CERVICAL CANCER PREVENTION
ALBANIA

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ICPD25
International Conference on Population and Development
CERVICAL CANCER PREVENTION
ALBANIA

CERVICAL CANCER AS A GLOBAL PUBLIC HEALTH PROBLEM

Cervical cancer is one of the most common cancers among women around the world, with almost 600,000 new cases and over 300,000 deaths in 2018. The distribution of cervical cancer incidence and mortality reflects global disparities in access to health services; nearly 90% of deaths happening in low- and middle-income countries. Yet, it is a preventable disease, with effective prevention programmes established, especially in high-income countries.

Main cause of cervical cancers is persistent or chronic infection from oncogenic human papilloma viruses, which is typically spread by sexual contact. Strategies of prevention for cervical cancer are based on vaccination, screening and treatment of pre-cancers lesions.

HEALTH AND ECONOMIC BURDEN ON ALBANIAN SOCIETY.

Cervical cancer in Albania is a public health problem. It is, with uterus cancer, the second most frequent cancer among women of reproductive age (15-49 years), below only to breast cancer, mainly due to its characteristic increase of risk at middle age. The sexual lifestyle trends among Albanians point to a potential increase of this cancer in the absence of preventative strategies. According to country official data, the average mortality rate of cervical cancer for the period 2013-2017 in Albania is 2.9/100,000 and the incidence rate for the year 2015 (the first year, the national cancer registry has started to operate) is 9.2/100,000 (National NCD report). The mortality/incidence ratio for cervical cancer in Albania is 32%.

Its standardized incidence is lower compared to South East European countries but much higher than Eastern Mediterranean countries.

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The opinions expressed herein are those of the authors and do not necessarily reflect the views of UNFPA
While in most EU countries mortality and incidence of cervical cancer are on decrease, in Albania time trends have not shown signs of decline, neither for incidence (University Hospital registry) nor for mortality indicators (INSTAT), demonstrating limited effects of traditional health services, which have been mostly based on small scale, episodic and opportunistic early detection.

**Time trend mortality rate for cervical cancer in Albania (/100000)**

![Graph showing time trend mortality rate for cervical cancer in Albania](image)

INSTAT

Cervical cancer risk reaches the highest incidence level at a relatively young age, compared to most cancers. In Albania the risk is highest at 40-49 years of age, declining afterwards.

**Age distribution of incidence rate for cervical cancer in Albania* (/100000)**

![Graph showing age distribution of incidence rate for cervical cancer in Albania](image)

*Combined rate for the years 2014 and 2015. National Cancer Registry

There is a great deal of potential for prevention, with prevention efforts expected to result in a number of healthy years of life. It is estimated that every year in Albania 2,000-3,000 healthy and productive life years are lost from cervical cancer related disease and death. In a conservative estimate, cervical cancer has costed Albanian society at least six million US dollars yearly, because of productivity loss and health system related costs. Other, family and society related, long term costs, may add to that figure.
ACTIONS, POLICY REFORMS, AND DEVELOPMENT OF A NATIONAL PROGRAMME

Previous to 2010, interventions in the field of cervical cancer prevention were not systematic or sustainable. During the last decade, the efforts started to be better coordinated and integrated to national health policies. A number of health system based analyses, capacity building, awareness activities, policy development and guidelines preparation have been carried out by Ministry of Health (MoH), Institute of Public Health (IPH), University Hospitals (UH) in partnership with United Nations or European Union agencies.

A timeline of main developments during the last decade which culminated with the start of the National Screening Program

<table>
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<tr>
<th>Timeline</th>
<th>Intervention, policy change, progress</th>
<th>Main Stakeholders and partners</th>
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<tr>
<td>2011</td>
<td>First National Cancer Control Plan 2011-2020 developed and approved by an order of Minister of Health.</td>
<td>MoH, IAEA, WHO, UNFPA</td>
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<td>2012</td>
<td>First system analyses on breast and cervical cancer screening opportunities with support from UNFPA and European Association of Cervical Cancer Screening.</td>
<td>MoH, IPH, UNFPA</td>
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<td>2013</td>
<td>First national hospital-based study of capacities and gaps for cervical screening. A team of gynecology, cytology and public health professionals prepared a report after visiting all regional hospitals and interviewing a large sample of health professionals.</td>
<td>MoH, IPH, UH, UNFPA</td>
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<td>2013</td>
<td>IPH sends first technical document with specific recommendations on cervical cancer screening to MoH.</td>
<td>IPH</td>
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<td>2014</td>
<td>National technical workshop on comprehensive Cervical Cancer control. Declaration of Wisdom signed by ministers, deputy ministers, members of parliament and other personalities of public life. The document underlined the need to do more to prevent cervical cancer and protect women’s life from this disease.</td>
<td>MoH, IPH, UH UNFPA, WHO</td>
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<td>2015</td>
<td>Inter-institutional working group on guidelines of cervical cancer at Primary Health Care (PHC) level under leadership of IPH and Center for Quality on Heath Care (CQHC). Guidelines and protocols for cervical cancer control at PHC approved by an order of Minister of Health on December 2016.</td>
<td>IPH, CQHC, UH, ACPD, UNFPA</td>
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<td>2016</td>
<td>TAIEX analyses on CC screening. First accredited training course on cervical cancer screening practice at PHC level, based on guidelines and protocols.</td>
<td>MoH, IPH, EU, UNFPA</td>
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A timeline of main developments during the last decade which culminated with the start of the National Screening Program in Albania (UH) in partnership with United Nations or European Union agencies. The Ministry of Health (MoH), Institute of Public Health (IPH), University hospitals, awareness activities, policy development and guidelines preparation have been carried out by these institutions.

