

Cervical cancer is one of the most common cancers in women living in Sub-Saharan Africa (SSA), with roughly 110,000 women diagnosed annually; of these women, about 66% will die from the disease. Women living with HIV (WLHIV) are up to six times more likely to develop persistent precancerous lesions and progress to cervical cancer, often with more aggressive forms and higher mortality.

Launched in May 2018 to address this challenge, Go Further is an innovative public-private partnership between the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the George W. Bush Institute, the Joint United Nations Programme on HIV/AIDS (UNAIDS), Merck, and Roche. The partnership collaborates closely with governments to strategize on ways to provide services for women from prevention through the cancer journey. Go Further began working in eight countries (Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, Zambia, and Zimbabwe), and expanded services to four additional countries (Ethiopia, Kenya, Tanzania, Uganda) in fiscal year (FY) 2021. The objectives are to screen all WLHIV on ART between the ages of 25 and 49 for cervical cancer, and to treat pre-invasive cervical cancer lesions to prevent progression to cervical cancer.

Country Context

Total Population
(July 2021 est.)
(World Factbook)

2,678,191

Women Aged 15-49
HIV Prevalence Rate
(UNAIDS 2020)

14.7%

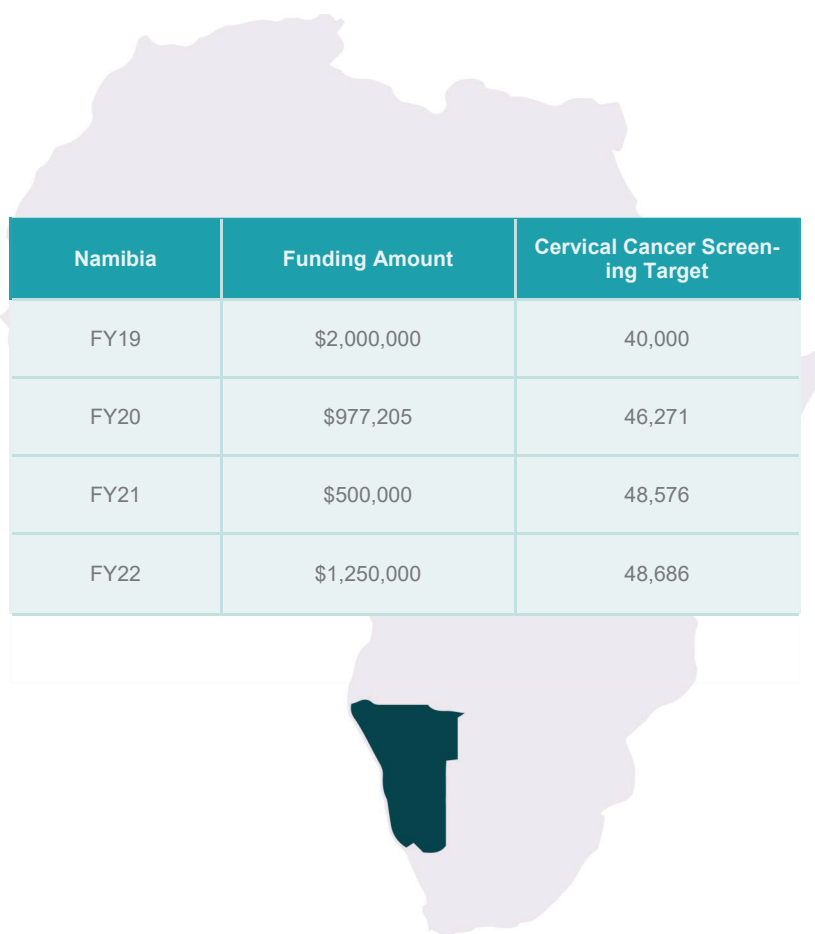
Age-standardized
Incidence Rate (per 100,000) of
Cervical Cancer Cases
(Estimates for 2020)
(<https://gco.iarc.fr/>)

