







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

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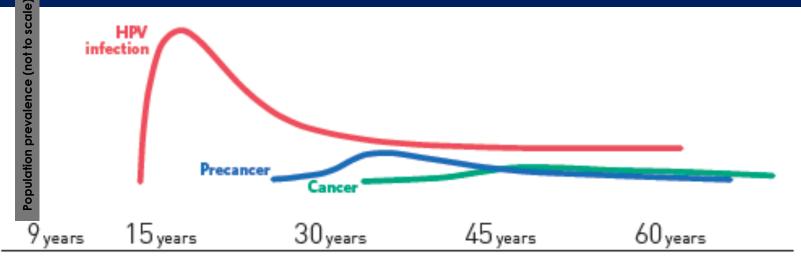


Background

Implementation and results

Challenges & Next steps

Figure 1: Overview of programmatic interventions over the life course to prevent HPV infection and cervical cancer



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

*WHO Guidance Note 2013

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

Tanzania: CECAP and Control National Program Under RCHS/2008 <u>Focus:</u>Reproductive Health Cancers –Breast,Cervix and Prostate



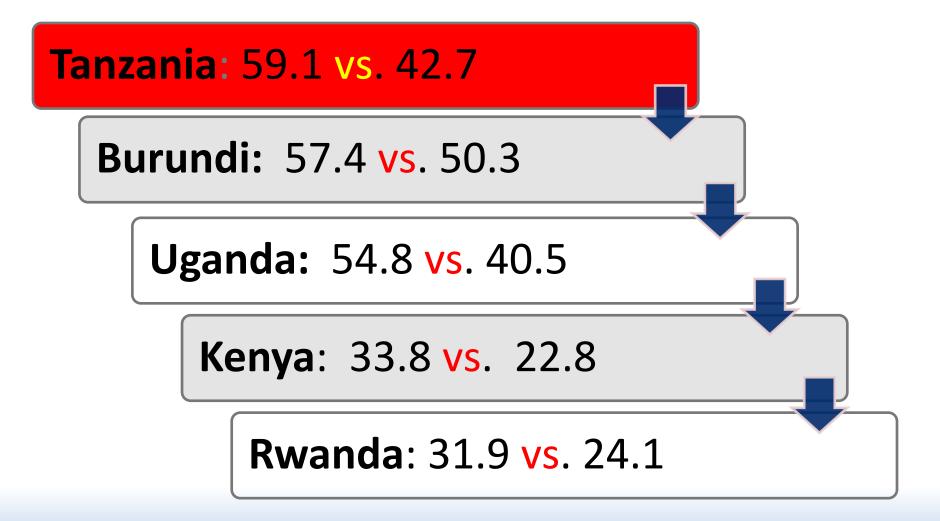
- 27 Regions
- 133 Districts
- 947,000 Square kilometres
- Population projection 2020: >55m
- Majority >71% reside in rural areas
- Health facilities:8215 (6,882 Public)
- HIV prevelence:5.3%
- Life expectancy 63 women and 60 men

Goal: To reduce cervical cancer incidence, morbidity and mortality

Vision : Women free from the burden of cervical cancer in

Tanzania

Incidence Rate (IR) and Mortality Rate (MR) Per 100,000 Women (Globocan 2018)

