

# FROM THE FIELD, TO THE WORLD

IPPF's cervical cancer  
prevention journey



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# INTRODUCTION

Cervical cancer, a preventable illness, is the fourth most frequent cancer in women, with an estimated 570,000 new cases in 2018 representing 6.6% of all female cancers. An increasing number of SRH organizations are working to introduce and/or strengthen cervical cancer prevention programmes, with the aim of increasing their impact on the reduction of mortality and morbidity. IPPF's work on cervical cancer prevention is guided by our commitment to health equity, gender equality and women's rights. We strive to reach the most vulnerable women, including those living with HIV, bringing essential, evidence-informed and quality cervical cancer prevention services.

According to clients' situations, we provide different prevention options, including vaccinations, to maximize the protection. Over the past decade, we have implemented successful initiatives on cervical cancer prevention, including a) the Cervical Cancer Screening and Preventive Therapy (CCS&PT) Programme, with support from the Bill and Melinda Gates Foundation; and b) the Scale-up Fund on Cervical Cancer Prevention. These two initiatives have given us the opportunity to learn, generate knowledge and contribute to save women's lives.

The abstracts included in this publication, originally submitted to Journal of Global Oncology and presented during the World Cancer Congress 2018, represent the extraordinary work happening across the world and in our IPPF Member Associations.

# ACKNOWLEDGEMENTS

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DESIGN AND LAYOUT  
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# STRENGTHENING CERVICAL CANCER SCREENING PROGRAM IN LOW RESOURCE-SETTING COMMUNITIES: IPPF SUCCESS IN EMPLOYING THE SINGLE-VISIT

R. Carl-Spencer

## Abstract

**Background and context:** Cervical cancer is the 2nd most common cancer among women (WHO, 2012). It is estimated that 260,000 women die every year (WHO, 2014). Cervical cancer is preventable and can be treated if detected early, yet, it remains one of the leading causes of cancer-related deaths in the world. Nearly, 90% deaths occur in developing countries (WHO, 2014), and majority of women who suffer cervical cancer in sub-Saharan Africa seek care when the disease has advanced and is beyond the capacity of surgery or other treatment modalities. It is against this background that IPPF Member Associations in Kenya, Nigeria, Tanzania and Uganda, with other reproductive health network implemented the Cervical Cancer Screening and Preventive Therapy (CCS&PT) initiative. In the first 2 years, most women needing cryotherapy were lost to treatment due to referrals made.

**Aim:** The initiative was to institutionalize and scale up the services, using visual inspection with acetic acid (VIA) & cryotherapy, through existing reproductive health networks to reach more people especially, the marginalized and vulnerable people.

**Strategy/Tactics:** Main intervention used was the single visit approach facilitated by:

- Equipping all sites with cryo-machines to enable cryotherapy services.
- Providing portable cylinders (5-10 kg) to ensure adherence to SVA during outreaches.
- Capacity building of service providers in cryotherapy and continuous supportive supervision.
- Quality counseling prior to the VIA to ensure clients understood the importance of immediate treatment.
- Well planned logistics during outreaches to ensure a wider coverage and cryotherapy treatment.
- Training of community health workers and mobilizers to ensure right information dissemination.

- Use of media and collaboration with political and religious leaders helped local partners to raise awareness of cervical cancer.

**Program/Policy process:** Used SVA at all screening sites to address the loss of clients needing cryotherapy and avert the progress to cancer disease stage.

**Outcomes:** The game changer was the implementation of the single visit approach. Results recorded were; year 3- (59%), year 4- (94%), year 5- (92%) and year 6- (97%).

**What was learned:** It is imperative to implement SVA with high degree of planning, organizing and coordination from the beginning of a project.

- Ensure resources and capacities to implement VIA and cryotherapy are in place by conducting a facility assessment.
- Ensure continuous training and mentorship to enhance providers competences.
- Portable gas cylinders are very essential and convenient to ensure adherence to the practice of SVA.

**Conclusion:** The single visit approach used strengthened the cervical cancer screening program, made treatment more accessible to a wider number of marginalized women. Thousands (514,681) were screened and 14,083 treated to avert progress to cancer stage in future, and this contributed to reduce cervical cancer related morbidity and mortality.

