

Cervical Cancer Prevention: A Challenge in Eastern Europe and the Newly Independent States

Women in low-resource countries—and especially the poorest women—continue to suffer disproportionately from cervical cancer. Some 85 percent of all annual new cases and deaths occur in these countries, where cervical cancer is the number one cause of cancer-related deaths among women. Disease incidence and mortality rates in Eastern Europe and the Newly Independent States (EE/NIS) are relatively high. For example, Romania, Kazakhstan, and Kyrgyzstan all have age-standardized incidence rates of more than 20 per 100,000 women (Ferlay 2004). (Rates in North America, where effective cervical screening is common, are about 8 per 100,000 women.) High rates typically result from a lack of adequate services to screen women for cervical abnormalities and offer treatment for precancerous lesions.

Human papillomavirus (HPV) is the sexually transmitted infection (STI) that causes cervical cancer. HPV is the most common STI worldwide; the vast majority of sexually active women become infected with HPV

at least once in their lifetime, although infections usually disappear or become undetectable over time. There are about 100 genetic types of HPV, 13 of which are considered high risk for causing cancer. Only a small percentage of women infected with a high-risk type develops persistent infections; these women have an increased risk of developing precancerous cervical lesions. If untreated, the lesions can progress to cancer over a period of several years—usually occurring among women in their 40s and 50s.

Prevention of cervical cancer by preventing HPV infection is difficult because infection produces no symptoms (although it sometimes results in the development of genital warts) and it is easily transmitted. The virus can reside around the anus and genital region, so condoms offer little protection. Cervical cancer prevention by screening for and treating precancerous lesions has proven to be a more effective public health strategy. While well-organized Pap smear programs have significantly reduced the burden of disease in developed countries, infrastructure and other requirements make cytology difficult to implement in many low-resource settings. Indeed, cervical screening efforts in some countries in the EE/NIS region have been underway for years, but inadequate organization and service quality mean that screening has had little or no impact on disease incidence or mortality. In addition, screening programs that may have existed in these countries prior to transition have either collapsed or now require out-of-pocket payments, which are unaffordable for most.

Alternative screening methods such as visual inspection with acetic acid (VIA) or with Lugol's iodine (VILI) offer promise as simple, rapid, and effec-

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The content of this newsletter is based in part on the “Emergency Contraception Newsletter” published twice a year by the International Consortium for Emergency Contraception (ICEC) and the American Society for Emergency Contraception (ASEC), and all articles are reprinted with permission of ICEC and/or ASEC. PATH is pleased to be able to adapt the newsletter to the East European (EE) and Newly Independent States (NIS) region and disseminate it to interested health providers, program managers, and decision-makers.

About the ICEC

The mission of the International Consortium for Emergency Contraception and its members is to expand access to and ensure safe and locally appropriate use of EC worldwide within the broader context of family planning and reproductive health, with emphasis on developing countries. The Consortium maintains a global information network; issues internationally relevant normative materials about EC, including medical guidelines; and supports advocacy efforts at international, regional, and country levels. The Consortium now has 36 member agencies worldwide.



For more information, please visit www.cecinfo.org.

About the ASEC

The American Society for Emergency Contraception is a voluntary collaboration of organizations that promote the availability of EC for women. Founded in 1997, ASEC has four mandates: (1) to serve as a source of information for the media and others who want information on EC; (2) to serve as a watchdog for inaccurate or biased articles in the press and respond with accurate letters to the editor, and to watch for abuses of reproductive rights related to EC and draw attention to these problems; (3) to promulgate policies on EC and to support and disseminate the statements and guidelines of other organizations willing to endorse the method; and (4) to link its members, which are organizations working in the field of EC.

About PATH

PATH is an international, nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, PATH helps provide appropriate health technologies and vital strategies that change the way people think and act. PATH's work improves global health and well-being.



Headquartered in Seattle, Washington, PATH has 18 offices in 12 countries. PATH currently works in more than 100 countries in the areas of reproductive health; vaccines and immunization; HIV, AIDS, and tuberculosis; and children's health and nutrition.

In 2002, PATH participated in developing and presenting a seminar on EC in Kyiv, Ukraine. One of a series presented by the Albert Schweitzer Institute with support from the Open Society Institute, the seminar brought together key EE and NIS policymakers, medical community leaders, and nongovernmental organizations. These stakeholders subsequently became the core members of the EC Network of the EE and NIS. Following the EC seminar in Kyiv, PATH administered a small grants program that supported EC awareness-raising efforts of six organizations in Armenia, Lithuania, Macedonia, Moldova, Russia, and Uzbekistan.

