

CÁNCER DE MAMA
TÓMATELO
A PECHO



ULACCAM
Unión Latinoamericana
Contra el Cáncer de la Mujer



Closing the cancer divide for women in the Americas: diagonal health system innovations

Women's Cancer Prevention and Control in the Americas

Tuesday, 6 February 2018

Pan American Health Organization, Washington D.C.

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OF MIAMI



UNIVERSITY OF MIAMI
INSTITUTE for ADVANCED
STUDY of the AMERICAS



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE



SYLVESTER
COMPREHENSIVE CANCER CENTER
UNIVERSITY OF MIAMI HEALTH SYSTEM

Dr. Felicia Marie Knaul

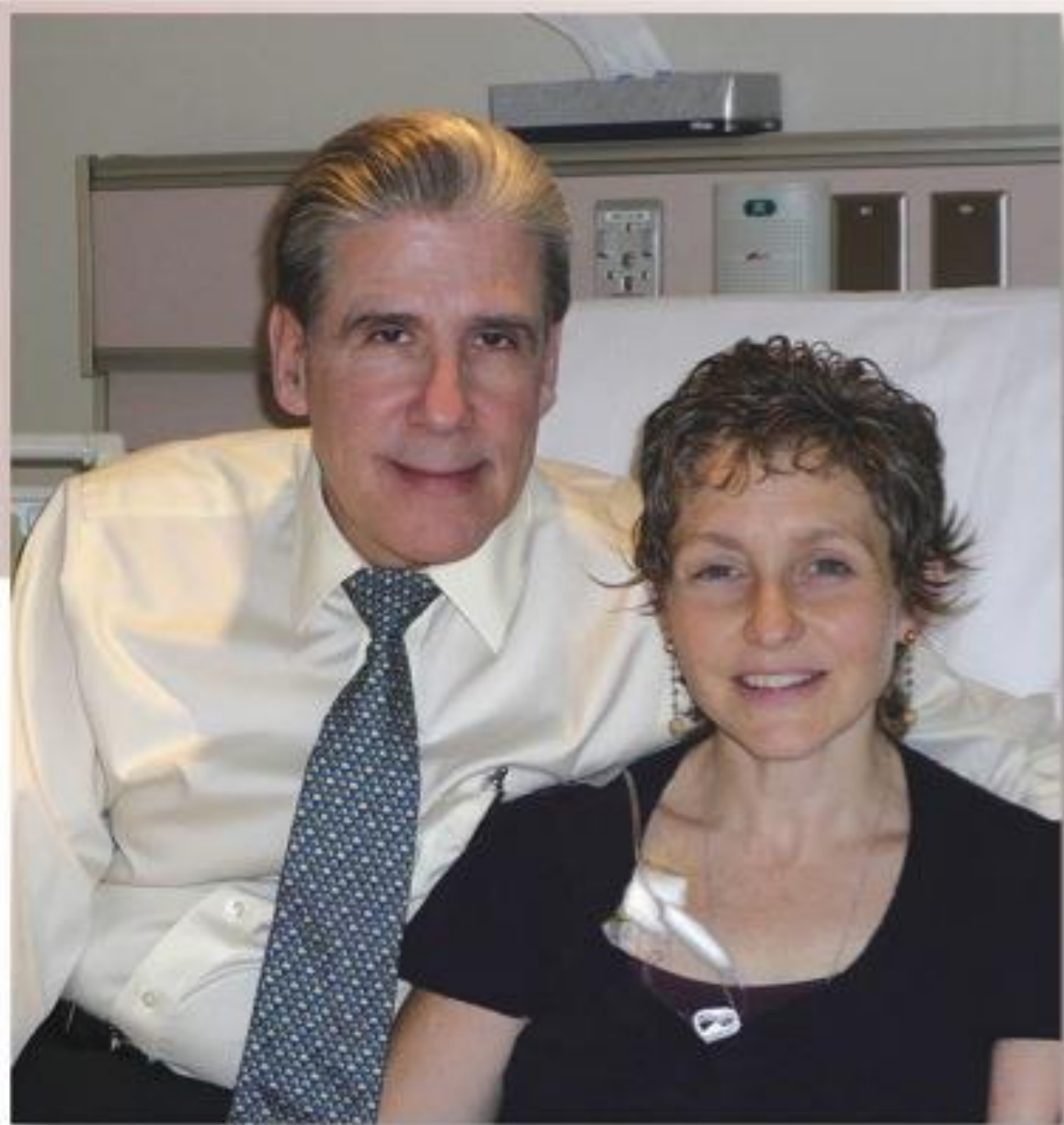
*UM Institute for Advanced Study of the Americas and Miller School of Medicine,
University of Miami; Tómatelo a Pecho and FUNSALUD, Mexico*

