

# Improving cervical cancer screening & prevention in Eastern Europe & Central Asia



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Association  
(ICCPA)



### The International Cervical Cancer Prevention Association

- The ICCPA (previously the European Cervical Cancer Association – ECCA) was established in 2002 to support the implementation and utilisation of organised cervical cancer prevention programmes.
- The ICCPA has 120 institutional members (cancer societies, academic institutions, cancer NGOs, etc.) from Eastern & Western Europe, & Central Asia.
- From 2002-2008, the ICCPA worked primarily in Western and Central Europe.
- Since 2008, the ICCPA has focused on non-EU Eastern Europe, where we have worked with UN agencies and Ministries of Health to support the implementation of cervical screening and HPV vaccination programmes.

### Cervical Cancer in Eastern Europe & Central Asia

Globally, cervical cancer is the 3<sup>rd</sup> most common cancer amongst women. Most cases occur in low and middle income countries where there are no cervical cancer prevention programmes.

Compared to Western Europe, the number of new cervical cancer cases and deaths is up to 10 times higher in Eastern Europe and Central Asia.

**Cervical cancer is the second most common cause of cancer death amongst women in Eastern Europe and Central Asia.**

There are  $\approx$  38,000 new cases and  $\approx$  18,000 deaths each year from cervical cancer in Eastern Europe and Central Asia.

This is primarily due to the lack of effective cervical screening programmes that are common in Western European countries.

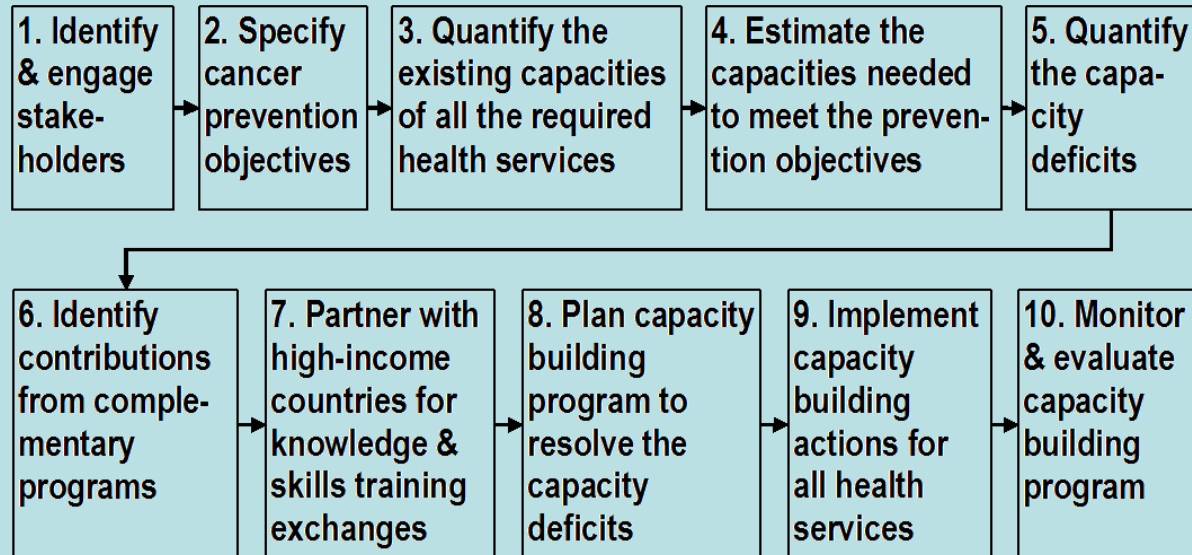


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## Addressing the challenges

- The ICCPA utilises a structured approach to simultaneously strengthen all the required health services so they can work together to deliver the cervical cancer prevention programme.



## The impact of our work

- Knowledge and skills of health care providers has been strengthened.
- Quality of the required health services has been improved.
- Health care provider appreciation of the importance of QA has been increased, and this has had an impact on the provision of other services.
- Coordination of health services at all levels has been improved.
- Cooperation between health services has been improved.
- Eventually, decreased cervical cancer rates.



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## Key lessons

- Stakeholder identification and engagement from the very beginning in designing and planning the cervical cancer prevention programme, not just in its implementation, are critical for success.
- Involving stakeholders throughout the process ensures the programme will:
  - Be well adapted to the local context.
  - Have broad support from all the stakeholders who must be actively involved in its implementation and ultimately in its operation.
  - Be owned by the stakeholders themselves and it is therefore the stakeholders who will be responsible for its success or failure.
- Without this engagement & support, successfully implementing the programme will be impossible.

## Sustainability

- This approach focuses on strengthening the existing health services so they can deliver the programme within their existing budgets.
- External support is limited to:
  - Organising training exchanges and ensuring the subsequent institutionalisation of the new knowledge and skills through integration into existing national educational programmes.
  - The creation of international partnerships that will continue to be a resource for the country.
  - The provision of essential equipment.
- Therefore, the programme is implemented as an integral part of the existing health services that can continue to be delivered without ongoing external support.



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The Royal College of Pathologists  
Pathology: the science behind the cure

International Pathology Day 2016  
Roundtable

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