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Single Visit Approach to Prevent Cervical Cancer in Karawang District, West Java, Indonesia – Program Results

January 2007 – September 2009

Presented by : Fransisca M. Lambe
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Session Objective

- Describe Single Visit Approach (SVA) to cervical cancer prevention using Visual Inspection with Acetic Acid (VIA) and Cryotherapy within the Breast and Cervical Cancer prevention initiative.
- Share SVA Program and Results in Karawang, West Java, Indonesia (Jan 07 – Sep 09)

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Cervical Cancer Background

- The most frequent** cancer in Indonesia ~ (34.4% of women's cancer)¹
- Almost **70% are in late stages** (> stage IIB)² with low 5 year survival rates
- 15.000 new cases, 8.000 death³ every year
 - 1 death every hour**³
- Screening coverage < 5%**, ideally ~ 80%⁴

1). Dirjen Pelayanan Medik Departemen Kesehatan RI. Badan Registrasi Kanker IAPI, Jakarta 1992
 2). Mochtarom M. Data registrasi Kanker Ginekologik. Bagian Obstetri dan Ginekologi, RSUDN FKUI, Jakarta 1992
 3). IARC. Globocan 2002 database; Summary table by Cancer 2002. <http://www-dep.iarc.fr/top.htm> Accessed Feb 11, 2007
 4). Yayasan Kanker Indonesia. Kanker di Indonesia Tahun1998. Data Histopatologik.

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Cervical Cancer Prevention Program: Goal & Objectives

Cervical Cancer is Preventable!

- Reduce cervical cancer incidence and mortality
- Detect early disease – pre cancer lesions
- Treat pre cancer lesions to prevent progression to invasive cancer
- Use appropriate screening test
 - Low cost
 - Safe & acceptable
 - Good sensitivity & specificity

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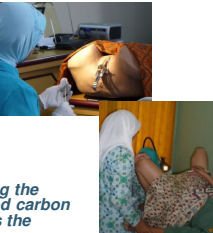
Why Single Visit Approach ?

- Safe, easy to adopt and affordable
- Can be practiced by providers at all levels of care
- Most instrument/equipment readily found at Health Care Facility
- Results are available immediately and treatment can be provided immediately (Screen and Treat)
- Reduce opportunity loss of clients
- Practical for lowest-resource settings

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SVA using VIA + Cryotherapy

- What is VIA?**
 - Naked eye inspection of cervix to detect acetowhite abnormalities after applying dilute (3-5%) acetic acid*
- What is Cryotherapy?**
 - Cryotherapy involves freezing the cervix, using either compressed carbon dioxide or nitrous oxide gas as the coolant.*



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SINGLE VISIT APPROACH

- Counseling
- Speculum Exam to see Cervix
- Apply 3-5 % Acetic Acid to Cervix for 1 minute
- Inspect Cervix for Precancer Lesions
- Discuss results with the woman. Offer treatment option if positive
- Cryotherapy – double freeze technique
- Post treatment and follow-up instructions






KARAWANG DISTRICT, West Java, Indonesia

Program Objectives

- **Increase country readiness** for implementation of Cervical Cancer prevention efforts
- **Build capacity** to provide service delivery model for screen and treat
- **Expand access to high quality VIA and Cryotherapy at service delivery points and Improve program performance**




Partners/Collaborators

- Ministry Of Health Indonesia
- West Java Provincial Health Office
- Karawang District Health Office
- Indonesian Gynecology Oncology Society
- Indonesia ObGyn Association
- Indonesia Midwifery Association
- and other related stakeholders : Yayasan Kanker Indonesia, Karawang District Government and PKK.




Program Successes – National Level

- Cervical and breast cancer prevention national advisory group established
- Cervical and breast cancer prevention national policy approved for implementation
- Training and Service Delivery documents and guidelines developed
- Training capacity strengthened
- Availability of EIC materials (Flipchart, leaflet and Poster)
- Functional service delivery models in Karawang:
 - 2007-2009 – 17 health center and 1 hospital for referral
 - Target Population Number – 97,182



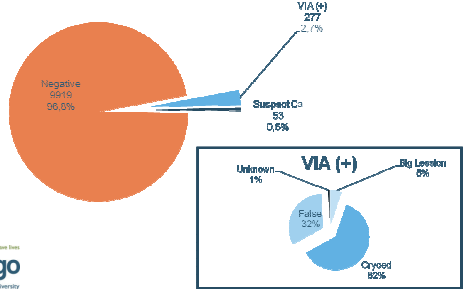
Program Successes: Karawang District

- Expanded from 4 health center to 17 health center with support from local government funding
- Currently reimbursement through national insurance plan for the poor (Jamkesmas)
- Developed a health information system (HIS) for the Cervical Cancer Prevention Initiative to track clients & monitor program performance at the level of health center facility
- Develop training curriculum for community health volunteer worker (cadre's)
- Training capacity strengthened




RESULTS AT 12 HEALTH CENTER

Total Screened : 10,196 (July 07 – Aug 09)



Category	Count	Percentage
Negative	9915	99.1%
VIA (+)	277	2.1%
Suspect Cx	83	0.8%
Cryod	227	82%
False	89	32%
Unknown	3	1%



ISSUES AND CHALLENGES

- Counseling is still weak
- Additional uncompensated burden on providers
- Limited community mobilization activity
 - Community are not aware of the service
- Records are not completed in uniform way or not completely filled in
- Repair and maintenance of the cryo unit



Next Step and Recommendation

- Advocate MoH to approve degree for Private Midwives to perform VIA
- Training materials for Community mobilization
- Adoption of Health Information System at the health center level
- Scaling up to 4 new districts in 4 Provinces.
- Community mobilization activities will be integrated to ensure 80% of the coverage in Karawang area
- Follow up on women with + VIA that have not yet treated
- Mentoring and refreshing providers on counseling, VIA, Cryotherapy and Reporting
- Develop capacity to maintain the cryotherapy machine



Thank You

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15