HCC Caribbean NCD Forum
Supporting National Advocacy in Lead up to the 2018 High Level Meetings on NCDs

Civil Society working towards ending cervical cancer- an update
Belize Cancer Society.
Acknowledgements

- The End Cervical Cancer by Healthy Caribbean Coalition was an important initiative that influenced the development of a comprehensive cervical cancer prevention and control program in Belize.

- Sincere gratitude is extended to Professor Trevor Hassel and Mrs. Maisha Hutton for their stellar work at the Healthy Caribbean Coalition.

- The financial grants from HCC, Direct AID-Australia, American Cancer Society and other organizations strengthened the institutional capacity of the Belize Cancer to consistently lobby and advocate for the control of cervical cancer in Belize

- Achievements were made possible through intense collaboration with Dr. Natalia Largaespada Beer, Technical Advisor for Maternal and Child Health Program in Belize. Dr. Beer worked intensely with local and international experts to develop the program based strictly on scientific data.

- The energy and professional development of the BCS’s Administrator played a key role in the accomplishment of cervical cancer initiatives, reporting and efficient management of donor funds.
Cervical Cancer Background - Belize

- Cervical Cancer continues to be one of the leading Cancers amongst our Belizean women resulting in increased mortality and morbidity.

<table>
<thead>
<tr>
<th>Country / Region</th>
<th>Incidence Rate [per 100,000]</th>
<th>Mortality Rate [per 100,000]</th>
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<tbody>
<tr>
<td>Belize</td>
<td>32.7</td>
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<td>Latin America and Caribbean</td>
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<td>North America</td>
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Source: GLOBOCAN 2012
### Cervical Cancer Incidence Rate

<table>
<thead>
<tr>
<th>District</th>
<th>Incidence Rate [per 100,000]</th>
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<tr>
<td>Belize</td>
<td>25.8</td>
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<td>Toledo</td>
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<tr>
<td>Corozal</td>
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</table>

Source: Cancer Report. Epidemiology Unit, 2013

Highest to lower Incidence Rate

Belize District

Above the country average Incidence rate

Largest district

80% urban population
12 PHN and 60 RHN countrywide

Target population

- 35,000 children < 5 years
- 7,500 Pregnant women
- 7,500 Women in postnatal period
- 8,000 women screened for cervical cancer
- > 1,000,000 services per year
- 75,000 children in primary schools
- 6 visits / year to hard to reach villages
- Consultation in absence of a doctor
- Health fairs and health education in schools

Belize 0.2 nurses[2.3 overall] / 1000 population providing primary health care services
Civil Society in collaboration with government formed the National Cervical Cancer Prevention and Control Committee-NCC.

- Public + Private + NGO
  - Ministry of Health [OBGYN + PHN + HQ + CML]
  - Belize Cancer Society
  - OBGYN’s [Private + KHMH and Oncologist]
  - Belize Family Life Association
  - National Health Insurance
Guiding Frameworks

- Sexual and Reproductive Health Policy
- Health Sector Strategy Plan 2014-2024
- National NCD Strategic plan
- WHO guidelines for the prevention and control of cervical cancer
Partner Agencies in the fight to end Cervical Cancer in Belize.
Major Outputs for the National Cervical Cancer Committee

- Cervical Cancer Clinical Guidelines
- HPV Vaccination Introduction
- Launch of VIA Services
- Training of doctors and nurses countrywide in Cervical Cancer screening and prevention.
- Have supported the successful completion of the HCC C4PI Grants to end cervical cancer from 2013 to present
- Purchase of colposcopy units for the country.

Cervical cancer can be prevented with the use of HPV vaccines and regular screening for early detection of precancerous lesions.
LIFE COURSE APPROACH TO PREVENT HPV INFECTION AND CERVICAL CANCER

PRIMARY PREVENTION
- HPV Vaccination
- Health education
- Adolescent health services

SECONDARY PREVENTION
- Screening and treatment of precancerous lesions
  - HPV testing, Pap, VIA
  - cryotherapy
  - colposcopy
  - LEEP, etc

TERCIARY CARE
- Diagnosis and treatment
  - Pathology
  - Surgery
  - radiotherapy
  - chemotherapy
  - Palliative care
Countries with universal HPV vaccination
The Americas, as of November 2014

