



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



CureCervicalCancer Team



Patricia Gordon, MD
Founder & Board Chair



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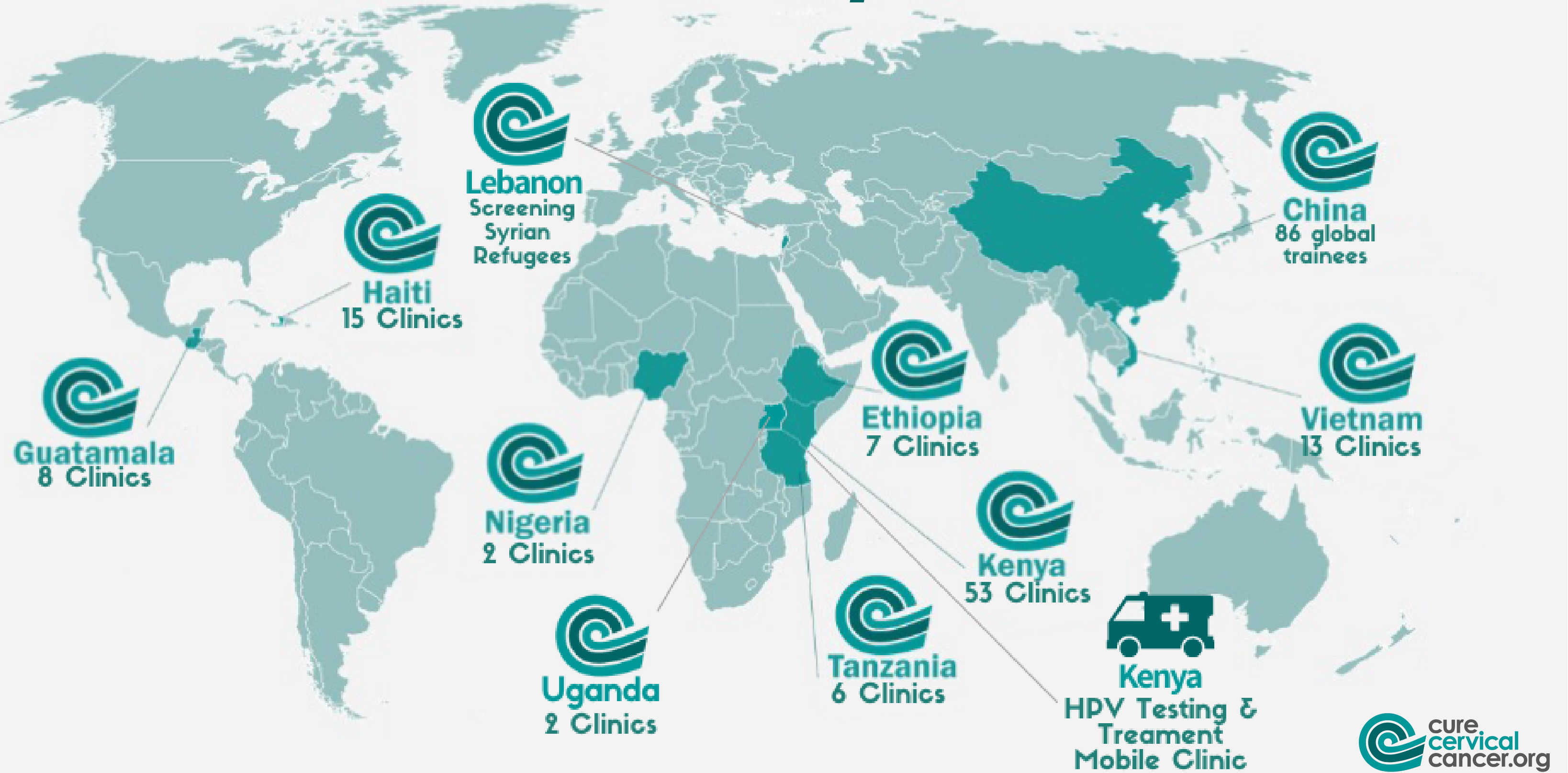


Millicent Olayo
Client Champion



McKenna Stoudemire
Program Coordinator

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

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.



