

# Breast Cancer in the Context of Other Priorities for Women's Health

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# Presentation Outline

- Global and regional trends in breast cancer
- Breast cancer and the health transition: the double burden
- Regional approach to developing breast cancer programs
- Spotlight on Sub-Saharan Africa
- Conclusions



# Global Trends and Regional Differences

- **Breast cancer is the most common cancer among women at global level and in developing countries**
- **Case fatality rate for breast cancer is higher in developing countries: 45% of cases, 55% of deaths**
- **Leading cancers in women by region:**
  - **Breast:** Europe, Americas, Eastern/Mediterranean
  - **Cervical:** Africa and South East Asia (breast cancer is 2<sup>nd</sup>)
  - **Stomach:** Western/Pacific (breast cancer is 5<sup>th</sup>)



# Breast Cancer in the Context of Other Disease Priorities: The Health Transition

- The ranking of breast cancer as a cause of death and disability among women varies across regions and countries
- This variability correlates directly with progress along the health transition and level of development
- It also correlates to reproductive factors such as fertility and breastfeeding rates, both of which have a protective effect



# High-income countries

- Breast cancer **leading** cause (1 in every 10 deaths)
- **9** out of **10** are non-communicable diseases

Top ten leading causes of death, women aged 20-59 years	
Rank	Cause
<b>1</b>	<b>Breast cancer</b>
2	Trachea, bronchus, lung cancers
3	Ishaemic heart disease
4	Suicide
5	Stroke
6	Colon and rectum cancers
7	Road traffic accidents
8	Cirrhosis of the liver
9	Ovarian cancer
10	Cervical cancer

Source: WHO 2009



# Middle-income countries

- Breast cancer 4<sup>th</sup> leading cause
- Maternal conditions 8<sup>th</sup> leading cause
- **Double burden:** chronic/non-communicable diseases; and deaths related to reproduction and infectious diseases

Top ten leading causes of death, women aged 20-59 years	
Rank	Cause
1	HIV/AIDs
2	Stroke
3	Ishaemic heart disease
4	Breast cancer
5	Suicide
6	Road traffic accidents
7	Tuberculosis
8	Maternal Conditions
9	Diabetes mellitus
10	Cirrhosis of the liver

Source: WHO, 2009



# Low-income countries

- Breast cancer **NOT** a leading cause, cervical cancer 10<sup>th</sup>
- Maternal conditions **2nd** leading cause
- **Double burden:** deaths related to reproduction/infectious disease and chronic/non-communicable diseases

Rank	Cause
1	HIV/AIDs
2	Maternal Conditions
3	Ischaemic heart disease
4	Tuberculosis
5	Lower respiratory infections
6	Stroke
7	COPD
8	Fires
9	Suicide
10	Cervical cancer

Source: WHO 2009



# Breast Cancer in Perspective

- **High Income Countries:**

49,000 breast cancer deaths, 11.5% of all deaths in women aged 20-59

- **Middle Income Countries:**

116,000 deaths, 4.6% of all deaths in women aged 20-59

- **Low Income Countries:**

Fewer deaths than for cervical cancer. Cervical cancer deaths is 60,000 or 1.8% of all deaths

