

Women's Cancer Initiative: A joint commitment to save lives

First Meeting of the PAFNCDs Women's Cancer Initiative

Pan American Health Organization, Washington, DC February 5-7, 2013

Outcomes of Discussions and Beginnings of a Joint Plan of Action

This is a very brief summary of the ideas discussed with participants during the first meeting of the PAFNCD Women's Cancer Initiative, for a joint plan of work. The ideas are grouped into the main areas of work of capacity building and increasing access to services (for breast cancer and for cervical cancer); communications and advocacy; and operational research. These ideas will be further elaborated, and a more specific plan of work will be developed by a smaller Steering Group, in the coming weeks. Other next steps, which will be done following this first meeting, are also listed below.

OPERATIONAL RESEARCH

1-Health systems research:

- a. Needs assessment and asset mapping of screening, diagnosis, treatment services at country level.
- b. Evaluation to understand barriers and enablers for access to screening, diagnosis, treatment and palliative care.
- c. Pharmaco-vigilance (post treatment follow up esp. for breast cancer patients).

2-Operational research/implementation studies:

- a. Support/expand IARC studies in the LAC region: ESTAMPA (triage testing for HPV screening) and PRECAMA studies (case-control study on pre-menopausal breast cancer).
- b. Evaluate introduction of new screening tests (HPV testing, VIA) in selected countries.
- c. Evaluate and document HPV vaccination experiences (2 doses vs 3 doses; what works, what doesn't work; lessons learned from successful experiences)
- d. Test models of care which integrate services for women's health in primary care level (eg. blood pressure checks, glucose testing, routine screening, etc)

3-Qualitative research (KAB)

- a. Studies to better understand women's attitudes, perception, barriers to access screening and care for breast and cervical cancer.
- b. Studies with health providers and health promoters to better understand their knowledge, attitudes and behaviors towards breast and cervical cancer.

4- Policy case studies

- a. Analyze policies and laws which have greatest impact on reducing br/cxca mortality rates (eg. Chile, Brazil)

5- Cost and cost-effectiveness studies

- a. Provide costing tools to countries to enable them to determine cost of implementing cxca and br ca screening and treatment programs.
- b. Support/expand ProVAC initiative in LAC countries (model and methodology for cost-effectiveness evaluation of HPV vaccine + screening).
- c. Disseminate results of the WHO Breast Cancer CEA studies which are being conducted in 5 countries.

6- Monitoring and surveillance

- a. Country 'report card' on breast and cervical cancer program performance, using standardized indicators (eg. coverage, follow up, quality testing, etc.)
- b. Develop standardized questions on screening and include as part of routine population based NCD surveillance.

COMMUNICATIONS AND ADVOCACY:

ADVOCACY:

- 1. Map NGO capacity/needs, policy and advocacy models** (regionally and by country).
- 2. Build NGO capacity** (informing on value of advocacy, training, etc).
- 3. Empowerment of women's groups, male involvement** (especially for cervical cancer).
- 4. Engagement of 1st ladies, and other powerful/influential decision makers** (eg. Female Heads of State).
- 5. Identify and foster champions, survivors, models for advocacy for cervical cancer.**

COMMUNICATIONS:

- 1. Assess country communication ability/strategies, etc and share communication strategies/materials, successful communication campaigns.**
 - a. Including translating to Spanish, Portuguese
- 2. Qualitative studies/understanding how people access health information; interpret it, etc, specific to the country/context.** (eg. HINTS national survey in USA).
- 3. Define clear and common messages to drive behavioral change, per target audiences and media channels** (by country, by disease)
 - a. (eg. timing is essential, you won't be mutilated, hope, safety of HPV vaccine, treatment adherence, de-stigmatize the disease etc)

- b. Get the right messages/principles, which have impact on behavior change
- c. Use a common/aligned media campaign for all of us

4. Media outreach

- a. Traditional: tv, radio, mass media
- b. Social media: MHealth, e-health, text messages for cxa and br ca
- c. Use patient voice in story telling (eg. The Truth of It)

5. Develop an education/curriculum for virtual and in-person courses for health promoters and providers on IEC for breast and cervical cancer.

