Policy framework for the population screening of cancer in Curaçao

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Author: Dr. S. Verstraeten

Contact: sverstraeten@fundashonprevenshon.com

This investigation has been performed by request and for the account of the Ministry of Health, Environment and Nature (GMN) within the framework of the defined legal and policy frameworks in Curaçao. This document is based on the Dutch Policy Framework for Population Screening for Cancer 2018 from the National Institute for Public Health and the Environment (RIVM), the Netherlands and was adjusted to the context in Curaçao.

1 Introduction

1.1 Purpose of this policy framework

This policy framework for population screening for cancer gives an overview of the legal and policy frameworks determined by the Ministry of Health, Environment and Nature (GMN) in Curaçao relating to population screening programmes for breast cancer, cervical cancer and bowel cancer. The Ministry intends to include population health screening in the Public Health Act (Landsverordening Publieke Gezondheid), which is still under development. In anticipation of this Act, this document describes the cooperation between the parties who are involved in the population screening programmes for cancer in Curaçao.

1.2 Accountability

This policy framework for population screening for cancer has been drawn up by the Fundashon Prevenshon Center at the request of the Ministry of Health, Environment and Nature (GMN). This document has been formally defined by GMN.

1.3 Distribution and updating

This policy framework for population screening for cancer has been published by the Fundashon Prevenshon. It can be downloaded from the website www.fundashonprevenshon.com. The policy framework is checked annually to confirm it is up to date and amended if necessary. An update to this policy framework will appear at least once every four years.

2 Population screening programme

2.1 Constitutionally defined task of the government: public health

Article 25 of the constitution (Staatsregeling) of Curaçao states that the government will take measures to promote public health. The Minister of Health, Environment and Nature is responsible for formulating policy objectives and deploying the tools needed for promoting public health.

A key legal framework for promoting or protecting the health of the public at large is defined by the Public Health Act (Landsverordening Publieke Gezondheid) of which a draft is currently under revision. In addition, a number of laws and implementation measures define the conditions under which care may be offered on Curaçao. This applies equally to public health and covers inter alia the Medical Treatment Act (Landsverordening uitoefening geneeskunde), the Individual Healthcare Professions Act (Landsverordening BIG), the Act on Health Care Organizations (Landsverordening Zorginstellingen). Moreover, the data protection act (Landsverordening bescherming persoonsgegevens) regulates the collection, processing and dissemination of personal data, among which health data more specifically.

Appendix 1 gives an overview and brief explanation of the legislation and regulations that apply specifically to the population screening for cancer.

2.2 Prevention through programmes

Under the draft of Public Health Act, public healthcare is the responsibility of the Minister of Health, Environment and Nature.[1] The Public Health Act describes public healthcare as "health-protective and health-promoting measures for the population or specific groups thereof, including the prevention and early detection of diseases". The government fulfils that responsibility inter alia through prevention programmes, including population screening for cancer.

A population screening programme is a systematic offer of medical examinations among a population who are in principle not affected. Screening programmes may be organized or unorganized (opportunistic). Organized programmes are characterized by centralized screening invitations to a specific target population defined by a lower and upper age limit, systematic recall, investigations, treatment and follow-up care of persons found with abnormalities on screening, centralized quality assurance, and a constantly updated study database with linkages to other information systems such as cancer registries and death registration systems for monitoring and evaluation of the programme.

The critical components of successful screening programs are high coverage of target populations with accurate, quality-assured screening tests and of screen-positive persons with diagnostic investigations, treatment, and follow-up care. These are most cost-effectively met within organized screening programmes compared to opportunistic programmes.

2.3 Screening programmes for cancer

The screening programmes for cancer consists of three organized programmes that have been implemented by the Fundashon Prevenshon on Curaçao, namely for breast cancer (since 2010), cervical cancer (since 2016) and bowel cancer (since 2020):

[1] Ontwerp Landsverordening Publieke Gezondheid. Zaaknummer 2014/65969.

• **Breast Cancer Screening**

The objective of breast cancer screening is to lower the mortality rate by detecting breast cancer at an early stage, before women have symptoms. Early detection often offers more options in terms of the available treatment methods by finding early lesions that can be treated or removed before they become cancerous. In the population screening programme for breast cancer, women aged between 45 and 75 are invited every two years to have a mammography.

