SCALING UP VIA AND CRYOTHERAPY: Challenges, Opportunities and Essential Program Practices

PANEL PRESENTATION
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XX FIGO WORLD CONGRESS
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SESSION OUTLINE

- Burden and Risk Overview
- VIA & Cryotherapy for 2\(^0\) Prevention Approach
- Challenges to Using VIA and Cryotherapy
- Issues in Scaling Up
- Program Lessons/Best Practices
Global Situation - BURDEN

Source: Bray et al., The Lancet Oncology 2012; 13:790-801 (DOI:10.1016/S1470-2045(12)70211-5)
Global Situation - BURDEN


Cervical Cancer
ADDITIONAL BURDEN in AFRICA: HIV /AIDS

HIV incidence in Africa (UNAIDS 2010)

Cervical cancer Incidence in Africa (Globocan 2008, IARC)
Screening and Treatment Considerations for Women with HIV/AIDS

Women living with HIV/AIDS would:

- Screen early (when status is known)
- Screen frequently (every 12 mos)
- Offer treatment for VIA + when eligible and repeat screening after 6-12 months
- More referrals for large lesions
- Increase recurrence rates after standard treatment specially with lower CD4 counts
What Is VIA (Visual Inspection with Acetic Acid)?

- Looking at the cervix to detect abnormalities a minute after applying dilute (3-5%) acetic acid (vinegar).
- Acetic acid enhances and marks a precancerous lesion by turning it a whitish hue (aceto-white change).

![Normal](image1.png) ![CIN III](image2.png)
2.1 INTRODUCTION OF VISUAL INSPECTION (VIA) FOR CERVICAL CANCER SCREENING

STATUS: END OF 2010

- NATIONAL PROGRAMS: VISUAL INSPECTION IN THE NATIONAL SCREENING NORMS AND AVAILABLE ON A LIMITED OR UNIVERSAL BASIS THROUGH THE PUBLIC SECTOR
- PILOT PROGRAMS: VISUAL INSPECTION AVAILABLE THROUGH PILOT OR DEMONSTRATION PROJECTS ORGANIZED BY THE MINISTRY OF HEALTH OR NGO PARTNERS
- NO VIA 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.
**PRINCIPLE:**
For a Screening Programs to be effective:
Need Linkage with Treatment Options for VIA Positives

### What to do with VIA positives?

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Cryotherapy</th>
<th>Diathermy Loop Excision (LEEP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness</td>
<td>80–90%</td>
<td>90–95%</td>
</tr>
<tr>
<td>Side effects</td>
<td>watery discharge; infection risk</td>
<td>bleeding</td>
</tr>
<tr>
<td>Anesthesia required</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>Tissue sample</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>Power required</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>Cost</td>
<td>relatively low</td>
<td>relatively high</td>
</tr>
</tbody>
</table>

Single Visit Approach: VIA + Cryotherapy

VIA 30-45 yrs

- Negative
  - Follow up 5 years (HIV-)
  - Follow up 1 year (HIV+)

- Positive
  - Treat Immediately Cryotherapy
  - Refer for LEEP
    - Repeat VIA after 1 year

SVA Country Involvement

- Thailand
- Indonesia
- Philippines
- Cambodia
- Bhutan
- Mongolia
- Malaysia
- FSM
- Peru
- Ghana
- Malawi
- South Africa
- Guyana
- Mozambique
- Ivory Coast
- Tanzania
- Burkina Faso
- Uganda
SERVICE DELIVERY OPTIONS

OPTIONS FOR VIA & CRYO PROVISION

1. Full SVA on site
2. VIA at HCF/Same day treatment at DH
3. Fully Mobile SVA services
4. Partially mobile SVA services
Program Framework

Single Visit Approach at the health facility level including primary health center

- Strengthen referral sites
- Increased demand for screening
  - National Policies and Guidelines
  - Training & Supportive Supervision; Quality Assurance
  - Monitoring and Evaluation
  - Equipment, Procurement and Logistics
WHO Scale Up Framework

Mozambique Cervical Cancer Prevention Program

1º Phase

2º Phase

Types of scaling up
Dissemination and advocacy
Organizational choices
Costs/resource mobilization
Monitoring and evaluation

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Cervical Cancer Prevention Challenges

- An appropriate test is not enough
- Effective Service Delivery system is **Essential – capacity to provide:**
  - Coverage of Eligible Population
  - Appropriate management of screen positives
  - Monitoring for progress
  - Treatment at reasonable cost
Impact of Screening on Cervical Cancer Incidence

