



Exploring Enabling factors and Barriers to Implementing a Systematic Cervical Cancer Screening Programme for ex-Gurkha Veterans' Wives and Widows in Nepal



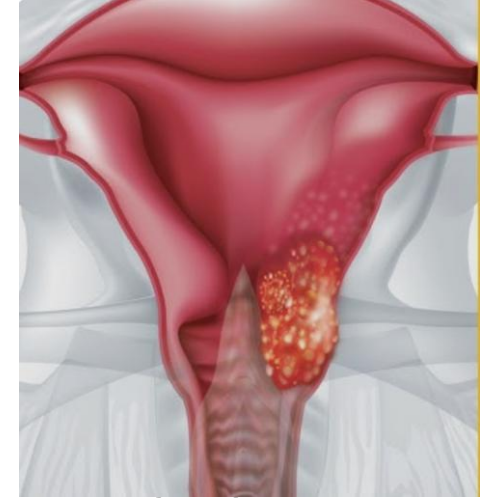
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Background:

- Cervical cancer remains the 2nd most common cancer and the commonest cause of cancer deaths in women in Nepal (1)
- Cervical cancer can largely be prevented by screening: WHO recommends a 90-70-90 strategy, with 90% of girls vaccinated against HPV, 70% of women screened and 90% of screen positives treated. (2)
- Less than 10 % of Women aged 30-60 in Nepal have ever been screened (3,4)
- GWT provides primary care services to around 23,000 ex-Gurkha veterans, their wives and widows; 80% are over 50yrs and 60% are female.
- Most of the 4,000 women aged 30-65 had never been screened for cervical cancer, and there were around 3 new Cx cancer cases per year



Objective:

- With the aim to prevent cervical cancer in our population, GWT started a systematic screening programme in 2022
- The programme consisted of development of clear guidelines, training of sample takers, identifying target population, active approach to eligible women, 2-step screening (HPV testing, then liquid based cytology), follow up
- 890 screens completed in first year of programme across 6 sites
- To understand the factors that enabled or hindered the successful implementation of the screening programme, an accompanying qualitative study was initiated, which is presented here

GWT पाठेघरको (गर्भाशय) मुखको क्यान्सर जाँच कार्यक्रम

१. हामी किन पाठेघरको मुखको जाँच गर्दछौं?

पाठेघरको मुखको क्यान्सर नेपालका महिलाहरूमा क्यान्सरबाट मृत्यु हुनुको प्रमुख कारण हो। यसले गर्दा वर्षमा लगभग २,००० महिलाहरूको मृत्यु हुने गर्दछ।

पाठेघरको मुखको जाँच गरेर यसको क्यान्सरबाट बचाउन सकिन्छ। यदि पाठेघरको मुखको जाँच राम्रो तरिकाले गरियो भने, ८०% भन्दा बढि पाठेघरको मुखको क्यान्सरबाट हुने मृत्यु रोक्न सकिन्छ।

२. यो परीक्षण कस्तो महिलाको लागी हो?

पाठेघरको मुखको जाँच सबै पाठेघर भएका महिलाहरूको लागि हो। हामी ३० देखि ४९ वर्ष सम्मका महिलाहरूमा हरेक ३ वर्षमा तथा ५० देखि ६५ वर्षका महिलामा प्रत्येक ५ वर्षमा एक चोटि जाँच गर्न सुझाव गर्दछौं।

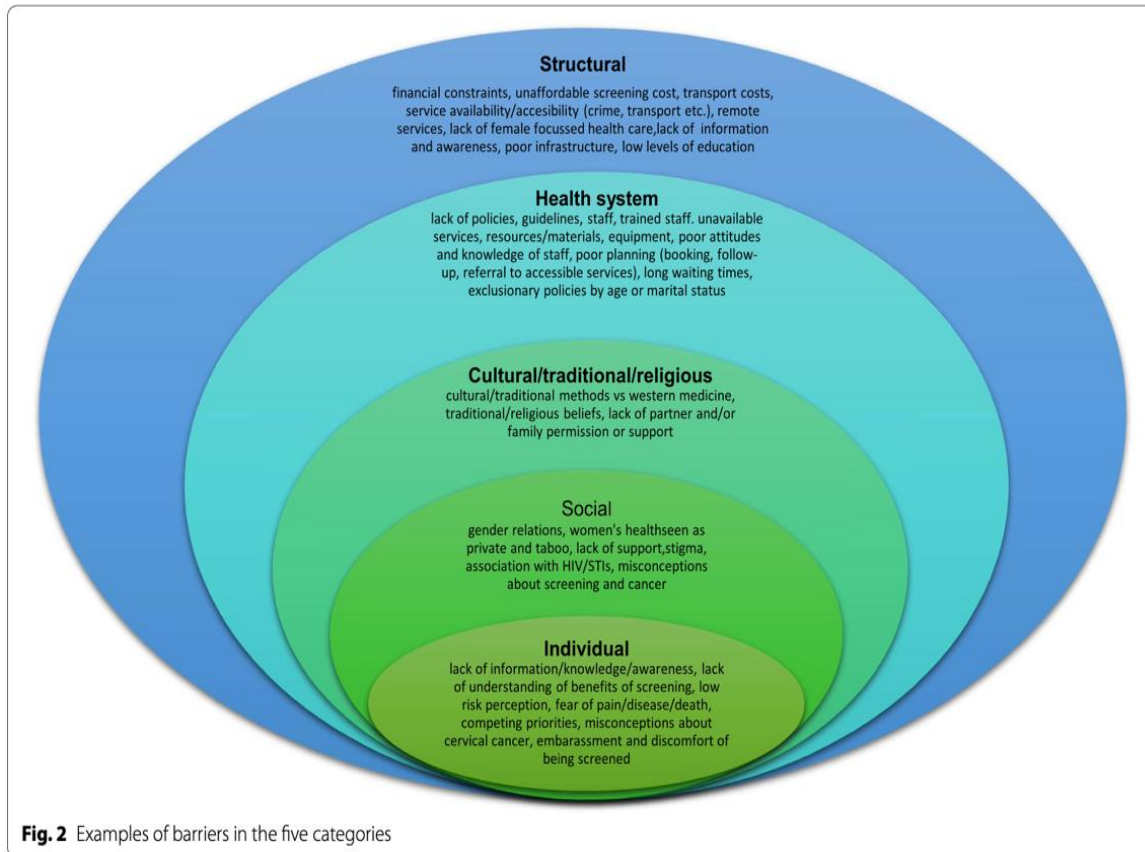
किनभने सबै भन्दा बढि पाठेघरको मुखको क्यान्सर यी उमेरहरूका बीच विकसित हुनेगर्दछ। यदि तपाईं २५-२९ वर्ष उमेरको हुनुहुन्छ र पाठेघर मुखको जाँच गर्न चाहानुहुन्छ भने, वा तपाईं ६५ वर्ष नाघिसकेको हुनुहुन्छ र कहिले जाँच गर्नुभएको छैन भने पनि हामी तपाईंलाई जाँच प्रदान गर्नेछौं। हामी केहि महिलाहरूलाई अघिल्लो जाँच परिणामका अनुसार फेरि पनि बोलाउने गर्दछौं।

