

The COVID-19 pandemic is changing the way that sexual and reproductive health (SRH) services, including cervical cancer (cxca) prevention, are delivered. Program planners and healthcare workers must work to update and innovate in the delivery of these services if they are to be sustained during the pandemic. On Tuesday, April 28<sup>th</sup>, TogetHER for Health hosted a twitter chat to bring our community together to discuss the implications of COVID-19 on our work, and the steps we can take today to protect women's lives.

We invited experts to join our discussion, including:

- Martha Brady, Director of Sexual & Reproductive Health at PATH
- Joel Fokom Domgue, Post-Doctoral Fellow, MD Anderson
- Somesh Kumar, Senior Director New Initiative and Innovations at Jhpiego
- Chemtai Mungo, Global Health Fellow, UCSF Center for AIDS Prevention Studies
- Eva Lathrop, Global Medical Director, PSI
- Peter Sasieni, Professor of Cancer Prevention, Kings College London and Cancer Research UK

It was a rich discussion, made richer by the participation of additional voices from across the globe adding their perspective & expertise. We would like to share a few highlights from this exciting discussion.

### Implications of COVID-19 on SRH and CXCA Prevention

The discussion began with an exploration of the known and potential impact of COVID-19 on sexual and reproductive health services. The implications could be severe, including loss of important gains in sexual and reproductive health:



**Somesh Kumar** @Somesh\_KumR · Apr 28

A1. The biggest risk is complete or near complete disruption of #SRH services, undoing the progress made over the last decade through @FP2020global and other global investments that have worked toward increased access to #SRH services. #covidcervixchat

Specific concerns were cited around contraceptive access and availability, lack of care seeking despite the presence of cancer symptoms, and decreased cervical cancer screening and HPV vaccination.

Several participants highlighted that fear of COVID-19 was already impacting women's pursuit of routine screening or follow-up implications. The result of which could be worsening inequalities in screening uptake.



**Abubakari Mwinyi** @mwinyi\_745 · Apr 28

Replying to @Toget\_HERHealth and @Jhpiego

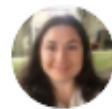
A1: There's increases fear of contracting CoVID19 when visiting health **facilities**. This led a lot of women shunning away from routine/scheduled screening [#covidcervixchat](#)



**IndianCancerSociety** @ICSBangalore · Apr 28

Replying to @Somesh\_KumR

when the service is not considered **critical**, people weigh the benefit vs risk of [#COVID2019india](#) [#covidcervixchat](#)



**Dr Jo Cairns** @JoCairns86 · Apr 28

I'm worried about the impact of suspending cervical screening and what message this sends out to women who aren't already engaged in the cervical screening programme about the importance of screening. Will inequalities in screening uptake increase as a result? [#covidcervixchat](#)



### The Continued Delivery of SRH and CXCA Prevention

The potential impact of reducing access to SRH services underscores the importance of continuing services, but experts agreed this should be done carefully, weighing epidemiological and healthcare delivery questions. Participants generally agreed that some services may be postponed but other are essential and must continue, such as treatment of previously identified lesions.



**Somesh Kumar** @Somesh\_KumR · Apr 28

A3. It's not a question of **WHETHER** to continue [#SRH](#) services, but **WHEN, WHERE & HOW**. These decisions should be based on [#COVID19](#) data, trends of new cases, unmet need for SRH & the capacity & agility to redesign delivery of services. [#covidcervixchat](#)



For some services, the risk of infection may outweigh the benefit. This could be particularly true of some screening services.



**Peter Sasieni** @petersasieni · Apr 28

I worry - the risk associated with doing VIA when **trialing** to control the pandemic may not justify the benefit of screening. Would be different in the presence of symptoms. Postponing screening by 6 months is not a terrible thing!  
[#covidcervixchat](#)



However, for those already in the pathway of care, particularly those with identified lesions, services may be appropriate if delivered safely.

