CERVICAL CANCER PREVENTION and Elimination (CECAP)

Jun 18 2026

Ministry of Health | Partnering to achieve WHO 90-70-90

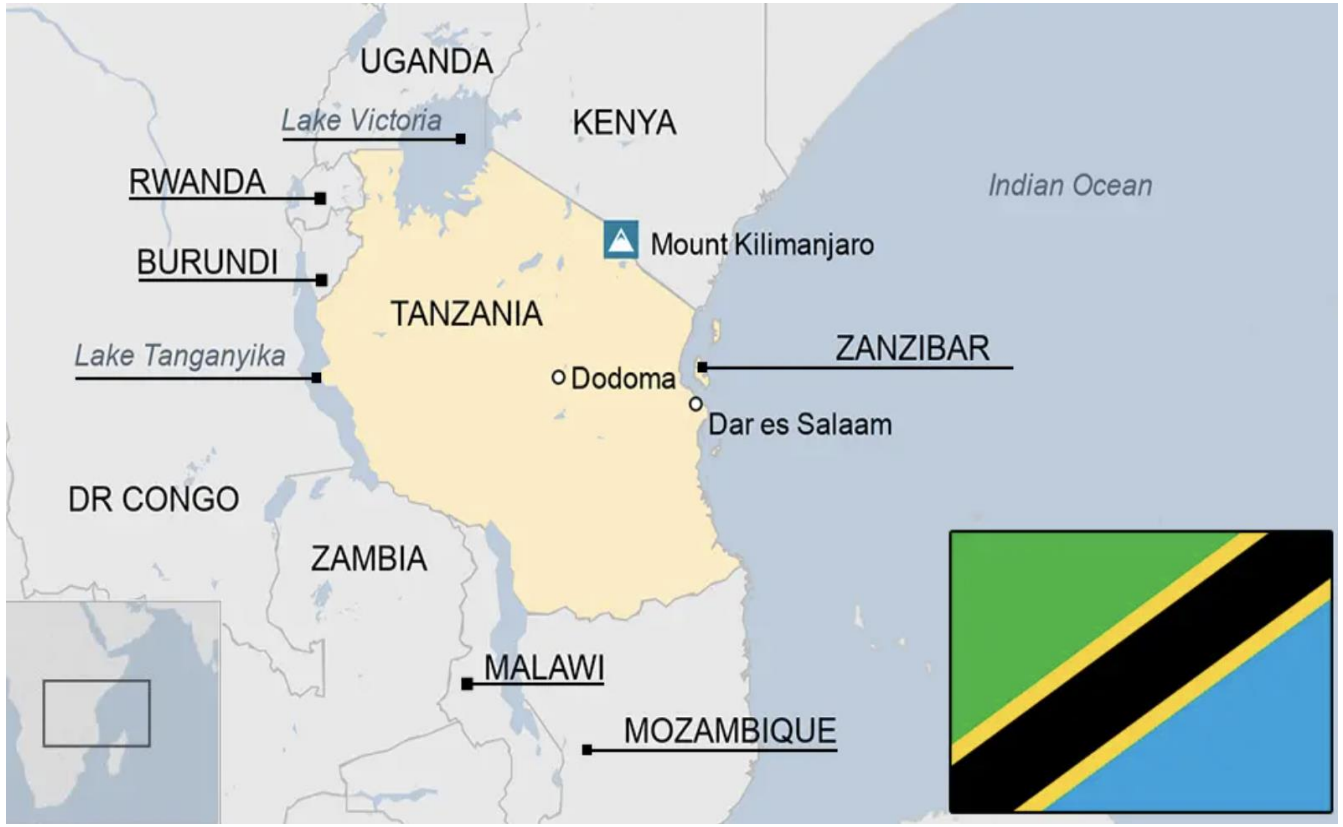
OUTLINE

- URT FACTS
- MAGNITUDE/BURDEN OF CERVICAL CANCER GLOBALLY AND IN URT
- CERVICAL CANCER PREVENTION PROGRAM
  - Elimination efforts
  - Implementation Progress of VIA and HPV DNA screening programs
- CHALLENGES & WAY FORWARD

UNITED REPUBLIC OF TANZANIA: FACTS

PRESENTER: xxx

Overview



UNITED REPUBLIC OF TANZANIA: FACTS

- The second Largest and most Populous East African Coutry.
- Boarders: Burundi; Democratic Republic of the Congo; Kenya; Malawi; Mozambique; Rwanda; Uganda; Zambia.
- Elevation: Highest Kilimanjaro *highest point in Africa (5,895m); Lowest Indian Ocean (0m)
- Capital: Dodoma
- Area: 947,300 sq km
- Population: 67,462,121 (2024 est.)
- Languages: Swahili, English, Arabic, many local languages
- Median Age: 19.1
- Urban Population: 37.4%Life expectancy: 64 years (men) 68 years (women)

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Tuwavushe Salama

CERVICAL CANCER: *Why It Matters*

CERVICAL CANCER
A Preventable Global Challenge

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- **Preventable & Curable:** Cervical cancer can be prevented and treated effectively with early detection.
- **Global Impact:** One of the most common cancers (8th) and leading causes of cancer-related deaths (9th) in worldwide. *[GLOBOCAN 2022]*
- **Rising Burden:** New cases projected to rise from 570,000 (2018) to 700,000 (2030); deaths from 311,000 to 400,000.
- **Disproportionate Effect:** Over 85% of cases affect young, undereducated women in LMIC, often mothers.
- **Global Inequities:** Incidence nearly 2x higher and death rates 3x higher in low- and middle-income countries vs. high-income countries.
- **Solutions Exist:** Proven, cost-effective measures (HPV vaccination, screening, treatment) need scaling.

