ICSN 2023 TORINO JUNE 2023

Challenges faced in the national scaling-up of HPV-testing in Argentina

Silvina Arrossi, Msc, PhD CEDES/CONICET

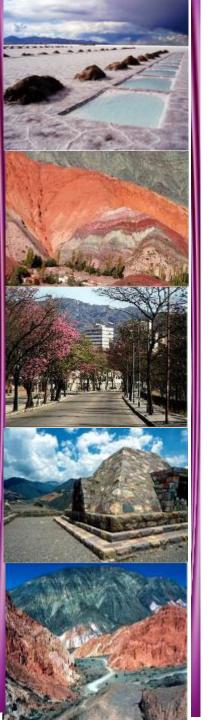




#CienciaEnTuVida

What are the challenges faced in the national scaling-up of HPV-testing?

Important question to ensure that program performance is maintained when HPV-testing is applied at scale, outside a demonstration project





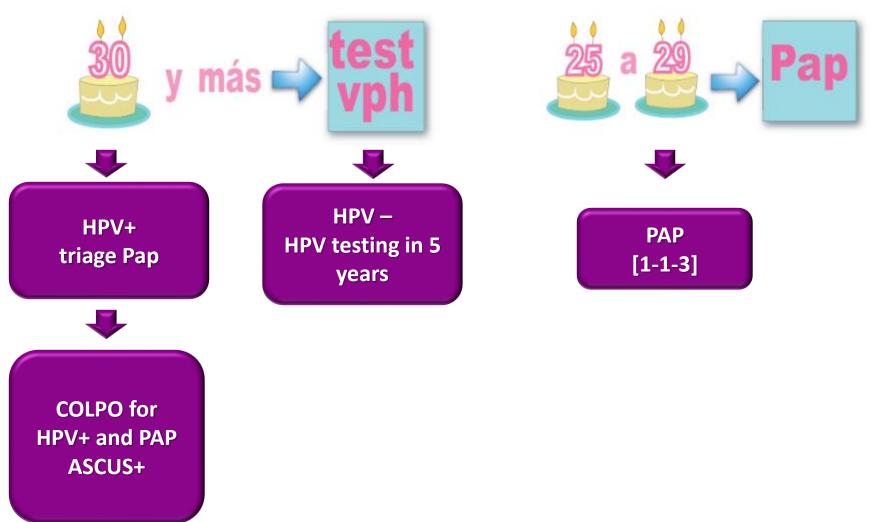
JUJUY DEMONSTRATION PROJECT (JDP)

Led by the National Program on Cervical Cancer prevention and Jujuy Ministry of Health

2012-2014

Cervical cancer mortality rate: 17 per 100,000 women (2008)

SCREENING STRATEGY



HPV-testing vs. Cytology-based screening, comparison of selected programmatic indicators

	Cytology-based period (2010-2011) N=29, 631	HPV-testing period (2012-2014) N=44,700
Health centers offering HPV-testing as the primary screening method (%)		100
Effectiveness to detect CIN2+ Odds Ratio	8.0 1 (ref)	12.4 2.3 (2.01-2.73)
Screening in the recomended age (%)	79	99
Number of laboratories	6	1

What was the organizational context that made these major changes possible ?



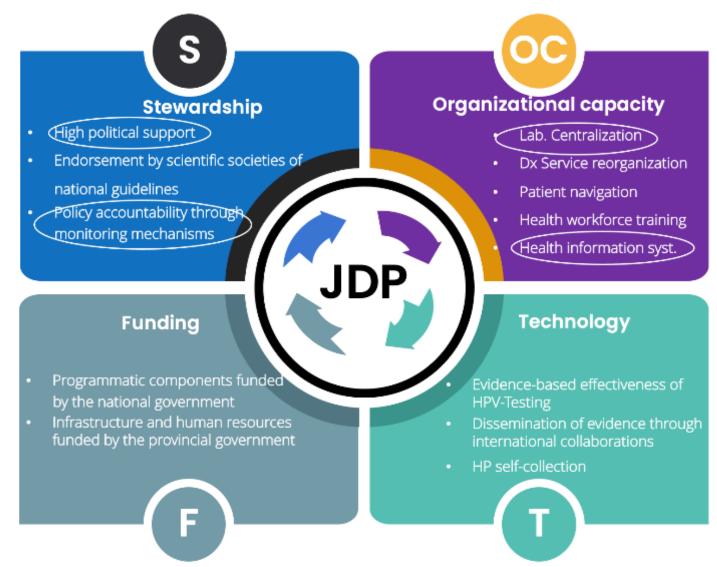
ARGENTINA

Provinces are autonomous entities responsible for the organization, management and financing of the provincial health system.