• **Cervical Cancer Screening**

The objective of the cervical cancer screening programme is in particular to detect and treat the precursor stages so that cervical cancer can be prevented. In the population screening programme for cervical cancer, women aged between 25 and 65 are invited every five years to have a smear test donethat is checked for Human Papilloma Virus (HPV) and/or abnormal cell changes in the cervix.

• **Bowel Cancer Screening**

The objective of the bowel cancer screening programme is in particular to detect and treat the precursor stages so that bowel cancer can be prevented. In the population screening programme for bowel cancer, men and women aged between 50 and 75 are invited every two years. They can pick up a fecal occult blood test from the office of Fundashon Prevenshon or at a medical laboratory that they can hand back in at a screening laboratory after taking a faecal sample. The stool test is considered positive if blood is detected in the stool sample. Additional testing by a colonoscopy is then needed to locate the source of the bleeding.

2.4 Principles of population screening

2.4.1 The Wilson and Jungner criteria

The government's responsibility is fulfilled inter alia by careful checks against the criteria for responsible population screening that were formulated in 1968 for the World Health Organization (WHO) by Wilson and Jungner, with additions made in 2008. This normative framework is widely accepted and supported internationally; see ***Appendix 2*** for a summary of these criteria. The criteria are examined to assess whether a new population screening programme (or an innovation within an existing one) is a responsible thing to do. If the developments give cause to do so, the Ministry of Health, Environment and Nature checks whether the population screening still meets the criteria imposed.

2.4.2 Public values

Population screening must be carried out in a way that complies with the public values adopted by the government authorities: quality, accessibility and affordability. The public values must be brought carefully into equilibrium, creating the optimum situation in terms of the setup and the execution of the population screening programme. See ***Appendix 3*** for details of how the public values are applied. The public values have been translated into indicators that can be quantified and assessed using monitors and evaluations. For further explanation of this, see Chapter 4 (Quality assurance and quality improvement of population screening for cancer).

3. The parties involved in the implementation of the population screening for cancer

There are two governmental bodies involved in the amendment and reassessment of population screening for cancer. The Ministry of Health, Nature and Environment issues advice about aspects of the implementation, such as the request of information on the monitoring and evaluation of the programmes, and is responsible for the final decision making. The Health Inspectorate has a supervisory role. The Fundashon Prevenshon, a non-governmental organization (NGO), organizes and coordinates the population screening programmes for cancer in Curaçao within the defined policy framework. Thereby they work along with various professionals and organizations that are involved in adjacent parts of the care chain.

The involvement of these actors in the population screening programmes for cancer is explained in more detail below.

3.1 Ministry of Health, Environment and Nature

The Minister of Health, Environment and Nature (GMN) is politically responsible for population screening for cancer and defines the policy framework relating to these screening programmes.

Tasks of GMN in population screening for cancer:

- The Ministry of Health, Environment and Nature defines the legal and policy frameworks for population screening for cancer.
- GMN gives the Fundashon Prevenshon instructions for organizing the population screening for cancer in Curaçao: the population screening must comply with the legal and policy frameworks and adhere to the public values, as well as being aligned with the healthcare processes as well.
- The Minister of Health, Environment and Nature provides funding for the population screening programme.
- GMN can ask the Fundashon Prevenshon to make recommendations about possible new population screenings (and the desirability thereof), innovations or reassessment of current population screening.
- GMN encourages and facilitates activities that promote quality and expertise for and among the relevant parties.

3.2 The Healthcare Inspectorate

The Healthcare Inspectorate is a governmental authority that is part of GMN. The Inspectorate monitors compliance with a number of quality-related healthcare laws, can give instructions, submit disciplinary complaints and can take measures if necessary.

Tasks of the Healthcare Inspectorate in population screening for cancer:

- The Healthcare Inspectorate investigates calamities and incidents, assesses the measures taken by the healthcare provider, takes measures itself if necessary, and advises the Minister of Health, Environment and Nature about the observance of applicable legislation about population screening for cancer.

3.3 The Fundashon Prevenshon

The Fundashon Prevenshon organizes and coordinates the population health screening for cancer in Curaçao, subsidized by the Minister of Health, Environment and Nature, within the defined legal and policy framework.