For more information, please visit www.path.org.

tive means of identifying precancerous cervical changes. The Alliance for Cervical Cancer Prevention (www.alliance-cxca.org) is currently conducting research to gather evidence regarding VIA and VILI screenings' impact on burden of disease when combined with simple outpatient treatment as needed. The results will be available in 2007. Another screening approach, HPV DNA testing, is more objective than visual inspection and generally performs better than other tests. However, as currently formulated, the test requires considerable infrastructural and technical capacities that make it difficult to implement in low-resource areas. Recent progress in developing vaccines that prevent HPV infection show promise, but they won't be broadly available in low-resource settings for many years to come.

Efforts are under way throughout the EE/NIS region to strengthen existing prevention activities. A 2004 meeting in Albania brought together representatives from nongovernmental agencies and health ministries from Eastern and Central Europe and the NIS to share lessons learned and receive state-of-the-art information on cervical cancer prevention strategies. The meeting, titled Cervical Cancer Prevention, was organized by the Open Society Institute (OSI) and PATH, in collaboration with the Open Society Foundation for Albania and the Open Society Fund Lithuania. The meeting culminated with participants developing country plans of action for cervical cancer prevention, committing themselves to clarifying country needs, and strengthening a regional network to address this important issue. Conference materials in English and Russian are posted on OSI seminar's website at <http://health.osf.lt/en/seminars/>.

Reproductive health questions and answers

What guidance should I give to clients who are taking an oral contraceptive if they miss pills?

The World Health Organization (WHO) has new guidance for the standard low-dose pills that is easy to understand and remember. The key concept is: “Just keep going.” Whenever a woman realizes she has missed pills, regardless of how many she has missed, she should take one as soon as possible and then continue on with another pill each subsequent day.

There are 2 additional points that help round out the recommendation:

1. If 3 or more pills are missed, she should immediately resume taking the pills (beginning with the first forgotten pill and completing the pack) and use a back-up method, such as condoms, or abstain, for 7 days.
2. If the missed pills occur in the third week of the cycle, she should skip the 7 placebo pills and just go on to a new pack, using a back-up method.

How are ECPs such as Postinor-2, a levonorgestrel-only ECP, different from the abortion pill RU486 (mifepristone)?

There are key differences relating to mechanism of action and timeframe for use.

Mechanism of action:

- The bulk of evidence suggests that levonorgestrel (such as Postinor-2 ECPs) may prevent ovulation; other evidence suggests that ECPs prevent fertilization of an egg and the implantation of a fertilized egg in the uterus.
- Mifepristone terminates a pregnancy by blocking progesterone receptors in the uterus. Progesterone, or progestin, is a normal female hormone secreted by the ovary that the uterus needs to maintain implantation of a fertilized egg in the uterine lining. Mifepristone is usually used with misoprostol, which initiates uterine contractions.

When they are used:

- ECPs are used to prevent pregnancy and should be used as soon as possible after unprotected inter-

course; ECPs can be used within 120 hours (5 days) of unprotected sex. This is before a pregnancy can be established. According to medical expert authorities, including WHO, pregnancy is defined as the implantation of a fertilized egg in the lining of the uterus, which usually occurs five to seven days after fertilization. If ECPs are used after implantation, they have no effect and do not harm the fetus.

- Mifepristone is used to cause an abortion and can be used up to 49 days (7 weeks) after the start of the last menstrual period.

International EC news

EC included in the Mexican Family Planning Norms

After eight years of negotiations, emergency contraception (EC) was included by the Mexico Ministry of Health in the Family Planning Norms in January 2004. There was an immediate, vehement backlash from the church and anti-choice organizations to this inclusion. The Ministry held its ground and in addition, the public and media response to the inclusion of EC in the Norms was overwhelmingly positive. The Population Council, an international health research organization, is analyzing the factors that led to such a positive response to EC's inclusion in the Norms through in-depth interviews with members of the press who covered the issue. Additionally, the organization is developing materials on EC to train health workers.

Tunisia becomes the first Arabic-speaking country to make EC available over the counter

Since February 2002, NorLevo has been available in Tunisian pharmacies by prescription only and with no awareness-raising efforts to inform and educate women about this contraceptive option. Various educational programs had been investigated (such as focus groups and contraception debates) but forbidden by the authorities. Therefore, the availability of EC was little-known among the public. Sexually active women, needing to hide their sexual activity from their family, would often choose not to visit their gynecologist in case of pregnancy risk but wait until the next menstrual period and have an abortion if pregnancy was established. In September 2004, Tunisian authorities recognized the need to allow women to

have increased access to EC and approved a status registration switch, making it possible to obtain EC over the counter without a prescription—and making Tunisia the first Arabic-speaking country to do so.

