

**Advocating for Cervical
Cancer Prevention
Approaches: Lessons
Learned From Experience**



Key barrier to effective prevention programs

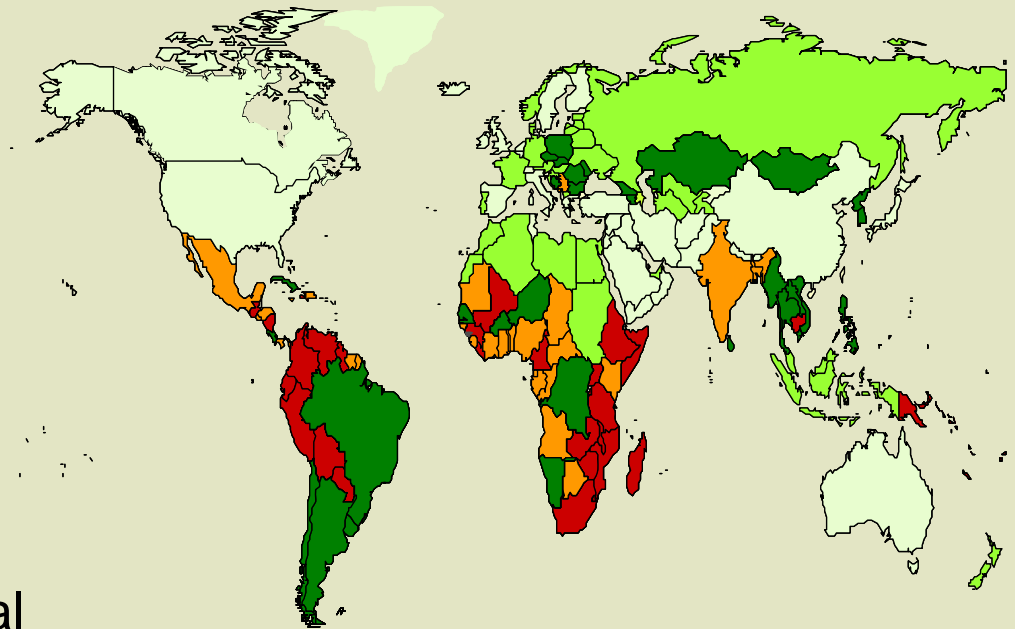
Lack of understanding and political will

- 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

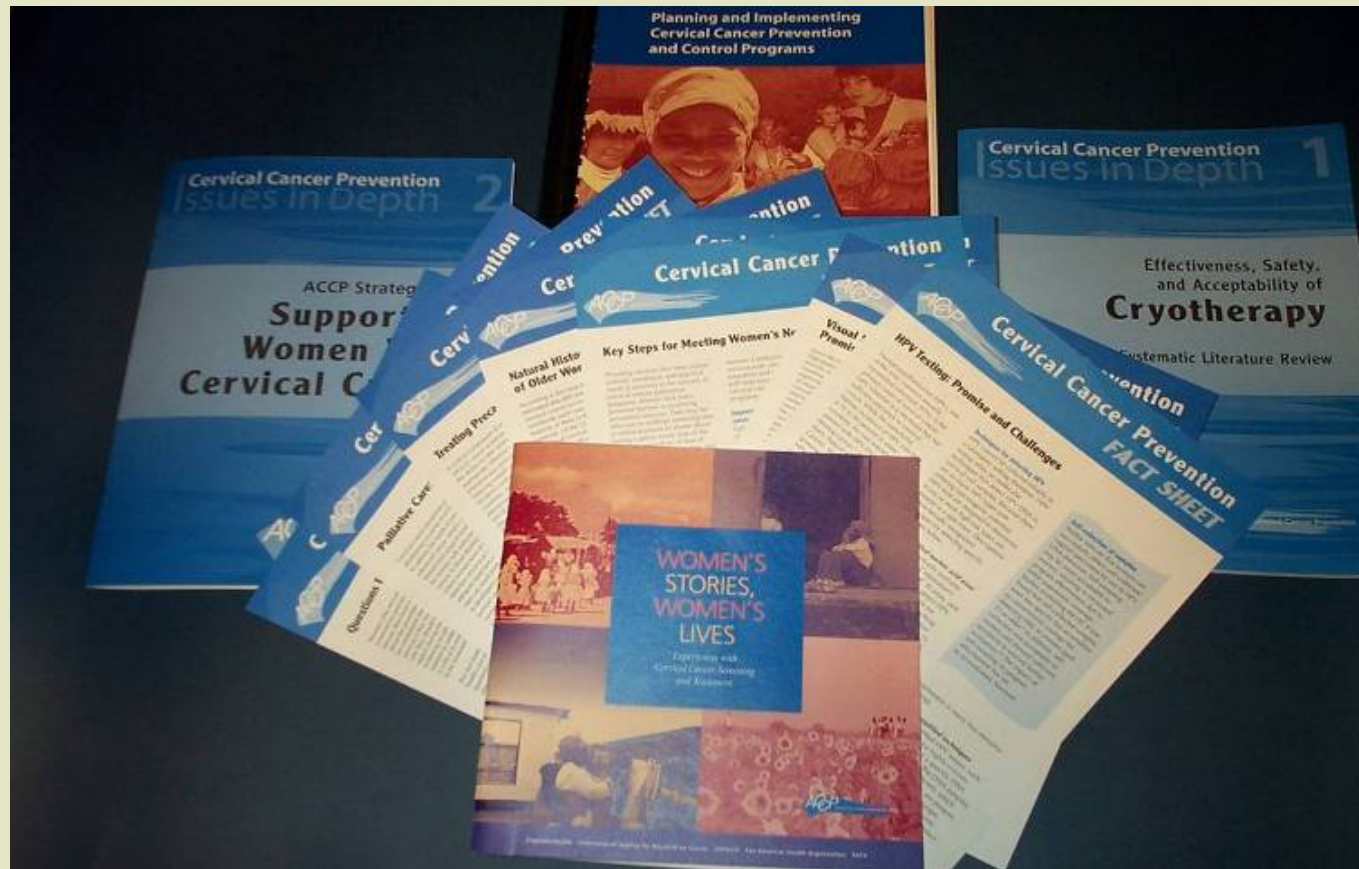


Reaching out globally

- 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)



