

Increasing uptake of cervical cancer screening among eligible, at-risk individuals, globally

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Key facts about global cervical cancer prevention

- Every diagnosed cervical cancer case could have been prevented
- We have a robust evidence based on effective interventions for vaccination, screening, diagnosis, and treatment
- Yet globally inequities exist.

Most efforts should now be directed at dissemination the evidence (**what we know works**) and generating the evidence needed for successful implementation (**how it works, under what conditions, and for whom**)

Call for a focus on Implementation Research



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Implementation research to accelerate scale-up of national screen and treat strategies towards the elimination of cervical cancer

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- Time is now to shift from a research paradigm of developing and testing new interventions to focusing on adoption, implementation, and sustainability
- Will require a focus on
 - Readiness of the health systems
 - Focus on equity in reach and navigation through the care continuum
 - Broad stakeholder engagement

Key challenges that confront us



Eligible and at-risk individuals do not undergo screening



Screened individuals do not complete the screening continuum, which included diagnostics and treatment



Providers do not find it acceptable to implement cervical cancer screening services



National, public health care systems find it difficult to implement cervical cancer screening services



Even with effective implementation, it can be difficult to scale-up and sustain national implementation



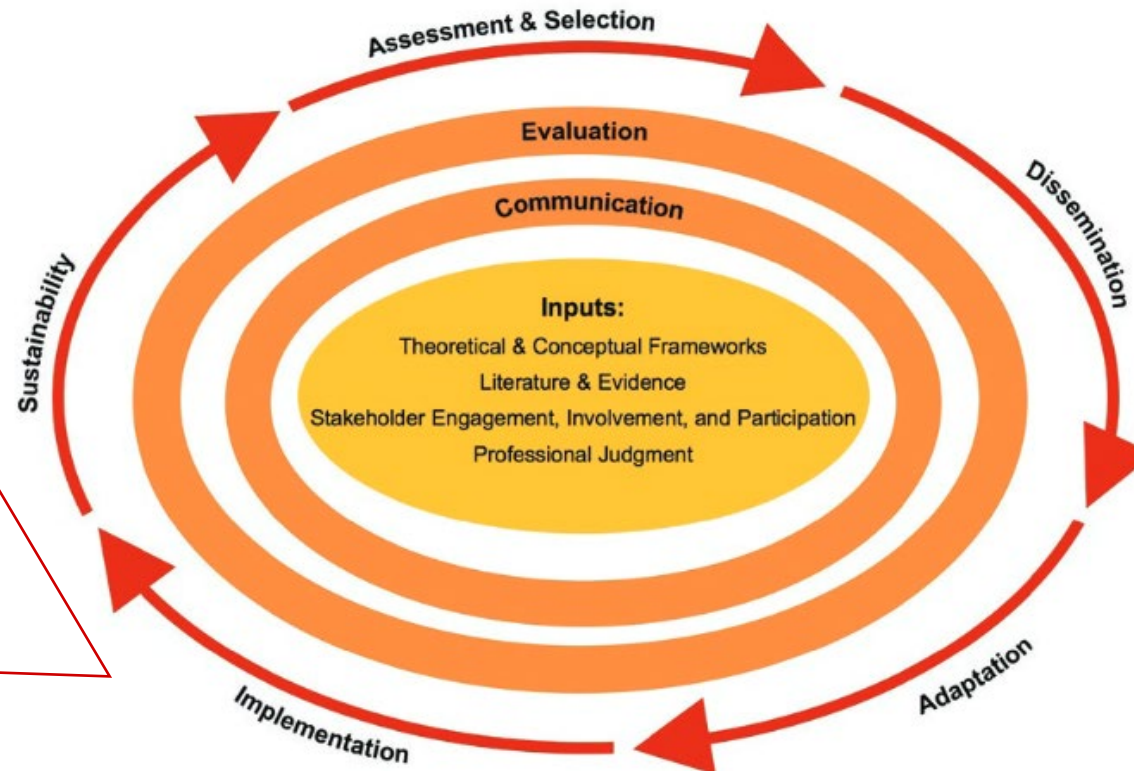
Lack of global support towards implementation, scale-up, and sustainability of cervical cancer screening programs

Implementation Science

“study of methods to promote the adoption and integration of evidence-based practices, interventions, and policies into routine health care and public health settings to improve the impact on population health”