Provincial adherence to proposed national health programs depends on political and technical agreements in which responsibilities and funding are negotiated.

Provincial programs: small coordination units

The organizational model of the JDP included activities carried out in four dimensions



Adapted from WHO health system framework

Arrossi et al, IJC 2015; Arrossi et al, ecancer, 2021

• STEWARDSHIP:

-Political support from the highest health authorities.

-Driving idea: Introducing a novel technology would allow showing actions on women Health

-Agreement establishing project goals for annual screening/Dx/Tx; and changes at the health system level

-NPCC committed funding of HPV testing and training

-National Resolution enacted





STEWARDSHIP:

-Policy accountability: regular meetings with provincial health authorities and heads of health services to monitor program performance

-Data were analyzed to identify obstacles to achieve goals and agree on solutions.





LABORATORY CENTRALIZATION



INCORPORATION OF HPV TESTING IN SITAM

Ministerio de Salud Presidencia de la Nación	SITAM SISTEMA DE INFORMACION DE TAMIZAJE PERPIL DE USUARIO II LAB. ONTOLOGÍA Test de HPV por categoría diagnóstica					
Miercoles, 3 de Abril de 2013	Inicio / Est	adísticas / T	est de HPV po	r categoría di	agnóstica	
	ANTIDAD DE TEST DE HPV CIA DE JUJUY, Período 01/(Rango de Edad> De Totales Abso	01/2012 - 3 sde 0 hasta	1/12/2012			
Departamentos	Total de Pruebas HPV	Positivos	Porc. Pos.	Negativos	Porc. Neg.	
COCHINOCA	680	65	9,56	615	90,44	
EL CARMEN	2.842	345	12,14	2.497	87,86	
GRAL MANUEL BELGRANO	10.497	1.472	14,02	9.021	85,94	
HUMAHUACA	891	87	9,76	804	90,24	
LEDESMA	2.769	347	12.53	2.421	87,43	
PALPALA	1.553	212	13,65	1.341	86,35	
RINCONADA	6	0	0,00	6	100,00	
SAN ANTONIO	43	5	11,63	38	88,37	
SAN PEDRO	2.700	336	12,44	2.364	87,56	
	644	66	10,25	577	89,60	
					91.67	
SANTA CATALINA	12	1	8.33	11		
SANTA CATALINA SUSQUES	327	39	11,93	288		
SANTA CATALINA SUSQUES TILCARA	327	39 92	11,93 11,62	288 700	88,38	
SANTA CATALINA SUSQUES TILCARA TUMBAYA	327 792 138	39 92 10	11,93 11,62 7,25	288 700 128	88,38 92,7	
SANTA BARBARA SANTA CATALINA SUSQUES TILCARA TUMBAYA VALLE GRANDE	327 792 138 82	39 92 10 5	11,93 11,62 7,25 6,10	288 700 128 77	88,38 92,75 93,90	
SANTA CATALINA SUSQUES TILCARA TUMBAYA	327 792 138	39 92 10	11,93 11,62 7,25	288 700 128	88,07 88,38 92,75 93,90 89,56 87,19	

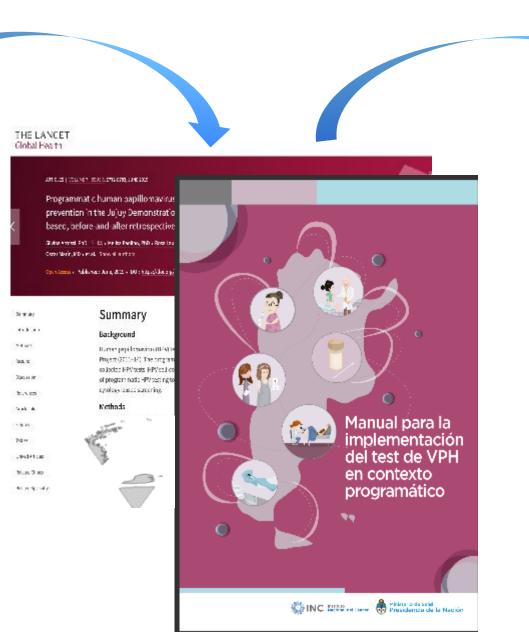
Bajar listado en formato:

