PROGRAM REPORT

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Improving Oncology Care: Scaling Up Breast Cancer Services in La Libertad Region, Peru

Pfizer Foundation

Submitted as part of Access Accelerated

Access Observatory

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The information in this report has been submitted by the company concerned to the Access Observatory as part of its commitment to Access Accelerated. The information will be updated regularly. For more information about the Access Observatory go to www.accessobservatory.org

The information contained in this report is in the public domain and should be cited as: Pfizer Foundation, Improving Oncology Care: Scaling Up Breast Cancer Services in La Libertad Region, Peru (2021), Access Observatory Boston, US 2021 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Improving Oncology Care: Scaling Up Breast Cancer Services in La Libertad Region, Peru

2 Diseases program aims to address

• Cancer: Breast

3 Beneficiary population

• Age Group: Adults aged 18 to 69 years

• Gender: Males and Females are recipients of community awareness activities. Females are recipients of the screening and care activities

• Special Populations: Low income, Marginalized/indigenous people

4 Countries

• Peru

5 Program start date

June 1, 2016

6 Anticipated program completion date

August 31, 2018

7 Contact person

Claire Maguire (claire.maguire@pfizer.com)

8 Program summary

The goal of PATH's overall breast cancer program is to reduce the growing burden of illness and death from breast cancer in underserved populations in low and middle-income countries (LMICs) by developing and validating a resource-appropriate model of care. PATH utilizes a new comprehensive model that connects health care delivery (early detection, diagnosis, and linkage to treatment) with public participation (awareness, survivor peer support, and advocacy). Since 2011, PATH has collaborated with Peruvian partners to implement the breast health program in the northern region of La Libertad, where there is little access to mammography or breast cancer screening services. Currently, the Pfizer-supported PATH project "Improving Oncology Care: Scaling Up Breast Cancer Services in La Libertad Region, Peru" ("Scaling up Breast Cancer Services in Peru") will increase clinical capacity and strengthen the regional health system's service infrastructure.

To expand the impact of the program and demonstrate the replicability and sustainability of the community-based model of early detection and a resource-appropriate continuum of care PATH employs two primary strategies:

1) Build capacity in the following five critical skills: health education, clinical breast exam (CBE), breast ultrasound, fine needle aspiration biopsy (FNA), and patient navigation; and

2) Create an enabling environment by strengthening the regional health system to successfully detect breast cancer early.

The Scaling up Breast Cancer Services in Peru project consists of four components:

1) Community mobilization and education by volunteer health promoters;

2) Training midwives and doctors in quality clinical breast exams (CBEs);

3) Training of selected physicians at the local hospital in ultrasound evaluation (when available) to minimize unnecessary biopsies and fine-needle aspiration (FNA) biopsy as a triage approach; and

4) Training of volunteers to help women navigate the complex system for oncology care.

Program Overview

8 Program summary cont.

The curricula and materials for each of these five critical skills (health education, CBE, breast ultrasound, FNA and patient navigation) have been developed for the Peruvian context.

During PATH's preliminary pilot project (2011-2015), more than 5,800 women were screened, and eight cases of breast cancer were detected and treated (with at least 3 at stage II, which is earlier than is typical in this region). It is this model of care, built step-by-step at the regional level, which PATH is expanding. PATH is working closely with the regional Peruvian health administration (GERESA) to rollout the project in nine of its micro-networks. This project also proposes to strengthen a data platform that would enable monitoring and evaluation of breast health. PATH is collaborating with partners to adjust the electronic health information system (HIS) so that it will track all the breast health services that are being offered at the health establishments (routine CBE, FNA, referrals and follow-up).

Currently, the HIS includes the number of clinical breast exams and normal versus abnormal findings, but it does not classify them into the government's target age ranges nor does it include tracking of CBEs that warrant follow-up (in a specific period of time). It does not track FNA (or ultrasounds when done for triage) or outcomes of FNA biopsies (referrals and counter-referrals) to ensure that patients complete their follow-up visits and, if needed, start their treatment.

The preparation and implementation phase of the Scaling up Breast Cancer Services in Peru project (June 2016 to May 2018) has entailed coordination with the regional Peruvian health administration (GERESA) and the training for community health workers and different cadres of healthcare workers (approximately 350 total).

