



**Republic of Mozambique**  
**Ministry of Health**

# **Scaling-up Cervical Cancer Prevention Program in Mozambique**

**Addis Ababa -October, 2013**



**USAID**  
FROM THE AMERICAN PEOPLE



Maternal and Child Health  
Integrated Program

innovating to save lives  
**Jhpiego**  
an affiliate of Johns Hopkins University

# **Presentation Outline**

- ❑ Country Profile: Main Demographic & Health Indicators;**
- ❑ The burden of Cervical Cancer in Mozambique;**
- ❑ Establishment of the CECAP National Program;**
- ❑ Main Achievements & Challenges;**
- ❑ Moving Forward as a National Program**
- ❑ Take Home Messages.**

# Mozambique: Main Demographic & Health Indicators

- ❑ Average Life Expectancy: 52 Years
- ❑ Maternal Mortality Ratio: 408 per 100.000 LB (DHS, 2011)
- ❑ CPR: 11.6% (Rural 7.4% & Urban 21.6% - DHS 2011)
- ❑ Met Need for Family Planning: 29% (Rural 21% & Urban 42% - DHS 2011)
- ❑ Average Age at 1st Sexual Intercourse: Women – 16.1, Men – 17.7 (DHS 2003)
- ❑ HIV-AIDS Prevalence (15-49 Years): 11.1%
- ❑ Access to Health Care: 55%



# Cervical Cancer in Mozambique

- ❑ It is the most common cancer in Mozambican Women;
- ❑ About 32% of all new cancer cases in women are cases of cervical cancer (*3,690 cases and 2,356 deaths per year*);
- ❑ Diagnosis is done at advanced stages of the disease;
- ❑ It is estimated that in 2025, roughly 5,401 new cases of cervical cancer will occur and 3,509 women will die from this disease.

# CECAP National Program (1)

## October 2008:

- MoH approved the National Strategic Plan for Prevention and Control of Non-Communicable Diseases which includes cervical and breast cancers
- National Guidelines for CxCa prevention were developed and approved

## December 2009:

- The National Cervical Cancer Prevention & Treatment Program was officially launched by the Minister of Health



Launching of the National  
CECAP Program – Dec  
2009

# CECAP National Program (2)

## **Program Objectives:**

- 1.** To adopt and implement interventions to fight cervical and breast cancer in Mozambique;
- 2.** To reduce the incidence and mortality due to reproductive health cancers.

 **Target Group:** Women 30-55 years old including HIV+ Women of all ages;

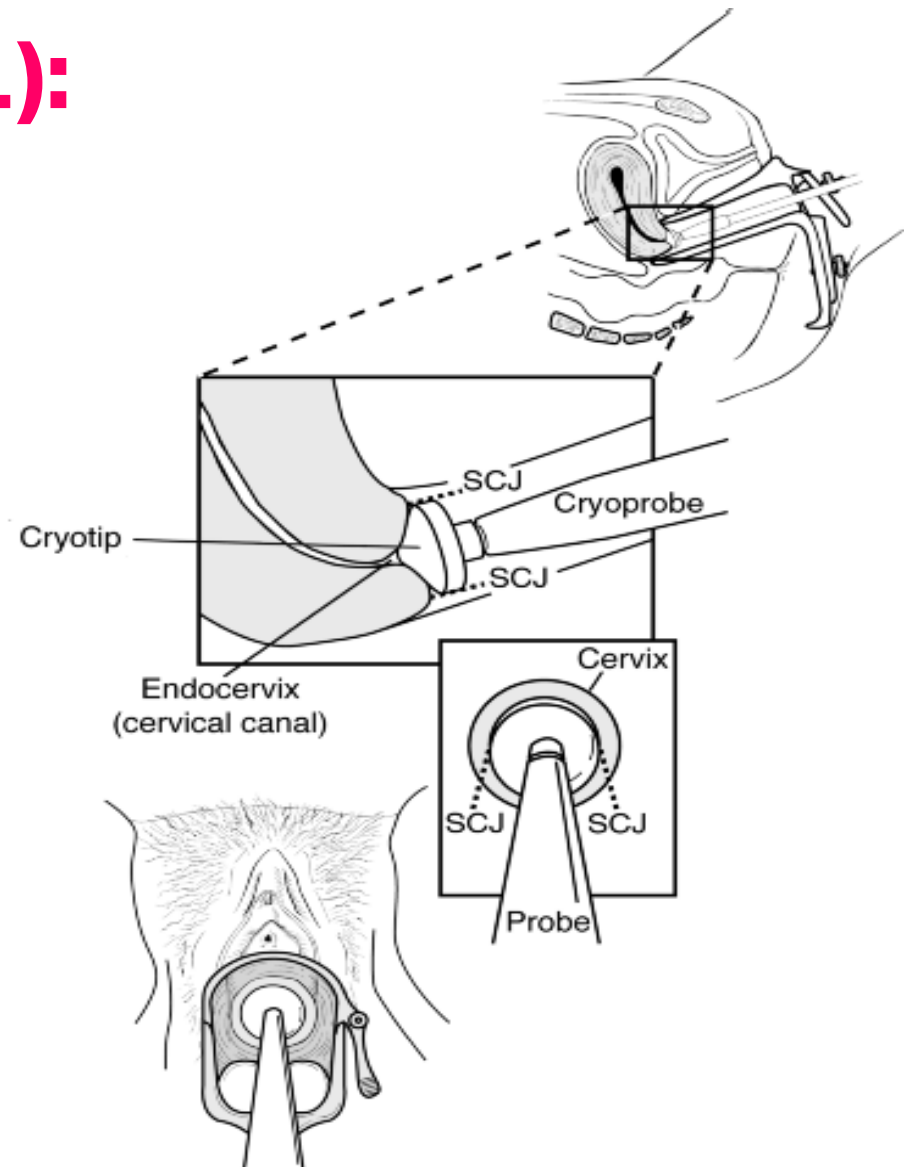
 **Program Integration:** The CECAP Program is integrated into FP/RH Services (Reproductive Health Outpatient Visit);