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# DELIVERING CERVICAL CANCER SCREENING AND TREATMENT TO WOMEN LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS

A. Kaneza, D. Uwimana, R. Mbonyindavyi

## Abstract

**Background:** More than 80% of cervical cancer cases happens in the developing world. The same trend is seen in Burundi, where cervical cancer is the first gynecological cancer and the leading cause of female cancer deaths. In addition to this, Burundi presents high human immunodeficiency virus (HIV) prevalence rate. It is believed that there were 2200 new diagnosed clients in 2016. In spite of this, not all people can have access to desired services due to financial and geographical barriers. To increase access to cervical cancer information and screenings in resource-limited settings, Association Burundaise pour le Bien Etre Familiale (ABUBEF) introduces visual inspection of the cervix with acetic acid (VIA) and Lugol's Iodine (VILI) plus cryotherapy to vulnerable populations, especially women living with HIV.

**Aim:** To provide VIA/VILI and cryotherapy to women living with HIV in resource-limited settings.

**Methods:** ABUBEF also conducted a training to ensure health providers can independently carry out VIA/VILI and cryotherapy. ABUBEF organized a campaign to raise people's awareness and deliver services to vulnerable populations.

**Results:** Seventeen doctors were trained to perform VIA/VILI. They can also confidently make diagnosis and provide relevant treatment, such as cryotherapy or referral. 337 women were screened during the campaign and 4 of them received positive VIA/VILI results (1.1%). For women living with HIV, the VIA/VILI positivity rates was 4% and 2 of them presented suspicious cervical cancer lesions. All clients received essential treatments. This can be cryotherapy or be referred to specialists for further evaluation and cancer treatment.

**Conclusion:** According to ABUBEF's operational experience, VIA/VILI and cryotherapy is feasible in resource-limited settings. It is also noticed that women living with HIV has higher VIA/VILI-positive rate and even cancer lesions.

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# PRACTICE CERVICAL CANCER SCREENING AND TREATMENT IN FAMILY GUIDANCE ASSOCIATION OF ETHIOPIA CLINICS

A. S. Hailemariam, G. M. Haile

## Abstract

**Background and context:** In 2010, it was estimated that 20.9 million women were at risk for developing cervical cancer in Ethiopia and the estimated annual number of cervical cancer cases and deaths was 4648 and 3235, respectively. The Family Guidance Association of Ethiopia (FGAE), established in 1966 has been working with solid commitment to contribute to the national effort to improve the reproductive health of women, men and young people through providing quality and integrated sexual and reproductive health (SRH) services. Cervical cancer screening services using Papanicolaou test, FGAE began in 1990 and in 1994 the service was expanded to eight higher clinics.

**Aim:** To integrate single visit approach with visual inspection with acetic acid (VIA) screening and cryotherapy to the existing SRH services.

**Strategy/Tactics:** FGAE has provided an integrated quality SRH services through 42 service delivery points, 222 outreaches and 324 franchised clinics. Based on this, this strategy is developed to ensure that VIA and cryotherapy can be successfully integrated to the current SRH service package, such as demand generation, improve access to integrated quality SRH services, capacity building, strengthening partnership and quality assurance system and scaling up SRH/CCP service to private and public facilities.

**Program/Policy process:** FGAE continued Papanicolaou test services, and promoted single visit approach, which combines visual inspection with acetic acid (VIA) screening and cryotherapy. In 2013, this approach was introduced to 5 higher FGAE clinics following the pilot study. Since 2015, all eight higher FGAE clinics and its GYN/OB specialty clinics have successfully integrated single visit approach to the exiting SRH services. Facility readiness was assessed

and gaps were filled. Partnership with FMOH and other government institutions public and private health facilities and companies were established to scale up services and set up referral pathways. Data on service utilization were recorded using manual and electronic tools and national algorithm for screening and treatment was applied. Regular mentoring and supervision was carried out to ensure quality and performance.

**Outcomes:** Data for a period of 2010-2017 on cancer screening and treatment by FGAE were analyzed and shows that a total of 79,286 women were screened. The overwhelming majority of the screened women (96.2%) were age 25 and above. For women who chose VIA, 10.3% of them received positive result. 6164 were treated with cryotherapy while 12 women was referred as a suspected case of invasive cancer. The number of women screened has increased from 805 in 2010 to 79,286 in 2017.

**What was learned:** The proportion of women tested positive for precancerous cervical lesion in FGAE clinics is high and comparable with national estimates of 12.3%. Integrating single visit approach into SRH services is feasible and effective in identifying and treating precancerous cervical lesions.

