

National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination in Sri Lanka 2021 – 2030



Towards Cervical Cancer Elimination

National Cancer Control Programme



Ministry of Health
Sri Lanka



National Cancer
Control Programme



World Health
Organization
Sri Lanka

National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination in Sri Lanka 2021 – 2030

**NATIONAL CANCER CONTROL PROGRAMME
MINISTRY OF HEALTH**



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Sri Lanka**



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National Strategic Plan
to Reach the Interim Targets of Cervical Cancer Elimination
in Sri Lanka 2021 – 2030

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Ministry of Health

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MESSAGE FROM THE DIRECTOR GENERAL OF HEALTH SERVICES



The National Cancer Control Programme is the national focal point of the Ministry of Health responsible for planning, coordination, implementation, monitoring and evaluation of the cancer prevention, control and palliative care activities in Sri Lanka.

Cervical cancer is among the top five cancers among females in Sri Lanka and the cervical cancer incidence has been static since the past few years. The whole world stands towards the elimination of cervical cancer which would be the first ever cancer to be eliminated from the world, in the near future. Sri Lanka is also currently working towards achieving this global target, to reach the 90-70-90 global targets by 2030. As an initiative, the National Cancer Control Programme has developed this National Strategic Plan aiming to achieve the interim targets by 2030 for elimination of cervical cancer in Sri Lanka.

This comprehensive National Strategic Plan published by the National Cancer Control Programme is aimed to reach the interim targets by 2030 to reach the ultimate goal of cervical cancer elimination as a public health problem.

It is an utmost pleasure to wish the Director and the team of the National Cancer Control Programme for this worthy publication and extend my sincere gratitude to its contributors for their success.

**Dr. Asela Gunawardena,
Director General of Health Services,
Ministry of Health**

MESSAGE FROM THE DEPUTY DIRECTOR GENERAL – NON COMMUNICABLE DISEASES



Cervical cancer is the most common gynecological malignancy and the fourth most common cancer among females in Sri Lanka. It is a preventable cancer and is curable when detected early and treated effectively.

The World Health Organization has declared a global strategy to accelerate the elimination of cervical cancer by achieving interim targets by 2030. The whole world is aligned to this elimination of cervical cancer as the first cancer to be eliminated in the world history.

Sri Lanka being the partner of this global strategy has committed to reach this goal by achieving the interim targets by 2030. Thus, it is essential to develop national strategies, guidelines and streamline the treatment pathways for an effective cervical cancer prevention and control service provision for the country. This publication of the National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination in Sri Lanka 2021 - 2030 by the National Cancer Control Programme is a pioneer step in moving towards this goal. This National Strategic Plan will serve as a guiding document for Sri Lanka to achieve the set interim targets by 2030 which is within the global strategy.

We all must working together with common efforts towards reaching this goal to make this a reality.

I acknowledge the National Cancer Control Programme and contributions of all stakeholders for developing this important document. I am thankful to the World Health Organization for their remarkable technical partnership. We look forward to work with other ministries, development partners, private sector and other stakeholders of the civil society for the implementation of this National Strategic Plan to achieve this interim target for the elimination of cervical cancer in the future.

**Dr. Champika Wickramasinghe,
MBBS, MSc, MD (Community Medicine),
Deputy Director General – Non Communicable Diseases,
Non Communicable Disease Bureau,
Ministry of Health**

MESSAGE FROM THE WORLD HEALTH ORGANIZATION REPRESENTATIVE TO SRI LANKA



Cervical cancer is preventable and curable if detected early and adequately treated. Yet, globally, it is one of the most common causes of cancer-related deaths. In 2020, an estimated 604,000 women were diagnosed with cervical cancer worldwide and about 342,000 women died of the disease. In the WHO South-East Asia Region, cervical cancer is the third most common cancer. Moreover, the Region accounts for an estimated 32% of cervical cancer cases and 34% of cervical cancer deaths in the world.

In 2020, the Seventy-third World Health Assembly adopted the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a public health problem. The Strategy aims at three targets to ensure that by 2030, 90% of girls are fully vaccinated with the HPV vaccine by 15 years of age; 70% of women have been screened using a high-performance test by 35 years of age and again by 45 years of age; and 90% of women identified with cervical disease are treated. The achievement of these targets will contribute to the global fulfilment of Sustainable Development Goal (SDG) 3, target 3.4, on reducing by one third premature mortality from noncommunicable diseases. For the South East Asian Region, it will also contribute to achieve our Regional Flagship Priority on preventing noncommunicable diseases through multisectoral policies and plans with a focus on best buys.

Prioritizing the support to countries to reach the Global Targets of cervical cancer elimination as a public health problem, WHO developed the Regional Implementation Framework which identifies five strategic actions that reflect the public health principles of primary prevention, secondary prevention and tertiary prevention. I am very pleased that Sri Lanka is the first country in the Region to develop the National Strategic Plan to reach the Global Targets of Cervical Cancer Elimination 2021-2030. In Sri Lanka, since 2005, among all female cancers, cervical cancer was ranked in the second place and took the fourth position in 2015 and remained so up to now. The age standardized rate of cervical cancer has fluctuated between 8.9 per 100,000 population in 2005 and 8.4 per 100,000 population in 2019. The World Health Organization in recent years prioritized a series of strategic interventions to prevent and treat cervical cancer, including technical guidance on effective

cervical cancer screening and introducing a total training package of capacity building on screening and management of precancers, including an online colposcopy training course, implemented amid the COVID-19 response.

We are looking forward to working with the Ministry of Health and stakeholders to eliminate cervical cancer as a public health problem in Sri Lanka by 2030.

Dr. Alaka Singh,
World Health Organization Representative to Sri Lanka

FOREWORD



The National Cancer Control Programme (NCCP) of the Ministry of Health is the national focal point on cancer prevention and control in Sri Lanka. Each year, NCCP makes every effort to strengthen cervical cancer prevention, early detection, diagnosis, treatment, and care services.

The World Health Organization has launched the Global strategy to accelerate the elimination of cervical cancer as a public health problem & the Regional implementation framework for elimination of cervical cancer as a public health problem 2021-2030. Sri Lanka, being a partner in achieving this common goal, is committed to go forward along with the rest of the world, towards elimination of cervical cancer.

It is with pride that I present Sri Lanka as the first country in the Asian region to develop and publish the 'National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination in Sri Lanka (2021 – 2030)'. This strategic plan focuses on almost all aspects of cervical cancer prevention and control services and would be very beneficial to strengthen the cervical cancer service provision in the country. It addresses primary prevention through 90% HPV vaccination coverage, improve cervical cancer screening by achieving 70% of women screened, ensure 90% of women identified with cervical disease, strengthen health system support, improve leaderships, advocacy & communication, strengthen cervical cancer information systems & surveillance and promote research & utilization of its findings. It would thus be the guiding document for Sri Lanka to reach the interim targets of cervical cancer elimination by 2030.

The National Cancer Control Programme sincerely appreciates the commitment of those who contributed to complete this task with their continuous and enthusiastic efforts to make this publication a success. The technical partnership offered by the WHO SEARO office and the WHO local office, Dr. Sujatha Samarakoon, Public Health Specialist & all other stakeholders to make this dream a reality, is greatly acknowledged.

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- College of Pathologists Sri Lanka
- College of Radiologists Sri Lanka
- College of Surgeons Sri Lanka
- College of General Practitioners of Sri Lanka
- Non-Governmental Organizations

ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
ASR	Age Standardized Rate
CEDC	Cancer Early Detection Center
CoE	Centers of Excellence
CR	Crude incidence Rate
eMIS	Electronic Management Information System
EPI	Expanded Programme on Immunization
FHB	Family Health Bureau
HDR	High Dose Rate
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HPV DNA	Human Papilloma Virus Deoxyribo Nucleic Acid
IARC	International Agency for Research on Cancer
LMIC	Low and Middle Income Countries
MIS	Management Information System
MOH	Medical Officer of Health
NAC	National Advisory Committee
NCCP	National Cancer Control Programme
NCD	Non Communicable Diseases
PHC	Primary Health Care
SBCC	Social Behaviour Change Communication
SDG	Sustainable Development Goals
SEARO	South East Asian Region Office
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TAC	Technical Advisory Committee
WHO	World Health Organization
WWC	Well Women Clinic

EXECUTIVE SUMMARY

Cervical cancer is preventable and curable when detected early and treated effectively. In 2020, World Health Organization (WHO) recognized the need to eliminate cervical cancer as a public health problem and declared a global strategy.

This strategic plan developed for Sri Lanka is based on a set of guiding principles. The vision, mission, goal, strategic objectives and strategic directions were identified. With the vision of a country with a low incidence of cervical cancer, high surveillance rates with good quality of life, minimal disabilities and suffering from effects of cervical cancer, the following goal was set to achieve interim targets for elimination of cervical cancer by 2030:

- 90% of girls fully vaccinated with the HPV vaccine by 15 years of age;
- 70% of women screened using a high-performance test by 35 years of age and again by 45 years of age;
- 90% of women identified with cervical disease are treated.

This strategic plan derives its mandate from the overarching Global Strategic Plan and Regional Strategic Plan by SEAR office, as well as local related documents; National Strategic Plan for prevention and control of cancers, National Strategic Plan for Well-Woman Programme, National Guidelines for vaccinations and other health policies.

This Strategic Plan gives priority to primary prevention through vaccination against HPV to achieve 90% coverage by securing sufficient and affordable HPV vaccines and increasing the quality and coverage. Further, communication and social mobilization strategies have been included to increase awareness. Cervical cancer screening strategies have been included for the achievement of 70% coverage with a high performance test.

Reviewing and revising existing guidelines, improving knowledge and increasing the accessibility to services on screening and strengthening laboratory capacities as well as healthcare workforce are the prioritized strategies. The improvement of diagnostic services and treatment modalities including radiotherapy and chemotherapy and survivorship with palliative care have been in cooperated to achieve the treatment coverage.

The strategic actions to improve health system support for elimination of cervical cancer including strengthening the national programmes and provincial teams and partnership with private sector are included. The need of highest political leadership, community education and empowerment while integrating with health promoting settings are highlighted in the plan. Strengthening cervical cancer information systems and surveillance including monitoring and evaluation are important aspects. It is critical to conduct implementation research and utilization of its findings for prevention and control of cervical cancer.

Operationalization of the “National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination in Sri Lanka 2021 – 2030” will require a strong political commitment from the government of Sri Lanka including health and non-health sectors with allocation of resources to support investments in health systems.

1

INTRODUCTION



NATIONAL STRATEGIC PLAN TO REACH THE INTERIM TARGETS OF CERVICAL CANCER ELIMINATION IN SRI LANKA 2021 – 2030

INTRODUCTION

Cervical cancer is a preventable cancer and it is curable, when detected early and treated effectively (1). It is the first ever cancer in the history where the whole world work together to go for an elimination as a public health problem (2).

The primary cause of cervical cancer is the persistent infection with a high risk or oncogenic type human papilloma virus (HPV) infection, which is a common sexually transmitted infection. There are more than 100 types of HPV of which 14 are cancer causing. A subset of HPV types is responsible for virtually all cases of cervical cancer. HPV types 16 and 18 are the most oncogenic and together are responsible for approximately 71% of cervical cancer world-wide. Most HPV infections are transient and resolve spontaneously. Only few infections are persistent and only very few progresses to pre-cancerous lesions and invasive cancer. It takes 10 -15 years for a precancerous lesion to develop into an invasive cancer (3). In Sri Lanka, prevention of cervical cancer and comprehensive management is provided free of charge in government health institutions. In 2019, a total of 1114 cervical cancer cases were recorded and it was ranked as the fourth commonest female cancer (4). The National Strategic Plan on Prevention and Control of Cancer in Sri Lanka, 2020-2024 has identified several key strategies aligned to World Health Organization (WHO) recommended strategies to achieve the target proposed for 2030 (5).

The pathogenesis of cervical cancer is the same worldwide. The higher rates of cervical cancer incidence and mortality in low- and middle-income countries are not attributable to differences in cervical infection rates with oncogenic HPV types. Instead, they are mainly attributable to the relative lack of high-quality cervical cancer screening programmes, highly precise screening tests, screening frequency and management of precancerous lesions and lack of widespread high-quality treatment of invasive cervical cancer in those countries (6).

Since cervical cancer has a known definitive cause and availability of methods for prevention of high-risk HPV types and its slow progression from initial HPV infection to invasive cervical cancer, makes this cancer a highly preventable one if it can be detected early. Further with advances in treatment pathways cervical cancer is curable if detected early and treated early and effectively (6).

