# Impact of Covid-19 on cervical cancer screening programmes in the LMICs

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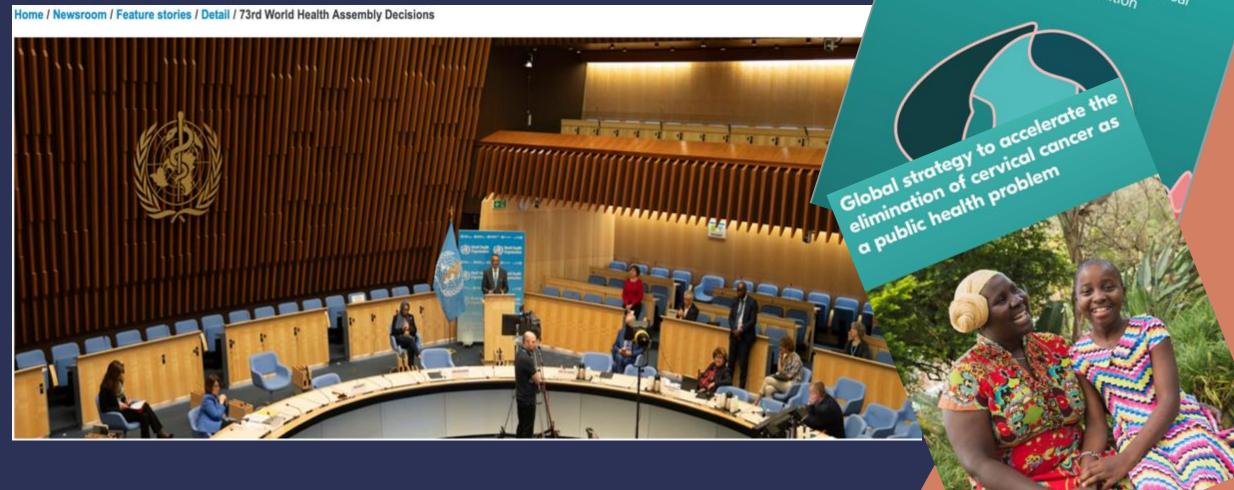
International Agency for Research on Cancer



