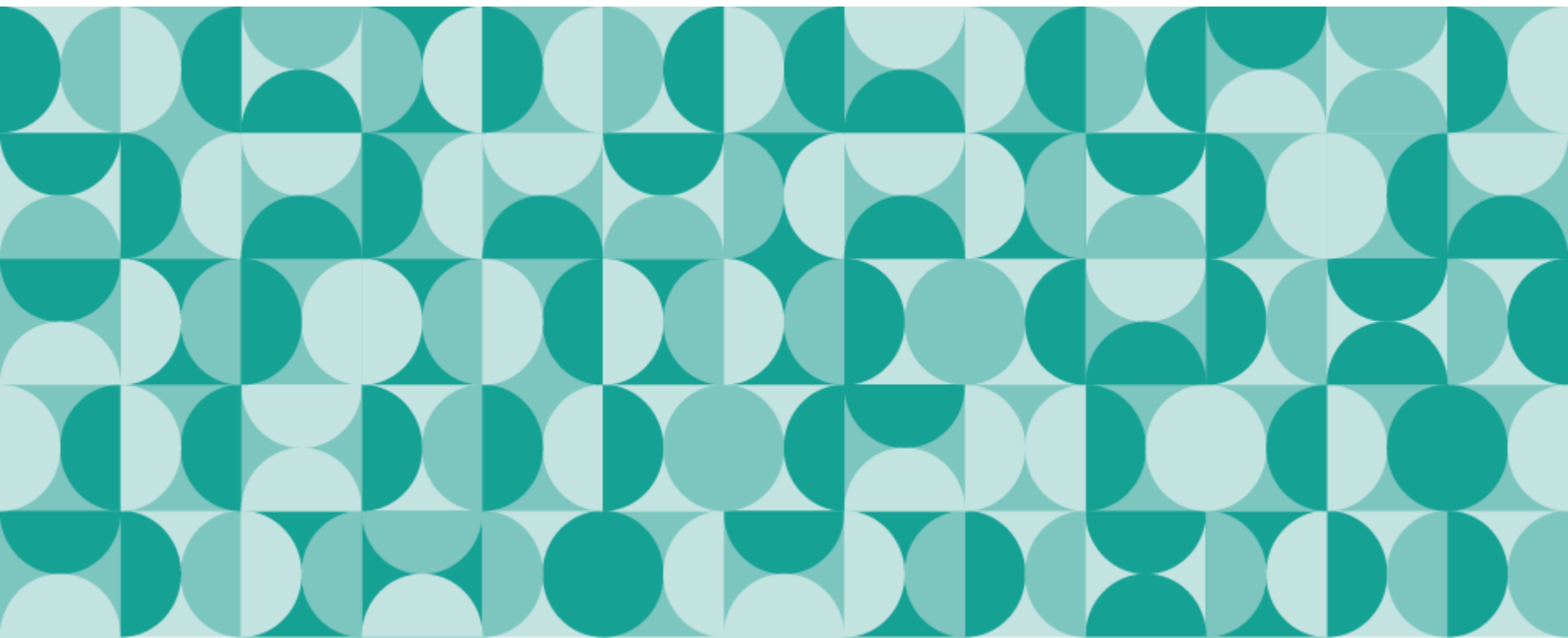


Increasing demand for cancer prevention, screening and treatment

Engaging communities and networks of people living with HIV to reach those most at risk – the Jali Afya Model expansion in Mwanza and Dar es Salaam.



The Problem

- Cancer is a major public health challenge in Tanzania
- Almost 40% of new cancer cases in females in 2018 was cervical cancer and together with breast cancer it constituted more than 50% of new cases in females in 2018.
- Prostate a quarter of male cancers
- Globally, women living with HIV have up to 5 times higher rates of cervical cancer than other women.
- HIV positive women develop cervical cancer on average 10 years earlier than other women.

Sources: International Agency for Research on Cancer, 2018.
UNAIDS, 2016. Kahesa, C et al., 2008.

The Opportunity

- Fast-track commitment 10:
Taking AIDS out of isolation through people-centred systems to improve universal health coverage, including TB, cervical cancer and Hepatitis B and C
- Global and local initiatives and partnerships that focus on integration: PRRR, The Partnership to End AIDS and Cervical Cancer, CCP, global elimination agenda.
- Tanzania's strong network of people living with HIV:
 - NACOPHA: National network of PLHIV with clusters in 173 districts
 - TNW+ : national network for women living with HIV across all 26 regions in Tanzania
- Political will to address cancer (Cancer Control Strategy; CECAP & Control SP update & costing)
- HIV and RMNCAH infrastructure

The Jali Afya model – previous intervention

- Jali Afya is a project focusing on HIV and cervical cancer integration, increasing awareness of, and access to cervical cancer prevention and treatment services in Tanzania.
- Implementing partners:
 - Tanzania Network of Women Living with HIV (TNW+);
 - National Council of People living with HIV (NACOPHA district Clusters);
 - MoHCDGEC
- Financial support from UNAIDS under the Pink Ribbon Red Ribbon initiative from August 2017 to September 2018.
 - Implemented in 10 districts across Geita, Njombe, Tanga and Songwe regions.