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# DELIVERING COST-EFFECTIVE CERVICAL CANCER SCREENING PACKAGE TO WOMEN LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS BY REPRODUCTIVE HEALTH UGANDA

A. Kyarimpa

## Abstract

**Background and context:** Uganda has one of the highest cervical cancer incidences in the world. Over 80% late diagnosis compounds the challenge. It is evident that women living with human immunodeficiency virus (HIV) have a higher prevalence of precancer lesions and have limited access to cervical cancer knowledge and relevant services especially women living with HIV, who are poor and marginalized. This results in a gap for first-line defense to cervical cancer. To bridge the gap and deliver services, Reproductive Health Uganda (RHU) introduced cost-effective “see and treat”, single visit approach (SVA), using combined visual inspection with acetic acid (VIA) and cryotherapy.

**Aim:** To promote single visit approach in cervical cancer screening program in selected HIV clinics and assess the feasibility.

### Strategy:

- Collaborate with HIV clinics, which enroll and provide counseling and services to women living with HIV
- Integrate SVA into the current services package in HIV clinics and outreaches to break geographic barriers
- Train RHU and public health clinic staff to perform VIA and cryotherapy if needed
- Enable SVA in public antiretroviral therapy (ART) clinics through partnerships
- Awareness creation through group health education and individual counseling

**Program:** The project implemented in three high HIV prevalence rate districts targeted women 25-49 years of age. Partnered with public ART clinics and arranged training to ensure midwives and nurses in RHU and public health facilities are able to carry out VIA and cryotherapy if needed. Announcements and appointment posters were pinned up on the facility notice board providing details of dates and service package. RHU used this opportunity to

promote contraception and STIs management. Health education and counseling session were conducted. Trained peer support mothers mobilized women seek cervical cancer screening when doing HIV follow-up. Quarterly support supervision, QOC assessments and DQAs were conducted to ensure quality and reliability of results and reports.

**Outcomes:** Acceptability of cervical cancer screening was high. The project increased general awareness among rural community members, where cancer is generally stigmatized and associated with a lot of myths. Knowledge, skills and competencies of 54 midwives to screen for and treat with cryotherapy was built. 23,713 women were screened, with average VIA positivity rate 8%-11% across project districts. 98% of cryotherapy-eligible women treated during the same visit. Referral to Ugandan cancer institute was established to ensure timely cancer therapy. Integration and acceptability of family planning increased among women attending ART clinics.

**What was learned:** With appropriate demand creation, acceptability of SVA was good among women attending the ART clinics, SVA is cost-effective and feasible. Integration of SRH package of services helps leverage resources. Strategic partnerships are critical in strengthening public–private partnership in services provision.

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# SAVING WOMEN'S LIVES FROM CERVICAL CANCER: PROMOTING A COST-EFFECTIVE CERVICAL CANCER SCREENING TOOL IN RURAL ALBANIA

B. Hylviu, G. Cekodhima, M. Rista, B. Shehu, M. Vandewiele, Y. Huang

## Abstract

**Background and context:** The WHO has presented that more than 90% of deaths from cervical cancer happened in low and middle-income countries. Albania is one of them. Albania has a national cervical cancer screening program. However, the program is not well-promoted and the service is not always available at the primary public health care level. The situation worsens when it comes to rural areas. In 2016, to bridge the gap and achieve health equity the Albanian Center for Population and Development (ACPD) initiated a series of activities to promote the utilization of visual inspection with acetic acid (VIA) and cryotherapy for the first time as a pilot study in rural Albania. ACPD sees this as a health priority to strengthen the existing national screening program through advocacy with the Ministry of Health and Social Protection (MoHSP).

**Aim:** To enable VIA and cryotherapy provision in rural Albania to expand cervical cancer screening by advocating for its integration into the national cervical cancer screening program.

**Strategy/Tactics:** The strategy applies a client-centered and bottom-up approach. The changes are driven through four sections, namely: context understanding, providers' engagement, partnership strengthening, and sustainability development (Fig 1).

