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The Power of Partnerships: Testing Scalable Models for Cervical Cancer Elimination in Rwanda

Together Webinar Series

March 16, 2023

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

Power of Partnerships in Rwanda



Rwanda's commitment to eliminate cervical cancer

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

90%

of girls fully vaccinated
with HPV vaccine by 15
years of age

- Country has already achieved the vaccination target and will keep it high
- 93% young girls are vaccinated (national vaccination program since 2011)

70%

of women screened
with a high precision
test by 35 and 45 years
of age

- 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

90%

of women identified
with cervical disease
receive treatment
and care

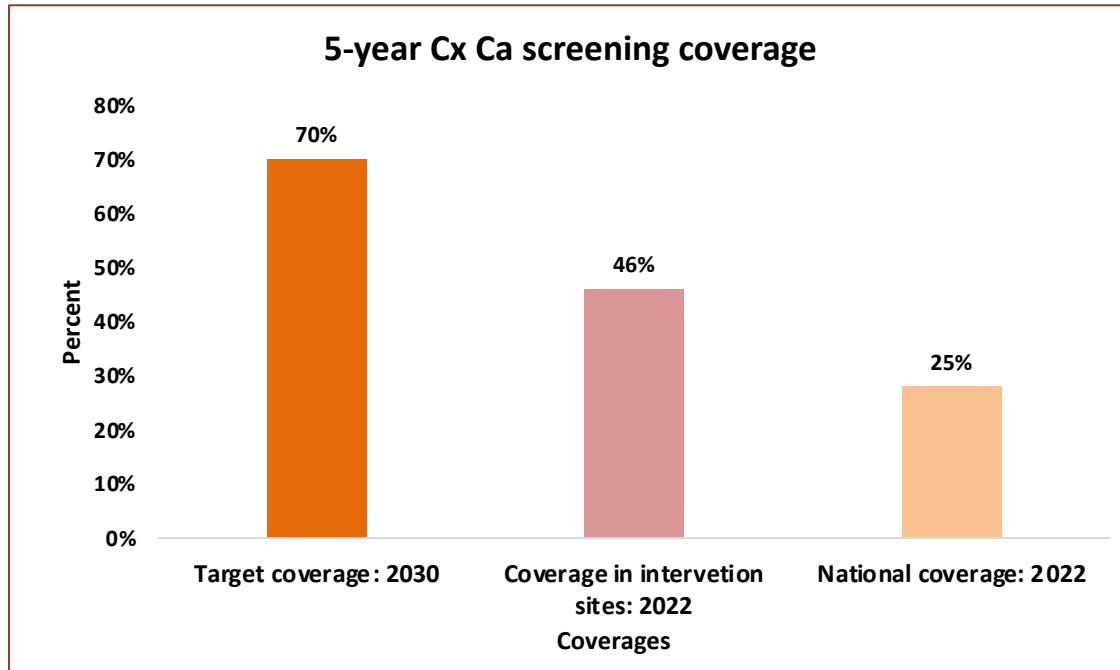
- Management of invasive cervical cancer is being strengthened
- Local gynecology fellowship training program
- Radiation therapy capacity
- Diagnosis and treatment covered by health insurances

