

Beyond the Pink Ribbon: Rethinking the Journey to Care

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The month of October is widely recognized as Breast Cancer Awareness Month, drawing attention to the leading cause of cancer-related deaths among women globally (World Health Organization [WHO], 2026). Although breast cancer remains a significant concern within the realm of women's health, many women remain undiagnosed until the disease has reached an advanced stage. This occurs for a myriad of reasons, one being that breast cancer often develops without obvious symptoms within its early stages, leaving women unaware of their condition. Breast cancer also often develops in women indiscriminately without specific identifiable risk factors beyond sex and age (WHO, 2026). Awareness encourages women to become more familiar with the warning signs and to remain attentive to changes that may indicate the presence of breast cancer. While such awareness is vital for early detection and improving survival, in Tanzania, awareness alone is not enough. The ability to recognize potential symptoms has little value if women cannot obtain the pathways to care necessary to investigate them.

Although lack of awareness of the symptoms of breast cancer is a lived reality amongst Tanzanian women, it is not the only contributor to delayed diagnoses. A 2022 study sampled a small group of 12 Tanzanian women, all of whom self-reported symptoms of lumps or swelling in the breasts. Despite the awareness of their condition, many of them received delayed diagnoses. "When participants did seek medical attention for their breast symptom, several reported further delays in diagnosis due to barriers within the local health system." The reasons for delayed diagnoses were attributed to aspects such as financial limitations, including transportation to health care facilities, diagnostic costs, and more. Other patients who were able to incur the costs faced inadequate assessments and difficulties securing the appropriate referrals (Sakafu et al., 2022). The study demonstrates that even when Tanzanian women attain awareness, knowledge, agency, and capability, they don't have the genuine opportunity to act on it, requiring us to look far beyond the pink ribbon.

In some of these cases, access to healthcare may be available, yet fragmentation within this access does not ensure timely and accurate diagnosis and treatment, all of which fall under the umbrella of pathways to care. Like any other health issue, breast cancer requires extensive and repeated care from the initial identification to the diagnosis to the referrals, to the treatment, and the follow-up care. So what happens when awareness and initiative are not the issue? A study that researched the *Barriers to Breast Cancer Diagnosis in Tanzania* identified several factors that inhibited a timely and accurate diagnosis, one of which was attributed to complicated referral pathways and delayed results, both of which can cause the loss of patients during the pathway to care (Illonga et al., 2025). An additional Tanzanian study at the Bugando Medical

Center in Mwanza went a step further to examine the loss of patients throughout the entire pathway. Although they identified gaps in receiving definitive diagnoses, the largest gap was attributed to losses during follow-up within the treatment initiation stage. The study reported that approximately thirty percent of diagnosed women had no documented treatment initiation, stating that these “patients with pathologically confirmed breast cancer did not initiate potentially life-saving treatment (Friebel-Klingner et al., 2023).

The loss of patients at any stage is associated with several reasons, many of which fall under a fragmented healthcare system. The World Health Organization and UNICEF (2020) identify fragmented health services through several characteristics, including a lack of coordination between services across different platforms of care and a lack of continuity of services over time. In a 2024 technical brief specifically focused on *Patient Navigation for Early Detection, Diagnosis and Treatment of Breast Cancer*, the WHO (WHO, 2024) highlights patient navigation as a means of addressing barriers within fragmented health systems, particularly in resource-limited settings. Patient navigation helps cancer patients move through the continuum of care by reducing barriers that may interrupt timely diagnosis and treatment. The process may include navigators who provide individualized support, facilitate timely access to services, and coordinate transitions between different stages of care (WHO, 2024). This is especially relevant within the Tanzanian context, where women may face delays in treatment and poorer health outcomes even when traditional forms of “access” are available to them.

Beyond just the pink ribbon, patient navigation questions conventional understandings of philanthropy. Although in many cases in developing countries, access trumps awareness, this so-called “access” is multifaceted. We can promote access to healthcare, but that access does not simply entail access to the financial means to healthcare, access to adequate resources within healthcare systems, and access to healthcare services; it also entails access to a healthcare pathway in its entirety. This allows us to have greater consideration for the less visible components of healthcare delivery such as referral coordination, medical records, and patient follow-ups. Though awareness and access are anchors of philanthropy, they begin to lose their value when people do not have the opportunities to benefit from them.

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