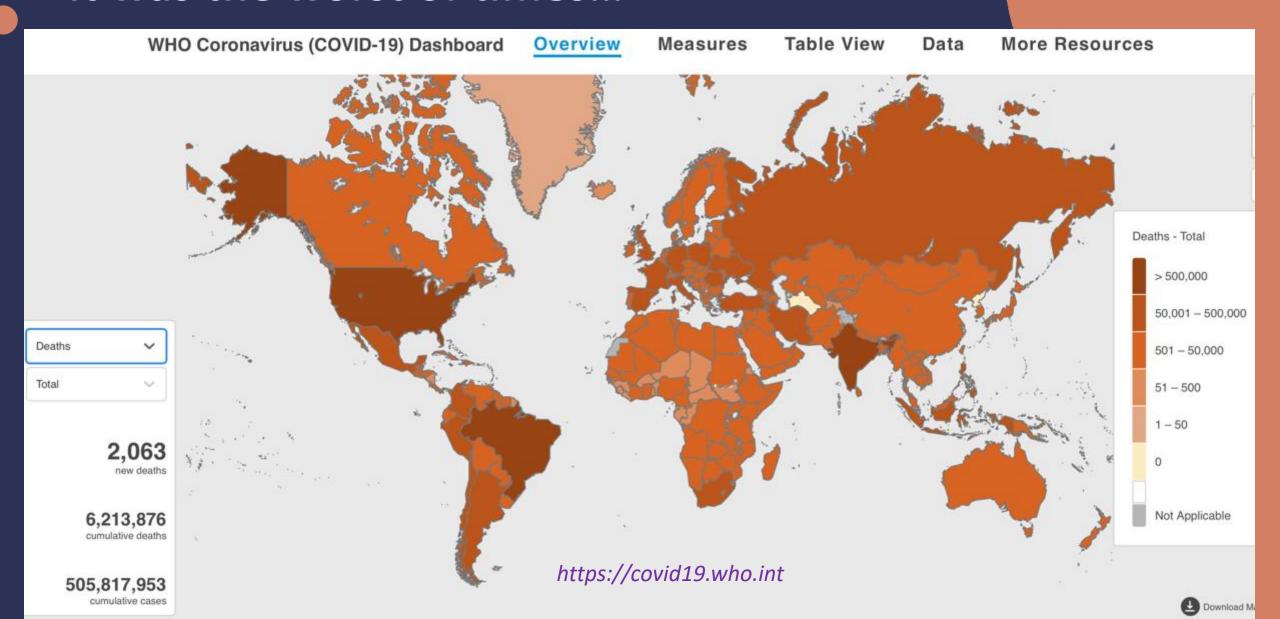


# It was the best of times...



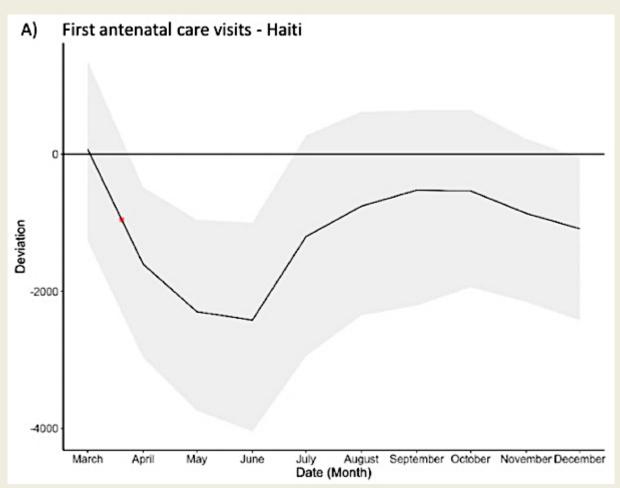


# It was the worst of times...

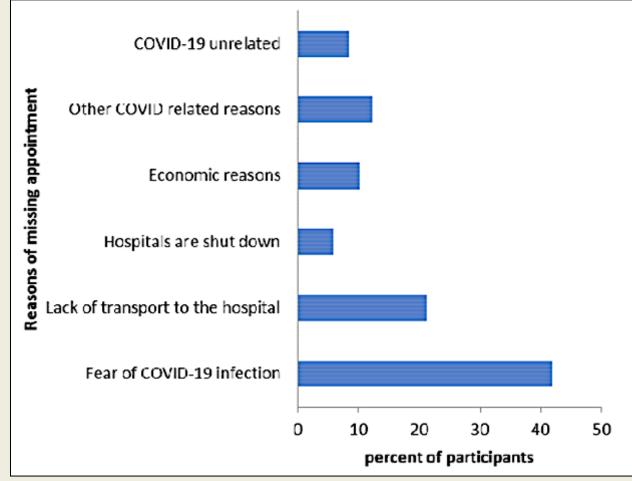


# Impact of COVID on health-seeking behaviour

Time series plots showing deviations from expected counts during March–December 2020 for first ANC visits in Haiti



