TASK SHARING: LESSONS LEARNT FROM TANZANIA VIA/Cryotherapy Program

Africa Regional Conference on New Opportunities and Innovations in Cervical Pre-Cancer Prevention
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Presentation Outline

- Background
- Tanzania Cervical Cancer Prevention Program
- Process to support task sharing
- Lessons Learnt
- Challenges
- Recommendations
Background

• ‘Task shifting’ or ‘Task sharing’
  • Available cadres in health care workforce are given short periods of additional training for specific skills and allowed to take on particular activities/tasks they have not undertaken before.
  • One of several strategies that can potentially optimize the utilization of health system resources and improve health system performance.
  • Contribute significantly to improve access of cervical cancer prevention and treatment services
Why task shifting/sharing?

- To improve coverage of cervical cancer screening and treatment services [ <5% of women have been screened in developing countries ].
- **HR crisis:**
  - Intensive workload
  - Retention low & turnover high
  - Shortage of qualified workers to deliver CCS services
- Rationale behind the transferring of these tasks is that the alternative would be no service to majority of women in need of screening and treatment services.
Global health workforce crisis

36 of the 57 countries in the world currently facing health-related human resource crises are in Sub-Saharan Africa.

<table>
<thead>
<tr>
<th>INDICATOR</th>
<th>SSA</th>
<th>AMERICA (US &amp; CANADA)</th>
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<tbody>
<tr>
<td>World's population</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>Disease burden</td>
<td>24%</td>
<td>10%</td>
</tr>
<tr>
<td>Global health workforce</td>
<td>3%</td>
<td>37%</td>
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In Tanzania

A total of 64,449 health workers in health sector which corresponds to 52% of the need.

Source: WHO/Tanzania HRH Profile Report
Why Task Sharing in Tanzania?

<table>
<thead>
<tr>
<th>Country/Region</th>
<th>Incidence Rate of cc (per 100,000)</th>
<th>Mortality Rate of cc (per 100,000)</th>
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<tbody>
<tr>
<td>Tanzania</td>
<td>50.9</td>
<td>37.5</td>
</tr>
<tr>
<td>Eastern Africa</td>
<td>34.5</td>
<td>25.3</td>
</tr>
<tr>
<td>Africa</td>
<td>25.2</td>
<td>17.6</td>
</tr>
</tbody>
</table>

Cervical Cancer in Tanzania

- The leading cause of cancer morbidity & mortality in women
- Trend has been the same for years
- Burden of HIV infection - women are >at risk of developing cancer
- Preventable and highly treatable disease when detected early

Source: GLOBOCAN/ORCI Report
National Program in Tanzania

• **Cervical Cancer Response in Tanzania**
  - Led by the Ministry of Health and Social Welfare (MoHSW) through its Reproductive Health Cancer Unit.
  - The Tanzania **Cervical Cancer Technical Working Group** provides guidance to the national program.
  - Adopted **VIA in a SVA** as a national secondary prevention strategy.
    - The MoHSW work with partners and other key stakeholders to roll out screening and treatment services.
    - 145 cervical cancer screening sites (by February 2014).
  - Ocean Road Cancer Institute as the main government institution that acts as a referral center for cancer treatment in Tanzania.
Operational Framework

- Target: 30-50 years
- HIV+ any age

All facilities perform VIA and Cryo while regional/few district hospitals provide LEEP services

- VIA
  - NEGATIVE
    - Rescreen 3 yrs or every year
  - POSITIVE
    - Cryo eligible, Cryotherapy
    - Cryo ineligible; LEEP
    - F/U 1 yr

Refer

F/U 1 yr
Overview of Jhpiego/ MOHSW Tanzania CECAP program

- USAID/PEPFAR funded
  - MAISHA ; 5 years program (2009-May 2014)
  - Current with RMNCH program
  - Upcoming PRRR through USAID Tanzania

- Program strategies:
  - Support the MoHSW
  - Improve access CECAP services/Capacity building
  - Strengthening the referrals system
  - Provide TA to partners
  - Expand care to WLWHIV
Jhpiego support in Tanzania

26 sites fully supported by Jhpiego
With TA to partners contributed to add more than 80 sites

4 Regions; Morogoro, Iringa, Njombe & DSM

- Phased approach;
- Regional level Hospitals
- District Level Hospital/DDH
- Few Health Cs
- Muhimbili NH

All sites offer VIA/Cryotherapy

- 3 Hospitals offer VIA, Cryo & LEEP services (Moro RH, Iringa RH & MNH)
Supported the MoHSW Tanzania:
23 Cryo Machines, 42 gas cylinders
3 LEEP machines
Supplies & equipments
2 more from PRRR
Capacity building in which tasks?

