

REGIONAL INITIATIVE TEMPLATE

Please complete each section below.

1. Contact Details

Please provide the following contact details:

<i>Name of individual or group submitting initiative</i>	<i>Family Planning NSW</i>
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2. Name of Initiative

Cervical cancer screening and prevention policy and program in the Pacific

3. Background and Rationale

You may consider: What is the issue being addressed by this initiative? What are the causes of this issue? Are there relevant studies that have been carried out to support the issue? Are there links to national, regional or international goals/policies?

Please limit your response to no more than 750 words.

The Pacific faces a number of challenges in regard to reproductive and sexual health, not least, the high rates of cervical cancer incidence and death. Cervical cancer screening saves women's lives, however screening is not routinely available in Pacific nations and women are dying up to nine times the rate of women in Australia (Australia 1.8; Fiji 17.9; Papua New Guinea 23.3; Solomon Islands 10.9 and Vanuatu 9.7 per 100,000 women).

A recent research project of cervical cancer prevention in the Pacific found that while cervical cancer prevention was rated as highly important, the implementation of prevention programs were insufficient with only two of 21 countries and territories having achieved coverage of cervical cancer screening above 40% . The report concluded that "current practices to prevent cervical cancer in the Pacific region do not match the

high burden of disease from cervical cancer” and that a ‘regional approach ...could strengthen political momentum for cervical cancer prevention and avoid risking the lives of many women in the Pacific’¹.

Reducing deaths through implementation of cervical cancer prevention and control programmes supports achievement of the Millennium Development Goals (universal access to sexual and reproductive health services to improve women’s health), the 2010 UN Secretary-General’s Global Strategy for Women and Children’s Health and the 2011 Political Declaration of the UN General Assembly High Level Meeting on Non-Communicable Diseases.

Cervical cancer is the second most common cancer in women worldwide. Every year, more than 270,000 women die from cervical cancer with more than 85% of deaths occurring in low and middle income countries where it ranges from the first to fourth most common type of cancer in women. However, cervical cancer is a preventable cancer.

The most successful primary prevention method, the HPV vaccine, is now available and WHO estimates it has the potential to reduce the global burden of cervical cancer by 70-80%². Unfortunately, however, the vaccination will not impact mortality from cervical cancer for many years. In the meantime, effective methods of early detection of precancerous lesions such as Pap tests exist and have been shown to be successful in reducing deaths from cervical cancer. Following the introduction of the National Cervical Screening Program in Australia in 1991, deaths from cervical cancer halved, from 4 to 1.8 deaths per 100,000 women.

Although available in varying degrees across Pacific Island countries, Pap tests have not been successful in significantly lowering the incidence of cervical cancer due to lack of organised population based screening programmes, poor access to screening for women, inability to process test results in country resulting in tests being shipped overseas and long delays in accessing results and lack of access to sufficient diagnostic and treatment services.

¹ J Obel et al “Mapping HPV vaccination and Cervical Cancer Screening Practice in the Pacific Region” Asia Pacific Journal of Cancer Prevention, vol 16, 2015 p 3435

² WHO (2009) Human Papillomavirus Vaccines: WHO Position Paper. *Biologicals* , **37**, 338-44

4. Description

Please provide a brief overview of this initiative. Try to address the following: Does this initiative contribute to a positive change to the region? What makes this initiative of importance to the Pacific region as a whole? Who would implement this initiative? Who are the main beneficiaries? Are regulatory or legislative changes required at the national level to implement this initiative? How would the initiative be funded? Has this initiative been carried out previously? What are the key risks in implementing this initiative? Are there any complementary projects and programmes currently active? What is the proposed timeframe for this initiative? How would the initiative be sustained over the proposed timeframe?

Please limit your response to no more than 750 words.

Cervical cancer screening using visual inspection with acetic acid (VIA) and treatment of detected lesions with cryotherapy has been recommended by the World Health Organisation as a method for the prevention of cervical cancer in low resource settings which can address many of the barriers to implementing cervical cancer screening using cytology.

From 2010-2013, Family Planning NSW (FPNSW) worked in Fiji with the Ministry of Health, the Fiji Nursing Association and Reproductive and Family Health Association of Fiji to test the feasibility of cervical screening using VIA and treatment with cryotherapy¹. The pilot program involved the delivery of a customised training program developed for the Pacific environment, local IEC materials and delivery of education to men and women about the importance of cervical cancer screening and delivery of screening and treatment. The pilot proved VIA and cryotherapy is an acceptable and effective method of cervical cancer screening and treatment in Fiji. Since 2011, 26 nurses and 13 doctors were trained in this program, local resources were developed to educate women and men about cervical cancer and over 3,600 Fijian women receiving screening and 100 women have had precancerous lesions treated with cryotherapy.

This work has now been endorsed by, and reflected in the Fiji Ministry of Health and Medical Services' "*Cervical Cancer Screening Policy 2015*", a first ever comprehensive cervical cancer screening and treatment policy for Fiji or for any Pacific island. The policy provides a strategic approach to reducing cervical cancer deaths and covers prevention measures, including HPV vaccination, and screening and treatment of precancerous lesions at the primary health care level as well as referral pathways for those that require additional care.

Following the success of the program in Fiji, Family Planning Australia is working in other Pacific countries to support local health services to increase cervical cancer screening and treatment services. In 2015, Family Planning Australia is working with the Cook Islands Ministry of Health and Cook Islands Family Welfare Association to develop promotional materials and build the capacity of community educators and nurses to deliver high quality education and cervical cancer screening to local women.