Reasons for non-attendance for patients with chronic diseases in Ethiopia



# Impact of COVID on health professionals

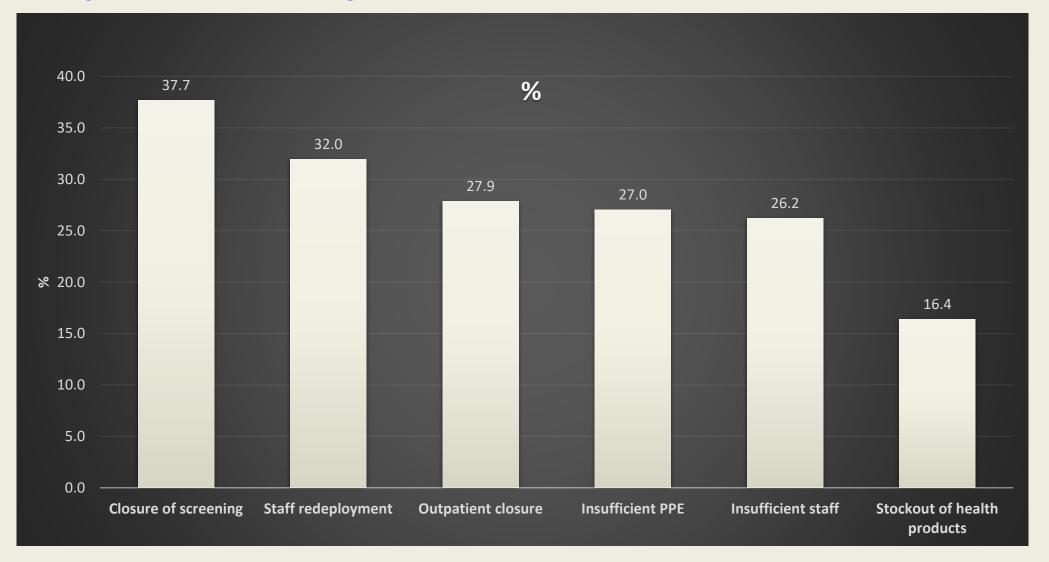
#### **Personal**

- I'm in state of fear and stress and sometimes depression too...I cannot sleep at night
- I am hesitant to hug my children
- Difficult to balance my professional work with all the house chores. Children need constant attention
- Difficult to keep the motivation high

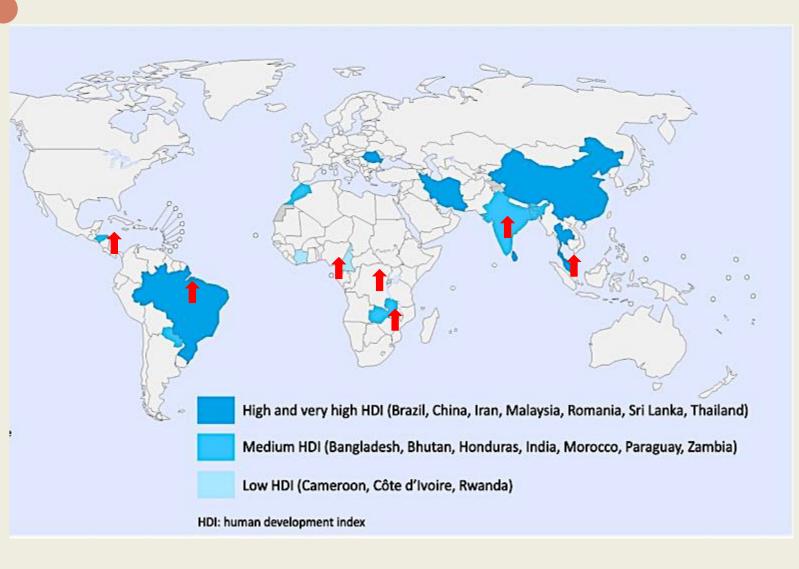
#### **Professional**

- Engaged 24/7 fighting COVID
- Demands by Hospital Administration to work with patients without appropriate safety kits
- Uncertain situation...No SOP available to manage patients
- Postponed elective cases till further order
- Pay cut imposed by our institution is disheartening
- My promotion is withheld
- We are not trained for online teaching/learning

