

Jhpiegos’ Programs, Perspectives and
Priorities for Cervical Cancer and
Prevention

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Scope of the presentation

- Jhpiego’s programs and priorities in Cervical Cancer Prevention
- Learnings from efforts related to introduction of HPV testing and Thermal Ablation
- Brief overview of the SUCCESS project

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Countries where Jhpiego is /
has been supporting
secondary prevention

Current

Past

- Botswana
- Zambia
- Namibia
- Burkina Faso
- Côte d'Ivoire

- Tanzania
- Kenya
- Mozambique
- South Africa
- Rwanda
- Peru
- Guyana
- Indonesia
- Philippines
- Thailand

Countries where Jhpiego is /
has been supporting
Primary Prevention

- Tanzania
- Zambia
- Liberia
- Cote 'D Voire
- Ethiopia

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Jhpiego's Theory of Change for Elimination of Cervical Cancer

IMPACT

Elimination of Cervical Cancer as a Public Health Problem

OUTCOMES

Equitable coverage of HPV vaccination services (9 to 14 years of age)
TARGET > 80% of eligible and targeted girls vaccinated for HPV

Improved utilization of high-precision screening (between 30 and 45 years of age)
TARGET > 70% of women screened
TARGET > 90% of women on ABT screened

Improved timely treatment of women with disease (low-to-high cancer)
TARGET 90% of women who screen positive receive treatment for cervical pre-cancer

TECHNICAL STRATEGIES INTERVENTIONS

Primary Prevention:

- Support national introduction of HPV vaccination
- Integrate with adolescent girls and young women services

Secondary Prevention:

- Introduce HPV testing and thermal ablation to expand access to screen and treat
- Support service organization and referral systems
- Develop/updates policy guidelines
- Identify/define new service delivery models
- Strengthen data platforms and use of data for decisionmaking

OUTPUTS

Wide availability of materials and new products

Quality services available for screening and treatment

Improved client access to cervical cancer screening and treatment

Updated national guidelines supporting new, effective

Timely, accurate screening and treatment data available

CHANGE STRATEGIES

Service Delivery Innovations:

- Self-collection for HPV testing
- Point-of-care HPV testing
- Thermal ablation

Product Innovations:

- HPV testing
- Thermal ablation

Technological Innovations:

- Patient navigation systems
- Use of artificial intelligence
- Electronic, virtual training

Process Innovations:

- Self-collection of sample for HPV testing
- Sample transport
- Community mobilization

Policy & Advocacy Innovations:

- Civil society engagement
- Innovative partnerships
- Regional/global coalitions

KEY PROBLEMS/BARRIERS

Limited Access:

- Limited availability of screening testing
- Weak linkages to treatment
- Weak health information systems

Limited Demand/Delay:

- Suboptimal awareness
- Costs (transport, competing priorities)
- Cultural/social/religious norms

Policy Gaps:

- CECAP strategies and guidelines not updated
- Innovative and effective service delivery models not defined

GUIDING PRINCIPLES

Equity of access

Participatory approach


Integrated and primary health care system

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Jhpiego effort to support the introduction of HPV testing in LMICs

Botswana HPV Testing Study (2017 – 2018)

- Women 30 – 49 y.o. (never/not recently screened)
- Self-collection of vaginal sample for HPV testing
- GeneXpert platform
- Digital platform for results entry and notification
- High-risk HPV (hrHPV) positive offered visual assessment for treatment (VAT)
- Treatment: Cryotherapy, LEEP, or biopsy



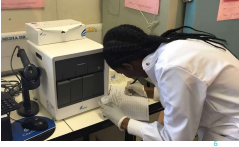
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Botswana Jhpiego-supported HPV testing Study Results:
Study Enrollment Oct 2017 – Mar 2018

HPV Test Results

Location	Study Participants
Scottish Livingstone Hospital	204
Lephephe Clinic	206
Community	145
Facility	61
Thamaga Clinic	206
Community	103
Facility	103
Kopong Clinic	203
Phuthadikobo	203
TOTAL	1022

	HPV +	HPV -	Total
HIV +	230 40.4%	340 59.6%	570 55.9%
HIV -	113 25.2%	336 74.8%	449 44.1%
Total	343 33.7%	676 66.3%	1019



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Botswana HPV testing Study Results:
95% received VAT; 95% received treatment