Family Planning Australia is currently working with the Solomon Islands Ministry of Health and Medical Services to scope a pilot VIA and cryotherapy program in Honiara and Guadalcanal Province. Using the learnings from the Fiji program, we will work with local professionals to customise the IEC materials and training, providing capacity building to community educators and clinicians and deliver information, education, screening and treatment to local women.

In Vanuatu, Family Planning Australia is working to support the Australian Cervical Cancer Foundation and the Ministry of Health to implement a cervical cancer prevention program using HPV vaccination and screening with HPV DNA testing. We will use our expertise to build the capacity of the local community educators to develop IEC materials and deliver community education and customise a training program to build the capacity of clinicians to deliver the program.

Moreover, Family Planning Australia seeks to support more Pacific Island nations to develop cervical cancer

screening policies such as the aforementioned Fijian policy, developed in consultation with the Fiji Ministry of Health and Medical Services. Developing national or regional policy on cervical screening will help to create a robust framework for assessing and implementing the delivery of training and screening programs across the region, in order to address and curb the alarmingly high rate of preventable cervical cancer deaths.

A regional approach across the Pacific to cervical cancer could strategically address this issue by providing political momentum, supporting bargaining power regarding purchase of vaccines, and allowing shared learning and support on policy development and program implementation. A regional initiative on cervical cancer screening and prevention could include and address capacity building of local health workers, and - in combination with local Departments of Health - strengthening research, evaluation and monitoring, a joint approach to HPV vaccination, formalising of screening and treatment pathways, procedures and referrals in national health policies as well as increasing community awareness and understanding of the importance of vaccination, screening and early treatment.

¹ Fong J, Gyaneshwar R, Lin S, Morrell S, Taylor R, Brassil A, Stuart A, McGowan C. Cervical screening using visual inspection with acetic acid (VIA) and treatment with cryotherapy in Fiji. *Asian Pac J Cancer Prev* 2014; 15(24):10757-62.

5. Alignment to Regional Vision, Values and Objectives

Briefly describe how your initiative supports the vision, values and objectives set out in the Framework for Pacific Regionalism. These can be found in the Framework for Pacific Regionalism document or in the submissions guideline document.

Please limit your response to no more than 500 words

Melanesian and Micronesian island countries have some of the highest cervical cancer incidence and mortality rates in the world, with a significant proportion of cases diagnosed at advanced stages. This places a high cost burden on local communities and health systems. Implementing a sustainable, low resource cervical cancer screening and treatment program across the Pacific, as successfully demonstrated in Fiji, could save many Pacific women's lives.

This initiative supports the vision of the Pacific Islands Forum by enabling women to lead free, healthy and productive lives. It upholds values of equity and equality, and the building of safe and stable communities in which individuals are able to maintain good health and contribute to society. Maintaining the reproductive and sexual health of women has been continually shown to promote stability across economic, social and cultural development, as women are more able to participate in communities and economies without the burden of avoidable illness or disease.

This initiative encourages regional capacity building and ownership of policy design and implementation, and promotes strengthened governance and legislative systems throughout the region.

6. Additional Information

Please provide or attach additional information in support of this initiative.

Please limit your response to no more than 5 pages.

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW, Australia. We are experts on contraception, pregnancy options, sexually transmissible infections (STIs), sexuality and

sexual function, menstruation, menopause, common gynaecological and vaginal problems, cervical screening, breast awareness and men's sexual health.

We provide information and health promotion activities, as well as education and training for doctors, nurses, teachers and other health, education and welfare professionals.

We are an independent, not-for-profit organisation.

Family Planning NSW operates internationally as Family Planning Australia. We work to assist disadvantaged communities in the Asia Pacific region to improve access to comprehensive reproductive and sexual health services with funding from Australian aid and private donors.

Our International Program works with family planning organisations at national and international levels as to promote the rights of all people to achieve reproductive and sexual health and wellbeing in the context of a sustainable environment. We also work in partnership with local NGOs and health services to increase access to quality health and education services.

Specifically, our work in the Pacific includes long term capacity building of NGOs and local health systems to address areas of reproductive and sexual health need including: training programs for nurses and health extension officers; men and boys behaviour change programs to improve health outcomes and relationships and address cultural barriers to sexual and reproductive rights; implementing cervical cancer screening and treatment programs; and improving access to contraceptive supplies.

During 2013-2014 our work in the Asia Pacific region reached 3,948 direct and 33,370 indirect beneficiaries in Fiji, Vanuatu, the Cook islands, Timor Leste, Papua New Guinea, the Philippines, Samoa, Solomon Islands, Tonga and Tuvalu.

Our capacity building works includes clinical services, community education, resource development and professional education. We place emphasis on improving the monitoring and evaluation of all of our project work, implementing child protection training and supporting our NGO partners to improve financial management and governance.

We are a signatory to the Australian Council for International Development Code of Conduct, adherence to which is monitored by an independent Code of Conduct Committee elected from the NGO community. Our voluntary adherence to the Code of Conduct demonstrates our commitment to ethical practice and public accountability.

We are fully accredited with the Department of Foreign Affairs and Trade in relation to the management of international aid projects. This includes all components of the compliance requirements for service integrity, development effectiveness and financial management.

7. Uploading initiatives to the Forum Secretariat website

In line with the process outlined in the Framework for Pacific Regionalism, please note that all initiatives will be uploaded to the Forum Secretariat website at the close of the call for initiatives, i.e. 12 June 2015.

8. Contact Details

For further information on completing this template, consult the submissions guideline or contact:

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