GLOBAL INCIDENCE AND MORTALITY OF CERVICAL CANCER

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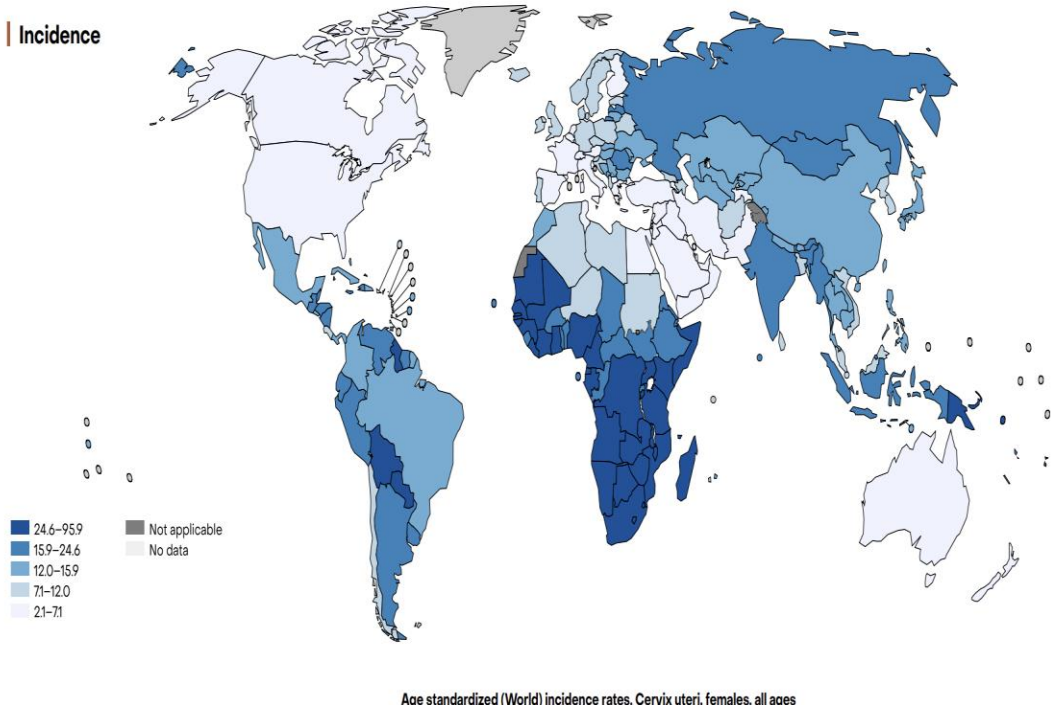
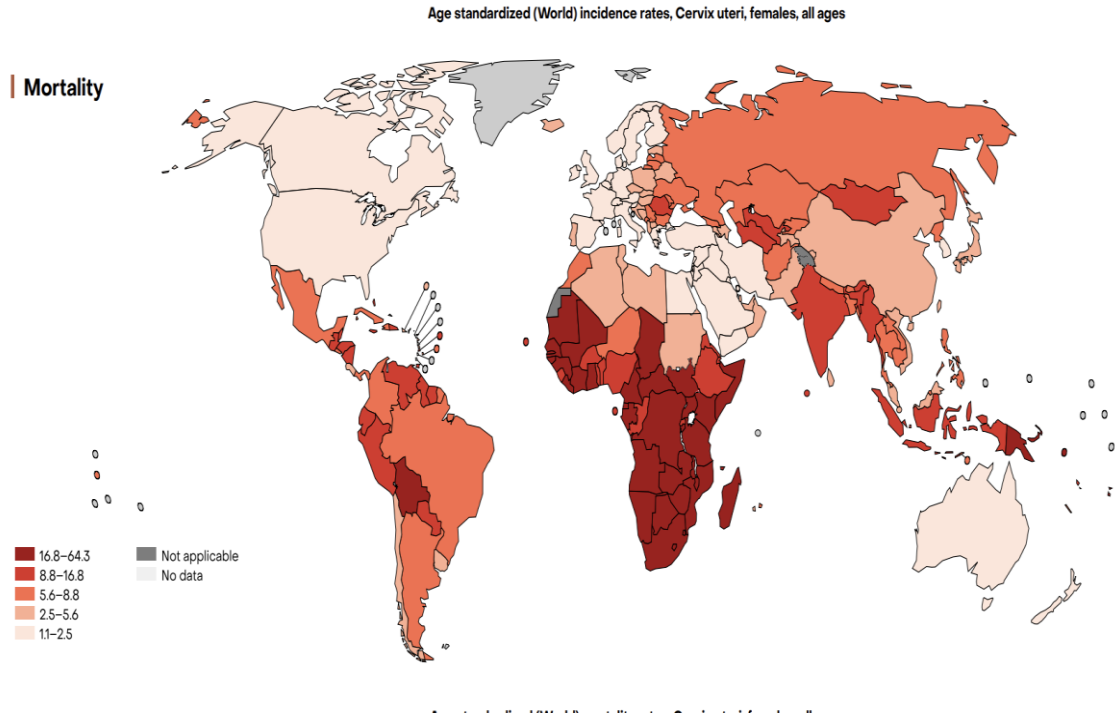


Age standardized (World) incidence rates. Cervix uteri. females. all ages



GLOBOCAN

CERVICAL CANCER: *GLOBAL RESPONSE TO*

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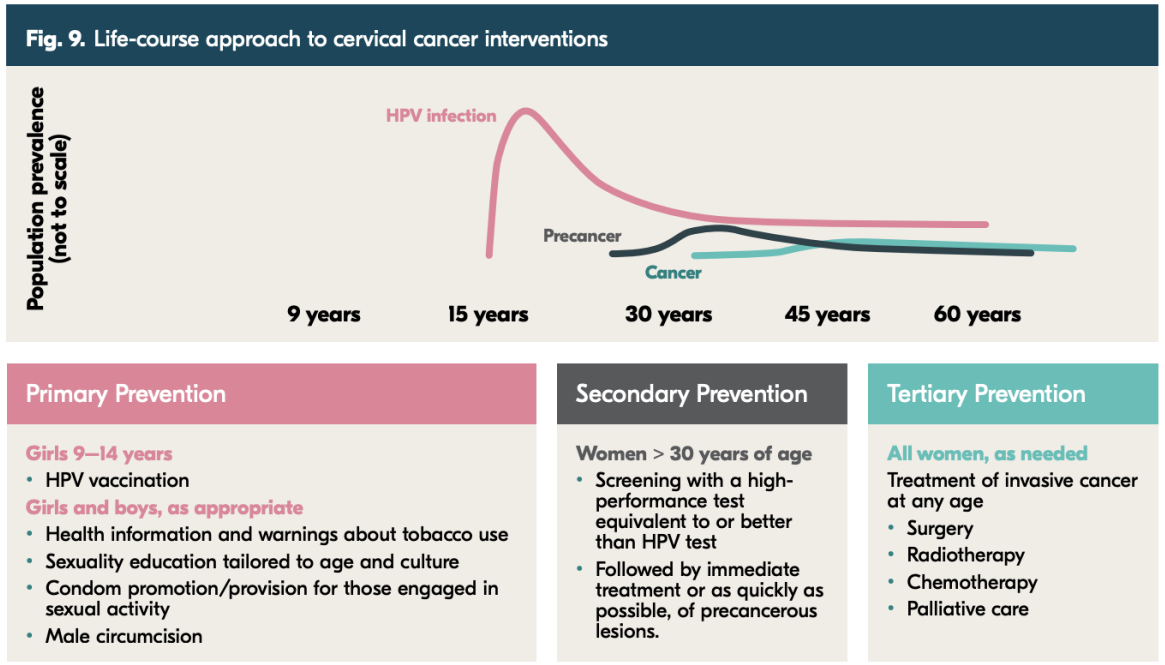
Vision: A world free of cervical cancer as a public health problem.

