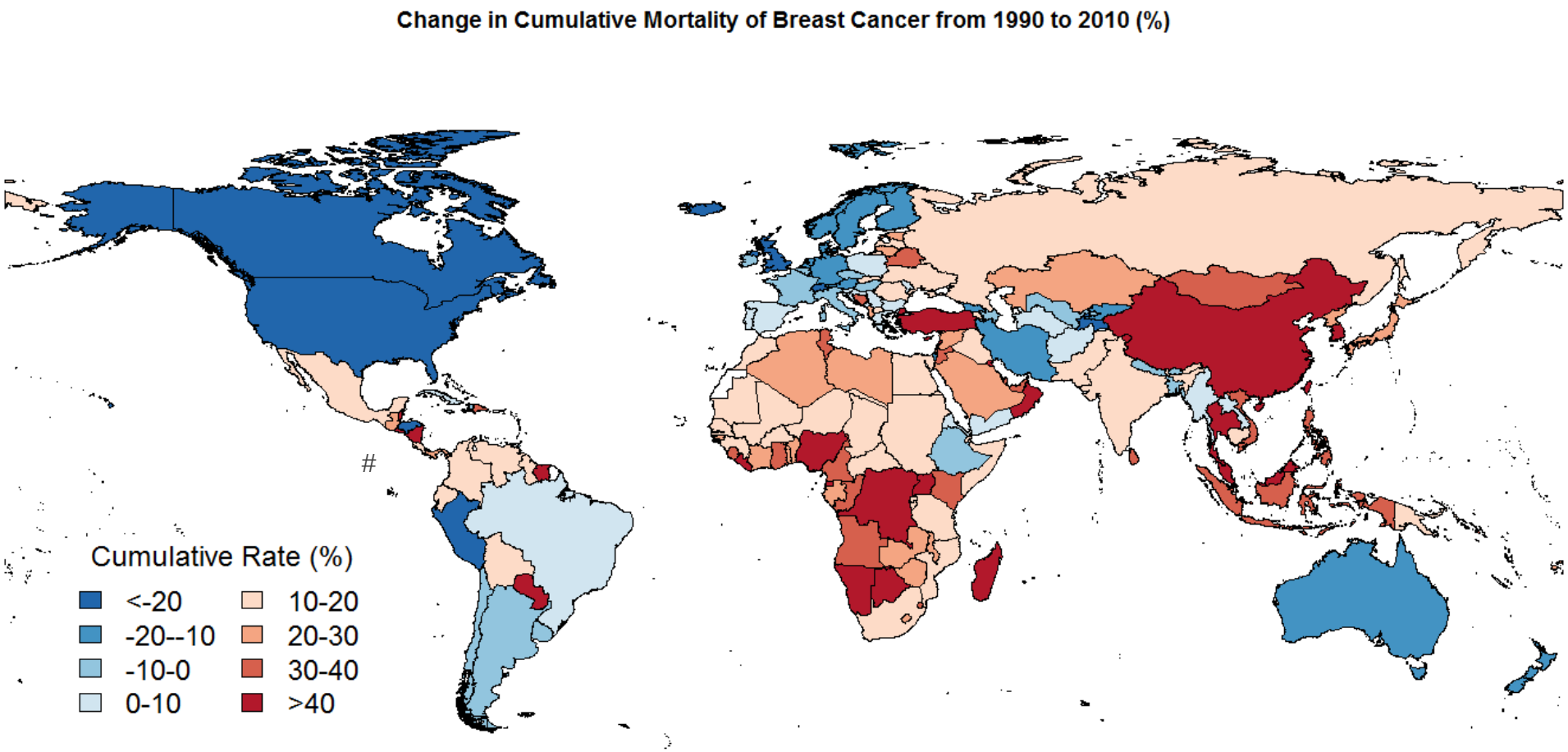
Fuente: *Lozano, Knaul, Gómez-Dantés, Arreola-Ornelas y Méndez, 2008, Tendencias en la mortalidad por cáncer de mama en México, 1979-2007. FUNSALUD, Documento de trabajo. Observatorio de la Salud, con base en datos de la OMS y la Secretaría de Salud de México.*