 **Anne Mackie** @AnneMackie2 · Apr 28

Replying to @CancerPrev\_KCL

Organizations should consider and balance: Risk of covid, risk of delay, risk of cervix cancer. This will vary with some women already in the pathway and not being followed up and others (aged between 25 and 65) not yet invited.

Critically, calculation of risk will vary by population and some groups will need to be prioritized for ongoing services, such as those with identified lesions and those at high risk of developing cervical cancer. Screening may need to continue for particularly high-risk women like those living with HIV.

 **Chemtai Mungo, MD, MPH** @ChemtaiMungo · Apr 28

Replying to @Toget\_HERHealth

Q3. #CervicalCancer #Screening services, esp for high-risk women like #HIVinfected women, needs to continue in some #form. The gains of #ARV drug access are lost when an #HIVinfected women dies from #cervicalcancer despite regular care @DrNonoSimelela @DrSenait @kenconetwork



**Laura Muzingwani** @muzingwanilaura · Apr 28

Replying to @ChemtaiMungo

Treatment of women already identified as having pre-cancer lesions should also be prioritized esp #HIVinfectedwomen who progress rapidly. #covidcervixchat

Where services are paused, planning for resumption of services to “catch-up” delivery needs to start now, both for vaccination and for screening. This will mitigate the impact of service cessation.



**Dr Sue Sherman** @SueSherman · Apr 28

Replying to @Toget\_HERHealth

A3: the message needs to be conveyed that symptoms still need to be investigated, also where screening and #HPVVaccination has been suspended, exit plans need to facilitate catch up #covidcervixchat



**Celina Schocken** @CelinaSchocken · Apr 28

As long as we're planning for the **relaunch**, and ways to make women feel safe at the health facility. There are essential #SRH and #cervicalcancer services now, and there are some that can wait. #covidcervixchat

## Delivering SRH and CXCA Prevention Services Safely

Designing the safe delivery of cervical cancer prevention services will require rigorous, innovative and adaptive service delivery. Three key areas were discussed.

- 1) **Ensure high quality infection control:** Where services are delivered, steps must be taken to protect the safety of healthcare workers and the patients seeking care.



**Joel FOKOM DOMGUE** @fokom\_domgue · Apr 28

Replying to @Toget\_HERHealth

**A4.** Most IPC measures are critical in my opinion. What may be challenging, is the capacity of health systems or organizations to properly implement these measures. Some points to consider: outreaches and mass campaigns should be suspended, with the promiscuity. [#covidcervixchat](#)



**Joel FOKOM DOMGUE** @fokom\_domgue · Apr 28

Replying to @Toget\_HERHealth

**A4.** Second, The number of clients seen within the facility should be limited to ensure that social distancing is adequate. A mechanism to detect suspect cases should be put in place at points of entry, and suspect cases directed to the appropriate structures. [#covidcervixchat](#)



**Joel FOKOM DOMGUE** @fokom\_domgue · Apr 28

Replying to @Toget\_HERHealth

**A4.** Third, Water and soap, hand sanitizers and PPEs should be made available to both staff and clients, and toilets disinfected regularly. Rules for sterilization of equipment used to screen and treat for cervical cancer precursors should be stricter. [#covidcervixchat](#) 3/



**Joel FOKOM DOMGUE** @fokom\_domgue · Apr 28

Replying to @Toget\_HERHealth

**A4.** Fourth, people responsible for the coordination of the covid-19 response should be designated and trained. They should be reachable, and should walk around services to ensure that IPC measures are respected, and to address any issues encountered. [#covidcervixchat](#) 3/

Reducing patient flow, one of the most promising approaches for infection control, is not a simple task. Experts offered a few strategies for achieving this outcome, including integration with SRH & PHC services, engagement of private sector providers and use of mobile technologies.



