Programme title: Initiate Reproductive Cancer Screening and Early Detection in Somaliland

Background

Health system transformation. The civil war destroyed most health facilities, caused mass migration, and directly resulted in the loss of qualified and trained health personnel. Since then, the Republic of Somaliland has maintained 30 years of peace. The government took advantage of political stability and rebuilt its infrastructure and health system. At the same time, the health system is transitioning from the humanitarian context to the rebuilding phase and has significantly improved maternal, neonatal, and child health outcomes. However, not all essential health services are integrated into the new healthcare package/national health strategy. Some cost-saving and life-saving healthcare options are neglected in the health system transformation.

Cancer management is expensive. The prevalence of non-communicable diseases (NCDs) is increasing globally, particularly in the LMICs. The situation is even worse due to population growth, urbanisation, ageing, etc. It is estimated that the cost of dealing with NCDs varies from $170 billion to $51 trillion, based on the actions taken. The World Bank's 2020 report reveals that NCDs account for more than 30% of mortality in Somaliland. Cancer is a complex and growing health problem in the LMICs. Other countries' experience highlights that cancer management, including palliative care, causes more financial toxicity in comparison to other NCDs. To address the burden, it is crucial to integrate multi-sectors and initiate low-cost and high-impact interventions.

Women and girls are the most affected populations. Two out of every three women die from an NCD, accounting for up to 19 million deaths annually. Women and girls are vulnerable to NCDs, LMICs in particular. Their gender roles and (general) low decision-making power within the households impede their capacity to manage their health. Some specific female cancers, such as breast cancer and cervical cancer, are preventable and early detectable, yet, they come with stigma and fear, which brings a negative influence on prevention, early detection, and management.

Breast cancer and cervical cancer are the two leading female cancers in Somalia *Check with WHO*. The WHO East Mediterranean Region (EMR) Office reports that cancer causes nearly 400,000 deaths in this region yearly. Breast cancer is the most common cancer among women in countries within the WHO EMR. The International Agency for Research on Cancer (IARC) estimates that 99,000 breast cancers and 15,000 cervical cancers were diagnosed in the region in 2012. When it comes to IARC Somalia data, there were 6683 new female cancer cases and 4934 female cancer deaths in 2022. The top 3 leading female cancers are breast cancer, cervical cancer, and colorectal cancer. Moreover, it is assumed that the cancer data in Somaliland was under-reported due to the stigma, poor awareness, and the lack of the cancer registry system.

Goal

TBD

Proposed Programme Timeline

This proposed proposal is a 3-year or 5-year plan. (Suggestion Prioritise phase 1 and phase 2)

Phase	Proposed Objectives	What does it mean?
1	Initiate reproductive cancer prevention and early detection	• Cervical cancer screening (HPV DNA testing, pap) and management for precancerous lesion • Breast cancer self-examination • Stakeholder engagement framework • Patient flow
2	Improve cancer prevention and management	• HPV vaccination • Capacity building of in-country cancer management
3	(Optional) Add other project sites or cancers to the existing package	• TBD

Phase	1-1	1-2	1-3	1-4	2-1	2-2	2-3	2-4	3-1	3-2	3-3	3-4
1	Preparation	Implementation		Revision								
2				Preparation		Implementation				Revision		
3								Re-assessment		Programme scale up or close		

Proposed Solution

Due to the information above, the Taiwan Medical Mission aims to initiate reproductive cancer prevention and early detection at the primary care level in Somaliland to provide timely screening/early detection, fill in the gap of NCD care, and reaffirm health equity, gender equality, and human rights.

Requests

Budget number?

Transportation box (4-6), cancer case manager, visiting fellowship(s) and nurse(s), HPV DNA test kit (120), Core Needle (50), incentives?