The following activities are currently being carried out: community education (encouraging women to go to their neighborhood health clinic to have a CBE with trained staff), CBE done by trained midwives, and referrals to doctors trained in FNA and ultrasound. At the same time, PATH is working to define the design for a broadened health information system to include breast health indicators that can be used for regular monitoring and supervision and problem-solving. During the evaluation phase PATH will consolidate and analyze qualitative and quantitative data and demonstrate what the project has achieved. For breast health promotion and CBE, master trainers are experts from the School for Excellence for the Prevention of Breast Cancer from the Peruvian national cancer institute (INEN) and breast oncologists from the northern regional cancer institute (IREN-Norte).[1]

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Community health workers (volunteers) educate women ages 40-65 on the need to go to their local health clinic for annual clinical breast exam and also educate women of all ages to seek care if they notice breast symptoms.
Training	Community health workers (volunteers) have been trained to present educational sessions in their neighborhoods.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	This includes coordination of the 9 health networks to participate in the breast health program.
Training	Training of community health workers, midwives, doctors and patient navigators for the early detection of breast cancer.
Management	Implementation of protocols for breast cancer detection, new procedures to track women through the health system, regular communication and coordination with local health administrations to ensure effective implementation of the program, and HIS data tracking improvements.

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	Women evaluated by clinical breast exam (level 1), and fine needle aspiration biopsy with ultrasound triage (level 2 and 3).
Diagnosis	Slides evaluated for breast cancer cells at regional cancer institute pathology department.

Program Strategies & Activities

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Peru
Health Service Strengthening	Peru
Health Service Delivery	Peru

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Pfizer Foundation	Pfizer Foundation provided grant funding to PATH to support implementation of this program. PATH is the lead implementing organization responsible for the design, management and evaluation of the project. The Pfizer Foundation is a charitable organization established by Pfizer Inc. It is a separate legal entity from Pfizer Inc. with distinct legal restrictions.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
PATH	Provides funds for trainings, as well as coordinates, oversees, and evaluates the implementation of the scale-up program. It also supervises data collection, including quality control, with three dedicated staff: one each in Seattle, Lima and on-site in Trujillo, Peru. www.path.org	Voluntary
GERESA (Ministry of Health's Regional Health Administration) including Trujillo health network administration.	GERESA, the Regional Health Administration, facilitates participation of the responsible cancer coordinator, organizes work meetings with the technical leaders, and selects the region's micro-networks and the health staff and community agents for trainings. It also facilitates access to the information from the Health Information System (HIS) in connection with breast health services. Finally, GERESA assures appropriate referrals for any patients identified with medical issues that need further tests or treatment. www.diresalalibertad.gob.pe	Public
IREN-Norte (the northern region cancer institute)	The regional cancer institute and hospital, provides pathology services to evaluate breast cytology slides, and provides diagnosis and treatment to women detected with breast cancer. www.irennorte.gob.pe	Public
School of Excellence for the Prevention of Breast Cancer-INEN (the national cancer institute in Lima)	Provides experts for training courses, reviews and validates training materials, certifies trainees, and supervises their competency in clinical breast exam, ultrasound triage, fine needle biopsies, and slide staining techniques. portal.inen.sld.pe	Public

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
PATH	Peru
GERESA (Ministry of Health's Regional Health Administration) including Trujillo health network administration.	Peru
IREN-Norte (the northern region cancer institute)	Peru
School of Excellence for the Prevention of Breast Cancer- INEN (the national cancer institute in Lima)	Peru

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	GERESA, the Regional Health Administration, facilitates participation of the responsible cancer coordinator, organizes work meetings with the technical leaders, and selects the region's micro-networks and the health staff and community agents for trainings. It also facilitates access to the information from the Health Information System (HIS) in connection with breast health services. Finally, GERESA assures appropriate referrals for any patients identified with medical issues that need further tests or treatment.
Local Hospitals/ Health Facilities	The regional cancer institute and hospital, provides pathology services to evaluate breast cytology slides, and provides diagnosis and treatment to women detected with breast cancer.
Other	School of Excellence for the Prevention of Breast Cancer- INEN (the national cancer institute in Lima) Provides experts for training courses, reviews and validates training materials, certifies trainees, and supervises their competency in clinical breast exam, ultrasound triage, fine needle biopsies, and slide staining techniques.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

According to IARC, Peru had an estimated 3,952 new cases of breast cancer and 1,208 deaths in 2012, with an age-standardized annual incidence rate of 28 per 100,000 women. Most of these cases were detected at an advanced stage of disease. PATH's breast cancer team has consistently collaborated with partners at all levels of government health administration for the development and implementation of this program. Peru recognizes cancer as a priority health focus area; in regions outside of the capital city (Lima), a breast cancer detection model that does not rely on mammography is attractive due to the lack of mammography machines and technicians. In addition, patient navigators were added to the breast health model when PATH realized that not all the women diagnosed were receiving treatment due to various administrative and social obstacles. The trainers for the program are from the national cancer institute and regional cancer institute. PATH works closely with the cancer coordinators at the regional and local health administrations.[2]

a How needs were assessed

[No response provided]

b Formal needs assessment conducted

[No response provided]

16 Social inequity addressed

The project aims to reduce social inequity by improving access for poor women to earlier detection of breast cancer, and patient navigation to ensure that they receive appropriate treatment. Women outside major metropolitan areas have very little access to early detection services.

