A Cervical Cancer Free Africa: Regional Solutions for Lasting Change

Cervical Cancer Action “World Cancer Day” Advocacy Webinar
January 16, 2013

Dr. Mike Chirenje, University of Zimbabwe (Moderator)
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Dr. Emmanuel Mugisha, PATH Uganda
Dr. Sharon Kapambwe, Center for Infectious Disease Research, Zambia
Miss Anne Korir, Kenya Cancer Association
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Thank you!
Governing Council:

- Advocacy coalition of 1,200 organizations and individuals
- Founded by global health organizations representing a broad range of constituencies
- Focus on comprehensive programs: screening and treatment of adult women + vaccination of girls

**Goal**: Expedite global availability, affordability and accessibility of new cervical cancer prevention tools and approaches

www.CervicalCancerAction.org
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African Centre of Excellence for Women’s Cancer Control

Lusaka, Zambia
Ms. Anne Korir

Chairperson, Kenya Cancer Association
Director, Nairobi Cancer Registry

Nairobi, Kenya
A cervical cancer free Africa: Regional solutions for lasting change

Dr. Jean-Marie Dangou
Regional Advisor for Cancer Prevention and Control
WHO Regional Office for Africa
Regional burden of Cervical Cancer

- 2008 - 75,000 diagnosed cases - 50,000 deaths
- 200 million women aged >= 15 years at risk
- Risk factors - Early marriage, Early first sexual intercourse; Multiple sexual partners; Multiparity; Link with AIDS; History of STD; Tobacco; Vitamin deficiency
- Human Papilloma Virus (HPV) = causal agent (16 & 18 for over 70% Cancer cases)
- Issues and Challenges
Natural History of HPV Infections

Transient Infection

- HPV
- Initial infection
- Normal cervix
- Clearance
- HPV-infected cervix

Persistent HPV Infection

- Mild cytologic abnormalities
- Progression
- Regression
- Precancerous lesion
- Invasion
- Cancer

Wright and Schiffman (2003) NEJM
Inequity of Cervical Cancer in the Region

Age-standardized incidence rates per 100,000
Inequity of Cervical Cancer in the Region

20 countries with highest rates

International Agency for Research on Cancer

Cervix uteri, adults

- Male
  - Nigeria
  - South African Republic
  - Tanzania
  - Ethiopia
  - Congo, Democratic Republic of
  - Mozambique
  - Uganda
  - Ghana
  - Kenya
  - Malawi
  - Morocco
  - Zimbabwe
  - Zambia
  - Guinea
  - Cote d'Ivoire
  - Madagascar
  - Mali
  - Algeria
  - Angola
  - Cameroon

- Female

Estimated numbers (x100)

- 5-year prevalence
- Incidence
Vulnerability of women living with HIV to Cervical cancer
WHO Comprehensive Cervical Cancer Prevention and Control

**PRIMARY PREVENTION**

- Girls 9-13 yrs
  - HPV vaccination
  - Health education and services, e.g. to:
    - Sexual health education tailored to the age group
    - Provide contraceptive counseling and services including condoms
    - Prevent tobacco use and support cessation

**SECONDARY PREVENTION**

- Women > 30 years of age
  - Screening and treatment as needed
  - “screen and treat” with low cost technology VIA followed by cryotherapy
  - HPV testing for high risk HPV types (e.g. types 16, 18 and others)

**TERTIARY PREVENTION**

- All Women as needed
  - Treatment of invasive cancer at any age
  - Ablative surgery
  - Radiotherapy
  - Chemotherapy
Immunization & New screening/early treatment approaches

- Lifelong sexual abstinence / HPV vaccination
- HPV vaccines
- WHO Position Paper
- Anti HPV immunization
  - Programmatically feasible
  - Financially affordable and sustainable

HPV vaccine licensure status, March 2010

<table>
<thead>
<tr>
<th>Quadrivalent (22)</th>
<th>Bivalent (15)</th>
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<tbody>
<tr>
<td>Botswana, Burkina Faso, CAR, Cameroon, Chad, Congo, DR Congo, Cote d'Ivoire, Equatorial Guinea, Ethiopia, Gabon, Guinea, Kenya, Malawi, Mali, Mauritania, Mauritius, Nigeria, South Africa, Tanzania, Togo, Uganda</td>
<td>Congo, DR Congo, Burkina Faso, Cote d'Ivoire, Gabon, Ghana, Kenya, Mali, Mauritius, Namibia, Nigeria, Tanzania, Senegal, South Africa, Uganda</td>
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Immunization & New screening/early treatment approaches

Conventional Pap’s smear

VIA/VIL

Hybrid Capture® 2 DNA test (hc2)

HPV rapid DNA Test
Next steps: roll out and capacity building

- Cervical Cancer - an entry point for an integrated and holistic Cancer Prevention and Control.

