Prioritized barriers to the cancer screening pathway and interventions to improve cancer screening programmes by country

This chapter presents a fact sheet for each country. The fact sheets include: information about the screening protocol and whether screening, diagnostic, and treatment services were provided free of charge [3] for breast cancer, cervical cancer, and colorectal cancer; the prioritized barriers to the cancer screening pathway; and existing interventions to improve cancer screening programmes. Fig. 6 represents the dimensions of prioritized barriers to the cancer screening pathway; the size of each dimension shows the importance of that dimension as a barrier.

Annex 3 provides contextual information for each country about the cancer burden, the health system, and the response. This information was obtained from assignments submitted by countries during the Train the Trainers programme and other sources [1, 25].

Fig. 6. Graphic representation of the framework to evaluate barriers to the cancer screening pathway. Reproduced from Mosquera et al. (2024) [27].



ANTIGUA AND BARBUDA

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast Cervical Colorectal	- - -		

For more information click here or scan

There is no policy or screening protocol for breast, cervical, and colorectal cancer as of 2021.

BARRIERS TO CERVICAL CANCER SCREENING

- Screening providers not following protocols and procedures
- Inadequate and insufficient monitoring and evaluation, including of non-responders to follow-up, of individuals diagnosed with precancer or cancer, and of treatment outcomes

- Population register not accurate or complete, not updated in a timely manner with changes of contact information, and missing some of the eligible population
- Inadequate system for monitoring screening participation

- Delays for diagnosis and initiation of treatment

 Limited health literacy, or beliefs and values that lead to non-participation
 - Limited public promotion of the screening programme
 - Inadequate national governance structure for assessing training needs
 - Inadequate responsiveness by management to problems found in monitoring participation and giving feedback to health professionals
 - No well-defined organizing body or system to ensure appropriate management of screen-positive individuals
 - Issues with establishing protocols, processes, and legal frameworks
 - Guidelines not regularly developed or adopted

EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES

Directed to population Directed to Directed to At policy and system to increase awareness/demand level population service providers to improve access · Mass media · Reduction of out- None reported Training · Printed materials and social media of-pocket costs · Group education · One-on-one education · Individual reminders Individual incentives

Barriers to

effective

cancer

screening

ARGENTINA

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

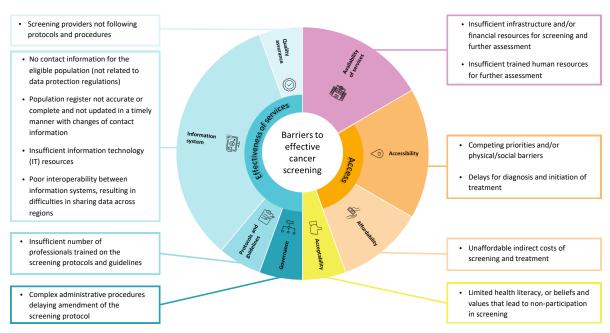
CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast	Mammography	50–69 years	24 months
Cervical	Cytology HPV	25–64 years 30–64 years	36 months 60 months
Colorectal	FIT	50–75 years	24 months

For more information click here or scan

Screening services for breast, cervical, and colorectal cancer and diagnostic and treatment services for breast and cervical cancer are free of charge.

BARRIERS TO CANCER SCREENING



EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES

Directed to population **Directed to population Directed to** At policy and system level to increase to improve access service providers awareness/demand · Alternative screening centres · Provider reminders Universal health · Mass media · Printed and Mobile units and recall coverage audiovisual Self-sampling Assessment and Day off work to materials and · Patient navigation feedback to attend screening social media • Scheduling out-of-hours providers · Group education appointments **Provider incentives** Training

BAHAMAS

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast	-	-	-
Cervical	Cytology Cytology HPV + Cytology	21–65 years 21–29 years 30–65 years	36 months 36 months 60 months
Colorectal	-	-	-

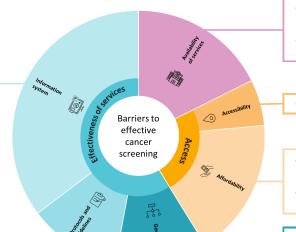
For more information click here or scan

There is no policy or screening protocol for breast and colorectal cancer as of 2022. Screening services for cervical cancer are free of charge.

BARRIERS TO CANCER SCREENING

- Population register not accurate or complete, not updated in a timely manner with changes of contact information, and missing some of the eligible population

 Inadequate information technology
- (IT) solution for running screening (software/application), including for monitoring screening participation
- Poor communication/difficulties sharing data due to inadequate linkage between screening organizations, primary care, and patients
- Guidelines not regularly developed or adopted
- Insufficient number of professionals trained on the screening protocols and guidelines



- Insufficient infrastructure and/or financial resources for screening
- Insufficient trained human resources for screening and further assessment
- Delays for initiation of treatment
- No financial coverage of direct costs of screening and treatment
- Unaffordable indirect costs of treatment
- No well-defined organizing body or system to ensure appropriate management of screen-positive individuals
- Significant amount of opportunistic testing

EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES

Directed to population to increase awareness/demand

- Mass media
- · Printed materials

Directed to population to improve access

- Reduction of out-of-pocket costs
- Provision of transportation
- Scheduling out-of-hours appointments

Directed to service providers

None reported

At policy and system level

 Universal health coverage

BRAZIL

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast	Mammography	50–69 years	24 months
Cervical	Cytology	25–64 years	36 months
Colorectal	–	–	–

For more information click here or scan

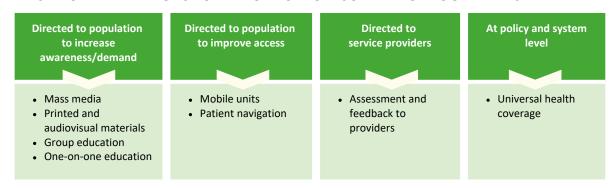
There is no policy or screening protocol for colorectal cancer as of 2020.