CERVICAL CANCER: CAPACITY BUILDING

1. Modify the initial proposal for a Cervical Cancer Initiative in LAC, to add:

- a. HPV vaccine roll out, M&E, sharing experiences.
- b. Include all screening tests: VIA, Cytology, HPV testing.
- c. Knowledge exchange of teams going to country that need assistance, not only having training centres in well resourced countries.
- d. Capacity building for clinical aspects as well as program management and evaluation.
- e. Virtual training and q.a./q.c.
- f. Add stakeholder meetings to disseminate evidence, encourage adoption of new strategies.
- g. M&E: provide models for info systems, strengthen and use mortality data, provide methodology (including indicators) for standardized approach.
- h. Emphasize palliative care in this proposal as well the breast cancer activities.
- i. Roll of communities as partners for capacity building—mobilize communities.

2. Support/integrate activities with the RINC cervical cancer working group, according to their priority areas:

- a. Examine barriers and strategies to improve follow up and treatment in countries.
- b. Health info system strengthening.
- c. HPV testing intro.
- d. Screen and treat strategies.
- e. HPV vaccine.

3. Case studies: document and disseminate what is being done, what are the challenges, solutions, etc. with regards to cervical cancer screening, diagnosis, treatment, community education, research in the Region.

BREAST CANCER: CAPACITY BUILDING

1. **Situation assessment**/ mapping of breast cancer situation and of health system capacity for screening, diagnosis, treatment, palliative care.
2. **Guidelines** for breast cancer prevention and control.
3. **Framework for decision making** (algorithm) on what strategies to use based on system capacity and breast cancer situation.
 - a. Models of care (eg. symptomatic management, treat and cure what is curable).
4. **Education and training:**
 - a. of providers, health promoters, technicians, (eg. QA/QC mammography, CBE, community outreach, diagnosis).
5. **Case studies:** document and disseminate what is being done, what are the challenges, solutions, etc. with regards to breast cancer screening, diagnosis, treatment, community education, research.
6. **Treatment access:**
 - a. Inform and advocate for the use of the PAHO Strategic Fund to procure cancer drugs.
 - b. Examine how to reduce barriers to availability of medicines.
 - c. Review and provide models for health insurance schemes/financing mechanisms to reduce barriers of costs of treatment.

NEXT STEPS:

This is a list of activities which will be completed by PAHO, with support of the partners, in follow up to the first meeting of the PAFNCD Women's Cancer Initiative.

1. Communicate to the media and internally to PAHO country offices about our new multi-stakeholder approach and this initiative.
2. Preparation and dissemination of a report of this meeting, including mapping of current initiatives.
3. Influencing development and political agendas (Economic Summit, Peru (April) and International Cancer Control Congress , Lima,(Nov.), and other fora.
4. Convene small steering group (with rep from gov't, NGO, private sector) to complete our plan of action (especially on detailed activities and define better how they will be implemented and with what resources).
5. Develop country specific partnerships and projects (this would feed into the joint plan of work).
6. Continue with resource mobilization:
 - a. Coffee growers event (jointly with Grounds for Health).
 - b. PAHO & PAHEF to reach out to potential donors.
 - c. Donor mapping from LAC for this initiative.
7. Create a mechanism to continue this multi-stakeholder dialogue and sharing of experiences (PAFNCD e-community).
8. Convene next meeting of this initiative within 8-10 months (possibly at time of International Cancer Control Congress-5 in Lima, Nov 3-6).

9. Monitoring and Evaluation: begin to elaborate the 'score card' for cervical cancer program.
10. Plan and launch a BIG media effort for women's cancers.
11. Plan the Female Heads of State advocacy event at the UN at the time of the General Assembly.