Combatting Cervical Cancer in Low-Resource Settings

Strategic Partnership

January 28, 2019
Cervical cancer is the fourth most frequent cancer in women with an estimated 530,000 new cases in 2012 representing 7.9 percent of all female cancers. WHO guidance states that the high mortality rate (52%) from cervical cancer globally could be reduced through a comprehensive approach that includes prevention, early diagnosis, effective screening and treatment programmes.

Approximately 90% of the 270,000 deaths from cervical cancer in 2015 occurred in low- and middle-income countries.

Recently there has been a global call to action to eradicate cervical cancer worldwide. Advances in screening and early treatment methods combined with higher awareness and integration of public health programs is leading to the development of practical, locally tailored programs to reach the most women possible. The science and the evidence demonstrate that, through rigorous and coordinated actions, cervical cancer can be eliminated throughout the world. These advancements have been the catalyst for ACOG and Abt Associates to align our efforts to implement programs to address cervical cancer.

ACOG’s strategic collaboration with Abt will allow us to tailor the latest science with proven implementation models to lower rates of mortality caused by cervical cancer in low- and middle-income countries. The combination of Abt’s experience in health systems strengthening, integration of public and private health sectors, training and communications and ACOG’s clinical expertise have the potential to provide innovation and scale to this global challenge. Together with other stakeholders, ACOG and Abt will support a broad range of interventions that may include advocacy for vaccines, screening and treatment training, distance mentoring or diagnosis, treatment innovations for scale up, and training and guidance on complex surgical interventions.

Many attempts to implement screening and treatment programs have been initiated in low resource settings; some have failed, and others have not gone to scale. There is a strong body of literature that identifies challenges and obstacles to successful cervical cancer screening and treatment programs. Consistent with our shared ethos, ACOG and Abt will consult with local partners to identify the barriers or challenges and to co-design the appropriate combination of interventions with our colleagues, challenging existing paradigms and exploring innovations. We know that the time to act is now, and that we have the tools within our grasp to reduce the harm of cervical cancer globally.

**SHARED OBJECTIVES**

Abt and ACOG will work together to develop joint programs, providing each organization’s specific experience, partnerships and experts in accordance with the comprehensive approach recommended by WHO. Specific activities will be conducted jointly or in tandem, together with local partners. Anticipated intermediate results of these programs include:

- Appropriate screening and treatment methods available to more women.
- Innovative approaches to training of healthcare providers, including use of technology and blended learning and multi-disciplinary team training integrated into pre-service education.
- Improved clinical decision making and clinical care among various cadres of healthcare providers.
- A Total Market Approach to health systems, strengthening linkages between service delivery, health financing reform and medical education.
• Strengthened resource tracking methods, financing mechanisms and use of market-based approaches to ensure ample supplies of medicines and devices.
• Culturally appropriate, community-led programs to increase knowledge, shift behavior and promote health practices that lead to better health outcomes.
• Rigorous monitoring and evaluation of programs and knowledge sharing to scale best practices.

ACOG ACTIVITIES

ACOG will:

• Seek synergies across medical specialties and cadres to advocate for integration of appropriate clinical interventions.
• Provide high quality training in context-specific screening and treatment methods.
• Work with Professional Associations to support clinical care management, health system strengthening, mechanisms for continuous quality improvement and ongoing medical education.
• Partner with Ministries of Health, professional ob-gyn associations and educators to develop, as necessary, national guidelines for optimal vaccination, screening and management of women with abnormal results; national standards of education and training; clinical pathways and guidance; implement most appropriate screening and treatment methods; develop triage and management strategies for precursors of cervical cancer.
• Strengthen referral networks to ensure women are appropriately referred to a higher-level facility if necessary for advanced treatment.
• Establish and support data management and quality control monitoring systems to ensure continuous quality improvement and quality of care.
• Engage with professional associations to explore expanding scopes of practice (if applicable) for midwives, nurses and other clinicians to provide in situ treatment. Expanding access to trained non-physician clinicians will expand access to cervical cancer screening and treatment in areas with a lack of doctors. Well-trained midwives can provide high quality screening and some treatment options; they are key clinicians in most areas where early detection and treatment of early stage disease will save many lives.