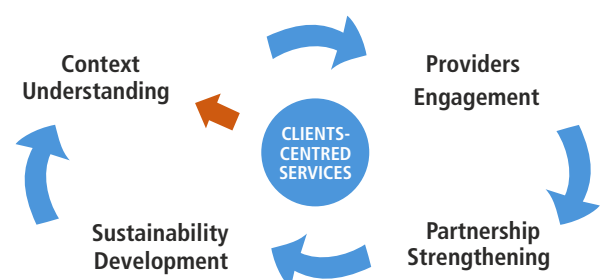
**Program/Policy process:** Following the proposed strategy, four main approaches were developed.

- **Demand generation:** ACPD promoted relevant cervical cancer prevention and treatment information as well as redressed misconceptions through developing education materials and carrying out education sessions.
- **Provide services in rural settings:** ACPD engaged different health providers into the VIA and cryotherapy training and institutional protocol development.

- **Collaborate with key stakeholders:** ACPD worked closely with stakeholders, such as civil society organizations (CSOs), media, and health facilities.
- **Provide medical evidence to affect national policy-making processes:** ACPD provided strong evidence to support the integration of VIA and cryotherapy into the existing cervical cancer screening program.

**Outcomes:** In line with aforementioned process, the project succeeded to establish an effective model improve national cervical cancer screening program. All achievements and outcomes are summarized in Table 1. What was learned: The proposed strategy enabled VIA and cryotherapy in rural Albania. From clients' perspectives, this cost-effective cervical cancer screening tool is well-accepted, and most women were thrilled by the idea that the precancerous lesions could be screened and eliminated at the same visit. It is evident that ACPD distributed this desired service in rural Albania through collaborating with key stakeholders, including media, CSOs and public health facilities. ACPD still works on integrating VIA and cryotherapy into the national cancer screening program to reduce cervical cancer deaths.

Figure 1. Strategy



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Table 1.

ACHIEVEMENTS AND OUTCOMES	
DEMAND GENERATION	<ul style="list-style-type: none"> <li>Educational seminars were conducted related to HPV vaccine and cervical cancer prevention and treatment with:               <ol style="list-style-type: none"> <li>520 young people at age 9-13 in school.</li> <li>390 women and men based in rural areas including those from Roma community and others from key populations.</li> </ol> </li> <li>About 111,200 people received correct information in different forms, such as videos, from social media about cervical cancer screening and treatment through awareness raising campaigns. The latest two campaigns are Cervical Cancer Day 4th February and Women's Day 8th March.</li> </ul>
PROVIDE SERVICES IN RURAL SETTINGS	<ul style="list-style-type: none"> <li>70 health providers were trained to carry out VIA and cryotherapy, including 25 doctors and 45 nurses.</li> <li>The service was integrated into the existing sexual and reproductive health services.</li> <li>A total of 3,274 women were screened throughout 2016 to 2017.</li> <li>Partnerships were established and strengthened with CSOs, community leaders and health facilities engaging them in VIA promotion, initial cancer prevention information, recruitment of the activity participants and referrals.</li> </ul>
COLLABORATE WITH KEY STAKEHOLDERS	<ul style="list-style-type: none"> <li>Because of the partnerships signed with other health facilities and organizations, ACPD set up a well-established referral system. This referral system ensures that women have access to further treatments, such as loop electrosurgical excision procedure (LEEP). Mobile technology facilitates the following referral and follow-up.</li> <li>ACPD worked with the MoHSP to train trainers on VIA and cryotherapy</li> <li>ACPD has organized regular briefing meetings with the MoHSP, emphasizing the substantial contribution VIA and cryotherapy could bring to the health of women living in rural areas.</li> </ul>
PROVIDE MEDICAL EVIDENCE TO AFFECT POLICY MAKING PROCESS	<ul style="list-style-type: none"> <li>An end line study showed that application of VIA and cryotherapy is programmatically feasible and sustainable and should be considered in national investments to control cervical cancer.</li> <li>A conference on "Cervical cancer prevention and control in Albania" gathered CSOs, project beneficiaries, MoHSP representatives, the Institute of Public Health, and media to share the outcomes, impact and lessons learnt from the project.</li> </ul>

# INTEGRATING CERVICAL CANCER SCREENING AND SYNDROMIC MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS IN RESOURCE-LIMITED SETTINGS IN INDIA

M. Bhise, A. Dhanu, K. Apte, A. Rahman, Y. Huang

## Abstract

**Background:** In India, annually, there are more than 120,000 women diagnosed with cervical cancer and more than half of them die of the disease. The link between cervical cancer and high-risk type of human papilloma virus (HPV) is well-established. In addition to this, low-risk type HPV can lead to sexually transmitted infections (STIs). It is believed that 6% of Indian adult population is affected by one or more STIs. However, due to geographical and socioeconomic barriers, rural and poor women do not always have access to updated sexual and reproductive health (SRH) information and relevant services, resulting in the delay of treatment.