Screening, diagnostic, and treatment services for breast and cervical cancer are free of charge.

BARRIERS TO CANCER SCREENING

 Screening providers not following Effective treatment not available to protocols and procedures all who require it · Inadequate and insufficient Inadequate planning and/or logistics monitoring and evaluation, including for screening of the quality of screening experiences, of the objective Inadequate responsiveness by obstacles faced by patients requiring management to problems found in follow-up, of individuals diagnosed monitoring participation and giving with precancer or cancer, and of feedback to health professionals treatment outcomes Barriers to effective No well-defined organizing body or cancer system to ensure appropriate screening management of screen-positive individuals · No contact information for the Significant amount of opportunistic eligible population (not related to testing data protection regulations) · Population register not accurate or Insufficient number of professionals complete trained on the screening protocols and guidelines · Poor interoperability between information systems, resulting in Providers not always working to difficulties in sharing data agreed protocols and guidelines

EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES



CHILE

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

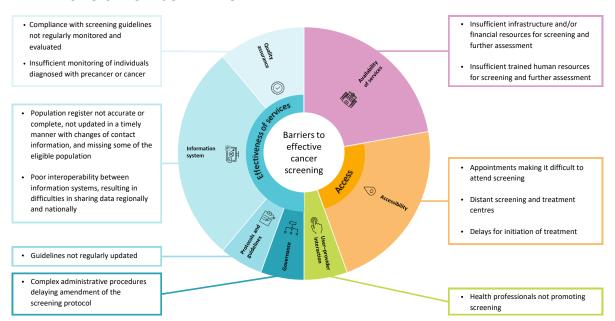
CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast Cervical Colorectal	Mammography + CBE Cytology HPV + Cytology –	50–69 years 25–64 years 30–64 years –	36 months 36 months 60 months –

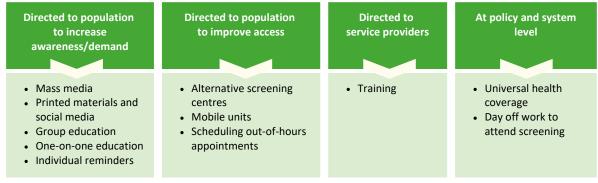
For more information click here or scan

There is no policy or screening protocol for colorectal cancer as of 2023. Screening services for breast and cervical cancer are free of charge.

BARRIERS TO CANCER SCREENING



EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES



COLOMBIA

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast	Mammography	50–69 years	24 months
	CBE	40–49 years	12 months
Cervical	Cytology	25–29 years	36 months
	HPV	30–65 years	60 months
	VIA	30–50 years	36 months
Colorectal	_	_	-

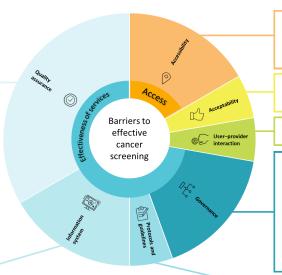
For more information click here or scan

There is no policy or screening protocol for colorectal cancer as of 2022.

Screening, diagnostic, and treatment services for breast and cervical cancer are free of charge.

BARRIERS TO CANCER SCREENING

- Compliance with screening guidelines not regularly monitored and evaluated
 No follow-up of non-responders after the initial screening invitation
 - Inadequate and insufficient monitoring and evaluation, including of non-responders to follow-up, of individuals diagnosed with precancer or cancer, and of treatment outcomes
 - Population register not accurate or complete and not updated in a timely manner with changes of contact information
 - Inadequate system for monitoring screening participation



- Expected barriers (not financial) in access to diagnosis
- Delays for diagnosis and initiation of treatment
- Limited health literacy, or beliefs and values that lead to non-participation in screening
- Limited public promotion of the screening programme
- Inadequate planning and/or logistics for screening
- No well-defined organizing body or system to ensure appropriate management of screen-positive individuals
- Complex administrative procedures delaying amendment of the screening protocol
- Guidelines not covering further management

EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES

Directed to population to increase awareness/demand

- Mass media
- Printed and audiovisual materials and social media
- · Group education
- One-on-one education

Directed to population to improve access

- Alternative screening centres
- Mobile units

Directed to service providers

- Provider incentives
- Training

At policy and system level

Universal health coverage

COSTA RICA

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast	Mammography	50–75 years	12 months
Cervical	Cytology	20–64 years	24 months
Colorectal	–	–	–

For more information click here or scan

There is no policy or screening protocol for colorectal cancer as of 2021.

Screening, diagnostic, and treatment services for cervical cancer are free of charge.

