CUGH and NCI Cervical Cancer Webinar Series Episode 1: Overview of the Global Initiatives in Cervical Cancer Control

July 29, 2020

11:00am EDT

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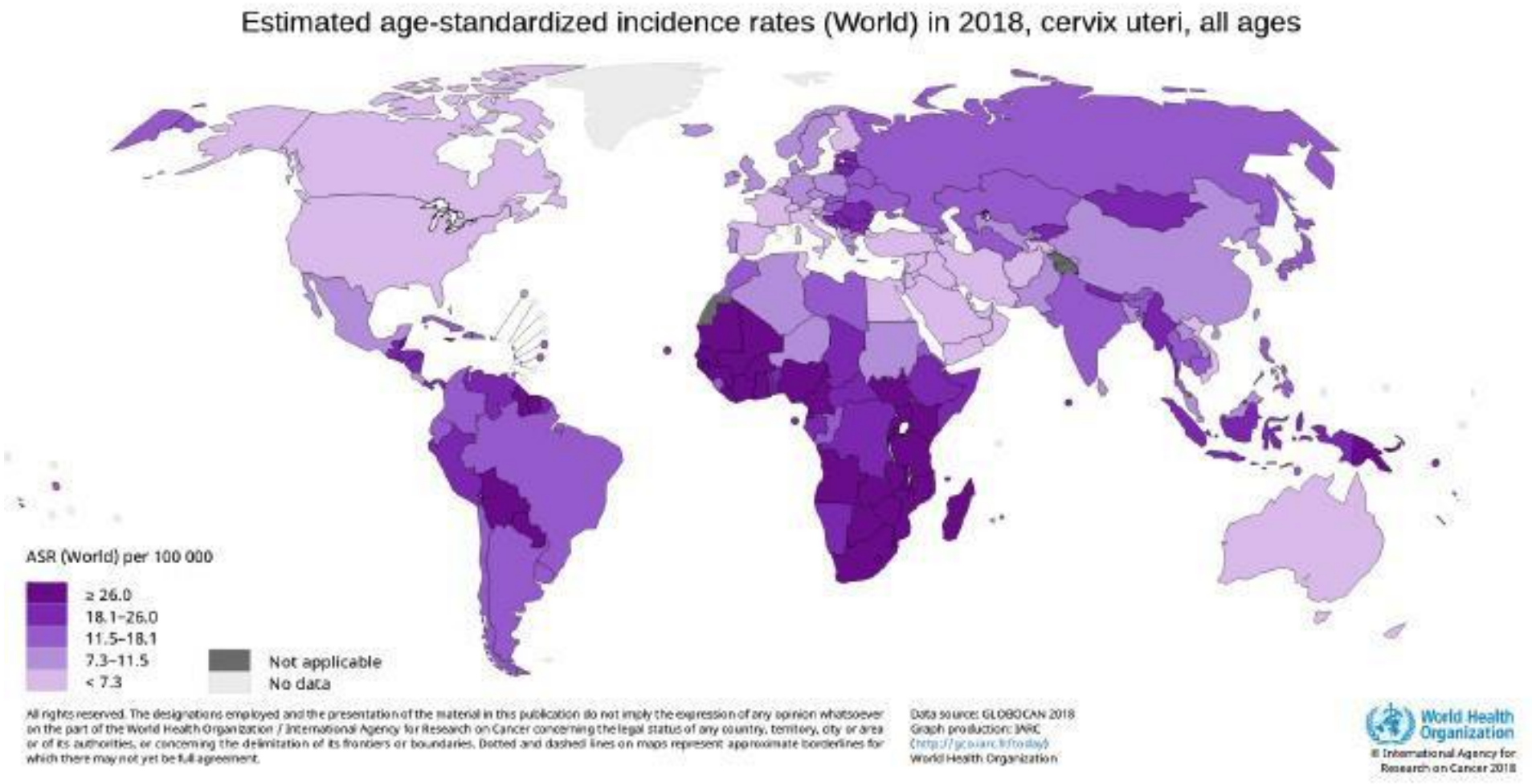
Cervical Cancer Elimination: An introduction to the global cervical cancer control challenge, updates, progress, and initiatives

Every Country Can Eliminate Cervical Cancer

Julie Torode, PhD
Director, Special Projects, Union for International Cancer Control
CUGH/NCI Global Cervical Cancer Webinar Series, July 2020

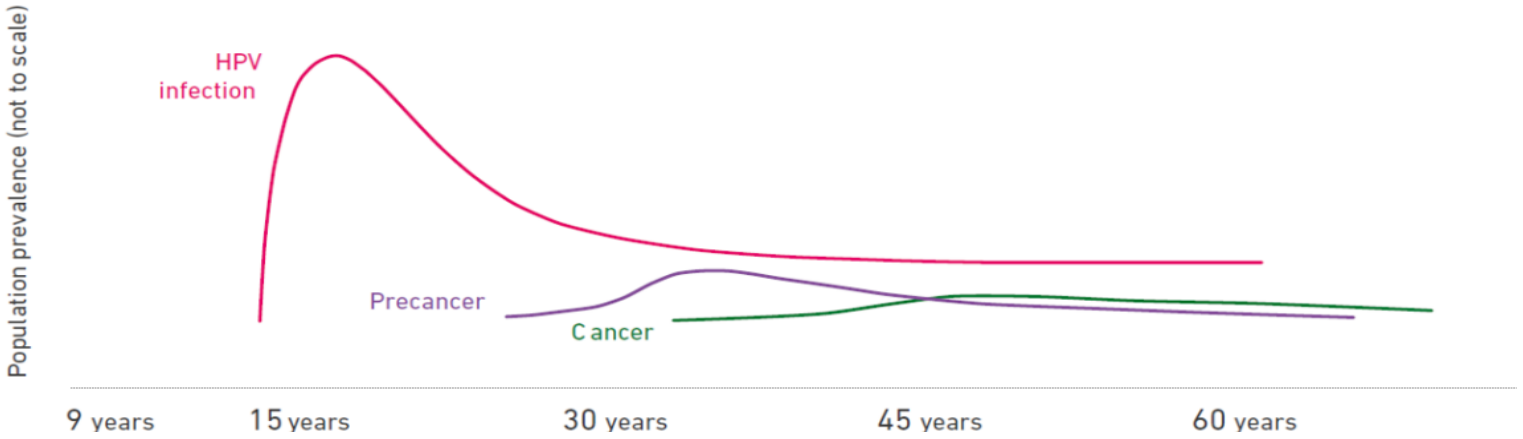
Cervical cancer – a preventable cancer, but one with gross inequities between and within countries (Globocan 2018)



Each year:
approx. 600,000 incident cases & over 300,000 deaths

HPV / HIV co-infection
Women living with HIV are 6 times, more likely to develop cervical cancer!

WHO life course approach to cervical cancer control



Primary Prevention | **Secondary Prevention** | **Tertiary Prevention**

Global guidelines ✓ Global Indicators ✓ Global Cost-effectiveness recommendations ✓

EQUITY

INTEGRATION

QUALITY OF CARE

WHO Director Generals call to action
21st May 2018

"We have the tools to prevent, detect early and cure this disease. I am calling for coordinated action globally to confine cervical cancer to the history book"

Fast-track through the WHO Executive Board

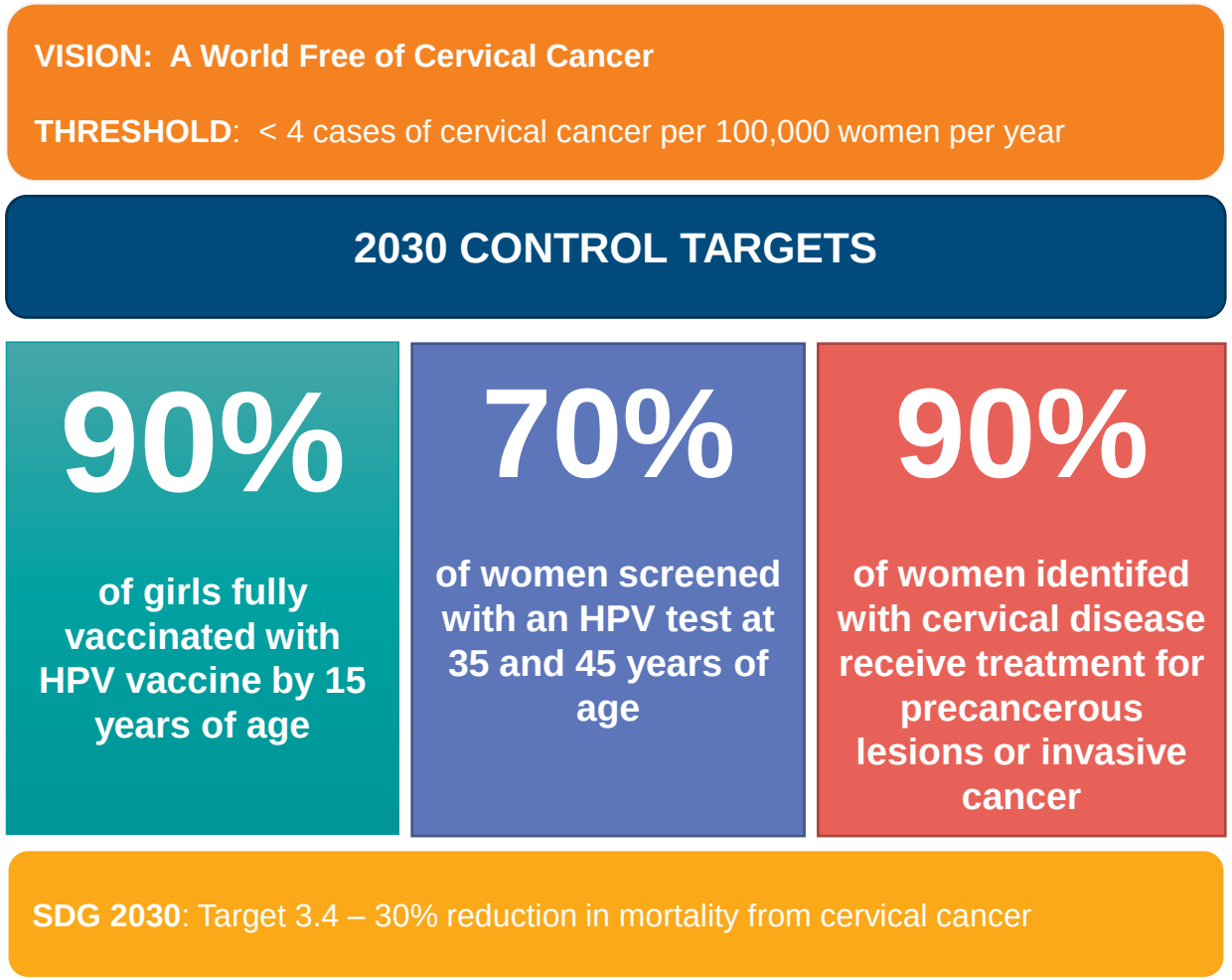
144th EB: More than 70 countries sponsored the decision for WHO secretariat to develop a **Global Strategy towards the Elimination of Cervical Cancer**

146th EB: Revised strategy noted and supporting resolution with **50 countries co-sponsoring**

Due to be adopted at World Health Assembly in May 2020, but change due to covid-19 pandemic