Cumulative mortality of breast cancer, (age 20-80), 2010

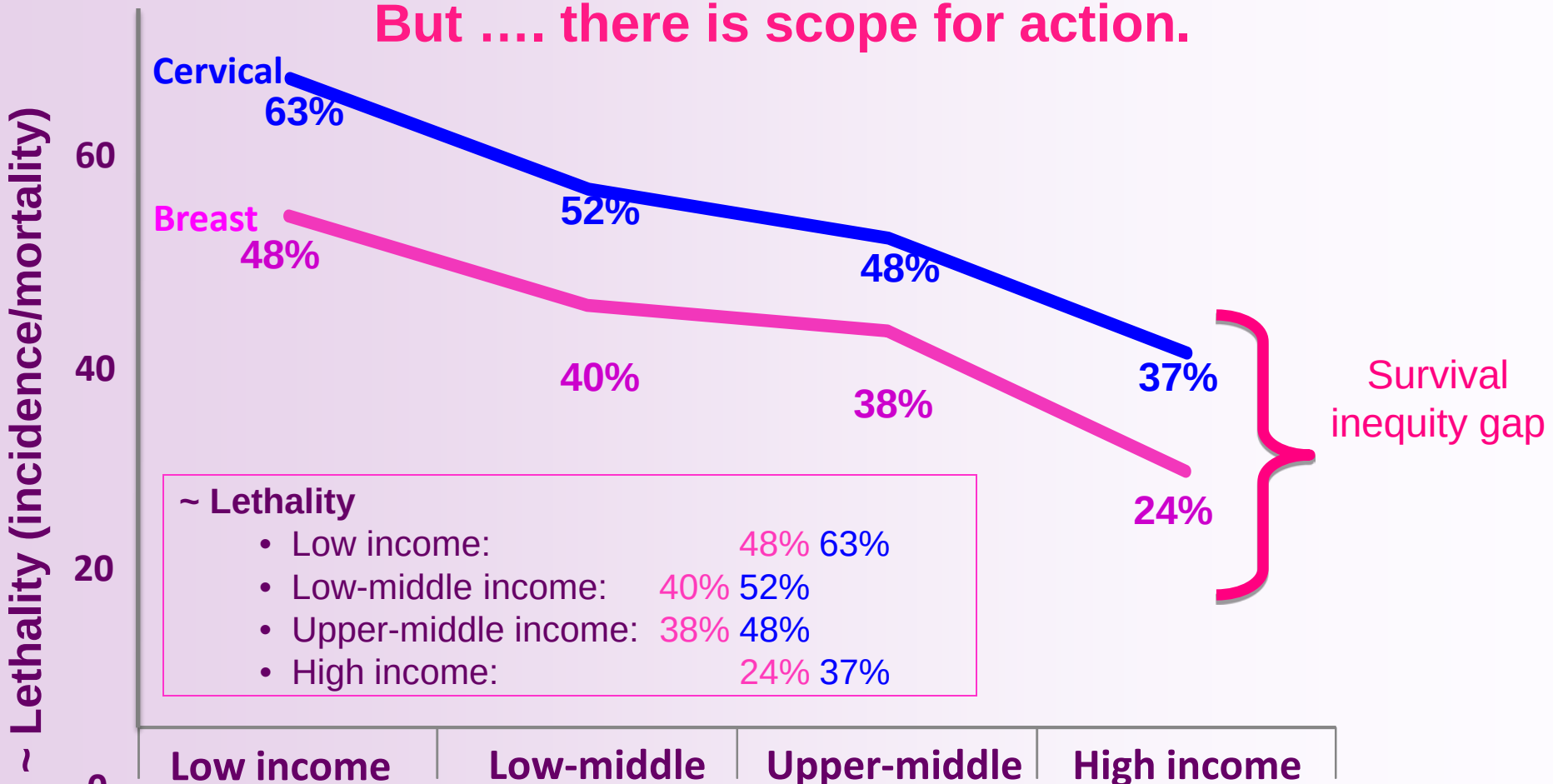


Mohammad H Forouzanfar; Institute for Health Metrics and Evaluation

Change in cumulative mortality of breast cancer, 1990-2, (20-80)



The opportunity to survive should not be an accident of geography or defined by income.
Yet it is.
But …. there is scope for action.



Source: Author estimates based on IARC, Globocan, 2008 and 2010.

The cancer divide: an equity imperitive

Cancer is a disease of rich and poor

Yet, transition is polarizing the burden so that it is increasingly the poor who suffer:

- **Incidence and death: preventable cancers**
- **Death: treatable cancer**
- **Avoidable pain and suffering – particularly at end of life**
- **Financial impoverishment from the costs of care and effects of the disease**

People are at risk for many reasons…victims of success?