TREAT

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



LINK

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

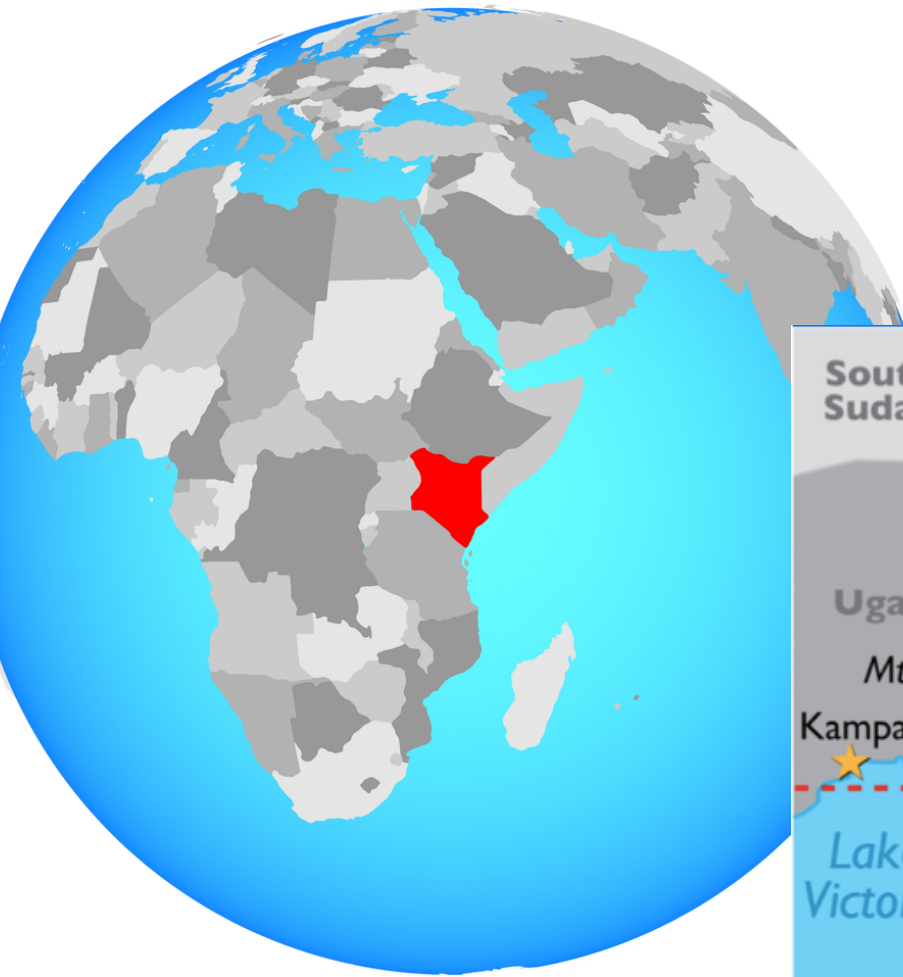
OCT 2021-MAY 2023



14,321
WOMEN TESTED

2,956
WOMEN TREATED

BACKGROUND



Kisumu, Kenya



- 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)

(1) Kenya Cervical Cancer Profile - cdn.who.int. World Health Organization. (2021)

(2) Kisumu County Department of Health

(3) County HIV estimates, NASCOP, 2018

(4) National AIDS and STI Control Programme (NASCOP), Preliminary KENPHIA 2018 Report. Nairobi: NASCOP; 2020

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)

