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GLOBAL TASK FORCE ON EXPANDED ACCESS TO CANCER CARE & CONTROL IN DEVELOPING COUNTRIES

Barriers and Responses in Advancing cancer prevention and control:
Breast Cancer in Mexico

Workshop on Cancer Care in Low Resource Areas
IOM
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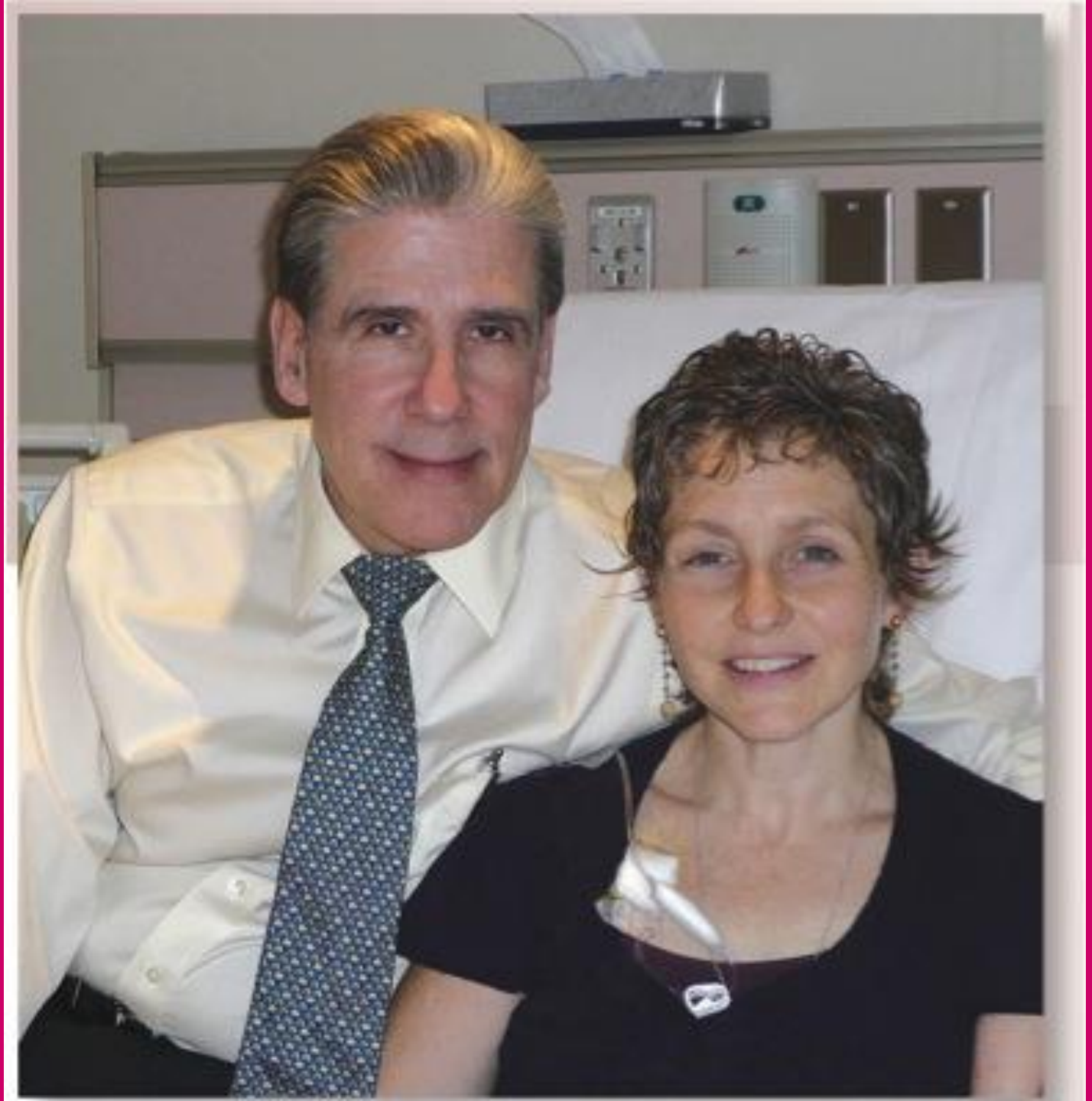
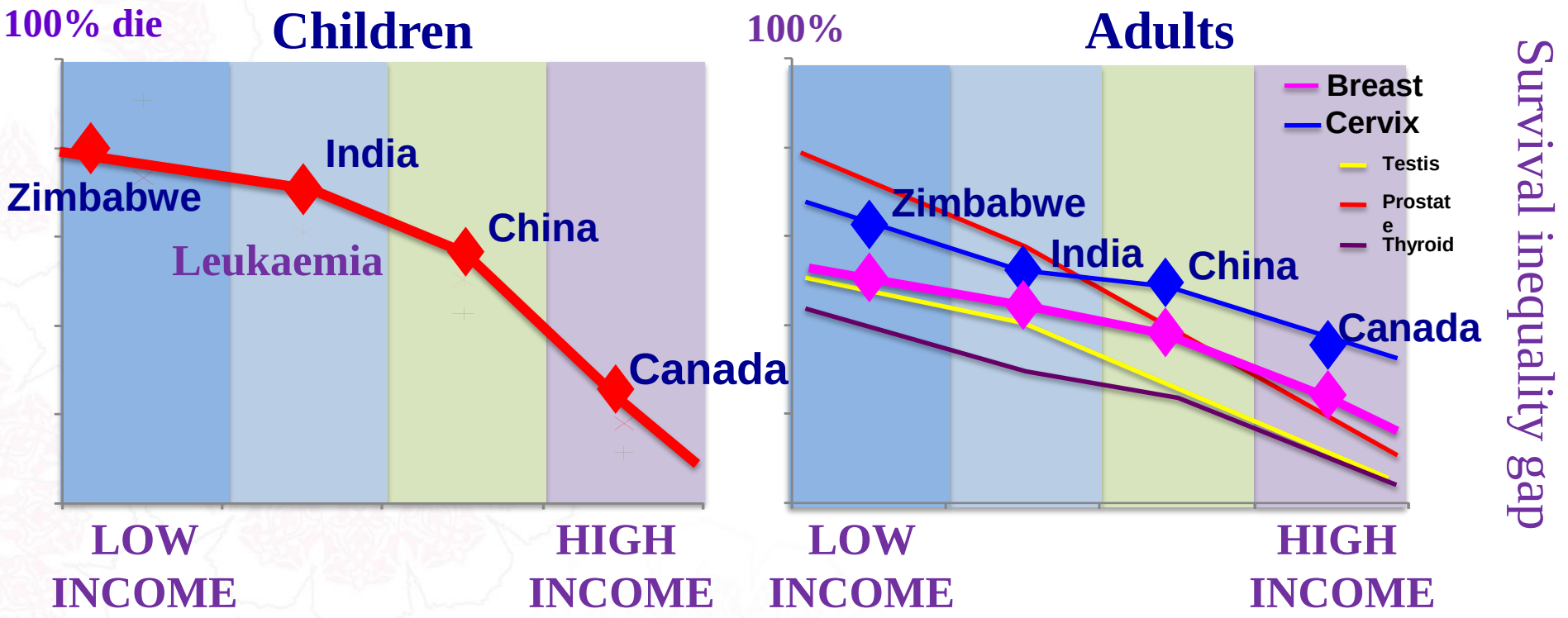


