



**Webinar: Deploying Thermal Ablation Devices to
Expand Access to Treatment for Cervical Precancer**
Thursday, July 21, 2022

Participants:

- Smiljka de Lussigny, Programme Manager, Unitaïd
- Karen Milch Hariharan, Senior Director, Global Cervical Cancer and Nutrition, Clinton Health Access Initiative
- Divya Sarwal, Program Manager, Cervical Cancer Program, Clinton Health Access Initiative
- Frehiwot Birhanu, Senior Program Manager, SRMNH, Clinton Health Access Initiative
- Her Excellency, Dr. Zainab-Shinkafi-Bagudu, Chief Executive Officer, Medicaid Cancer Foundation
- Tracey Shissler, Director of SUCCESS Implementation, Jhpiego
- Dr. Veronica Reis, Senior Technical Advisor for Women's Cancers, Jhpiego
- Dr. Kiyali Ouattara, Country Director, Côte d'Ivoire, Jhpiego

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

Answered Questions

- **Q:** *Great work UNITAID and others on your efforts. how do LMIC facilities access ablation devices at subsidized cost?*

A: [Karen Milch Hariharan] Thanks so much. Please see the fact sheet on the pricing agreement terms at the link below: https://3cdmh310dov3470e6x160esb-wpengine.netdna-ssl.com/wp-content/uploads/2022/07/TA-fact-sheet_revision_07072022_upload-on-CHAI-website.pdf

- **Q:** *How are we making sure facilities which ablation devices have been donated are using them? There are several challenges of ownership. From my work, I have visited facilities with ablation devices that are not being used because of several issues including training and particularly ownership - the person trained is not a care provider and doesn't do clinical work, and other nurses didn't buy into it. This is really critical issue*

A: [Karen Milch Hariharan] Thank you for raising this. We've worked closely with government partners to position the devices at sites with high demand for screening, where there is a need for on-site treatment, and also to ensure sufficient training and ongoing mentoring for health workers on the use of the devices. This has helped to ensure usage.

- **Q:** *Lastly, efficacy rates for ablation among HIV positive women are only about 70-75%, with up to 30% failure rate at two years. How do we make sure we are communicating this nuance to front line providers and make sure HIV positive women have very robust follow-up to be able to catch these treatment failures? this is crucial to effective secondary prevention. many of them women, if not followed up adequately, show up with incurable invasive disease in 3-5 years*

A: [Karen Milch Hariharan] Thank you for raising this. We have been working to put in place appropriate patient tracking and follow-up systems so that clients receive the necessary follow-up over time. For women living with HIV, we have been integrating the cervical cancer services into ART programs, which helps to

streamline services for women, and allows health workers to follow up with women at their regular appointments.

- **Q:** *Great job on TA equipment. How much is LEEP?*

A: [Divya Sarwal] Hi thanks for your question. The Liger LEEP device is \$1,995/ unit.

- **Q:** *Was there a digital health component to the patient tracking in Malawi? Or were these paper-based forms?*

A: [Frehiwot Birhanu] We used paper-based tracking tools and coordinated with community health care workers and volunteers to trace women.

- **Q:** *Have either country had to motivate to MoH to include TA into Nurses scope of work? Also how do you motivate to MoH and clinicians that not having biopsy sample to test? Some countries do not have TA in their guidelines as it would mean redoing a scope of work for nurses.*

A: [Veronica Reis] Yes, it's very important to work on the nurse and midwives SOW to include this procedure. We have been working with MOHs for that and find openness to that

- **Q:** *1. In many contexts in SSA, invasive cervical cancer is almost a clear death sentence and also due to the cost and availability of treatment options. Could you speak to what interventions you provide to women diagnosed with invasive cancer. 2. On demand creation, there is always the hard to reach and hard to screen women. Could you please speak to strategies you have in place for hard to screen category?*

A: [Karen Milch Hariharan] Thanks very much for raising these important questions. 1) We mapped existing cancer diagnosis and treatment services across countries at the outset of the project, and have put in place the patient follow-up systems to help women access the necessary services for diagnosis and treatment. We have also been linking in with other programs that are focused on improving access to treatment for invasive cancer. 2) We've been working closely with community-based partners for demand generation in order to reach women and address common concerns about accessing screening. This will be increasingly important as we work to scale up and reach widespread coverage.