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

TIMELINE

8,309

SAMPLES COLLECTED

16

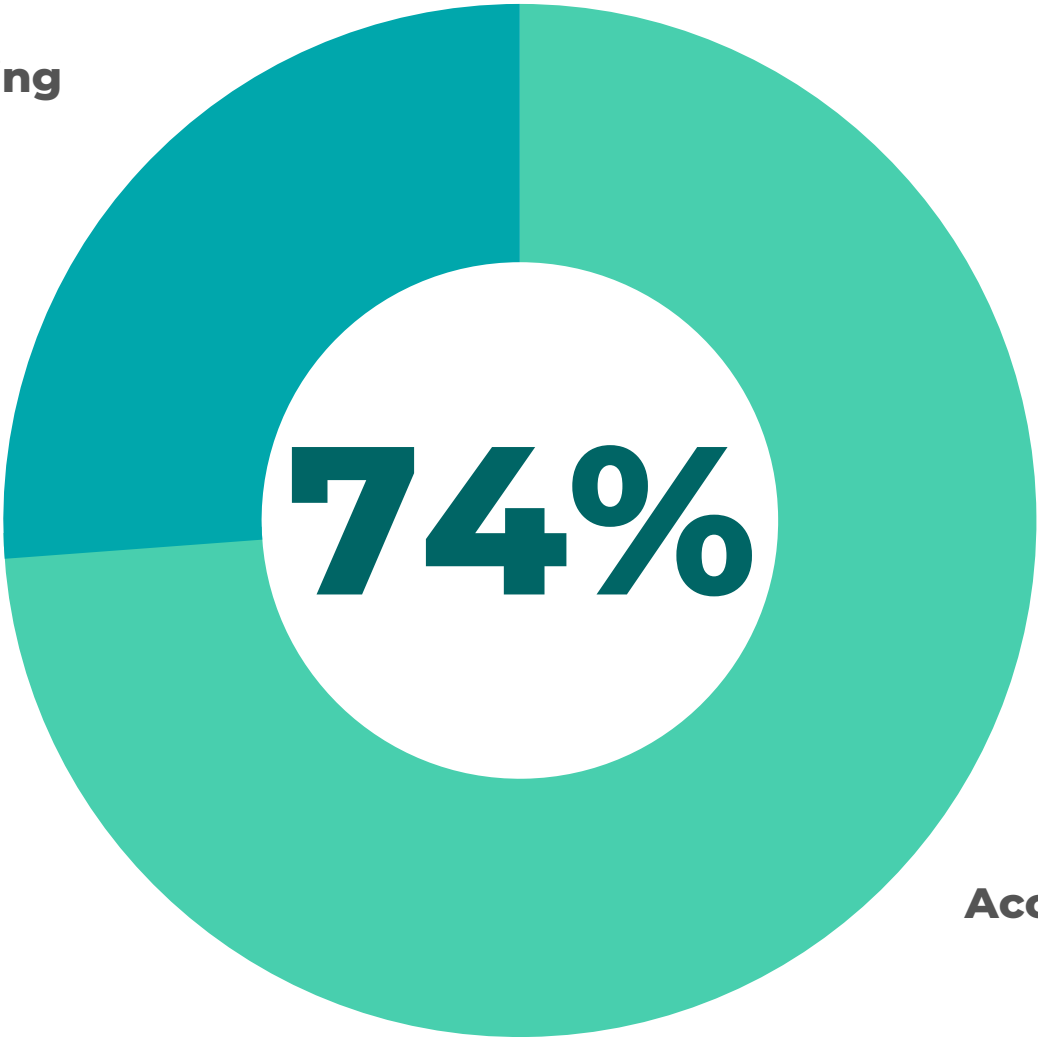
SAMPLE COLLECTION DAYS



Results: High Testing Uptake