	Maternal mortality	Breast and cervical cancer
Africa	207,000	67,885 75,893 =133,778
LMICs	355,000	772,728 478,640 =1,251,368

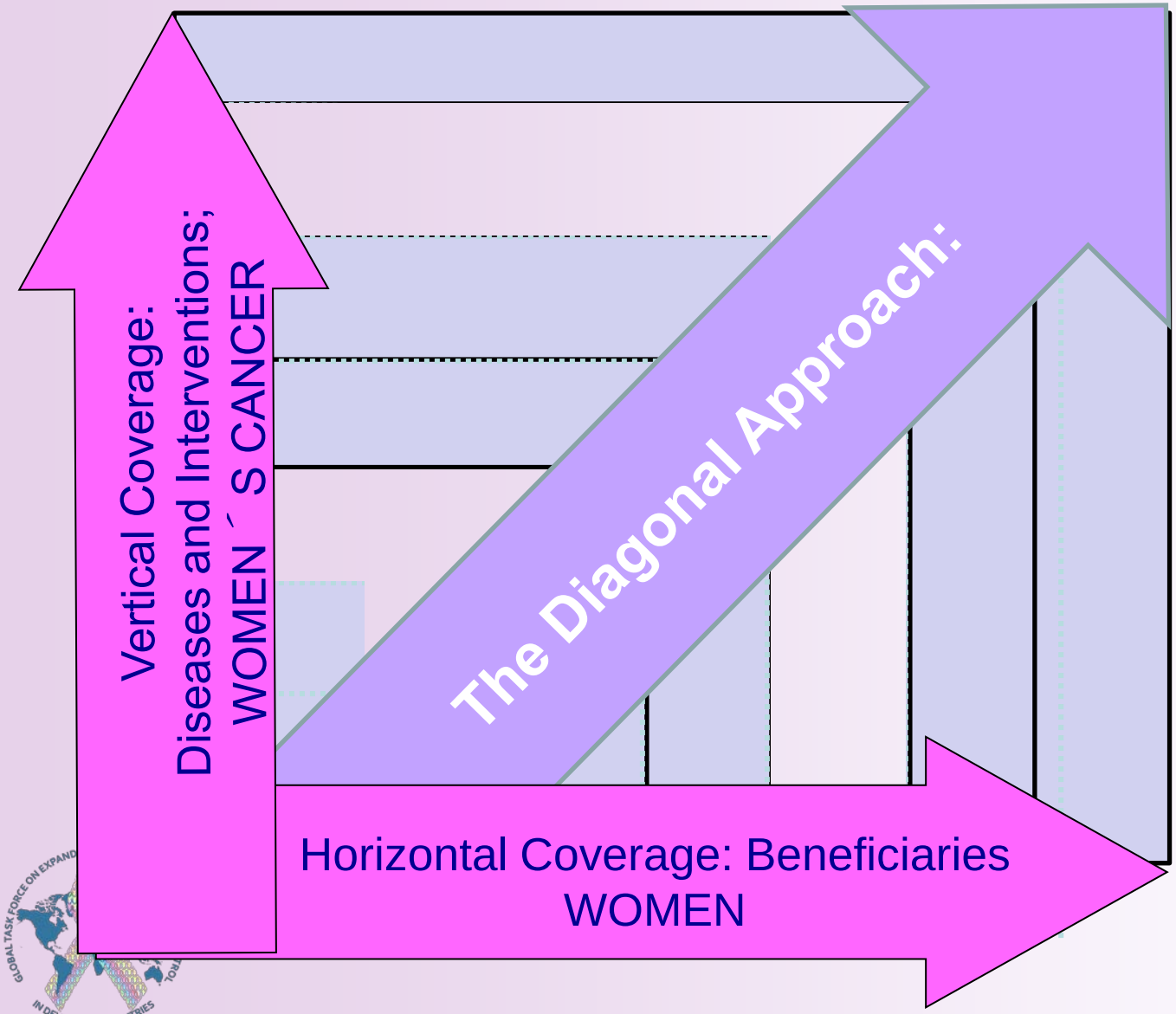
The diagonal approach to health system strengthening

"Vertical programs refer to targeted interventions, proactive and disease-specific on a massive scale (HIV, maternal and child health), while horizontal programs refer to more integrated health services corresponding to functions of the health systems, guided by demand and shared resources.

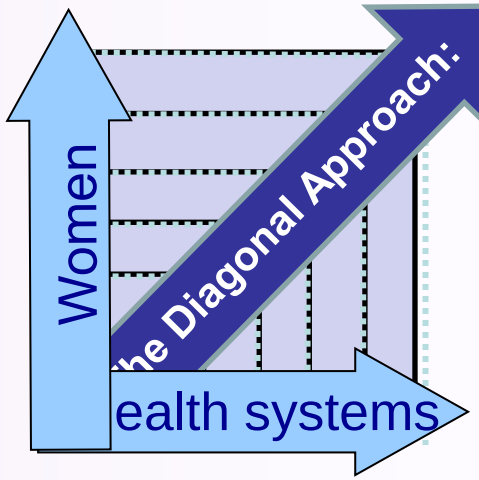
… it has been discussed at length what the most effective approach is to deliver health interventions: vertical programs or horizontal programs. This is a false dilemma, because both interventions need to coexist in what could be called a diagonal approach"