# CECAP National Program (3)

## □ Program Approach (1):

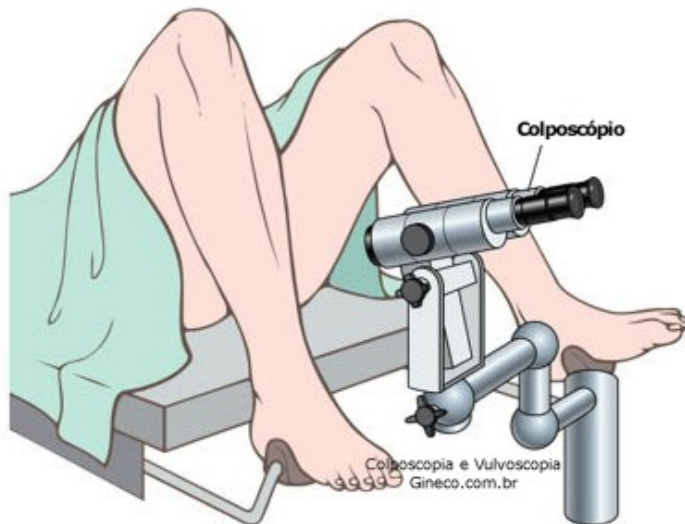
At Basic Health

Facilities: Screening of cervical lesions using 3 – 5% acetic acid and treatment with cryotherapy through the single visit approach;



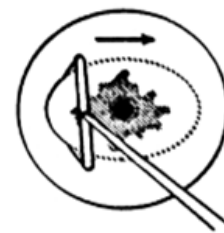
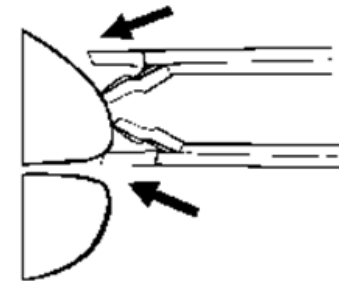
## □ Program Approach (2):

At **Referral Health Facilities**: Management of advanced cervical lesions through cytology, colposcopy, biopsy, and LEEP;

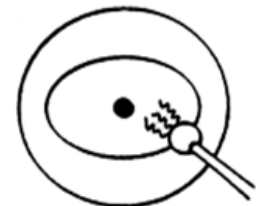
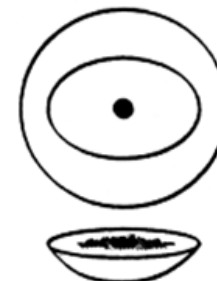


The fixed jaw of the forcep is placed on the most distal part of the site.

