Cervical Cancer Prevention and Treatment Programme in Malawi:
Taking services where they are needed most

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Presented by:
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Learning Objectives

At the conclusion of this session, participants will be able to:

- Describe results achieved by the national cervical cancer prevention program in Malawi,
- Discuss the challenges lessons learned of introducing cervical cancer prevention and treatment services into low-resource settings, and
- Explain key elements of starting or expanding cervical cancer prevention and treatment programs in low-resource settings.

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Lake Tanganyika
32°
Songwe R.
36°
Kilombero R.
0 150 km
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Lufubu R.
Lakungu R.
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Chitipa
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Chambeshi R.
Lake Malawi
Rumphi
Mzuzu
Luangwa R.
Ruvuma R.
Nkhata Bay
Chisamula I. (Malawi)
Zambia
Mzimba
12°
Luwawa
Likoma I. (Malawi)
Lugenda R.
Malawi
Luwombwa R.
Messinge R.
Mozambique
Nkhota Kota
Kasungu
Luangwa R.
Messalo R.
Bua R.
Salima
Mchinji
Lilongwe
Monkey Bay
Dedza
Mangoche
Lake Malombe
Luia R.
Revúboé R.
Ncheu
Mozambique
Zomba
Lake Chilwa
Shire R.
Blantyre
Limbe
Lago de Cabora Bassa
Chikwawa
Mulanje
16°
Thyolo
Zambeze R.
LicungoR.
Hunyani R.
Mólocué R.
Nsanje
Mazoe R.
Zimbabwe
Cuácua R.
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Background

- Cervical cancer: leading cause of cancer deaths among women, 30% of female cancers **(Malawi National Cancer Register 2001 - 2003)**
- Cervical cancer is preventable
- Single visit approach (SVA) using visual inspection with acetic acid (VIA) and cryotherapy - feasible, acceptable, and safe for low-resource settings
- Program implemented from 6/2004 – 9/2007 at request of Ministry of Health, with funds from USAID and BMGF

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Program Objectives

- To raise awareness of the problem of cervical cancer,
- To establish a sustainable system for providing cervical cancer prevention services,
- To increase accessibility and availability of cervical cancer prevention services in an integrated reproductive health program, and
- To provide quality cervical cancer prevention services.

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Methods

- Formulated national strategy and service delivery guidelines in 2005
- Held numerous advocacy meetings with key stakeholders (Cervical Cancer Technical Advisory Group)
- Trained **84** VIA/cryotherapy providers
- Developed **10** local trainers in VIA/cryotherapy
- Conducted community awareness campaigns to increase program visibility - Radio, TV, Leaflets, Posters, Flipcharts

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Advocacy

Stakeholders at a Technical Advisory Group meeting in Lilongwe

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Training

Group education session during a VIA/cryotherapy training

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AK5
JU8

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Service Delivery

Provider performing a pelvic exam

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Slide 9

AK5 Do you have any photos of Malawian service delivery providers in action?
Amy Kleine, 10/10/2007

JU8 Thats Dr Mbale a junior doctor that we trained at Lilongwe DHO in January 2007
JHPIEGO USER, 10/11/2007

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Community Mobilization

Pre-testing communication materials with community members in Mzimba

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Results

- Number of service sites established
- Number of women screened
- Number of women VIA-positive
- Percentage of women VIA-negative, VIA-positive, and suspect cancer
- Percentage of women treated with cryotherapy
- Number of women referred for suspect cancer