Outline

1. Cancer is “different” in LMICs
2. Breast cancer, barriers to access in Mexico, a country with national health insurance
3. Responses to reduce barriers to access in Mexico
4. Scaling up and refining responses

The Opportunity to Survive is largely defined by income
– Mortality/Incidence



Almost 90% of Canadian childhood leukemia patients survive…
In the poorest countries only 10% survive.

"Avoidable" deaths from breast cancer

Income region	% of deaths considered "avoidable"
Low income	52-60%
Low-middle income	44-57%
Upper-middle income	33-48%
High income	21-35%

75-80% of avoidable deaths

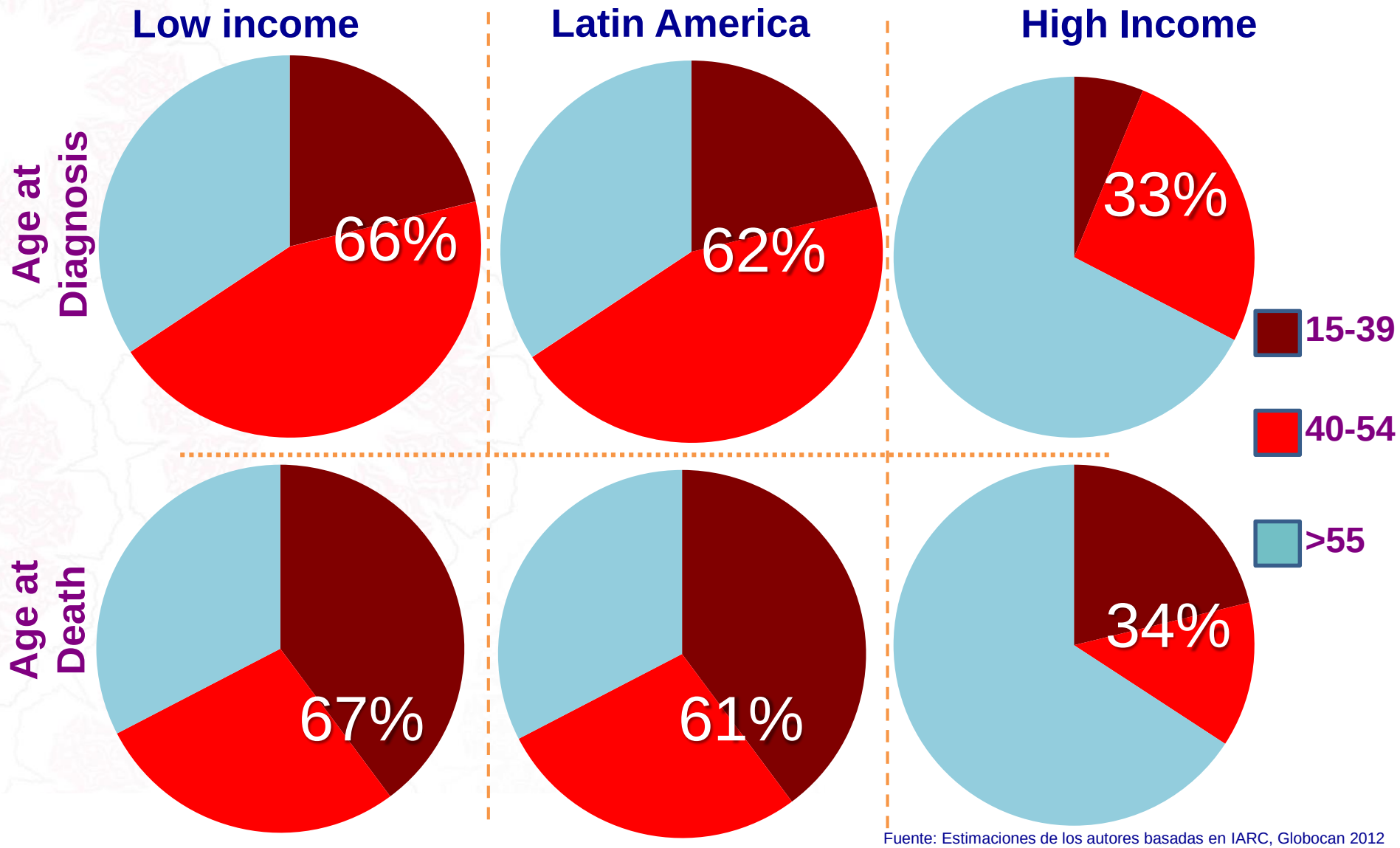
The Cancer Divide: An Equity Imperative

Cancer is a disease of both rich and poor; yet it is increasingly the poor who suffer:

Facets

1. **Exposure to risk factors**
2. **Preventable cancers (infection)**
3. **Treatable cancer death and disability**
4. **Stigma and discrimination**
5. **Avoidable pain and suffering**

