Action Plan for the Elimination of Cervical Cancer in Guyana

2024-2030

MINISTRY OF HEALTH
GUYANA

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Abbreviations & Acronyms

VIA	Visual Inspection with Acetic Acid
LEEP	Loop Electrosurgical Excision Procedure
NILM	Negative Intraepithelial Lesion or Malignancy
LSIL	Low-Grade Squamous Intraepithelial Lesion
HSIL	High-Grade Squamous Intraepithelial Lesion
ASCUS	Atypical Squamous Cells of Undetermined Significance
ASC-H	Atypical Squamous Cells - Cannot Exclude a High-Grade Squamous Intraepithelial Lesion
AGC	Atypical Glandular Cells
HPV	Human Papillomavirus
STI	Sexually Transmitted Infection
SOP	Standard Operating Procedure
PAP SMEAR	Papanicolaou Test
NCD	Non-Communicable Disease
RHS	Regional Health Service
NGO	Nongovernmental Organisation
FBO	Faith-based Organisation
PTA	Parent Teacher Association

PREFACE

Cervical cancer is a severe illness that can be prevented, yet it still causes a great deal of harm to women worldwide. In Guyana, cervical cancer is the second most common cancer among women. To address this issue, the Ministry of Health has launched a comprehensive programme to eliminate cervical cancer by following the World Health Organization's 90-70-90 guidelines. This entails increasing HPV vaccination coverage to 90% for individuals aged between 9 and 15, screening at least 70% of women aged between 21 and 65 and treating 90% of women diagnosed with precancerous lesions or cancer.

The Ministry of Health is proud to present the "Action Plan for the Elimination of Cervical Cancer by 2030", a comprehensive resource designed to prevent, diagnose, and treat cervical cancer by empowering healthcare professionals, policymakers, and advocates.

This action plan is the culmination of collaborative efforts from experts across diverse fields, including oncology, gynaecology, public health, and epidemiology. Through their collective expertise and dedication, we have synthesised evidence-based recommendations, best practices, and insights into a practical framework aimed at addressing the multifaceted challenges associated with cervical cancer prevention, early detection, diagnosis, treatment, and survivorship.

Our primary objective is to provide stakeholders with a roadmap for effective intervention grounded in the latest research and clinical evidence. Whether you are a clinician seeking guidance on screening protocols, a public health official developing prevention strategies, or a patient navigating the complexities of diagnosis and treatment, these guidelines offer invaluable insights and resources to inform decision-making and improve outcomes.

However, we recognise that the action plan alone is not sufficient to address the complexities of cervical cancer control. Implementation barriers, socio-economic disparities, cultural beliefs, and systemic challenges must also be addressed to ensure equitable access to prevention and care services. Therefore, this plan is intended to act as a catalyst, fostering collaboration, advocacy, and innovation across sectors and communities.

As we come together to fight cervical cancer, we must ensure that our efforts remain focused on promoting fairness, inclusivity, and care that is centred around the patient. By utilising the latest research, embracing innovative approaches, and working together, we can work towards a future where cervical cancer is no longer a widespread threat, and everyone has the chance to lead a healthy and fulfilling life.

I would like to express our deepest gratitude to all individuals who contributed to the development of this action plan. This includes the consultants from the Georgetown Public Hospital Obstetrics and Gynaecology Department, and Oncology, the staff of the Ministry of Health (especially those in the Chronic Non-Communicable Disease Programme), the experts from the Pan American Health Organization, and Mount Sinai. Together, let us continue to work towards a world free of the burden of cervical cancer.

Honourable Dr. Frank Anthony, M.D., M.P.H., M.P.
Minister of Health.

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BACKGROUND

Unlike many other types of cancer, cervical cancer can be averted through screening initiatives aimed at detecting and addressing precancerous abnormalities. Nevertheless, every year, over 490,000 new instances of cervical cancer emerge in women globally. In keeping with the World Health Organization (WHO) mandates for the Elimination of Cervical Cancer by 2030 and recognising the burden of cervical cancer to the Guyanese population, the Ministry of Health of Guyana has decided that a robust strategy must be formulated to address cervical cancer and to ensure that women receive optimal care at every level.

