

mardi 4
mercredi 5
juillet 2023

Coopération Hospitalière Internationale



Promoting comprehensive cervical cancer prevention and better women's health in the West Region of Cameroon

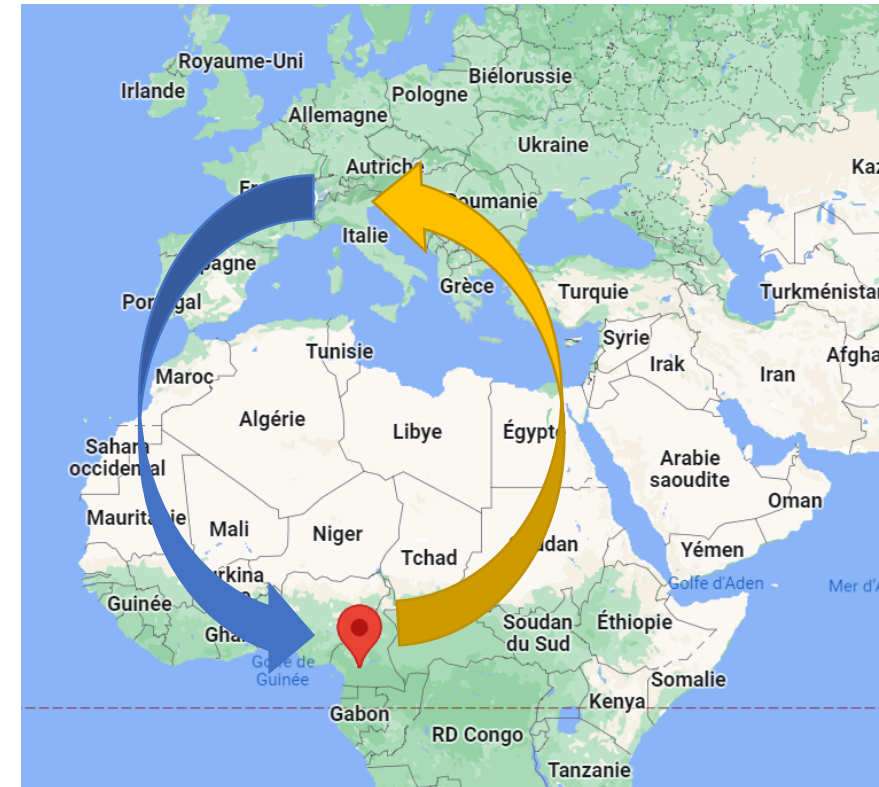
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Collaboration Switzerland – Cameroon

1980: Global Agreement in the field of health between the University of Geneva and the Ministry of Health of Cameroon

- ✓ 300 doctors (residents or fellows) trained in Geneva
- ✓ 1000 Swiss medical students who completed their internship in Cameroon.