- Ideal outcome:
  - HPV vaccine and adolescent health
  - Screening and Treatment
  - Fewer suffering and female deaths
  - Organizing Diagnosis and Treatment Services.

- Collaboration and partnership between Governments and other stakeholders

- “The engagement of the international community on this issue could result in one of the most significant ‘easy wins’ in global public health today.”
Next steps: roll out and capacity building

- Integrated and comprehensive cervical cancer prevention and control plans
- Equitable access and affordable comprehensive Cervical Cancer prevention
- Cervical cancer screening and treatment coverage
- Monitoring and Evaluation
- Surveillance - Information systems and cancer registries
Concluding thoughts

- HPV vaccination
- Communication & education
- Comprehensive Cervical cancer Prevention and Control plans

WHO resources available at: http://www.wpro.who.int/entity/noncommunicable_diseases/documents/cervical_cancer_meeting/en/

Thank you
Lessons learned from PATH projects and using these lessons to scale up continent wide cervical cancer prevention efforts

A cervical cancer free Africa: regional solutions for lasting change
Wednesday, 16 January 2013 (17h00 Kampala, Uganda)

Emmanuel Mugisha, MPH, PhD
Country Manager
Uganda
Background of PATH demonstration projects
Brief background on HPV vaccination in Uganda

• Preparations started in 2006 with government and stakeholder involvement

• Undertook formative research early on. This guided communication and delivery strategies

• Designed delivery strategies based on the results of the formative research:
  • Strategy 1: Delivery of the vaccine through Child Days Plus activities (selection of target girls by age).
  • Strategy 2: Delivery of the vaccine as a standalone through schools (selection of target girls by grade/class).

• PATH, Ministry of Health (EPI division), and local districts implemented vaccinations in 2009–2010.

• After implementation, evaluations were conducted to understand coverage, acceptability, feasibility, and cost of each strategy.
Lessons Learned: Uganda HPV Demonstration Project

• Existing MoH EPI structures from national to district level are sufficient to deliver HPV vaccine if well coordinated and well planned.

• Adequate preparation and well coordinated efforts are essential in ensuring success.

• Schools are good venues for reaching young adolescent girls but require:
  • Partnership with MOES (teachers) in planning & implementation.
  • Existing health system with a functional community health outreach program.
  • High school attendance rates among the target population.

• High vaccination coverage can be attained when girls are selected and vaccinated by school grade/class compared to age-based strategy.
  • Easy follow-up and completion.
  • Less disruptions to school activities.

• Each strategy has pros and cons. This led to a hybrid in Uganda – vaccinate during child days but select by grade.
Cervical cancer prevention in Uganda: A comprehensive approach

- Need for a comprehensive approach because not everyone will benefit from HPV vaccination.
- PATH also has been involved in secondary prevention activities, including:
  - Setting up screening and treatment sites in government health facilities
  - Demonstrating new screening technologies eg. HPV DNA testing (START UP project)
  - Training master trainers for screening and treatment
  - Development of national strategic plan for cervical cancer prevention and control.
- Uganda’s plan for phased introduction of HPV vaccine leading to GAVI support.
Screening technologies for low resource settings - VIA and HPV DNA testing

What do we need in an ideal screening test?

- High sensitivity
- High specificity
- Accessible for low-income areas
- High acceptability among women
Using the Uganda lessons to scale up continent-wide cervical cancer prevention efforts

- Sharing experiences, tools, and materials across the region
  - Materials and tools for implementing HPV vaccination that only need adaptation for other country use.
  - Materials and tools for screening and treatment of precancerous lesions.