17 Local policies, practices, and laws considered during program design

Local policies, practices and laws have all been taken into consideration when designing this program. It has been developed with input from national and regional governmental health decision-makers at every step. The curricula and materials for the health education, clinical breast examination, breast ultrasound, fine needle aspiration and patient navigation trainings have been developed for the Peruvian context. The trainers for the program are from the national cancer institute and regional cancer institute. PATH works closely with the cancer coordinators at the regional and local health administrations.

18 How diversion of resources from other public health priorities are avoided

[No response provided]

19 Program provides health technologies (medical devices, medicines, and vaccines)

No.

20 Health technologies are part of local standard treatment guidelines

Not applicable.

21 Health technologies are covered by local health insurance schemes

Not applicable.

22 Program provides medicines listed on the National Essential Medicines List

Not applicable.

Additional Program Information

24 Additional program information

[No response provided]

a Potential conflict of interest discussed with government entity

[No response provided]

25 Access Accelerated Initiative participant

Yes.

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Yes.

Resources

1. Carolyn Bain, Tara Hayes Constant, Ines Contreras, Ana Maria Burga Vega, Jose Jeronimo, Vivien Tsu, Model for Early Detection of Breast Cancer in Low-Resource Areas: The Experience in Peru, Journal of Global Oncology 2018:4,1-7 DOI: 10.1200/JGO.17.00006

2. Ferlay J, Soerjomataram I, Ervik M, et al. GLOBOCAN 2012 v1.0: Estimated Cancer Incidence, Mortality, and Prevalence Worldwide: IARC Cancer Base No. 11Lyon, France: International Agency for Research on Cancer; 2013. Available at:http://globocan.iarc.fr Accessed February 12, 2018.

Program Indicators

PROGRAM NAME

Improving Oncology Care: Scaling Up Breast Cancer Services in La Libertad Region, Peru

27 List of indicator data to be reported into Access Observatory database

	INDICATOR	TYPE	STRATEGY	2017	2018	2019	2020
1	Population exposed to oral communication activities	Output	Community Awareness and Linkage to Care	768 people	1,789 people	---	---
2	Number of women screened/receiving clinical breast exam	Output	Health Service Delivery	11,805 people	13,116 people	151,94 people	---
3	Number of people trained	Output	Health Service Strengthening	389 people	33 people	---	---

INDICATOR

Population exposed to oral communication activities

1

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

ITEM	DESCRIPTION
Definition	Number of population reached through a community awareness campaign.
Method of measurement	Counting of participants that attend campaign meetings. CALCULATION Number of people/participants in the target audience segment that participated/attended the community awareness campaign recorded in a given period of time.
28 Data source	Routine program data.
29 Frequency of reporting	Two times per year.

	RESPONSIBLE	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: GERESA at PATH's request	The community health workers (volunteers) who have been trained to give health education sessions about breast health and clinical breast exams give their presentations and have the community members sign an attendance form. Sessions occur monthly and data are collected at the time of each education session. Those forms are collected by GERESA (local Peruvian governmental health department).	Every month
31 Data processing	Implementing partner: PATH	PATH local coordinator reviews the attendance forms once every three months and compiles the total number of community members. These numbers are then added to the community outreach database (excel spreadsheet).	Every three months
32 Data validation	Implementing partner: PATH	This is managed by the lead implementing organization, PATH. The process outlined by PATH is as follows: A local PATH project coordinator in Trujillo visits the office that coordinates the community health workers every three months to verify data collection and management procedures. The coordinator also visits the communities where the presentations are given.	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018	2019	2020
1 Population exposed to oral communication activities	768 people	1,789 people	---	---

Comments: Unit is participants attending education sessions.

INDICATOR

Number of women screened/receiving clinical breast exam

2

STRATEGY HEALTH SERVICE DELIVERY

	ITEM	DESCRIPTION
	Definition	Number of women screened/receiving clinical breast exams.
	Method of	Count of individuals who receive clinical breast exam.
28	Data source	Routine program data.
29	Frequency of reporting	Two times per year.

