Cervical Cancer Prevention in Tanzania

MCSP Tanzania Program Brief

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Goal

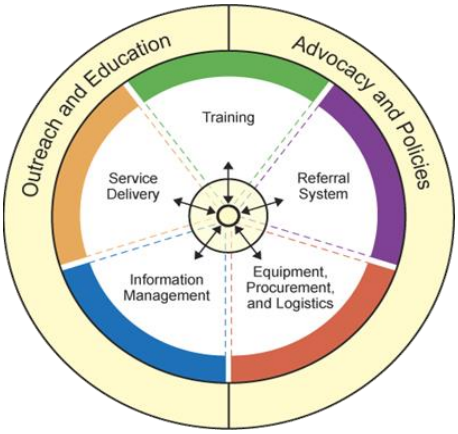
Cervical cancer is the leading cause of cancer-related morbidity and mortality among women in Tanzania. With an HIV prevalence rate of 6.5% for women aged 15-64,[1] cervical cancer prevention (CECAP) is increasingly important, as women with HIV are two to three times more likely to get cervical cancer. In collaboration with the Ministry of Health Community Development, Gender, Elderly and Children (MOHCDGEC), MCSP Tanzania worked to strengthen CECAP implementation by building local capacity among national, regional, and facility-level staff to execute a comprehensive, sustainable, high-quality, and results-based program.

MCSP trainee Nurse Mwaipopo from Iringa Regional Hospital with her client who was treated for a precancerous lesion using cryotherapy. Photo by MCSP.

Program Approaches

MCSP used a multi-pronged approach at the national level and within the Iringa and Njombe regions to strengthen the CECAP system (see Figure 1). Primary interventions are described below.

Figure 1. Key CECAP Program Components



- **Strengthening CECAP service delivery**: MCSP supported national-level trainers and regional-level providers to diagnose precancerous lesions through visual inspection of the cervix with acetic acid wash (VIA) and treat the lesions on the same day using cryotherapy (cryo) or the loop electrosurgical excision procedure (LEEP). The Program provided this support by conducting trainings according to MOHCDGEC standards and guidelines, purchasing cryotherapy machines and necessary supplies, training technicians to maintain the equipment nationwide, and providing supportive supervision and clinical mentorship to reinforce trainer and provider skills. MCSP supported treatment machines and all supplies for routine and outreach service in 4 sites and LEEP machine for 1 site and 2 thermo coagulation machines for 2 sites in Iringa and Njombe Regions. The program also subsequently supported strengthening 3 PRRR sites with startup package by treating women on the same day (called the "single-visit approach"), the system reduced

[1] Tanzania HIV Impact Survey, 2017. https://phia.icap.columbia.edu/countries/tanzania/

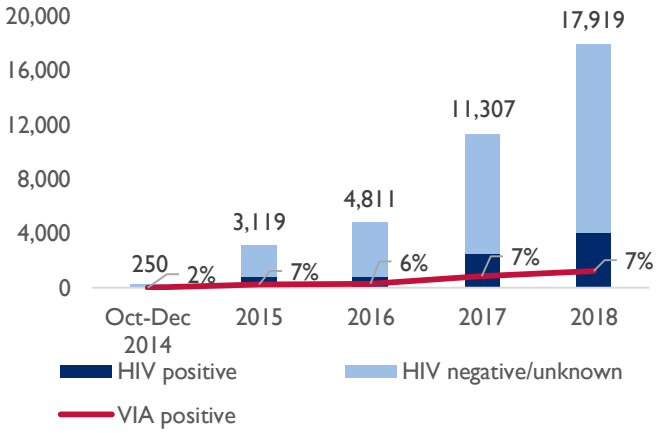
the number of women lost to follow-up. MCSP also strengthened referral systems by promoting use of a referral log book to track referral cases and working with the MOHCDGEC to strengthen specimen transportation to pathology labs for testing. In addition, the program supported education and outreach programs to drive demand for CECAP services by delivering radio and television messages; disseminating information, education, and communication (IEC) materials to 100 sites; and providing technical assistance to facilitate health provider-led counselling sessions for women. MCSP also supported CECAP reporting tools to 200 sites, 52 Zoe Models for clinical mentorship in 24 Regions

- **Improving coordination and technical leadership:** MCSP provided technical support to the MOHCDGEC to update the following; CECAP and Control Service Delivery Guidelines, develop CECAP and Control Advocacy Plan, VIA QI Guidelines and CECAP Module in CHW Training package. MCSP also supported dissemination and oriented relevant stakeholders on technical documents, including a CECAP advocacy plan and nationally-used VIA QI Guidelines and Standards, through technical working group and advocacy meetings to standardize service delivery practice. MCSP also supported the MOHCDGEC to develop and disseminate VIA quality improvement (QI) guidelines and tools, which included guidelines for cryo and LEEP, and oriented regional-level service providers and regional and council health management teams (R/CHMTs) in Iringa and Njombe on their use. In addition, MCSP supported information management by supporting the review and dissemination of VIA/cryo data collection tools, identifying key indicators to be included in the health management information system, and providing technical assistance to conduct data review meetings to improve data use for decision-making at the national and regional levels.
- **Reinforcing sustainability:** MCSP facilitated coordination meetings with all supported councils in Iringa and Njombe to ensure that CECAP activities were included in Council Comprehensive Health Plans (CCHPs) and facility budget plans. The Program also conducted workshops to support regional teams to develop CECAP control and sustainability plans and provided technical guidance to supported facilities to use their own funds to budget for CECAP activities. In addition, MCSP trained and supervised other implementing partners to further the scale-up and strengthening of CECAP services across Tanzania.