Silence procedure initiated and adoption due on 23rd July 2020

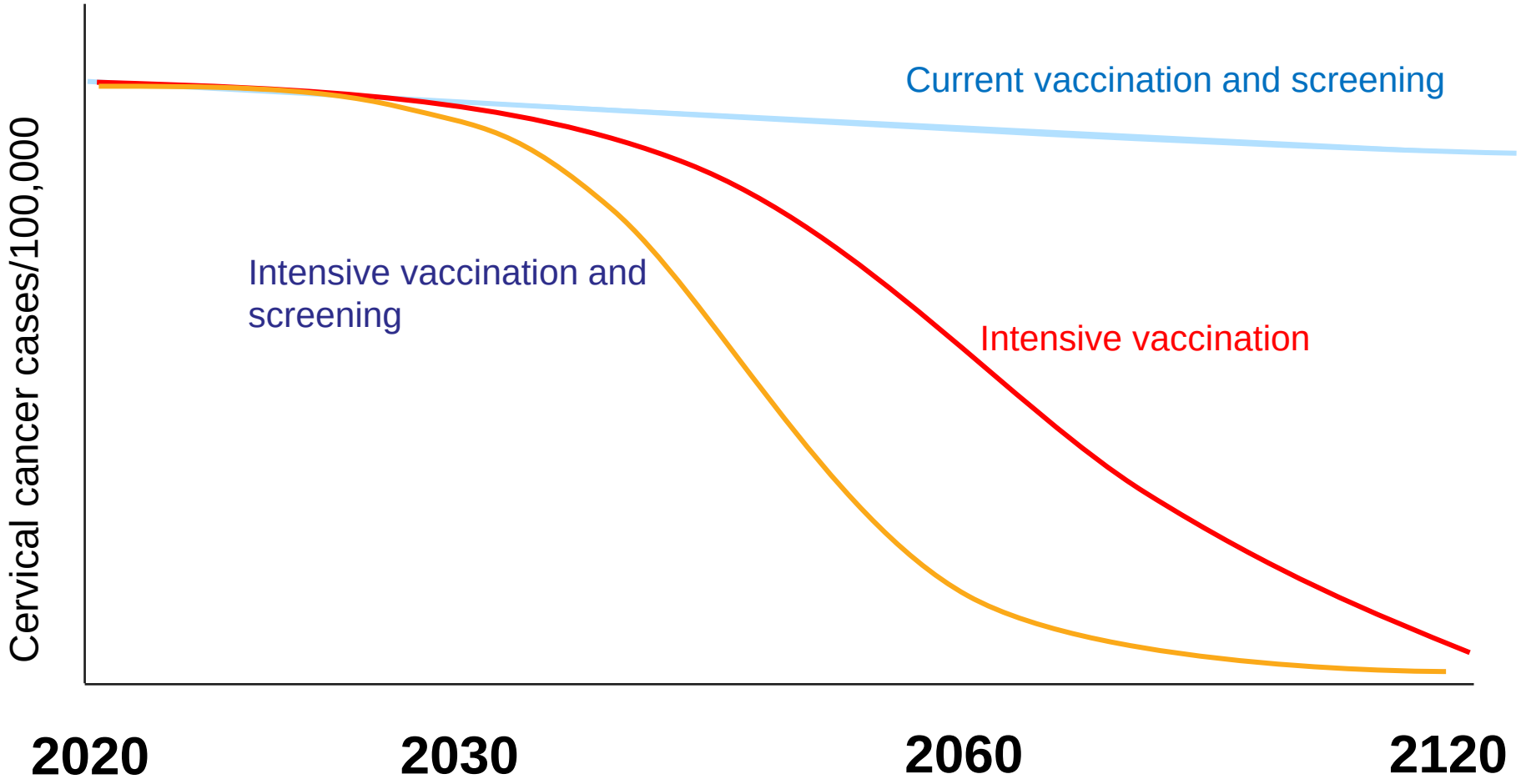
The global strategy



4/100.000 means cervical cancer rates below that of rare cancers

Focus on coverage for equitable access and outcomes – *“leaving no one behind”*

Cervical Cancer Elimination: Conceptual Framework



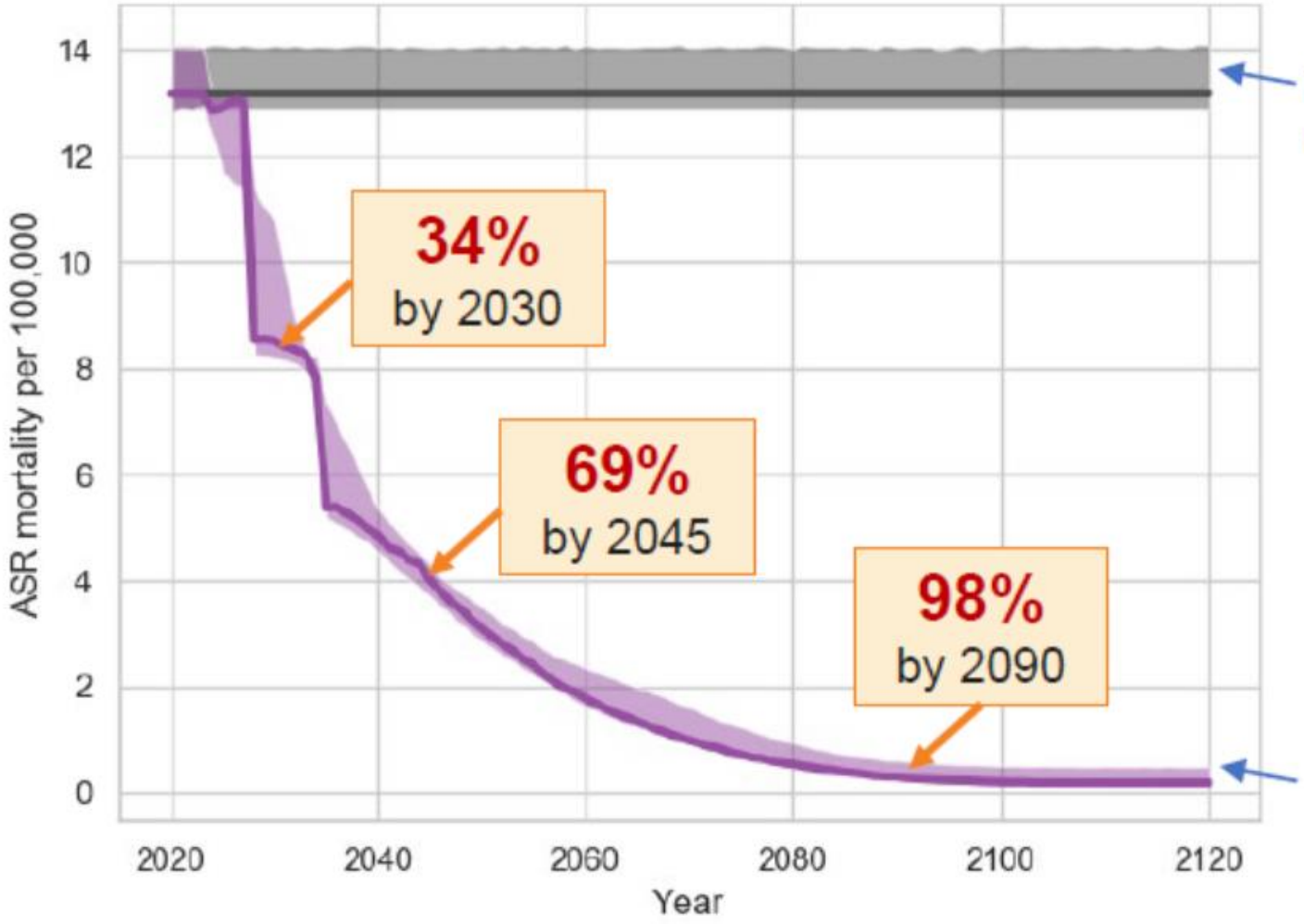
90:70:90 is challenging for us, but African communities stand to uniquely benefit from taking up the elimination challenge”

Brazzaville consultation May 2019

Brisson, Canfell and Kim et al. The Lancet 2020; 395: 575-590 and 590-603

Elimination: rates of cervical cancer mortality

Average, 78 LMIC



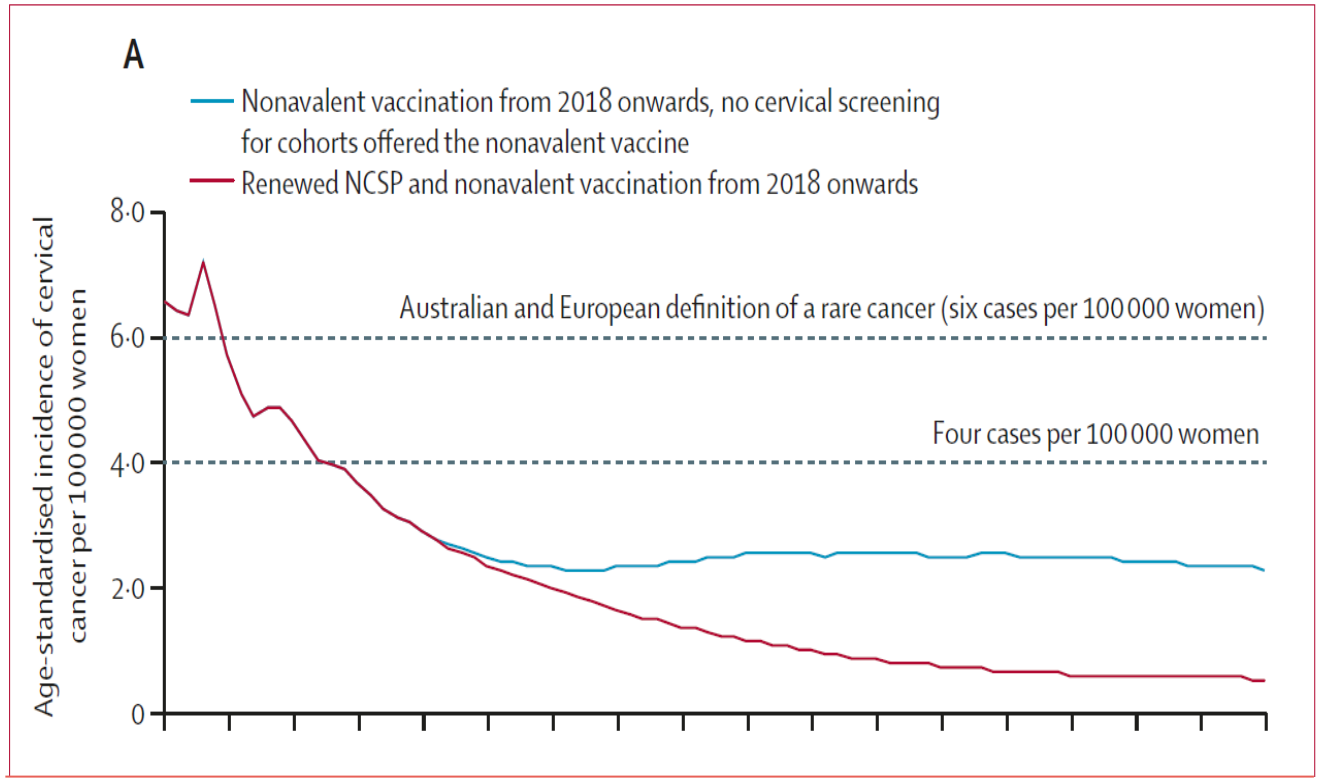
15M lives saved by 2030

70M cx cancer cases averted

62M women's deaths averted

Australia: On-track to eliminate cervical cancer

Predicted timing 2028 (range 2021-2035)