Understanding the development of cervical cancer is crucial for creating effective interventions to prevent fatalities from the disease. Over 99% of cervical cancer cases and their precursors are linked to Human Papillomavirus (HPV) infection, a sexually transmitted infection (STI) that typically exhibits no symptoms. HPV, the most prevalent STI globally, affects an estimated 50% to 80% of sexually active women at least once in their lifetime. Women typically contract HPV during their teens, 20s, or early 30s, making cervical cancer a rare complication of a widespread STI.

Presently, there are over one hundred identified types of HPV, with more than 30 known to cause genital infections. These types are broadly categorised as high-risk and low-risk for cervical cancer, with around a dozen types considered high-risk (while some low-risk types are linked to genital warts). Infection of the cervix with high-risk HPV types can result in cervical abnormalities, which, if untreated, may progress to cervical cancer in certain women.

Types of cancer	2020	2021	2022	2023	Total	Comments
Cervical cancer	56	57	91	68	**272**	Final update 2021 and 2022

Table showing incidence date reported by the National Cancer registry Guyana.

Recognising that HPV serves as a crucial but not exclusive precursor to cervical cancer has led to increased emphasis on the prospects of primary prevention. Factors contributing to HPV risk typically relate to sexual behaviour and include early initiation of sexual activity, having multiple sexual partners over a lifetime (either for a woman and/or her partners), and having a history of other sexually transmitted infections. Consequently, initiatives for primary prevention must concentrate on diminishing infection rates by advocating for a reduction in the number of sexual partners and promoting the adoption of barrier contraceptives, particularly condoms. After being in circulation for over 17 years, the most effective method to guard against HPV infections has consistently been the utilisation of HPV vaccination.

The following plan will outline the actions the Government of Guyana will seek to employ over the next six years as part of the elimination initiative directed towards cervical cancer.

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GUYANA'S CERVICAL CANCER PREVENTION STRATEGY

The Ministry of Health has developed the Package of Essential Health Services for individuals across the life course. This package covers healthcare from early childhood until the elderly.

Within the package are services for women and girls including cervical cancer prevention, screening and treatment. Services for cervical cancer prevention through vaccination are included as a part of the school health programme and graduates into the well-woman package that is delivered at every primary care facility across the country as a continuous service or as per outreach, depending on the location of the facility and the staffing categories.

It is recognised that addressing cervical cancer requires partnership with the community, civil society, religious organisations as well as all other relevant government sectors. It must be underscored that cervical cancer is preventable and a sound prevention strategy that includes all of the elements of a systemic approach will guarantee the results needed to reduce the mortality, morbidity and disability associated with this disease.

This prevention plan focuses on the services to be provided at the different levels of care within the health system in the context of:

- Promotion & Prevention
- Screening & Early Detection
- Diagnosis & Treatment
- Palliation
- Rehabilitation

Model of Cervical Control according to the package of Essential Health Services

Guiding Principles and approaches for the development of the cervical cancer prevention plan

1. Systemic approach to cervical cancer
2. People centered service delivery.
3. Alignment with the Essential Public Health Functions
4. Community engagement and participation
5. Multidisciplinary team approach
6. Continuous quality improvement

Systemic approach to cervical cancer:
The delivery of services for women across the life course must take on a systemic approach to be effective. As the complexity of the disease increases, so would the level at which care is being offered. This requires a well thought-out plan that includes the six building blocks of public health.

People centered service delivery:
For the services to be accessed by the population, it must meet their needs and it must be delivered in a way that is acceptable, therefore it must be culturally appropriate and it must be equitable. Services should be distributed equitably and with no cost to the patient.

Alignment with the Essential Public Health Functions:
The systemic approach proposed for the development of the cervical cancer prevention plan requires institutional strengthening to ensure that the public health actions to be implemented are appropriate and can meet the needs of the target population, taking into consideration the influence of the social determinants of health and how that translates to the emergence of diseases.

Community engagement:
Sustainability of public health initiative requires community involvement. Involvement takes on different forms, from empowerment to participation in planning as well as implementation. The prevention of cervical cancer requires community action, and it is imperative that there is adequate engagement and involvement in the process which allows for meeting the target population.

