Addressing Country Priorities to Eliminate Cervical Cancer as a Public Health Problem:

THE REGIONAL STRATEGY FOR EASTERN EUROPE AND CENTRAL ASIA

ICCPA
International Cervical Cancer Prevention Association

UNFPA

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The UNFPA Regional Strategy for Eastern Europe and Central Asia: Addressing Country Priorities to Eliminate Cervical Cancer as a Public Health Problem has been prepared for the UNFPA Regional Office for Eastern Europe and Central Asia (UNFPA EECARO) and the UNFPA offices in the countries and territories of the Eastern Europe and Central Asia (EECA) region to guide the planning and implementation of actions to strengthen cervical cancer prevention, treatment and palliative care, and to ensure harmonized capacity-building, knowledge-sharing and advocacy across the region. It is based on data from the situation analysis of capacities for cervical cancer prevention, treatment and palliative care across the UNFPA EECA region that was conducted from January to August 2021.

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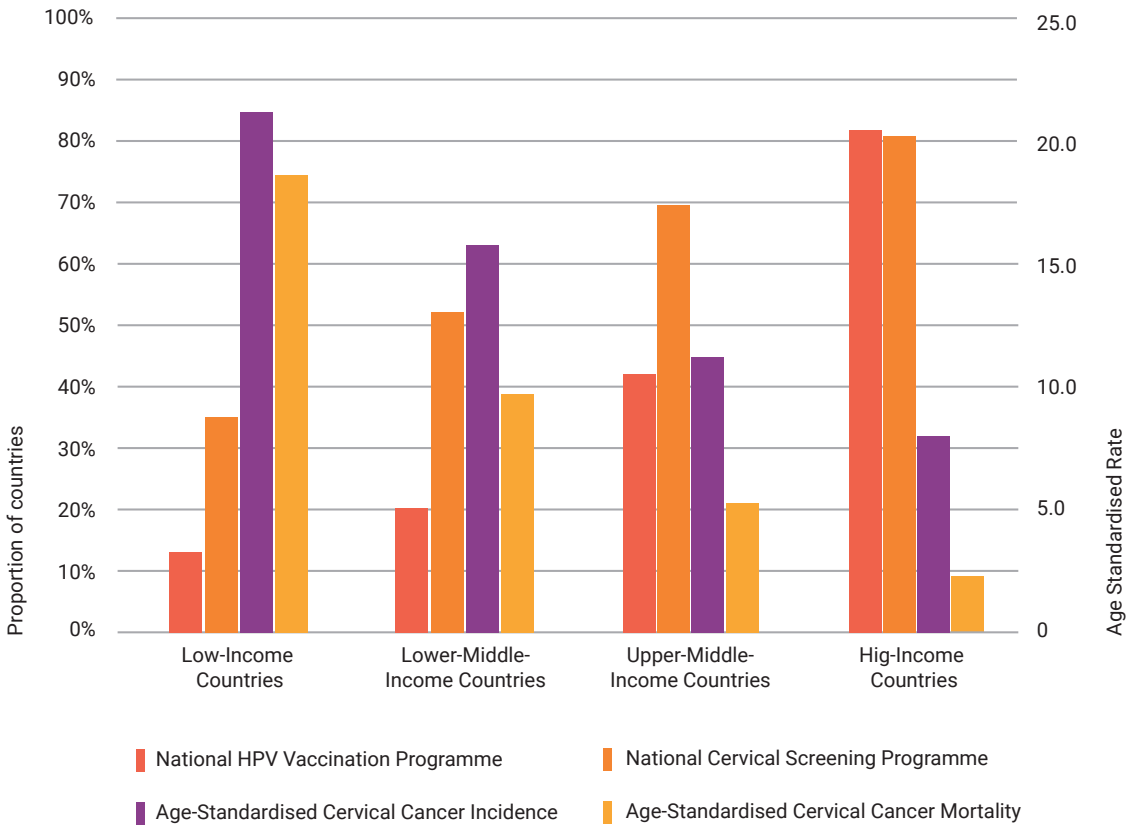
Introduction

CERVICAL CANCER: THE GLOBAL SITUATION

Figure 1: HPV vaccination and cervical screening vs. cervical cancer incidence and mortality



Globally, there are more than 570,000 new cases and 311,000 deaths from cervical cancer every year, and these numbers are predicted to increase to more than 700,000 new cases and 400,000 deaths per year by 2030.[2]

The vast majority of cases of this disease and resulting deaths occur among disadvantaged women living in low-, lower-middle-, and upper-middle-income countries (collectively, low- and middle-income countries/LMICs). The main reason for this is the lack of effective cervical cancer prevention programmes (human papillomavirus - or HPV vaccination and cervical screening) and treatments that are common in high-income countries (HICs) (Figure 1).[3]

Proven and cost-effective methods to prevent cervical cancer exist but have not yet been widely implemented in the countries where the disease burden is highest. In recognition of this, the World Health Assembly, in May 2020, adopted a global strategy to accelerate the elimination of cervical

2 International Agency for Research on Cancer (IARC), Global Cancer Observatory (GLOBOCAN) 2018 Estimates. Available at http://gco.iarc.fr/.

3 Freddie Bray and others, "Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries", *CA: A Cancer Journal for Clinicians,* vol. 68, No. 6 (2018), pp. 394–424.

cancer as a public health problem, with the objective that all countries should achieve an incidence rate below 4 per 100,000 woman-years.[4]

To attain this objective, the World Health Organization (WHO) outlined the required actions in its Global Strategy towards Eliminating Cervical Cancer as a Public Health Problem,[5] which rests on three main pillars of action:

- prevention through vaccination,
- screening and treatment of precancerous cervical lesions (cervical intraepithelial neoplasia—or CIN), and
- treatment and palliative care for invasive cervical cancer.

WHO also provided a set of targets (the 90-70-90 targets) that all countries should achieve by 2030:

- 90 percent of girls fully vaccinated with HPV vaccine by 15 years of age,
- 70 percent of women screened with a high-performance test by the age of 35 and again by the age of 45,[6] and
- 90 percent of women identified with cervical disease treated[7] (90 percent of women with CIN treated; 90 percent of women with invasive cancer managed).

This strategy is projected to result in mortality-rate reductions of 33.9 percent by 2030 and 96.2 percent by 2070, saving the lives of more than 62 million women by 2120.[6] But achieving this will be possible only through the adoption of national programmes delivered by health services that address the personal, cultural, social, structural and economic barriers that currently impede access by women and girls.

Compared with Western Europe, the number of new cervical cancer cases and deaths is up to 10 times higher in the UNFPA EECA region, where this disease is the second-most-common cause of cancer-related death among women of reproductive age.[8]

4 World Health Organization (WHO), "World Health Assembly adopts global strategy to accelerate cervical cancer elimination", 19 August 2020.

5 WHO, *Global strategy to accelerate the elimination of cervical cancer as a public health problem* (Geneva, 2020).

6 WHO, *Comprehensive Cervical Cancer Control: A guide to essential practice*, 2nd ed. (Geneva, 2014).

7 Karen Canfell and others, "Mortality impact of achieving WHO cervical cancer elimination targets: a comparative modelling analysis in 78 low-income and lower-middle-income countries", *The Lancet*, vol. 395, No. 10224 (February 2020), pp. 591–603.

8 IARC, Global Cancer Observatory (GLOBOCAN) Cancer Tomorrow, 2018 Estimates. Available at http://gco.iarc.fr/tomorrow.

CERVICAL CANCER PREVENTION

Almost every case of cervical cancer could be prevented by effective primary and secondary prevention programmes.

Primary prevention

There is now overwhelming evidence showing that HPV vaccination of adolescent girls is the most effective long-term strategy to reduce HPV infections and prevent the resulting CIN lesions and cervical cancers.[9,10,11] For optimal protection, WHO currently recommends that adolescent girls between 9 and 14 years of age receive two doses of HPV vaccine six months apart.[12] There is also strong evidence that high HPV vaccine coverage produces herd immunity, affording protection to unvaccinated individuals and therefore increasing the benefits for the community as a whole.[13]

To achieve high population coverage, HPV vaccination should be provided free of charge, and vaccination programmes must include strong communication strategies for advocacy and social mobilization to ensure people are aware of the efficacy, safety and benefits of the vaccine.[14,15] In addition, strategies must be prepared to address the misinformation spread by anti-vaccination campaigns that have undermined implementation of these programmes in some countries.

Secondary prevention

The objective of secondary prevention by cervical screening is to identify women with clinically relevant CIN lesions that can be removed to prevent them progressing to cervical cancer.[16] Screening can reduce cervical cancer rates by up to 80 percent, but reductions of this magnitude will come only from well-organized programmes with high coverage of the target population (>70 percent), effective follow-up of screen-positive women and robust quality assurance (QA) of the entire screening programme as well as each of the component services.[17]

As for HPV vaccination, achieving high cervical screening coverage of the target population means that the full range of cervical screening services (screening test, follow-up of screen-positive women and treatment of any clinically relevant disease) should be provided free of charge, and delivery should be supported by strong communication strategies for advocacy and social mobilization.

9 Marc Arbyn and others, "Prophylactic vaccination against human papillomaviruses to prevent cervical cancer and its precursors", *Cochrane Database of Systemic Reviews* (May 2018).

10 Silvia de Sanjose and others, "Human papillomavirus genotype attribution in invasive cervical cancer: a retrospective cross-sectional worldwide study", *The Lancet Oncology*, vol. 11, No. 11 (November 2010), pp. 1048–1056.

11 Davit Bzhalava and others, "A systematic review of the prevalence of mucosal and cutaneous human papillomavirus types", *Virology*, vol. 445, Nos. 1–2 (October 2013), pp. 224–231.

12 WHO, Immunization, Vaccines and Biological: Data and Statistics: Human papillomavirus (HPV). Available at https://www.who.int/immunization/diseases/hpv/en/.

13 Mélanie Drolet and others, "Population-level impact and herd effects following the introduction of human papillomavirus vaccination programmes: updated systematic review and meta-analysis", *The Lancet*, vol. 394, No. 10197 (August 2019), pp. 497–509.

14 Diviya Santhanes and others, "Factors influencing intention to obtain the HPV vaccine in South East Asian and Western Pacific regions: A systematic review and meta-analysis", *Scientific Reports*, vol. 8 (February 2018).

15 Vicky Mengqi Qin and others, "The impact of user charges on health outcomes in low-income and middle-income countries: a systematic review", *BMJ Global Health*, vol. 3 (January 2019).

16 IARC, *Cervix Cancer Screening*, IARC Handbooks of Cancer Prevention, vol. 10 (Lyon, IARC Press, 2005).

17 European Commission, *European guidelines for quality assurance in cervical cancer screening*, 2nd ed. (Luxembourg, Office for Official Publications of the European Communities, 2008).

The European Guidelines for Quality Assurance in Cervical Cancer Screening[17] (the European Guidelines) state that screening should be delivered only through organized programmes and should set out the key elements that are required to optimize effectiveness (Table 1).

Table 1: Key elements of an organized cancer screening programme

1	A central administrative unit responsible for coordinating all elements of the screening process, including recruitment and recall, follow-up of screen-positive women, treatment of clinically relevant cervical disease and QA.
2	Access to a current database of the target population with sufficient detail to coordinate recruitment and recall.
3	A central screening registry that is linked to the database of the target population and records the results of screening, follow-up and treatment so that it can be used for recruitment and recall, monitoring the follow-up of screen-positive women and QA.
4	Access to a population-based cancer registry for QA and programme audits.
5	Evidence-based guidelines covering the entire screening process and clinical protocols for each component service.
6	A QA system covering the entire screening process and each of the component services.
7	Public health education and knowledge- and awareness-raising programmes.
8	Mechanisms to identify and recruit underserved women from rural, remote and disadvantaged communities.

Cervical cytology (the Pap smear) has been the main screening test in HICs, where it has successfully reduced cervical cancer rates when implemented within well-organized programmes. However, cervical cytology has proven difficult to implement in LMICs,[18] so some countries have instead used visual inspection of the cervix with acetic acid (VIA). While VIA is easier and cheaper to implement than cervical cytology, its effectiveness is very dependent upon the training and skills of the providers, so its performance is highly variable.

More recently, a number of meta- and pooled analyses have shown that screening for HPV infection provides better protection against cervical cancer than either cervical cytology or VIA, while its high negative predictive value means that the screening interval for women who have a negative test result can be extended to five years or more.[19,20,21]

Further, PCR-based HPV tests have been shown to work well with self-sampled low vaginal swabs, which greatly simplifies the sampling process and facilitates screening recruitment in rural and remote communities. Because of this, WHO now recommends that all countries should use HPV testing for cervical screening.[4]

18 R. Sankaranarayanan, A. M. Budukh and R. Rajkumar, "Effective screening programmes for cervical cancer in low- and middle-income developing countries", *Bulletin of the World Health Organization*, vol. 79, No. 10 (2001), pp. 954–962.

19 Marc Arbyn and others, "Evidence regarding human papillomavirus testing in secondary prevention of cervical cancer", *Vaccine*, vol. 30, Supp. 5 (November 2012) pp. 88–99.

20 Guglielmo Ronco and others, "Efficacy of HPV-based screening for prevention of invasive cervical cancer: follow-up of four European randomised controlled trials", *The Lancet*, vol. 383, No. 9916 (February 2014), pp. 524–532.

21 Lawrence von Karsa and others, "European guidelines for quality assurance in cervical cancer screening: Summary of supplements on HPV screening and vaccination", *Papillomavirus Research* (June 2015), pp. 22–31.

CERVICAL CANCER TREATMENT AND PALLIATIVE CARE

While preventing cervical cancer is the main objective, no preventive actions will be completely successful, so the timely diagnosis of women with cervical cancer and referral for treatment is essential to reducing morbidity and saving lives. Early-stage cervical cancers are highly treatable by surgery and/or radiotherapy, with five-year survival rates of over 80 percent in countries where effective diagnosis and treatment are available.[22] However, clinical practices in many LMICs do not fully comply with international recommendations, so diagnoses can be delayed and the delivery of potentially curative therapy can be limited by poor access to surgery, radiation or chemotherapy or by outdated facilities and equipment.

In addition, palliative care must be readily available and integrated into the cervical cancer treatment plan for the entire course of the disease.[23] However, there is wide variation in the availability and effectiveness of palliative care in LMICs, particularly for the delivery of opioid analgesics, which can be subject to restrictive controls that impede or prevent their legitimate use.

A further important consideration is that cancer treatment and palliative care have a high likelihood of imposing catastrophic health expenditures on patients and their families in LMICs.[24,25] It is therefore essential for all or at least a significant proportion of these costs to be paid for by the state.

22 Paul A. Cohen and others, "Cervical cancer", *The Lancet*, vol. 393, No. 10167 (January 2019), pp. 169–182.

23 WHO, "Palliative care", in *Comprehensive Cervical Cancer Control: A Guide to Essential Practice*, 2nd ed. (Geneva, 2014).

24 WHO, *The World Health Report: Research for Universal Health Coverage* (Geneva, 2013).

25 Adam Wagstaff and others, "Progress on catastrophic health spending in 133 countries: a retrospective observational study", *The Lancet Global Health*, vol. 6, No. 2 (2018), pp. 1–11.

Strengthening cervical cancer prevention, treatment and palliative care in the EECA region

During the first half of 2021, a situation analysis of capacities for cervical cancer prevention, treatment and palliative care in the UNFPA EECA region[26] was conducted to assess the delivery of cervical cancer prevention, treatment and palliative care in each of the 17 countries and territories of the region. Subsequently, data from the situation analysis were used to prepare this Strategy, which will guide the UNFPA EECARO and UNFPA country offices in planning and implementing actions to strengthen these services. Therefore, the actions noted below were designed specifically to fit within UNFPA's cervical cancer mandate and to focus on areas where UNFPA's expertise and resources can effectively add value. In Bosnia and Herzegovina, most responsibilities for health care have been devolved to the entities, the Federation of Bosnia and Herzegovina and the Republika Srpska, so the results for each are presented separately, and the data therefore represent 18 countries, territories and entities (CTEs).

Over the past 20 years, the CTEs in the EECA region have had different priorities for implementing policies and practices for cervical cancer prevention, treatment and palliative care, and have progressed at different rates. As a result, there is now wide variation across the region in what has been achieved and what is required to move forward. Further, most CTEs have developed region-specific expertise in one area or another that could be mobilized to support other CTEs in the region.

In recognition of this, the EECA Regional Alliance for Cervical Cancer Prevention (the Alliance) was launched as a regional approach to eliminate cervical cancer as a public health problem by sharing resources, facilitating south-south and triangular cooperation and increasing coordination across the region so that cervical cancer prevention can be addressed more effectively and efficiently. The formation of the Alliance was initiated by UNFPA EECARO with support from the UNFPA country offices in: Albania, Armenia, Azerbaijan, Belarus, Bosnia & Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, North Macedonia, Serbia, Tajikistan, Türkiye, Turkmenistan, Ukraine, Uzbekistan and Kosovo.

More specifically, the Alliance will:

- Facilitate the development of coordinated, evidence-based action plans to optimize progress while avoiding gaps and fragmentation in service delivery;
- Harmonize strategic approaches to strengthening cervical cancer prevention, treatment and palliative care across the region;
- Ensure the effective sharing of knowledge and expertise by cataloguing the resources that are available within the region, matching these to the needs of each CTE and facilitating bilateral or multilateral cooperation;
- Facilitate the identification and recruitment of resources from outside the region as required to complement regional resources.

26 Philip Davies, "Situation Analysis of Cervical Cancer Prevention, Treatment and Palliative Care in the UNFPA Eastern Europe and Central Asia Region", UNFPA Regional Office for Eastern Europe and Central Asia, 2022.

To facilitate the operation of the Alliance, the following committees have been created:

- HPV Vaccination Committee.
- Cervical Cancer Screening Committee.
- HPV Primary Screening Committee.
- Cervical Cancer Treatment and Palliative Care Committee.

This Strategy has been divided into the following sections:

- Section 1 presents the full range of actions to be undertaken by the UNFPA EECARO to mobilize regional expertise and harmonize advocacy, knowledge-sharing and capacity-building across the region.
- Section 2 lists the actions that are recommended for each CTE, based on the gaps and priorities identified in the Situation Analysis.

SECTION 1.
UNFPA ACTIONS AT THE REGIONAL AND COUNTRY LEVELS

1. STRENGTHENING HPV VACCINATION

Action 1.1: Build political support for implementing or improving HPV vaccination programmes

Six CTEs (Armenia, Georgia, North Macedonia, Republic of Moldova, Turkmenistan and Uzbekistan) have implemented public sector HPV vaccination programmes. However, only Turkmenistan and Uzbekistan have achieved high coverage rates so advocacy is required in the other CTEs to build political support for either implementing new HPV vaccination programmes or improving coverage rates in the existing programmes.

To facilitate advocacy at the CTE level, the Alliance HPV Vaccination Committee should prepare a model policy brief, based on the latest evidence and recommendations, including the WHO cervical cancer strategy, which covers the following topics:

- the cost-effectiveness of HPV vaccination in LMICs and the conditions that are required to optimize this;
- knowledge- and awareness-raising campaigns, based on data from recent knowledge, attitudes and practices (KAP) studies conducted in the local population, to achieve high coverage rates;
- educational programmes for health care providers to ensure they can effectively answer questions from adolescents and their parents; and
- rapid response to anti-vaccination campaigns.

The UNFPA country offices in CTEs that want to implement or improve HPV vaccination programmes can then adapt the model policy brief to the local context and use it to support their advocacy activities for including HPV vaccination in official strategies or plans, implementing HPV vaccination programmes or increasing the coverage rates for existing programmes as required.

Action 1.2: Implementing HPV vaccination programmes

Implementing HPV vaccination programmes was the third-highest priority in the Situation Analysis. All CTEs will have institutions with responsibility for and experience in implementing and administering vaccination programmes. However, these institutions are unlikely to have experience with the complexities of introducing a vaccine against a sexually transmitted infection to adolescents.

To address these complexities and achieve high coverage rates, HPV vaccination programmes must be accompanied by knowledge- and awareness-raising campaigns that are based on data from KAP studies conducted among adolescents and their parents from the local target population. Importantly, the effectiveness of these campaigns will be quickly undermined if the health care providers who are delivering HPV vaccinations are not able to address the concerns of adolescents and parents or provide them with information that contradicts the messages delivered by the campaigns. Therefore, all CTEs that are planning to launch HPV vaccination programmes

should first undertake KAP studies to characterize their local barriers and enablers of HPV vaccination uptake among both the public and the health care providers, and then use these data to prepare knowledge- and awareness-raising campaigns together with coordinated continuing medical education (CME) courses.

A further consideration is that anti–HPV vaccination campaigns have had a devastating effect in some countries, where they have caused substantial reductions in uptake that were expensive and time-consuming to correct. The most effective way to minimize this problem is to be prepared to respond as soon as an anti–HPV vaccination campaign starts.

The actions that should be undertaken to facilitate the implementation of HPV vaccination programmes and that would fit within UNFPA's mandate are set out below.

Action 1.2a: Conduct HPV vaccination KAP studies

Eight CTEs (Armenia, Georgia, Kazakhstan, North Macedonia, Republic of Moldova, Serbia, Türkiye and Uzbekistan) have conducted KAP studies to analyse the barriers and enablers of HPV vaccination uptake and could act as regional resources.

The HPV Vaccination Committee should facilitate the undertaking of KAP studies through the following actions:

- review the KAP studies that have been conducted to identify study protocols and support materials (focus-group guides, survey questionnaires, etc.) that could be used in other CTEs;
- conduct a literature review to identify reports of HPV vaccination KAP studies conducted in LMICs outside the EECA region and preparing a summary of their protocols and materials;
- based on these reviews, prepare model KAP study protocols and support materials for adolescents, parents and health care providers that could be adapted for use in each CTE, while helping to maintain a common structure that would facilitate inter-CTE comparisons; and
- identify resources from outside the region that could be mobilized to facilitate the undertaking of KAP studies as required.

The UNFPA country offices in CTEs that are planning to introduce HPV vaccination programmes should work with local experts to adapt the study protocols and materials to the local context and undertake KAP studies, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outssde the region as required.

Action 1.2b: Conduct knowledge- and awareness-raising campaigns

Four CTEs (Armenia, Georgia, North Macedonia and Uzbekistan) have conducted knowledge- and awareness-raising campaigns to support their HPV vaccination programmes. However, the wide variation in coverage rates (8 to 99 percent) indicates that they were not all equally effective, so analysis of these campaigns could identify actions that either worked or did not work in the region.

The Alliance HPV Vaccination Committee should facilitate the undertaking of knowledge- and awareness-raising campaigns through the following actions:

- Review the campaigns that have been conducted to identify actions that worked well and

could be used in other CTEs or that did not work and should be avoided;

- Based on the results of this review, prepare
    - an HPV vaccination knowledge- and awareness-raising tool kit containing a set of recommended actions with support materials (posters, brochures, internet posts, etc.) and
    - a model CME information package to educate health care providers and ensure they will be able to effectively support the roll-out of the vaccination programme;
- Identify resources from outside the region that could be mobilized to support CTEs to undertake these campaigns as required.

The UNFPA country offices in CTEs that are planning to introduce HPV vaccination programmes should work with local experts to adapt the tool kit to the local context (based on the results of the locally conducted KAP studies—see Action 1.2a above) and undertake the campaigns, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region as required.

Action 1.2c: Prepare for anti–HPV vaccination campaigns

The Alliance HPV Vaccination Committee should help CTEs to prepare for anti–HPV vaccination campaigns through the following actions:

- Conduct a survey to find out which CTEs have had problems with anti-vaccination campaigns (for any vaccine), the methods that were used to counter the campaigns and whether they were effective or not;
- Based on the results of this survey, and bringing in additional expertise if required, prepare a rapid-response protocol containing a set of recommended actions and support materials;
- Establish a rapid-response advisory team that could be mobilized to support any CTE as soon as an anti–HPV vaccination campaign starts.

The UNFPA country offices in CTEs that are planning to introduce HPV vaccination programmes should work with local experts to adapt the rapid-response protocol and materials to the local context so they are ready to use when needed. Then, if an anti-vaccination campaign is launched, they should work with local experts to respond quickly and with the Alliance HPV Vaccination Committee to mobilize the rapid-response advisory team.

2. STRENGTHENING CERVICAL CANCER SCREENING

Action 2.1: Strengthen the organization of cervical screening

Strengthening the organization of cervical screening was listed as the highest priority in the Situation Analysis, with interest coming primarily from the need to improve screening coverage and to ensure that all screen-positive women are fully followed up. The actions that should be undertaken to strengthen the organization of cervical screening and that would fit within UNFPA's mandate are set out below.

Action 2.1a: Agree what "organized cervical screening" should be in the EECA region

When considering the strengthening of the organization of cervical screening, the first step should be to engage all CTEs in a discussion of what organized cervical screening should be in the EECA region and how the key elements of an organized cervical screening programme as described in the European Guidelines can be best adapted to the region. It is likely that most are directly applicable, but it is equally likely that some will need to be adapted. Coming to a regional consensus on the key elements of organized cervical screening that should be implemented in the EECA region will

- strengthen advocacy efforts to build political support for improving the organization of cervical screening by removing arguments about the European Guidelines not being appropriate for the EECA region, and
- define a consensus cervical screening structure for the EECA region that all CTEs should work towards and thereby increase opportunities for regional cooperation and resource-sharing.

The Alliance Cervical Screening Committee should facilitate this through the following actions:

- convene a workshop for the members of the committee to
    - review the cervical screening guidelines that CTEs have published in the previous five years to identify the elements that have regional applicability;
    - review relevant international recommendations, including the European Guidelines and the new WHO cervical cancer screening guidelines;[27] and
    - based on these reviews, discuss and agree the structure and operation of an organized cervical screening programme that maximizes compliance with international recommendations while accounting for the resources and requirements of CTEs in the EECA region.

Here it should be emphasized that achieving greater uniformity in how cervical screening is organized and delivered across the EECA region will increase opportunities for regional cooperation and resource-sharing while also reducing costs for all CTEs by achieving greater economies of scale in purchasing supplies through UNFPA's Procurement Services Branch.