During the last decade, efforts started to be better coordinated and sustainable. Previous to 2010, interventions in the field of cervical cancer prevention were not systematic. Between 2010 and 2014, a consultation phase started with stakeholders and partners who provided useful recommendations on analyses and capacity building. Recommendations on analyses and capacity building.

The National Cancer Control Plan document underlined the need to do more to prevent cervical cancer and protect women's life from this disease. The Declaration of Wisdom signed by ministers, deputy ministers, members of parliament and other personalities of public life supported the need for such an effort.

In Albania, the first accredited training course on cervical cancer screening was approved by an order of Minister of Health on December 2016. The government law for the implementation of cervical cancer screening in February 2018 was introduced.

Guidelines and protocols for cervical cancer control at Primary Health Care (PHC) level were developed and approved by an order of Minister of Health.

In addition, cervical cancer control is included in national strategies for non communicable diseases 2016-2020, reproductive health 20127-2021, and health promotion 2017-2021.

MEASURED OUTCOMES, CHANGES OBSERVED, PROGRESS

During last decade, following the intensification of efforts to introduce systematic prevention programs and strengthen health system capacities for early diagnoses, activities aiming at improving the awareness of Albanian women on cervical cancer prevention, have had substantial success. Despite geographical differences, the proportion of women of reproductive age who have knowledge on prevention has increased by more than 55% in 2018 compared to 10 years ago, with increase of knowledge in rural areas doubled.

Proportion of women of 15-49 years old who know about cervical cancer prevention

At the end of January 2019, the Albanian government made the important decision to establish the first coordinated national screening program for cervical cancer in the country. The initial program targets women 40-50 years-old. The goal is to provide all women in this age group with the opportunity to have a cervical cancer screening test.
age group high risk HPV screening tests, as part of the routine examinations done at primary health care centers. The screening program will improve identification of women who are at higher risk for cervical cancer, detect in time the pre-cancer lesions, and treat them accordingly. Under the new program, all primary screening tests and further examinations will be provided for free at the point of care, regardless of the patients’ health insurance status.

To minimize the added workload every screening program brings about, nurses at PHC services are taking more responsibilities from general practitioners. In addition, screening tests based on self sampling, are very practical for women and guarantee minimal workload for health providers.

| Under the new National Screening Program, 538 health professionals from around 400 health centres all over the country are already trained. As July 2019, about 10 000 women underwent screening and around 6% of them resulted positive for Hr HPV and are being followed up. Around 20 new pre-cancer lesions are underway to be detected and treated. |

STAKEHOLDERS, ORGANISATIONAL AND POLITICAL LANDSCAPE

Since the signature of Wisdom Declaration in 2014, it seems that in Albania policies and investment in the field of cervical cancer prevention enjoy a large political support. Ministry of Health and Social Protection remains the main actor, and it is expected to continue to provide leadership in expanding the existing programme.

Meanwhile, IPH with its central role in health prevention programs has shown to be another key stakeholder. Hence, its evidence based analyses, coupled with increasing public awareness of cervical cancer prevention, has helped convince the MHSP to provide the necessary leadership for the program, design the policy framework, and involve the whole government in the cause.

The national screening program could be neither effective, not ethical without full involvement of specialized health care, mainly in gynaecology and biopsy. Two university gynaecological and obstetrical hospitals in Tirana are crucial not only in providing the diagnoses and treatment for Hr HPV positive cases, but also in supporting other regional hospitals in strengthening their capacities, lowering this way the geographical barriers for women during follow up visits.

The screening program is being provided by coordinating roles of primary health care services, and regional public health institutions, assuring easy access for screening services to the target population. This model of inter-institutional organization should be used in the future for other components of cervical cancer prevention programs, such as HPV vaccination.
UNFPA has always been a partner of public health institutions and a catalyst for moving ahead the agenda of cervical cancer prevention in Albania, while WHO has also provided key technical assistance. Their support will be continuously needed along with EU and other regional networks and partnerships. Civil society organizations, such as Albanian Centre for Population and Development, or women networks, would be also indispensable in a range of actions, including advocacy and raising awareness among marginalized and hard to reach women, as well as providing specific complementary prevention services.

THE WAY FORWARD

Although there is an effective vaccine against HPV and its administration among girls of pre-puberty age is important, it is demonstrated that vaccination alone is insufficient. To successfully achieve the elimination of the cervical cancer as a public health problem, within the shortest time and with maximum impact, a combination of intensive vaccination, screening and treatment must be applied in population scale. Albania has yet to set up a vaccination program against HPV along its newly developed screening program. For that it is needed an analyses about a cost or price benchmark for the dose of vaccine and recommendations in the context of low and middle income countries. For example, what would be the target price to be negotiated for two doses of vaccine in Albania. WHO and UNFPA could assist in the process.

The initial reaction of women towards screening program has been very positive, and the original projected coverage of 40% for the first year, is successfully being achieved. It is necessary to assure the support for the program, while raising awareness among women, to continuously increase the screening coverage, aiming at 80% of the target population by the year 2023.

As more women are being reached by screening services, it is paramount to continue the efforts for strengthening capacities for better diagnoses and treatment of pre-cancer lesions, improving access of women to specialised follow up for colposcopy and biopsy. All women identified with cervical disease should receive treatment and care. This could be achieved by providing appropriate training, tailored continuous medical education and professional networking for gynaecologists at regional hospitals.

Finally, while the cervical cancer incidence cannot be reduced to zero with the current knowledge and technology, its elimination threshold as a public health problem is achievable within the next decades.
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