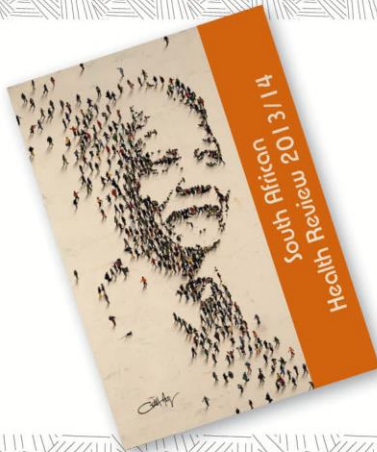




HEALTH SYSTEMS TRUST



CERVICAL CANCER IN SOUTH AFRICA: CHALLENGES AND OPPORTUNITIES

SAHR KWIK SKWIZ SERIES

This KWIK SKWIZ:



summarises Chapter 11 of the 2013/14 South African Health Review.

- Globally, marked inequalities exist in cervical cancer incidence and mortality and are associated with disparities in socio-economic status. Developing countries account for 87 per cent of all cervical cancer deaths worldwide and in South Africa alone, it causes the deaths of 4 248 women annually.
- A common cause of cervical cancer is the Human Papilloma Virus (HPV), a sexually transmitted virus responsible for the infection of the reproductive tract. Of the 150 identified HPV types, HPV 16 and 18 cause 70 per cent of cervical cancers.
- Links have been identified between HPV and HIV: HIV infection among women was associated with higher prevalence of HPV and multiple HPV infections. A study conducted in 2006 discovered that HIV-positive women in South Africa were five times more likely to have high-risk HPV infections, and with prevalent HPV infection, there are higher risks of HIV acquisition.
- The Quadrivalent and Bivalent HPV vaccines licenced in South Africa offer protection against HPV 16 and 18 – the types most responsible for the majority of cervical cancer lesions. The vaccines also offer additional cross-protection against other cancer-causing types. The prophylactic vaccines designed for both males and females aged nine to 26 years are safe, even for HIV-positive individuals. Using this two-dose schedule was found to be cost-effective, practical, and improved overall vaccine coverage.
- Factors exacerbating cervical cancer incidence are:
 - » Absence of national cervical screening programmes for early detection and diagnosis
 - » Lack of treatment
 - » Lack of trained healthcare personnel
 - » Limited financial resources
 - » Lack of health promotion and prevention programmes
 - » Competition for limited resources
 - » Over-burdened health systems
- National strategies for cervical cancer prevention and control – according to the WHO and the United Nations Population Fund – must adopt comprehensive approaches which act across the life course. The HPV vaccine target group is girls aged nine to 13 years. Strategies should involve identification of intervention opportunities in the relevant

age group to develop and deliver targeted strategies. Such approaches should include:

- » Prevention through HPV vaccines for young girls
 - » Screening and treatment services for women diagnosed with pre-cancerous lesions
 - » Treatment and palliative services for women diagnosed with invasive cancer
- HPV demonstration projects conducted in Africa have proved to be successful, reaching 88.3 per cent vaccine coverage. School-based vaccination methods were most effective in reaching girls within the recommended age group.
 - South Africa's HPV vaccine strategy aligns with various policy developments at a national level, i.e. the Integrated School Health Policy (ISHP); PHC Re-engineering Strategy: School Health Services; the draft Cervical Cancer Policy; the National Strategic Plan (NSP) on HIV, Sexually Transmitted Infections (STIs) and TB (2012–2016); the Strategic Plan for the Prevention and Control of Non-Communicable Diseases, and the Millennium Development Goals (MDGs)
 - A South African-based demonstration project conducted among 963 school girls in rural KwaZulu-Natal resulted in extremely high uptake of services, with the following advice for national roll-out of school-based HPV vaccination:
 - » Plan and prepare well before conducting vaccinations to ensure high uptake of services.
 - » Establish active tracing mechanisms to capture cases where vaccines were not completed.
 - » Form clear guidelines for recognition and reporting of adverse events.

- » Address parent and caregiver concerns through health promotion or education.
- » Utilise mass media as a method of increasing awareness among communities.

- South Africa's national HPV vaccination strategy commenced in March 2014, using the ISHP service delivery platform in collaboration with the Departments of Education (DBE) and Social Development (DSD). The programme aims to reach the widest possible coverage of the pre-pubertal female population by vaccinating girls from nine years and older in Quintile 1 to 5 public schools (approximately 500 000 girls in 18 000 schools), with the second dose planned for October 2014.
- HPV vaccination in South Africa will be extended to boys and programmes will be redefined to encompass benefit to other diseases caused by HPV.

SOURCE:

Tathiah N, Moodley I, Denny L, Moodley J, Jassat W. Cervical cancer in South Africa: challenges and opportunities. In Padarath A, English R, editors. South African Health Review 2013/14. Durban: Health Systems Trust; 2014.

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HST welcomes comments on this publication.

Please send input to:

The Editor
Health Systems Trust
34 Essex Terrace, Westville 3630
Tel: +27 (0)31 266 9090
Fax: +27 (0)31 266 9199
Email: editor@hst.org.za