WOMEN WHO TOOK THE HPV TEST

Declined Testing
2,947



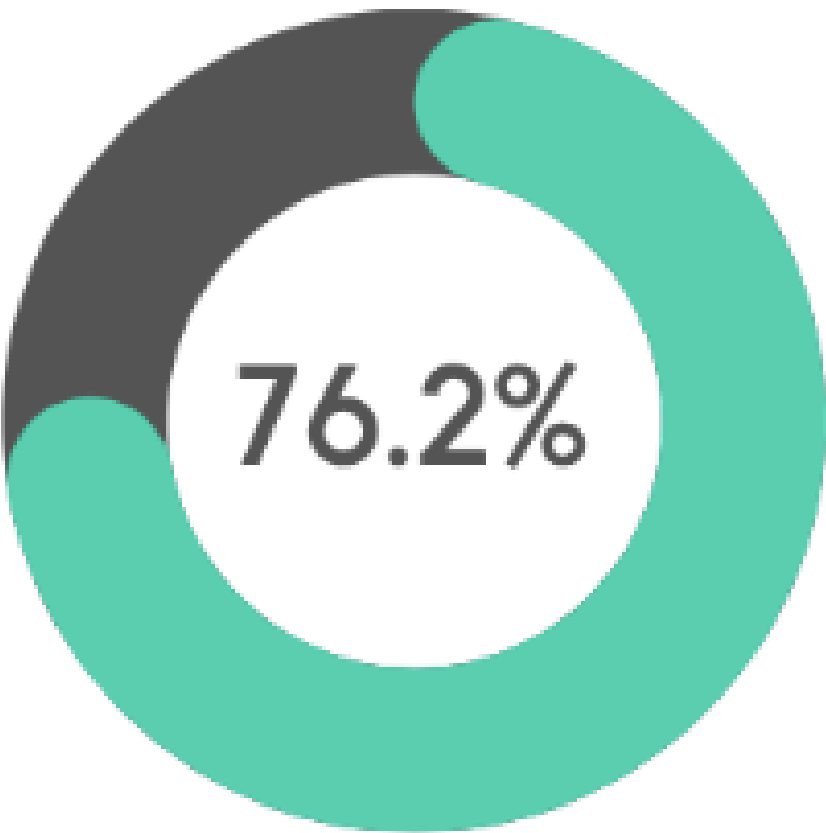
Accepted Testing
8,309

Women offered testing: 11,256



