

# HIV/Cervical Cancer Program Integration

USAID Boresha Afya - Southern  
Zone Project Tanzania

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# USAID Boresha Afya Southern Zone: Project Overview

## Goal

- Improved health status for all Tanzanians

## Approach

- Integrated health services delivery within health facility and across the community

## Duration

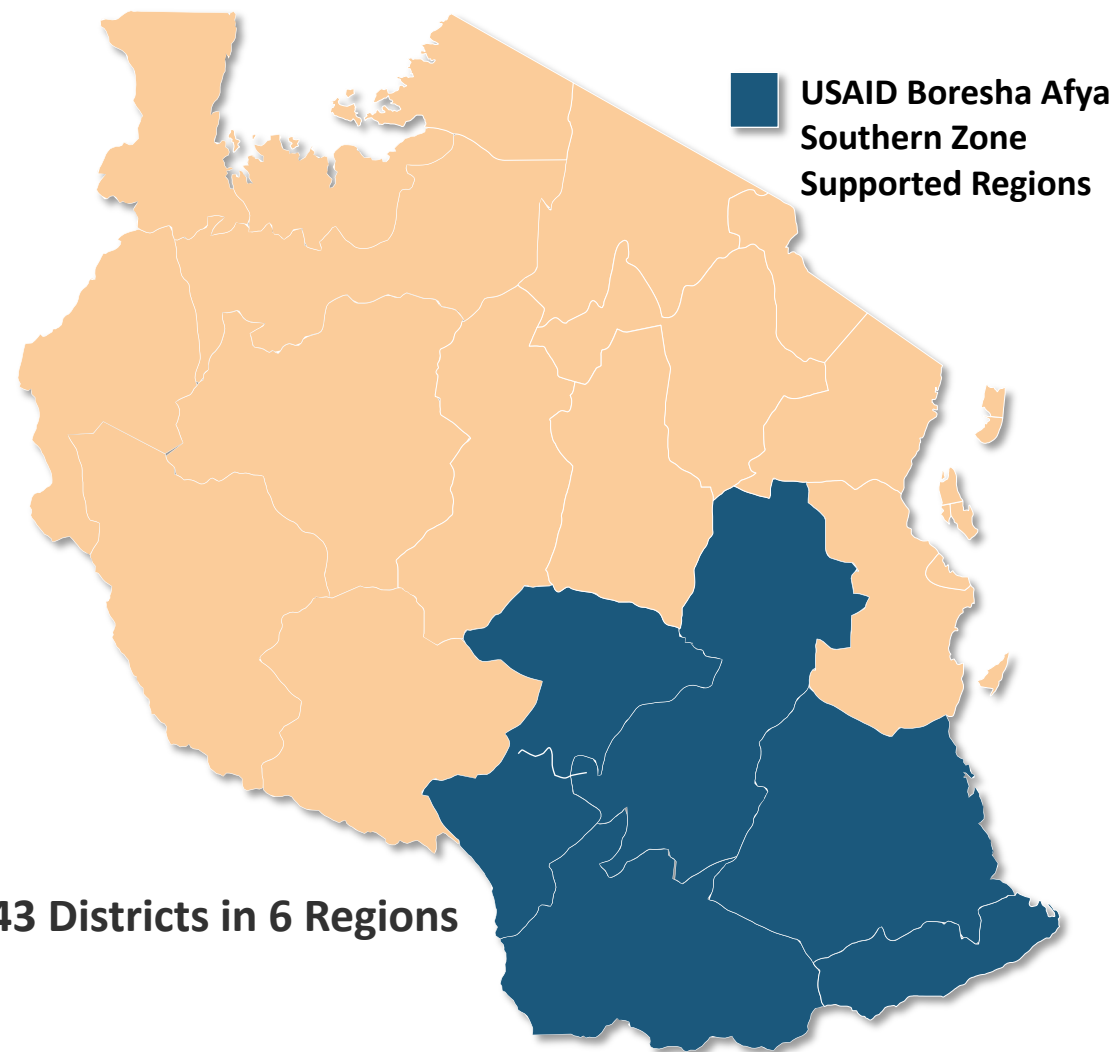
- Five years (October 1, 2016 to December 31, 2021)

