

Overview on Cervical cancer screening program in Nepal

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South Asia Regional Meeting

HPV Prevention and Control Landscape and the way forward.

13th , 14th and 15th - Dec 2022 – New Delhi, India.

Background



The most common cancer among women.

UNDERESTIMATE of the burden: Low coverage of Population and hospital based cancer registries

Estimated age-standardized incidence rate – 16.4 per 1000 women and mortality rates of 11.1 per 100,000 in 2020



J. Ferlay, M. Ervik, F. Lam, M. Colombet, L. Mery, M. Piñeros, *et al.* Global Cancer Observatory: Cancer Today International Agency for Research on Cancer, Lyon, France (2020)

Key milestones- Cervical Cancer Screening program



2010

- **National Cervical Cancer Screening Guidelines endorsed**

2011

- **Training on Single Visit Approach (screening and Treatment of pre-cancerous lesion**

2014

- **Reference Manual for Cervical Cancer Screening in Nepal**

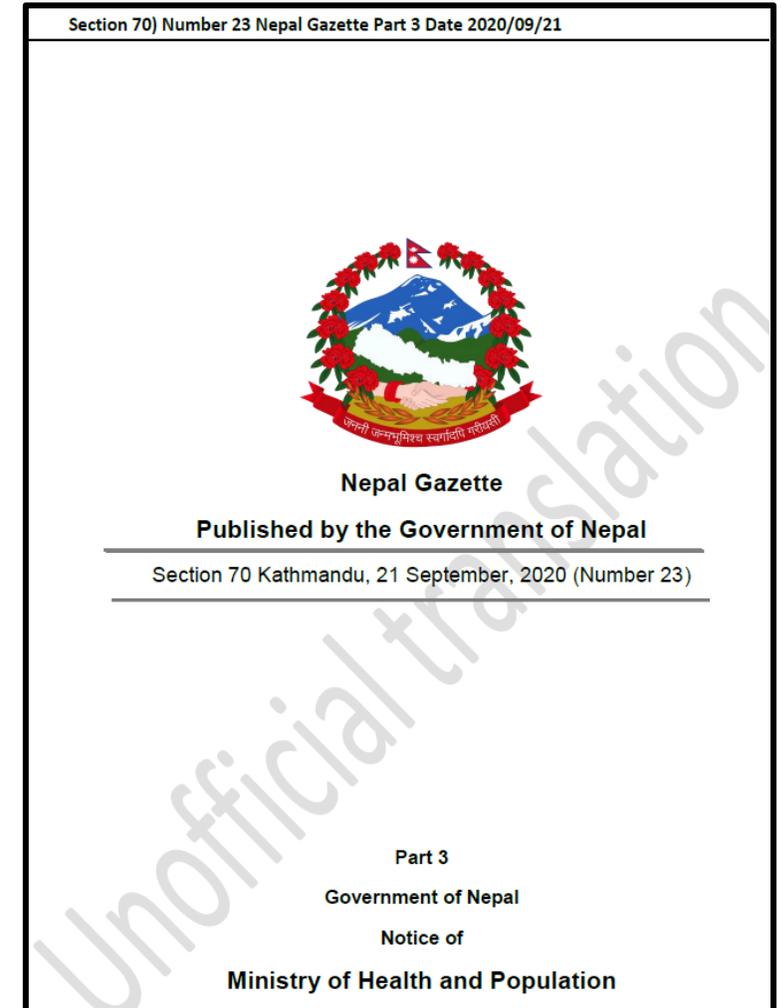
2015-17

- **Demonstration Project in 2 District along with screening program.**

Cervical Cancer Screening program - Basic Health Right



Reproductive health morbidity	Utero-vaginal prolapse: Early screening and counselling
	Obstetric fistula: Early screening, counselling and referral
Women's cancer	Cervical cancer: General check-up, counselling and referral
	Breast cancer: Initial screening, counselling and referral



Every citizen shall receive free basic health services from every basic health service center and health institutions designated by Government of Nepal, Provincial Government and Local Government

