According to the World Health Organization (WHO), without urgent action, deaths due to cervical cancer are projected to rise by almost 25% over the next decade. Prevention of these deaths through adequate screening and treatment will contribute to the achievement of MDGs 3, 5 and 6. To address this, IMA World Health (IMA) has been implementing cervical cancer prevention and control programs in the Mara Region of northwestern Tanzania since 2011. IMA has screened nearly 5,000 women between 30-40 years of age and treated over 300 women.

**Cervical Cancer Prevention and Control**

**Funding:** $230K • Izumi Foundation/ American Baptist Church/Week of Compassion/CDC through Project LEAD • 2011 – 2013

The main cause of cervical cancer is the human papillomavirus (HPV), a common virus that can be passed from one person to another during sexual intercourse. It can be prevented by either primary prevention, through abstinence and HPV vaccination, or secondary prevention by way of screening and treating pre-cancerous lesions. This problem is compounded by the HIV/AIDS epidemic in Tanzania. Being HIV positive increases the risk of developing cervical cancer by at least 50%, as well as contributes to an earlier onset of the disease by 10 years.

**Why cervical cancer in the Mara Region of Tanzania?**

Tanzania is one of the highest cervical cancer burdens in the world, with incidence of 50.9 cases per 100,000 women. This burden is 50% higher than the East African average and nine times higher than Europe and North America. However, if pre-cancerous lesions are detected and treated early, cervical cancer is almost 100% curable. Unfortunately, the vast majority of patients are seen during the late stages of the disease, which considerably reduces chances of survival.

**Project Activities**

IMA selected implementation for the Cervical Cancer Prevention and Control program in the Mara Region because it is among regions where HIV prevalence has increased from 3.5% in 2003/04 to 7.7% in 2007/08. Also, the Ministry of Health and Social Welfare (MOHSW) has requested implementing partners to take a regional approach. IMA has been working in the Mara region for the last 10 years and has a strong working relationship with the health leadership.

To overcome access barriers IMA has engaged in outreach activities providing cervical cancer screening and treatment at the community level in the Tarime, Rorya and Musoma districts. IMA also collaborates with the MOHSW in the development of national IEC materials to raise community awareness of the importance of cervical cancer screenings and early treatment. In addition, IMA has increased capacity building

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efforts to include training of HCW and procurement of necessary equipment for screening and treatment. IMA has also developed a cancer database to capture data of all women screened and treated for cervical cancer at the health facilities. This will allow for further monitoring and evaluation of outcomes to support continuation of the program and identify future needs.

Our Approach
IMA is implementing the Cervical Cancer Prevention and Control program by providing appropriate and quality cervical cancer care and treatment services to include screening and treating pre-cancerous lesions on the cervix according to the national guidelines. In addition, IMA is working with hospitals to build community awareness of cervical cancer risks and successes in treatment to promote screening and treatment uptake and demand for these services.

IMA adheres to the Single Visit Approach as outlined in the MOHSW’s *Tanzania Service Delivery Guidelines for Cervical Cancer Prevention and Control*⁴. Specifically, at the Hospital level, IMA is addressing training needs in early diagnosis and treatment to ensure appropriate cervical cancer screening and treatment. Staff are trained in cervical cancer screening techniques using the visual inspection with acetic acid (VIA) approach. Screening is offered daily, and if diagnosed positive with pre-cancerous cells, the woman is treated with cryotherapy the same day. This screen-and-treat approach prevents missed opportunities and lost to follow-up. Although not required by the cervical cancer guidelines, the Cervical Cancer Prevention and Control program also screens for breast cancer through breast palpations and if lumps are discovered, women are referred for further investigation and treatment.

Achievements
To date IMA accomplished the following:

- Increased capacity building efforts, including training 21 health care workers in cervical cancer screening techniques using the VIA approach and providing early diagnosis and cryotherapy treatment.
- Screened over 5,000 women between 30 - 40 years of age.
- Treated nearly 300 VIA-positive women with cryotherapy treatment on the same day as diagnosed.
- Referred 46 women for breast cancer treatment.
- Engaged community outreach (Tarime, Rorya and Musoma districts).
- Developed national information, education, and communication (IEC) materials to raise community awareness about the importance of screening and early treatment, in collaboration with the MOHSW.
- Procured the necessary equipment for cervical cancer screening and cryotherapy treatment.
- Developed a cancer database to capture data of all women screened and treated for cervical cancer at the health facilities.