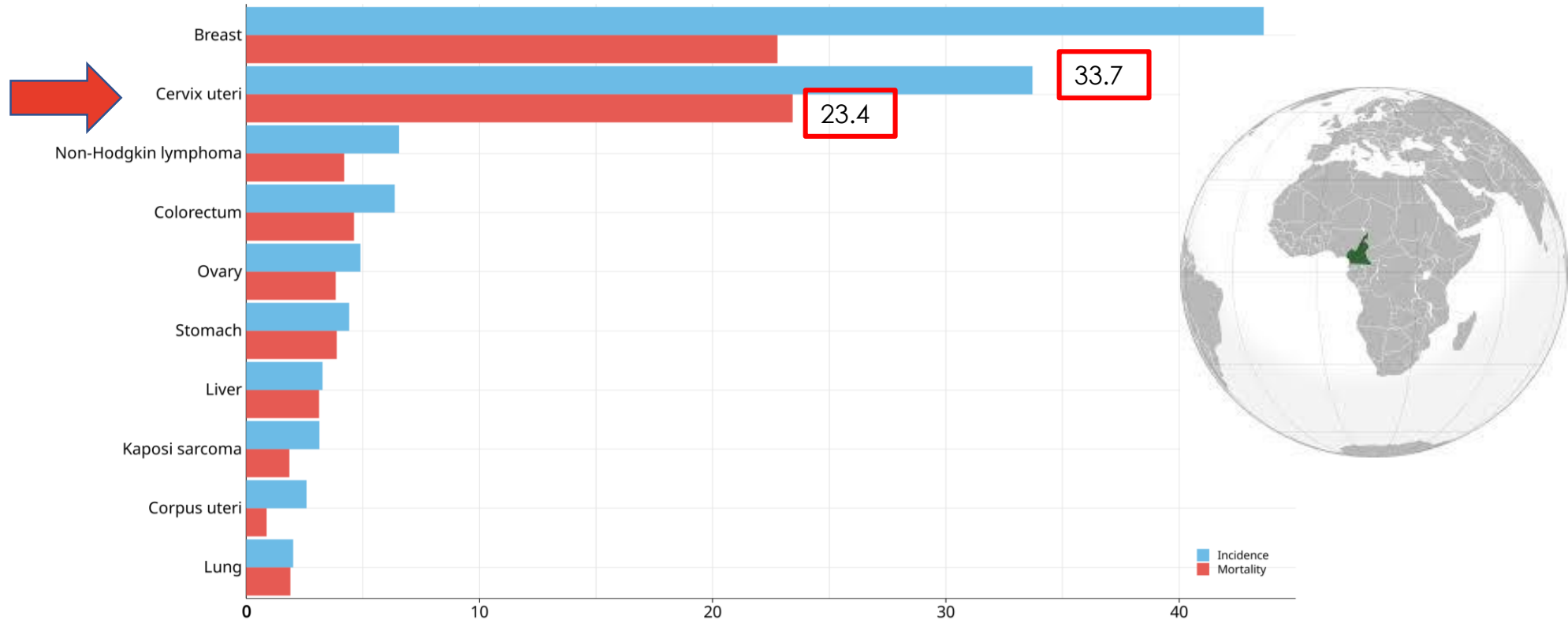
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Cameroon & Cervical cancer

Estimated age-standardized incidence and mortality rates (World) in 2020, Cameroon, females, all ages



Data source: Globocan 2020
 Graph production: Global Cancer Observatory (<http://gco.iarc.fr>)

ASR (World) per 100 000

International Agency for Research on Cancer

World Health Organization

Collaboration Switzerland – Cameroon: cervical cancer screening

The relationship between Cameroon and the HUG in the fight against cervical cancer is well established, since 1997

