Beyond AIDS: Supporting Ethiopian Women to Access Cervical Cancer Screening

Project Brief January 2014

The Burden of Cervical Cancer in Ethiopia

Cervical cancer is the second most frequent form of cancer and the leading cause of cancer deaths among Ethiopian women. With an at-risk female population (age 15 and older) of 22 million, over 4,600 women are diagnosed with and more than 3,300 die from cervical cancer annually. Challenged by low funding, few trained personnel, and limited tools available for prevention, early detection, and treatment, Ethiopia is left with very few resources to combat this easily preventable but devastating disease. Screening methods like the Pap smear have very limited availability due to poor infrastructure, shortage of trained health care providers, high cost, and travel distance for necessary follow-up visits. However, a single-visit approach (SVA) where a woman can be screened and then treated in the same visit has proven effective in low-resource health settings like Ethiopia.

Addis Tesfa: Pathfinder’s Cervical Cancer Prevention Efforts in Ethiopia

Through the project, Pathfinder builds national capacity to support comprehensive facility-based services; promotes community awareness of cervical cancer; and establishes strategic alliances and partnerships to expand service use. Our technical partner, SPIRES, brings extensive experience in cervical cancer prevention in low-resource settings.

The project uses a service model that Pathfinder adopted for integrating the single-visit approach for cervical cancer prevention into HIV and AIDS care and treatment for women. Ideal for low-resource settings, this model starts with Visual Inspection with Acetic Acid (VIA)—a simple, low-cost, and low-tech testing method. Immediately after using acetic acid (ordinary vinegar) to identify cervical lesions needing treatment, trained providers use cryotherapy to freeze the abnormal cells. Addis Tesfa is applying this single-visit approach in 14 health facilities throughout the country.

Addis Tesfa

Under an award from the Centers for Disease Control and Prevention (CDC) that receives President’s Emergency Plan for AIDS Relief (PEPFAR) funding, the Addis Tesfa (New Hope) project is a collaboration among Pathfinder International, the Ethiopian Federal Ministry of Health, and the Stanford University Program for International Reproductive Education and Services (SPIRES). The project’s goal is to develop a model for integrating the single-visit approach for cervical cancer into HIV and AIDS care and treatment in Ethiopia.

Addis Tesfa was launched in 2009 and initiated cervical cancer prevention activities in 14 selected hospitals in Addis Ababa and the regions of Oromia, Tigray, Amhara, and Southern Nations, Nationalities, and Peoples (SNNP). One hospital in each region is designated as a “center of excellence” that serves as a teaching center and project model site for sustainability and scale-up of cervical prevention services in Ethiopia.
Fulfilling an Unmet Need

The Addis Tesfa intervention has gained crucial attention and support from the Ethiopian government due to its potential to significantly reduce the occurrence of a very preventable disease. Investment and efforts to build program sustainability are starting to pay off. A number of the project’s achievements are detailed below.

Engaging Government Stakeholders: From the beginning, we collaborated with key government health leaders and hospital staff at all levels; they are fully informed about the SVA benefits for cervical cancer prevention, and have become supportive of our project efforts to establish services for women living with HIV. We have kept decision makers at the central, regional, facility, and community levels engaged by providing regular technical updates as well as ensuring their active involvement in review and planning activities.

Building Capacity: Teams of service providers (OB/GYNs and nurses) from participating facilities were trained in the single-visit approach to cervical cancer prevention. Services for women living with HIV (ages 30-45) were established at five centers of excellence and at nine participating hospitals. The centers of excellence serve as venues for training and demonstration sites for optimal care. Further, we trained a core cadre of advance trainers who are ready to serve as a resource pool for national scale-up efforts.

Introducing LEEP: While not part of the project’s initial plan, a decision was made to introduce loop electrosurgical excision procedure (LEEP) for treatment of women with large lesions that cannot be treated with cryotherapy. A targeted, continuous, and intensive coaching strategy was adopted at the centers of excellence, which have become referral sites for this essential service.

Continuously Improving Quality: From day one, we have been implementing a continuous quality improvement approach that includes regular supportive supervision and mentoring using tools that were adapted and tailored to the context at project start.

Generating Awareness: As cervical cancer prevention services are relatively new to Ethiopia, Pathfinder supports activities to promote dissemination of accurate information. We developed information, education, and communication (IEC) materials tailored for the Ethiopian context. The project has provided information on cervical cancer prevention to people living with HIV and AIDS at facilities, community gatherings, and other culturally appropriate meetings. We also disseminate information through other sectors that address women’s health and HIV and AIDS issues, rather than creating parallel or additional messaging events.

Exceeding Expectations with Demand for Services: Demand for services is high and client feedback is positive. Clients are well informed and eager to obtain services. With less than one year of implementation to go, the project has already provided SVA services to three times the expected number of clients; over 15,000 women living with HIV were screened and the five-year target was 5,000. Of those screened, about 10% tested positive for VIA, most of whom received immediate treatment. With the success of the rollout of SVA services to women living with HIV, some facilities have expanded services to women who do not know their HIV serostatus, for a fee of about 50 Ethiopian Birr (~US$ 2.50). Additionally, Pathfinder used its private unrestricted funds to purchase cryotherapy machines for seven zonal-level hospitals in SNNP, almost all of which have received technical support and are ready to start services. This win-win strategy ensures access for more women to much-needed services, promotes sustainability, and maintains providers’ skills through high client load.

Taking It to Scale

An active technical working group is defining national standards of practice and adapting training materials based largely on the Addis Tesfa program. Systems and materials developed by the project will become part of the government’s resource package, and the project-trained cadre of trainers is poised to pass on their skills and knowledge so that cervical cancer prevention efforts can be expanded and grow throughout Ethiopia.