Over the years, vaccination against human papilloma virus, screening and treatment of pre-cancer, early detection, and prompt treatment of early invasive cancers and palliative care are global public health strategies which have proven to be effective to address cervical cancer through primary, secondary and tertiary preventive strategies.

Global situation

Cervical cancer has become the fourth most common cancer among women and the fourth leading cause of cancer related deaths in women (1). Globally, an estimated 604,127 women diagnosed with cervical cancer (3.1%) and around 341,831 women died due to cervical cancer (3.3%) in 2020. It is the most commonly diagnosed cancer in 23 countries and is the leading cause of cancer death in 36 countries. Many of these countries are in sub-Saharan Africa, Melanesia, South America and South-eastern Asia. Cervical cancer is a significant public health problem in the WHO South-East Asia

Region. In 2020, an estimated 190,874 new cases (32%) and 116,015 deaths (34%) were reported due to cervical cancer, which is the third most common type of cancer in the region (7).

Cervical cancer is one of the diseases which reveal global inequities. In 2018, nearly 90% of deaths due to cervical cancer occurred in Low and Middle Income Countries (LMIC), where there is limited accessibility and availability to public health services and implementation of screening and treatment strategies is poor (1). Worldwide, one woman dies of cervical cancer every two minutes. On the other hand, the majority of those affected are young women who are also mothers of young children whose survival is later compromised by the premature death of their mothers (6).

HPV infection is responsible for 99% of cervical cancers. Other risk factors causing cervical cancer are classified as follows (8).

1. Co-factors favoring acquisition of HPV infection

- Commencement of sexual activity at an early stage
- Multiple sexual partners
- Partner having multiple sexual partners
- Poor socioeconomic status, Poor hygiene
- Immunosuppression – primary/acquired
- High parity
- Young age at first childbirth

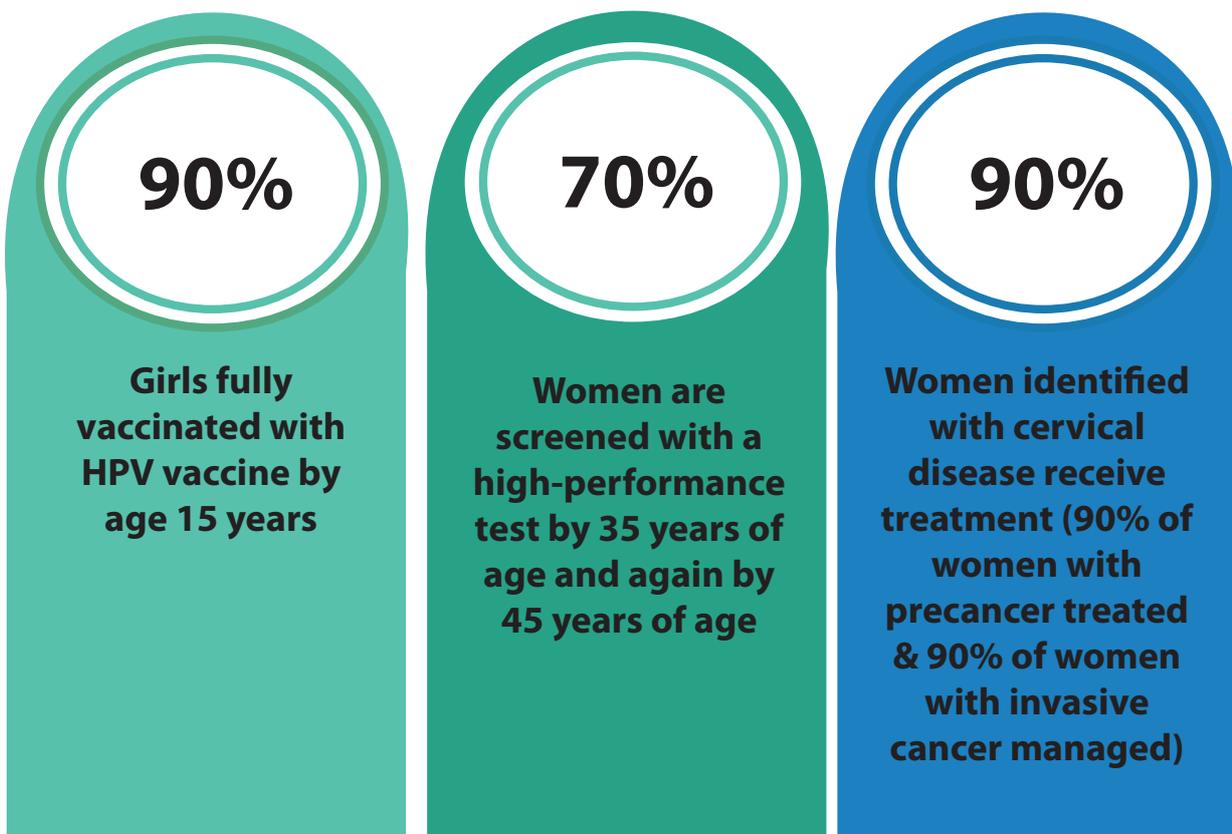
2. Co-factors favoring persistence and progression of HPV infection to cervical cancer

- HPV type – its oncogenicity
- Immune status
- Co-infection with other Sexually Transmitted Infections
- High parity & young age at first birth
- Tobacco smoking (both active and passive)
- Poor socioeconomic status
- Prolonged use of Oral Contraceptive Pills

In 2020, WHO recognized the need to eliminate cervical cancer as a public health problem and proposed the following actions to be taken by countries.

1. A vision of a world where cervical cancer is eliminated as a public health burden
2. A threshold of 4 per 100,000 women-years for elimination as a public health problem at the end of the century
3. The 90-70-90 targets (Interim targets) must be met by 2030 for countries to be on the path towards cervical cancer elimination

The 90-70-90 target to be achieved by 2030 is as follows.



The WHO, illustrated the interim benefits using the following mathematic model to convince low and lower-middle income countries to take immediate action.

- Median cervical cancer incidence rate is projected to fall 10% by 2030, 70% by 2045 and more than 90% by 2120, averting more than 70 million new cases of cervical cancer.
- Cumulative number of cervical cancer deaths averted will be approximately 2 million by 2040, 4.5 million by 2050, 39 million by 2100 and 62 million by 2120 (6).

The global strategy on cervical cancer elimination which was declared by WHO in 2020 was reinforced by many other existing global strategies with either a direct or indirect impact for cervical cancer elimination. Two such important ones are: The Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) which is a road map to achieve right to the highest attainable standard of health for all women, children and adolescents (9) and the Regional Strategic Framework

for Accelerating Universal Access to Sexual and Reproductive Health in the WHO South-East Asia region 2020-2024 which addresses the sexual and reproductive health and rights (SRHR) and universal health coverage with a focus on human resources for health and essential medicines are such global strategies which strengthen this target (10). In addition, the Regional implementation framework for elimination of cervical cancer as a public health problem 2021-2030 also reinforce this global strategy (11).

Elimination of cervical cancer will contribute to the achievement of several SDGs including goal 1, 3, 5 and 10. This includes end poverty in all its form everywhere (goal 1), and in goal 3: reduce by one third premature mortality from non-communicable diseases (NCDs) through prevention and treatment (target 3.4), ensure universal access to sexual and reproductive healthcare services (target 3.7), achieve universal health coverage (UHC), including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all (target 3.8), achieve gender equality and empower all women and girls (goal 5) and reduce inequality within and among countries (goal 10). Ultimately, reaching the interim targets make the pathway to achieve the SDGs globally (12).

Sri Lankan Situation

In Sri Lanka, since 2005, among all female cancers, cervical cancer was ranked in the second place and took the fourth position in 2015 and remained so up to now. In 2019, cervical cancer comprised 8.2% (n=1114) of all female cancers. The crude incidence rate showed a slight increase in trend from 2005 to 2019 where it fluctuated between 7 to 10 per 100,000 female population (4). The Average Annual Percent Change of Crude incidence rate of cervical cancer from 2005 to 2019 was increased by 1.7% annually (4). The age standardized rate of cervical cancer showed a slightly decreasing trend, as in 2005 the rate was 8.9 per 100,000 population and in 2019, it was 8.4 per 100,000 population with a minor deviation in between (Figure 1) (4).

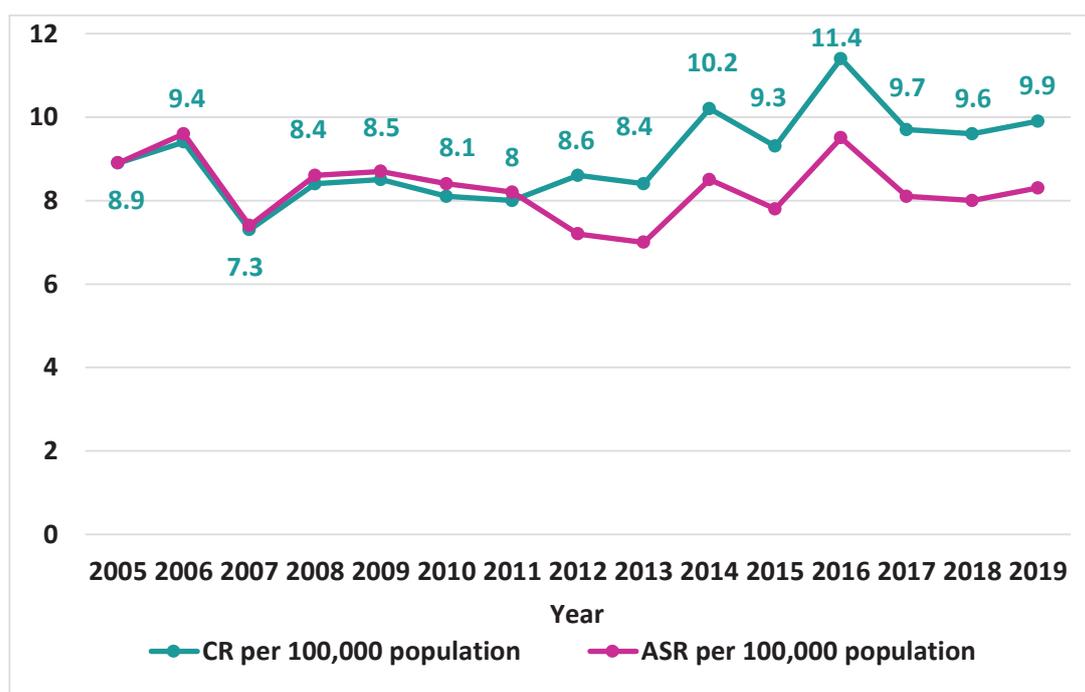


Figure 1: Crude Rate and Age Standardized Rate of Cervical cancer in Sri Lanka, 2005-2019

Source: National Cancer Registry of Sri Lanka – National Cancer Control Programme (2005-2019)

Age specific incidence rate of cervical cancer shows rather a similar pattern over the years in Sri Lanka from 2016 to 2019. Cervical cancers are rare before the age of 30 years. It presents at the age of 30 years and shows a gradual increase in trend up to the age of 74 years and declines afterwards. The peak incidence was reported in the age group of 70-74 years (Figure 2) (4).

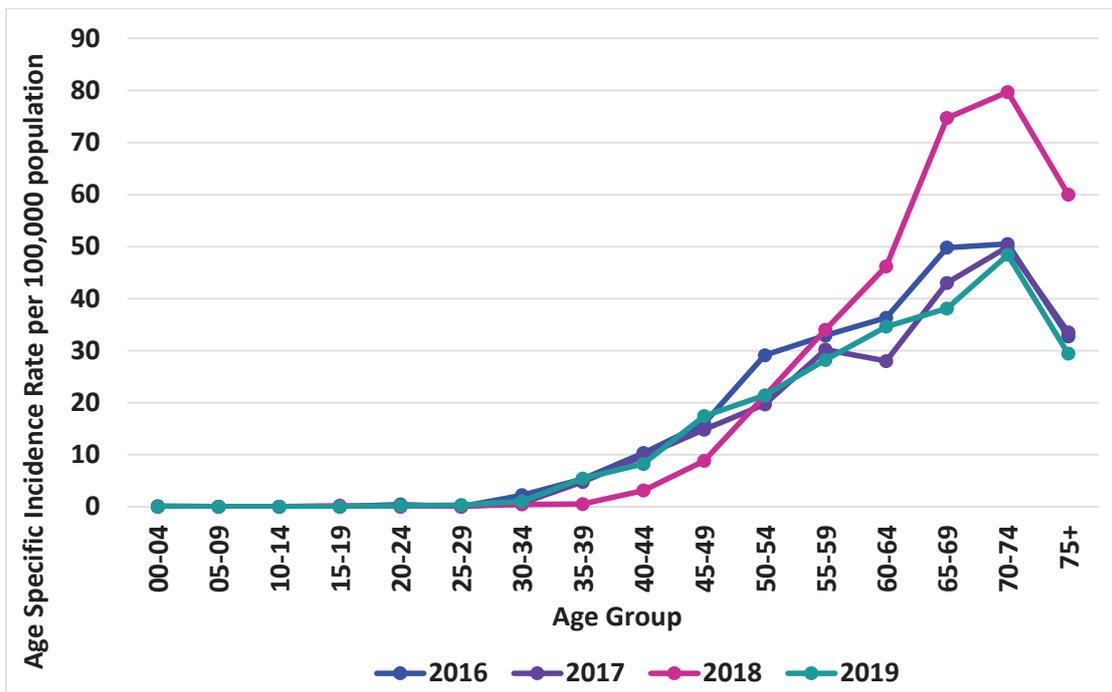


Figure 2: Age Specific Incidence Rate of Cervical cancer in Sri Lanka, 2016-2019

Source: National Cancer Registry of Sri Lanka – National Cancer Control Programme (2016-2019)

According to the National Cancer Registry data, table below shows the stage of presentation of some cases. Unfortunately, 52.7%, 38.7%, 39.1% and 49.6% have been diagnosed in stage III and IV in the years 2016, 2017, 2018 and 2019, respectively (Table 1) (4).