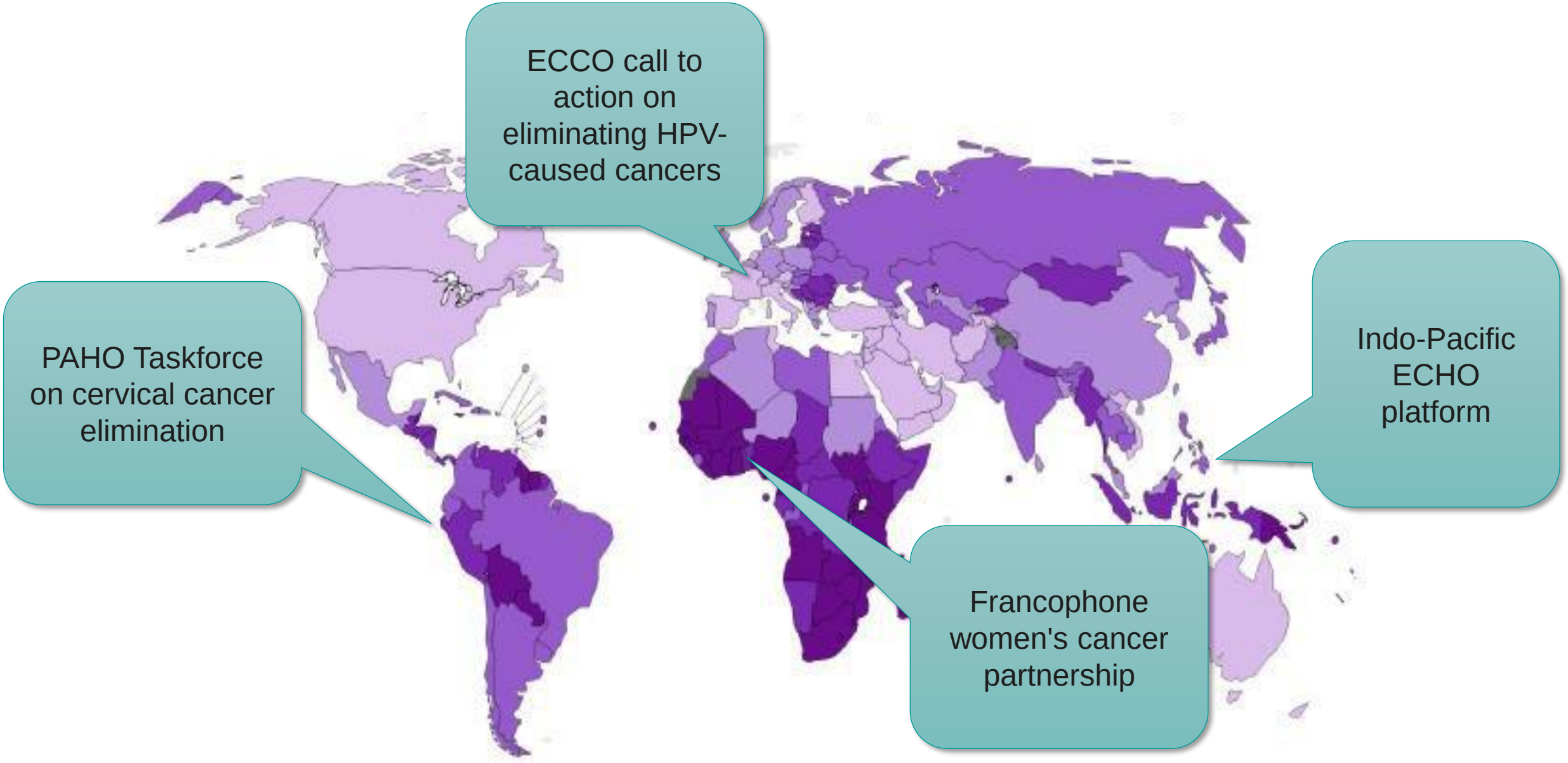


- USA – will try to be first
- Canada 2040

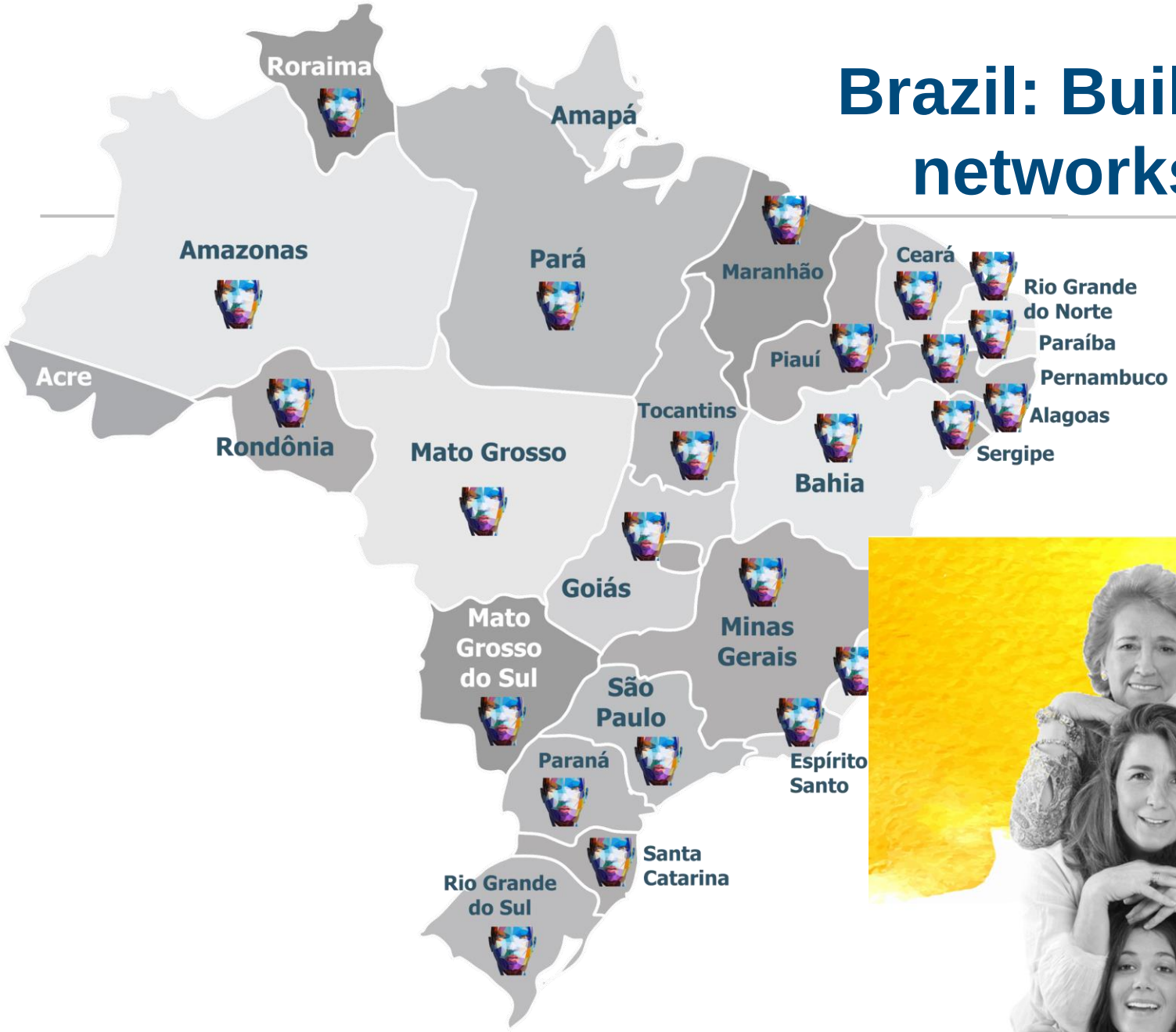
Other national commitments to elimination: Zambia; Malaysia; Kenya; Bhutan; Rwanda ……

We have the strategy and resolution
Now we need governments to make public commitments to their populations

Building momentum: Regional advocacy, technical assistance and best-practice platforms on scaling to 90:70:90

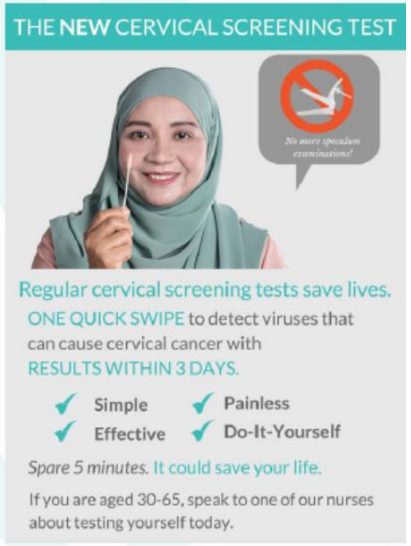


Brazil: Building multi-stakeholder networks with national reach



Malaysia:
Leap-frog old service models to harness innovations

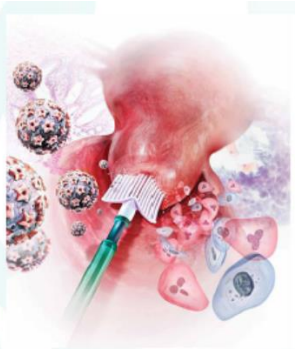
Conventional health-care professional acquired test



Self-sampling

Conventional Pap test with low sensitivity, requiring repeat testing and robust quality control

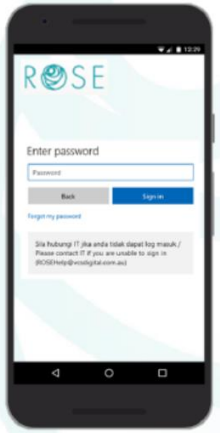
50% sensitivity



HPV DNA testing: Higher sensitivity, automation and more objective. MORE cost effective

90% sensitivity

Significant attrition to follow-up with current processing work flow between clinics and centralized lab



Uses Information communication technology and mobile technology

Kenya: Working close to and with the community

Thank you

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Courtesy of the Hewlett Foundation

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Initial feedback on the impact of covid-19 on cervical cancer services

HPV vaccination programmes have been reduced and largely stopped

Screening have largely been stopped with significant fears that this will lead to a shift in stage at diagnosis and thousands of life years lost

Challenges to the safety of LEETZ/LEEP to treat larger precancers

Surgery experiencing major delays

Cancer centres report that despite a return to routine, patients are staying away

The indirect economic impacts are causing ripples in staffing levels, access to key medicines and commodities (eg access to radioactive source for brachytherapy) and a widening of existing inequities

Clear indications that we need to plan for recovery or the post-covid 19 normal (not business as usual)

Are there silverlinings?

Better public/policy-maker understanding of the link between infection & life-threatening disease
Role of testing/vaccines/apps
Potential to build capacities and human capital for eg HPV testing and covid-19 testing in parallel

Building Capacity to Control Cervical Cancer in Nigeria: A Case Study.

Isaac F. Adewole, FAS, FRCOG, FNAMed, DSc(Hons)

Professor of Obstetrics and Gynaecology,

College of Medicine,

University of Ibadan,

Ibadan,Nigeria

If.adewole@comui.edu.ng/ifadewole@gmail.com

Greetings from my base – The University of Ibadan and University College Hospital, Ibadan, Nigeria

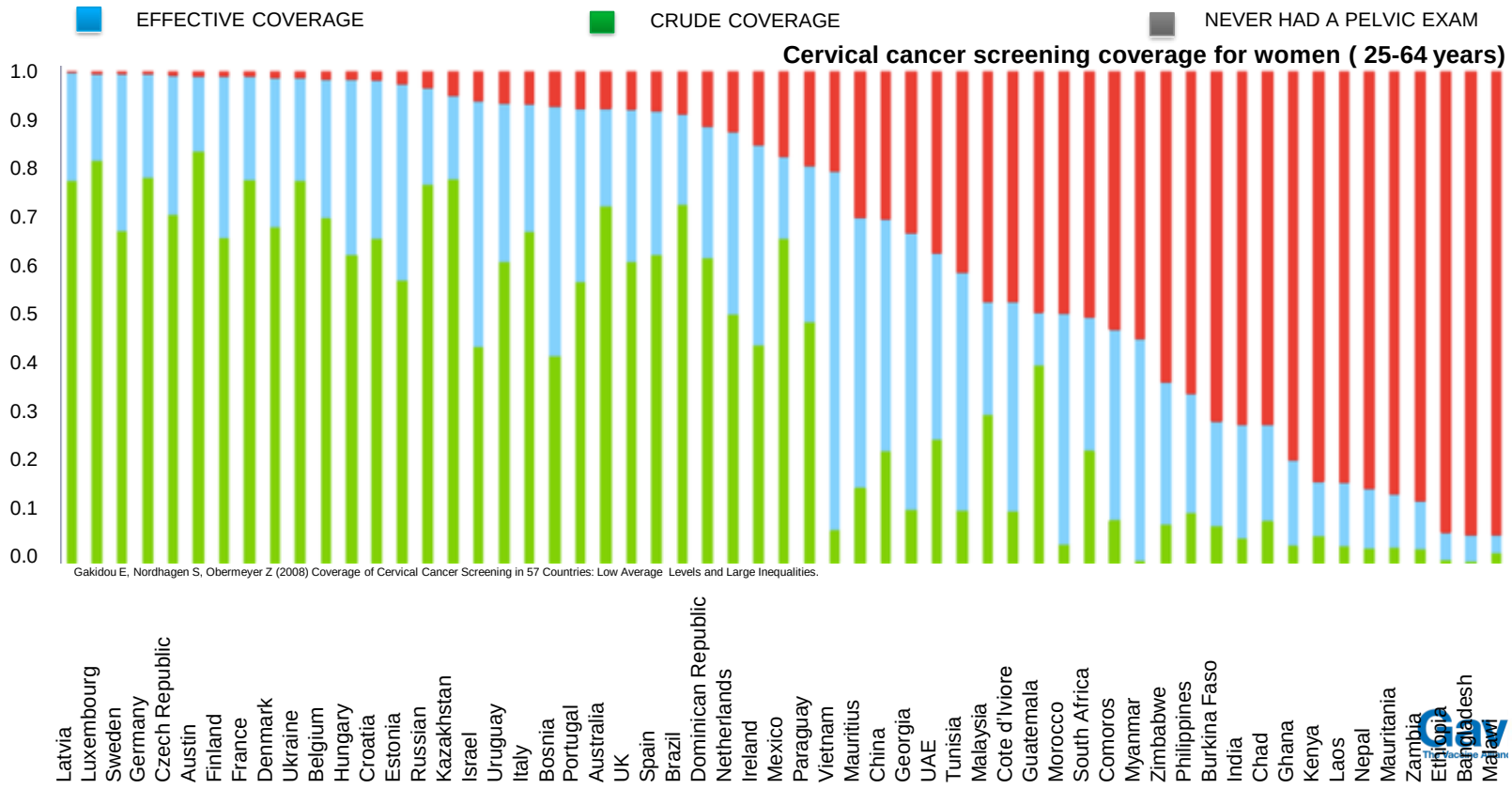
Outline

- The CC Challenges in Nigeria & other Developing countries
- Need for rapid Assessment and Prioritization
- Current Status in Care
- Expansion in Surgical Access
- Expansion in Radiotherapy Services
- Expansion in Chemotherapy Access
- Improvement in Palliative Care
- Conclusion/Recommendations