- Public Health Service Regulation, 2020

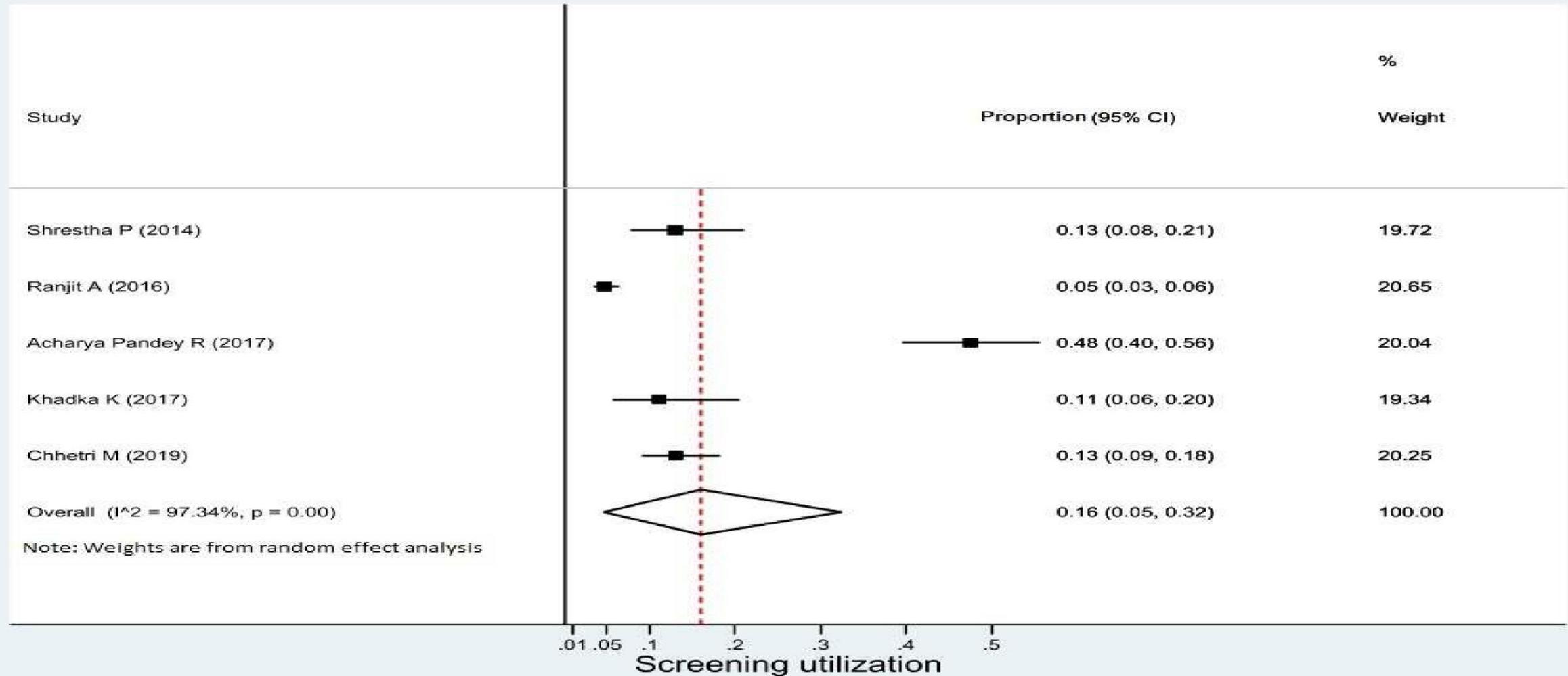
Service Availability



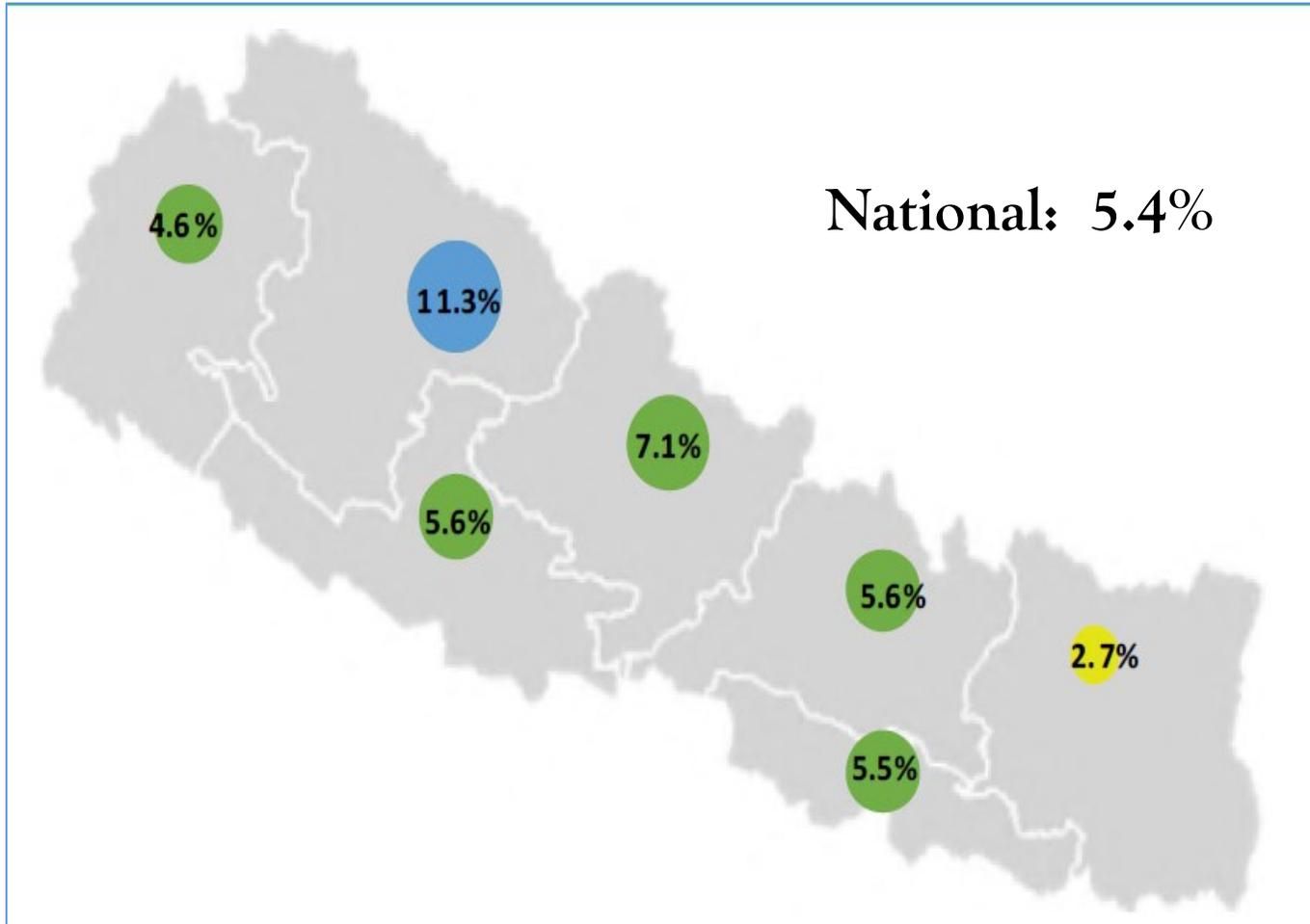
Services	% of facilities offering
Cervical Cancer Screening	11.7 %
VIA test	9.0 %
Pap smear test	3.2%
Thermocoagulaion	1.4%
Cryotherapy	1.1%

MoHP, Nepal; New ERA, Nepal; and ICF. 2022. Nepal Health Facility Survey 2021 Final Report.