EC and RH news from the EE/NIS region

Preventing HIV/AIDS among Balkan youth

Through collaboration with youth organizations in Kosovo, Montenegro, Macedonia, Serbia, Bosnia and Herzegovina, and Croatia, the International Planned Parenthood Federation European Network (IPPF EN) launched an innovative project to help stop the spread of HIV/AIDS among young people in the Balkan region, which is experiencing one of the fastest-growing rates of HIV in the world.

From 2001 to 2003, with funding from the German Ministry for Economic Cooperation and Development, IPPF EN and its member associations in Albania, Bulgaria, and Romania trained a group of young people to provide sexual and reproductive health education to their peers. These peer educators were challenged to confront their own biases related to people who are different from themselves, especially those that are from vulnerable, marginalized, and socially excluded groups. The program brought together the peer educators with participants who were from these groups, including sex workers, people living with HIV/AIDS, injection-drug users, displaced people, and orphans. This project marked the first time that IPPF EN had worked with organizations in Croatia and Macedonia, and it allowed IPPF EN to once again take up its work in the Former Republic of Yugoslavia following the Balkan crisis and embargo.

The Balkan project is now in its second phase, which will run from 2004 to 2005 in Kosovo, Macedonia, Montenegro, Serbia, and Bosnia and Herzegovina. The 2004–2005 project will expand the first project geographically by taking activities outside of the capital cities to rural areas and villages, and it will try to build a bigger network of peer educators and trainers-of-trainers. It will also introduce a service component and create youth-friendly services in each of the countries.

Research results and technical updates

Advance EC supplies do not lead to repeated use and risk-taking

Ziebland S, Wyke S, Seaman P, Fairhurst K, Walker J, Glasier A. What happened when Scottish women were given advance supplies of emergency contraception? A survey and qualitative study of women's views and experiences. *Social Science and Medicine*. 2005;60(8):1767–1779.

The Lothian Emergency Contraception Project in Scotland was a research project that looked at the affect on behavior of advance provision of ECPs. In this study, women aged 16–29 were given five packs of ECPs to keep at home. Researchers used survey and qualitative interview data to describe how women used the project packs and their views of advance supplies. The women's accounts indicated that easy access to emergency contraception did not lead to repeated use and risky sex. Women were pleased to be offered the packs, saying that the packs offered practical advantages and also spared them the difficulty of negotiating a sometimes awkward consultation. Respondents explained how they used their packs of EC and in their accounts emphasized that they did not take risks with contraception or sexually transmitted infections.

Assessing contraceptive and reproductive health knowledge among youth

Selak S, Juric V, Hren D, Juric M. What do young people from Mostar, Bosnia and Herzegovina know about contraception and sexual health? *Croatian Medical Journal*. 2004;45(1):44–49.

The goal of this study was to determine what adolescents living in Mostar, Bosnia and Herzegovina, know about contraception and sexual health. The authors used an anonymous questionnaire to survey a random sample of 120 high school students, 60 from two general high schools and 60 from a vocational school. There were 30 male and 30 female students aged 15–17 years from each type of school. The questionnaire consisted of 23 questions: 17 tested the students' knowledge on the menstrual cycle, contraception, emergency contraception, and STIs, and 6 inquired how they obtained the information on these issues. The study found that female students had greater general knowledge, knowledge on contraception, and knowledge about STIs than their male peers. High school students, in comparison

with their vocational school peers, had greater general knowledge and knowledge on contraception or STIs. Major sources of information on contraception and sexual health were magazines (69 percent), TV/radio (50 percent), school (37 percent), and friends (36 percent). The most common reason that youth in the study cited as preventing them from obtaining information on these issues was shame (52 percent). The two most common contraception methods known to them were the condom (82 percent) and contraceptive pill (77 percent), whereas 17 percent of all students were unfamiliar with any contraceptive method. When asked what could be done to improve their knowledge on sexuality, contraception, and STIs, most students opted for the inclusion of sexual education into school curricula.

Publications

New behavior change communication (BCC) guide released for HIV/AIDS, STI programs

PATH and Save the Children have published *A Guide to Developing Materials on HIV/AIDS and STIs*, which incorporates new communication strategies into behavior change communication (BCC) projects for HIV/AIDS and STIs. The guide offers step-by-step guidelines for developing accurate, useful, and action-oriented educational materials to meet the communication needs of HIV/AIDS and STI prevention, care, and support programs. Available in English at www.path.org/files/CP_u_guide_hiv-aids-sti.pdf and in Russian at www.path.org/files/CP_u_guide_hiv-aids-sti_r.pdf.