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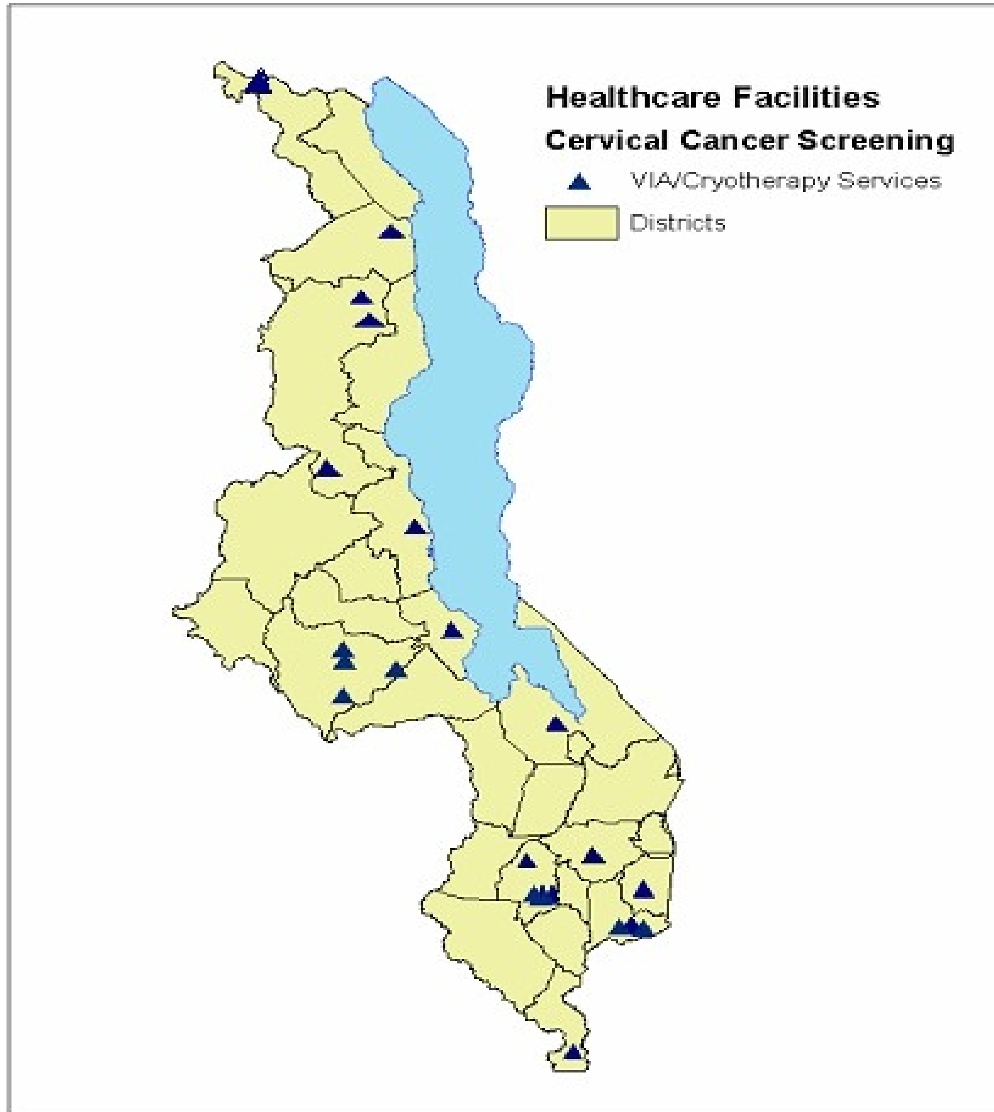
Results: 24 Service Sites