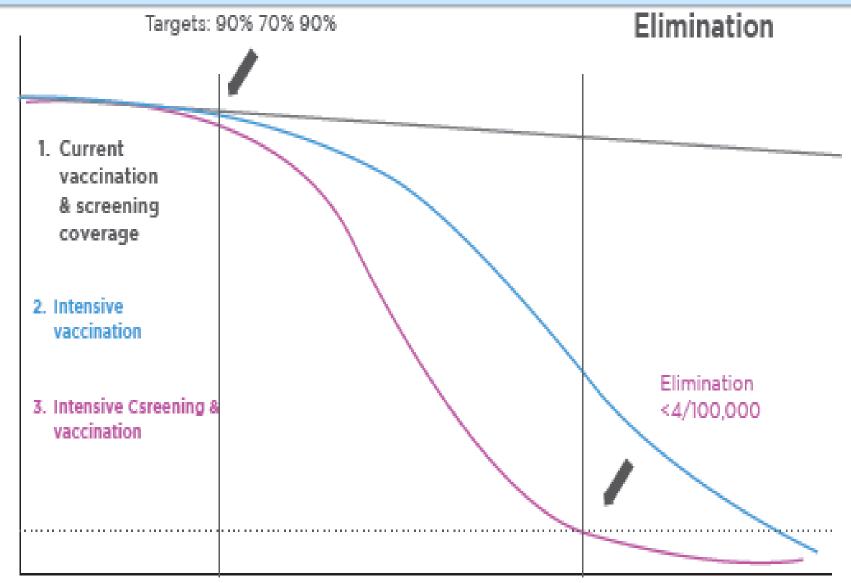


Tanzania Response



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



Three Pillars

<u>Primary Prevention</u>

- Vaccination
- Behavior Change

<u>Secondary Prevention</u>

 Screening & Treatment of Precancerous Lesions

<u>Tertiary Services</u>

- Care
- Diagnosis and Treatment of Cervical Cancer

• <u>Foundation</u>:

- M/E
- System Strengthening
- Education/Mobilization



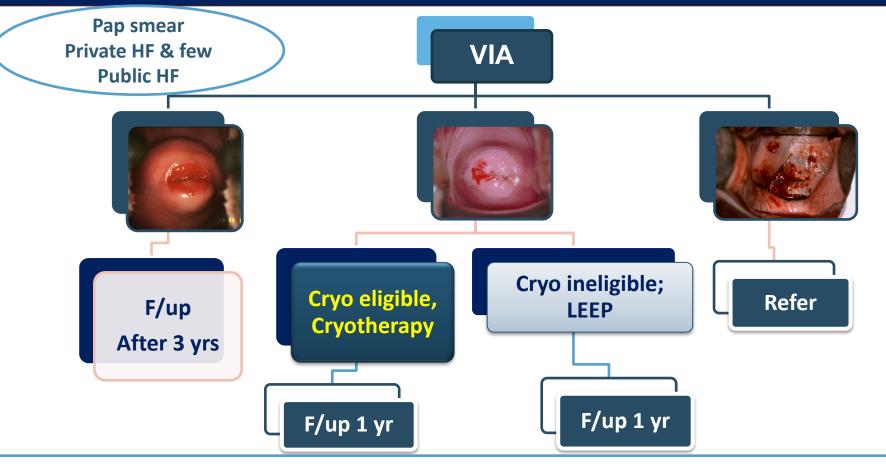
UNITED REPUBLIC OF TANZANIA MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

TANZANIA CERVICAL CANCER PREVENTION AND CONTROL



2019 - 2023

Screen and Treat Approach Service Delivery Model in Tanzania <u>Integrated</u> into RH & HIV services: HIV clinic,FP, Post Natal,Gyn OPD <u>Package</u>: 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
- •<u>Coverage</u>: Regional Hospitals, District Hospital and few Health Centre

Implementation Sta The role of Partners	Expanded Partnerships USAID,PRRR,CDC,WHO,Bill and Melinda Gates Foundation, GAVI,Global Fund/GFF, World	
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	Bank,Susan.G.Komen,IAEA <u>DPs/IPs</u> Jhpiego Ground for Health ICAP THPS EGPAF
Comprehensive Cancer Centre: ORCI + Bugando > 30 Oncologist *Chemo/Palliative care at KCMC	Breast Cancer Guidelines Early Detection & treatment IEC materials **CBE and referral /Opportunistic	 Engenderhealth DOD UMATI PSI MST TUNAJALI DOD
Prostate cancer materials/O	 AGPAI IMA World CSSC ORCI,KCMC,Peramiho Mission Community/Advocacy; MEWATA,Tmarc,TAYOA,HIV 	

Network Group

			HPV	/1&2 N	ATIONAL AND	REGIONAL	COVERAGE(January-S	eptember 2019)	
	Region	HPV - 1			Region	HPV - 2	HPV-1	Regional coverage	s(Jan-September 2019)
1	Pwani	129%		1	Iringa	97%	National	Covarage	85%
2	Iringa	120%		2	Kilimanjaro	81%	Pe	rcentage	No. of regions
3	Kilimanjaro	110%		3	Rukwa	66%	≥90%		11
4	Mara	109%		4	Lindi	59%	<mark>≥80%-<9</mark>	0%	5
5	Tabora	103%		5	Pwani	58%	<mark>≥50% - <</mark>	80%	10
6	Katavi	99%		6	Katavi	54%	<50%		0
7	Rukwa	98%		7	Tanga	52%	Total	# of regions	26
8	Lindi	95%		8	Mbeya	50%			
9	Ruvuma	94%		9	Ruvuma	50%			
0	Dodoma	92%		0	Arusha	50%	HPV-2 I	Regional Coverage	es Jan-September 2019
11	Mtwara	91%		11	Dodoma	49%	National	Coverage	44%
12	Mwanza	89%		12	Mara	47%	Pe	rcentage	No of Regions
13	Arusha	88%		13	Mwanza	46%	≥90%		1
14	Njombe	87%		14	Singida	44%	<mark>≥80%-<9</mark>	0%	1
15	Mbeya	85%		15	Kigoma	43%	<mark>≥50% - <</mark>	80%	8
16	Singida	82%		16	Tabora	42%	<50%		16
17	Dar es Salaam	79%		17	Njombe	42%	Total	# of regions	26

