Advancing CECAP Program In Tanzania: Reflections on PEPFAR/Donors and IPs Contribution

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20 February, 2020
**PRIMARY PREVENTION**

*Girls 9-13 years*
- HPV vaccination

*Girls and boys, as appropriate*
- Health information and warnings about tobacco use*
- Sexuality education tailored to age and culture
- Condom promotion/provision for those engaged in sexual activity
- Male circumcision

**SECONDARY PREVENTION**

*Women > 30 years of age*
Screening and treatment as needed
- “Screen and treat” with low cost technology VIA followed by cryotherapy
- HPV testing for high risk HPV types (e.g. types 16, 18, and others)

**TERTIARY PREVENTION**

*All women as needed*
Treatment of invasive cancer at any age
- Ablative surgery
- Radiotherapy
- Chemotherapy

*WHO Guidance Note 2013*
Tanzania: CECAP and Control National Program Under RCHS/2008

Focus: Reproductive Health Cancers – Breast, Cervix and Prostate

- 27 Regions
- 133 Districts
- 947,000 Square kilometres
- Population projection 2020: >55m
- Majority >71% reside in rural areas
- Health facilities: 8,215 (6,882 Public)
- HIV prevalence: 5.3%
- Life expectancy 63 women and 60 men

Vision: Women free from the burden of cervical cancer in Tanzania

Goal: To reduce cervical cancer incidence, morbidity and mortality
Incidence Rate (IR) and Mortality Rate (MR) Per 100,000 Women (Globocan 2018)

- **Tanzania**: 59.1 vs. 42.7
- **Burundi**: 57.4 vs. 50.3
- **Uganda**: 54.8 vs. 40.5
- **Kenya**: 33.8 vs. 22.8
- **Rwanda**: 31.9 vs. 24.1
Tanzania Response

SDG 3

- Ensure healthy life and promote well being for all at all ages

SDG 17

- Strengthen implementation and Partnerships for sustainable development

Jhpiego has worked with the MOHCDGEC to establish and strengthen CECAP Work since 2008 under USAID/PEPFAR Support
TZ-Joining Global Agenda: National Strategic and Operational Plans

Targets: 90% 70% 90%

1. Current vaccination & screening coverage
2. Intensive vaccination
3. Intensive screening & vaccination

Cervical cancer cases/100,000

Elimination <4/100,000

2020 2030 2090 2120
Three Pillars

- **Primary Prevention**
  - Vaccination
  - Behavior Change

- **Secondary Prevention**
  - Screening & Treatment of Precancerous Lesions

- **Tertiary Services**
  - Care
  - Diagnosis and Treatment of Cervical Cancer

- **Foundation:**
  - M/E
  - System Strengthening
  - Education/Mobilization
Screen and Treat Approach Service Delivery Model in Tanzania

Integrated into RH & HIV services: HIV clinic, FP, Post Natal, Gyn OPD

Package: Education, CC screening & treatment, BC Screening, PITC & linkage

Target group: Women 30–50 years old

Primary level: VIA & Cryotherapy + Clinical Breast examination

Referral sites: Biopsy, LEEP, Mammogram, surgery, chemo & radio

Coverage: Regional Hospitals, District Hospital and few Health Centre
Implementation Status in Tz
The role of Partnerships/Collaboration

Demo 2014: 93% coverage
35,214 girls vaccinated
HPV V National Program
April 2018 - 30 Regions

> 624 CCS and 30 LEEP
> 1.2 million screened/2018
Trainers/mentors: 40
> 3000 HCP trained
Tech Docs Developed

Comprehensive Cancer Centre: ORCI + Bugando
> 30 Oncologist
*Chemo/Palliative care at KCMC

Breast Cancer Guidelines
Early Detection & treatment IEC materials
**CBE and referral /Opportunistic

Prostate cancer guidelines/IEC materials/Opportunistic

Expanded Partnerships
USAID, PRRR, CDC, WHO, Bill and Melinda Gates Foundation, GAVI, Global Fund/GFF, World Bank, Susan G. Komen, IAEA