BARRIERS TO CANCER SCREENING

- Compliance with screening guidelines not regularly monitored and evaluated
- Insufficient monitoring and evaluation, including of the quality of screening experiences, of nonresponders to follow-up, and of individuals diagnosed with precancer or cancer
- Population register not accurate or complete and not updated in a timely manner with changes of contact information
- Inadequate information technology (IT) solution for running screening (software/application), including for monitoring screening participation
- Barriers to effective cancer screening
- Insufficient infrastructure and/or financial resources for screening and further assessment
- Insufficient trained human resources for screening
- · Distant treatment centre
- · Delays for initiation of treatment
- No well-defined organizing body or system to ensure appropriate management of screen-positive individuals
- Significant amount of opportunistic testing
- Guidelines not regularly developed or adopted
- Lack of consensus on guidelines among key stakeholders

EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES

Directed to population to increase awareness/demand

- Mass media
- Printed materials and social media
- · Group education
- One-on-one education
- Individual reminders and recall

Directed to population to improve access

- Alternative screening centres
- Mobile units
- Scheduling out-ofhours appointments

Directed to service providers

- Provider reminders and recall
- Training

At policy and system level

- Universal health coverage
- Day off work to attend screening

CUBA

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

CANCER SCREENING PROGRAMMES

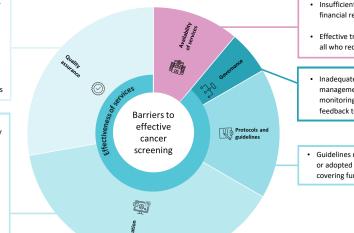
Cancer type	Screening test	Target age range	Screening interval
Breast	CBE	≥ 30 years	12 months
Cervical	Cytology	25–64 years	36 months
Colorectal	FIT	≥ 50 years	12 months

For more information click here or scan

Screening, diagnostic, and treatment services for breast, cervical, and colorectal cancer are free of charge.

BARRIERS TO CANCER SCREENING

- No follow-up of non-responders after the initial screening invitation
- Insufficient monitoring and evaluation, including of the quality of screening experiences, of nonresponders to follow-up, of individuals diagnosed with precancer or cancer, and of treatment outcomes
- Population register not accurate or complete and not updated in a timely manner with changes of contact information
- Insufficient information technology (IT) resources
- Inadequate IT solution for running screening (software/application), including for monitoring screening participation
- Difficulties sharing data due to inadequate linkage between screening organizations, primary care, and patients, and between clinics regionally and nationally



- Insufficient infrastructure and/or financial resources for screening
- Effective treatment not available to all who require it
- Inadequate responsiveness by management to problems found in monitoring participation and giving feedback to health professionals
- Guidelines not regularly developed or adopted and updated, and not covering further management

EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES

Directed to population to increase awareness/demand

- · Mass media
- · Group education
- One-on-one education
- Individual reminders

Directed to population to improve access

Patient navigation

Directed to service providers

- Provider reminders
- Training

At policy and system level

Universal health coverage

DOMINICA

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

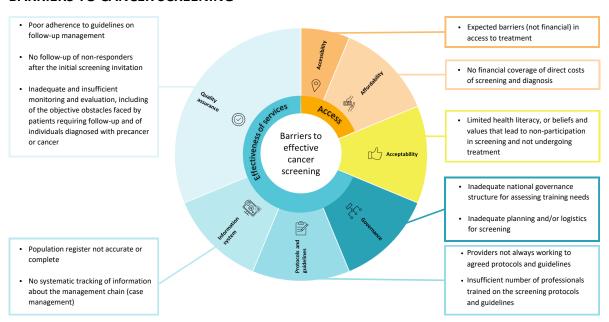
CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast	-	-	-
Cervical	-	-	-
Colorectal	-	-	-

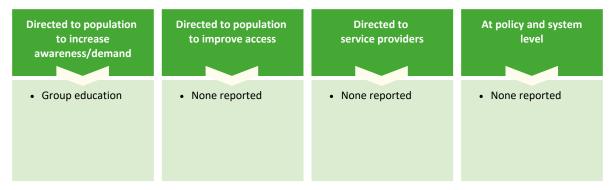
For more information click here or scan

There is no policy or screening protocol for breast, cervical, and colorectal cancer as of 2021.

BARRIERS TO CANCER SCREENING



EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES



CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

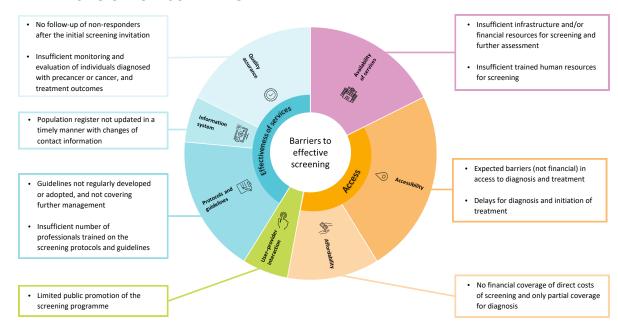
CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast	Mammography	40–65 years	12 months
Cervical	Cytology	25–60 years	12 months
Colorectal	–	–	–

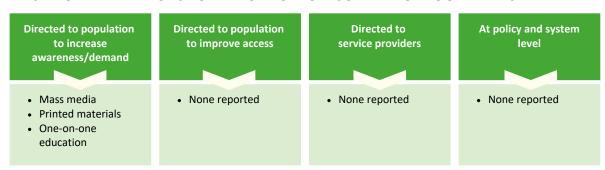
For more information click here or scan

There is no policy or screening protocol for colorectal cancer as of 2022.