Tasks of the Fundashon Prevenshon in population screening for cancer:

- The Fundashon Prevenshon provides the coordination for managing activities for population screening programmes for cancer in Curaçao.
- The Fundashon Prevenshon enters into cooperation agreements or makes similar agreements with the executive and quality assurance parties in population screening for cancer.
- The Fundashon Prevenshon ensures that the implementation complies with the legislation and regulations.
- The Fundashon Prevenshon maintains an appropriate network for carrying out the population screening programmes and in that context has meetings with parties in Curaçao (including care institutions, professional practitioners and neighborhood organizations) and – where relevant for the population screening – encourage cooperation between the parties involved in the screening and the adjacent parts of the care chain.
- The Fundashon Prevenshon monitors the quality of the implementation of the population screening programs.
- The Fundashon Prevenshon also makes data available for the referral function and to an external monitoring and evaluating party for the purposes of quality assurance, islandwide monitoring and evaluation of the population screening programmes for cancer. The organization is also responsible for the quality of this data.
- The Fundashon Prevenshon exchanges best practices so that the implementation of the programmes can be made more effective and targeted better.
- The Fundashon Prevenshon provides research initiatives and advises the ministry and other governmental parties about developments and innovations that are important for prevention and demand measures and/or policy changes, e.g. on the establishment of a national cancer registry and vaccine selection.
- The Fundashon Prevenshon handles the preparation and implementation of new population screening programmes, e.g. on care to patients and families with known genetic or suspected genetic disorders (clinical genetics), glaucoma, and non-communicable diseases, and adapts existing ones.

Frameworks for population screening programmes for cancer:

- The coordination and implementation activities for the organized population screening programmes for cancer are handled by the Fundashon Prevenshon.
- Because they are foreseen to be included under the grant scheme for public healthcare, the Fundashon Prevenshon is entitled to a grant as long as they observe the obligations imposed when the subsidy is granted. The Fundashon Prevenshon is accountable to the Minister of Health, Environment and Nature both financially and in terms of the substantive content.
- The Fundashon Prevenshon is an independent organisation whose task and focus is on the coordination and implementation of population screening for cancer in Curaçao.

3.4 Carrying out population screening

Various professionals and organizations are involved in carrying out population screening and the adjacent parts of the care chain; these include the Fundashon Prevenshon, radiologists, GPs, medical laboratories, Curaçao Medical Center and so forth. They work together in accordance with the framework for population screening for cancer.

Frameworks for population screening programmes for cancer:

- The professional groups and organizations are responsible for the implementation of the quality assurance policy within their discipline, and ensuring sufficient expertise and the high-quality, responsible performance of their tasks.
- The professional associations for the various professionals are responsible for developing and maintaining guidelines. When developing the guidelines, the associations make sure there is proper coordination with the other professional associations.
- The Ministry of Health, Environment and Nature states the relevant guidelines that apply wholly or in part to population screening programmes and (if necessary) imposes additional requirements in consultation with the professional groups. The permits and/or agreements/contracts oblige the parties to keep to the associated guidelines and/or quality requirements.
- The implementation parties make data available to the Fundashon Prevenshon for the purposes of assessing the quality of the implementation, and for monitoring and evaluating population screening for cancer. The organizations are also responsible for the quality of this data.

4. Quality assurance and quality improvement of population screening for cancer

The quality assurance, islandwide monitoring and evaluation are important instruments that ensure that the implementation of the population screening for cancer satisfies the quality requirements that have been internationally set and can continually be improved.

4.1 Reference function/auditing

A reference function (an auditor) can be set up for assessing and optimising the implementation of the population screening programmes for cancer.

Frameworks for population screening programmes for cancer:

- The auditor focuses on the optimisation and safeguarding of the substantive medical quality and physical/technical quality of the implementation of the population screening programmes for cancer or parts of such programmes. The auditor must be independent of the organisations/professionals who carry out the population screening programmes.
- The auditor has sufficient relevant expertise and enjoys the broad support of the professional groups involved.
- The auditor evaluates the performance of the organisations and professionals involved in implementing population screening for cancer, monitors the quality and helps improve the implementation.
- The Fundashon Prevenshon enters into an agreement with the reference function (the auditor) for evaluation of the implementation[2]. The reference function reports back to the Fundashon Prevenshon, as defined in its terms of assignment

4.2 Islandwide monitor and evaluation

The islandwide monitor is used for monitoring the public values in the population screening programmes for cancer, identifying issues (in the healthcare chain), allowing adjustments to be made and providing accountability to GMN, the Inspectorate, other partners and the general public.

