

Breast Cancer Screening and Awareness Project In TANZANIA

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MEWATA

- A non-governmental professional organisation
- Founded in 1987 and registered in 1989
- Affiliated to MWIA
- Patron-First Lady – Mama Salma Kikwete
- Approximately 300 members
- Multi skilled health professionals
 - Female medical doctors and Dental practitioners
 - Assistant Medical and Dental Officers
 - Female Medical students

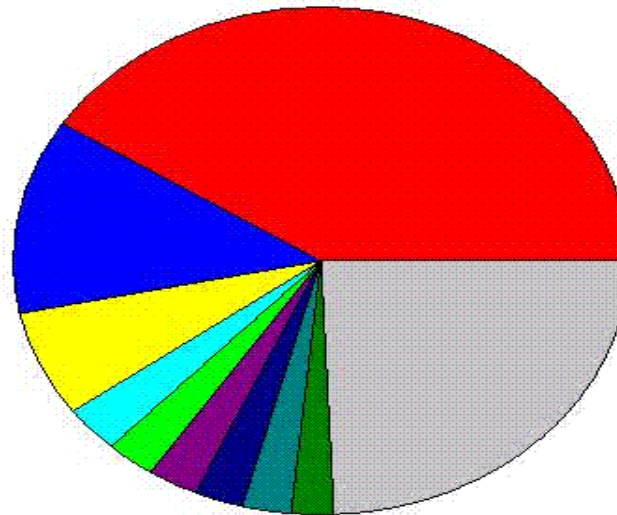
Objectives

- Provide opportunities for medical women to identify health problems of the community they serve and utilise their skills and training in solving and alleviating such problems
- This is made possible through organizing and facilitating:
 - Awareness raising
 - Demand creation – public mobilisation
 - Advocacy
 - Publication
 - Skills strengthening – including training
 - Service delivery of quality health services
 - Addressing medical ethics challenges

Magnitude of Breast Cancer in Tanzania

Tanzania
New cancer cases (all ages), Females
Total: 18362

7515 (40.9%)	■	Cervix uteri
2288 (12.5%)	■	Breast
1235 (6.7%)	■	Kaposi sarcoma
529 (2.9%)	■	Non-Hodgkin lymphoma
492 (2.7%)	■	Oesophagus
482 (2.6%)	■	Ovary etc.
472 (2.6%)	■	Oral cavity
464 (2.5%)	■	Corpus uteri
425 (2.3%)	■	Stomach
4460 (24.3%)	■	Other



GLOBOCAN 2002, IARC



Magnitude of Breast Cancer in Tanzania

■ Breast cancer:

- Occurs at relatively young age
- Characterised by relatively advanced stage at presentation
- Case fatality ratio high
- Equated to DEATH in Tanzania

Rationale of The Project

■ Problems noted by MEWATA :

- Awareness and understanding of the general population on reproductive system cancers was low.
- Regular screening for cervical and breast cancer was not conducted routinely in PHC
- Bureaucratic referral system
- Women with breast and cervical cancer faces an uphill battle to treatment at the only one cancer Hospital in the Country
- ORCI reported an alarming increase of cervical and breast cancer in their 2003 report

■ MEWATA felt it is an important area for an active intervention

Methodology

- Large campaigns began in 2005
- Conducted at the Regional and District levels
- In collaboration with a private TV – ITV/Radio One
- Three phases:
 - Phase I-Awareness and mass screening
 - Phase II-Clinical diagnostic phase
 - Phase III-Treatment and palliative care

Phase I – Awareness and Mass Screening

- Normally preceded by:
 - Planning phase
 - Situational analysis
 - Leadership sensitization
 - TV and Radio sessions on Breast cancer (live sessions with Q and A)
 - Importance of BSE and BCE usually emphasised to women
 - Address the issues of stigma, myths and misconceptions on cancer treatment

Phase I - Awareness and Mass screening.