**Somesh Kumar** @Somesh\_KumR · Apr 28

**A4.** (1/3) We should consider **decentralization** & integration of primary, secondary prevention services for [#cervicalcancer](#) with other [#SRH](#) , [#PHC](#) services. This will protect [#healthworkers](#), clients, decongest facilities, as well as increase access to services. [#Covidcervixchat](#)



**Somesh Kumar** @Somesh\_KumR · Apr 28



A4. (3/3) For the short term, facilities **overburdened** with **#Covid19** patients shouldn't be prioritized for providing secondary prevention services. Alternate strategies like engagement with **#privatesector** **#OBGYNs** or **#midwives** should be explored. **#covidcervixchat**

- 2) **Use mHealth technologies to expand access to services, limit visits to clinics and disseminate important information.** “Virtual care” can be a critical tool to help providers continue services delivery.



**Martha Brady** @mbradyGH · Apr 28



Replying to **@Toget\_HERHealth**

A5: Providers can retain women needing **#cervicalcancer** treatment in “virtual care” until health facilities and services are available by sending **supportive** & educational SMS or **@WhatsApp** messages. **#covidcervixchat**

These technologies may also be used to communicate directly with patients about if & when to seek care, and can even be used to train providers. Emerging examples are already being reported from several countries.



**Martha Brady** @mbradyGH · Apr 28



Replying to **@Toget\_HERHealth**

A5: Where feasible, govts and orgs should support people to practice **#selfcare** by providing online screening and education tools, online **counseling** services for **#SRH**, and mobile platforms (e.g., WhatsApp) to share information. **#covidcervixchat**



**PSI** @PSIimpact · Apr 28



Replying to **@Toget\_HERHealth**

A5: (2/2) We build demand for **#SRH** products/services thru **@Facebook** & provide remote **trainings** to providers in **#SRH** service delivery via **@WhatsApp**. Ex? Case study of **#AYSRH/#COVID19** pivots thru PSI's **@Adolescents360** in Nigeria: [bit.ly/AYSRHandCOVID19](https://bit.ly/AYSRHandCOVID19) **#covidcervixchat**



Young People's Contraceptive Needs Don't Pause f...  
Fusing digital innovation with field-tested outreach,  
the A360 Nigeria team pivoted quickly to merge ...  
[a360learninghub.org](https://a360learninghub.org)

- 3) **Expand access to new self-care innovations** that would allow individuals to conduct health services in their own home. An expansion of HPV self-sampling provides an opportunity to continue delivering services even while communities work to “flatten the curve”. Expansion of these technologies during this time of crisis, could also yield critical lessons to inform their future scale-up.



**Peter Sasieni** @petersasieni · Apr 28

So do we need to be offering **self-sampling** (at home) to preserve social distancing (for the vast majority)?  
[#covidcervixchat](#)



**Chemtai Mungo,MD,MPH** @ChemtaiMungo · Apr 28

Replying to @PSIimpact and @Toget\_HERHealth  
Use of [#HPV](#) [#selfcollection](#) for [#cervicalcancer](#) screening is particularly important during [#Covid](#). Programs and partners must make [#HPV](#) [#POC](#) tests [#affordable](#) and [#accessible](#) to save women's lives.  
[#covidcervixchat](#) @DrNonoSimelela @WHO @CHAI\_health @UCSFMedicine @CancerProgram

### Engaging Communities to Protect Access to SRH and CXCA Prevention Services

Infection control, mHealth and self-care technologies all offer immense opportunity. But the backbone of a strong response, will be one that moves beyond health facilities and technologies to engage communities to maintain access to SRH services, including cervical cancer prevention.



