Jhpiego’s Programs, Perspectives and Priorities for Cervical Cancer and Prevention

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Scope of the presentation

• Jhpiego’s programs and priorities in Cervical Cancer Prevention
• Learnings from efforts related to introduction of HPV testing and Thermal Ablation
• Brief overview of the SUCCESS project

Countries where Jhpiego is / has been supporting secondary prevention

Current
• Botswana
• Zambia
• Namibia
• Burkina Faso
• Côte d’Ivoire

Past
• Tanzania
• Liberia
• Gite ‘O Voire
• Ethiopia

Countries where Jhpiego is / has been supporting Primary Prevention

• Tanzania
• Zambia
• Liberia
• Cote ‘D Voire
• Ethiopia

Jhpiego effort to support the introduction of HPV testing in LMICs

Botswana HPV Testing Study (2017 – 2018)
• Women 30 – 49 y.o. (never/not recently screened)
• Self-collection of vaginal sample for HPV testing
• GeneXpert platform
• Digital platform for results entry and notification
• High-risk HPV (hrHPV) positive offered visual assessment for treatment (VAT)
• Treatment: Cryotherapy, LEEP, or biopsy

Botswana Jhpiego-supported HPV testing Study Results:
Study Enrollment Oct 2017 – Mar 2018

<table>
<thead>
<tr>
<th>Location</th>
<th>Study Participants</th>
<th>HPV+</th>
<th>HPV-</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scottish Livingstone Hospital</td>
<td>204</td>
<td>340</td>
<td>406</td>
<td>570</td>
</tr>
<tr>
<td>Lepehe Clinic</td>
<td>200</td>
<td>336</td>
<td>748</td>
<td>1084</td>
</tr>
<tr>
<td>Community</td>
<td>145</td>
<td>570</td>
<td>570</td>
<td>570</td>
</tr>
<tr>
<td>Facility</td>
<td>61</td>
<td>677</td>
<td>677</td>
<td>677</td>
</tr>
<tr>
<td>Thamaga Clinic</td>
<td>205</td>
<td>748</td>
<td>748</td>
<td>748</td>
</tr>
<tr>
<td>Community</td>
<td>103</td>
<td>66.3%</td>
<td>66.3%</td>
<td>66.3%</td>
</tr>
<tr>
<td>Facility</td>
<td>103</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Keype Clinic</td>
<td>203</td>
<td>66.3%</td>
<td>66.3%</td>
<td>66.3%</td>
</tr>
<tr>
<td>Phuthadikobo</td>
<td>203</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1022</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Botswana HPV testing Study Results:
95% received VAT; 95% received treatment

<table>
<thead>
<tr>
<th>VIA Negative Eligible for cryotherapy</th>
<th>VIA Positive Eligible for cryotherapy</th>
<th>VIA Positive Large lesion treat with LEEP</th>
<th>Suspect Cancer</th>
<th>VAT Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>239</td>
<td>52</td>
<td>33</td>
<td>3</td>
<td>95.3% (327)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cryotherapy performed</th>
<th>LEEP performed</th>
<th>Biopsy performed</th>
<th>Client declined treatment</th>
<th>Total treatment performed¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>289</td>
<td>32</td>
<td>3</td>
<td>1</td>
<td>94.5% (324)</td>
</tr>
</tbody>
</table>

¹Treatment completion rates among those who accessed VAT = 99.7%

Botswana HPV testing Study Findings and the way forward

- Self-collection of vaginal samples for HPV testing (in clinics and in the community), and linking to treatment, is feasible and highly acceptable.
- Using new technologies such as HPV testing, including self-collection of vaginal samples for testing, can increase efficiencies.
- Results of this study are informing Botswana's scale up of HPV testing screening and the introduction of HPV testing in Zambia, Rwanda

Lessons from Introducing Thermocagulation: Tanzania

- Jhpiego supported introducing Thermocagulation Treatment in two regional referral facilities in Iringa and Njombe Regions
- Supported Regional, District, Facility Managers and Regional Trainers to conduct on site clinical mentorship in using thermocagulation *C3 model
- Duration of training:
  - 2 days (1 day didactic & 1 day clinical practice); Followed by 3 days outreach services to provide opportunity for strengthening competency of service providers
- Participants: physicians and nurses with VIA, Cryotherapy skills

Learning by doing

- Photo: Simulation practice
- Nurse from Njombe RRH practicing how to perorm Thermocagulation in the Classroom

Important lessons learned

- Thermocagulation: attractive alternative for the treatment of cervical precancerous lesions
  - Portable and very user friendly devise
  - Has minimal side effects and can be used by a range of health care providers
  - Potential to take treatment closer to communities
- On site competency building—cost effective approach to build competency
- Easier to introduce and takes shorter time to train
- Providers were very satisfied and happy with the device
- Client perspective: acceptability was very high.
Few Quotes from Providers

- "Excellent tool—would wish not to use cryotherapy treatment machine any longer"
- "Easy to use tool more than cryotherapy treatment machine"
- "It takes a minute - you can treat a lot of women. Best tool for use in outreach services when electricity is available"
- "I love this machines because of three features which are not available in cryotherapy machine: timer/light on and pre set treatment time you don’t need a watch to set the time. With current workload it is perfect for us"
- "I wish the Govt. would consider using this treatment machine all over the Country"
- "With this machine it will be easy for Regions and Program planners to scale up thermocoagulation treatment / VIA more easily"

SUCCESS
Scale Up Cervical Cancer Elimination with Secondary prevention Strategy

CONSORTIUM:

SUCCESS project countries, sites and goals
185,000 women within three years including over 75,600 (40%) WLHIV

Project countries:
- Burkina Faso
- Côte d’Ivoire
- Guatemala
- Philippines

CONCLUSION
WAY FORWARD: Multipronged approach to RAPIDLY accelerate Access

The 5-I framework (Kumar et al., IGO 2021)

- Innovation
- Investments (Increased and Coordinated)
- Information (Implementation Research and Data Systems)
- Influence (Advocacy)
- Integration