Evaluation studies consider specifically whether and to what extent the objectives of the policy (or programme) have been achieved. The range of subjects for evaluation includes both standard elements and more variable elements. Important elements are the effect evaluation (incidence/mortality reduction) and cost effectiveness study. Additional questions, which may originate from the findings from the nationwide monitors, are also answered.

Frameworks for population screening programmes for cancer:

- The monitoring or evaluating organisation must be an authoritative party that has an independent position with respect to the Ministry of Health, Environment and Nature and the

[2] In the population screening programme for breast cancer, the LRCB assesses the quality of the implementation.

organisations/professionals who carry out the population screening for cancer and the adjacent parts of the care system.

- The Fundashon Prevenshon enters into an agreement with the monitoring or evaluation organization. The monitoring or evaluation organization reports back to the Fundashon Prevenshon based on its assignment.

4.3 Scientific Research

Details of the policy framework for scientific research covering population screening will be finalized in the obligations when granting the subsidy.

Appendix 1 Overview of relevant legislation and regulations

Grant scheme for public healthcare (Subsidieverstrekking)

For the implementation of a population screening programme for cancer, the Minister of Health, Environment and Nature can grant a subsidy to the Fundashon Prevenshon, insofar as:

- the population screening programme for breast cancer focuses on women aged 45 to 75;
- the population screening programme for cervical cancer focuses on women aged 25 to 65;
- the population screening programme for bowel cancer focuses on men and women aged 50 to 75; and
- residents are not required to make any payments for participating in the screening programme.

The Minister of Health, Environment and Nature may impose obligations when granting the subsidy:

- with respect to the quality of the population screening programme;
- with respect to recording data for evaluating the process and its effect through e.g. a cancer registry and the death registration system;
- that are aimed at realizing the purpose of the subsidy; or
- with respect to the way that the subsidized activity is carried out or the resources that are used for it.

Draft of the Public Health Act (Landsverordening Publieke Gezondheid)

The Public Health Act comprises the framework for public health in Curaçao. With respect to the general public health policy, the Minister of Health, Environment and Nature must promote the creation and continuity of public healthcare and its internal cohesion, and its alignment with curative and non-curative (preventive) healthcare and the medical assistance in accidents and emergencies. For this, the responsibilities include at least helping with the setup, implementation and alignment of prevention programmes, including health promotion programmes. Furthermore, this act also stipulates that the Minister of Health, Environment and Nature promotes the quality and effectiveness of public healthcare and is responsible for maintaining and improving the national support structure and for promoting interdepartmental and international cooperation in the field of public healthcare.

Medical Treatment Act (Landsverordening uitoefening geneeskunde (P.B. 1958 no. 74))

This Act deals with the authorization to practice medicine in its full extent, which must be assessed and granted in advance by a committee.

Individual Healthcare Professions Act (Landsverordening Beroepen in de Gezondheidszorg, BIG (P.B. 2009, no. 69))

The Individual Healthcare Professions Act is primarily intended to ensure the quality of the professionals who are covered by this Act. The Act offers title protection to several disciplines in healthcare. In order to be able to be in the BIG register, a professional must be able to demonstrate a number of periodic conditions. Registration, re-registration, specialization, regulation of reserved acts and disciplinary law apply to the law. The Act was promulgated in 2009, but its provisions have so far not been implemented.

The Care Institutions Act (Landsverordening zorginstellingen (P.B. 2007, no. 19))

The Care Institutions Act focuses on the organization of the care institution because of its public character and the relatively dependent position of the client. This Act is applicable to care institutions that offer insured care. This law imposes requirements on the governance structure and transparency of the institution.