Cervical cancer	2016		2017		2018		2019	
	No	%	No	%	No	%	No	%
Total number of patients	1246		1071		1073		1114	
Patients with staging available	440	35.3*	318	29.7*	225	21.0*	256	23.0*
Patients diagnosed at stage I	48	10.9	45	14.2	25	11.1	24	9.4
Patients diagnosed at stage II	160	36.4	150	47.2	112	49.8	103	40.2
Patients diagnosed at stage III	214	48.6	110	34.6	83	36.9	108	42.2
Patients diagnosed at stage IV	18	4.1	13	4.1	5	2.2	19	7.4

*According to National Cancer registry data, staging information varies between 21% to 35% during the period of 2016 - 2019, out of which almost 50% were reported at stages III and IV.

Table 1: Cervical cancer staging information in Sri Lanka, 2016 – 2019

Source: National Cancer Registry of Sri Lanka – National Cancer Control Programme (2016-2019)

National Programme for cervical cancer prevention and control in Sri Lanka

National Cancer Control Programme is the focal point in Sri Lanka for cancer prevention and control. It has initiated several strategies to strengthen the cervical cancer prevention and control services in Sri Lanka and it includes: Prevention of risk factors, early detection (screening and diagnosis), comprehensive treatment and care, palliative care, strategic information and research.

Prevention of risk factors for cervical cancer is integrated to several health and non-health programmes.

HPV vaccination Programme

In 2017, Sri Lanka took a policy decision to introduce nationwide HPV vaccination into the Expanded Programme of Immunization. As with global recommendations, two doses of the quadrivalent HPV vaccines are given to girls aged 10 and 11 (in Grade 6) with a minimum interval of six months. These are given through the school-based vaccination programme in Sri Lanka. Currently the programme is reaching the set targets and demand is already created in the country to maintain high coverage (14).

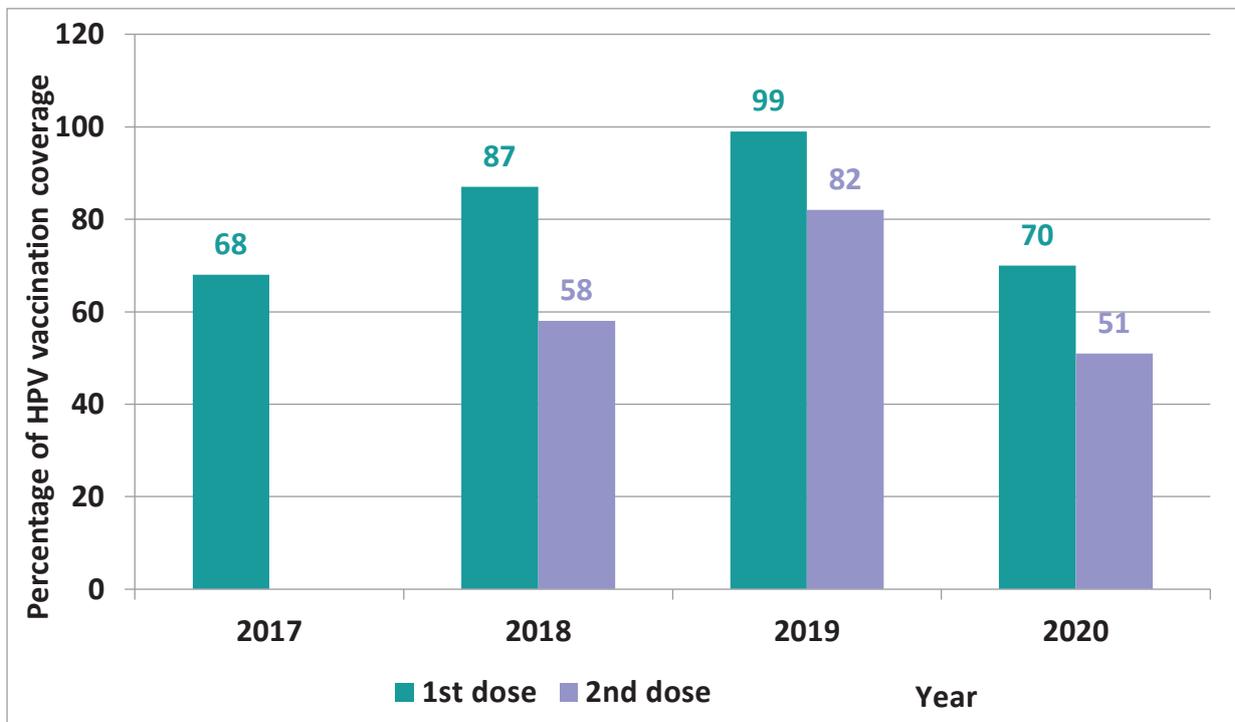


Figure 3: HPV vaccination coverage in Sri Lanka, 2017 - 2020

** Source: Epidemiology Unit (note: HPV vaccination started in September 2017 as a school based programme, denominator considered is estimated 10-year completed female population. For the coverage estimation for 2018, estimated populations of 2 age cohorts were considered. Schools were closed most of the time due to Covid-19 issue in 2020-2021 and catching up of missed children will be done in early 2022)*

Early detection by screening for cervical cancer is carried out in a systematic manner through the Well Woman Programme (WWP) of the Family Health Bureau implementing at each Medical Officer of Health areas. The Well Woman Programme is guided by a dedicated national strategic plan. Well Woman Programme was commenced in 1996 and currently women in the 35- and 45- year age cohort are screened for cervical cancer using Pap smear mainly. There are around 1000 Well Women Clinic (WWC) distributed island wide and 35 laboratories contributing to cervical cancer early detection services. The percentage of 35-year age cohort attendance to WWC in 2019 is 59.1%

and the percentage of 45-year age cohort attendance to WWC in 2019 is 25.5% (15). FHB is planning to introduce HPV-DNA test island wide as a screening method as the WHO recommends it as a high performing tool and a pilot study was completed and a decision was made to shift from cytology based cervical screening to HPV DNA testing (16). In addition to that, opportunistic screening for cervical cancer is carried out at the gynaecological clinics island wide.

The screened positives will be referred to the closest gynecological clinics for further management according to the algorithms for HPV DNA and Pap smear test (Annex III & IV).

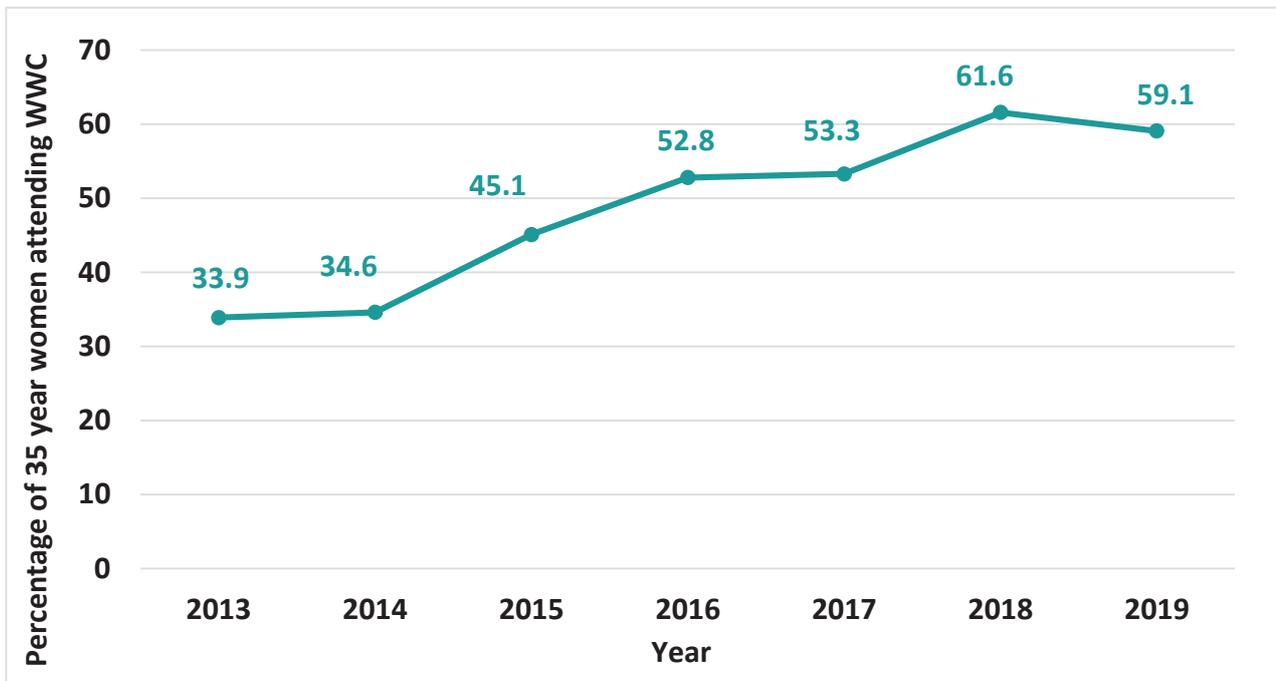


Figure 5: Percentage of 35 year age cohort attendance to WWC in Sri Lanka, 2013-2019

Source: Family Health Bureau

Establishment of Cancer Early Detection Centers, Centers of Excellence and colposcopy centers are some of the initiatives taken to strengthen the cervical cancer care and prevention services. A Cancer Early Detection Center is located in the city of Colombo which is a walk in and a referral clinic managed by the National Cancer Control Programme for cancer screening. Facilities for screening for cancer cervix is provided free of charge in this center. This free facility is available to all women irrespective of the age including vulnerable and marginalized women (urban poor, unemployed women, people with disability (PWD), estate women, garment factory women, females in woman headed household (WHH), etc. The plan is to establish CEDC across the country in all districts and will be linked to treatment and care centers for further management.

The Center of Excellence is another initiative of the National Cancer Control Programme. This concept was decided by the National Advisory Committee on Cancer Prevention and Control for Cancer in Sri Lanka in 2020, to upgrade all the provincial level cancer treatment centers to Centers of Excellence, considering the recommendations of the 'imPACT Review', the Cancer Control Capacity and Needs Assessment conducted in Sri Lanka in year 2019 by WHO, IAEA and the International Agency for Research on Cancer (17). The Centers of Excellence for cancer at provincial level will provide the modern diagnostic and treatment modalities for cancer patients including cervical cancer which in turn minimize the unacceptable and prolonged waiting lists for cervical cancer diagnostic and

treatment services, thereby provide optimal care for cervical cancer patients in Sri Lanka. Proposed Centers of Excellence will have advanced diagnostic and treatment facilities in addition to the basic facilities to provide optimum care in each province. The guideline for Centers of Excellence was prepared by NCCP with the agreement of relevant stakeholders (13).

There are about 21 colposcopy clinics distributed island wide (figure 6). Further, National Cancer Control Programme is planning to establish ten new colposcopy clinics in identified strategic locations to strengthen colposcopy service provision in Sri Lanka. NCCP has identified the service packages needed for colposcopy clinics.

