Cervical cancer prevention and control in displaced populations

Istanbul, Turkey (hybrid meeting)

13+14 February, 2025

marc.baay@p-95.com

HPV Prevention and Control Board

www.hpvboard.org

DISCLAIMER

"If you want me to give you a two-hour presentation,

I am ready today.

If you want only a five-minute speech,

it will take me two weeks to prepare."

Mark Twain

Migrant and displaced population – definitions and numbers

- Refugees are individuals granted complementary forms of protection, and those enjoying temporary protection. The refugee population also includes people in refugee-like situations. +/- 43M
- Asylum-seekers are individuals who have sought international protection and whose claims for refugee status have not yet been determined.
- Internally displaced persons have been forced or obliged to flee or to leave their homes or places of habitual residence, due to armed conflict or natural or human-made disasters, and who have not crossed an internationally recognized State border. +/- 770M, esp in LMIC
- Migrants (regular + irregular) are people living outside their country of birth for more than 12 months. +/- 280M, south to north and south low-income to south higher-income

Migrant and displaced population – definitions and numbers

- Important questions to ask: Who / Why / Where from, where to, through where / How many / What does this mean for prevention?

- Recommendations
  - make inclusive healthcare available and proactively promoted
  - provide HPV screening, vaccination & treatment as integral part of healthcare
  - provide focused and culturally sensitive out-reach initiatives
  - engage local associations, religious associations, NGOs etc.
  - provide health and HPV education to all school-age children

Migrant and displaced population – definitions and numbers

- Cancer RADAR
- Objective 1: Collect real-world data to quantify cervical cancer risk among migrants
- Objective 2: Estimate the expected and preventable burden of cervical cancer cases among migrants
- Objective 3: Assess the resources needed to scale up cervical cancer elimination strategies for migrant populations
- 44/76 registries have birth-country data available
- 8/76 registries can retrieve birth-country by data linkage

HPV prevention and control services/programs for migrants and refugees

- Facilitators for HPV Vaccination
  - Increasing awareness and health
  - (Health) literacy
  - Adequate and appropriate communication
  - Regular access to health services
  - Community and family support
  - Cultural mediation and language support

HPV prevention and control services/programs for migrants and refugees

- There are guidelines for migrant and refugee vaccination (UK, WHO, ECDC) but these are not implemented.
- In practice, what works:
  - Develop catch-up vaccination pathways for newly arrived adolescents and adults.
  - Co-design vaccine interventions with migrant communities to build trust and address barriers.
  - Tailor culturally and linguistically appropriate vaccination campaigns.
  - Integrate vaccination with other migrant services at various access points.

HPV prevention and control services/programs for migrants and refugees

- Cervical cancer screening (CCS) coverage in migrants and refugees generally lower
  - HICs (2002-2012): 25% of asylum seekers had undergone a cervical pap screening test compared with 62% in the host population
  - HIC EURO region: higher incidence rates of cervical cancer among migrant women and cancer diagnosed at a later stage
  - US: immigrant women 65 and older are three times more likely to not have had any CCS
  - Turkey: 86.6% of Syrian refugees (ages 15-49) without CCS
- First Point of Care test available, still needs evaluation, and no screening without proper follow-up

Understanding the HPV vaccination landscape among hard-to-reach girls

- The 2025 Watchlist top 20 countries have 11% of the world population but account for 77% of forcibly displaced people
- Challenges in humanitarian settings
  - Healthcare disruptions.
  - Limited resources.
  - Cultural & awareness barriers: misinformation, stigma, and vaccine hesitancy.
  - Access barriers: mobility, security constraints, distance, and healthcare worker shortages.
  - Supply chain issues.

