Preventing Cervical Cancer

Jhpiego innovates to save lives

Cervical cancer is one of the most common cancers in women worldwide, with more than 500,000 new cases and 250,000 deaths reported each year. Although early screening and treatment prevent up to 80% of cervical cancers in high-income countries, approximately 85% of new cases and deaths occur in developing countries, where screening rates are low. Women infected with HIV are three times more likely to be diagnosed with cervical cancer than women in the general population—an added burden for countries with high HIV prevalence. The World Health Organization (WHO) considers screening and treatment of the cervix to be one of the “best buys” for addressing noncommunicable diseases. In recent years, a new tool has been added in the fight against cervical cancer—vaccines that prevent human papillomavirus (HPV), the virus that can lead to cervical cancer.

Jhpiego’s response

From 2007 through 2017, more than half a million women in low- and middle-income countries worldwide benefited from Jhpiego’s cervical cancer prevention services, which include low-cost, effective screening and treatment. Known by ministries of health, international health organizations and key stakeholders as an influential, technically respected organization, Jhpiego raises awareness and galvanizes governments and funders to take action and strengthen health systems to support the prevention and control of cervical cancer.

Where feasible, WHO now recommends a “screen-and-treat” approach that includes screening women aged 30–49 years with an HPV test, followed by visual inspection of the cervix for women with a positive high-risk HPV result to determine treatment. Where the HPV test is not available, WHO recommends screening with visual inspection of the cervix using vinegar or dilute acetic acid (VIA) to detect precancerous lesions. All screen-and-treat programs should offer cryotherapy (a freezing technique) for smaller lesions or the loop electrosurgical excision procedure for larger lesions. The HPV test reduces the workload and patient volume in clinics, as all women do not need to undergo VIA, and increases the proportion of women who will be accurately identified as requiring treatment.

Jhpiego is working with countries to implement WHO’s approach by integrating new HPV screening technologies. This includes running a demonstration project in Botswana to assess the feasibility and acceptability of self-collection of vaginal samples to increase HPV screening. For women who test HPV positive, screening is followed by visual assessment of the cervix and same day treatment for those eligible for cryotherapy.

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Jhpiego has driven key innovations in low- and middle-income countries. Working with stakeholders and partners, Jhpiego championed the single visit approach (SVA), a clinically safe and effective approach to cervical cancer prevention. The SVA consists of VIA to detect precancerous lesions, followed by the offer for treatment of small lesions using cryotherapy—all in the same visit. Currently, Jhpiego is developing CryoPop, a practical and inexpensive way to provide cryotherapy designed for low- and middle-income countries. The National Institutes of Health has awarded Jhpiego a grant to study the performance, safety, and efficacy of CryoPop in the Philippines (2014–2019).

Jhpiego’s approach to cervical cancer prevention and treatment

Jhpiego implements a comprehensive health systems approach to cervical cancer programming with the following key components:

- **Policy and advocacy**: raising awareness, galvanizing governments and funders to take action, and assisting in the development of policies and guidelines to support activities to prevent cervical cancer
- **Human resource development**: developing training resources and conducting competency-based training for health care providers and supervisors
- **Service delivery**: working with local stakeholders to build a sustainable service delivery system that addresses procurement, repair and maintenance of equipment; and supervision for consistent quality of services
- **Monitoring and evaluation**: adapting standard data collection and analysis tools that address over 15 key performance indicators to help facilities, districts and national stakeholders guide programmatic and policy decisions
- **Referral systems**: strengthening linkages within the health system to ensure that women receive appropriate follow-up and treatment
- **Outreach and education**: developing culturally appropriate materials for community education and mobilization, and training community outreach workers to effectively promote screening
- **Documentation and data**: strengthening documentation and the quality and use of data to drive program management and expansion
- **Integrated cervical cancer and HIV services**: integrating service delivery, central to Jhpiego’s approach, includes cervical cancer prevention services for women living with HIV and HIV testing for women who receive cervical cancer screening services, with linkages to care for women who test positive

**Highlights from Jhpiego’s cervical cancer portfolio**

Jhpiego has implemented cervical cancer prevention activities in 23 countries, adapting programs to meet each setting’s unique needs, goals and resources. In some countries, breast cancer screening is also integrated. Selected highlights from this work include:

- **Botswana**: Jhpiego is working with the Ministry of Health & Wellness to redraft their next 5-year strategy and to strengthen their screening program. Jhpiego is also conducting a feasibility and acceptability study of HPV testing of self-collected samples for cervical cancer screening and treatment in clinics and the community.
- **Mozambique**: Since 2009, Jhpiego has partnered with the Ministry of Health to establish the foundation for a national, comprehensive cervical cancer prevention program, integrated with sexual and reproductive health services. A national strategic plan and guidelines for prevention have been developed, as well as national training and information, education and communication materials. These materials were subsequently used to train more than 1,400 health care providers in VIA and cryotherapy in nearly 150 facilities. As of December 2017, more than 370,000 women had been screened. Nearly 25,000 (7%) of these women were VIA-positive, and more than 16,000 (76%) accepted cryotherapy treatment. This HPV self-testing approach has the potential to greatly improve coverage and increase operational efficiencies.
- **Tanzania**: Based on the strategy adopted by the Government of Tanzania, Jhpiego will provide technical assistance in the nationwide scale-up and implementation of the country’s HPV vaccination program, specifically in the Iringa Region, from 2018 to 2019. The assistance will focus on capacity-building, advocacy, communications, social mobilization and service delivery. Jhpiego has also supported systems strengthening for a national cervical cancer screening and treatment program.