In LMICs a very large % of Breast Cancer cases and deaths are in women <55



Fuente: Estimaciones de los autores basadas en IARC, Globocan 2012

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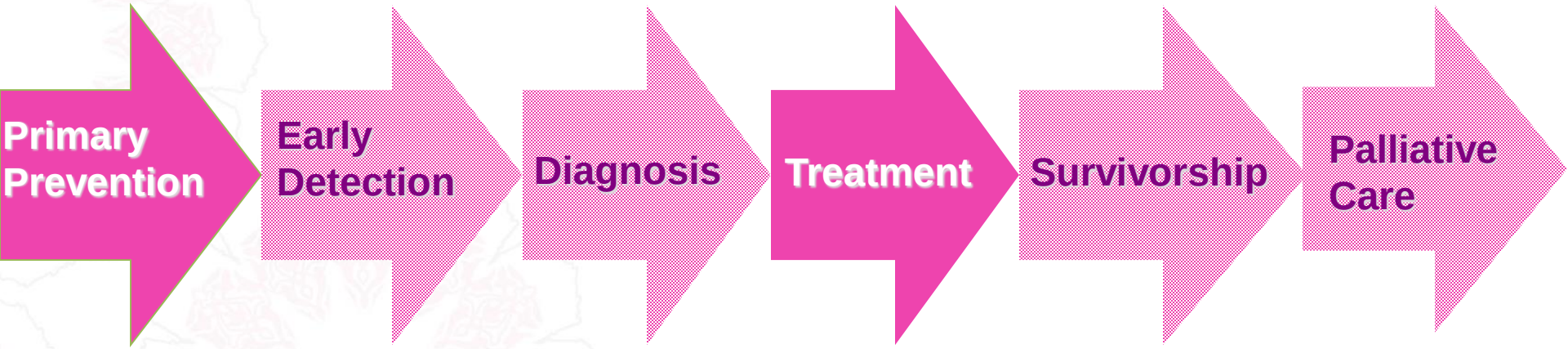
Breast cancer: care continuum



Mexico: Exemplary investment in prevention of risk factors and treatment but…. late detection and little access to survivorship or palliative care.

Mexico: guarantees treatment

- **Every Mexican woman has the right to financial protection for breast cancer treatment**
- **Globally-recognized innovation**

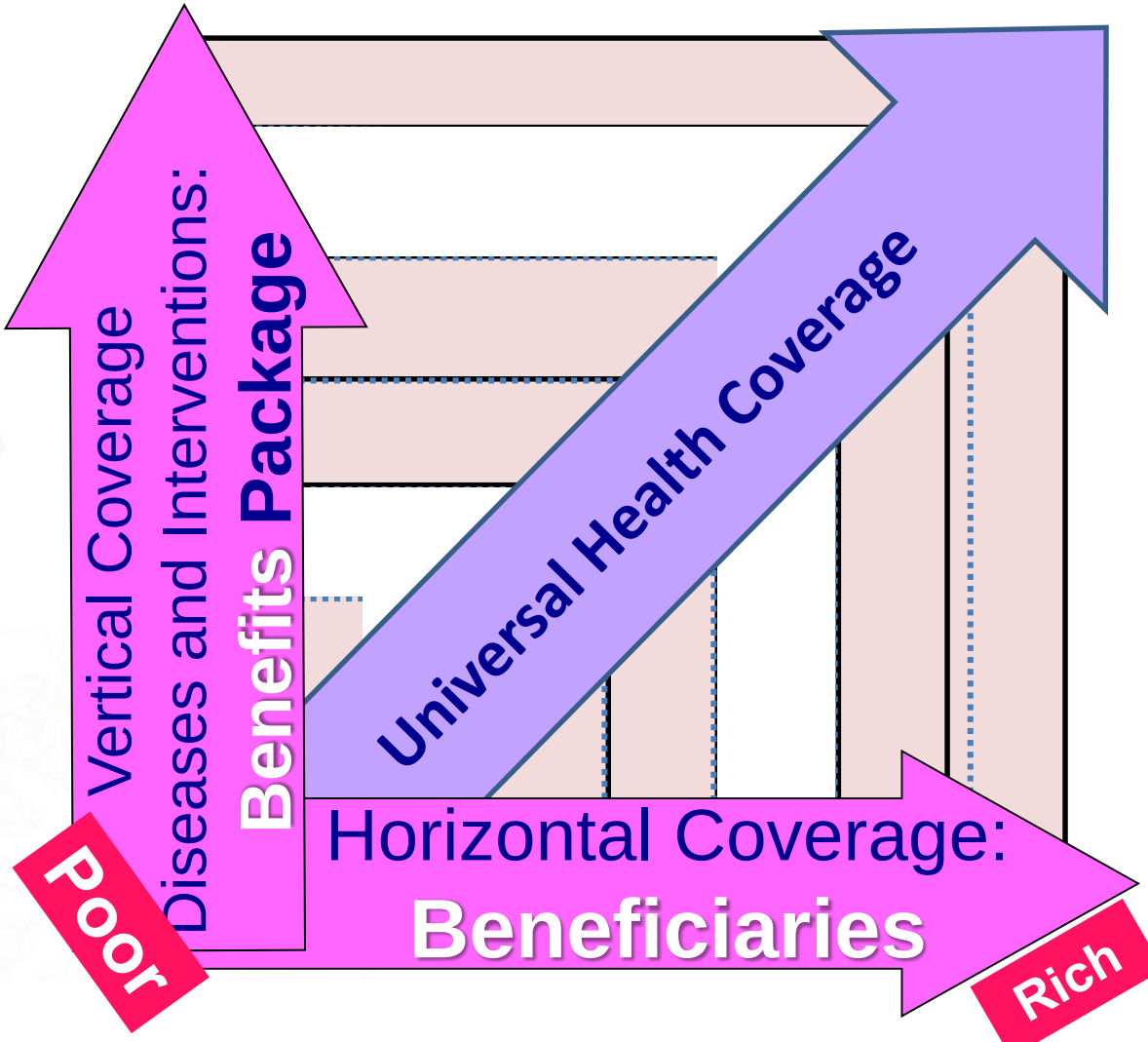
Expansion of Financial Coverage: *Seguro Popular México*

