

# **The Importance of Clinical Accompaniment for VIA/Cryotherapy Programs in Low and Middle Income Countries.** Margaret M Sullivan<sup>1</sup> & Dana Eun Im<sup>2</sup> CUGH Abstract #71930

## **Program / Project Purpose**

Cervical cancer is one of the leading causes of cancer mortalities for women in low and middle income countries (LMIC). Because most health infrastructures in these countries are inadequate for paps to effectively detect cervical cancer, visual inspection with acetic acid (VIA) and cryotherapy have proven to be effective tools for detection and prevention in LMICs. From January 2011 to present, Partners In Health (PIH) has supported a VIA/cryotherapy program in the Western Highlands of Guatemala. This program targets women most at risk for developing cervical cancer. With the goal of screening and treating 80% of the target population, PIH is hopeful it can contribute to a decrease in the incidence and mortality of cervical cancer in this region. Because VIA/cryotherapy is effective, not cost prohibitive and has an extremely low complication rate, it can be taught to nurses in rural communities. However, as these were new skills for nurses with often limited education, to bolster program quality, the aim was to also provide regular and on-going clinical accompaniment from a US-based volunteer nurse, rather than rely on a single one-time training as is more commonly done.

## **Structure / Method / Design**

Program goals included a series of rigorous trainings. Additionally, the US-based nurse traveled twice yearly for three weeks to evaluate technique and reinforce evidence based practices. PIH has a long-standing relationship with the coordinating local NGO. Nurses and one physician self-selected to participate. The protracted training, regular clinical accompaniment and provision of materials (including cryotherapy equipment), will strengthen local capacity sufficient for this program to be self-sustaining.

## **Outcomes and Evaluation**

Five nurses and one physician were trained and certified in VIA and three were also certified in cryotherapy. In all, approximately 375 training hours were received. The US-based nurse spent approximately 20 weeks in country providing clinical accompaniment. Clinical confidence and critical thinking skills progressed over time, and numerous surrounding municipalities now refer patients for management of screening and treatment.

## **Going Forward**

The primary challenge is beyond the actual provision of training and accompaniment. Due to program funding, there were sufficient resources to treat women diagnosed with cervical cancer, which will now be difficult to access. Seamless collaboration between local NGOs and retention of health professionals has been difficult to successfully maintain over the years. As a result, the screening coverage for the target population is 52%. There remains three months for the program to achieve its goal of 80% screening coverage. Rather than a limited one-time training, implementation programs should consider longer-term clinical accompaniment in rural and LMICs to ensure provision of high quality of care. However, neither staff retention nor relationships between local NGOs should be overlooked as important factors to a successful program.

## **Funding**

Family Foundation grant

<sup>1</sup> MS, RN, FNP-BC; Partners In Health, Global Health Delivery Project, Boston Health Care for the Homeless

<sup>2</sup> MD candidate, Harvard Medical School; Partners In Health