IDENTIFIED CHALLENGES IN MANAGING WOMEN WITH INVASIVE CERVICAL CANCER

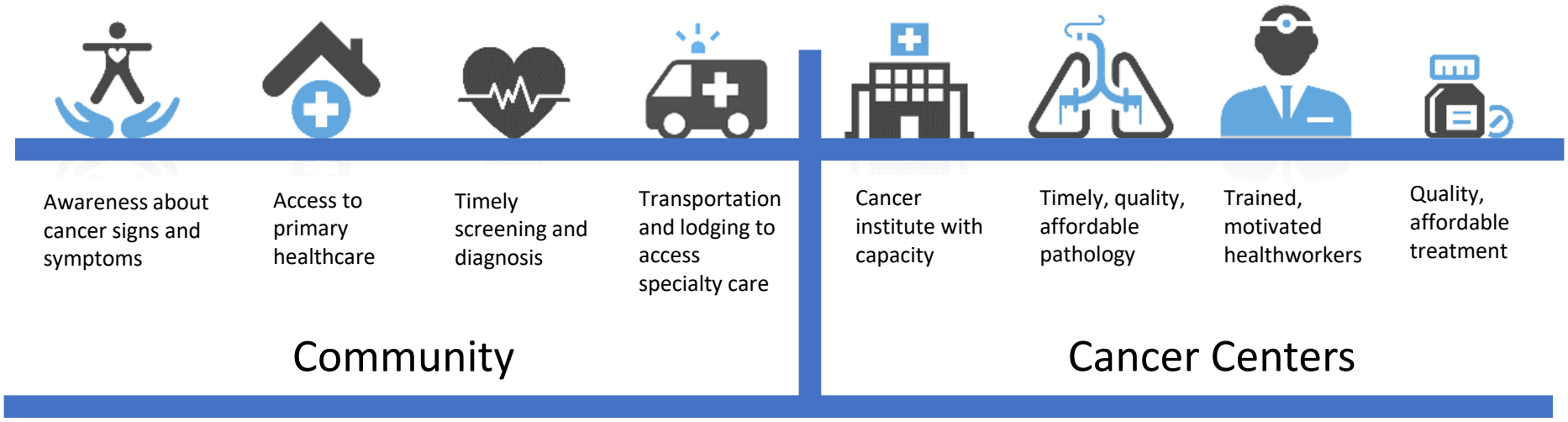
- Lack of screening
- Low index of suspicion by Physicians
- Late presentation (seeking alternative care)
- Inadequate facilities (human & nonhuman)
- Financial limitations
- Fear of treatment outcome

Limited cervical cancer and screening implementation in LIMC countries…



The Urgency to address Cervical Cancer in AFRO

AFRO	Maternal Mortality (2015)	Cervical Cancer (2018)
Annual deaths	60,757	81,687
Mortality Trend (1990-2015)	↓ 69%	↑ 45%
SDG Agenda	YES	YES
Annual Investment	USD $12 billion or probably more	????



Effective cancer care requires functional service delivery across a continuum, from the community to the cancer center

Breakdowns at each step lead to patients leaking out of the pathway and failing to complete cancer treatment

OPERATION STOP CX CA

- Launched in 2006
- Establish a nationwide screening program for Nigeria
- Establish Centers of Excellence for the management of Pre-invasive and invasive lesions of the cervix.
- Strengthen national capacity to undertake world class research


NIGER
Sokoto
Katsina
Maiduguri
Kano
Zaria
Kaduna
Jos
BENIN
ABUJA
Niger
Benue
Yola
Ilorin
Ogbomoso
Oshogbo
Ibadan
Makurdi
Chappal Waddi
Benin City
Enugu
Lagos
Warri
Port Harcourt
CAMEROON
Bight of Benin
Bakasi Peninsula
Gulf of Guinea
EQUATORIAL GUINEA
Lake Chad
0 100 200 km
0 100 200 m

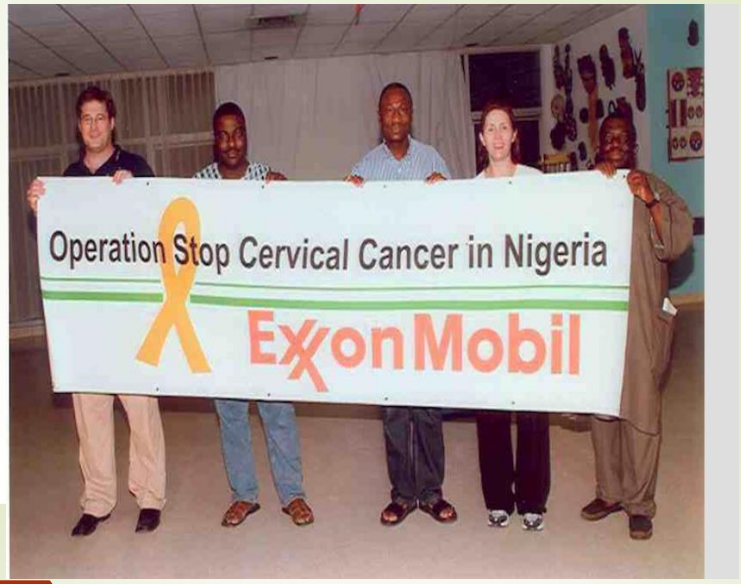
PLAN OF ACTION FOR OSCC

PHASE 1

- DEVELOP A PROTOCOL
- ADD ON- VIA/I
- COLPOSCOPE
- LEEP
- CRYOTHERAPY
- CAPACITY BUILDING-SURGERY
- OUTREACH
- EVALUATION

PHASE 2

- HPV VACCINATION
- CAPACITY BUILDING-SURGERY
- CYTOSERVANT
- CHEMOTHERAPY
- RADIOTHERAPY
- MOBILISATION
- AWARENESS
- RESOURCES
- EVALUATION


Operation Stop Cervical Cancer in Nigeria
ExxonMobil


Mobil Mart


FedEx
Express


Express
MADE IN CHINA

Stop Cervical Cancer in Nigeria
February 2006…The Beginning

Challenges

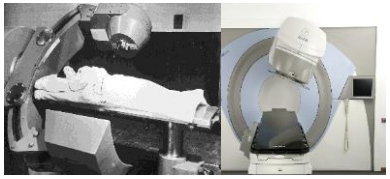
- Meeting with Health Minister
  - Subsidization of cost of screening
  - Upgrade radiotherapy facilities (more/better)
- Access to Chemotherapy
- Strengthening Cancer Registry
- Integration of HPV Vaccination into Routine immunisation

We focused attention on MNCH, EMTCT, Cancers and Public Health Emergencies…….Nov 2015

Maternal and Neonatal Mortality Reduction	Elimination of Mother to Child Transmission of HIV	Cancer Prevention, Treatment and Care	Emergencies
Policy	Research and Policy	Research and Policy	Policy and guidelines
Integrated programmatic approach	Programmes Integration	Advocacy	Coordination of actors
Adopt and scale-up low cost, high impact interventions	Scale-up proven approaches	Develop National Framework	Create awareness
Demand creation	Demand creation	Adoption of international best practices	Resource Mobilization
Resource mobilization	Private sector engagement		

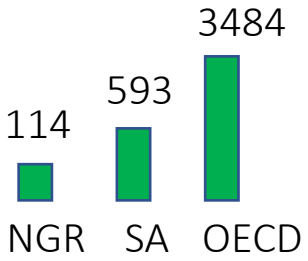
Radiotherapy Challenges

Infrastructure (few obsolete machines)



Investment in technology
(private Sector)

Per-Capita Expenditure on Health

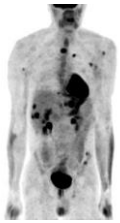


Affordable Healthcare

Capacity
(limited personnel with knowledge gaps)

Investment in Training & Collaboration

Late Detection



Late presentation
& Diagnostic gaps

Awareness/Education

Current Status in Radiotherapy

Few machines with rapid failure and long down time

- 4 functional Linear Accelerators
- Some End – of – Life machines
- 2 functional Cobalt tele machine
- **1 RT treatment unit to 40 million Nigerians**

Accessibility to care and Increasing Demands

- Number of Linacs are not adequate to meet demands
- High cost of care, majorly Out of Pocket (OOP)
- High mortality , from poor access and poor early diagnosis (late presentation)

Capacity for Multi-disciplinary teams

- Clinical skill gaps
- Need for training programs following global trends
- Lost time and high cost of short training time abroad

Low Dose Rate Brachytherapy Centres in Nigeria

Low Dose BT

1. FMC Gombe – *Limited Functionality (source logistics problems)*
2. Ahmadu Bello University Teaching Hospital, Zaria (ABUTH) – *Currently Inactive*

Active Cobalt External Beam Centres in Nigeria

1. Eko Hospital, Lagos - *Presently Functional*
2. University College Hospital (UCH) Ibadan - *Presently Functional*
3. Ahmadu Bello University Teaching Hospital, Zaria (ABUTH) – *Presently Non-Functional*

New Features on all Future Linac Purchases In Nigeria

Feature	Purpose	Benefits
VMAT	Shorter treatment times, faster patient throughput	Lower overall patient exposure
Min of 120-160 MLC's	Conforming dose delivery to tumour size and shape	Spare healthy tissues
Cone Beam CT (Xvi)	Visualize soft tissue structures, target volume and the position of critical structures in realtime on treatment couch	Motion Treatment, High conformance, Increased confidence
3D (&4D - motion) Planning & Treatment	Image guided optimised treatment planning	Improved treatment quality and better outcomes

National Hospital Abuja, Radiotherapy Centre x 2 Linacs

Linac 1

Year Installed: 2017

Equipment Summary:

- Model: Elekta Synergy;
- Specification:
  - Multiple Photon & Electron Energies
  - **3D**
  - **80 MLC**
  - **Magnetron Energy Generator**

SNEPCo / National Hospital Abuja, Radiotherapy Centre-Linac 2

Linac 2

Year Installed: 2018

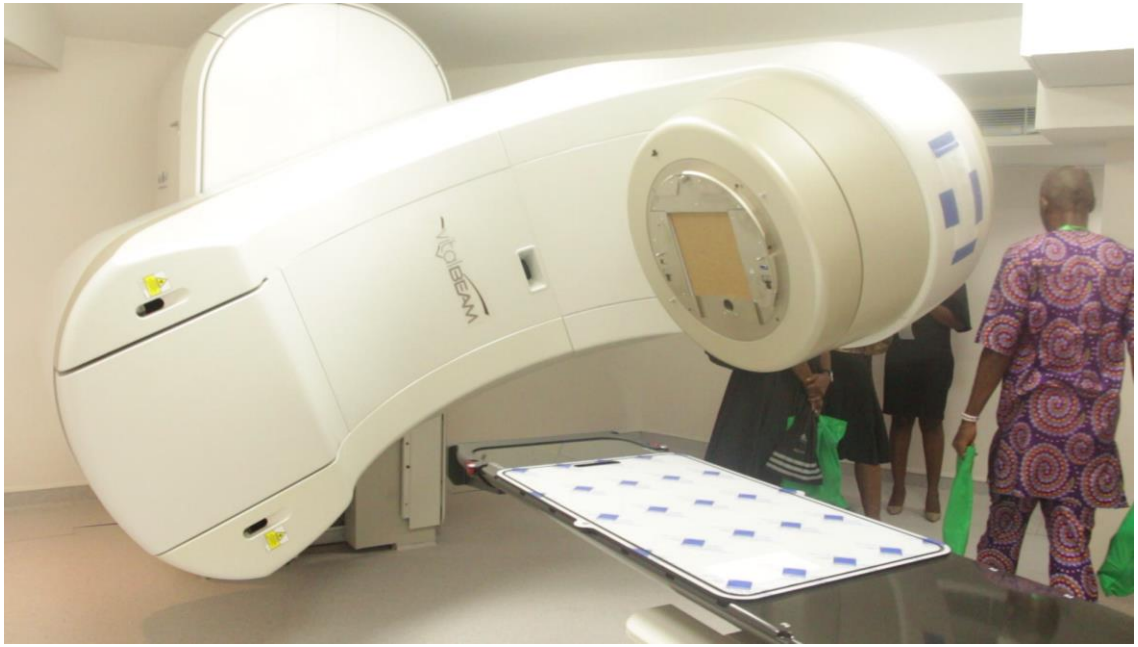
Equipment Summary:

- Model: Elekta Synergy;
- Specification:
  - Multiple Photon & Electron Energies
  - **3D**
  - **IMRT**
  - **VMAT**
  - **160 MLC – Agility**
  - **Magnetron Energy Generator**

COMMISSIONING OF CANCER CENTRE AT NATIONAL HOSPITAL ABUJA BY THE WIFE OF THE VICE PRESIDENT

1ST PATIENT TREATED 1ST DECEMBER 2017

NSIA/ LUTH Cancer Centre



Year Installed: 2018

Equipment Summary:

- Model: Varian Vitalbeam x 2 ;
- Specification:
  - Photon & Electron Energies
  - **3D**
  - **120 MLC**
  - **Klystron Energy Generator**

