The Single Visit Approach
A Practical and Effective Approach to Cervical Cancer Prevention

Lessons Learned from our Work in Kenya, Nigeria, Tanzania and Uganda

CASE STUDY 1

IPPF
Africa Region

Contents

Background....1
What is the single visit approach?....2
What we know about the single visit approach around the world....2
The value of the single visit approach in the CCS&PT Programme....3
A local example: the value of the single visit approach for Reproductive Health Uganda....4
Implementing the single visit approach: lessons from the field....4
References....8

Background

Cervical cancer is the second most common cancer among women (WHO, 2012). It is estimated that over a million women worldwide currently have cervical cancer, and more than 260,000 women die every year because of the disease (WHO, 2014). Although cervical cancer is highly preventable and easily treatable if detected early, it remains one of the leading causes of cancer-related death in the world. Nearly 90% of cervical cancer-related deaths occur in developing countries (WHO, 2014). **Although rates of cervical cancer have fallen in most of the developed world in recent decades, rates in most developing countries have risen or remain unchanged** (WHO, 2014).

To address these challenges, the International Planned Parenthood Federation (IPPF), Marie Stopes International (MSI) and Population Services International (PSI), with support from the Bill and Melinda Gates Foundation, initiated the Cervical Cancer Screening and Preventive Therapy (CCS&PT) Programme. The programme was implemented from late 2012 to 2017 with the participation of IPPF Member Associations in Kenya, Nigeria, Tanzania and Uganda[1] and the collaboration from the respective Ministries of Health and key stakeholders at the local level. **The purpose of the initiative was to institutionalize and scale up CCS&PT services through existing Reproductive Health Networks (RHNs).** The programme utilized **Visual Inspection with Acetic Acid (VIA) for screening – an evidence-based, affordable, non-invasive method that can be performed in a low-level health facility with instant results – and cryotherapy for treatment** – a procedure that uses freezing gas to destroy precancerous cells on the cervix.

Since its inception in late 2012 through July 2017, the **CCS&PT Programme has delivered screening services to over 2 million women and treatment of precancerous cells to over 32,000 women in the four target countries.** It has become the largest effort against cervical cancer being

[1] *Family Health Options-Kenya, Planned Parenthood Federation of Nigeria, UMATI-Tanzania and Reproductive Health Uganda*

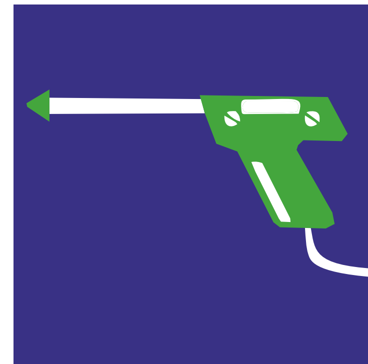
implemented in the developing world. The programme has reached poor, marginalised and underserved women 30 to 49 years old through mobile units, outreach teams and static facilities.

A key driver of this successful initiative has been the implementation of a single visit approach, a service that has been fully recognised by the World Health Organisation as an effective and inexpensive method for screening and treatment carried out in a single visit and that reduces the need for complex technology and use of fixed facilities (WHO, 2014). The use of the single visit approach has the potential to make cervical cancer prevention accessible to even more women. This document provides a brief overview of the single visit approach and shares its relevance in the implementation of the CCS&PT Programme, as well as lessons learned and recommendations for sexual and reproductive health organisations, public authorities, practitioners and other stakeholders concerned with women's health and sexual and reproductive rights to scale up their services.

What is the single visit approach?

The single visit approach – **also referred to as the "Screen and Treat" or "See and Treat" approach** – is a cervical cancer prevention practice that offers screening services with immediate results that can then be followed with treatment for women who screen positive for pre-cancer. Ideally, the treatment occurs on the same day and at the same location.

Single visit involves two procedures recommended by the WHO guidelines for screening and treatment of precancerous lesions for cervical cancer prevention: VIA and subsequent treatment of precancerous lesions with cryotherapy. It has been shown to be a relatively simple and inexpensive way to prevent the development of cervical cancer, eliminating the need to refer clients for follow-up visits, reducing time and travel costs and increasing treatment rates (WHO, 2012). The WHO recommends VIA screening and cryotherapy treatment as the first option for resource-constrained settings, such as low-income countries (WHO, 2013).



