

## Cervical Cancer Prevention in Western Province

PATH implemented the Western Kenya Cervical Cancer Prevention Project, from 2000 to 2004, to develop and evaluate a model cervical cancer prevention program suitable for rural, low-resource settings in Africa. PATH worked in partnership with the Ministry of Health (MOH), Maendeleo ya Wanawake Organization, and the Kenya Cancer Association with funding from the Bill & Melinda Gates Foundation. The PATH-led team tested a comprehensive model of clinical care and community mobilization; provided a useful evidence base for the Kenyan MOH; built national and local capacity for clinical care, community outreach, and program management related to cervical cancer prevention; developed tools and materials; and encouraged and supported development of a national strategy for cervical cancer prevention. The project targeted women age 30 to 39 in Busia District in Western Province. This age group is the most at risk for treatable, precancerous disease.



Photo: PATH, Mike Wang

### Clinical Care

Clinical care involved screening women at health centers by nurses using visual inspection with acetic acid (VIA), with visual inspection with Lugol's iodine (VILI) being added later in the project. Since it was not considered feasible or cost effective to offer treatment at every facility offering screening, women were referred to the district hospital for further management after a positive screening test. Nurses at the district hospital carried out cryotherapy, and more complicated cases were referred to the provincial hospital. During the project, nearly 2,400 eligible women were screened, 75 women with eligible precancerous lesions received treatment, and 12 others were referred to the provincial level. PATH demonstrated that cervical cancer prevention services based on visual inspection and cryotherapy by nurses can be established and sustained in rural Kenya with modest start-up requirements and support.

### Community mobilization

PATH worked with volunteers linked to health centers and women's groups to mobilize women to seek cervical screening services and complete follow-up care. PATH identified the following solutions to community mobilization challenges: knowing other women who have been screened is a powerful determinant; building knowledge and support among community leaders is critical; working with church, school, and women's group networks is effective; reaching eligible women at health facilities is effective; and women who come for screening must be seen and receive care in a timely manner.

### Moving forward

Clinical services alone will not reduce disease and mortality due to cervical cancer unless several critical components are in place, including: effective mobilization mechanisms, basic health services with adequate staff and supplies, adequate supervision to ensure quality of care, and specialist services at the provincial level to manage complicated cases.

PATH's experience confirmed several features of the model program:

- A 75 percent coverage target does not burden clinical services
- Clinical services and outreach can be integrated into other activities
- Women in their 30s are the most appropriate age group
- The recurrent cost of screening and treatment services is affordable

At national, provincial, and district levels, there is now a critical mass of clinical capacity, training resources, and program experience that should be sufficient to guide and sustain a cervical cancer prevention service in Kenya. The need is evident, a workable model has been validated, and women have shown they are willing to participate. With national and local commitment, an affordable and effective cervical cancer prevention service could be phased in over the next five to ten years, and save thousands of women's lives.

**PATH improves the health of people around the world by advancing technologies, strengthening systems, and encouraging healthy behaviors.**

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