Multidisciplinary team approach:
Cancer, regardless of its origin, requires multiple specialties for its management. This process can be complicated and burdensome for patients if the managing teams provide vertical services. In the essence of integrated services, it is necessary that instead of vertical management, a multidisciplinary team approach be taken. This allows for better communication and coordination of care making it more holistic and patient-centred.

Continuous quality improvement:
It is the aim of the Ministry of Health that the services offered to patients are of the highest attainable quality, therefore, the monitoring of quality has to be on a continuous basis. This principle provides the opportunity for adjustments on a continuous basis which has the potential for quality to be sustainable.

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STRATEGIC PLAN

The strategic plan for cervical cancer prevention in Guyana is as follows;

GOAL: Reduce the mortality, morbidity, and disability due to cervical cancer among the Guyanese women by 2030

Strategic Action 1: Increase the HPV vaccination coverage of the population (from the ages of 9 to 15) to 90%

Strategic Action 2: Screen twice at least 70% of all women of reproductive age (between the ages of 21 and 65)

Strategic Action 3: Treat 90% of all women with precancerous lesions and 90% of all women with confirmed cancer diagnosis

Strategic Action 4: Improve the quality of life of women with end stage disease

Strategic Action 5: Provide a comprehensive communication strategy to bring awareness on cervical cancer that includes prevention, screening, diagnosis, treatment, and the provision of end-of-life care

This plan will affect the delivery of health services for cervical cancer throughout the country. It will be the guiding document for the continuum of care that is in alignment with the Package of Essential Health Services. Care is taken into consideration from the level of the community to the tertiary level facility. It also takes into consideration recommendations from the international and national context for the formulation of this roadmap to be implemented.

Strategic Action 1:

Increase the HPV vaccination coverage of the population (from the ages 9 to 15) to 90%

HPV vaccination is the main intervention in the line of primary prevention of cervical cancer. The aim of primary prevention (vaccination) is to reduce the incidence of HPV infection in the population. There are different types of HPV vaccines which are all produced to reduce infections with the strains of the virus that causes cancer.

Guyana, in the year 2012, introduced the HPV quadrivalent vaccine which is still in use in the population. The dosage of this vaccine has changed overtime and currently for the primary target population, it is one dose of the vaccine for lifelong protection. The secondary targets have different schedules which are based on age as well as underlying conditions.

For elimination of cervical cancer, which is now the new target set for this disease in the global public health arena, it is recommended that vaccination of the target population (girls 5-15 years) should achieve a coverage of 90% and above.

The below are the strategic activities aimed at improving the HPV vaccination coverage within Guyana.

			PERCENTAGE OF POPULATION - TARGETS							
	Age Group	Total	20%	30%	40%	50%	60%	70%	80%	90%
1D	9 - 15	46,154	9,231	13,846	18,462	23,077	27,692	32,308	36,923	41,539
2D / 6m lapse	16 - 25	69,552	13,910	20,866	27,821	34,776	41,731	48,686	55,642	62,597
3D / 6m lapse	26 - 45	105,184	21,037	31,555	42,074	52,592	63,110	73,629	84,147	94,666
	Total	220,890	44,178	66,267	88,356	110,445	132,534	154,623	176,712	198,801

Strategic Line 1	Activity	Timeline	Collaborators	Comments
Planning	Identification of Cervical Cancer Elimination Committee	2023	PHC, Disease Control, Clinical Services, Ministry of Education (MOE)	Committee will lead comprehensive approaches to HPV vaccination including social mobilisation and campaign planning
	Execution of high-level planning meeting with MOE	2024- 2026	MOE and MOH	Meeting of leaders will seek to support efforts made by the technical team
	Updating school screening activities to screen for HPV vaccine on entry to secondary school	2024		Include in public health and immunisation acts
	Update HPV vaccination protocols for age 16-45 years			
Vaccine Administration Campaigns	Execution of two 90-days in and out of school campaign yearly	March 01 – May 31 and September 01- November 30 annually	MOE, MOH	Will seek to give a boost to vaccine administration although service is accessible all year round
	Healthcare worker promotion and incentivisation	2024- 2030		
Monitoring and Evaluation	HPV vaccination 10-year serological impact study	2024	Consultation: external partner	The impact study and prevalence study will be accompanied by a cervical cancer incidence study. Studies will be quantitative only.
	HPV seroprevalence study	2026		
	Quarterly review meetings (internal)	2024- 2030	MOH	
Knowledge Sharing	Cervical Cancer /HPV Scientific Conference	Annually	International Partners	First conference was hosted in February 2024
	Submission of best practice paper	2024	MOH	

