



REPUBLIC OF BOTSWANA

MINISTRY OF HEALTH AND WELLNESS

Cervical Cancer Prevention Program Update

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Background

Implementation
Status

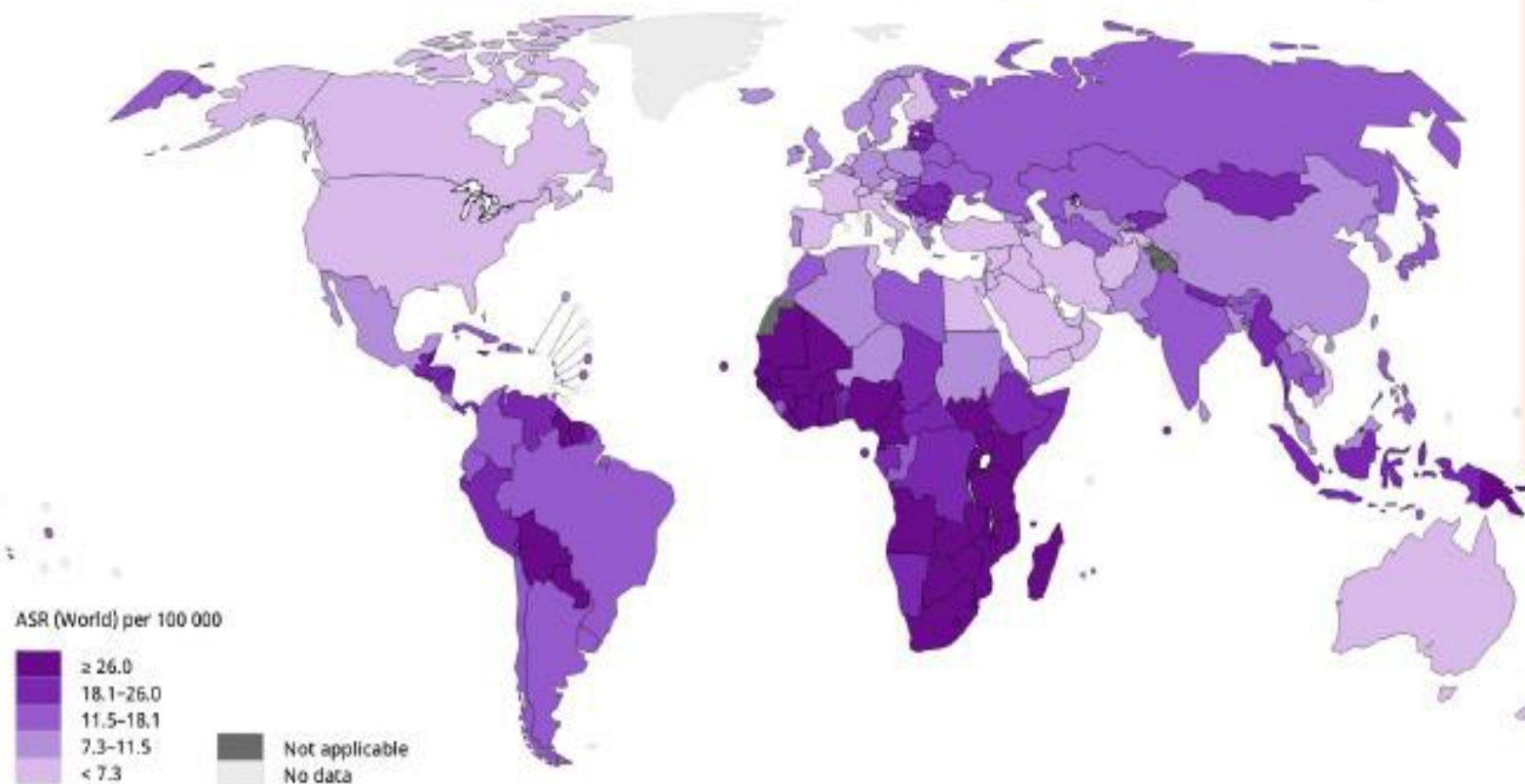
Challenges &
Recommendations



BACKGROUND

Background - The Growing Inequities of Cervical Cancer

Estimated age-standardized incidence rates (World) in 2018, cervix uteri, all ages



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Data source: GLOBOCAN 2018
Graph production: IARC
<http://gco.iarc.fr/today/>
World Health Organization

Organization
International Agency for
Research on Cancer 2018

9/10 new cervical cancer cases **occur in LMICs** where there is limited access to **vaccination** and/or **screening**

Expected to worsen by 2030

Women with HIV are 5 TIMES more likely to develop cervical cancer than their HIV-negative COUNTERPARTS

Background (Botswana National Cancer Registry)

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○ Cancers

- ✦ 23, 544 diagnosed cancer patients (Cancer registry June 2017)
- ✦ Over 1 400 cancers are diagnosed per year
- ✦ 70% of cancers diagnosed late

