LETTER to the EDITOR

Role of Accredited Social Health Activists in Cancer Screening in India: Brightest 'Ray of Hope'

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Dear Editor

One of the major components of the National Rural Health Mission (NRHM) launched in 2005 is the female health volunteer of the village 'Accredited Social Health Activist' (ASHA) to provide effective, efficient and affordable health care to rural population (Accredited Social Health Activist guidelines., 2005). She forms an important interface between the community and the public health system. She is primarily an inhabitant of the village; she is therefore familiar with the cultural and religious practices of the community. ASHA is the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access advanced health services. She forms the pillar supporting the health infrastructure in villages, and is aptly the 'hope', the colloquial translation for ASHA, for the all the rural women in India!

There is an estimated burden of over 1 million individuals who are diagnosed with cancer in India in 2012 (GLOBOCAN, 2012). The three most commonly occurring cancers in India are that of breast, uterine cervix and oral cavity, together accounting for one third of them. These are usually detectable at an early stage and have precancerous stages that are amenable to secondary prevention. Therefore, screening and early detection of these three cancers will help to markedly reduce the cancer burden in India. ASHA is in a distinctive position to generate awareness on cancer related issues. However, there is limited evidence on practices of ASHAs in cancer prevention in India.

ASHA worker who covers a population of 1000 individuals may appropriately make the people knowledgeable by informing them on warning signs of cancer, risk factors and tests available for prevention and early detection thereby creating awareness among the community. She would also be instrumental in teaching self breast examination (BSE) to women in the community and facilitate early breast cancer detection and follow up. Given the current health care infrastructure, ASHA looks to be the ideal model for cancer prevention using community health workers (CHW) and offers an effective means of cancer surveillance.

Keeping these advantages in mind, we at the Institute of Cytology and Preventive Oncology (ICPO) have made efforts in facilitating ASHA's services in the field of cancer screening. ICPO organizes regular camps at Primary Health Centres (PHC) of Gautam Budh Nagar district to screen women for breast and cervical cancer after obtaining necessary approvals from the concerned authorities. Initially the attendance of the women undergoing screening was poor. But on the subsequent camps which were held during the monthly meeting of more than hundred ASHA workers, there was a steep increase in the screened population. This is attributed to the role of ASHAs in not only motivating the people but also getting themselves screened and setting an example. This also helped the ASHAs to gain first hand information on screening protocols and management.

ICPO empowers ASHAs to take the following responsibilities in the field of prevention and early detection of cancer: *i*). To create awareness among the community about the warning signs of cancer, risk factors, tests available for prevention and early detection; *ii*). To motivate the eligible individuals to undergo the screening tests for cancer; *iii*). To teach self breast examination (BSE) to all eligible women in the community and facilitate them to approach the health facility in case of any abnormality; *iv*). Follow up of screen positive women and motivate them to undergo further evaluation and treatment; *v*). Assist ANMs/staff nurse during visual inspection using acetic acid (VIA)/visual inspection using Lugol's iodine (VILI); *vi*). To educate individuals about harmful effects of tobacco; *vii*). To facilitate and motivate individuals diagnosed to have cancer to access tertiary care facility for treatment.

ASHAs are a non-salaried voluntary cadre of health staffs whose main stay of income is from their activity-based incentives. Though their contributions to immunization, family planning programmes and other maternal & child health programmes are already established (Lewin SA et al 2005), there is no incentive for motivating them to participate in cancer screening programmes. Therefore it is strongly recommended that cancer screening activities be incentivized. This would have the following advantages: (a) it would increase screening coverage; (b) it would bring down the cancer related morbidity and mortality; (c) it would help to reduce the financial burden involved in cancer treatment & (d) it would increase job prospects thereby improving the overall well being of the society. ICPO has provided evidence-based recommendations in the review published recently which can act as a guide for implementing strategies for cancer control in India for oral, breast and cervical cancer (Rajaraman et al, 2015). Incorporating the services of CHWs in this program will make it more cost effective and sustainable to reduce the cancer burden in India!

In another community based service, ICPO has initiated a pilot program on empowering CHWs in a tribal village in Karnataka to screen individuals in the community for cancer screening using low cost video conferencing technology. This is a preliminary model, and if found effective could be replicated in other districts of the state.

References

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