Strategic Action 2:

Screen twice at least 70% of all women of reproductive age (between the ages of 21 and 65)

Screening for cervical cancer is done on the premise of detecting lesions early and offering the best treatment option that will allow for a reduction in the incidence of cancer. The screening method differs based on the age of the patient and results of previous screening done.

Screening for cervical cancer will begin at the age of 21, using the following methods:

- Visual inspection with acetic acid
- HPV testing
- HPV test + pap smear
- Colposcopy
- Direct Biopsy

It is to be noted that:

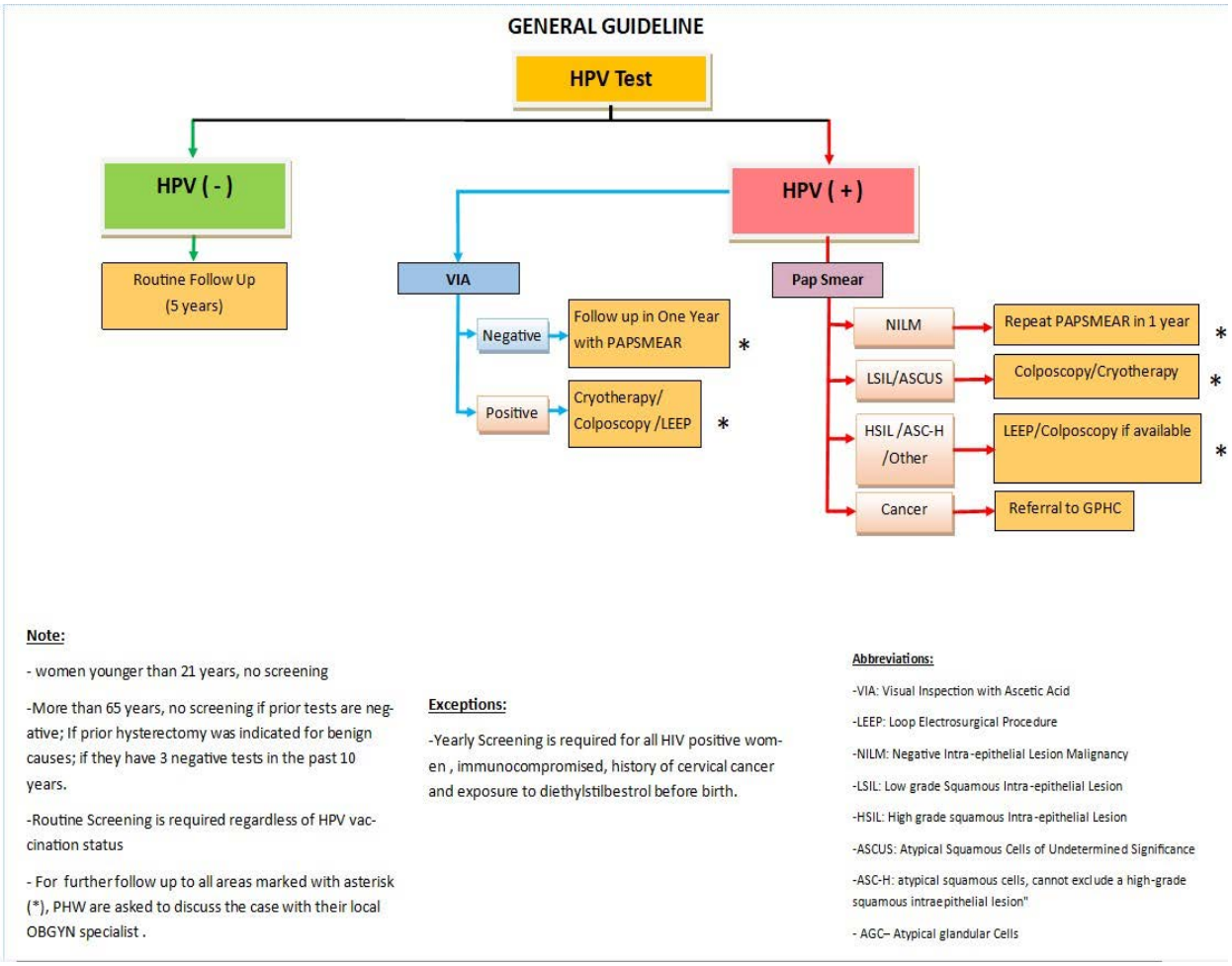
- Women under 21 years will not be screened unless the following occurs:
- Sexual activity has started early
- Medical examination warrants screening for HPV
- Women over 65 years will not be screened if the prior test is negative, if prior hysterectomy was done for benign indication, or if they present with three negative co-tests in the past 10 years
- Routine screening is required regardless of HPV vaccination status
- For further follow-up to all areas marked with asterisk (*); the public health workforce is asked to discuss the case with their local OBGYN specialist.