BARRIERS TO CANCER SCREENING



EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES



ECUADOR

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

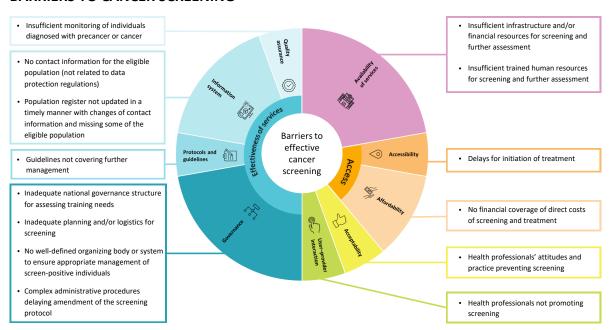
CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast (pilot) Cervical (pilot) Colorectal (pilot)	CBE	> 40 years	–
	Cytology	> 30 years	60 months
	FIT	50–75 years	12 months

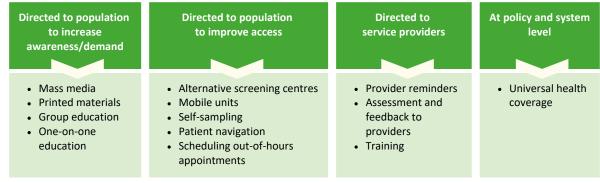
For more information click here or scan

There is no policy or screening protocol for breast, cervical, and colorectal cancer as of 2022.

BARRIERS TO CANCER SCREENING



EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES



EL SALVADOR

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

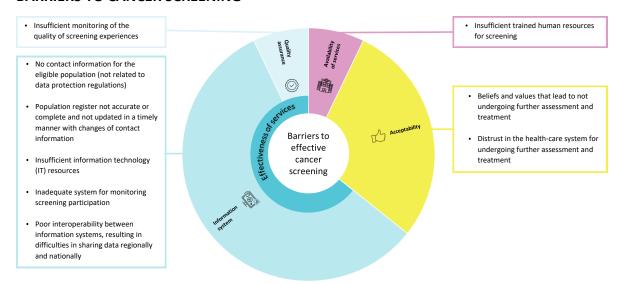
CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast Cervical	Mammography Cytology HPV	40–69 years ≥ 20 years 30–59 years	12 months 24 months 60 months
Colorectal	-	-	-

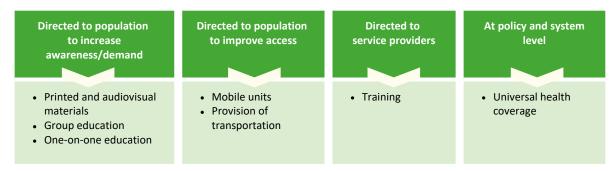
For more information click here or scan

There is no policy or screening protocol for colorectal cancer as of 2020. Screening, diagnostic, and treatment services for breast and cervical cancer are free of charge.

BARRIERS TO CANCER SCREENING



EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES



GRENADA

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

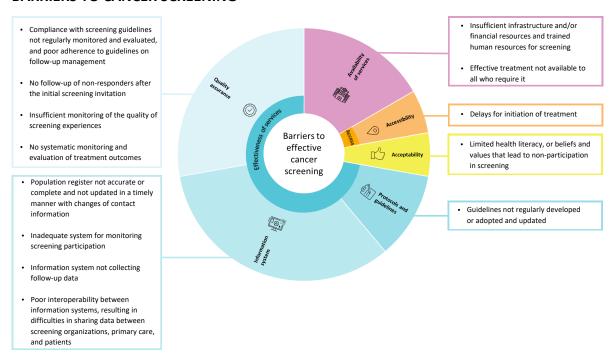
CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast Cervical	– Cytology	– 21–55 years	– 36 months
Colorectal	VIA –	21–55 years –	36 months –

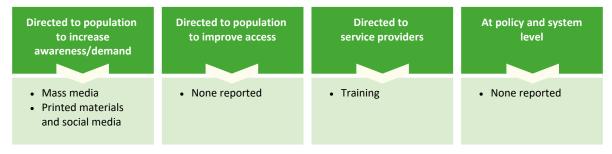
For more information click here or scan

There is no policy or screening protocol for breast and colorectal cancer as of 2021. Screening services for cervical cancer are free of charge.

BARRIERS TO CANCER SCREENING



EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES



GUATEMALA

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

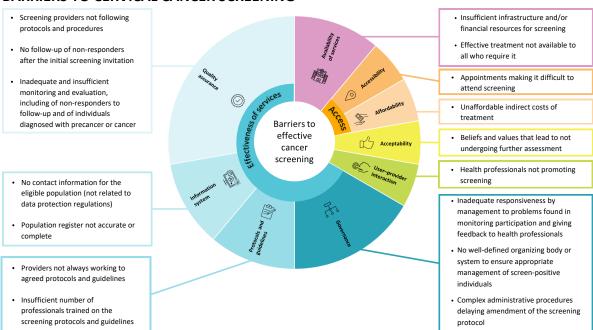
CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast Cervical	– Cytology VIA HPV	– 25–54 years 25–40 years 30–49 years	– 36 months 36 months 60 months
Colorectal	_	-	-

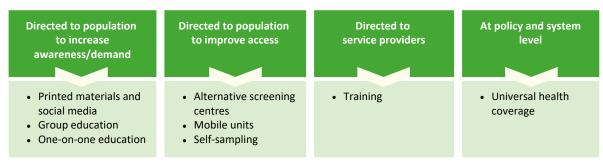
For more information <u>click here</u> or scan

There is no policy or screening protocol for breast and colorectal cancer as of 2021. Screening, diagnostic, and treatment services for cervical cancer are free of charge.