Proposed Programme Design

Outcome 1 Advocacy		
Output 1.1. Develop a cancer-focused stakeholder engagement framework and carry out a stakeholder mapping exercise	Deliverable 1.1.1 Stakeholder Engagement Framework	
Output 1.2. Identify advocacy opportunities, such as UHC and national strategy development, and windows to plan		*National Cancer Control Committee* *Follow up with Omar*
Outcome 2 Demand Generation and Promotion		
Output 2.1 Identify target audience and relevant network		*Cx cancer* *-- Pap or VIA, General population, 30-49 years, every 3 years; women living with HIV, 25-49 years, every 3 years* *-- HPV DNA testing, General population, every 5-10 years; women living with HIV, every 3-5 years* *Breast cancer* *-- General population, 40-69 years, self-examination, monthly, clinic breast examination*
Output 2.2 Develop culture-inclusive information, education, and communication (IEC) content, talking points and materials	Deliverable 2.2.1 (Internal) talking points and (external) health education leaflets	*Identify gender person* *Check with UNFPA*
Output 2.3 Disseminate developed IEC via various traditional and modern channels	Deliverable 2.3.1 Identify one TV and three influencers Deliverable 2.3.2 1-min Short films Deliverable 2.3.3 Introduce tele-health (digital health intervention)	*Prioritise female influencers* *Some suggestions: MM Somali TV, Khaalid Foodhaadhi, PSI, SOFHA, etc* *Check with PSI*
Output 2.4 Carry out value clarification and attitude transformation (VCAT) training		*Contribute to Deliverable 3.2.1 Kick-off meeting and two-day workshop*
Output 2.5 Train 5 nurses to be the main IEC distributor and healthcare entry point in HGH	Deliverable 2.5.1 5 trained nurses with strong reproductive cancer knowledge	*Andrew and YuHsin organise training for Rakia*
Output 2.6 Provide context-inclusive health information	Deliverable 2.6.1 Delivery reproductive cancer information to XX people Deliverable 2.6.2 One campaign	*October is breast awareness month, Approach university for CSE opportunity* *Check with UNFPA*
Outcome 3 Service Delivery		
Output 3.1 Identify local expertise, technical partners, and potential health providers	Deliverable 3.1.1 Signed contract or MoU	*HGH, Edna hospital (private), 2OBGYN, transport medium/box, female influence , Daryeel hospital (governemnt), 1 OBGYN, Governement hospitals. Buroa, Borama* *SOFHA, PSI, MCH, etc.* *Check with Taipei*
Output 3.2 Build staff capacity to provide counselling, cancer screening, and quality management	Deliverable 3.2.1 Kick off meeting and two-day workshop, including value clarification and attitude transformation, capacity building (cancer screening. follow-up), and referral pathways	*3 staff from the health facilities above. Check with Taipei and WHO*
Output 3.3 Design a follow-up mechanism to inform results and provide timely management if needed	Deliverable 3.3.1 Report form and follow-up mechanism	*The illiterate rate is more than 50%. Phone follow up is suggested*
Output 3.4 Establish context-inclusive referral pathways, including visiting fellowship and medical tourism	Deliverable 3.4.1 Train 2 local doctors and 2 local nurses to manage early- and advanced-stage cancers (Taiwan)	*Visiting fellowship and nurse. Qualification. Check with Taipei.*
	Deliverable 3.4.2 Established a patient flow, including referral pathways (in-country private and public health facilities, and overseas options, such	*Ideally, we should empower public and governemental health facilities. Contact Hayat Diagnostic Center (Mammography), Needle Hospital (Chemotherapy)*

	as Ethiopia) , to build a smooth and efficient communication channel for cancer therapy	*Contact Ethiopia hospitals (radiotherapy, HRT, etc.)* *Private travel agent? IPPF Ethiopian MA* *Check with MoH DG and Hospital DG (Price Negotiation)* *Follow up with Fatima, Faduma, and Omar*
Output 3.5 Provide one-stop reproductive cancer screening and early detection services	Deliverable 3.5.1 XX cervical cancer screening and management services	*Follow up with Fatima* *Check with Taipei*
	Deliverable 3.5.2 XX breast cancer screening and management services	*Check with Taipei*
Output 3.6 Identify opportunities to scale up services, including (1) integrating cancer screening into the existing service package (2) approaching key populations, such as people living with HIV and (3) adding other service delivery points	Deliverable 3.6.1 Best practice and lesson learned	
Outcome 4 Sustainability, Monitoring and Evaluation		
Outcome 4.1 Initiate a cancer registry system to measure the impact of cancer burden	Deliverable 4.1.1 Cancer Registry system	*Collaborate with MoH, move to national level Check with MOH*
Outcome 4.2 Develop quality programme reports	Deliverable 4.2.1 Monitoring and evaluation form	
Outcome 4.3 Organise kick-off meeting, mid-term meeting, and close meeting	Deliverable 4.3.1 3 Meetings	
Outcome 4.4 Present a sustainable business model and evaluate the possibility of service integration and extension in meetings	Deliverable 4.4.1 What meetings/conferences? TBD	*Contribute to phase 2 and phase 3* *World Cancer Congress?* *African Organisation for Research and Training on Cancer (AORTIC)?*
Outcome 4.5 Establish a database	Deliverable 4.5.1 Database TBD	

Index 1 Proposed Patient Flow