Putting evidence into practice: Dissemination and implementation of an evidence-based cervical cancer prevention project in Ethiopia

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OBJECTIVES

• Describe major challenges in implementing a global health project
• Identify strategies for implementing a global health project
• Identify methodological and practical issues to consider when building partnerships in a global setting
CERVICAL CANCER ON A GLOBAL LEVEL

• Cervical cancer is the 2nd most common cancer in women worldwide
• 77% of new cases of cervical cancer and 88% of deaths occur in low resource countries

95% of women in low resource countries have never been screened
• Cervical cancer can be avoided through early screening and treatment
  • Lack resources for Pap tests in low-resource countries
• Vaccination against human papilloma virus (HPV)
  • HPV vaccines may be costly
  • Vaccine may not be available
BACKGROUND: ETHIOPIA

- Population: 93.8 million
- 85% live in rural areas
- More than 80 languages, 200 dialects
- Amharic is the national language
- Primarily Orthodox Christian (43.5%)
Cervical cancer incidence rate: 35.9 per 100,000

2000 new cancer cases diagnosed each year; 33% are cervical cancer

*Probably an undercount…*

6000 deaths each year
Access to health care

- 4 oncologists
- 1 radiotherapy center
- Rural population
- Diagnosed at an advanced stage of cervical cancer
BARRIERS TO SCREENING

Lack of resources + Lack of screening and treatment = Low screening and high mortality
SCREEN AND TREAT (S&T) IN LOW RESOURCE COUNTRY

• Evidence-based, medically safe, and effective approach

• **S&T procedure:**
  • Visual inspection of the cervix using vinegar or dilute acetic acid (VIA) to detect precancerous lesions on the cervix
  • Followed by treatment using a freezing technique (cryotherapy)
WHY CONDUCT S&T IN ETHIOPIA?

- Curable if early stage cervical cancer
- Preventable if precancerous lesions are found
- Shown in multiple settings that S&T works
- A single screening at age 35 can reduce a women’s lifetime risk of cervical cancer by 25%
Developed out of OSU/Ethiopia One Health Collaboration

Ethiopia partners:

- University of Gondar -
  - Department of Nursing
  - College of Medicine
U of G’s Department of Nursing

- Nursing was one of three pioneering programs that formed the U of G
- Leading nursing training center in the country
- 989 undergrads; 32 postgrads
- 32 staff and faculty
- Est. 50% are male
• Focus on capacity building (knowledge and skills, empowerment, resources, sustainability)
• Is it feasible to train nurses, midwives, ob/gyns?
• Is it feasible and acceptable to screen women using VIA and cryotherapy?
• College of Medicine & Health Sciences
• Collaboration with nurses, midwives, ob/gyn, pathologist
• Buy-in from university leadership
• Partner with 2 local clinics
KEY PRINCIPLES FOR BUILDING INTERNATIONAL PARTNERSHIPS

• Serve a specific purpose
• Identify problem/issue
• Collaborate with local experts, stakeholders
• Mutual trust, respect, and commitment
KEY PRINCIPLES FOR BUILDING INTERNATIONAL PARTNERSHIPS

• Build on strengths and assets, but also addresses needs and increase capacity of all partners
• Value multiple kinds of knowledge and life experiences
• Build flexibility, feedback, and compromise into process
KEY PRINCIPLES FOR BUILDING INTERNATIONAL PARTNERSHIPS

• Share findings and lessons learned with all partners in meaningful ways to meet all partners’ goals
• Address sustainability early on (resources, funding)
Barriers

- Lack of preventive care model
- Limited resources (time, money)
- Competing programs
- Territorial issues – multiple universities, non-governmental organizations (NGOs)
Barriers

• Standardized S&T curriculum
• Expertise in S&T to provide training
• Communication issues
Benefits

• Research data are more representative of community concerns

• Local knowledge and expertise may improve quality and validity of research

• Brings together partners with diverse skill sets and expertise
Benefits

• Strengthen and leverage the efforts of partners and available resources to affect change

• Capacity building – educate, empower

• Access to communities and develop long term relationships with communities
Have **passion**

**Commitment** to global health

Be **flexible**

WE CAN BUILD A MOVEMENT FOR HEALTH EQUITY WORLDWIDE!