

Integrating Cervical Cancer & Sexual and Reproductive Health Services

Supporting girls and women to be healthy means offering a comprehensive package of high-quality, affordable health services when they present in health care settings with a particular concern, such as contraceptive needs or symptoms of illness.



TOGETHER
for health

Integrated sexual and reproductive health (SRH) care is one strategy to reduce the tragically high number of deaths each year from cervical cancer, the most common cancer among women in 38 low- and middle-income (LMIC) countries, mainly in sub-Saharan Africa.¹

Cervical cancer is preventable with existing, proven tools: a safe and effective vaccine against human papillomavirus (HPV, which causes most cases of cervical cancer), and screening and treatment for precancerous lesions (“screen-and-treat”).

Cervical cancer kills an estimated 311,000 women worldwide each year.² The majority of those deaths are in less-developed regions of the world, where access to and

availability of prevention and treatment services are severely limited. The numbers will increase if there are not significant investments: by 2030, there could be an estimated 443,000 deaths per year.³

Health care settings that provide a range of SRH services to girls and women are a logical entry point for cervical cancer services. Integrating cervical cancer services with services like contraceptives, breast health care, testing and treatment for sexually transmitted infections including HIV and AIDS, and antenatal care confers benefits to both patients and health systems. It allows busy health systems to make efficient use of resources by providing numerous related services in one setting. At the same time, clients who lack the time and funds for multiple visits are well served by receiving related services in one visit.



Best practices for addressing cervical cancer in an SRH context

Examples of how health care systems can integrate cervical cancer prevention and treatment into SRH services:

- Meet the evolving needs of pre-adolescents and adolescents by providing the HPV vaccine as part of adolescent health services,⁴ while also offering age- and culture-appropriate information and services related to modern contraceptives and HIV and other sexually transmitted infections⁵ alongside HPV vaccine delivery.
- Offer cervical cancer information and screen-and-treat services to women seeking contraceptive counseling and services.
- Provide cervical cancer information to women receiving postnatal or post-abortion care, and encourage them to return for screen-and-treat after the postnatal period.

Regardless of the service delivery model selected, program integration requires robust financing, supportive policies, and well-structured governance along with adequate staffing, equipment, training, monitoring and evaluation, referral systems, and supply chain management.⁶

The time for action is **NOW**.

The Director-General of the World Health Organization, Dr. Tedros Adhanom Ghebreyesus, has declared that the world has both the tools and the political commitment to eliminate cervical cancer.⁷ Ending cervical cancer deaths will require designing, implementing, and scaling policies and programs that meet the needs of girls and women in low-resource settings. Both the HPV vaccine and screen-and-treat prevention methods are critical to meet the goal.

The case study illustrates that offering proven tools to fight cervical cancer in the larger context of SRH services is one important way to ensure girls and women receive life-saving care. It can also be an efficient way to contribute to the success of health systems and move the global community closer to universal health coverage.

CASE STUDY

Many organizations that provide SRH services in LMIC have integrated cervical cancer services into their offerings. Pathfinder has done so in Nigeria and Ethiopia, for example, and Jhpiego in Thailand, Indonesia, Philippines, Ghana, Malawi, Kenya, and Uganda.

One coalition—comprised of partners Marie Stopes International, Population Services International, the International Planned Parenthood Federation, and the Society for Family Health—began providing cervical cancer services at family planning sites in Kenya, Nigeria, Tanzania, and Uganda in 2012.

The partners provide integrated SRH services via facility-based and mobile outreach sites. In the outreach settings, a typical client receives group counseling on a range of SRH issues, with a focus on cervical cancer screening and family planning. The client then moves to the appropriate service delivery station and receives further one-to-one counseling, and provision of the service(s) she sought plus any additional services she requested after receiving the counseling.

The partners found that integration is well accepted by policy makers, service providers, and patients,^{9,10} and it has prompted an increase in service uptake. In Uganda, for example, client uptake of both contraceptives and cervical cancer services increased measurably when they were provided together at family planning clinics and social franchise health facilities throughout the country.^{11,12,13,14}

-
- ¹ Ginsburg, Ophira et al. The global burden of women's cancers: a grand challenge in global health. *The Lancet*, Volume 389, Issue 10071, 847-860.
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)31392-7/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31392-7/fulltext)
- ² Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A (2018). Global Cancer Statistics 2018: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA Cancer J Clin*. Available at: <https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21492>
- ³ WHO. Projections of mortality and causes of death 2015–2030. 2012. Available at: www.who.int/healthinfo/global_burden_disease/projections/en/
- ⁴ Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO. Available at: <http://apps.who.int/iris/bitstream/handle/10665/255415/9789241512343-eng.pdf?sequence=1>
- ⁵ WHO. Comprehensive cervical cancer prevention and control: a healthier future for girls and women. 2013. Available at: http://apps.who.int/iris/bitstream/handle/10665/78128/9789241505147_eng.pdf?sequence=3
- ⁶ White, HL, et al. Integrating cervical cancer screening and preventive treatment with family planning and HIV-related services. *Int J Gynecol Obstet*, 138, 2017. Available at <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1002/ijgo.12194>
- ⁷ Ghebreyesus, TA. Cervical Cancer: An NCD We Can Overcome (call to action). 19 May 2018. Available at http://www.who.int/reproductivehealth/DG_Call-to-Action.pdf
- ⁹ Marie Stopes International. Integration of cervical cancer with family planning services. 2014. Available at: <https://prezi.com/4wnmdtm1ucxy/integration-of-cervical-cancer-with-family-planning-services/>
- ¹⁰ Chowdhury, R et al. Integrating cervical cancer screening and preventive therapy into reproductive health networks: Notes for the field. *Journal of Obstetrics and Gynaecology of Eastern and Central Africa*. Vol. 27, No. 1, 2015. Available at: <https://www.ajol.info/index.php/jogeca/article/view/139199>
- ¹¹ Personal communication with Heather White, DrPH, Senior Technical Advisor, Non-communicable Diseases, Population Services International. August-September 2018. By the end of the project in October 2017, PSI was offering screen-and-treat in 100 clinics throughout the country.
- ¹² PSI. Cervical Cancer Screening and Preventive Therapy in sub-Saharan Africa (research brief). 2017. Client uptake of contraceptive implants and intrauterine devices (IUDs) at reproductive health facilities increased by 300% and 800%, respectively, following the introduction of cervical cancer prevention services in November 2012, compared to the nine months prior.
- ¹³ IPPF health care sites also saw increases in contraceptive uptake following the integration of cervical cancer services: client uptake for IUDs increased from a mean of 5 women per facility per quarter before cervical cancer services were introduced, to 41 women per facility per quarter; and implants uptake increased from 17 women per facility per quarter, to 59 women per facility per quarter.
- ¹⁴ Based on PSI program data, of the 306,318 women who received a contraceptive method from 2015-2017 at Uganda's *ProFam* clinics that offered both cervical cancer and family planning services, 145,291 (47%) also received cervical cancer screen-and-treat services.