DPs/IPs
- Jhpiego
- Ground for Health
- ICAP
- THPS
- EGPAF
- Engenderhealth
- DOD
- UMATI
- PSI
- MST
- TUNAJALI
- DOD
- AGPAI
- IMA World
- CSSC
- ORCI, KCMC, Peramiho Mission
- Community/Advocacy; MEWATA, Tmarc, TAYOA, HIV Network Group
<table>
<thead>
<tr>
<th>Region</th>
<th>HPV - 1</th>
<th>Region</th>
<th>HPV - 2</th>
<th>HPV-1 Regional coverages (Jan-September 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pwani</td>
<td>129%</td>
<td>Iringa</td>
<td>97%</td>
<td>National Coverage</td>
</tr>
<tr>
<td>Iringa</td>
<td>120%</td>
<td>Kilimanjaro</td>
<td>81%</td>
<td>Percentage</td>
</tr>
<tr>
<td>Kilimanjaro</td>
<td>110%</td>
<td>Rukwa</td>
<td>66%</td>
<td>No. of regions</td>
</tr>
<tr>
<td>Mara</td>
<td>109%</td>
<td>Lindi</td>
<td>59%</td>
<td>≥90%</td>
</tr>
<tr>
<td>Tabora</td>
<td>103%</td>
<td>Pwani</td>
<td>58%</td>
<td>11</td>
</tr>
<tr>
<td>Katavi</td>
<td>99%</td>
<td>Katavi</td>
<td>54%</td>
<td>≥80%-&lt;90%</td>
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<tr>
<td>Rukwa</td>
<td>98%</td>
<td>Tanga</td>
<td>52%</td>
<td>5</td>
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<tr>
<td>Lindi</td>
<td>95%</td>
<td>Mbeya</td>
<td>50%</td>
<td>≥50% - &lt;80%</td>
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<tr>
<td>Ruvuma</td>
<td>94%</td>
<td>Ruvuma</td>
<td>50%</td>
<td>10</td>
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<tr>
<td>Dodoma</td>
<td>92%</td>
<td>Arusha</td>
<td>50%</td>
<td>&lt;50%</td>
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<tr>
<td>Mtwarara</td>
<td>91%</td>
<td>Dodoma</td>
<td>49%</td>
<td>Total# of regions</td>
</tr>
<tr>
<td>Mwanza</td>
<td>89%</td>
<td>Mara</td>
<td>47%</td>
<td></td>
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<tr>
<td>Arusha</td>
<td>88%</td>
<td>Mwanza</td>
<td>46%</td>
<td></td>
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<tr>
<td>Njombe</td>
<td>87%</td>
<td>Singida</td>
<td>44%</td>
<td></td>
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<tr>
<td>Mbeya</td>
<td>85%</td>
<td>Kigoma</td>
<td>43%</td>
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<tr>
<td>Singida</td>
<td>82%</td>
<td>Tabora</td>
<td>42%</td>
<td></td>
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<tr>
<td>Dar es Salaam</td>
<td>79%</td>
<td>Njombe</td>
<td>42%</td>
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<tr>
<td><strong>Total# of regions</strong></td>
<td><strong>26</strong></td>
<td><strong>Total# of regions</strong></td>
<td><strong>26</strong></td>
<td><strong>Total# of regions</strong></td>
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<tr>
<td>S/N</td>
<td>Indicator</td>
<td>Baseline</td>
<td>Target</td>
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<tr>
<td>1.</td>
<td><strong>HPV Vaccine coverage rate</strong>: percentage of girls aged 9-14 years who have received all the doses of the HPV vaccine</td>
<td>40%</td>
<td>80%</td>
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<td>2.</td>
<td><strong>Screening coverage rate:</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>a) Percentage of women aged 30-50 years who have been screened with VIA for the first time</td>
<td>11%</td>
<td>60%</td>
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<tr>
<td></td>
<td>b) Percentage of all women who have been screened regardless of the method (VIA, HPV DNA, Pap) for the first time</td>
<td>76.8%</td>
<td>90%</td>
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<td>3.</td>
<td><strong>Treatment rate for VIA positive women:</strong></td>
<td></td>
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<td></td>
<td>a) Percentage of VIA positive women receiving Cryotherapy/thermocoagulation treatment on the same day</td>
<td>58.7%</td>
<td>80%</td>
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<td></td>
<td>b) Percentage of VIA positive women receiving treatment regardless of the method (Cryotherapy, Thermocoagulation, LEEP)</td>
<td>51.6%</td>
<td>90%</td>
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<td>4.</td>
<td><strong>Treatment rate of cancer</strong></td>
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<td></td>
<td>a) Percentage of cervical cancer patients managed</td>
<td>25%</td>
<td>50%</td>
<td></td>
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<td></td>
<td>b) Percentage of women receiving palliative care advanced cervical cancer</td>
<td>10%</td>
<td>20%</td>
<td></td>
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</tbody>
</table>
Key Challenges in Tanzania