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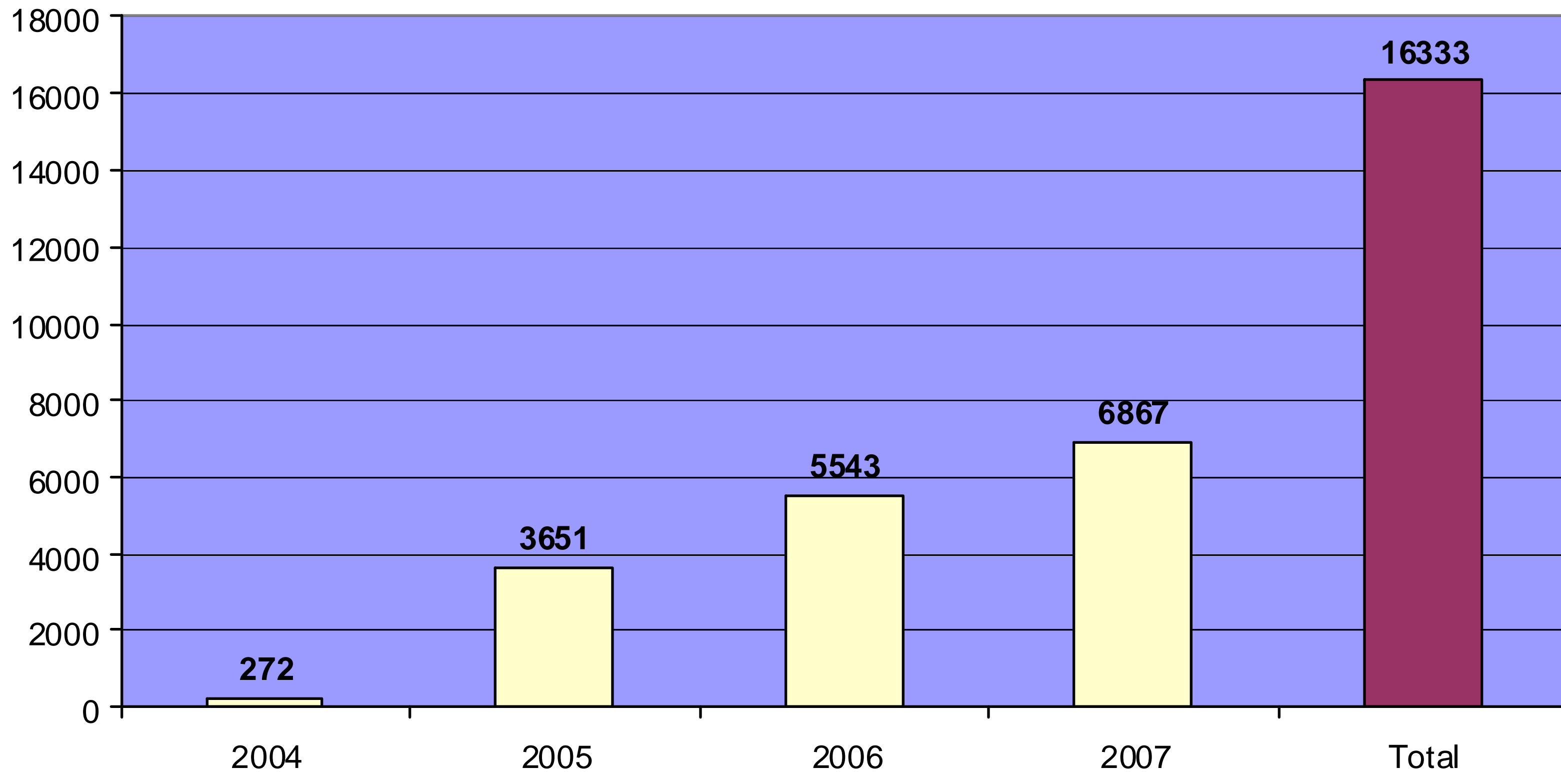
Results: Number of Women Screened

Total Number of VIA Tests Reported

(All Sites, December 2004 - September 2007)



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Results: VIA Results

VIA Results, in percentages

(All Sites, December 2004 – September 2007)