To address these challenges and to strengthen the existing health system, Family Planning Association of India (FPA India), a national level voluntary organization, integrated cervical cancer and STIs services into a 2-year project and delivered it in urban slums and rural areas. **Aim:** To evaluate the impact of integrated cervical cancer and STIs services in the resource-limited settings in India.

**Methods:** FPA India implemented the integrated package through six branch health facilities to raise people's awareness and build institutional capacity for the screening of women. All detailed process is summarized in Figure 2. Data, such as the number of cervical cancer screening and syndromic treatment, was collected.

**Results:** More than 14,000 people were reached and 14 service providers including midlevel providers were trained. The number of services significantly improved in the selected 6 branches and in all branches of FPA India. The numbers for syndromic treatment of STIs almost doubled in the selected 6 branches and showed a 50% rise in all the branches. The number of cervical cancer screenings was 2938 and 9862, before and after the project, respectively in the selected 6 branches.

The progress nearly doubled at the whole association level. Additionally, in this project, the progress of visual inspection of the cervix with acetic acid (VIA) and Lugol's iodine (VILI) was remarkable whether in 6 selected branches or in all branches. At the end of project implementation, VIA/VILI accounted for 90% of all cervical cancer screenings. Data are summarized in Table 2.

**Conclusion:** This study presents FPA India's operational experience in carrying out integrated cervical cancer and STIs services, in urban slums and rural areas. This project reaffirms that raising people's awareness and building institutional capacity are core approaches to deliver certain SRH information and services as well as achieve better SRH outcomes. The shift from Papanicolaou test to VIA/VILI may be related to VIA/VILI's sensitivity, quick results and affordability. However, more studies are needed to explain this change.

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Figure 2. Project Implementation Process

