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 (2.5%) Ovary etc.
- 472 (2.5%) 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

<table>
<thead>
<tr>
<th>S No</th>
<th>Region</th>
<th>Year</th>
<th>Screened</th>
<th>Problems</th>
<th>Breast CA</th>
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<td>Dar</td>
<td>2005</td>
<td>7259</td>
<td>751</td>
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<td>Dodoma</td>
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<td>6875</td>
<td>338</td>
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<td>7</td>
<td>Manyara</td>
<td>2008</td>
<td>2046</td>
<td>142</td>
<td>9</td>
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<td></td>
<td>TOTAL</td>
<td></td>
<td>63983</td>
<td>2985</td>
<td>152</td>
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Late Presentation

TOO LATE!!!

About 60% of our patients were stage 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 take 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