

# Quality Assurance in Thermal Ablation Introduction: Approaches and Treatment Transition

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**SUCCESS**



# 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



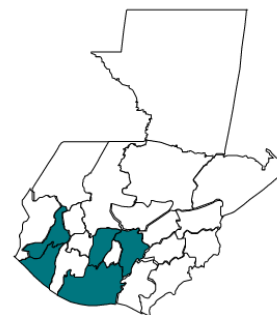
## Côte d'Ivoire

### 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



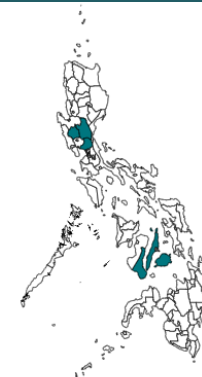
## Guatemala

### 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

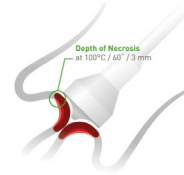
**Establish a quality assurance systems** that promote a continuous process for performance improvement including:

- **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

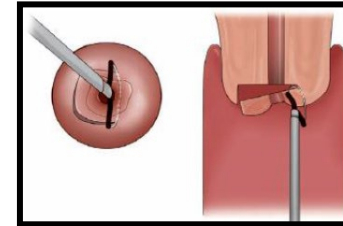


# Provider Feedback

- 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



# SUCCESS in Cote D'Ivoire

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

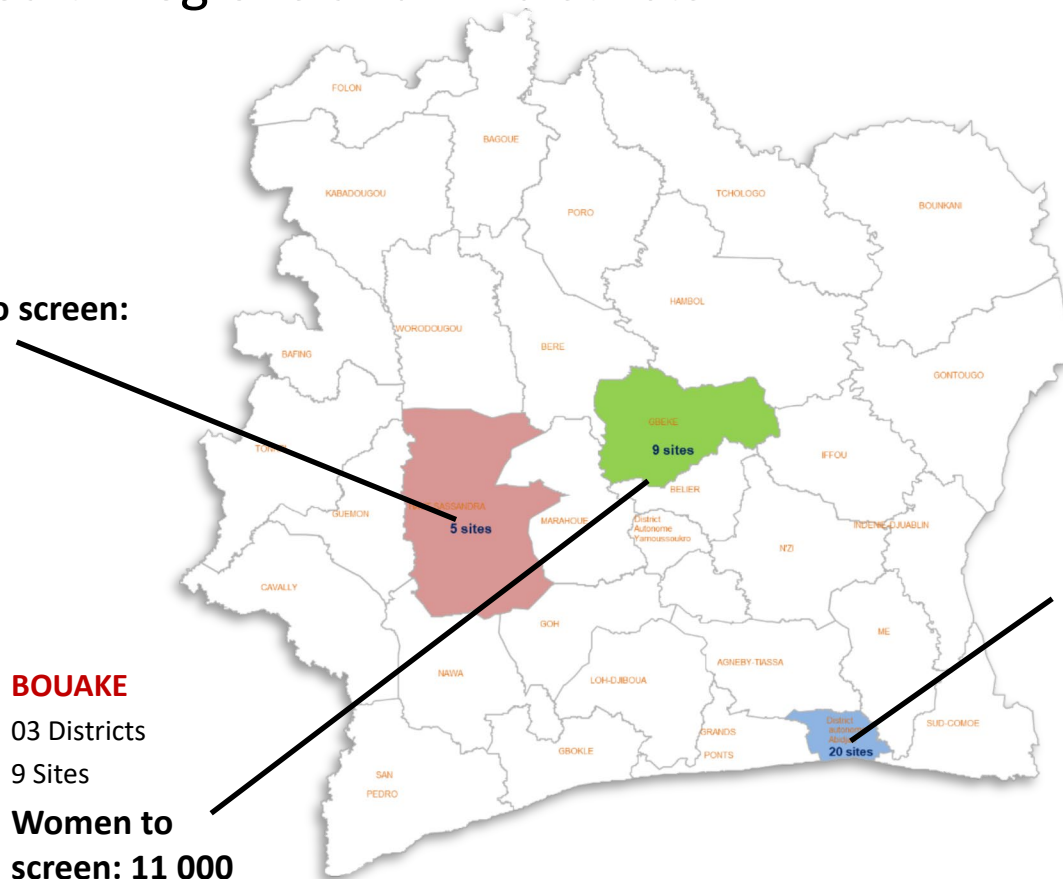
## DALOA

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



# 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 Unitaids 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

# Current status: translating lessons to next steps

## 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

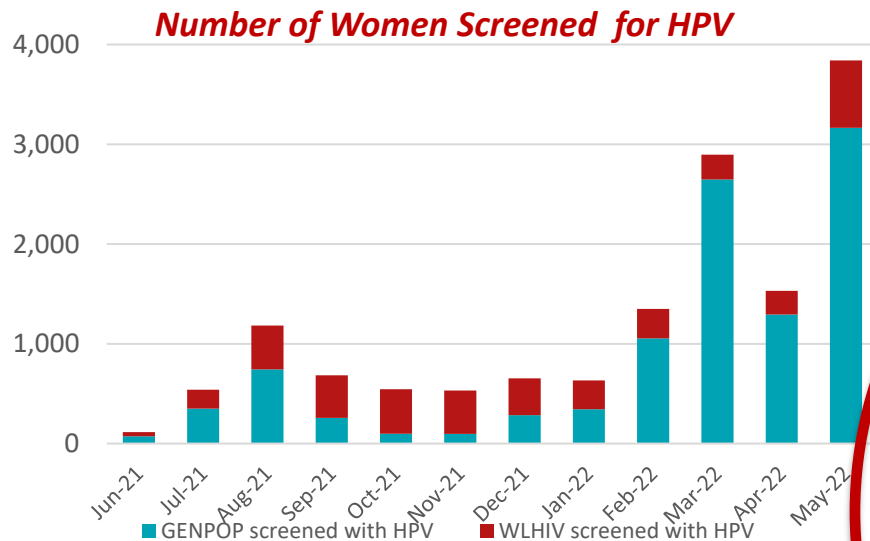
## What's Next?