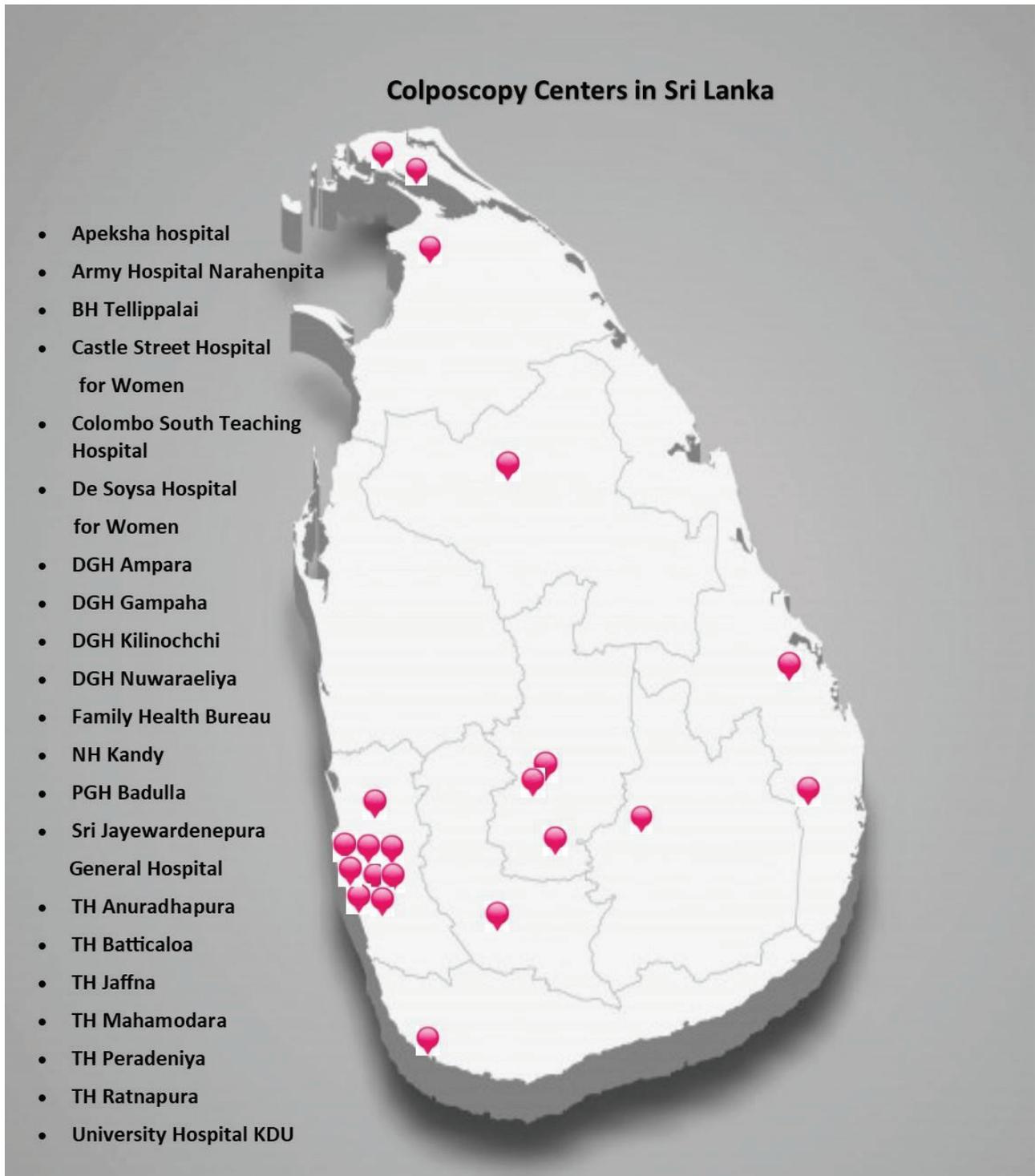


Figure 6: Distribution of colposcopy centers in Sri Lanka
Source: National Cancer Control Programme

Treatment services for cervical cancer including precancerous lesions and invasive cancer are available at the National Cancer Institute Maharagama and in a number of government medical institutions throughout the country. Current treatment modalities offered include surgery, chemotherapy and radiotherapy including brachytherapy. The National Cancer Institute is the premier center for treatment of adults and children and it networks with centers of excellence in each of the 9 provinces and 24 other cancer treatment centers distributed across the country. Additionally, all the Base Hospitals and above where there is a Consultant Gynaecologist and selected private hospitals are also providing cervical cancer screening and treatment facilities.

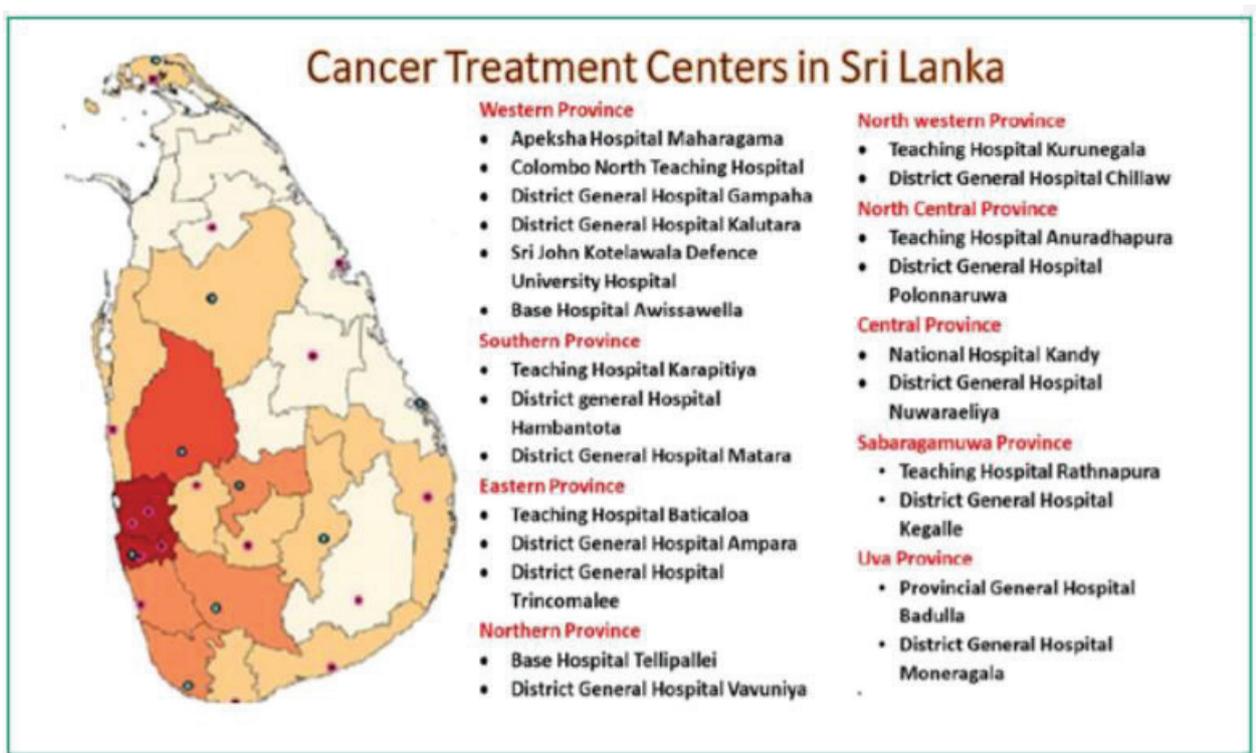


Figure 7: Distribution of cancer treatment centers in Sri Lanka

Source: National Cancer Control Programme

This cervical cancer prevention and control programme of Sri Lanka requires the regular re-assessments by the national level experts to amend the programme based on both the global and local evidences.

Current challenges encountered in the National cervical cancer programme

Poor knowledge on cervical cancer, pap testing, HPV and HPV vaccine coupled with stigma, myths and misconceptions on screening and treatment of pre-cancers in the community are being identified as constraints in reaching the expected targets of the cervical cancer prevention and care in the country (18). Screening methods such as HPV DNA tests are too expensive to be implemented as a wider population-based screening programme in Sri Lanka. Screening alone is not sufficient to prevent cervical cancer. Linking of all suspected and diagnosed cases with Centers of Excellence, treatment and care centers is challenging and follow up care which includes rehabilitation and palliative care is a further challenge due to lack of mainstreamed referral and back referral services and lack of patient management information services linking curative and preventive care services.

Most cervical cancers are detected in the late stages and treatment is often delayed due to inadequate facilities at the treatment centers. Lack of timely data on incidence, mortality, screening coverage, treatment and follow up for informed and timely decision making, financial constraints to accelerate implementation of evidence based interventions, difficulties in mobilizing available human resources to maintain equitable service, and lack of regular and synergized recruitment, training, and deployment of needy human resources are also identified as challenges in achieving the 2030 targets.

National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination in Sri Lanka 2021 – 2030

With the introduction of first global health strategy for the elimination of a cancer as a public health problem, Sri Lanka has pledged to realize the elimination goal. Over the years, Sri Lanka, has been adopting several policies and strategies for prevention and control of cervical cancer and two strong pillars have been HPV vaccination and cervical cancer screening and treatment which are identified as “Best Buy” interventions by the World Health Organization (19). The global effort is aligned with human rights instruments upholding health as a human right and Sri Lanka shall uphold citizen’s right to health as enshrined in the Constitution of Sri Lanka (20). Sri Lanka’s commitment to elimination of cervical cancer as a public health burden supports the efforts to attaining SDGs and targets and its overarching principle of leaving no one behind. Adopting the strategy is also important as it contributes for adolescents and youth and women and is a component of the United Nations Secretary-General’s Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) (9) and Regional Strategic Framework for Accelerating Universal Access to Sexual and Reproductive Health in the WHO South-East Asia Region 2020–2024 (10).

The National Health Policy, National Health Promotion Policy, National HIV – AIDS Policy, National Policy on Maternal and Child Health had identified cervical cancer prevention and control as a priority area as a measure of strengthening health systems. The National Immunization policy supports the elimination of cervical cancer with the vision of Sri Lanka a country free of vaccine preventable diseases of public health importance while the National Policy on Health Care Quality & Safety facilitates the elimination with the vision of providing optimum quality and safe healthcare services to the people of Sri Lanka (21). All of them have an indirect impact on cervical cancer elimination in Sri Lanka.

The National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination in Sri Lanka 2021-2030 of the National Cancer Control Programme sets forth a blue print to guide the country in strengthening its’ capacity for evidence-based, innovative, and effective strategies that will accelerate the reduction in cervical cancer incidence and mortality, thereby reaching the elimination in the future. This National strategic plan is in line with the other relevant national strategies of Sri Lanka including National Strategic Plan on Prevention and Control of Cancer in Sri Lanka, 2020-2024 by the National Cancer Control Programme (5), National Strategic Plan of Well Woman Programme (2019-2030) by the Family Health Bureau (22) and the National guidelines developed by the Epidemiology Unit (14) as well as with the Global strategy to accelerate the elimination of cervical cancer as a public health problem (6) and the Regional implementation framework for elimination of cervical cancer as a public health problem 2021-2030 also reinforce this global strategy (11).

Methodology

This concept of National Strategic Plan for cervical cancer elimination was initiated as a platform in par with the WHO global strategy to accelerate the elimination of cervical cancer as a public health problem. The initial draft of this National Strategic Plan was developed based on the several national and international policies, strategies, guidelines including the global strategy to accelerate the elimination of cervical cancer as a public health problem, Regional implementation framework for elimination of cervical cancer as a public health problem 2021-2030 and National Strategic Plan on Prevention and Control of Cancer in Sri Lanka (2020-2024). Afterwards, several in house meetings were conducted. Further, NCCP has conducted several meetings with the stakeholders including Family Health Bureau, Epidemiology Unit, Non Communicable Diseases unit, etc. The prepared draft documents were circulated among all the relevant stakeholders including members of the National Advisory Committee, Technical Advisory Committee of the cancer prevention and control, relevant professional colleges, local WHO partners for their expert opinion inputs. Later, this was reviewed by the international reviewers in the WHO SEARO office. The final document was prepared after conducting a finalizing meeting with participation of all the relevant stakeholders including the representatives of the Ministry of Health, UN agencies, professional colleges and Non-Governmental Organizations.

