



# Cervical cancer, the gender-inequality cancer

MDM KEY ADVOCACY MESSAGES



Since 2010, sexual and reproductive health and rights (SRHR) have been prioritised by Médecins du Monde. The organisation focuses its action on 3 breakpoints in the continuum of care and rights – preventing and treating unintended pregnancies through access to comprehensive sex education, contraception and safe abortion – and by responding to sexual and reproductive health needs in crisis settings. This response includes **preventing gender-based violence (GBV) and treating people who have survived GBV and preventing cervical cancer through the screening and early treatment of precancerous lesions**. Médecins du Monde confirms its commitment to working for universal access to sexual and reproductive health and rights without distinction or discrimination and fosters an approach based on promoting, respecting and guaranteeing human rights.

For Médecins du Monde, its fight against cervical cancer is one of the vital actions it takes to combat gender inequality. **The social, economic and cultural conditions of women worldwide have an impact on their access to cervical cancer information, screening and care**. Cervical cancer is the result of an infection caused by the human papilloma virus (HPV) and transmitted during sexual intercourse. It is the fourth cause of death from cancer among women globally.

To combat morbidity and mortality caused by cervical cancer, **Médecins du Monde is participating in the World Health Organization's global strategy to eliminate cervical cancer**, with the goal between now and 2030 of

- **Vaccinating 90%** of girls against the human papillomavirus by age 15
- **Screening 70%** of women by age 35 and again at age 45<sup>(1)</sup> using a high-performance test
- **Treating 90%** of women identified with cervical disease

(1) Except women living with HIV. WHO recommends screening them every 3 years from age 25. Seropositive women are six times more likely to develop cervical cancer than seronegative women.

A feminist approach is needed. Eliminating cervical cancer is part of the **fight for gender equality**. Like contraception, pregnancy and abortion, responsibility for dealing with it falls on the shoulders of women and girls, while boys and men can be carriers of HPV. MdM also calls attention to the key role played by the good quality SRH counselling services which are offered to the patients our teams meet daily. These prime instances of interaction represent rare occasions for women to broach questions of sexuality, and for our services to detect cases of gender-based violence.

**340 000 WOMEN, TRANS AND NON-BINARY PEOPLE DIE** worldwide from the consequences of this disease.



**90% OF CCU RELATED DEATHS ARE IN LOW-AND MIDDLE-INCOME COUNTRIES.**



**CCU IS AVOIDABLE AND CAN BE ERADICATED**

if detected early and treated correctly.



In this document, women are named to designate people at risk of developing cervical cancer. Please note that our projects and actions are aimed at and include anyone with a uterus, whether they are women, trans or non-binary.

Médecins du Monde adopts and promotes a pragmatic approach, combining efforts to reach out and to strengthen health systems. Although outreach actions are essential to improve coverage of access to healthcare, they are not a substitute for a centralised health system equipped with trained staff and appropriate technical resources.

Aware that this strategy needs to be implemented to achieve the WHO's stated targets, Médecins du Monde is increasing its expertise in strengthening health systems by introducing effective screening and treatment of cervical cancer in partnership with state and community actors.

The human papillomavirus (HPV) group of viruses is among the most common causes of sexually transmitted infections. These viruses are highly contagious and are transmitted through contact with the skin or mucous membranes, particularly during sex that may or may not involve penetration. Therefore condoms do not provide complete protection against HPV infection. Among the 150 types of existing papillomavirus, fifteen are considered carcinogenic and responsible for cancers such as cervical cancer, cancer of the vulva, penis and anus and cancer of the back of the throat (oropharyngeal), particularly the tonsils. Vaccination is the sole effective protection. An illustration of this is the 75% drop in the frequency of precancerous lesions among young Swedish women who were vaccinated prior to 17 years of age. Find out more at <http://toutsavoir-hpv.org/>

## MDM'S INTERVENTIONS

With the support of research bodies, **MdM is implementing two innovative pilot projects to prevent and treat precancerous lesions of the cervix in Burkina Faso and Côte d'Ivoire**, with the particular aim of showing that it is possible to implement high-performance screening projects that are accessible and effective.

