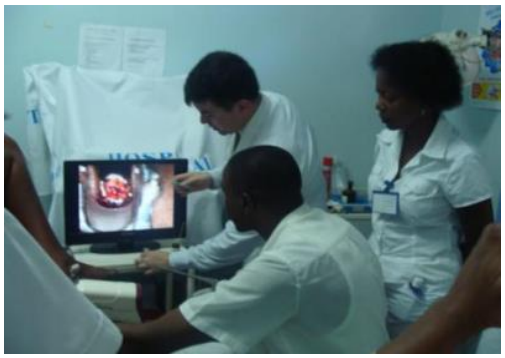
Mozambique MCHIP Technical Briefs

Cervical Cancer Prevention

Introduction

The burden of cervical cancer in Mozambique is higher than the average for developing countries. The incidence and mortality rates are 37.3 and 33.2 per 100,000 women, respectively, compared with 8.8 and 8.2 globally, and 3.0 and 2.7 in developed regions (Globocan 2008). In order to address this issue, in 2009, the Government of Mozambique launched the National Cervical and Breast Cancer Prevention and Control Program, with technical leadership and assistance from Jhpiego under the first phase of MCHIP in Mozambique. The Ministry of Health (MOH) has been working over the past five years with support of its partner agencies, especially UN agencies and USAID implementing partners, to implement and consolidate this plan.



The Mozambique MOH adopted the "Single Visit Approach" (SVA) as the basis for its cervical cancer prevention program (CECAP). This approach links testing with the offer of treatment during the same visit. The main objective of the CECAP program is to increase access to screening and treatment for all target women in order to reduce the incidence and mortality due to cervical cancer in the country. CECAP services in Mozambique are integrated into Sexual and Reproductive Health (SRH)/Family Planning (FP) services, targeting women between 30-55 years old, including HIV+ women. Services aim at providing screening with visual inspection with acetic acid (VIA) and treatment of pre-cancerous lesions with cryotherapy at the primary health facilities. Colposcopy, biopsy and treatment with the loop electrosurgical excision procedure (LEEP) are offered at referral sites for the management of advanced lesions.

Under the first phase of the MCHIP program in Mozambique, 17 health facilities were equipped with trained staff and materials to provide VIA and cryotherapy services. Six of these facilities were referral hospitals and also provided colposcopy, biopsy and treatment with LEEP. By the end of 2010, more than 8,500 women had received breast and cervical cancer screening nationwide.

Building upon the experiences and lessons learned during the first phase, the second phase of MCHIP (Associate Award, 2011-2015) has continued to collaborate with the MOH to strengthen and expand the delivery of CECAP services in primary health facilities as part of a comprehensive integrated package of SRH services. Specifically, the current support of USAID through MCHIP to the MOH for cervical cancer prevention is under **MCHIP Objective 4:** *Support the expansion of activities for prevention of cervical and breast cancer using the single-visit approach and assisting in the implementation of "Action Plan for the Strengthening of and Expansion of Services for Control of Cervical and Breast Cancer" of the MOH.*

MCHIP Intermediate Results and Program Activities

IR4.1 Intensive focus CECAP facilities equipped

MCHIP has supported the MOH to expand VIA and cryotherapy services through the Integrated SRH Outpatient Visit, and is currently providing these services at 129 health facilities (as of end of December 2014). In order to support the initiation of CECAP services, MCHIP has provided each facility with two tanks of CO2, acetic acid 5%, registration forms, IEC materials, and the installation of cryotherapy equipment.

MCHIP has encountered ongoing problems with malfunctioning cryotherapy units due to misuse and poor storage/maintenance. To address the problem, MCHIP has been providing on-the-job training to health care providers in correct usage of the equipment and has also been working with maintenance technicians to repair malfunctioning units. In addition, MCHIP has been supporting provinces to repair cryotherapy units and return them to their respective health facilities to ensure the continued implementation of CECAP services. In July 2014, MCHIP, in collaboration with Medegyn, trained provincial maintenance technicians for the Provincial Health Directorates in order to ensure local capacity for repair of malfunctioning equipment. MCHIP is advocating with the MOH and partners to purchase a reserve stock of cryotherapy units for each province, so that when a cryotherapy unit needs to be repaired it can be replaced by a "loaner" until the health facility receives the repaired unit. MCHIP is also working with the MOH to ensure a stock of replacement pieces for the cryotherapy units so that repairs can be made more quickly.

IR4.2 Trained corps of CECAP health workers and trainers

MCHIP has been collaborating with the MOH to train health workers in integrated CECAP and FP services across all provinces of Mozambique, through formal (group-based) provincial trainings and targeted on-the-job trainings in VIA and FP (with a focus on implant insertion/removal and IUD). Provincial trainings are conducted to train health workers from facilities that were newly integrated into the National CECAP Program, while on-the-job training are conducted in selected facilities to address lack of trained staff (because of rotation of trained staff out of CECAP facilities) and to address weaknesses identified during supportive supervision visits.

