



## Cervical Cancer Prevention and Control Landscape in Displaced Populations

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### Organization's Role and Activities

- **PATH collaborated closely with the Government of Bangladesh** to plan, implement, and monitor the HPV vaccination campaign. Key activities included training module development, microplanning, training, advocacy, real-time supervision, vaccine safety measures, and ensuring that every eligible girl received at least one dose of the HPV vaccine.
- **Routinization of HPV vaccine :**  

PATH contributed to the study titled "Synthesis of HPV Vaccine Delivery Cost Data to Inform Decision-Making in Bangladesh." This study consolidated findings from recent research conducted in six countries—Ethiopia, Rwanda, Uganda, Guyana, Senegal, and Sri Lanka—examining the cost of delivering HPV vaccines (COD) and the associated operational contexts.
- **Ongoing activity study on:** "Opportunities, challenges, and strategies to reaching out-of-school (OOS) girls with HPV Vaccine In low- and lower-middle Income Countries"
- ✓ The main purpose of the qualitative study is to understand what is being done to reach out-of-school girls with HPV vaccination. We also hope to learn about the characteristics of current strategies and related successes and challenges.

### Key Activities and target population

- **Educational Institution-Based Campaign:** Focused on 5th to 9th-grade girls in host community of Bangladesh.
- **Fixed and Outreach Sites:** Targeted out-of-school girls aged 10 to 14 years, ensuring vaccination coverage for those who previously missed the opportunity in host community of Bangladesh
- **Facility Based Fixed Site Campaign:** Targeted girls 5th to 9th-grade and OOS girls aged 10 to 14 years from the FDMN (Forcibly Displaced Myanmar Nationals) population in Cox's Bazar, Bangladesh.
- **Rationale:** As HPV vaccination is most effective when administered before exposure to the virus (typically before sexual debut), school-aged 5th to 9th-grade girls (10–14 years) are the primary target for vaccination programs.



### Impact of our work

- **Bangladesh HPV Vaccination Campaign Coverage (2023 & 2024):** The HPV vaccination campaign in Bangladesh achieved 90% coverage, vaccinating 7.41 million individuals out of a total target of 8.22 million (This target includes 2.12 million in Dhaka and 6.10 million across the seven other divisions).
- **HPV Vaccination Campaign Among Forcibly Displaced Myanmar Nationals (FDMNs):** The FDMN-specific campaign exceeded its target of 63,637 by achieving a coverage of 69,888, which corresponds to 109.8% of the target.

### Overview of Displaced Populations

CATEGORIES	TOTAL NUMBER	POST-2017 REFUGEES / FDMN	1990 REFUGEES
FDMN POPULATION	1,005,520	968,647	36,873
FAMILIES	204,278	196,099	8,179

Source: joint Government of Bangladesh – UNHCR population factsheet as of 31 December 2024



### Barriers to Access and Implementation Among These Populations

- The predominantly Muslim and highly conservative Rohingya refugee population posed significant challenges to previous cervical cancer screening initiatives.
- Cultural differences within the camps, coupled with poor messaging strategies, hindered the success of these efforts.
- Additionally, the community had little experience with preventative healthcare services, particularly pelvic exams, which are essential for cervical cancer screening.
- Many individuals lacked adequate education on the importance of these screenings.
- To address these challenges, the program should collaborate with community leaders, including Muslim imams, to gain the support of husbands who often play a significant role in decision-making within families. By employing these culturally sensitive approaches, we may overcome earlier barriers and achieve success.



### The Way Forward

- **Awareness Campaigns:** Collaborate with community leaders and use culturally appropriate messaging.
- **Strengthen Partnerships:** Engage NGOs and international organizations to bridge service gaps.
- **Train Healthcare Workers:** Provide training on cultural competence and technical expertise in cervical cancer prevention.
- **Mobile Clinics:** Bring screening and vaccination closer to the population through mobile services.
- **Integrate Services:** Bundle cervical cancer prevention with maternal and child health services.
- **Advocacy for Inclusion:** Ensure FDMNs population are included in national and local health planning initiatives.

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