**MdM's strategy involves strengthening the health system by offering the HPV test to patients** via the healthcare provider where possible or in the form of self-sampling conducted by the patients themselves. If a test proves positive, a visual inspection with ascetic acid (VIA) can be carried out and treatment provided using thermal ablation or LEEP Electrosurgical Excision Procedure (LEEP), if necessary.

### Burkina Faso :



Since 2018, MdM has been assisting Baskuy health district to implement the project 'Reducing morbidity and mortality due to cervical cancer' which covers all nine healthcare facilities.

Our actions are based on mobilising the community, strengthening health-training capacity (more than 100 health professionals trained) and advocating greater consideration of the issues surrounding the treatment of precancerous cervical lesions and cervical cancer. Using an opportunistic model (screening is offered during consultations at health facilities), around 15 000 women were screened between 2019 and 2022. Between 2019 and 2021, contact was recorded as lost with just 7% of the women screened, and with just 3% in 2022. In 2022, 100% of those women who were eligible received thermocoagulation treatment.

### Côte d'Ivoire :



Since 2021, MdM has been conducting a project to treat cervical cancer in Côte d'Ivoire in association with the Ministry of Health, Hygiene and Universal Health Coverage. Using an organised

HPV screening model (created as part of health campaigns) and as a result of community worker input and a reinforced health centre, more than 6000 people were screened using home self-sampling tests in the space of six months. However, just 50% of women who tested positive for HPV have attended the health centre. 10% of HPV-positive women were also revealed as new HIV-positive cases. The project has also promoted the use of thermocoagulation as more suitable than cryotherapy for the treatment of precancerous lesions. To complement this work, prevention and advocacy initiatives have been conducted to develop norms and protocols for eliminating cervical cancer.

# RECOMMENDATIONS FOR IMPLEMENTATION

## 01. Encourage HPV screening tests.

VIA tests are neither particularly sensitive nor specific<sup>1</sup>. HPV screening can be conducted in low- and middle-income countries and patient diagnosis optimised by using more sensitive, specific tests. Médecins du Monde also promotes the 'screening, triage and treatment' approach involving a limited number of visits to reduce the number of instances patient contact is lost and to optimise the comprehensiveness of the treatments, while guarding against the risk of disrupting the functioning of health centres if this approach is introduced in a single consultation.



The MdM-F programmes in Burkina Faso and the Republic of Côte d'Ivoire have implemented a strategy for screening HPV. In Burkina Faso, the opportunistic strategy<sup>2</sup> has meant that less than 7% of women tested have not received treatment (contact lost). In RCI, an organised screening strategy<sup>3</sup> has resulted in 100% of women who are eligible being treated.



**Example of targets: The technical directorates and departments of health ministries must incorporate HPV screening into framework**

*documents and qualified programmes (depending on the opportunities afforded, these include cervical cancer plans, and cancer, family and HIV planning).*

## 02. Promote self-sampling.

This approach provides an alternative to cervical screening by a health professional. A wider choice of sampling techniques implies more appropriate patient follow-up. Such choice leads to greater adhesion to treatment and more comprehensive follow-up as well as better screening coverage in areas remote from health centres. To be effective, self-sampling must be accompanied by good quality counselling.



On the Burkina Faso programme, 70% of the patients encountered chose self-sampling. In RCI, 100% of patients opted for HPV self-sampling, and there were no failed samples.



**Example of targets: The technical directorates and departments of health ministries must incorporate self-sampling into framework documents and qualified programmes (depending on the opportunities afforded, these include cervical cancer plans and**

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Self-sampling – the act of taking a sample oneself instead of it being taken by a health professional – is an eminently feminist approach in its capacity to empower women to take ownership of their bodies. This participative procedure places women and trans and non-binary people centre stage as the principal agents in monitoring their health, enhances their knowledge and understanding of their own bodies and thus reinforces their ability to act.

## 03. Offer HIV screening to all women who have tested positive for HPV.

Our initial results suggest that women who are HPV positive are at much greater risk of being HIV positive. Furthermore, the HIV epidemic is increasingly feminized and yet heterosexual women remain hard to reach. It is therefore desirable to increase research and data analysis to identify the extent to which HPV screening can also become a tool for identifying the group to target to combat HIV (namely, HPV-positive women) and thereby reduce the HIV epidemic.



