Each year there are over 600,000 cases of cervical cancer detected, resulting in 311,000 deaths worldwide. Roughly 90% of these cases are among women living in low and middle income countries. The vast majority of these deaths are premature and preventable.

THE PROBLEM

Over 311,000 women die from cervical cancer each year due to limited access to routine screening and early treatment. Many of the same countries struggling with high cervical cancer rates also have high unmet need for family planning (FP). As the global health community has prioritized both the reduction of unmet need for FP and, more recently, the global elimination of cervical cancer, there is an opportunity to review the evidence base and share practical considerations for integration of these services, with a view towards expanded access to products and services that improve women’s sexual and reproductive health.

Population Services International (PSI) and the International Center for Research on Women (ICRW) reviewed the global evidence base on integration of cervical cancer prevention and voluntary FP service delivery and documented field-based experiences of integrated programs across PSI’s global network to serve as a pragmatic guide for program designers, especially in contexts with high unmet need for FP and low cervical cancer screening coverage.

KEY TAKEAWAYS

- Program teams should evaluate their physical space to optimize efficiency for multiple service offerings for clients.
- Clinicians need to be trained on the correct client workflow for performing multiple procedures, and careful attention paid to ensure that clinical providers are not suffering burnout due to increased workloads.
- Data systems and metrics should ideally capture uptake of multiple services to measure impact of integrated service delivery.
- Integrated consumer messages should be designed and tested with clients to ensure that they reach target audiences.

WHAT’S NEEDED NOW?

- Rigorous evaluation of the public health impact, feasibility and cost effectiveness of integrated SRH services is needed to document impact and drive political support for these programs.
- Existing communities of practice should be engaged to evaluate and document which integrated service delivery models are most impactful, scalable and sustainable in various country contexts.
- Services should be designed to respond to women and girls’ needs, preferences and challenges in order to improve equitable access to these services.
INTEGRATING CERVICAL CANCER PREVENTION SERVICES WITH VOLUNTARY FAMILY PLANNING PROGRAMS

PSI RESPONSE

Since 2012, PSI has initiated screening, pre-cancer treatment, and referral programs in 19 countries across our global SRH network.

ASIA: Cambodia, Myanmar, India
LAC: Belize, El Salvador, Haiti, Trinidad & Tobago
SSA: Benin, Cameroon, Kenya, Madagascar, Malawi, Mali, Mozambique, Nigeria, Tanzania, Uganda, Zambia & Zimbabwe

SERVICES DELIVERED TO DATE

Across PSI’s global network...

1.3 million women have been screened via Pap Smear testing, visual inspection with acetic acid (VIA), or HPV DNA testing

23,000 women or more have been offered treatment with cryotherapy or LEEP procedures

PSI is supporting global efforts to bring cervical cancer prevention services to girls and women by:

- Evaluating feasibility of new screen and treat technologies and service delivery models for impact and scale. We are launching programs in Mozambique, Trinidad & Tobago, and Zimbabwe to evaluate the impact and feasibility of HPV testing within existing SRH programs, as well as piloting thermal coagulation devices in Malawi and Mozambique for pre-cancer treatment.
- Supporting rollout of HPV vaccine through national vaccine programs. Through Maverick Collective, PSI is supporting the government in Trinidad and Tobago with vaccine communications messaging and awareness campaign.
- Providing technical input on the WHO’s Global Elimination Campaign. PSI teams sit on several WHO working groups to support the planning and preparation of a WHO’s global Elimination Campaign, following the 2018 Call to Action by Dr. Tedros Adhanom Ghebreyesus, the WHO Director General.

For more information on PSI’s work integrating cervical cancer and family planning services, please see technical brief: Integrating Cervical Cancer Prevention Services with Voluntary Family Planning Programs: A Review of the Evidence Base and Insights from Existing Field Programs. This brief was prepared by Population Services International (PSI) in partnership with the International Center for Research on Women (ICRW), made possible by the support of the American People through USAID under the Support for International Family Planning Organizations 2 (SIFPO2) Project (Cooperative Agreement No. AID-OAA-A-14-00037).