- Nurses;
  - Education, counseling and screening using VIA/PITC
  - Treatment of pre-cancer lesions using cryotherapy
  - Take biopsy for suspect cases
  - Track the referral cases
  - Organize/conduct outreach/campaigns
- Clinicians (MD, AMO, CO);
  - Screening using VIA, cryo, biopsy, LEEP
  - Management of complications
  - And all of the above
- District/regional level supervision
- CHW; community education, mobilization, facilitate referrals
Process to support task shift

1. MoHSW; high level of ownership and commitment
2. Development of the National CECAP Guideline (screening and treatment protocols)
3. Development of the Comprehensive Cervical Cancer Prevention Training Package (editing stage)
4. Development of National IEC materials
5. Documentation & analysis: development of CECAP M/E framework, data collection tools, national indicators and including them in the HMIS
Advocacy at all levels is vital
Development of national clinical trainers and service providers (VIA/Cryo and LEEP)

Competency Based Training

11 days of TOT training: 5 days Training Skills and 6 days of Clinical Training course

29 Clinical VIA/Cryo trainers
4 LEEP trainers

They trained:
>400 VIA/Cryo providers
17 LEEP providers
Process to support task shifting (2)

- Site assessment
- Procurement & delivery of all CECAP supplies (consumables & non consumables)
- Conduct Competency based training
  - VIA/Cryo (6 days)
  - LEEP (5 days)
- Orientation of CHW on Cervical cancer prevention program/their roles

- Conduct mass screening campaigns (strengthen providers skills/improve access of screening and treatment services)
- Conduct regular supportive supervision (three monthly)
- Support District Level Teams to strengthen supervision skills
- Strengthen data collection system
Positive results in task sharing (1)

- Feasibility: yes
- Acceptability: yes
- Overcome bottle necks of HR crisis
- Improved access of cervical cancer screening and treatment services
- Program indicators improved
Positive Results of task sharing (2)

Referral system strengthening

- LEEP service delivery
  - MDs, AMOs are trained (AMOs retention is much higher)
  - Large Lesion referral cases receive treatment at Regional level
- Cervical cancer cases are referred to cancer center with confirmed diagnosis
- Increased number of cancer cases treated with radiotherapy
- Improved tracking mechanism - airtime/CHW role
### Positive Results of task sharing

2442 treated with cryotherapy same day
21 sites supported by Jhpiego (April 2010-Feb 2014)

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<thead>
<tr>
<th>Indicator</th>
<th>HIV-positive</th>
<th>Total</th>
<th>% and remarks</th>
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<tbody>
<tr>
<td>11,536 (31%) New clients screened</td>
<td>37,667</td>
<td></td>
<td>37,667 women screened</td>
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<tr>
<td>1303 (11%) VIA-positive</td>
<td>2882</td>
<td>VIA+rate: 8 %</td>
<td></td>
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<tr>
<td>1058 Treated with cryo on the same day</td>
<td>2442</td>
<td>SVA Rate: 95 %</td>
<td></td>
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<tr>
<td>196 (15%) Referred for large lesions</td>
<td>320</td>
<td>11% (of all VIA+) 15% (+) vs. 8% (-/unkn)</td>
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<tr>
<td>109 # of women with LL treated with LEEP</td>
<td>177</td>
<td>177 LEEP procedures performed in 2 years in three LEEP service delivery sites</td>
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<tr>
<td>646 NC with suspect CC</td>
<td>123</td>
<td>2%</td>
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Lessons Learnt

• Training nurses & clinicians (AMO, CO): attrition rate is low/retention is high
• Task shifting improves;
  • The referral system in CECAP service delivery
  • Coverage of cervical cancer prevention services (from 3 to 145 screening sites as of Feb 2014 in Tanzania)
• Management support - crucial for sustainability
• Supportive supervision - key for quality of service delivery
• Reallocation of financial resource to support new programs/CECAP activities is a challenge at all levels
Critical Concerns/challenges

- Quality and effectiveness factors (a big challenge as program expands)
  - Training capacity (who to be trained, effective trainers, availability, f/up after training)
  - Supervision capacity (effective supervisors)
  - New vs. old proficient trainers
  - Maintaining standards of good quality training

- Work overload
- Professionalism protection/reluctant to change
- Financial capacity and sustainability of the program
**Conclusion and Recon**

- Potential contribution of CBT and task sharing in scaling up cervical cancer prevention services;
  - Nurses can safely perform cryotherapy
  - Clinicians (lower cadre-AMO) can safely perform treatment of large lesions using LEEP
- A comprehensive approach should be taken to make best use of existing health workers to improve access of cervical cancer prevention services;
  - National service delivery guideline, training and supervision protocols (what's, how's and who is responsible for what)
  - Availability of supplies/equipment to support service delivery
  - Development of trainers/ support of trainers & learners after training/supervision /repair/maintenance / referral and robust monitoring systems
DESPITE THE CHALLENGES, TASK SHARING CAN SIGNIFICANTLY CONTRIBUTE TO IMPROVE ACCESS OF CERVICAL CANCER PREVENTION SERVICES
Collaborators and donors _Thanks!

- **USAID/PEPFAR**
- **MOHSH-all levels (National, Regional, District, Facility)**
  - Morogoro, Iringa, Njombe Regions
  - Muhimbili National Hospital
- **Jhpiego-Tanzania/HQ**
- **PRRR**
- **Service providers**
- **Mbeya Referral Hospital**
- **Ocean Road Cancer Institute**
- **All stakeholders**
- **My family**
- **maisha**

Partners in progress