**As a reminder:** According to WHO, people who are HIV seropositive are six times more at risk of contracting cervical cancer than people who are seronegative. To ensure that no one who is HIV positive dies of cervical cancer, Médecins du Monde France is actively supporting and promoting the WHO recommendations.

**WHO recommends:** Targeting PLHIV: Regularly screen people who are HIV-positive for HPV every 3 to 5 years from age 25.



In the context of the MdM project in Burkina Faso, the initial data gathered indicate that 85% of HIV+ women also tested HPV+ at the screening. Where a positive HPV result is obtained, co-HIV infection is 33 times more probable. This trend requires further research at scale for the hypothesis to be proved.



**Example of targets: The technical directorates and departments of health ministries must incorporate HPV-positive women and trans and non-binary people as a target group in the fight against HIV into framework documents and qualified programmes (depending on the opportunities afforded, these include HIV,**

1 The sensitivity of a test is the probability that the test will be positive if the individual has the disease. The more sensitive a test, the less it produces false negatives. The specificity of a test is the probability that the test will be negative if the individual does not have the disease. The greater the specificity of a test, the less likely it is to result in false positives.

2 Screening is offered during health centre consultations.

3 Screening is carried out as part of health campaigns.

cervical cancer and family planning) and introduce systematic HIV screening for these populations.



**WHO recommends:** Vaccinating girls aged 9 to 14.

## 04. Promote and introduce systematic HPV vaccination of young men.

Like contraception, pregnancy and abortion, responsibility for cervical cancer rests mainly with women and girls, while boys and men are also carriers of HPV which they pass on to their sexual partners. HPV is also the cause of some cancers affecting men. The pressing issue today is to vaccinate not only all young girls, who are the primary sufferers, but also boys. This will curtail global transmission and better protect boys and men at the same time as affording unvaccinated girls and women better protection. Vaccinating boys also helps reduce gender inequalities associated with health prevention and spreads responsibility for prevention.



**Example of targets:** *The technical directorates and departments of health ministries must incorporate HPV vaccination of young men and its instigation into framework documents and qualified programmes (depending on the opportunities afforded, these include cervical cancer plans and cancer, HIV and family planning).*

## 05. Develop organised screening strategies with a community approach

to increase the coverage of screening and reduce the barriers to accessing health. MdM has continuously «outreach» projects with and close to communities, particularly those remote from health systems. This approach reaches a greater number of people in a rapid and efficient way, notably women who do not attend health centres. It also ensures greater adhesion to care by the people concerned. Few organised screening programmes exist today, and the positive feedback from our experience indicates that this promising approach needs to be extended and replicated in a range of contexts. To avoid the health system leaving the community to deal with this, this recommendation must be accompanied by a strengthening of health systems in the form of appropriate equipment and staff training for cervical cancer prevention.



The MdM programme in Côte d'Ivoire has implemented an organised screening strategy. A total of 2475 women were screened for HPV between November 2021 and April 2022 with encouraging results.



**Example of targets:** *The technical directorates and departments of health ministries must develop and implement strategies for the organised screening of cervical cancer to maximise the number of beneficiaries and the impact of screening programmes.*

## 06. Strengthen the palliative care approach beyond the care package

by decentralising access to different levels of painkillers and by providing psychosocial care. There is often a lack of understanding of the concept of using an approach based on palliative care due to it being limited to pain management, a subject which itself is stigmatised and overlooked by health systems and actors. Indeed, the limited knowledge and understanding of palliative treatments hampers their introduction (restrictive legislation governing certain opioids, concerns over misuse and dependency on certain drug formulations, scant end-of-life training, etc.). It is important to adopt a holistic and destigmatising approach. People with cervical cancer find themselves isolated and even discriminated against as a result of their disease and its accompanying side effects. It is vital to introduce palliative care that is appropriate to their needs so that they can live with dignity despite their illness. Yet few of the actors concerned actively tackle this issue.



**Example of targets:** *The international community, and state and civil society actors must take up the palliative approach and develop this field.*

**Health ministries** must invest time and effort in this field, remove the barriers to access, equip their technical directorates and departments and disseminate the palliative care approach.