Affiliation:

- 2004: 6.5 m
- 2014: 55.6 m

Benefit package:

- 2004: 113
- 2015: 285
- 59 in the **Catastrophic Illness Fund**



Seguro Popular now includes cancers in the national, catastrophic illness fund

- Universal coverage by disease with an effective package of interventions
  - 2004/6: HIV/AIDS, cervical, ALL in children
  - 2007: pediatric cancers; breast
  - 2011: Testicular, Prostate and NHL
  - 2013: Ovarian and colorectal
  - 2014: Prostate

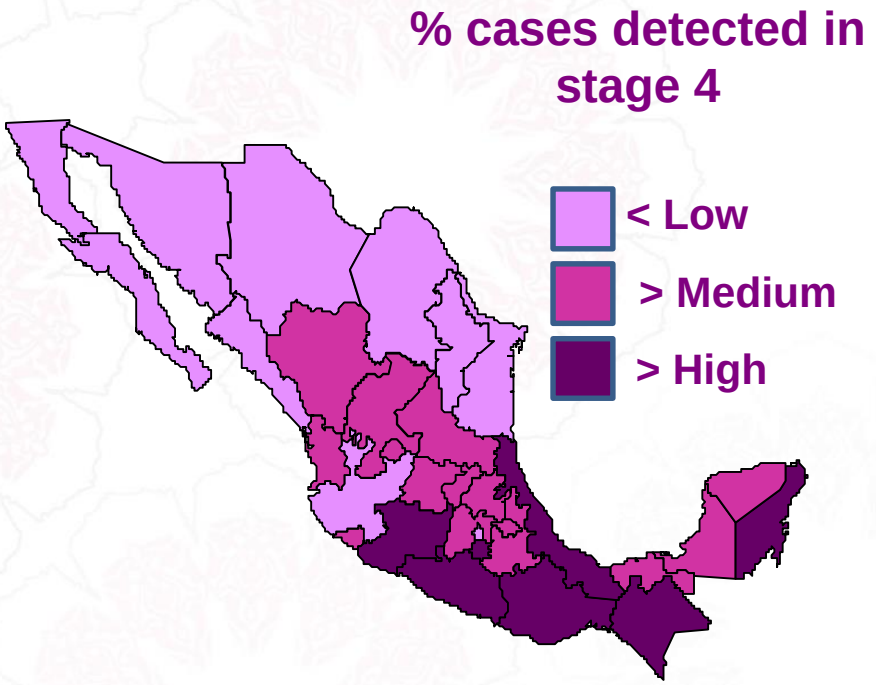
Barrier: Costs associated with the diagnosis and treatment that are not covered

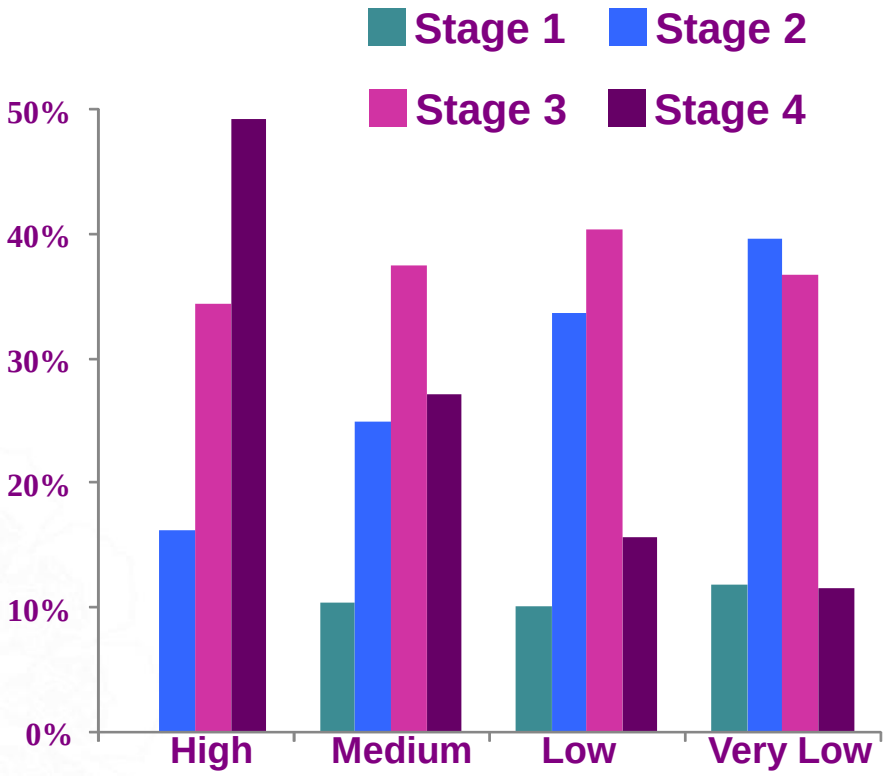
- Transportation especially for chemotherapy and RT
- Caregiving and family responsibilities
- Lost income

Breast Cancer early detection: Delivery failure

- 2nd cause of death, women 30-54
- 5-10% of cases detected in stage 0-1
- Poor municipalites: 50% Stage 4; 5x rate for rich