**Chemtai Mungo,MD,MPH** @ChemtaiMungo · Apr 28

Replying to @Toget\_HERHealth  
I don't think enough is being done to **mitigate the impact** on [#SRH](#), esp in [#lowincome](#) settings. Partners & programs must focus on community engagement to highlight continued availability of [#SRH](#) and [#cervicalcancer](#) prevention services, and how 2 safely access  
[#covidcervixchat](#)



**Joel FOKOM DOMGUE** @fokom\_domgue · Apr 28

Replying to @Toget\_HERHealth  
A6. **Community** engagement is essential to mitigate the impact of [#covid-19](#). We engage communities by educating **community** leaders, and communicating with the **community** as a whole through mass medias about the [#covid-19](#) and its health and economic consequences.  
[#covidcervixchat](#) 1/



PSI @PSIimpact · Apr 28

Replying to @Toget\_HERHealth

A6: Community support is the core of an **enabling** environment that champions #SRH access, during a pandemic and beyond. We're piloting new ways of adapting our #AYSRH work in Nigeria:

[bit.ly/AYSRHandCOVID19](https://bit.ly/AYSRHandCOVID19) [#covidcervixchat](#) @Adolescents360 @SFHNigeria

This will require sharing clear and accurate information in a world where misinformation about the virus is spreading rapidly. Collaborations with communities must work to expand access to accurate information from reputable sources



Martha Brady @mbradyGH · Apr 28

Replying to @Toget\_HERHealth

A3: Govts and orgs must ensure that women, girls, and #SRH service providers receive **evidence-based** info on keeping themselves and their families healthy and to counteract rumors, misconceptions.

[#covidcervixchat](#)



Rosie Brade @rosiebrade · Apr 28

Replying to @BekkiField @Toget\_HERHealth and 2 others

The world's attention is on vaccination so this is an important opportunity like never before to address vaccine **hesitancy** and misconceptions. Many lessons to be learned and prevention and preparedness is key- all good things which the HPV vaccination promotes [#covidcervixchat](#)



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TogetherHER for Health as compiled a list of reputable resources on SRH deliver in the context of COVID-19. Be sure to check it out [here](#).

### A Glimmer of Hope

Despite these incredibly challenging times, the chat also showed great hope for the future. Confidence remains that this moment will drive new partnerships, new adaptations, creativity and innovation that will propel the cervical cancer prevention community well into the future.



PSI @PSIimpact · Apr 28

Replying to @Toget\_HERHealth

A8: (1/2) We've been so inspired by the innovation & **creativity** to adapt programs to continue to serve consumers. We've seen such collaboration across sectors, across communities & countries. [#covidcervixchat](#)

Most importantly, when we have fought COVID-19, our community still stands committed to a future of cervical cancer elimination.



**GIAHC** @GIAHC · Apr 28

**#covidcervixchat**

When **#COVID19 battle** ends, (hopefully soon), how will the war on cervical cancer look different? We should start brainstorming now!  
[@giahc](#) [#usvshpv](#) [#VaccinesWork](#) [#WIW](#) [@AMWADoctors](#) [@UICC](#) [@WHO](#)  
[@ACSCAN](#) [#HPV](#) [#HPVvaccine](#) [#cervicalcancer](#) [#100andchange](#)  
[#WISHrevolution](#)



**Celina Schocken** @CelinaSchocken · Apr 28

From what we hear, the **#cervicalcancer elimination** strategy will be voted on at a virtual World Health Assembly. We will need to raise awareness about it once **#COVID19** calms a bit. [@DrNonoSimelela](#) [@WHO](#)  
[@WHOAFRO](#) [@pahowho](#) [#covidcervixchat](#)



**Ethonova** @ethonova · Apr 28

Will the World Health Assembly 2020 go forward as planned (in person or virtual), and is the resolution for cervical cancer elimination still on the docket? [@WHO](#) [@Toget\\_HERHealth](#) [#covidcervixchat](#)

If you have questions, suggestions, ideas, please come share them with us at [#covidcervixchat](#). And keep an eye out for upcoming webinars on the intersection of COVID-19 and cervical cancer prevention in summer 2020!

#### Learn more:

[togetherforhealth.org](https://togetherforhealth.org)



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