**Regional agencies** implementing health policies must put palliative care into practice.



**WHO definition:** Palliative care is an approach that improves the quality of life of adult and child patients and their families who are facing the problems associated with a life-threatening illness. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems, whether physical, psychosocial or spiritual.

# RECOMMENDATIONS FOR SCALING UP

Médecins du Monde campaigns for the fundamental human right to health and therefore argues for universal health coverage. To achieve this, action to eliminate cervical cancer must be rolled out at scale.



WHO and ExpandNet define the notion of scaling up as 'Deliberate efforts to increase the impact of successfully tested health innovations so as to benefit more people and to foster policy and programme development on a lasting basis'.

## 07. Promote research into the cost effectiveness of cervical cancer screening tests.

It is essential to optimise cervical screening strategies in line with the organised and/or opportunistic context in which they are applied, using appropriate and effective screening methods (both sensitive and specific) to ensure no woman is left untreated in the case of a false negative test, and similarly to avoid overtreatment in cases of a false positive test. Existing estimated figures enable states in particular to adapt their budgets to put cervical screening more effectively into operation. Promoting research entails collecting data on cervical cancer and making them more visible by including them in national health information systems (NHIS).



The pilot projects conducted by Médecins du Monde in Burkina Faso and Côte d'Ivoire demonstrate that the approaches to screening deployed there are promising. It is important to explore their long-term sustainability and capacity for replication so as to move towards scaling up.



### **Example of targets:**

**States** must drive this research, and the **technical directorates and departments of health ministries** must implement it with a view to scaling up.

**National cancer institutes** and research partners must fund and instigate research into the cost-effectiveness of cervical cancer screening tests.

## 08. Pool existing screening equipment and redistribute it to improve geographical coverage.

The irregular coverage provided by screening equipment is proof of geographical inequalities.

Some zones, frequently urban, benefit from the majority of screening equipment, while rural zones are inadequately equipped.



### **Example of targets: States and technical directorates and departments of health ministries**

must map the availability of screening equipment, redistribute it and share its use.

## 09. Draw the attention of states and donors to the need to share HPV-diagnostics production technologies, which are in the hands of a few laboratories, and the need to identify and finance alternative production platforms

so as to decentralise production and better respond to needs. The laboratories possessing this technology are not currently capable of absorbing all the production demands as is shown by the tuberculosis-related stockouts during the COVID-19 crisis. Nor do current prices permit many states to obtain these essential technologies for tackling cervical cancer.



### **Example of targets:**

**States, health ministries and technical and financial partners** must invest in alternative diagnostic platforms in order to combat the monopoly of HPV-test production technology.



Médecins du Monde is participating in the Time for \$5 campaign which is coordinated by Médecins Sans Frontières and Treatment Action Group and which is calling for the price of tests to be lowered to \$5. The campaign is contesting the super profits generated by pharmaceutical companies at the expense of the right to health for all.

## 10. Facilitate access to funding for cervical cancer.

The complexity of mechanisms to access funding is an obstacle for many countries.

In Africa, just two countries have access to Global Fund financing earmarked for cervical cancer, and both are English-speaking. Yet the indicators for French-speaking African countries are among the most critical. It is therefore vital that these mechanisms are made more

inclusive, understandable and accessible, particularly as regards language.



**Example of targets:**

***The Global Fund to Fight AIDS, Tuberculosis and Malaria must make its funding to tackle cervical cancer more accessible and transparent and must assist states, including those which are French speaking, to take the steps required.***

***International organisations (such as the Union for International Cancer Control and the World Cancer Congress) must improve the accessibility of spheres of influence for non-English-speaking actors.***

## ADDITIONAL SOURCES

- ▶ [WHO Key Facts about cervical cancer](#)
- ▶ [WHO roadmap on cervical cancer](#) (available only in English)
- ▶ [WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention, second edition.](#) (available only in English)
- ▶ [Cervical cancer elimination in Africa: where are we now and where do we need to be?](#) (available only in English)
- ▶ [Range of resources on cervical cancer from WHO Cervical Cancer Elimination Initiative](#)



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