Landscape assessment of opportunities for introduction of HPV DNA tests in Uganda: Executive summary

INTRODUCTION

Uganda has one of the highest rates of cervical cancer—an age-standardized incidence rate of 44.4 per 100,000, resulting in nearly 4,000 new cases and 2,300 deaths each year. To improve timely detection and treatment of precancerous lesions, the World Health Organization (WHO) recently recommended HPV DNA testing as the primary screening method where resources permit. In order to assess opportunities for the introduction of HPV DNA testing as the primary screening method in Uganda, PATH interviewed 31 key stakeholders, held discussions, and reviewed relevant policy documents in 2014–2015. We aimed to understand the key decisions needed, the agencies responsible for decisions to approve and to register the test, and major steps for implementing a change. Participants in the study also were asked about their perceptions of the potential advantages of HPV testing, anticipated barriers, and ways to overcome them.

CURRENT CERVICAL CANCER SCREENING PROGRAM

Uganda's commitment to preventing cervical cancer is evidenced by its national strategy, which is detailed in the Strategic Plan for Cervical Cancer Prevention and Control in Uganda of 2010–2014 and is under the jurisdiction of the noncommunicable diseases (NCD) program in the Ministry of Health (MOH). The Uganda Cancer Institute has the mandate to implement the program, although implementation is primarily supported by donors and nongovernmental organizations (NGOs) as partners because of lack of government funding. No national database on cervical cancer burden has been created, but some data are available from the population-based Kampala Cancer Registry and a few indicators are tracked at postnatal visits. Screening, which is free at public facilities, is nearly always by visual inspection with acetic acid (VIA) at public facilities. Despite the stated national strategy of screening women between 30 and 50 years of age, many younger women are also screened. Large-scale screening is reportedly implemented only occasionally—for example, on World Cancer Day.

PROCESSES FOR RECOMMENDATION OF HPV DNA TESTS

To begin the process for the MOH to recommend HPV DNA testing as the primary cervical cancer screening method, published evidence must be presented to the MOH NCD program manager. Evidence would be shared with several technical working groups (TWGs) including the NCD, Maternal and Child Health, and Laboratory TWGs, as well as the National Framework for Cancer Committee. Once approval is obtained from the TWGs, the recommendation would be presented to the MOH Senior Management Committee, which would present it to the Top Management Committee and the Health Policy Advisory Committee. After recommendation by the MOH, each manufacturer of a test must apply for registration of its device to the National Drug Authority. This agency will engage the National Advisory Committee on Medical Equipment and the National Public Health Laboratory to evaluate the test. These bodies typically require evidence of the effectiveness of the test in a Ugandan setting; at least one test has been evaluated in Uganda and the results published. Devices recognized by WHO and bearing the CE mark may receive expedited registration.

ADVANTAGES AND DRAWBACKS OF HPV DNA TESTING

The higher sensitivity of the test means intervals between tests can be longer, reducing the burden on the health system and women, and the greater accuracy could make this type of testing more effective in reducing cancer. Self-sampling is likely to be more culturally acceptable than a pelvic exam, and could reduce the number of exams

required of midwives, thereby increasing coverage. Drawbacks of the test include its cost and the increased demand it would create on laboratory services where personnel are limited (especially at level III health centers)—although batch testing could reduce time required for analyses. Another disadvantage is that the tests take several hours to analyze, so it might not be possible to do a single-visit see-and-treat procedure, which can be done with VIA screening.

IMPLEMENTATION OF TESTING

Financing

Funding for use of the tests at public health facilities is uncertain. Respondents mentioned that although cost information will be important, it would be considered in relation to information on quality and effectiveness of the test. While the government may be willing to finance the purchase of HPV tests if it becomes national policy, many stakeholders noted that donor support may be necessary for setting up services initially.

Screening

In light of limited laboratory capacity at lower levels, participants favored initiating the screening program at hospitals, and then working in a cascade fashion to introduce it at sequentially lower levels of the health system, as has been done for other programs. Periodic mobile screening and treatment was thought to be operationally feasible but expensive.

Test processing

In response to limited laboratory personnel, it was proposed that the policy restricting testing to laboratory technicians be changed so that midwives, clinical officers, and general nurses could be trained in HPV DNA testing—although they too are understaffed within the health facilities.

CONCLUSIONS AND NEXT STEPS

Political will and verbal support from the MOH for HPV DNA testing was evident; however, most financial support for the current program comes from donors, and implementation is via NGO partners. According to participating stakeholders, there is clearly a need for advocacy to influence decision-making and government action. Information on the effectiveness of the test—especially in-country studies—was noted as a requirement for a number of approval committees. Rollout of the program would be a combined effort between the NCD program and the Reproductive Health Sector, in collaboration with the Central Public Health Laboratory. Prior to this, data collection tools would need to be developed or harmonized nationally, and health workers would need to receive training and refresher courses. A public launch could raise community awareness. Stakeholders recommended that the introduction of HPV DNA screening be phased in beginning with the national hospital, then regional and general hospitals, and finally lower-level health centers.

FOR MORE INFORMATION

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More information on cervical cancer programs at PATH is available at:
http://www.path.org/our-work/womens-cancers.php

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