June, 2007



2007/06/16





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ASOCIACIÓN CIVIL

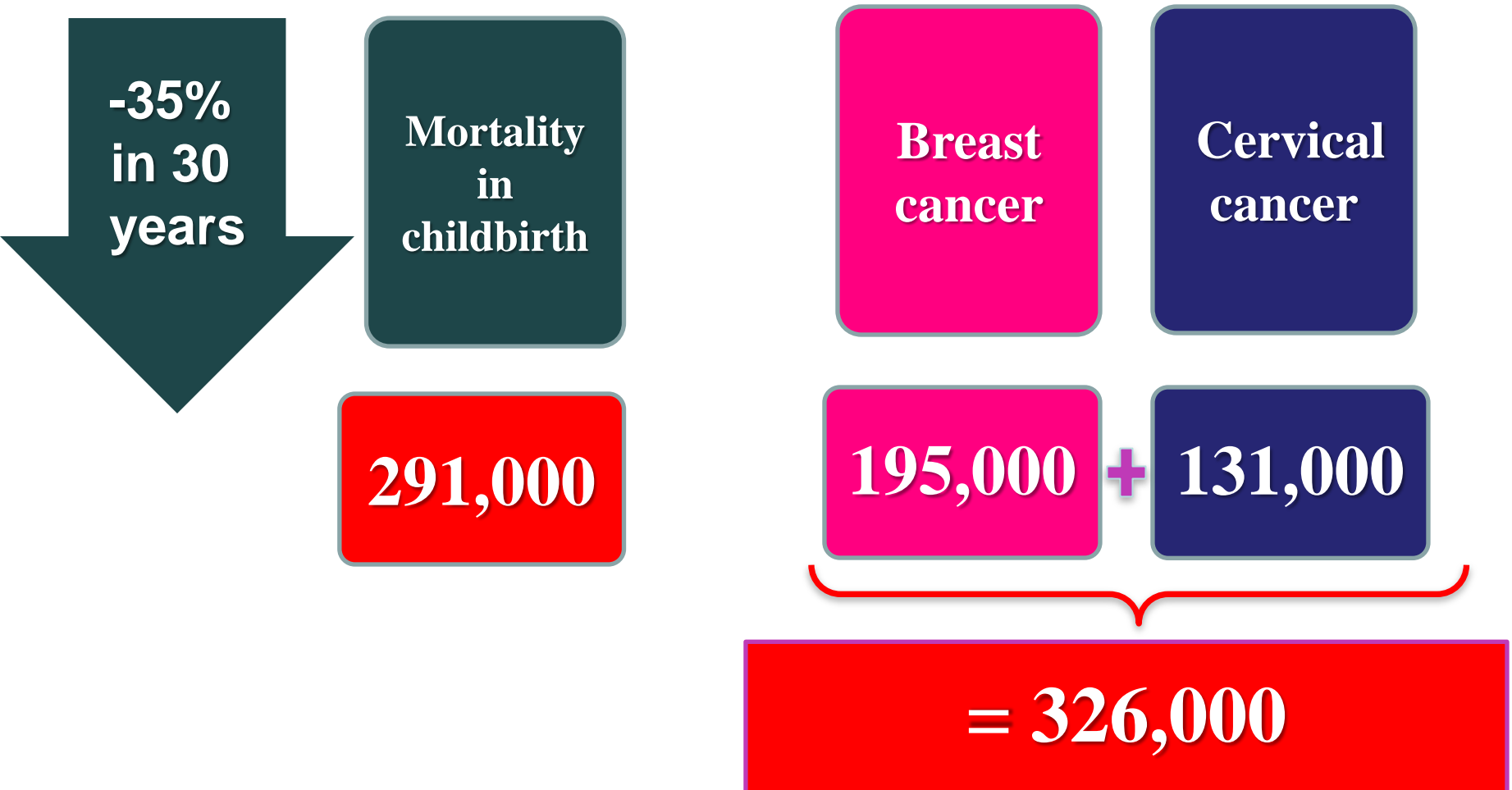


Outline

- 1. Growing equity and health priority**
- 2. Health systems strengthening through a diagonal approach**
- 3. Examples from Mexico**
- 4. Evidence-based advocacy to close divides**

Women and mothers in LMICs face many risks through the life cycle

Annual deaths: Women 15-59



Leading causes of death among women 15 to 49 years, select LA countries, 2016

Chile

1 Self-harm
2 Breast cancer
3 Road injuries
4 Cerebrovascular disease
5 Cervical cancer
6 Ischemic heart disease
7 Gallbladder cancer
8 Other neoplasms
9 Colorectal cancer
10 Leukemia

