

Impact of deferring cervical cancer screening in connection to COVID-19: The case of Ethiopia

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Presentation outline

- Background
- Impact of the COVID-19 on CCP
- Real time data
- Lessons learnt
- The way forward

Background: General

- In Ethiopia, cervical cancer(CC) is one of the leading cause of morbidity and mortality from all cancers in women
- The standard method of CC screening is using Visual Inspection with Acetic Acid (VIA)
- Screening with ***VIA** started in 2009 for HIV patient
- VIA scaling up accepted by MOH in 2015
- HPV vaccine launched in a single year cohort on November 2018
- Pilot HPV DNA testing for HIV patients is being implemented

Background: COVID-19

- The first confirmed case was reported on March 9, 2020
- As of April 20, **470,288** confirmed cases and **7,509** deaths
- Before March 9th, the country has reinforced many preventive measures
- As part of the mitigation strategies, various (non emergency) health services were deferred.
- Cervical cancer screening was one of the services

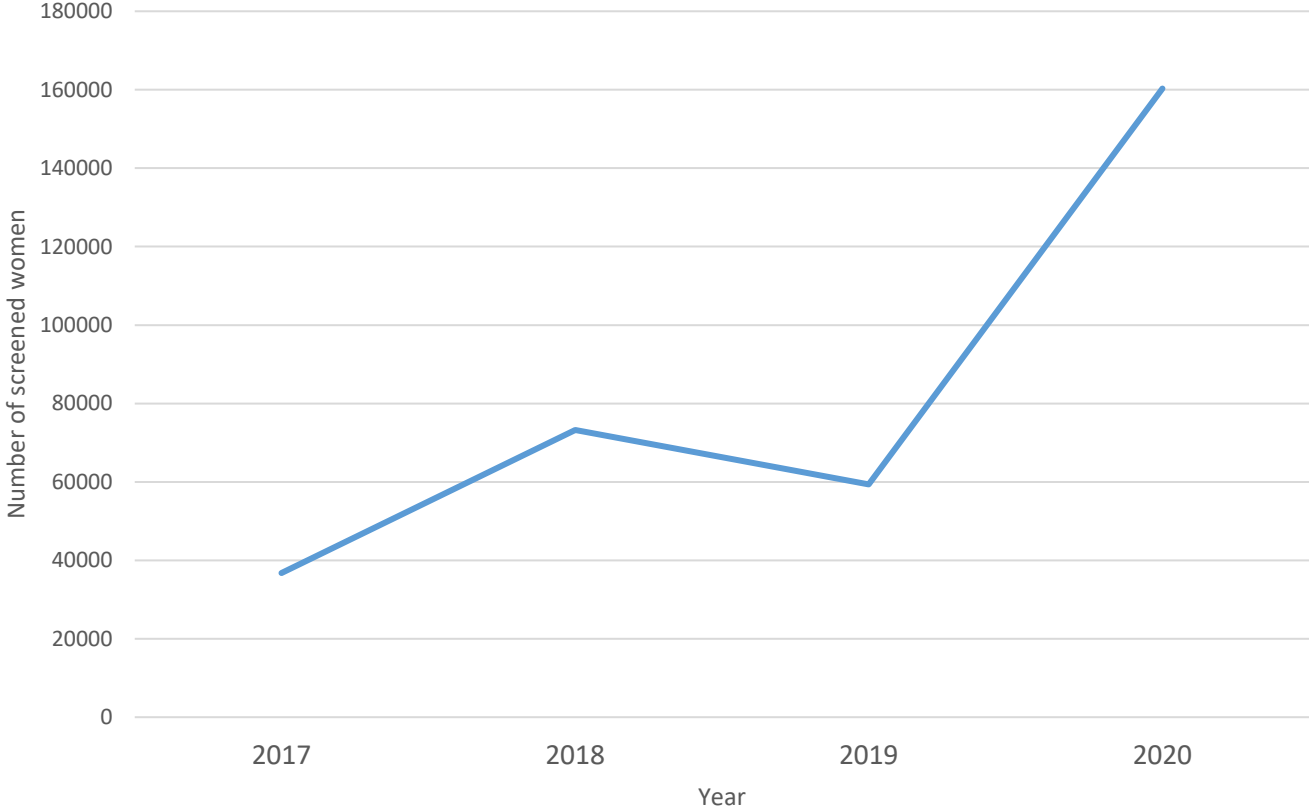
Impact of the COVID-19 on CCS

“Actually COVID-19 collapsed the whole health system in the country especially in the first one month of pandemic. Consequently, the ministry provided direction to continue the services in selected services such as NCD prevention including cervical cancer screening, TB, malaria, MCH, ART, and also emergency cases.” National NCD case team officer and CC case team leader

