

# Executive summary

## Introduction

This technical report is based on a project by the International Agency for Research on Cancer (IARC) that evaluated barriers to accessing cancer screening services from the health system perspective in the Community of Latin American and Caribbean States (CELAC). In the CELAC region, the first and third most common causes of cancer deaths among women are breast cancer and cervical cancer, respectively. Colorectal cancer is the third most common cause of cancer deaths among men and the fourth most common cause among women.

IARC's Cancer Screening in Five Continents (CanScreen5) project, which was launched in 2019, aims to collect information about the characteristics and performance of cancer screening programmes around the world in a standardized manner, for effective programme evaluation and quality improvement. The objectives of the CanScreen5/CELAC project are to report on the status and performance of cancer screening programmes in CELAC countries and to assess the barriers to the implementation of quality-assured cancer screening in the region.

Although research has been conducted on barriers to accessing health services in the CELAC region from the population's perspective through household surveys, there is a gap in the understanding of the barriers to cancer screening and compliance with downstream management. This project aimed to assess barriers to the cancer screening pathway from the health system perspective and interventions that are in place to improve cancer screening programmes in the CELAC region.

## Methods

IARC, in collaboration with the Pan American Health Organization/World Health Organization (PAHO/WHO), approached the health authorities of 33 countries in CELAC to identify and nominate experts responsible for cancer screening implementation, to participate in a Train the Trainers programme organized by the CanScreen5 project.

During 2020–2023, 27 CELAC countries took part in the Train the Trainers programme: Antigua and Barbuda, Argentina, the Bahamas, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, the Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala,

Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Uruguay.

The training programme covered the following topics: principles of cancer screening, planning and implementing a cancer screening programme, and assuring the quality of such programmes. The blended model of the Train the Trainers programme included 4 self-paced learning modules in Spanish and English (made publicly available as a self-paced online training programme), 5–7 live online sessions, 3 country-specific assignments, and a 3-day face-to-face workshop.

One of the country-specific assignments included using a standardized tool to collect information about barriers to the cancer screening pathway from the health system perspective, from the identification and invitation of the eligible population to treatment, as well as the development and updating of protocols. The survey participants had to select and prioritize barriers, and they were advised to involve different stakeholders in the screening process, to have a consensus on which barriers were the most relevant.

This report focuses on the 3 most relevant barriers at each step in the cancer screening pathway identified by participants from the 27 countries, as well as the evidence-based interventions that are in place to overcome the barriers to cancer screening.

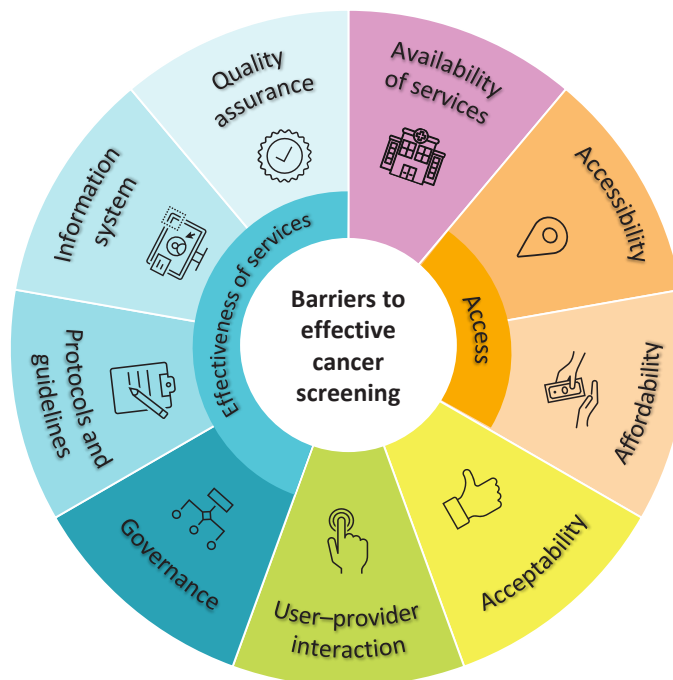
The barriers were organized in a framework adapted from the Tanahashi conceptual model and consisted of the following dimensions: availability of services, access to services (which covers accessibility and affordability), acceptability of services, user-provider interaction, and effectiveness of services (which includes governance, protocols and guidelines, the information system, and quality assurance) (Fig. 1).