Late detection by state





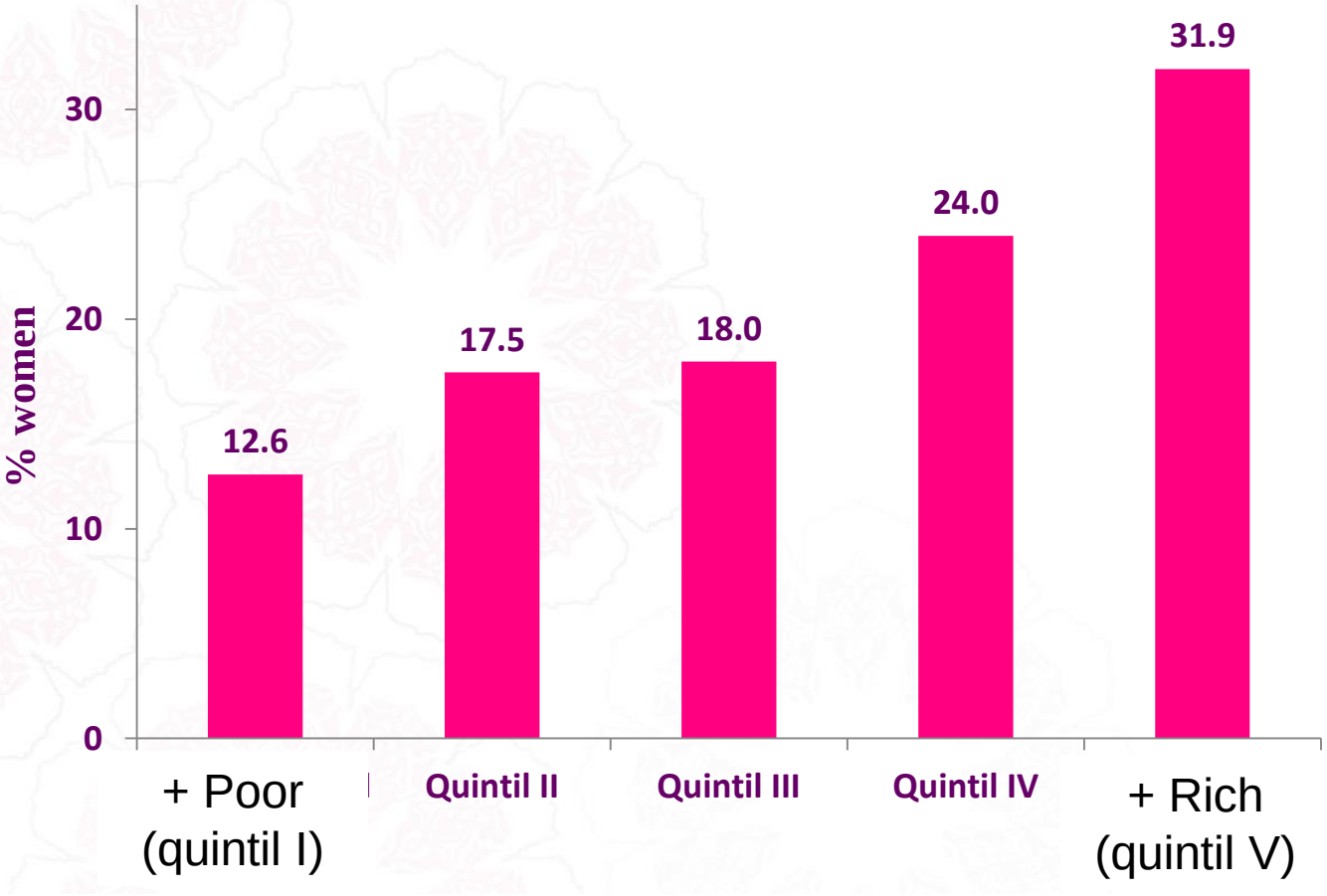
Source: Authors' estimates with database from IMSS, 2006.

Juanita:

Advanced metastatic breast cancer as a result of a series of missed opportunities and barriers to access

Barrier: Lack of access to detection, particularly for the poorest

Percentage of women that the last 12 months attended a module of preventive medicine for detection of breast cancer by income quintile



Only 1 in 5 women aged 40-69 reported clinical examination or mammography in 2012

Source: *ENSANUT, 2012*

Barrier: Low quality primary care services

One in every two women diagnosed with breast cancer reported problems with medical attention in the diagnostic process

- **Did not receive breast clinical examination or information in their routine annual exam & pap test**
- **Doctor did not value the importance of signs and symptoms manifested by the woman, and sent her home without a diagnosis**
- **Both primary care providers and specialists recognized the lack of sensitivity of health care providers to the womens´ needs**

RESULTS FROM A NATIONAL QUALITATIVE STUDY
Nigenda et al.

Early detection:

Why don't young women come in earlier?

CHILDREN:

"I did not have anyone to leave my children with."

"First are my children, because I don't have money to get myself checked."

WORK:

"It isn't just any job that gives permissions for absences."

"I neglected myself. I didn't get checked because I thought only of work, I never worried about myself."

INDEPENDENCE/ RESPONSIBILITY:

"I think I have this flaw: seeing other's needs but not tending to my own needs."

"Since I was small i've been self sufficient.. Many people depended on me. So what challenged me most was this: to depend on other people. This very much hurt me emotionally."

MISINFORMATION/ DENIAL:

"I saw on TV that they said that 45 year olds and onwards get breast cancer."

"One gets stubborn and says, 'no, no, this.. Nothing is happening to me. Nothing is happening to me.'"

Lasting survivorship challenges for young women:

1. Fear/uncertainty surrounding fertility
2. Body image perception challenges
3. Employment discrimination and its impact
4. Loss of social networks
5. Unmet primary and psych care needs

Employment discrimination

"…a person with cancer, no one wants to employ them. Because we are no longer useful."
"I like to speak the truth when I go to ask for a job. I tell them, 'I had cancer and I have to go to …appointments,' they tell me, 'we don't allow absences,' ' Thanks, see you later.'"

Body image, psychosocial needs – change w time

"They always tell me, 'dress up, make yourself up, do this,' and I say, 'for what? For what now?' I have become.. depressed. .. not depression, as I told you, a lack of interest."

"…the first years did not affect me….. I did not care… now it is affecting me. For a year, I have been seeing myself and not accepting myself, it is very hard for me to accept myself as a I now am.."

