

Together towards Elimination of Cervical Cancer

Busoga Health Forum

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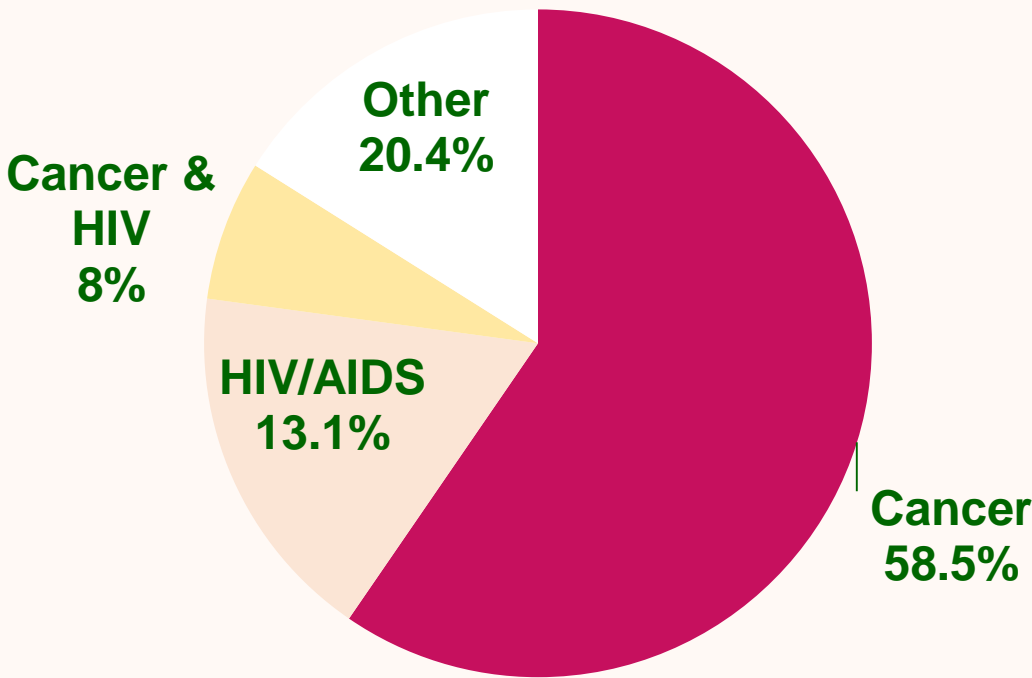
RAYS OF HOPE HOSPICE JINJA



Background information for RHHJ



Diseases of Patients in 2021



2021:
1071 enrolled patients
avg. 549 patients on programme
per month

66.4% women 33.6% men
11.1% children



	2016	2017	2018	2019	2020	2021
New patients	280	279	300	493	560	515
Patients served	625	681	757	1083	1133	1071
Patient contacts	3625	3610	3811	5516	6650	6285



The Goal – Universal Health Coverage

The United Nation Sustainable Development Goal for 2030 – 17 goals for a better world

Goal 3 - Universal Health Coverage:

**all people have access to the health services they need,
when and where they need them,
without financial hardship.**



The present reality in Busoga Region

– Little or no access to needed health care

‘Poor people in all parts of the world live and die with little or no palliative care or pain relief. Staring into this access abyss, one sees the depth of extreme suffering in the cruel face of poverty and inequity.

(The Lancet Commission Report “Alleviating the access abyss to palliative care.” October, 2017)



What are the obstacles on the road to good health care?

- Long distances to primary care units
- Few secondary and tertiary treatment facilities
- Limited drug supply
- Limited knowledge at health units
- Limited knowledge in community
- Limited finances



Improving access to health care

We will help
you where
you are



Treat the pain and
symptoms



Train
health
workers



Psycho-
social
support



Prevention



Treatment



Cervical & Breast Cancer in Uganda (2020)

- **Cervical cancer is:**
- The most common cause of new cancers in Uganda (20.5%)
- 35% of new cancers in women
- 22% of all cancer deaths

Breast Cancer is:

- 3rd most common cancer in Uganda
- 5 year survival rate 50% (in the US 90%)



RHHJ 2021 : 153 women enrolled with CaCx,: 14% HIVpos, 86% HIVneg



Women with Cervical and Breast Cancer Enrolled with RHHJ (0ct 2021)

