







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

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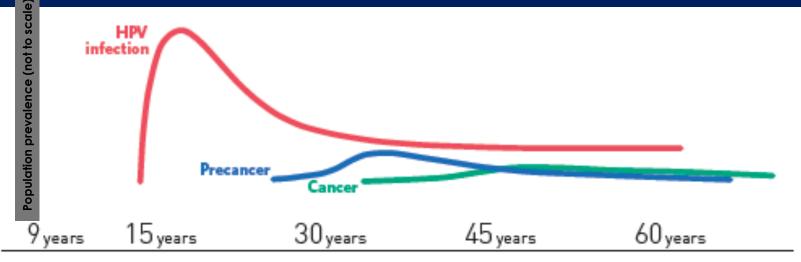


## Background

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



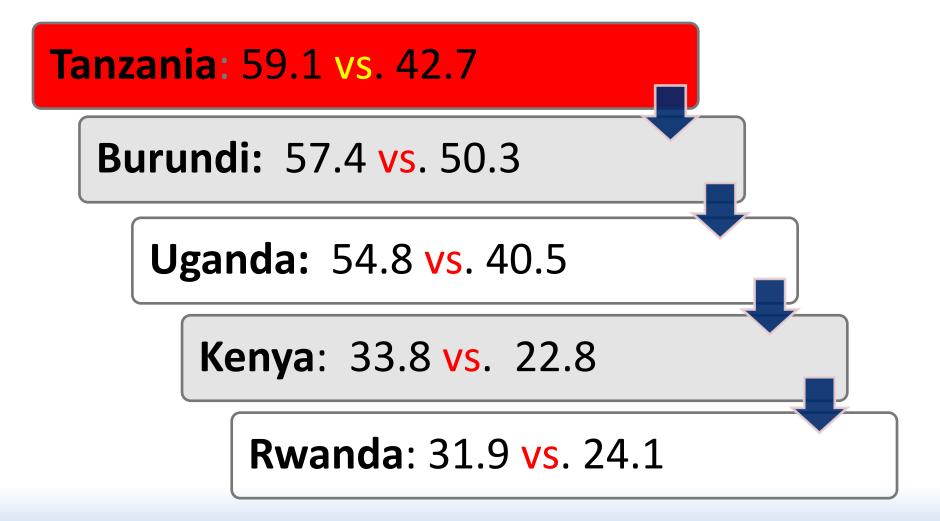
- 27 Regions
- 133 Districts
- 947,000 Square kilometres
- Population projection 2020: >55m
- Majority >71% reside in rural areas
- Health facilities:8215 (6,882 Public)
- HIV prevelence:5.3%
- Life expectancy 63 women and 60 men

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)