- ✓ 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%**

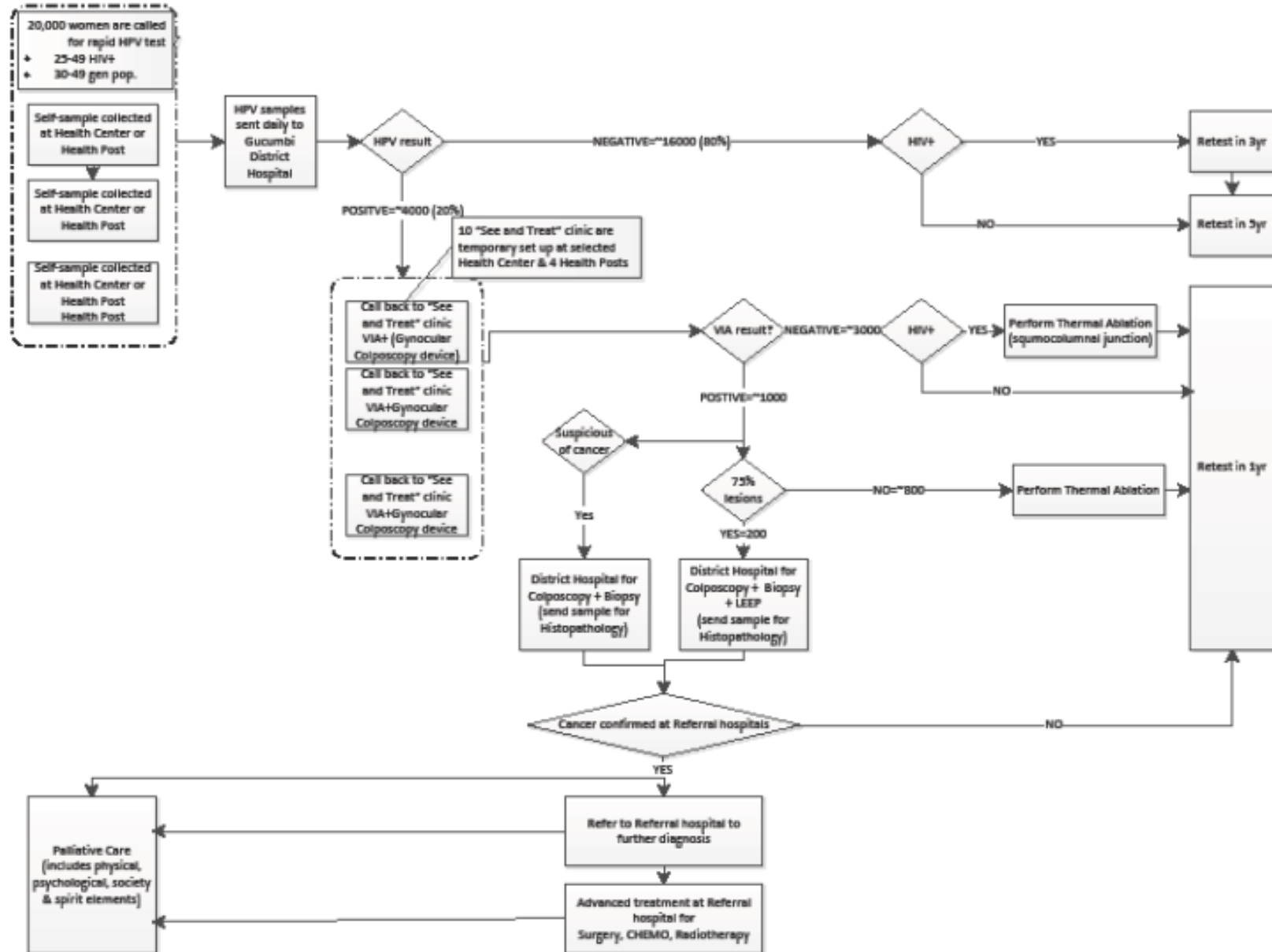
- ✓ **Integrated service delivery** with active health programs; reaching WLHIV through ART clinics, general population through maternal and child health services
- ✓ **Demand generation** during routine services & district-wide screening campaigns, involving CHWs, media, local leaders
- ✓ **Expanded 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

2363 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



Sustainability

- MoH adopted training approach approach
- Costed National scale up plan for Cervical Cancer secondary prevention
- National Cervical Cancer Monitoring and Evaluation system set up in the district.
- Established national screening program model which is being supported by other partners

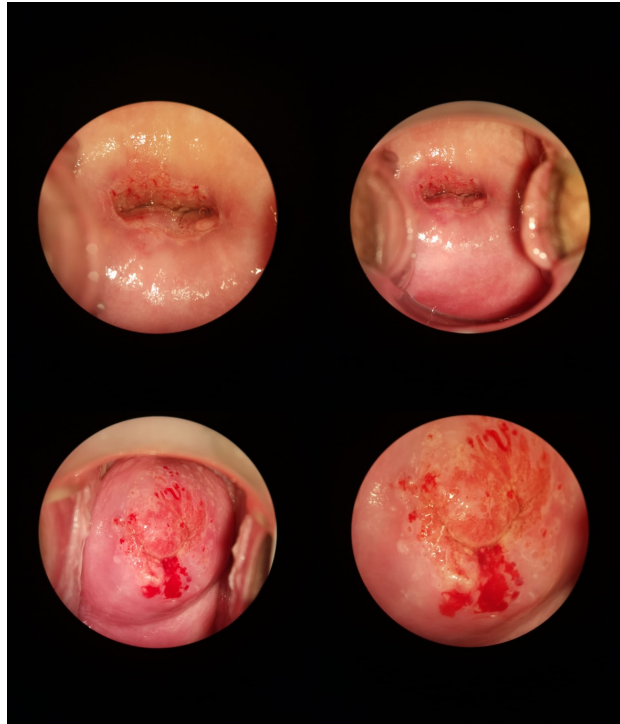


Challenges

- Laboratory training required extended periods in order to achieve goals

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





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Question & Answer

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