- Publicize the campaigns widely well in advance
- Partner with TV and Radio stations
- Ensure large participation by women
- Fliers on breast cancer distributed

Capacity Building of Health Workers

- One day training on breast cancer in all aspects to its members
- Further training to doctors from the regions who will be involved in surgeries
- Leadership skills



Surgeon teaching other MEWATA Doctors on Breast Clinical Examination

Phase II- Clinical Diagnostic Phase

- Two weeks later
- Starts with a special clinic – conducted by surgeons
- Diagnosis by FNAC, lumpectomies, incisional biopsies
- Partner with:
 - Tanzania Surgical Association
 - Pathologists
 - Doctors at the sites
 - District and Regional hospitals
- Lasts for eight to ten weeks

Phase III - Treatment and Palliative Care

- Lasts for three to four months
- Major surgeries are done - mastectomies, microdochotomies
- Referral to the cancer institute (ORCI) for adjuvant therapies
- Partnership with:
 - Tanzania Surgical Association
 - Regional Hospitals

Financial and Human Resources

■ Financial Resources:

- Public Donations – general population, private organizations, churches, and many other health stakeholders through the TV – three campaigns
- GOT through the MOHSW – supported fully two campaigns
- Air time by the ITV/Radio One Station

■ Human Resources:

- Female medical doctors volunteering to travel from Dar to the regions and districts
- Male Doctors from Tanzania Surgical Association and also, Pathologists and anesthetists from Muhimbili National Hospital and Muhimbili University of Medicine
- Doctors, nurses and support staff available at the centers
- Members from Tanzania Breast Cancer Foundation – breast cancer survivors

Results of the Campaign



Regions Screened:

Dar es salaam

Mwanza

Mbeya

Lindi

Mtwara

Dodoma

Manyara

The Number of Women Screened

S No	Region	Year	Screened	Problems	Breast CA
1	Dar	2005	7259	751	46
2	Mwanza	2006	11668	871	25
3	Mbeya	2007	23102	513	27
4	Lindi	2008	5005	150	8
5	Mtwara	2008	8028	220	12
6	Dodoma	2008	6875	338	25
7	Manyara	2008	2046	142	9
	TOTAL		63983	2985	152

Late Presentation



TOO
LATE!!!

About
60% of
our
patients
were stg
3 and 4

Successes

- Generally, the awareness of the society on breast problems especially breast cancer increased tremendously
- Campaigns enabled women to receive free screening services, surgical investigations and treatment
- Awareness and understanding high - Government from the level of the Ministry of Health and Social Welfare (MOHSW) as well as Regional and Local government authority

Successes



Successes



Successes

- The concept of financial contributions to solve health problems was introduced in our society and was well accepted by the public
- Solidarity to provide services together increased tremendously and each felt has a responsibility into the matter
- MEWATA was able to improve its partnership with other stakeholders

Challenges

■ Operational challenges:

- Lack of Mammography machine in many hospitals in Tanzania especially in the regions
- Geographical locations of regional hospitals where major surgeries takes place
- Lost to follow-up in Phase II and III high

■ Society challenges:

- Advanced stages of cancer diagnosis – poverty, the bureaucracy of referral system, myths and misconceptions
- High demand from women to be screened
- Mass breast cancer campaign is costly – financial constraints

Challenges

- **Health Systems and Policy challenges:**
 - Sustainability of the exercise at the district hospital level - there is need to be incorporated into their district council annual health plans
 - The health policy in Tanzania, directs that cancer patients to be exempted from user fee regardless of mode of treatment indicated but still patients pay due to recurrent stock out
 - Health system not ready/was not designed for chronic illnesses screening despite the high demand, still minimal screening
 - Importance of having mammography machines in various regional hospitals in the country need to be emphasized
 - Evaluation of the programme



Way Forward

- MEWATA is still seeking opportunity of extending breast cancer campaign in the country and
- Embark into cervical cancer screening and prevention through strengthening the health system in addressing cancer related illnesses including breast cancer
- MEWATA Well Women Health Center – screening, diagnosis and non radiation cancer treatment

Upcoming Campaign

- Expected to be conducted in March 2010
 - Commemoration of International Women's day.
- Will cover two Regions concurrently
 - Kilimanjaro and Arusha

THANK YOU FOR LISTENING