३. पाठेघरको मुखको क्यान्सर

पाठेघरको मुखको क्यान्सर तब हुन्छ जब यसमा कोषहरू अनियन्त्रित तरिकामा बढ्छ र मासुको डल्लो वा ठोर्सो (यसलाई ट्यूमर पनि भनिन्छ) बिकास हुँदछ। जब ट्यूमर बढ्दै जान्छ, कोषहरू अन्ततः शरीरको अन्य भागहरूमा पनि फैलिन थाल्छ र यसबाट मृत पनि हुन सक्दछ।

तपाईंको पाठेघरको मुख तपाईंको गर्भाशयको तल्लो अंश हो, र यो तपाईंको योनीको माथिको भाग भित्र हुन्छ।

Previously published findings on reasons for low CCSP uptake:



Ref: Systematic Review by Petersen et al 2022 (5)

Type of factor	Theme
Individual-level	Embarrassment
	Fear
	Finances
	Knowledge on cervical cancer screening
	No symptoms / not experiencing need for screening
	Personal behaviour
Institution-level	Health personnel
	Screening services
Community-level	Decision making / support and motivation
	Socio-cultural aspects
	Community resources
Policy-level	Access to screening
	Costs for screening
	Screening and awareness

Ref: Systematic Review and Meta-analysis by Shrestha et al 2022 (6)

Methodology:

- Dissertation for a MSc thesis in International Health Management & Leadership
- Ethical approval from University of Sheffield and NHRC
- Informed consent from participants
- A descriptive phenomenological approach was used (7)
- Semi structured interviews (online) with 13 health professionals (until theme saturation was reached)
- Analysis of themes following a framework approach as described by Ritchie and Spencer (8)



Results:

The final list of theme categories included the five areas listed below:



Patient / Population related (age, health literacy, previous experience, embarrassment, comorbidities, urban/rural...)



Staff related (gynae experience, relationship with patients, confidence / skill, trust in programme, professional satisfaction, role modelling, work pressures...)



Environmental and External (travel / location, communication network, cost of secondary care, availability of staff time, positive contrast to other services...)



Management and Operations (time management, staff availability and accountability, planning / scheduling; approach to counselling, clinic cancellations, privacy and cleanliness, task prioritisation, record keeping, follow up..)



Leadership and Teamwork (systematic approach, whole team engagement, clear guidelines, targets and celebrating success, availability of patient data, local leadership...)

Discussion:

The current study provided some additional insights into aspects concerning Management / Operations and Teamwork / Leadership, which were not described previously. – see comparative tables below:

Petersen et al:	Current Study:
Individual	Patients / Population
Social	
Cultural/ Traditional/ Religious	
Health System	Staff
	Management / Operations
	Leadership / Teamwork
Structural	Environment / External

Shrestha et al:	Current Study:
Individual level	Patients / Population
Institution level	Staff
	Management / Operations
Community level	Patients / Population
	Environment / External
Policy Level	Leadership / Teamwork

Conclusion and Takeaway Message:

- The success of this systematic screening approach was based on a number of specific characteristics in our organization: A defined patient population with contact information, good quality data (EMR), strong trust of patients in the organization, low staff turnover
- Some factors highlighted can be translated into other contexts: clear guidelines and targets, leadership and teamwork, strong documentation, staff training and accountability / ownership, ensuring clear counseling, privacy and confidentiality



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GWT staff and patients for being willing to embrace change and support the new initiative

Outcome of programme so far:

2,900 screens completed since 2022 (72% of target number)

Approx 3% HPV positive

Only one case of new CC diagnosis in 4 years (unscreened patient)

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Qualified (equ MBBS) in Germany in 1993, postgraduate training in Germany and UK, MRCOG in 1999 (membership not maintained), MRCP 2000, worked as GP in UK and Nepal between 2001 and 2019;

Since 2019 Medical Director of the Gurkha Welfare Trust, leading primary care services in 22 sites for around 23,000 patients spread throughout Nepal (ex-Gurkha Veterans and their wives and widows).

