HEALTH SYSTEM ASSESSMENT FOR SALVADOR, BRAZIL

KEY INFORMATION

1 PURPOSE /OBJECTIVE

This research study assessed the breast cancer situation in Salvador and its Metropolitan Region, and the pathways patients in public healthcare system go through **from screening to treatment.** A combination of mixed methods; data collected from key stakeholders including patients, survivors, community health agents, public health professionals and managers, and an evaluation of pre-existing informational resources, processes and barriers were used to gain a comprehensive look at **breast cancer care in the region.**

CONTRIBUTORS:

Local clinicians and national and international public health experts contributed to the development of this report including: **34** health managers and professionals in the public sector from **6** different cities.

81

A total of 81 breast cancer patients under treatment in public health institutions were interviewed in **4** focus groups.

- **16** **breast cancer** survivors
- **3** **patients** under treatment
- **1** **co-survivor** /patient relative (who asked to participate)
- **21** **community health** agents

The health system in Brazil has public and private components that are interconnected and are divided in **three subsectors:**

- **public (SUS):** services are financed and provided by the state;
- **private (for-profit and non-profit):** offers paid and unpaid services financed by public and private funds
- **private health insurance subsector:** offers different forms of health plans, varying insurance premiums, and tax subsidies.

2 BREAST CANCER IN SALVADOR

Salvador is the **third most populous** city in Brazil with a population of 2.7 million (2012).

The Salvador Metropolitan Region (RMS) includes 13 municipalities surrounding the city of Salvador and is home to about **2 million women** (645,000 of which are over the age of 40).

Breast cancer represents the **8th cause of death** among women in Salvador. The crude incidence rate at 63 per 100,000 women is are higher than the national average and nearly double the state average with most women being diagnosed in advanced stages.

ESTIMATED NUMBER OF NEW BREAST CANCER CASES IN 2014 AND CRUDE INCIDENCE RATE – BRAZIL, NORTHEAST REGION, BAHIA AND SALVADOR.

REGION	NUMBER OF NEW CASES	CRUDE RATE / 100,000 WOMEN
Brazil	57,120	56.09
Northeast	10,490	36.74
Bahia	2,560	33.00
Salvador	980	63.00

Source: MS/INCA Estimativa 2014

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Access to health services through SUS in the city of Salvador is rather low (31.4%) when compared to less populated municipalities with access as high as 90.6%, which represents a limitation in service provision and access for those dependent on SUS.

Despite the metropolitan region being home to 28 oncology care centers (85.7% of them in the city of Salvador), an estimated 50% are used for private services which further limits the population's access and **affects the timeliness for diagnosis.**

Additionally, while data suggests that mammography is readily available (47 devices in Salvador, 130 in the metropolitan area and 58 accessible in public health centers), **mammography screening** among women 50 to 69 years of age is at a downward trend.

3 CHALLENGES: GAPS & BARRIERS

A lack of coordination among breast cancer data from health divisions (surveillance, basic health units, regulatory services, women's health, family health strategy, and information systems) was found as a contributing factor to lengthening the journey to care for patients in the region.

BREAST CANCER CRITICAL ISSUES IN SALVADOR METROPOLITAN REGION.

Mammography does not fullfill its role in screening. (2)

Access to biopsy is a bottleneck in the public healthcare system. (4)

HEALTH PROMOTION /PREVENTION → SCREENING → SUSPICION → DIAGNOSIS → TREATMENT

1. Absence of health education activities in the communities.
3. Most often, it is the woman who identifies a change in her body including one of the signs of alert.
5. The majority of the cases are diagnosed in advanced stage, when treatment is more Palliative than curative.

FURTHER CHALLENGES AFFECTING THE PATIENT JOURNEY INCLUDE:

Convoluted referral protocols and **lack of standardized guidance** received from health providers, leads to **increased frustration** and to some individuals **giving up** in the search for healthcare.

Limited number of breast health specialists working in the public health system result in **limited access** to appointments and **delays in the analysis** of exam results.

Many patients are **not offered** the CBE as a routine in their annual examinations and often show up in the health unit **after** they have identified changes in the breast, further contributing to **later-stage diagnosis.**

4 RECOMMENDATIONS TO IMPROVE BREAST CANCER CARE

PRIORITY 1	PRIORITY 2	PRIORITY 3	PRIORITY 4
HEALTH EDUCATION IN COMMUNITIES	QUALIFICATION OF PRIMARY CARE HEALTH PROFESSIONALS AND MANAGERS	FLOW ORGANIZATION AND BETTER COMMUNICATION BETWEEN HEALTHCARE SERVICES	PROMOTION OF PATIENTS RIGHTS

For the full Salvador Health System Assessment report, visit: https://ww5.komen.org/Brazil/HSAReport/Salvador2015