Advancing Cervical Cancer Prevention in India

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Introduction

In 2010, nearly 74,000 new cases of cervical cancer were diagnosed among Indian women. This number is estimated to increase to as high as 225,000 cases by 2025 [2].

Cervical cancer is also the leading cause of cancer deaths in India, as most cases are not detected until they are in an advanced stage. In addition to the cost in lives, cervical cancer can have a significant social and economic impact on families and their communities, as it primarily affects women during their most productive years.

Recognizing the challenge of cervical cancer, in 2013 the World Bank conducted a review of research studies on cervical cancer prevention and examined the implementation experiences of cervical cancer screening programs in India. A recently published report summarizes the current state of knowledge and practice, and offers recommendations for strengthening India’s programmatic and policy responses to cervical cancer [3].

Study Findings

EFFECTIVE LOW-COST APPROACHES TO PREVENTION AND SCREENING

Human Papillomavirus (HPV) Vaccination

A primary approach to preventing cervical cancer is to vaccinate girls against several strains of HPV that are known to increase the chances of getting cervical cancer.

Two widely marketed vaccines have proven safe and highly effective in preventing more than 90 percent of precancerous lesions in women who have not had HPV previously [4].

However, multiple challenges to large-scale vaccination exist: vaccines are expensive and strategies need to be identified to reach the primary target group of
preadolescent and adolescent girls (especially school dropouts) and to accurately and comprehensively communicate information about the vaccines.

Combining prevention and screening (on a mass scale) with treatment can significantly reduce both the number of new cases and deaths from cervical cancer.

Visual Inspection with Acetic Acid (VIA)

Studies conducted in India have shown that visual screening approaches, which do not require laboratory infrastructure, are effective in detecting the disease in its early stages. When combined with treatment, this approach can reduce both the number of new cases and deaths from cervical cancer. In particular, two large-scale, randomized controlled trials found that use of Visual Inspection with Acetic Acid (VIA), a low-cost screening method, reduced deaths from cervical cancer among women by between 31 percent [5] and 35 percent [6].

In addition, the World Health Organization has identified screening and treatment of precancerous lesions to prevent cervical cancer as an evidence-based “best buy” intervention because it is highly cost-effective, feasible, and culturally acceptable to implement [7].

Conclusion
LESSONS FROM CURRENT PROGRAMS AND THE POLICY IMPLICATIONS

Currently, only a few large-scale cervical cancer programs exist in India. One is a statewide population program by the World Bank-supported Tamil Nadu Health Systems Project. This project, which offers screening to 30- to 60-year-old women once every 5 years, has demonstrated that introducing cervical cancer prevention into the Indian public health system is feasible and acceptable, particularly with sufficient and consistent political and administrative support, human and financial resources, and community buy-in and involvement.

The programmatic findings suggest that high levels of participation in screening may be required to significantly impact morbidity and mortality. Moreover, women who screen positive for a precancerous or cancerous lesion will need to receive appropriate diagnostic and treatment services.

Given these challenges, successful implementation of future programs will likely require fostering greater acceptance of screening as well as efforts to strengthen linkages between screening and treatment services.
Recommendations

EXPANDING CERVICAL CANCER SCREENING TO ALL WOMEN

Research and programs in India have demonstrated that cervical cancer prevention initiatives have the potential to save lives. What is needed now is universal screening—a coordinated effort to make cervical cancer screening programs available to all women in all districts and regions of India.

Whether you are a policymaker, a clinician or a concerned citizen, a number of steps can be taken to help establish screening programs in your communities and begin protecting women from cervical cancer.

INDIVIDUALS IN POSITIONS OF LEADERSHIP AND GOVERNANCE

- Advocate for greater governmental commitment and administrative leadership to ensure adequate and sustained support for comprehensive cervical cancer prevention services
- Raise awareness of cervical cancer throughout all sectors of government and civil society
- Enhance health system capacities to deliver HPV vaccination and screening services, including relevant policies, infrastructure, and skilled human resources
- Increase health care access among vulnerable girls and women—including those who are older, less educated, or belong to poor or marginalized households—so that all girls and women can benefit from prevention services

CLINICIANS, HEALTH CARE ADMINISTRATORS, AND PUBLIC HEALTH PLANNERS

- Design “women-centered” programs that respond to women’s concerns and constraints
- Use a combination of vaccination and screening, taking into account performance and practical considerations as well as implementation research to inform these decisions
- Ensure strong linkages within and between different levels of the health care system to ensure timely follow-up and referrals
- Establish a quality assurance plan that defines standards at different levels of care and describes how quality reviews and improvements are conducted and by whom
- Use prospective evaluation to provide feedback on program quality and progress and to enable program improvements
- Sensitize and train frontline health care workers to raise awareness about cervical cancer screening and treatment

COMMUNITY MEMBERS

- Raise awareness about cervical cancer screening and treatment by engaging local leaders—such as members of local government, village health and sanitation committees, and women’s self-help groups—to mobilize support
- Develop tailored messages for the local context and target audience that address known reasons for poor acceptance of cervical cancer prevention services—these include fear of cancer, misconceptions about cancer, and fear of...
screening tests and the instruments/tools used

- Disseminate information through reliable channels, such as community meetings, door-to-door visits, and advertisements at health facilities

References


This HNP Knowledge Brief highlights the key findings from the following World Bank-supported papers:


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