



Webinar: The Power of Partnerships:
Testing Scalable Models for Cervical Cancer Elimination in Rwanda
Thursday, March 16, 2023

Participants:

- Dr. Francois Uwinkindi, Division Manager of Non-Communicable Disease Division, Rwanda Biomedical Centre
- Lacy Hubbard, President, Elekta Foundation
- Iren Kabatesi, Business Development and Projects Manager, Society for Family Health
- Nang'andu Chizyuka, Senior Associate, Clinton Health Access Initiative

Webinar recording and presentations [available here](#).

- **When you say you support women from end to end - the woman expresses desire to be screened, then you provide transportation, find her with follow up results, make follow up appointments, etc.? How will this be sustainable?**

Francois Uwinkindi (Rwanda Biomedical): Yes, it is an end-to-end project – those poor women were provided with transportation and even 10% co-payment at the health facilities for those with invasive cancer not able to pay.

- **Did you find that you had to increase capacity to treat as the number of women you arrived for screening increased? And how did you do that? Did you train local providers? Or increase number of local providers?**

Lacy Hubbard (Elekta): Yes, we trained 63 nurses and midwives to perform VIA and TA.

Francois Uwinkindi (Rwanda Biomedical): Training was a key component in this project, and the training was conducted at different levels from community health workers to gynecologists working at the hospital. They have continued providing services to women coming into routine services (after the campaign) in this particular district where the project was implemented, there was not cervical cancer screening services, it has got around 54k eligible for cervical cancer screening (30-49 years old). in 4 months, we screened 21k women around the coverage of 39%. We will continue working with ELEKTA to screen the remaining women by the end of the year!

- **What is the sustainability plan for this wonderful program?**

Francois Uwinkindi (Rwanda Biomedical): The sustainability relies on involving different stakeholders including local leaders that oversee these health facilities but also training a critical mass of providers that continue providing services at the end of the campaign. All facilities have been given required materials and equipment to continue providing services. On top of that, these are services that are being included in the benefit package for different health insurances.

- **What software was used for the electronic tracking system and what challenge should any program planning to have electronic tracking in low resource settings anticipate?**

Nang'andu Chizyuka (CHAI): The electronic system uses an open source architecture Open Medical Records and Muzima application for the tablet interface. Challenges are mainly in change management to get providers to see it as more efficient than paper systems.

- **Can anyone speak on the cost of the program? What is the rough cost estimate to implement the program?**

Lacy Hubbard (Elekta): ~\$25 per women including awareness campaign, hpv testing, via, ta, etc.

- **When is the enhance colposcopy used? Just for those that are HPV positive?**

Huaqing Li (Gynius): Yes, we do the colposcopy for the HPV positive patients only.

Nang'andu Chizyuka (CHAI): Used for HPV+ during VIA triage.