## Partners

- Deloitte Consulting Ltd (Prime), FHI 360 (Technical Lead), EngenderHealth, and Management and Development for Health

## Program Scope

- HIV, TB, Malaria, Family Planning, and Maternal and Child Health



# Cervical Cancer Service Delivery: Tanzania Context

## Primary Prevention

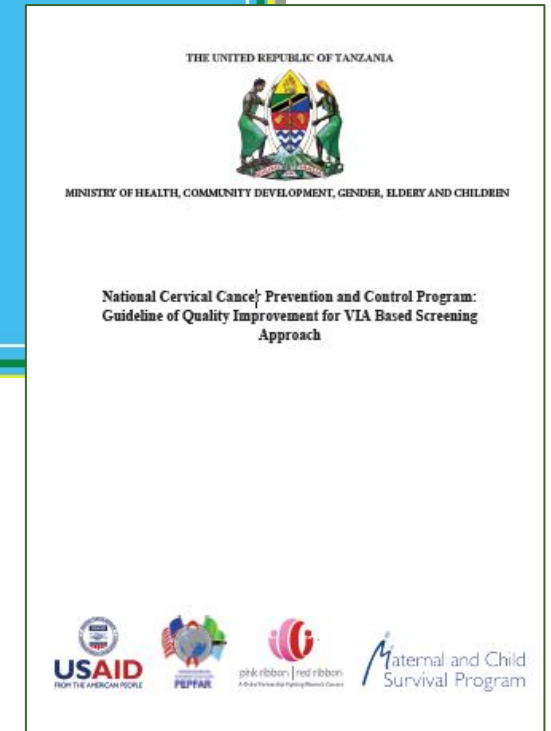
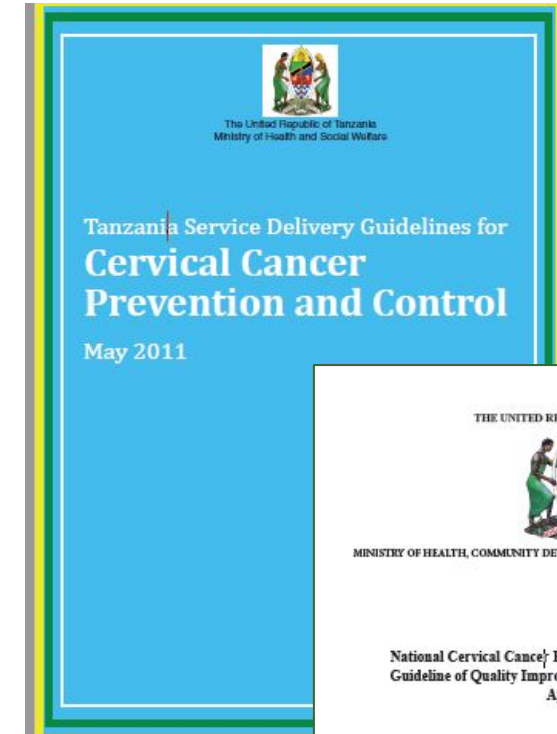
- Health education and SBCC on delaying sexual debut and condom use
- HPV vaccination for girls aged 9–13 and catch-up vaccination for sexually naïve girls and young women aged 14–26

## Secondary Prevention

- Early identification and treatment of pre-cancerous stage
- Referral:
  - ✓ Suspected cancer (for definitive diagnosis)
  - ✓ Visual inspection with acetic acid (VIA) positive, but not eligible for cryotherapy (for Loop Electrosurgical Excision Procedure - LEEP)
  - ✓ Second opinion

## Tertiary Care for Cervical Cancer

- Surgery, radiotherapy, chemotherapy, palliative



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# Secondary Prevention: *Screening - Visual Inspection with Acetic Acid (VIA)*