# WHO survey: 122 of 163 countries reported NCD service disruption: Health systems related causes

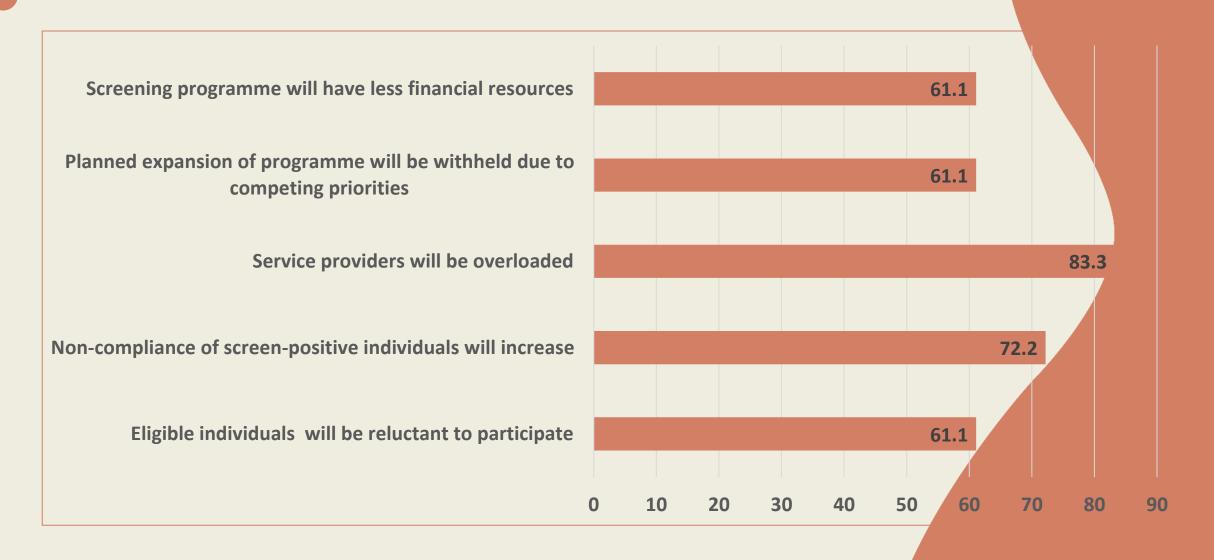


# Impact of COVID on cancer screening programmes in LMICs



- Screening suspended for 30+ days in all <u>except</u> Côte d'Ivoire, Rwanda, Brazil & Iran
- Diagnostic services suspended for 30+ days in 9 countries
- Cancer treatment services suspended for 30+ days in Bangladesh, India, China

# % of program managers strongly agreed that the following factor(s) will have a major impact on cancer services?



### Impact of COVID-19 on cancer care in India: a cohort study

	Number of centres that provided data	March-May, 2019, n	March-May, 2020, n	Percentage reduction*	April-May, 2019, n	April-May, 2020, n	Percentage reduction*
New patient registrations	40	112 270	51760	54%	75725	24977	67%
Total outpatient clinic visits	37	634745	340 984	46%	43 5577	167 032	62%
Hospital admissions	39	88801	56885	36%	60190	31685	47%
Major surgeries	38	17 120	8677	49%	11563	4245	63%
Minor surgeries	36	18004	8630	52%	12 229	3677	70%
Outpatient chemotherapy	40	173 634	109107	37%	116 584	60154	48%
Patients undergoing external beam radiotherapy	37	51142	39365	23%	34558	19183	44%
Imaging reports (CT and MRI)	31	93 449	53 560	43%	62763	26 961	57%
Pathology reports	32	398373	246 616	38%	269 238	127554	53%
Palliative care referrals	27	19 474	13890	29%	13694	6671	51%
*Compared with the same period in 2010							

<sup>\*</sup>Compared with the same period in 2019.

Table 2: Provision of hospital oncology services between March 1 and May 31, 2020, compared with the same period in 2019 across all participating centres

#### The Great Coronavirus Pandemic of 2020—7 Critical Lessons

- Build Resilient Health Systems all countries to have core health system capacities, including surveillance, laboratories, human resources, and risk communication
- Focus on Equity: The Prevailing Narrative of This Age
- Leadership and Public Trust Are the Single Greatest Indicator of Success
- Defend the Integrity of Science and Public Health Agencies
- Invest in Biomedical Research and Development
- TAKE ADVANTAGE OF THE VERTICAL INVESTMENTS MADE DURING THE PANDEMIC