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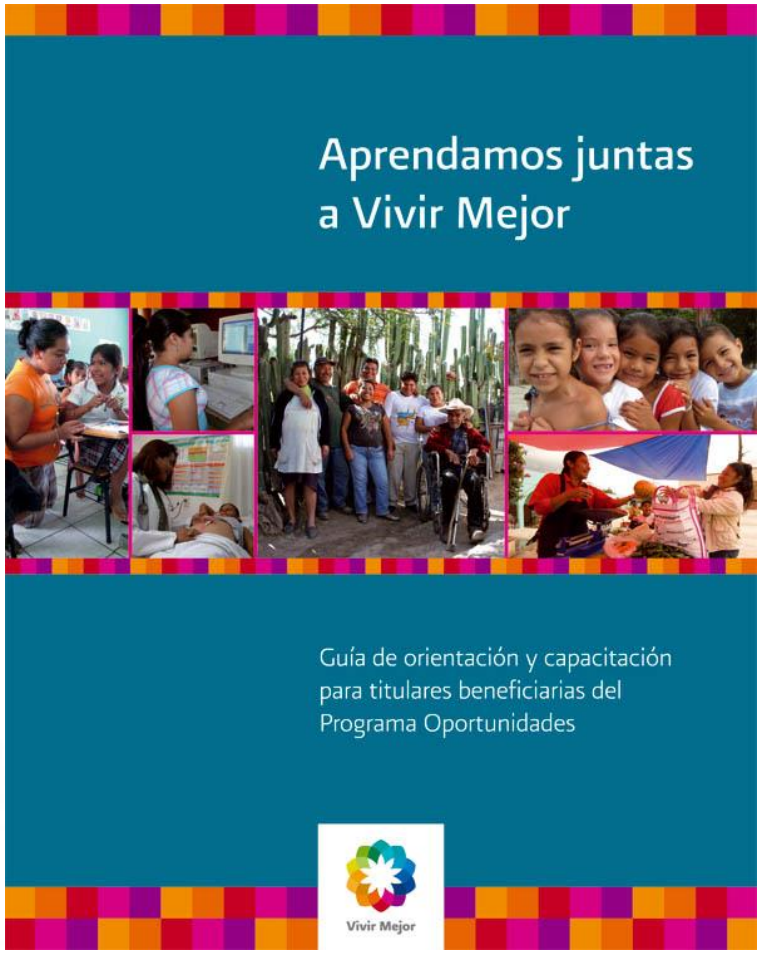
Diagonalizing delivery: Inclusion of early detection of breast cancer in Opportunities program

- *"Capacitation and orientation guide for beneficiaries of Oportunidades program" includes information about breast cancer 2009/10*
- *3 million copies for promoters and trainers*
- *Reached 5.8 million families = more than 90% of poor households*



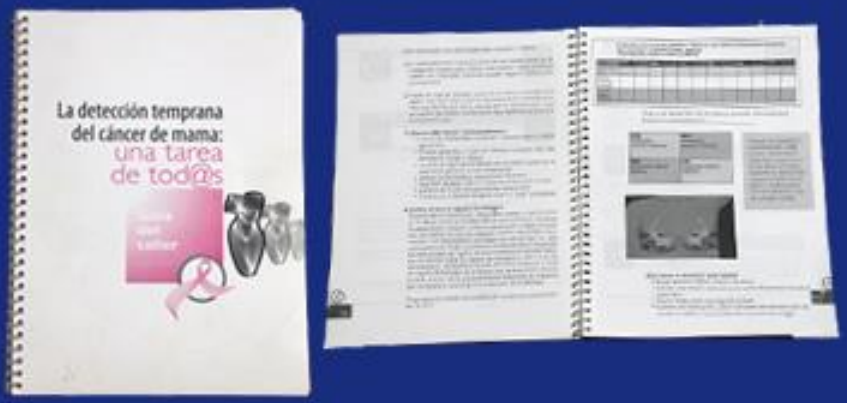
Training in primary health care in early detection

- With the National Institute of Public Health
- Through Ministries of Health- Nuevo Leon, Jalisco, Puebla, Morelos – and the IMSS
- > 16,000 professional and community health promoters, nurses, doctors and medical and nursing students
- Modalities:
  - Promoter, Nurses and Doctors
  - train the trainers for promoters
  - Print materials
  - online and interactive courses
- Certification and diploma
- Rigorous evaluation


EL CÁNCER DE MAMA EN MÉXICO
¿Cómo evitarlo?
Sólo dos de cada diez mujeres asisten a consulta preventiva.
Ocho de cada diez casos detectados están en etapa avanzada
La detección temprana del cáncer de mama:
una tarea de todos


INICIO
META


Detección temprana del cáncer de mama:
una tarea de todos


La detección temprana del cáncer de mama:
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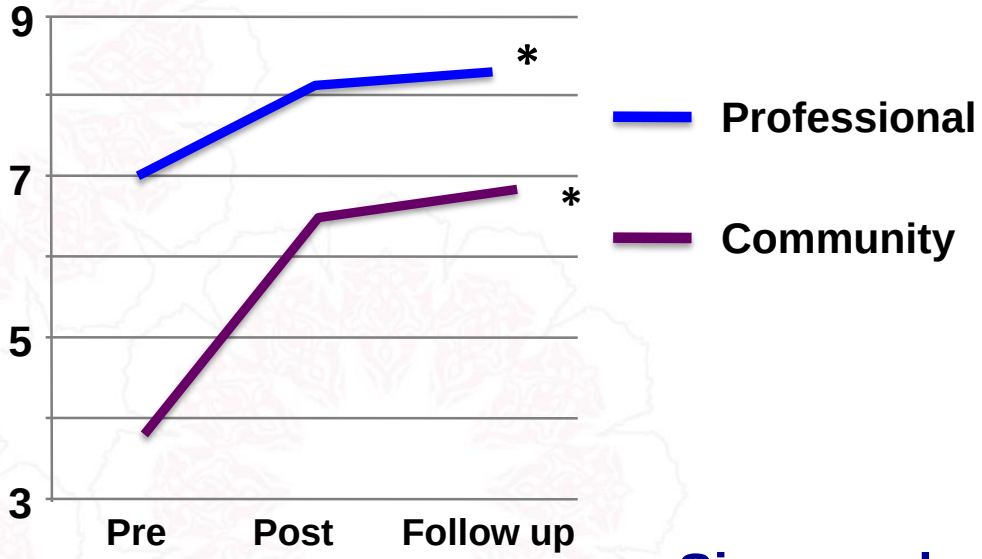
Results for Health Promoters, 2010