Cancer Mortality Profile in Botswana

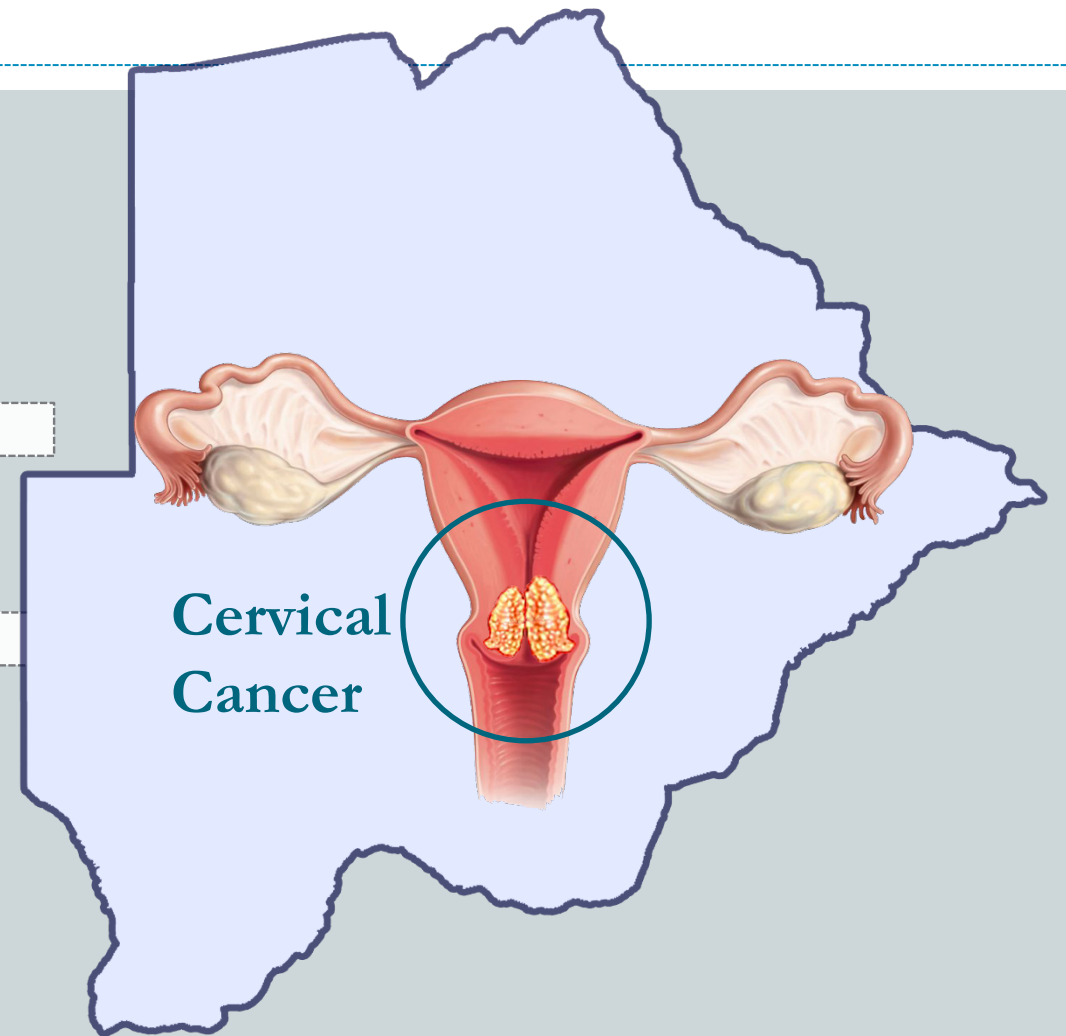
All cancer cases Top 10 (%)		Top 10 Female cancers (%)		Mortality-All cancers (%)	
KS	16.3	Cervix	27.4	KS	18.2
Cervix	15.5	Breast	16	Cervix	11.7
Breast	9.4	KS	11.8	Oesophagus	9.0
Oesophagus	5.4	NHL	3.3	Breast	7.1
NHL	3.9	Conjunctiva	3.0	Liver	5.4
Prostate	3.2	Oesophagus	2.8	NHL	4.6
Conjunctiva	3.0	Ovary	2.5	Lung	4.2
Lung	2.3	Endometrium	2.2	Prostate	3.5
Liver	2.3	Vulva	1.7	Larynx	1.7
Larynx	1.5	Liver	1.2	Ovary	1.4

Background: Rationale for Strengthening Cervical Cancer Screening in Botswana

Burden of Cervical Cancer: leading cause of morbidity and Mortality

Challenges with cytology and treatment backlog

Challenges with screening coverage and access to screening



IMPLEMENTATION

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STATUS

Primary and Secondary prevention interventions Milestones

- 2004-2009: Implementation of Cytology Screening Strategy
- 2009 - 2020: Scale-up of See and Treat services
- 2013 - 2015: Establishment of the Primary prevention interventions
- 2017 - 2019: Introduction and scale up of HPV self collection
- 2020 - 2021: Introduction and scale-up of thermal ablation