Threshold: Incidence below 4 per 100,000 women-years.

90-70-90 Targets by 2030



Impact in LMCI:

- **By 2045:** 42% reduction in cervical cancer incidence.
- **By 2120:** 97% reduction, averting over 74 million new cases.
- **Deaths Averted:** 300,000 by 2030, 14 million by 2070, 62 million by 2120.

WHO

CERVICAL CANCER:
TANZANIA CONTEXT

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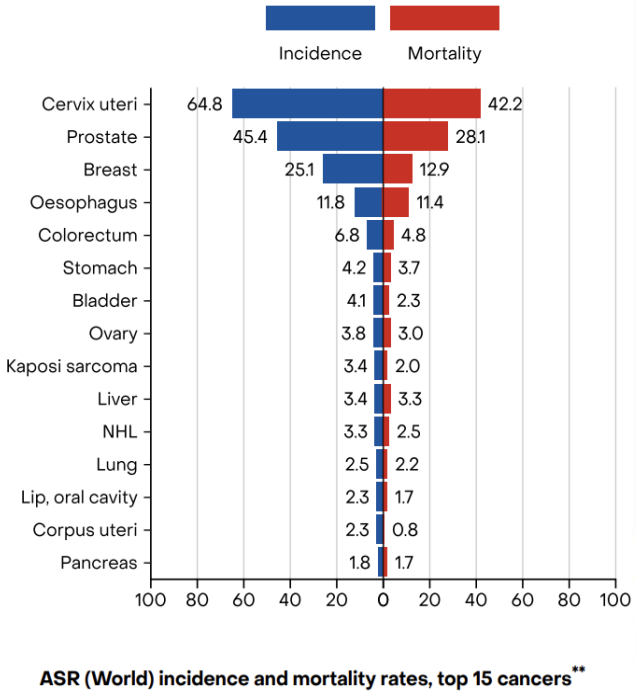
- Tanzania leads East Africa in cervical cancer prevalence, incidence and mortality.
  - 5-year prevalence is 72.2 per 100,000 women, higher than EA average 54.0, UG 67.1 & KE 53.0.

- Cervical Cancer accounts for 24.2% of all new cancers in Tanzania (both sexes) and 23.0% of all cancer deaths.
  - 10,868 new cases reported yearly
  - 6,832 death reported.

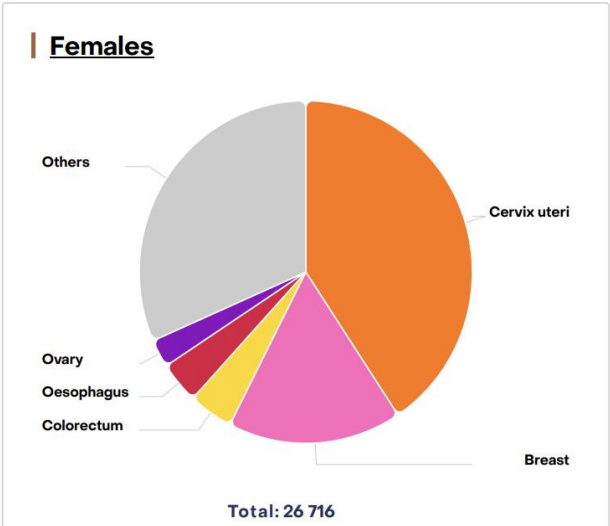
- Among women, cervical cancer accounts for 40.7% of all reported cancers.

- **7,791,302 (25-50 years) women in Tanzania are at risk of developing cervical cancer**

GLOBOCAN



ASR (World) incidence and mortality rates, top 15 cancers**



Rank	Cancer site	Number of cases	Percent
1st	Cervix uteri	10 868	40.7%
2nd	Breast	4 502	16.9%
3rd	Colorectum	1 154	4.3%
4th	Oesophagus	1 053	3.9%
5th	Ovary	707	2.6%
-	Others	8 432	31.6%

Number of new cases in 2022, females, all ages

Without acceleration, cervical cancer will remain a top killer of women in Tanzania

CERVICAL CANCER:

TANZANIA RESPONSE TO

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Cervical Cancer Prevention (CECAP) Program

2002 Pilot program in 3 Regions (Dar, Kilimanjaro and Songea)

2008 Established Reproductive Cancer Unit under DRMCH *National Level Oversight and Coordination – supporting Cervical, Breast and Prostate Cancer Elimination Efforts.*

2010 Nationwide Screening Services Established with VIA

HPV Vaccination Demonstration Projects

2014 1st National CECAP Strategic Plan: *Provides technical guidance and direction*

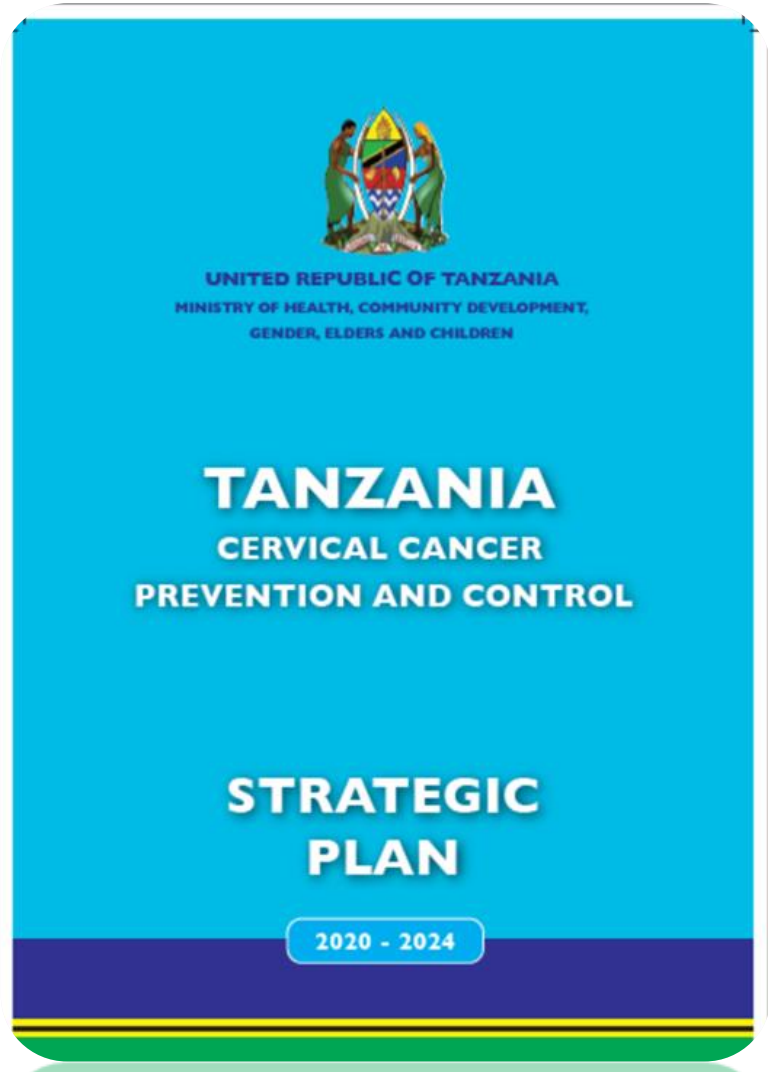
2018 Tanzania becomes 7th African country to introduce HPV Vaccination into its routine immunization program (IVD)