The Jali Afya model and the Comprehensive Cancer Programme

- The Comprehensive Cancer Programme (CCP) is an evidence-based comprehensive initiative aimed at reducing the burden of cancer morbidity and mortality in two target regions, Dar es Salaam and Mwanza, in Tanzania, planned to start in 2020 with support from AFD.
- In support of the broader Comprehensive Cancer Programme (CCP), the Jali Afya model, coordinated by MoHCDGEC and TNW+ in collaboration with MoHCDGEC, seeks to increase demand for and uptake of cancer prevention, screening and treatment services through community mobilization by WLHIV and, by raising awareness, reducing delayed diagnosis of cancer and improving prognosis.
- The CCP, on the other hand, will support the provision of cancer screening and treatment services in the target regions through capacity building of healthcare workers, purchasing of large equipment, building infrastructure at hospitals included in the partnership, strengthening partnership, etc.

Getting started – expanding Jali Afya with MoHCDGEC with support from GFATM

- The GFATM recently completed a reprogramming exercise to reallocate unused funds that are to be spent before end of 2020
- UNAIDS took the opportunity to secure some funds for expansion of Jali Afya in conjunction with the CCP
- Position cancer and HIV integration towards planning of GF funding cycle 2021-2023
- 450,000 was initially granted for the project to run from July 2019 through December 2020
- Focus areas of the project are:
 - Community mobilization for demand creation of prevention and screening services
 - Facility-based and Community outreach screening services
 - Integration of HIV and Cancer (breast, cervical and prostate) services
 - Commodities; equipment and supplies
 - Capacity-building for continued service provision

Overall Project objectives

- i. Create awareness of local cancer prevention, screening and treatment services among people living with HIV and other community members across all 13 districts of the two target regions of the CCP (Mwanza and Dar es Salaam).
- ii. Increase demand for, and uptake of, cancer screening and treatment services.
- iii. Strengthen capacity of partners, including the Council and Regional Health Management Teams, to sustain cancer services in the two regions, hereby facilitating ownership by Regional and District Councils authorities, and hence sustainability of cancer services.

Interventions

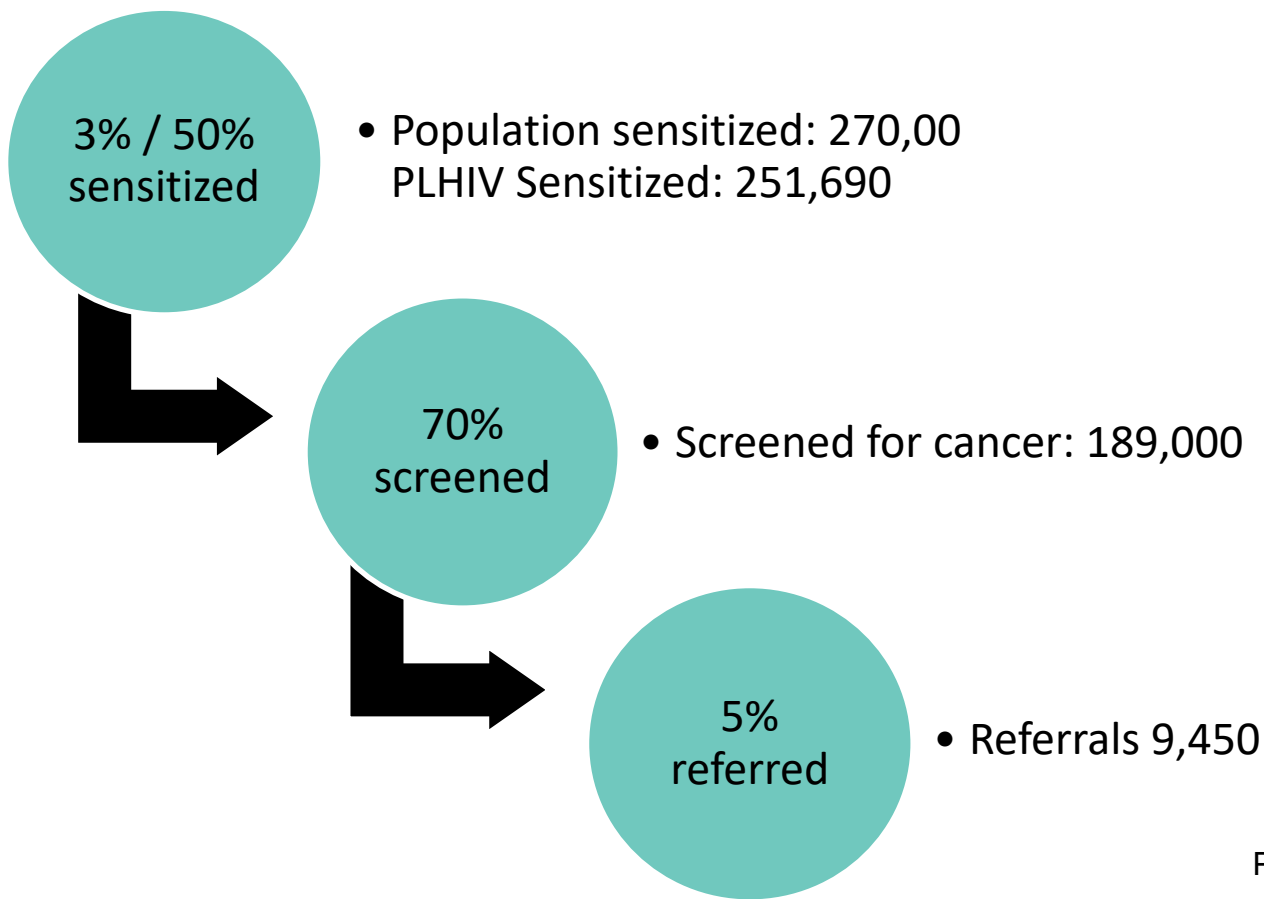
1. Train female TOTs from TNW+ and NACOPHA district clusters to sensitize community members on availability of cancer prevention and screening services in all districts (13 total) of the two target regions. The TOTs are empowered to conduct sensitization and referrals for cancer prevention and screening as well as HIV services, including referral of men for NCD screenings, including HIV testing.
2. Print and distribute IEC materials, developed by MoHCDGEC for TOTs, in collaboration with Implementing Partners (IPs), Council HIV and AIDS Control Coordinators, District Reproductive Health Coordinators, and public health facilities.
3. Provide cancer screening and treatment services, in public health facilities in the supported districts and through mobile outreach (in Mwanza districts), in collaboration with MoHCDGEC, President Office's Regional Administration and Local Governance (PORALG) and IPs already working there.