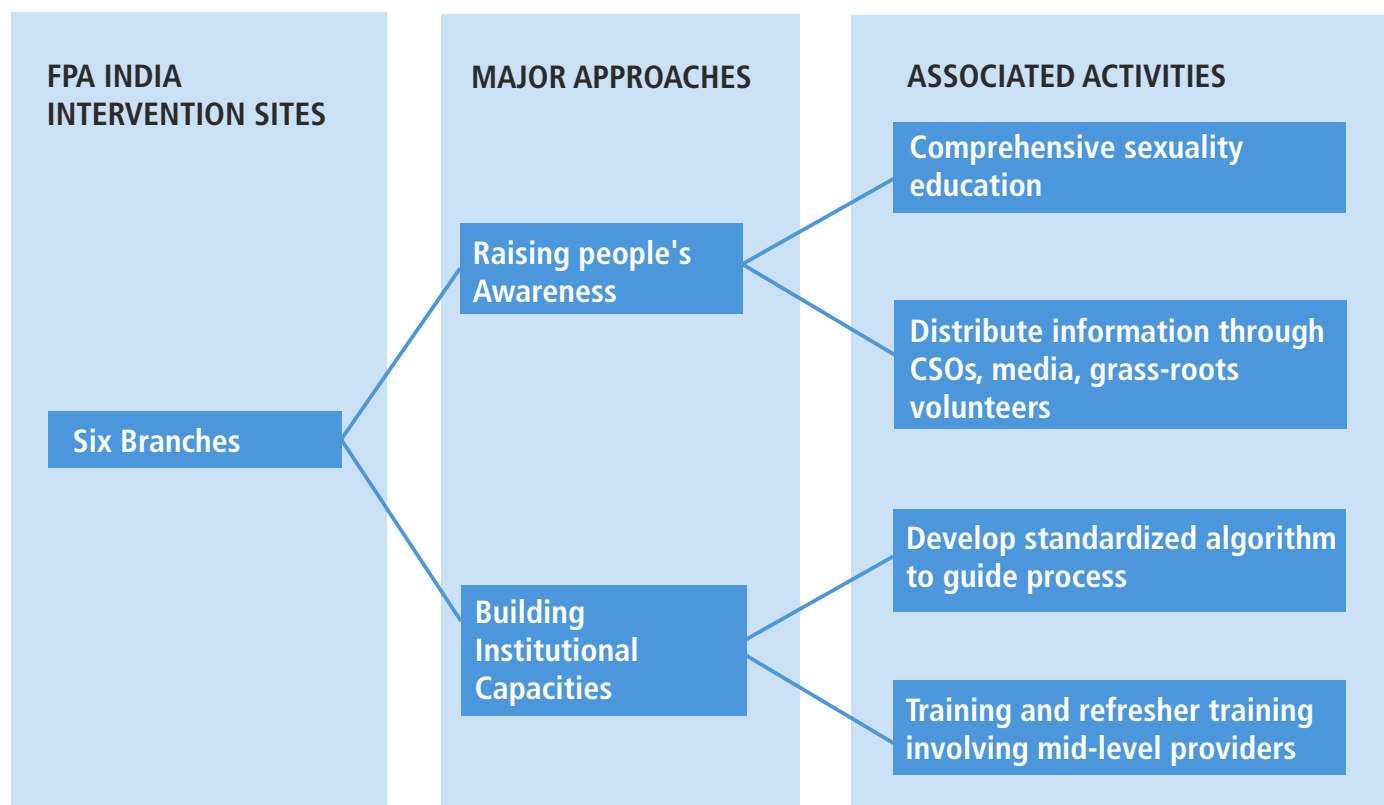
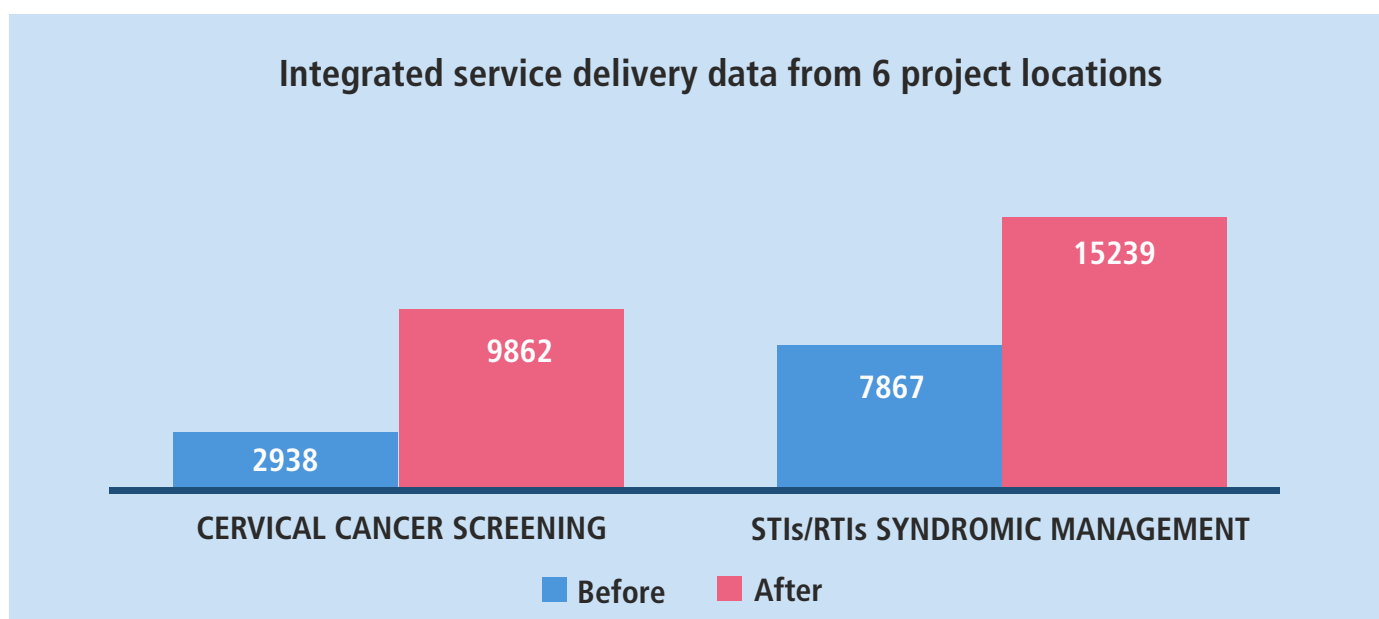


Table 2.