2020 2nd National CECAP strategic Plan

2023 Service Delivery Guidelines for CECAP

2024 MAC HPV Vaccination *(Over 5M girls vaccinated)*

HPV DNA Pilot in 10 regions



Tanzania has adopted and integrated WHO targets towards elimination of cervical cancer

CERVICAL CANCER:

KEY GUIDING DOCUMENTS DEVELOPED

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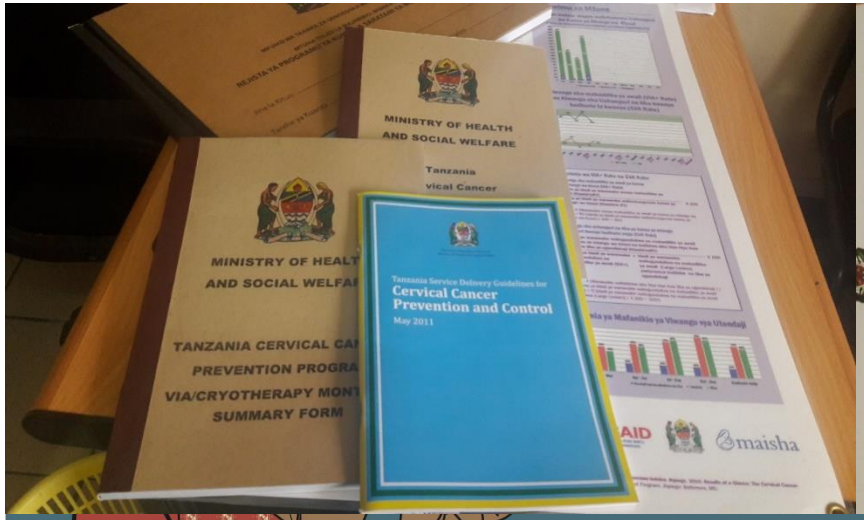
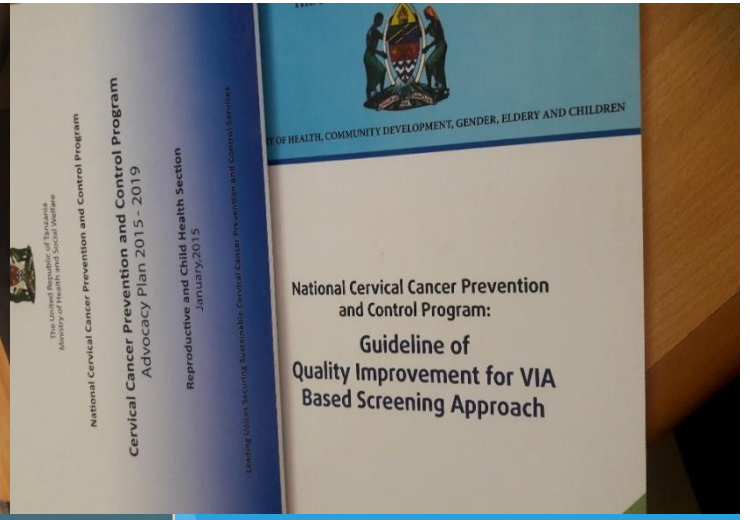
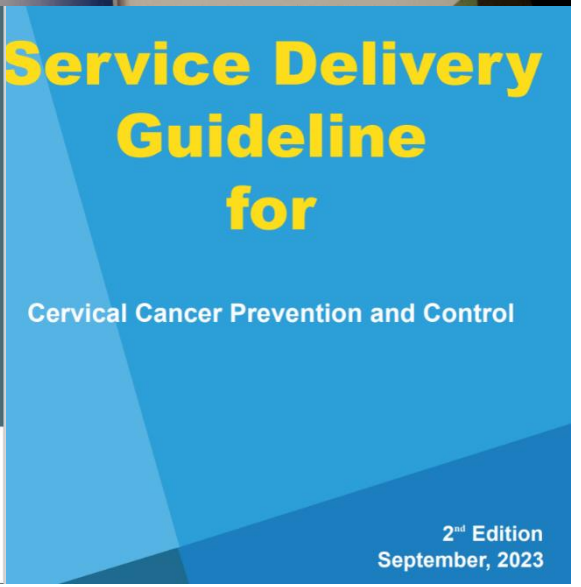
1. National Strategic Plan for Reproductive, Maternal, Newborn, Child & Adolescent Health and Nutrition in Tanzania (One plan 3)
2. Service Delivery Guidelines, Advocacy Plan; Training Packages /CHW training package, VIA based QI Guidelines and standards
3. Data collection tools system strengthened : data collection tools developed (ID, Register, Monthly Summary book), Key program indicators included in DHIS2 national level
4. IEC materials







MoH and its patners are commited to ending cervical cancer as a public health threat in TZ

CECAP IMPLEMENTATION:

Progress Made So Far - Coverage

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Secondary Prevention of Cervical Cancer

- Pilot screening program **2002**
- Nationwide screening services started (300 HF) **2010**
  - Screening Strategy with Visual Inspection with Acetic Acid (VIA) "screen and treat" /Single Visit Approach
  - Screening done as routine in facilities (RCHs, FP, CTC, OPD) and through outreach/mobile service.
- 746 health facilities providing VIA based screening services. **Dec 2021.**
- 1,461 health facilities are currently providing cervical cancer screening by **Dec 2024**.
- 550 HF providing HPV DNA testing services by August 2025
- 880 (60 %) health facilities offer treatment services. Ablation devices with cryotherapy or thermocoagulation excision – 35 LEEP machines.