- The “train the trainer” model significantly improved knowledge and comprehension **in every group of health promoters**.
  - 1) understand breast cancer as a health problem,
  - 2) learn how to perform CBE, and
  - 3) learn about breast cancer risk factors, symptoms, family history and treatment.
- New knowledge is retained (3-6 months)
- ***Significant potential for involving community and professional health promoters in early detection and management of breast cancer***

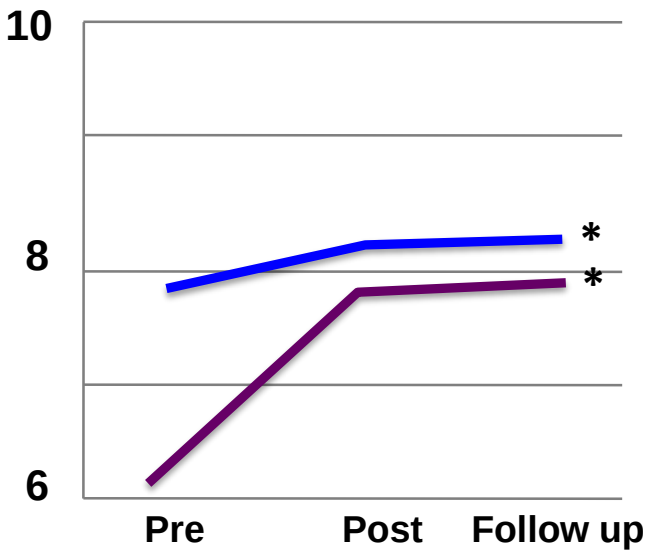
The Oncologist,
http://theoncologist.alphamedpress.org/content/early/2014/09/17/theoncologist.2014-0

Professional and community health promoters: Jalisco and Nuevo Leon

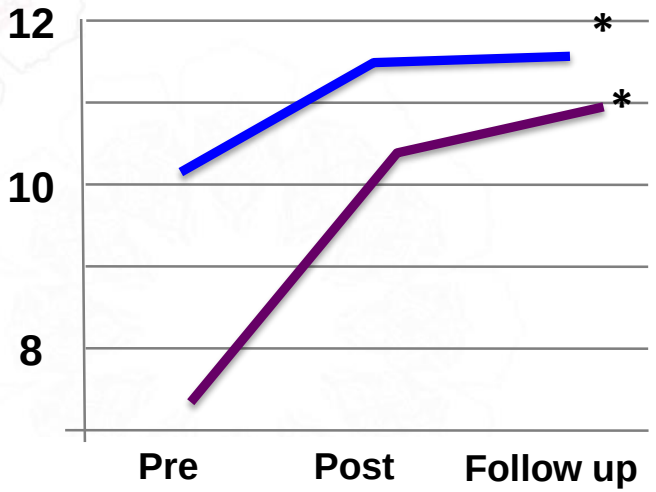
Risk factor´s



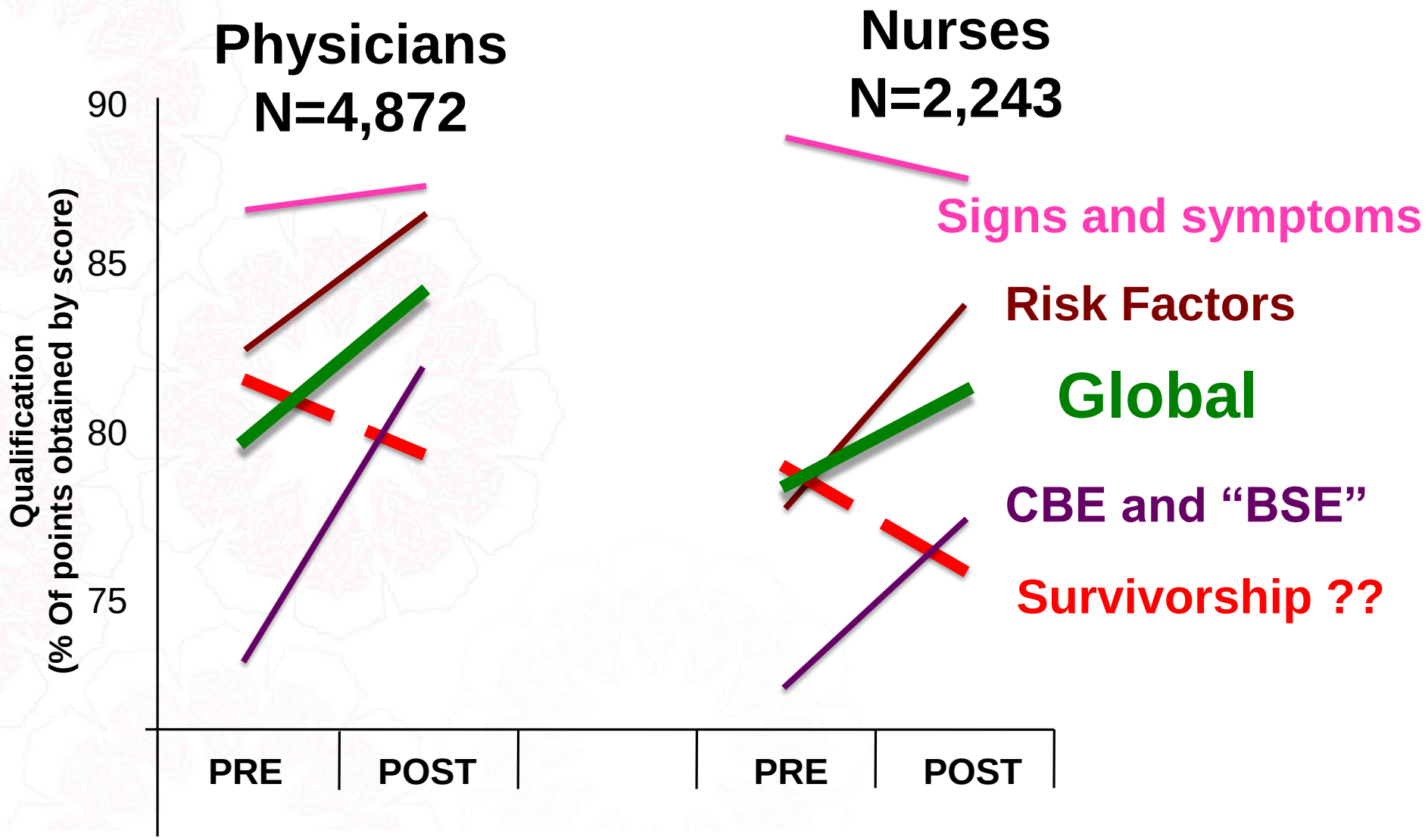
Family history



Signs and symptoms



Preliminary training results: 10,000 primary care physicians and nurses, 2014



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Worldwive wave of reforms to achieve

