

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

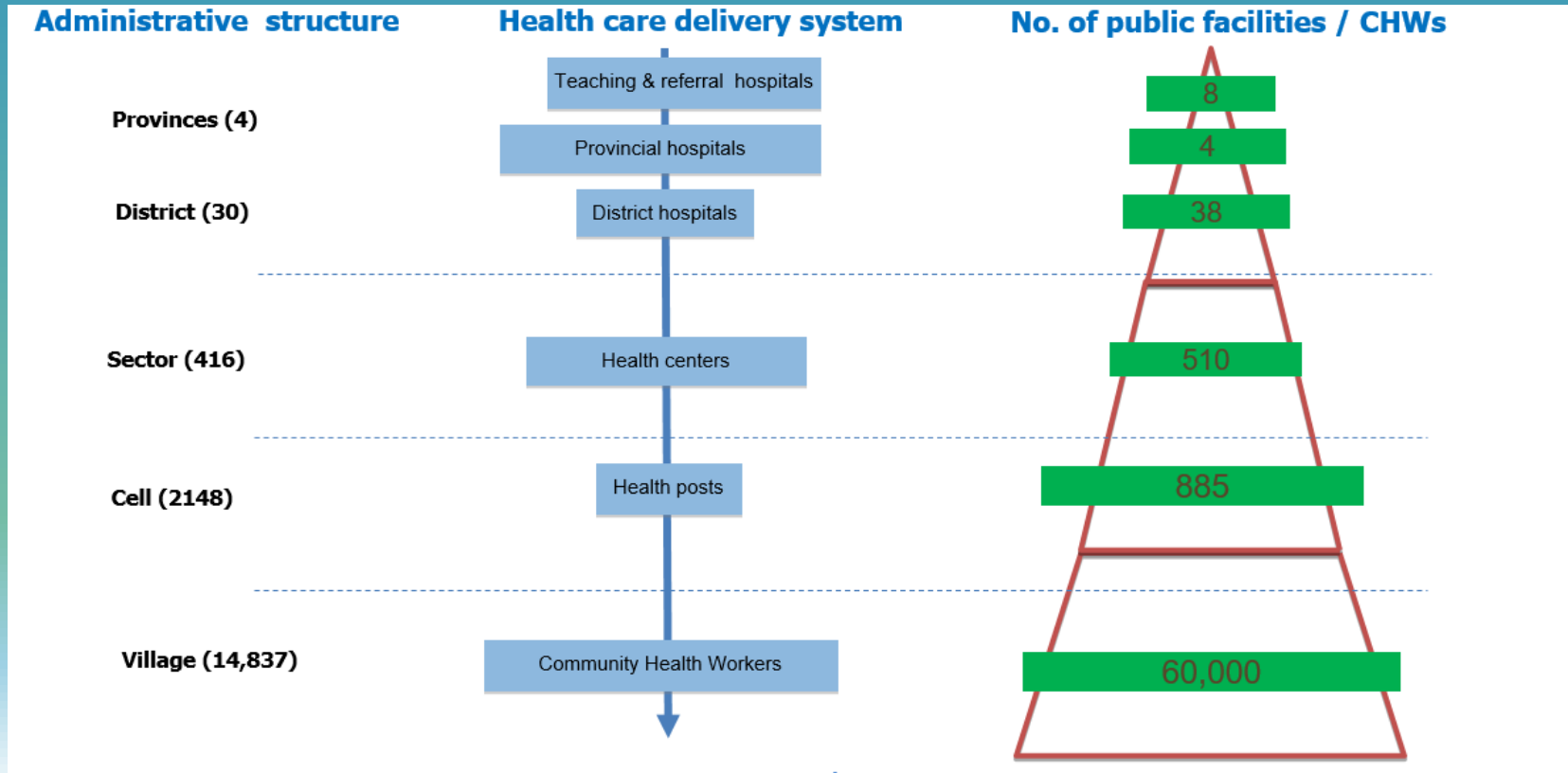
- Cancer Epidemiology in Rwanda
- Rwanda Health Care System.
- Cancer Prevention and Early detection strategies in Rwanda NCCP 2020-2021
- Impact of COVID-19 pandemic on Prevention and Early detection programs: Case of Cervical Cancer.
- Questions for discussion.