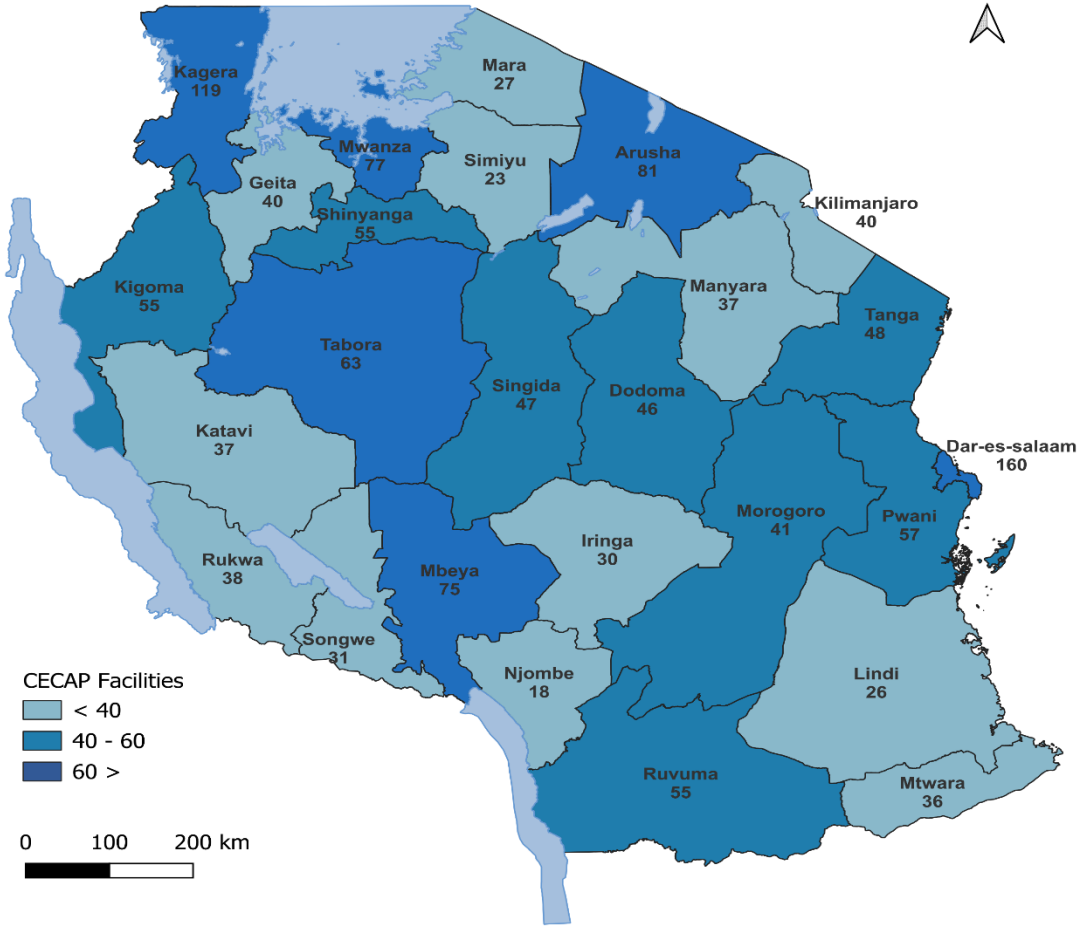

Fig: Facilities with CECAP services in Tanzania

MoH and its patners are accelerating progress towards ending cervical cancer in TZ

CECAP IMPLEMENTATION:
Progress Made So Far – Screen& Treat

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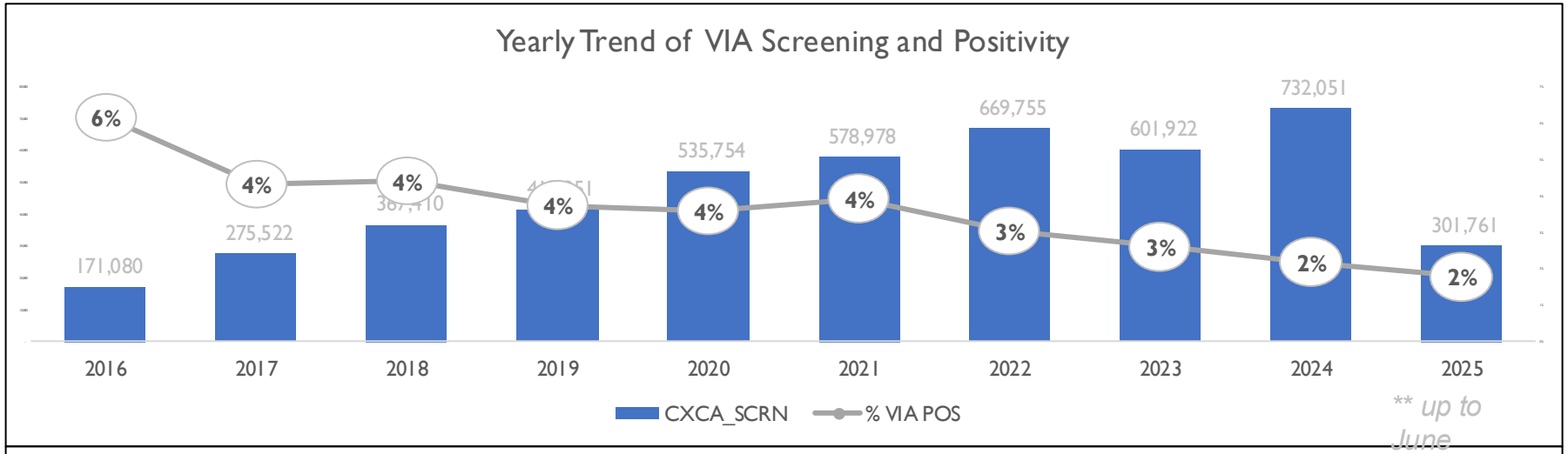