Key Results

- **More than 37,000 women were screened and treated for cervical cancer:** From October 2014 to December 2018, 37,406 women were newly screened using VIA in MCSP-supported facilities in Iringa and Njombe (see Figure 2). The VIA positivity rate was 7%, and 98% of women with precancerous lesions were treated on the same day with cryo. Nineteen percent of women screened were HIV positive (see Figure 3). 0.3% of women screened had suspected cervical cancer, and all 132 suspected cancer cases were referred for treatment.

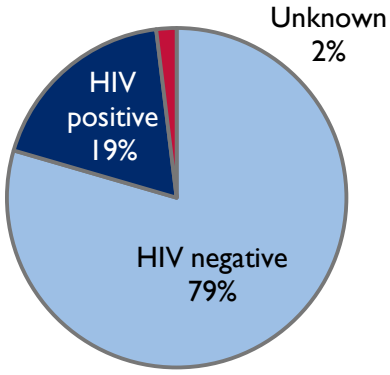
Figure 2. Women newly screened using VIA in MCSP-supported facilities by year (total = 37,406)



- **Strengthened capacity for delivery of CECAP interventions among health providers, trainers, and technicians:** The Program oriented 25 national trainers on provision of VIA, cryo, and LEEP; content of all key technical documents; and skills for clinical mentorship. Those trainers have trained more than 700 healthcare providers nationwide. MCSP also facilitated the training of 10 regional trainers in Iringa and Njombe on VIA and cryo and facilitated cascaded trainings 105 clinicians in those two regions. In addition, MCSP built capacity in technicians from 10 regions for cryo equipment maintenance skills.

- **Supported a sustainable model for CECAP interventions:** As a result of MCSP's work, the MOHCDGEC leads CECAP-related interventions and has developed regional-level sustainability plans. MCSP-supported guidelines and other key documents are now being used nationally to standardize service delivery practice. In addition, all councils in Iringa and Njombe have included regional-level CECAP activities in their CCHPs. With MCSP support, the MOHCDGEC has established a QI system for VIA-based programs, and Iringa and Njombe have included CECAP QI activities in their budgets. In MCSP-supported facilities in the two regions, hospital staff have developed QI teams, conducted assessments, and created monthly improvement plans. At national level MCSP supported clinical mentorships/ supervision activities in 9 Regions.

Figure 3. New clients screened by VIA in MCSP-supported facilities by HIV status (N=37,406)



Lessons Learned

- **Local governments are in the best position to improve and support scaling of CECAP services**. To ensure sustainability, it is necessary for local governments to be engaged from the beginning. These groups, in collaboration with regional trainers, can ensure that action plans are implemented effectively and sustained beyond donor contributions. The MOH should continue engaging and building the capacity of R/CHMT staff to ensure that CECAP improvements are continuous and sustainable.
- **Effective CECAP systems require attention to repair and maintenance.** Functioning equipment is a key element of the single-visit approach. CECAP programs must have plans for repair and maintenance of equipment built in from the beginning, and technicians must be trained to ensure equipment upkeep.
- **Community-to-facility linkages are key to ensuring that women come for CECAP services**. Community health workers (CHWs) and other community interventions drive demand for these services.
- **Referral systems for cervical cancer treatment continue to be challenging to implement**. Limited resources for referral, distance to treatment facilities, and lack of awareness of cervical cancer all hinder a woman's ability to be treated for cervical cancer at a referral facility.

Recommendations

- **Invest additional resources to improve CECAP coverage and systems strengthening.** As of February 2019, only 10% of facilities offer CECAP services nationally. Funds for repair and maintenance of equipment; training of trainers, providers, and technicians; and QI should be prioritized.
- **Implement strategic efforts to boost community-to-facility linkages and bring services to hard-to-reach populations.** CHWs should be trained to create awareness of CECAP services available at facilities and to support women in accessing these services. In addition, the President's Office Regional Administration and Local Government should work with the MOH to ensure that outreach services are budgeted for and implemented at the facility level to increase access to CECAP services for women living in remote areas.
- **Strengthen referral and tracking for CECAP services.** These services can be strengthened by identifying a referral tracking team in each facility to identify referral networks, promote linkages between referring and recipient facilities, develop processes for receiving timely pathology results, and linking confirmed cervical cancer cases to appropriate facilities for treatment.

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