373 women on programme
292 (78%) have cancer

Cancer Cervix

124 or 42,5% has cervical cancer
Of these 13% has cervical cancer and
HIV/AIDS

Cancer Breast

43 or 15% has breast cancer

57% of all women with cancer enrolled
with RHHJ has breast or cervical
cancer



Challenges facing the women



- Little knowledge about cervical cancer in the communities
- Limited knowledge about cervical cancer among health workers
- Limited cervical cancer screening services in Busoga Region
- Late diagnosis of cervical cancer
- Costly and limited access to cervical cancer treatment



Facing the challenges:

Community Education



Facing the challenges:

On-site screen and treat programmes



Facing the challenges:

Establishment of screening sites in government facilities

2021 Buyinja HC IV and Banda HC III

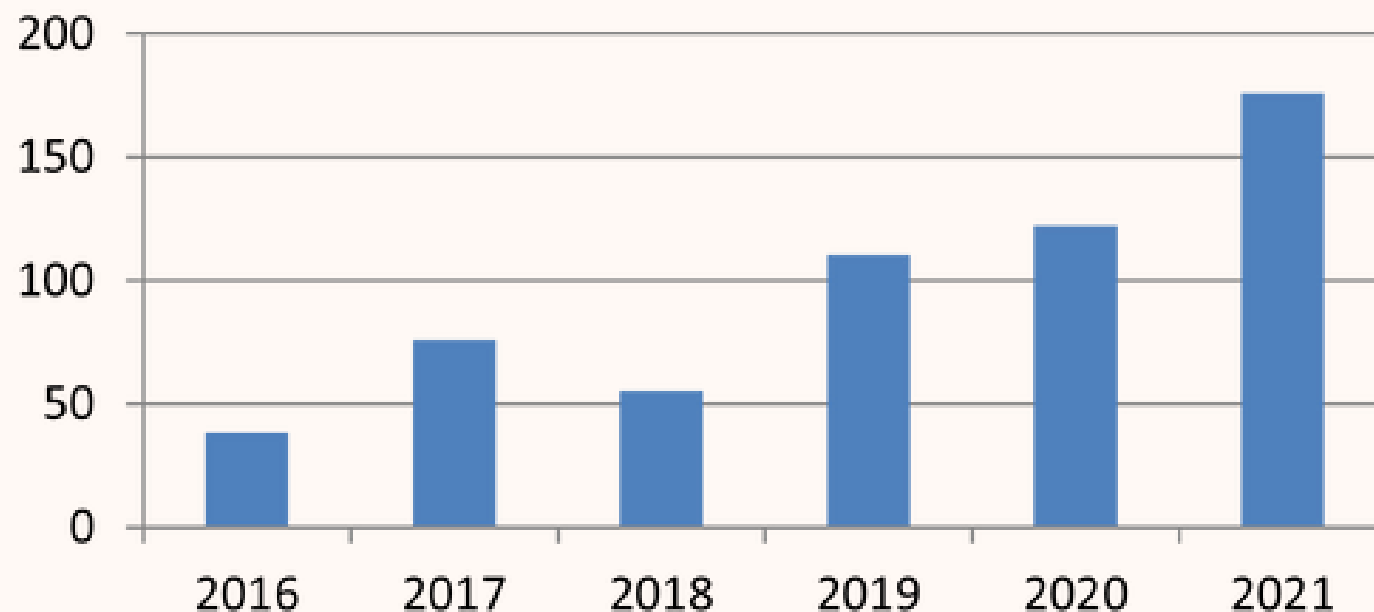
2022 Butagaya HC III and Kakira HC IV – in progress
Buyende HC IV and Bukungu HC II



Facing the challenges:

Follow-up and treatment support for women in need of further diagnosis and treatment

