

**INTER-AMERICAN DEVELOPMENT BANK  
TECHNICAL COOPERATION PROGRAM (TRUST FUND FINANCING)**

**TC/FUNDS BRIEF  
TC N°: PE-T1028**

**I. GENERAL INFORMATION:**

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| 1. Name of the T.C. Project:              | Breast Cancer Assessment in Peru   |
| 2. Name of the Trust Fund:                | Swedish Trust Fund for Consulting Services   |
| 3. Beneficiary country:                   | Peru   |
| 4. Beneficiary agency:                    | Ministry of Health, Peru (MOH)   |
| 5. Estimated Total Amount to be financed: | US\$ 171,382   |
| • Financed by trust fund:                 | US\$ 149,382   |
| 6. Team Members                           | Eri Watanabe (Project Team Leader), Antonio Giuffrida (RE3/SO3), Baudouin Duquesne (RE3/SO3) |
| 7. Execution and Disbursement Deadlines:  | Execution: 12 months<br>Disbursement: 18 months  |

**II. OBJECTIVES:**

- 2.1 The general objective of the proposed Technical Cooperation (TC) is to contribute to the reduction of mortality and morbidity from breast cancer among women aged 45 to 65 in Peru.
- 2.2 The specific objective of the TC is to support the Peruvian Ministry of Health [Ministerio de Salud (MINSA)] in preparing the **national strategy for breast cancer prevention**, early detection and treatment. The national strategy will identify: (i) the areas of improvement required to improve the early detection and cancer treatment approaches (including current scientific knowledge, efficient use of resources, and access to detection and care) currently in place in Peru; and (ii) the specific activities needed to integrate early breast cancer detection and treatment into the health services provided by the MINSA.

**III. DESCRIPTION:**

- 3.1 This Technical Cooperation will support the following activities:
- a.) Gather Background Data: Literature review to determine existing research on breast cancer diagnosis and treatment approaches in Peru, as well as existing national policies, clinical practices, and resources (e.g. human resources and health technologies) available.
  - b.) Stakeholder Workshop: One to two-day workshop among stakeholders to share

information and perspectives. The consultation will include representatives of health services users (e.g. the women and the communities) as well as the health services providers.

- c.) Fieldwork: to assess national capacity for breast cancer detection and treatment. The fieldwork will include visits to the national cancer hospital, the National Institute for Neoplastic Diseases [Instituto Nacional de Enfermedad Neoplásicas (INEN)], private-sector breast cancer services in Lima, and services at regional and local health facilities. Three regions of Peru will be selected for site visits (one coastal region, one mountain region, and one jungle region). Visits will incorporate interviews and observations of service delivery at all levels of care relevant to breast cancer detection and treatment.
  - d.) Dissemination and reports: Prepare a preliminary assessment report and final report. The first report will be presented to a broad group of stakeholders invested in breast cancer detection and treatment. The presentation will highlight findings from the analysis and present recommendations. This first report and the presentation will be done in an one-day workshop in order to provide an opportunity for discussion and feedback regarding the recommendations. It will conclude with an action plan, defining the next steps for strategic planning on breast cancer detection and treatment in Peru. Within a month after the dissemination workshop, the consultants will submit a final report to the MINSA, including the findings from the field assessment, a summary of the workshop discussions, and final recommendations for the preparation of the national strategy for early detection and treatment for breast cancer.
- 3.2 To realize the above-mentioned activities a firm or consortium will be hired. The firm or consortium will be hired by the Bank in coordination with the MINSA.
- 3.3 **Consulting Services Required**: In order to execute above activities, a consultant firm or consortium will be hired to form a multidisciplinary team and national and international experts.

**Multidisciplinary team.** The team engaged in the implementation of the TC will comprise, at minimum three international experts with extensive international experience both in developed and developing countries in: (i) breast cancer clinical expertise; (ii) experience in the health system; and (iii) experience in addressing community concerns. The team engaged in the implementation of the TC will also include local Peruvian experts with the following expertise: (i) an epidemiologist with knowledge of the country's health information system and local cancer registries; and (ii) a social scientist with experience regarding women's attitudes and community concerns.

**Local counterpart team.** To complement the work of the firm of consortium hired with the resources of the TC, the beneficiary country will provide a counterpart team comprised by: (i) an MINSA official who can represent government breast cancer policy and programs; and (ii) a breast cancer clinical expert, potentially from INEN.

3.4 **Output required:** the firm or consortium hired will be responsible for the activities listed in paragraph 3.1. The final output of the firm or consortium will be a final report, which will present the findings from the field assessment, a summary of the workshop discussions, and a draft of the national strategy for early detection and treatment for breast cancer.

