

Cervical cancer is the number one cancer killer of women 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 form 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), and Merck. 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 will expand 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)

**1,113,276**

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

**35.6%**

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

**84.5**

Total # of Women  
(All Ages) On ART  
(PEPFAR, FY20 Q4)

**132,875**

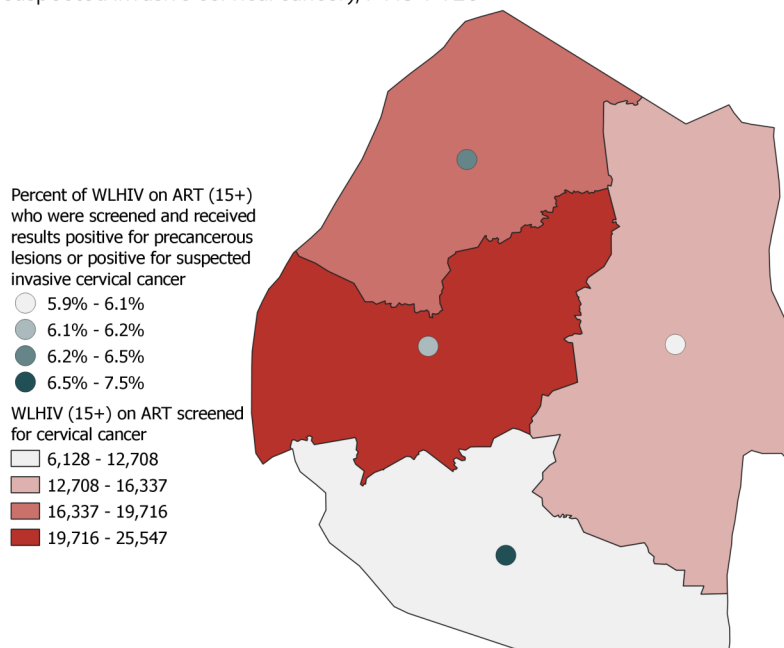
## Eswatini Program Highlights

Eswatini	Funding Amount	WLHIV on Treatment*	Cervical Cancer Screening Target
FY19	\$3,700,000	50,000	25,000
FY20	\$1,018,705	79,093	38,270
FY21	\$3,019,062**	78,787	42,292

◆ \* For FY19, this is the number of women aged 30+ estimated to be on treatment; otherwise, this is women aged 25-49 on treatment at the end of FYs 18 and 19, respectively. (Source: PEPFAR Panorama Spotlight)

◆ \*\* \$1,500,000 of this amount is allocated for an HPV vaccine evaluation

Eswatini: Cervical cancer screenings and positives (precancerous lesions or suspected invasive cervical cancer), FY18-FY20



Source: PEPFAR Panorama Spotlight, [data.pepfar.gov](http://data.pepfar.gov)

## RESULTS SUMMARY

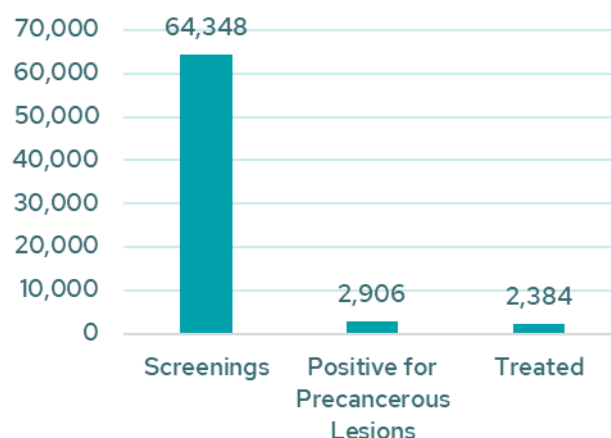
- ◆ In FY20: 31,140 screenings were done, representing 81% of the FY20 target, and 88% of women who screened positive for precancerous lesions were treated.
- ◆ Since FY18: 1,092 women have screened positive for suspected invasive cervical cancer. Of the 64,348 screenings, 44,958 (69.6%) were first time screenings, 620 (1.0%) were follow-up screenings, and 18,770 (29.2%) were re-screens.

## Strategic Direction for FY21

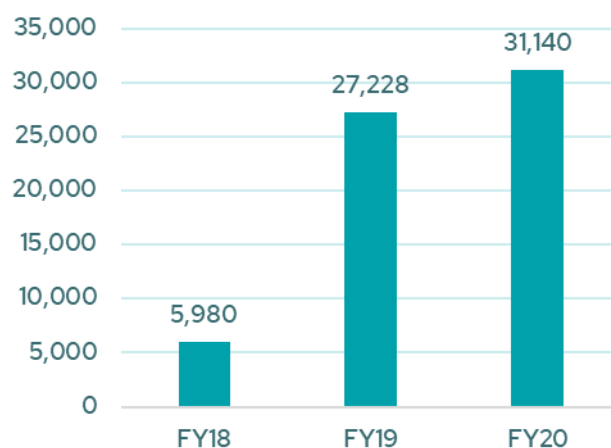
- ◆ Regional hospitals will be selected to become LEEP centers of excellence with the capacity to provide prompt LEEP services including those referred from other facilities. This approach is necessitated by the missed opportunities noted at LEEP designated sites where there are personnel constraints, and which will address the issue of insufficient theatre space that has caused a long backlog of women awaiting LEEP. Through this approach, PEPFAR will increase site level coverage of VIA from 96% at the end of FY19 to 100% in FY21. Each region will have at least one center of excellence for LEEP.
- ◆ In addition to improving laboratory capacity for histopathology services, a partnership with a private laboratory will be solicited to ensure timely availability of histopathology results from LEEP samples and appropriate further management.



## Cervical Cancer Cascade



## # of Screenings



## Implementing Partners (FY21)

- ◆ University Research Corporation
- ◆ Georgetown University
- ◆ Population Services International
- ◆ The Luke Commission
- ◆ Elizabeth Glaser Pediatric AIDS Foundation