



## Eurasian Women's Network on AIDS

### Strategic Activity Brief in the sexual and reproductive health of women living with HIV, with a focus on cancer screening

#### Introduction. Relevance.

The purpose of this document is to identify barriers, gaps and needs of women living with HIV in sexual and reproductive health (SRH) services aimed at screening and prevention of reproductive cancers.

Cancer is a generic term that encompasses a large group of diseases that can affect virtually any organ or tissue in the body and is the second leading cause of death worldwide. In 2022, lung cancer was the [most common cancer worldwide](#), accounting for 12.4% of all new cancer cases (2.5 million). Breast cancer ranked second (2.3 million cases, 11.6 per cent) and colorectal cancer third (1.9 million cases, 9.6 per cent).

Among women, the most common cancers are breast cancer, colorectal cancer, lung cancer, cervical cancer and thyroid cancer.

**Cervical cancer** is the fourth most common cancer in women worldwide. According to WHO, in 2022, 662,301 women [were diagnosed with cervical](#) cancer and about 348,874 women died from the disease.

In November 2020, Dr Tedros Adhanom Ghebreyesus, WHO Director-General announced the launch of the [Global Strategy to Accelerate the Elimination of Cervical Cancer](#), specifically aimed at achieving the following three pillar targets by 2030:

- ➔ Human papillomavirus (HPV) vaccination coverage for 90 per cent of girls by age 15;
- ➔ High-quality screening of 70% of women aged 35 and 45 years;
- ➔ Treatment coverage of 90% of women diagnosed with cervical disease.

*Women with HIV are **six times more** likely to develop cervical cancer than the general population, and HIV is estimated to be associated with 5% of all cervical cancers. The role of HIV in the development of cervical cancer is disproportionately greater among younger women, resulting in 20 per cent of children losing their mothers to cervical cancer.*

An important development in cervical cancer control was the publication of the WHO 2022 Global Recommendations [for single-dose HPV vaccination regimens](#), which removed many barriers to expanding immunization programmes. If ambitious plans to expand vaccination coverage and strengthen screening and treatment programmes are fully implemented, cervical cancer could become the first cancer in history to be eliminated by humanity.

In 2022, **breast cancer** [was diagnosed](#) in 2.3 million women and caused 670,000 deaths worldwide and occurs in all countries in women of all ages, after puberty, but incidence rates increase with age. The goal of [the WHO Global Breast Cancer Initiative](#) is to reduce global mortality from the disease by 2.5% annually. Three main components are needed to achieve these goals:

- ➔ Health promotion measures that encourage early detection of disease;
- ➔ timely diagnosis;
- ➔ comprehensive treatment of breast cancer.

No woman should die from the most common cancers of the reproductive system: cervical and breast. The world has the technical, medical and political means and methods to eliminate them. The main burden of cancer falls on women who do not have access to health services: to timely and quality diagnosis and treatment. When cancer is detected early, treatment is much more effective, thereby increasing the likelihood of survival, reducing morbidity and the cost of treatment.

Numerous studies show that 30% to 50% of cancer deaths can be prevented by avoiding key risk factors, implementing preventive measures and through early detection of the disease, resulting in increased life expectancy.

Timely, accessible information about the signs and symptoms of breast and cervical cancer and the importance of timely detection and treatment helps to expand the group of women who consult medical specialists at the first suspicion of cancer and save their lives.

In 2022, the Eurasian Women's Network on AIDS (EWNA) conducted a [gender assessment](#) on "How countries address barriers to HIV services for women living with HIV, sex workers and women who use drugs" to better understand if national policies and programmes support gender-transformative, equitable and rights-based approaches to women's health and well-being. According to the assessment, cervical cancer prevention and control is included in national HIV-related documents, strategies, plans or policies in Armenia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan and Uzbekistan. Azerbaijan, Georgia, Belarus, Azerbaijan and Ukraine do not focus on cervical cancer prevention and control, especially for women living with HIV. Armenia, Azerbaijan, Georgia, Kazakhstan and Ukraine do not have a focus on or access to HPV vaccination. Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Kazakhstan and Uzbekistan lack data on cervical cancer screening and HPV vaccination for women and girls living with HIV.



## Community-led campaign "Women's Health Matters!" - 2024

In May-June 2024, the project, which is implemented by the Eurasian Women's Network on AIDS with financial support from the United Nations Population Fund (UNFPA), organised and implemented the campaign "" dedicated to the [International Day of Action for Women's Health](#).

