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PURPOSE / OBJECTIVE

This assessment provides baseline data on breast health care in Tanzania to support the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) in Tanzania in the **planning and prioritization of actions** for improved breast cancer control, and in alignment with its Health Sector Strategic Plan (HSSP IV, 2015-2020) goal to **improve prevention and management** of non-communicable diseases.

The assessment sought to:

- 1 **Review** existing breast health care capacity;
- 2 **Identify** the relative strengths and weaknesses of the health system; and
- 3 **Prioritize** actionable items to advance breast cancer care in Tanzania.

CONTRIBUTORS:

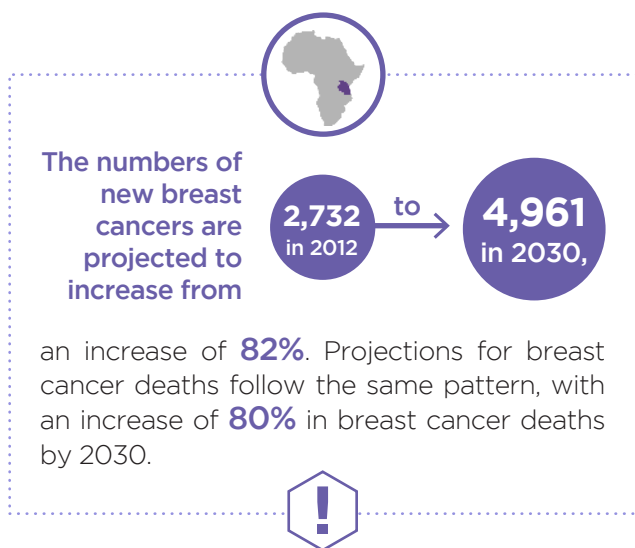
Primary data were collected through questionnaires developed in alignment with the Breast Health Global Initiative (BHGI) resource-stratified evidence-based guidelines for breast cancer early detection, diagnosis and pathology, treatment, healthcare systems, and palliative care and in-person interviews during site visits.

- 61 **Health care professionals** interviewed survivors
- 29 **women seeking breast cancer-related care** at various facilities were interviewed

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BREAST CANCER IN TANZANIA

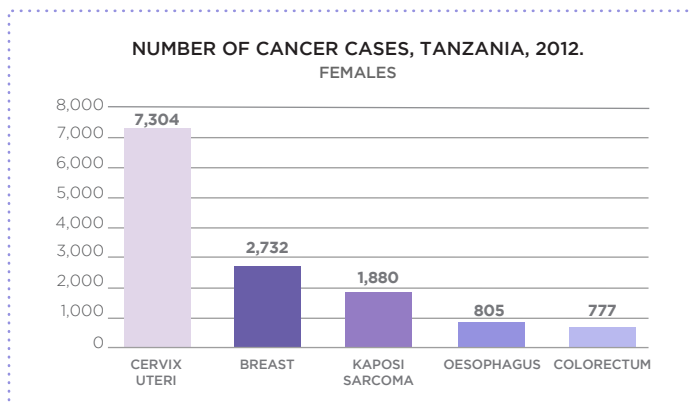
In Tanzania, breast cancer represents **14.4% of new cancers** among women.



The mortality-to-incidence ratio (MIR) of 0.5, indicates that **half** of all women diagnosed with breast cancer in Tanzania **will die** of the disease.

Tanzania has a total **population of 51,822,621** which is served by two public national hospitals and four zonal hospitals in addition to 30 regional referral hospitals and 169 district hospitals.

The age-standardized **breast cancer incidence in Tanzania is 19.4/100,000** women and the age-standardized **breast cancer mortality rate is 9.7/100,000**.



3 BARRIERS & OPPORTUNITIES



There is a need for additional cancer specialists in surgery, radiology, oncology and pathology in Tanzania as these shortages currently impede provision of high-quality care.



Inefficiencies in the existing referral system in Tanzania hinders women from accessing timely and appropriate care.



At the time of this assessment, Tanzania did not have a **national cancer registry** or method for patient tracking from diagnosis to final outcome.



Funding for non-communicable diseases is inadequate, and the health sector is largely funded through **bilateral and multilateral donor sources**.

Significant out-of-pocket expenses for patients related to pre-diagnosis and treatment lead to **partial or ineffective care** or no care at all.

Structural gaps identified in Tanzania include:



shortages of equipment and other key commodities (supplies, reagents, chemotherapy drugs and morphine),



lack of trained healthcare professionals across all levels, and



lack of standardized protocols including those encompassing referral guidelines.

4 RECOMMENDATIONS TO IMPROVE BREAST CANCER CARE

Successful breast cancer control demands integration of early detection programs with accurate diagnosis and timely, accessible, and effective treatments. Findings of this assessment resulted in the following recommendations for the government of Tanzania:

1 Strengthen processes to ensure an effective continuum of care for the patient, including appropriate referral protocols and patient tracking.

2 Develop standardized guidelines and protocols for all aspects of breast health care.

3 Develop a breast health/breast cancer curriculum that covers breast cancer risk factors, signs and symptoms, the role of primary health care providers, as well as specialized services including pathology, surgery and medical and radiation oncology.

4 Develop early detection and treatment guidelines that reflect resource-stratified approaches to breast cancer care, relevant to Tanzania.

5 Train health care workers in implementing standardized protocols and guidelines.

6 Prioritize the detection, treatment and diagnosis of symptomatic breast cancer (cancers that are detectable without the use of mammography).

7 Leverage existing resources and relevant strategies employed for maternal child health or infectious disease platforms to increase access to breast health care.

8 Create opportunities for national and regional knowledge and resource exchange by linking with ministries of health in the region to share information, current research and implementation strategies.