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EGPAF-Lesotho Cervical Cancer Prevention Program

BACKGROUND

The human papillomavirus (HPV) is primarily transmitted through skin-to-skin contact. There are over 100 types of HPV, of which at least 13 are cancer-causing. HPV is the most common sexually transmitted infection globally, with peak incidence occurring between ages 16 and 20. Cervical cancer is a leading cause of cancer-related mortality among women globally, with more than 530,000 cases and 265,000 deaths annually. Eighty five percent of these cases occur in low-resource settings, primarily among women between the ages of 40 and 55.

More than 75% of women living with HIV are estimated to be infected with HPV. Women living with HIV are particularly vulnerable, as they are more likely to acquire HPV and are four to five times more likely to develop cervical cancer than their HIV-negative peers. HPV infection progresses more quickly, is more likely to become cancerous, and is less likely to regress in women living with HIV. Women living with HIV also tend to present with cervical cancer at a younger age, have a more aggressive clinical course, and are less responsive to chemotherapy.

CERVICAL CANCER PROGRAM

Cervical cancer is the most common cancer in Lesotho and is a leading cause of death among women. Lesotho is home to one of the highest estimated cervical cancer incidence rates in the world at 27.8/100,000 in 2012. The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) began collaborating with Lesotho's Ministry of Health (MOH) in 2004 to end pediatric HIV and AIDS and enhance maternal, neonatal, and child health through implementation of HIV prevention, care, and treatment programs, advocacy, and research. In 2013, EGPAF supported the establishment of Lesotho's first organized cervical cancer screening program at Senkatana, a national training center. Through U.S. President's Emergency Plan for AIDS Relief (PEPFAR) support, EGPAF scaled-up cervical

cancer prevention services using a mixed capacity building approach that included training, mentorship, and clinical attachment of health care workers at Senkatana. EGPAF has also supported the MOH to review and develop relevant policies, guidelines, and program implementation tools and is now scaling-up the cervical cancer prevention strategy across all 10 districts to 36 sites, nation-wide.

INTERVENTION GOALS AND OBJECTIVES

The goal of the cervical cancer prevention program is to reduce cervical cancer among HIV-positive women¹ in Lesotho by 95% through achievement of the following objectives:

1. Screen 37,000 HIV-positive women enrolled on antiretroviral therapy (ART) aged 25+ years old for cervical cancer by the end of September 2019;
2. Screen all HIV-positive women on ART every other year, per global and national guidance;
3. Provide treatment for those who screened positive for precancerous cells using thermo-coagulation or loop electrosurgical excision procedure (LEEP) for women who are not eligible for ablative treatment;
4. Work with the MOH to review policies, guidelines, and other relevant tools;
5. Provide in-service training on cervical cancer screening to MOH-supported nurses and midwives at high-volume sites; and
6. Establish quality management systems (e.g., supportive supervision and information management systems).

IMPLEMENTATION APPROACH

The cervical cancer screening and prevention program will be rolled-out in all 10 districts of Lesotho using a phased approach, starting immediately with 15 high-volume hospitals/health centers in the last quarter of 2018 (these 15 facilities account for about half of all women aged 25+ currently on ART, nation-wide). In early 2019, cervical cancer screening, diagnosis, and management will be integrated into ART

¹This program welcomes HIV-negative women in for testing and treatment, as well.

services as part of routine care for HIV-positive women in 21 other facilities throughout the country. HIV-positive women aged 25+ years will be offered cervical cancer screenings at all 36 facilities using visual inspection with acetic acid (VIA) by the end of September 2019. As part of the standard screening, clinical breast examination for breast cancer will also be performed. Women receiving services at lower-tiered, smaller-volume facilities will be referred to larger health centers with capacities for treatment or hospitals for screening.

For post-menopausal women, among whom VIA may not be effective, EGPAF will use HPV nucleic acid tests leveraging on the Unitaaid-supported point-of-care platforms, along with Pap smear resources provided by the MOH. About 33% of women over the age of 25 will benefit from this type of testing. GeneXpert machines will be used to pilot this in preparation for its adoption as the primary screening test for cervical cancer.

Thermo-coagulation will be the main treatment approach for women who screen positive for pre-cancer through VIA or other screening methods. HIV-positive clients tend to have larger and more severe lesions, which may translate to a higher proportion of them needing LEEP. LEEP will be available at four centers: Senkatana, Queen Elizabeth II, Mafeteng, and Motebang hospitals. Senkatana will also receive and manage referred clients from the other LEEP centers with complex lesions. Senkatana will refer women with suspected or confirmed invasive cancers to Queen Mamohato Memorial Hospital for further management.

MOBILIZATION TO INCREASE DEMAND AND OPTIMIZE SCREENING UPTAKE

EGPAF will recruit and train new staff and mobilize existing medical officers, nurses, counsellors, village health care workers, and other supporting staff on the importance of cervical cancer screening for HIV-positive women. EGPAF will integrate screening directly into the HIV treatment services at ART corners to ensure easy access to screening. PMTCT programs will work to ensure that clients are screened for cervical cancer during the post-natal period. Community ART groups will also be used as a platform to educate members on the importance and benefit of cervical cancer screening. Other platforms, such as the men's health program, will be leveraged to educate men to support their wives to get screened for cervical cancer. EGPAF will develop standard health education notes that health workers can use for education on cervical cancer screening during health talks. EGPAF will also leverage its work with civil society organization to raise community awareness and create demand for cervical cancer screening services. Local media will be mobilized to ensure dissemination of accurate communication on cervical cancer prevention, service availability, and to create demand for service uptake.

CAPACITY BUILDING, QUALITY ASSURANCE AND PROGRAM MONITORING

Senkatana will continue to provide overall technical leadership and support all other sites, leading trainings, mentoring, and coordinating supportive supervision. Senkatana will be the primary site for ongoing training for newly hired staff. As other LEEP centers are developed, they will also be used as centers of excellence to host clinician attachments. The Senkatana center has a toll-free number which can be used when health workers from various sites are in need of experts opinions. Enhanced visual assessment digital services will also be provided to allow clinicians to take high-quality pictures that can be shared with teams in real time, ensuring accurate diagnosis and decision-making. There will be ongoing supportive supervision by the MOH and EGPAF and onsite mentoring will build confidence and expertise. PEPFAR will provide oversight and site improvement monitoring systems to ensure the highest level of program implementation. EGPAF has developed a comprehensive training package, which is continually updated with emerging evidence. The program will work closely with the MOH's quality assurance unit to ensure quality improvement occurs over the course of the program. EGPAF will also integrate monitoring and evaluation of the cervical cancer program activities into routine data collection and analysis activities, closely monitoring progress on key PEPFAR indicators against the program targets.

STAFFING AND PROCUREMENT

In addition to existing EGPAF staff, three new medical officers, 31 nurses, and three records assistants will be recruited to provide direct service delivery at site level. Major procurements to be undertaken include: three colposcopes for the LEEP centers to evaluate inconclusive precancerous lesions, four LEEP machines, four sterilizers for the LEEP centers to prevent any cross-infection, enhanced visual assessment digital devices, thermos-coagulators for ablative treatment, HPV test kits, and other basic supplies for screening services.



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