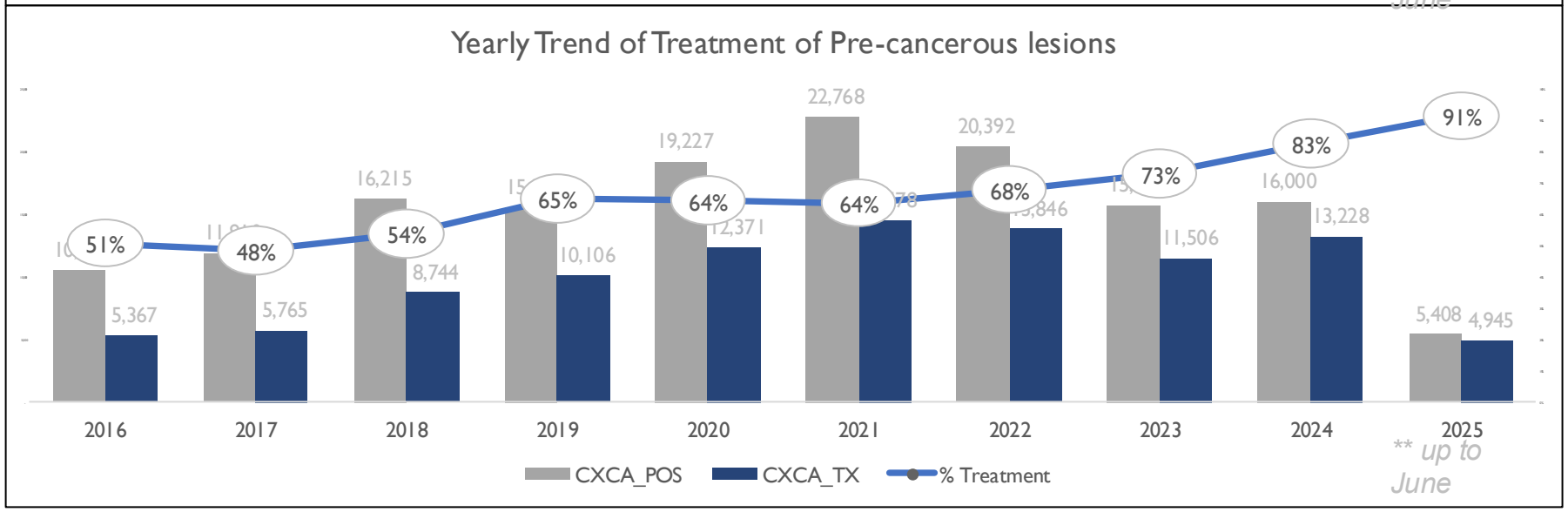

Observations:

- Over 5 Million Women have been screened since implementation start
- VIA positivity ranges 2-6%
  - Higher when considering initial screening (5-10%) only.
- Year over year increase in the proportion of women with precancer who receive timely treatment.
- By mid 2025 achived WHO 90% target for treatment of pre-cancer.

CECAP IMPLEMENTATION:
Screening Evolution

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Traditional Screening Methods in Tanzania:

Visual Screening Methods:
Visual Inspection with Acetic Acid (VIA)

Currently the most common screening method in Tanzania due to its affordability and simplicity.

Limitation: Relies on subjective visual interpretation, which can lead to human error and variable results.

Cytology Based Screening:
Conventional Pap Smear/Liquid Based Cytology (LBC)

Less common in Tanzania.

Limitation: Requires trained cytologists and a robust laboratory infrastructure, which is often limited in resource- poor settings.

Molecular Screening Methods:
HPV DNA Testing

Novel screening method.

Sample is collected by client or provider, stored in a preservative and laboratory tested.

The assay result is a definite endpoint providing objective result

Limitation: C

Test	Sensitivity (average/range)	Specificity (average/range)
VIA	77% (56-94%)	86% (74-94%)
Pap Smear (Conventional)	60% (35-84%)	>90%
Pap Smear (LBC)	70% (50-90%)	85% (75-95%)
HPV DNA Testing	90% (85-98%)	85% (80-90%)

Takeaway Message:
HPV DNA testing leads in sensitivity, positioning it as a game changer towards eliminating cervical cancer

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HPV DNA – *A game Changer*

CECAP IMPLEMENTATION:
HPV DNA Testing – A game Changer

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📌 WHO recommends using HPV DNA detection as the primary screening test rather than VIA or cytology in screening and treatment approaches among both the general population of women and women living with HIV.

✅ MoH has developed policies and frameworks to integrate HPV DNA testing into the existing VIA screening program which will accelerate progress towards cervical cancer elimination in Tanzania through earlier detection and management.

✅ The target population is women aged 25-60 years expanding services for even more women than were previously covered by VIA (25 - 50 yrs)

More women reached, earlier detection, faster elimination

CECAP IMPLEMENTATION:
HPV DNA Rollout Roadmap

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- **2011**
  - Demonstration Project Kilimanjaro and DSM
- **2020**
  - Integration of HPV DNA Testing into CECAP 2020-2024 Strategic Plan
- **2023**
  - Validation of existing platforms for HPV DNA testing
- **2024**
  - Pilot Program in 10 regions
  - 4 reference Labs using COBAS C6800/88000 platforms
  - A hub and spoke model using the national sample referral pathways already established
- **2025**
  - Review of program performance in pilot regions, revising the implementation plan, SOP and job aids to inform wider rollout
  - Expansion of HPV DNA testing to 15 regions
  - Incorporation of HPV reagent and consumables into EPICOR 10 and eLMIS tool.
  - Testing laboratory onsite method verification for HPV DNA test and QC/QA
  - Piloting self sampling
- **2026**
  - Nationwide rollout
  - Decentralized testing to 26 laboratories

Accelerating progress towards 90-70-90 in Tanzania

CECAP IMPLEMENTATION:
HPV DNA Implementation Plan

Goal: To screen at least 70% of women aged 25 - 60 years with HPV DNA test by 2030; thus screen 1,081,662 women by HPV DNA by the end of 2026.