Guiding principles of the action plan

- Priority area in the health and at policy level, strategic framework and at the level of implementation
- High level political commitment, funding support and international support and collaboration
- Adopting a human right approach
- Gender and cultural sensitivity
- Protecting and promoting equity & social justice
- Community and family empowerment, ownership and participation
- Health systems strengthening
- Universal Health Coverage
- Being consistent with the National Health Policy and other existing / relevant government economic and development policies for an integrated approach across the life course
- Evidence based cost-effective person-centered quality interventions, giving equal importance to primary, secondary and tertiary preventive measures and encompassing entire continuum of care
- Multidisciplinary, multisectorial coordinated approaches and encouraging appropriate public – private partnerships

Vision

A country with a low incidence of cervical cancer and high survival rates with good quality of life and minimal disabilities & suffering from effects of cervical cancer

Mission

To reduce the incidence of cervical cancer by controlling and combating determinants of cervical cancer, ensuring early detection and providing a holistic and accessible continuum of cervical cancer care which address curative options to end of life care through an evidence based approach

Goal

To reach interim targets of cervical cancer elimination in Sri Lanka 2021 – 2030

Programme Monitoring and Evaluation

Monitoring implementation of the achieving interim targets for elimination strategy requires close assessment of the quality and coverage of the different preventive interventions. Vaccination coverage, screening coverage, quality of screening and diagnostic services, and the extent of timely and effective treatment modalities will help to monitor the effectiveness of programmes. Monitoring and evaluation will be done to assess the achievement of 90-70-90 targets. Ongoing monitoring and evaluation will be done by the relevant TAC of NCCP and their recommendations will be given to NAC. The Strategic Information Unit of the NCCP will be conducting the final monitoring & evaluation using the identified indicator framework.

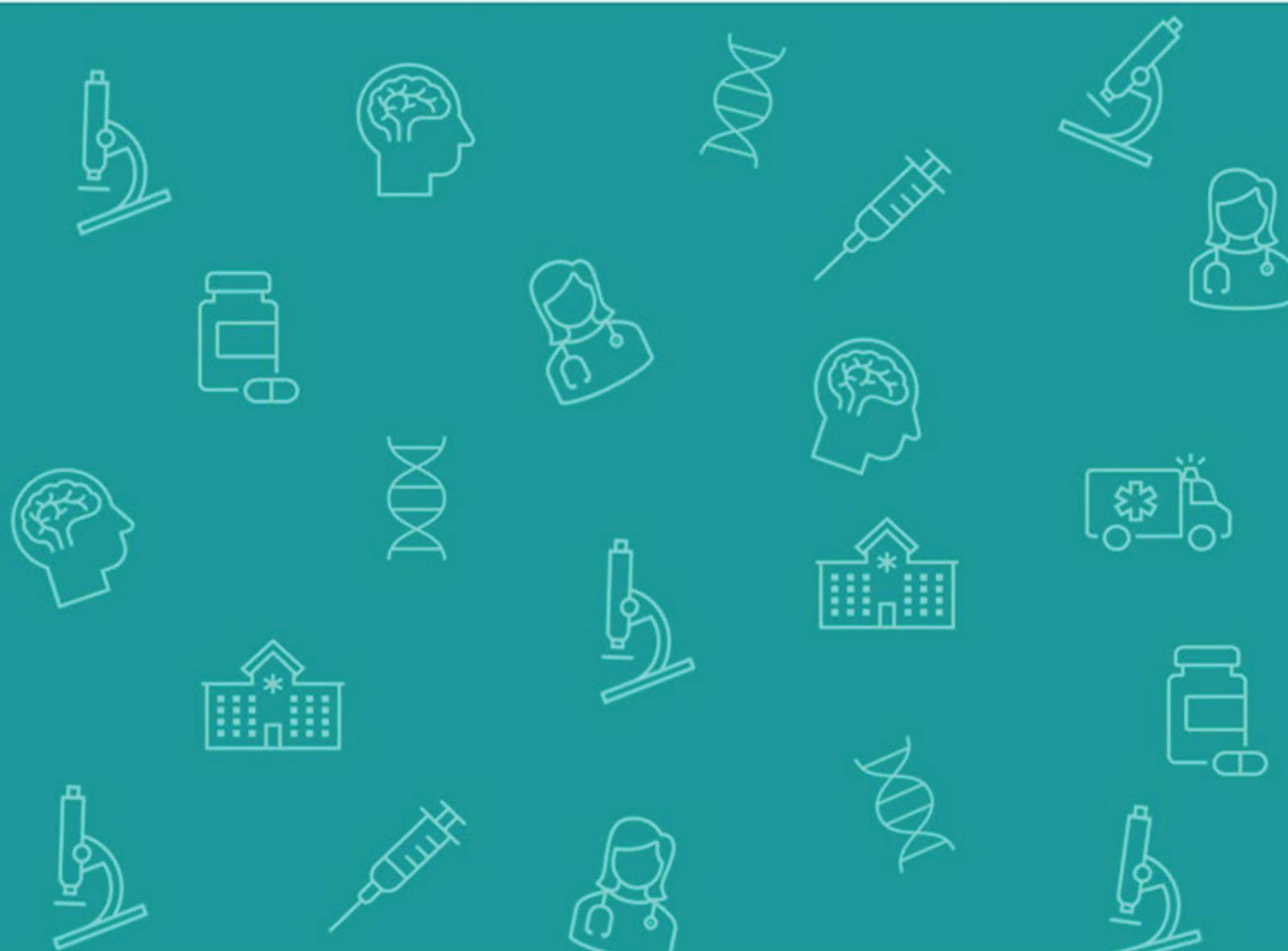
Strategic Objectives of the National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination in Sri Lanka 2021-2030

- 1. Strengthen primary prevention through HPV vaccination to achieve 90% coverage**
- 2. Improve cervical cancer screening by achieving 70% of screened women with a high-performance test by 35 years and again by 45 years of age**
- 3. Ensure 90% of women identified with cervical disease (precancerous and invasive cancer) receive treatment**
- 4. Strengthen health system support for elimination of cervical cancer**
- 5. Improve leaderships, advocacy & communication**
- 6. Strengthen cervical cancer information systems and surveillance including monitoring and evaluation of cervical cancer control activities**
- 7. Promote research and utilization of its findings for prevention and control of cervical cancer**

2

STRATEGIC OBJECTIVE 1

Strengthen primary prevention through HPV vaccination to achieve 90% coverage



STRATEGIC OBJECTIVE 1

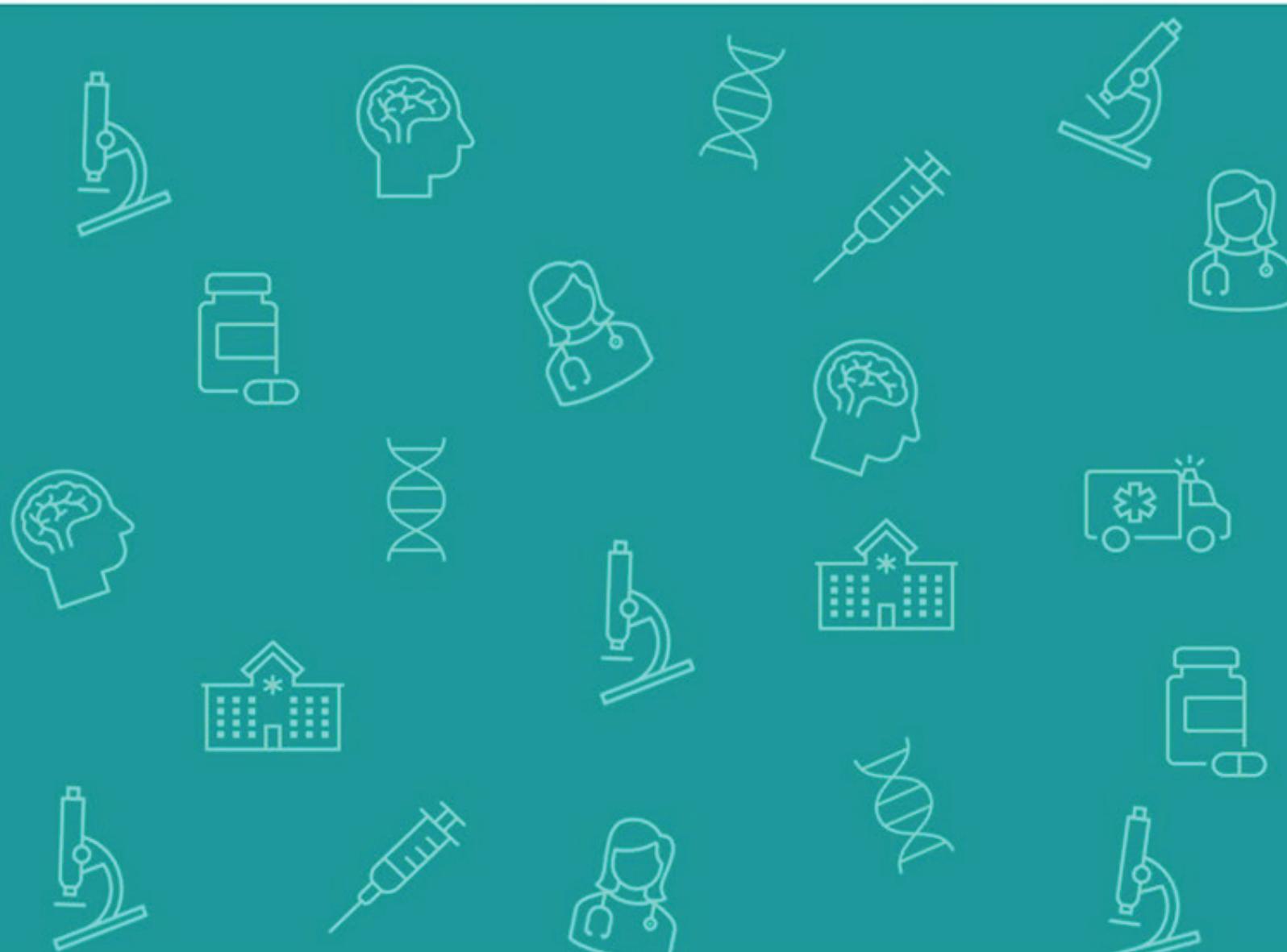
Strengthen primary prevention through HPV vaccination to achieve 90% coverage

Strategic Directions	Major activities
1.1 Secure sufficient and affordable HPV vaccines	Scale up coverage of the on-going HPV vaccination in the National Immunization Programme
	Engage continuous policy dialogue to secure domestic funding for sustaining HPV vaccine in EPI
1.2 Increase the quality and coverage of vaccination	Ensure high coverage with the final dose of HPV vaccination for all girls in 10-11 years age cohort through school based programme (government and private schools) and if any missed children through MOH office clinics
	Immunize all girls in the age group of 10-11 years with HPV vaccination using Government School Health Programme
	Update national guidelines, policies and strategies in relation to HPV vaccination in line with updated global and regional strategies
	Ensure quality of data collection process related to HPV vaccination through the National Immunization Programme guidelines
	Ensure quality of HPV vaccination services adhering to the National Immunization Programme guidelines and National Immunization Policy
1.3 Improve communication and social mobilization	Increase awareness in the community and stakeholders to create and sustain the demand for HPV vaccination
1.4 Innovate to improve efficiency of vaccine delivery	National guidelines, policies and strategies will be updated with the availability of new global and regional evidence and innovations for cost effective, efficient approaches to HPV vaccination

3

STRATEGIC OBJECTIVE 2

Improve cervical cancer screening by achieving 70% of screened women with a high-performance test by 35 years and again by 45 years of age



STRATEGIC OBJECTIVE 2

Improve cervical cancer screening by achieving 70% of screened women with a high-performance test by 35 years and again by 45 years of age

Strategic Directions	Major activities
<p>2.1 Review and revise the cervical cancer screening guidelines in line with global guidelines</p>	<p>Update existing cervical cancer screening guidelines in line with latest global evidences to introduce HPV DNA testing and other newer screening techniques</p>
<p>2.2 Increase knowledge of general public, including high risk populations on accessibility and availability of cervical cancer early detection services</p>	<p>Publicize materials on accessibility and availability of screening facilities at primary health care institutions, Well Women Clinics, Cancer Early Detection Centers (CEDC) for early diagnosis of cervical cancer through all modes of communications including existing support groups to reach general population, vulnerable and marginalized groups</p>
<p>2.3 Strengthen accessibility and availability of cervical cancer early detection services in all possible primary, secondary and tertiary care institutions</p>	<p>Increase accessibility of screening services through optimizing primary health care services, introducing client friendly opening hours, mobile clinics for women with difficulty in access due to geography and low coverage areas and for workplaces with high concentration of women</p> <p>Ensure availability of continuous supply of affordable, quality equipment and consumables for cervical cancer screening programme</p> <p>Ensure cervical cancer early detection service expansion to cover high risk populations, especially female sex workers etc. irrespective of the age group</p> <p>Ensure HPV DNA testing is introduced in a phased manner to Well Women Clinics, STD Clinics, etc. across the country</p> <p>Introduce self-collected sampling of HPV DNA testing to the general population in a phased manner</p>