Sepúlveda *et al.,* Aumento de la sobrevida en menores de 5 años: la estrategia diagonal

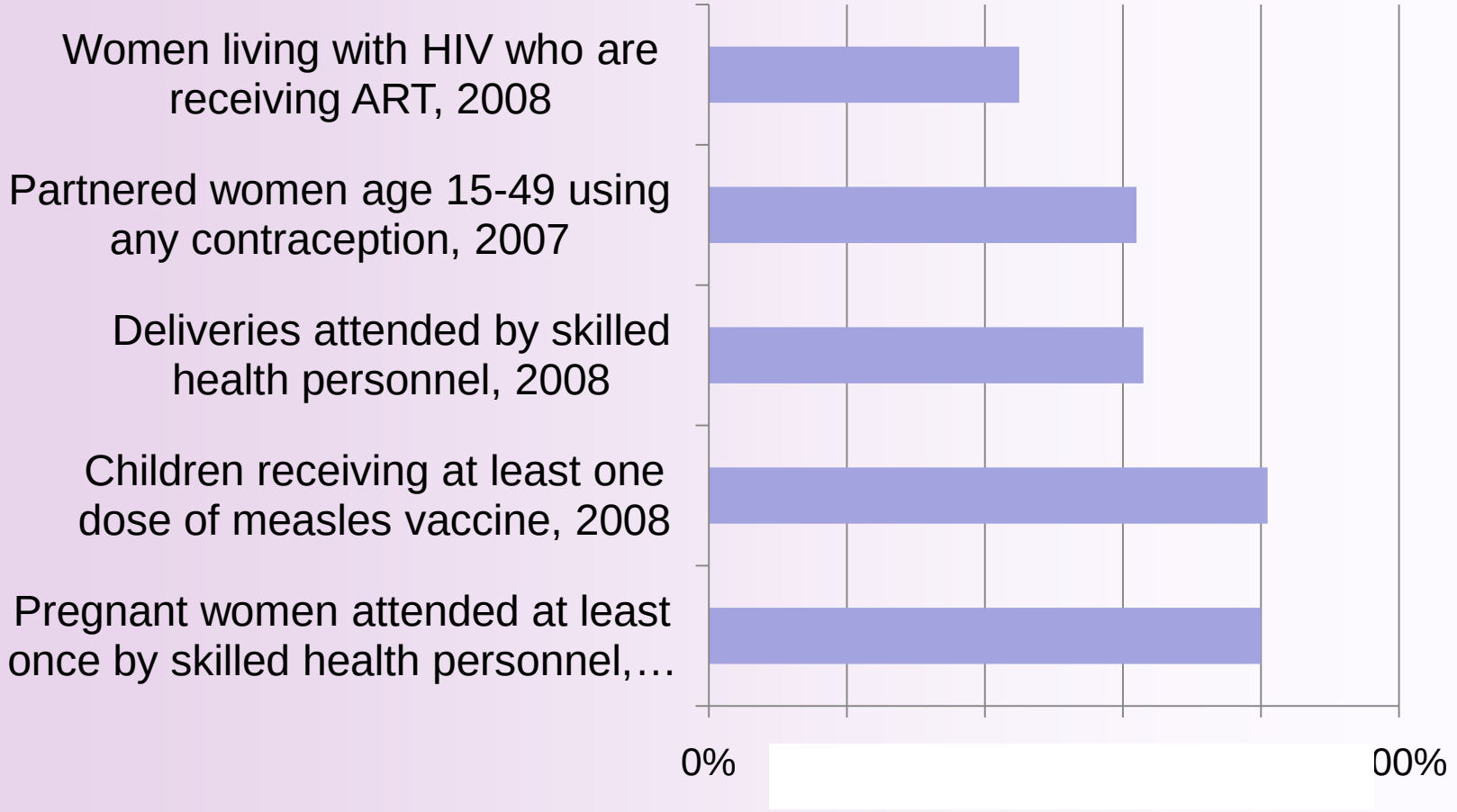
A diagonal approach to women and health and cancer care and control



2+2=5



Women and health: coverage of interventions



Diagonal approaches

Service Platforms

1. Integrating breast and cervical cancer screening into MCH, SRH
2. Integrating disease prevention and management into social welfare and anti-poverty programs

Health Systems Functions

3. Catalyzing and employing community health workers and expert patients
4. Financial protection/insurance strategies with horizontal and vertical coverage
5. Reducing non-price barriers to pain control
6. Developing effective health services research and monitoring

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