27 WHO, *WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention*, 2nd ed. (Geneva, 2021).

Action 2.1b: Build political support for strengthening the organization of cervical screening

All CTEs in the EECA region provide cervical screening services, so many politicians will think this issue has already been addressed. These politicians will therefore need to be educated about the reasons why the organization of cervical screening needs to be strengthened and the benefits this will bring in order to build political support for implementing the required changes.

To facilitate advocacy at the CTE level, the Alliance Cervical Screening Committee should prepare a model policy brief that would explain the recommended structure and operation of an organized cervical screening programme and the benefits that would be achieved.

The UNFPA country offices in all CTEs should adapt this policy brief to the local context and use it to build political support for the actions that need to be undertaken to strengthen the organization of cervical screening.

Action 2.1c: Update or prepare cervical screening guidelines and related clinical protocols

Cervical screening programmes require the carefully coordinated interaction of multiple health services, so cervical screening guidelines are essential to describe the duties of each service and how they must work together to deliver the programme. In addition, the clinical protocols for the follow-up of screen-positive women and treatment of CIN need to be fully aligned with the guidelines to avoid confusion and ensure the services are well coordinated and delivered efficiently.

Most CTEs do not have recently published national cervical screening guidelines and/or related clinical protocols, and while some do, these will not account for the Cervical Screening Committee's recommendations on the structure and operation of an organized cervical screening program within the EECA region (see Action 2.1a above). As a result, all CTEs should either prepare new cervical screening guidelines and related clinical protocols based on the regional models, or update their guidelines and protocols so they are compatible with the regional models.

The Alliance Cervical Screening Committee should facilitate this through the following actions:

- review the cervical screening guidelines and clinical protocols that have been recently published to identify the elements that have regional applicability;
- review international recommendations and/or protocols;
- based on these reviews, prepare model guidelines and clinical protocols that account for the recommendations prepared under Action 2.1a.

The UNFPA country offices should work with local experts to adapt the model guidelines and/or clinical protocols to the local context and obtain the required official approvals, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region as required. Once the guidelines and/or protocols have been approved, the UNFPA country offices should work with the local institutions that are responsible for CME to educate health care providers about the new protocols.

Action 2.1d: Implement cervical screening registries

A central cervical screening registry with links to a current database of the target population and a cancer registry is absolutely essential for the effective operation of an organized cervical screening program. Three CTEs (Albania, Georgia and North Macedonia) have central screening registries that record who has been screened together with their screening test results, while the Georgian

screening registry also has access to the civil registry and universal health care (UHC) database for recruitment and recall, records who has been followed up together with their follow-up results, and is linked to the cancer registry for QA and audits. Therefore, all three could be resource providers for other CTEs in the region.

All CTEs will have government departments for health care informatics that would be responsible for implementing a cervical screening registry and integrating it into the existing IT infrastructure. However, cervical screening registries are unique systems that these departments are unlikely to be familiar with, so they will require information about their structure and operation, and would benefit from interacting with IT professionals in other CTEs that have implemented them.

The Alliance Cervical Screening Committee should facilitate the implementation of cervical screening registries through the following actions:

- review the structure and operation of the screening registries in Albania, Georgia and North Macedonia to identify the elements that have regional applicability;
- based on the results of this review, prepare a summary document that can be used by CTEs to advocate for approval to implement their registries; this document should include
    - the importance of a screening registry to optimizing the cervical screening process;
    - a summary of the structure and operation of the screening registry;
    - a summary of the required data inputs, analyses and outputs; and
    - examples of the CTEs that have already implemented these registries;
- identify the IT professionals in Albania, Georgia and North Macedonia who have been involved with developing and implementing their screening registries and are prepared to support other CTEs by providing them with the detailed technical information they will require.

Where relevant, the UNFPA country offices should work with local experts to adapt the summary document to the local context and use it to obtain approval for implementing a registry. Once approval has been obtained, the UNFPA country offices should work with the Alliance Cervical Screening Committee to facilitate interactions between the local IT professionals and their counterparts in Albania, Georgia and/or North Macedonia.

Action 2.1e: Strengthen or implement cervical screening QA programmes

Strict QA of the entire cervical screening process and of each of the component services is essential to ensuring that screening is safe and cost-effective. Three CTEs (Albania, Kazakhstan and Serbia) reported that cervical screening is currently subject to active QA monitoring using a limited set of indicators. In addition, the Georgian cervical screening registry includes a QA module with a more comprehensive set of indicators that will be activated in 2022. Therefore, all four CTEs could be resource providers for other CTEs in the region, depending on their local requirements.

The Alliance Cervical Screening Committee should facilitate the implementation of cervical screening QA programmes through the following actions:

- review the structure and operation of the QA programmes in Albania, Georgia, Kazakhstan and Serbia to identify the elements that have regional applicability;
- based on the results of this review, prepare a summary document that can be used by CTEs

to advocate for approval to implement a QA programme; this document should include

  - the importance of QA to ensuring safe and cost-effective cervical screening;
  - a summary of the structure and operation of the QA programme; and
  - a summary of the required data inputs, analyses and outputs;

- identify relevant experts in Albania, Georgia, Kazakhstan and Serbia who have been involved with their QA programmes and are prepared to support colleagues in other CTEs by providing them with the detailed technical information they will require; and
- identify resources from outside the region that could be mobilized to support the implementation of cervical screening QA programmes.

Where relevant, the UNFPA country offices should work with local experts to adapt these recommendations to the local context and obtain approval for implementing a QA programme. Once approval has been obtained, the UNFPA country offices should support implementation of the QA programme by working with the Alliance Cervical Screening Committee to facilitate interactions between the local experts and their counterparts in Albania, Georgia, Kazakhstan and Serbia and/or to access expertise from outside the region.

Action 2.2: Characterize and address the barriers and enablers of cervical screening uptake

To improve cervical screening coverage, it is essential to have a full understanding of the barriers to and enablers of cervical screening uptake. As a result, all CTEs that have not already done so should conduct their own cervical screening KAP studies with women from the target population as well as the health care providers who deliver the screening services. It is only with a detailed understanding of these barriers and enablers, from both the women's and the health care providers' perspectives, that it will be possible to

- design knowledge- and awareness-raising campaigns that can address women's concerns and encourage them to be screened;
- identify structural changes that are required to improve uptake such as physical access, clinic times, privacy, etc.; and
- design CME training courses that will help health care providers to deliver patient-friendly services and effectively support knowledge- and awareness-raising campaigns.

The actions that are required to help CTEs to characterize and address the barriers to and enablers of cervical screening uptake and that would fit within UNFPA's mandate are set out below.

Action 2.2a: Conduct cervical screening KAP studies

Five CTEs (Albania, Armenia, Georgia, Republic of Moldova and Serbia) have conducted cervical screening KAP studies and could act as regional resource providers.

The Alliance Cervical Screening Committee should facilitate the undertaking of cervical screening KAP studies through the following actions:

- review the KAP studies that have been conducted to identify study protocols and support materials (focus-group guides, survey questionnaires, etc.) that could be used in other CTEs;
- conduct a literature review to identify reports of cervical screening KAP studies carried out in

LMICs outside the EECA region and preparing a summary of their protocols and materials;

- based on the results of these reviews, prepare model cervical screening KAP study protocols for both screening-age women and the health care providers who are involved, together with support materials that could be adapted for use in each CTE while helping to maintain a common structure that would maximize the comparability of data from different CTEs and facilitate inter-CTE comparisons; and
- identify resources from outside the region that could be mobilized to support CTEs to undertake KAP studies.

Where relevant, the UNFPA country offices should work with local experts to adapt the protocols and materials to the local context and to undertake KAP studies, involving the Alliance Cervical Screening Committee to access expertise from other CTEs or from outside the region if required.

Action 2.2b: Conduct knowledge- and awareness-raising campaigns

Nine CTEs (Armenia, Bosnia and Herzegovina [Republika Srpska], Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Serbia, Uzbekistan and Kosovo) have conducted cervical screening knowledge- and awareness-raising campaigns. However, the wide variation in recruitment rates between these CTEs (2 to 66 percent) indicates they were not all equally effective, so an analysis of these campaigns could identify actions that either worked or did not work in the region.

The Alliance Cervical Screening Committee should facilitate the design and implementation of knowledge- and awareness-raising campaigns through the following actions:

- review the knowledge- and awareness-raising campaigns that have been conducted to identify methods and actions that have worked well and could be used in other CTEs or that did not work and should be avoided;
- based on the results of this review, prepare:
    - a cervical screening knowledge- and awareness-raising tool kit that contains a set of recommended actions together with support materials (posters, brochures, text for internet posts, etc.), and
    - a model CME information package to educate health care providers and ensure they will be able to effectively support the campaign;
- identify resources from outside the region that could be mobilized to support the undertaking of these campaigns.

Where relevant, the UNFPA country offices should work with local experts to adapt the actions and materials to the local context based on data from the locally conducted KAP studies (see Action 2.2a above) and undertake the campaigns, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.

Action 2.3: Implement HPV testing for primary cervical screening

The introduction of HPV testing for primary cervical screening was the fourth-highest priority in the Situation Analysis, with CTEs expressing an interest in

- complying with the WHO recommendation to move from low-performance screening tests

(cervical cytology or VIA) to a high-performance screening test, and

- implementing a technology that would allow self-sampling, both in the clinical setting (to avoid the need for a vaginal examination) and in the home (to avoid the need for a clinic visit).

Two CTEs (Albania and Türkiye) have implemented HPV primary screening, while two more (North Macedonia and Uzbekistan) are currently undertaking HPV primary screening pilots. As a result, all four could be regional resource providers.

The actions that should be undertaken to facilitate the implementation of HPV primary screening and that fit within UNFPA's mandate are set out below.

Action 2.3a: Build political support for implementing HPV primary cervical screening

There are several barriers at the political level that will need to be overcome in order to implement HPV testing for primary cervical screening:

- All CTEs in the EECA region currently provide cervical screening services, so many politicians will think this issue has already been addressed and will not understand why the screening test now needs to be changed.
- The per-test cost of HPV testing is perceived to be higher than either VIA or cervical cytology, so many politicians will think it could not be cost-effective.
- Implementing HPV primary screening will require a number of changes, some of which will adversely affect established interests that will then work to delay or prevent implementation.

Effective advocacy is therefore required to build political support by educating politicians about the reasons for switching to HPV testing and how it can be cost-effective despite its perceived higher per-test cost.

To facilitate advocacy at the CTE level, the Alliance HPV Primary Screening Committee should prepare a policy brief that is based on the latest evidence and recommendations, including the WHO cervical cancer strategy, and will include

- a preliminary cost-effectiveness analysis based on data from the literature comparing the benefits and drawbacks of VIA/cervical cytology with HPV testing while highlighting the impact these have on the cost-effectiveness of each method and demonstrating that HPV primary screening can be cost-effective in LMICs despite the perceived higher per-test cost[28]
- an explanation that HPV testing would enable the use of self-sampling and the benefits this would bring to increasing screening recruitment, and
- a summary of the CTEs that are conducting HPV primary screening pilots or that have already implemented HPV primary screening to demonstrate that others in the region are moving forward with this technology.

Where relevant, the UNFPA country offices should adapt this policy brief to the local context and use it to build political support for switching to HPV testing, involving the Alliance HPV Primary Screening Committee to access resources from other CTEs or from outside the region if required.

28 This could include the preparation of a cost-effectiveness estimating tool in Excel that would allow CTEs to enter available local data to produce cost-effectiveness estimates that are more tailored to the local situation; it should be noted that these estimates would not replace more comprehensive cost-effectiveness analyses that would be produced using data from the pilot studies noted in the list.

Action 2.3b: Obtain approval to undertake an HPV primary screening pilot study

Once politicians have accepted that HPV primary screening could be a cost-effective alternative to the current screening method, it will be necessary to obtain approval to undertake a pilot study that would:

- validate the most appropriate HPV primary screening algorithm, and
- provide the local data that are required for a detailed cost-effectiveness analysis that can be used by the government to make a final decision about a national roll-out.

To help CTEs to obtain approval for a pilot study, the Alliance HPV Primary Screening Committee should undertake the following actions:

- prepare a summary document for the politicians and civil servants who would be involved in granting approval and that:
    - explains why a pilot study is a prerequisite to the national roll-out of HPV primary screening;
    - summarizes the pilot studies that are being conducted in North Macedonia and Uzbekistan or that have been conducted in Albania and Türkiye;
    - outlines the structure, process and expected timeline for the pilot study; and
    - summarizes the outputs of the pilot study and their relevance to government decision-making;
- identify sources of support that would reduce the cost of conducting a pilot study, such as grants, equipment loans, free-of-charge or reduced-price test kits, etc.; and
- identify experts from outside the region who could be recruited to support advocacy at the CTE level.

Where relevant, the UNFPA country offices should work with local experts to adapt this document to the local context and obtain approval for undertaking the pilot study, involving the Alliance HPV Primary Screening Committee to access resources from other CTEs or from outside the region if required.

Action 2.3c: Undertake an HPV primary screening pilot study

Two CTEs (North Macedonia and Uzbekistan) are currently undertaking HPV primary screening pilots and therefore could serve as regional resource providers.

To help CTEs to conduct HPV primary screening pilot studies, the Alliance HPV Primary Screening Committee should undertake the following actions:

- review the protocols for the HPV primary screening pilots that are being conducted in North Macedonia and Uzbekistan to identify the elements that have regional applicability;
- conduct a literature review to identify reports of HPV primary screening pilots conducted in LMICs outside the EECA region and preparing a summary of their protocols and outcomes;
- based on these reviews, prepare a model pilot study protocol (that includes an evaluation of the acceptability and effectiveness of self-sampling);
- identify experts from North Macedonia and Uzbekistan who are involved in conducting their HPV primary screening pilots and who would be prepared to support their colleagues in other CTEs; and

- identify experts from outside the region who could be recruited to support the undertaking of HPV primary screening pilots.

Where relevant, the UNFPA country offices should work with local experts to adapt this model to the local context and undertake the pilot, involving the Alliance HPV Primary Screening Committee as required to facilitate interactions with experts from North Macedonia, Uzbekistan and/or from outside the region if required.

Action 2.4: Strengthen the health services that are involved in cervical screening

Strengthening cervical cytology, colposcopy and cervical screening services at the level of primary health care provider (PHC) were all included as priorities in the Situation Analysis. The actions that should be undertaken to facilitate the strengthening of these services and that would fit within UNFPA's mandate are set out below.

Action 2.4a: Strengthen cervical cytology services

Seven CTEs prioritized the strengthening of cervical cytology services in the Situation Analysis. While this could be considered unimportant given the WHO recommendation that all countries should switch from cervical cytology to HPV primary screening, it needs to be recognized that gaining government approval for implementing HPV primary screening, undertaking pilot studies and then rolling HPV primary screening out nationally will take a number of years. As a result, short-term actions to strengthen cervical cytology in countries that already have a substantial cytology-based screening infrastructure are required to maximize its effectiveness and ensure the safety of the women who are screened.

To help CTEs to undertake short-term actions to strengthen their cervical cytology services, the Alliance Cervical Screening Committee should undertake the following actions:

- conduct a survey of CTEs to identify the cervical cytology training programmes that are available and to characterize the types of training that could be provided (cervical cytology screening, cervical cytopathology, basic vs. advanced training),
- contact these programmes to establish which ones would be prepared to provide training to other CTEs and the conditions that would apply (cost, available times, where the training would be conducted, number of trainees that could be accommodated, language of instruction, etc.), and
- prepare a document summarizing the training opportunities so these can be matched to the training needs in other CTEs.

Where relevant, the UNFPA country offices should work with local experts to identify training needs, match these to the available training opportunities and organize the training exchanges, involving the Alliance Cervical Screening Committee as required to facilitate the process.

Action 2.4b: Strengthen colposcopy services

The UNFPA Regional Office already has a partnership with the International Agency for Research on Cancer (IARC) and the International Federation for Cervical Pathology and Colposcopy (IFCPC) to conduct colposcopy training. However, the Situation Analysis found that only four CTEs (Albania, Georgia, North Macedonia and Republic of Moldova) reported using this, so expanding the range of training opportunities could help other CTEs to access colposcopy training.

To help CTEs to strengthen their colposcopy services, the UNFPA Regional Office should work with the Alliance Cervical Screening Committee to undertake the following actions:

- conduct a survey of CTEs to identify the colposcopy training programmes (in addition to the UNFPA/IARC/IFCPC partnership) that are available and to characterize the types of training that could be provided (colposcopy theory, colposcopic diagnosis, colposcopic treatment, basic vs. advanced training),
- contact these programmes to establish which ones would be prepared to provide training to other CTEs and the conditions that would apply (cost, available times, where the training would be conducted, number of trainees that could be accommodated, language of instruction, etc.), and
- prepare a document summarizing all the potential training opportunities so these could be matched to the training needs in other CTEs.

Where relevant, the UNFPA country offices should work with local experts to identify training needs, match these to the available training opportunities and organize the training exchanges, involving the Alliance Cervical Screening Committee as required to facilitate the process.

Action 2.4c: Strengthen cervical screening at the PHC level

All CTEs will have institutions that are responsible for CME training of PHC providers. However, most of these CTEs do not provide training to strengthen the delivery of cervical screening services.

There are three key components to strengthening the delivery of cervical screening at the PHC level:

- ensuring that the services are patient-friendly, convenient and accessible;
- ensuring that health care providers communicate with women in a respectful manner, using clear, non-technical terminology, and that the information they provide is completely consistent with the messages delivered through knowledge- and awareness-raising campaigns; and
- ensuring that health care providers collect screening samples using the correct procedures for taking and labelling samples, completing the forms and sending samples to the laboratory so that unsatisfactory or erroneous results are minimized.

All health care providers who deliver cervical screening services should be required to complete CME training programmes that cover these three key components.

Eight CTEs (Albania, Armenia, Azerbaijan, Republic of Moldova, Serbia, Tajikistan, Turkmenistan and Uzbekistan) offer CME training for health care providers that deliver cervical screening and could therefore be regional resource providers.

In order to help CTEs to design and conduct effective CME training, the Alliance Cervical Screening Committee should undertake the following actions:

- reviewing the CME training courses that have been conducted to identify elements that have regional applicability;
- based on these results, preparing a model CME curriculum for health care providers involved in cervical screening, together with supporting educational materials; and
- identifying resources from outside the region that could be mobilized to support CTEs to undertake these CME training courses.

Where relevant, the UNFPA country offices should work with the local institutions that are responsible for CME training to adapt the curriculum and educational materials to the local context and to conduct the training, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.

3. STRENGTHENING CERVICAL CANCER TREATMENT

All CTEs currently provide cervical cancer treatment services, although the availability and effectiveness of these services vary widely, as indicated by the cervical cancer survival rates. To strengthen cervical cancer treatment and improve the uniformity of service delivery across the region, the Cervical Cancer Treatment and Palliative Care Committee should undertake the actions listed below.

Action 3.1: Update or prepare clinical protocols for cervical cancer treatment

Evidence-based clinical protocols for cervical cancer treatment are essential to ensuring consistency and quality of service provision and should therefore exist in all CTEs. Seven CTEs (Armenia, Belarus, Kazakhstan, Kyrgyzstan, Republic of Moldova, Türkiye and Uzbekistan) have recently published (in the previous five years) clinical protocols for cervical cancer treatment and could therefore be regional resource providers.

In this regard, using regional expertise to produce a regional cervical cancer treatment model protocol would help to increase uniformity of service delivery and thereby increase opportunities for training exchanges and resource-sharing, while reducing costs for all CTEs by providing economies of scale in purchasing supplies through the UNFPA Procurement Services Branch.

The Cervical Cancer Treatment and Palliative Care Committee should work to facilitate the updating or preparation of cervical cancer treatment protocols through the following actions:

- reviewing recently published clinical protocols to identify elements that have regional applicability;
- reviewing international recommendations and/or protocols for these clinical procedures;
- based on this review, preparing model clinical protocols, involving experts from outside the region, if required, to review and confirm the content; and
- identifying resources from outside the region that could be mobilized to support CTEs in updating or preparing their clinical protocols if required.

Where relevant, the UNFPA country offices should work with local experts to adapt the regional clinical protocol model to the local context and obtain official approval, involving the Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. Once the model protocol is approved, the UNFPA country offices should then work with the local institutions that are responsible for CME to conduct training workshops for all cervical cancer treatment specialists.

Action 3.2: Training exchanges to strengthen cervical cancer treatment services

Training exchanges are an efficient way to improve clinical practice in LMICs by transferring knowledge and expertise from specialist institutions in HICs. However, the Situation Analysis found that only eight CTEs (Albania, Armenia, Belarus, Bosnia and Herzegovina [Republika Srpska], Kazakhstan, Tajikistan, Uzbekistan and Kosovo) have official agreements between local and foreign institutions for training exchanges related to cervical cancer treatment.

To expand access to training exchanges, the Cervical Cancer Treatment and Palliative Care Committee should undertake the following actions:

- review the training exchanges that have been conducted in the region to identify the foreign institutions that have been involved and that could be recruited to work with other CTEs;
- contact relevant international organizations, such as the International Atomic Energy Agency, the International Association of Oncology, etc., to enquire about additional institutions that could be recruited for training exchanges with CTEs in the EECA region;
- contact foreign institutions to identify which ones are interested and to characterize the types of training that could be provided as well as the conditions that would apply (cost, available times, where the training would be conducted, number of trainees, language of instruction, etc.); and
- prepare a document summarizing the potential training exchange opportunities so these could be matched to the training needs in the CTEs.

The UNFPA country offices should work with local experts to identify training needs, match these to the available training opportunities and organize the training exchanges, involving the Cervical Cancer Treatment and Palliative Care Committee as required to facilitate the process.

4. STRENGTHENING PALLIATIVE CARE

All CTEs currently provide palliative care services, although there is wide variation in the way these services are delivered. To strengthen palliative care and improve uniformity of service delivery across the region, the Cervical Cancer Treatment and Palliative Care Committee should undertake the following actions:

Action 4.1: Advocacy to strengthen palliative care services

Effective advocacy will be required to educate politicians about the need to strengthen palliative care services and build political support for implementing the changes that are required.

To facilitate advocacy at the CTE level, the Cervical Cancer Treatment and Palliative Care Committee should prepare a model policy brief that is based on current recommendations and that

- explains the benefits of effective palliative care services and
- details the recommended structure and operation of palliative care services, including the importance of integrating these services with social services, providing psychological support for patients and their families and implementing programmes to reduce stigma and support cancer survivors.

All UNFPA country offices should adapt this policy brief to the local context and use it to build political support for strengthening palliative care services, working with the Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs and/or from outside the region if required.

Action 4.2: Training exchanges to strengthen palliative care services

The Situation Analysis found that no CTEs had made agreements between local and foreign institutions for training exchanges related to palliative care.

To expand access to training exchanges, the Cervical Cancer Treatment and Palliative Care Committee should undertake the following actions:

- contacting relevant international organizations, such as the International Association for Hospice & Palliative Care and the European Association for Palliative Care, to inquire about institutions that could be recruited for training exchanges with CTEs in the EECA region;
- contacting these institutions to identify the ones that are interested and to characterize the types of training that could be provided as well as the conditions that would apply (cost, available times, where the training would be conducted, number of trainees, language of instruction, etc.); and
- preparing a document summarizing the potential training exchange opportunities so these could be matched to the training needs in the CTEs.

The UNFPA country offices should work with local experts to identify training needs, match these to the available training opportunities and organize the training exchanges, involving the Cervical Cancer Treatment and Palliative Care Committee as required to facilitate the process.

SECTION 2.
CTE-SPECIFIC ACTIONS TO MEET THE WHO CERVICAL CANCER STRATEGY TARGETS

As noted above, the WHO Cervical Cancer Strategy provides a set of targets (the 90-70-90 targets) that all countries should achieve by 2030:

- 90 percent of girls fully vaccinated with HPV vaccine by 15 years of age,
- 70 percent of women screened with a high-performance test by the age of 35 and again by the age of 45, and
- 90 percent of women identified with cervical disease treated (90 percent of women with precancer treated; 90% of women with invasive cancer managed).

The actions listed below have been designed to guide the UNFPA country offices in planning and implementing actions that will facilitate progress towards achieving these targets, while accounting for the gaps and priorities that were identified in the Situation Analysis. Therefore, the actions noted below have been designed specifically to fit within UNFPA's cervical cancer mandate and focus on areas where UNFPA's expertise and resources can effectively add value.

Albania

HPV vaccination

Current status:

Albania has not yet prioritized HPV vaccination. As a result, HPV vaccination has not been included in an official strategy, plan or national vaccination programme and is only available privately at a reported cost of US$240 per dose.

Priorities noted in the Situation Analysis:

- none relating to HPV vaccination

Additional priorities needed to meet the WHO 90-70-90 targets:

- implementation of an HPV vaccination programme

Recommended actions to be undertaken by the UNFPA country office to facilitate the implementation of an HPV vaccination programme in Albania

Short-term actions

		Related Regional Actions from Section 1
1	Advocacy to build political support for implementing an HPV vaccination programme: • Work with local experts to adapt the regional policy brief model to the local context and advocate for including HPV vaccination in a national strategy or plan and then in the immunization calendar.	**Action 1.1**
2	KAP studies to identify the barriers to and enablers of HPV vaccination uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and then undertake the studies among adolescents, parents and the health care providers who will deliver the vaccinations, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2a**

Medium-term actions

Once the implementation of an HPV vaccination programme has been approved, the launch of the programme will need to be supported by knowledge- and awareness-raising campaigns, CME workshops for the health care providers who will be involved and preparations for anti–HPV vaccination campaigns.

		Related Regional Actions from Section 1
1	Knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional HPV vaccination knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who would deliver the vaccinations) to the local context based on the results of the KAP studies noted above, and then undertake the campaigns, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2b**
2	Preparations for anti–HPV vaccination campaigns: • Work with local experts to adapt the regional anti–HPV vaccination campaign rapid-response protocol and support materials to the local context so they are ready to use when needed.	**Action 1.2c**

Cervical cancer screening

Current status:

Albania implemented a national HPV primary screening programme in 2019 that currently screens women aged 40–50 (the age range will be expanded as the programme becomes more established), with a five-year screening interval and a recruitment rate of 40 percent in 2020 (the average recruitment rate in Eastern Europe and Central Asia is 35 percent, with a range of 2 to 70 percent). The full range of screening services (screening test, colposcopy with biopsy and treatment of CIN) is free for all age-eligible women regardless of their health insurance status. Albania has a central screening administrative unit located at the Albanian Institute of Public Health, with a cervical screening registry that records who has been screened and their screening results but does not currently collect data on the follow-up or treatment of screen-positive women. A QA programme has been implemented with three indicators covering the screening process. National cervical screening guidelines with clinical protocols for the follow-up of screen-positive women and the treatment of CIN were published in 2019. Programmes to recruit women from disadvantaged groups have been implemented.