Patients supported w. treatment costs
2016-2021



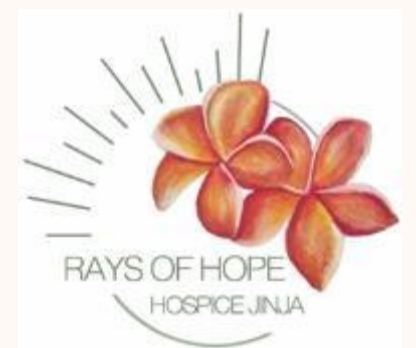
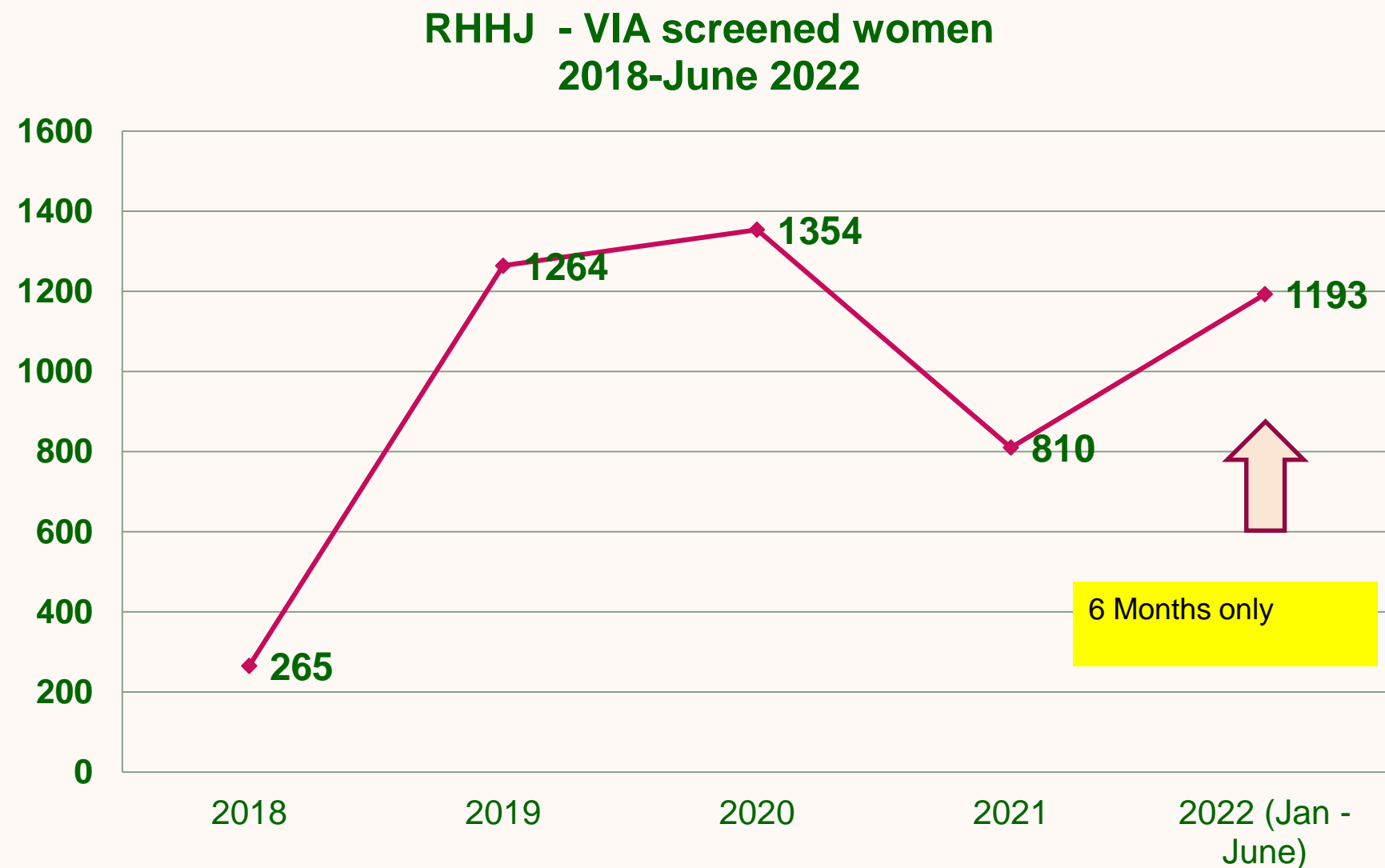
In 2021 of the total 176 patients supported with treatment:
39 (21.7%) had cervical cancer and 22 (13.1%) had breast cancer.
The average support for treatment given was: UGX 717,578 (\$200)