VIA Negative Eligible for cryotherapy	VIA Positive Eligible for cryotherapy	VIA Positive Large lesion – treat with LEEP	Suspect Cancer	VAT Completion
239	52	33	3	95.3% (327)
Cryotherapy performed	LEEP performed	Biopsy performed	Client declined treatment	Total treatment performed ¹
289	32	3	1	94.5% (324)

¹Treatment completion rates among those who accessed VAT – 99.7%

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Botswana HPV testing Study Results:

Easy or very easy to understand
the self-collection instructions

Easy or very easy to do
self-collection

Experienced no or minimal
discomfort while doing
self-collection

97%

95%

>97%

The results of the study informed the preparation for the national HPV testing introduction

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Botswana HPV testing Study Findings and
the way forward

- Self-collection of vaginal samples for HPV testing (in clinics and in the community), and linking to treatment, is feasible and highly acceptable.
- Using new technologies such as HPV testing, including self-collection of vaginal samples for testing, can increase efficiencies.
- Results of this study are informing Botswana's scale up of HPV testing screening and the introduction of HPV testing in Zambia, Rwanda

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Lessons from Introducing Thermocagulation : Tanzania

- Jhpiego supported introducing Thermocagulation Treatment in two regional referral facilities in Iringa and Njombe Regions
- Supported Regional, District, Facility Managers and Regional Trainers to conduct on site clinical mentorship in using thermocagulation *C3 model
- Duration of training:
 - 2 days (1 day didactic & 1 day clinical practice); Followed by 3 days outreach services to provide opportunity for strengthening competency of service providers
- Participants: physicians and nurses with VIA,Cryotherapy skills

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Learning by doing

- Photo : Simulation Practice
- Nurse from Njombe RRH practicing how to perform Thermocagulation in the Classroom

- Photo : Simulation Practice
- HCPs/CECAP Program Managers in the classroom in Iringa RRH learning how to fix the machine and IPC related issues

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Important lessons learned

- Thermocoagulation: attractive alternative for the treatment of cervical precancerous lesions
 - Portable and very user friendly devise
 - Has minimal side effects and can be used by a range of health care providers
 - Potential to take treatment closer to communities
- On site competency building–cost effective approach to build competency
- Easier to introduce and takes shorter time to train
- Providers were very satisfied and happy with the device
- Client perspective: acceptability was very high.

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Few Quotes from Providers

- “Excellent tool-would wish not to use cryotherapy treatment machine any longer”
- “Easy to use tool more than cryotherapy treatment machine”
- “It takes a minute -you can treat a lot of women. Best tool for use in outreach services when electricity is available”
- “ I love this machines because of three features which are not available in cryotherapy machine-timer/light on and pre set treatment time you don’t need a watch to set the time. With current workload it is perfect for us”
- “I wish the Govt. would consider using this treatment machine all over the Country”
- “With this machine it will be easy for Regions and Program planners to scale up thermocoagulation treatment /VIA more easily”

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SUCCESS

Scale Up Cervical Cancer Elimination with Secondary prevention Strategy

CONSORTIUM:



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SUCCESS project countries, sites and goals

185,000 women within three years including over 75,600 (40%) WLHIV

Project countries:



Burkina Faso

Côte d'Ivoire

Guatemala

Philippines

Countries included for regional influence:

- Africa: Benin, Cameroun, Chad, Congo RD, Guinea, Madagascar, Mali, Niger, Senegal, Togo
- Asia: Cambodia, China, Laos, Thailand, Vietnam
- Latin America and the Caribbean: Brazil, Chile, Dominican Republic, Haiti, Mexico

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Main Interventions supported for the Introduction of HPV Testing and Thermal Ablation

- Introduction of HPV testing and Thermal Ablation
Developing the plan for and supporting transition to scale
- Facilitating the removal of entry barriers to the technologies
- Creating the eco-system for enabling access and utilization of these technologies
- Update National policies, guidelines, training materials
- System preparedness and Capacity Building
- Implementation Research



Graphic from Program Manual for Manager, ACCP, 2004

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CONCLUSION

WAY FORWARD: Multipronged approach to RAPIDLY accelerate Access

The 5-I framework (Kumar et al,...IIGO 2021)

- Innovation
- Investments (Increased and Coordinated)
- Information (Implementation Research and Data Systems)
- Influence (Advocacy)
- Integration

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