ACOG and partners at universities and training centers will develop and implement a blended-learning approach to train clinicians in screening and treatment methods along the continuum of care. These training topics may include:

• Visual Inspection with Acetic Acid (where HPV DNA testing is not available)
• Cytology
• Visual Assessment for Treatment (after positive HPV DNA test, if available)
• Colposcopy
• Cryotherapy, Loop Electrosurgical Excision Procedure (LEEP) and/or Heat Ablation
• Cone biopsy
• Laparoscopic or Vaginal Hysterectomy (where health systems’ capacity exists; this may be a longer-term training program for ob-gyns and other physicians only)
Training

It is the consensus of stakeholders that when conducting training in multiple sites or through national programs, the use of a standardized curriculum, reducing training variations and complying with high clinical standards improve patient outcomes. This is particularly true in countries where diverse populations have various needs and where institutions have different levels of resources.

One approach to making highly reliable training more widely available is to use an innovative blended learning program. ACOG has demonstrated success with this model in Uganda and has measured that the surgical skills and confidence of medical interns and ob-gyn residents are improved.

Master Trainer Model: ACOG implements a Master Trainer model, with expert ACOG Fellows training a group of Master Trainers (MTs) in their own country. These MTs are usually faculty members of medical universities or other experienced clinicians. ACOG works with local university partners, subject matter experts and educators to develop locally tailored curricula and training programs based on the needs and resources of each setting.

MTs, with support from ACOG Fellows, provide training to other instructors, who in turn can train larger numbers of providers. All instructors and providers will be expected to be trained to clinical competency under the supervision of an experienced clinician. In order to maintain training fidelity and ongoing quality of care, MTs will supervise procedures and provide ongoing mentoring and coaching.

Blended Learning: ACOG will offer pre-service training in clinical competencies through interactive training methodologies (e-learning), live skills labs and provision of care under supervision, with the inclusion of pelvic exam technique if necessary. In-service refresher training programs will be developed with the support of university program directors and professional associations.

E-Learning offers new opportunities for both the educator and the learner to enrich their teaching and learning experiences by digesting virtual information before and during the training period. This training program may complement current pre-service education curricula and provide hands on training of technical skills required for life saving cervical screening and treatment. Hands-on simulation training will use low fidelity models and is done in a short and intensive time frame, which makes it cost-effective as well as engaging for the learners of today.

Ob-Gyns and other experienced clinicians will provide supportive supervision and regular assessment of clinical skills to ensure sustained quality of screening and training.

Partnerships

Partnerships are necessary to ensure coordination among various providers and programs (e.g., PEPFAR, HIV screening/treatment programs, maternal healthcare), to strengthen health systems and to ensure that special equipment is available.

ACOG will engage specialists in cervical cancer and with the Society of Gynecologic Oncology for specific expertise on curriculum development, training, management and treatment approaches.
ABT ASSOCIATES ACTIVITIES

Abt Associates is a mission-driven, global leader in research and program implementation in the fields of health, social and environmental policy, and international development. Known for its rigorous approach to solving complex challenges, Abt is regularly ranked as one of the top 20 global research firms and one of the top 40 international development innovators. We are committed to the attainment of Sustainable Development Goal 3, which is to ensure healthy lives and promote wellbeing for all at all ages.

Abt would work in partnership with ACOG on implementation programs for cervical cancer either on their own or as part of broader women’s health and family planning programs.

Abt Associates will:

- Provide technical assistance and program implementation of in-country cervical cancer programs by working with local community providers to increase uptake in identification, screening and treatment and by implementing training approaches as described above.
- Work with local and central governments to improve resource tracking methods and health financing strategies to strengthen accountability and reduce financial barriers to accessing health products and services.
- Support and strengthen NGOs, multilateral agencies and private sector entities to increase availability, improve quality and expand coverage of essential HPV and other health products and services. Activities will include assessment of practice patterns, methods to integrate screening into other services and advocacy for vaccine coverage in targeted populations, especially youth.
- Facilitate effective public-private partnerships to increase the availability and use of proven healthcare products and services especially within market-based approaches and private contracting mechanisms.
- Design and implement effective, needs-based, culturally sensitive programs and blended-learning approaches to increase knowledge, shift attitudes, promote healthier behaviors and social norms and ultimately improve health outcomes.
- Focus on the development, implementation and evaluation of total market approaches - a strategic approach to leveraging the comparative advantages of different sectors to achieve universal access to health products and services.

Total Market Approach to Implementing Programs

Abt has worked with community health workers, clinicians and pharmacists to increase outreach, screening, referral and care in various communities around the world. Abt has created new primary health care practices by restructuring health systems and developing linkages between service delivery, health financing reform and medical education.