Priorities noted in the Situation Analysis:

- conducting knowledge- and awareness-raising campaigns to strengthen confidence in cervical screening
- strengthening colposcopy services outside of Tirana to ensure the effective follow-up of screen-positive women

Additional priorities needed to meet the WHO 90-70-90 targets:

- conducting a new KAP study to provide current data to inform the knowledge- and awareness-raising campaign and CME training for health care providers
- strengthening the cervical screening registry to record the follow-up and treatment of screen-positive women and link to a database of the target population and the cancer registry
- strengthening the QA programme to include a broader range of indicators

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical screening in Albania

		Related Regional Actions from Section 1
1	Conducting KAP studies to identify the barriers to and enablers of cervical screening uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and to undertake these studies among women and the health care providers who will deliver cervical screening, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2a**
2	Conducting knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional model cervical screening knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who would be involved) to the local context, based on the results of the KAP studies noted above, and to undertake the campaigns, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2b**

3	Strengthening the cervical screening registry:
	• Work with local experts to strengthen the cervical screening registry so that it will
	  ○ include linkages to a current database of the target population and the national cancer registry,
	  ○ record data on the follow-up and treatment of screen-positive women, and
	  ○ produce the statistics that are required for cervical screening QA.
	• Involve the Alliance Cervical Screening Committee to facilitate interactions with experts in Georgia where the registry includes these functions.
		Action 2.1d

4	Strengthening the cervical screening QA programme: • Facilitate the strengthening of the existing QA programme by working with the Alliance Cervical Screening Committee to facilitate interactions between Albanian experts and their counterparts in Georgia, where the QA programme uses a range of indicators covering the entire screening process.	**Action 2.1e**
5	Strengthening colposcopy services: • Albania has already undertaken colposcopy training through the UNFPA/IARC/IFCPC programme, with seven colposcopists trained and four of these qualified as national trainers. Currently, 18 gynaecologists from regional facilities are registered for the online component of this programme but will subsequently need to complete clinical training in Tirana and an examination at IARC in France. The UNFPA country office should facilitate the completion of these training courses.	**Action 2.4b**

Cervical cancer treatment

Current status:

All cancer treatment in Albania is free for all citizens regardless of their health insurance status. For the treatment of cervical cancer, Albania has three centres (University Hospital Mother Theresa, UH Gynaecological Hospital Koco Gliozheni, UH Gynaecological Hospital Mbreteresha Geraldine)—all in Tirana—that provide surgical treatment, but only the Mother Theresa Hospital provides radiotherapy and chemotherapy. For the training of specialists, the University of Medicine, in Tirana, has a four-year residency programme for medical oncology but no specialist programmes for surgical or radiation oncology and no formal agreements with foreign institutions for training exchanges related to cervical cancer treatment. Albania does not have nationally approved clinical protocols for cervical cancer treatment.

Priorities noted in the Situation Analysis:

- none relating to cervical cancer treatment

Additional priorities needed to meet the WHO 90-70-90 targets:

- preparation and approval of national clinical protocols for cervical cancer treatment
- organization of training exchanges to strengthen cervical cancer treatment services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical cancer treatment in Albania

		Related Regional Actions from Section 1
1	Clinical protocols for cervical cancer treatment: • Work with local experts to adapt the regional model clinical protocols to the local context and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. Once the protocols are approved, the UNFPA country office should then work with the local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**
2	Training exchanges to strengthen cervical cancer treatment services: • Work with local experts to identify the cervical cancer treatment training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee, and involving the committee as required to facilitate the process. Note that Albania has an established relationship for mammography training with the Centro di Riferimento Oncologico di Aviano, in Italy, that could possibly be expanded to include cervical cancer treatment.	**Action 3.2**

Palliative care

Current status:

Palliative care services are free for all citizens regardless of their health insurance status and are delivered through a variety of channels from specialist clinics to primary care, depending on the needs of the patient. However, there are no palliative care training programmes or formal agreements with foreign institutions for palliative care training exchanges. Palliative care officially includes psychological support for patients and their families, but its availability is limited. Palliative care is not integrated into social services, and there are no state-run programmes to support cancer survivors or to reduce the stigma associated with having cancer.

Priorities noted in the Situation Analysis:

- none relating to palliative care

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services
- organization of training exchanges to strengthen palliative care services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of palliative care in Albania

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to build political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee, and involving the committee as required to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify the palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**

Armenia

HPV vaccination

Current status:

Armenia is one of the six CTEs in the EECA region that has included HPV vaccination in its vaccination calendar, and since 2017 an HPV vaccine has been provided free of charge through PHC providers to females aged 13–45 and males aged 14–45. Armenia has undertaken KAP studies (2017–2019) to identify the barriers to and enablers of HPV vaccination uptake, conducted knowledge- and awareness-raising campaigns and implemented strategies to reach vulnerable groups. However, the reported programme coverage in 2020 was only 8 percent for females aged 13–45 and only 2 percent for girls 15 years of age or younger.[29]

Priorities noted in the Situation Analysis:

- knowledge- and awareness-raising campaigns to increase HPV vaccination coverage

Additional priorities needed to meet the WHO 90-70-90 targets:

- none

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of HPV vaccination in Armenia

		Related Regional Actions from Section 1
1	Knowledge- and awareness-raising campaigns: • Given that Armenia has already undertaken knowledge- and awareness-raising campaigns and HPV vaccination coverage has remained low, a new campaign should not be launched until the reasons for the poor performance of the previous campaigns are understood. Therefore, the UNFPA country office should work with local experts, the Alliance HPV Vaccination Committee to review the actions that have been undertaken and establish why they have not worked. Then, based on this understanding, the UNFPA country office should work with local experts to adapt the regional HPV vaccination knowledge- and awareness-raising tool kit to the local context and undertake the campaigns, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2b**

29 WHO, Human papillomavirus (HPV) vaccination coverage. Available at https://immunizationdata.who.int/pages/coverage/hpv.html.

Cervical cancer screening

Current status:

Armenia currently delivers cytology-based cervical screening through PHC providers to women aged 30–60, with a three-year screening interval and coverage of 35 percent (the average recruitment rate in Eastern Europe and Central Asia was 35 percent, with a range of 2 to 70 percent). The screening test is provided free of charge to all age-eligible women, but colposcopy, biopsy and treatment of CIN are free only for women with health insurance. There is no central administrative unit, and data are not centrally recorded, with the exception of the number of women who have been screened. PHC providers are responsible for recruiting women from their lists of registered patients and recording who has been screened together with their screening results in their local medical records but not for monitoring the follow-up and treatment of screen-positive women. Cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and the treatment of CIN were published in 2014. A KAP study to identify the barriers to and enablers of cervical screening uptake was conducted in 2018, knowledge- and awareness-raising campaigns were run from 2015 to 2019, and programmes are in place to extend screening to women in prisons, psychiatric hospitals, etc.

Priorities noted in the Situation Analysis:

- strengthening the organization of cervical screening
- conducting knowledge- and awareness-raising campaigns to increase cervical screening recruitment
- strengthening colposcopy services

Additional priorities needed to meet the WHO 90-70-90 targets:

- updating cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and treatment of CIN, which were published in 2014
- implementing HPV primary screening

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical screening in Armenia

Short-term actions

		Related Regional Actions from Section 1

1	Advocating to build political support for strengthening the organization of cervical screening:
	• Work with local experts to adapt the regional policy brief model to the local context and use it to obtain government approval for the main actions that need to be undertaken:
	  ○ providing the full range of cervical screening services free of charge to all age-eligible women regardless of their health insurance status,
	  ○ implementing a central cervical screening administrative unit,
	  ○ implementing a central cervical screening registry, and
	  ○ implementing a cervical screening QA programme.
		Action 2.1b

2	Advocating to build political support for implementing HPV primary cervical screening: • Work with local experts to adapt the regional policy brief to the local context, including cost-effectiveness estimates prepared using the regional Excel tool, and use it to obtain government approval for switching from cervical cytology to HPV testing, involving the Alliance HPV Primary Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.3a**
3	Updating cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and the treatment of CIN: • Work with local experts to update the existing cervical screening guidelines and related clinical protocols to ensure compatibility with the new Eastern Europe and Central Asia Regional Cervical Screening Guidelines and model clinical protocols. Then obtain the required approvals. • Once the updated guidelines and protocols have been approved, work with the local institutions that are responsible for CME to conduct training workshops to educate health care providers about the new protocols.	**Action 2.1c**

		Related Regional Actions from Section 1
4	Conducting knowledge- and awareness-raising campaign (given that Armenia has already undertaken knowledge- and awareness-raising campaigns but screening recruitment has remained low, a new campaign should not be launched until the reasons for the poor performance of the previous campaigns are understood): • Work with local experts, the Alliance Cervical Screening Committee to review the actions that have been undertaken and establish why they have not worked. Then, based on this understanding, work with local experts to adapt the regional cervical screening knowledge- and awareness-raising tool kit to the local context, using the results of the KAP study noted above, and undertake the campaigns, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2b**
5	Strengthening colposcopy services: • Work with local experts to quantify the colposcopy training needs, match these to the most appropriate training opportunities that have been identified by the UNFPA Regional Office and organize the training exchanges, involving the UNFPA Regional Office and Alliance Cervical Screening Committee as required to facilitate the process.	**Action 2.4b**

Medium-term actions

		Related Regional Actions from Section 1
1	Implementing a central cervical screening registry: • Once approval for implementing a cervical screening registry has been obtained, facilitate implementation of the registry by working with the Alliance Cervical Screening Committee to facilitate interactions between local experts and their counterparts in Albania, Georgia and/or North Macedonia who can provide the required detailed technical information.	**Action 2.1d**
2	Implementing a cervical screening QA programme: • Once approval to implement a cervical screening QA programme has been obtained, facilitate implementation of the programme by working with the Alliance Cervical Screening Committee as required to facilitate interactions between local experts and their counterparts in Albania, Georgia, Kazakhstan, Serbia and/or from outside the region.	**Action 2.1e**

		Related Regional Actions from Section 1
3	Undertaking an HPV primary screening pilot study: • Once approval to implement HPV primary screening has been obtained, work with local experts to adapt the regional HPV primary screening pilot protocol model to the local context and undertake the pilot, involving the Alliance HPV Primary Screening Committee as required to facilitate interactions with experts from North Macedonia, Uzbekistan and/or from outside the region.	**Action 2.3c**
4	Advocating for the roll-out of HPV primary cervical screening: • Work with local experts to use the results of the pilot to prepare a policy brief that would include a detailed cost-effectiveness analysis and use this to advocate for the national roll-out of HPV primary screening, involving the Alliance HPV Primary Screening Committee as required to recruit expertise from other CTEs or from outside the region.	**Action 2.3c**

Cervical cancer treatment

Current status:

Cancer treatment in Armenia is free for all citizens regardless of their health insurance status. For the treatment of cervical cancer, Armenia has 13 centres that provide surgical treatment, and 11 of these also provide chemotherapy, but only 1 (the National Centre of Oncology) provides radiotherapy (both external beam and brachytherapy). For the training of specialists, the Yerevan State Medical University has a three-year oncology residency programme that includes sub-specializations in surgical, radiological and medical oncology, but there are no formal agreements with foreign institutions for training exchanges related to cervical cancer treatment. Armenia has nationally approved clinical protocols for cervical cancer treatment that were published in 2019.

Priorities noted in the Situation Analysis:

- none relating to cervical cancer treatment

Additional priorities needed to meet the WHO 90-70-90 targets:

- reviewing the clinical protocols for cervical cancer treatment and, if required, updating them to ensure compatibility with the regional model protocols
- organizing training exchanges to strengthen cervical cancer treatment services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical cancer treatment in Armenia

		Related Regional Actions from Section 1
1	Clinical protocols for cervical cancer treatment: • Work with local experts to review and if necessary update the existing clinical protocols to ensure compatibility with the regional models and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. • Once the protocols are approved, the UNFPA Country Office should then work with local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**
2	Training exchanges to strengthen cervical cancer treatment services: • Work with local experts to identify the cervical cancer treatment training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 3.2**

Palliative care

Current status:

Palliative care services are free only for people with health insurance and are delivered through stratified services, with more complex care supervised and delivered by specialists through dedicated clinics and less complex care supervised and delivered by PHC providers through PHC clinics and/or home care. For the training of palliative care providers, the Yerevan State Medical University has a four-month programme, and the National Institute of Health has a two-week programme. Palliative care services include psychological support for patients and their families, and are officially integrated with social services, although the availability of these services is limited. There are no national programmes to support cancer survivors or to reduce the stigma associated with cancer, but some NGOs and charities deliver these services to their local populations.

Priorities noted in the Situation Analysis:

- none relating to palliative care

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services
- organization of training exchanges to strengthen palliative care services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of palliative care in Armenia

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to build political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify the palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**

Azerbaijan

Cervical cancer prevention strategy and action plan

Azerbaijan was the only CTE to prioritize the preparation and approval of a cervical cancer prevention strategy and action plan in the Situation Analysis, so this was not included in the regional priorities or the actions listed in Section 1 above but has been included in the CTE-specific actions listed below.

Recommended actions to be undertaken by the UNFPA country office to facilitate the preparation and approval of a cervical cancer prevention strategy and action plan in Azerbaijan

		Related Regional Actions from Section 1

1	Preparation and approval of a national cervical cancer prevention strategy and action plan:
	• Work with local experts and the Alliance Cervical Screening Committee to
	  ○ conduct a survey of CTEs to identify cervical cancer prevention strategies and action plans that have been recently prepared and approved;
	  ○ review these documents to identify the parts that are applicable to Azerbaijan;
	  ○ based on the results of this review, prepare a draft document that is fully aligned with the WHO Cervical Cancer Strategy and circulate this to the relevant experts in Azerbaijan for comment;
	  ○ revise the document and return it to the experts for their final approval; and
	  ○ following the official procedures, submit the document for government approval and adoption, while continuing to advocate for its adoption, monitoring its progress and intervening if required.
		NA

HPV vaccination

Current status:

Azerbaijan recently included HPV vaccination in its draft national strategy on sexual and reproductive health (which at the time of writing had not been approved by the government). As a result, HPV vaccination has not yet been included in a national vaccination programme and is only available privately.

Priorities noted in the Situation Analysis:

- implementation of an HPV vaccination programme
- knowledge- and awareness-raising campaigns to support HPV vaccination uptake
- CME training for the health care providers who will deliver the HPV vaccinations

Additional priorities needed to meet the WHO 90-70-90 targets:

- undertaking KAP studies to inform the knowledge- and awareness-raising campaigns and CME training

Recommended actions to be undertaken by the UNFPA country office to facilitate the implementation of an HPV vaccination programme in Azerbaijan

Short-term actions

		Related Regional Actions from Section 1
1	Advocacy to build political support for implementing an HPV vaccination programme: • Work with local experts to adapt the regional policy brief model to the local context and advocate for the inclusion of HPV vaccination in a national strategy or plan and then in the immunization calendar.	**Action 1.1**
2	KAP studies to identify the barriers to and enablers of HPV vaccination uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake the studies among adolescents, parents and the health care providers who will deliver the vaccinations, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2a**

Medium-term actions

Once the implementation of an HPV vaccination programme has been approved, the launch of the programme will need to be supported by knowledge- and awareness-raising campaigns, CME workshops for the health care providers who will be involved and preparations for anti–HPV vaccination campaigns.

		Related Regional Actions from Section 1
1	Knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional HPV vaccination knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who would deliver the vaccinations) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2b**
2	Preparation for anti–HPV vaccination campaigns: • Work with local experts to adapt the regional anti–HPV vaccination campaign rapid-response protocol and support materials to the local context so they are ready to use when needed.	**Action 1.2c**

Cervical cancer screening

Current status:

Azerbaijan currently delivers cytology-based cervical screening opportunistically through PHC facilities to women aged 18 or older, with no recommended screening interval and no data on coverage rates. Women are required to pay the full cost of all cervical screening services except for colposcopy with biopsy, which are paid for in part by the state. There is no central administrative unit, and screening data are not centrally recorded. Screening providers are responsible for recording who has been screened together with their screening results, and for monitoring the follow-up and treatment of screen-positive women. Azerbaijan does not have national cervical screening guidelines or clinical protocols for the follow-up of screen-positive women or the treatment of CIN. No KAP studies or knowledge- and awareness-raising campaigns have been conducted, and there are no programmes to reach women from disadvantaged groups.

Priorities noted in the Situation Analysis:

- preparation and approval of national cervical screening guidelines and related clinical protocols

Additional priorities needed to meet the WHO 90-70-90 targets:

- strengthening the organization of cervical screening
- implementing HPV primary screening

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical screening in Azerbaijan

As the cytology-based cervical cancer screening services in Azerbaijan are currently very limited, the focus should be on implementing an HPV primary screening programme with the organizational elements that are required for it to be cost-effective.

Short-term actions

		Related Regional Actions from Section 1

1	Advocating to build political support for strengthening the organization of cervical screening:
	• Work with local experts to adapt the regional policy brief model to the local context and use it to obtain government approval for the main actions that need to be undertaken:
	  ○ providing the full range of cervical screening services free of charge to all age-eligible women regardless of their health insurance status,
	  ○ preparing and approving national cervical screening guidelines with the related clinical protocols,
	  ○ implementing a central cervical screening administrative unit,
	  ○ implementing a central cervical screening registry, and
	  ○ implementing a cervical screening QA programme.
		Action 2.1b

2	Advocating to build political support for implementing HPV primary cervical screening: • Work with local experts to adapt the regional policy brief to the local context, including cost-effectiveness estimates prepared using the regional Excel tool, and use it to obtain government approval for switching from cervical cytology to HPV testing, involving the Alliance HPV Primary Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.3a**
3	Conducting an HPV primary screening cost-benefit analysis: • Conduct a cost-benefit analysis of HPV primary screening to support evidence-based decision-making at the national level, involving the Alliance HPV Primary Screening Committee of the Eastern Europe and Central Asia cervical cancer alliance to recruit expertise from other countries in the region or from outside the region.	**Action 2.3a**

		Related Regional Actions from Section 1
4	Preparing cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and the treatment of CIN: • Work with local experts to adapt the new Eastern Europe and Central Asia Regional Cervical Screening Guidelines and regional model clinical protocols to the local context, and then obtain the required official approvals. • Once the guidelines and protocols have been approved, work with local institutions that are responsible for CME to conduct training workshops to educate health care providers about the new protocols.	**Action 2.1c**
5	KAP studies to identify the barriers to and enablers of cervical screening uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake these studies among women and the health care providers who will deliver cervical screening, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2a**

Medium-term actions

		Related Regional Actions from Section 1
1	Implementing a central cervical screening registry: • Once approval for implementing a cervical screening registry has been obtained, facilitate implementation of the registry by working with the Alliance Cervical Screening Committee to enable interactions between local experts and their counterparts in Albania, Georgia and/or North Macedonia who can provide the required detailed technical information.	**Action 2.1d**
2	Implementing a cervical screening QA programme: • Once approval to implement a cervical screening QA programme has been obtained, facilitate implementation of the programme by working with the Alliance Cervical Screening Committee as required to enable interactions between local experts and their counterparts in Albania, Georgia, Kazakhstan, Serbia and/or from outside the region.	**Action 2.1e**

		Related Regional Actions from Section 1
3	Undertaking an HPV primary screening pilot study: • Once approval to implement HPV primary screening has been obtained, work with local experts to adapt the regional HPV primary screening pilot protocol model to the local context and undertake the pilot, involving the Alliance HPV Primary Screening Committee as required to facilitate interactions with experts from North Macedonia, Uzbekistan and/or from outside the region.	**Action 2.3c**
4	Advocating for the roll-out of HPV primary cervical screening: • Work with local experts to use the results of the pilot to prepare a policy brief that would include a detailed cost-effectiveness analysis and use this to advocate for the national roll-out of HPV primary screening, involving the Alliance HPV Primary Screening Committee as required to recruit expertise from other CTEs or from outside the region.	**Action 2.3c**
5	Conducting knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional model cervical screening knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who would be involved) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2b**

Cervical cancer treatment

Current status:

Cancer treatment in Azerbaijan is free for all citizens regardless of their health insurance status. For cervical cancer treatment, Azerbaijan has nine centres that provide surgical treatment and chemotherapy, but only one of these provides radiotherapy. For the training of specialists, the State Medical University has a five-year oncology residency programme that includes sub-specializations in surgical, radiological and medical oncology, but there are no formal agreements with foreign institutions for training exchanges related to cervical cancer treatment. Azerbaijan does not have nationally approved clinical protocols for cervical cancer treatment.

Priorities noted in the Situation Analysis:

- none relating to cervical cancer treatment

Additional priorities needed to meet the WHO 90-70-90 targets:

- preparation and approval of a national clinical protocols for cervical cancer treatment
- organization of training exchanges to strengthen cervical cancer treatment services

Recommended actions to be undertaken by the UNFPA country office to support the strengthening of cervical cancer treatment in Azerbaijan

		Related Regional Actions from Section 1
1	Clinical protocols for cervical cancer treatment: • Work with local experts to adapt the regional model clinical protocols to the local context and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. • Once the protocols are approved, the UNFPA Country Office should then work with the local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**
2	Training exchanges to strengthen cervical cancer treatment services: • Work with local experts to identify the cervical cancer treatment training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 3.2**

Palliative care

Current status:

Palliative care is free for all citizens regardless of their health insurance status, but no data were provided about how these services are delivered. There are no training programmes for palliative care providers or formal agreements with foreign institutions for palliative care training exchanges; palliative care is not integrated with social services and does not include psychological support for patients and their families; and there are no state-run programmes to support cancer survivors or to reduce the stigma associated with having cancer.

Priorities noted in the Situation Analysis:

- none relating to palliative care

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services
- organization of training exchanges to strengthen palliative care services

Recommended actions to be undertaken by the UNFPA country office to support the strengthening of palliative care in Azerbaijan

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to build political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**

Belarus

HPV vaccination

Current status:

Belarus recently included HPV vaccination in its National Health Programme Strategy for 2021–2025, but using the phrase "development and preparation for the implementation of an HPV vaccination programme". However, HPV vaccination has not yet been included in a programme or the vaccination calendar and is only available privately at a reported cost of US$60 per dose.

Priorities noted in the Situation Analysis:

- implementation of an HPV vaccination programme
- knowledge- and awareness-raising campaigns to support HPV vaccination uptake

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocating to build political support for implementing an HPV vaccination programme
- undertaking KAP studies to inform the knowledge- and awareness-raising campaigns and CME training
- conducting CME training for the health care providers who will deliver the HPV vaccinations
- preparing a communication plan to deal with anti–HPV vaccination campaigns

Recommended actions to be undertaken by the UNFPA country office to support the implementation of an HPV vaccination programme in Belarus

Short-term actions

		Related Regional Actions from Section 1
1	Advocacy to build political support for implementing an HPV vaccination programme: • Work with local experts to adapt the regional policy brief model to the local context and use it to support their advocacy activities for the inclusion of HPV vaccination in the immunization calendar and the launch of an HPV vaccination programme.	**Action 1.1**
2	KAP studies to identify the barriers to and enablers of HPV vaccination uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake the studies among adolescents, parents and the health care providers who will deliver the vaccinations, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2a**

Medium-term actions

Once the implementation of an HPV vaccination programme has been approved, the launch of the programme will need to be supported by knowledge- and awareness-raising campaigns, CME workshops for the health care providers who will be involved and preparations for anti–HPV vaccination campaigns.

		Related Regional Actions from Section 1
1	Knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional HPV vaccination knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who would deliver the vaccinations) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2b**
2	Preparation for anti–HPV vaccination campaigns: • Work with local experts to adapt the regional anti–HPV vaccination campaign rapid-response protocol and support materials to the local context so they are ready to use.	**Action 1.2c**

Cervical cancer screening

Current status:

Belarus currently delivers cytology-based cervical screening opportunistically through PHC providers and gynaecology departments in polyclinics and hospitals free of charge for all women aged 18 or older regardless of their health insurance status, with a one-year screening interval and a reported coverage rate of 50 to 70 percent.[30] There is a central administrative unit located in the Department of Cancer Screening at the National Cancer Centre of Belarus, but screening data are not centrally recorded. Screening providers are responsible for recording who has been screened together with their screening test results in their local medical records but not for monitoring the follow-up or treatment of screen-positive women. Belarus is currently in the process of preparing national cervical screening guidelines or clinical protocols for the follow-up of screen-positive women and treatment of CIN. No KAP studies have been undertaken, no knowledge- and awareness-raising campaigns have been conducted, and there are no programmes to reach women from disadvantaged groups.

