

Global Fund support for screening and treatment of cervical cancer in Zambia

By

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Zambia HIV overview

- PLHIV: 1.2 million
- HIV prevalence among adults 15-49: 12% ; **14.3%** among **female** and **8.3%** among **male**
- Annual new HIV infection: 43,000
- AIDS related death: 20,000
- HIV prevalence rate in adolescents (15-19) is 6.6%
- Young adults (20-24) : **8.3% F** & **2.0 M**;
- 40% of new HIV infections occur among 15-24 years old,
- Child marriage: 42%
- 28% of adolescents have been pregnant or given birth,
- 60% of complications from unsafe abortions occurred in 15-19 year old
- cervical cancer incidence rate of 58 per 100,000 and a mortality rate of 36.2 per 100,000 women

PRRR/MOH/UNAIDS partnership & advocacy generating political will

- Zambia is among the top 10 countries in Africa with high incidence of cervical cancer accounting for a third of all new cancer cases. WLHIV are 4-6 times at risk of developing cervical cancer.
- The former First Lady, Dr Christine Kaseba partnered with the Pink Ribbon Red Ribbon and other partners to scale up cervical and breast cancer programs in Zambia and led public mobilization campaigns especially on cervical and breast cancer, medical outreach for cancer screening among other things;
- Zambia was among the 8 PRRR supported countries selected to demonstrate screening of cervical cancer targeting women aged 25-59 and introduce HPV vaccine targeting young girls 9-14 yrs old.
- UNAIDS mobilized political commitment both MOH and the First Lady to continue scaling up cervical cancer program
- First Lady Esther Lungu also made prevention and control of cervical cancer as one of her priorities in her strategic engagement in the social sector