S/N	Indicator	Baseline	Target
1.	HPV Vaccine coverage rate: percentage of girls aged 9-14 years who have received all the doses of the HPV vaccine	40%	80%
2.	Screening coverage rate;		
	 Percentage of women aged 30-50 years who have been screened with VIA for the first time 	11%	60%
	 b) Percentage of all women who have been screened re- gardless of the method (VIA, HPV DNA, Pap) for the first time 	76.8%	90%
3.	Treatment rate for VIA positive women:		
	 a) Percentage of VIA positive women receiving Cryother- apy/thermocoagulation treatment on the same day 	58.7%	80%
	 b) Percentage of VIA positive women receiving treatment regardless of the method (Cryotherapy, Thermocoag- ulation, LEEP) 	51.6%	90%
4.	Treatment rate of cancer a) Percentage of cervical cancer patients managed	25%	50%
	 b) Percentage of women receiving palliative care ad- vanced cervical cancer 	10%	20%

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

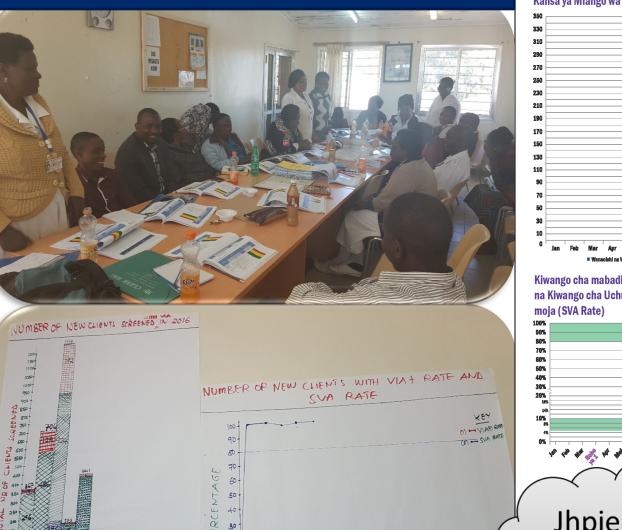




Jhpiego Support



M/E strengthening and promoting data use for decision making



180° all part and sur put

20

Nev bec

MONTHS

AUG SEPT OCT

UNKNOWN

HIV(+)

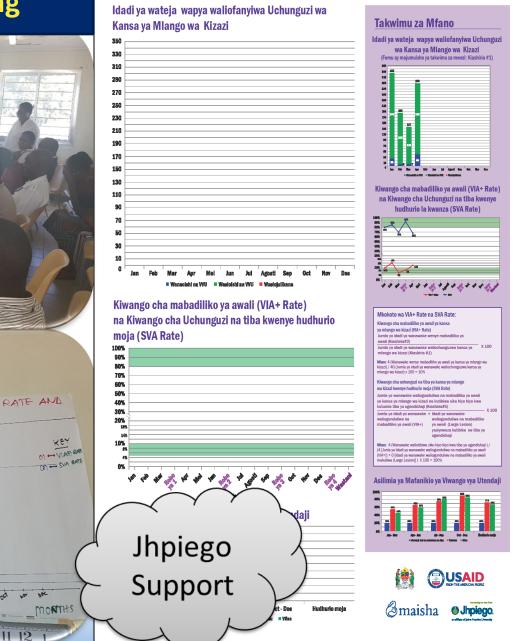
KX HIV(-)

Matokeo kwa Ufupi

Nchi: Tanzania Kituo:

Mwaka:

Programu ya Kinga na Tiba ya Kansa ya Mlango wa Kizazi



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

USAID

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 21

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.

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