Dissemination and Implementation Research

“... use of strategies to adopt and integrate evidence-based health interventions into clinical and community settings to improve individual outcomes and benefit population health ”



“...targeted distribution of information and intervention materials to a specific public health or clinical practice audience”

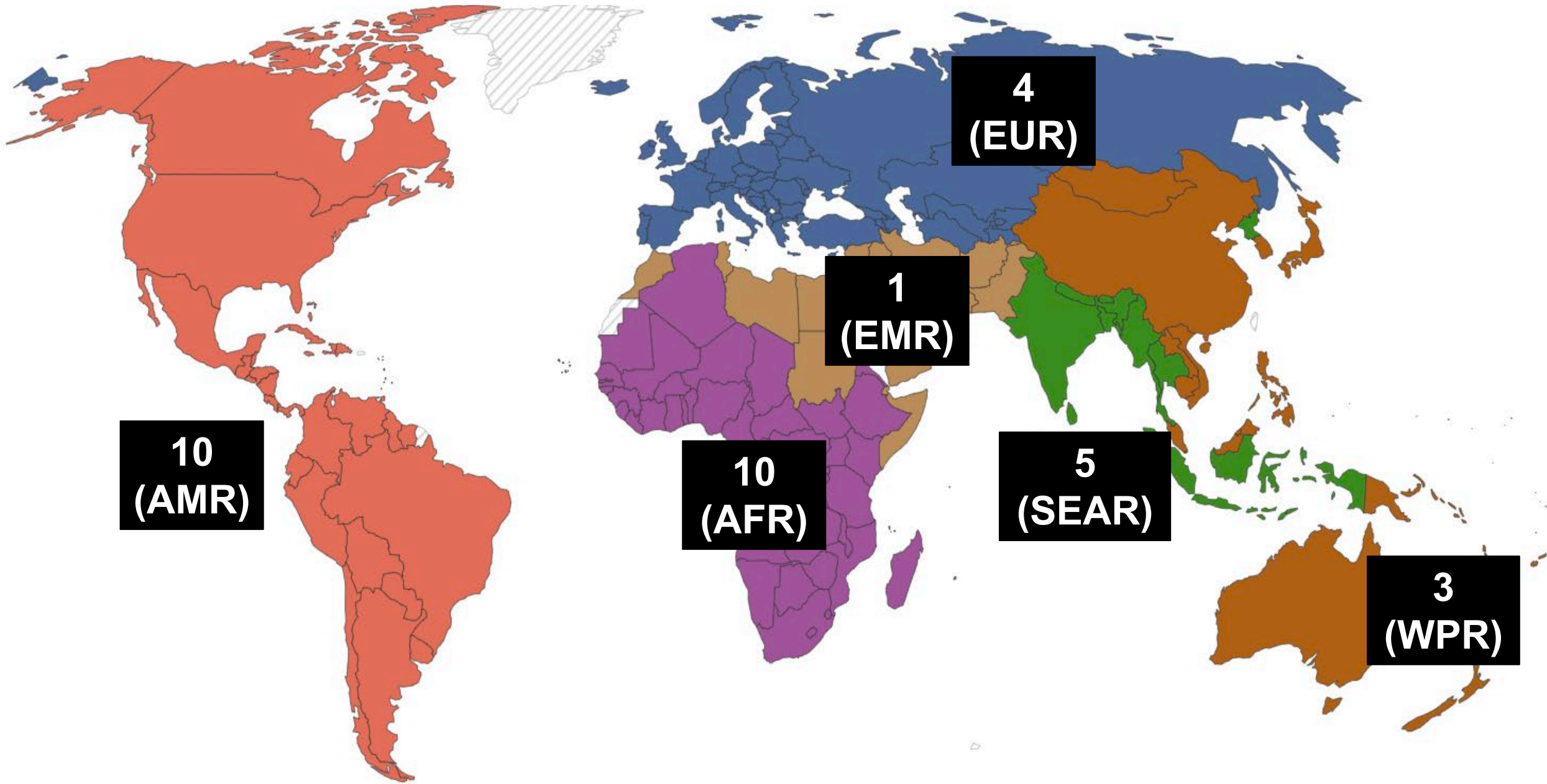
Theory-driven assessment of implementation strategies and context to inform the WHO Cervical Cancer Screening and Treatment Guideline on Implementation