Dr Gregory Halle

Counseling, results, and support for the patient and family



Dr Zacharie Sando

Slide Screening



Collaboration Switzerland – Cameeroon

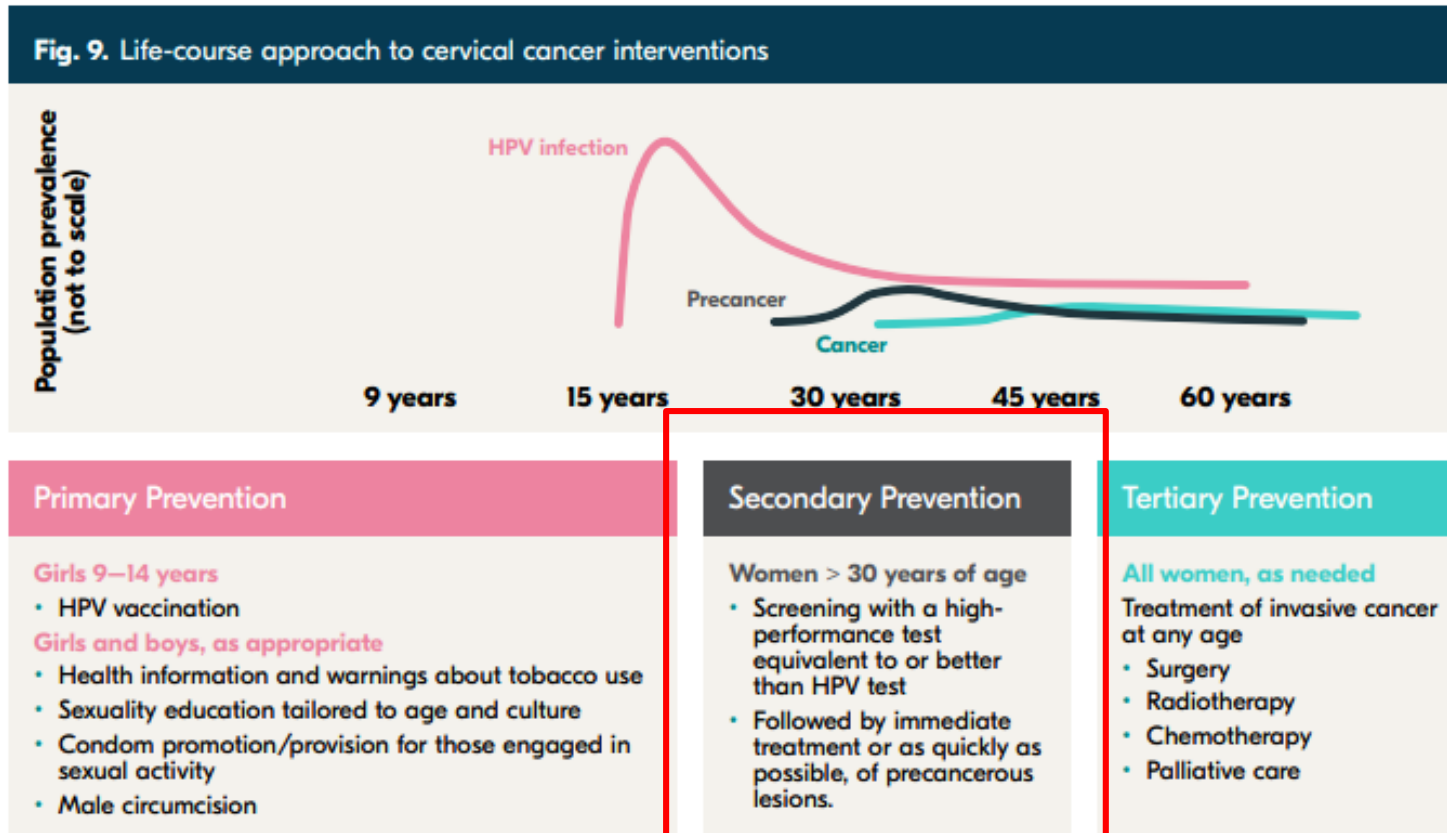
- Gynecological division of HUG launch in 2015, an HPV screening campaign at the Dschang Regional Annexe Hospital (HRAD)
- In 2018, a new programme called « 3T Approach » was launched by HUG at the HRAD



Dschang congress (2018)

