





Essequibo Islands-

East

Berbice-

Corentyne

New Amsterdam

/ West Demerara

Demerara-

Demerara-

Berbice

Cervical Cancer Prevention in Guyana in the Context of HIV and AIDS

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Background

- Guyana has one of the highest HIV prevalence rates (2.5%) in the Latin America and Caribbean (LAC) region.
- Cervical cancer incidence and mortality rates are 60% higher than the LAC regional average.
- Cervical cancer prevention has been identified as a priority by the Ministry of Health.
- Studies indicate that precancerous lesions progress more aggressively in HIV-positive women.

Cervical Cancer Incidence and Mortality Rates for Guyana, LAC and North America*

Country/Region	Incidence Rate	Mortality Rate
Guyana	47.3	22.2
LAC	29.4	13.7
North America	7.7	2.3

Barima-Waini

Cuyuni-Mazaruni

Potaro-Siparuni

Upper Takutu-

Upper Essequibo

*Estimates by country/region with age-standardized rates per 100,000 women Source: Ferlay, J GLOBOCAN 2002 (2007)

Partners/Collaborators

- Jhpiego
- Ministry of Health of Guyana
- Georgetown Public Hospital Corporation (GPHC)
- Omni Med
- Rotary Club

Program Objectives

- Strengthen and expand access to high-quality service delivery using visual inspection with acetic acid (VIA) and cryotherapy for women in Guyana, with a particular focus on HIV-positive women.
- Increase country readiness
 by strengthening the national cervical cancer prevention program.
- Build capacity to provide VIA and cryotherapy with the Single Visit Approach (SVA).
- Strengthen data collection and referral processes.

Results

Access to High-Quality VIA and Cryotherapy Increased

- Six VIA and cryotherapy sites identified and established.
- General population sites:
- Georgetown Public Hospital Corporation (GPHC)
- New Amsterdam Hospital
- Care and treatment sites:
- National Care and Treatment Center (NCTC)
- Dorothy-Bailey Health Clinic
- Campbellville Health Clinic
- St. Joseph's Mercy Hospital
- Established CECAP Center of Excellence and Training at GPHC.
- Collaboration with the private sector to provide cervical cancer prevention services.

Results (continued)

Country Readiness for a National Cervical Cancer Prevention Program (CECAP) Strengthened

- The recently established National Oversight Committee for Cervical Cancer Prevention directed by the in-country project lead, Dr. Madan Rambaran
- Updated Guyana National Policy on Cervical Cancer Prevention

Capacity to Deliver Services Increased

including: VIA/cryotherapy, education and

Focused mentoring of two Medical Extension

Health Providers (Medex) health providers

Providers updated on family planning methods

counseling in January 2009

serving as local technical leads

and counseling

■ Thirteen (13) providers trained in SVA services



Zetta Medex L

Medex Zetta

Medex Lorlene



Medex project leads work together to reconcile data collection forms.