Results: Promising Yield Per CHV

AVERAGE YIELD PER CHV

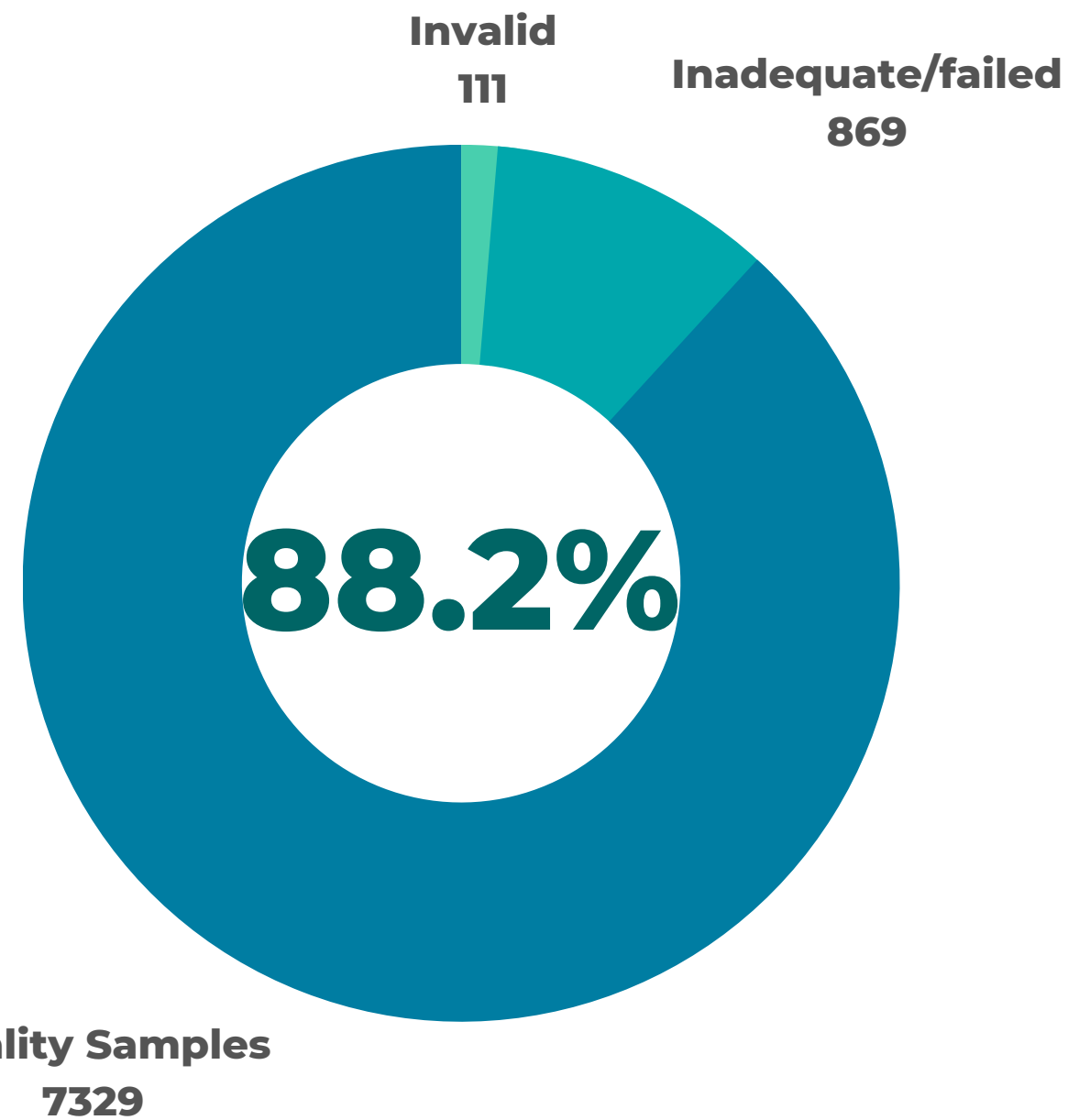


Average samples collected per CHV- **22.5**
Average # Test Kits Given to CHVs - **29.5**