Provides immediate results

Linkage to treatment: ideally in a single visit approach (SVA), programmatically reduces attrition and is cost effective

Less extensive training and equipment required

Depends on visibility of squamocolumnar junction (SCJ) of the cervix

Generally, women with three consecutive negative VIA results can discontinue testing by age 60



# VIA Screening Frequency: Tanzania National Guideline

## APPENDIX 4.3 VIA FLOW DIAGRAM

### VIA Flow Diagram

VIA SCREENING				
<b>Target Age Group</b> <ul style="list-style-type: none"> <li>30–50 years of age (if HIV-, or unknown status); No age limit for HIV-infected women</li> <li>May stop at 59 years of age or older if screening is negative and no significant risk factors. Postmenopausal women may be screened with Pap smear.</li> <li>Do not deny any woman requesting screening, but assess risk factors and counsel</li> </ul>				
RESULTS				
NEGATIVE	POSITIVE	SUSPICIOUS FOR CANCER	CANNOT SEE SCJ	CERVICITIS
<ul style="list-style-type: none"> <li>Follow-up: Every 3 years, unless otherwise indicated</li> <li>HIV-positive women: yearly;</li> <li>If negative for 3 consecutive tests, screen every 3 years</li> </ul>	<ul style="list-style-type: none"> <li>Cryotherapy candidate? Lesion involves &lt;75% of cervix, can visualize full extent of lesion, cryotip can cover lesion, and does not appear severe</li> <li>Accepts treatment</li> <li>Same day treatment (cryotherapy or LEEP) or schedule for treatment in near future</li> <li>Declines treatment: counsel to repeat VIA in 1 year</li> </ul> <p><b>Note:</b> Pregnant recommend postponing until at least 12 weeks after delivery if follow-up likely</p>	<ul style="list-style-type: none"> <li>Obtain biopsies or arrange for further work-up or treatment</li> </ul>	<ul style="list-style-type: none"> <li>Recommend cytology screening, if feasible</li> </ul>	<ul style="list-style-type: none"> <li>Cervicitis without P: Antibiotic treat</li> <li>Cervicitis PID: Antibiotic and treat wks</li> <li>Antibiotic: national guidelines</li> </ul>
POST-TREATMENT FOLLOW-UP				
<b>VIA Screening in 1 Year</b> <ul style="list-style-type: none"> <li>If negative, repeat in 3 years</li> <li>If HIV-positive, continue yearly screening</li> <li>If positive, perform LEEP</li> </ul>				

## HIV Positive

- Start screening at HIV diagnosis, regardless of age, once sexually exposed
- Screen annually regardless of results; three consecutive negative results, then every three years

## HIV Negative

- Age 30–50 (can be expanded to age 25–59)
- VIA negative:** Every three years
- VIA positive:** Repeat screening in one year. If follow-up result is negative, return to screening every three years.

# VIA Screening Frequency: PEPFAR Guidance



## Monitoring, Evaluation, and Reporting Indicator Reference Guide



MER 2.0 (Version 2.4)  
September 2019

## PEPFAR Guidance

- HIV Positive
  - Age 15–49
  - **VIA Negative:** Every two years
  - VIA Positive: Post-CXCA treatment follow-up screening—repeat visit in one year

# Key Project Activities

# Key Project Activities

Engaged relevant Government of Tanzania stakeholders:  
Ministry of Health, Regional Health Authorities -  
Regional/Council Health Management Teams (R/CHMTs)

Conducted baseline assessment in all supported regions

- HRH: Availability of trained staff, when trained, type of training, etc.
- Materials: Availability and functionality of CXCA materials/equipment, M&E tools, job aids
- Space: Service Delivery Points (SDPs)

Developed and discussed activation/rollout plan with  
R/CHMTs and facility teams

Conducted joint review of SDPs for optimized access

- Created new SDPs (proximity to HIV clinic area)
- Established linkage to existing SDPs
- Revised patient flow

Led on-site orientation of providers on service delivery  
process and documentations

# Materials and Supplies



## Provision of Commodities and Supplies:

- Cryotherapy machine (new and repaired)
- Gas (CO<sub>2</sub>) cylinder
- Specula
- Light source
- Waste bins
- Supplies:
  - ✓ Vinegar (acetic acid)
  - ✓ bamboo sticks
  - ✓ Cotton swabs
  - ✓ Gauze
  - ✓ Chlorine
  - ✓ Personal protective equipment such as exam gloves, aprons, etc.