Interventions continued

4. Provide equipment and consumables for cervical cancer screening and treatment of pre-cancerous lesions to public health facilities where these are needed to reduce stock-out of equipment and consumables for CECAP services.
5. Conduct quarterly joint supportive supervision and data quality assurance visits in project districts, including surveillance of availability of equipment and supplies for cancer screening.
6. Conduct consultation meetings with MoHCDEG RCHS units and PORALG to advocate for increasing service delivery days for cancer screening.
7. Participate in Council Comprehensive Health Plans (CCHP) development to ensure budget allocation for cancer prevention and screening.

Estimated outcomes across two regions (13 districts)

- Population: 8,998,885 – PLHIV: 503,381



Population est.: NBS, 2017
HIV est.: THIS 2016/17



Budget comparison

No.	Key Activity	Budget (USD)	Budget GF	Comments/proposed implementer
1	Project introductory meetings with 60 regional and district stakeholders and collection of baseline data from facilities	6,944	9,670	PORALG/MoHCDGEC and /TNW+
2	Training of TOTs (five per district) /	14,955	14,426	MoHCDGEC/TNW+
3	Print and distribute IEC materials (brochures, posters, training materials, flip charts)	42,544	42,683	MoHCDGEC and MoHCDGEC/TNW+
4	Monthly sensitization meetings for referrals by TOTs	30,420	21,148	TNW+
5	Consultation meetings with MoHCDGEC and PO-RALG	1,600	1,808	MoHCDGEC
6	Support to CHMTs to conduct outreach cancer screening in Mwanza communities	53,568	53,568	TNW+
7	Joint supportive supervision and data collection	37,950	38,608	MoHCDGEC and MoHCDGEC/TNW+
8	R/CCHP planning sessions to ensure budget allocation (once per district and region per year)	9,600	8,676	MoHCDGEC and MoHCDGEC/TNW+
9	Staff (project coordinator 100%, partner organization (TNW+ and MoHCDGEC) staff (5%), Contingency and Admin (8%)	32,953	107,922	MoHCDGEC and MoHCDGEC (Includes coordination staff for MoHCDGEC)
10	Commodities	228,867	233,063	MoHCDGEC
	Total	459,400	531,572	

Implementation – division of responsibilities

- Project to be implemented July 2019-December 2020
- Meeting between partners (TNW+, MOHCDGEC and UNAIDS) to discuss implementation on 18th July: Activity plan for 18 months, and decisions on implementation modalities (who does what in the activity plan)
- MoHCDGEC DPS has received the funds for the project from GFATM as well as funds for other CC activities
- Proposed partner of MoHCDGEC for the community-based interventions: TNW+
- TNW+ are experts in implementing Jali Afya; what are the experiences from last phase of Jali Afya and how do we ensure that they are carried over to this phase/expansion?