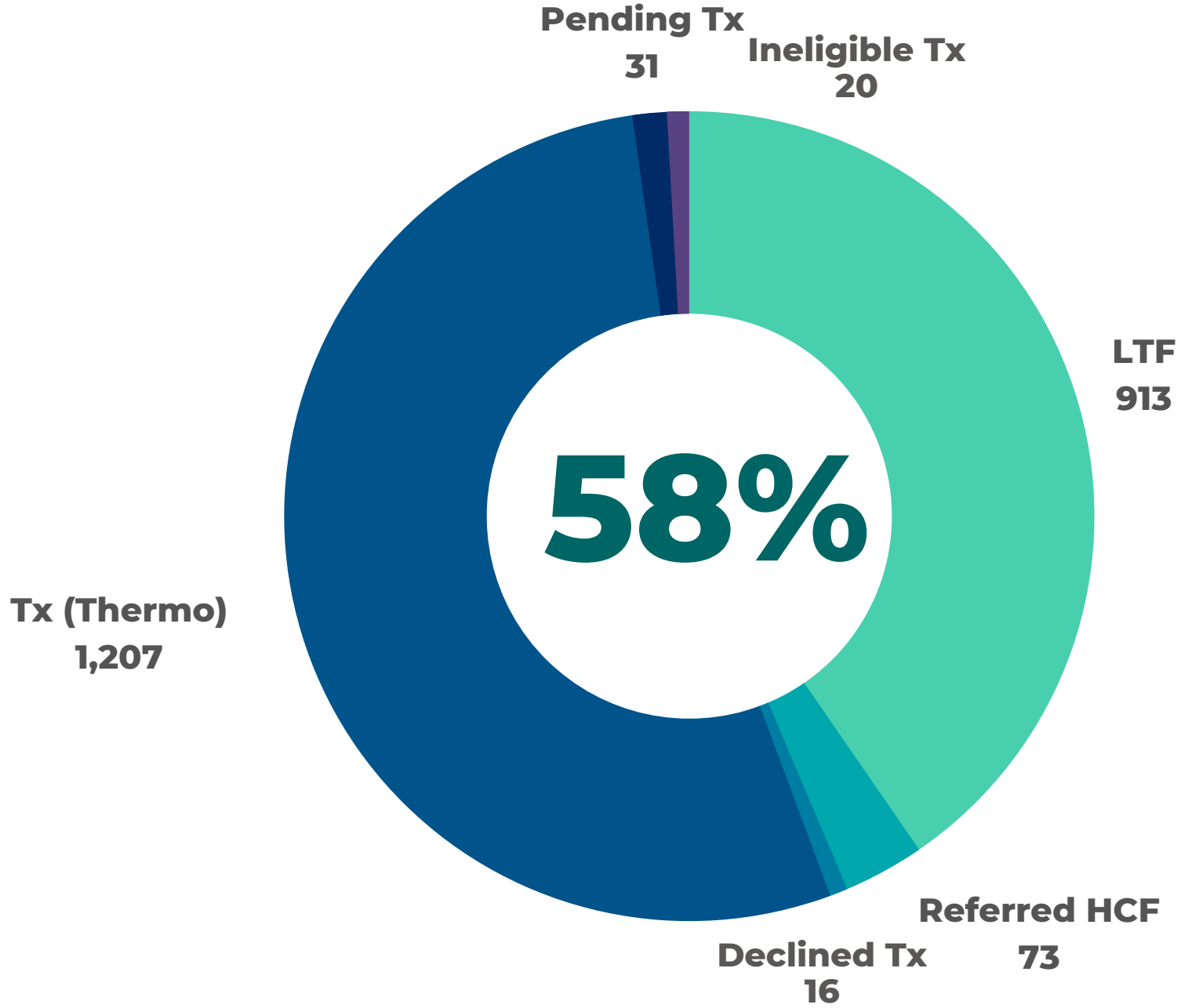
Results: High Sample Integrity

OVERALL SAMPLE INTEGRITY



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

WOMEN TREATED



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



KEY LEARNINGS

- **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



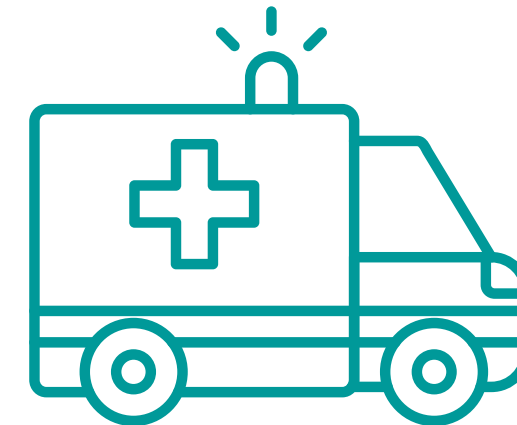
**TARGETED
CAMPAIGNS**



COMMUNITY BASED



**HEALTH SYSTEMS
STRENGTHENING**



MOBILE

THANK YOU!