BARRIERS TO CERVICAL CANCER SCREENING



EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES



GUYANA

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

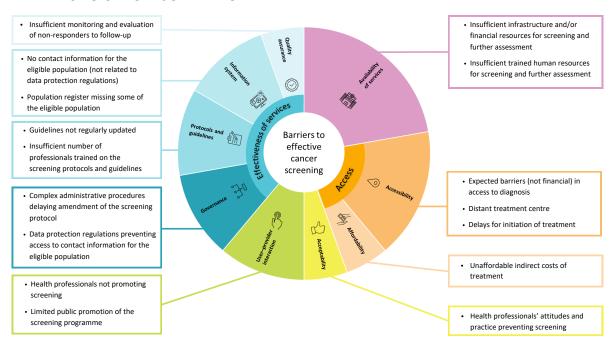
CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast	–	–	–
Cervical	VIA	25–49 years	36 months
Colorectal	–	–	–

For more information click here or scan

There is no policy or screening protocol for breast and colorectal cancer as of 2021. Screening, diagnostic, and treatment services for cervical cancer are free of charge.

BARRIERS TO CANCER SCREENING



EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES

Directed to population Directed to population **Directed to** At policy and system to increase to improve access service providers level awareness/demand Mass media · Alternative screening · Assessment and Universal health · Printed materials and feedback to providers centres coverage **Provider incentives** social media Mobile units Group education · Scheduling out-of- Training One-on-one education hours appointments

HONDURAS

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

CANCER SCREENING PROGRAMMES

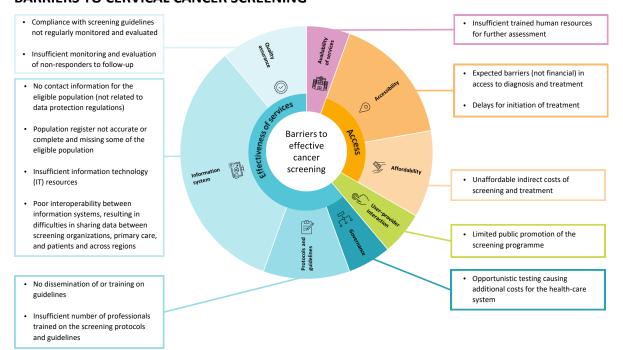
Cancer type	Screening test	Target age range	Screening interval
Breast	_	_	_
Cervical	VIA Cytology	*–49 years ≥ 50 years	36 months 12 months
Colorectal	-	-	-

For more information click here or scan

There is no policy or screening protocol for breast and colorectal cancer as of 2021.

Screening and treatment services for cervical cancer are free of charge.

BARRIERS TO CERVICAL CANCER SCREENING



EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES



^{*}Sexual debut.

JAMAICA

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

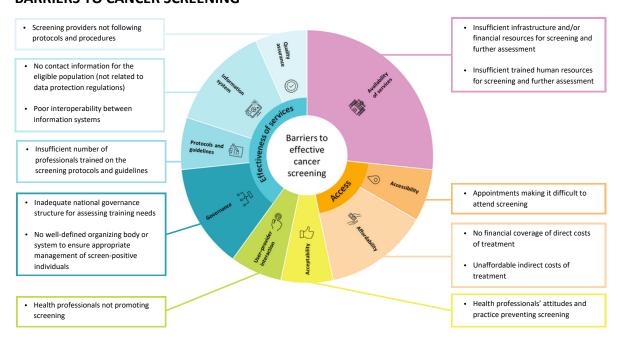
CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast Cervical Colorectal	Mammography Cytology gFOBT FIT	40–69 years 21–64 years 45–74 years 45–74 years	12 months 36 months 12 months 12 months

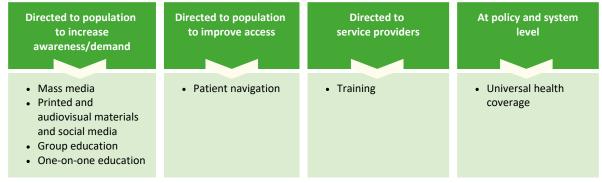
For more information click here or scan

Screening services for cervical and colorectal cancer, diagnostic services for cervical cancer, and treatment services for breast, cervical, and colorectal cancer are free of charge.

BARRIERS TO CANCER SCREENING



EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES



MEXICO

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast	CBE	25–39 years	12 months
	Mammography	40–69 years	24 months
Cervical	Cytology	25–34 years	36 months
	HPV	35–64 years	60 months
Colorectal	-	-	-

For more information click here or scan

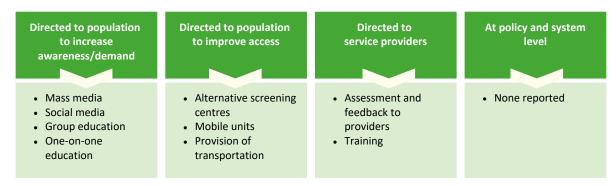
There is no policy or screening protocol for colorectal cancer as of 2021.