NSIA/ LUTH Cancer Centre

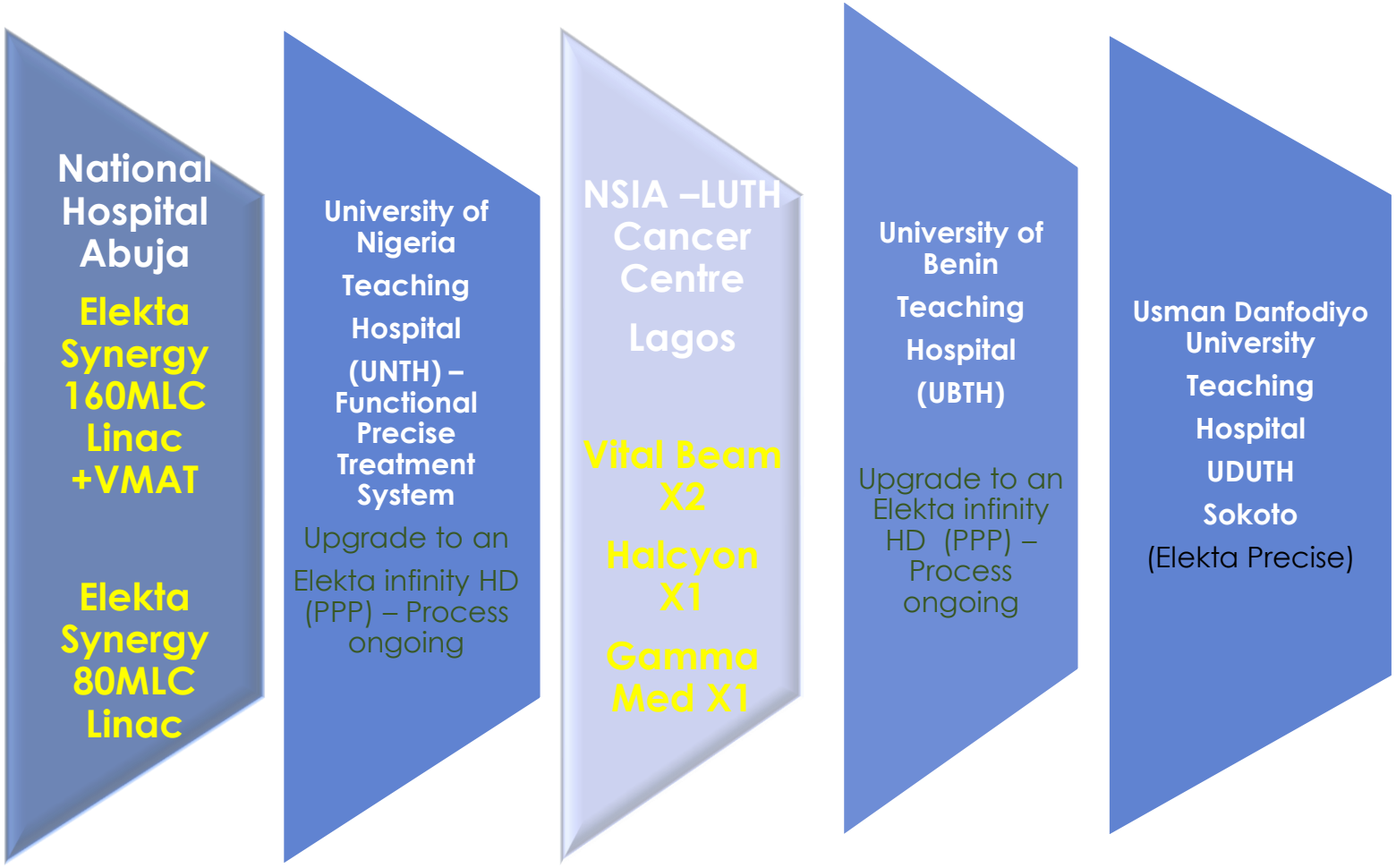
Year Installed: 2018

Equipment Summary:

- Model: Varian Halcyon ;
- Specification:
  - Single Photon Energy
  - **3D**
  - **120 MLC**
  - **VMAT**
  - **Magnetron Energy Generator**

COMMISSIONING OF LUTH/NSIA CANCER CENTRE ,FEB 2019,LAGOS BY PRESIDENT BUHARI

Active Radiotherapy Centres in Nigeria - Public Sector

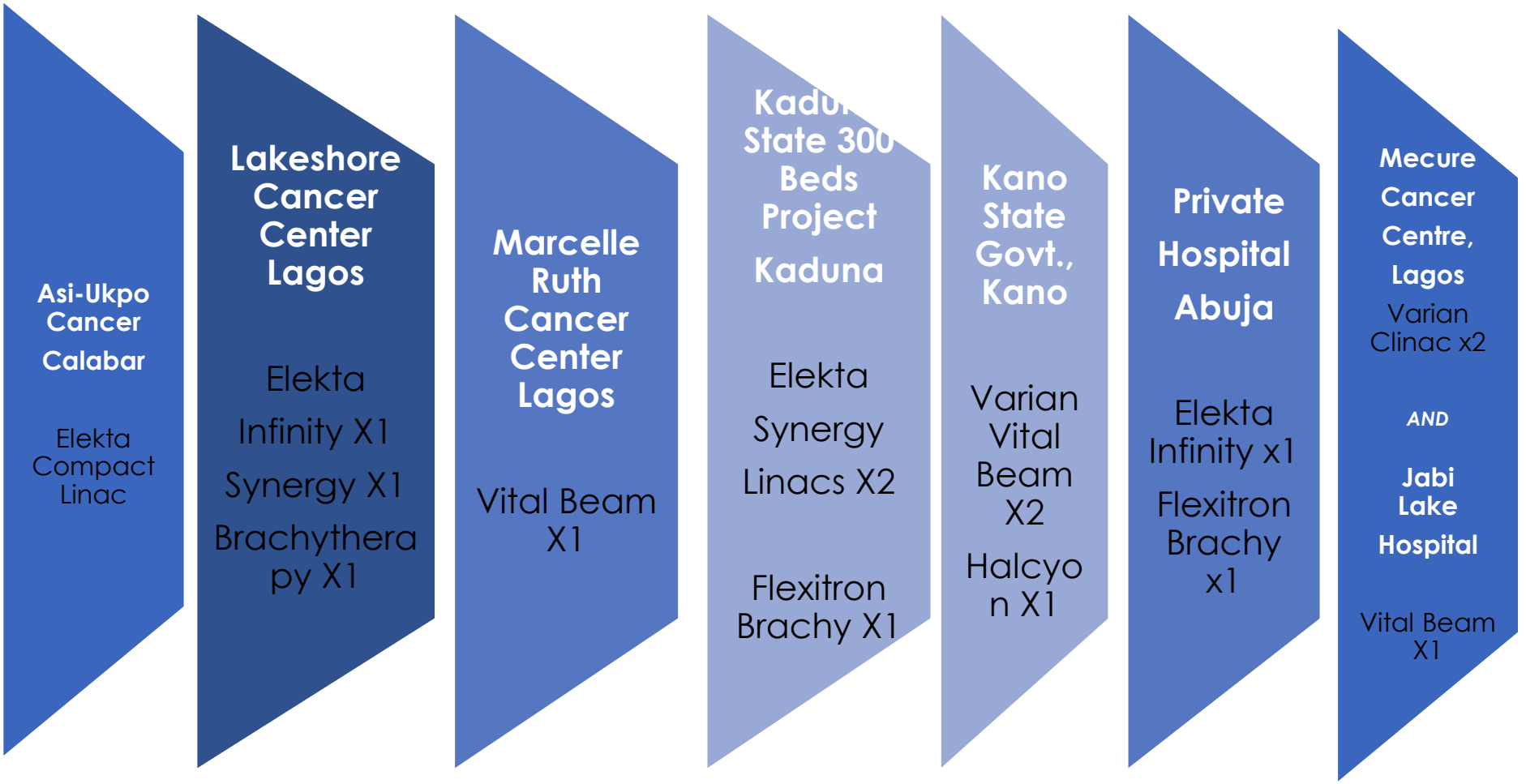


High Dose Rate Brachytherapy Centres in Nigeria

Being Installed or Bunker under construction

1. University College Hospital (UCH) Ibadan
2. National Hospital Abuja (NHA)
3. Lagos University Teaching Hospital (LUTH)
4. Ahmadu Bello University, Zaria (ABUTH)
5. Usman Danfodiyo University Teaching Hospital (UDUTH), Sokoto

Upcoming Centres in Nigeria and Equipment Type – Public & Private (6 – 36 months)



Current Status in Chemotherapy

Choice of Systemic Drug

- Traditional Chemotherapy; widely in-country used historically
- Biologic Therapy – increased adoption in 2019
- Immunotherapy – low adoption, requires higher competency for utilization
- Choice of drug is also largely a function of ability to pay and physician skillsets

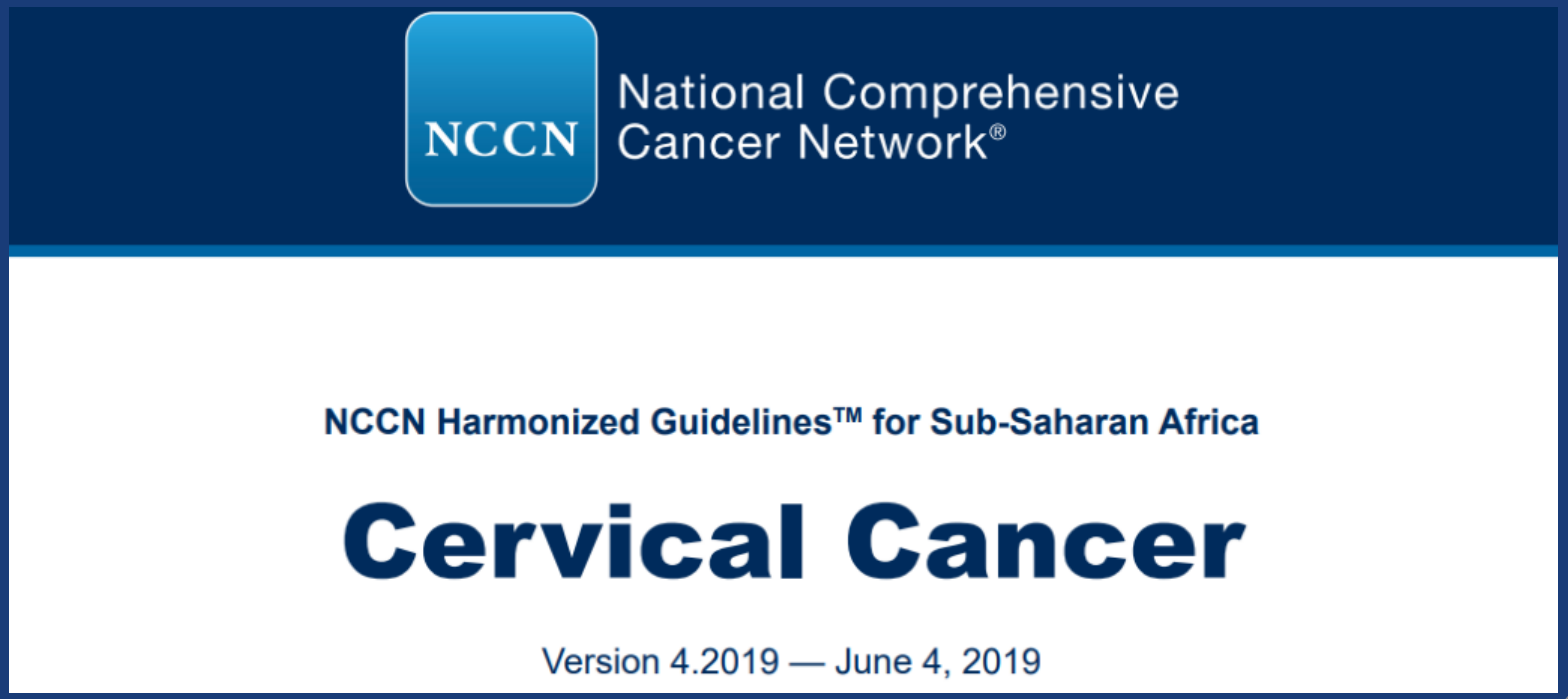
Availability Accessibility Affordability & Efficacy

- High cost of chemotherapy drugs
- No public sector central procurement
- Payments for drugs mostly out-of-pocket
- Accessibility usually tied to proximity with Teaching Hospital and Federal Medical Centres
- Average Nigerian has limited access to global standards
- Innovation brands like Bayer & Astra Zeneca pulled out of Nigeria in 2016
- Heavy parallel market activity; India & UK (sometimes low efficacy due to poor quality poor storage &/or handling

Policy & Regulation

- No standardized treatment guidelines except for Breast (widely adopted)
- Clinton Health Access Initiative (CHAI); negotiating prices with American companies on behalf of Nigerian Government based on aggregated volume consumption from Tertiary Institutions
- Need for training programs & capacity development following global trends
- Lost time and high cost of short training time abroad
- Partial coverage under National Health Insurance Scheme
- Poor import regulation – reason for strong parallel import market