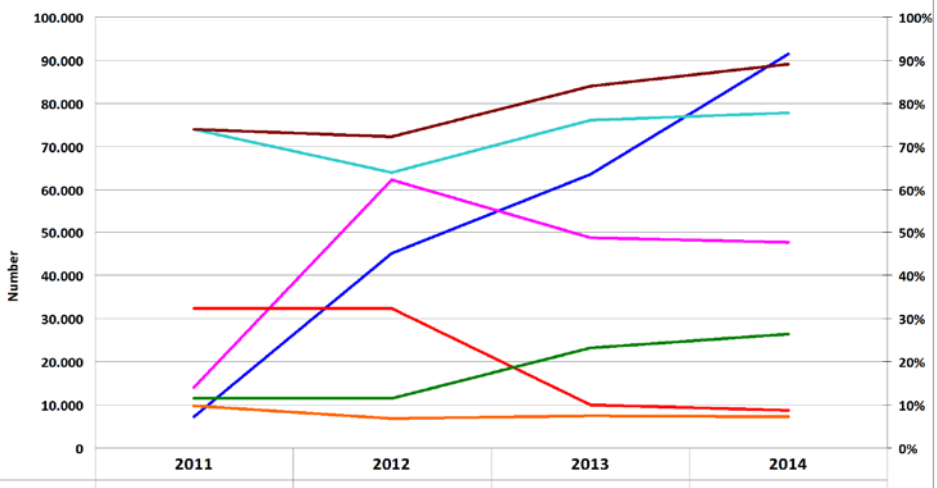
IR4.3 Increased capacity for CECAP management

MCHIP has been implementing the Standards-Based Management and Recognition (SBM-R) process for VIA and cryotherapy services to improve the quality of these services. In 2013, MCHIP provided technical support to the MOH to initiate the development of SBM-R standards for colposcopy and LEEP offered at referral sites. MCHIP continues to provide support to Provincial Health Directorates and health facilities to carry out supportive supervision visits to address challenges in CECAP service delivery and provides technical assistance for CECAP SBM-R assessments. Health facilities have been selected for supportive supervision/TA visits based on identified challenges such as malfunctioning cryotherapy equipment or incomplete information presented in monthly reports. During the visits, the supportive supervision team provides TA in completing registration forms and addressing practices that were being performed incorrectly by health workers in the areas of screening and treatment of precancerous lesions.

Key Accomplishments

During the implementation of the CECAP Program, MCHIP has supported the MOH to create an enabling environment to make CECAP a sustainable and equitable program by including this approach in existing MOH reproductive health policies, strategies, services and the national health information system. As a result of this effort, the CECAP Program has trained 975 health professionals in cervical cancer prevention (from 2009 – December 2014), has supported the offering of VIA and cryotherapy services at 129 Health Facilities, and has supported the MOH to establish 5 referral sites providing colposcopy, biopsy and LEEP services. In addition, MCHIP has trained a total of 39 maintenance technicians over the life of the project to repair cryotherapy equipment. As a result of this support, 216,028 women have been screened by VIA (from October 2009 to December 2014); 16,479 (7.6%) of these women were identified as VIA positive; 8,930 (69,4%) of these women were treated with cryotherapy in the same day of the screening; and 3,613(21.9%) women referred for larger lesions or suspicion of cancer. Table 1 shows the evolution of key CECAP indicators from 2011 to March 2014.

Figure 1. Key Indicators from the Cervical Cancer Prevention & Treatment Program, 2011–2014



	2011	2012	2013	2014
# of VIA performed	7.186	45.273	63.494	91.569
% of VIA performed (of women presenting for their first visit)	14,1%	62,3%	48,8%	47,7%
% de VIA positives	9,9%	6,8%	7,5%	7,3%
% of Cryotherapy treatment performed in the same day of the screening	74,0%	63,9%	76,1%	77,9%
% of Women who received Cryotherapy in relation to Women Eligible for Cryotherapy	74,0%	72,3%	83,9%	89,0%
% of Women with VIA + who are also HIV +	32,3%	32,3%	10,0%	8,8%
% of Women referred for Lesions > 75% or due to cervical cancer suspicion	11,5%	11,5%	23,3%	26,5%

National leadership and advocacy for the CECAP Program in Mozambique has been significantly enhanced with MCHIP's support. In May 2013, a National Advocacy Meeting was carried out under the leadership of the First Lady Cabinet and the MOH, with the support of several partners. This meeting was attended by roughly 400 people (spouses of the provincial governors, civil society organizations, community leaders, national and international NGOs private sector, professional associations, health personnel, multilateral and bilateral cooperating partners).

Another important recognition of the success of the CECAP Program efforts was the selection of Mozambique to host the 7th Stop Cervical Cancer in Africa Conference, in July 2013 with the presence of the President of the Republic, the First Lady and the Minister of Health of Mozambique, African First Ladies and Ministers, parliamentarians and other authorities, health workers, and civil society representatives, for a total of around 2,000 participants. During this conference, the government of Mozambique reaffirmed its commitment to support cervical cancer prevention. MCHIP provided support in the organization and technical content of this conference, the supply of materials and equipment for the exposition (booths on VIA/cryotherapy, FP, and colposcopy/LEEP), financial support for installation of panels and stands, and support for the travel costs of provincial gynecologists.

Upcoming Plans

Despite the accomplishments in the CECAP Program, concentrated efforts are required to consolidate this program to ensure continued progress. In order to have an impact on cervical cancer incidence and mortality, a high screening coverage (around 80%) with treatment of the identified lesions is critical. To increase coverage and thereby accelerate reduction of cervical cancer mortality, the MOH is moving from opportunistic screening (waiting for women to come to the service to offer screening) to more universal coverage through organized screening (target all eligible women for screening at least once in a lifetime, if not at regular intervals, and ensure screening, treatment and automatic referral). The CECAP Program's comprehensive approach of screening and treatment integrated in a SRH services package reflects this movement toward more universal coverage. In this context, MCHIP continues to support the MOH to scale up and invest in universal coverage and thus make the leap forward to screen every eligible woman at least once in their lifetime.