Priorities noted in the Situation Analysis:

- strengthening the organization of cervical screening
- conducting knowledge and awareness-raising campaigns to increase cervical screening recruitment

30 WHO, Cancer Country Profile 2020. Available at https://www.who.int/publications/m/item/cancer-blr-2020.

Additional priorities needed to meet the WHO 90-70-90 targets:

- supporting the current process for preparing national cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and treatment of CIN
- undertaking KAP studies to inform the knowledge- and awareness-raising campaigns and CME training
- conducting CME training for the health care providers who deliver cervical screening
- implementing HPV primary screening

Recommended actions to be undertaken by the UNFPA country office to support the strengthening of cervical screening in Belarus

Short-term actions

		Related Regional Actions from Section 1

1	Advocating to build political support for strengthening the organization of cervical screening:
	• Work with local experts to adapt the regional policy brief model to the local context and use it to obtain government approval for the main actions that need to be undertaken:
	  ○ implementing a central cervical screening registry and
	  ○ implementing a cervical screening QA programme.
		Action 2.1b

2	Advocating to build political support for implementing HPV primary cervical screening: • Work with local experts to adapt the regional policy brief to the local context, including cost-effectiveness estimates prepared using the regional Excel tool, and use it to obtain government approval for switching from cervical cytology to HPV testing, involving the Alliance HPV Primary Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.3a**
3	Supporting the current process for preparing cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and the treatment of CIN: • Encourage local experts to ensure the Belarusian screening guidelines and clinical protocols are coordinated with the new Eastern Europe and Central Asia regional models, and then support them in obtaining the required official approvals. • Once the guidelines and protocols have been approved, support the local institutions that are responsible for CME in conducting training workshops to educate health care providers about the new protocols.	**Action 2.1c**

		Related Regional Actions from Section 1
4	Conducting KAP studies to identify the barriers to and enablers of cervical screening uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake these studies among women and the health care providers who will deliver cervical screening, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required	**Action 2.2a**
5	Conducting knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional model cervical screening knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who deliver cervical screening) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2b**

Medium-term actions

		Related Regional Actions from Section 1
1	Implementing a central cervical screening registry: • Once approval for implementing a cervical screening registry has been obtained, facilitate implementation of the registry by working with the Alliance Cervical Screening Committee to enable interactions between local experts and their counterparts in Albania, Georgia and/or North Macedonia who can provide the required detailed technical information.	**Action 2.1d**
2	Implementing a cervical screening QA programme: • Once approval to implement a cervical screening QA programme has been obtained, facilitate implementation of the programme by working with the Alliance Cervical Screening Committee as required to enable interactions between local experts and their counterparts in Albania, Georgia, Kazakhstan, Serbia and/or from outside the region.	**Action 2.1e**

		Related Regional Actions from Section 1
3	Undertaking an HPV primary screening pilot study: • Once approval to implement HPV primary screening has been obtained, work with local experts to adapt the regional HPV primary screening pilot protocol to the local context and undertake the pilot, involving the Alliance HPV Primary Screening Committee as required to facilitate interactions with experts from North Macedonia, Uzbekistan and/or outside the region.	**Action 2.3c**
4	Advocating for the roll-out of HPV primary cervical screening: • Work with local experts to use the results of the pilot to prepare a policy brief that would include a detailed cost-effectiveness analysis and use this to advocate for the national roll-out of HPV primary screening, involving the Alliance HPV Primary Screening Committee as required to recruit expertise from other CTEs or from outside the region.	**Action 2.3c**

Cervical cancer treatment

Current status:

Cancer treatment in Belarus is free for all citizens regardless of their health insurance status. For the treatment of cervical cancer, Belarus has seven centres that deliver surgical treatment, radiotherapy (both external beam and brachytherapy) and chemotherapy. For the training of specialists, there are four medical universities and the Belarusian Medical Academy of Postgraduate Education, which all provide training in surgical, radiological and medical oncology, but no formal agreements with foreign institutions for training exchanges related to cervical cancer treatment were reported. Finally, Belarus has nationally approved clinical protocols for cervical cancer treatment that were published in 2018.

Priorities noted in the Situation Analysis:

- none relating to cervical cancer treatment

Additional priorities needed to meet the WHO 90-70-90 targets:

- reviewing the clinical protocols for cervical cancer treatment and, if required, updating them to ensure compatibility with the regional model protocols
- organizing training exchanges to strengthen cervical cancer treatment services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical cancer treatment in Belarus

		Related Regional Actions from Section 1
1	Clinical protocols for cervical cancer treatment: Work with local experts to review and if necessary revise the existing clinical protocols to ensure compatibility with the regional models and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. Once the protocols are approved, the UNFPA Country Office should then work with the local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**
2	Training exchanges to strengthen cervical cancer treatment services: Work with local experts to identify the cervical cancer treatment training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process	**Action 3.2**

Palliative care

Current status:

Palliative care is free for all citizens regardless of their health insurance status and is delivered by palliative care specialists through palliative care clinics and home care. For training palliative care providers, the Belarusian Medical Academy of Postgraduate Education has a one-year programme, but no agreements with foreign institutions for palliative care training exchanges were reported. Palliative care is integrated with social services and includes psychological support for patients and their families, but there are no programmes to support cancer survivors or reduce the stigma associated with having cancer.

Priorities noted in the Situation Analysis:

- none relating to palliative care

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services
- organization of training exchanges to strengthen palliative care services

Recommended actions to be undertaken by the UNFPA Country Office to facilitate the strengthening of palliative care in Belarus

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to build political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify the palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**

Bosnia and Herzegovina

The majority of responsibilities for health care in Bosnia and Herzegovina have been devolved to the entities: the Federation of Bosnia and Herzegovina and the Republika Srpska.[31] As a result, each entity will be dealt with separately.

Bosnia and Herzegovina (Federation of Bosnia and Herzegovina)

The delivery of health care in the Federation of Bosnia and Herzegovina is complicated by its cantonal structure. For public health activities, the Federal Institute of Public Health is responsible for the development of policies and plans to preserve and protect the health of the population and to participate in the implementation of these policies.[32] At the canton level, the cantonal departments of public health are responsible for planning, organizing and implementing health education activities and for participating in the planning and implementing of measures for the prevention, detection and control of common diseases.[33] Health care is delivered at the municipal level under the administration of health councils, which include representatives from local government, health clinics, private clinics and civil society organizations.[34] All of the actions listed below require the involvement of local experts who will need to be drawn from one or more of the institutions noted above, depending on how their responsibilities relate to the specific action.

HPV vaccination

Current status:

An HPV vaccination programme has never been implemented through public health services in the Federation of Bosnia and Herzegovina. The Gardasil Tetravalent HPV vaccine is registered with the Agency for Medicinal Products and Medical Devices for Bosnia and Herzegovina, but it is not currently available.

Priorities noted in the Situation Analysis:

- implementation of an HPV vaccination programme

Additional priorities needed to meet the WHO 90-70-90 targets:

- none

31 Bosnia and Herzegovina, Law on Ministries and Other Bodies of Administration of Bosnia and Herzegovina, No. 5/03, *Official Gazette of the Federation of Bosnia and Herzegovina*.

32 Bosnia and Herzegovina, Law of Health Care in the Federation of Bosnia and Herzegovina, No. 46/10, *Official Gazette of the Federation of Bosnia and Herzegovina*, art. 116.

33 Bosnia and Herzegovina, Law of Health Care in the Federation of Bosnia and Herzegovina, No. 46/10, *Official Gazette of the Federation of Bosnia and Herzegovina*, art. 119.

34 Bosnia and Herzegovina, Law of Health Care in the Federation of Bosnia and Herzegovina, No. 46/10, *Official Gazette of the Federation of Bosnia and Herzegovina*, art. 14.

Recommended actions to be undertaken by the UNFPA country office to facilitate the implementation of an HPV vaccination programme in the Federation of Bosnia and Herzegovina

Short-term actions

		Related Regional Actions from Section 1
1	Advocacy to build political support for implementing an HPV vaccination programme: • Work with local experts to adapt the regional policy brief model to the local context and advocate for the inclusion of HPV vaccination in a national strategy or plan and then in the immunization calendar.	**Action 1.1**
2	KAP studies to identify the barriers to and enablers of HPV vaccination uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake the studies among adolescents, parents and the health care providers who will deliver the vaccinations, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2a**

Medium-term actions

Once the implementation of an HPV vaccination programme has been approved, the launch of the programme will need to be supported by knowledge- and awareness-raising campaigns, CME workshops for the health care providers who will be involved and preparations for anti–HPV vaccination campaigns.

		Related Regional Actions from Section 1
1	Knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional HPV vaccination knowledge- and awareness-raising tool kit (which includes a component to educate the health care providers who will deliver the vaccinations) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2b**
2	Preparation for anti–HPV vaccination campaigns: • Work with local experts to adapt the regional anti–HPV vaccination campaign rapid-response protocol and support materials to the local context so they are ready to use when needed.	**Action 1.2c**

Cervical cancer screening

Current status:

The Federation of Bosnia and Herzegovina currently delivers cytology-based cervical screening opportunistically through gynaecology departments in polyclinics and hospitals. There are no official recommendations for the screening age range or interval and no data on coverage rates. Cervical screening services are free only for women who have health insurance, although the proportion of the population that does not have health insurance is small. There is no central administrative unit, and screening data are not centrally recorded, with the exception of the number of women who have been screened. Screening providers are responsible for recording who has been screened together with their screening results in their local medical records and for monitoring the follow-up of screen-positive women. Cervical screening guidelines exist but were published in 2008, and there are no official clinical protocols for the follow-up of screen-positive women or the treatment of CIN. No KAP studies or entity-level knowledge- and awareness-raising campaigns have been conducted, and there are no programmes to reach women from disadvantaged groups.

Priorities noted in the Situation Analysis:

- strengthening the organization of cervical screening
- updating the existing cervical screening guidelines
- strengthening the cervical cytology services provided by training cytoscreeners and cytopathologists

Additional priorities needed to meet the WHO 90-70-90 targets:

- preparing and approving clinical protocols for the follow-up of screen-positive women and treatment of CIN
- implementing HPV primary screening

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical screening in the Federation of Bosnia and Herzegovina

Short-term actions

		Related Regional Actions from Section 1

1	Advocating to build political support for strengthening the organization of cervical screening:
	• Work with local experts to adapt the regional policy brief model to the local context and use it to obtain government approval for the main actions that need to be undertaken:
	  ○ providing the full range of cervical screening services free of charge to all age-eligible women regardless of their health insurance status,
	  ○ updating the cervical screening guidelines and preparing the related clinical protocols,
	  ○ implementing a central cervical screening administrative unit,
	  ○ implementing a central cervical screening registry, and
	  ○ implementing a cervical screening QA programme.
		Action 2.1b

2	Advocating to build political support for implementing HPV primary cervical screening: • Work with local experts to adapt the regional policy brief to the local context, including cost-effectiveness estimates prepared using the regional Excel tool, and use it to obtain government approval for switching from cervical cytology to HPV testing, involving the Alliance HPV Primary Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.3a**
3	Updating the existing cervical screening guidelines and preparing clinical protocols for the follow-up of screen-positive women and treatment of CIN: • Work with local experts to review and, if required, revise the existing cervical screening guidelines to ensure compatibility with the new Eastern Europe and Central Asia regional cervical screening guidelines, and prepare the related clinical protocols based on the regional model clinical protocols. Then obtain the required official approvals. • Once the revised guidelines and protocols have been approved, work with the local institutions that are responsible for CME to conduct training workshops to educate health care providers about the new protocols.	**Action 2.1c**

		Related Regional Actions from Section 1
4	Conducting KAP studies to identify the barriers to and enablers of cervical screening uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake these studies among women and the health care providers who will deliver cervical screening, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required. These studies should include people from a selection of cantons to ensure the results are representative.	**Action 2.2a**
5	Conducting knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional model cervical screening knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who deliver cervical screening) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2b**
6	Strengthening cervical cytology services: • Work with local experts to quantify the cervical cytology training needs, match these to the most appropriate training opportunities that have been identified by the UNFPA Regional Office and organize the training exchanges, involving the UNFPA Regional Office and the Alliance Cervical Screening Committee as required to facilitate the process.	**Action 2.4a**

Medium-term actions

		Related Regional Actions from Section 1
1	Implementing a central cervical screening registry: • Once approval for implementing a cervical screening registry has been obtained, facilitate implementation of the registry by working with the Alliance Cervical Screening Committee to enable interactions between local experts and their counterparts in Albania, Georgia and/or North Macedonia who can provide the required detailed technical information. • A phased implementation process could be considered, starting with the implementation of a registry in Sarajevo or Tuzla canton, and then using this as a model that could be rolled out in other cantons.	**Action 2.1d**

		Related Regional Actions from Section 1
2	Implementing a cervical screening QA programme: • Once approval to implement a cervical screening QA programme has been obtained, facilitate implementation of the programme by working with the Alliance Cervical Screening Committee as required to enable interactions between local experts and their counterparts in Albania, Georgia, Kazakhstan, Serbia and/or from outside the region.	**Action 2.1e**
3	Undertaking an HPV primary screening pilot study: • Once approval to implement HPV primary screening has been obtained, work with local experts to adapt the regional HPV primary screening pilot protocol model to the local context and undertake the pilot, involving the Alliance HPV Primary Screening Committee as required to facilitate interactions with experts from North Macedonia, Uzbekistan and/or from outside the region.	**Action 2.3c**
4	Advocating for the roll-out of HPV primary cervical screening: • Work with local experts to use the results of the pilot to prepare a policy brief that would include a detailed cost-effectiveness analysis and use this to advocate for the national roll-out of HPV primary screening, involving the Alliance HPV Primary Screening Committee as required to recruit expertise from other CTEs or from outside the region.	**Action 2.3c**

Cervical cancer treatment

Current status:

Cancer treatment in the Federation of Bosnia and Herzegovina is free only for citizens with health insurance, although the proportion of the population that does not have health insurance is small. For the treatment of cervical cancer, the Federation of Bosnia and Herzegovina has seven centres (three university clinical centres, in Sarajevo, Mostar and Tuzla, and four cantonal hospitals, in Bihać, Mostar, Travnik and Zenica) that provide surgical treatment and chemotherapy, while the three university clinical centres also provide radiotherapy (both external beam and brachytherapy). For the training of specialists, the three university clinical centres have training programmes for surgical, radiological and medical oncology, but no formal agreements with foreign institutions for training exchanges related to cervical cancer treatment were reported. The Federation of Bosnia and Herzegovina does not have officially approved clinical protocols for cervical cancer treatment.

Priorities noted in the Situation Analysis:

- strengthening CME training for oncologists at the three university clinical centres

Additional priorities needed to meet the WHO 90-70-90 targets:

- preparing and approving national clinical protocols for cervical cancer treatment

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical cancer treatment in the Federation of Bosnia and Herzegovina

		Related Regional Actions from Section 1
1	Preparation and approval of clinical protocols for cervical cancer treatment: • Work with local experts to adapt the regional model clinical protocols to the local context and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. • Once the protocols are approved, the UNFPA country office should then work with the local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**
2	Training exchanges to strengthen cervical cancer treatment services: • Work with local experts to identify the cervical cancer treatment training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 3.2**

Palliative care

Current status:

Palliative care services are free only for citizens with health insurance, although the proportion of the population that does not have health insurance is small. The majority of palliative care services are supervised by specialists and delivered by PHC providers. However, there is one hospice in Tuzla where services are supervised and delivered by specialists, and some of the smaller cantons do not have palliative care specialists, so these services are supervised and delivered by PHC providers. Palliative care is not integrated with social services, and while psychological support for patients and their families is officially available, accessing this support is difficult due to a lack of staff. There are no specialist training programmes for palliative care providers or formal agreements with foreign institutions for training exchanges.

The data submitted for the Situation Analysis suggested that palliative care and rehabilitation are the least-developed components in the control of malignant neoplasms in the Federation of Bosnia and Herzegovina; pain management is inadequate, with a lack of access to or availability of the required drugs and a lack of social and psychological support; and opioid analgesics are a particular problem, as they are subject to strict controls that restrict access even when they are available.

Priorities noted in the Situation Analysis:

- none relating to palliative care

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services
- organization of training exchanges to strengthen palliative care services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of palliative care in the Federation of Bosnia and Herzegovina

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to build political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify the palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**

Bosnia and Herzegovina (Republika Srpska)

Responsibility for public health rests with the Republika Srpska Public Health Institute,[35] which is responsible for collecting, monitoring and analysing health data; producing summary statistics; reporting to the Republika Srpska Institute for Statistics; and publishing an annual report on the health of the population. In addition, it is responsible for designing methodological guidelines, providing health education for the public, evaluating health promotion and disease prevention services provided by health institutions and conducting research on issues that are of relevance to public health.[34]

HPV vaccination

Current status:

HPV vaccination was included in the Republika Srpska Universal Health Care Strategy 2019–2029 and in the Strategy for Improving Sexual and Reproductive Health in Republika Srpska 2019–2029, although a programme has not yet been implemented. The Gardasil Tetravalent HPV vaccine is registered with the Agency for Medicinal Products and Medical Devices for Bosnia and Herzegovina, but it is not currently available.

Priorities noted in the Situation Analysis:

- implementation of an HPV vaccination programme

Additional priorities needed to meet the WHO 90-70-90 targets:

- none

Recommended actions to be undertaken by the UNFPA country office to facilitate the implementation of an HPV vaccination programme in the Republika Srpska

Short-term actions

		Related Regional Actions from Section 1
1	Advocacy to build political support for implementing an HPV vaccination programme: • Work with local experts to adapt the regional policy brief model to the local context and advocate for the inclusion of HPV vaccination in a national strategy or plan and then in the immunization calendar.	**Action 1.1**

35 Republic Srpska, Health Care Act, No. 106/09, *Official Gazette of Republika Srpska*.

		Related Regional Actions from Section 1
2	KAP studies to identify the barriers to and enablers of HPV vaccination uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake the studies among adolescents, parents and the health care providers who will deliver the vaccinations, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2a**

Medium-term actions

Once the implementation of an HPV vaccination programme has been approved, the launch of the programme will need to be supported by knowledge- and awareness-raising campaigns, CME workshops for the health care providers who will be involved and preparations for anti–HPV vaccination campaigns.

		Related Regional Actions from Section 1
1	Knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional HPV vaccination knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who would deliver the vaccinations) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2b**
2	Preparation for anti–HPV vaccination campaigns: • Work with local experts to adapt the regional anti–HPV vaccination campaign rapid-response protocol and support materials to the local context so they are ready to use when needed.	**Action 1.2c**

Cervical cancer screening

Current status:

The Republika Srpska currently delivers cytology-based cervical screening through PHC providers and gynaecology departments in polyclinics and hospitals to women aged 25–60, with a three-year screening interval and coverage, last reported in 2013, of 33 percent (the average recruitment rate for Eastern Europe and Central Asia was 35 percent, with a range of 2 to 70 percent). Cervical screening services are free only for women who have health insurance. There is no central

administrative unit or central recording of screening data other than the number of women who have been screened. Cervical screening guidelines exist but were published in 2003, and there are no clinical protocols for the follow-up of screen-positive women or treatment of CIN. PHC providers are responsible for recruiting women from their lists of registered patients, recording who has been screened together with their screening test results in their local medical records and for monitoring the follow-up and treatment of screen-positive women. No KAP studies have been conducted to identify the barriers to and enablers of cervical screening uptake. Knowledge- and awareness-raising campaigns were run from 2002 to 2018, and family physicians are responsible for ensuring that all women registered at their clinics participate in disease prevention programmes, including cervical screening.

Priorities noted in the Situation Analysis:

- strengthening the organization of cervical screening
- updating the cervical screening guidelines

Additional priorities needed to meet the WHO 90-70-90 targets:

- preparing and approving clinical protocols for the follow-up of screen-positive women and treatment of CIN
- implementing HPV primary screening

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical screening in the Republika Srpska

Short-term actions

		Related Regional Actions from Section 1

1	Advocating to build political support for strengthening the organization of cervical screening:
	• Work with local experts to adapt the regional policy brief model to the local context and use it to obtain government approval for the main actions that need to be undertaken:
	  ◦ providing the full range of cervical screening services free of charge to all age-eligible women regardless of their health insurance status,
	  ◦ updating the existing cervical screening guidelines and preparing the related clinical protocols,
	  ◦ implementing a central cervical screening administrative unit,
	  ◦ implementing a central cervical screening registry, and
	  ◦ implementing a cervical screening QA programme.
		Action 2.1b

		Related Regional Actions from Section 1
2	Advocating to build political support for implementing HPV primary cervical screening: • Work with local experts to adapt the regional policy brief to the local context, including cost-effectiveness estimates prepared using the regional Excel tool, and use it to obtain government approval for switching from cervical cytology to HPV testing, involving the Alliance HPV Primary Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.3a**
3	Updating the existing cervical screening guidelines and preparing clinical protocols for the follow-up of screen-positive women and treatment of CIN: • Work with local experts to review and, if required, revise the existing cervical screening guidelines to ensure compatibility with the new Eastern Europe and Central Asia regional cervical screening guidelines, and prepare the related clinical protocols based on the regional model clinical protocols. Then obtain the required official approvals. • Once the revised guidelines and protocols have been approved, work with the local institutions that are responsible for CME to conduct training workshops to educate health care providers about the new protocols.	**Action 2.1c**
4	Conducting KAP studies to identify the barriers to and enablers of cervical screening uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake these studies among women and the health care providers who will deliver cervical screening, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2a**
5	Conducting knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional model cervical screening knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who deliver cervical screening) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2b**

Medium-term actions

		Related Regional Actions from Section 1
1	Implementing a central cervical screening registry: • Once approval for implementing a cervical screening registry has been obtained, facilitate implementation of the registry by working with the Alliance Cervical Screening Committee to enable interactions between local experts and their counterparts in Albania, Georgia and/or North Macedonia who can provide the required detailed technical information.	**Action 2.1d**
2	Implementing a cervical screening QA programme: • Once approval to implement a cervical screening QA programme has been obtained, facilitate implementation of the programme by working with the Alliance Cervical Screening Committee as required to enable interactions between local experts and their counterparts in Albania, Georgia, Kazakhstan, Serbia and/or from outside the region.	**Action 2.1e**
3	Undertaking an HPV primary screening pilot study: • Once approval to implement HPV primary screening has been obtained, work with local experts to adapt the regional HPV primary screening pilot protocol model to the local context and undertake the pilot, involving the Alliance HPV Primary Screening Committee as required to facilitate interactions with experts from North Macedonia, Uzbekistan and/or from outside the region.	**Action 2.3c**
4	Advocating for the roll-out of HPV primary cervical screening: • Work with local experts to use the results of the pilot to prepare a policy brief that would include a detailed cost-effectiveness analysis and use this to advocate for the national roll-out of HPV primary screening, involving the Alliance HPV Primary Screening Committee as required to recruit expertise from other CTEs or from outside the region.	**Action 2.3c**

Cervical cancer treatment

Current status:

Cancer treatment in the Republika Srpska is free only for citizens with health insurance. For the treatment of cervical cancer, the Republika Srpska has one centre (the University Clinical Centre in Banja Luka) for surgical treatment, radiotherapy and chemotherapy. For the training of specialists, the University Clinical Centre in Banja Luka has training programmes for surgical, radiological and medical oncology, and there are formal agreements with the medical universities in Belgrade and Novi Sad for training exchanges related to cervical cancer treatment. The Republika Srpska does not have official clinical protocols for cervical cancer treatment.

Priorities noted in the Situation Analysis:

- none relating to cervical cancer treatment

Additional priorities needed to meet the WHO 90-70-90 targets:

- preparation and approval of official clinical protocols for cervical cancer treatment
- expansion of the range of training exchanges to strengthen cervical cancer treatment services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical cancer treatment in the Republika Srpska

		Related Regional Actions from Section 1
1	Preparation and approval of clinical protocols for cervical cancer treatment: • Work with local experts to adapt the regional model clinical protocols to the local context and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. • Once the protocols are approved, the UNFPA country office should then work with the local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**
2	Expansion of the range of training exchanges to strengthen cervical cancer treatment services: • Work with local experts to identify the cervical cancer treatment training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 3.2**

Palliative care

Current status:

Palliative care is free only for citizens with health insurance. Palliative care services are supervised and delivered by PHC providers. There are no training programmes for palliative care providers or formal agreements with foreign institutions for training exchanges. Palliative care is integrated with social services and includes psychological support for patients and their families, but there are no programmes to support cancer survivors or reduce the stigma that is associated with having cancer.

Priorities noted in the Situation Analysis:

- none relating to palliative care

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services
- organization of training exchanges to strengthen palliative care services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of palliative care in the Republika Srpska

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to build political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify the palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**

Georgia

HPV vaccination

Current status:

Georgia is one of the six CTEs in the EECA region that has included HPV vaccination in its vaccination calendar, and an HPV vaccine has been provided free of charge through PHC providers to girls aged 10–12 since 2019. When the programme was launched, there was an anti–HPV vaccination campaign in response, although its impact was limited. Georgia conducted a KAP study in 2016 to identify the barriers to and enablers of HPV vaccination uptake that was used to inform knowledge- and awareness-raising campaigns and has implemented strategies to reach vulnerable groups. The reported HPV vaccination coverage was 36 percent.[29]

Priorities noted in the Situation Analysis:

- knowledge- and awareness-raising campaigns to increase HPV vaccination uptake

Additional priorities needed to meet the WHO 90-70-90 targets:

- CME training for the health care providers who will deliver the HPV vaccinations

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of HPV vaccination in Georgia

		Related Regional Actions from Section 1
1	KAP studies to identify the barriers and enablers of HPV vaccination uptake (an HPV vaccination KAP study was conducted in 2016, so a new study should be conducted to ensure that efforts to increase HPV vaccination rates effectively address the current barriers and enablers of vaccination uptake): • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake the studies among adolescents, parents and the health care providers who will deliver the vaccinations, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2a**
2	Knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional HPV vaccination knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who would deliver the vaccinations) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2b**

Cervical cancer screening

Current status:

Georgia currently delivers cytology-based cervical screening through PHC providers and five cancer screening centres in Tbilisi to women aged 25–60, with a three-year screening interval. Cervical screening coverage is 15 percent within the Tbilisi municipality and 11 percent for the rest of the country (the average recruitment rate in Eastern Europe and Central Asia was 35 percent, with a range of 2 to 70 percent). The screening test and colposcopy with biopsy are provided free of charge to all age-eligible women, but the treatment of CIN is subject to co-payment. Georgia has a central cancer screening administrative unit that is located in the Georgian National Centre for Disease Control and Public Health. Georgia is one of only three CTEs to have a cervical screening registry that records who has been screened together with their screening test results. However, it is the only registry that also has access to data from the civil registry and UHC programme with sufficient detail to be able to identify which women are due for screening and which PHC providers should invite them, records who has been followed up together with their follow-up results and has access to the data from the cancer registry for programme audits.

Cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and the treatment of CIN exist, but they were published in 2010 and therefore need to be updated. PHC providers are responsible for recruiting women from their lists of registered patients and recording who has been screened together with the screening test results in their local medical records (as well as in the screening registry) but not for monitoring the follow-up of screen-positive women. A KAP study to identify the barriers to and enablers of cervical screening uptake was conducted in 2017, and knowledge- and awareness-raising campaigns have been run periodically since 2008. However, there are no national programmes to reach women from vulnerable groups, although this is included within the responsibilities of PHC providers.

