International Cancer Control Partnership ECHO Program

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SESSION TOPIC: INCREASING AWARENESS OF CANCER PREVENTION AND EARLY DETECTION IN THE COVID-19 ERA.

PRESENTATION DATE: 9 JUNE 2021
OUTLINE OF THE PRESENTATION

- Cancer Epidemiology in Rwanda
- Rwanda Health Care System.
- Cancer Prevention and Early detection strategies in Rwanda NCCP 2020-2021
- Questions for discussion.
1 Epidemiology of cancer in Rwanda

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Both sexes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>6,367,431</td>
<td>6,584,778</td>
<td>12,952,209</td>
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<tr>
<td>Number of new cancer cases</td>
<td>3,683</td>
<td>5,152</td>
<td>8,835</td>
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<tr>
<td>Age-standardized incidence rate (World)</td>
<td>112.8</td>
<td>119.0</td>
<td>113.9</td>
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<td>Risk of developing cancer before the age of 75 years (%)</td>
<td>12.7</td>
<td>12.3</td>
<td>12.3</td>
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<tr>
<td>Number of cancer deaths</td>
<td>2,584</td>
<td>3,460</td>
<td>6,044</td>
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<tr>
<td>Age-standardized mortality rate (World)</td>
<td>82.7</td>
<td>83.2</td>
<td>81.4</td>
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<td>Risk of dying from cancer before the age of 75 years (%)</td>
<td>9.3</td>
<td>9.0</td>
<td>9.0</td>
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<td>5-year prevalent cases</td>
<td>6,005</td>
<td>9,989</td>
<td>15,994</td>
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Top 5 most frequent cancers excluding non-melanoma skin cancer (ranked by cases):
- Prostate
- Stomach
- Liver
- Colorectum
- Lung

Breast
Cervix uteri
Stomach
Ovary
Non-Hodgkin lymphoma

Breast
Cervix uteri
Prostate
Stomach
Liver

Source: The Global Cancer Observatory - All Rights Reserved - March, 2021
Rwanda Health Care System

Administrative structure

Provinces (4)
  District (30)
    Sector (416)
      Cell (2148)
        Village (14,837)

Health care delivery system

Teaching & referral hospitals
  Provincial hospitals
    District hospitals
      Health centers
        Health posts
          Community Health Workers

No. of public facilities / CHWs

510
  885
    60,000
Goal: Reduce cancer related morbidity and mortality in Rwanda.

Objectives

i. Reduce the incidence of preventable cancers

ii. Increase the rate of early detection and screening of cancers

iii. Improve access for cancer patients to quality cancer diagnosis and treatment services.

iv. Provide access to quality pain management and palliative care services for cancer patients.

v. Strengthen cancer information system and research.

vi. Strengthen Coordination, Partnership and Financing for Cancer Control
### 2 NCCP Prevention and Early detection strategies

<table>
<thead>
<tr>
<th>Prevention and Early detection of priority cancers through integration of services into primary health care</th>
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<tbody>
<tr>
<td>i. Screening of cervical cancer and treatment of pre-cancerous lesions</td>
</tr>
<tr>
<td>ii. Early detection/screening of breast cancer</td>
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<tr>
<td>iii. Screening of colorectal cancer</td>
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<tr>
<td>iv. Early detection of childhood cancers</td>
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<td>v. Early detection of Prostate cancer</td>
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<td>vi. Early detection of other cancers</td>
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- Awareness fully integrated into NCDs prevention in general as cancer share risk factors with other NCDs.
  - Awareness of general population on modifiable risk factors exposing to cancer.
  - Prevention and treatment of infectious diseases leading to cancers.
  - Tobacco control.
  - Reduce unhealthy diet, physical inactivity, overweight and obesity.
  - Control of excessive consumption of alcohol.
  - Control of environmental exposure to carcinogens.
3. Impact of COVID-19 on cervical cancer prevention and screening

In 2020 the vaccination coverage dropped due to lock downs, closure of schools,...

- Community based vaccination campaigns
- Use of local leaders
- Use of Community health workers.
3. Impact of COVID-19 on cervical cancer prevention and screening

Expected results

- HPV DNA-based cervical cancer screening services are available in all health facilities
- At least 70% of eligible women are screened for cervical cancer by 2024
- At least 90% of women with cervical pre-cancerous lesions are treated by 2024

Progress on implementation of HPV DNA testing

- 62 Health Facilities (3 DHs and 59 HC)
- 253 Health Providers trained
- 2,610 CHWs for health education and demand generation.
- 22,057 women screened with HPV DNA test
- HPV positivity rate at 20% (both HIV- and +)
- VIA+ positivity rate 27% (among those HPV+)
- Referral completion rate: 84%

Data from HMIS/DHI2 and OpenMRS  In 2020, = 1,5 M women eligible for screening (30-49 years), screening coverage of 13.5%
3. Impact of COVID-19 on cervical cancer prevention and screening

Targets for year 1 not achieved (screening of 250k women, Scale up of services in ¼ of health facilities)

- Available HPV DNA tests platform prioritized for COVID-19 testing
- Deployment of staff in COVID-19 prevention and control activities
- Inability of hold trainings for health care providers due to COVID-19 prevention measures
- Fear of women to attend screening services
- Transportation issues during lockdowns
- Some of the budget reallocated to COVID-19 control activities
- Inability to carry out screening campaigns

Implemented solutions
✓ Onsite training for health care providers
✓ Running HPV tests overnight (after COVID-19 tests)
✓ Invitation of women per village using CHWs
✓ Dedicated days for cervical cancer screening at the HF
✓ Integration of screening services in HIV, MCCH,..
Questions for Discussion

- Feasibility in our settings for HPV self sampling at home and send samples to Health Facility for testing? Experience from other countries?
- Digital solutions to deliver cancer awareness messages to the community?
THANK YOU