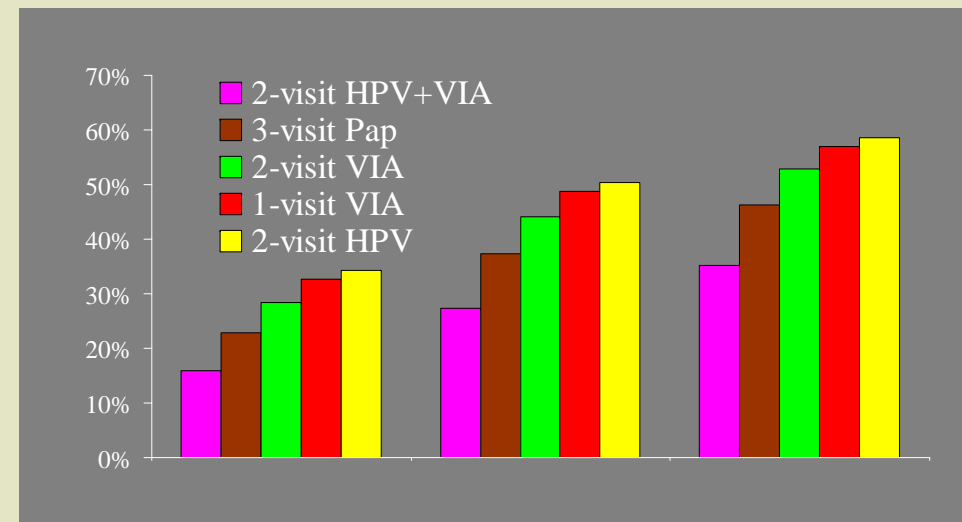
Reaching out regionally

- 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 influentials 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

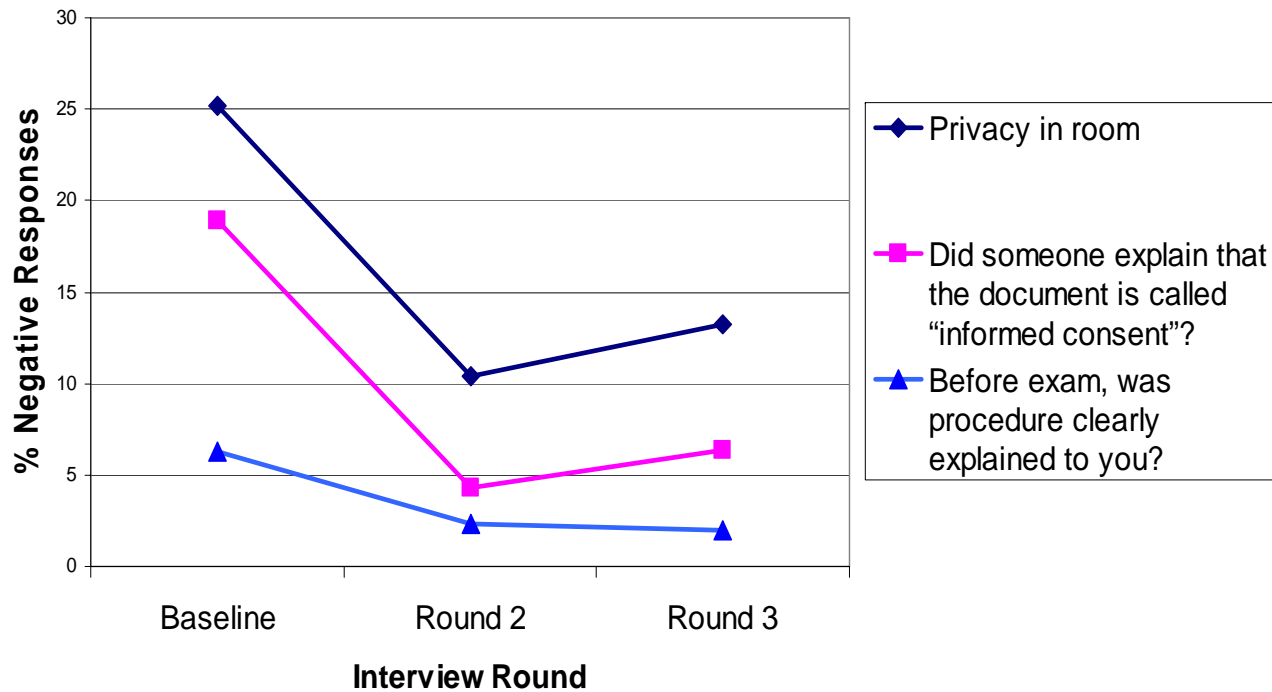


Engage communities in improving quality of services at the local level

- 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



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

Reference: Sherris et al. Education, training, and communication for HPV vaccines. *Vaccine* 24(S3):210-218 (2006)



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;





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