Costa Rica

1 Breast cancer
2 Road injuries
3 Cervical cancer
4 Ischemic heart disease
5 Chronic kidney disease
6 Self-harm
7 Interpersonal violence
8 Cerebrovascular disease
9 Leukemia
10 Stomach cancer

México

1 Chronic kidney disease
2 Road injuries
3 Diabetes
4 Breast cancer
5 Interpersonal violence
6 Ischemic heart disease
7 Cervical cancer
8 Cerebrovascular disease
9 Self-harm
10 Leukemia

Brasil

1 Road injuries
2 Cerebrovascular disease
3 Ischemic heart disease
4 Interpersonal violence
5 Breast cancer
6 HIV/AIDS
7 Cervical cancer
8 Lower respiratory infect
9 Self-harm
10 Chronic kidney disease

Bolivia

1 Cervical cancer
2 Cerebrovascular disease
3 Self-harm
4 Road injuries
5 Ischemic heart disease
6 Chronic kidney disease
7 Breast cancer
8 Lower respiratory infect
9 Maternal hemorrhage
10 Interpersonal violence

Ecuador

1 Road injuries
2 Cerebrovascular disease
3 Chronic kidney disease
4 Self-harm
5 Ischemic heart disease
6 Cervical cancer
7 Interpersonal violence
8 Breast cancer
9 Lower respiratory infect
10 Diabetes

Perú

1 Lower respiratory infect
2 Road injuries
3 Cervical cancer
4 Ischemic heart disease
5 Cerebrovascular disease
6 Breast cancer
7 Chronic kidney disease
8 Tuberculosis
9 Stomach cancer
10 HIV/AIDS