Data Collection Processes Strengthened

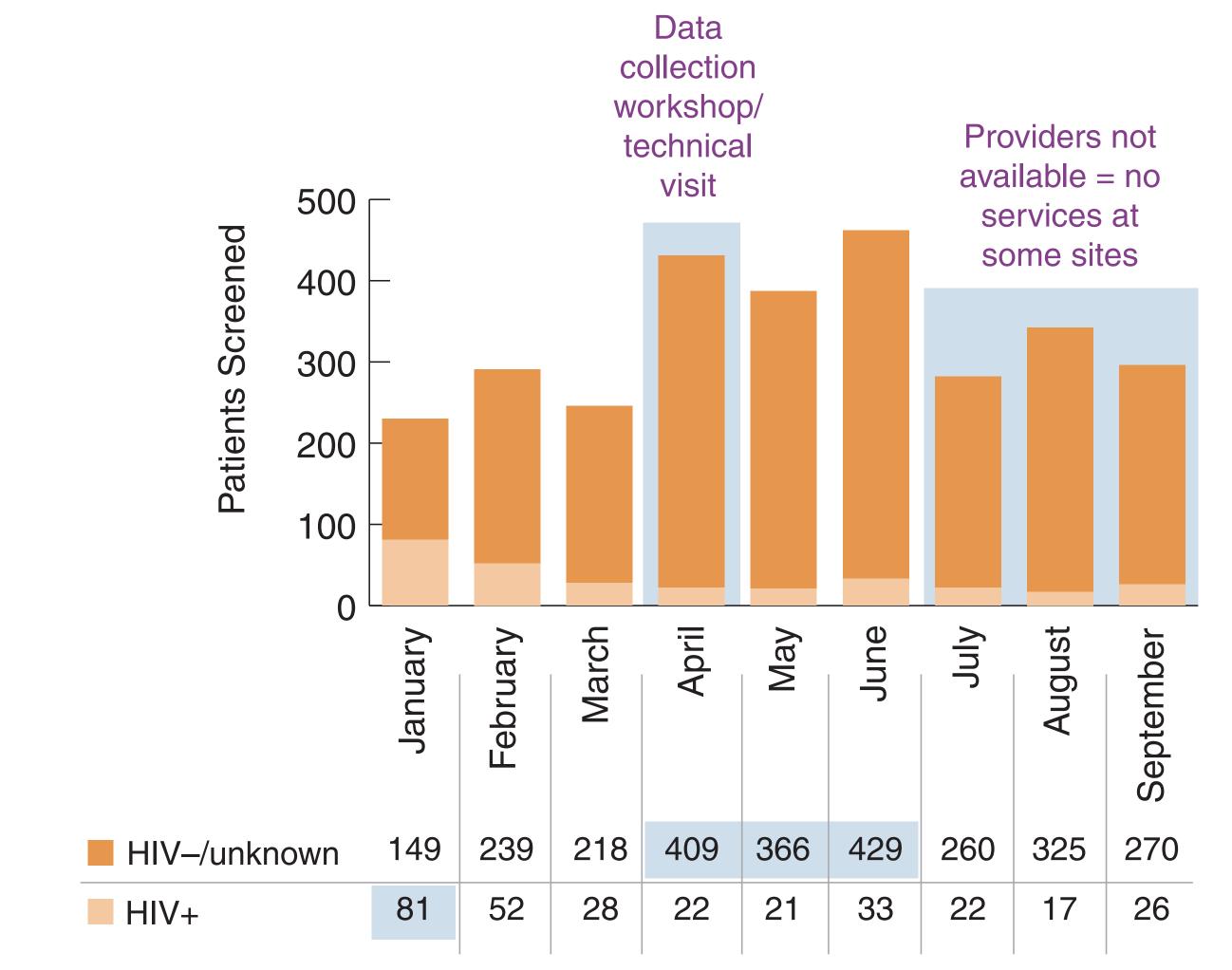
- Monitoring and Evaluation (M&E) workshop nine participants followed by individual site visits by Jhpiego M&E staff
- Data collection tools adapted to Guyana context





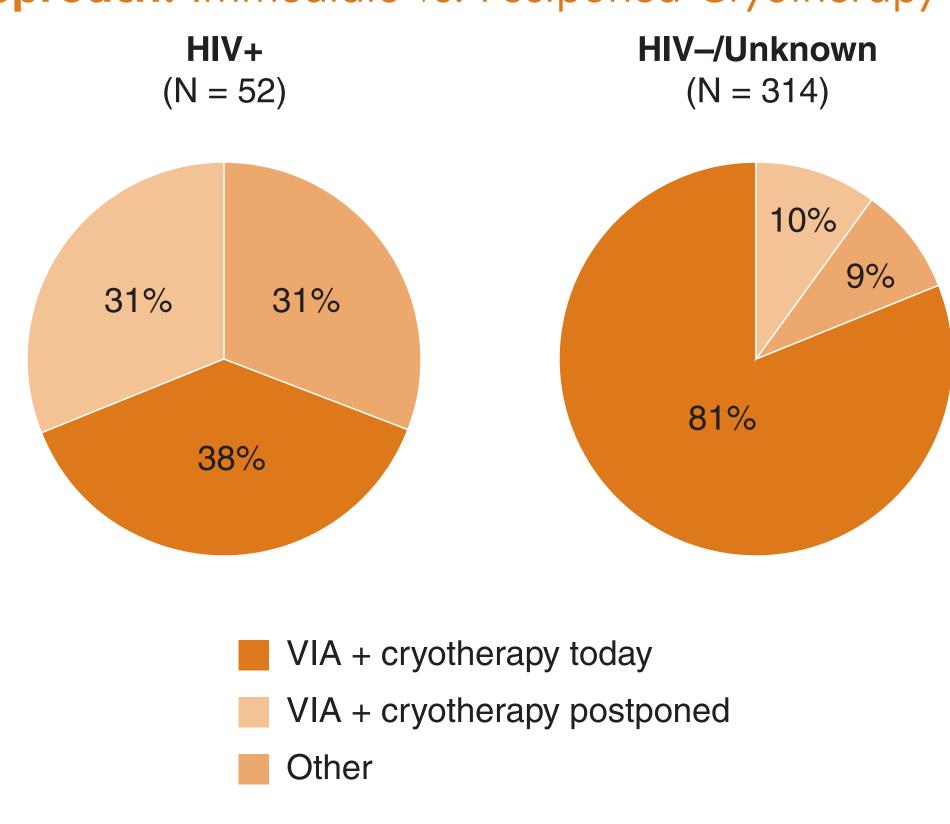
M&E training participants complete cervical cancer screening map form according to a case study example.