37.4

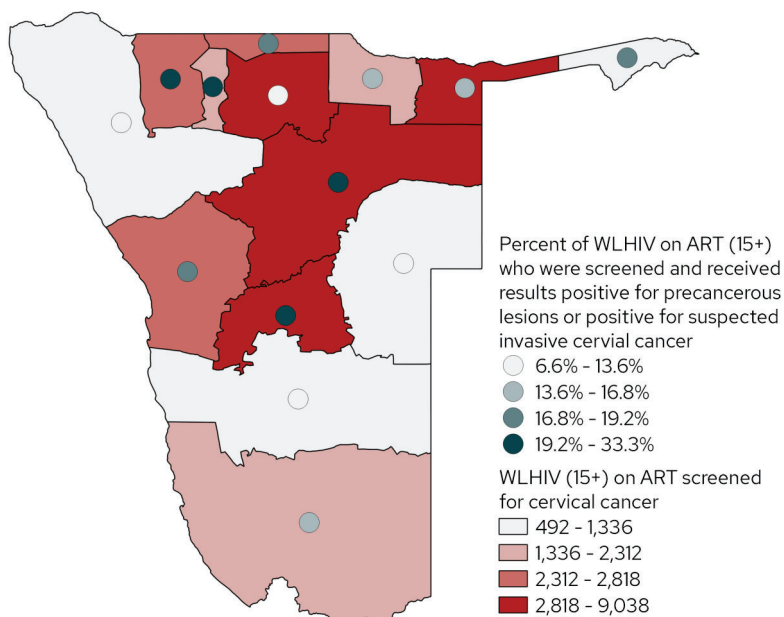
Total # of Women
(All Ages) On ART
(PEPFAR, FY21 Q4)

130,379

Namibia Program Highlights



Namibia: Cervical cancer screenings and positives (precancerous lesions or suspected invasive cervical cancer), FY19-FY21



Source: PEPFAR Panorama Spotlight, data.pepfar.gov

RESULTS SUMMARY

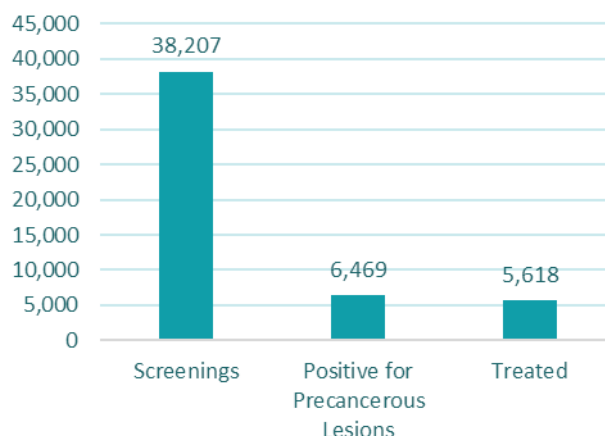
- ◆ In FY21: 20,189 screenings were performed, representing 42% of the FY21 target; 95% of women who screened positive for precancerous lesions received treatment.
- ◆ Since FY19: 311 women screened positive for suspected invasive cervical cancer. Of the 38,207 screenings, 23,533 (61.6%) were first time screenings, 992 (2.6%) were follow-up screenings, and 13,682 (35.8%) were re-screens.

Strategic Direction for FY22

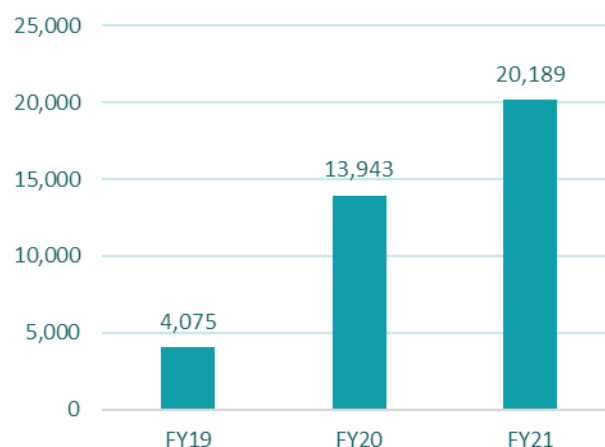
- ◆ By the end of COP21, the country is planning to expand access of cervical cancer screening services and to increase targeted screening and treatment rates for WLHIV to least 90%. In addition, the program will optimize cervical cancer screening through establishing a fast-track escort system and patient navigation in health facilities and pivoting the program to demand creation activities in the community by conducting targeted training of community-based partners to establish a bidirectional referral system.
- ◆ In COP21, PEPFAR Namibia will continue to implement the Mixed Model Approach to provide cervical cancer screening at fixed and mobile outreach services with emphasis on the outreach model to CCBHs, CAGs, rural ART clinics by using mobile vans for outreach services. Organized campaigns will occur, targeting specifically WLHIV and optimizing ART/PMTCT visits to increase same day screening of WLHIV as standard of care.
- ◆ Other COP21 priority areas for the program will include strengthening the referral system for treatment of invasive cervical cancer, to ensure that women diagnosed through the screen and treat program will be able to be treated for invasive cervical cancer, preventing further disease progression.



Cascade, FY19 through FY21



of Screenings



Implementing Partners (FY22)

- ◆ University of Washington
- ◆ Ministry of Health and Social Services
- ◆ JHPIEGO