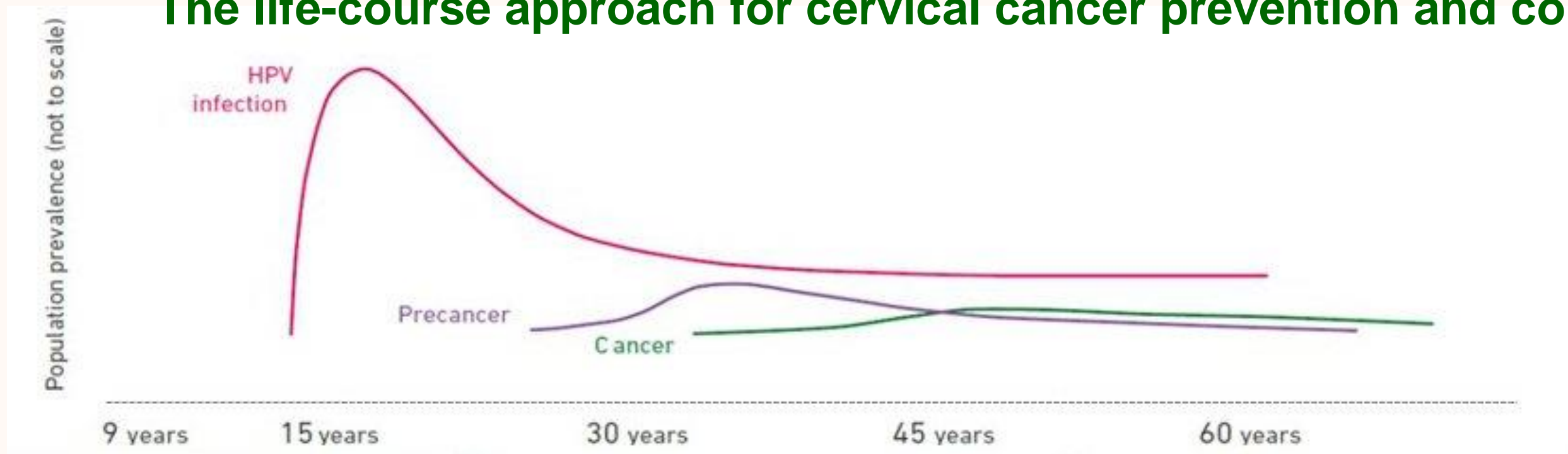
RHHJ Screening for Cervical Cancer 2018- June 2022

4553 women screened for cervical cancer

328 Women (7.2%) VIA-positive/cancer suspect



The life-course approach for cervical cancer prevention and control



Primary prevention

- **Girls 9-14 years**
HPV vaccination

- **Girls and boys should also be offered, as appropriate Health** information and warnings about tobacco use
- Sex education tailored to age and culture
- Condom promotion and provision for those engaged in sexual activity
- Male circumcision

Secondary prevention

From 30 years of age for women from the general population and 25 years of age for women living with HIV

- Screening with a high-performance test equivalent or better than HPV test
- Followed by immediate treatment or as quickly as possible after an HPV molecular positive test.