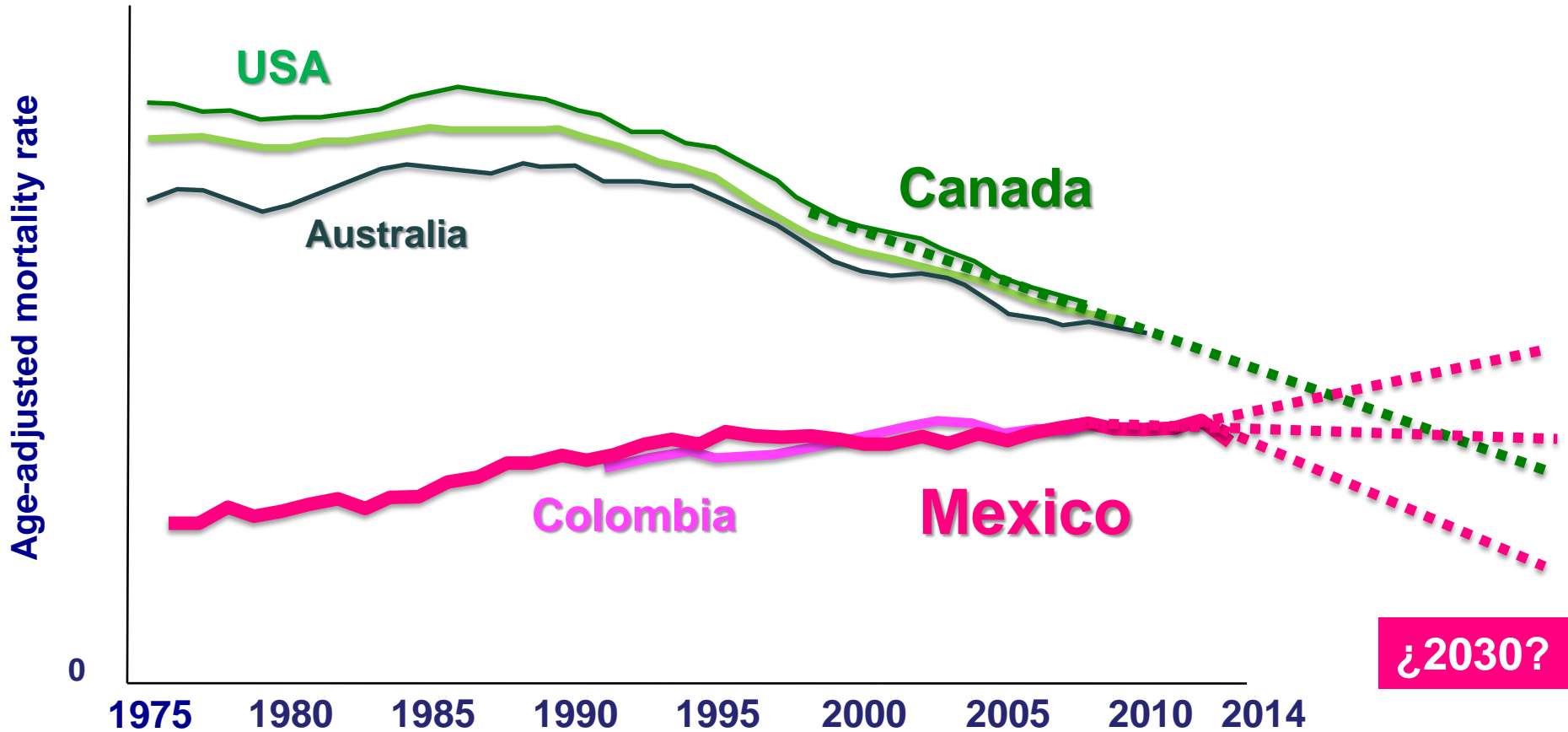
Colombia

1 Interpersonal violence
2 Breast cancer
3 Road injuries
4 Cervical cancer
5 Ischemic heart disease
6 Cerebrovascular disease
7 HIV/AIDS
8 Self-harm
9 Other musculoskeletal
10 Other neoplasms

“Avoidable” cancer deaths: Breast and Cervical, The Americas and LMICs

	Breast	Cervical
Latin America and the Caribbean	57%	64%
Low and middle income countries	75%	95%

Trends in breast cancer mortality: USA, Canada, Australia, Mexico, Colombia



Source: Data extracted from CI5plus.

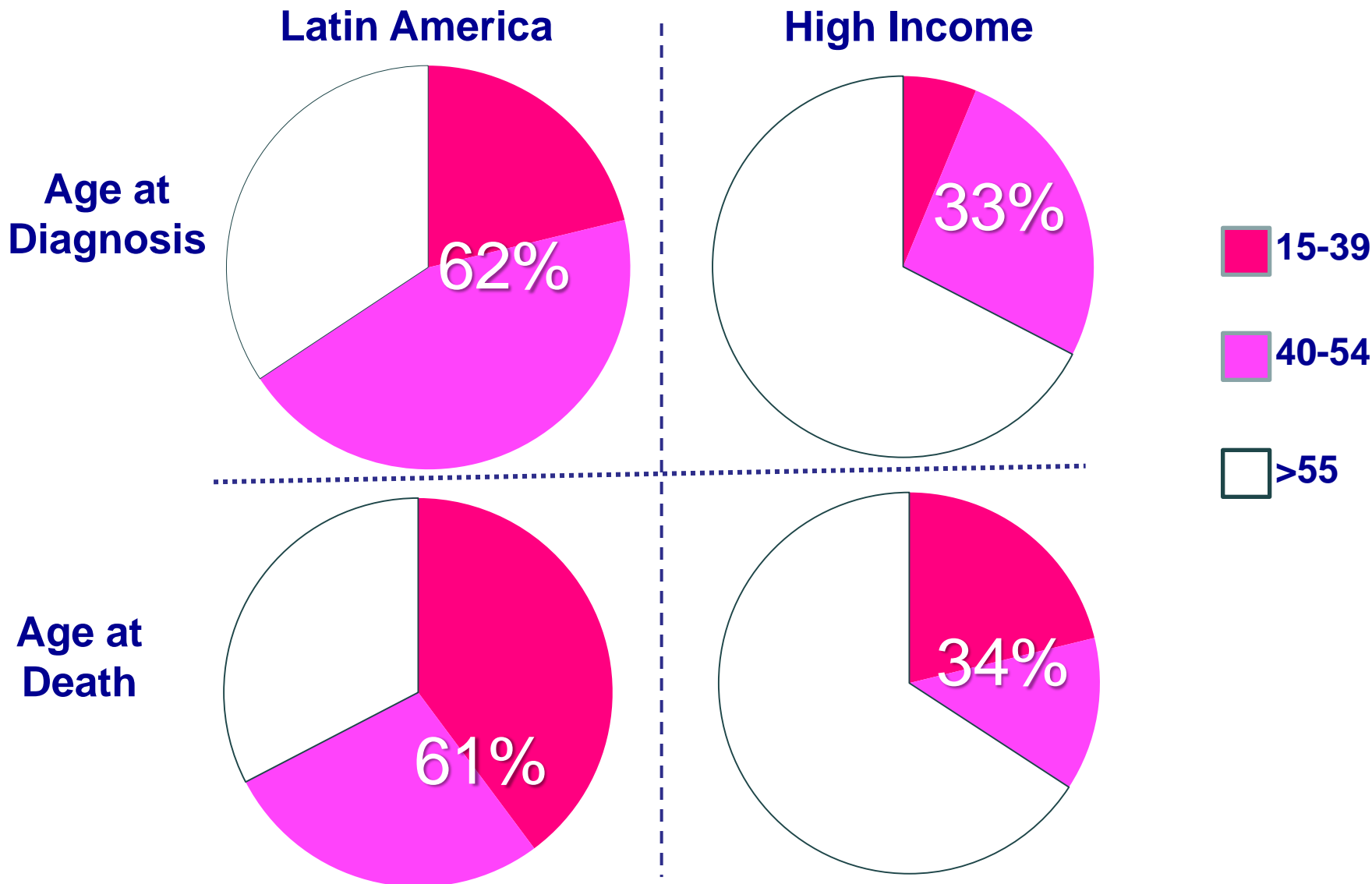
¿2030?