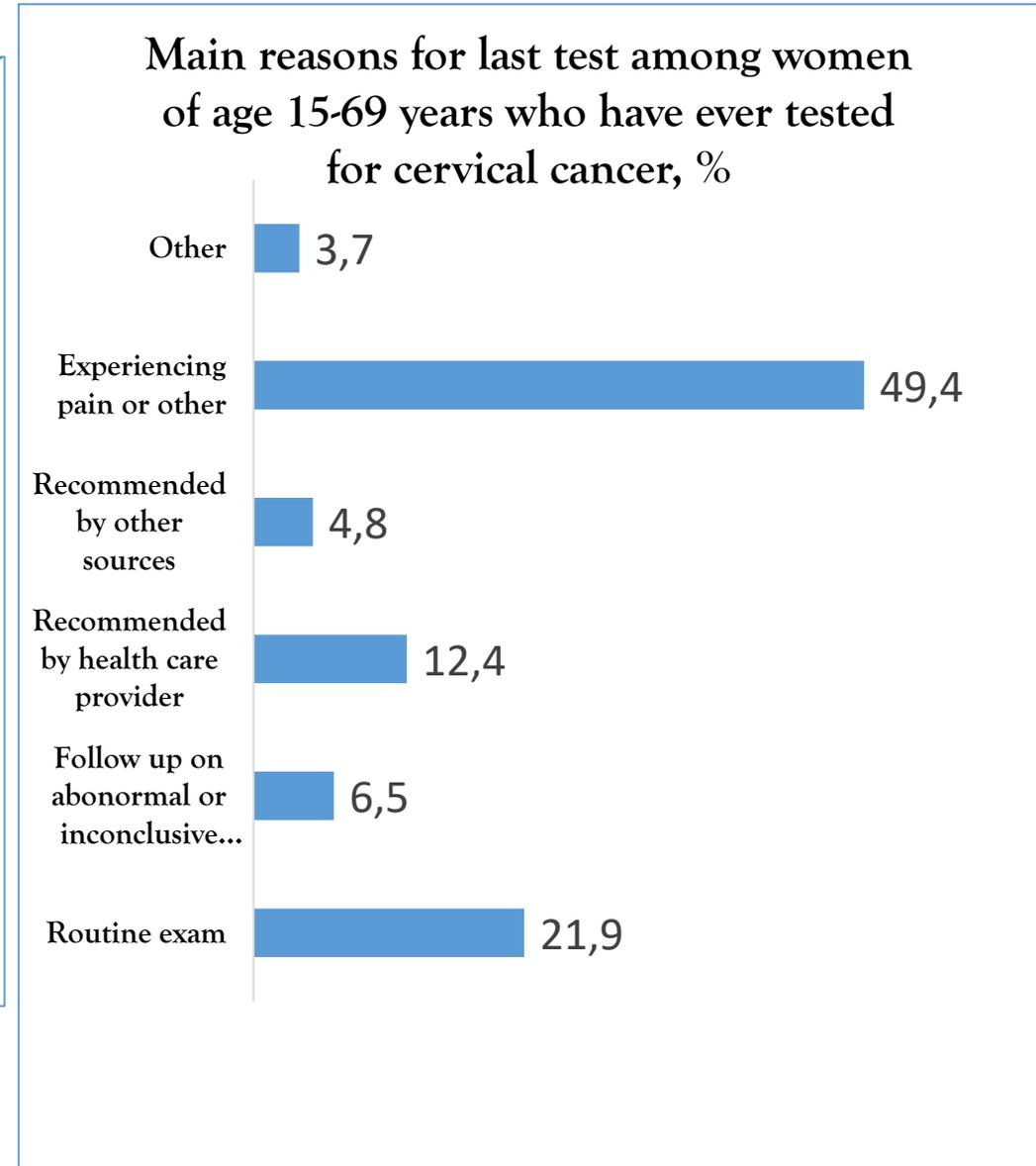
Service Coverage: Cervical cancer screening utilization reported in community settings



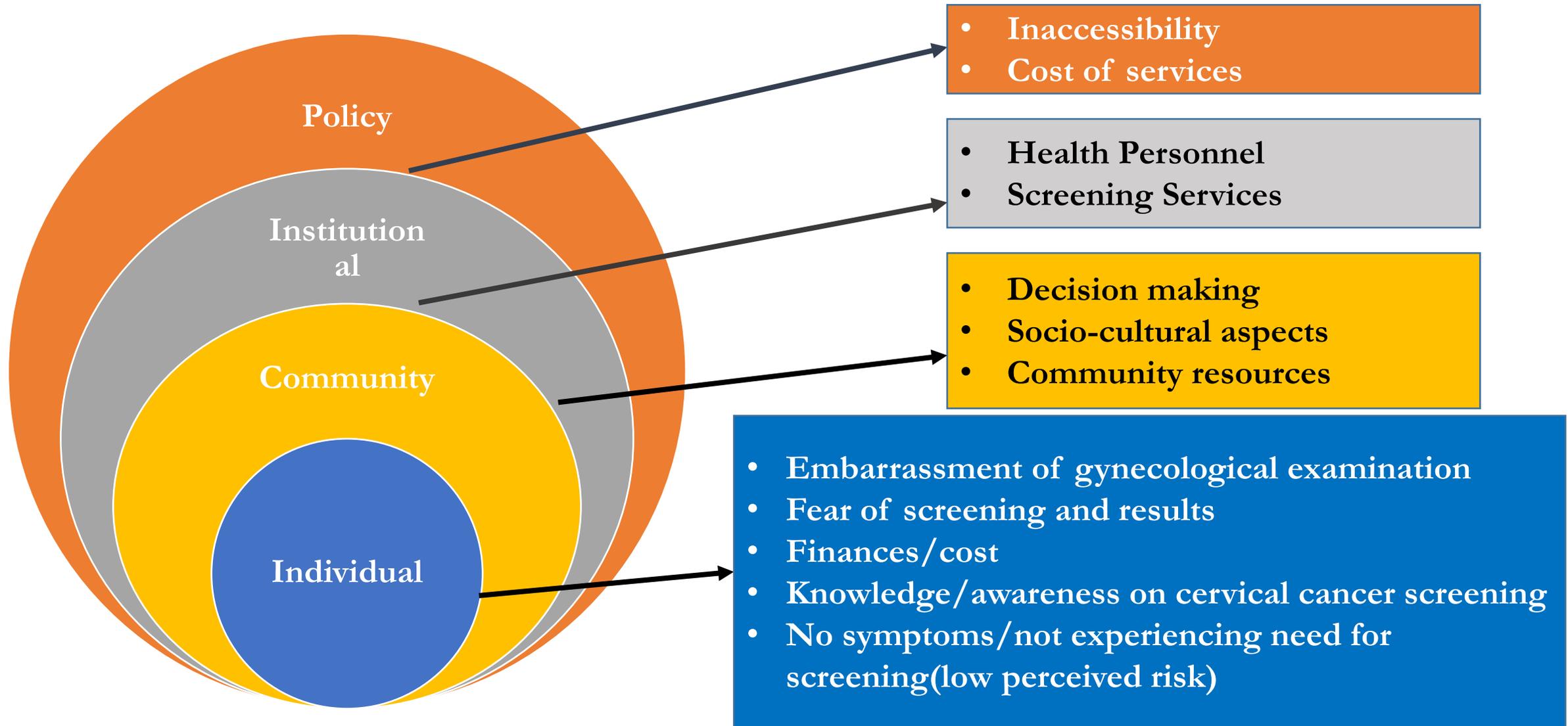
Cervical cancer screening – Service Coverage



