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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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

-35% in 30 years

Mortality in childbirth

291,000

Breast cancer

195,000

Cervical cancer

131,000

= 326,000

Source: Estimates based on data from IHME 2016
## Leading causes of death among women 15 to 49 years, select LA countries, 2016

<table>
<thead>
<tr>
<th>Country</th>
<th>Leading Causes of Death</th>
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"Avoidable" cancer deaths: Breast and Cervical, The Americas and LMICs

<table>
<thead>
<tr>
<th></th>
<th>Breast</th>
<th>Cervical</th>
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<tbody>
<tr>
<td>Latin America and the Caribbean</td>
<td>57%</td>
<td>64%</td>
</tr>
<tr>
<td>Low and middle income countries</td>
<td>75%</td>
<td>95%</td>
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</table>
Trends in breast cancer mortality: USA, Canada, Australia, Mexico, Colombia

Source: Data extracted from CI5plus.
Breast Cancer Stage at Diagnosis: Latin America and USA

<table>
<thead>
<tr>
<th>Stage at diagnosis</th>
<th>Lat Am</th>
<th>USA</th>
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<tbody>
<tr>
<td>I</td>
<td>21%</td>
<td>80%</td>
</tr>
<tr>
<td>II-III</td>
<td>71%</td>
<td>19%</td>
</tr>
<tr>
<td>IV</td>
<td>7%</td>
<td>1%</td>
</tr>
</tbody>
</table>

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

Age at Diagnosis
- Latin America: 62%
- High Income: 33%

Age at Death
- Latin America: 61%
- High Income: 34%

Fuente: Estimaciones de los autores basadas en IARC, Globocan 2012
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
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Breast cancer: care continuum

Primary Prevention → Early Detection → Diagnosis → Treatment → Survivorship → Palliative Care

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

Horizontal Coverage: Beneficiaries

Vertical Coverage: Diseases and Interventions:

Universal Health Coverage

Benefits Package

Poor

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

- Universal coverage by disease with an effective package of interventions
- 2007: Pediatric cancers; *Breast cancer*
- 2011+: Testicular, Prostate, NHL, Ovarian and Colorectal
Seguro Popular and breast cancer: Evidence of impact

- Adherence to treatment:
  - 2005: 200/600
  - 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

Source: Authors’ estimates with database from IMSS, 2014
Diagonalizing Delivery: Engage and Train primary care promoters, nurses and doctors in early detection and post-treatment management of breast cancer

Significant increase in knowledge, among health promoters, especially in clinical breast examination

(Keating, Knaul et al 2014, The Oncologist)
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
ULACCAM Women’s Cancer Observatory – in construction

изм Designed to provide policy and advocacy-oriented data, summarized in an instrument that can be effectively utilized by civil society.

изм A series of core, basic indicators - derived from secondary data sources.

изм Time series: Annual monitoring of regional progress, as well as comparative country perform relative making it a powerful tool for national advocacy.

изм 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. Offical “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

- Yes
- Yes, not updated
- No
- No information

Preliminary data
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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