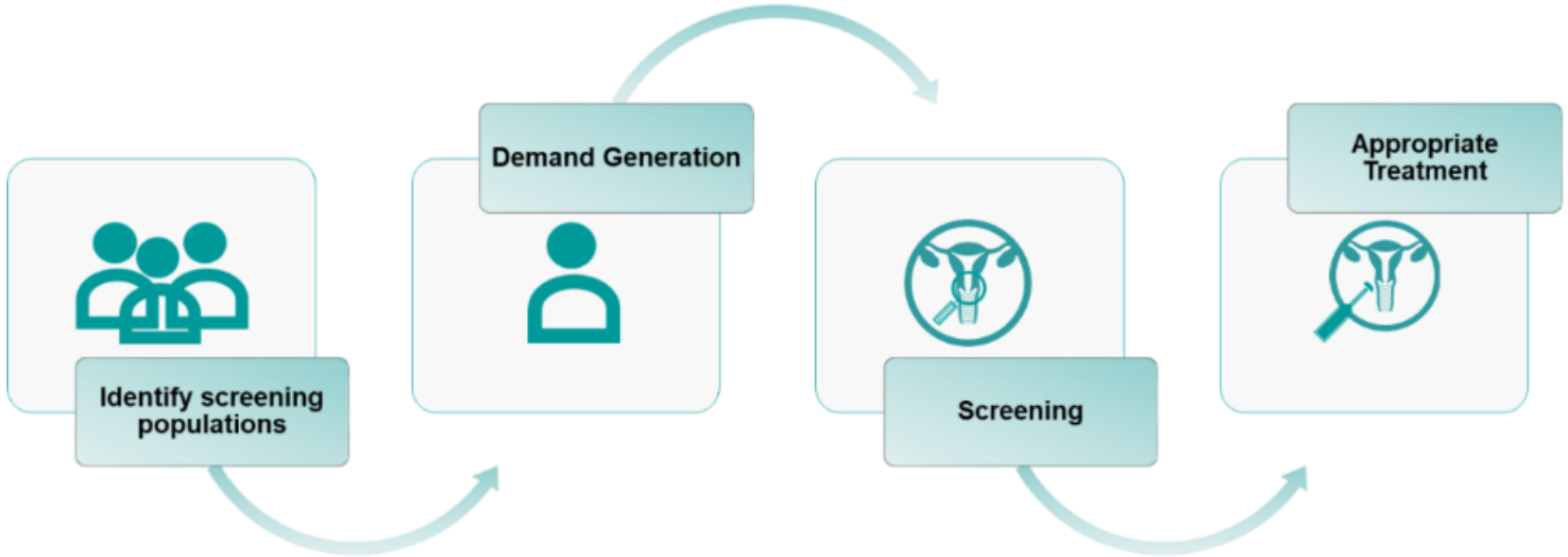

Fig: Key Elements of HPV DNA screening program

CECAP IMPLEMENTATION:
HPV DNA Testing – Coordinating Implementation

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Coordination

- Identify source of funding
- Map and conduct stakeholders engagement meeting
- Develop, Review, Disseminate the guideline to stakeholder
- Quantification of supplies and Commodities
- Conduct regular coordination meetings to monitor implementation progress
- Coordinate capacity building activities and service delivery

Planning

- Map facilities providing screening and treatment
- Identify Laboratories and Molecular platforms capacitated to do HPV DNA test
- Map Sample Referral Network with respective laboratories

Implementation

- Developing SOPs and Training Materials
- Capacitated CECAP health provider and Laboratory practitioners
- Establish Quality Control and Assurance

Monitoring and Evaluation

- Indicator mapping
- Identify key indicators to monitor implementation process
- Conduct routine Monitoring and Evaluation
- Revise data collection tools

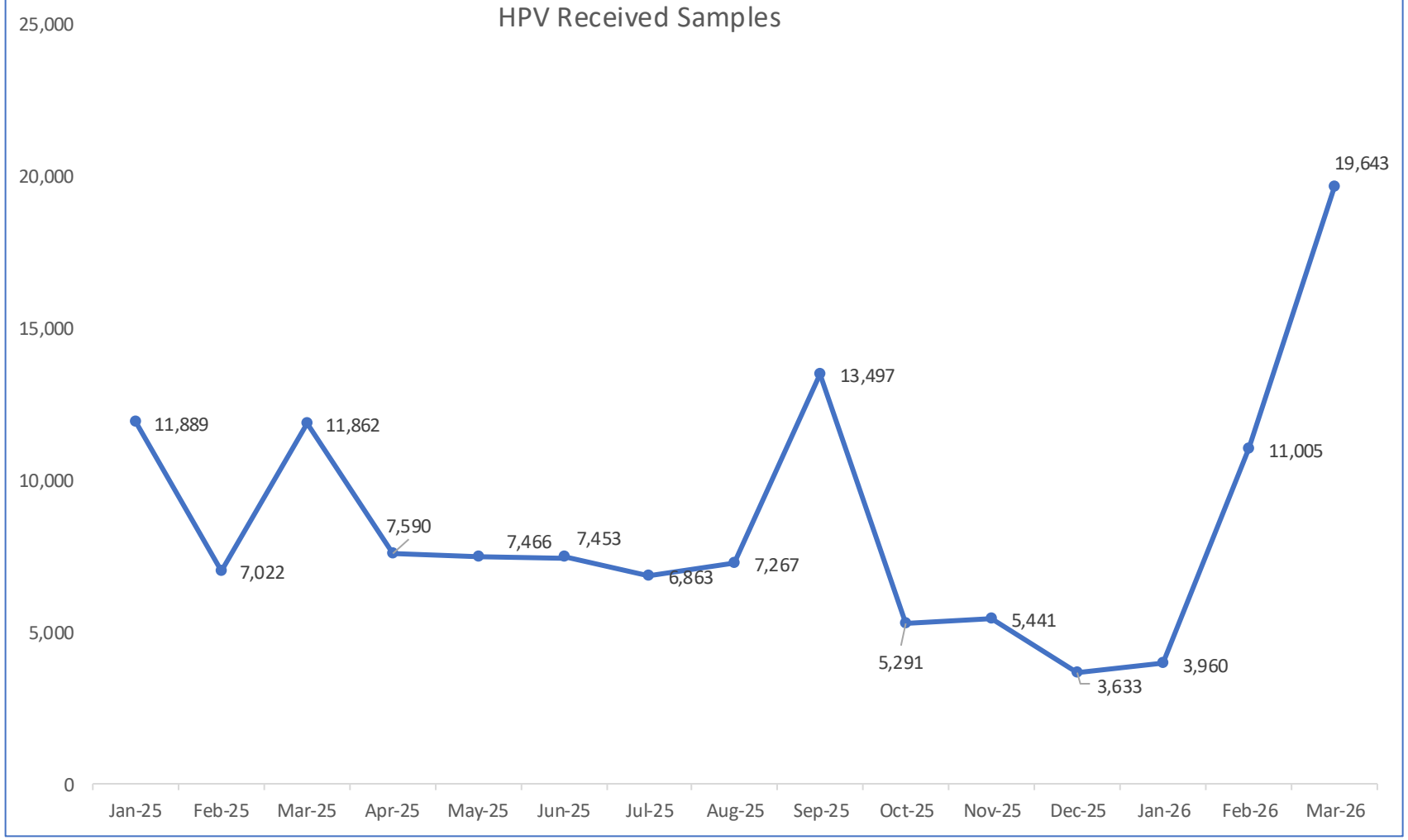
- HPV DNA testing in Tanzania needs coordinated efforts across levels, with MoH leading policy and oversight, partnering with PO-RALG.
- RHCa unit develops guidelines, trains CECAP providers and labs, refines facility processes, with leads driving demand.
- NASHCoP, DRMCH, and HLS forecast needs, procure supplies, MSD facilitate distribution and monitor availability.
- HLS monitor testing and ensure QA/QC/EQA activities.
- MoH trains nurses, midwives, lab techs, officers, and CHWs on counselling, collection, testing, and docs, using teaching packages and SOPs.
- R/CHMT supervise service delivery at facility level, identifying and managing capacity gaps through targeted mentorship, supervision and training.