Screening, diagnostic, and treatment services for breast and cervical cancer are free of charge.

BARRIERS TO CANCER SCREENING

· Screening providers not following Effective treatment not available to protocols and procedures all who require it · Compliance with screening guidelines not regularly monitored Expected barriers (not financial) in and evaluated, and poor adherence access to treatment to guidelines on follow-up management Distant treatment centre · Inadequate and insufficient monitoring and evaluation. Health professionals not promoting Barriers to including of the quality of screening screening effective experiences, of the objective cancer obstacles faced by patient requiring screening follow-up, and of individuals Inadequate planning and/or diagnosed with precancer or cancer logistics for screening Data protection regulations preventing access to contact information for the eligible population · Providers not always working to Poor interoperability between agreed protocols and guidelines information systems, resulting in difficulties in sharing data between · Insufficient number of professionals screening organizations, primary care, trained on the screening protocols and patients and guidelines

EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES



NICARAGUA

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

CANCER SCREENING PROGRAMMES

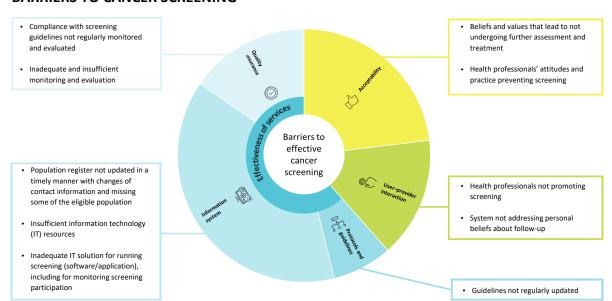
Cancer type	Screening test	Target age range	Screening interval
Breast	Mammography	40–49 years ≥ 50 years	24 months 12 months
Cervical	Cytology	≥ 15 years	12 months
Colorectal	-	-	-

For more information click here or scan

There is no policy or screening protocol for colorectal cancer as of 2021.

Screening, diagnostic, and treatment services for breast and cervical cancer are free of charge.

BARRIERS TO CANCER SCREENING



EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES

Directed to population Directed to population Directed to At policy and system to increase to improve access service providers level awareness/demand Universal health · Mass media · Alternative screening · Assessment and Printed materials centres feedback to coverage Day off work to · Group education Mobile units providers Scheduling out-of-One-on-one Provider incentives attend screening education hours appointments

PANAMA

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast	Mammography + US	40–74 years	24 months
Cervical	Cytology HPV HPV + Cytology	21–64 years 25–64 years 30–64 years	24 months 36 months 36 months
Colorectal	gFOBT	≥55 years	12 months

For more information click here or scan

• Significant amount of opportunistic

testing

Screening services for breast and cervical cancer are free of charge.

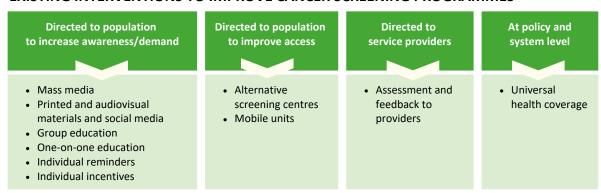
BARRIERS TO CANCER SCREENING

professionals trained on the

screening protocols and guidelines

· Insufficient trained human resources No follow-up of non-responders after the initial screening invitation · Effective treatment not available to · Insufficient monitoring and evaluation all who require it of the quality of screening experiences and of treatment outcomes · Inadequate national governance structure for assessing training needs Inadequate planning and/or logistics for · Population register not updated in a screening timely manner with changes of Barriers to contact information and missing effective No well-defined organizing body or some of the eligible population system to ensure appropriate cancer management of screen-positive screening · Inadequate information technology (IT) solution for running screening · Complex administrative procedures (software/application), including for delaying amendment of the screening monitoring screening participation No systematic tracking of information · Difficulties sharing data due to data about the management chain (case protection regulations between management) screening organizations, primary care, and patients, and between clinics regionally and nationally · Insufficient number of

EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES



PARAGUAY

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

CANCER SCREENING PROGRAMMES

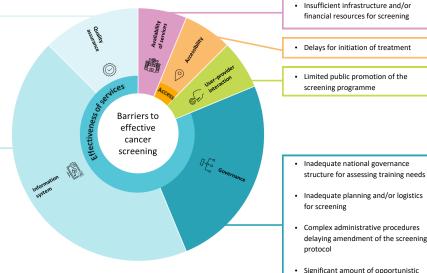
Cancer type	Screening test	Target age range	Screening interval
Breast Cervical	Mammography Cytology HPV	40–65 years *–65 years 30–65 years	12 months 12 months 60 months
Colorectal	FIT	50–75 years	24 months

For more information click here or

Screening, diagnostic, and treatment services for breast, cervical, and colorectal cancer are free of charge.