Dschang regional Annexe Hospital Source: Courtesy of Dr. K Benkortbi

Cervical cancer control: A comprehensive approach WHO



Global strategy to eliminate cervical cancer (WHO) in 2019

**Threshold for Elimination as a Public Health Problem:
Age-adjusted incidence rate < 4 / 100,000 women**

2030 Targets



**SDG 2030 Target 3.4:
30% reduction in mortality from NCDs**

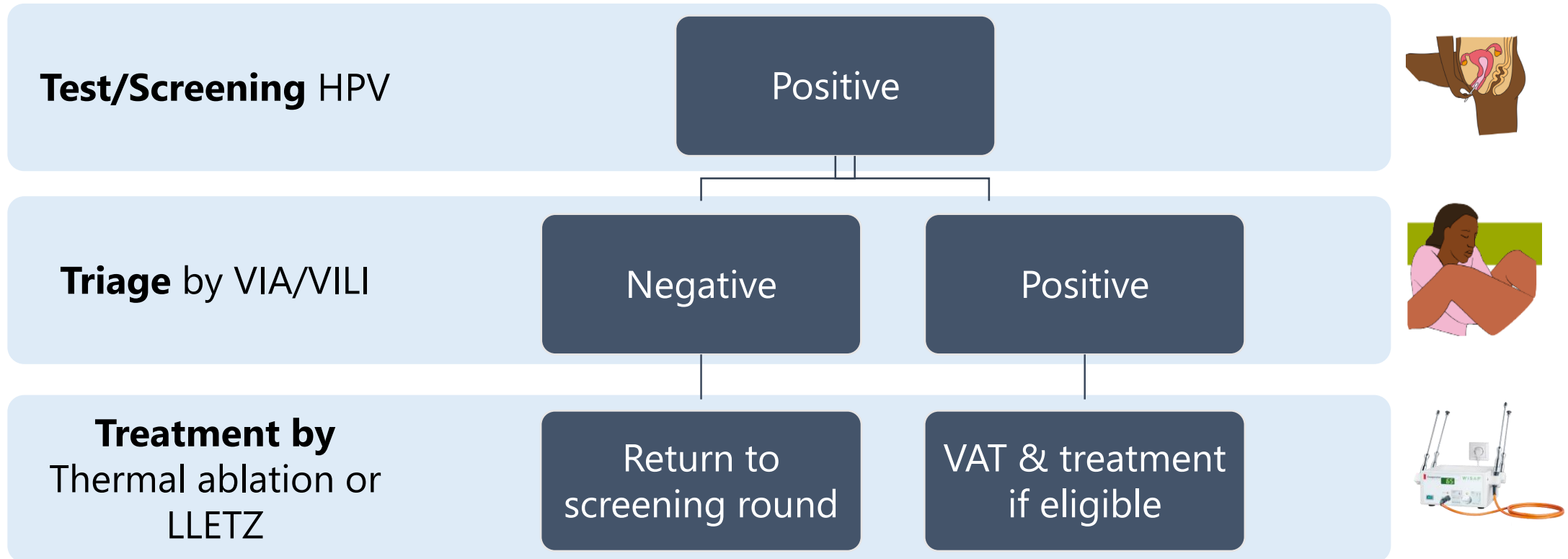
SDG: Sustainable Development Goals; NCDs: Non-Communicable Diseases



3T- Programme : Test-Triage-Treatment (WHO)



3T-Programme is based on WHO recommendations and strategies which follows a "screen/test-triage-treatment" procedure in one-visit.



*LLETZ : Large Loop Excision of the Transformation Zone; VAT: visual assessment for treatment

3T- Programme : Test-Triage-Treatment (WHO)

Objective:

- To improve women's access to healthcare and to reduce inequalities in access to women's health interventions

To implement this programme it was important to :

- Integrate screening and treatment services into the primary care package
- Trained health care provider and community health workers → Capacity building
- Promote a "screen, triage and treatment" approach in one day
- Ensure affordable supply of high quality and efficient screening tests and treatment devices
- Propose sensitive context solution

Training of screening staff:

- Basic training courses for every new collaborators
- Case diagnostic supervision (bi-monthly)
- Continuous training (every 6 months)
- Training community healthcare workers (every 6 months)
- Supervision community health workers (every 2 months)