Breast Cancer Stage at Diagnosis: Latin America and USA

Stage at diagnosis	Lat Am	USA
I	21%	80%
II-III	71%	19%
IV	7%	1%

Sources: Justo, Wilking, Johnsson, Luciani, Cazab, 2014, *The Oncologist*; and ACS. *Facts & figures*, 2015-2016.

In LMICs, including LatAm, a large % of **Breast Cancer** cases and deaths are in women <55



Outline

1. Growing health priority for LAC

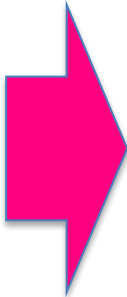
**2. Health systems
strengthening through
a diagonal approach**

3. Examples from Mexico

4. Evidence-based advocacy to close divides

Universal Health Coverage

UHC: All people must obtain the health services they require - prevention, promotion, treatment, rehabilitation and palliative care - without the risk of impoverishment (WHO)



Latin America: a wave of health reforms in the challenging context of a complex epidemiological transition, a high and increasing burden of non-communicable and chronic disease, and with very fragmented health systems

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 through each

Health system function

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

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 add value:
 - ℣ Exploit existing platforms – e.g. anti-poverty programs
 - ℣ Compound, which means increase effectiveness at a given cost
 - ℣ Generate positive externalities
 - ℣ Bridge disease divides using a life cycle response
 - ℣ Avoid the false dilemma of disease silos

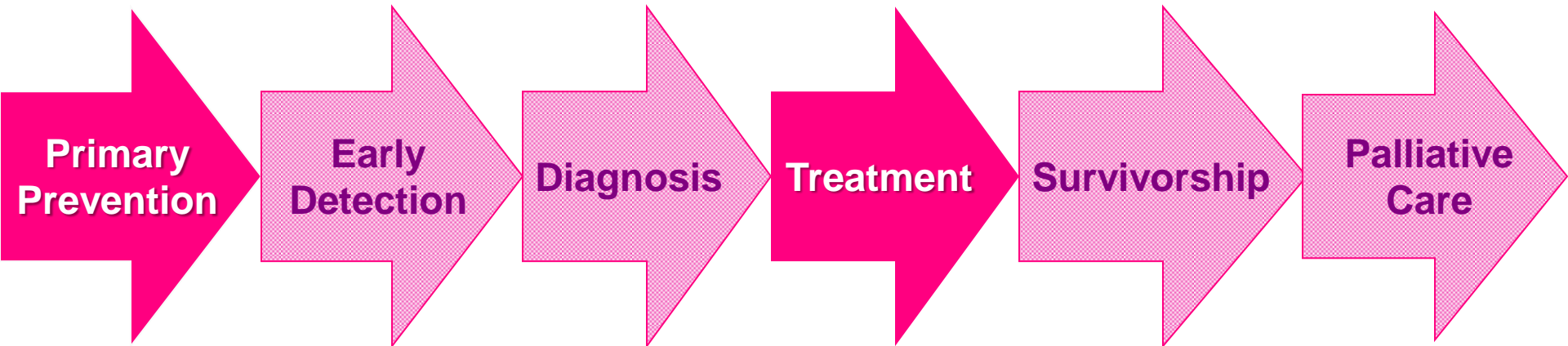
‘Diagonalizing’ Cancer Care: Financing & Delivery

- 1. Financing:** Integrate cancer care into national social insurance and social security programs and reforms
- 2. Delivery:** Integrate cancer prevention, survivorship and palliative care into primary care platforms, maternal and child health and anti-poverty programs.
- 3. Pain control and palliative care:** reducing barriers to access for cancer care improves access for all, and strengthens surgical platforms
- 4. Advocacy:** Integrate advocacy around women’s cancer to harness, but also catalyze women’s health and empowerment, health system reform, & SDGs

Outline

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Breast cancer: care continuum



Mexico: Exemplary programs for prevention of risk factors and investment in treatment but....

late detection, long lag time between diagnosis and treatment, and little access to survivorship or palliative care.