Priorities noted in the Situation Analysis:

- strengthening the organization of cervical screening
- strengthening cervical cytology
- implementing HPV primary screening

Additional priorities needed to meet the WHO 90-70-90 targets:

- none

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical screening in Georgia

Short-term actions

		Related Regional Actions from Section 1

1	Advocating to build political support for strengthening the organization of cervical screening:
	• Work with local experts to adapt the regional policy brief model to the local context and use it to obtain government approval for the main actions that need to be undertaken:
	  ○ providing the full range of cervical screening services free of charge to all age-eligible women regardless of their health insurance status,
	  ○ updating the cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and treatment of CIN, and
	  ○ implementing a cervical screening QA programme.
		Action 2.1b

2	Advocating to build political support for implementing HPV primary cervical screening: • Work with local experts to adapt the regional policy brief to the local context, including cost-effectiveness estimates prepared using the regional Excel tool, and use it to obtain government approval for switching from cervical cytology to HPV testing, involving the Alliance HPV Primary Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.3a**
3	Updating cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and treatment of CIN: • Work with local experts to review the existing cervical screening guidelines and related clinical protocols and, if required, revise them to ensure compatibility with the new Eastern Europe and Central Asia regional cervical screening guidelines and model clinical protocols. Then obtain the required official approvals. • Once the revised guidelines and protocols have been approved, work with the local institutions that are responsible for CME to conduct training workshops to educate health care providers about the new protocols.	**Action 2.1c**
4	Strengthening the central cervical screening registry: • UNFPA has supported the development of the cervical screening registry for a number of years, including the inclusion of a QA module with a comprehensive range of indicators. This support should continue until the screening registry and the QA programme are fully operational.	**Action 2.1d**

		Related Regional Actions from Section 1
5	Conducting KAP studies to identify the barriers to and enablers of cervical screening uptake (a cervical screening KAP study was conducted in 2017, so a new study should be conducted to ensure that efforts to increase cervical screening rates effectively address the current barriers and enablers): • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake these studies among women and the health care providers who will deliver cervical screening, involving the UNFPA Regional Office and the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region as required.	**Action 2.2a**
6	Conducting knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional model cervical screening knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who deliver cervical screening) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the UNFPA Regional Office and the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region as required.	**Action 2.2b**
7	Strengthening cervical cytology services: • Work with local experts to quantify the cervical cytology training needs, match these to the most appropriate training opportunities that have been identified by the UNFPA Regional Office and organize the training exchanges, involving the Regional Office and the Alliance Cervical Screening Committee as required to facilitate the process.	**Action 2.4b**

Medium-term actions

		Related Regional Actions from Section 1
1	Implementing a cervical screening QA programme: • Once approval to implement a cervical screening QA programme has been obtained, facilitate implementation of the programme by working with the Alliance Cervical Screening Committee as required to enable interactions between local experts and their counterparts in Albania, Georgia, Kazakhstan, Serbia and/or from outside the region.	**Action 2.1e**

		Related Regional Actions from Section 1
2	Undertaking an HPV primary screening pilot study: • Once approval to implement HPV primary screening has been obtained, work with local experts to adapt the regional HPV primary screening pilot protocol model to the local context and undertake the pilot, involving the Alliance HPV Primary Screening Committee as required to facilitate interactions with experts from North Macedonia, Uzbekistan and/or from outside the region.	**Action 2.3c**
3	Advocating for the roll-out of HPV primary cervical screening: • Work with local experts to use the results of the pilot to prepare a policy brief that would include a detailed cost-effectiveness analysis and use this to advocate for the national roll-out of HPV primary screening, involving the Alliance HPV Primary Screening Committee as required to recruit expertise from other CTEs or from outside the region.	**Action 2.3c**

Cervical cancer treatment

Current status:

State payments for cancer treatment in Georgia are capped at an annual limit that varies depending on the treatment method (surgery, radiotherapy, chemotherapy, hormonal) and other factors such as age, occupation (teacher, police officer, etc.), retirement status, vulnerability, etc. For the treatment of cervical cancer, Georgia has 96 centres that provide surgical treatment and chemotherapy, but only 5 of these provide external beam radiotherapy, and only 3 provide brachytherapy. For the training of specialists, the State Medical University has an eight-month surgical oncology programme that can be taken after completing the surgical residency programme, a four-year radiation oncology residency programme and a three-year medical oncology residency programme, but there are no formal agreements with foreign institutions for training exchanges related to cervical cancer treatment. Georgia does not have nationally approved clinical protocols for cervical cancer treatment.

Priorities noted in the Situation Analysis:

- organization of training exchanges to strengthen cervical cancer treatment services

Additional priorities needed to meet the WHO 90-70-90 targets:

- preparation and approval of national clinical protocols for cervical cancer treatment

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical cancer treatment in Georgia

		Related Regional Actions from Section 1
1	Preparation and approval of national clinical protocols for cervical cancer treatment: • Work with local experts to adapt the regional model clinical protocols to the local context and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. • Once the protocols are approved, the UNFPA country office should then work with the local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**
2	Training exchanges to strengthen cervical cancer treatment services: • Work with local experts to identify the cervical cancer treatment training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 3.2**

Palliative care

Current status:

State payments for palliative care in Georgia are capped at an annual limit that varies depending on factors such as age, occupation (teacher, police officer, etc.), retirement status, vulnerability, etc. All palliative care services are supervised by specialists and delivered through specialized clinics in multi-profile hospitals or by home-care teams depending on the needs of the patient. For the training of palliative care providers, the National Association of Palliative Care offers a three-month training programme. Palliative care services are not integrated with social services and do not include psychological support for patients and their families. There are no national programmes to support cancer survivors or to reduce the stigma associated with having cancer, but some NGOs and charities deliver these services to their local populations.

Priorities noted in the Situation Analysis:

- none relating to palliative care

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services
- organization of training exchanges to strengthen palliative care services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of palliative care in Georgia

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to build political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify the palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**

Kazakhstan

HPV vaccination

Current status:

Kazakhstan included HPV vaccination in its Plan to Combat Cancer 2018–2022 and its State Programme for the Development of Health Care 2020–2025 but has not yet implemented a national programme. Kazakhstan started an HPV vaccination pilot in 2013 for girls aged 11–12 in the Atyrau and Pavlodar oblasts and the municipalities of Almaty and Nur-Sultan, which was supported by a knowledge- and awareness-raising campaign and a programme to educate the health care providers delivering the vaccinations. However, the pilot was stopped in 2016 because of the high refusal rate, which, based on data from a KAP study conducted in 2016–2017, was attributed to parents' lack of understanding of the value of HPV vaccination and health care providers' inability to adequately address the concerns of girls and their parents. Kazakhstan is planning to implement HPV vaccination, and a KAP study is currently being conducted to inform the launch of the programme.

Priorities noted in the Situation Analysis:

- preparation of a national strategy for implementing an HPV vaccination programme that includes knowledge- and awareness-raising campaigns, CME training for health care providers and plans to counter anti–HPV vaccination campaigns

Additional priorities needed to meet the WHO 90-70-90 targets:

- none

Recommended actions to be undertaken by the UNFPA country office to facilitate the implementation of an HPV vaccination programme in Kazakhstan

		Related Regional Actions from Section 1
1	Knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional HPV vaccination knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who would deliver the vaccinations) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2b**
2	Preparation for anti–HPV vaccination campaigns: • Work with local experts to adapt the regional anti–HPV vaccination campaign rapid-response protocol and support materials to the local context so they are ready to use when needed.	**Action 1.2c**

Cervical cancer screening

Current status:

Kazakhstan currently delivers cytology-based cervical screening through PHC providers to women aged 30–70, with a four-year screening interval and reported coverage rates of 83.2 percent for 2019 and 65.8 percent for 2020, a reduction that is likely due to COVID-19 (the average recruitment rate for Eastern Europe and Central Asia was 35 percent, with a range of 2 to 70 percent). The screening test is provided free of charge to all age-eligible women, but colposcopy, biopsy and treatment of CIN are free only for women with health insurance. There is a central administrative unit located at the Kazakh Institute of Oncology and Radiology that is responsible for QA monitoring based on three indicators. PHC providers are responsible for recruiting women from their lists of the attached populations, recording who has been screened together with their screening results and the results of any follow-up investigations in each woman's electronic medical record. Cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and the treatment of CIN exist but were published in 2012 and therefore should be updated. No KAP studies to identify the barriers to and enablers of cervical screening uptake have been conducted, but many national campaigns promoting a healthy lifestyle that include information about cervical screening have been undertaken annually since 1999.

Priorities noted in the Situation Analysis:

- strengthening the organization of cervical screening
- conducting CME training for health care providers delivering cervical screening
- introducing HPV primary screening with self-collection of vaginal samples for HPV testing to increase coverage among women in remote communities

Additional priorities needed to meet the WHO 90-70-90 targets:

- conducting a KAP study to characterize the barriers to and enablers of cervical screening uptake

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical screening in Kazakhstan

		Related Regional Actions from Section 1

1	Advocating to build political support for strengthening the organization of cervical screening:
	• Work with local experts to adapt the regional policy brief model to the local context and use it to obtain government approval for the main actions that need to be undertaken:
	  ◦ providing the full range of cervical screening services free of charge to all age-eligible women regardless of their health insurance status,
	  ◦ implementing a central cervical screening registry, and
	  ◦ implementing a cervical screening QA programme.
		Action 2.1b

		Related Regional Actions from Section 1
2	Advocating to build political support for implementing HPV primary cervical screening: • Work with local experts to adapt the regional policy brief to the local context, including cost-effectiveness estimates prepared using the regional Excel tool, and use it to obtain government approval for switching from cervical cytology to HPV testing, involving the Alliance HPV Primary Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.3a**
3	Updating cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and treatment of CIN: • Work with local experts to review the existing cervical screening guidelines and related clinical protocols and, if required, update to ensure compatibility with the new Eastern Europe and Central Asia regional cervical screening guidelines and model clinical protocols. Then obtain the required official approvals. • Once the revised guidelines and protocols have been approved, work with the local institutions that are responsible for CME to conduct training workshops to educate health care providers about the new protocols.	**Action 2.1c**
4	Conducting KAP studies to identify the barriers to and enablers of cervical screening uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake these studies among women and the health care providers who will deliver cervical screening, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2a**
5	Conducting knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional model cervical screening knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who would deliver cervical screening) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2b**

Medium-term actions

		Related Regional Actions from Section 1
1	Implementing a central cervical screening registry: • Once approval for implementing a cervical screening registry has been obtained, facilitate implementation of the registry by working with the Alliance Cervical Screening Committee to enable interactions between local experts and their counterparts elsewhere who can provide the required detailed technical information. In this regard, the Kazakh Institute of Oncology and Radiology already has close relations with Georgia. • Of note, the results of women's screening tests and follow-up examinations are recorded in their electronic medical records. Therefore, much of the data required by a central screening registry already exist in electronic form, and this could reduce both the time and cost of implementing a central cervical screening registry.	**Action 2.1d**
2	Strengthening cervical screening QA to include a broader range of indicators: • Work with local experts to adapt the regional cervical screening QA summary document to the local context and use this to gain approval for strengthening the QA programme in Kazakhstan. • Once approval has been obtained, facilitate the strengthening of cervical screening QA by working with the Alliance Cervical Screening Committee as required to enable interactions between local experts and experts in Georgia (where they have been implementing a QA programme with a broader range of indicators) and/or from outside the region.	**Action 2.1e**
3	Undertaking an HPV primary screening pilot study: • Once approval to implement HPV primary screening has been obtained, work with local experts to adapt the regional HPV primary screening pilot protocol model to the local context and undertake the pilot, involving the Alliance HPV Primary Screening Committee as required to facilitate interactions with experts from North Macedonia, Uzbekistan and/or from outside the region.	**Action 2.3c**
4	Advocating for the roll-out of HPV primary cervical screening: • Work with local experts to use the results of the pilot to prepare a policy brief that would include a detailed cost-effectiveness analysis and use this to advocate for the national roll-out of HPV primary screening, involving the Alliance HPV Primary Screening Committee as required to recruit expertise from other CTEs or from outside the region.	**Action 2.3c**

Cervical cancer treatment

Current status:

Cancer treatment in Kazakhstan is free for all citizens regardless of their health insurance status. For the treatment of cervical cancer, Kazakhstan has 20 centres that deliver surgical treatment and chemotherapy, with 19 of these also providing external beam radiotherapy and 17 providing brachytherapy. For the training of specialists, there are multiple medical universities that have residency programmes for surgical, radiological and medical oncology, while the Kazakh Institute of Oncology and Radiology works with many foreign institutions for training exchanges related to cervical cancer treatment. Finally, Kazakhstan has nationally approved clinical protocols for cervical cancer treatment that were published in 2017.

Priorities noted in the Situation Analysis:

- none relating to cervical cancer treatment

Additional priorities needed to meet the WHO 90-70-90 targets:

- reviewing the clinical protocols for cervical cancer treatment and, if required, updating them to ensure compatibility with the regional model protocols

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical cancer treatment in Kazakhstan

		Related Regional Actions from Section 1
1	Clinical protocols for cervical cancer treatment: • Work with local experts to review and if necessary update the existing clinical protocols to ensure compatibility with the regional models and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. • Once the protocols are approved, the UNFPA country office should then work with the local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**

Palliative care

Current status:

Palliative care services are free for all citizens regardless of their health insurance status and are delivered through stratified services, with more complex care supervised and delivered by specialists through dedicated clinics and less complex care supervised and delivered by PHC providers through PHC clinics and/or home care. There are no training programmes for palliative care providers or formal agreements with foreign institutions for training exchanges related to palliative care. Palliative care is integrated with social services and includes psychological support for patients and their families, but there are no state programmes to support cancer survivors or to reduce the stigma associated with having cancer.

Priorities noted in the Situation Analysis:

- none relating to palliative care

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services
- organization of training exchanges to strengthen palliative care services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of palliative care in Kazakhstan

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to build political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify the palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**

Kyrgyzstan

Note: The UNFPA country programme that has been agreed with the Kyrgyzstan government runs until the end of 2023 and focuses on family planning. As a result, the actions noted below will be included in the next country programme that will start in 2024.

HPV vaccination

Current status:

Kyrgyzstan included HPV vaccination in its Universal Health Care Strategy and Plan 2019–2023 as well as in the recently approved National Strategy for the Control and Prevention of Oncological Diseases 2021–2025. Kyrgyzstan has not yet implemented an HPV vaccination programme but plans to include HPV vaccination in the immunization calendar for 11-year-old girls in 2022 and has submitted an application to Gavi to support this.

Priorities noted in the Situation Analysis:

- knowledge- and awareness-raising campaigns to dispel myths about HPV vaccination and to support HPV vaccination uptake

Additional priorities needed to meet the WHO 90-70-90 targets:

- undertaking KAP studies to inform knowledge- and awareness-raising campaigns and CME training
- conducting CME training for the health care providers who will deliver the HPV vaccinations
- preparing a communication plan to deal with anti–HPV vaccination campaigns

Recommended actions to be undertaken by the UNFPA country office to facilitate the implementation of an HPV vaccination programme in Kyrgyzstan

		Related Regional Actions from Section 1
1	KAP studies to identify the barriers to and enablers of HPV vaccination uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake the studies among adolescents, parents and the health care providers who will deliver tbhe vaccinations, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2a**
2	Knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional HPV vaccination knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who would deliver the vaccinations) to the local context, based on the results of the KAP studies nboted above, and undertake the campaigns, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2b**

		Related Regional Actions from Section 1
3	Preparation for anti–HPV vaccination campaigns: • Work with local experts to adapt the regional anti–HPV vaccination campaign rapid-response protocol and support materials to the local context so they are ready to use when needed.	**Action 1.2c**

Cervical cancer screening

Current status:

Kyrgyzstan currently delivers VIA-based cervical screening opportunistically through PHC providers to women aged 30–49, with a three-year screening interval, but no data on coverage rates were available. The screening test (VIA) and the treatment of CIN are subject to co-payment, while women must pay the full cost of colposcopy with biopsy. There is no central administrative unit, and screening data are not centrally recorded. Screening providers are responsible for recording who has been screened together with their screening results in their local medical records but not for monitoring the follow-up of screen-positive women. Cervical screening guidelines for the primary and secondary levels were published in 2014 and for the tertiary level in 2015, and clinical protocols for the follow-up of screen-positive women and the treatment of CIN were published in 2020. No KAP studies or national campaigns to raise awareness of cervical cancer screening have been conducted, and there are no programmes to reach women from disadvantaged groups. In 2019, Doctors Without Borders launched a VIA-based cervical screening pilot in the city of Khaidarkan that includes elements of an organized programme such as invitational recruitment, monitoring of the follow-up of screen-positive women, knowledge- and awareness-raising, etc. However, a lack of trained personnel led to low recruitment rates, with only 30 percent of the target population screened within 18 months. Of note, the recently approved National Strategy for the Control and Prevention of Oncological Diseases 2021–2025 includes various measures to strengthen cervical cancer screening, including the updating of national guidelines and clinical protocols, training for health care providers in all of the associated services, creation of a central cervical screening administrative unit with a cervical screening registry, implementation of a cervical screening QA programme and the introduction of HPV primary screening.

Priorities noted in the Situation Analysis:

- advocacy to ensure all cervical screening services are provided free to all age-eligible women
- advocacy to ensure the measures noted in the National Strategy for the Control and Prevention of Oncological Diseases 2021–2025 are implemented

Additional priorities needed to meet the WHO 90-70-90 targets:

- undertaking KAP studies among women of screening age and the health care providers who deliver cervical screening
- implementing knowledge- and awareness-raising campaigns and CME training

Recommended actions to be undertaken by the UNFPA country office to facilitate the implementation of the cervical cancer provisions of the National Strategy for the Control and Prevention of Oncological Diseases 2021–2025

As cervical screening in Kyrgyzstan is VIA-based and cervical cytology services are limited, the focus should be on implementing an HPV primary screening programme with the organizational elements that are required for it to be cost-effective.

Phase 1 actions

		Related Regional Actions from Section 1
1	Advocating to build political support for the implementation of the National Strategy for the Control and Prevention of Oncological Diseases 2021–2025: • Work with local experts to adapt the regional policy brief model to the local context and use it to ensure the cervical screening provisions of the cancer strategy are implemented.	**Action 2.1b**
2	Advocating to build political support for implementing HPV primary cervical screening: • Work with local experts to adapt the regional policy brief to the local context, including cost-effectiveness estimates prepared using the regional Excel tool, and use it to obtain government approval for switching from cervical cytology to HPV testing, involving the Alliance HPV Primary Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.3a**
3	Updating cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and treatment of CIN: • Work with local experts to review the existing cervical screening guidelines and related clinical protocols and, if required, revise them to ensure compatibility with the new Eastern Europe and Central Asia regional cervical screening guidelines and model clinical protocols. Then obtain the required official approvals. • Once the revised guidelines and protocols have been approved, work with the local institutions that are responsible for CME to conduct training workshops to educate health care providers about the new protocols.	**Action 2.1c**
4	Conducting KAP studies to identify the barriers and enablers of cervical screening uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake these studies among women and the health care providers who will deliver cervical screening, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2a**

		Related Regional Actions from Section 1
5	Conducting knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional model cervical screening knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who deliver cervical screening) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2b**
6	Strengthening colposcopy services: • Work with local experts to quantify the colposcopy training needs, match these to the most appropriate training opportunities that have been identified by the UNFPA Regional Office and organize the training exchanges, involving the UNFPA Regional Office and Alliance Cervical Screening Committee as required to facilitate the process.	**Action 2.4b**
7	Implementing a central cervical screening registry: • Facilitate implementation of the registry by working with the Alliance Cervical Screening Committee to enable interactions between local experts and their counterparts in Albania, Georgia and/or North Macedonia who can provide the required detailed technical information.	**Action 2.1d**
8	Implementing a cervical screening QA programme: • Facilitate implementation of a cervical screening QA programme by working with the Alliance Cervical Screening Committee as required to enable interactions between local experts and their counterparts in Albania, Georgia, Kazakhstan, Serbia and/or from outside the region.	**Action 2.1e**
9	Undertaking an HPV primary screening pilot study: • Work with local experts to adapt the regional HPV primary screening pilot protocol model to the local context and undertake the pilot, involving the Alliance HPV Primary Screening Committee as required to facilitate interactions with experts from North Macedonia, Uzbekistan and/or from outside the region.	**Action 2.3c**
10	Advocating for the roll-out of HPV primary cervical screening: • Work with local experts to use the results of the pilot to prepare a policy brief that would include a detailed cost-effectiveness analysis and use this to advocate for the national roll-out of HPV primary screening, involving the Alliance HPV Primary Screening Committee as required to recruit expertise from other CTEs or from outside the region.	**Action 2.3c**

Cervical cancer treatment

Current status:

Cancer treatment by surgery in Kyrgyzstan is paid for in part by the government, but chemotherapy must be paid for by the patients or humanitarian organizations. For the treatment of cervical cancer, Kyrgyzstan has two centres (National Centre of Oncology and Haematology and the Osh Interregional Oncology Centre) that provide surgical treatment and chemotherapy. Only the National Centre of Oncology and Haematology has facilities for brachytherapy (but not external beam radiotherapy). For the training of specialists, four institutions (the Akhunbaev Kyrgyz State Medical Academy, the Yeltsin Kyrgyz–Russian University, the National Centre of Oncology and Haematology and the Daniyarov Kyrgyz State Medical Institute) offer two-year programmes in surgical, medical and radiological oncology, but there are no formal agreements with foreign institutions for training exchanges related to cervical cancer treatment. Kyrgyzstan does have nationally approved clinical protocols for cervical cancer treatment that were published in 2015. Of note, the National Strategy for the Control and Prevention of Oncological Diseases 2021–2025 includes various measures to strengthen cervical cancer treatment through the updating of clinical protocols and training programmes for oncologists.

Priorities noted in the Situation Analysis:

- none relating to cervical cancer treatment

Additional priorities needed to meet the WHO 90-70-90 targets:

- updating national clinical protocols for cervical cancer treatment
- organizing training exchanges to strengthen cervical cancer treatment services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical cancer treatment in Kyrgyzstan

		Related Regional Actions from Section 1
1	Clinical protocols for cervical cancer treatment: • Work with local experts to review and if necessary update the existing clinical protocols to ensure compatibility with the regional models and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. • Once the protocols are approved, the UNFPA country office should then work with the local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**

		Related Regional Actions from Section 1
2	Training exchanges to strengthen cervical cancer treatment services: • Work with local experts to identify the cervical cancer treatment training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process	**Action 3.2**

Palliative care

Current status:

Palliative care in Kyrgyzstan is officially free for all citizens. Palliative care is provided at the National Centre of Oncology and Haematology, the Osh Interregional Oncology Centre and the Bishkek Hospital Palliative Care Department, as well as by mobile teams supported by the Soros Foundation Kyrgyzstan and the International Association for Hospice and Palliative Care. However, the data submitted for the Situation Analysis noted that the availability of these services is very limited, while regulations for the provision of opioid analgesics restrict access. For the training of palliative care providers, the Daniyarov Kyrgyz Sate Medical Institute provides short courses for PHC providers, and palliative care modules are included in the oncology residency programme, but there are no formal agreements with foreign institutions for palliative care training exchanges. Palliative care does not include psychological support for patients and their families, is not integrated with social services, and there are no programmes to support cancer survivors or to reduce the stigma associated with having cancer. The National Strategy for the Control and Prevention of Oncological Diseases 2021–2025 includes various measures to strengthen palliative care through training programmes for the people who deliver these services.

Priorities noted in the Situation Analysis:

- none relating to palliative care

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to maintain political support to improve palliative care services
- organization of training exchanges to strengthen palliative care services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of palliative care in Kyrgyzstan

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to maintain political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify the palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**

North Macedonia

HPV vaccination

Current status:

HPV vaccination has been available free of charge for girls and women aged 15–26 since 2008 and was included in the vaccination calendar for 12-year-old girls in 2009, with delivery through primary health care providers. No KAP studies have been conducted to characterize the barriers to and enablers of HPV vaccination uptake, but the launch of HPV vaccination was supported by knowledge- and awareness-raising campaigns and CME training for health care providers. The HPV vaccination coverage rates varied between 31 percent and 48 percent from 2010 to 2019.[29] North Macedonia does have an HPV vaccination registry.

Priorities noted in the Situation Analysis:

- none relating to HPV vaccination

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocating to build political support for strengthening the HPV vaccination programme to improve coverage rates
- undertaking KAP studies to inform the knowledge- and awareness-raising campaigns and CME training
- conducting knowledge- and awareness-raising campaigns to increase HPV vaccination uptake
- carrying out CME training for the health care providers who will deliver the HPV vaccinations

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of HPV vaccination in North Macedonia

Short-term actions

		Related Regional Actions from Section 1
1	Advocacy to build political support for strengthening the HPV vaccination programme: • Work with local experts to adapt the regional policy brief model to the local context and advocate for strengthening the HPV vaccination programme to improve coverage rates	**Action 1.1**
2	KAP studies to identify the barriers to and enablers of HPV vaccination uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake the studies among adolescents, parents and the health care providers who will deliver the vaccinations, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2a**
3	Knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional HPV vaccination knowledge and awareness-raising tool kit (which would include a component to educate the health care providers who would deliver the vaccinations) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2b**

Cervical cancer screening

Current status:

North Macedonia currently delivers cytology-based cervical screening through PHC providers and gynaecology departments in polyclinics and hospitals to women aged 22–60, with a three-year screening interval and a recruitment rate of 22 percent in 2017 (the average recruitment rate for Eastern Europe and Central Asiawas 35 percent, with a range of 2 to 70 percent). Age-eligible women with health insurance can have a screening test free of charge but are required to co-pay for colposcopy with biopsy and for the treatment of CIN. North Macedonia has a cervical screening registry that records who has been screened and their screening test results but does not record data on the follow-up or treatment of screen-positive women. PHC providers are responsible for recruiting women from their lists of registered patients and recording who has been screened together with their screening results in their local medical records as well as in the screening registry. However, they are not responsible for monitoring the follow-up or treatment of screen-positive women. There are no national cervical screening guidelines or clinical protocols for the follow-up of screen-positive women or the treatment of CIN, no KAP studies have been conducted

to identify the barriers to and enablers of cervical screening uptake, no knowledge- and awareness-raising campaigns have been undertaken to improve recruitment, and there are no national programmes to reach women from vulnerable groups. North Macedonia is planning to implement HPV primary screening and is currently conducting an HPV primary screening pilot to inform this process.