The Act defines quality as the provision of responsible care in terms of expertise, of a good level, effective, efficient and patient-oriented and tailored to the real needs of the patient. The Act prescribes that healthcare institutions must systematically monitor, control and improve the quality. This is done on the basis of:

- the systematic collection and recording of data on the quality of care;
- systematically testing on the basis of these data to what extent the manner of implementation of this Act leads to responsible care provision with regard to the quality of the care provided;
- improving the quality of the care provided on the basis of this assessment if necessary; and
- ensuring formalized discussions between the management and the departments or sections of a healthcare institution regarding the quality of care.

4. The personal data protection act (Landsverordening bescherming persoonsgegevens (P.B. 2010, no. 84))

The Personal Data Protection Act formulates the key regulations for recording and using personal details, a term that covers all data regarding an identified or identifiable natural person. Transparency, restriction to intended aims and lawful processing of personal details are the most important guiding principles. The various population screening programmes process personal data and thus, to a greater or lesser degree, specific personal details. A particularly strict regime applies to special personal details such as those about health, which is prohibited except by care providers, institutions and facilities for health care or social services insofar as this is needed for proper treatment or care of the person concerned, or as necessary for the management of the institution or professional practice.

Appendix 2 The Wilson & Jungner criteria

The criteria defined by Wilson and Jungner in 1968[3]:
• The disease to be detected should be an important health problem.
• There should be a generally accepted treatment for the disease.
• Facilities for diagnosis and treatment should be available.
• There should be a recognizable latent or early symptomatic stage of the disease.
• There should be a reliable detection method.
• The detection method should be acceptable to the population.
• The natural course of the disease to be detected should be adequately understood.
• There should be agreement on whom to treat.
• The costs of detection, diagnostic tests and treatment should be acceptably in balance with the costs of medical care as a whole.
• The process of detection should be a continuing process and not a "one-time only" project.

In 2008, the World Health Organization (WHO) drew up a list with additional criteria. The additional criteria drawn up by the WHO:
• The population screening programme should respond to a recognized need.
• The objective of the population screening programme should be defined at the outset.
• There should be a defined target population for the population screening programme.
• There should be scientific evidence of population screening programme effectiveness.
• The population screening programme should integrate education, training, testing, clinical services and programme management.
• There should be quality assurance for the population screening programme to minimize the potential risks of screening.
• The population screening programme should provide guarantees of informed choice and respect the privacy and autonomy of the individual.
• Access to the population screening programme must be guaranteed for the entire target population.
• Programme evaluation of population screening should be planned from the outset.
• The benefits of the population screening programme should outweigh the possible disadvantages of the screening.

[3] Source: Public Health Papers No. 34 – Principles and practice of screening for disease (J.M.G. Wilson and G. Jungner). World Health Organization, Geneva, 1968

Appendix 3 Public values

The public value '**quality**':

• The programmes are effective
The programmes are effective in terms of the screening test used (test characteristics), the participation of the target group, and the contribution to health gains and/or offering treatment options.

• The programmes are demand-oriented
The programmes take account of the wishes and needs of the target group.

• The programmes are safe and uniform at a national level
The programmes are implemented responsibly and uniformly at a national level. The benefits of the programme outweigh the possible disadvantages of the screening for the target group. The continuity of the programme is guaranteed.

• The programmes are innovative
The parties involved have knowledge and experience available that are used structurally to ensure continuous improvement of the programmes. Relevant innovations in methodology and screening methods, diagnostics and treatment are noted in time. The possible consequences for the programmes are discussed with the Ministry of Health, Welfare and Sport, ZonMw, the Health Council and other relevant parties.

The public value '**accessibility**':

• The programmes are accessible
The programmes are organised in such a way that there are as few obstacles as possible that prevent the target group from taking part.

• The programmes guarantee that the required activities are carried out in good time
The target group is invited to take part in the programme in time. The throughput times in the programme are acceptable, including the lead times for diagnostics and treatment.

• Participation in the programme is a free choice
Participation in the programmes is voluntary. The information to the general public and the target group is updated, objective and balanced and helps them make a well-informed choice. Balanced information discusses the pros and cons of the programme.

The public value '**affordability**':

• The costs of the programme are clear
The costs of the programmes are clear so that the government can weigh up the use of public resources against deployment for the government's other tasks.

• The programmes are efficient
The programmes are implemented at the lowest costs possible in relation to the required quality and accessibility. The programmes are also cost-effective