Thank you for joining the webinar! We will begin momentarily. Please note that all attendees are automatically muted.
Power of Partnerships in Rwanda

We can eliminate cervical cancer
Rwanda’s commitment to eliminate cervical cancer

Targets for 2030 that will help to reach the goal of less that 4 cases per 100,000 women-years in 100 years

- **90%** of girls fully vaccinated with HPV vaccine by 15 years of age
- **70%** of women screened with a high precision test by 35 and 45 years of age
- **90%** of women identified with cervical disease receive treatment and care

- Country has already achieved the vaccination target and will keep it high
  - 93% young girls are vaccinated (national vaccination program since 2011)
- Screening and treatment of pre-cancerous lesions prioritized
  - HPV DNA based screening and treatment of pre-cancerous lesions at primary health care level
  - Inclusion of cervical cancer screening in health insurance schemes
- Management of invasive cervical cancer is being strengthened
  - Local gyno-oncology fellowship training program
  - Radiation therapy capacity
  - Diagnosis and treatment covered by health insurances

- High political will
- Strong and interoperable digital systems to enable tracking of implementation progress and achievements
- Multisectoral collaboration
- Long term and meaningful partnerships
Cervical cancer screening in women 30-49 yrs old

70%

Of all women screened using a high-performance test by 35 years of age and again by 45 years of age

- 60% of health facilities have functional cervical cancer screening services
- 465,000 women screened since 2017 (HPV and VIA mixed)
- Screening through periodic screening campaigns covering a whole district and during routine services.
- Treatment coverage of cervical pre-cancerous lesions: 91%
Strategies

- **Integrated service delivery** with active health programs; reaching WLHIV through ART clinics, general population through maternal and child health services

- **Demand generation** during routine services & district-wide screening campaigns, involving CHWs, media, local leaders

- **Expanded HPV testing** via integration of sample referral into existing testing platforms from Health Center to District Hospital testing Laboratory, testing within existing platform (Abott, Cobas 4800)

- **Decentralization of treatment of precancerous lesions** to primary level (HC) with involvement of nurses & midwives doing Thermal ablation

- **Training, mentorship and supervision** to build health worker skills on screening and treatment

- **Electronic patient tracking systems** to follow up with women and ensure service provision across continuum of care
Develop an enhanced model by stress testing 20000 women from rural villages

- High throughput in HPV test and accuracy in VIA
- Woman-centered care (time, distance and cost)
- Scalable model for Rwanda and other countries
- End-to-End approach
  - Screening and treatment
  - Cancer detection and advanced treatment
  - Community-based care for cancer patients
Workflow
SBC (Social Behavior Change) Approach

Stakeholder engagement and coordination:

• 53 Local authorities in Gicumbi District, project coordinators/implementers, representatives of RBC, CHAI and SFH gathered to discuss their anticipated role and contribution towards the success of the project and have a common understanding on their respective assignment.
Capacity Building:

- 9 SFH project coordinators and SBC officers were trained to support the campaign process;
- Community Health workers and representatives of PLWHIV were provided with basic information on cervical cancer. Their role was to sensitise eligible women in their catchment area to go to nearby health facilities for cervical cancer screening.
Key SBC Channels and Results

20,417 eligible women were reached through community mobilisation

On average 510 women were reached per day

2,363 Community Health Workers trained

Through door to door; Radio talk shows; Radio spots; Mobile sound system; Markets; Special group gatherings
Capacity Building in “See and Treat”

### Training Approach

**Phase 1**
- **Intensive Didactic Training conducted by national trainers**
  - One week theory
  - On-site practical sessions supervised by trainers at provider’s home facility

**Phase 2**
- **Continuous on the Job Mentoring by National mentors**
  - First round of mentorship immediately after training practical session
  - This is followed by sessions targeted for facilities with identified gaps.

### Results

- Expansion of screening service access points from to 24 health centers 1 hospital and 4 health posts.
- HPV diagnostic network set up in the district
- Set up of functional information management system
- Integration of enhanced VIA using colposcope into existing training model.
- Set up of referral pathway

### Training Cohort

- **National Trainer**: Drawn from a pool of certified cervical cancer screening trainers with experience screening with VIA and cryotherapy
- **Mentor**: Drawn from pool of national mentors
- **Providers**: Facility based providers (1 OP nurse, 1 midwife, 1 FP, 1 HIV) Laboratory technicians, Data managers
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<th><strong>Sustainability</strong></th>
<th><strong>Challenges</strong></th>
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<td>• MoH adopted training approach approach</td>
<td>• Laboratory training required extended periods in order to achieve goals</td>
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<td>• Costed National scale up plan for Cervical Cancer secondary prevention</td>
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<td>• National Cervical Cancer Monitoring and Evaluation system set up in the district.</td>
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<td>• Established national screening program model which is being supported by other partners</td>
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Invest in Digital Health

- Tablets at POC connect to a central health system to enable real-time review of key indicator and study data
- Barcode system in HPV testing to improve women’s privacy and faster turnaround
- Mobile colposcope offers magnified VIA to enhance visibility of cervix, improving accuracy of treatment
Together, we can eliminate cervical cancer