3.5 **Duration:** This TC will be executed in 12 months

#### IV. JUSTIFICATION:

4.1 Access to health care is increasingly being recognized as integral to any poverty reduction strategy. Poor people are more often sick than the better off. Their general levels of health and well-being are lower. They have less access to health care, and the services they do have are low in quality and do not respond to their needs. In addition, they are likely to fall even deeper into poverty as a result of working time lost to ill health and the cost of health care. About 44% of the population in Peru has not access to health services because of financial, cultural and geographical barrier. Moreover, the situation is extremely inequitable as only 14% of the population in the lowest income quintile has regular access to health services compared with 97% of people in the highest income quintile. The 2004 National Demographic and Health Survey [Encuesta Nacional de Demografía y Salud (ENDES)] shows that only 23% of Peruvian women had a examination to detect risk of breast cancer during the last 5 years. However, over the same period of time only 9% of women in lowest income quintile had access to this examination. The data show clearly that poor women in Peru have: (i) fewer opportunities to detect the onset of breast cancer at an early stage; (ii) are more likely of dying as late detection reduce the probability of surviving; and (iii) are more likely of falling into even deeper into poverty as a result of the disease. In this context, the efforts supported by the TC to improve access to breast cancer prevention and early detection health services will have a pro-poor bias and will contribute to alleviate the vicious circle of poverty in the country.

4.2 Currently, breast cancer is the most prevalent cancer in the world, with an estimated 3.9 million women alive who had a diagnosis of breast cancer within the past five years<sup>1</sup>. Almost one million new cases per year have appeared in which, approximately 580,000 new cases have been reported in developed countries in comparison to the 475,000 cases have been reported in developing countries<sup>2</sup>. However, as life expectancy increases in developing countries, the burden of breast cancer relative to other diseases is expect to rise<sup>3</sup>.

4.3 This situation in Peru reflects global trends. The International Agency for Research on Cancer estimates that in Peru the age-standardized incidence is 35.1 per 100,000 and that almost 1,500 Peruvian women die from breast cancer each year. In addition, nearly 4,000

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<sup>1</sup> World Health Organization, World Health Report 2000, Geneva, 2000.

<sup>2</sup> DM Parkin, "Global cancer statistics in the year 2000", Lancet Oncol., 2, 2001, pp.533-543. In Schwartzmann, Gilberto. *Breast Cancer in South America*. Current Healthcare Issues ONCOLOGY.

<sup>3</sup> Kols A. Breast cancer: increasing incidence, limited options. *Outlook*. 2002;19(4) Revised: 1-8

women are expected to require treatment each year<sup>4</sup>. Projections produced by the MINSA suggest that breast cancer may actually become the leading cause of cancer and the main cause of mortality among women in the Peru<sup>5</sup>.

- 4.4 In view of the increasing incident of breast cancer in Peru, it is crucial that women and health personnel alike have access to relevant and current information on breast cancer risk, early detection and treatment methods. Consequently, the National Health Strategy for Non-Transmissible Diseases 2004-2012 includes breast cancer, as one of main national priorities.<sup>6</sup>
- 4.5 The national strategy for breast cancer prevention, early detection and treatment will provide national guidelines on best practices adapted to the different cultural settings of the country.
- 4.6 The early detection and treatment is crucial to reduce breast cancer mortality. It is hoped that the successful implementation of this TC will contribute to reduce breast cancer mortality and morbidity among women between the ages of 45 to 65 in Peru.

#### **Relationship of project in Bank's country:**

- 4.7 Since 1999, the Health Sector Reform Support Program [Programa de Apoyo a la Reforma del Sector Salud (PARSalud)] is supporting the health sector reform process of Peru. Financed by a \$28 million loan from the IDB (1208/OC-PE) and co-financed by the World Bank, PARSalud aims to: (i) provide universal access to basic health services to the poor; (ii) reduce economic and cultural barriers to health services; (iii) improve quality, effectiveness and efficiency of the health sector; and (iv) strengthen the institutional capacity of the Ministry of Health.
- 4.8 The Bank is currently supporting the preparation of the PARSalud Phase II program (PE-L1005), which is in the pipeline for year 2006. This program will continue to provide support to the health sector of the country, mainly reducing the maternal and child mortality and morbidity, which is the main objective of the program. The proposed TC will complement the objective of PARSalud Phase II Program with its focus on the reduction of breast cancer morbidity and mortality.
- 4.9 The TC is consistent with the **Bank's strategy for Peru** (document GN-2205-1) to improve the efficiency of the country's social policies, while taking steps to mitigate poverty and protect vulnerable groups. The TC also will assist the **Bank's Strategy on social development** (GN-2241-1) as it will promote the efficiency of public resources in health within the context of the decentralizing process.