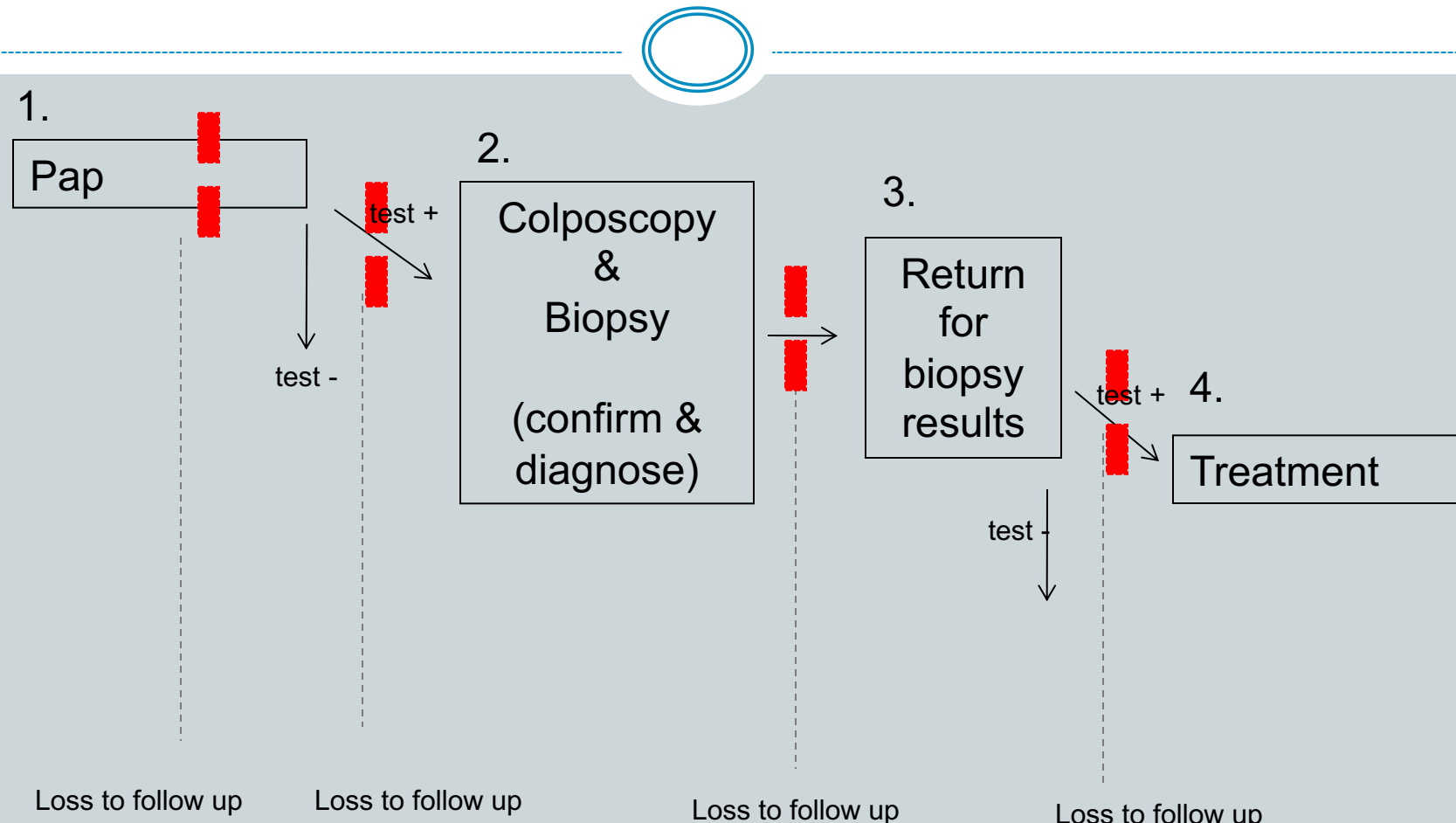
Implementation Status: Where we started

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SECONDARY PREVENTION ALGORITHMS PAST



Pap smear: barriers in past & current system



- No communication between screening & referral facilities
- No ability to recall patients for follow-up (recall system or cytology/histology registry)