Review of post-ICPD developments

Achieving ICPD Commitments for Abortion Care in Eastern and Central Europe: The Unfinished Agenda. In this review of post-ICPD developments in Eastern and Central Europe, Ipas (an international organization focusing on women's sexual and reproductive rights) shows how the political and economic needs of a country, combined with the presence of vocal and powerful religious entities, can lead to infringements on the rights of women to manage their fertility. Available in English at www.ipas.org/english/publications/international_health_policies.asp.

UNAIDS report on the AIDS epidemic

UNAIDS' 2004 Report on the Global AIDS Epidemic highlights global HIV/AIDS rates and trends. Available in English and Russian at www.unaids.org/bangkok2004/report.html.

Women's human rights and opportunities in EE/NIS

The Open Society Institute's Network Women's Program has developed *Bending the Bow: Targeting Women's Human Rights and Opportunities*, which focuses on key women's rights issues throughout Central and Eastern Europe and the NIS, as well as reports from Soros foundations in countries and areas of the region. The report highlights gender challenges common to the region such as violence against women and women's declining economic, social, and political status. It also features country profiles of innovative efforts on the part of women's organizations to combat these challenges. Available in English at www.soros.org/initiatives/women/articles_publications/publications/bendingbow_20020801.

Sexuality education in Eastern Europe

IPPF EN's publication *Sexuality Education for All of Us: The Experience of IPPF EN in Eastern Europe* is the outcome of a project called Sexuality Education for All of Us conducted in Armenia, Georgia, the Republic of Moldova, Romania, and the Russian Federation. Its case studies document the actions undertaken and the efforts made in the area of sexuality education. Available in English at www.ippfen.org/site.html?page=34&lang=en.

Linking reproductive health to poverty reduction

IPPF EN's document *Poverty and Sexual and Reproductive Health and Rights: Understanding the Link* outlines the connection between poverty and access to reproductive health information and services. It presents evidence of the impact of reproductive health on individual and community well-being and describes the benefits of investing in sexual and reproductive health and rights. Available in English and Russian at www.ippfen.org/site.html?page=34&lang=en.

Report on global family planning meeting

Informed Choice in International Family Planning Service Delivery: Strategies for the 21st Century is a report of a global working group meeting held at the Rockefeller Foundation Bellagio Study and Conference Center in November 1998. The report defines informed choice, discusses barriers, sets priority objectives, and describes strategic approaches for ensuring informed choice. Available in English; Executive Summary available in Russian. For more information, visit www.engenderhealth.org/pubs/pubslst.html.

Useful links

Emergency contraception for conflict-affected settings

The Reproductive Health Response in Conflict Consortium (RHRC Consortium) has developed this distance-learning module to meet the need for increased awareness and knowledge about EC among health service providers working with refugee and internally displaced populations. The module provides practical guidance on the use of EC in settings affected by conflict. Aimed at health service providers working with refugee and internally displaced populations, it is also useful for nongovernmental organizations, government authorities, and other humanitarian partners. It begins by explaining the difference between EC and abortion. It then provides detailed information on the two EC systems—oral emergency contraceptive pills and the intrauterine device (IUD)—with guidance on how each method works and its appropriate use. Other topics covered include the reasons why displaced women and adolescents of reproductive age may need EC, important precautions and considerations for EC use, and how to manage side effects.

The module also includes recommendations for service delivery in conflict-affected settings, highlighting the important role of providers in making EC available to displaced populations. Key issues explored include the use of counseling in relation to family planning, gender-based violence, and sexually transmitted infections. The online version of the module is interactive and includes a quiz, case studies, and links to further web-based resources. It can also be downloaded or

printed for offline review. Available in English at www.eldis.org/static/DOC15528.htm.

Reproductive health materials in English and Russian

Family Health International (FHI, www.fhi.org) is a nonprofit international public health organization that helps countries and communities prevent the spread of HIV/AIDS and sexually transmitted infections and care for those affected by them. It also helps improve people's access to quality reproductive health services—especially safe, effective, and affordable family planning methods—and to improve the health of women and children, especially those who live in resource-constrained settings. The FHI web site has been translated into Russian and provides access to many reproductive health materials in Russian. Available in English at www.fhi.org and in Russian at www.fhi.org/ru/fhir.html.

International Planned Parenthood Federation's European Network (IPPF EN)

The IPPF EN is one of six regions of the IPPF, the world's largest voluntary organization involved in sexual and reproductive health and rights. IPPF EN has member associations in 39 countries and is active in several more countries throughout Europe and Central Asia. The IPPF EN website (www.ippfen.org/site.html) offers access to a broad range of reproductive and sexual health information and materials to support advocacy and strengthen service provision.