In parenthesis, year (month/year) when universal vaccination began

- Canada (2007-2009)
- USA (6/2006)
- Mexico (10/2012)
- Panama (10/2008)
- Colombia (8/2012)
- Ecuador (4/2014)
- Peru (2/2011)
- Chile (9/2014)
- Guyana (2/2012, 5/10 regions)
- Suriname (11/2013)
- Brazil (3/2014)
- Paraguay (3/2013)
- Uruguay (4/2013)
- Argentina (10/2011)

- Antigua (11/2013)
- Aruba (11/2014)
- Bermuda (2008)
- Barbados (1/2014)
- Cayman Islands (11/2012)
- Puerto Rico (6/2006)
- Saba (1/3 NL municipalities, 2013)
- Sint Maarten (9/2013)
- Trinidad and Tobago (2/2013)
Introduction of Human Papilloma Virus - Vaccine into the national vaccination schedule


- Pap smear campaign with HPV testing
- Cost effectiveness of HPV vaccination in Belize
- Comprehensive Belize cancer report
Cost-effectiveness of HPV vaccination in Belize
Leslie Walwyna,*, Cara Bess Januszb, Andrew David Clarkc, Elise Prietob, Eufemia Waight, Natalia Largaespada

- The CERVIVAC cost-effectiveness model (Version 1.123) was used to assess the lifetime health and economic outcomes of vaccinating one cohort of girls aged 10 years against HPV. Estimates were found to be far below the gross domestic product (GDP) per capita of Belize (US$ 4795).

- Conclusion: Routine HPV vaccination would be highly cost-effective in Belize. If affordable, efforts should be made to expedite the introduction of this vaccine into the Belizean national immunization program.
Marketing of HPV vaccine

- BCS President and Dr. Largaespada Beer and her team from MoH teamed up to for a marketing campaign.
- Meeting with Minister of Education who along with the Minister of Health, got Cabinet support for the introduction of vaccine.
- Several Meetings were held with Catholic Bishop and his pastoral team, principals and teachers throughout the country. After consulting with his scientific team at the Vatican, the Bishop issued a formal letter of endorsement for the vaccine.
- Media breakfasts and meetings were held.
- Information sheets, consent forms were developed
- Training of all Nurses, on the HPV vaccines were held.
- Many meetings were supported by grants from the HCC.
- Several meetings were held by conservative wing of the Evangelical Churches. To date, there has been no open rejection of vaccine.
- Girls in Standard IV Class
- 2016-2017 School Year - Coverage 58.8%
- 2017-2018 School Year - 1st dose coverage 70%
- 80% coverage = reduced genital warts and HPV infections
Screening Females 25-49 years

Pap smear

Visual Inspection with Acetic Acid
VIA - Females up to 49 years

Target Population:
Females 25-49 years
Visible SCJ

Regional Hospitals
- VIA
- Cryotherapy
- Colposcopy
- LEEP

Community Hospitals and Polyclinics
- VIA
- Cryotherapy
- Colposcopy

Rural Health Centers
- VIA

Do you have a screening programme in place?

Yes, VIA

Do you have enough resources to provide an HPV test?

Yes, cytology followed by colposcopy

No

Yes

No

Does the programme meet quality indicators (e.g. training, coverage and follow-up)?

Yes

No

Do you have enough resources to provide a sequence of tests (i.e. HPV test followed by another test)?

Yes

HPV test followed by VIA

Cryotherapy and/or LEEP must be part of a screen-and-treat programme

HPV test alone

VIA alone

Cytology or HPV test followed by colposcopy
- VIA/CRYO/LEEP training done in May and November 2017
- Cryoguns - MOH
- Tanks - Belize City Rotary Club
- LEEP - MOH and CARICOM
- Portable colposcope - [BCS, MOH, SSB, PetroCaribe and NHI]
### Screening and treatment services provided at or during outreach:

- Health facilities
- Mobile clinics
- Health fairs

### First time screening / every 3 years
- First time in life
- Previous screening and no result given
- First screening since 3 or more years

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<th>District</th>
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<th>Yearly Target</th>
<th>Monthly Target</th>
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Current Situation

1. Pap smear and VIA
2. Screening offered one day a week
3. Late turn around time
4. Pap smear where VIA unavailable

B - where we are going

1. Increase VIA screening sites; 10 to 30 in 3 years
2. Train Rural Health Nurses in VIA
3. Increase the cadre of staff
4. Offer services daily
5. Increase outreach sessions
6. Include in nursing and medical school curricula
7. Liquid cytology - better quality slides
8. HPV screening
Investing in boys and girls to end cervical cancer!