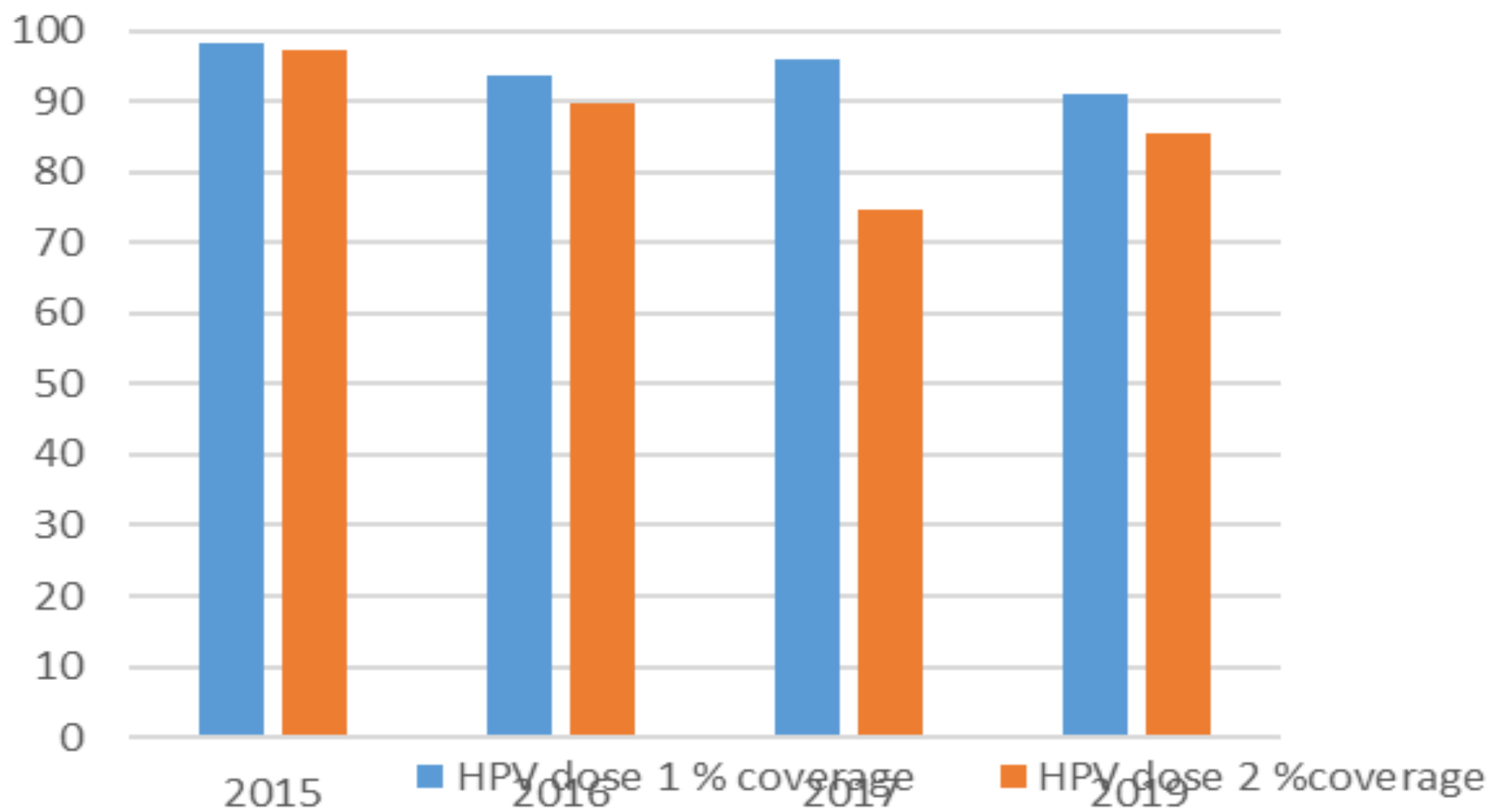
Primary prevention

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- 2013: Phase I demonstration project
- 2014: Merck donation of HPV vaccine for Phase II roll out
 - Roll out to ninety eight (**98**) schools in three districts
 - Over ninety percent (**90%**) coverage achieved
- 2015: National Roll out