Steps Survey, Nepal 2019



Barriers to cervical cancer screening



National Initiation for CCSP



Leadership and Governance

- National Level Steering Committee under the chairmanship of Secretary level MoHP
- National Level Technical Working Committee under the chairmanship of Director, Family Welfare Division
- Cervical Cancer Screening and Prevention guideline 2022 revised
- Development of Standard Operating Procedure for HPV DNA screening initiated
- Integrated approach for Reproductive Health Morbidity guideline developed

Health Workforce

- Regular training of different cadre of health workers at the National and Sub-National Level
- Strengthening pre-service education :Training of Trainers of the faculties of medical colleges
- Training of colposcopy

Health Financing

- Budget allocation for the training of VIA and SVA approach at different level
- Budget allocation for piloting HPV DNA screening at 7 different districts from four different provinces of Nepal
- Free screening of cervical cancer and management of pre- cancerous lesions at government health facilities

National Initiation for CCSP



Health Information

- Inclusion of the indicator related to cervical cancer prevention, screening and treatment in the revised routine HMIS
- Inclusion of Cervical Cancer related screening indicators in the regular survey such as National Health Facility Survey, Nepal Demographic Health Survey, STEPS survey

Medical Product and technology

- Planning for the initiation of HPV vaccine
- Preparation of procurement of HPV DNA kits and PCR machined to initiate HPV DNA screening in country

Service Delivery

- Expansion of cervical cancer screening service through health facilities and outreach program
- Initiation to introduce HPV DNA screening
- Expansion of colposcopy sites at the sub national level (now very limited site of Colposcopy sites)
- Development and dissemination of cervical cancer related Information Education and Communication materials

National Initiation for CCSP



Human Resource/level of Health facility	Services
ANM, Nurse and Midwife (Basic Health service Unit)	<ol style="list-style-type: none"> 1. Counsel for screening and counsel for follow up 2. VIA/HPV screening 3. Refer if positive in screening
Staff nurse and above health service providers (primary Hospital level)	<ol style="list-style-type: none"> 1. Counsel for screening and counsel for follow up 2. Screen and treat: Single visit approach (VIA /HPV screening with Ablative procedure) 3. Refer for the treatment for cancer suspected
Medical officers/General practitioners (above Primary Hospital)	<ol style="list-style-type: none"> 1. Counsel for screening and counsel for follow up 2. Screen and treat: Single visit approach (VIA /HPV screening with Ablative procedure) 3. Refer for suspected High Grade/invasive or cancer suspected
Obs/gynae/MDGP (primary Hospital level)	<ol style="list-style-type: none"> 1. Counsel for screening and counsel for follow up 2. Ablative/excisional (LEEP, conization) procedures or any relevant advance technology 3. Colposcopy and Biopsy 4. Refer for Invasive

Roles of different govt in Service Provision



FWD/NHTC(federal Level)

- Policies
- Logistics
- Trainings
- Guidelines



Province Level

- Logistics
- Trainings



Local local

- Services in Health facilities
- Mobile camps

- Thermo coagulator service availability from Primary health care center
- VIA screening linkage to POP screening camp (30-60 years women)
- Involvement of Private organizations (FPAN, Marie Stops...)

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Province Level

- Logistics
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Local local

- Services in Health facilities
- Mobile camps

- Thermo coagulator instead of cryotherapy
- VIA screening linkage to POP screening camp (30-60 years women)
- Involvement of Private organizations (FPAN, Marie Stops...)

What's new in CCSP Program ?





**Thank
You**