# Commodities & Supplies





Service Delivery Point Setup



# Training

Regions	Total # Facilities with CXCA Services	# of Facilities Activated by the Project	# Trained by the Project	# Individuals Trained
Mtwara	12	7	7	10
Lindi	16	12	12	48
Njombe	12	3	15	36
Iringa	23	10	20	71
Morogoro	21	12	12	23
Total	84	44	66	188

## Service Delivery Points

- Reproductive and Child Health (RCH)
- Out Patient Department (OPD )
- HIV Care and Treatment Center (CTC)

## Other Key Project Activities (cont'd)



Ongoing supportive supervision, clinical mentorship, on-the-job trainings



Quality Improvement (QI) activities



Annual maintenance of cryotherapy machine



Ongoing provision of supplies and consumables including gas refills



Routine M&E support and reporting, including joint data review and analysis



Commodity consumption forecasting and supply management

# Results



# CXCA Screening Services: HIV+ Women on ART (Q1 FY 20)

Region	Total Screened	Screened VIA Positive	Cancer Suspect	Received Cryotherapy	Received LEEP
Iringa	3626	234	3	230	3
Lindi	687	18	4	15	2
Morogoro	3175	101	36	91	0
Mtwara	1203	134	8	134	0
Njombe	1879	41	1	40	1
Ruvuma	280	25	0	25	0
Total	10,850	553 (5%)	52	535	6

5% Positivity rate

98% Treatment rate



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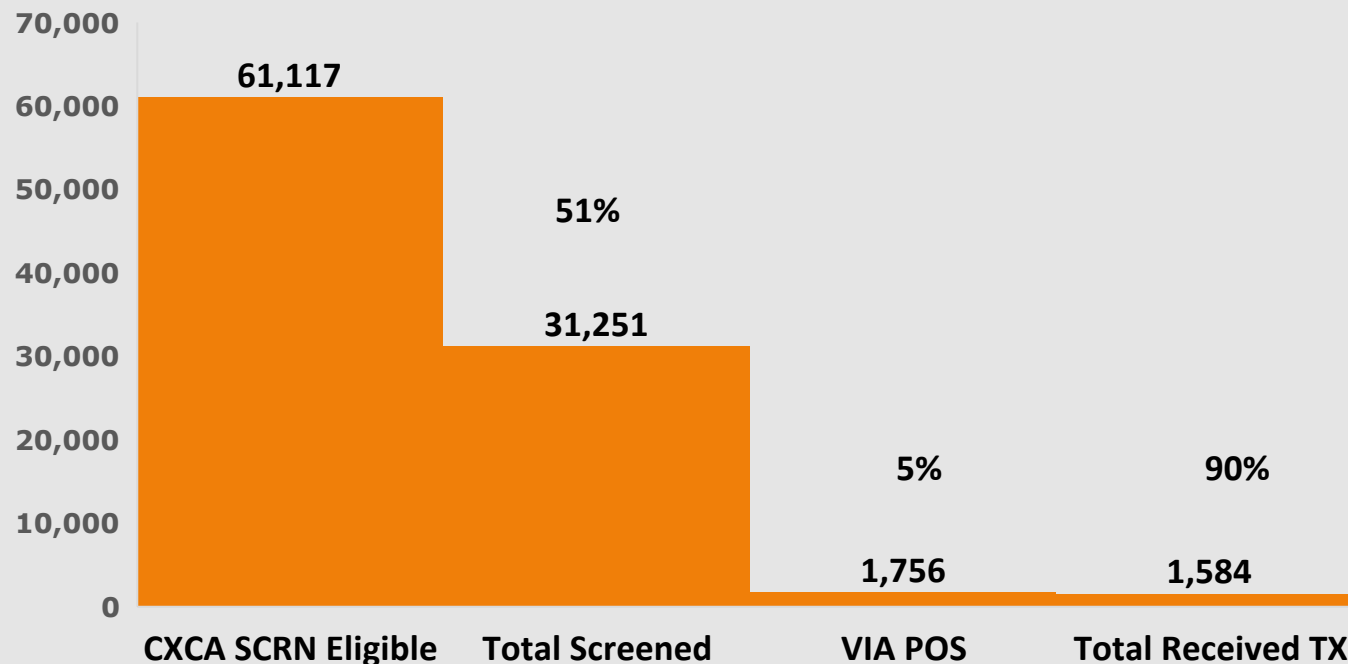