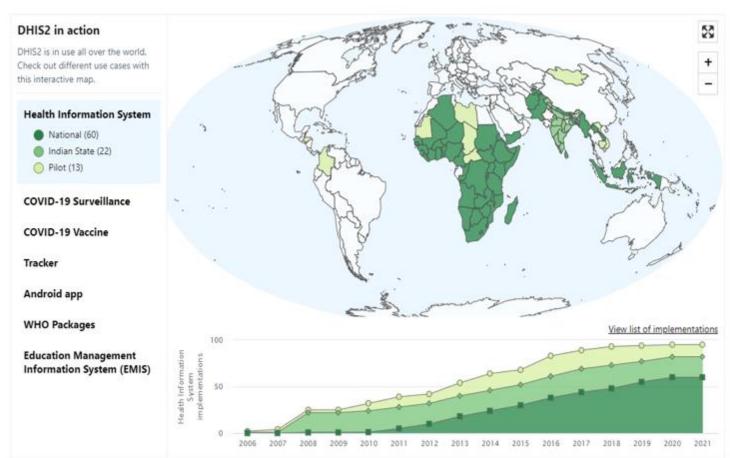
#### **Essential elements of organized cancer screening**

Leadership, governance, finance	<ul> <li>Policy framework</li> <li>Evidence-based protocol/guideline that is universally complied with</li> <li>Team for programme implementation and coordination</li> </ul>								
Health workforce	Training of service providers								
Access to essential services	<ul> <li>Adequate infrastructure, workforce and supplies for delivery of screening, diagnosis and treatment</li> <li>Equity of access to screening, diagnosis and treatment services</li> </ul>								
Service delivery provisions	For improved awareness  For informed choice  to identify the target population  to invite eligible individuals for screening  to notify the result and inform about FU  to send recall to non-compliant individuals								
Information system & quality assurance	Information system with appropriate linkages Legal framework  System to identify cancer occurrence  Quality improvement framework with a responsible team  Programme evaluation with indicators and reference standards on a regular basis; auditing and publication of report								

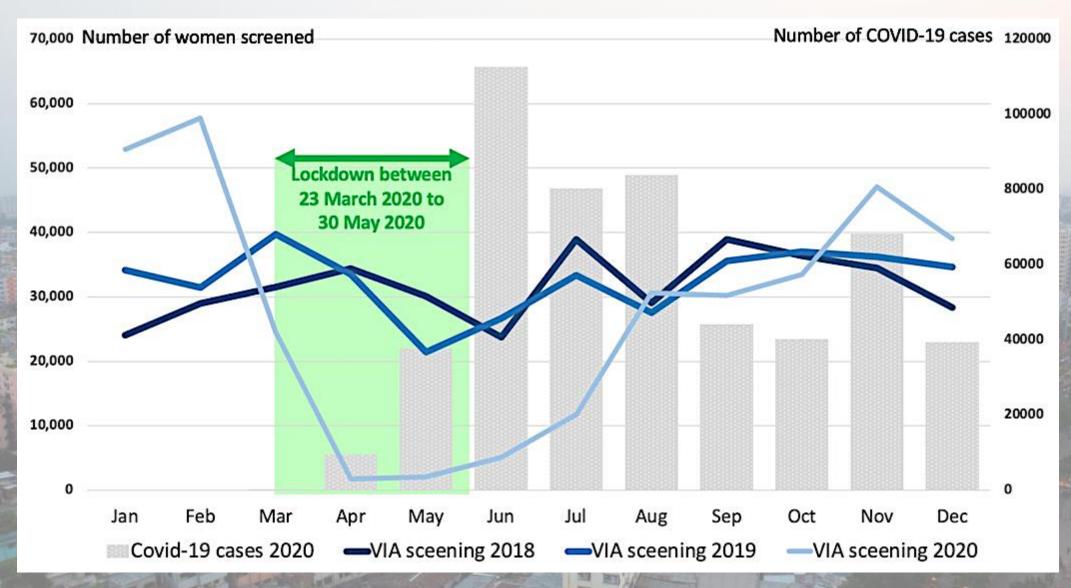
### Leveraging the Investment made to improve HIMS