100+ African cancer experts collaborated with NCCN to harmonize 46 standard treatment guidelines, including cervical cancer

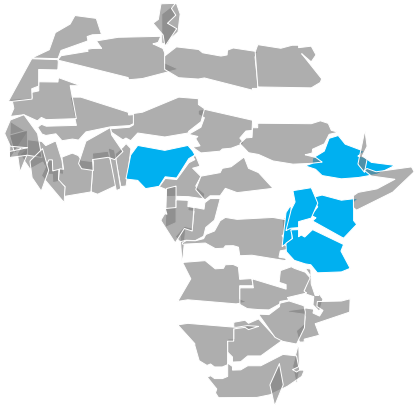


www.nccn.org/harmonized

Systemic therapy: Chemotherapy Access Partnership

Context

- Originally announced in 2017
- 16 high-quality chemotherapies available at access pricing
- 6 countries included



Results to date

- **Over 2x** average volume growth across 3 procuring countries
- Savings of **56%** seen thus far across 4 procuring countries
- Quality shift from **4% to 54%** of procured drugs overall

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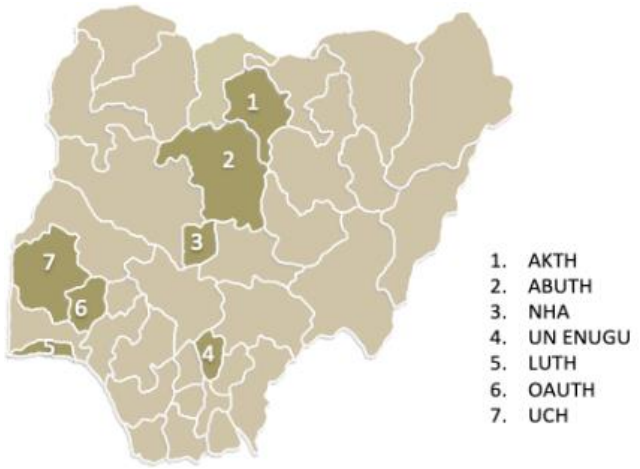
Innovation in Nigeria under the Chemotherapy Program

Problem Statement

Frequent stock outs of chemotherapies at public hospitals drive patients to the private sector where they face high prices and uncertain quality



1. AKTH
2. ABUTH
3. NHA
4. UN ENUGU
5. LUTH
6. OAUTH
7. UCH

Solution

An integrated system with the following features:

- Institutionalized **quantification** process that enables predictable demand
- 7 hospitals **jointly procure** affordable, high quality chemotherapy
- Products **supplied directly** from manufacturer's local distributor to hospital pharmacy, minimizing markups and delays; patient payments remitted to distributor
- Electronic system enables **visibility** on real-time payments, demand and available stock

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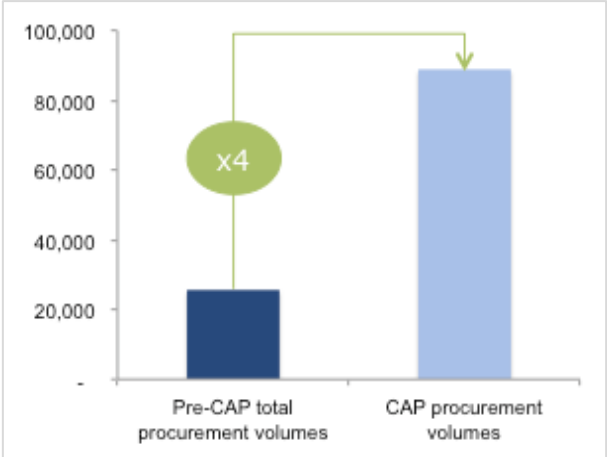
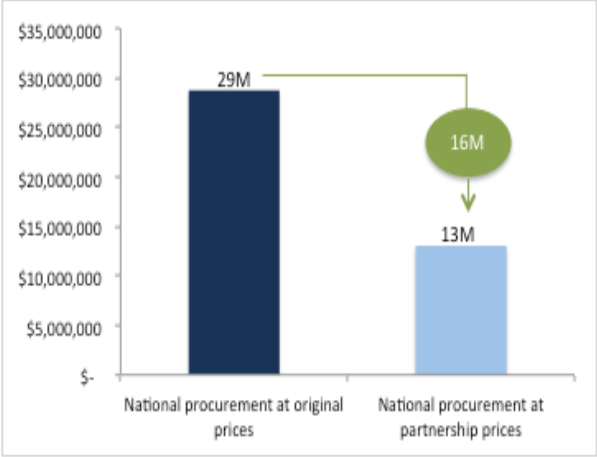
Results to date

- Drugs are now available at access prices at all 7 hospitals
- Nigeria is expected to save $16M annually with coordinated hospital procurement and quadruple the volumes of medicines procured

Annual Procurement Volumes (Pre and Post-CAP) for 2 Sample Hospitals in Nigeria



Expected Annual Savings Across 7 Hospitals



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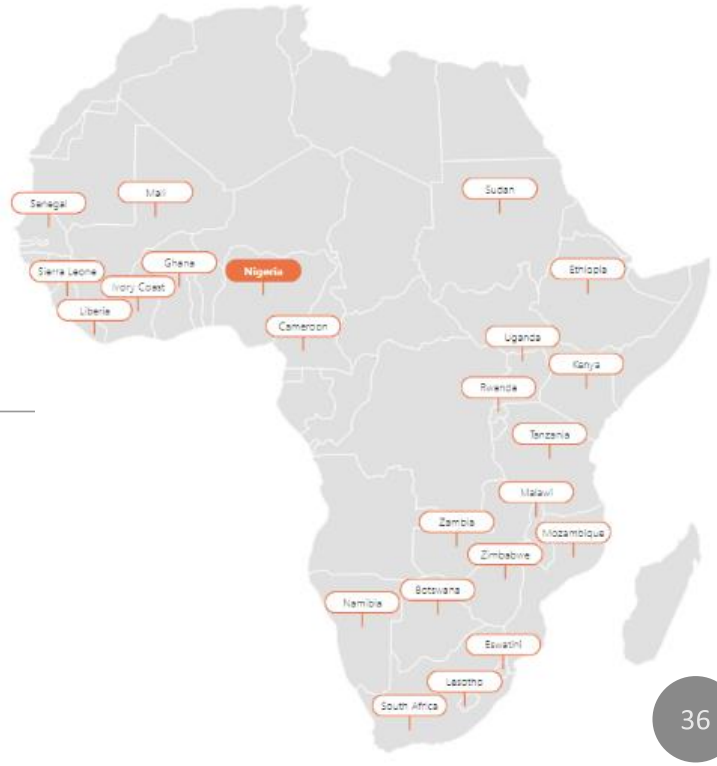
New agreements announced in June 2020

- 20 products approved by a stringent regulatory authority will now be available on the market in 23 countries in Sub-Saharan Africa
- **Includes complete first-line regimens for cervical cancer**
- Countries expected to save average of 59% over current prices

Pfizer NOVARTIS Mylan Better Health for a Better World

Nigeria

– Anastrozole	– Bicalutamide	– Capecitabine
– Carboplatin	– Cisplatin	– Cyclophosphamide
– Cytarabine	– Daunorubicin	– Docetaxel
– Doxorubicin	– Epirubicin	– Filgrastim
– Fluorouracil	– Gemcitabine	– Letrozole
– Leucovorin	– Methotrexate	– Oxaliplatin
– Paclitaxel	– Tamoxifen	



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To expand and sustain the success of this work, we have formed a new alliance to expand access to high-quality cancer treatment in Africa

AFRICAN CANCER COALITION

CLINTON HEALTH ACCESS INITIATIVE

NCCN National Comprehensive Cancer Network®

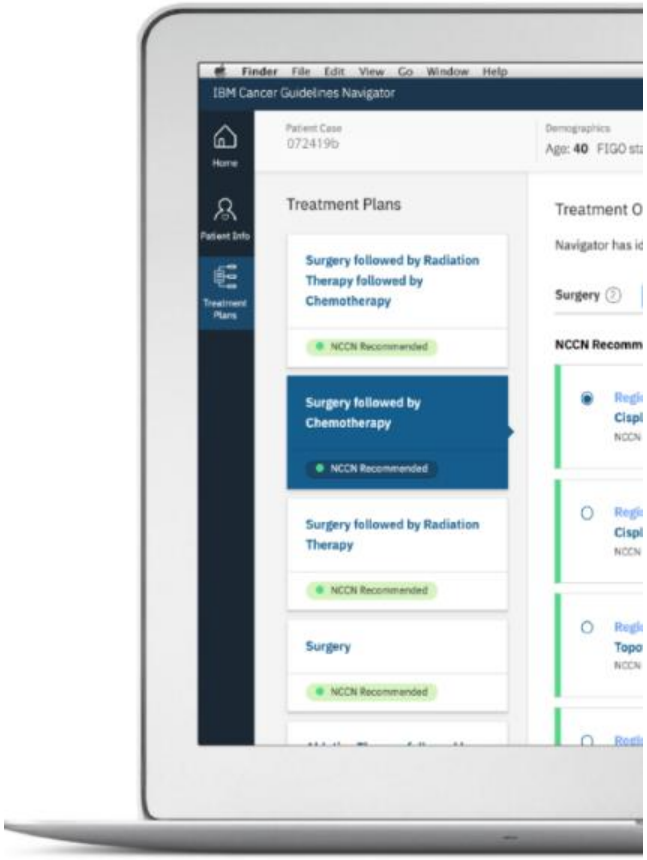
American Cancer Society®

IBM

ALLIED AGAINST CANCER™

Cancer Guidelines Navigator

Oncologists input information about a particular case and are directed to detailed recommendations and prescribing information from the NCCN Harmonized Guideline for Sub-Saharan Africa



https://www.alliedagainstcancer.org/tools

FACILITATORS

- A Network or Multi-disciplinary Working Group is needed
- It is a Long Distance Race
- Champions are needed
- High Level Commitment and Action very critical
- Long Term Funding required
- Capacity Building is Needed
- Data is critical
- International support essential

EFFORTS/RESPONSE TO CHALLENGES

- **Government –**
  - Increase in no of cancer centres;
  - procurement of additional machines;
  - employment of oncologists vis-à-vis gyne, radiation, medical oncologists etc

SOCIETIES/TRAINING INSTITUTIONS

SOGON used her conference last year to discuss gynecologic cancers. Produce Practice Guidelines on CC prevention in 2018

WACS used her conference this year to channel pathway for cancer management across West African sub-region

GOSON –

- Organised nationwide screening for premalignant lesions this year
- Also has a training workshop for all doctors in Northeast in March 2020 on Colposcopy
- Now organizes 2-weekly webinar on management of gynecologic cancers

NGOs

- ABC in Ibadan, IFAF in Ibadan, Joyce John Cancer Foundation in Abakaliki and several others have been working largely on prevention and/or early detection of CC
- Pink Oak Cancer Trust offers full payment for care of indigent patients with early disease

- **DONORS –** facilitation research activities as well as of training of personnel in the care of women with ICC

- **INDIVIDUALS –** several individuals have also supported patients' care

Conclusion

- Cervical Cancer (CC) is Preventable
- Screening and Vaccination are critical strategies in the control of CC
- Capacity for Treatment must be built
- Requires meticulous planning, start-up financing
- Promote both economic and non-economic benefits
- Cervical cancer elimination is feasible

Acknowledgements

- CUGH-NCI
- Michele Folen &OSCC
- Clare Omatseye & JNCI
- Seth Berkley & Gavi
- Meg O'Brien & African Cancer Coalition
- Julie Torode & UICC
- My Colleagues-Drs. Awolude/Oluwasola & Morhason-Bello/Residents/Students
- FMoH/FGN

THE AGA KHAN UNIVERSITY

United Nations
Educational, Scientific and
Cultural Organization

Opportunities for integrating cervical cancer control interventions into existing global health programs