Botswana HPV coverage chart 2015 - 2019



Screen & Treatment Services by District

Key

➤ VIA / LEEP 

➤ VIA only 

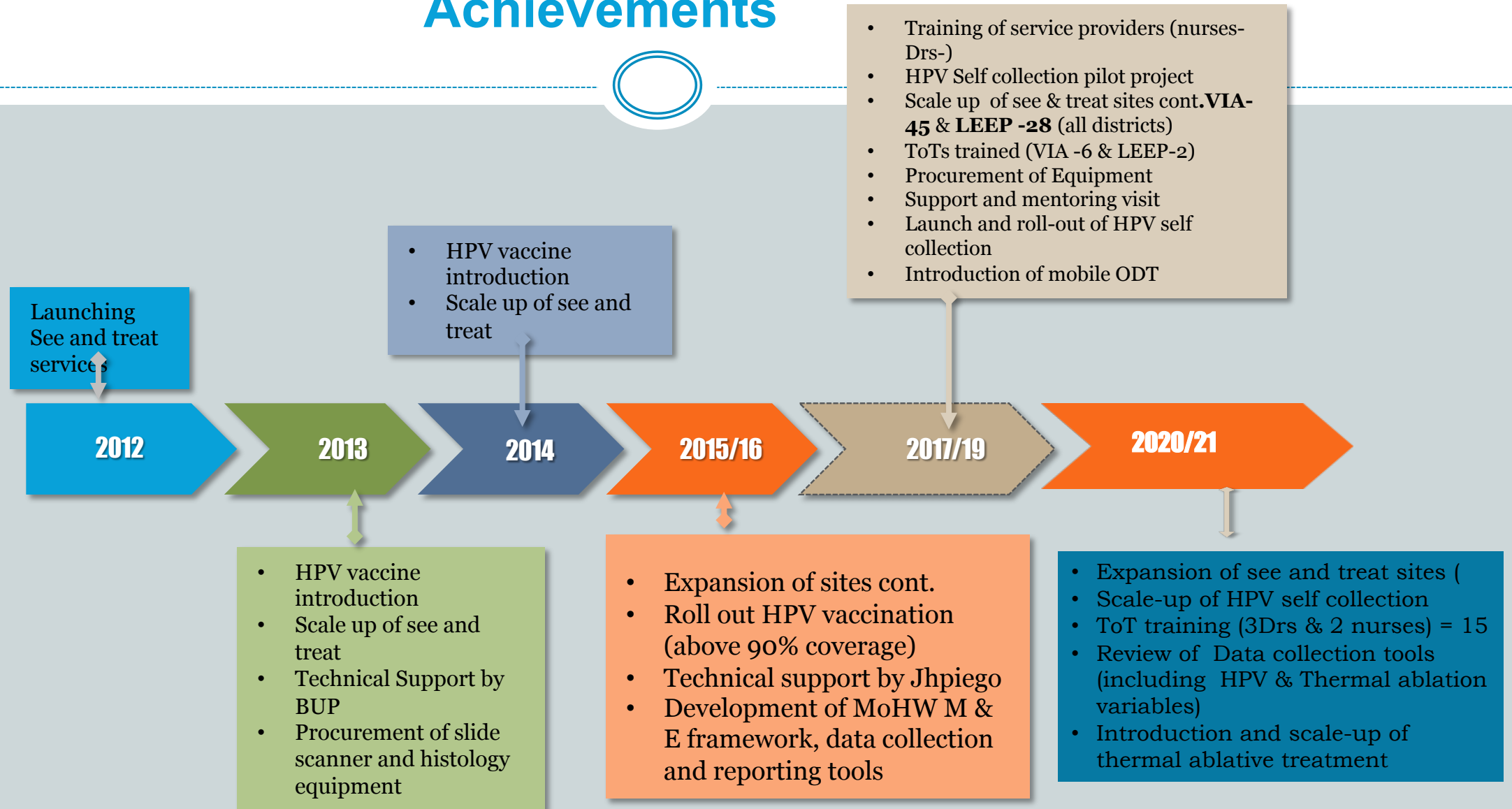
➤ LEEP only 

➤ Thermal ablation 

➤ HPV testing 



Implementation status cont: Achievements





www.jhpiego.org
2018

CECAP Training in Botswana,

Where are we ? CXCA_SCRN : Screening coverage 57%

Number of women aged 30-49

333,797

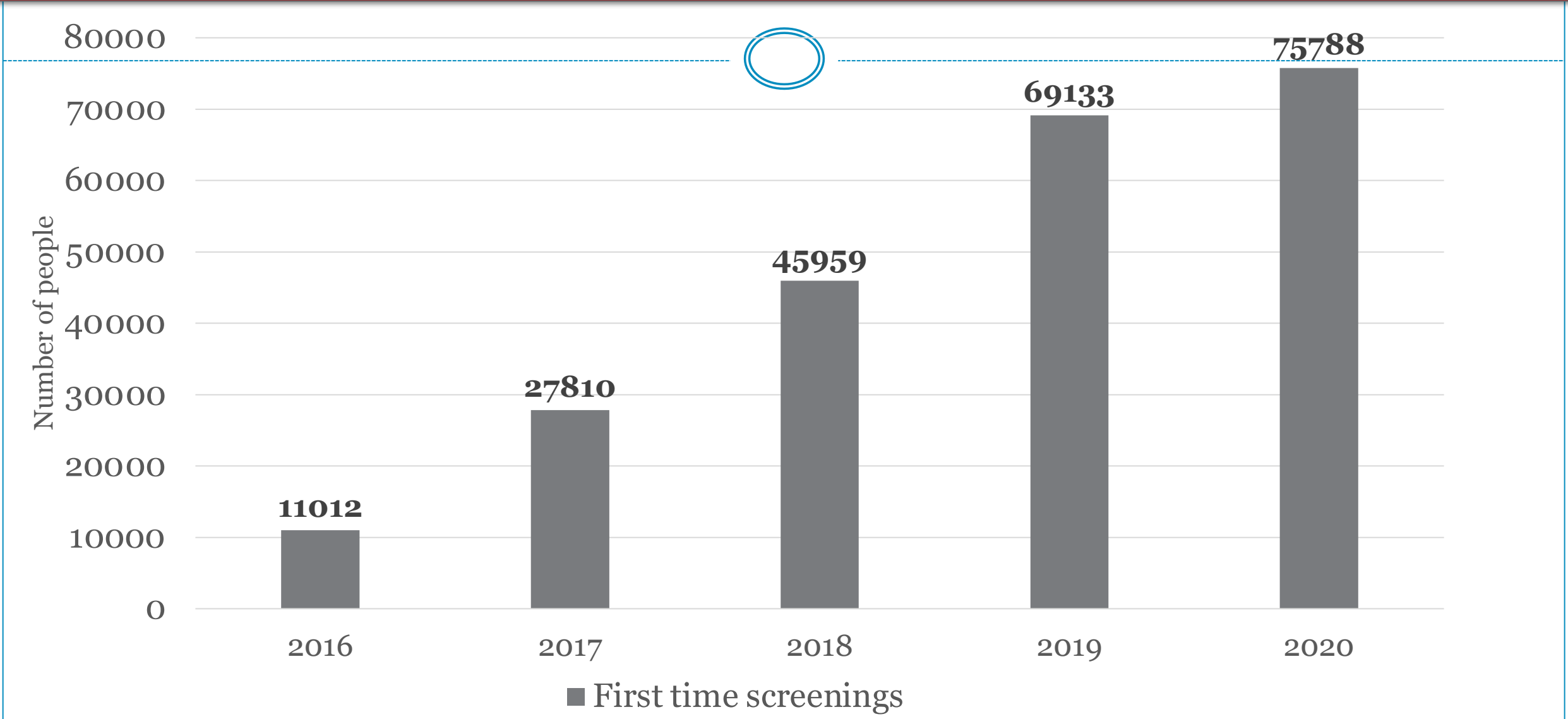
Number of women aged 30-49
eligible for screening from
2015-2020