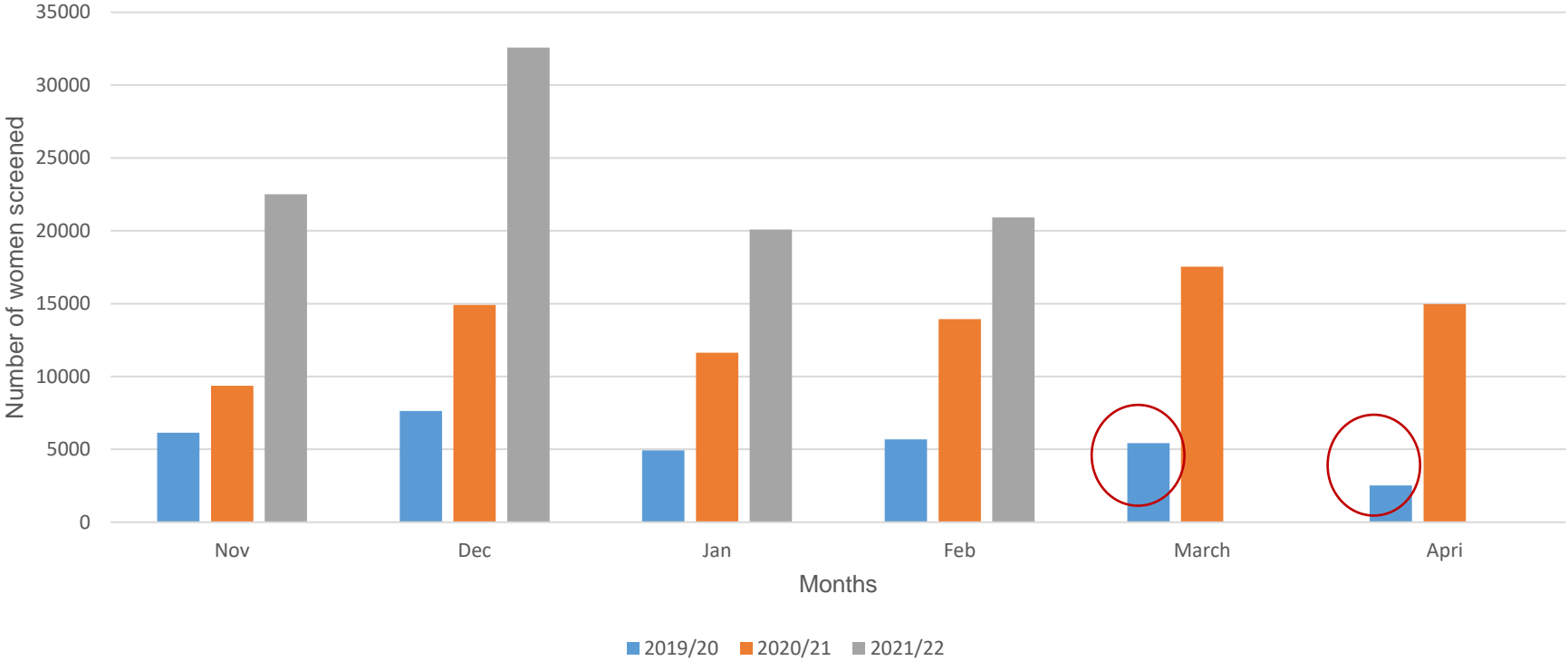
Impact contd...

- Awareness creation activities
- The health seeking behavior of the community for cancers
- Screening for precancerous lesion
- Precancerous lesion treatment
- Referral linkage for diagnosis and care

Real time data: National level



Cervical cancer screening during and after the active phase of COVID-19 pandemic in Ethiopia



The Effect at regional level

- The performance of screening was relatively lower in the central and urbanites sections of the country

Name of the Region	Gambella	Afar	Harari	Sidama	Tigray	Amhara	SNNPR	Dire Dawa	Addis Ababa	Oromiya	Somali	Benesha ngul Gumuz
Preceding year performance	1002	1040	952	10977	3385	8703	14131	176	13911	14213	1381	201
COVID-19 year	234	612	555	8554	2458	12519	11297	162	10988	10644	1201	112
Changes	-768	-428	-397	-2423	-927	3816	-2834	-14	-2923	-3569	-180	-89

Ongoing challenges

- It took time for the cancer service to gradually recover
- Delay of intervention for the women under follow up(positive cases)
- Stage shifting to advanced stage is expected due to service interruption and fear(low health seeking)

“After some months the whole services back to normal and now the service uptake is being improved. To improve the service uptake, the reporting frequency has been changed to weekly basis, this has helped us a lot to improve the uptake ” National NCD case team officer and CC case team leader

Lessons learnt

- The health care system could not cope up to function normally for cancer prevention activities during the early phase of pandemic
- Repositioning of the service was not simply opening the screening room(demanded tedious jobs)
- The media outlets was helpful to improve the demand creation activities during the active phase of pandemic
- The potential use of technology could be seen as an opportunity to support the awareness creation program, and supportive supervision provision

The way forward

- Health services emergency resilience strategies should cover the cold services including cancer screening
- We should be get prepared for future similar pandemic
- Excess cervical cancer incidence, cancer stage shifting and death should be well studied
- Qualitative assessment of the impact should be well assessed(health seeking behavior of the women during the pandemic)
- Finally, while we are applying the recommended COVID-19 preventive precautions, it is critical that we think ahead of the pandemic at the same time.

Thank you!!