- **Q:** *Thanks for these great presentations! A quick question from Smilika's presentation - she said that thermal ablation is about 10 times less expensive than cryotherapy. What the the estimated cost of thermal ablation per treatment, now that there are cost reductions from this project?*

- **A:** [Karen Milch Hariharan] We estimate the cost at <\$0.50/treatment, based on an expected 2,000 uses of the devices. We're undertaking an analysis of the actual use figures based on our program data and will update this as needed.

- **Q:** *Can thermal ablation be used in a Single Visit Approach, so women don't need to return specifically for treatment if the screen-positive? How well accepted is this approach?*

- **A:** [Karen Milch Hariharan] Absolutely, this is a major advantage of thermal ablation, as it can be made available at the same sites performing screening and allow women to be treated in the same visit. This is very well accepted. Women have the option to schedule treatment for a different day if they prefer that, but we see a majority of women opt for same-day treatment.

- **Q:** *Are women able to get their HPV results during the same visit or must return or be informed of their results?*
- **A:** [Karen Milch Hariharan] Thanks, Megan, this is a good question. We are offering a mix of HPV and VIA screening in the program. Achieving the same visit screening and treatment is definitely easier with VIA, but we have in some cases managed to get the HPV results back the same day. More often, women do need to return for the HPV results, VIA for triage or VAT, and treatment if needed.
- **Q:** *Thank you so much, first lady Kebbi state. Pls what is the minimum you need for a treatment room?*
- **A:** [Dr. Zainab Shinkafi] Minimum Equipment? A couch, consumables, drapes, gloves, antiseptic solutions, and a thermal ablator. sink running water. screen. stool....
- **Q:** *What is the rate of self-sampling among Kebbi states women who have been screened by HPV?*
- **A:** [Dr. Zainab Shinkafi] We have not started self-sampling. We have been dealing with this belief of taking away womanhood. I do agree self-sampling will reduce that. Just as actually seeing the ablator offers some comfort. it's not a hugely complicated machine.
- **Q:** *When working on task shifting and training MDs, nurses and midwives, did the program encounter any resistance regarding training of nurses and/or midwives in thermal ablation or were MDs enthusiastic about task shifting?*
- **A:** [Veronica Reis] Thanks for the question. It varies between countries but in general task shifting/sharing has been well accepted by MD and supported by ObGyns associations.
- **Q:** *How can UNITAID assist researchers in MIC to generate local evidence to persuade policy makers to urgently adapt thermal ablation as one of the therapeutic modalities for precancerous lesions?*
- **A1:** [Karen Milch Hariharan] Please note that there is a strong evidence base for thermal ablation, and the WHO has released guidelines that support the use of thermal ablation to treat (eligible) precancerous lesions: <https://www.who.int/publications/i/item/9789241550598> I hope this will help in your country context!
- **A2:** [Smiljka de Lussigny] In addition, the approach was more on exploring best service delivery models appropriate for the context, type of facilities, providers and the integration approaches with other services. Each country looked at various service delivery points.
- **Q:** *What are the strategies to reduce the delay of the results in Nigeria after HPV test is there any loss of sight and how to do to find them?*
- **A:** [Dr. Zainab Shinkafi] We intend to start testing in state. this will make the wait in hours not weeks and months. It will also reduce cost and build local capacity.

Unanswered Questions

- *Q: How can NGOs access the thermo-coagulators and LEEP machine at the negotiated price?*
- *Q: Is there a possibility of a collaboration where these equipment will be supplied to NGOs like ours who are involved in outreach screening but don't have money to buy these innovative treatment devices. These NGOs can then be made to supply their data in return.*
- *Q: Where do we get more detail about pricing for devices in South Africa?*
- *Q: In Kenya there are many devices that are not being utilized due to no training. How are you training clinicians?*
- *Q: What type of HPV tests and units are being used?*
- *Q: @Karen - I can't agree more on your comment of "this will be increasingly important as we work to scale up and reach widespread coverage". For early stage of cervical cancer such as 1A, radiotherapy is very effective, particularly Brachytherapy. But cervical cancer is not a focus among the clinicians in high-income countries. We should look into this area.*
- *Q: I was wondering if there is/had been research looking at women's experiences undergoing TA. That is important to explore (acceptability) especially since many women decide whether to participate in cervical screening through word of mouth.*
- *Q: Are there any projects using (self-collect) same day HPV test and treat and how has that been received by HCW and women?*
- *Q: I am interested in the existing channels for sharing knowledge and securing funding for the smaller and particularly efficient organizations that have experience in introducing new technologies in very rural communities that are so underserved. Funding organizations seem to be more interested in the larger organizations working in CECAP.*
- *Q: I would like to know your experience with High Level Disinfection of the probes?*