Priorities noted in the Situation Analysis:

- strengthening the organization of cervical screening
- preparing and approving national cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and treatment of CIN
- strengthening clinical services: PHC providers, cervical cytology and colposcopy
- implementing HPV primary screening

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocating to ensure all cervical screening services are provided free to all age-eligible women
- undertaking KAP studies to inform knowledge- and awareness-raising campaigns and CME training
- implementing knowledge- and awareness-raising campaigns and CME training

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical screening in North Macedonia

Short-term actions

		Related Regional Actions from Section 1

1	Advocating to build political support for strengthening the organization of cervical screening:
	• Work with local experts to adapt the regional policy brief model to the local context and use it to obtain government approval for the main actions that need to be undertaken:
	  ◦ providing the full range of cervical screening services free of charge to all age-eligible women regardless of their health insurance status,
	  ◦ preparing and approving cervical screening guidelines and related clinical protocols,
	  ◦ implementing a central cervical screening administrative unit,
	  ◦ strengthening the cervical screening registry, and
	  ◦ implementing a cervical screening QA programme.
		Action 2.1b

		Related Regional Actions from Section 1
2	Conducting an HPV primary screening cost-benefit analysis: • Conduct a cost-benefit analysis of HPV primary screening to support evidence-based decision-making at the national level, involving the Alliance Cervical Screening Committee to recruit expertise from other Eastern Europe and Central Asia countries or from outside the region.	**Action 2.3a**
3	Preparing cervical screening guidelines and related clinical protocols: • Work with local experts to adapt the new Eastern Europe and Central Asia regional cervical screening guidelines and regional model clinical protocols to the local context, and then obtain the required official approvals. • Once the guidelines and protocols have been approved, work with the local institutions that are responsible for CME to conduct training workshops to educate health care providers about the new protocols.	**Action 2.1c**
4	Strengthening the cervical screening registry: • The North Macedonian cervical screening registry records only who has been screened together with their screening results and should therefore be modified to ◦ include linkages to a current database of the target population and the national cancer registry, ◦ record data on the follow-up and treatment of screen-positive women, and ◦ produce the statistics that are required for cervical screening QA. • The UNFPA country office should facilitate this by working with the Alliance Cervical Screening Committee to enable interactions between local experts and their counterparts in Georgia, where the registry includes these elements.	**Action 2.1d**
5	Conducting KAP studies to identify the barriers to and enablers of cervical screening uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake these studies among women and the health care providers who will deliver cervical screening, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2a**

		Related Regional Actions from Section 1
6	Conducting knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional model cervical screening knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who deliver cervical screening) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2b**
7	Strengthening cervical cytology services: • Work with local experts to quantify the cervical cytology training needs, match these to the most appropriate training opportunities that have been identified by the UNFPA Regional Office and organize the training exchanges, involving the UNFPA Regional Office and the Alliance Cervical Screening Committee as required to facilitate the process.	**Action 2.4a**
8	Strengthening colposcopy services: • Work with local experts to quantify the colposcopy training needs, match these to the most appropriate training opportunities that have been identified by the UNFPA Regional Office and organize the training exchanges, involving the Regional Office and the Alliance Cervical Screening Committee as required to facilitate the process.	**Action 2.4b**
9	Strengthening cervical screening at the PHC level: • Work with the local institutions that are responsible for CME training to adapt the regional PHC training curriculum and educational materials to the local context and conduct the training, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.4c**

Medium-term actions

		Related Regional Actions from Section 1
1	Implementing a cervical screening QA programme: • Once approval to implement a cervical screening QA programme has been obtained, facilitate implementation of the programme by working with the Alliance Cervical Screening Committee as required to enable interactions between local experts and their counterparts in Albania, Georgia, Kazakhstan, Serbia and/or from outside the region.	**Action 2.1e**
2	Advocating for the roll-out of HPV primary cervical screening: • Work with local experts to use the results of the pilot to prepare a policy brief that would include a detailed cost-effectiveness analysis and use this to advocate for the national roll-out of HPV primary screening, involving the Alliance HPV Primary Screening Committee as required to recruit expertise from other CTEs or from outside the region.	**Action 2.3c**

Cervical cancer treatment

Current status:

Cancer treatment in North Macedonia is free of charge for all citizens who have health insurance. For the treatment of cervical cancer, North Macedonia has two centres (the Department of Gynaecologic Oncology and the Institute of Oncology and Radiotherapy, both at Saints Cyril and Methodius University Hospital) that together provide surgical, chemotherapeutic and radiological treatments. For the training of specialists, the Department of Obstetrics and Gynaecology at Saints Cyril and Methodius University Hospital has a two-year gynaecological oncology surgical speciality programme that can be taken after the five-year obstetrics and gynaecology residency. In addition, the Institute of Oncology and Radiotherapy at Saints Cyril and Methodius University Hospital has four-year residency programmes for medical and radiological oncology. However, no formal agreements with foreign institutions for training exchanges related to cervical cancer treatment were reported. North Macedonia does not have nationally approved clinical protocols for cervical cancer treatment.

Priorities noted in the Situation Analysis:

- strengthening cervical cancer treatment services

Additional priorities needed to meet the WHO 90-70-90 targets:

- preparation and approval of national clinical protocols for cervical cancer treatment

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical cancer treatment in North Macedonia

		Related Regional Actions from Section 1
1	Preparation and approval of clinical protocols for cervical cancer treatment: • Work with local experts to adapt the regional model clinical protocols to the local context and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. • Once the protocols are approved, the UNFPA country office should then work with the local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**
2	Training exchanges to strengthen cervical cancer treatment services: • Work with local experts to identify the cervical cancer treatment training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 3.2**

Palliative care

Current status:

Palliative care in North Macedonia is free of charge for all citizens who have health insurance. Palliative care services are stratified with more complex care supervised by specialists and delivered through specialized clinics and less complex care supervised and delivered by PHC providers. For the training of palliative care providers, palliative care modules are included in the residency programmes for other specialities such as oncology and family medicine, but no formal agreements with foreign institutions for training exchanges related to palliative care were reported. Palliative care services are not integrated with social services, do not include psychological support for patients and their families, and there are no national programmes to support cancer survivors or to reduce the stigma associated with having cancer.

Priorities noted in the Situation Analysis:

- none relating to palliative care

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services
- organization of training exchanges to strengthen palliative care services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of palliative care in North Macedonia

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to build political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify the palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**

Republic of Moldova

HPV vaccination

Current status:

The Republic of Moldova included HPV vaccination in its National Cancer Control Strategy 2016–2025, and an HPV vaccine has been nationally available free of charge for 10-year-old girls upon submitting a request to their family doctors since the beginning of 2017. More recently, HPV vaccination was included in the national immunization calendar for 2021–2025 for girls and boys aged 9 to 14. KAP studies on cervical cancer prevention were conducted in 2018 and 2020, and these included analyses of public and health worker attitudes towards HPV vaccination. However, there have not been any sustained knowledge- and awareness-raising campaigns or strategies to reach vulnerable groups. WHO reported that HPV vaccination coverage was 40 percent in 2020.[29]

Priorities noted in the Situation Analysis:

- CME training for the health care providers who will deliver HPV vaccinations

Additional priorities needed to meet the WHO 90-70-90 targets:

- knowledge- and awareness-raising campaigns to support HPV vaccination uptake

Recommended actions to facilitate the strengthening of HPV vaccination in the Republic of Moldova at the national level by UNFPA and other development partners

Short-term actions

		Related Regional Actions from Section 1
1	Advocacy to strengthen HPV vaccination at the national level: • Adapt the regional policy brief model to the national context and use it for further advocacy activities to strengthen HPV vaccination at the national level	**Action 1.1**
2	Knowledge- and awareness-raising campaigns: • Adapt the regional HPV vaccination knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who would deliver the vaccinations) to the national context, based on the results of the locally conducted KAP studies and other analyses, and use it to undertake the campaigns, involving development partners operating at the national level as well as the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2b**

Cervical cancer screening

Current status:

The Republic of Moldova currently delivers cytology-based cervical screening through PHC providers to women aged 25–61, with a three-year screening interval and a reported recruitment rate of 25 percent in 2020 (the average recruitment rate for Eastern Europe and Central Asia was 35 percent, with a range of 2 to 70 percent). The screening test is provided free of charge to all age-eligible women, but colposcopy, biopsy and treatment of CIN are free only for women with mandatory national health insurance. There is a central administrative unit located at the tertiary-level Institute of Mother and Child, but the Republic of Moldova does not currently have a cervical screening registry for centralized monitoring of cervical screening data or a cervical screening QA programme. PHC providers are responsible for recruiting women from their lists of registered patients, recording who has been screened together with their screening test results and monitoring the follow-up of screen-positive women. Cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and the treatment of CIN were published in 2020. KAP studies to identify the barriers to and enablers of cervical screening uptake were conducted in 2018 and 2020, and knowledge- and awareness-raising campaigns have been run annually, since 2010, during Cervical Cancer Prevention Week. There are no programmes to reach women from vulnerable groups, but this is included within the responsibilities of PHC providers.

Priorities noted in the Situation Analysis:

- strengthening the organization of cervical screening
- strengthening clinical services: PHC cervical screening services, cervical cytology and colposcopy

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to ensure all cervical screening services are provided free to all age-eligible women
- implementation of HPV primary screening
- implementation of knowledge- and awareness-raising campaigns

Recommended actions to facilitate the strengthening of cervical screening in the Republic of Moldova at the national level by UNFPA and other development partners

Short-term actions

		Related Regional Actions from Section 1

1	Advocating to build political support for strengthening the organization of cervical screening:
	• Adapt the regional policy brief model to the national context and use it to build political support for the main actions that need to be undertaken:
	  ○ providing the full range of cervical screening services free of charge to all age-eligible women regardless of their mandatory health insurance status,
	  ○ strengthening the capacities of the cervical screening coordination unit,
	  ○ implementing a cervical screening registry, and
	  ○ implementing a cervical screening QA programme.
		Action 2.1b

2	Advocating to build political support for implementing HPV primary cervical screening: • Work with local experts to adapt the regional policy brief to the local context, including cost-effectiveness estimates prepared using the regional Excel tool, and use it to obtain government approval for switching from cervical cytology to HPV testing, involving the Alliance HPV Primary Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.3a**
3	Reviewing cervical screening guidelines and related clinical protocols and updating them as required to ensure compatibility with the new Eastern Europe and Central Asia regional guidelines and protocols: • Periodically review the existing cervical screening guidelines and clinical protocols and update them, if needed, to ensure they are compatible with the new Eastern Europe and Central Asia regional cervical screening guidelines and model protocols, to be further approved and rolled out at the national level. • Once the revised guidelines and protocols have been approved, conduct training to educate health care providers about the provisions of the new protocols.	**Action 2.1c**
4	Implementing a central cervical screening registry: • Ensure the cervical screening registry that is currently being developed becomes fully operational, involving development partners operating at the national level as well as the Alliance Cervical Screening Committee to access resources from other CTEs and/or from outside the region if required	**Action 2.1d**

		Related Regional Actions from Section 1
5	Conducting knowledge- and awareness-raising campaigns: • The Republic of Moldova has run cervical screening knowledge- and awareness-raising campaigns during Cervical Cancer Prevention Week for a number of years, but cervical screening coverage has remained low. Therefore, further effort is required at the national level to analyse the previous campaigns and identify the elements that have or have not worked. Then these results should be used together with the results of the KAP study conducted in 2020 to adapt the regional cervical screening knowledge- and awareness-raising tool kit to the national context and undertake new campaigns.	**Action 2.2b**
6	Strengthening cervical screening services at the PHC level: • Several national-level cervical screening training programmes for PHC providers have been conducted in partnership with the Irish national cervical screening programme's PHC training team and the cervical screening coordination unit, and with the support of development partners. Therefore, the Republic of Moldova already has a locally adapted training model for PHC providers that should be used for further training through the CME programmes of the Department of Family Medicine at the State University of Medicine and Pharmacy and/or through refresher training courses conducted with development partners if required.	**Action 2.4c**
7	Strengthening cervical cytology services: • A cervical cytology centre of expertise was created in the Department of Pathology at the State University of Medicine and Pharmacy with the support of development partners operating at the national level and in collaboration with the UK Royal College of Pathologists. Training for cytology screeners and cytopathologists should be continued as part of the Department of Pathology's CME programmes. • The provision of equipment to the cytology laboratories at the Institute of Oncology and the Republican Diagnostic Medical Centre should be continued with support from development partners operating at the national level, to build upon the work that has already been done to strengthen cervical cytology laboratory services in the Republic of Moldova.	**Action 2.4a**

		Related Regional Actions from Section 1
8	Strengthening colposcopy services: • A National Colposcopy Referral and Training Centre was created within the Institute of Mother and Child, with the support of development partners operating at the national level and in collaboration with the European Federation for Colposcopy (EFC) and the British Society for Colposcopy and Cervical Pathology (BSCCP). Training in colposcopy at the national level is conducted by the Department of Obstetrics and Gynaecology at the State University of Medicine and Pharmacy by two BSCCP-certified colposcopists who deliver EFC-approved basic and advanced colposcopy training programmes. This training should be continued as part of the CME programmes offered by the relevant medical education institutions, with the support of development partners. • The provision of equipment to colposcopy offices at the subnational level needs to be continued with support from development partners, including the equipment needed for communications on case management between the National Colposcopy Referral and Training Centre and colposcopy offices at the municipal and district level and/or with international experts from other countries.	**Action 2.4b**

Medium-term actions

		Related Regional Actions from Section 1
1	Implementing a cervical screening QA programme: • Once approval to implement a sustainable cervical screening QA programme has been obtained, implementation of the programme should be supported by development partners operating at the national level as well as the Alliance Cervical Screening Committee by facilitating interactions between the Republic of Moldova and Albania, Georgia, Kazakhstan, Serbia and/or other countries outside the region.	**Action 2.1e**
2	Undertaking an HPV primary screening pilot study: • Once approval to implement HPV primary screening has been obtained, adapt the regional HPV primary screening pilot protocol model to the national context and undertake the pilot with support from development partners operating at the national level as well as the Alliance HPV Primary Screening Committee as required to facilitate interactions with North Macedonia, Uzbekistan and/or other countries outside the region.	**Action 2.3c**

		Related Regional Actions from Section 1
3	Advocating for the national roll-out of HPV primary cervical screening: • Use the results of the pilot to develop a policy brief and use this to advocate for the national roll-out of HPV primary screening, with support from development partners as well as the UNFPA Regional Office and the Alliance HPV Primary Screening Committee as required to recruit expertise from other countries.	**Action 2.3c**

Cervical cancer treatment

Current status:

Cancer treatment in the Republic of Moldova is fully paid for by the state for all citizens regardless of their health insurance status, within the framework of national programmes on cancer control. For the treatment of cervical cancer, the Republic of Moldova has two specialist centres for surgical treatment (the Institute of Oncology and the Republican Hospital), but only the Institute of Oncology provides radiotherapy and chemotherapy. For the training of specialists, the Department of Oncology at the State University of Medicine and Pharmacy has residency programmes that include surgical, radiological and medical oncology, but there are no formal agreements with foreign institutions for training exchanges related to cervical cancer treatment. Finally, the Republic of Moldova does have nationally approved clinical protocols for cervical cancer treatment that were published in 2020.

Priorities noted in the Situation Analysis:

- none relating to cervical cancer treatment

Additional priorities needed to meet the WHO 90-70-90 targets:

- periodically reviewing and updating national clinical protocols for cervical cancer treatment if required
- organizing training exchanges to strengthen cervical cancer treatment services

Recommended actions to support the strengthening of cervical cancer treatment in the Republic of Moldova at the national level with the support of development partners, including UNFPA

		Related Regional Actions from Section 1
1	Clinical protocols for cervical cancer treatment: • Periodically review and if necessary update the existing clinical protocols to ensure compatibility with the regional models and obtain official approval, involving development partners operating at the national level as well as the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. • Once the protocols are approved, conduct training workshops to educate all cervical cancer treatment specialists about the provisions of the new protocols.	**Action 3.1**
2	Training exchanges to strengthen cervical cancer treatment services: • Identify the cervical cancer treatment training needs at the national level, match these to the training opportunities identified by the UNFPA Regional Office and organize the training exchanges, involving development partners operating at the national level as well as the Alliance Cervical Cancer Treatment and Palliative Care Committee as required to facilitate the process.	**Action 3.2**

Palliative care

Current status:

Palliative care services are paid for by the state only for citizens with national health insurance. Palliative care is officially available at all levels of the health system, depending on the needs of the patient, but with the majority of services delivered by primary health care providers and social workers together with NGOs and associations that are authorized to provide these services. Palliative care modules are included in the residency programme for family doctors and oncologists as well as in the training programme for nurses, but there are no specialist training programmes or formal agreements with foreign institutions for palliative care training exchanges. Palliative care is partially integrated with social services and includes psychological support for patients and their families, but there are no state programmes to support cancer survivors or to reduce the stigma that is associated with having cancer.

Priorities noted in the Situation Analysis:

- none relating to palliative care

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services
- organization of training exchanges to strengthen palliative care services

Recommended actions to support the strengthening of palliative care in the Republic of Moldova at the national level with the support of development partners, including UNFPA

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Adapt the regional palliative care policy brief model to the national context and use it to advocate for strengthening palliative care services, involving local development partners operating at the national level as well as the UNFPA Regional Office and the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or countries outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Identify the palliative care training needs, match these to the training opportunities identified by the UNFPA Regional Office and organize the training exchanges, involving local development partners operating at the national level as well as the UNFPA Regional Office and the Alliance Cervical Cancer Treatment and Palliative Care Committee as required to facilitate the process.	**Action 4.2**

Serbia

HPV vaccination

Current status:

HPV vaccination has been mentioned in several national documents: the Serbian National Cancer Control Plan (2009), the National Programme for the Early Detection of Cervical Cancer (2013) and the Programme for Improvement of Cancer Control in the Republic of Serbia 2020–2023. However, none of these included a specific recommendation for the implementation of an HPV vaccination programme. In addition, HPV vaccination has been included in the Programme of Mandatory and Recommended Immunizations of the Population against Certain Infectious Diseases, but only as recommended immunization, which is not covered by the Health Insurance Fund. Some local governments have implemented HPV vaccination programmes, but these have been funded on an annual basis, so sustainability is not guaranteed. Therefore, while the importance of HPV vaccination appears to be recognized by both national and local governments, it is still only available to most people if they pay a fee of US$132 per dose. Of note, a number of KAP studies were conducted in 2018, 2019, 2020 and 2021 to assess the barriers to and enablers of HPV vaccination uptake.

Priorities noted in the Situation Analysis:

- none relating to HPV vaccination

Additional priorities needed to meet the WHO 90-70-90 targets:

- implementation of an HPV vaccination programme

Recommended actions to be undertaken by the UNFPA country office to facilitate the implementation of an HPV vaccination programme in Serbia

Short-term actions

		Related Regional Actions from Section 1
1	Advocacy to build political support for implementing an HPV vaccination programme: • Work with local experts to adapt the regional policy brief model to the local context and use it to support their advocacy activities for including mandatory HPV vaccination in the immunization calendar and then implementing a national HPV vaccination programme that is accompanied by public knowledge- and awareness-raising campaigns and CME training for the health care providers who will deliver the vaccinations.	**Action 1.1**

Medium-term actions

Once the implementation of an HPV vaccination programme has been approved, the launch of the programme will need to be supported by knowledge- and awareness-raising campaigns, CME workshops for the health care providers who will be involved and preparations for anti–HPV vaccination campaigns.

		Related Regional Actions from Section 1
1	Knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional HPV vaccination knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who would deliver the vaccinations) to the local context, based on the results of the KAP studies noted above, and undertake campaigns, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2b**
2	Preparation for anti–HPV vaccination campaigns: • Work with local experts to adapt the regional anti–HPV vaccination campaign rapid-response protocol and support materials to the local context so they are ready to use when needed.	**Action 1.2c**

Cervical cancer screening

Current status:

Serbia currently delivers cytology-based cervical screening through PHC providers free of charge to all women aged 25–64 regardless of their health insurance status, with a three-year screening interval. There is a central administrative unit located at the National Cancer Screening Office in the Institute of Public Health that is responsible for screening coordination and monitoring three performance indicators. However, screening data are not centrally recorded, with the exception of the number of women who have been screened. Screening providers in 18 municipalities (which include about one third of the national target population) are responsible for recruiting women from their lists of registered patients, and the reported average screening recruitment rate within these municipalities was 56 percent in 2016 (the average recruitment rate for Eastern Europe and Central Asia was 35 percent, with a range of 2 to 70 percent).[36] Screening outside of these municipalities is opportunistic. All screening providers are responsible for recording who has been screened together with their screening test results in their local medical records and for monitoring the follow-up and treatment of screen-positive women. Serbia does not have national cervical screening guidelines, and while it does have national clinical protocols for the follow-up of screen-positive women and the treatment of CIN, these were published in 2013. Two cervical screening KAP studies were conducted in 2014 and 2017, and a variety of actions have been undertaken

36 Institute of Public Health of Serbia, National Cancer Screening Office. Available at https://www.skriningsrbija.rs/eng/statistics/0/135/208/details/total/.

annually since 2013 to raise awareness of cervical cancer screening and to reach women from disadvantaged groups.

Priorities noted in the Situation Analysis:

- strengthening the organization of cervical screening by implementing a cervical screening registry
- strengthening cervical cytology services
- implementing HPV primary screening

Additional priorities needed to meet the WHO 90-70-90 targets:

- expanding invitational recruitment to cover the entire country
- preparing and approving national cervical screening guidelines
- updating the clinical protocols for the follow-up of screen-positive women and treatment of CIN
- strengthening the cervical screening QA programme to include a broader range of indicators

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical screening in Serbia

Short-term actions

		Related Regional Actions from Section 1

1	Advocating to build political support for strengthening the organization of cervical screening:
	• Work with local experts to adapt the regional policy brief model to the local context and use it to build political support for the actions that need to be undertaken:
	  ○ expanding cervical screening into a national programme with central coordination and monitoring,
	  ○ preparing national cervical screening guidelines and updating the related clinical protocols,
	  ○ implementing a central cervical screening registry, and
	  ○ strengthening cervical screening QA.
		Action 2.1b

2	Advocating to build political support for implementing HPV primary cervical screening: • Work with local experts to adapt the regional policy brief to the local context, including cost-effectiveness estimates prepared using the regional Excel tool, and use it to obtain government approval for switching from cervical cytology to HPV testing, involving the Alliance HPV Primary Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.3a**

		Related Regional Actions from Section 1
3	Preparing and approving national cervical screening guidelines and updating the existing clinical protocols for the follow-up of screen-positive women and the treatment of CIN: • Work with local experts to adapt the new Eastern Europe and Central Asia regional cervical screening guidelines to the local context and update the related clinical protocols using the regional models as a guide. Then obtain the required official approvals. • Once the guidelines and protocols have been approved, work with the local institutions that are responsible for CME to conduct training to educate health care providers about the new guidelines and protocols.	**Action 2.1c**
4	Strengthening cervical cytology services: • Work with local experts to quantify the cervical cytology training needs, match these to the most appropriate training opportunities that have been identified by the UNFPA Regional Office and organize the training exchanges, involving the UNFPA Regional Office and Alliance Cervical Screening Committee as required to facilitate the process.	**Action 2.4a**

Medium-term actions

		Related Regional Actions from Section 1
1	Implementing a central cervical screening registry: • Once approval for implementing a cervical screening registry has been obtained, facilitate implementation of the registry by working with the Alliance Cervical Screening Committee to enable interactions between local experts and their counterparts in Albania, Georgia and/or North Macedonia who can provide the required detailed technical information.	**Action 2.1d**
2	Strengthening the cervical screening QA programme: • Facilitate the strengthening of the existing QA programme by working with the Alliance Cervical Screening Committee to facilitate interactions between local experts and experts in Albania, Georgia, Kazakhstan, Serbia and/or from outside the region.	**Action 2.1e**

		Related Regional Actions from Section 1
3	Undertaking an HPV primary screening pilot study: • Once approval to implement HPV primary screening has been obtained, work with local experts to adapt the regional HPV primary screening pilot protocol model to the local context and undertake the pilot, involving the Alliance HPV Primary Screening Committee as required to facilitate interactions with experts from North Macedonia, Uzbekistan and/or from outside the region.	**Action 2.3c**
4	Advocating for the roll-out of HPV primary cervical screening: • Work with local experts to use the results of the pilot to prepare a policy brief that would include a detailed cost-effectiveness analysis and use this to advocate for the national roll-out of HPV primary screening, involving the Alliance HPV Primary Screening Committee as required to recruit expertise from other CTEs or from outside the region.	**Action 2.3c**

Cervical cancer treatment

Current status:

Cancer treatment in Serbia is fully paid for by the state for all citizens regardless of their health insurance status. For the treatment of cervical cancer, all services (surgical, radiological and chemotherapeutic) are considered to be generally available throughout the country. For the training of specialists, the medical faculties at the universities of Belgrade, Kragujevac, Nis and Novi Sad all have specialist training programmes in surgical, radiological and/or medical oncology, and they also have formal agreements with foreign institutions for training exchanges related to cervical cancer treatment. Serbia has nationally approved clinical protocols for cervical cancer treatment, but these were published in 2013 and therefore should be reviewed and updated if required.

Priorities noted in the Situation Analysis:

- none relating to cervical cancer treatment

Additional priorities needed to meet the WHO 90-70-90 targets:

- reviewing and updating national clinical protocols for cervical cancer treatment
- expanding the range of training exchanges to strengthen cervical cancer treatment services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical cancer treatment in Serbia

		Related Regional Actions from Section 1
1	Clinical protocols for cervical cancer treatment: • Work with local experts to review and if necessary update the existing clinical protocols to ensure compatibility with the regional models and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. • Once the protocols are approved, the UNFPA country office should then work with the local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**
2	Expansion of the range of training exchanges to strengthen cervical cancer treatment services: • Work with local experts to identify any cervical cancer treatment training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 3.2**

Palliative care

Current status:

Palliative care in Serbia is free of charge for all citizens regardless of their health insurance status. Palliative care services are stratified, with more complex care supervised by specialists and delivered through specialized clinics and less complex care supervised and delivered by PHC providers. For the training of palliative care providers, the University of Belgrade has a three-year residency programme, but no formal agreements with foreign institutions for training exchanges related to palliative care were reported. Palliative care services do include psychological support for patients and their families but are not integrated with social services, and there are no national programmes to support cancer survivors or to reduce the stigma associated with having cancer.