- Providing technical expertise on both HPV vaccination and screening and treatment through.
  - On-site meetings with country teams
  - Online support, teleconferences and emails
  - Hosting delegations from other countries to Uganda
Materials for National-Level Planning and Implementation

- Strategic plan for cancer prevention and control.
- Documents on step-by-step HPV vaccination implementation.
- Documents of lessons learned.
- Mobilization and sensitization materials.
- Publications: peer-reviewed and others.
- Tools for evaluation of demonstration projects.
**PATH regional support for HPV vaccination**

- HPV vaccine is one of the latest vaccines available to GAVI eligible countries
- There are two options for the GAVI application
  - A demonstration project in a few selected sites
  - A national roll out program
- PATH has received funds to offer technical support in the planning and implementation of demonstration projects for GAVI-eligible countries, including:
  - Preparation of GAVI applications
  - Development of implementation plans
  - Drafting or review of communication and training materials
  - Sharing of existing tools and other resources
  - Design of evaluation strategies
3.1 INTRODUCTION OF HPV VACCINE

STATUS: OCTOBER 2012

- **NATIONAL PROGRAMS:** HPV VACCINE IN NATIONAL NORMS AND AVAILABLE ON A LIMITED OR UNIVERSAL BASIS THROUGH THE PUBLIC SECTOR
- **PILOT PROGRAMS:** HPV VACCINE AVAILABLE THROUGH PILOT OR DEMONSTRATION PROJECTS ORGANIZED BY THE MINISTRY OF HEALTH OR NGO PARTNERS
- **NO HPV VACCINE PROGRAM**

The information represented here has been collected through interviews with individuals and organizations involved with the countries represented and has not been verified with individual Ministries of Health. Any oversights or inaccuracies are unintentional.
Other Online Resources

Cervical cancer library

- General cervical cancer resources
- Vaccination
- Screening and treatment
- Advocacy, policy, and financing
- Adults, teens, and communities
- Training
- Cervical cancer organizations
- Multimedia

www.RHO.org

www.RHO.org/actionplanner
Moving to Action: The Zambian Experience

Dr. Sharon Kapambwwe
Program Head
African Centre of Excellence for Women’s Cancer Control
Cervical Cancer in Zambia

- World’s second highest cervical cancer incidence 52.8/100,000 (IARC)
- Most common cancer diagnosed in adults (38%)
- 80% cases advanced
- Lack of access to screening and treatment
- >95% women never had a pelvic exam
Cancer Control Efforts in Zambia

• 2006: Cervical cancer screening project started
  – Collaboration of Ministry of Health and Centre for Infectious Disease Research in Zambia (CIDRZ)
• Almost 100,000 women screened
• Now a national program led by government
• Treatment: surgery and chemoradiation
• HPV vaccination demonstration program in girls starting in February 2013
Global training / Globally scalable model

Trained over 200 healthcare professionals from 13 countries
Accessing Global Resources

- ‘Pink Ribbon Red Ribbon’ (PRRR) - partnership designed to leverage public and private investments to fight cervical and breast cancer
- President George W. Bush visited Zambia twice in 6 months
  - 2011 - launched PRRR in Zambia
  - 2012 - built first women’s cancer control clinic
PRRR support for Zambian women’s cancer control efforts

PEPFAR
-National expansion of cervical cancer prevention services

Susan G. Komen for the Cure
-Coalition of women’s cancer control advocacy groups
-Support training of breast cancer control specialists

Merck
-Support for HPV vaccination demonstration project - 50,000 girls

Glaxo Smith Kline
-Support for HPV vaccination demonstration project - 10,000 girls
-Palliative care support

George W. Bush Institute
-Support point-of-care telemedicine platform

National Breast Cancer Foundation
-Support for Health Promotion Manager for five years
Top ten myths and misconceptions about cervical cancer among previously unscreened women in Lusaka, Zambia

‘What do you think causes cervical cancer?’
1. If you are found to have cancer of the cervix, that means you were a prostitute.
2. People think that cervical cancer is not from sex but from a Satanic curse.
3. Having sex with a married woman’s husband can give you cervical cancer.
4. When one has cervical cancer that means she was bewitched so I don’t want to know if I have it.
5. Putting herbs in private parts can cause cancer of the cervix.
6. A dirty womb causes cancer so you have to wash yourself out every day.
7. The family planning medicines that they give out at the clinic cause cancer.
8. If you are found with cervical cancer you will die so I don’t want to know.
9. Some people think that it’s a family disease.
10. Eating bad food causes cancer of the cervix.