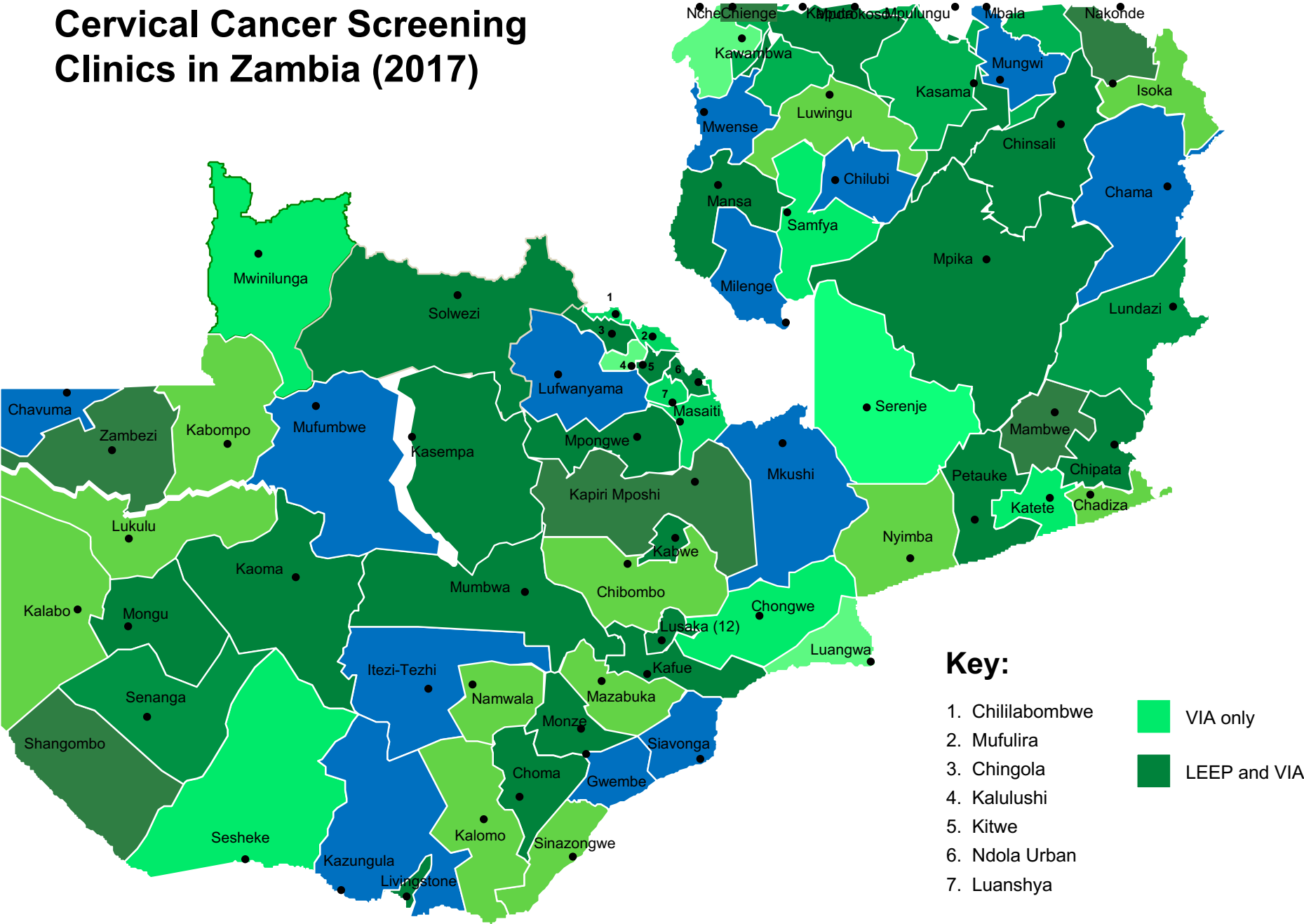
Policy Environment

- National Health Strategic Plan (NHSP 2016-2021) prioritized cancer control Programme
- A National Strategic Plan on cancer control and treatment (2016-2021) was developed and launched in 2016 by the Ministry of Health
- A national coordinator was appointed for the programme within MOH, and a technical working group formed bringing key partners, including various networks of women working on advocacy, awareness raising and technical support.
- HPV Testing, Cervical Cancer Screening Guidelines were developed

Global Fund Funding Request process

- Cervical cancer proposal was included in the HIV/TB proposal in the GF NFM (2015-2017) grant application and approved by the CCM but was not funded.
- As a result of currency devaluation and savings made in the NFM grant; \$500,000 was allocated in 2017 for cervical cancer awareness raising, capacity development and integrating screening services into ART programme.
- Advocacy with the PMU/MOH with strong and technically sound proposal, CCM approval on prioritized and impactful interventions;
- Technical and financial support from partners including UNAIDS contributed to successful reprogramming of the grant (TA)
- Then the next new Funding Request was coming (2018-2020); UNAIDS provided TA for the GF FR development
- \$194 million allocated for HIV/TB of which about \$1.4 million was for Cervical cancer programme
- In 2018 PEPFAR as part of the COP 19 allocated approximately \$3 million through CDC and USAID
- HPV vaccination is now part of the routine immunization.
- Civil society actively participating in the TWG.

Cervical Cancer Screening Clinics in Zambia (2017)



Key:

- 1. Chililabombwe
 - 2. Mufulira
 - 3. Chingola
 - 4. Kalulushi
 - 5. Kitwe
 - 6. Ndola Urban
 - 7. Luanshya
- VIA only
 - LEEP and VIA

Achievements

- Over 75 clinics in 62 districts offering screening services.
- Over 500 health workers trained; one nurse from each ART clinic works on ensuring linkages and uptake of screening for cervical cancer.
- HPV vaccine has been integrated into the national routine immunization programme.
- First cohort of 252,000 girls received 1st dose vaccine)
- On indicators, there is discussion on how to capture programme data related to cervical cancer so implementation can be monitored and disaggregated by age.

GAPS

- Weak linkages from screening to treatment
- Poor data management
 - Cancer Registry and SmartCerv, SmartcareHMIS
- Inadequate transport at national and provincial level
- Inadequate trained staff in screening and treatment

M &E and Research

- **Medical Records/ Electronic records**
 - Cancer Registry link with smartcare
 - Rollout of SmartCerv to all screening centres
 - Maintenance of SmartCerv
- **Monitoring and Evaluation, Research**
 - Supportive supervision
 - HPV vaccination Adolescent living with HIV
 - Feasibility Assessment and cost effectiveness of HPV Testing

Thank you!