CONTACT



INFO@CURECERVICALCANCER.ORG

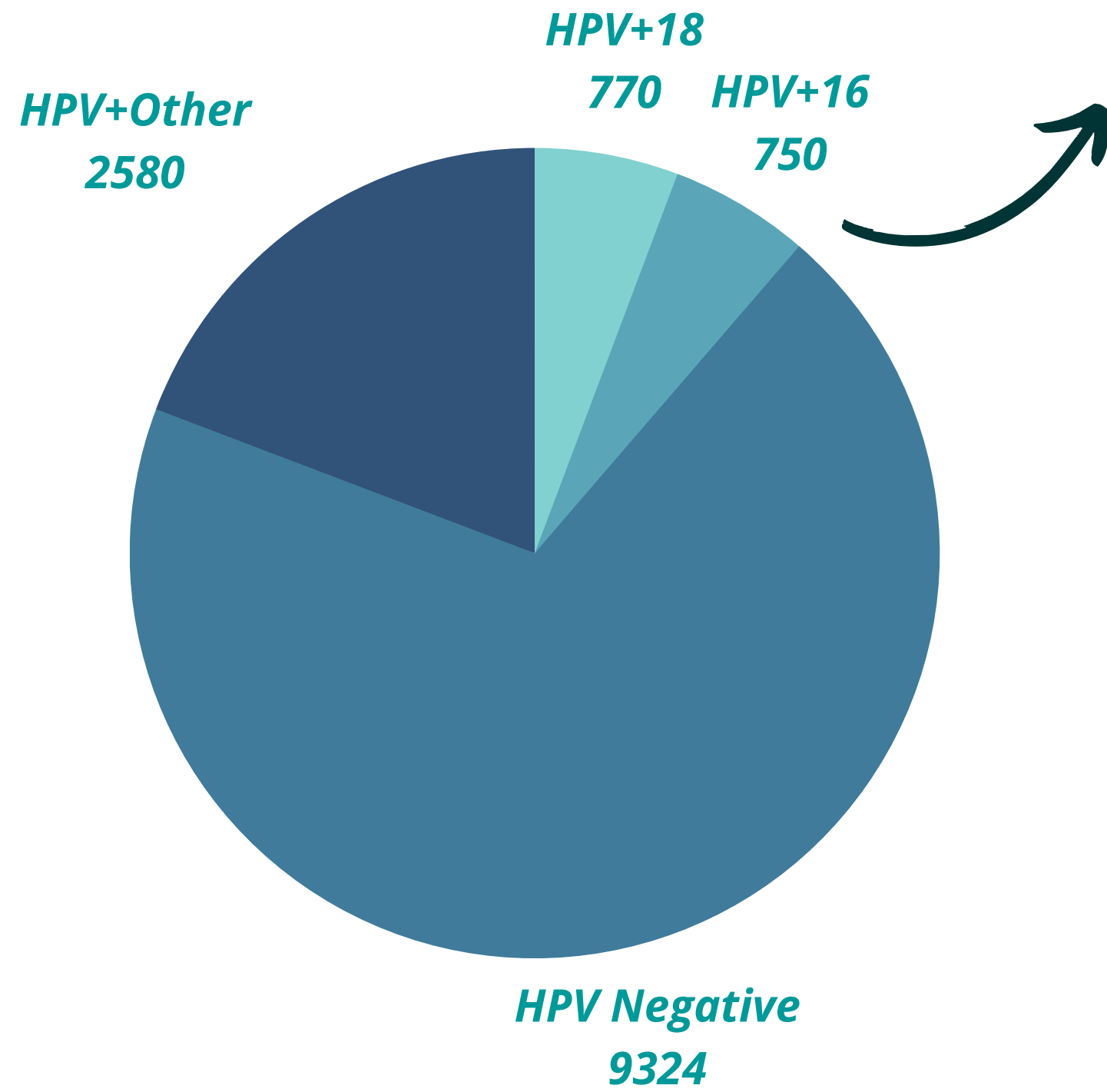


WWW.CURECERVICALCANCER.ORG



HPV Results (N =13,424)

30.5% Positivity
4,100 women





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Grounds
for Health™

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



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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