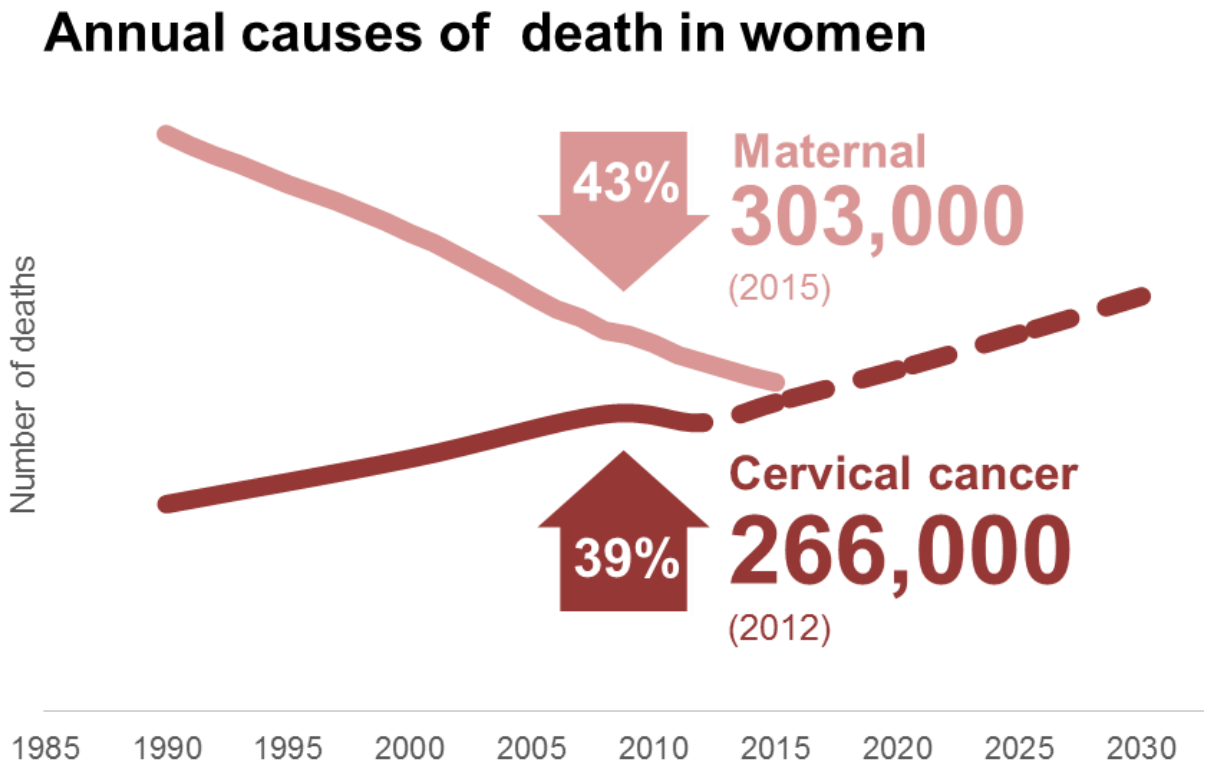
Marleen Temmerman, MD, OB/GYN, MPH, PhD

Aga Khan University, Nairobi, Kenya

ICRH
INTERNATIONAL CENTRE FOR REPRODUCTIVE HEALTH
Improving sexual and reproductive health through research, training and adapted interventions

GHENT UNIVERSITY

Cervical cancer: a growing threat



416,000
estimated cervical cancer-related deaths by 2035

Women living with HIV are at
4 to 5 times
greater risk of developing cervical cancer

CanWaCH Canadian Partnership for Women and Children's Health
EVERY WOMAN EVERY CHILD
The Partnership for Maternal, Newborn & Child Health
Global Affairs Canada
Affaires mondiales Canada
World Health Organization

Women are dying in their prime

Every 2 minutes

a woman dies

from cervical cancer

40%

greater risk of death due to gender inequality

CanWaCH Canadian Partnership for Women and Children's Health

EVERY WOMAN EVERY CHILD

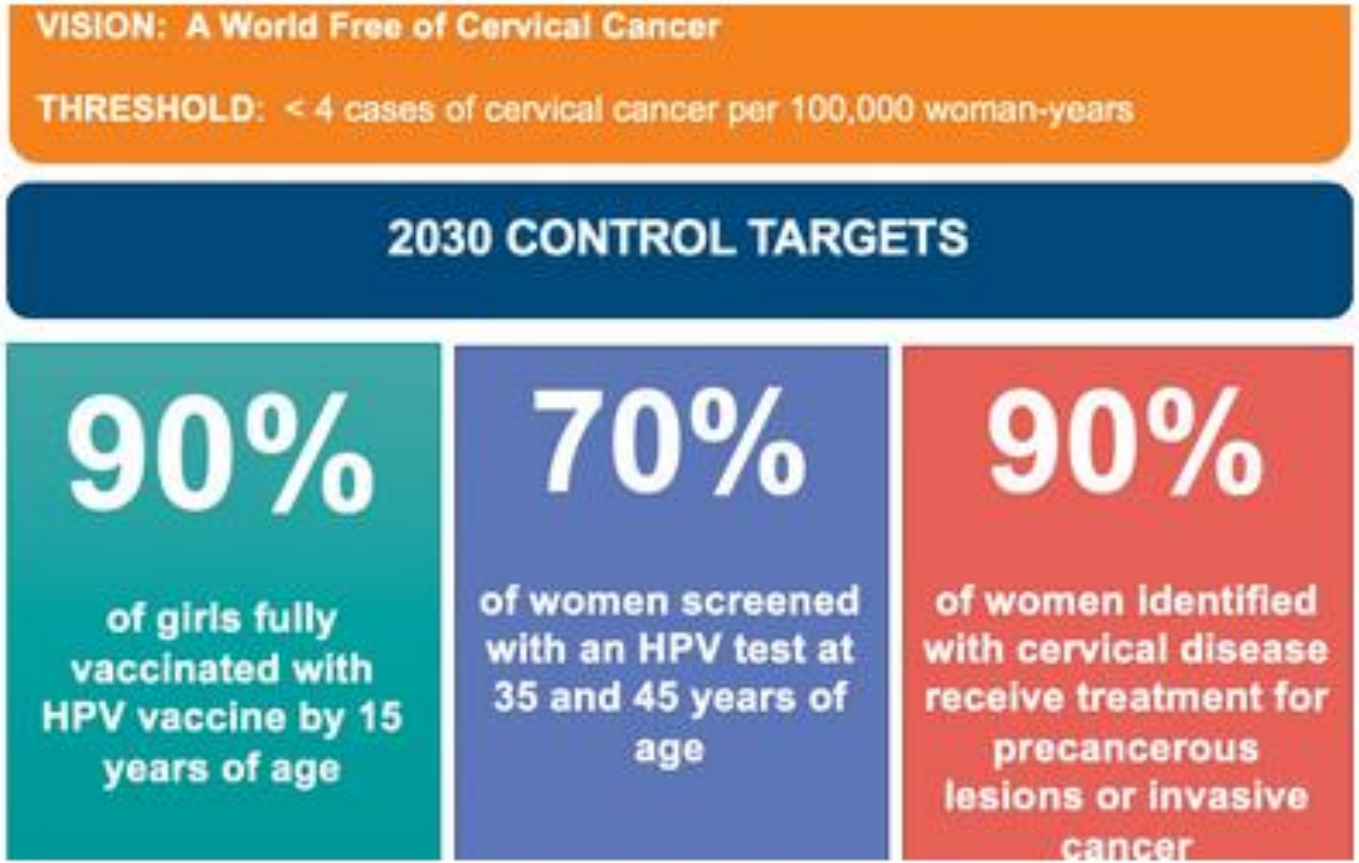
The Partnership for Maternal, Newborn & Child Health

Global Affairs Canada | Affaires mondiales Canada

World Health Organization

WHO Cervical Cancer Elimination Initiative

In May 2018, WHO, made a call to action for the elimination of cervical cancer, based on 3 pillars: vaccination against the human papilloma virus (HPV), screening of women at risk, and treatment of women with cervical cancer.



WHO Cervical Cancer Elimination Initiative

- A Call to Action with a Secretariat for this high-level flagship project, at the request of the Executive Board. A strategy has been developed.
- The WHO Cervical Cancer Elimination Initiative aims to equip Member States with the resources and technologies to eliminate cervical cancer as a public health problem.

STRATEGIC ACTIONS TO ACHIEVE TARGETS

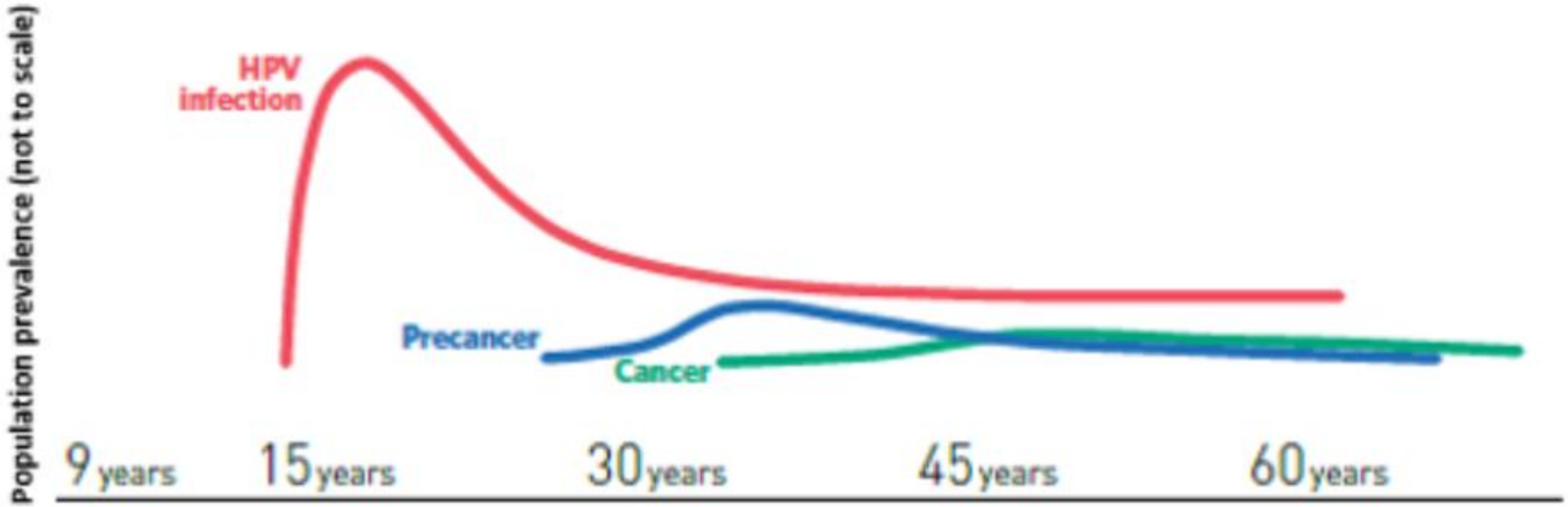
THE HEALTH SYSTEM ENABLERS

SURVEILLANCE, MONITORING AND EVALUATION

PARTNERSHIPS, ADVOCACY AND COMMUNICATION

"Through cost-effective, evidence-based interventions, including human papillomavirus vaccination of girls, screening and treatment of precancerous lesions, and improving access to diagnosis and treatment of invasive cancers, we can eliminate cervical cancer as a public health problem and make it a disease of the past."

Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization



PRIMARY PREVENTION

Girls 9-14 years

- HPV vaccination

Girls and boys, as appropriate

- Health information and warnings about tobacco use
- Sexuality education tailored to age & culture
- Condom promotion/ provision for those engaged in sexual activity
- Male circumcision

SECONDARY PREVENTION

Women >30 years of age

- Screening with a high-performance test equivalent or better than HPV test
- Followed by immediate treatment or as quickly as possible, of pre-cancer lesions

TERTIARY PREVENTION

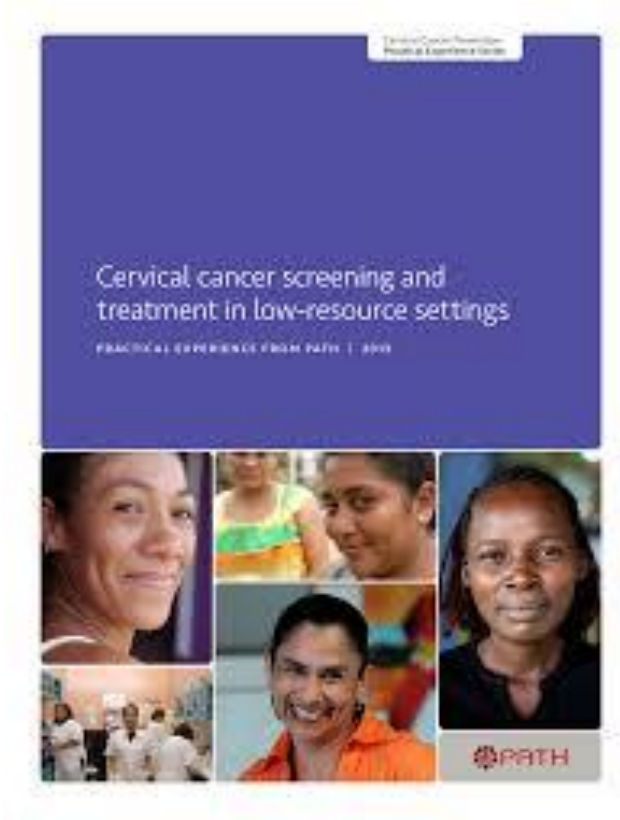
All women as needed

Treatment of invasive cancer at any age

- Surgery
- Radiotherapy
- Chemotherapy
- Palliative care

Screening and Integration of RH services

In many countries, population based screening is still far away and opportunities to integrate cervical cancer screening and treatment in existing health services needs scaling up



Sex Transm Inf 1998;74:202–204

The supermarket for women's reproductive health: the burden of genital infections in a family planning clinic in Nairobi, Kenya

M Temmerman, N Kidula, M Tyndall, R Rukaria-Kaumbutho, L Muchiri, J O Ndinya-Achola

Western Kenya Cervical Cancer Prevention Project (WKCCPP)

A collaboration with the Ministry of Health, Mandeleo ya Wanawake Organization, and Kenya Cancer Society

Final Report
December 2004

PATH
A catalyst for global health

Establishing clinical services alone will not achieve the desired disease and mortality reduction unless several critical components are in place, including:

- Effective mechanisms for mobilizing women to take up the service.
- Basic health services with adequate staff and supplies.
- Adequate supervision to ensure quality of care is maintained and staff are complying with program guidelines such as target age group and recordkeeping.
- Specialist services at provincial level to manage complicated cases.
- Key indicator data to enable effective program management.