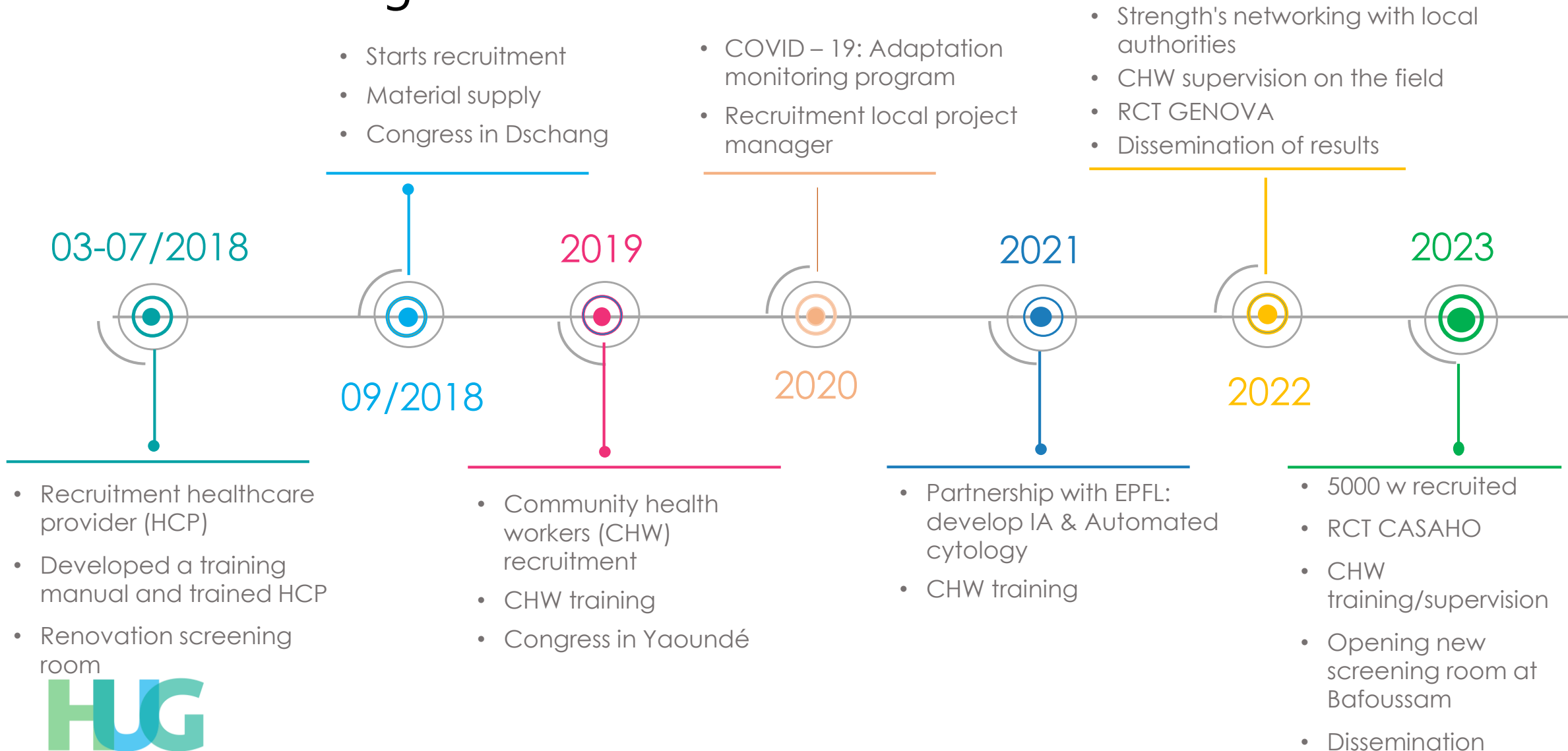


Healthcare providers HRAD 2022



Basic Training courses at Dschang Regional Annexe Hopsital

Milestones Programme 3T



Assessment of the 3T-Approach implemented following these 3 topics:



1. Feasibility



2. Safety



3. Acceptability

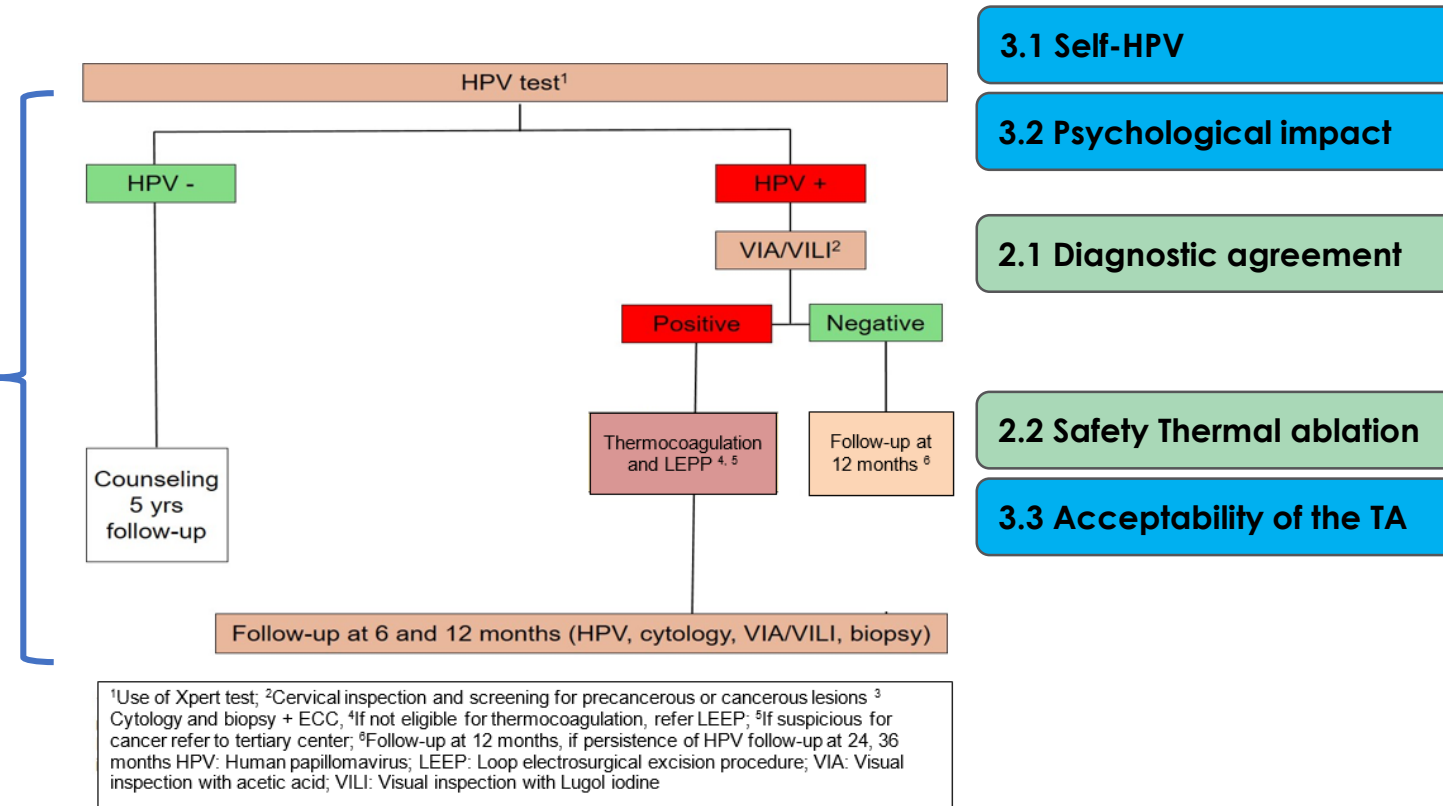
1.1 Quality control : KPI

1.2 Recrutement strategies

1.3 3T-Approach COVID19

3.4 3T- Approach among HCP

3.5 3T- Approach among women



3.1 Self-HPV

3.2 Psychological impact

2.1 Diagnostic agreement

2.2 Safety Thermal ablation

3.3 Acceptability of the TA

1.1

Levy J, de Preux M, Kenfack B, Sormani J, et al. Implementing the 3T-approach for cervical cancer screening in Cameroon: Preliminary results on program performance. *Cancer Med.* oct 2020;9(19):7293-300.