# SAVING WOMEN'S LIVES IN LATIN AMERICA AND THE CARIBBEAN: IMPROVING CERVICAL CANCER SCREENING AND TREATMENT QUALITY AND ACCESS

S. Beare, A. Meglioli, J. Burke, N. Bandhoe, J. López Gallardo

## Abstract

**Background and context:** It is the third leading cause of cancer deaths among females in Latin America and the Caribbean, and yet cervical cancer is almost entirely preventable and treatable. In a region where many lack even basic access to quality sexual and reproductive healthcare, screening and treatment services for HPV and cervical cancer are far from universally available. International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) and its member associations (MAs) are working to reverse this trend, identifying and bridging local gaps in access and services wherever possible.

**Aim:** IPPF/WHR and its MAs seek to improve both providers' ability to deliver - and women's ability to access - quality cervical cancer screening and treatment through institutional capacity building, the introduction of new technologies, advocacy and community awareness efforts.

### Strategy/Tactics:

- 1) Increase cervical cancer services by training providers in the provision of low cost, high capacity screening and treatment methods, including visual inspection with acetic acid (VIA), HC2 and HPV DNA screening technologies, and a single-visit approach (SVA) to treatment using cryotherapy, thermocoagulation and LEEP.
- 2) Educate populations and increase demand for cervical cancer services by implementing public awareness campaigns and community information, education and communication (IEC) activities promoting the importance of early detection and treatment.
- 3) Improve and standardize clinical protocols and referral pathways by advocating among and collaborating with key decision-makers and local ministries of health.

**Program/Policy process:** MAs are implementing small-scale pilot studies to incorporate VIA, HC2 and HPV DNA screening and new treatment to provide even greater numbers of women with potentially life-saving diagnostics and care in Belize, Honduras, El Salvador and Bolivia. As leading clinical experts and advocates, several MAs are also working with public sector counterparts to refine two-way referral pathways, standardize screening protocols and clinical guidelines, and to ensure data quality and collection. A range of Caribbean MAs have also been trained in the use of VIA, cryo and LEEP.

**Outcomes:** From 2016 to 2017, MAs from Belize, Grenada, Suriname, and several additional Caribbean countries who received training in VIA and other screening and treatment techniques saw an average 7% increase in the number of direct cervical cancer services provided. MAs from Belize, Bolivia and Honduras also contributed to updated national cervical cancer protocols.

**What was learned:** An effective national response to cervical cancer requires the support and collaboration of civil society organizations, which can deliver direct services and play a catalytic role in advancing technical recommendations and policy dialogue. Countries should continue to improve the quality of VIA services, until more advanced screening technologies become available and can be scaled up.

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# TESTIMONIALS

"Cervical cancer prevention work gives women and girls a chance to be free from disease, fulfil their dreams, and most importantly, enjoy time with someone they love."

**YuHsin Huang, CO**

"It is shame/sad that women are still dying due to cervical cancer when affordable means can be ensured/established to prevent and treat the disease at the basic level of health care system. These premature deaths of women are not because we do not have the technology or resources – it is lack of willingness."

**Ataur Rahman, SAR**

Cervical cancer is preventable! The road to the elimination means that EVERY women and girl should have equal access to critical and life-saving services, which can be HPV vaccinations, screenings for resource-limited settings, and education from a young age.

Cervical cancer prevention should be everyone's concern. We must invest now in the future of women and girls by ensuring desired services being integrated and promoted through our existing SRH programmes.

**Natassha Kaur & Nay Lynn Aung Sai, ESEAOR**

"Cervical cancer prevention work is very important because many untimely and needless deaths among women in their prime and productive years can be averted."

**Rebecca Spencer, AR**

"If those in power truly cared about women and girls, then why are so many still dying of cervical cancer? It is the second most common cause of cancer death amongst women in Eastern Europe and Central Asia. We need an effective cervical cancer prevention programme - not tomorrow, but today."

**Marieka Vandewiele, EN**

**Alejandra Meglioli, WHR**

"Cervical cancer is an NCD we can overcome. IPPF has always been at the front of new challenges. In these times, IPPF has accepted the task to join forces with the international community and the national governments, to increase access to information, use of optimal screening technologies and provide early pre-cancer treatment to all the women who visit our services and programs throughout the Federation to make cervical cancer a problem of the past."





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