216,968 (Target)

Number of women aged 30-49
screened at least once
(2015-2020)

123,845 (Numerator)

Where are we? CXCA_SCRN :Number of first time screenings





Challenges

Challenges

Primary Prevention

- Unavailability of HPV vaccines globally

Secondary Prevention

- Low screening coverage (HPV and Pap)
- Treatment backlog due to competing priorities and staff shortage

**LAB –HPV /
Pap/Histopathology**

- Cytology and histopathology specimen backlog
- Expensive HPV supplies

Equipment

- Frequent breakdown and delayed repair of cryoguns
- unavailability of funds

M&E

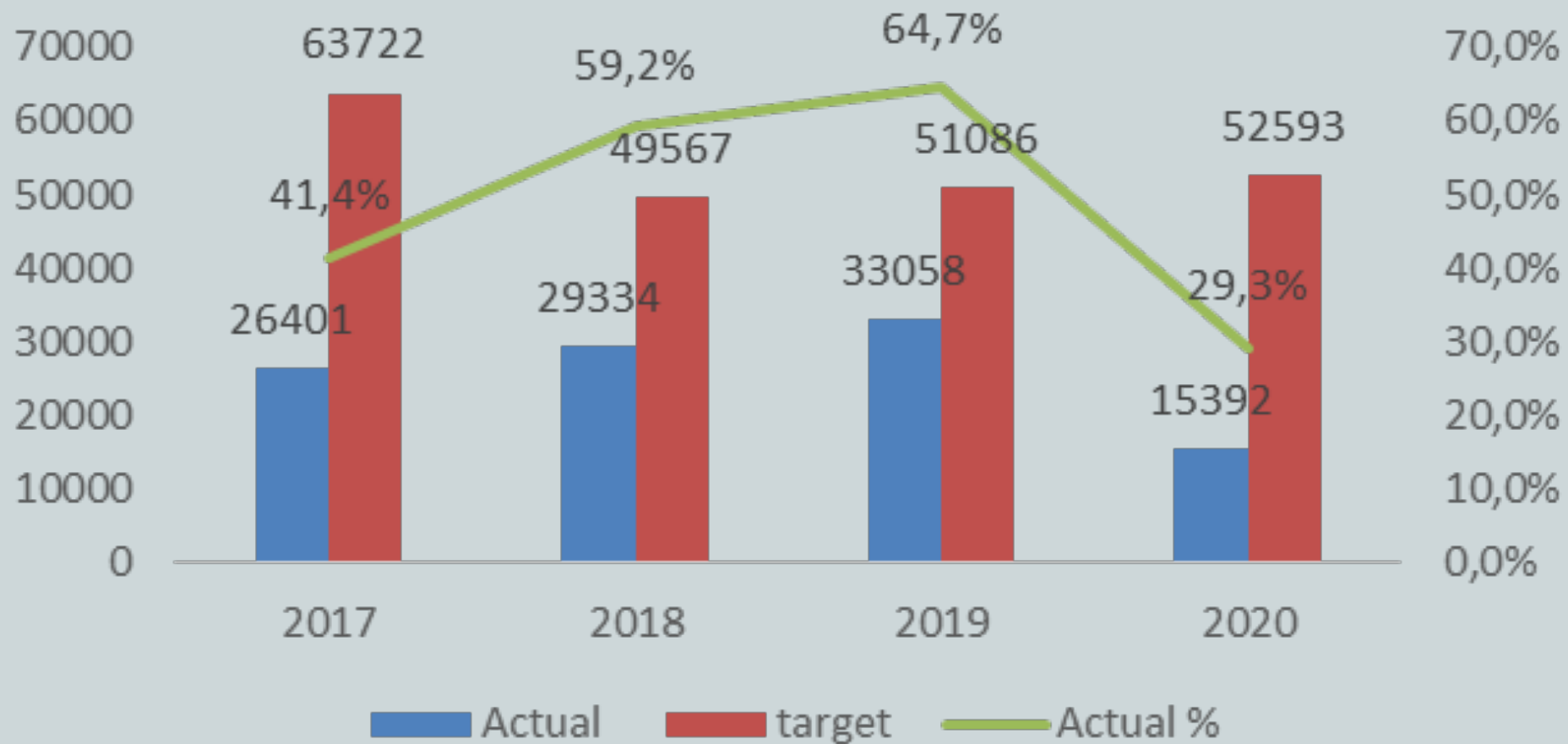
- Multiple data collection tools

HR

- Few trained nurses, doctors on VIA, Thermal and LEEP