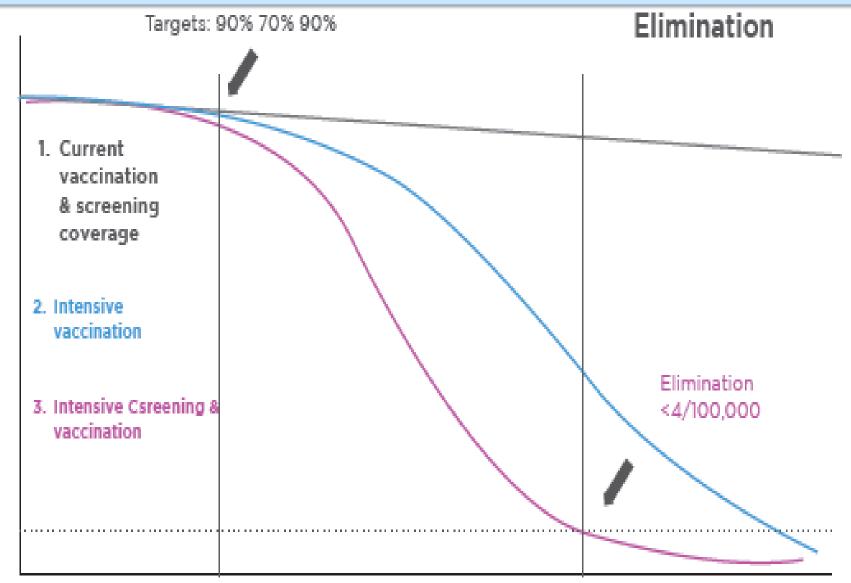


# **Tanzania Response**



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



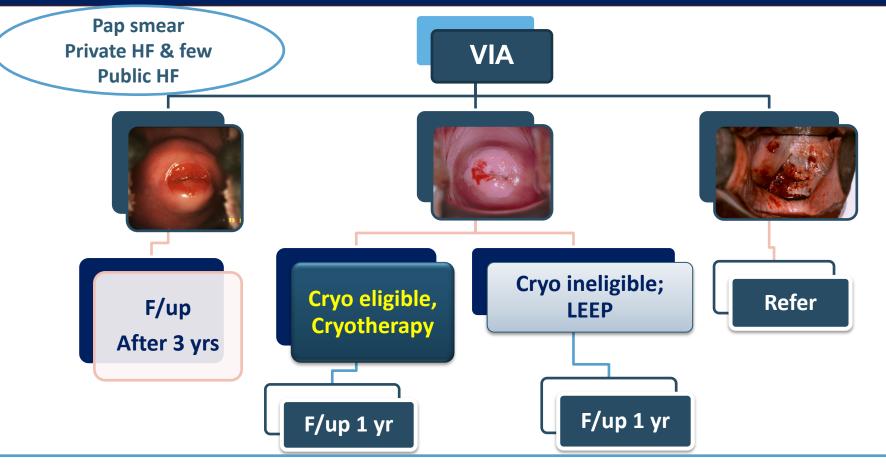
UNITED REPUBLIC OF TANZANIA MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND CHILDREN

#### 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	<ul> <li>Engenderhealth</li> <li>DOD</li> <li>UMATI</li> <li>PSI</li> <li>MST</li> <li>TUNAJALI</li> <li>DOD</li> </ul>
Prostate cancer materials/O	<ul> <li>AGPAI</li> <li>IMA World</li> <li>CSSC</li> <li>ORCI,KCMC,Peramiho Mission</li> <li>Community/Advocacy; MEWATA,Tmarc,TAYOA,HIV</li> </ul>	

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%-&lt;9</mark>	0%	5
5	Tabora	103%		5	Pwani	58%	<mark>≥50% - &lt;</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%-&lt;9</mark>	0%	1
15	Mbeya	85%		15	Kigoma	43%	<mark>≥50% - &lt;</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;		
	<ul> <li>Percentage of women aged 30-50 years who have been screened with VIA for the first time</li> </ul>	11%	60%
	<ul> <li>b) Percentage of all women who have been screened re- gardless of the method (VIA, HPV DNA, Pap) for the first time</li> </ul>	76.8%	90%
3.	Treatment rate for VIA positive women:		
	<ul> <li>a) Percentage of VIA positive women receiving Cryother- apy/thermocoagulation treatment on the same day</li> </ul>	58.7%	80%
	<ul> <li>b) Percentage of VIA positive women receiving treatment regardless of the method (Cryotherapy, Thermocoag- ulation, LEEP)</li> </ul>	51.6%	90%
4.	Treatment rate of cancer a) Percentage of cervical cancer patients managed	25%	50%
	<ul> <li>b) Percentage of women receiving palliative care ad- vanced cervical cancer</li> </ul>	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

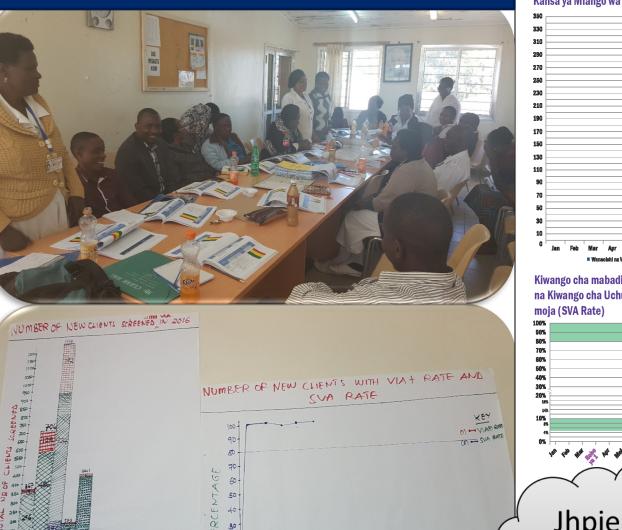




Jhpiego Support



# 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(+)

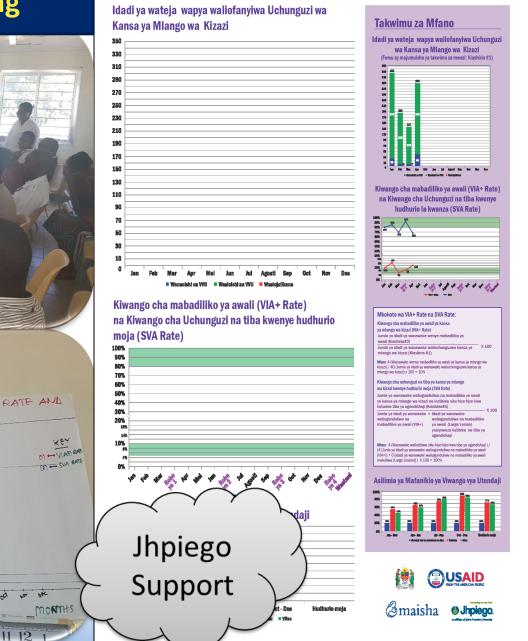
KX HIV(-)

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

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