The results support the conclusion that ORGANIZED SCREENING have had a major impact on cervical cancer in Nordic countries – Laara et.al, Lancet, 1987
Organization of Screening

- Every woman (30-60) invited by invitation using population registry
- Personalized and customer friendly invitation (can be changed by phone or email) conducted at regular intervals
- Results is returned with a personalized letter

Lessons Learned

- Wide coverage and high compliance rate are critical
- Screening and treatment are free; and referrals are “automatic”
- Results collated and assessed by mass screening registry
- Quality control
  - Screening system
  - Internal quality control in laboratory

Nieminen, P., IPV 2011
Program Components for a SVA

<table>
<thead>
<tr>
<th>COMPONENT STATUS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach and Education</td>
<td>X</td>
</tr>
<tr>
<td>Advocacy and Policies</td>
<td>X</td>
</tr>
<tr>
<td>Service Delivery</td>
<td>X</td>
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<tr>
<td>Training</td>
<td>X</td>
</tr>
<tr>
<td>Referral System</td>
<td>X</td>
</tr>
<tr>
<td>Information Management</td>
<td>X</td>
</tr>
<tr>
<td>Equipment, Procurement and Logistics</td>
<td>X</td>
</tr>
<tr>
<td>Target Population</td>
<td>X</td>
</tr>
<tr>
<td>Financing</td>
<td>X</td>
</tr>
</tbody>
</table>
VIA & Cryotherapy Implementation Issues (1)

- **Health System**
  - Leadership – NCD or RH
  - Priority intervention
  - Funding
- **Service Delivery Model**
  - Stand alone or integrated
  - Opportunistic or Organized Screening
  - Outreach and static
  - Functional referral points for continuum of care
  - Community mobilization

- **Technique**
  - Quality of Acetic Acid
  - Standardization of VIA steps
  - Infection prevention practices

- **Training**
  - Trainer preparation
  - Provider development
  - Length of training
  - Transfer of learning
  - Case load for hands-on practice
  - Qualifying New and Current Providers
VIA & Cryotherapy Implementation Issues (2)

- **Quality Assurance**
  - Timely and appropriate supportive supervision
  - Compliance to Standards
  - Resources for supervision

- **Referral Resources**
  - Specialists and Services
  - Equipment

- **Monitoring and Evaluation**
  - Indicators and denominators
  - Documentation and accuracy
  - Data use to drive management
  - Incipient Health Information System

- **Equipment, Supplies and Logistics for Cryotherapy**
  - Connectivity
  - Reliability
  - Durability
  - Repairability and spare parts
  - Maintenance
  - Quality and access to CO2
  - Portability
  - Cost
TAKE HOME MESSAGE 1

PROMOTE COUNTRY OWNERSHIP

- Develop a common purpose
- Identify Leaders
- Support Champions
- Engage stakeholders
- Technical working group as a process for multi-sectoral participation
- Help Define roles and responsibilities
TAKE HOME MESSAGE 2

SCALING-UP SCREENING

- Implement Sustained Organized Screening
  1. Target All Eligible Women for Screening at least 1 x in a lifetime if not at regular Intervals
  2. Design service delivery model to adapt to organized screening
  3. Offer free screening, treatment and automatic referral
  4. Sustain a strong link from community to referral
TAKE HOME MESSAGE 3

LOOK BEFORE YOU GO - MONITORING & ASSESSMENT

- Progress of Scale up
- Efficient use of limited resources
- Document results and outcome
- Powerful advocacy tool

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TAKE HOME MESSAGE 4

BUILD CAPABILITY

- Setting up a Technical Excellence Center
- Implement competency based training approach
- Develop and Sustain core team of qualified trainers and supervisors
- Adapt technology for supporting performance
- Expand task shifting and task sharing
TAKE HOME MESSAGE 5

MAINTAIN QUALITY OF CARE

- Positive Client experience
- Caring Provider attitude
- Quality Assurance in the results and outcome of treatment
- Process for measuring quality of care
TAKE HOME MESSAGE 6

PLAN FOR EXPANSION

- Scale up strategy and Implementation plans
- Vertical and horizontal scale-up
- Demand generation
- Continuous technical updated for providers
- Logistics, equipment supplies
  - Repair and maintenance
- Review, pilot, adapt new technologies
Thank You

It takes a minute to prevent cervical cancer—
Go SVA!

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