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# CXCA Screening Services: HIV+ Women on ART (Cumulative)

**CXCA Services Q1 FY 20 Cumulative**



## PEPFAR Programmatic Guidance (MER 2.4)

- Optimal Screening Rate: 50% of eligible clients (Once in 2 years testing freq.)
- Positivity Rate: 5–28%
- Treatment Rate: 90%

**Quartely CXCA  
Services:  
Women on  
ART  
(FY19 Q3 – Q1  
FY 20  
Cumulative)**

	Eligible for CXCA Screening	Total Screened	Total Screened Positive	Cancer Suspect	Total Received Treatment/ Referral
<b>Oct - Dec 19</b>	61,117	31,251 (51%)	1,630 (5%)	126 (7.7%)	1,584 (90%)
<b>Jul - Sep 19</b>	50,813	20,401 (40%)	1,077 (5%)	74 (6.9%)	1,043 (90%)
<b>Apr - Jun 19</b>	46,847	8,888 (19%)	465 (5%)	43 (9.2%)	449 (88%)

**PEPFAR programmatic guidance (MER 2.4)**

- Cancer cases: 1–2%



# What's New in FY20?

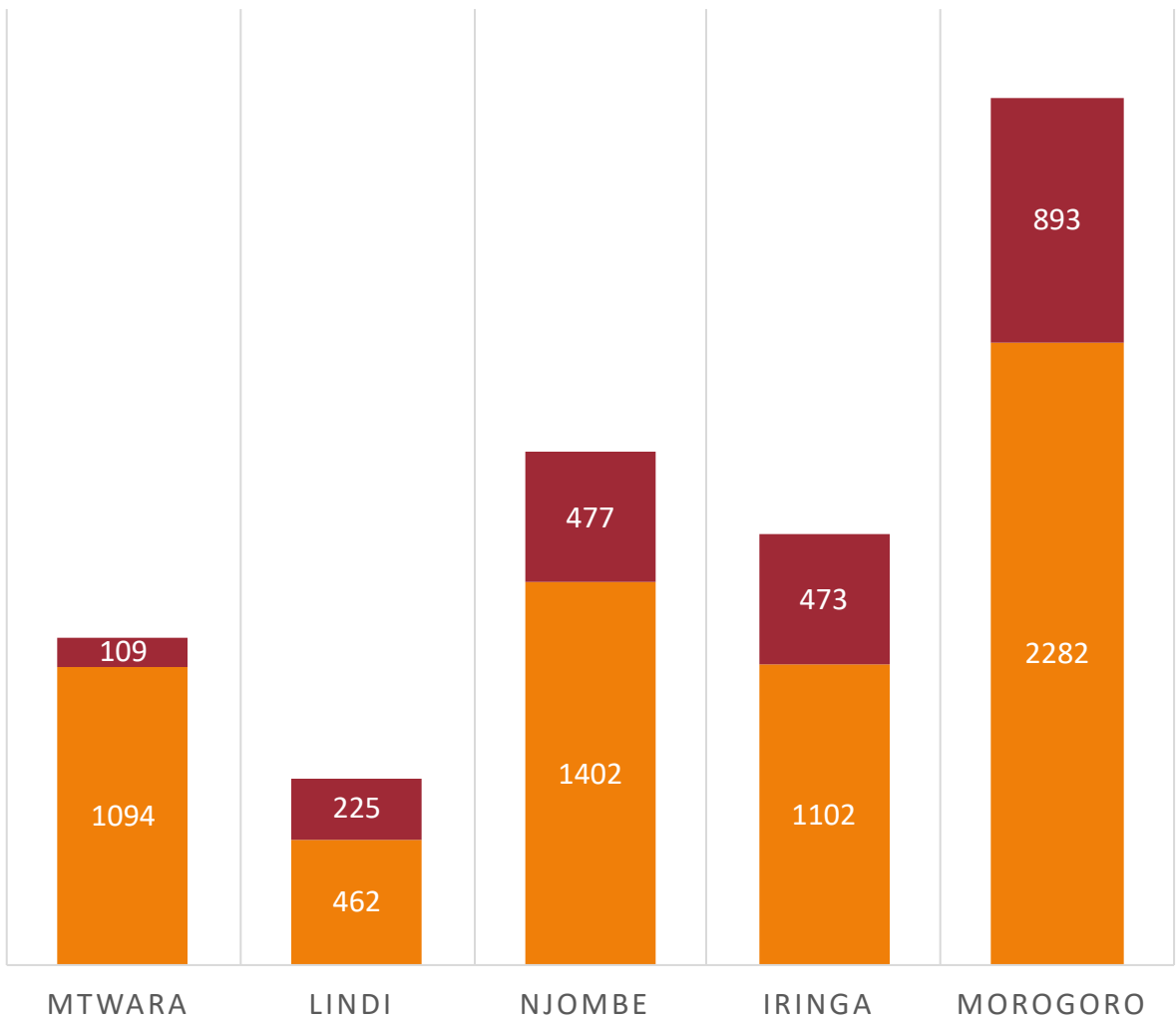
Mapped facilities (hubs and spokes based on proximity and patient volume)

Phased rollout of outreach services to peripheral health facilities without CXCA services

Weekly tracking of CXCA services cascade to improve coverage of eligible HIV clients

mHealth SMS reminders (in consideration, depending on budget)

Screened through Routine service    Screened through outreach



# Challenges and Recommendations



Challenges		Recommendations	
Poor Coverage			