- High Mortality: almost 50% die
- Late Disease Presentation
- Very Low Coverage of Screening and Treatment sites (<25%)

Technical Capacity of Managers to Supervise
- HRH Shortage/Skills and knowledge capacity of HCP/Low #
- Supplies/equipment
- HMIS: DQA

Referral System
- Quality Improvement
- Repair and maintenance of treatment machines
- Pathology Services
- Financial Resource to scale up
- Long Term Sustainability
Existing Opportunities: Strengthening CECAP Services

- Over the past 16 years, PEPFAR has achieved remarkable lifesaving results in Tanzania through
  - Improving access on ART, VMMC
  - Building Foundation and Expanding CECAP services
  - Strengthening systems that drive effective, efficient, and sustainable health care for HIV population and for women to reduce cervical cancer mortality

- COP 20/PEPFAR/ Global Fund
  - CECAP Piece Included
  - Discussion under way for allocation of resource through existing agencies (Status: Community & SS/QI )
Country Priorities

• Expansion/Scaling Up
• Strengthening existing sites
• Procurement of cervical cancer screening and treatment equipment's/supplies (Thermocagulation)
• Capacity Building: Trainers/ of HCPs
• Increasing public awareness on cervical cancer prevention and control
• Introduce HPV DNA-testing: RRHs
• QI: support SS/Clinical mentorship
Country Priorities

- Strengthening the referral systems:
  - Tracking and feedback mechanism system for suspect cancer cases and large lesions
  - Pathology services
- Strengthening repair and maintenance system
  - Cryotherapy and LEEP machines
- Strengthening the M/E system (DQA and use)
- Reinforce sustainability component
M/E strengthening and promoting data use for decision making

Jhpiego Support
Supplies and Equipment donation

USAID/MAISHA
23 Cryo Machines
3 LEEP Machines
42 CO2 tanks
Consumables and non consumables
Tech. Documents

USAID/MCSP
4 Cryo Machines
9 Carbon dioxide tanks
2 Cold coagulation machines
Zoe Models-53
Consumables/Equipment
Tech. Docs, Zoe Models/Data Collection
Tools/IEC Materials

Jhpiego Support
In Conclusion

• Key success factors:
  • MOH commitment, strong partnerships
  • Enabling environment (technical documents, tools, materials)
  • Training, quality improvement, referral and repair systems strengthening
  • Use of data to improve program performance
  • Promoting ownership, sustainability of program
• To have maximum impact, priority should be given to:
  • **Maximize coverage and strengthen quality of services** rather than maximizing the number of screening tests in a woman’s lifetime.
  • Promote high quality organized and sustainable routine based screening services integrated in the existing system
Acknowledgement

- MOHCDGEC & PORALG at all Levels
- Donors
- Implementing Partners
- Women and Husbands/Partners
- Community Members
Your Attention is Well Appreciated-Thank You !!!
For more information, please visit www.mcsprogram.org

This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.