What we know about the single visit approach around the world

The single visit approach has been successfully implemented in various countries around the world. It has been used as a cervical cancer prevention strategy in women with HIV in Ethiopia (Shiferaw, et al., 2016) and in larger demonstration projects led by the World Health Organization in Madagascar, Malawi, Nigeria, Tanzania, Uganda and Zambia (WHO, 2012). It has also been implemented in Guyana, where it has been shown that services can be shifted to non-physicians to support the scale-up of high-quality services (Martin, et al., 2014). Additionally, single visit approach initiatives carried out by non-profit organisations in India have not only reached thousands of women with screening and treatment, but have also facilitated strong partnerships with governments to support the scale-up of service provision (PSI, 2017).

In all cases, the approach showed a high acceptability among both service providers and the women who were screened and treated. The single visit approach has been shown to be safe and effective as well as acceptable and feasible (WHO, 2012).

The value of the single visit approach in the CCS&PT Programme

Launching the CCS&PT Programme and incorporating a new service that until then had been practically non-existent in the RHNs took longer than expected. During the second year of implementation, the CCS&PT Programme had lower than expected treatment rates. Service providers faced difficulties reaching clients in remote villages, plus screening efforts were spread across a large number of facilities. Furthermore, referrals were not showing the expected results, and there was a significant loss to follow-up as women found it difficult to travel for their appointments. Even when women were able to travel to the referral sites, services were often unavailable or unaffordable, especially if these were offered at private facilities.[3]

In order to overcome this situation, the implementation partners launched an intensification strategy to improve performance as well as treatment rates. As part of the strategy there was a rise in the use of the single visit approach. This required increasing the number of treatment sites, training new providers, increasing supportive supervision and mentoring for existing providers, implementing tailored efforts to reach women that had not received treatment during the first two years of the project, and resourcing with need equipment for both outreaches and static facilities, including the acquisition of 29 additional cryotherapy machines. From Year 2 to Year 5, the percentage of IPPF, MSI and PSI facilities employing the single visit approach almost quadrupled, from 13% to 50% (Marie Stopes International, 2017).

The shift towards the single visit approach showed immediate results: IPPF Member Associations using this approach achieved a treatment rate of over 90% by Year 5, as shown in Table 1.

Table 1. Comparison treatment rates Y2 and Y5 (IPPF Member Associations)

Platform	Treatment rate Y2	Treatment rate Y5 Q1-2
Family Health Options - Kenya	10%	99%
IPlanned Parenthood Federation of Nigeria	0%	100%
Reproductive Health Uganda	28%	91%
UMATI – Tanzania[2]	Approx. 100%	Approx. 100%

[2]The Tanzanian Ministry of Health and Social Welfare (MOHSW) has had a National Strategy for Cervical Cancer Prevention in place since 2010 that recommends single visit approach with VIA screening and cryotherapy offered primarily through Reproductive and Child Health Clinics. As a result, the IPPF Member Association in Tanzania, UMATI, was already achieving treatment rates of about 100%. Tanzanian partners continued to provide a single visit approach. As part of the programme, they have seen an increase of 150% in screenings during the same period.

[3]Testimonials collected from CCSPT project coordinators during a workshop conducted by IPPPF in Uganda, May 2017.

A local example: the value of the single visit approach for Reproductive Health Uganda

IPPF's local affiliate in Uganda, Reproductive Health Uganda (RHU), increased their treatment rate from 28% during Year 2 to 91% during Year 5. This success is the result of a combination of the single visit approach in all clinics and outreach sites with other measures to strengthen workforce capacities and quality of care:

- Regular data monitoring and assessments have enabled RHU to make vital decisions, including targeted mentorship for underperforming providers, tracking of VIA-positive and eligible clients who did not receive same-day treatment and procurement of additional cryotherapy machines.
- The organisation implemented measures to ensure ongoing availability of carbon dioxide gas and high-quality screening reagents in both outreach and fixed facilities.
- To increase the number of women that are able to receive immediate treatment, RHU started to run outreach camps for multiple days at the same facility.
- The organisation also started to use phone outreach tactics to contact clients who showed positive screening results and were eligible for treatment, but who had decided not to undergo treatment in the same visit. This was only conducted with prior consent from the client.

> *"The single visit approach has a high impact in practice. Adopting this approach really helped [us] address a series of challenges that we struggled with during the first year of the project, when a significant percentage of the women eligible for cryotherapy were referred to other facilities. We were all lamenting about what following-up with clients meant for us, especially in terms of time and resources invested. The single visit approach helped solve the loss to follow-up for a considerable percentage of women".*
> ***Representative from Reproductive Health Uganda, IPPF's Member Association in Uganda***

Implementing the single visit approach: lessons from the field

Implementing a single visit approach requires a high degree of planning and coordination. The following recommendations are based on the experience of the CCS&PT Programme to help support successful implementation of cervical cancer initiatives that hope to integrate this practice:

- **Conduct a facility assessment:** Identify if the resources and capacities to implement VIA and cryotherapy are in place. For example, providers trained in both VIA screening and cryotherapy, availability of functional cryotherapy machines, and potential challenges to ensuring the regular availability of essential supplies, such as gas, reagents, in-country maintenance, among others). Implementing organisations used available tools aimed at assessing health facilities for new cervical cancer prevention screening and treatment programs (PATH, 2009).