Juanita:

Advanced metastatic breast cancer is the result of a series of missed opportunities



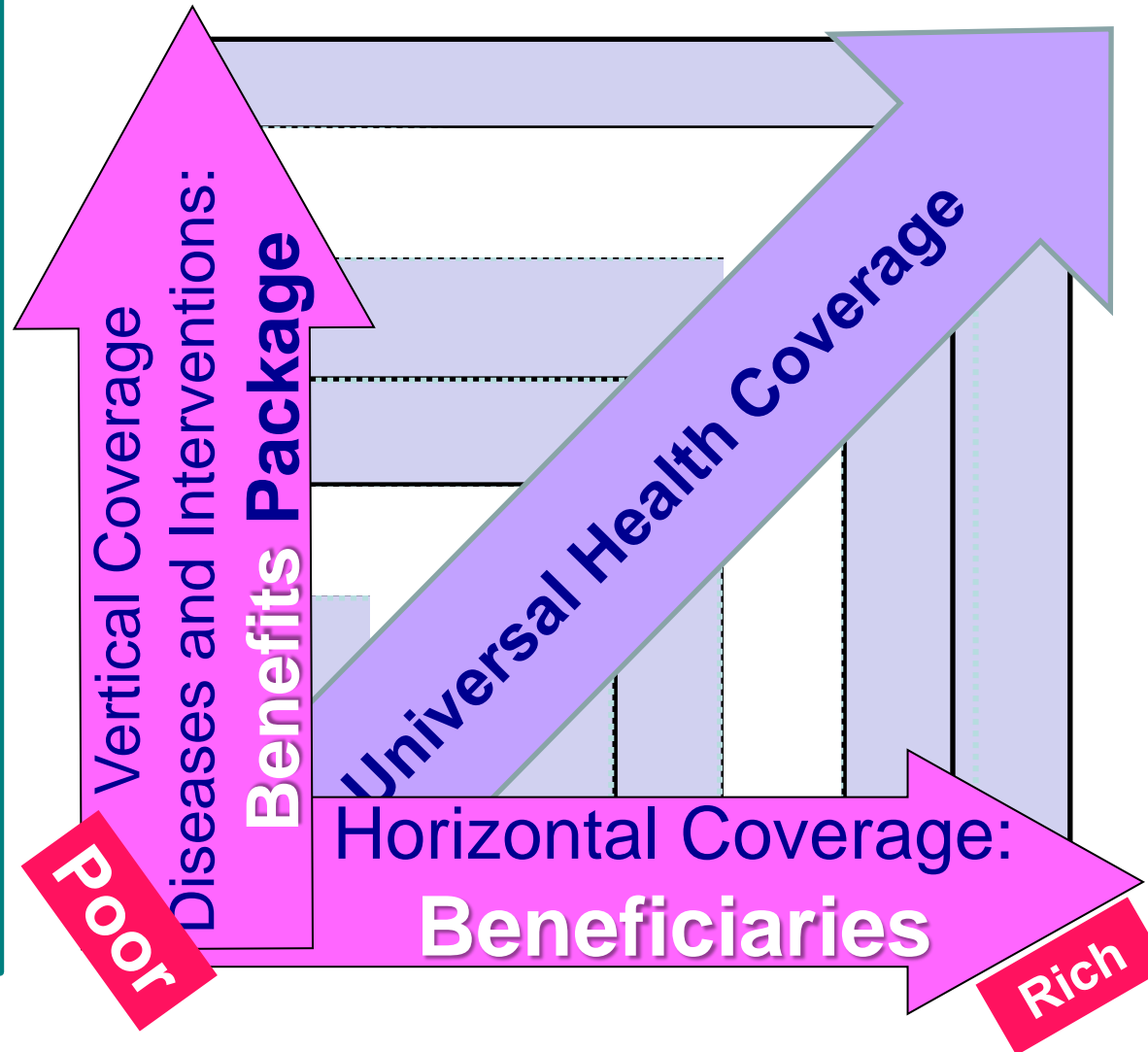
Expansion of Financial Coverage: *Seguro Popular México*

Affiliation:

- 2004: 6.5 m
- 2016: 54.9 m

Benefit package:

- 2004: 113
- 2016: 287
- 61 in the
Catastrophic
Illness Fund



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

- ℓ Universal coverage by disease with an effective package of interventions
 - ℓ 2004/6: HIV/AIDS, **cervical**, ALL in kids
 - ℓ 2007: Pediatric cancers; **Breast cancer**
 - ℓ 2011+ : Testicular, Prostate, NHL, Ovarian and Colorectal

