# Foreword

Population-based screening for certain cancer types (notably, breast cancer, cervical cancer, and colorectal cancer) is a very effective strategy to achieve significant reductions in mortality from the targeted cancer types. In the Community of Latin American and Caribbean States (CELAC), enormous efforts have been made by the respective governments to make cancer screening available to the eligible population. To enhance the effectiveness of the screening programmes in achieving their intended objectives, the available services need to be accessible, affordable, and acceptable to the population, and – most importantly – the screening services need to be adequately quality-assured.

This report on the status and performance of cancer screening programmes in CELAC countries and barriers to the implementation of quality-assured cancer screening in the region highlights many of the key drivers for improving the quality and reach of cancer screening in the 27 participating countries. This technical report prepared by the International Agency for Research on Cancer (IARC) through the Cancer Screening in Five Continents (CanScreen5)/CELAC project will be a very important tool for policymakers, health professionals, and other stakeholders in the CELAC region to identify the areas to prioritize for investment to improve the cancer screening programmes in their respective countries.

The CanScreen5/CELAC project, a collaborative initiative of IARC and the Pan American Health Organization/World Health Organization (PAHO/WHO), mapped barriers to the implementation of quality-assured cancer screening from the health system perspective in each of the participating countries using a validated tool. The identified barriers, along with information about the status and organization of cancer screening in each country, are listed in the country fact sheets included in this report. Some of the barriers came up as recurring themes among the countries; these include out-of-pocket expenditure for screening and treatment services, the absence of a robust information system to implement and monitor screening, and no built-in mechanism for quality assurance of the programme. It is important for the countries to focus on these issues at the health system level to ensure access to affordable and acceptable cancer screening services. The CanScreen5/CELAC project also identified interventions that are already in place in the region to overcome many of these barriers, such as universal health coverage, a reminder and recall system, and patient navigation. The countries need to learn these best practices from their neighbours and adapt them to their own local contexts in consultation with various national stakeholders.

I take this opportunity to thank our collaborators PAHO/WHO, the Centre for Global Health Inequalities Research (CHAIN) at the Norwegian University of Science and Technology (NTNU), and the health authorities of all the participating countries for their significant contributions to the project and the contents of this technical document. I am sure that this technical report will be a very useful guidance for all CELAC countries to make cancer screening programmes more impactful and will stimulate similar initiatives across other regions of the globe.

**Dr Elisabete Weiderpass**
***Director, International Agency for Research on Cancer***