‘Why haven’t you been screened for cervical cancer?’
1. The nurses who do the screening are Satanists and may take our children.
2. The instruments they use are painful.
3. We are afraid to be cut by the nurses.
4. After screening you have long periods and discharge.
5. There is no privacy and I’m just scared to be screened by people who know me.
6. I’m worried about how clean the instruments are and I am scared of being infected with HIV or any other disease.
7. People think that if you have cancer, they say you have HIV.
8. When someone is found with cervical cancer, they think that the womb will be removed.
9. Screening destroys the ability of a woman to have a baby.
10. Screening enlarges the vagina and reduces sexual enjoyment for men and women.
Engaging the Community

• Use existing social and health structures to involve the community
  o Traditional marriage counselors
  o Traditional chiefs
  o Church leaders

• Use of social media e.g. facebook

• Use of prominent people in society to sensitise
  – Zambian First Lady-Dr. Christine Kaseba-Sata
  – Cabinet Ministers’ wives
Lessons Learnt

• Build and promote local/government leadership
• Locate within government infrastructures
• Use appropriate technology
• Build systems approach
• Build surgical oncology services
• Apply innovative business models for sustainability
LEVERAGING GLOBAL TARGETS FOR NATIONAL LEVEL CHANGE

Anne Korir,
Chairperson,
Kenya Cancer Association
Situation in Kenya

- Although Pap smear tests, VIAA and VILI are available in some hospitals not all women can access the services especially in rural areas.
- Cervical cancer patients are diagnosed late,
- Limited number of trained healthcare personnel
- There is still low awareness of cervical cancer and HPV vaccine
- Even in places where women are educated and aware of the disease, cost is still a limiting factor
Use of NCD framework in cancer control

• Kenya Cancer Association is a non-profit organization that seeks to reduce cancer incidence and mortality
• Through advocacy and mobilizing key stakeholders we developed a National Cancer Control Bill which is now an Act of Parliament
• The Act seeks to establish regional cancer centres to undertake screening for early detection, education for prevention, diagnostic services, treatment, and palliative care.
• We continue with advocacy to ensure its implementation
• We have partnered with various organizations to undertake advocacy in the community, especially in rural areas to raise awareness on prevention and benefits of early diagnosis
• A media training was held where several media houses participated, this has improved on media reporting
Teaching about Cervical and breast Cancer to women in Gatundu, a rural village in Kenya
Partnership/collaboration in prevention of cervical cancer

- The American Cancer Society through the ‘Meet the Targets’ program supports national advocacy efforts in key priority countries.
- ACS through the ‘Meet the Targets’ Program partnered with Kenya Cancer Association to look at the possibility of integrating Non Communicable Diseases education and screening in HIV testing centres.
- Through this study we will develop an evidence based strategy to integrate these services into existing HIV testing centers in Kenya.
- This model can be adopted in HIV testing centre across the country.
- We encourage organizations like the Pink Ribbon Red Ribbon (PRRR), GAVI to support this initiative.
- Fundraising activities have been undertaken to raise funds towards screening and treatment of cancer patients.
Dispel myths and misconceptions about cervical cancer

Commemorate World Cancer Day ; 4th Feb.

1. UICC myths
2. Other common myths in Africa
   - Cancer is a curse, witchcraft
   - Is equated to AIDS - is a death sentence.
   - Is contagious
   - Is a woman’s problem

We have partnered with schools to use art to demystify the myths surrounding cancer
Conclusion

- Affordable screening for cervical cancer is feasible and effective in LMICs
- There is a need to take immediate action to reduce the burden of cervical cancer in Africa
- We are grateful to the international community for coming on board to support
- We need to consolidate our efforts and undertake aggressive advocacy to make an impact in Africa
- We need concerted push by key stakeholders: International organizations, African governments, all health professionals, policy makers, politicians, First ladies of Africa - all have a role to play.
DISCUSSION

To ask a question you can:

1) Send your question via chat if you are logged into the webinar interface.
2) Email your question to Sarah@CervicalCancerAction.org

The moderator will pose as many of your questions as possible to the panelist during the discussion period.
Progress in Cervical Cancer Prevention: The CCA Report Card
DECEMBER 2012

www.CervicalCancerAction.org
UICC World Cancer Day 2013 toolkit

www.worldcancerday.org/toolkit
UICC Advocacy Toolkit

www.uicc.org/advocacy/tools/toolkit
Resources

www.cervicalcanceraction.org
info@cervicalcanceraction.org

www.rho.org

www.worldcancerday.org
info@uicc.org