Biopsy



LEEP





# CECAP National Program (4)

**There is a strong commitment from the First Lady, Governors Wives and other Government and Civil Society prominent figures, in creating**



**awareness and advocating for Cervical Cancer Prevention, early detection and treatment of precancerous lesions – through National, Provincial and District meetings with Civil Society and Communities (*Women's Groups, Community and Religious Leaders, etc...*)**

# **CECAP National Program (5)**

- ❑ To improve coordination and synergy of Government resources and Partners' support, the MoH established a Technical Group led by the Department of Non-Communicable Diseases and the Department of Women and Child Health, which includes key partners such as USAID, CDC, PEPFAR, and Implementing Partners (*MCHIP, FGH, ICAP, Elizabeth Glaser*), UNFPA, WHO and Civil Society Organizations...**
- ❑ MCHIP/Jhpiego with USAID/PEPFAR funds is the leading technical advisor for MoH & USG Partners on CECAP program.**
- ❑ To improve sustainability the MoH through its own resources is acquiring 80% of the equipment needed and most of the consumables.**

# CECAP Program Main Achievements (1)

## Health Facilities

Level of Health Facility	Year				Total
	2009/10	2011	2012	2013	
Basic H.Facility	17	29	31	19	96
Referral H.Facility	1		4		5
<b>TOTAL</b>					<b>101</b>

## Health Professionals Trained

Health Professionals Categories	Year				Total
	2009/10	2011	2012	2013	
Obst -Gyn		15	20	5	40
General Practitioners	18	81	48	5	152
MCH Nurses	17	135	139	184	475
Maintenance Technicians	12	0	12	0	24
<b>TOTAL</b>					<b>691</b>

# **CECAP Program Main Achievements (2)**

## **Established the Reproductive Health Outpatient Services, where women receive:**

- ☑ Education, Information and Counseling on FP, STIs, HIV, CECAP, GBV and other reproductive health conditions;**
- ☑ Provision of Services:**
  - ✓ Family Planning;**
  - ✓ Screening and Immediate Treatment of STIs;**
  - ✓ Screening, Treatment and Follow Up of HIV+ Women;**
  - ✓ VIA Screening and Immediate Treatment of Pre-Cancerous Lesions with Cryotherapy;**
  - ✓ Screening and Referral of Breast lumps or abnormalities;**
  - ✓ Screening, treatment, follow up and/or referral of other reproductive conditions (infertility, uterine benign tumors)**

# CECAP Program Main Achievements (3)

Data available from the beginning of Program implementation in 2010 up to June 2013:

- ❑ **93.500** Women were screened for cervical cancer;
- ❑ **8.650 (9.2%)** Women were VIA + for Pre-Cancerous Lesions;
- ❑ **14.8%** of VIA + Women were also HIV+;
- ❑ **6.320 (73%)** Women with pre-cancerous lesions were treated with Cryotherapy;
- ❑ **1.140 (13%)** Women VIA + were referred for lesions > 75% or because of cervical cancer suspicion;

# **CECAP Program Main Challenges**

- ❑ Difficulties to implement the Single Visit Approach due to constant breakdown of the Cryotherapy equipment;**
- ❑ Turnover of trained personnel – maximizing the on-job training of all personal at the RH Services;**
- ❑ Need to sustain the quality of the diagnosis of pre-cancerous lesions through VIA screening (*on-site supervision, mentoring and quality measurement with SBM-R*);**

# **Moving Forward as a National Program**

## **The Ministry of Health intends to:**

- ❑ Cover all districts, up to 2017, with at least 3 to 4 HF providing VIA & Cryotherapy and all provinces with at least 2 HF providing Colposcopy and LEEP – continuing the scaling-up approach adding around 25 to 30 HF each year;**
- ❑ Address the challenges in collaborative way with Provincial Health Directorates, Health Facilities Directors and Partners to ensure the consolidation and sustainability of the Program.**

# Take Home Messages

- ❑ To create a sustainable CECAP Program takes time and demands efforts from all partners.
- ❑ Create partnerships!!! It's not possible to succeed alone.
- ❑ In order to create sustainability, vertical projects must be avoided!
- ❑ Integration optimizes resources and maximizes results.
- ❑ Share information, acknowledge failure, and be supportive.
- ❑ It's essential to have in place effective mechanisms to ensure quality. Need to ensure an enabling environment and the critical supportive supervision to achieve the expected results.
- ❑ **Where there is a will, there is a way!**



# The Wonderful Mozambique!

**Thank You  
Very Much!!!**



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