Advocating for Cervical Cancer Prevention Approaches: Lessons Learned From Experience
Key barrier to effective prevention programs

Lack of understanding and political will

- Burden of disease under-appreciated
- Poor understanding of principles of effective prevention
- Lack of awareness of growing evidence base for new screening and treatment approaches
- Limited support for older women’s health programs

Reaching out globally

• Providing basic information on cervical cancer and evidence-based interventions

• Disseminating information from research and demonstration projects

• Providing impact and cost effectiveness modeling projections

• Forming strategic partnerships with influential organizations, including WHO, FIGO, others
A Range of ACCP Materials is Available (www.alliance-cxca.org)
Reaching out regionally

- Link decision makers, program managers, and practitioners together to share experiences, plan effective programs, and provide ongoing support
- Collaborate with WHO regional offices
- Engage parliamentarians, other key regional influentials
Reaching out nationally

- Engage key leaders
- Partner with influential research agencies and medical associations
- Work with national advisory/technical bodies
- Link research to policy and practice
- Build on successes
Reaching out locally

- Engage community influencers at all stages
- Develop culturally appropriate education materials
- Strengthen and involve women’s groups
- Utilize existing community health promotion entities
- Involve men in supporting their partners’ care
Engage communities in improving quality of services at the local level

• Focus on client-centered services
• Train providers in communication and counseling
• Work toward appropriate staffing and scheduling
• Continuously improve services based on client feedback
Client feedback process in San Martin, Peru produced improvement in three key areas.

- Privacy in room
- Did someone explain that the document is called “informed consent”? 
- Before exam, was procedure clearly explained to you?
Lessons learned for HPV vaccine

• Make technical information about vaccine broadly accessible
• Inform and engage health policy makers and providers using established mechanisms
• Provide evidence from successful research and pilot projects
• Partner with key stakeholders, including at the community level
• Address controversies quickly, providing appropriate evidence-based responses

Lessons learned for HPV vaccine

- Emphasize key messages for general public, based on good communication research, e.g.

- Cervical cancer significant health problem

- HPV infection ubiquitous

- Vaccine safe and effective when administered to HPV naïve girls

- Screening will still be important for women in their 30s and 40s

- HPV vaccine can be a cornerstone of other adolescent health interventions
Ongoing PATH project in India, Peru, Uganda, and Vietnam will help answer key HPV vaccine program questions, including:

- What is the target age for optimal acceptability, operational feasibility, and vaccine effectiveness?
- What are effective communication strategies for girls, families, and communities?
- What level of resistance will there be to a girls-only vaccine? What is the incremental benefit of adding boys to the target group?
- How is HPV vaccine best understood? (as a cancer, STI, women’s health vaccine?)
- What information is most important in making decisions about health care for 10-14 year old girls? Who makes the decisions?
- What are the costs of various HPV vaccine delivery strategies;
Jacqueline Sherris, PhD
Strategic Program Leader, Reproductive Health

sherris@path.org

www.path.org