Seguro Popular and breast cancer: Evidence of impact

ℓ Adherence to treatment:

ℓ 2005: 200/600

ℓ 2010: 10/900

Human faces of impact:

Guillermina
Abish



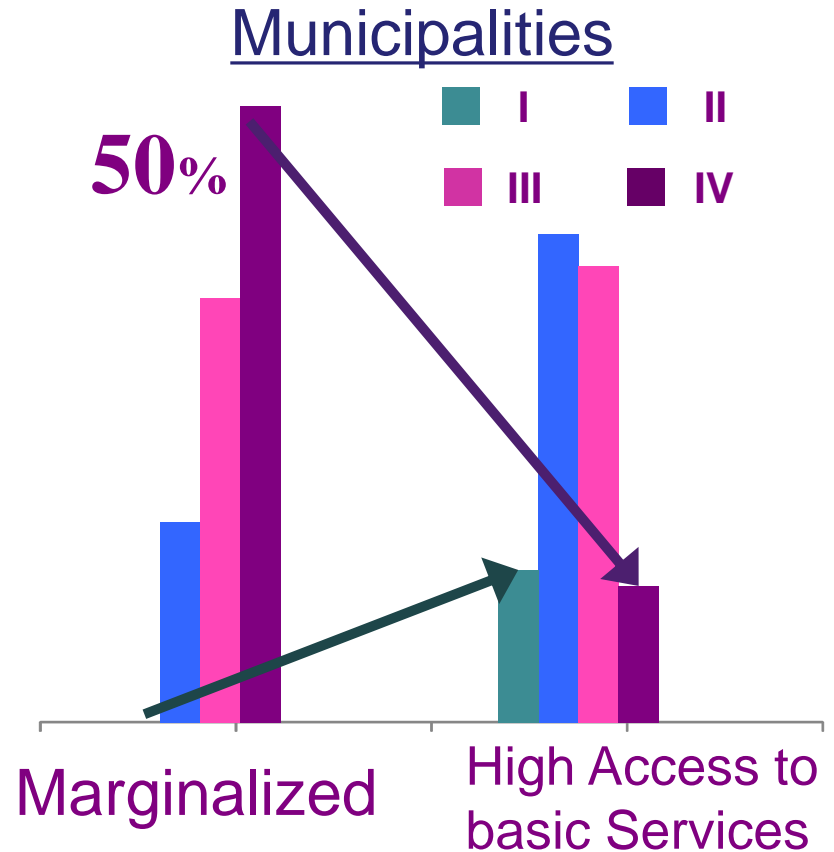
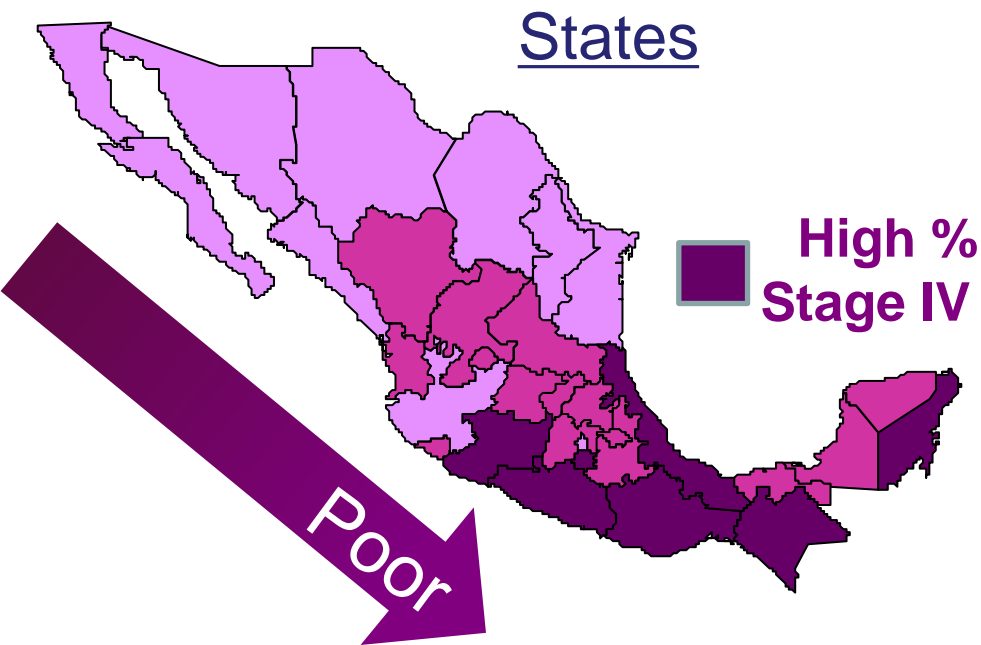
Access to opioid analgesics in Mexico: System-wide failure