Result	Percentage
VIA -VE	87%
VIA + VE	10%
SUS CANCER	3%

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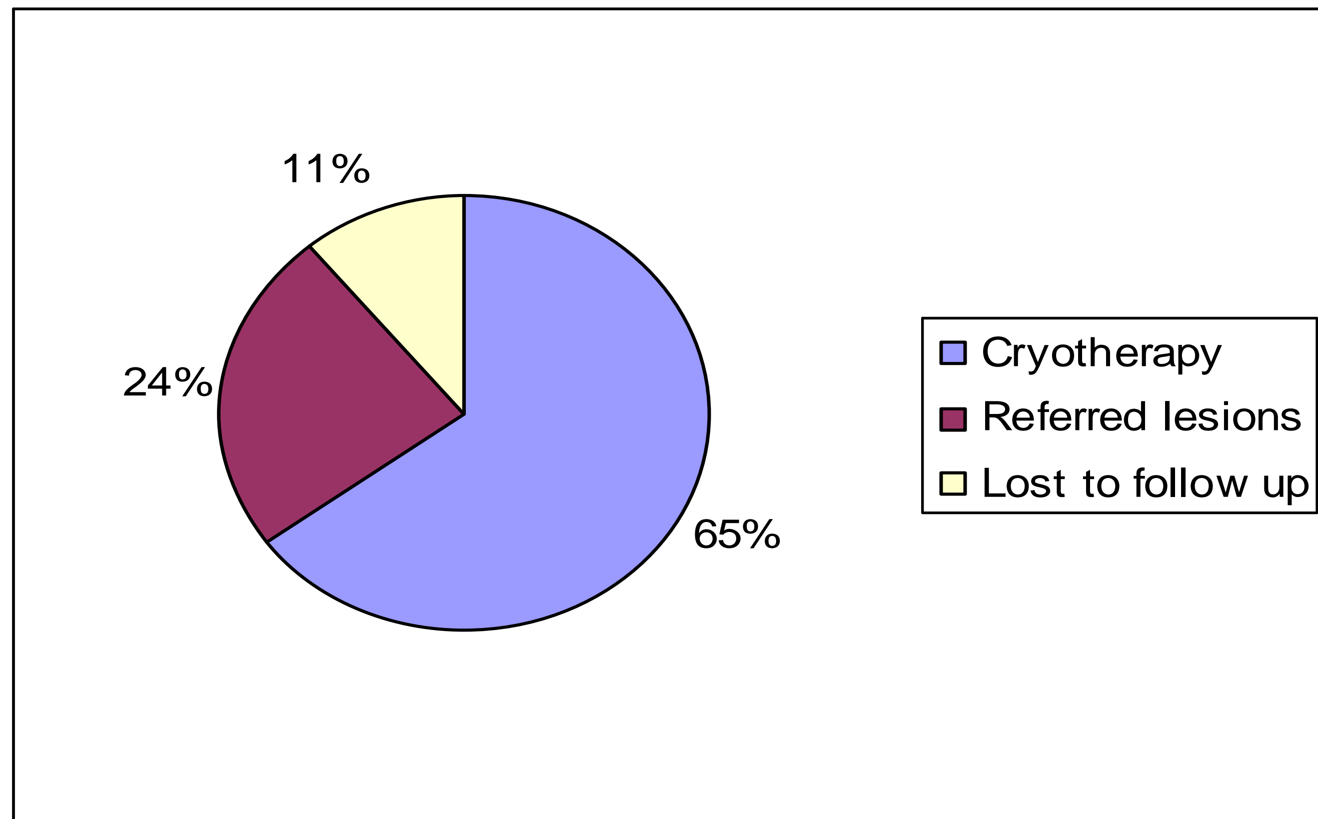
Results: Managing VIA+ women

Clinical Management for VIA-positive clients, in percentages

(All Sites, December 2004 – September 2007)



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Discussion

Four Program Phases for National Cervical Cancer Prevention Programs:

1. Country Readiness
2. Capability Development
3. Performance Support
4. Expansion

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Country Readiness

CHALLENGES

- There was some resistance to use of VIA from those who were used to Pap smear.
- CECAP was not part of the essential health package (EHP)

LESSONS LEARNED

- With results and evidence it can be demonstrated that VIA and Pap smear are complementary.
- The Programme visibility could influence Policy Change – CECAP is in DIPs of 11 districts showing recognition of its importance.

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Capability Development

CHALLENGES

- There is critical shortage of health workers in Malawi
- Multiple tasks must be conducted by the few available health workers

LESSONS LEARNED

- In low resource settings, creativity is needed for maximum use of resources to achieve desired results

Working with Zoe models during training in Blantyre

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Performance Support

CHALLENGES

- Performance standards had to be developed.
- Malawi did not have a team of supervisors in CECAP to monitor providers at project start.
- At project start, MOH did have any CECAP data to support assessment of performance over years or for future reference.

LESSON LEARNED

- Monitoring and evaluation is an important part of program sustainability.
- Supervision alone can motivate providers; most providers are encouraged by a visit of supervisors to their sites

Coaching is an important part of competency based training

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Expansion

CHALLENGES

- Some equipment had to be ordered abroad:
  - Cryotherapy
  - Speculums
  - Gyne beds
- Insufficient funding to roll out the service nationwide
- Limited resources for demand generation in the expansion phase

LESSONS LEARNED

- Government commitment is crucial to expand services.
- District budgets must include funds for the program

Providers and trainers work to expand services to new sites

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Future Plans

- MoH to coordinate all CECAP activities under RHU-Desk officer is assigned
- Scale up to 125 sites nation wide – per MOH plans
- Strengthen pre-service education in CECAP
- Strengthen links between CECAP and HIV services
- Utilize the existing team of trainers to produce more providers and trainer as needed
- Decentralize CECAP planning from central planning to district level planning using Sector Wide Approach (SWAp) funds

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