ato: Excel SCSV XML Texto

- Data entry centralized at laboratory level, then gradually incorporated into PHC centers and colposcopy/treatment units.
- Centralized data entry in SITAM at laboratory : registration of all screening/triage tests and biopsies
- Data from SITAM used to:
 - monitor and evaluate program performance
 - identify women with abnormal lesions without diagnosis/treatment
 - control of screening frequency and age: the laboratory as gate keeper

National scaling-up of HPV-testing





2023 7.8

Map courtesy of NPCC



Main challenges refer to:

- Difficulties to have at scale the same level of political agreements between highest national and provincial health authorities
- Not possible to replicate the same type of intensive monitoring implemented in the JDP
- Provincial programs do not have authority to generate agreements on strategies to solve problems detected at health service level

CHALLENGES TO CENTRALIZE LABORATORIES





- In some districts, reduced stewardship has limited the possibility to centralize and unify laboratories
- Obstacles to centralization in districts with laboratories in health establishments belonging to provincial and municipal levels

 After COVID-19 pandemics, HPV labs as part of virology departments, for re-utilization of PCR platforms during COVID-19 pandemics

LACK OF LABORATORY CENTRALIZATION HAS SEVERAL IMPLICATIONS.....

✓It is more complex to ensure quality in sample reading, specially with cytology

✓ It can be difficult to implement comprehensive quality controls

✓The role of the centralized laboratory as a gate keeper can be compromised

✓HPV, cytology and biopsy samples sent to different health establishments, transport complexity=problems

CHALLENGES IN SITAM IMPLEMENTATION

2. C	SISTE	SITAM SISTEMA DE INFORMACION DE TAMIZAJE PORPOL DE OCTOBLECIÓN DE LARI, OUTBLECIÓN Test de HPV por categoría diagnóstica Inorm / Establich es / Lest de HPV por categoría diagnóstica DE TEST DE HPV POR DEPARTAMENTO JOY, Período D/10/2012 - 31/12/2012				
	Rango de Ldad> Des					
	Totales Absol	lutos				
Vegartamentos	total de Pruebas HPR	Montree	Porc. Pos.	Regatives	POR. Beg	
C BNOCA	680	65	0.56	C1.5	21	
CARHER	2.842	7,17	12,14	2.497	87	
AL NEWLEL BELGRAND	50.497	3.4/2	14.00	W.0271	W1	
NAHJACA	971	97	9.76	604	9.	
C COMA	2,769	542	12,53	2.421	67	
PALA.	1.233	212	1.1,42	1,841		
ALCORADA.		0	0.00		10.	
CONCTRA IN	43	5	11.60	20	01	
1 25010	2.700	337	17,44	2.264	67	
	m11		10,22	277		
TA BARRARA						
A CALALIAN	14	3	¥.42	11	95	
LA CALALINA SOLES	927	2 20	44.00	200	0:	
T A CALALIAN COURS COMA	027 747	3): 47	11.00	200	0:	
T A CALALIAN COURS COMA	927	2 20	11,42	200	0:	
A CALALIER COLOS CARA VERYA LL GRANDE	022 742 1.84 94	2 30 47 10 2	11.00 11,92 7,30 9,30	200 700 12%	0: A* 9.1	
LA CALALINA SOLES	327 747 1.84	2 30 47 10	11,42	200	0: A*	

- Lack of lab centralization = personnel needed for data entry in SITAM in each laboratory; problems to fund additional HR
- Development of competing health information systems. We would need a unified information system!
- Partial and incomplete data that impact monitoring and evaluation of program performance

SUMMARY

- Scaling-up of HPV-testing has faced reduced stewardship, difficulties to centralize laboratories, and limitations to expand the national information system on screening.
- Consequences in quality of sample processing, sample transport, and availability of data to monitor and evaluate screening performance
- We need evaluations of how these challenges influence disease detection, coverage and retention to follow-up/treatment.
- We need to understand the mechanisms through which stewardship/monitoring can be ensured in the scaling-up of demonstration projects. Implementation Science Welcome!