Impact of COVID 19 on screening

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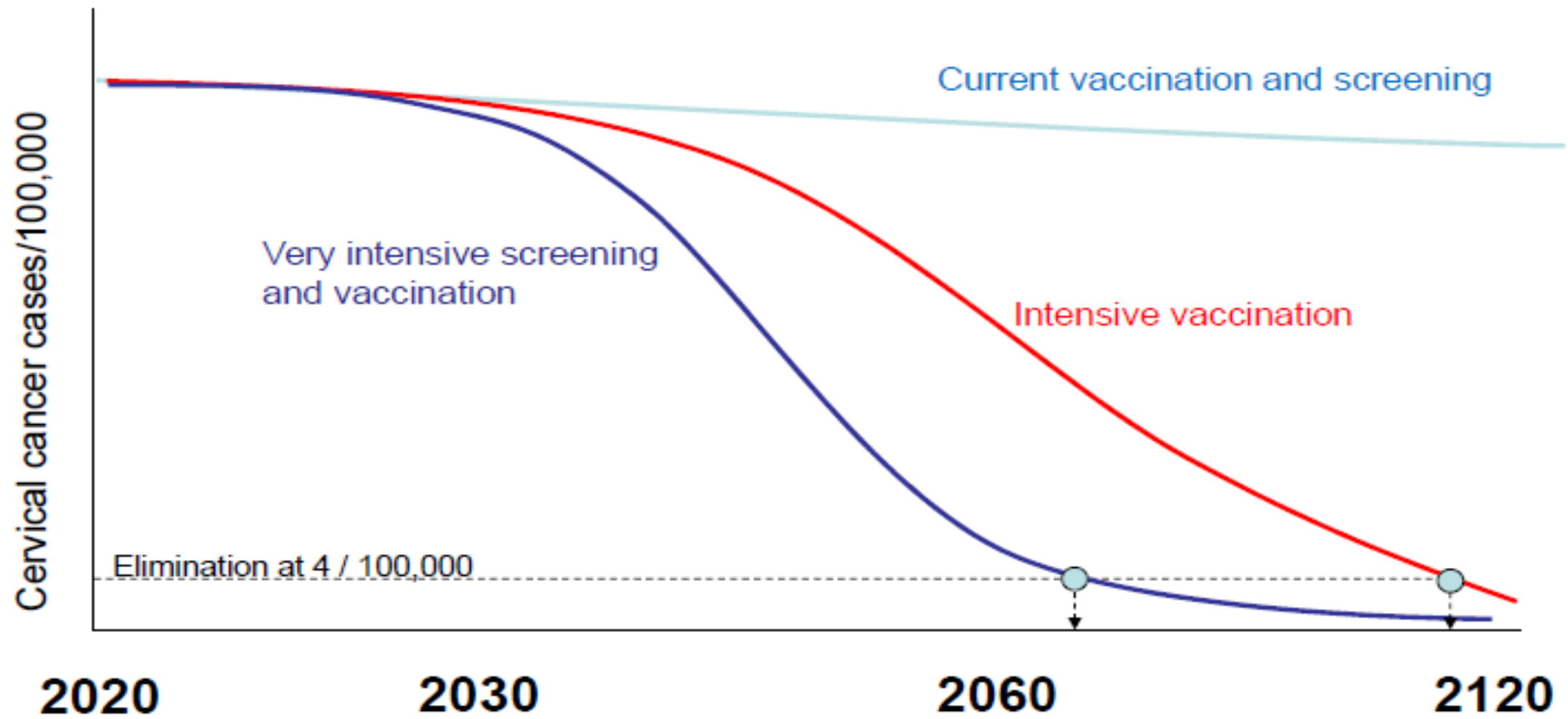


NEXT

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STEPS

Cervical Cancer Elimination: Conceptual Framework



The Architecture to Eliminate Cervical Cancer

Vision: To build a world without cervical cancer

Threshold: < 4 cases of cervical cancer per 100,000 woman-years

2030 CONTROL TARGETS

90%

of girls fully vaccinated with HPV vaccine by 15 years of age

70%

of women screened with an HPV test at 35 and 45 years of age

90%

of women identified with cervical disease receive treatment for precancerous lesions or invasive cancer