1 Epidemiology of cancer in Rwanda

Summary statistic 2020			
	Males	Females	Both sexes
Population	6 367 431	6 584 778	12 952 209
Number of new cancer cases	3 683	5 152	8 835
Age-standardized incidence rate (World)	112.8	119.0	113.9
Risk of developing cancer before the age of 75 years (%)	12.7	12.3	12.3
Number of cancer deaths	2 584	3 460	6 044
Age-standardized mortality rate (World)	82.7	83.2	81.4
Risk of dying from cancer before the age of 75 years (%)	9.3	9.0	9.0
5-year prevalent cases	6 005	9 989	15 994
Top 5 most frequent cancers excluding non-melanoma skin cancer (ranked by cases)	Prostate	Breast	Breast
	Stomach	Cervix uteri	Cervix uteri
	Liver	Stomach	Prostate
	Colorectum	Ovary	Stomach
	Lung	Non-Hodgkin lymphoma	Liver

Source: The Global Cancer Observatory - All Rights Reserved - March, 2021

Rwanda Health Care System

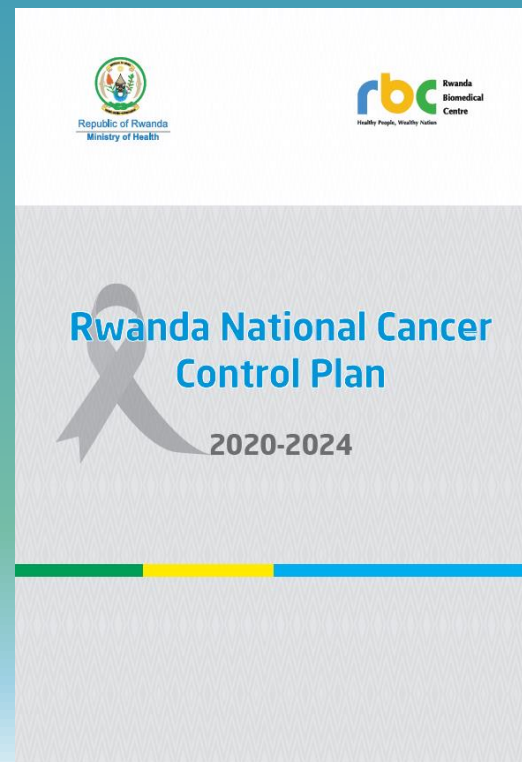


2 National Cancer Control Plan 2020-2024

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

Awareness fully integrated into NCDs prevention in general as cancer share risk factors with other NCDs.