Understanding the HPV vaccination landscape among hard-to-reach girls

- Lessons in expanding HPV vaccination for hard-to-reach populations
  - Anchor routine integration into primary healthcare
  - Tailor outreach strategies specific to hard-to-reach communities
  - Invest in data-driven decision-making and monitoring
  - Create political goodwill (political and financial commitments)
  - Strengthen awareness campaigns and address misinformation
  - Enhance healthcare worker training
  - Increase domestic funding and policy support
  - Strengthen partnerships with NGOs
  - Integrate services, e.g., maternal and child health services.
  - Promote one-stop screening solutions in conflict-affected and displaced communities.

Cervical cancer screening and treatment among displaced populations

Barriers in Jordan

- Financial: High costs of treatment and lack of insurance.
- Cultural: Stigma around cancer and reproductive health.
- Structural: Overburdened healthcare systems and limited resources.
- Geographic: Refugees in remote areas have limited access to facilities.
- Awareness: Low knowledge about HPV and cancer prevention.
- Female refugees face unique challenges, including cultural barriers and lack of gender-sensitive services.
- NOTE: no screening and vaccination program in Jordan

Cervical cancer screening and treatment among displaced populations – situation in Burkina Faso

- Laws for free screening and treatment
- HPV vaccination program in place
- But – country-wide, only 18 pathologists, 4 surgical and 2 medical oncologists, chemotherapy available in three cities, surgery available in two cities and radiotherapy available only in one city
- In practice, long waiting lists
- No national cancer registry

Cervical cancer screening and treatment among displaced populations – situation in Burkina Faso

- On the positive side:
- Advanced strategies for girls immunization, targeting schools and community centers
- Community Health Workers as navigator for access to prevention and treatment
- 15 equipped Mobile Clinic vans, deployed mainly to serve hard to reach communities

Knowledge and attitude towards HPV vaccination and screening in displaced populations

- Health system enablers in HTR:
  - Easy access to vaccination services
  - High trust in health system and healthcare providers
  - Translation services available
  - School-based vaccination *
  - Health professionals from same culture
  - Kind and patient nurses
- Tailoring proven interventions to the target context
- (*) although HTR girls are less likely to attend school

Lessons learned

- For refugees and migrants, immediate needs are more pressing than long-term prevention
- While guidelines for vaccination of refugees and migrants are available, these are not implemented
- Vaccination registries are generally based on national registration numbers. In Pakistan refugees and migrants receive their own number, so they can be included in the registry
- While female vaccinators are preferred (as arranged in Bangladesh), this is more difficult in conflict areas, where women are (even) more vulnerable
- Preferably, no hit-and-run vaccination, more work than only prevention. But sometimes (esp. conflict zones) it is the only option.

Lessons learned

- Screening of refugees and migrants is more complex than vaccination
- Without appropriate follow-up of screen positive women it is not useful to screen
- Careful data protection is necessary to prevent misuse
- To screen women twice in a lifetime, 1.5 billion tests are needed. This number must be an incentive for industry to develop cheap, preferably isothermal, POC tests
- While vaccination prevents disease later in life, screening prevents disease/death now

Lessons learned

- NGOs can test innovative pathways that governments can't organize
- As governments change constantly and therefore look more at the short term, NGOs can funtion as institutional memory, so experience does not get lost. Academia can also play this role.
- Although a multisectorial approach is necessary, government should take the lead
- Reframe health attention for refugees/migrants from zero benefit (more refugees screened, fewer 'locals' screened) to win-win situation (e.g., reduced transmission, lower healthcare costs, etc.)

Lessons learned

- Migrants migrate; here today, where tomorrow? This impacts continuous care, making one-dose vaccination easier than CCS needing FU
- The elephant in the room – xenophobia
- Xenophobia in a country will restrict what can be done for refugees and migrants
- To avoid (increased) xenophobia, only do for refugees and migrants what is also done for the local population, in terms of vaccination and screening
- What is the impact of the global political situation on the resources for vaccination worldwide?

Cervical cancer prevention and control in displaced populations

Feedback welcome!

Istanbul, Turkey (hybrid meeting)

13+14 February, 2025

marc.baay@p-95.com