Community mobilization presents many challenges, but the project identified several useful lessons from the research and from feedback provided by participants at many levels:

- *Knowing other women who have been screened* is a powerful determinant in a woman's decision to be screened and may even offset other barriers.
- Building up knowledge and *support among community leaders* is critical for creating an environment that helps women overcome the natural barriers to screening.
- Outreach strategies that work *through church, school, and women's group networks* are most effective.
- Reaching eligible women while they are attending health facilities ("*in-reach*") is also very effective.
- Since travel is a barrier to many women, it is critical that women who do attend for screening *receive timely care and are not turned away*.

SUPPLEMENT ARTICLE

WILEY GYNECOLOGY OBSTETRICS

Integrating cervical cancer screening and preventive treatment with family planning and HIV-related services

Heather L. White[1,*] | Alejandra Meglioli[2] | Raveena Chowdhury[3] | Olivia Nuccio[3]

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[2]International Planned Parenthood Federation, New York, NY, USA

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Abstract

Cervical cancer is a leading cause of mortality in Sub-Saharan Africa—in large part because of inadequate coverage of screening and preventive treatment services. A number of programs have begun integrating cervical cancer prevention services into existing family planning or HIV/AIDS service delivery platforms, to rapidly expand "screen and treat" programs and mitigate cervical cancer burden. Drawing upon a review of literature and our experiences, we consider benefits and challenges associated with such programs in Sub-Saharan Africa. We then outline steps that can optimize uptake and sustainability of integrated sexual and reproductive health services. These include increasing coordination among implementing organizations for efficient use of resources; task shifting for services that can be provided by nonphysicians; mobilizing communities via trusted frontline health workers; strengthening management information systems to allow for monitoring of multiple services; and prioritizing an operational research agenda to provide further evidence on the cost-effectiveness and benefits of integrated service delivery.

International Journal of GYNECOLOGY & OBSTETRICS

CLINICAL ARTICLE

Costs of integrating cervical cancer screening at an HIV clinic in Kenya

Elisabeth L. Vodicka, Joseph B. Babigumira, Marita R. Mann, Rose J. Kosgei, Fan Lee, Nelly R. Mugo, Timothy C. Okech, Samah R. Sakr, Louis P. Garrison Jr., Michael H. Chung

First published: 27 October 2016 | https://doi.org/10.1002/ijgo.12025 | Citations: 9

Louise Sigfrid et all, PLoS One 2017, Integrating cervical cancer with HIV healthcare services.

This review shows that integration of cervical cancer screening and treatment with HIV services using different models of service delivery is feasible as well as acceptable to women living with HIV. However, the descriptive nature of most papers and lack of data on the effect on long-term outcomes for HIV or cervical cancer limits the inference on the effectiveness of the integrated programs. There is a need for strengthening of health systems across the care continuum and for high quality studies evaluating the effect of integration on HIV as well as on cervical cancer outcomes.

Advancing Universal Health Coverage through Cervical Cancer Prevention & Family Planning Integration:

A Call to Action

The integration of cervical cancer prevention into other health services is a winning opportunity to provide more comprehensive health care for women and girls, and reduce both the incidence and impact of this highly preventable disease. **A key area of intervention is to advance the integration of cervical cancer services within SRH services, including family planning (FP).** Early programmatic experiences indicate significant promise for integration of these two services.[vi] The implementation of integrated services between 2012 and 2017 in Kenya, Nigeria, Tanzania and Uganda resulted in increased use of both services, including increased voluntary uptake of long-acting, reversible contraceptive methods, and treatment of nearly 50,000 women with cervical pre-cancer. Similar efforts to integrate cervical cancer screening into HIV programs in sub-Saharan Africa have also demonstrated significant impact, with over 550,000 women living with HIV screened since May 2018. Eighty-six percent of these women were screened for the first time. [vii]

Advancing Universal Health Coverage through Cervical Cancer Prevention & Family Planning Integration:

A Call to Action

We call on global and national policy makers to:

- Support the World Health Organization's Cervical Cancer Elimination Strategy.
- Commit to timely development of cervical cancer guidelines for the use of evidence-based tools and strategies that will facilitate integration. This is particularly important for new cervical cancer technologies that are shown to improve health outcomes for women and girls while reducing the time and resources required for cervical cancer screening.
- Include comprehensive SRH services, including cervical cancer prevention, in universal health coverage and national health insurance schemes. Reflect these services in plans for the provision of comprehensive primary healthcare.

We call on multilateral institutions and technical partners to:

- Collect robust impact and cost data on integrated programs and services to identify the highest impact and most cost-effective models of integration.
- Develop standardized outcome indicators for SRH/cervical cancer integration programs and commit to their consistent measurement.
- Document and share best practices in the integration of sexual health and cervical cancer prevention services, including supportive policies, effective demand generation strategies, and interventions that reduce provider burden and assure program quality.

Advancing Universal Health Coverage through Cervical Cancer Prevention & Family Planning Integration:

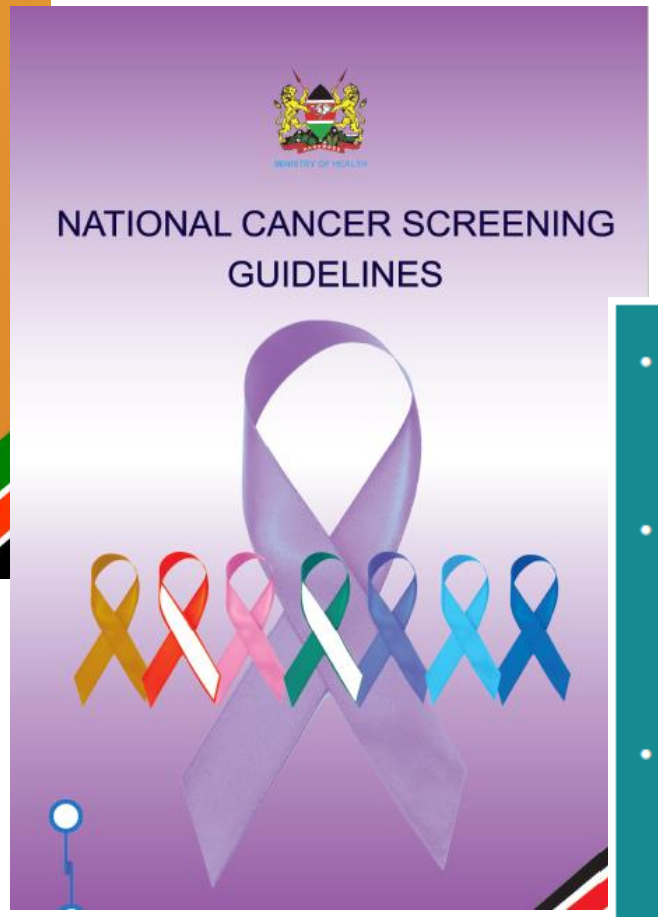
A Call to Action

We call on financial contributors to:

- Fund programs that evaluate approaches to integration, so as to identify models that generate high impact, are cost effective, and can reach specific populations in variable contexts. These evaluations should identify sustainable models for the inclusion of integrated services within national plans for UHC.

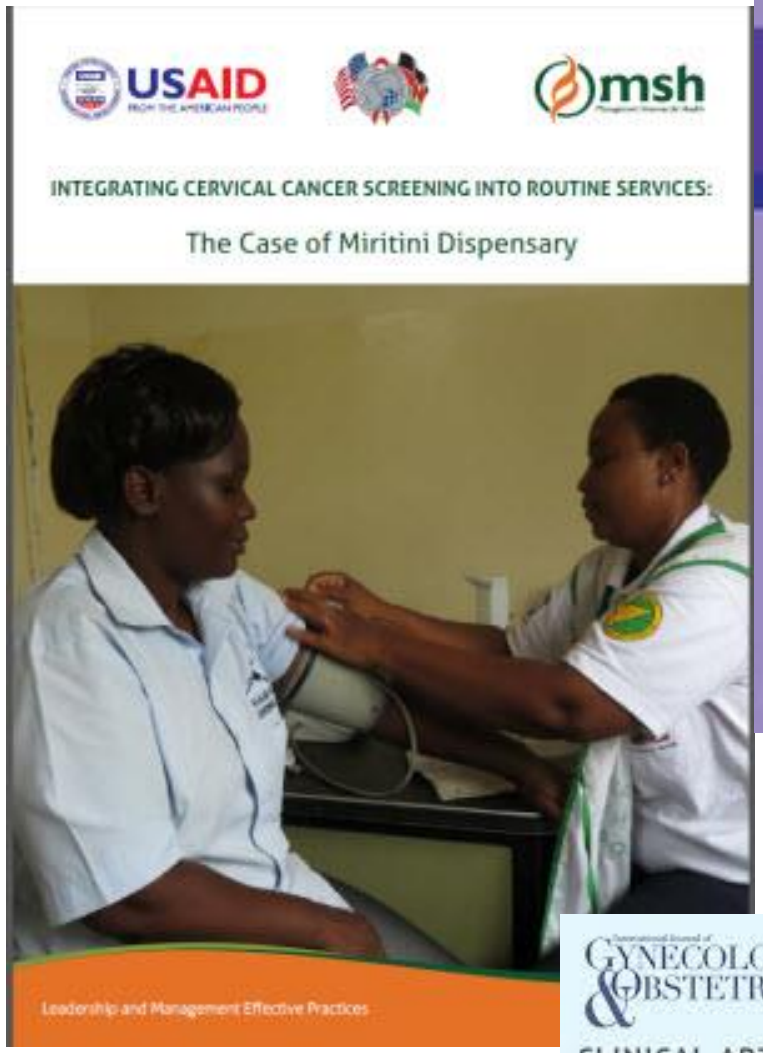
We call on advocates to:

- Broaden efforts to increase political will for SRH programs that encompass the life course and the full span of risk among girls and women. This includes the increased risk of HPV-related cancers, including cervical cancer, among women 30 years and older.
- Call upon policy makers to make a national commitment to eliminate cervical cancer under the World Health Organization's Cervical Cancer Elimination Strategy.



Despite >20 years recommendations and strategies, only 16% of women in Kenya have been screened for cervical cancer

- Screening all women in the target age group, followed by treatment of detected precancerous lesions can prevent the majority of cervical cancers.
- Decisions on which screening and treatment approach to use in a particular county or health-care facility are based on various factors, including, potential for loss to follow-up, cost, and availability of the necessary equipment and human resources.
- Every woman in the target age group (25-49 years) should have a cervical cancer screening test performed at least once when most benefit can be achieved.
- HPV testing is recommended as the primary screening method
- Where HPV testing is not yet available, or loss-to-follow-up is a risk, then Visual Inspection with Acetic acid (VIA) or Visual Inspection with Acetic acid and Visual Inspection with Lugol's iodine (VIA/VILI) is recommended as the primary screening method
- A "screen-and-treat" approach is recommended
- Any suspected cancer case after screening should immediately be referred for diagnosis and treatment of cancer.



UCSF
University of California San Francisco
advancing health worldwide

Integration of Cervical Cancer Screening and Prevention into HIV-care at the Family AIDS Care and Education (FACES) clinics in Kisumu, Kenya


#SmearMyWoman
A smear in time saves my woman
Chain Reactions
Chain Reactions Nigeria
100%
Cervical
FREE
Free Screening
for 100 women
St.
IVES


WHY ARE
WOMEN SO MANY
DYING OF
CERVICAL
CANCER ?


CERVICAL CANCER
SCREENING
GUIDELINES

World Cancer Leaders' Summit

Cancer and Universal Health Coverage

15-17 October 2019
Nur-Sultan, Kazakhstan

CUGH and NCI Cervical Cancer Webinar Series Episode 1: Overview of the Global Initiatives in Cervical Cancer Control

July 29, 2020

Q&A

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Aga Khan University
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Moderator

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