- 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 device use to professional societies and civil society

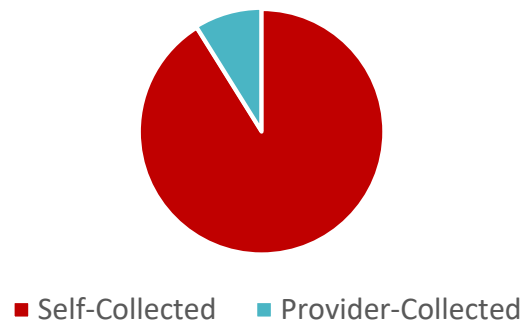
## Impact factors

- 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

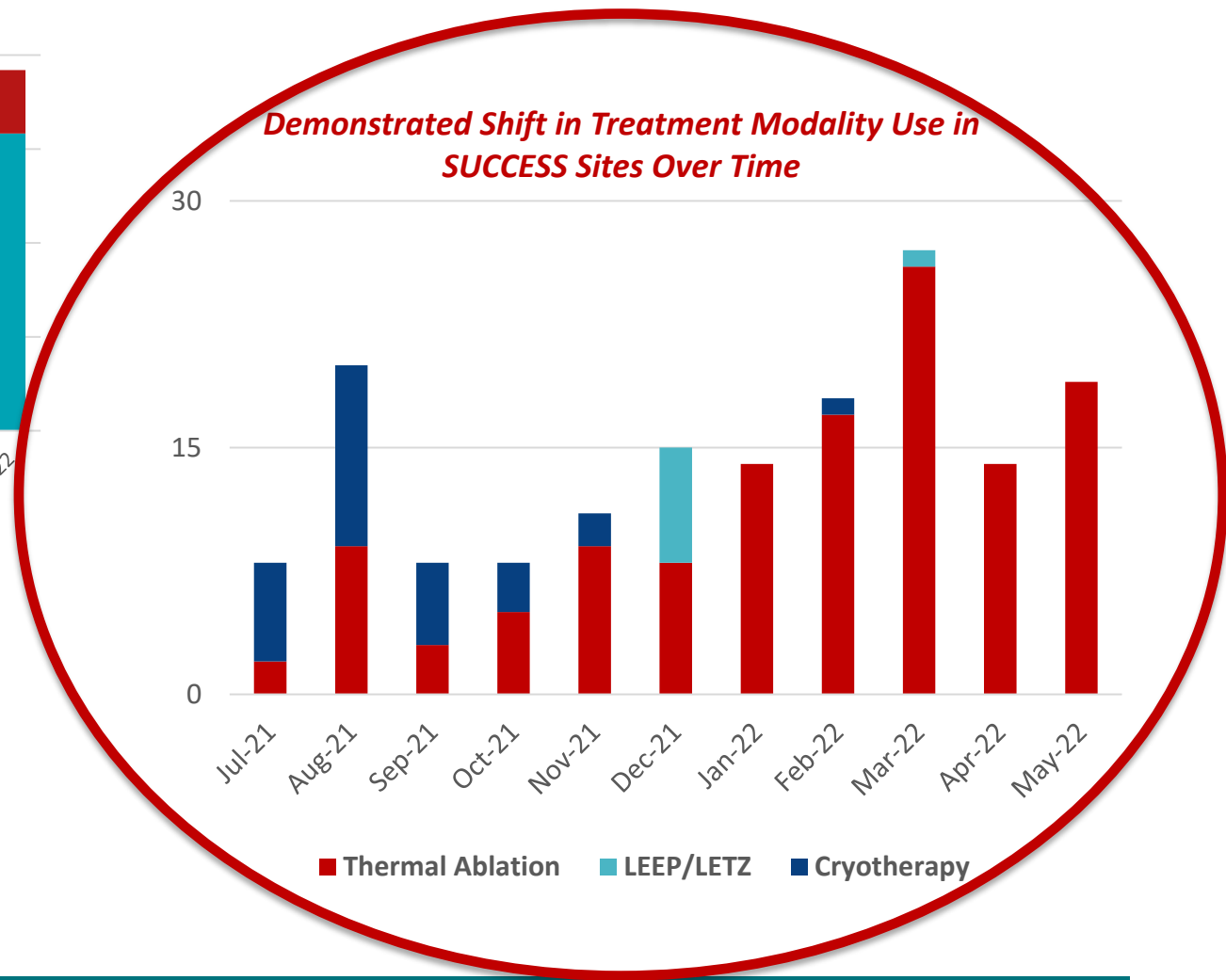
Between June 2021- May 2022,  
91.1% of 14,500 women screened  
for HPV self sampled.



**Screening Collection Method**



Thermal ablation accounts for  
**77.8%** of treatment offered at  
SUCCESS supported sites







Merci beaucoup!