Exceptions

Yearly screening will be required for:

- All women who are HIV positive
- All women who present with any disease that causes immunosuppression.
- All women who present with a history personal/ family of Cervical Cancer or any other cancer
- All Women who had exposure to diethylstilbestrol before birth.
- All women who present with or had a history of Genital warts.

Regional Targets of women to be screened												
Target	Region	1	2	3	4	5	6	7	8	9	10	Total
		7831	13262	30536	88267	14114	31064	5206	3138	6867	11330	211615
5%	2024	392	663	1527	4413	706	1553	260	157	343	567	
10%	2025	783	1326	3054	8826	1411	3106	521	314	687	1133	
15%	2026	1175	1989	4580	13240	2117	4660	781	471	1030	1700	
20%	2027	1566	2652	6107	17653	2823	6213	1041	628	1373	2266	
20%	2028	1566	2652	6107	17653	2823	6213	1041	628	1373	2266	



Strategic Line 2	Activity	Timeline	Collaborators
Screening Policy & Guidelines	Establishment of policy for screening to incorporate VIA, PAP Smear and HPV testing (inclusive of self-testing) Integration of HPV testing into Maternal clinics. Establishment of SOP to guide HPV Sample collection Hubs and transport guidelines Establishment of guidelines for turnaround time for lab results to patients (database; email & WhatsApp) Creation of SOPS for provision of services from Level 2 to Level 5 Patient Screening card for health center Creation of Standard reporting format for Vaccination, HPV testing Creation of HPV Self testing instruction Card	January 2024 February 2024 January 2024 January 2024 January 2024 February 2024	Cervical Cancer Steering Committee Lab services Lab services Surveillance Unit.
Establishment of VIA sites	Training of all primary health care doctors and Medex in VIA, PAP smear, cryotherapy, thermal ablation.	February- March 2024	NCD, Women's Health, RHS
	Establishment of VIA/ PAP hubs (should include outreach activities for satellite facilities) Allocation of ½ to Screening clinics	February- December 2024	NCD, Women's Health, RHS

	Procurement of Cryotherapy machines/ thermal ablation devices for VIA treatment hubs	June- November 2024	NCD, Procurement
	Establishment of Telemedicine consultation for PAP Smear reading with GPHC Gynaecology specialist Telepathology	March- December 2024	Women's Health, RHS, NCD, GPHC
Introduction of HPV testing	Training of all healthcare workers to perform HPV testing. Training of women to perform self-testing.	February- March 2024	Lab/Standard & Technical, NCD, Women's Health, RHS
	Procurement of HPV Testing kits	February-March 2024	Lab/Standard, Procurement
	Establishment of sample collection schedule and hubs	February- March 2024	RHS, NCD, Lab/Standard
	Establishing mechanisms for samples to be collected at primary care facilities and transported to Regional and selected district facilities	February- March 2024	RHS, Lab/Standard, NCD
	Creation of system to provide results in a timely manner back to the regions and patients		

