Quality Assurance in Thermal Ablation
Introduction: Approaches and Treatment Transition

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SUCCESS focus and regional engagement

**Project countries**
Burkina Faso, Côte d'Ivoire, Guatemala, Philippines

**20 countries of regional engagement**

**Africa:** Benin, Cameroon, Chad, DR Congo, Guinea, Madagascar, Mali, Niger, Senegal, Togo

**Asia:** Cambodia, China, Laos, Thailand, Vietnam

**Latin America and the Caribbean:** Brazil, Chile, Dominican Republic, Haiti, Mexico
Four countries, 3 geographies

Burkina Faso
21 sites in 6 regions
Center, Hauts Bassins, including Ouagadougou and Bobo Dioulasso, Centre-Ouest, Cascades and Plateau Central
Number of women tested and treated
40,000, of which 18,700 (46%) WLHIV

Côte d'Ivoire
42 sites in 4 regions
Abidjan 1 & 2, Gbeke and Haut-Sassandra
Number of women tested and treated
55,000, including 38,500 (70%) WLHIV

Guatemala
24 sites in 5 departments
Quetzaltenango, Retalhuleu, San Marcos, Guatemala City and Sacatepéquez
Number of women tested and treated
40,000, including 4,200 (10.5%) WLHIV

Philippines
30 sites on 3 islands
Luzon, Visayas, Mindanao
Number of women tested and treated
40,000, including 6,900 (13.8%) WLHIV
Key components to adding HPV testing and thermal ablation to existing CCx programs

**PREPARE** the enabling environment: strengthening national policies, guidelines, curricula for training and M&E system, procurement of equipment and supplies

**BUILD** skills through training focused on mentorship and supportive supervision; monitoring & evaluation, teaching and implementing quality assurance approaches

**EXPAND** lab and demand generation; increase access points to high quality service - go to women, rather than limit access to facilities

**SUSTAIN** motivation, data use, & high quality program performance
Approach to building a foundation for quality care

1. **Data-driven**, outcomes-focused, integrated system approach

2. **Use key principles** (not a method) to lay the foundation for quality care - working across the system to build a quality movement

3. **Invest in creating:**
   - a shared vision (e.g.: regular shared learning)
   - change management
   - culture of quality

4. **Ensure a recognition system** that demonstrates change to facility, regional, and national management
QA inputs for CxCa screening and thermal ablation treatment services

Establish a quality assurance systems that promote a continuous process for performance improvement including:

- **In-person regular visits (supportive supervision - mentoring):** to both service delivery areas and laboratories to work with managers and technical staff to:
  - Assess integrated performance standards
  - Provide and get feedback, and
  - Review data by quality criteria (timeliness, accuracy, completeness)

- **Conduct in teams of multidisciplinary supervisor / mentors** that can identify gaps and provide necessary mentorship for improvement

- **Discuss gaps on performance, integration and potential solutions:** develop and implement a practical action plan

- **Monitor the process and ensure regular opportunities** to share progress, challenges and learning
Provider Feedback

- Ablative treatment easy to learn and perform
- Highly acceptable to women and colleagues (providers)
- Task sharing/shifting is possible: trained MD, nurses, midwives

LLETZ/LEEP (Electrosurgical Excision Procedure)

Portable (small) LLETZ device

Guatemala 2022

Philippines 2022

Burkina Faso 2021
SUCCESS in Côte d’Ivoire

Screen 55,000 women, up to 70% of whom are HIV positive
34 sites in 4 health regions and 11 districts

DALOA
01 District
5 Sites
Women to screen: 5,500

BOUAKE
03 Districts
9 Sites
Women to screen: 11,000

ABIDJAN 1 et 2
07 Districts
20 Sites
Women to screen: 38,500

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Critical Levers for Success

- Relationship and presence with the TWG and National AIDS Committee

- Buy-in from key national operational stakeholders
  - Supply Chain Mechanisms (for MOH TA procurement) and Labs: MOUs from start with Central Medical Store, National Cancer Control Programme and national laboratories

- Moving toward integration from the start (working within the existing system)
  - Procurement and supply chain management
  - Laboratory
  - Training of providers
  - Provision of services
  - Providers’ mentorship
  - Data management
  - Demand creation activities
  - Implementation research
Support inputs for transitioning cryotherapy to thermal ablation (from the national level to facility service room)

• **Existence of a CECAP program since 2009:** Nationally 161 sites were performing VIA with 81 were equipped with cryotherapy equipment.

• **Some thermal ablation familiarity:** TA in 5 sites before the advent of SUCCESS.

• **Through Unitaid’s investment:**
  - Revision of national strategic plan and national training documents for cervical cancer prevention with new integration of thermal ablation.
  - Practice results are shared during workshops to share learning and results.
  - TOT for the national CECAP pool of trainers (11) on TA.
  - Functional cryotherapy machines are redeployed to other sites in the same health region; priority is given to urban sites where the possibility of replacing CO2 cylinders exists.
  - Planned purchases: As per the recent National Cancer Program 2022-2025 Strategic Plan: 50 devices/year or 200 devices by 2025 with NFM3 (2022) and Govt (2023 onward) financing.
What’s Next?

Ensure TA is a Tx option in the revised Standards and Guidelines for Cervical Cancer Prevention

Replace and shift: Progressively continue to replace cryotherapy devices

Clarifying funding support within the MOH

Develop the pool of biomedical technicians

Advocacy: Share TA devise use to professional societies and civil society

Challenge lessons

• Build time for importation at project start; improves w time
• Treatment rates dependent on patient navigation interventions
• Time to deliver results that impact treatment
• Availability of Govt funds for the purchase of TA devices

Impact factors

• Leverage existing capacity
• MOH procurement planning in 2022-2025 strategic plan; regional and facility upward pressure
• Strong pool of trainers
• Data use by National Cancer Control Programme
• Demand by providers and women: messaging that TA use and treatment is easy
• Flexibility and sharing progress
Between June 2021- May 2022, 91.1% of 14,500 women screened for HPV self sampled.

Thermal ablation accounts for 77.8% of treatment offered at SUCCESS supported sites.
Merci beaucoup!