Team: Natalie Broutet (WHO); Linda Eckert (UW); Nancy Santesso (Cochrane); Maribel Almonte (IARC/WHO); Patti Gravitt (NCI); Prajakta Adsul (UNM)



Methods

- In-depth qualitative interviews with program managers, physicians, administrative and policy makers, researchers, involved in cervical cancer screening programs in the six WHO regions
 - African Regions (AFR)
 - Region of the Americas (AMR)
 - Southeast Asian Region (SEAR)
 - European Region (EUR)
 - Eastern Mediterranean Region (EMR)
 - Western Pacific Region (WPR)
- With guidance from regional advisors and focused on HPV-DNA based screening programs, within the national public health system



Key research questions

1. Under what implementation context within the different countries are cervical cancer screening programs being implemented?
2. Based on experience in their country context, what strategies have proven effective in implementing (i.e., adopting, implementing, sustaining, and scaling-up) cervical cancer screening programs (based on both quantitative and qualitative assessments)?



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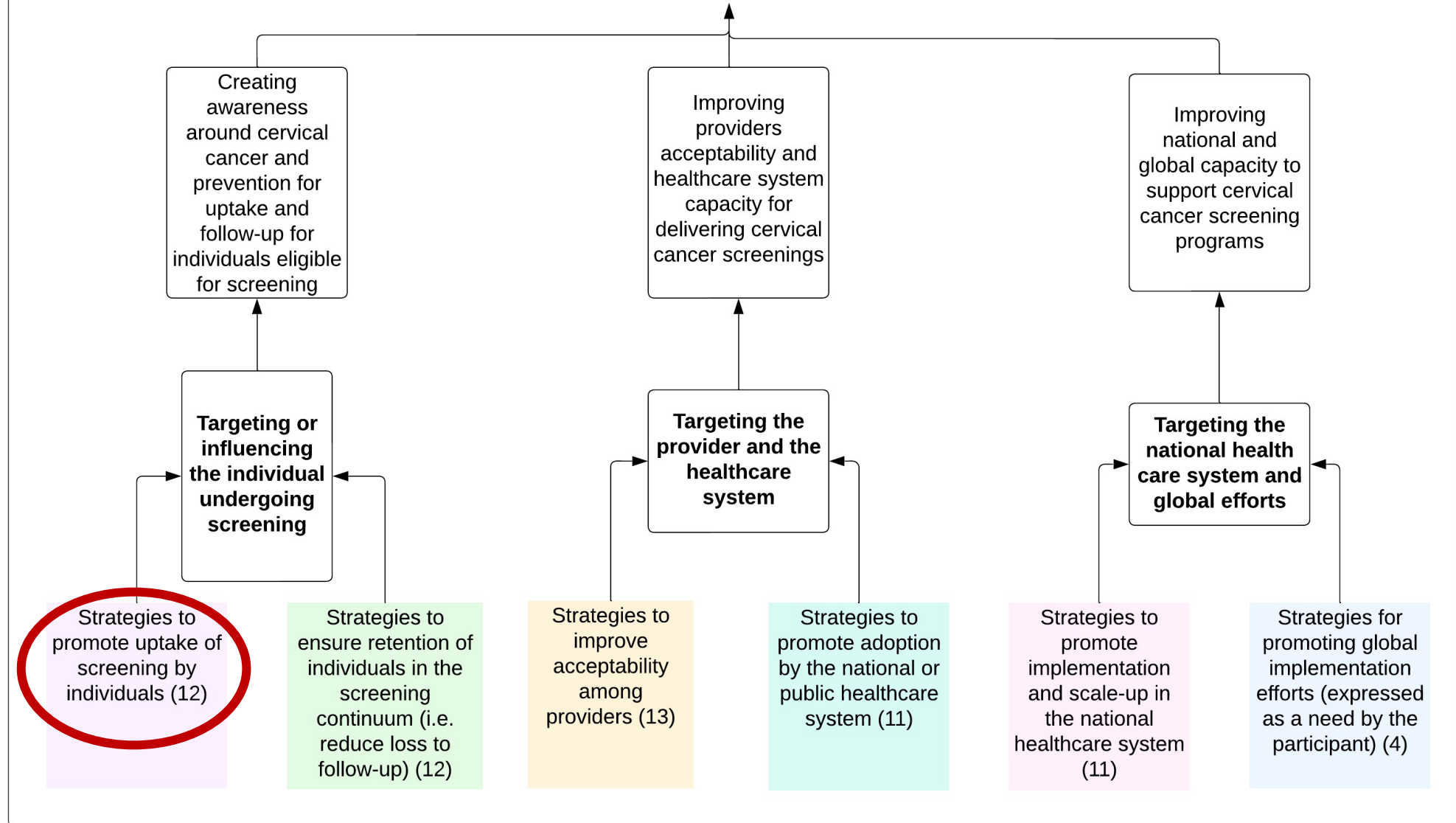
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Lack of global support towards implementation, scale-up, and sustainability of cervical cancer screening programs

