FROM PILOT TO SCALE AND BEYOND: ADVOCATING FOR CCP AS PART OF COMPREHENSIVE SRH SERVICES

Initial Pilot

- Addis Tesfa (2009-2014) started with the highest risk population
  - Ensuring CCP was in the comprehensive package of services for HIV+ women
  - Pilot included screening with SVA and LEEP services via referral
  - Community education and engagement using women groups and community networks

IMPACT

- **33,000 eligible women** to receive cervical cancer screening at 32 public hospitals.
- **2,883 women**—93% of those who screened positive for precancerous lesions—were treated with cryotherapy or LEEP.

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Scaling up in Ethiopia

- Since 2015, Experience from Addis Tesfa helped inform key policies and guidelines adopted by Federal Ministry of Health (FMoH)
  - Established a national cancer prevention and control council lead by the first lady of the country
  - CCP through SVA is now considered an essential part of a comprehensive women's health package that includes sexual and reproductive health care.
  - As part of this comprehensive package, MoH launched vaccination campaign in Dec 2018 and pledged to vaccinate **1 million 14-year-old girls** against HPV.

IMPACT

250 public health facilities, with plans to expand to **800 facilities**, or one health facility per district.

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Leveraging Lessons Learned

- Using the lessons learned in Ethiopia, Pathfinder began expanding its CCP work in 2016 to **Burundi, Mozambique, Nigeria, and Tanzania**, aiming to create a CCP network in sub-Saharan Africa.
- With support from Pathfinder, the **Ethiopian FMoH became a learning hub** to provide technical assistance, knowledge and skill transfer to the other countries for SVA, VIA, and LEEP. These approaches were adapted to address unique barriers in each country context.
- **Cross learning** between different countries at different stages for knowledge and skill transfer to support countries across the continuum from pilot to scale.

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Discussion Questions:

- What are the different barriers and facilitators to scale in your own country contexts?
- Though ideally everyone gets a comprehensive package, in reality are there certain populations that should be prioritized during initial roll out? E.g. women living with HIV.
- As UHC initiatives evolve, how can we ensure CCP is included in the essential package of services?
- Given that many of these programs are donor supported with free service provision, how can countries sustain such programs within their general health services?