Cervical Cancer Prevention Program Update

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BACKGROUND
Background - The Growing Inequities of Cervical Cancer

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.

Source: Globocan 2018
Background (Botswana National Cancer Registry)

- **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

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

*Ministry of Health and Wellness*  
*Cancer Registry 2012-2017*
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

STATUS
Primary and Secondary prevention interventions Milestones

- 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

SECONDARY PREVENTION ALGORITHMS
PAST

SCREENING METHOD (+ test)

Pap smear (cytology)

DIAGNOSIS

Colposcopy & biopsy

TREATMENT

Cold knife conization (hospital/gen anesthesia)

HISTOLOGY needed

HISTOLOGY needed
Pap smear: barriers in past & current system

1. Pap

2. Colposcopy & Biopsy
   (confirm & diagnose)

3. Return for biopsy results

4. Treatment

Loss to follow up

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

- 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

- HPV dose 1% coverage
- HPV dose 2% coverage
Screen & Treatment Services by District

Key

- VIA / LEEP
- VIA only
- LEEP only
- Thermal ablation
- HPV testing
Implementation status cont:
Achievements

- Training of service providers (nurses-Drs-)
- HPV Self collection pilot project
- Scale up of see & treat sites cont.VIA-45 & LEEP -28 (all districts)
- ToTs trained (VIA -6 & LEEP-2)
- Procurement of Equipment
- Support and mentoring visit
- Launch and roll-out of HPV self collection
- Introduction of mobile ODT

- Expansion of see and treat sites (• Scale-up of HPV self collection
• ToT training (3Drs & 2 nurses) = 15
• Review of Data collection tools (including HPV & Thermal ablation variables)
• Introduction and scale-up of thermal ablative treatment

- Expansion of sites cont.
• Roll out HPV vaccination (above 90% coverage)
• Technical support by Jhpiego
• Development of MoHW M & E framework, data collection and reporting tools

- Procurement of slide scanner and histology equipment
- Technical Support by BUP
- HPV vaccine introduction
- Scale up of see and treat

- Launching See and treat services

2012  2013  2014  2015/16  2017/19  2020/21
Act now!
Get information on CERVICAL CANCER
Prevention from your nearest facility

www.jhpiego.org
CECAP Training in Botswana, 2018
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

<table>
<thead>
<tr>
<th>Year</th>
<th>First time screenings</th>
</tr>
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<tbody>
<tr>
<td>2016</td>
<td>11012</td>
</tr>
<tr>
<td>2017</td>
<td>27810</td>
</tr>
<tr>
<td>2018</td>
<td>45959</td>
</tr>
<tr>
<td>2019</td>
<td>69133</td>
</tr>
<tr>
<td>2020</td>
<td>75788</td>
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## Challenges

<table>
<thead>
<tr>
<th>Primary Prevention</th>
<th>Unavailability of HPV vaccines globally</th>
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<tbody>
<tr>
<td>Secondary Prevention</td>
<td>Low screening coverage (HPV and Pap)</td>
</tr>
<tr>
<td></td>
<td>Treatment backlog due to competing priorities and staff shortage</td>
</tr>
<tr>
<td>LAB – HPV / Pap/Histopathology</td>
<td>Cytology and histopathology specimen backlog</td>
</tr>
<tr>
<td></td>
<td>Expensive HPV supplies</td>
</tr>
<tr>
<td>Equipment</td>
<td>Frequent breakdown and delayed repair of cryoguns</td>
</tr>
<tr>
<td></td>
<td>Unavailability of funds</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Multiple data collection tools</td>
</tr>
<tr>
<td>HR</td>
<td>Few trained nurses, doctors on VIA, Thermal and LEEP</td>
</tr>
</tbody>
</table>
Impact of COVID 19 on screening

- 2017: Actual 26401, Target 63722, Actual % 41.4%
- 2018: Actual 29334, Target 49567, Actual % 59.2%
- 2019: Actual 33058, Target 51086, Actual % 64.7%
- 2020: Actual 15392, Target 52593, Actual % 29.3%
NEXT

STEPS
Cervical Cancer Elimination: Conceptual Framework

- Current vaccination and screening
- Very intensive screening and vaccination
- Intensive vaccination

Cervical cancer cases/100,000

Elimination at 4/100,000

- 2020
- 2030
- 2060
- 2120
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)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIA/Cryotherapy/(Thermal ablative treatment-)</td>
<td>28</td>
<td>36</td>
<td>44</td>
<td>52/57</td>
<td>60</td>
</tr>
<tr>
<td>LEEP</td>
<td>18</td>
<td>28</td>
<td>38</td>
<td>48/35</td>
<td>58</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>64</td>
<td>82</td>
<td>100/92</td>
<td>118</td>
</tr>
</tbody>
</table>
SCREENING METHOD
(+ test)

Visual inspection with acetic acid (VIA)
HPV DNA testing

Pap smear (cytology)

DIAGNOSIS

Colposcopy & biopsy

TREATMENT

Cold knife conization (hospital/gen anesthesia)

LEEP

HISTOLOGY needed

HISTOLOGY needed

HISTOLOGY needed

VIA skills needed

Thermal ablation Rx

VIA skills needed
Priority Areas for support

- 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.