

HEALTH SYSTEM ASSESSMENT FOR PANAMA INTERIOR, PANAMA

KEY INFORMATION

PURPOSE / OBJECTIVE

The purpose of this assessment was to identify and describe the barriers and opportunities in the continuum of care, for women living outside of Panama City and indigenous women in Panama.

The study:

- **DESCRIBES • the perception women and health personnel** have about specific barriers and opportunities throughout the breast cancer continuum of care;
- DISCUSSES > access to breast health services for women outside of Panama City (including indigenous groups);
- ADDRESSES | limitations in the availability of health services for the detection of breast cancer for women in non-indigenous communities in the provinces of Los Santos, Chiriquí, Veraguas.

CONTRIBUTORS:



key stakeholders and



women were for this assessment

- A total of eight focus groups were conducted:
- in the province of Chiriquí with the participation of 16 patients;
- sessions in the province of Herrera with a total of 21 patients;
- in the province of Los Santos. 20 women;
- in the province of Veraguas with 16 breast cancer survivors.

- Three additional focus groups were conducted with indigenous women:
- sessions with the participation of women from the Guna ethnicity (18 participants);
- session with women from the Ngäbe ethnicity (15 participants).

BREAST CANCER IN PANAMA



Panama's population was estimated at 3.4 million people in 2010. The population of the Panama City Metropolitan area was approximately 1.5 million people, with 880,691 residing in Panama City.



In 2010, the incidence of breast cancer in Panama was 43.6 cases per 100,000 women and a rate of 10 deaths per 100,000 women.



Breast cancer is the **primary** type of cancer among Panama women and the mortality rates had been increasing.



At the **secondary** level of Care in Panama City, there are only two Ministry of Health (MINSA), centers and **5** Social Security Fund (CSS) clinics. For the tertiary level, there was the public health service and a CSS center, as well as the National Oncological Institute (ION).

The health care system comprised of three sectors: The CSS which is the largest health care provider, covering 85% of the population, the MINSA and the **Private Sector** which covers approximately 16% of the population.



The **first** level of care In Panama City has 8 MINSA health centers and three social security service (CSS) health centers.

In 2011, The Ministry of Health (MINSA) created a National Cancer Plan, which included the establishment of training programs for a comprehensive approach to the continuum of breast health care, detecting early breast cancer, and promoting breast cancer.



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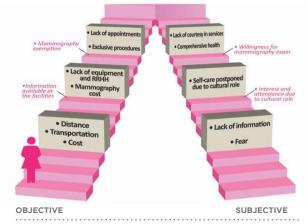
KEY INFORMATION

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BARRIERS & OPPORTUNITIES

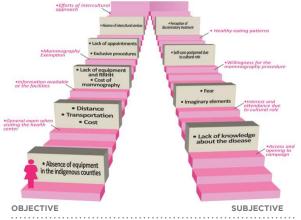
The difference in breast cancer early detection between indigenous and rural women is based on the identified subjective barriers. Women living outside of Panama City demonstrated more predispositions to utilizing the local health facilities.

while indigenous women for, the most part, expressed a tendency towards traditional medicine rather than utilizing local health services. Language barriers as well as the perceived absence of an intercultural perspective in the delivery of health services according to respondent hinder communication between doctor and patient



BARRIERS & OPPORTUNITIES

for the early detection in breast cancer in rural women



BARRIERS & OPPORTUNITIES

for the early detection in breast cancer in indigenous women

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RECOMMENDATIONS TO IMPROVE BREAST CANCER CARE

1 Establish continuous education programs for stakeholders fighting breast cancer.

2 Ensure adequate distribution

of screening equipment and staff with the technical capacity to perform the related services is needed to ensure proper coverage for the entire country.

3 Develop education programs

to encourage women to prioritize their breast health instead of postponing care.

4 Institutionalize policies and programs

for breast cancer care that will reduce the challenges and barriers identified by indigenous women living outside of Panama City.

5 Improve access to support

groups, psychologists, and psychiatrists to help manage the psychosocial aspects of being a breast cancer patient and survivor.