<ul style="list-style-type: none"><li>84 facilities with cryotherapy machines versus 618 supported HIV centers</li><li>Centralized SDPs, especially in large health facilities</li></ul>		<ul style="list-style-type: none"><li>Outreach services</li><li>Decentralized SDPs</li><li>Active referrals for cryotherapy and other appropriate treatment options</li></ul>	
Weak Documentation			
<ul style="list-style-type: none"><li>Poor integration with national HIV services data system, no provision in patient’s care card/database, resulting in poor tracking of CXCA cascade among HIV clients</li><li>No provision for longitudinal patient level follow-up. No unique ID.</li></ul>		<ul style="list-style-type: none"><li>Manual collection of cascade data</li><li>Continuous engagement of MOH on data integration</li></ul>	
Human Resources for Health (HRH)			
<ul style="list-style-type: none"><li>Inadequate number of trained health facility providers</li></ul>		<ul style="list-style-type: none"><li>Capacity building (as budget permits)</li></ul>	
Weak Referral System			
<ul style="list-style-type: none"><li>No system for ensuring completed referral for clients referred out (suspected CA cases and clients not eligible for cryotherapy or LEEP)</li></ul>		<ul style="list-style-type: none"><li>Continue to strengthen referrals (use of mHealth referral application)</li></ul>	

## Challenges and Recommendations



**Thanks for listening**  
*Questions and Comments*



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President's Malaria Initiative