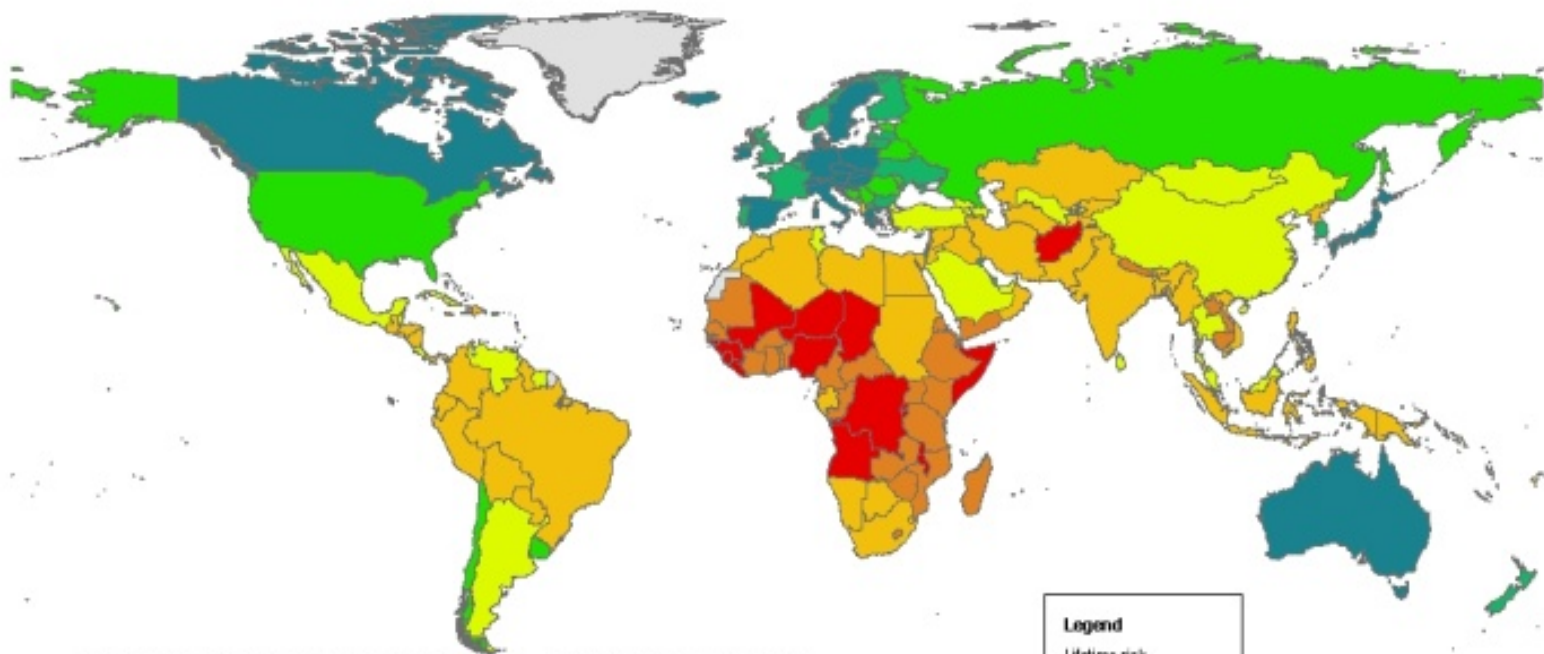


# The Unfinished Agenda: Maternal Mortality and Access to Reproductive Health

- Millennium Development Goals 4 and 5 – Goals with the least progress
- Growing concentration of maternal deaths in Sub-Saharan Africa (50%) and Asia (45%)
- Lifetime risk of maternal death:
  - 1 in 7 (Niger)
  - 1 in 17400 (Sweden)
- Low coverage of core health interventions for reducing maternal mortality (comprehensive reproductive health care, SBA, EMOC)