Strategic Directions	Major activities
	<p>Strengthen the cervical cytology programme during the transition period (the period where the shift of screening by pap smear to HPV DNA testing) by conducting Continuous Professional Development (CPD) programmes for Well Women Clinic staff and cytoscreeners</p> <p>Ensure Caring, Respectful, Compassionate (CRC) client centered comfortable environment maintaining privacy and confidentiality in providing cervical cancer screening for all women</p> <p>Strengthen monitoring and supervision system for quality and timely delivery of the cervical cancer screening services</p> <p>Develop a mechanism to obtain patient inputs on service satisfaction</p> <p>Establish a functional referral system for suspected/diagnosed cases at screening centers and monitor its use on a regular basis through the e-MIS</p>
2.4 Integrate screening and treatment services into the essential health services package	Ensure availability of screening services at all primary healthcare institutions
2.5 Ensure an affordable supply of quality assured, high performance screening tests	Establish a system for continuous supply of HPV DNA test kits and consumables for screening
2.6 Strengthen laboratory capacity and quality assurance programmes	Establish external and internal quality assurance programme for laboratories
2.7 Strengthen healthcare workforce	<p>Strengthen training programmes for primary healthcare staff to improve communication and counselling skills to promote screening for cervical cancer among public</p> <p>Develop a capacity building plan to ensure trained staff are available for screening and early diagnosis of cervical cancer</p> <p>Advocate to fill carder positions of Public Health Midwives and cytoscreeners to facilitate continued services</p>

4

STRATEGIC OBJECTIVE 3

Ensure 90% of women identified with cervical disease (precancerous and invasive cancer) receive treatment



STRATEGIC OBJECTIVE 3

Ensure 90% of women identified with cervical disease (precancerous and invasive cancer) receive treatment

Strategic Directions	Major activities
3.1 Implement cervical cancer management guidelines and other relevant management guidelines	Develop and implement national cervical cancer management guidelines in line with global guidance and local algorithm decided by an expert committee
	Ensure Radiotherapy including Brachytherapy for cervical cancer is included in the National strategic plan for Radiotherapy treatment in Sri Lanka
3.2 Establish referral pathways and people centered linkages throughout the continuum of care	Ensure continuity of care through a clear referral pathway for women with HPV DNA and pap smear positive results and pre-cancerous lesions to ensure timely management
	Strengthen information system for tracking screened positive women and established linkages with the other relevant e-MIS systems
	Establish/strengthen follow up of patients whose treatment has been commenced and establish linkages between screening data bases and treatment databases to ensure no leakage along the care continuum preferably through a unique identifier
	Ensure management plans are issued at all treatment centers and monitor adherence to referral and back referral system
	Build public-private partnership for diagnosis and treatment with appropriate referral mechanism
	Develop partnerships with STD/HIV clinics to introduce screening; refer suspected cases of cervical cancer/abnormal pap smear cases to cancer treatment centers
	Include cervical cancer into the multidisciplinary tumor review boards for diagnosis, treatment and rehabilitation in each province
3.3 Strengthen diagnostic services	Ensure availability of cervical cancer diagnostics (laboratory, pathology, nuclear medicine) in all Centers of Excellence and treatment centers
	Strengthen histopathology laboratories where the histological specimens are sent

Strategic Directions	Major activities
3.4 Expand surgical & oncological treatment modalities	Upgrade the National Cancer Care center (Apeksha Hospital) as the State-of-the Art epi treatment and care center in Sri Lanka for comprehensive cervical cancer care
	Ensure availability of cervical cancer treatment modalities in all Centers of Excellence and treatment centers
	Strengthen colposcopy services/colposcopy clinics at Centers of Excellence and at Cancer Early Detection Center
	Strengthen medical oncology services at all treatment centers
	Introduce onco-gynecology services in all Centers of Excellence
	Strengthen specialized onco-surgery services in all Centers of Excellence
3.5 Improve access to radiotherapy and chemotherapy	Ensure availability of cervical cancer treatment modalities (chemotherapy and radiotherapy) as per updated treatment guidelines in all Centers of Excellence and treatment centers
	Introduce treatment of cervical cancer in day treatment units (dedicated day hospitals) with dedicated staff
	Strengthen the External Beam Radiation therapy services by installing Linear Accelerators (LINAC) in identified strategic locations
	Expand HDR brachytherapy (Internal Radiation Therapy) to all Centers of Excellence
	Ensure regular trainings and deployment of human resources to provide radiation therapy at treatment centers
3.6 Strengthen and integrate palliative care services	Introduce the concept of cervical cancer survivorship to healthcare providers and promote end of life care plans for cervical cancer patients management plans
	Establish cervical cancer survivor groups to support the survivors on different aspects of survivorship including support to prevent stigmatization associated with cervical cancer
	Ensure all components of palliative care services are included in treatment plans of cervical cancer patient from the outset. E.g.: psychological support, family support etc.
	Integrate and promote implementation of palliative care services in Primary Health Care system as per the Ministry of Health circular

Strategic Directions	Major activities
	Promote provision of basic palliative care services by hospice, Community Support Organizations, Non-Governmental Organizations and home-based care
	Ensure monitoring and evaluation through health information system to capture treatment success and follow up in palliative care service provision
	Include rehabilitation and palliative care in cervical cancer into capacity building plans of rehabilitation and palliative care for healthcare workers at all levels
	Develop linkages with and build capacities of General Medical Practitioner Associations to strengthen the palliative care service provision in the community
	Empower family members, caregivers, general public for provision of basic palliative care for cervical cancer patients and liaise them with government healthcare providers/ private practitioners
	Ensure availability of essential medicines (including morphine), equipment and medical technologies identified in rehabilitation and palliative care guidelines are continuously available at each service level
	Strengthen existing palliative care services with innovative technologies like M-Health related to cervical cancer
3.7 Optimize health workforce competencies to deliver quality cancer care throughout the continuum of care	Develop a capacity building plan to ensure trained staff are available for clinical, laboratory, pathology, radiology, treatment and care services for cervical cancer
	Strengthen knowledge and skills development of health workforce with regard to palliative care for cervical cancer
	Develop a competency based training for relevant specialties involved in cervical cancer management
	Introduce twinning programmes, regional training hubs in centers of excellence, tele-mentoring, e-learning, mobile/e-based learning and low cost virtual reality surgical simulations
3.8 Reduce cancer stigmatization	Empower and engage communities and civil society to lead the development of programme to counteract misinformation and stigmatization of cervical cancer
	Develop education initiatives through survivor groups to address the stigmatization associated with cervical cancer

5

STRATEGIC OBJECTIVE 4

Strengthen health system support for elimination of cervical cancer



STRATEGIC OBJECTIVE 4

Strengthen health system support for elimination of cervical cancer

Strategic Directions	Major activities
<p>4.1 Strengthen the National programme for control of cervical cancer</p>	<p>Strengthen planning, coordination, monitoring and evaluation of cervical cancer prevention and control activities at the National Cancer Control Programme, Family Health Bureau and Epidemiology unit</p>
	<p>Entrusting the monitoring of the strategies related to cervical cancer elimination interim targets to the National Advisory Committee (NAC) and other Technical Advisory Committees (TAC) of National Cancer Control Programme</p>
	<p>Incorporate interventions related to cervical cancer prevention and control into Technical Advisory Committee (TAC) of Well women programme</p>
	<p>Include an agenda item in the Advisory Committee on Communicable Diseases of the Epidemiology Unit to maximize HPV vaccination coverage targets in the context of achieving elimination of cervical cancer</p>
	<p>Ensure compulsory reporting of confirmed or suspected cases of cervical cancer in both public and private sectors through a legal provision and through advocacy</p>
	<p>Develop master plans for human resources and infrastructure development to achieve interim targets by 2030 for elimination of cervical cancer in Sri Lanka</p>
	<p>Synergize with Well Woman Programme and other relevant strategies and programmes for better collaboration between National Cancer Control Programme, Family Health Bureau, Epidemiology unit, Health Promotion Bureau, National STD/AIDS Control Programme and other partners at all levels to achieve elimination targets</p>

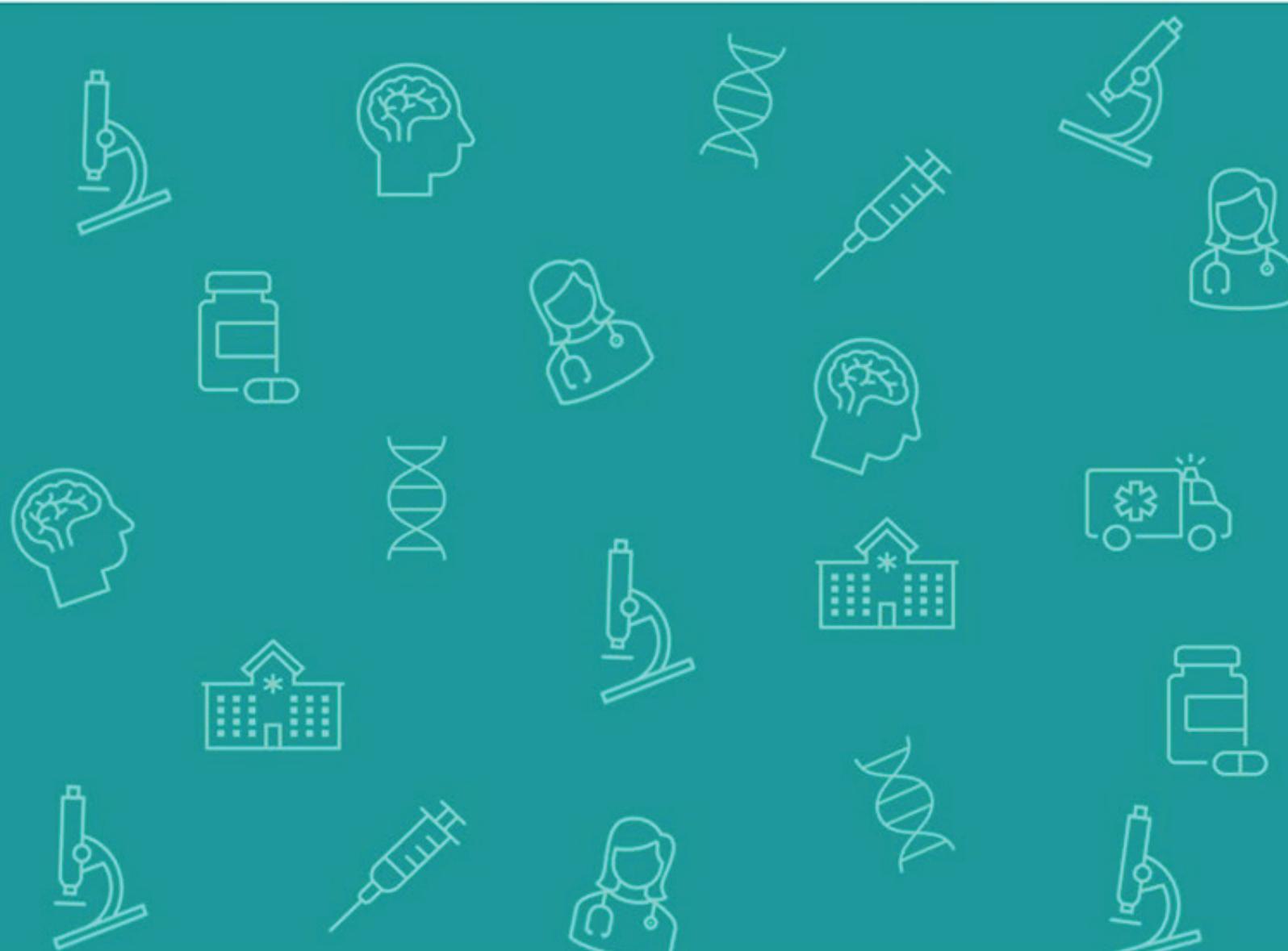
Strategic Directions	Major activities
4.2 Strengthen Provincial teams for prevention and control of cervical cancer	Support Provincial administration to plan, implement multi-sectoral cervical cancer prevention & control interventions with community engagement in alignment with the national strategy
	Ensure infrastructure is available at all health service levels as per infrastructure master plan
	Advocate for human resource mobilization for uninterrupted service delivery
4.3 Improve access to medicines and other health products	Ensure Essential Oncology Medicine Drug lists include medicines required for cervical cancer and are updated and disseminated to all treatment & care centers and National Management Information System in Medical Supplies Division (MSD)
	Include cervical cancer diagnostics, treatment, pharmaceuticals and other commodities in the Procurement Supply Management system to ensure an uninterrupted supply
4.4 Engage with private sector providers	Building public/private partnerships for screening and early diagnosis of cervical cancer to increase coverage
	Advocate insurance companies including Agrahara to market a healthcare package for women that includes cervical cancer screening and treatment component
	Advocate to include cervical cancer screening in annual NCD screening package and Well women package in the private sector hospitals /clinics
	Ensure compulsory provision of data from private sectors to the National Cancer Control Programme on screening, treatment and referrals
4.5 Universal health coverage and protection from catastrophic costs	Expedite the process of Cancer Early Detection Center in each Province enabling early detection of cervical cancer in the age groups which are not covered in the national programme