2009 VIA Screenings (New and Year 1 Follow-Up)*



*Monthly Totals by Self-Reported HIV Status, N = 2967

Single Visit Approach: Immediate vs. Postponed Cryotherapy



Challenges

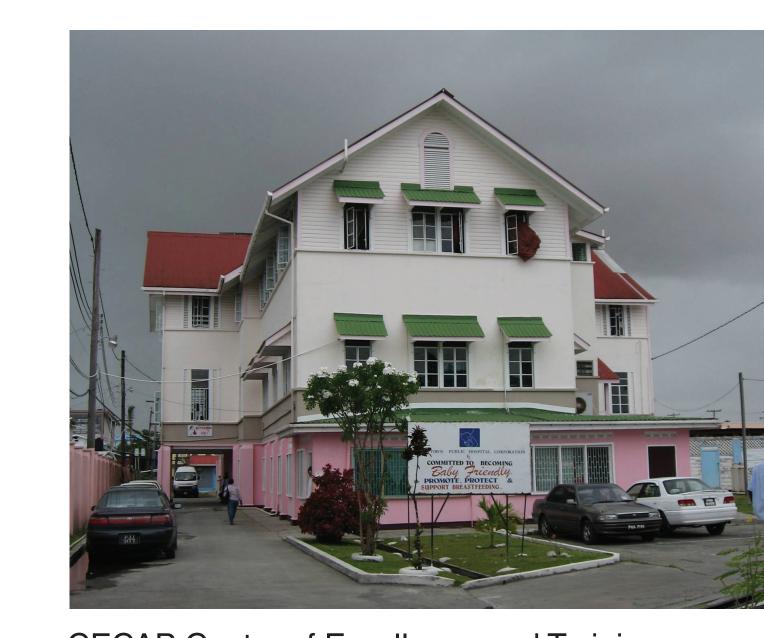
- Initial set-up and supply of service delivery sites in some facilities that did not have focused support from administration
- Consistent project oversight in light of workload concerns of partners and implementers on the ground
- Consistency of data collection across all project sites
- Reaching expected capacity at HIV care and treatment sites
- Lack of awareness of CECAP services at several care and treatment sites

Recommendations

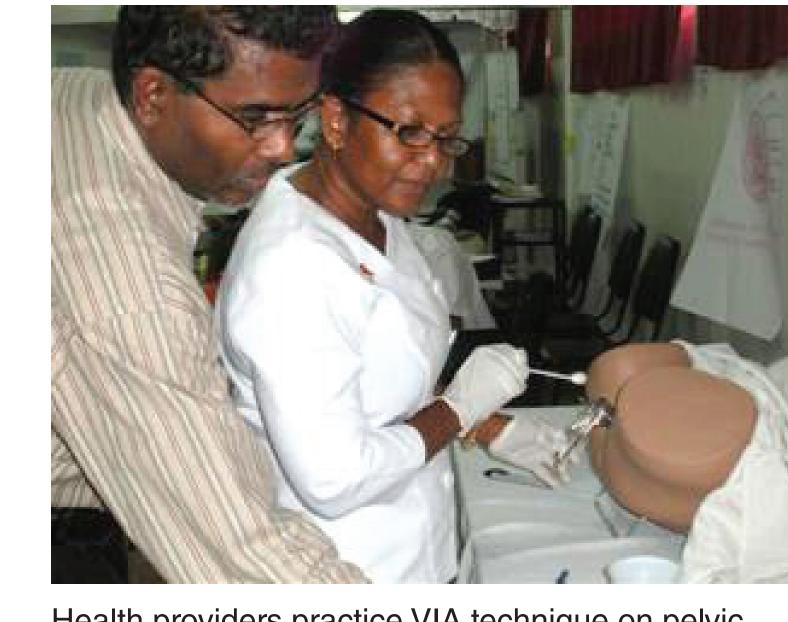
- Strengthen integration of CECAP services into HIV Care & Treatment (C&T) guidelines.
- Bring on two additional Medex providers to lead the project at sites that need focused attention.
- Continue mentoring of data collection process.
- Campaign to increase awareness and uptake of cervical cancer prevention services.
- Strengthen on-site project management.

Planned Activities for Project Year 2

- Introduction of quality assurance component
- Scale-up to at least two additional regional sites
- Community outreach component—educational materials development, collaboration with the local Rotary Club
- Refresher VIA/cryotherapy trainings
- Strengthen integration of VIA into standard C&T
- Training of trainers for SVA services
- Integration of Family Planning Services with SVA



CECAP Center of Excellence and Training established at Georgetown Public Hospital.



Health providers practice VIA technique on pelvic models.