BARRIERS TO CANCER SCREENING

- · Insufficient monitoring and evaluation of non-responders to follow-up and of treatment outcomes
- · No contact information for the eligible population (not related to data protection regulations)
- · Population register not accurate or complete and not updated in a timely manner with changes of contact information
- · Inadequate system for monitoring screening participation
- · Information system not collecting follow-up data
- · No systematic tracking of information about the management chain (case management)
- · Poor interoperability between information systems, resulting in difficulties in sharing data between screening organizations, primary care, and patients



- Inadequate planning and/or logistics
- Complex administrative procedures delaying amendment of the screening
- · Significant amount of opportunistic

EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES

Directed to population to increase awareness/demand

- · Mass media
- Printed and audiovisual materials and social media
- Group education
- One-on-one education

Directed to population to improve access

- Mobile units
- Self-sampling
- Patient navigation
- · Scheduling out-ofhours appointments

Directed to service providers

- Assessment and feedback to providers
- Training

At policy and system level

- Universal health coverage
- Day off work to attend screening

^{*1} year after sexual debut.

PERU

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast	*	*	*
Cervical	Cytology VIA HPV	25–64 years 30–49 years 30–49 years	24 months 24 months 60 months
Colorectal	gFOBT	≥55 years	12 months

For more information click here or scan

Screening, diagnostic, and treatment services for cervical cancer are free of charge.

BARRIERS TO CANCER SCREENING

· Difficulties sharing data across regions

• Compliance with screening guidelines Appointments making it difficult to attend screening not regularly monitored and evaluated · Poor adherence to guidelines on follow-up management Limited public promotion of the screening programme · Inadequate and insufficient monitoring and evaluation, including · Inadequate planning and/or logistics of the quality of screening for screening experiences, of non-responders to follow-up, and of individuals · No well-defined organizing body or Barriers to diagnosed with precancer or cancer system to ensure appropriate effective management of screen-positive cancer · Population register not accurate or Protocols and guidelines individuals complete, not updated in a timely screening manner with changes of contact Guidelines not regularly developed information, and missing some of the or adopted and updated eligible population · Inadequate system for monitoring screening participation · No systematic tracking of information about the management chain (case management) · Inadequate and/or disjointed information technology (IT) systems

EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES

Directed to population Directed to population Directed to At policy and system to increase to improve access service providers level awareness/demand Alternative screening Mass media Provider incentives · Universal health Group education centres Training coverage · One-on-one education Provision of · Individual reminders transportation

^{*} Unknown.

CANCER SCREENING – BARRIERS AND INTERVENTIONS SAINT KITTS AND NEVIS COUNTRY REPORT 2023

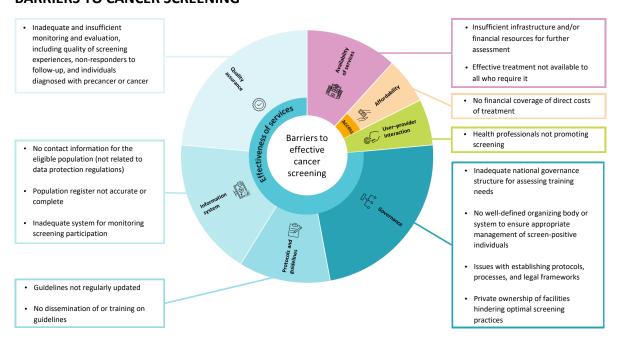
CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast	–	–	–
Cervical	Cytology	*–65 years	12 months
Colorectal	–	–	–

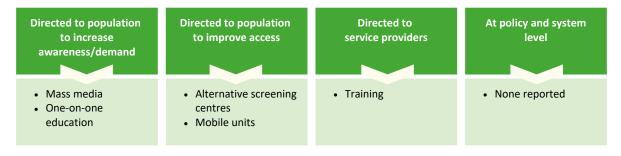
For more information click here or scan

There is no policy or screening protocol for breast and colorectal cancer as of 2021. Screening services for cervical cancer are free of charge.

BARRIERS TO CANCER SCREENING



EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES



^{*} Sexual debut.

SAINT LUCIA

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

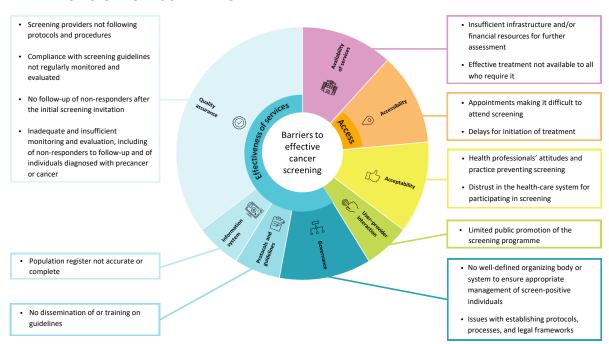
CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast Cervical Colorectal	-	- - -	

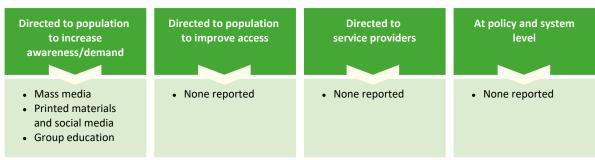
For more information click here or scan

There is no policy or screening protocol for breast, cervical, and colorectal cancer as of 2021.