Tertiary prevention

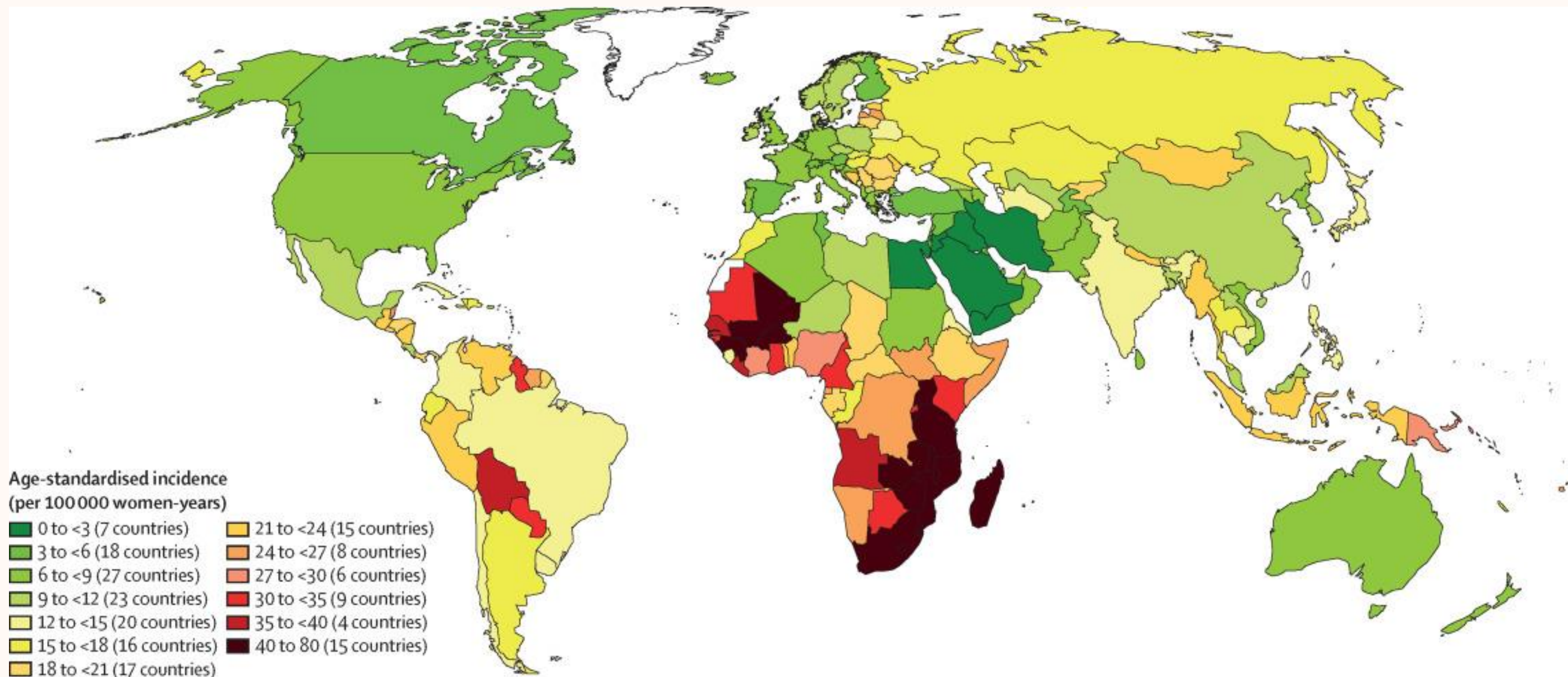
All women as needed

- Treatment of invasive cancer at any age
- Surgery
- Radiotherapy
- Chemotherapy
- Palliative care



Cervical Cancer can be prevented!

- HPV vaccination between 9 to 20 years - before the onset of sexual activity.
- Abstinence and faithfulness to one partner
- Condom use
- CxCa screening and early treatment
- CxCa awareness campaigns to limit or avoid risks factors



Global Strategy To Accelerate The Elimination Of Cervical Cancer

WHO has set up the 90-70-90 targets to be reached by 2030 and to be maintained

- 90% of girls fully vaccinated with HPV vaccine by age 15
- 70% of women are screened with a high-performance test by 35, and again by 45 years of age
- 90% of women identified with cervical disease receive treatment (90% of women with pre-cancer treated; 90% of women with invasive cancer managed).

HPV vaccination

SAGE (WHO Strategic Advisory Group of Experts in Immunisation) recommends 11.4.2022 updating dose schedules for HPV as follows:

one or two-dose schedule for the primary target of girls aged **9-14**

one or two-dose schedule for young women aged **15-20**

Two doses with a 6-month interval for women **older than 21**.

Immunocompromised individuals, including those with HIV, should receive three doses if feasible, and if not at least two doses.

WHO's recommendations will be updated following further consultation across stakeholders.



Screening and treatment of cervical pre-cancer lesions

- WHO now encourages countries to use HPV tests for cervical screening
- Unlike tests that rely on visual inspection, HPV-testing is an objective test.
- Screening should start from 30 years of age in the general population of women, with regular screening with a validated HPV test every 5 to 10 years, and from 25 years of age for women living with HIV.
- Women living with HIV also need to be screened more frequently, every 3 to 5 years.

Screening **must** be linked to treatment and management of positive screening tests.



Cervical Cancer Elimination in Africa

– where are we and where do we need to be?

Cumulative incidence for cervical cancer in Sub Saharan Africa

Uganda is number 6 in Africa with 1/18 getting Ca.Cx in their life time

Number 1 is Tanzania, followed by Zimbabwe, Eswatini, Zambia and Mozambique

Lowest is Reunion and Nigeria



In 2021 in RHHJ:

71 women died of cervical cancer



Together we can fight Women's Cancer

Awareness raising



TOGETHER WE CAN FIGHT WOMEN'S CANCER



Rays of Hope Hospice Jinja is ready – Will you partner with us???





FIGHT WOMEN'S CANCER

RIDE - WALK - RUN

OCTOBER
29TH, 2022
7AM

JINJA GOLF CLUB

UGX 25,000 ADULTS
UGX 20,000 CHILDREN

FREE T-SHIRT WITH REGISTRATION

REGISTRATION AT RAYS OF HOPE HOSPICE JINJA OR
MOBILE MONEY TO 0783 213 361 (JANET BUKAAYI)
(REFERENCE: YOUR NAME, FIGHT WOMEN'S CANCER) AND
COLLECT T-SHIRT AT THE EVENT!



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Thank you