Strategic Directions	Major activities
4.6 Systems for improving the quality of healthcare	Ensure quality of continuum of care in all treatment centers
	Introduce peer reviews, death audit system to ensure quality of care in managing cervical cancer patients
	Upgrade facilities in laboratory services, pathology services and medical imaging (general X-ray system or digital X-ray system, Ultrasound scanning, CT scan, MRI & PET scan facilities) in all Centers of Excellence and treatment centers which will assist in diagnosis and treatment of cervical cancer
	Establish Quality Assurance systems in diagnostics
	Ensure safety of healthcare workers and patients exposed to radiation and cytotoxic materials
4.7 Innovation and digital technologies for health	Introduce social media and mobile technology to create awareness and demand to cervical cancer prevention, control and care services
	Introduce digital technologies for health to facilitate access to cervical cancer services, improve effectiveness and efficiency, and promote accountability

6

STRATEGIC OBJECTIVE 5

Improve leaderships, advocacy & communication



STRATEGIC OBJECTIVE 5

Improve leaderships, advocacy & communication

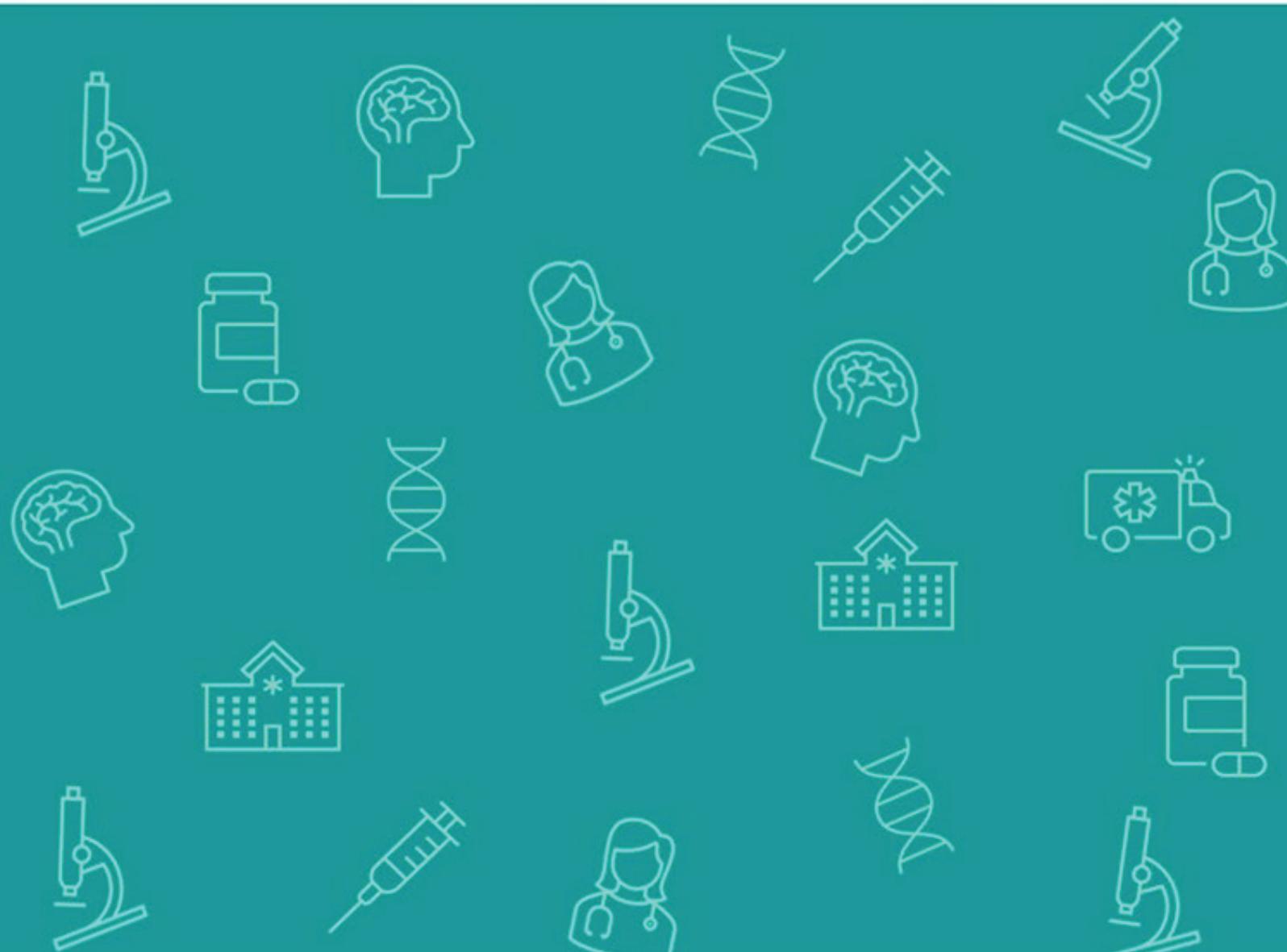
Strategic Directions	Major activities
<p>5.1 Providing highest political leadership for prevention and control of cervical cancer to contribute to achievement of Sustainable Development Goals embracing a multisectoral approach</p>	<p>Harness political leadership to address prevention and control of cervical cancer as a priority issue which needs a “whole of Government” approach</p>
	<p>Advocate to include prevention and control of cervical cancer to be taken up as an agenda item at the National Health Council chaired by Hon Prime Minister and NCD Council chaired by Hon Minister of Health</p>
	<p>Promote and advocate for a multisector national response, cooperation and partnership to eliminate cervical cancer</p>
	<p>Advocate the government on the need of scaling up of HPV DNA testing over the current cervical cytology method and to obtain a financial commitment</p>
	<p>Advocate the relevant authorities to introduce strategic purchasing of screening, diagnostic and treatment equipment including HPV DNA test kits and HPV vaccines as a cost-effective measure</p>
	<p>Advocate relevant authorities to introduce new suppliers of HPV DNA test kits ensuring similar standards and reduce cost per test</p>
	<p>Advocate the private health sector to offer screening test for cervical cancer at cost price for 35 and 45 year old female cohorts</p>
<p>5.2 Community education & empowerment that supports and influence adoption of healthy lifestyles across the lifecycle to reduce cervical cancer related risk factors among different target groups</p>	<p>Incorporate prevention & control of cervical cancer into the Social Behavior Change Communication (SBCC) strategy targeting general population and special groups including adolescents and youth and vulnerable population to reduce social, cultural barriers and increase access to services and aware them on Sexual and Reproductive Health and Rights</p>
	<p>Develop relevant communication materials for the SBCC programme including social media apps</p>

Strategic Directions	Major activities
	Collaborate with other health sector programmes to mobilize communities to facilitate cervical cancer prevention and control interventions
	Include promotion of healthy sexual and reproductive behaviors and the need of HPV vaccination in the SBCC strategy
	Promote male participation in enhancing uptake of screening and management of cervical cancer and HPV vaccination
	Collaborate with national/private media channels including prints and digital spectrum/interested groups (social media networks) in the case of promoting the preventive activities
5.3 Integrating cervical cancer prevention and control interventions in health promoting settings such as schools, youth settings, work places, hospitals, estates and villages	Advocate to integrate messages on risk factors for cervical cancer in school health promoting settings through culturally sensitive and age appropriate messages
	Integrate cervical cancer prevention and control strategies into established health promoting setting in universities, training colleges and Vocational Training Centers, workplaces, estates and villages
5.4 Involvement of people living with cervical cancer, their families and care givers	Engage people living with cervical cancer, their families and care givers as members of Provincial/ district teams to improve the performance of cervical cancer elimination efforts

7

STRATEGIC OBJECTIVE 6

Strengthen cervical cancer information systems and surveillance including monitoring and evaluation of cervical cancer control activities



STRATEGIC OBJECTIVE 6

Strengthen cervical cancer information systems and surveillance including monitoring and evaluation of cervical cancer control activities

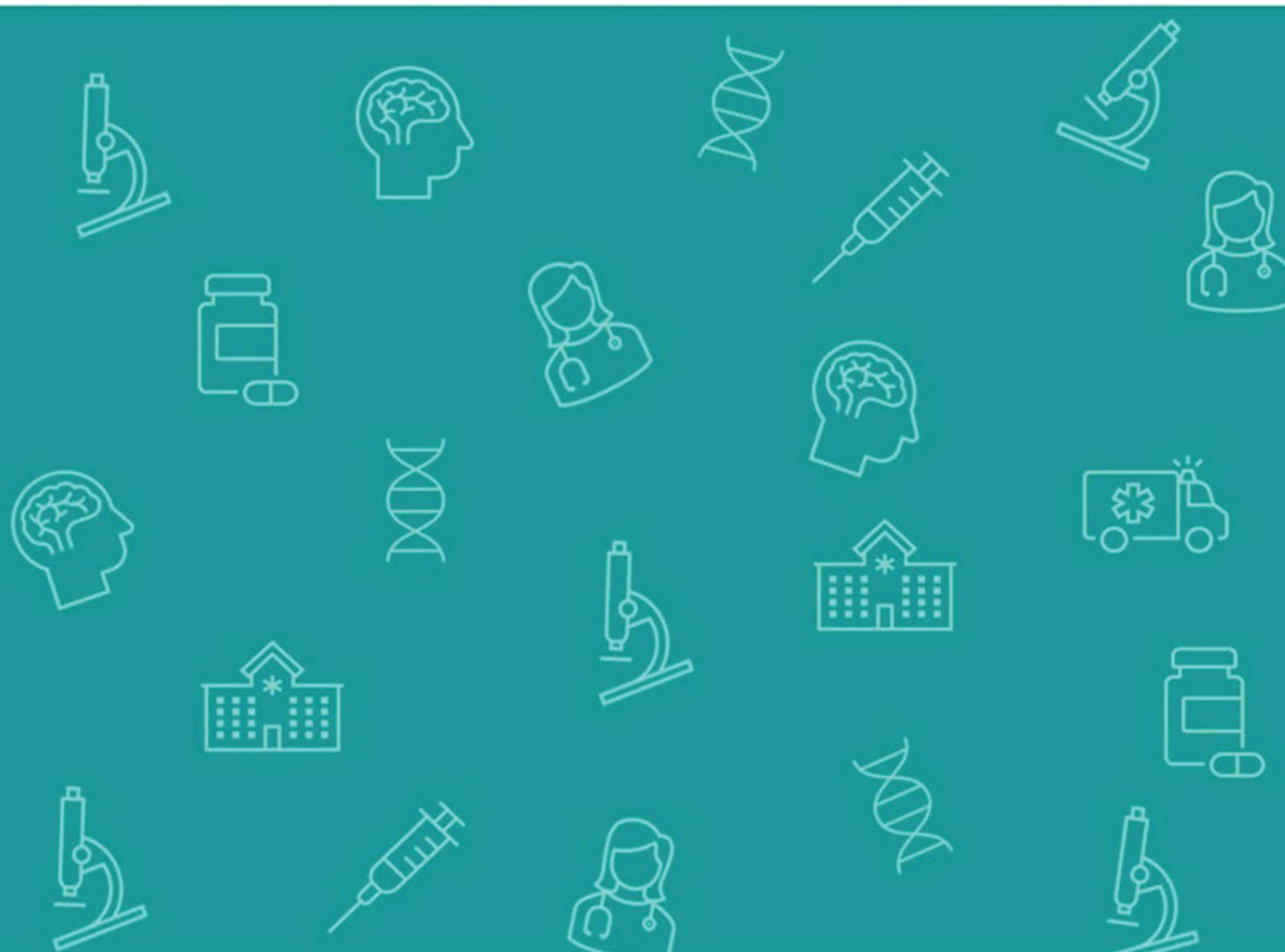
Strategic Directions	Major activities
<p>6.1 Strengthen strategic information system in relation to cervical cancer prevention, control and care services</p>	<p>Incorporate monitoring of early detection activities in hospital settings (Cancer Early Detection Centers, Centers of Excellence, treatment and care centers) and preventive settings (Well Women Clinic & Healthy Lifestyle Centers) through Electronic Management Information System (eMIS) at the National Cancer Control Programme</p>
	<p>Strengthen National Cancer Registry of Sri Lanka to obtain all newly diagnosed cervical cancer patients in Sri Lanka in a given year</p>
	<p>Strengthen Population Based Cancer Registries (PBCRs) to generate most accurate incidence rates, mortality rates and survival rates on cervical cancer</p>
	<p>Strengthen Hospital Based Cancer Registries (HBCRs) to generate evidence on continuum of care for cervical cancer, follow up care and survivorship care</p>
	<p>Strengthen Pathology Laboratory Based Cancer Registries (Laboratory based electronic modules) to obtain newly confirmed pre cancers & cervical cancers</p>
	<p>Advocate to update Vital Registration system to obtain timely national data on mortality due to cervical cancer including regular training programmes for proper data coding and employ mechanisms to triangulate different data systems</p>
	<p>Compile and disseminate information related to prevention & control of cervical cancer using appropriate channels of communication at each level - national, provincial, district, MOH level</p>