- **562 mg morphine-equivalent per patient with palliative care need**
- **Unmet need:**
 - 64% palliative care need
 - 95% of all pain control
- **Inter-institutional civil society-led group advocating for change**
- **Examples of Results:**
 - transition from paper to electronic prescriptions
 - inclusion in Seguro Popular



Breast Cancer early detection: Delivery failure

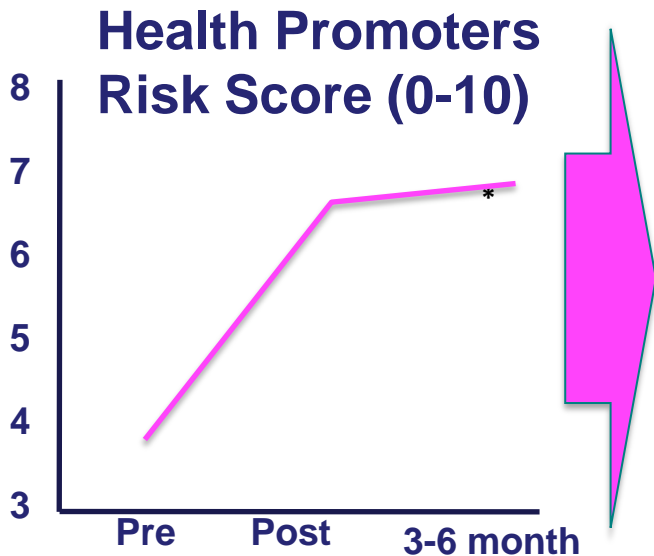
- 10-15% of cases detected in Stage I
- Poor municipalities: 50% Stage 4; 5x rate for rich



Diagonalizing Delivery: Engage and Train primary care promoters, nurses and doctors in early detection and post-treatment management of breast cancer



> 16,000



Significant increase in knowledge, among health promoters, especially in clinical breast examination (Keating, Knaul et al 2014, The Oncologist)

Diagonalizing delivery:

Inclusion of early detection of breast cancer in the cash transfer, anti-poverty program *Prospera*



- Training materials for beneficiaries includes information about early detection of breast as well as cervical cancer
- 3 million copies for promoters and trainers
- Reaches more than 90% of poor households in rural areas

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Vision:

Improve regional and national capacity to respond to the challenge of women's cancers in Latin America.

Mission:

ULACCAM is a regional, civil society network dedicated to influencing policy making on women's cancers and promoting universal access to information, preventive services, early detection, effective diagnosis, and high quality treatment at all stages of disease.

10 Countries represented by 22 NGO's



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PRESIDENCIA 2016-18



Asociación Salvadoreña para la Prevención del Cáncer



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Ayorando la Vida



ASOCIACIÓN PERUANA
VIDAS SIN CÁNCER



ESPERANTRA
Asociación de ayuda al paciente con cáncer



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LIGA ARGENTINA DE LUCHA
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DOCENCIA Y PREVENCIÓN
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fundación
CEPREME
juntos somos más fuertes



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Apoyo a mujeres con enfermedades del seno



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Associação Brasileira de Portadores de Câncer



instituto
Oncoguia



Federação Brasileira de Instituições Filantrópicas
de Apoio à Saúde da Mama



macma
movimiento ayuda cáncer de mama



DAME TU MANO
- MONTEVIDEO -

ULACCAM Women's Cancer Observatory

– in construction

- Ƨ Designed to provide policy and advocacy-oriented data, summarized in an instrument that can be effectively utilized by civil society.
- Ƨ A series of core, basic indicators - derived from secondary data sources.
- Ƨ Time series: Annual monitoring of regional progress, as well as comparative country performance relative making it a powerful tool for national advocacy.
- Ƨ Can be readily transformed into National Observatories by and for local advocacy groups and civil society.

ULACCAM Regional Observatory scorecard: examples of indicators

Does the country have....

1. A National cancer plan and national women's cancer plans
2. A national cancer registry including women's cancer
3. Integration of women's cancer into women's health plans
4. An office for women's cancer in the Ministry of Health
5. Official "norms" for women's cancer issued by the MoH, and updated every 5 years
6. Number of registered NGOs working on women's cancer

Has a national cancer plan



*Closing divides around
women's cancer*

*is a health, equity & economic imperative;
affordable and achievable through
diagonal approaches.*

*Synergistic strategies combining
women's rights, health and cancer
platforms need to be
developed & implemented.*

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