Priorities noted in the Situation Analysis:

- sone relating to palliative care

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services
- implementation of training exchanges to strengthen palliative care services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of palliative care in Serbia

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to build political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify the palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**

Tajikistan

HPV vaccination

Current status:

Tajikistan included HPV vaccination in its National Programme for Prevention, Diagnosis and Treatment of Oncological Diseases 2010–2015 and in its National Cancer Control Strategy 2021–2030 but has not yet implemented an HPV vaccination programme, and no HPV vaccines are currently licensed in the country.

Priorities noted in the Situation Analysis:

- implementation of an HPV vaccination programme
- knowledge- and awareness-raising campaigns to support HPV vaccination uptake
- CME training for the health care providers who will deliver the HPV vaccinations

Additional priorities needed to meet the WHO 90-70-90 targets:

- none

Recommended actions to be undertaken by the UNFPA country office to facilitate the implementation of an HPV vaccination programme in Tajikistan

Short-term actions

		Related Regional Actions from Section 1
1	Advocacy to build political support for implementing an HPV vaccination programme: • Work with local experts to adapt the regional policy brief model to the local context and use it to support their advocacy activities for the inclusion of HPV vaccination in the immunization calendar.	**Action 1.1**
2	KAP studies to identify the barriers and enablers of HPV vaccination uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake the studies among adolescents, parents and the health care providers who will deliver the vaccinations, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2a**

Medium-term actions

Once the implementation of an HPV vaccination programme has been approved, the launch of the programme will need to be supported by knowledge- and awareness-raising campaigns, CME workshops for the health care providers who will be involved and preparations for anti–HPV vaccination campaigns.

		Related Regional Actions from Section 1
1	Knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional HPV vaccination knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who would deliver the vaccinations) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2b**
2	Preparation for anti–HPV vaccination campaigns: • Work with local experts to adapt the regional anti–HPV vaccination campaign rapid-response protocol and support materials to the local context so they are ready to use when needed.	**Action 1.2c**

Cervical cancer screening

Current status:

Tajikistan currently delivers VIA-based cervical screening opportunistically through PHC facilities, but there are no recommendations for the screening age range or interval and no data on recruitment rates. VIA is officially free for all women, but stock-outs of the required consumables mean women may need to buy these if they want to be screened. Colposcopy with biopsy and the treatment of CIN are free for women from vulnerable groups, but other women are required to co-pay 80 percent of the cost. There is no central administrative unit or central recording of screening data. National cervical screening guidelines (for VIA-based screening) were approved by the Ministry of Health on 1 November 2021, but there are no national clinical protocols for the follow-up of screen-positive women or the treatment of CIN. Screening providers are responsible for recording who has been screened together with their screening results in their local medical records but not for monitoring the follow-up of screen-positive women. No KAP studies or knowledge- and awareness-raising campaigns have been conducted, and there are no programmes to reach women from disadvantaged groups. In 2017–2018, UNFPA conducted a cervical screening pilot in the Sogd and Khatlon oblasts that successfully recruited 93 percent of women in the target groups. The UNFPA country office has advocated for the implementation of HPV primary screening but found the government unreceptive due to concerns about the cost.

Priorities noted in the Situation Analysis:

- implementation of a national organized cervical screening programme
- knowledge- and awareness-raising campaigns to support cervical screening recruitment
- CME training to educate health care providers about the new cervical screening guidelines

Additional priorities needed to meet the WHO 90-70-90 targets:

- preparing and approving national clinical protocols for the follow-up of screen-positive women and the treatment of CIN
- undertaking KAP studies to inform the knowledge- and awareness-raising campaigns and CME training
- implementing HPV primary screening

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical screening in Tajikistan

Short-term actions

		Related Regional Actions from Section 1
1	Advocating to build political support for strengthening the organization of cervical screening: • Work with local experts to adapt the regional policy brief model to the local context and use it to obtain government approval for the main actions that need to be undertaken: ◦ ensuring the full range of cervical screening services are free for all age-eligible women, ◦ preparing national clinical protocols for the follow-up of screen-positive women and treatment of CIN, ◦ implementing a central cervical screening administrative unit, ◦ implementing a central cervical screening registry, and ◦ implementing a cervical screening QA programme.	**Action 2.1b**
2	Advocating to build political support for implementing HPV primary cervical screening: • Work with local experts to adapt the regional policy brief to the local context, including cost-effectiveness estimates prepared using the regional Excel tool, and use it to obtain government approval for switching from cervical cytology to HPV testing, involving the Alliance HPV Primary Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.3a**

		Related Regional Actions from Section 1
3	Preparing and approving clinical protocols for the follow-up of screen-positive women and the treatment of CIN: • Work with local experts to adapt the new Eastern Europe and Central Asia regional cervical screening guidelines and regional model clinical protocols to the local context, and then obtain the required official approvals. • Once the guidelines and protocols have been approved, work with the local institutions that are responsible for CME to conduct training workshops to educate health care providers about the new protocols.	**Action 2.1c**
4	Conducting KAP studies to identify the barriers to and enablers of cervical screening uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake these studies among women and the health care providers who will deliver cervical screening, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2a**
5	Conducting knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional model cervical screening knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who deliver cervical screening) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2b**
6	Strengthening colposcopy services: • Work with local experts to quantify the colposcopy training needs, match these to the most appropriate training opportunities that have been identified by the UNFPA Regional Office and organize the training exchanges, involving the UNFPA Regional Office and Alliance Cervical Screening Committee as required to facilitate the process.	**Action 2.4b**
7	Strengthening cervical screening at the PHC level: • The cervical screening pilots conducted in the Sogd and Khatlon oblasts included the validation of CME training for the PHC providers who were involved. Cascade training should now be undertaken to progressively reach all PHC providers who are involved in cervical screening.	**Action 2.4c**

Medium-term actions

		Related Regional Actions from Section 1
1	Implementing a central cervical screening registry: • Once approval for implementing a cervical screening registry has been obtained, facilitate implementation of the registry by working with the Alliance Cervical Screening Committee to enable interactions between local experts and their counterparts in Albania, Georgia and/or North Macedonia who can provide the required detailed technical information.	**Action 2.1d**
2	Implementing a cervical screening QA programme: • Once approval to implement a cervical screening QA programme has been obtained, facilitate implementation of the programme by working with the Alliance Cervical Screening Committee as required to enable interactions between local experts and their counterparts in Albania, Georgia, Kazakhstan, Serbia and/or from outside the region.	**Action 2.1e**
3	Undertaking an HPV primary screening pilot study: • Once approval to implement HPV primary screening has been obtained, work with local experts to adapt the regional HPV primary screening pilot protocol model to the local context and undertake the pilot, involving the Alliance HPV Primary Screening Committee as required to facilitate interactions with experts from North Macedonia, Uzbekistan and/or from outside the region.	**Action 2.3c**
4	Advocating for the roll-out of HPV primary cervical screening: • Work with local experts to use the results of the pilot to prepare a policy brief that would include a detailed cost-effectiveness analysis and use this to advocate for the national roll-out of HPV primary screening, involving the Alliance HPV Primary Screening Committee as required to recruit expertise from other CTEs or from outside the region.	**Action 2.3c**

Cervical cancer treatment

Current status:

Cancer treatment in Tajikistan is free for all citizens regardless of their health insurance status. For the treatment of cervical cancer, Tajikistan has five centres (the Republican Cancer Research Centre, the Sogd Oncological Centre, the Kulyab City Oncological Centre, the Bokhtar City Oncological Centre and the GBAO Oncological Centre) that deliver surgical and chemotherapeutic treatments. However, external beam radiotherapy is only available at the Republican Cancer Research Centre and the Sogd Oncological Centre, and brachytherapy is only available at the Republican Cancer Research Centre. For the training of specialists, the Tajik State Medical University has a surgical residency programme that includes oncology modules and also has a two-year medical oncology residency, while the Tajik Institute of Postgraduate Training of Medical Personnel offers a one-year medical oncology internship. Tajikistan does not have training

programmes for radiological oncologists but did report a partnership with the International Atomic Energy Agency for the strengthening of radiation oncology services.[37] Finally, Tajikistan does have nationally approved clinical protocols for cervical cancer treatment, but these were published in 2014.

The priorities noted by Tajikistan in the Situation Analysis included strengthening cancer treatment services by improving access to chemotherapy drugs and upgrading radiotherapy units, neither of which are covered by UNFPA's mandate.

Additional priorities needed to meet the WHO 90-70-90 targets:

- updating the national clinical protocols for cervical cancer treatment
- expanding the range of training exchanges to include surgical and medical oncology

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical cancer treatment in Tajikistan

		Related Regional Actions from Section 1
1	Clinical protocols for cervical cancer treatment: • Work with local experts to review and if necessary update the existing clinical protocols to ensure compatibility with the regional models and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. • Once the protocols are approved, the UNFPA country office should then work with the local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**
2	Training exchanges to strengthen cervical cancer treatment services: • Work with local experts to identify the cervical cancer treatment training needs, match these to the training opportunities identified by the UNFPA Regional Office and organize training exchanges, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee as required to facilitate the process.	**Action 3.2**

37 André Ghione, "IAEA Helps Improve Cancer Care in Tajikistan", International Atomic Energy Agency, 22 May 2018.

Palliative care

Current status:

Palliative care services are free for all citizens regardless of their health insurance status. All palliative care services are supervised by oncologists and delivered through specialized clinics in multi-profile hospitals or by home-care teams, depending on the needs of the patient. For the training of palliative care providers, palliative care modules are included in the oncology residency programme, but no formal agreements with foreign institutions for palliative care training exchanges were reported. Palliative care is not integrated with social services, does not include psychological support for patients and their families, and there are no national programmes to support cancer survivors or to reduce the stigma associated with having cancer.

The priorities noted by Tajikistan in the Situation Analysis included strengthening palliative care services through improved access to analgesics (which is not covered by UNFPA's mandate) and staff training.

Priorities noted in the Situation Analysis:

- organization of training exchanges to strengthen palliative care services

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of palliative care in Tajikistan

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to build political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify the palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**

Türkiye

HPV vaccination

Current status:

Türkiye has not yet prioritized HPV vaccination. As a result, HPV vaccination has not been included in an official strategy, plan or national vaccination programme and is only available privately at a reported cost of US$85 per dose. However, a large number of studies have been undertaken to evaluate the barriers to and enablers of HPV vaccination uptake in Türkiye.[38,39,40,41,42,43,44]

Priorities noted in the Situation Analysis:

- none relating to HPV vaccination

Additional priorities needed to meet the WHO 90-70-90 targets:

- implementation of an HPV vaccination programme

Recommended actions to be undertaken by the UNFPA country office to facilitate the implementation of an HPV vaccination programme in Türkiye

Short-term actions

		Related Regional Actions from Section 1
1	Advocacy to build political support for implementing an HPV vaccination programme: • Work with local experts to adapt the regional policy brief model to the local context and advocate for the inclusion of HPV vaccination in a national strategy or plan and then in the immunization calendar.	**Action 1.1**

38 Raika Durusoy and others, "HPV vaccine awareness and willingness of first-year students entering university in Western Turkey", *Asian Pacific Journal of Cancer Prevention*, vol. 11, No. 6 (2010), pp. 1695–1701.

39 Ayse Kilic and others, "Acceptance of human papillomavirus vaccine by adolescent girls and their parents in Turkey", *Asian Pacific Journal of Cancer Prevention*, vol. 13, No. 9 (2012), pp. 4267–4272.

40 Esra Tonguc and others, "Knowledge about HPV, relation between HPV and cervix cancer and acceptance of HPV vaccine in women in eastern region of Turkey", *Journal of Gynecologic Oncology*, vol. 24, No. 1 (2013), pp. 7–13.

41 Sebnem Ozyer and others, "Awareness of Turkish female adolescents and young women about HPV and their attitudes towards HPV vaccination", *Asian Pacific Journal of Cancer Prevention*, vol. 14, No. 8 (2013), pp. 4877–4881.

42 Özlem Uzunlar and others, "A survey on human papillomavirus awareness and acceptance of vaccination among nursing students in a tertiary hospital in Ankara", *Vaccine*, vol. 31, No. 17 (2013), pp. 2191–2195.

43 Emre Başer and others, "Awareness of women about cervical smear, human papilloma virus and human papilloma virus vaccine", *Turkish Journal of Obstetrics and Gynecology*, vol. 16, No. 3 (2019), pp. 193–198.

44 İlker Kayı and others, "Predictors of Human Papilloma Virus Vaccination Uptake among Female University Students in Turkey", *Infectious Diseases & Clinical Microbiology*, vol. 2, No. 3 (2020), pp. 138–146.

Medium-term actions

Once the implementation of an HPV vaccination programme has been approved, the launch of the programme will need to be supported by knowledge- and awareness-raising campaigns, CME workshops for the health care providers who will be involved and preparations for anti–HPV vaccination campaigns.

		Related Regional Actions from Section 1
1	Knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional HPV vaccination knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who will deliver the vaccinations) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2b**
2	Preparations for anti–HPV vaccination campaigns: • Work with local experts to adapt the regional anti–HPV vaccination campaign rapid-response protocol and support materials to the local context so they are ready to use when needed.	**Action 1.2c**

Cervical cancer screening

Current status:

Türkiye implemented a national HPV primary screening programme in 2014. Screening is delivered through PHC providers, gynaecology clinics and cancer screening centres free of charge to all women aged 30–65 regardless of their health insurance status, with a five-year screening interval and a recruitment rate of 44 percent in 2020 (the average recruitment rate for Eastern Europe and Central Asia was 35 percent, with a range of 2 to 70 percent).

There is a central administrative unit that is responsible for screening coordination, but no screening data are centrally recorded with the exception of the number of women who have been screened. PHC providers are responsible for inviting women from their lists of registered patients, recording who has been screened together with their screening test results and for monitoring the follow-up and treatment of screen-positive women. Screening women from rural or remote communities is facilitated through the use of mobile units. National cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and the treatment of CIN were published in 2017. A number of studies have been conducted to evaluate the barriers to and enablers of cervical screening uptake in Türkiye,[45,46] but no national knowledge- and awareness-raising campaigns have been implemented to increase screening recruitment.

45 Serdar Deniz and others, "Knowledge, attitudes and behaviours of women regarding breast and cervical cancer in Malatya, Turkey", *PLoS ONE*, vol. 12, No. 11 (November 2017).

46 Yasemin Korkut, "Assessment of knowledge, attitudes, and behaviors regarding breast and cervical cancer among women in western Turkey", *Journal of International Medical Research*, vol. 47, No. 4 (2019), pp. 1660–1666.

Priorities noted in the Situation Analysis:

- strengthening the organization of cervical screening
- strengthening colposcopy services to ensure the effective follow-up of screen-positive women

Additional priorities needed to meet the WHO 90-70-90 targets:

- implementation of knowledge- and awareness-raising campaigns to increase screening recruitment

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical screening in Türkiye

Short-term actions

		Related Regional Actions from Section 1

1	Advocating to build political support for strengthening the organization of cervical screening:
	• Work with local experts to adapt the regional policy brief model to the local context and use it to obtain government approval for the main actions that need to be undertaken:
	  ○ implementing a central cervical screening registry, and
	  ○ implementing a cervical screening QA programme.
		Action 2.1b

2	Conducting knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional model cervical screening knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who deliver cervical screening) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2b**
3	Strengthening colposcopy services: • Work with local experts to quantify the colposcopy training needs, match these to the most appropriate training opportunities that have been identified by the UNFPA Regional Office and organize the training exchanges, involving the UNFPA Regional Office and Alliance Cervical Screening Committee as required to facilitate the process.	**Action 2.4b**

Medium-term actions

		Related Regional Actions from Section 1
1	Implementing a central cervical screening registry: • Once approval for implementing a cervical screening registry has been obtained, facilitate implementation of the registry by working with the Alliance Cervical Screening Committee to enable interactions between local experts and their counterparts in Albania, Georgia and/or North Macedonia who can provide the required detailed technical information.	**Action 2.1d**
2	Implementing a cervical screening QA programme: • Once approval to implement a cervical screening QA programme has been obtained, facilitate implementation of the programme by working with the Alliance Cervical Screening Committee as required to enable interactions between local experts and their counterparts in Albania, Georgia, Kazakhstan, Serbia and/or from outside the region.	**Action 2.1e**

Cervical cancer treatment

Current status:

Cancer treatment in Türkiye is free for all citizens regardless of their health insurance status. For the treatment of cervical cancer, all services (surgical, radiological and chemotherapeutic) are considered to be available throughout the country. For the training of specialists, there are a number of medical universities that have residency programmes for surgical, radiological and/or medical oncology, but no formal agreements with foreign institutions for training exchanges related to cervical cancer treatment were reported. Türkiye has nationally approved clinical protocols for cervical cancer treatment that were published in 2017.

Priorities noted in the Situation Analysis:

- strengthening cervical cancer treatment services

Additional priorities needed to meet the WHO 90-70-90 targets:

- updating national clinical protocols for cervical cancer treatment

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical cancer treatment in Türkiye

		Related Regional Actions from Section 1
1	Clinical protocols for cervical cancer treatment: • Work with local experts to review and if necessary update the existing clinical protocols to ensure compatibility with the regional models and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. • Once the protocols are approved, the UNFPA country office should then work with the local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**
2	Training exchanges to strengthen cervical cancer treatment services: • Work with local experts to identify the cervical cancer treatment training needs, match these to the training opportunities identified by the UNFPA Regional Office and organize training exchanges, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee as required to facilitate the process.	**Action 3.2**

Palliative care

Current status:

Palliative care services are free for all citizens regardless of their health insurance status. All palliative care services are supervised by specialists, with more complex care delivered through 199 specialized clinics and less complex care delivered by PHC providers. For the training of palliative care providers, specialist training programmes are provided by a number of universities. No formal agreements with foreign institutions for palliative care training exchanges were reported. Palliative care is integrated with social services but does not include psychological support, and there are no national programmes to support cancer survivors or to reduce the stigma associated with having cancer.

Priorities noted in the Situation Analysis:

- strengthening palliative care services

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of palliative care in Türkiye

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to build political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify the palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**

Turkmenistan

HPV vaccination

Current status:

HPV vaccination was included in the National Vaccination Plan and Calendar 2016 for nine-year-old girls, with delivery through schools and primary health care providers and a reported coverage of 99 percent.[29] No KAP studies have been conducted to characterize the barriers to and enablers of HPV vaccination uptake, and no knowledge- and awareness-raising campaigns have been undertaken. Turkmenistan does have an HPV vaccination registry.

Priorities noted in the Situation Analysis:

- none relating to HPV vaccination

Additional priorities needed to meet the WHO 90-70-90 targets:

- none

Recommended actions:

No actions are recommended to strengthen HPV vaccination in Turkmenistan.

Cervical cancer screening

Current status:

Turkmenistan currently delivers VIA-based cervical screening to women aged 33–54, with a five-year screening interval and a recruitment rate of 70 percent in 2017[47] (the average recruitment rate for Eastern Europe and Central Asia is 35 percent, with a range of 2 to 70 percent). The cervical screening test (VIA) is free for women who have health insurance, but the follow-up of screen-positive women by colposcopy with biopsy and the treatment of CIN must be paid for, with 50 percent of the cost reimbursed. There is a central administrative unit located at the Scientific and Clinical Centre of Oncology in Ashgabat, but no screening data are centrally recorded, with the exception of the number of women who have been screened. PHC providers are responsible for recruiting women from their lists of registered patients and referring them to secondary facilities where midwives conduct VIA examinations, with the results returned to the PHC providers to be recorded in the women's local medical records. VIA-positive women are referred for colposcopy at the secondary or tertiary levels, but there is no official mechanism to monitor attendance. Turkmenistan does not have national cervical screening guidelines or clinical protocols for the follow-up of screen-positive women or the treatment of CIN. No KAP studies or knowledge- and awareness-raising campaigns have been conducted, and there are no national programmes to reach women from disadvantaged groups.

Priorities noted in the Situation Analysis:

- implementing HPV primary screening

47 Prevalence of Risk Factors for Non-Communicable Diseases in Turkmenistan. STEPS 2018. WHO Regional Office for Europe 2019. Available at https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/turkmenistan/final_report_steps_2018_tkm.pdf?sfvrsn=d61a3cbf_1&download=true.

Additional priorities needed to meet the WHO 90-70-90 targets:

- strengthening the organization of cervical screening
- preparing and approving national cervical screening guidelines and related clinical protocols
- undertaking KAP studies to inform the knowledge- and awareness-raising campaigns and CME training
- CME training for the health care providers delivering the screening services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical screening in Turkmenistan

Short-term actions

		Related Regional Actions from Section 1

1	Advocacy to build political support for strengthening the organization of cervical screening:
	• Work with local experts to adapt the regional policy brief model to the local context and use it to obtain government approval for the main actions that need to be undertaken:
	  ○ providing the full range of cervical screening services free of charge to all age-eligible women regardless of their health insurance status,
	  ○ implementing a central cervical screening registry, and
	  ○ implementing a cervical screening QA programme.
		Action 2.1b

2	Advocacy to build political support for implementing HPV primary cervical screening: • Work with local experts to adapt the regional policy brief to the local context, including cost-effectiveness estimates prepared using the regional Excel tool, and use it to obtain government approval for switching from cervical cytology to HPV testing, involving the Alliance HPV Primary Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.3a**
3	Preparation of cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and the treatment of CIN: • Work with local experts to adapt the new Eastern Europe and Central Asia regional cervical screening guidelines and regional model clinical protocols to the local context, and then obtain the required official approvals. • Once the guidelines and protocols have been approved, work with the local institutions that are responsible for CME to conduct training workshops to educate health care providers about the new protocols.	**Action 2.1c**

		Related Regional Actions from Section 1
4	KAP studies to identify the barriers to and enablers of cervical screening uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake these studies among women and the health care providers who will deliver cervical screening, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2a**
5	Knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional model cervical screening knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who deliver cervical screening) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2b**

Medium-term actions

		Related Regional Actions from Section 1
1	Implementing a central cervical screening registry: • Once approval for implementing a cervical screening registry has been obtained, facilitate implementation of the registry by working with the Alliance Cervical Screening Committee to enable interactions between local experts and their counterparts in Albania, Georgia and/or North Macedonia who can provide the required detailed technical information.	**Action 2.1d**
2	Implementing a cervical screening QA programme: • Once approval to implement a cervical screening QA programme has been obtained, facilitate implementation of the programme by working with the Alliance Cervical Screening Committee as required to enable interactions between local experts and their counterparts in Albania, Georgia, Kazakhstan, Serbia and/or from outside the region.	**Action 2.1e**

		Related Regional Actions from Section 1
3	Undertaking an HPV primary screening pilot study: • Once approval to implement HPV primary screening has been obtained, work with local experts to adapt the regional HPV primary screening pilot protocol model to the local context and undertake the pilot, involving the Alliance HPV Primary Screening Committee as required to facilitate interactions with experts from North Macedonia, Uzbekistan and/or from outside the region.	**Action 2.3c**
4	Advocating for the roll-out of HPV primary cervical screening: • Work with local experts to use the results of the pilot to prepare a policy brief that would include a detailed cost-effectiveness analysis and use this to advocate for the national roll-out of HPV primary screening, involving the Alliance HPV Primary Screening Committee as required to recruit expertise from other CTEs or from outside the region.	**Action 2.3c**

Cervical cancer treatment

Current status:

Cancer treatment in Turkmenistan is free for all citizens who have health insurance. For the treatment of cervical cancer, Turkmenistan has five oncology centres where surgical interventions, chemotherapy and/or radiotherapy are available. For the training of specialists, the Turkmen Medical University and the Scientific-Clinical Centre of Oncology provide an oncology residency that includes specializations in surgical, radiological and medical oncology. However, no formal agreements with foreign institutions for training exchanges related to cervical cancer treatment were reported. Turkmenistan does have nationally approved clinical protocols for cervical cancer treatment, but the publication date was not provided.

Priorities noted in the Situation Analysis:

- none relating to cervical cancer treatment

Additional priorities needed to meet the WHO 90-70-90 targets:

- reviewing and, if required, updating national clinical protocols for cervical cancer treatment
- organizing training exchanges to strengthen cervical cancer treatment services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical cancer treatment in Turkmenistan

		Related Regional Actions from Section 1
1	Clinical protocols for cervical cancer treatment: • Work with local experts to review and if necessary update the existing clinical protocols to ensure compatibility with the regional models and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. • Once the protocols are approved, the UNFPA country office should then work with the local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**
2	Training exchanges to strengthen cervical cancer treatment services: • Work with local experts to identify the cervical cancer treatment training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 3.2**

Palliative care

Current status:

Palliative care in Turkmenistan is subject to 50 percent co-payment except for specific groups (disabled people, veterans, minors, etc.). There is no separate palliative care system in Turkmenistan. Palliative care patients are the responsibility of oncologists at the secondary level, but the majority of palliative care is provided in the patients' homes by their families, with support from PHC nurses. Currently, there are no palliative care units or specialists in the country, but five new cancer hospitals are planned that will have palliative care departments, and a hospice is also planned. There are no training programmes for palliative care providers or formal agreements with foreign institutions for palliative care training exchanges. Palliative care is not integrated with social services, does not include psychological support, and there are no programmes to support cancer survivors or to reduce the stigma associated with having cancer.

Priorities noted in the Situation Analysis:

- none relating to palliative care

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services
- organization of training exchanges to strengthen palliative care services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of palliative care in Turkmenistan

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to build political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify the palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**

Ukraine

HPV vaccination

Current status:

HPV vaccination has been included in the draft National Cancer Control Plan 2021–2030, which had not yet been approved at the time of writing. As a result, HPV vaccination is only available privately at a reported cost of US$35 per dose for the Cervarix Bivalent vaccine and US$140 per dose for the Gardasil Quadrivalent vaccine.