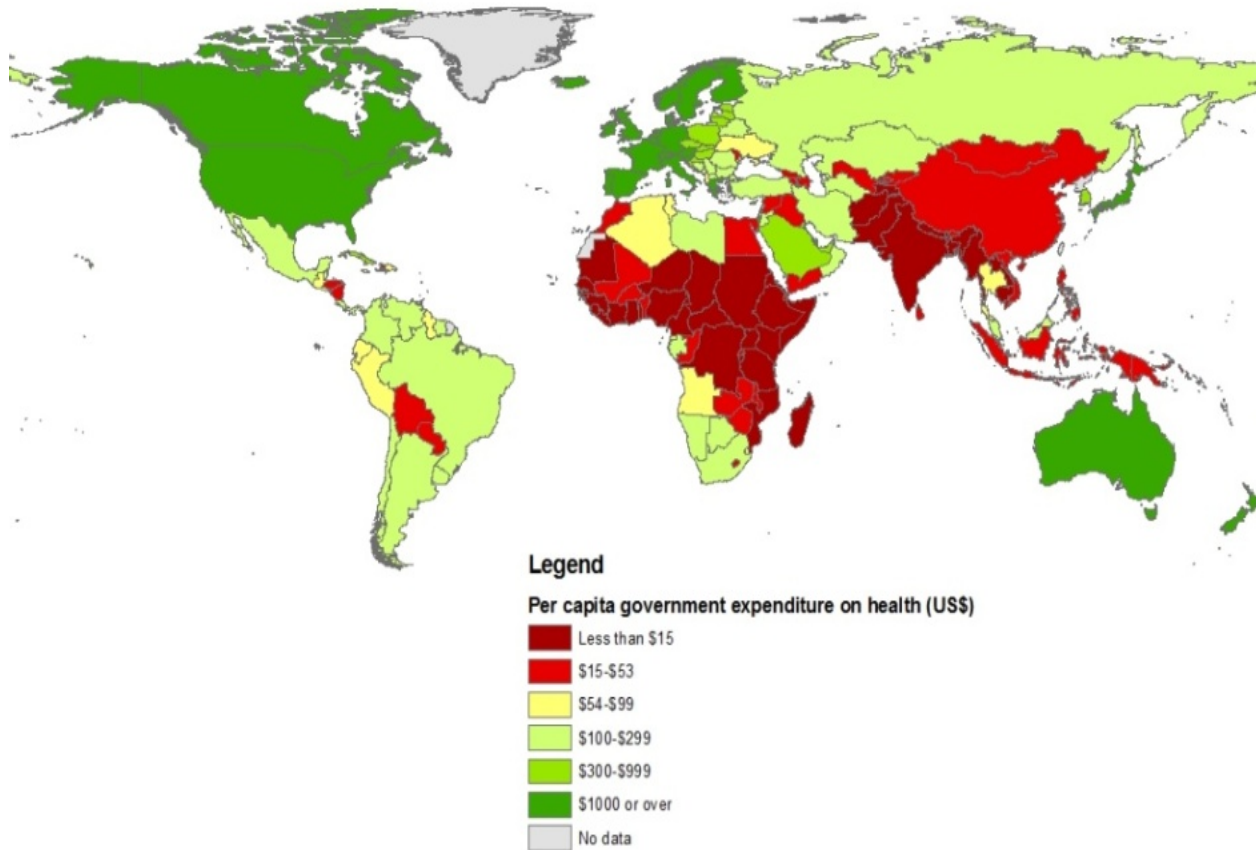
## Lifetime Risk of Maternal Mortality



Source: Maternal Mortality in 2005: Estimates developed by WHO, UNICEF, UNFPA and the World Bank



# Per capita Government Expenditure on Health (US\$)



Source: WHO Information System (WHOSYS) 2006 estimates



# Key aspects of the legislation for MNCH

23 countries have policy on notification of maternal deaths

22 countries have legislation on Marketing for Breast-milk substitutes

0 countries have ratified ILO convention 183 on Maternity Protection at work

31 countries have costed their strategies for MDG 4+5

Low government expenditure – high out of pocket expenditure

Source: Countdown to 2015 Report, 2008



# Breast Cancer in Perspective

## Sub-Saharan Africa

Breast Cancer Incidence:  
**74,000** cases

Breast Cancer Deaths:  
**44,000** deaths

Maternal deaths: **269,000**

## Latin America and Caribbean

Breast Cancer Incidence:  
**88,000** cases

Breast Cancer Deaths:  
**48,000** deaths

Maternal deaths: **16,000**



# Strategies for women's health need to be guided by

- **Disease Burden** – epidemiological profile
- **Health System Status** – e.g., infrastructure, human resources, supply chain, equipment
- **Policy Environment** – prioritization of women's health, public policies, leadership/governance
- **Contextual Factors** – e.g., socio-cultural, economic determinants, conflict



## Sub-Saharan Africa: the challenge

- 43 of 46 countries in sub-region are among the highest burden; none yet on track for MDGs 4 and 5
- Weak health system with poor national cancer prevention and treatment programs
  - Only 5% of women routinely screened for cervical cancer
- Weak health information systems (e.g., limited data on cancer incidence and mortality)



# SSA approach

- **Service integration to optimize existing resources**: Breast cancer services need to be integrated into existing RMNCH service strategies and as part of efforts to strengthen the ability of countries in the sub-region to deliver comprehensive services across the continuum of care
- **Step-wise approach**: Sequential introduction of priority services as the health care system develops and the health transition progresses



# Service Integration Along the Continuum of Care

- **Service Delivery Platforms**: Capitalizing on opportunities for informing women about breast cancer and their risk
  - Family Planning Services (e.g., counseling on breast cancer and self-examination)
  - Antenatal Care Services: (e.g., counseling on breast cancer, breastfeeding)
  - Postnatal Care Services
  - Well-child check-ups/Child health days
- **Communication Campaigns**: Breast feeding promotion, community awareness strategies



# Conclusions

- Global advocacy for breast cancer should be guided by regional and country-specific strategies
- Linkages with existing women health programs must be built to optimize use of scarce resources, especially in low income countries