Strategic Directions	Major activities
	Review and revise existing monitoring & evaluation and information systems to capture performance indicators required at global, regional and national levels in reporting country progress towards elimination goals
6.2 Integrate electronic patient management information systems in secondary and tertiary hospitals and link to NCCP e-MIS	Design data variables on cervical pre cancer & cervical cancer (from point of diagnosis & point of treatment) while maintaining confidentiality (Need to incorporate to Hospital Information Management Systems – ‘HIMS’/ ‘HHIMS’)
	Upgrade public health information system to capture cervical cancer prevention, screening , follow up care and palliative care services
6.3 Linking e-MIS with information and surveillance systems of other relevant health sector facilities for prevention & control of cervical cancer	Strengthen cervical cancer surveillance by better coordinated hospital and public health information systems
	Timely effective data sharing of HPV vaccination for the use of integrated information system to monitor and evaluate interventions and indicators of cervical cancer elimination targets
	Integrate diagnosis, treatment and palliative care service provision data in relation to cervical cancer management to the National Cancer Control Programme information system
6.4 Monitoring and evaluation of cervical cancer prevention and control programme	Strengthen monitoring & evaluation throughout programme planning cycle and across health system building blocks to ensure quality health service delivery
	Conduct a mid-term and end term review for the cervical cancer elimination programme

8

STRATEGIC OBJECTIVE 7

Promote research and utilization of its findings for prevention and control of cervical cancer



STRATEGIC OBJECTIVE 7

Promote research and utilization of its findings for prevention and control of cervical cancer

Strategic Directions	Major activities
7.1 Identify research priorities on prevention and control of cervical cancer	Strengthen the Technical Advisory Committee (TAC) on Cancer Research related to cervical cancer by engaging multi-sectoral, multi-disciplinary stakeholders to identify priority research towards elimination of cervical cancer as a public health problem
7.2 Promote a conducive environment for cancer research related to cervical cancer	Facilitate research opportunities through communication with Sri Lankan & International Institutes
	Promote Post Graduate trainees to involve in cervical cancer research
	Advocate for a dedicated research budget through national & international research grants
	Promote and conduct clinical and patient outcomes research related to cervical cancer control
	Build partnerships with international agencies e.g. IARC for collaborative research
7.3 Translate research evidence into practice to strengthen preventive services, treatment and care services of cervical cancer	Research committee to formulate recommendations to strengthen policy formulation and programme management
	Preparation of annual reports and disseminating to all stakeholders to highlight cervical cancer research findings in Sri Lanka and gaps to facilitate research into practice

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ANNEXURE

Annex I - Sri Lankan guideline of classification for cervical cytology was adapted from the Bethesda system (8)

Categories included in Modified Bethesda classification adapted for Sri Lanka

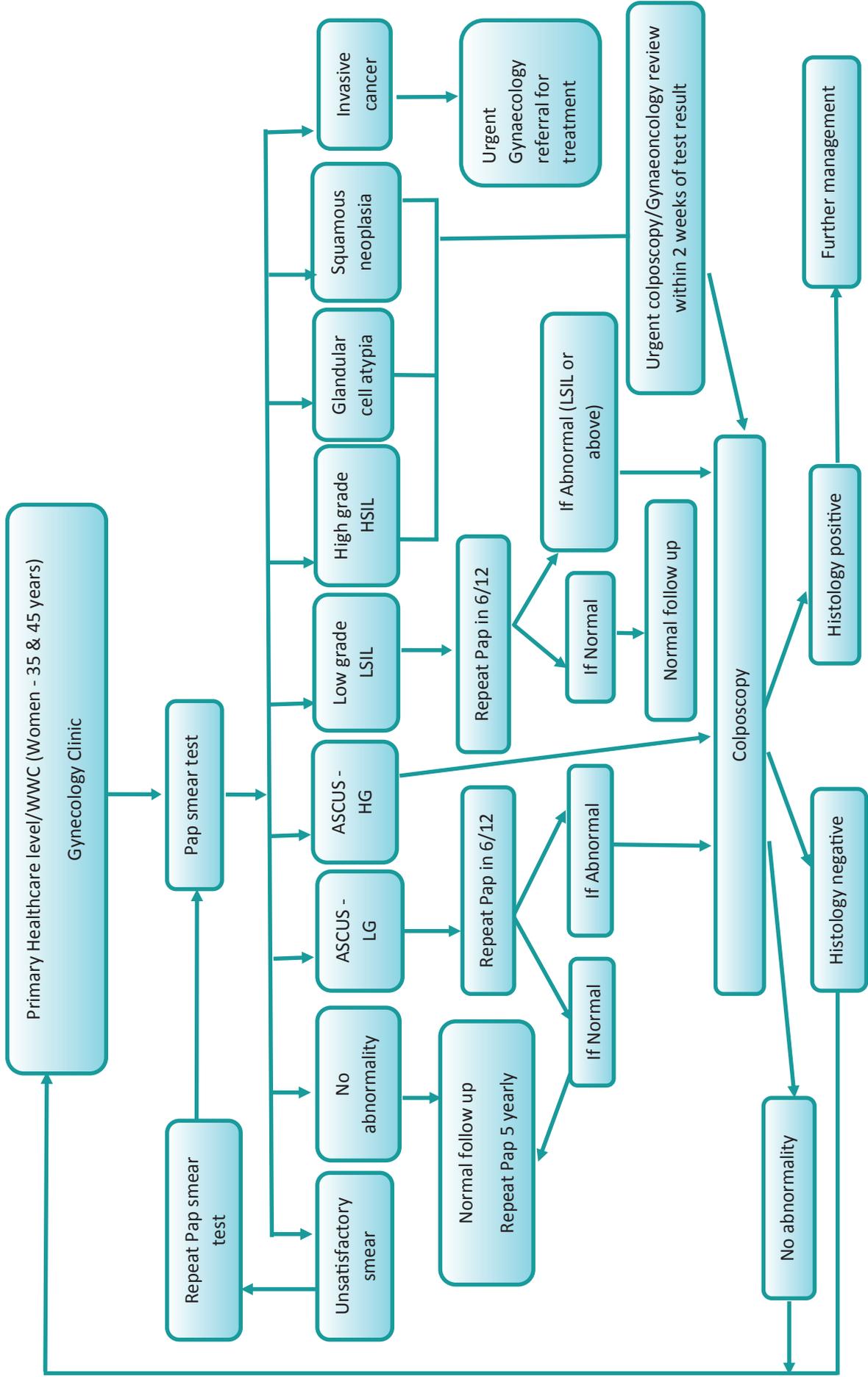
1. Negative for Intraepithelial Lesion or Malignancy (NILM)
2. Low grade Squamous Intraepithelial Lesion (LSIL)
3. High grade Squamous Intraepithelial Lesion (HSIL)
4. Atypical Squamous Cells of Undetermined Significance (ASCUS)
 - Atypical Squamous Cells of Undetermined Significance – Low grade (ASCUS - Low grade)
 - Atypical Squamous Cells of Undetermined Significance – High grade (ASCUS - High grade)
5. Glandular cell atypia
6. Benign endometrial cells in a woman > 40 years
7. Squamous or Glandular malignancy

Annex II - Management of cervical lesions based on cytological and histological classifications (8)

Cytological classification (Modified Bethesda System adapted to Sri Lanka)	Histological classification (used for diagnosis)	Recommendation
Normal	Normal	Routine re-screening (5 yearly) If inflammatory – treat and follow up
ASCUS – Low grade	Atypia	Medical officer at primary health care level to follow up and repeat smear in 6 months
ASCUS – High grade		Refer for colposcopy If colposcopy biopsy is positive, treat as for HSIL
LSIL	CIN 1 (including flat condylomata)	If HPV DNA is not available, repeat smear in 6 months If second smear also LSIL or above → refer to a gynaecologist for colposcopy If HPV DNA is available, triage → If HPV DNA positive + LSIL → refer for colposcopy
HSIL	CIN 2 / CIN 3	Refer for colposcopy
Glandular cell atypia		Refer for colposcopy
Invasive carcinoma	Invasive carcinoma (Squamous or Glandular malignancy)	Urgent referral to a Tertiary Cancer Center (For gynaecologist opinion)

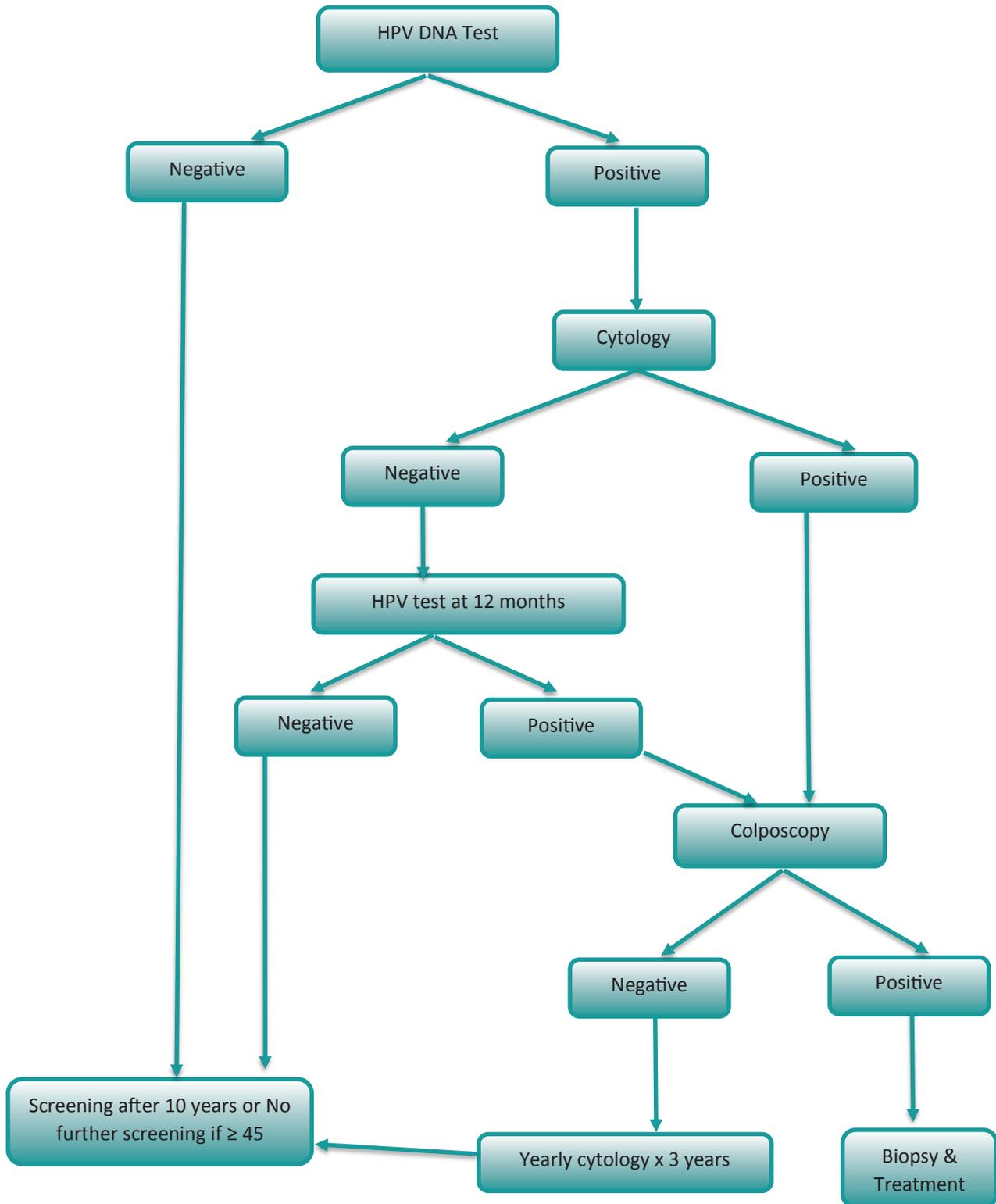
Annex III - Algorithm for Pap smear test

Source: National Cancer Control Programme



Annex IV – Algorithm for HPV DNA Test

Source: Family Health Bureau



**National Cancer Control Programme
Ministry of Health**

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