Join hands to end Cervical Cancer

HPV DNA IMPLEMENTATION UPDATES

Indicators	Quarterly Target	Q1 Achievement	% Achieved Q1	Jan_26	Feb_26	March_26	Overall Achievement FY26_Q2	% Achieved Q2
HPV samples received	74,832	16,502	34%	3,960	11,005	19,643	34,608	46%
HPV samples accepted	34,608	16408	99%	3,917	10,956	19,517	34,390	99%
HPV samples tested	34,390	15,074	100%	4,204	9,397	20981	34,582	101%
Failure rate	3%	9%	9%	5%	6%	6%	6%	6%

HPV Sample Collection Trend



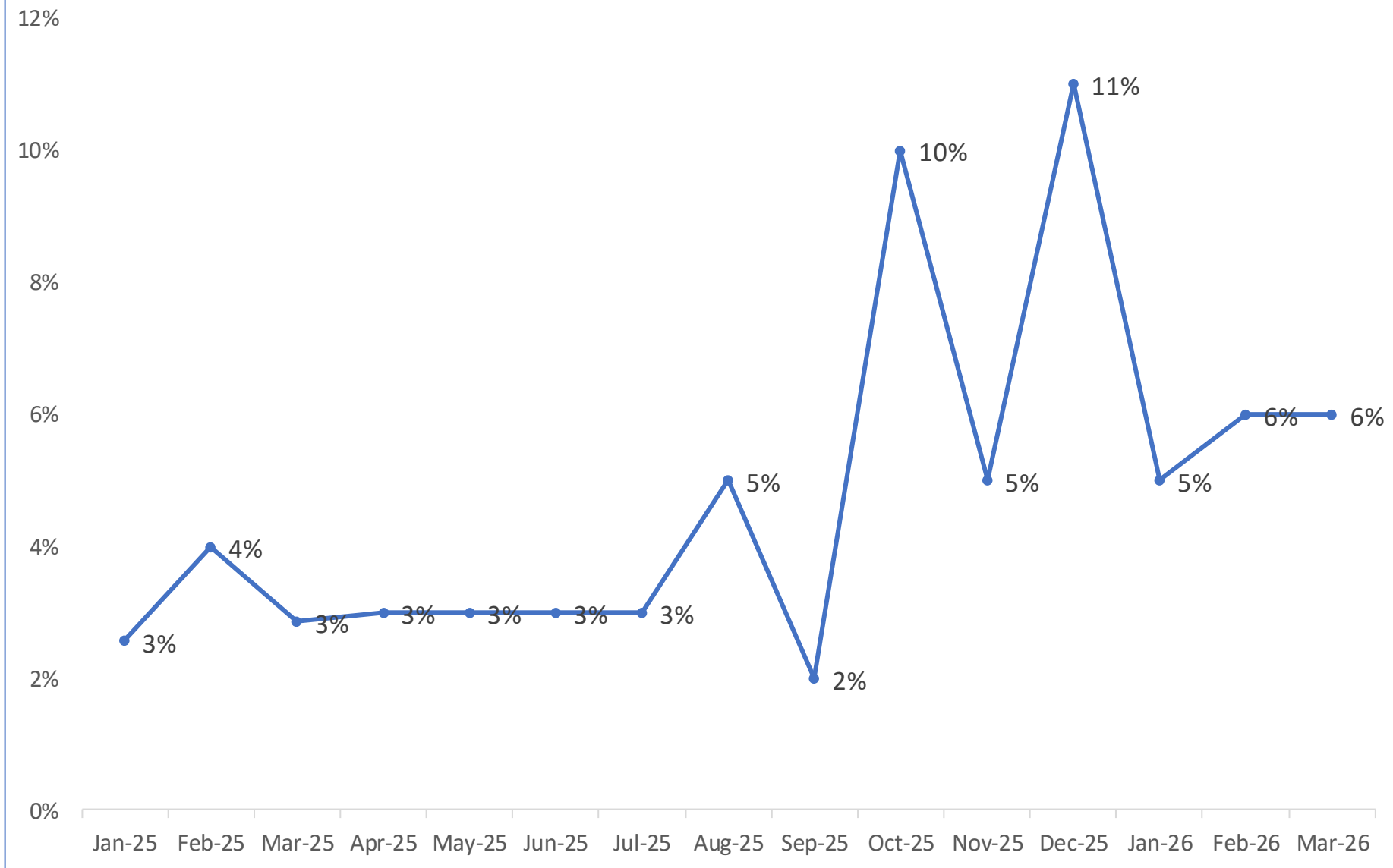
Updates

- Worked with the region's teams to increased sample collection to cope with increased test kits
- Completed phase three rollout of HPV testing in six regions
  - Geita
  - Katavi
  - Manyara
  - Rukwa
  - Singida
  - Kilimanjaro
- Pending National rollout
  - Kigoma
  - Lindi
  - Morogoro
  - Mtwara
  - Pwani
  - Ruvuma

Next steps

- Share testing updates with stakeholders
- Work with testing labs to strengthen lab clinic interface

HPV Failure Rate Trend



Updates

- Increased failure rate due to poor sample collection resulted from high turnover of trained staff

Way forward

- Share reports of poor performing facilities with the regional teams
- Work with regional teams to address poor sample collection techniques and sample management
- Support on job training and conducted daily for new staff
- Share weekly reports with the regional teams.

Planned support for Q3

Overstock of HPV kits

- Regions teams to increase sample collection
- Regions teams to share weekly HPV testing updates

Results utilization

- Follow up with LIS partner to support eSRS and DISA integration interface
- Work with referring facilities to improve quality in sample management practices and reduce rejections at hub level.
- Work with regional teams, TPC and testing labs to ensure availability of returned results for clinical use.

Testing labs to identify testing challenges affecting testing and sustainability of the program,

HPV DNA Testing Implementation :– Challenges

- Supply chain disruptions.
  - Stock out of collection media across CECAP sites leading to lower sample collection in March and July.
- Testing challenges
  - Failure rates
  - Risk for expiry
  - LIS issues and hub integration for timely results return.
- Treatment challenges
  - Client follow up and monitoring.
  - Low number of treatment machines
- Workforce and training gaps.
  - Especially when planning for scale up to other regions and in case of staff turnover
- Community awareness and demand generation.
- Funding and resources.
  - Supports for supervision across labs and CECAP sites.
  - Scale up testing to other labs to minimize transportation costs and TAT.
  - Self sampling
  - Program and key document (i.e. strategic plan, M&E tools) review, and planning