

The Elimination of Cervical Cancer

A pilot project to investigate the feasibility of supporting implementation of strategies (as advocated by WHO), for increasing vaccination against HPV and engagement of women with cervical screening.

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International Federation of Gynecology and Obstetrics (FIGO)

Introduction

Each year over 500,000 women are diagnosed with cervical cancer, and over a quarter of a million die. More than 85% of these deaths occur in low- and middle-income countries and it is estimated that this will rise to 95% over time. Within developed countries, enormous progress in reducing the incidence and mortality from cervical cancer has been achieved through prevention [screening and now vaccination programmes] and improved therapeutic strategies. The mortality rates from cervical cancer have increased and continue to increase, to the extent that they exceed maternal mortality rates. Most LMICs do not have access to cervical cancer screening programmes or robust HPV vaccination, and the majority of women present with advanced disease [75-80%] not amenable to surgery.

The WHO along with many global partners, including FIGO, now sees a path to the eradication of this deadly disease through an emphasis on vaccination and screening. Gaps exist in both professional and community education, sustainability of prevention strategies, and coordination of implementation in-country.

WHO has set a goal of **90% of girls to be vaccinated; 70% of women to receive cervical screening; and 90% of those with the cancer to be treated** as a means of eliminating cervical cancer by the year 2050. (Ref: WHO Statement 2019).

Why FIGO is a key player in the elimination of cervical cancer?

Without the support of the gynecologists in-country, projects aimed at eliminating cervical cancer will not have maximum success. Leveraging the influence of societies and their members, advocacy efforts, and collaboration with governmental and non-governmental agencies will advance implementation and education to achieve sustainable programs in-country.

Strategies targeting Cervical Cancer and FIGO's role

There are specific elements to focus on for in-country implementation and education to reach the goal of cervical cancer elimination. They are:

Primary prevention: The high efficacy of HPV vaccine in preventing pre-invasive disease is accepted as the best primary preventative strategy. Several vaccines are now available with large scale production in place. WHO and other global health leaders have identified HPV vaccination as the key to the elimination strategy for the future.

Generally, the target is to vaccinate girls around the age of 12, and as with smears to achieve 80% coverage of the target population. Equally, herd immunity occurs rendering protection to those who are unvaccinated as demonstrated in Scotland and Australia.

Keys for a successful programme with a high sustained rate of immunization include: Political Support, Education, Internal structures to deliver the vaccine, Health care workers require knowledge and training, Other relevant persons/Charities, etc.to support education and engagement.

Screening: The value of screening by cervical smears, HPV testing or other means are major contributors to the reduction in cervical cancer. Various models of screening have been researched in diverse resource settings, such as cervical smears, VIA (Visual Inspection) and DNA and RNA based HPV testing. Developing a

robust national programme linked to vaccination and local infrastructure, is challenging in many LMICs, but critical to the elimination strategy to reduce the risks of women with HPV. Country-focused implementation of screening is a key element of the WHO and partner strategies.

Treatment: 75% of women in LIC will present with advanced disease [stage 3 and 4] without a surgical option as well as limited access to chemo-radiotherapy or palliative care. Given the limited treatment options, prevention (primary or screening) is a priority in order to eliminate cervical cancer.

Proposed Project: Implementation of Screening and Prevention of Cervical Cancer in LMICs

Goal: Develop Evidence based Models on successful collaborative structures to facilitate sustainable implementation of the WHO evidence-based guidance for vaccination and screening.

Aim 1: Identify common educational and professional gaps impacting the implementation of present HPV vaccination strategies through experience in select low-middle income countries

Aim 2: Develop reproducible projects working with FIGO National and/or regional organisations that target collaboration/education/facilitation of introducing a vaccination programme where none exists and/or addresses underlying educational or professional gaps that have hindered roll out of programs.

Aim 3: The countries, represented by their national society, will expand the knowledge of addressing diverse issues for implementation globally with special but not exclusive interest in non-GAVI LMICs.

FIGO's role and value-added

- i. Ensuring maximum numbers of gynaecologists are knowledgeable and support vaccination against cervical cancer in girls and young women.

- ii. Advocating for comprehensive vaccination to health care professionals and helping identify gaps in their provision of care.
- iii. Education of health care professionals and oversight of quality improvement and maintenance procedures.
- iv. Education of women, girls, teachers, and other community and governmental leaders

In the longer term, FIGO will support and work with WHO to implement their Guidelines as well as increase uptake of Vaccination and screening programmes. The WHO revised evidence-based Guidelines are being launched in the near future and this will give FIGO and the member societies an opportunity of demonstrating the added value they bring to the implementation work with deep and expansive reach into the gynaecological community.

Project Timeline

The project is planned to consist of two phases: assessment and design and initial implementation.

Assessment and Design Grants: The first focuses on AIM 1 and will identify gaps that exist in-country and provide an assessment and design proposal to address these educational/ professional/ or collaborative challenges. The design will include identification of outcome measures and in-country collaborators.

FIGO is inviting individual countries/ National Societies to apply for modest funding to develop activities in the above areas. National Societies would be asked to identify a region/regions in their own country that would benefit from efforts to increase vaccination. These are likely to be where no formal programme exists or if present, is unsuccessful. There is likely to be value in identifying any ad hoc schemes in place and potentially work with them.

Applicants would propose a one-year program to design and test an education and/or advocacy initiative focused on screening/ vaccination in their country. The application would cover: 1) a plan for evaluation of gaps in education and capacity (time, access to testing, support staff) of **their membership** (based on implementation from WHO guidance/ guidelines; 2) a community needs assessments that may already exist; 3) plans for development of collaborative links with governmental and other non-profit organizations (and success of these) to achieve the implementation strategy; and 4) tentative plans for how such a program could be scaled-up, including potential sources of funding/ support from these collaborations.

The work of the National Societies chosen would be supported by designated members of the FIGO Gynaecological Oncology Committee, other associated Gynaecological Oncologists, and FIGO headquarters to assure successful conclusion. Selection will be by the Gynaecologic Oncology Committee in collaboration with the Trustees of FIGO.

Up to three or four small grants (up to £20,000 or £40,000 if 2 regions) would be awarded based on those applications.

Initial Implementation Grants: Based on assessment/design grants

Based on successes, needs, and available funds, further grants from FIGO for implementation of the project to secure sustainability may be available for grantees.

Implementation grants would be rated on: 1) innovation (screen and vaccinate at the same time for example, or focus on the anti-vaccine community); 2) alignment with WHO guidance; 3) potential for successful collaboration with governmental and non-governmental organisations in-country; 4) potential for active participation of society membership and 5) the particular need of the country, ability to advance education/advocacy in-country.

The pilot projects will investigate the feasibility of liaising with the groups above with particular emphasis on gynaecologists or other women's health professionals who may not be committed to vaccination of girls. This could be achieved by working through the Society or 1 of its regional branches, WHO offices and very committed individuals known to the researchers. Regions of good practice could also be identified and similar schemes put into place in those regions with no/ an ad hoc scheme.