**DHIS2:** The world's largest health information management system — developed through global collaboration led by UiO





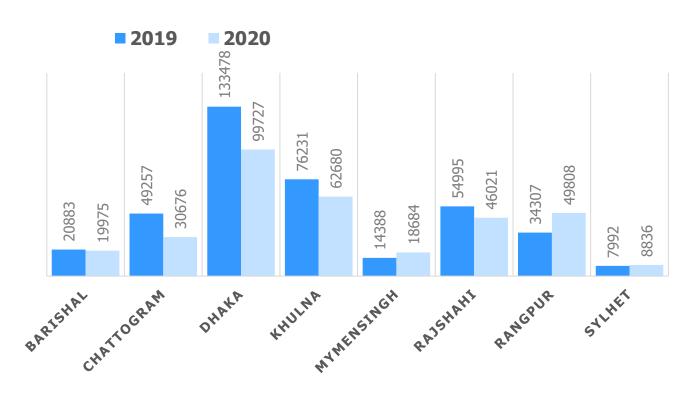
### Number of women screened for cervical cancer in Bangladesh in 2018-2020



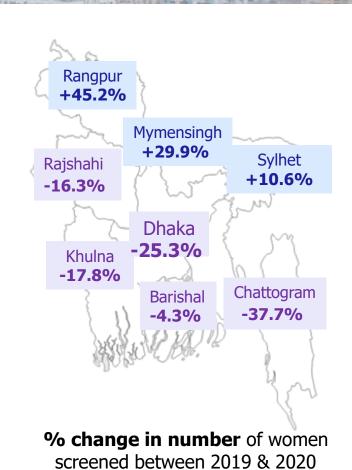
# Cervical Cancer Screening - Bangladesh

'With 90% of all reported COVID-19 cases, urban areas have become the epicentre of the pandemic'

— UN report



Number of women screened for cervical cancer in Bangladesh in 2019-2020



## New strategies to improve diagnostic and treatment services

	Adopted strategies	Countries
Modified or new strategies to ensure high compliance to further management of screen positive individuals	Deliver screening test results through an <b>online system</b>	China, Sri Lanka
	Introduce tele-consultation for the screen positive individuals	India, Malaysia
	Switch to 'screen and treat' approach from existing 'screen colposcopy and treat' approach	Bangladesh, Rwanda
	Introduce ambulance services or <b>reimburse transport</b> charges to attend diagnostic/treatment services	Rwanda, Zambia
	Organize diagnostic services through a COVID-free hub, at least one in each city	Iran
Modified or new strategies to improve access to cancer treatment	Introduce <b>dedicated hotlines</b> and <b>mobile apps</b> for cancer patients to seek hospital appointment and advice	Bhutan; Cameroon; Malaysia
	Create teams of <b>youth volunteers</b> to assist and guide patients to reach oncology centers	India
	Ensure regular supply of oncology drugs even during lockdown	Bhutan, India
	Arrange free transport for cancer patients even during lockdown	Bhutan; India

# Accelerating action on cervical screening in LMICs in post COVID-19 era

Take advantage of the improved molecular diagnostic capabilities

Many of the test platforms are common between COVID and HPV test

HPV test manufacturers are ready to have dialogues to make the test affordable

Following the recent WHO guidelines promote self-collection of HPV test every 5-10 years

Utilize the existing tele-consultation/ COVID surveillance applications for HPV sample tracking, report delivery, management appointments



# Update Vaccination Status

#### Create New ABHA

Enabling longitudinal electronic health record via Ayushman Bharat Health Account (ABHA)



Create/Access ABHA

#### Why Create ABHA?





↓ Assess Again

"the COVID-19 pandemic might also generate opportunities for more efficient prevention, by promoting more cost-effective, evidence-based protocols, by focusing on women who are at high-risk, extending HPV testing on self-collected samples, and discouraging inefficient policies like too frequent testing.."