- **Assess compatibility and complementarity with existing local policies:** A thorough understanding of local regulations is particularly important if you are considering the use of lower-level cadre providers to implement these services. Do the national protocols accept the provision of VIA and cryotherapy? What are the regulations in terms of task shifting?

- **Offer ongoing training and mentorship on VIA and cryotherapy to health providers:** In settings with low demand for the services, identify mechanisms to maintain the competences of the providers (see Text Box 1). In settings with high levels of turnover, ensure that new providers receive training to adequately provide the services.

- **Offer the single visit approach both in fixed facilities and in outreach services:** Most of services provided under the CCS&PT Programme were offered through outreach activities in coordination with static clinics and associated facilities. This strategy helped serve the most vulnerable populations, mainly the poorest women in remote areas that would not normally access screening or treatment. Since transporting large 25 kg cylinders may be difficult in certain circumstances, many locations implemented the single visit approach using smaller portable cylinders for cryotherapy and focused on improving logistics, ensuring a wider coverage for cryotherapy treatment. Adopting the single visit approach through outreach requires well-planned community mobilization and educational strategies. It is crucial to provide community health workers with prior training to ensure that clients receive the right information – e.g. successfully communicating that only women between 30 and 49 years old are eligible for screening. Appropriate training will also help overcome additional barriers, such as language, taboos and misconceptions. In some regions, the use of media, mainly local radio stations, and collaboration with political and religious leaders helped local partners raise awareness of cervical cancer.

Text Box 1. Main competences to provide VIA screening and cryotherapy services

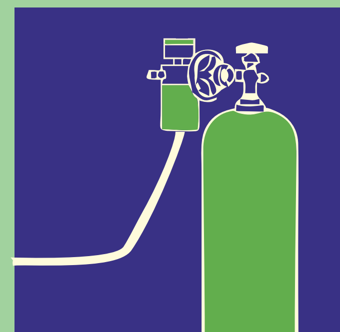
VIA screening

The Provider: a. washes hands and puts on appropriate gloves for examination; b. conducts physical examination (bimanual pelvic examination to exclude abnormalities e.g. STI, evident malignancy or other conditions); c. inserts speculum gently and visualizes cervix; d. applies 3-5% acetic acid with forceps and swab; e. waits one minute before assessing evidence of aceto-whitening, assesses presence and extent of aceto-whitening; f. if cryotherapy is not indicated, or is indicated but cannot be offered in procedure room, gently removes the speculum; g. records findings in the client registration form; h. cleans light source and table and decontaminates speculum and forceps

Cryotherapy procedure

The Provider: a. helps the client make a fully informed decision and obtains written consent; b. checks gas tank pressure and proceeds if pressure is at least 50kg/cm²; c. applies cryptic to the cervix ensuring that the nipple is securely centred on the cervical os; d. holds cryoprobe perpendicularly to the plane of the cervix and ensures that neither the cryoprobe or cryptic touch the vagina during freezing; e. implements double freezing cryotherapy technique; f. waits for cryptic to detach from cervix by itself; g. confirms presence of hard, white ice ball on cervix; closes gas tank valve post-procedure; h. inspects cervix for bleeding and applies pressure with clean cotton swab if required; i. gently removes the speculum; j. cleans cervix, vagina and vulva if needed; k. provides information about follow-up; l. documents information on the client registration form; m. decontaminates equipment.

Source: Adapted from Cervical Cancer Prevention Trainer Guide, IPPF, Marie Stopes International, PIS, 2016.



"The single visit approach is an effective and efficient way of providing cervical cancer screening treatment services. It helps our organisation save resources by reducing women's visits to the facilities, but it also helps women that have difficulties taking transport, or getting permission from their partners, and it saves a lot of time".
Representative from Reproductive Health Uganda, IPPF's Member Association in Uganda

- **Take adequate measures to manage providers' workload:** The provision of two services in a single visit requires providers to dedicate more time to each client, and efforts should be made to ensure an adequate number of providers, to increase the opening times of the clinic/hours of operation of the outreach service, and to prevent provider burn out (e.g. by implementing task shifting/task sharing among health providers).

