

# Global Surgery Foundation's Women's Health Programme on Cervical Cancer



Catalyzing Meaningful Impact for Women and Communities

## Background: Facts on Cervical Cancer



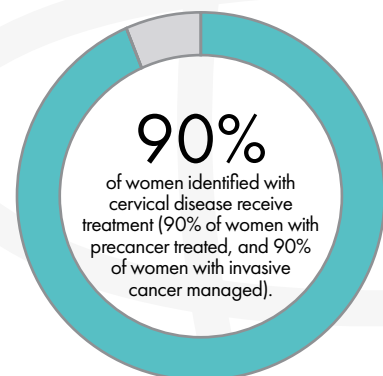
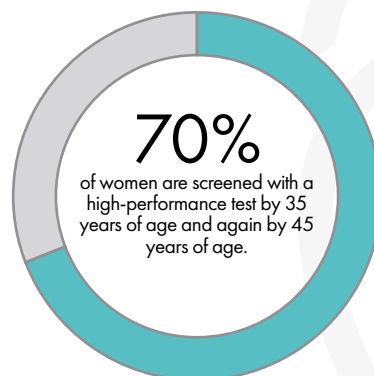
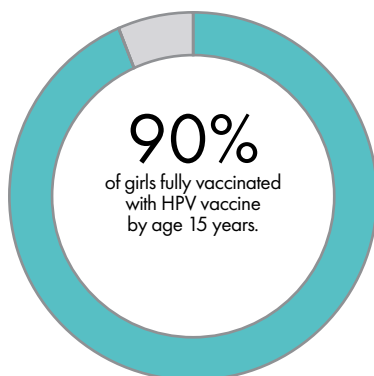
- Cervical cancer is one of the most common cancers and causes of cancer-related death in women globally.<sup>1,2,3</sup>
- One woman dies from cervical cancer every two minutes.<sup>1,2,3</sup>
- Every year more than 600,000 women are diagnosed with cervical cancer, with over 300,000 deaths annually.<sup>1,2,3</sup>
- Cervical cancer kills more women than complications during pregnancy and childbirth.
- Nearly 90% of new cases and deaths occur in low- and middle-income countries (LMICs).<sup>1,2,3</sup>
- Many of these women are also mothers of young children whose lives are shortened due to the premature death of their mothers.<sup>4</sup>
- Beyond mortality, cervical cancer is a cause of significant disability, morbidity and stigmatisation for women, creating significant economic burden since women are affected during their peak economic and caregiving years.<sup>5</sup>

**“Through cost-effective, evidence-based interventions, including human papillomavirus vaccination of girls, screening and treatment of precancerous lesions, and improving access to diagnosis and treatment of invasive cancers, we can eliminate cervical cancer as a public health problem and make it a disease of the past.”**



**Dr Tedros Adhanom Ghebreyesus**  
Director-General,  
World Health  
Organization

**Yet, cervical cancer is preventable and is curable if detected early and adequately treated. GSF's Women's Health Programme supports WHO's Global Strategy for the Elimination of Cervical Cancer and the 90-70-90 targets for 2030 to improve cervical cancer mortality.<sup>3</sup>**



## Why Surgery?

Timely assessment and referral of women with suspected or confirmed cervical cancer are essential for saving lives and preventing disability. Yet, the third pillar of the WHO's Global Strategy, scaling up access to cancer treatment services, is the most neglected pillar to be implemented such that access to cervical cancer management continues to be limited.<sup>2,3</sup> Fragmented and inconsistent policies have lacked a coordinated approach to bring together all the available tools to eliminate cervical cancer and to strengthen its management.<sup>2,3</sup>

Utilizing WHO's framework of strategic actions can help achieve 90% treatment and care for cervical cancer cases, including implementing evidence-based guidelines on cervical cancer management adapted to the local context, strengthening referral pathways and people-centered linkages throughout the continuum of care, strengthening and expand surgical capacity, facility readiness, and improving access to radiotherapy and chemotherapy.<sup>2,3</sup> Early stage cervical cancer is highly treatable by surgery and/or radiotherapy, which can result in long-term survival and/or cure, with five year survival rates for early stage cervical cancer more than 80% in countries where timely diagnosis and high-quality treatment are available.<sup>3</sup> Surgery and radiotherapy, with or without chemotherapy, are among the cost-effective interventions that WHO recommends for early stage cervical cancer.<sup>3</sup>

