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.

Source: GLOBOCAN 2008
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
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);
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;
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...
To improve coordination and synergy of Government resources and Partners’ support, the MoH established a Technical Group leaded 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

<table>
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<tr>
<th>Level of Health Facility</th>
<th>Year</th>
<th>2009/10</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>Total</th>
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<td>Basic H.Facility</td>
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<td>17</td>
<td>29</td>
<td>31</td>
<td>19</td>
<td>96</td>
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<tr>
<td>Referal H.Facility</td>
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<td>4</td>
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<td><strong>TOTAL</strong></td>
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### Health Professionals Trained

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<th>Health Professionals Categories</th>
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<th>2012</th>
<th>2013</th>
<th>Total</th>
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<tbody>
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<td>Obst -Gyn</td>
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<td>15</td>
<td>20</td>
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<td>General Practitioners</td>
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<td>18</td>
<td>81</td>
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<td>MCH Nurses</td>
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<td>Maintenance Technicians</td>
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<td>12</td>
<td>0</td>
<td>24</td>
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<tr>
<td><strong>TOTAL</strong></td>
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</table>
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 & Cryoterapy 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!!!

Dr Carla Matos: MoH - Head of the Non-Communicable Diseases Department;

Dr Lidia Chongo: National Public Health Deputy Director – MoH;

Dr Mário Samucidine: Reprodutive Health Team Leader at MCHIP Mozambique;

Dr Maria da Luz Vaz: Technical Director MCHIP MOZ