CONTEXTUAL CONDITIONS influencing Implementation

Multilevel strategies for implementing cervical cancer screening programs



12 strategies that improve screening uptake

Using the internet (i.e., websites) or social media (i.e., Facebook, Instagram, twitter) to engage women and individuals and promote screening uptake

Using mass media in the forms of TV, radio, newspapers with ads, to promote awareness among women about cervical cancer screening thereby promoting uptake

Using peer-to-peer networks (i.e., women's organizations or collectives) or word of mouth by previously screened individuals to promote screening uptake among individuals

Using print materials (i.e., flyers, pamphlets, posters, brochures) in the healthcare facility or in the community to improve uptake of screening

Conducting one-one education and counseling (i.e., community meetings or public talks) or group education by trained health professionals to promote screening

Using community health workers employed by the health care system (including midwives, ASHAs, promotoras, health assistants) to engage and educate individuals and collect samples to improve uptake of screening

Using religious or community leaders (including advocacy organizations) or other influential community members (i.e., key opinion leaders) to promote screening

Using personal invitations and reminders to invite/remind women to attend screening, thereby improving uptake to screening

Using a different location (either a community site, religious sites, or a health facility) that was easy to access for individuals so as to improve screening uptake

Using self-collected samples to improve acceptability which results in improved uptake (even if some studies showed that individuals preferred clinician collection)

Conducting screening on planned, pre-scheduled days and times either in the clinic or in the community to improve access and uptake of screening

Integrating cervical cancer screening with ongoing services such as pre-natal care, HIV screening or treatment, to improve uptake of screening

12 strategies that improve screening uptake

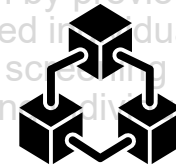
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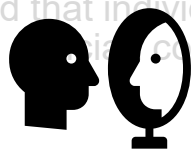
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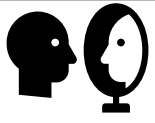













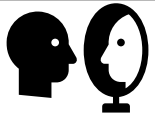


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AFR1	X	X	X	X	X	X	X		X	X		X
AFR 2		X			X				X			
AFR3		X	X	X	X	X	X		X	X	X	X
AFR4	X	X	X	X	X		X	X		X	X	X
AFR5	X	X	X	X	X	X	X		X	X	X	X
AFR6		X	X	X			X			X	X	X
AFR7		X	X	X	X	X	X		X	X	X	X
AFR8		X	X	X		X	X			X		
AFR9		X			X					X		
AFR10		X	X	X	X	X			X	X	X	X

												
AMR1				X		X	X	X		X		
AMR 2	X			X	X			X	X	X	X	
AMR3			X	X	X			X	X	X	X	X
AMR4	X	X	X	X		X				X		X
AMR5		X			X		X			X	X	
AMR6	X	X	X	X	X	X	X		X	X		X
AMR7	X	X	X				X		X	X		
AMR8						X				X		X
AMR9	X	X		X	X	X			X	X	X	
AMR10	X	X	X			X			X	X	X	

Next Steps

- Ongoing analysis per interviewee, per region, to see what strategies were used that represented dynamic contexts
 - First attempt at synthesizing practice-based information to inform implementation; often this information is missing from peer reviewed articles
- Limitation: No specific evidence of effectiveness for these strategies
 - Future research should continue to build on this data, to move towards evaluation of strategies (from the individual, provider, and health system perspectives) and generate evidence for implementation
- Data will inform future implementation guidance from WHO, with support from ongoing systematic reviews and screening implementation data from international implementation initiatives (UNITAID supported projects with Expertise France and CHAI, PEPFAR)

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Let's connect!

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