A Tale of Two Programs: Scaling HPV Diagnostics, Self-Sampling + Pre-Cancer Treatment in Rural Kenya

TogetHER Webinar Series
June 14, 2023

Thank you for joining the webinar! We will begin momentarily. Please note that all attendees are automatically muted.
501(c)3 non-profit organization dedicated to secondary prevention of cervical cancer in low- and middle-income countries
Our Global Impact

- Women Screened: 182,527
- Women Treated: 13,095
- Healthcare Professionals Trained: 746
- Community Health Workers Trained: 1,507
- Sustainable Clinics: 106
- Countries Reached: 10

- Lebanon: Screening Syrian Refugees (15 Clinics)
- Haiti: Clinics (2 Clinics)
- Guatemala: Clinics (8 Clinics)
- Nigeria: Clinics (7 Clinics)
- Uganda: Clinics (6 Clinics)
- Tanzania: Clinics (53 Clinics)
- Kenya: Clinics (HPV Testing & Treatment Mobile Clinic)
We stop cervical cancer before it starts.

HPV testing identifies women with high-risk HPV, which causes over >99% of cervical cancer. Our mobile outreaches bring self-sample HPV tests to women in low resource communities.

We offer treatment to all eligible women to prevent the development of cervical cancer. Our mobile clinic brings treatment anywhere.

Women requiring higher levels of care are linked to advanced services. Trained social workers help bridge the gap between referrals and accessing care.
Community-Based HPV Testing & Treatment

Mobile Health for Mamas
MOBILE HEALTH FOR MAMAS IMPACT
OCT 2021-MAY 2023

14,321
WOMEN TESTED

2,956
WOMEN TREATED
Kisumu, Kenya

BACKGROUND

- Cervical cancer is a leading cause of death for women in Kenya with 3,200 documented deaths in 2020, ~9 women/day (1)
- < 20% of eligible women in Kenya have ever been screened with ~12% screening coverage in Kisumu County (2)
- 17.4% HIV positivity rate for WRA in Kisumu County (3) (>3x the national average (4))
- ~117,000 women between ages of 30-49 in Kisumu County (2)

(2) Kisumu County Department of Health
(3) County HIV estimates, NASCOP, 2018
OBJECTIVES

Demonstrate an effective and scalable model of community-based HPV testing and treatment including linkages to advanced care.

Key Indicators:
- Testing Uptake
- CHV Yield
- Sample Integrity
- Treatment Uptake

Other Considerations:
- Cost
- Resources
- Sustainability
METHODS

Design:

- Eligible Women 30-49 years
- Self-sample HPV testing with risk stratification
  - Type 16
  - Type 18/45
  - 31/33/35/52/58 (alpha-9 HPV group)
  - 39/51/56/59/68 (high risk other)
- Atila Biosystems Powergene 9600 Plus PCR System (Mountainview, CA)
- Adopted WHO’s “screen, triage, and treat” approach (3)

(3) WHO guidelines for screening and treatment (2021). Retrieved April 14, 2022, from https://apps.who.int/iris/bitstream/handle/10665/94830/9789241548694_%20ng.pdf?sequence=1
METHODS

Mapping
Households Resources

Training
81 HCPs, 1,246 CHVs/CHAs, 6 Lab Techs

Education + Awareness Campaign

Test Kit Distribution + Collection

Referral Linkages

Scheduled Treatment Mobile Clinics

HPV +

Text/Call with Results

Samples Processed

cure.cervicalcancer.org
TIMELINE

8,309 SAMPLES COLLECTED

16 SAMPLE COLLECTION DAYS
**Results: High Testing Uptake**

Women offered testing: 11,256

- **Accepted Testing** 8,309
- **Declined Testing** 2,947

74% of women took the HPV test.
Results: Promising Yield Per CHV

Average samples collected per CHV: 22.5
Average # Test Kits Given to CHVs: 29.5

76.2%
Results: High Sample Integrity

OVERALL SAMPLE INTEGRITY

- Invalid: 111
- Inadequate/failed: 869
- Quality Samples: 7329

88.2%
Results: HPV+ Follow-Up (N=2,260)

**WOMEN TREATED**

- Tx (Thermo): 1,207
- LTF: 913
- Referred HCF: 73
- Pending Tx: 31
- Ineligible Tx: 20
- Declined Tx: 16

**58%**

Total HPV+ women: 2,260

HPV+ women who came to an outreach or HCF: 1,316
LINKAGES TO ADVANCED CARE

2.5% of women were referred for large lesions / suspicious for cancer.

59.4% of those women attended their primary referral appointment.

CCC SUPPORT
- Client Navigator
- Transport
- Treatment
- NHIF
Importance of County Health Department Engagement

Need to emphasize Urgency + Value of treatment

Standardize doorstep education

Importance of Client Navigation for Referrals
KEYS TO OUR SUCCESS

TARGETED CAMPAIGNS

COMMUNITY BASED

HEALTH SYSTEMS STRENGTHENING

MOBILE
HPV Results (N = 13,424)

- HPV+18: 770
- HPV+16: 750
- HPV+Other: 2580
- HPV Negative: 9324

30.5% Positivity
4,100 women
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Implementing an HPV Self-sampling Program

Ellen Starr
Executive Director

Patrick Mbugua
Clinical Specialist, Kenya
Mission
Prevent cervical cancer in coffee regions

Approach
We work
• within the public health system
• In very rural communities
• with local field staff
• with strong connections to the community
Values

- Quality
- Innovation
- Community Engagement
- Flexibility and Nimbleness
- Dignity, Compassion and Respect

Fundamental belief in social justice - that no woman should die from a preventable disease
Launching an HPV Testing Program
HPV Self-sampling in Sidama
HPV Self-sampling in Nyeri County

Kenya
Goals
To identify operational best practices in very rural settings that result in
• community acceptance
• minimal loss to follow-up for results notification
• minimal loss to follow-up for treatment
• quality lab processing
• comprehensive data collection
Potential challenges

- Recruitment
- Education – full buy-in
- Self-sampling technique
- Transport – cold chain
- Lab procedures
- Patient notification
- Patient with positive results reaching treatment site
Models

Current Multi-visit Approach:
• Community based screening, multiple locations
• Test kits transported to lab within 1 day
• Tests run over following week
• Notification of results by phone, SMS or CHPs
• Women testing positive scheduled for TX

Piloting Single Visit Approach:
• 50+ women screened in their community in morning
• Tests transported to lab and run midday
• Women come to health facility in afternoon for results and treatment if needed
Caring for the Caregiver
At the Market
What’s ahead

- Moonlight screenings
- Support groups
- County legislators
- Rural health posts
Question & Answer

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