Universal Health Coverage:

prevention, promotion, treatment, rehabilitation, and palliative care –

without risking economic hardship or impoverishment (WHO, WHR 2013).

The Diagonal Approach to Health System Strengthening

- Rather than focusing on either disease-specific vertical or horizontal-systemic programs, harness synergies that provide opportunities to tackle disease-specific priorities while addressing systemic gaps and optimize available resources
- Diagonal strategies:
  - Positive externalities: ➔ X = > Σ parts
  - Compound benefits to increase effectiveness at a given cost
  - Bridge disease divides using a life cycle response
  - Exploit existing platforms
  - Avoid the false dilemma of disease silos

Diagonal Strategies: Positive Externalities

- **Promoting prevention and healthy lifestyles:**
  - Reduce risk for cancer and other diseases
- **Reducing stigma for women's cancers:**
  - Contributes to reducing gender discrimination.
  - Investing in treatment produces champions

An *effective*UHC response to chronic illness must integrate interventions along the

Continuum of disease:

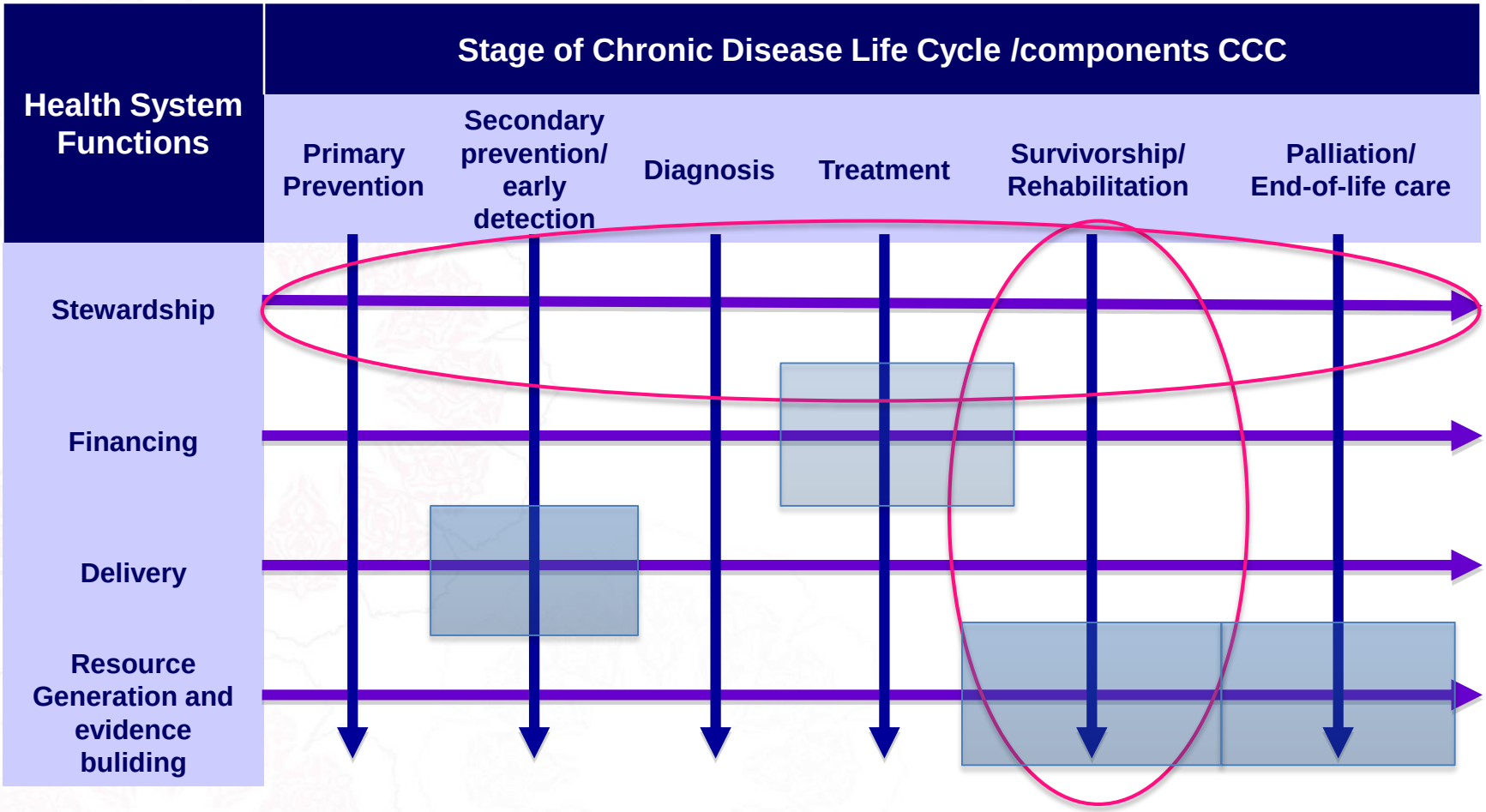
1. Primary prevention
2. Early detection
3. Diagnosis
4. Treatment
5. Survivorship
6. Palliative care

….As well to each

Health system function

1. Stewardship
2. Financing
3. Delivery
4. Resource generation

eUHC requires an integrated response along the continuum of care and within each core health system function



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