Strategic Action 3:

Treat 90% of all women with precancerous lesions and 90% of all women with confirmed cancer diagnosis

- Cryotherapy/ Leep
- Chemotherapy
- Brachytherapy/radiotherapy
- Surgery

There is a recognised precursor stage (i.e., precancerous lesions) that can be treated in a safe, effective, and acceptable way. The time between the appearance of precancerous lesions and the occurrence of cancer is long (about ten years), leaving ample time for detection and treatment. Treatment of early lesions is very inexpensive compared to the management of invasive cancer. Women who have access to effective prevention programmes are less likely to develop cervical cancer than women who do not.

The target set for treatment of women with precancerous as well as cancerous lesions is 90% of all diagnosed. It is recognised that treatment will be different based on staging of cancer as shown in the below algorithm. Treatment will be available at all levels of care and referrals will be made depending on the complexity of the case.

Strategic Line 3	Activity	Timeline	Collaborators
Treatment Guidelines & Policy	Development of treatment policy and guidelines: (surgery, chemotherapy, radiotherapy)	January 2024	Cervical Cancer Steering Committee, GPHC Oncology
Establishment of Gynaecology Clinics at Regional & District Hospitals	Establish Telemedicine hubs for gynaecology at Regional Hospitals & selected district hospitals	June- October, 2024	RHS, GPHC oncology
	Procurement of medications for chemotherapy	Jan- December 2024	
	Establishment of chemotherapy treatment sites at all Regional Hospitals	February- June 2025	RHS, GPHC oncology
	Training of staff in chemotherapy in Regional hospitals	February-June 2025	RHS, GPHC oncology

Imaging services	Imaging services at the Regional & district hospitals for diagnosis and treatment	May 2024-May 2026	RHS
Support Laboratory Services	Expansion of laboratory services to include the list of tests that align with cervical cancer management (district & regional hospitals)	March 2024-June 2026	RHS, Lab/Standard
Radiotherapy Services	Establishment of radiotherapy services at one central Site	May 2024-May 2026	RHS, NCD
	Capacity building/training on the care of patients receiving radiotherapy	June- Dec, 2024	RHS, NCD, IAEA
	Development of SOPs for the provision of radiotherapy services	June- Dec, 2024	IAEA/NCD
	Design of Building Procurement of equipment Sourcing of Staff: radiation oncologist, medical physicists, radiation technicians	March 2024 Jan- dec 2024 July 2024	Standards/ NCD, Mount Sinai NCD, procurement RHS, CMO
Psychosocial support	Establishment of protocol for patients diagnosed positive to receive psychosocial support at the primary care facilities	March 2024	NCD, CMO
Monitoring and evaluation	Reporting of indicators - Percentage of women 21-65 screened once or twice for cervical cancer	Jan- Dec 2024-2028	M&E, Surveillance

Strategic Action 4:

Improve the quality of life of women with end stage disease

Strategic Line 4	Activity	Timeline	Collaborators
Treatment Guidelines & Policy	Development of policy and guidelines for palliative care Training of staff to provide palliative care	June 2024 November 2024	RHS, GPHC, NCD
Establishment of Palliative Care Wards in Regional and District Hospitals	Establishment of 1-4 beds palliative care wards in regional and district hospitals	February -December 2025	RHS
	Procurement & distribution of medication for palliative care to facilities	February-December 2025	RHS, Procurement
Establishment of Home-based End-of-Life care	Train primary care physicians and other recognised categories to do home based care for patients who are terminal	February-December 2025	RHS, Elderly Health, GPHC
Psychosocial Support	Psychosocial support at the primary care level for family members and patients who are terminally ill	February-December 2025	NCD, RHS
Monitoring and Evaluation	Reporting of indicators - Percentage of women diagnosed with cervical cancer either invasive or non-invasive who receive treatment	January-December 2024-2028	M&E, Surveillance

Strategic Action 5:

Provide a comprehensive communication strategy to bring awareness on cervical cancer that includes prevention, screening, diagnosis, treatment and the provision of end-of-life care