SDG 2030: Target 3.4 – 30% reduction in mortality from cervical cancer

The 2030 targets and elimination threshold are subject to revision depending on the outcomes of the modeling and the WHO approval process

Expansion of See & Treat Services (2017- 2021)



	2017	2018	2019	2020	2021
VIA/Cryotherapy/(Thermal ablative treatment-)	28	36	44	52/57	60
LEEP	18	28	38	48/35	58
Total	46	64	82	100/92	118

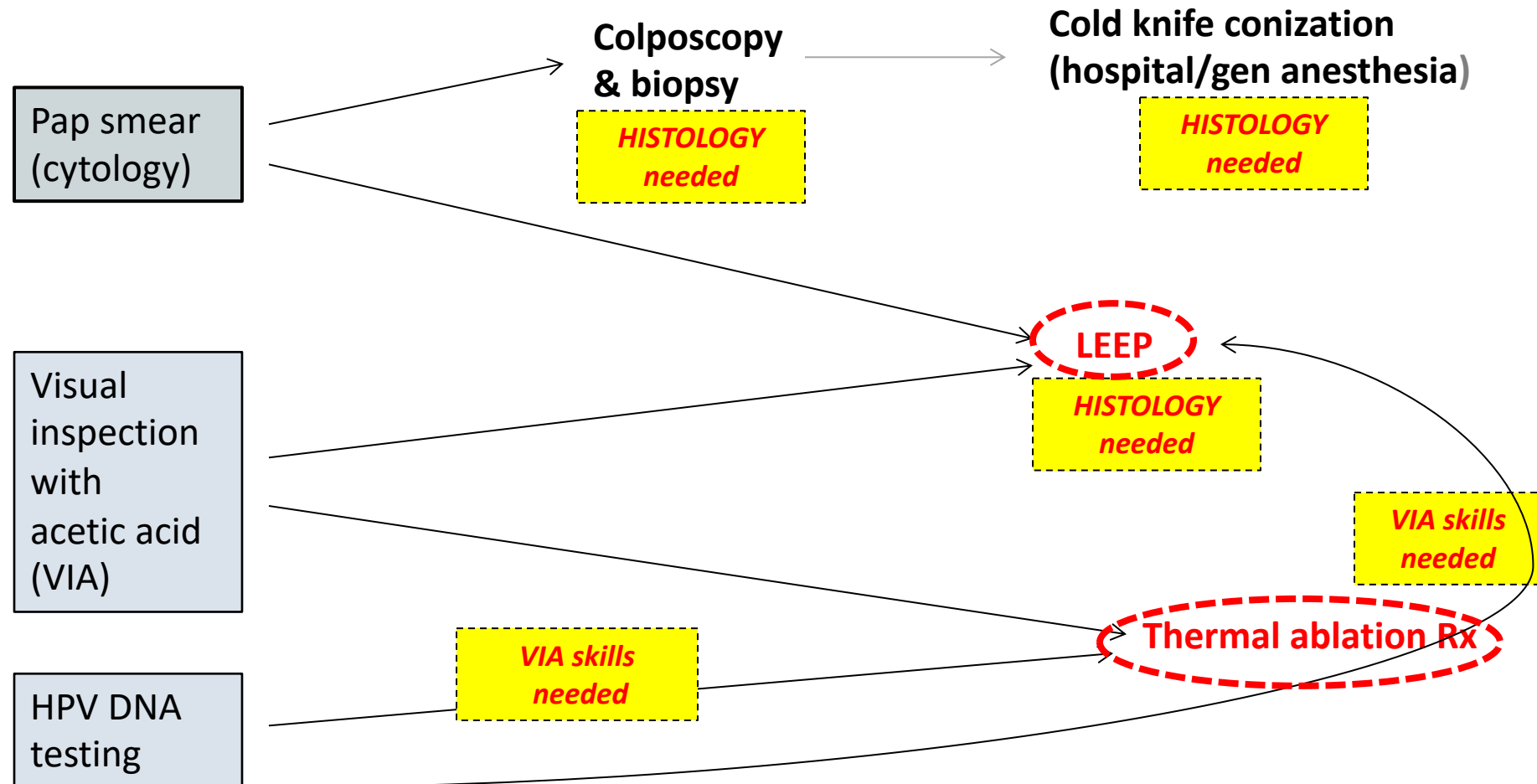
SECONDARY PREVENTION ALGORITHMS

FUTURE

SCREENING METHOD
(+ test)

DIAGNOSIS

TREATMENT



Priority Areas for support

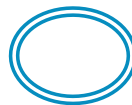
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- Expanding HPV screening and testing
- Strengthen expansion in Non-PEPFAR supported facilities (VIA)
- Support to access HPV vaccines
- Strengthen integration with other services (HIV, FP, Breast Health)

Conclusion



**Together we can prevent
cervical cancer!**



Thank you!

Vision: *A Model of Excellence in Quality Health Services.*
Values: *Botho, Equity, Timeliness, Customer Focus,
Teamwork.*