- **Coordinate the supply chain:** This requires both managerial skills to ensure an efficient supply chain and the use of networks for the procurement and maintenance of equipment and supplies. In the case of the CCS&PT Programme, all participating facilities relied on a single source for the provision of cryotherapy machines. In some countries, decentralising the procurement of supplies from central level to regional or local branches can also help ensure availability of the necessary equipment and commodities. The necessary supplies and equipment that should be in place prior to the client´s visit include: cryotherapy machine and reliable gas supply, examination tables, adequate light source (halogen torch or flashlight), good quality vinegar, vaginal speculums, gloves and sterilization products to comply with infection prevention guidelines.

- **Develop a financial plan to maintain cryotherapy machines:** When machines break down, women miss out on treatment. While following the maintenance guidelines provided by suppliers can prevent breakdowns, it is important to allocate resources to replace cryotherapy equipment/buy new parts in a timely manner when necessary.

- **Establish fees and charges for service provision:** To ensure cost is not a barrier for women to access screening and treatment, make sure you establish any fees in advance. The cost of integrating both services in existing facilities (staff and equipment) should be determined from the outset. Outreach services are likely to be provided free of charge due to the financial limitations of potential clients, as was the case with CCS&PT Programme.

- **Save resources by targeting groups mobilized by other institutions:** The single visit approach can be implemented in conjunction with other institutions. In Uganda, for example, Reproductive Health Uganda (RHU) partnered with the Rotary Club to provide services during their health camps, avoiding costs related to client mobilization and demand generation. In other opportunities, RHU partnered with antiretroviral treatment clinics, facilitating access and follow up with vulnerable populations. Similarly, IPPF's Member Association in Tanzania, UMATI, implemented outreach efforts in factories where women were screened and treated within the company facilities. Again, this allowed the Member Association to reduce the costs associated with community-based mobilization and opened potential opportunities to expand access to more women.

- **Ensure the provision of high quality counselling:** Counselling is particularly important prior to the VIA screening to ensure that clients understand the importance of immediate cryotherapy treatment in the case of positive results.

- **Monitor the process:** Ensure reliable and regular data collection to assess the programme's performance and identify areas that may require quality improvement. Example of questions you

should consider: Is the right age group being prioritized by the intervention? Does the positivity rate fall within the standards recommended by authoritative sources and existing evidence in the country? What are some of the reasons that women may be prevented from receiving services in a single visit? Establish and adhere to a Quality Assurance Method throughout the process.

- **When the single visit approach is not feasible, ensure quick treatment by strengthening referral systems:** When screening and treatment are not available at the same facility, a sound referral protocol established during the service planning stage must be in place to ensure prompt treatment. Ideally, treatment should still be offered within the same day of screening to guarantee that the single visit approach is complete. The Planned Parenthood Federation of Nigeria (PPFN) implemented a cluster model in which several screening sites refer clients to one cryotherapy site within 20 Km. This model allowed clients to be referred and treated on the same day that they were screened, or the day after. This model also encouraged region-wide planning and coordination to achieve maximum coverage for women. The experience of PPFN is a good example of the single visit approach being implemented in settings where cryotherapy machines are scarce. Family Health Options - Kenya devised a strategy in which they contacted all women screened and not treated during the first 2 years of the project and invited them to be treated. Women received support to cover transportation expenses.

- **Pilot the single visit approach with other screening efforts:** The CCS&PT Programme piloted the use of the single visit approach in combination with other screening efforts, combining cryotherapy treatment with careHPV™ testing – a rapid batch diagnostic test for high-risk human papilloma virus DNA detection that can qualitatively detect 14 high-risk types of the virus in cervical and vaginal specimens in limited-resource settings. Several platforms in Uganda, Kenya and Tanzania piloted this work. Family Health Options - Kenya introduced careHPV™ testing in Kakamega region. This project was carried out through self-collected samples, which was performed by the client in advance and then handed over to the service provider. Out of 3,384 women screened, 493 tested positive for pre-cancerous lesions and 112 of them were treated with cryotherapy the same day they were screened and positivity confirmed. The average time needed to run a test is three hours, therefore, it is likely that clients will receive results on the same day; yet, it demands long hours for the service providers. While the results are promising, it is important to consider that implementing the single visit approach with this screening modality requires installed capacity for VIA (to be implemented prior to the cryotherapy) and cryotherapy services, as well as electricity/or a generator to power the careHPV™ machine in the community.

Remember...
The single visit approach is an effective and inexpensive method for screening and treatment carried out in a single visit. It reduces the need for complex technology and use of fixed facilities, and can reduce the loss to follow-up as it provides instant results and treatment of pre-cancerous lesions almost immediately after screening. The use of the single visit approach has the potential to make cervical cancer prevention accessible to a wider number of women, especially in resource-constrained settings.

Want to know more about other successful practices to increase access to CCS&PT? Access our case studies on service integration, referral systems and performance-based funding.

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