For example, mortality rates from breast cancer were high in Jordan due to late detection of the disease. To increase demand for early screening, Abt and its partners implemented a community outreach program that integrated interpersonal communication about family planning with breast cancer education and screening and then reinforced these messages through mass media messages motivating women to get breast exams.

To strengthen the supply of screening services, Abt supported the development of national guidelines for breast cancer screening and diagnosis and trained doctors to conduct clinical breast exams. In four years, the number of new breast cancer cases in Jordan diagnosed in the early stages (stages 0-II) increased from about 30 percent to 59 percent.
Abt-ACOG Strategic Partnership
Combatting Cervical Cancer in Low-Resource Settings

Abt has worked with professional associations, university partners and Ministries of Health to develop national guidelines for clinical care and standardized training programs to increase provider capacity to deliver high quality care.

Abt and ACOG would therefore provide technical assistance to countries, assist governments to implement their national cervical cancer control plans and collaborate with local and international partners. The Abt and ACOG approach would ensure the whole continuum of care is addressed, including strengthening immunization service delivery platforms and integrated service delivery points for HPV.

We would work with both the public and private sectors to ensure adherence to the provision of HPV vaccine for prevention, basic visual inspection of the cervix with acetic acid (VIA) for screening followed by referral for treatment, or VIA for screening followed by SVA (single visit approach) using cryotherapy or other technologies like heat ablation for treatment based on the stage of the disease.

In summary, the total market approach would include:

- Costing and health financing
- Logistics and management
- Digital technologies
- Implementing locally-tailored, evidenced-based clinical standards
- New product introduction
- Policy and strategy development
- Private sector engagement
- Research, monitoring and evaluation
- Social and Behavior Change Communication (SBCC)
- Professional Association Strengthening

Monitoring and Evaluation of the Efficacy of Cervical Cancer Programs

Abt will work with governments to develop a system for monitoring and evaluation of the national comprehensive cervical cancer control program. Informed by community needs assessments, Abt, ACOG and partners will engage stakeholders—including governments, health care providers, patients, and families—to design, support, monitor and evaluate cervical cancer projects. These projects strengthen health systems, advance NCD/cervical cancer-related policies and advocacy, improve capacity of caregivers and frontline health workers and empower women. Furthermore, Abt will develop an innovative database to ensure all at risk women, girls and boys are targeted and reached through their communities.

Cervical Cancer Prevention and Control: A Comprehensive Approach

WHO recommends a comprehensive approach to cervical cancer prevention and control. The recommended set of actions includes interventions across the life course. It should be multidisciplinary, including components from community education, social mobilization, vaccination, screening, treatment and palliative care. Primary prevention begins with HPV vaccination of girls aged 9-13 years, before they become sexually active.

Other recommended preventive interventions for boys and girls as appropriate include:

- Education about safe sexual practices, including delayed start of sexual activity
- Promotion and provision of condoms for those already engaged in sexual activity
• Warnings about tobacco use, which often starts during adolescence, and which is an important risk factor for cervical and other cancers

• Male circumcision.

Women who are sexually active should be screened for abnormal cervical cells and pre-cancerous lesions, starting from 30 years of age. If treatment is needed to excise abnormal cells or lesions, cryotherapy (destroying abnormal tissue on the cervix by freezing it) is recommended. If signs of cervical cancer are present, treatment options for invasive cancer include surgery, radiotherapy and chemotherapy.

WHO priorities include using innovative approaches to ensure women are accessing services. In all these areas above, there are inequalities when it comes to the availability and access of these services when comparing girls and women living in high-income countries against those living in low- and middle-income countries.
ABT ASSOCIATES: Examples of Integrating Cervical Cancer Delivery with Other Services

Helping Youth Access Family Planning Services in Senegal
Youth often face challenges when accessing quality health care, especially family planning services. To expand and strengthen access to youth-friendly services in Senegal, the Abt-led program on behalf of USAID, Sustaining Health Outcomes through the Private Sector (SHOPS Plus), is partnering with the Cheikh Anta Diop University’s (UCAD) youth program. Through its outreach activities, the project has reached 16,570 youth with high quality health information since October 2016. More than 7,260 youth accessed family planning services, HIV tests, STI treatment, cervical cancer screening, and counseling without fear of judgement or retaliation.

