

Cervical Cancer Prevention and Control Landscape in Displaced Populations

Authors Shabnam Mostari, Nicolas Theopold, Nafiz Farhan, Nusrat Parvin, Katie Schlangen, Tuhin Biswas, Tanjila Taskin

Organization's Role and Activities

- a2i is a multinational digital transformation catalyst from the Government of Bangladesh which simplifies public service delivery through innovation and technology. It disrupts the traditional, bureaucratic civil service mindset to instill a culture of inclusive, citizen-centric public service innovation. Focusing on *#ZeroDigitalDivide* in healthcare, education, financial inclusion, data-driven policy-making etc. ensures that vital services reach those who need them the most.
- a2i has extensive experience in digitization, policy development, governance, data management, and data driven decision making dashboard to strengthen digitalization efforts of the Government of Bangladesh in various sectors including healthcare.
- a2i's activities are supported by the Government of Bangladesh and bi-lateral and multilateral donor organizations, such as UNDP, Gates Foundation, USAID, UNFPA, FCDO, Bloomberg Data for Health, Give Directly, and other partners dedicated to innovation and inclusive development in Bangladesh.
- a2i with support from the Gates Foundation, is working on a project to *integrate multi-sectoral data to improve the estimation and identification of all vaccine-eligible girls*, including displaced populations such as Rohingya refugee camp, urban slum and hard to reach areas.



Figure: Image of a Rohingya camp



Figure: project meeting with Refugee Relief and Repatriation Commissioner

Overview of Displaced Populations

- As of December 2024, UNHCR reported that **10,05,520** Rohingya refugees are living in Bangladesh. Approximately 96% of them reside in 33 overcrowded camps in the Ukhiya and Teknaf subdistricts of Cox's Bazar while around 30000 have been relocated to the island of Bhasan Char as part of a resettlement initiative by the Bangladeshi government.
- Specific data on HPV infection rates among displaced populations is limited, but low vaccination coverage and poor healthcare access heighten vulnerability.
- Cervical cancer is the second most common cancer among Bangladeshi women, with displaced populations facing higher risks due to a lack of access to health care, inadequate screening & preventive measures and lack of awareness.

Cervical Cancer Prevention and Control

- HPV vaccination programs are offered through national immunization efforts, targeting eligible girls aged 10-14, including displaced populations. The FDMN-HPV specific campaign target of **63,637**.
- There are more than 500 cervical cancer screening centers in Bangladesh all the way to sub-district levels, but limited cervical cancer screening and treatment initiatives exist for displaced populations.
- The government has already emphasized cervical cancer screening programs but systems for long-term care are fragmented.

Barriers to Access and Implementation Among These Populations

- Poverty and limited economic opportunities restrict access to healthcare and other essential services.
- Lack of awareness, stigma, misconceptions, and misinformation especially through social networks create anxiety and hinder HPV vaccine uptake and preventive healthcare..
- The predominantly conservative refugee population was unfamiliar with preventive healthcare, leading to hesitancy toward cervical cancer screenings, especially pelvic exams due to stigma and limited awareness.

The Way Forward

- Integration of multi-sectoral data from crosscutting ministries and agencies to accurately estimate, identify, and reach vaccine-eligible girls, including displaced populations and girls who have not gotten vaccinated yet.
- Collaborate with local leaders, religious leaders, school teachers, and community health workers to increase awareness, address cultural barriers, and build trust.
- Conduct collaborative awareness programs with other organizations engaged in similar work to avoid duplication of efforts and effectively divide the vast regions of the country, ensuring comprehensive coverage where all areas are reached without overlap or omission.
- Leverage technology for vaccine tracking, outreach campaigns, and training healthcare workers to improve service delivery and coverage.

Corresponding Author: shabnam.mostari@a2i.gov.bd