1.2

Pham M-A, Benkortbi K, Kenfack B, Tincho Foguem E, Sormani J, et al. Recruitment strategies to promote uptake of cervical cancer screening in the West Region of Cameroon. *BMC Public Health.* 19 mars 2022;22(1):548

1.3

Sormani J, Datchoua AM, Petignat P, et al. Effects of the COVID-19 pandemic on an urban cervical cancer screening program in West Cameroon. *Int J Gynecol Cancer.* sept 2021;31(9):1297-8.

1.4

Hämmerli P, Moukam AD, Wisniak A, Sormani J, et al. « My motivation was to save »: a qualitative study exploring factors influencing motivation of community healthcare workers in a cervical cancer screening program in Dschang, Cameroon. *Reprod Health.* juin 2022;19(1):133.

2.1

Frund C, Kenfack B, Sormani J, et al. Training, Supervision, and Competence Assessment of Cameroonian Health Care Providers Using HPV Self-Sampling, Triage by Visual Inspection, and Treatment by Thermal Ablation in a Single Visit. *Front Public Health* 2022

2.2

Metaxas T, Kenfack B, Sormani J, et al. Acceptability and safety of thermal ablation to prevent cervical cancer in sub-Saharan Africa. *BMC Cancer*. 2 févr 2022;22(1):132.

3.1

Sormani J, Kenfack B, Wisniak A, et al. Exploring Factors Associated with Patients Who Prefer Clinician-Sampling to HPV Self-Sampling: A Study Conducted in a Low-Resource Setting. *Int J Environ Res Public Health*. 22 déc 2021;19(1):54.

3.2

Metaxas T, Kenfack B, Sormani J, et al. Acceptability and safety of thermal ablation to prevent cervical cancer in sub-Saharan Africa. *BMC Cancer*. 2 févr 2022;22(1):132.

3.3

Roux AN, Kenfack B, Ndjalla A, Sormani J, et al. Barriers to cervical cancer prevention in rural Cameroon: a qualitative study on healthcare providers' perspective. *BMJ Open*. 17 juin 2021;11(6):e043637.

3.4

Datchoua Moukam AM, Embolo Owono MS, Kenfack B, Vassilakos P, Petignat P, Sormani J, and Schmidt N. "Cervical cancer screening: awareness is not enough". Understanding barriers to screening among women in West Cameroon—a qualitative study using focus groups. *Reproductive Health*. 9 juill 2021;18(1):147.

Perspectives

Studies

- 2023 Cost-effectiveness of cervical cancer screening strategies among women in Cameroon
- 2022-25 RCT GENOVA : HPV Screening with Triage by HPV Genotyping vs Visual Inspection with Acetic Acid
- 2023-25 RCT CASAHO : Home-based screening versus hospital based
- 2023-24 Act4CC : Community based participatory research for increased access to screening
- 2024 Telecytology : Cytopathologist training and feasibility of the triage method

Master & PhD students

- Start in 2021 : 1 Cameroonian PhD student in Global Health at UNIGE
- Start in 2022 : 1 Cameroonian and 1 Swiss PhD students in Global Health at UNIGE
- Start in 2023 : 2 medical students at UNIGE



Perspectives

Local capacity building:

- Provide training to the HCP in **counselling** and **communication** to improve quality of care;
- Continue **CHW** training and offer supportive supervision.

Sensitive context-solution:

- Finalize **cost-effectiveness** study in order to support decision-makers in selecting the adequate screening strategies and scenario according their **willingness** to pay;
- Establishment of **partnerships** with **key community leaders**, **civil society** and **institutions** to contributed to increase screening coverage and reach the WHO target.

Scaling up :

- Opening a new screening room at Bafoussam Regional Hospital (Cameroon)
- Expertise for the launch of new 3T project in Cotonou (Benin)

Fundings since 2018

- Commission des affaires humanitaires et de la coopération internationale (HUG)
- Fondation privée des HUG
- Commune de Coligny
- Solidarité internationale : Canton de Genève
- Ligue suisse contre le cancer
- Groupement romand de la société suisse de gynécologie
- SSPH – GlobalP3HS
- Esther Switzerland
- Tech4Dev