Integrating Cervical Cancer Screening into Its Capacity Building Curriculum in Nigeria
The Sustaining Health Outcomes through the Private Sector (SHOPS) Nigeria Associate Award is funding Abt to integrate cervical cancer screening into its capacity building curriculum. These efforts increase the scope of reproductive health services provided in SHOPS-supported facilities and help address the high burden of cervical cancer among women in Nigeria, where it is the second most-common cancer. To date, SHOPS has trained 86 providers on cervical cancer screening and has helped more than 1,000 women in Nigeria get screened and referred for further treatment.

Integrating Cervical Cancer Screening into Family Planning/Reproductive Health Women’s Outreach in Jordan
The Private Sector Project for Women's Health in Jordan is implementing a comprehensive outreach strategy designed to specifically address the most difficult programmatic challenges in family planning: contacting and changing attitudes among women with the highest unmet need. Community health workers provide important health information to women age 15 – 60 years old in towns and villages across Jordan through home visits. They discuss the benefits of modern family planning methods, the importance of early detection of breast cancer and teach breast self-examination. In addition to health education, the community health workers also provide referrals for family planning, early cancer detection (breast and cervical) and antenatal/post-natal care.

ACOG

Surgical Skills and Operative Obstetrics Training – Uganda
ACOG’s model of surgical skills training is designed to integrate training and supervision into pre-service curricula. ACOG Fellows instruct Master Trainers in surgical and operative obstetrics; they then lead implementation of training programs within their departments and train instructors in techniques for teaching interns and residents and observe clinical skills to ensure quality of practice. Residents and interns are trained in rotation and supervised on basic surgical techniques, operative vaginal skills, repair of cervical lacerations and Cesarean deliveries.

In-person and virtual mentorship of providers by experienced surgeons will be integrated into the program. Trainees include residents, most of whom will become District Health Officers, as well as non-physician clinicians who are part of the team managing obstetrics patients.

In 2019, ACOG will expand upon its successful surgical obstetrics training program through:

- Stakeholder engagement to disseminate findings and develop a plan for sustainable integration of the training into medical education and into national surgical plans.
- Curriculum refinement to standardize pre-service education and training of ob-gyns and other providers in surgical skills and operative obstetrics.
- Innovative approaches to training and mentorship, including integration of midwives and other health care providers into team-based training.
Professional Association Strengthening (PAS)
ACOG works closely with professional association colleagues to strengthen their capacity to advocate for investments in health care, develop programs, coordinate with external partners, provide support to local ob-gyns and other health care professionals and work closely with Ministries of Health.

ACOG is a founding member of the Survive and Thrive Global Development Alliance (S&T). Through S&T, ACOG co-developed a professional association strengthening manual with the American College of Nurse-Midwives.

ACOG supported the Federation of Obstetric and Gynecological Societies of India (FOGSI) to integrate the 100k Babies program in India. FOGSI is utilizing the PAS manual, needs assessment and resource mobilization workshop materials in its organizational development and is working with ACOG and other professional association partners to expand the 100K Babies program in India.

ACOG worked with the Rwandan Society of Obstetricians and Gynecologists and peer associations to field test the PAS modules; valuable feedback was integrated into revisions. The Zambian Association of Gynecologists and Obstetricians has used the PAS manual and assessment results to develop their strategic plan.

ACOG supported the Ethiopian Society of Obstetricians and Gynecologists (ESOG) to develop the capacities of ob-gyns in Ethiopia to improve quality of care and increase women’s access to reproductive health care. ACOG supported ESOG’s work to:

- Develop and implement national guidelines for ob-gyn residency education
- Provide up-to-date Continuing Medical Education (CME) for practicing ob-gyns
- Enhance the capacity of residents and faculty to develop, analyze, and publish clinical research
- Establish a residency certification program and build capacities of residency program directors
- Support development of ethical guidelines for ob-gyn practice
- Provide leadership training, advocacy for women’s health and rights and professional association management

In 2017, ACOG’s residency education experts provided technical guidance and educational materials, which informed ESOG’s development of the National Harmonized Obstetrics and Gynecology Specialty Training Curriculum. The Ethiopian Ministries of Health and Education are using the ESOG program as a model for other specialties. ACOG Fellows have provided CME on over 12 ob-gyn topics and provided advanced training on scientific writing, research and management of the Ethiopian Journal of Reproductive Health.
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