Strategic Line 5	Activity	Timeline	Collaborators	
HPV vaccination Campaign Execution: **Social Mobilization campaign**	Collaboration with influential social media personnel (endorsements)	2024-2027	MCH, PR, Voluntary campaigns. Contracted personnel, partner organizations	Social mobilization activities will be constant and ongoing. Targeting Health care workers, parents, teachers, religious organizations, and medical personnel
	Production and dissemination of themed messages (video, audio, billboards, text blasts)	2024-2027		
	Community engagement of schoolteachers and PTA	2024-2030	MOE, MYSC, international partners, NGOs	
	Engagement of NGOs for out of school youth	2024		
	Engagement of in school youth in annual advocacy activities	2024- 2030	Adolescent health, school health clubs	
	Private Public Partnership for promotion	2024-2030	Private, hospitals, clinics, NGOs	
Social Mobilization & Public Education Campaign	Meeting with NGOs, FBOs, Women & Gender	February 2024	Private, hospitals, clinics, NGOs, public organisations	
	Collaboration with influential social media personnel (endorsements)	February 2024	PR, Media	

	Production and dissemination of themed messages (video, audio, billboards, text blasts, pamphlets, books)	February- September 2024	PR, Media	
	Engagement of the target population (women) through multiple activities eg NGO, FBO, Public Service, Private Sector	February- November 2024 March 2024	Women's Health, NCD PR	
	Development of Women Health Card- Package Implementation (HPV vaccination status, mammogram screening, cervical cancer screening, Family Planning,)			
Private sector Collaboration	Private sector Collaboration for health promotion.	April, 2024	Media house, telecommunications networks, private sector entities.	

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INDICATOR MATRIX FOR CERVICAL CANCER PREVENTION PLAN

Strategic Action	Indicator	Baseline	Year 1	Year 2	Year 3	Year 4	Year 5
Increase the HPV vaccination coverage of the population (from the ages of 9 to 15) to 90%	Vaccination Coverage (HPV) 9-15 years	40.8%	50%	70%	90%	95%	95%
	Vaccination Coverage (HPV) 16-45 years	2.7%	50%	70%	90%	95%	95%
Screen twice at least 70% of all women of reproductive age (between the ages of 21 and 65)	Percentage of women aged 21-65 screened once for cervical cancer using one method of screening done every 5 years	1.3%(baseline collected for VIA screening for 2023)	5%	10%	15%	20%	20%
	Percentage of women aged 21-65 screened twice for cervical cancer using at least two methods	0.08%	5%	10%	15%	20%	20%

	Number of facilities providing cervical cancer screening	17.9%	25%	35%	45%	55%	65%
Treat 90% of all women with precancerous lesions and 90% of all women with confirmed cancer diagnosis	Percentage of women aged 21-65 screened who have precancerous lesions	5.4%	10%	15%	20%	20%	25%
	Percentage of women aged 21-65 diagnosed with stage 1 and 2 cervical cancers (	29%	10%	15%	20%	20%	25%
Improve the quality of life of women with end stage disease	Percentage of women aged 21-65 years diagnosed with stage 3 and 4 cervical cancers	13%	10%	15%	20%	20%	25%
	Percentage of women aged 21-65 with precancerous lesions who receive treatment	5.4%	10%	15%	20%	20%	25%
	Percentage of women aged 21-65 with Stage 1-2 cervical cancer that received treatment	No baseline data	10%	15%	20%	20%	25%
	Percentage of women aged 21-65 with Stage 3-4 cervical cancer that received treatment	No baseline data	10%	15%	20%	20%	25%
	Percentage of women age d21-	23.3%	25%	45%	65%	75%	80%

	65 diagnosed with cervical cancer that received chemotherapy treatment						
	Percentage of women aged 21-65 diagnosed with cervical cancer that received radiotherapy treatment	26.6%	25%	45%	65%	75%	80%
	Number of facilities offering treatment for precancerous lesions	17.9%	20%	25%	40%	50%	60%
	Number of facilities offering treatment for invasive cervical cancer	2%	15%	20%	30%	40%	45%
	Percentage of women with end stage cervical cancer that received palliative care	No baseline data available	15%	30%	40%	45%	55%

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