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing Partner: GERESA (Ministry of Health's Regional Health Administration) including Trujillo health network administration.	Women attend clinic visits to receive clinical breast exams. Some of these women come for screening and others due to symptoms (breast lump they can feel, change in skin on breast, etc). To capture the number of women screened/receiving a clinical breast exam, local health establishments have paper forms and data sheets where they document the numbers of women who received a clinical breast exam monthly. These data sheets are sent to the district/regional level.	Every month
31	Data processing	Implementing Partner: GERESA (Ministry of Health's Regional Health Administration) including Trujillo health network administration.	Data is entered monthly by data technicians at the district/regional level into the local Ministry of Health database. The reports are available by download. The local PATH coordinator requests these downloads and reviews the data.	Every month
32	Data validation	Implementing partner: PATH	This is managed by the lead implementing organization, PATH. The process outlined by PATH is as follows: The overall PATH project coordinator visits the project site three times per year and reviews data with the local PATH coordinator and the cancer coordinators at GERESA.	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018	2019	2020
2 Number of women screened/receiving clinical breast exam	11,805 people	13,116 people	151,94 people	---

Comments: Women 40 - 65 years of age.

INDICATOR

Number of people trained

STRATEGY HEALTH SERVICE STRENGTHENING

3

ITEM	DESCRIPTION
Definition	Number of trainees.
Method of measurement	Counting of people who completed all training requirements. CALCULATION Sum of the number of people trained.
28 Data source	Routine program data.
29 Frequency of reporting	Two times per year.

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing Partner: PATH	Health Care Providers (HCPs) and community health workers (volunteers) sign in at the beginning of the training workshops. The PATH coordinator keeps attendance list of participants. These lists are then scanned and uploaded to electronic files.	The training sessions happen periodically. PATH collects the number of trainees at each specific training.
31 Data processing	Implementing Partner: PATH	PATH local coordinator scans attendance forms and sends them by email to overall PATH project coordinator. These numbers are then compiled.	Ongoing. The training sessions happen periodically. PATH collects the number of trainees at each specific training.
32 Data validation		This is managed by the lead implementing organization, PATH. The overall PATH project coordinator visits the project site three times per year.	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018	2019	2020
3 Number of people trained	389 people	33 people	---	---

Comments: Includes doctors, midwives and community health volunteers.

Appendix

This program report is based on the information gathered from the Access Observatory questionnaire below.

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:

Please identify the disease(s) that your program aims to address (select all that apply).

3 Beneficiary population

Please identify the beneficiary population of this program (select all that apply).

4 Countries

Please select all countries that this program is being implemented in (select all that apply).

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person

On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).

8 Program summary

Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities

Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?

10 Strategy by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable.
For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles

Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?

12 Funding and implementing partners

Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization's goals and objectives.)

a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team's responsibilities for the program, with reference to the program strategies and activities. (response required for each partner selected).

b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner. (Public Sector is defined as government; Private Sector is defined

as A business unit established, owned, and operated by private individuals for profit, instead of by or for any government or its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.))

c. Please provide the URL to the partner organizations' webpages

13 Funding and implementing partners by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (funding and implementing partners), please identify which country/countries these apply.

14 Stakeholders

Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.). Select all that apply.

- Government, please explain
- Non-Government Organization (NGO), please explain
- Faith-based organization, please explain
- Commercial sector, please explain
- Local hospitals/health facilities, please explain
- Local universities, please explain
- Other, please explain

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

a How were needs assessed

b Was a formal need assessment conducted

(Yes/No) If yes, please upload file or provide URL.

16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime 'social disparities,' 'structural barriers' and 'oppression and discrimination' are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.*)

*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

17 Local policies, practices, and laws considered during program design

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

18 How diversion of resources from other public health priorities are avoided

Please explain how the program avoids diverting resources away from other public health priorities? (e.g. local human resources involved in program implementation diverted from other programs or activities).

19 Program provides health technologies

Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)

20 Health technology(ies) are part of local standard treatment guidelines

Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not, what was the local need for these technologies?

21 Health technologies are covered by local health insurance schemes

Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

22 Program provides medicines listed on the National Essential Medicines List

Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

23 Sustainability plan

If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

ADDITIONAL PROGRAM INFORMATION

24 Additional program information

Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

a Potential conflict of interest discussed with government entity

Have you discussed with governmental entity potential conflicts of interest between the social aims of your program and your business activities? (Yes/No) If yes, please provide more details and the name of the government entity.

25 Access Accelerated Initiative participant

Is this program part of the Access Accelerated Initiative? (Yes/No)

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

Program Indicators

INDICATOR DESCRIPTION

27 List of indicator data to be reported into Access Observatory database

For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

28 Data source

For this indicator, please select the data source(s) you will rely on.

29 Frequency of reporting

Indicate the frequency with which data for this indicator can be submitted to the Observatory.

30 Data collection

a. Responsible party: For this indicator, please indicate the party/parties responsible for data collection.

b. Data collection — Description: Please briefly describe the data source and collection procedure in detail.

c. Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 Data processing

a. Responsible party: Please indicate all parties that conduct any processing of this data.

b. Data processing— Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.

c. Data processing — Frequency: What is the frequency with which this data is processed?

32 Data validation

Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

33 Challenges in data collection and steps to address challenges

Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.