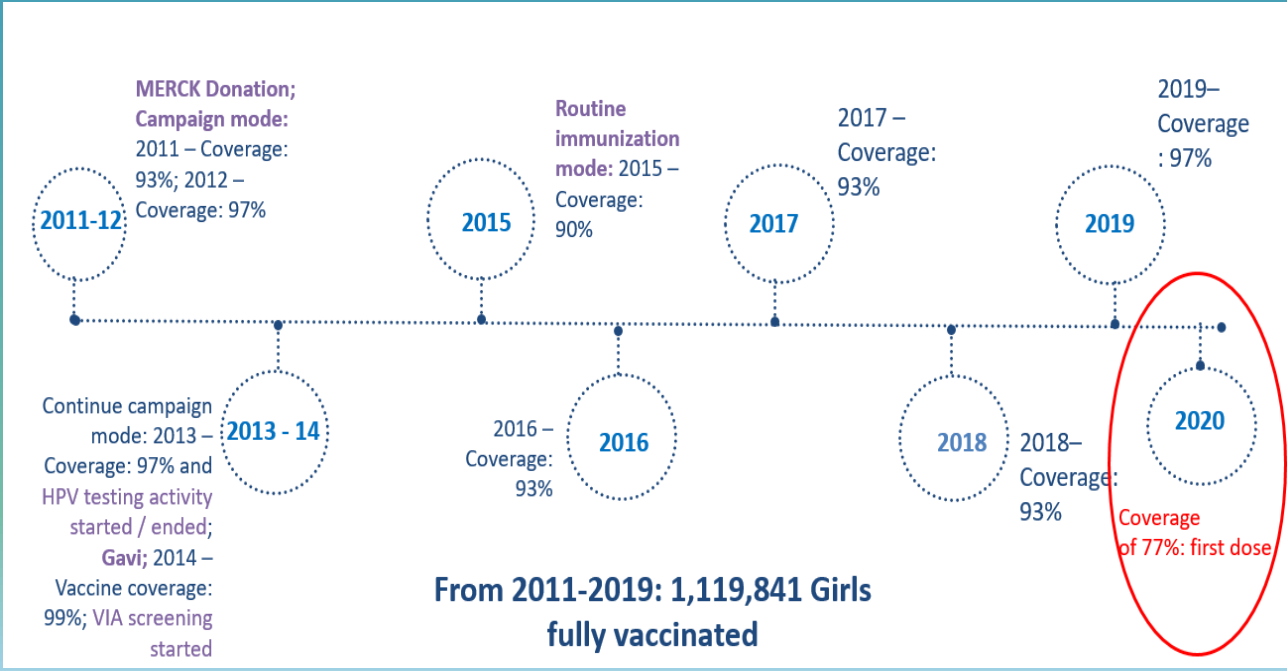
- ✓ Awareness of general population on modifiable risk factors exposing to cancer.
- ✓ Prevention and treatment of infectious diseases leading to cancers
- ✓ Tobacco control
- ✓ Reduce unhealthy diet, physical inactivity, overweight and obesity
- ✓ Control of excessive consumption of alcohol
- ✓ Control of environmental exposure to carcinogens

Early detection of priority cancers through integration of services into primary health care

- i. **Screening of cervical cancer and treatment of pre-cancerous lesions**
- ii. Early detection/screening of breast cancer
- iii. Screening of colorectal cancer
- iv. Early detection of childhood cancers
- v. Early detection of Prostate cancer
- vi. Early detection of other cancers

3. Impact of COVID-19 on cervical cancer prevention and screening

HPV Vaccination



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

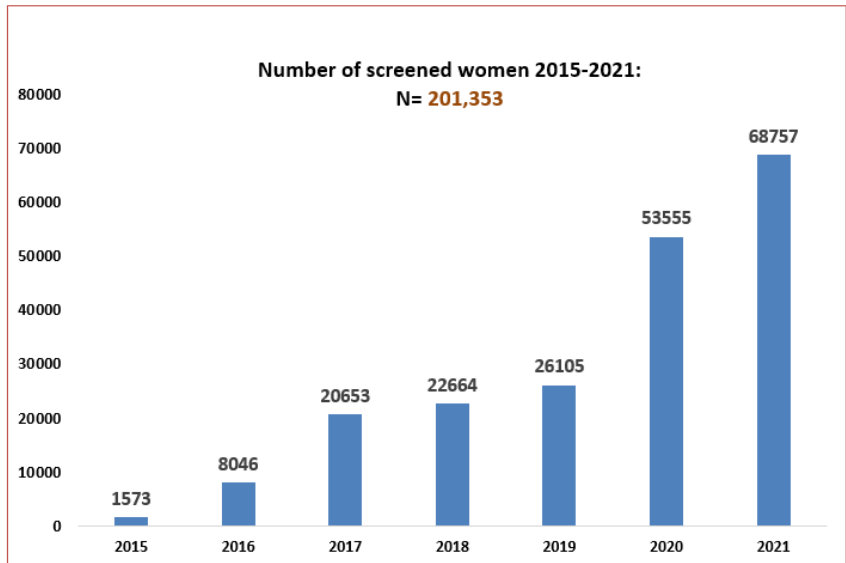
- ✓ **Community based vaccination campaigns**
- ✓ **Use of local leaders**
- ✓ **Use of Community health workers.**

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

Cervical cancer screening



Progress on implementation of HPV DNA testing

- 62 Health Facilities (3 DHs and 59 HCs)
- 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 (30-49years), 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 to 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