Priorities noted in the Situation Analysis:

- implementation of an HPV vaccination programme

Additional priorities needed to meet the WHO 90-70-90 targets:

- none

Recommended actions to be undertaken by the UNFPA country office to facilitate the implementation of an HPV vaccination programme in Ukraine

Short-term actions

		Related Regional Actions from Section 1
1	Advocacy to build political support for implementing an HPV vaccination programme: • Work with local experts to adapt the regional policy brief model to the local context and advocate for approval of the draft National Cancer Control Plan and then the inclusion of HPV vaccination in the immunization calendar.	**Action 1.1**
2	KAP studies to identify the barriers to and enablers of HPV vaccination uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake studies among adolescents, parents and the health care providers who will deliver the vaccinations, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2a**

Medium-term actions

Once the implementation of an HPV vaccination programme has been approved, the launch of the programme will need to be supported by knowledge- and awareness-raising campaigns, CME workshops for the health care providers who will be involved and preparations for anti–HPV vaccination campaigns.

		Related Regional Actions from Section 1
1	Knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional HPV vaccination knowledge- and awareness-raising tool kit (which includes a component to educate the health care providers who will deliver the vaccinations) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2b**
2	Preparation for anti–HPV vaccination campaigns: • Work with local experts to adapt the regional anti–HPV vaccination campaign rapid-response protocol and support materials to the local context so they are ready to use when needed.	**Action 1.2c**

Cervical cancer screening

Current status:

Ukraine currently delivers cytology-based cervical screening opportunistically through PHC providers and gynaecology departments in polyclinics and hospitals to women aged 18–60, with a three-year screening interval and a reported recruitment rate of 45 percent (the average recruitment rate for Eastern Europe and Central Asia was 35 percent, with a range of 2 to 70 percent). All cervical screening services are free to all age-eligible women regardless of their health insurance status, with the exception of cervical biopsies, which must be paid for. There is no central administrative unit, and no screening data are centrally recorded, with the exception of the number of women who have been screened. Ukraine does have national cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and the treatment of CIN, but these were published in 2014. No KAP studies or knowledge- and awareness-raising campaigns have been conducted, and there are no national programmes to reach women from disadvantaged groups.

Priorities noted in the Situation Analysis:

- strengthening the organization of cervical screening
- implementing HPV primary screening

Additional priorities needed to meet the WHO 90-70-90 targets:

- updating the national cervical screening guidelines and related clinical protocols
- undertaking KAP studies to inform the knowledge- and awareness-raising campaigns and CME training
- implementing knowledge- and awareness-raising campaigns to increase screening recruitment
- conducting CME training for the health care providers delivering the screening services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical screening in Ukraine

Short-term actions

		Related Regional Actions from Section 1
1	Advocating to build political support for strengthening the organization of cervical screening: • Work with local experts to adapt the regional policy brief model to the local context and use it to obtain government approval for the main actions that need to be undertaken: ◦ providing the full range of cervical screening services (including cervical biopsies) free of charge to all age-eligible women regardless of their health insurance status, ◦ updating the cervical screening guidelines and related clinical protocols, ◦ implementing a central cervical screening administrative unit, ◦ implementing a central cervical screening registry, and ◦ implementing a cervical screening QA programme.	**Action 2.1b**
2	Advocating to build political support for implementing HPV primary cervical screening: • Work with local experts to adapt the regional policy brief to the local context, including cost-effectiveness estimates prepared using the regional Excel tool, and use it to obtain government approval for switching from cervical cytology to HPV testing, involving the Alliance HPV Primary Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.3a**
3	Updating cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and treatment of CIN: • Work with local experts to review the existing cervical screening guidelines and related clinical protocols and, if required, revise them to ensure compatibility with the new Eastern Europe and Central Asia regional cervical screening guidelines and model clinical protocols. Then obtain the required official approvals. • Once the revised guidelines and protocols have been approved, work with the local institutions that are responsible for CME to conduct training workshops to educate health care providers about the new protocols.	**Action 2.1c**

		Related Regional Actions from Section 1
4	Conducting KAP studies to identify the barriers to and enablers of cervical screening uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake these studies among women and the health care providers who will deliver cervical screening, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2a**
5	Conducting knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional model cervical screening knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who deliver cervical screening) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2b**
6	Strengthening colposcopy services: • Work with local experts to quantify the colposcopy training needs, match these to the most appropriate training opportunities that have been identified by the UNFPA Regional Office and organize the training exchanges, involving the UNFPA Regional Office and Alliance Cervical Screening Committee as required to facilitate the process.	**Action 2.4b**
7	Strengthening cervical screening at the PHC level: • Work with the local institutions that are responsible for CME training to adapt the regional PHC training curriculum and educational materials to the local context and conduct the training, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.4c**

Medium-term actions

		Related Regional Actions from Section 1
1	Implementing a central cervical screening registry: • Once approval for implementing a cervical screening registry has been obtained, facilitate implementation of the registry by working with the Alliance Cervical Screening Committee to enable interactions between local experts and their counterparts in Albania, Georgia and/or North Macedonia who can provide the required detailed technical information.	**Action 2.1d**

		Related Regional Actions from Section 1
2	Implementing a cervical screening QA programme: • Once approval to implement a cervical screening QA programme has been obtained, facilitate implementation of the programme by working with the Alliance Cervical Screening Committee as required to enable interactions between local experts and their counterparts in Albania, Georgia, Kazakhstan, Serbia and/or from outside the region.	**Action 2.1e**
3	Undertaking an HPV primary screening pilot study: • Once approval to implement HPV primary screening has been obtained, work with local experts to adapt the regional HPV primary screening pilot protocol model to the local context and undertake the pilot, involving the Alliance HPV Primary Screening Committee as required to facilitate interactions with experts from North Macedonia, Uzbekistan and/or from outside the region.	**Action 2.3c**
4	Advocating for the roll-out of HPV primary cervical screening: • Work with local experts to use the results of the pilot to prepare a policy brief that would include a detailed cost-effectiveness analysis and use this to advocate for the national roll-out of HPV primary screening, involving the Alliance HPV Primary Screening Committee as required to recruit expertise from other CTEs or from outside the region.	**Action 2.3c**

Cervical cancer treatment

Current status:

Cancer treatment in Ukraine is free for all citizens regardless of their health insurance status. For the treatment of cervical cancer, Ukraine has 27 specialist centres where surgical interventions, chemotherapy and/or radiotherapy are available. For the training of specialists, Ukraine has 14 medical universities that provide residency programmes in surgical, medical and/or radiation oncology. However, no formal agreements with foreign institutions for training exchanges related to cervical cancer treatment were reported. Ukraine does have nationally approved clinical protocols for cervical cancer treatment that were published in 2014.

Priorities noted in the Situation Analysis:

- none relating to cervical cancer treatment

Additional priorities needed to meet the WHO 90-70-90 targets:

- reviewing and updating national clinical protocols for cervical cancer treatment
- organizing training exchanges to strengthen cervical cancer treatment services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical cancer treatment in Ukraine

		Related Regional Actions from Section 1
1	Clinical protocols for cervical cancer treatment: • Work with local experts to review and if necessary update the existing clinical protocols to ensure compatibility with the regional models and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. • Once the protocols are approved, the UNFPA country office should then work with the local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**
2	Training exchanges to strengthen cervical cancer treatment services: • Work with local experts to identify the cervical cancer treatment training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 3.2**

Palliative care

Current status:

State payments for palliative care in Ukraine are capped at an annual limit. Palliative care services are stratified, with more complex care supervised by specialists and delivered through specialized clinics and less complex care supervised and delivered by PHC providers. For the training of palliative care providers, the National Medical Academy of Postgraduate Education provides a six-month CME course, but no formal agreements with foreign institutions for training exchanges for palliative care were reported. Palliative care services do include psychological support for patients and their families, but they are not integrated with social services, and there are no national programmes to support cancer survivors or to reduce the stigma associated with having cancer.

Priorities noted in the Situation Analysis:

- none relating to palliative care

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services
- organization of training exchanges to strengthen palliative care services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of palliative care in Ukraine

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to build political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify the palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**

Uzbekistan

HPV vaccination

Current status:

HPV vaccination was included in the State Programme for Strengthening Reproductive Health in Uzbekistan 2014–2018, the State Programme on Improving the Quality and Coverage of Medical Care for Women and Children 2019–2023 and the Comprehensive Measures for Improvement of Health Care in Uzbekistan 2019–2025. HPV vaccination was then included in the national vaccination calendar in 2019 for nine-year-old girls, with delivery through schools and primary health care providers, and a reported coverage rate of 99 percent in 2020.[29] A number of KAP studies have been conducted to characterize the barriers to and enablers of HPV vaccination uptake, and the launch of the vaccination programme was supported by a comprehensive communications campaign that included an organized response to anti–HPV vaccination campaigns.

Priorities noted in the Situation Analysis:

- none relating to HPV vaccination

Additional priorities needed to meet the WHO 90-70-90 targets:

- none

Recommended actions:

No actions are recommended to strengthen HPV vaccination in Uzbekistan.

Cervical cancer screening

Current status:

Uzbekistan currently delivers VIA-based cervical screening through PHC facilities and gynaecology departments in polyclinics and hospitals, and through the Republican Specialized Scientific and Practical Centre for Oncology and Radiology and its 15 branches across the country. There are no recommendations for the screening age range or interval and no data on coverage rates. The full range of cervical screening services (screening with VIA, colposcopy with biopsy and treatment of CIN) is free for all women regardless of their health insurance status. Papanicolaou-stained cervical cytology and HPV testing are also available through larger clinics, but women need to pay for these services unless they are from designated groups (retired, disabled, low-income). There is no central administrative unit, and screening data are not centrally recorded, with the exception of the number of women who have been screened. PHC providers are responsible for recruiting women from their lists of registered patients and for recording who has been screened together with their screening test results in their local medical records but not for monitoring the follow-up of screen-positive women. There are no national cervical screening guidelines, but national clinical protocols for the follow-up of screen-positive women and the treatment of CIN were published in 2019. No KAP studies have been conducted to characterize the barriers to and enablers of cervical screening uptake. However, a number of knowledge- and awareness-raising campaigns have been conducted, and these have included actions to reach women from disadvantaged groups. Uzbekistan has already developed plans to implement HPV primary screening and is currently conducting an HPV primary screening pilot to inform this process.

Priorities noted in the Situation Analysis:

- implementation of a national organized cervical screening programme
- knowledge- and awareness-raising campaigns to support cervical screening recruitment
- CME training for the health care providers who deliver cervical screening

Additional priorities needed to meet the WHO 90-70-90 targets:

- undertaking KAP studies to inform the knowledge- and awareness-raising campaigns and CME training
- implementing HPV primary screening

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical screening in Uzbekistan

Short-term actions

		Related Regional Actions from Section 1

1	Advocating to build political support for strengthening the organization of cervical screening:
	• Work with local experts to adapt the regional policy brief model to the local context and use it to obtain government approval for the main actions that need to be undertaken:
	  ○ preparing and approving national cervical screening guidelines,
	  ○ implementing a central cervical screening administrative unit,
	  ○ implementing a central cervical screening registry, and
	  ○ implementing a cervical screening QA programme.
		Action 2.1b

2	Conducting an HPV primary screening cost-benefit analysis: • Conduct a cost-benefit analysis of HPV primary screening to support evidence-based decision-making at the national level, involving the Alliance HPV Primary Screening Committee to recruit expertise from other Eastern European and Central Asian countries or from outside the region.	**Action 2.3a**

		Related Regional Actions from Section 1
3	Preparing national cervical screening guidelines and updating the existing clinical protocols for the follow-up of screen-positive women and the treatment of CIN: • Work with local experts to adapt the new Eastern Europe and Central Asia regional cervical screening guidelines to the local context and update the related clinical protocols using the regional models as a guide. Then obtain the required official approvals. • Once the guidelines and protocols have been approved, work with the local institutions that are responsible for CME to conduct training to educate health care providers about the new guidelines and protocols.	**Action 2.1c**
4	Conducting KAP studies to identify the barriers to and enablers of cervical screening uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake these studies among women and the health care providers who will deliver cervical screening, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2a**
5	Conducting knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional model cervical screening knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who deliver cervical screening) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2b**
6	Strengthening colposcopy services: • Work with local experts to quantify the colposcopy training needs, match these to the most appropriate training opportunities that have been identified by the UNFPA Regional Office and organize the training exchanges, involving the UNFPA Regional Office and Alliance Cervical Screening Committee as required to facilitate the process.	**Action 2.4b**
7	Strengthening cervical screening at the PHC level: • Work with the local institutions that are responsible for CME training to adapt the regional PHC training curriculum and educational materials to the local context and conduct the training, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.4c**

Medium-term actions

		Related Regional Actions from Section 1
1	Implementing a central cervical screening registry: • Once approval for implementing a cervical screening registry has been obtained, facilitate implementation of the registry by working with the Alliance Cervical Screening Committee to enable interactions between local experts and their counterparts in Albania, Georgia and/or North Macedonia who can provide the required detailed technical information.	**Action 2.1d**
2	Implementing a cervical screening QA programme: • Once approval to implement a cervical screening QA programme has been obtained, facilitate implementation of the programme by working with the Alliance Cervical Screening Committee as required to enable interactions between local experts and their counterparts in Albania, Georgia, Kazakhstan, Serbia and/or from outside the region.	**Action 2.1e**
3	Advocating for the roll-out of HPV primary cervical screening: • Work with local experts to use the results of the pilot to prepare a policy brief that would include a detailed cost-effectiveness analysis and use this to advocate for the national roll-out of HPV primary screening, involving the Alliance HPV Primary Screening Committee as required to recruit expertise from other CTEs or from outside the region.	**Action 2.3c**

Cervical cancer treatment

Current status:

Cancer treatment in Uzbekistan is officially free of charge for all citizens regardless of their health insurance status. However, treatment requires a warrant issued by special commissions in the main polyclinics, and the number of warrants is limited, with priority given to people from vulnerable groups (retired, low-income, disabled, etc.). Without a warrant, people need to pay a fee for treatment. For the treatment of cervical cancer, surgery and chemotherapy are available through the Republican Specialized Scientific and Practical Centre for Oncology and Radiology and its 15 branches across the country. External beam radiotherapy is available at six of these centres and brachytherapy at three centres. For the training of specialists, Uzbekistan has five medical universities (the Akfa University Medical School, the Andijan State Medical Institute, the Bukhara State Medical Institute, the Samarkand State Medical Institute and the Tashkent Medical Academy) that provide training programmes in surgical, radiological and/or medical oncology. In addition, the Republican Specialized Scientific and Practical Centre for Oncology and Radiology has a number of formal agreements with foreign institutions for training exchanges related to cervical cancer treatment. Uzbekistan does have nationally approved clinical protocols for cervical cancer treatment that were published in 2019.

Priorities noted in the Situation Analysis:

- reviewing and updating existing guidelines for the diagnosis and treatment of cervical cancer to include standards that are in line with international recommendations
- strengthening referral systems across the primary, secondary and tertiary levels of the health system health levels
- investing in training for radiologists, surgeons, chemotherapists, morphologists (histologists and cytologists), medical physicists and radiotherapy technicians

Additional priorities needed to meet the WHO 90-70-90 targets:

- none

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical cancer treatment in Uzbekistan

		Related Regional Actions from Section 1
1	Clinical protocols for cervical cancer treatment: • Work with local experts to review and if necessary, update the existing clinical protocols to ensure compatibility with the regional models and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. • Once the protocols are approved, the UNFPA country office should then work with the local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**
2	Training exchanges to strengthen cervical cancer treatment services: • Work with local experts to identify the cervical cancer treatment training needbs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 3.2**

Palliative care

Current status:

Palliative care is free for all citizens regardless of their health insurance status. Palliative care services are supervised by oncologists, with delivery through specialized care clinics, PHC clinics and home care. For the training of palliative care providers, CME courses are provided by the Centre for the Development of Professional Qualifications of Medical Workers, but no formal agreements with foreign institutions for training exchanges for palliative care were reported. Palliative care services do include psychological support for patients and their families but are not

integrated with social services, and there are no national programmes to support cancer survivors or to reduce the stigma associated with having cancer.

Priorities noted in the Situation Analysis:

- organization of palliative care training courses for advanced training of oncologists and clinical residents

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of palliative care in Uzbekistan

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to build political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify the palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**

Kosovo

HPV vaccination

Current status:

Kosovo has not yet prioritized HPV vaccination. As a result, HPV vaccination has not been included in an official strategy, plan or national vaccination programme, and no HPV vaccines have been licensed in the territory.

Priorities noted in the Situation Analysis:

- none relating to HPV vaccination

Additional priorities needed to meet the WHO 90-70-90 targets:

- implementation of an HPV vaccination programme

Recommended actions to be undertaken by the UNFPA country office to facilitate the implementation of an HPV vaccination programme in Kosovo

Short-term actions

		Related Regional Actions from Section 1
1	Advocacy to build political support for implementing an HPV vaccination programme: • Work with local experts to adapt the regional policy brief model to the local context and advocate for the inclusion of HPV vaccination in a national strategy or plan and then in the immunization calendar.	**Action 1.1**
2	KAP studies to identify the barriers to and enablers of HPV vaccination uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake the studies among adolescents, parents and the health care providers who will deliver the vaccinations, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2a**

Medium-term actions

Once the implementation of an HPV vaccination programme has been approved, the launch of the programme will need to be supported by knowledge- and awareness-raising campaigns, CME workshops for the health care providers who will be involved and preparations for anti–HPV vaccination campaigns.

		Related Regional Actions from Section 1
1	Knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional HPV vaccination knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who would deliver the vaccinations) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance HPV Vaccination Committee to access resources from other CTEs or from outside the region if required.	**Action 1.2b**
2	Preparation for anti–HPV vaccination campaigns: • Work with local experts to adapt the regional anti–HPV vaccination campaign rapid-response protocol and support materials to the local context so they are ready to use when needed.	**Action 1.2c**

Cervical cancer screening

Current status:

Kosovo provides cytology-based cervical screening free for all women aged 21–64 regardless of their health insurance status, through PHC providers, with a three-year screening interval and a reported recruitment rate of 2 percent in 2020 (the average recruitment rate for Eastern Europe and Central Asia is 35 percent, with a range of 2 to 70 percent). In this regard, a study published in 2015 found that PHC providers are reluctant to recommend cervical screening to their patients, as they know there will either be extensive delays in obtaining the results through the public system or additional costs for their patients if they use a private laboratory. There is no central administrative unit, and screening data are not centrally recorded, with the exception of the number of women who have been screened. Screening providers in four municipalities are responsible for recruiting women from their lists of patients, but screening outside of these municipalities is opportunistic. All screening providers are responsible for recording who has been screened together with their screening test results in their local medical records but not for monitoring the follow-up of screen-positive women. Cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and the treatment of CIN were published in 2018. No cervical screening KAP studies have been conducted, and while a variety of actions have been undertaken to raise awareness and reach women from disadvantaged groups, the recruitment rate of 2 percent indicates that they have not been effective.

Priorities noted in the Situation Analysis:

- strengthening the organization of cervical screening
- strengthening cervical cytology services
- strengthening colposcopy services to ensure the effective follow-up of screen-positive women

Additional priorities needed to meet the WHO 90-70-90 targets:

- expanding invitational recruitment to cover the entire territory
- conducting KAP studies to characterize the barriers to and enablers of cervical screening uptake
- implementing knowledge- and awareness-raising campaigns and CME training
- implementing HPV primary screening

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical screening in Kosovo

As the cytology-based cervical cancer screening services in Kosovo are currently very limited, the primary focus should be on implementing an HPV primary screening programme with the organizational elements that are required for it to be cost-effective. However, as government capacities are currently very limited, the process is anticipated to take a number of years, so strengthening cervical cytology is still required to ensure this service is as safe and effective as possible.

Short-term actions

		Related Regional Actions from Section 1

1	Advocating to build political support for strengthening the organization of cervical screening:
	• Work with local experts to adapt the regional policy brief model to the local context and use it to obtain government approval for the main actions that need to be undertaken:
	  ◦ expanding invitational recruitment to cover the entire territory,
	  ◦ implementing a central cervical screening administrative unit,
	  ◦ implementing a central cervical screening registry, and
	  ◦ implementing a cervical screening QA programme.
		Action 2.1b

2	Advocating to build political support for implementing HPV primary cervical screening: • Work with local experts to adapt the regional policy brief to the local context, including cost-effectiveness estimates prepared using the regional Excel tool, and use it to obtain government approval for switching from cervical cytology to HPV testing, involving the Alliance HPV Primary Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.3a**

		Related Regional Actions from Section 1
3	Updating cervical screening guidelines and clinical protocols for the follow-up of screen-positive women and treatment of CIN: • Work with local experts to review the existing cervical screening guidelines and related clinical protocols and, if required, revise them to ensure compatibility with the new Eastern Europe and Central Asia regional cervical screening guidelines and model clinical protocols. Then obtain the required official approvals. • Once the revised guidelines and protocols have been approved, work with the local institutions that are responsible for CME to conduct training workshops to educate health care providers about the new protocols.	**Action 2.1c**
4	Conducting KAP studies to identify the barriers to and enablers of cervical screening uptake: • Work with local experts to adapt the regional KAP study model protocols and materials to the local context and undertake these studies among women and the health care providers who will deliver cervical screening, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2a**
5	Strengthening colposcopy services: • Work with local experts to quantify the colposcopy training needs, match these to the most appropriate training opportunities that have been identified by the UNFPA Regional Office and organize the training exchanges, involving the UNFPA Regional Office and Alliance Cervical Screening Committee as required to facilitate the process.	**Action 2.4b**
6	Strengthening cervical cytology services: • Work with local experts to quantify the cervical cytology training needs, match these to the most appropriate training opportunities that have been identified by the UNFPA Regional Office and organize the training exchanges, involving the UNFPA Regional Office and Alliance Cervical Screening Committee as required to facilitate the process.	**Action 2.4a**

Medium-term actions

		Related Regional Actions from Section 1
1	Implementing a central cervical screening registry: • Once approval for implementing a cervical screening registry has been obtained, facilitate implementation of the registry by working with the Alliance Cervical Screening Committee to facilitate interactions between local experts and their counterparts in Albania, Georgia and/or North Macedonia who can provide the required detailed technical information.	**Action 2.1d**
2	Implementing a cervical screening QA programme: • Once approval to implement a cervical screening QA programme has been obtained, facilitate implementation of the programme by working with the Alliance Cervical Screening Committee as required to facilitate interactions between local experts and their counterparts in Albania, Georgia, Kazakhstan, Serbia and/or from outside the region.	**Action 2.1e**
3	Undertaking an HPV primary screening pilot study: • Once approval to implement HPV primary screening has been obtained, work with local experts to adapt the regional HPV primary screening pilot protocol model to the local context and undertake the pilot, involving the Alliance HPV Primary Screening Committee as required to facilitate interactions with experts from North Macedonia, Uzbekistan and/or from outside the region.	**Action 2.3c**
4	Advocating for the roll-out of HPV primary cervical screening: • Work with local experts to use the results of the pilot to prepare a policy brief that would include a detailed cost-effectiveness analysis and use this to advocate for the national roll-out of HPV primary screening, involving the Alliance HPV Primary Screening Committee as required to recruit expertise from other CTEs or from outside the region.	**Action 2.3c**
5	Conducting knowledge- and awareness-raising campaigns: • Work with local experts to adapt the regional model cervical screening knowledge- and awareness-raising tool kit (which would include a component to educate the health care providers who would be involved) to the local context, based on the results of the KAP studies noted above, and undertake the campaigns, involving the Alliance Cervical Screening Committee to access resources from other CTEs or from outside the region if required.	**Action 2.2b**

Cervical cancer treatment

Current status:

All cancer treatment in Kosovo is free for all citizens regardless of their health insurance status, although the data submitted for the Situation Analysis included a comment that stock-outs of chemotherapeutic agents were not uncommon and that patients then needed to purchase these privately. For the treatment of cervical cancer, Kosovo has one specialist centre, the University Clinical Centre of Kosovo, that delivers surgical treatment, radiotherapy and chemotherapy. For the training of specialists, the University Clinical Centre of Kosovo provides residency programmes in surgical, radiological and medical oncology, and also has training exchange agreements for radiotherapy and brachytherapy with the Albanian Institute of Oncology and the Institute of Radiotherapy in North Macedonia. Kosovo does not have officially approved clinical protocols for cervical cancer treatment.

Priorities noted in the Situation Analysis:

- none relating to cervical cancer treatment

Additional priorities needed to meet the WHO 90-70-90 targets:

- preparation and approval of national clinical protocols for cervical cancer treatment
- expansion of the range of training exchanges to strengthen cervical cancer treatment services in areas other than radiotherapy and brachytherapy

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of cervical cancer treatment in Kosovo

		Related Regional Actions from Section 1
1	Preparation and approval of clinical protocols for cervical cancer treatment: • Work with local experts to adapt the regional model clinical protocols to the local context and obtain official approval, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required. • Once the protocols are approved, the UNFPA country office should then work with the local institutions that are responsible for CME to conduct training workshops to educate all cervical cancer treatment specialists about the new protocols.	**Action 3.1**
2	Training exchanges to strengthen cervical cancer treatment services: • Work with local experts to identify the cervical cancer treatment training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 3.2**

Palliative care

Current status:

Palliative care services are paid for as part of the overall central and municipal health care budgets and are delivered as part of the primary, secondary and tertiary health care services. There are no palliative care training programmes and no formal agreements with foreign institutions for palliative care training exchanges. Palliative care is not integrated with social services, does not include psychological support for patients and their families, and there are no government-sponsored programmes to support cancer survivors or reduce the stigma associated with having cancer.

Priorities noted in the Situation Analysis:

- none relating to palliative care

Additional priorities needed to meet the WHO 90-70-90 targets:

- advocacy to build political support to improve palliative care services
- organization of training exchanges to strengthen palliative care services

Recommended actions to be undertaken by the UNFPA country office to facilitate the strengthening of palliative care in Kosovo

		Related Regional Actions from Section 1
1	Advocacy to strengthen palliative care services: • Work with local experts to adapt the regional palliative care policy brief model to the local context and use it to build political support for strengthening palliative care services, involving the Alliance Cervical Cancer Treatment and Palliative Care Committee to access resources from other CTEs or from outside the region if required.	**Action 4.1**
2	Training exchanges to strengthen palliative care services: • Work with local experts to identify the palliative care training needs, match these to the training opportunities identified by the Alliance Cervical Cancer Treatment and Palliative Care Committee and organize the training exchanges, involving the committee as required to facilitate the process.	**Action 4.2**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