**Surgery and radiotherapy, with or without chemotherapy, are among the cost-effective interventions that WHO recommends for early stage cervical cancer.<sup>3</sup>**

## Our Approach

Obstacles around cervical cancer management emerge from similar root causes: **system factors** such as facility location, design and readiness, lack of an enabling environment (e.g. leadership, policies, funds) and poorly functioning referral systems; as well as **human factors** such as community care-seeking behaviors, lack of provider/team knowledge and skills, lack of surgical leadership, entrenched professional hierarchies blocking effective teamwork and communication, lack of a culture of patient safety and respect.

The GSF Women's Health Programme takes an inter-related systems and human factors approach to co-designing programs that works across the health system.

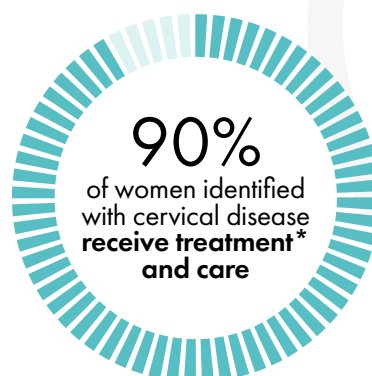
A seamless connection between these health system factors and human factors is essential to improve cervical cancer outcomes, yet this interconnectedness is often overlooked. **The GSF Women's Health Programme takes an inter-related systems and human factors approach to co-designing programs that works across the health system.** This approach functions across the community to the provider/teams/facility, the subnational and national level with a focus at the district hospital level, as well as leveraging existing vaccination and screening programs to achieve meaningful and sustainable impact.

### We prioritize:

- ✓ **Partnerships:** We work in close partnership with ministries of health and other ministries (e.g., finance, transportation, etc.), professional associations, academia, implementers, and other key frontline stakeholders/partners to co-design programs to ensure local ownership that are context appropriate and sustainable.
- ✓ **Workforce capacity development:** We facilitate translation of global recommendations into practice utilizing an interdisciplinary team-based, hands-on approach to capacity building of surgical teams - with a focus on both technical and non-technical skills (e.g., teamwork and communication, leadership skills, etc.) - and to build a culture of patient safety, through the entire continuum of care.
- ✓ **Ensuring facility readiness:** We promote adequate infrastructure and organization of services; reliable electrical power, water, oxygen, sterilization capacity, and blood availability; adequate equipment, supplies and medicines; radiotherapy and chemotherapy where feasible; and adequate biomedical technical support.
- ✓ **Strengthening networks of care and referral systems:** We strengthen and integrate surgical care into and leverage existing cervical cancer screening and vaccination programs, as well as use of the hub-and-spoke and networks of care model.
- ✓ **Use of data for continuous learning and adapting, and for generating evidence:** We integrate practical innovations and digital health; ensure patients' experience of care are captured, and evaluate efficiencies, costs, and effectiveness of surgical care models.

## Key Performance Indicators

### Cervical Cancer



\*90% of women with pre-cancer treated and 90% of women with invasive cancer managed

<sup>1</sup> Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin.* 2021;71:209–49. doi:10.3322/caac.21660.

<sup>2</sup> WHO Cervical Cancer Elimination Initiative. Available at <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>

<sup>3</sup> Global strategy to accelerate the elimination of cervical cancer as a public health problem. Geneva: World Health Organization; 2020. License: CC BY-NC-SA 3.0 IGO.

<sup>4</sup> Mailhot Vega RB, Balogun OD, Ishaq OF, Bray F, Ginsburg O, Formenti SC. Estimating child mortality associated with maternal mortality from breast and cervical cancer. *Cancer.* 2019;125(1):109–17. doi:10.1002/cncr.31780.

<sup>5</sup> Global, regional, and national disability-adjusted life-years (DALYs) for 359 diseases and injuries and healthy life expectancy (HALE) for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017 – The Lancet. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32335-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32335-3/fulltext)

# WOMEN'S HEALTH - CERVICAL CANCER - THEORY OF CHANGE