Interventions to overcome the barriers to the cancer screening pathway were classified into four levels: user-directed interventions to increase demand, user-directed interventions to increase access, provider-directed interventions, and policy and system-level interventions (Fig. 2).

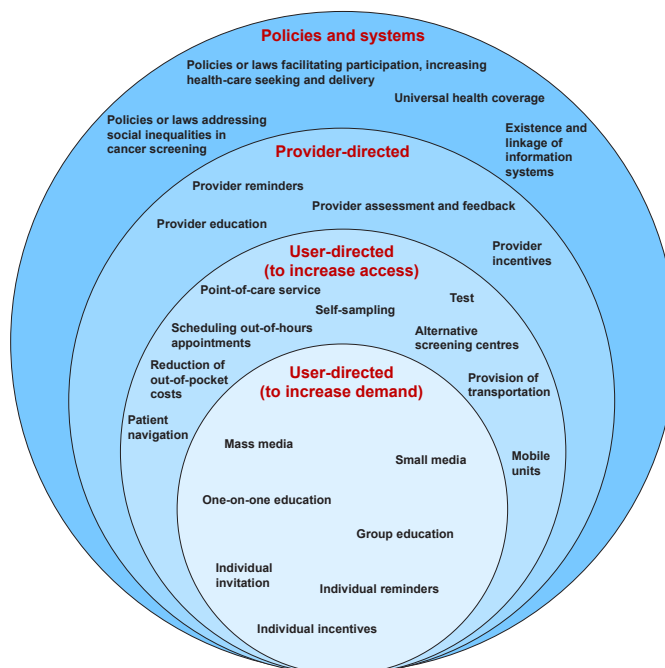
This report covers the following information for each of the 27 participating CELAC countries:

- screening protocols for breast cancer, cervical cancer, and colorectal cancer in the country;
- mapping of barriers to the cancer screening pathway in the country; and
- identifying interventions that are already in place to improve cancer screening programmes in the country.

**Fig. 1.** Graphic representation of the framework to evaluate barriers to the cancer screening pathway. Reproduced from Mosquera et al. (2024) [27].



**Fig. 2.** Framework of evidence-based interventions to overcome barriers to effective delivery of cancer screening services, by the target of the intervention. Adapted from Baron et al. (2008) [12], copyright 2008, with permission from Elsevier.



## Key messages

- To the best of our knowledge, this is the first systematic assessment of barriers to the cancer screening pathway from the health system perspective and existing interventions to improve cancer screening programmes in the CELAC context.
- More than 75% of the countries prioritized issues related to the availability of services, which is the first barrier that the population might face to participate in cancer screening services. This barrier covers issues related to infrastructure, financial resources, and human resources.
- All of the countries in the region prioritized barriers related to the information system, such as the population register not being accurate or complete (70%) or not being updated in a timely manner with changes of contact information (63%).
- All of the countries except one prioritized barriers related to quality assurance; the most prioritized barrier (63%) was insufficient monitoring of individuals diagnosed with precancer or cancer.
- There was diversity among the dimensions of the barriers prioritized as the most relevant by countries, with no clear pattern by region or by the level of organization of the screening programmes. The prioritization will be influenced by the socioeconomic context of each country, the health system organization, and the cancer burden.
- Ideally, the information collected in this project should be complemented with views from the population and from providers. Also, it would be important to analyse whether there are differences across socioeconomic groups.
- Most of the countries reported having universal health coverage (67%). However, women had to pay for diagnostic and treatment services for breast cancer and cervical cancer in about 40% of the countries.
- After identifying potential interventions to overcome barriers, countries will have to prioritize the interventions on the basis of the local context, enablers, the effectiveness of the interventions, the available expertise, the feasibility of implementation, the legal framework, and/or the return on investment. Then, stakeholders will need to be engaged to work on an action plan to overcome each barrier. This plan should include a SMART objective (specific, measurable, actionable, relevant, and time-bound) and a system to monitor and evaluate the interventions.
- Further analysis is required to assess why some countries that implement an intervention to overcome a specific prioritized barrier are not successful.