BARRIERS TO CANCER SCREENING



EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES



SAINT VINCENT AND THE GRENADINES

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast	Mammography	45–54 years ≥ 55 years	12 months 24 months
Cervical Colorectal (men)	Cytology Stool DNA Fl. sigmoidoscopy* Colonoscopy	21–65 years 50–75 years	36 months 12 months 60 months 120 months

For more information click here or scan

guidelines

and guidelines

• Insufficient number of professionals

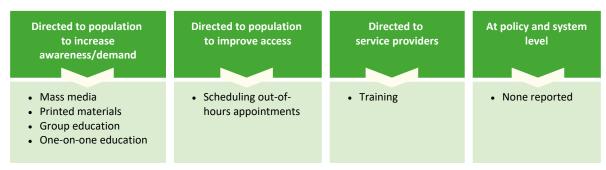
trained on the screening protocols

Screening services for breast cancer are free of charge.

BARRIERS TO CERVICAL CANCER SCREENING

• No follow-up of non-responders Insufficient infrastructure and/or after the initial screening invitation financial resources for screening and further assessment · Insufficient monitoring and evaluation of non-responders to · Delays for initiation of treatment follow-up and of individuals diagnosed with precancer or cancer · Inadequate responsiveness by management to problems found in monitoring participation and giving · Population register not updated in a feedback to health professionals Barriers to timely manner with changes of · Issues with establishing protocols, contact information and missing effective some of the eligible population processes, and legal frameworks cancer screening · Significant amount of opportunistic · Inadequate information technology testing (IT) solution for running screening (software/application), including for monitoring screening participation · Guidelines not covering further management · No systematic tracking of information · No dissemination of or training on about the management chain (case

EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES



Sources: CanScreen5 (https://canscreen5.iarc.fr/); Global Cancer Observatory (https://gco.iarc.who.int/today/); WHO Cancer country profiles 2020 (https://www.who.int/teams/noncommunicable-diseases/surveillance/data/cancer-profiles)

management)

· Difficulties sharing data due to

regionally and nationally

inadequate linkage between clinics

^{*}Combined with faecal occult blood test (FOBT) every 3 years.

SURINAME

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

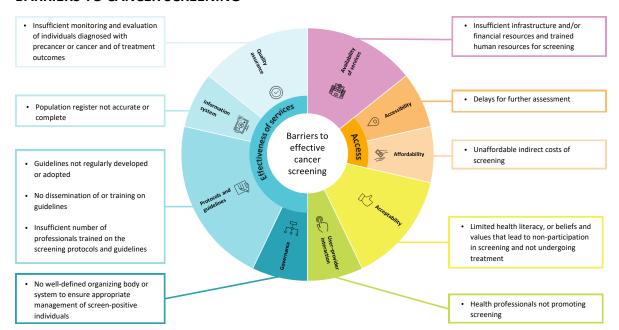
CANCER SCREENING PROGRAMMES

Cancer type	Screening test	Target age range	Screening interval
Breast Cervical	Mammography VIA Cytology	50–75 years ≥ 23 years ≥ 50 years	24 months 12 months 36 months
Colorectal	– Cytology		- -

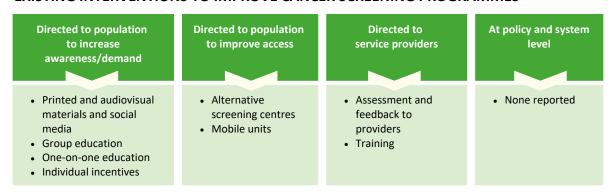
For more information click here or scan

There is no policy or screening protocol for colorectal cancer as of 2021.

BARRIERS TO CANCER SCREENING



EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES



URUGUAY

CANCER SCREENING – BARRIERS AND INTERVENTIONS COUNTRY REPORT 2023

CANCER SCREENING PROGRAMMES

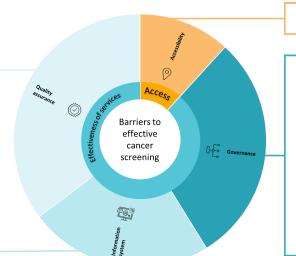
Cancer type	Screening test	Target age range	Screening interval
Breast	Mammography	50–69 years	24 months
Cervical	Cytology	21–69 years	36 months
Colorectal	FIT	50–74 years	24 months

For more information click here or scan

Screening services for breast, cervical, and colorectal cancer are free of charge.

BARRIERS TO CANCER SCREENING

- Screening providers not following protocols and procedures
- Compliance with screening guidelines not regularly monitored and evaluated
- Inadequate and insufficient monitoring and evaluation, including of the quality of screening experiences, of individuals diagnosed with precancer or cancer, and of treatment outcomes
- Population register not accurate or complete, not updated in a timely manner with changes of contact information, and missing some of the eligible population
- Difficulties sharing data due to inadequate linkage between clinics regionally and nationally



- Delays for diagnosis and initiation of treatment
- Inadequate planning and/or logistics for screening
- Inadequate organizational support for clinical professionals
- Inadequate responsiveness by management to problems found in monitoring participation and giving feedback to health professionals
- No well-defined organizing body or system to ensure appropriate management of screen-positive individuals
- Significant amount of opportunistic testing

EXISTING INTERVENTIONS TO IMPROVE CANCER SCREENING PROGRAMMES

Directed to population to increase awareness/demand

- · Mass media
- Printed and audiovisual materials and social media
- Group education

Directed to population to improve access

- Mobile units
- Patient navigation

Directed to service providers

- Assessment and feedback to providers
- · Provider incentives

At policy and system level

- Universal health coverage
- Day off work to attend screening