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<sup>4</sup> Ferlay J, Bray F, Pisani P, Parkin DM. *GLOBOCAN 2002: Cancer Incident, Mortality, and Prevalence Worldwide*. IARC CancerBase No.5, Version 2.0. Lyon, France: IARC Press; 2004.

<sup>5</sup> Estrategia Nacional de Prevención y Control, Daños Crónicos No Transmisibles. Estrategia Nacional – Detección Precoz de Cáncer de Mama. Draft Nacional Breast Cancer Strategy. Personal communication Cecilia Solis-Rosas Garcia; January, 2005.

<sup>6</sup> <http://www.minsa.gob.pe/porta/03Estrategias-Nacionales/06ESN-NoTransmisibles/esn-entcancer.asp>

## V. BUDGET:

5.1 The estimated budget is:

Type of expense	Unit Cost US\$ (A)	Number of Units (B)	Total US\$ (AxB)	Local Contribution US\$	Total US\$
International consultants 3 (unit: honorarium per month)	\$7,000	6	\$42,000		\$42,000
National Consultant 2 (unit: honorarium per month)	\$3,500	6	\$21,000		\$21,000
International travel to Lima-Peru (unit: round-trip)	\$1,300	9	\$11,700		\$11,700
National trips within Peru (unit: round-trip)	\$500	15	\$7,500		\$7,500
Per diem Lima (unit: days)	\$216	135	\$29,160		\$29,160
Per diem Lima (unit: days)	\$175	75	\$13,125		\$13,125
Overhead (estimated as 20%)			\$24,897		\$24,897
Counterpart national team 2 (unit: salary per month)	\$2,000	6		\$12,000	\$12,000
Workshops (stakeholder and dissemination)	\$5,000	2		\$10,000	\$10,000
<b>TOTAL</b>			<b>\$149,382</b>	<b>\$22,000</b>	<b>\$171,382</b>

## VI. ENVIRONMENTAL AND SOCIAL REVIEW

6.1 There are no foreseeable negative environmental or social impacts occurring from the implementation of this Technical Cooperation. Furthermore, this TC will have a positive social impact through contributing to the reduction of mortality and morbidity from breast cancer among women aged 45 to 65 in Peru.

## VII. RESPONSIBILITY IN THE BANK:

7.1 **Technical and disbursement responsibility:** Social Program Division 3, through the project team leader, Eri Watanabe (RE3/SO3), E-mail: [eriw@iadb.org](mailto:eriw@iadb.org), telephone: (202) 623-1178, fax (202) 623-3173.

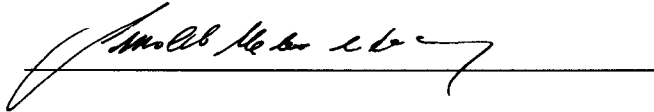
## VIII. RECOMMENDATION:

8.1 Eri Watanabe, designated team leader for the project of the reference, recommends the approval of this operation and the use of resources from the Swedish Trust Fund for Consulting Services totaling up to US\$ 149,382 in order to finance the corresponding project.

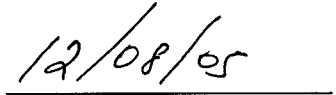
## IX. CERTIFICATION:

9.1 I certify that this operation was approved for financing by the donor of the Swedish Trust Fund for Consulting Services (SWC) through an email dated October 28, 2005 and signed by Torgny Svenungsson, Desk Officer, Department for Latin America (RELA) of the Swedish International Development Cooperation Agency (Sida). Also, I certify that resources from the Swedish Trust Fund for Consulting Services (SWC) are available for up to US\$149,382 in

order to finance the activities described and budgeted in this document. The commitment and disbursement of these resources shall be made only by the Bank in US Dollars. The same currency shall be used to stipulate the remuneration and payments to consultants, except that local consultants working in their own borrowing member country shall have their remuneration defined and paid in the currency of that country. No resources of the Fund shall be made available to cover amounts greater than the amount certified herein above for the implementation of this technical cooperation.



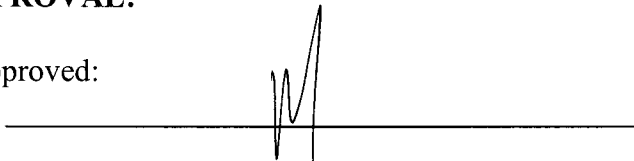
Arnaldo Medeiros da Fonseca Jr.  
Chief  
Technical Cooperation Coordination Unit



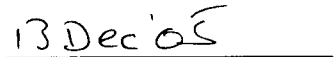
Date

**X. APPROVAL:**

Approved:



Michael D. Jacobs  
RE3/SO3 Division Chief



Date