At the 1st stage of the campaign, a webinar "**Women's Reproductive Health. Cervical and Breast Cancer Prevention**" for the community of women living with HIV was held. It was moderated by the guest **expert Mira Sauranbaeva**, a practicing doctor-midwife, UNFPA trainer, Vice-President of the Kazakhstan Association on Sexual and Reproductive Health. The webinar was attended by 76 women from Kazakhstan, Belarus, Ukraine, Armenia, Russia, Moldova and Georgia. The main issues raised during webinar were: relevance, statistics on cervical cancer and breast cancer, WHO Global Strategy to accelerate cervical cancer elimination, updated WHO recommendations, concepts of screening and early diagnosis, causes of cervical cancer and breast cancer, HPV, warning signs and symptoms of cervical cancer and breast cancer, risk groups, HPV vaccination, prevention issues and presented the experience of Georgia.

During the discussion, women were also interested in **other issues related to reproductive health, contraception and menopause:**

- What is a polyp and what should be done?
- Pelvic organ prolapses and perineal plastic surgery IUD "Mirena"
- Intrauterine contraceptive device and cervical erosion
- What is a follicular cyst of the ovary?
- Adenomyosis, uterine myoma
- Contraceptives and ART
- When to undergo mammography and breast ultrasound?
- What are the tactics for cystic fibrosis mastopathy?
- Does taking menopausal hormone therapy increase the risk of breast cancer?
- What is colposcopy and when should it be performed?

In parallel with the preparation of the webinar, the EWNA Secretariat Team [selected 7 country coordinators \(community leaders\)](#) to implement cervical and breast cancer prevention activities in Armenia, Belarus, Georgia, Kazakhstan, Moldova, Russia, Ukraine. Their **activities included:**

- ➔ Organising and holding meetings and other activities of the women's community that address the issues of women's reproductive health and the importance of preventing cervical and breast cancer
- ➔ Referral of women living with HIV for one-on-one online counselling with an SRH specialist hired by the EWNA, including to discuss test results
- ➔ Finding/mapping friendly health facilities and accompanying women living with HIV to health facilities (of various types of ownership) to undergo cervical and breast screening.

In addition, country coordinators:

- ➔ Created contact databases of HIV-friendly doctors working in SRH for HIV-positive women.
- ➔ Studied existing systems of state and other assistance
- ➔ Developed algorithms to prevent breast and cervical cancer and disseminated them to the community
- ➔ Helped women to create their profiles at diagnostic centres and make appointments for diagnosis
- ➔ Made enquiries about the availability of diagnostics to health facilities and health officials/people
- ➔ Conducted online surveys in community chat rooms to explore the situation;

- ➔ Strengthened co-operation with local doctors in conducting educational activities for community women.
- ➔ Offered women with children a “babysitting/nanny” service (picking up a woman with a child free of charge and supervising her while she underwent examinations).
- ➔ Motivated and inspired women living with HIV to get screened for breast cancer and breast cancer by their example.

Based on the **work of the invited expert and country coordinators:**

- More than 300 women raised their awareness of the importance of regular cervical and breast cancer screening, received recommendations on friendly medical centres/doctors, discount options
- 83 women living with HIV screened for breast and/or cervical cancer: 7 women from Armenia, 13 from Belarus, 13 from Georgia, 10 from Kazakhstan, 10 from Moldova, 10 from Russia, and 20 from Ukraine.
- Following referrals from country coordinators, a guest expert conducted 12 individual online sessions for women living with HIV (3 sessions with women from Moldova, 3 from Russia, 2 from Ukraine and 4 from Kazakhstan), discussing and/or interpreting screening/histology results and further treatment options.

Country coordinators also identified challenges and barriers faced by women living with HIV to undergoing cervical and breast cancer screening (which can be defined as community-led monitoring). These include:

#### **Fear of judgement and discrimination due to HIV-positive status**

*"For HIV-positive women, a major barrier to diagnosis was the fear that their HIV status might be disclosed." Georgia*

*"2 women out of 30 never went to the outpatient clinic after diagnosis because of fear of judgement and discrimination by health workers. Only after it was explained that the polyclinic did not know about their HIV status because the AIDS Centre has a separate patient/clinic database and there was no need to report their diagnosis when they were screened, did the women agree to be screened". Kazakhstan*

*"Women face stereotypes because of their HIV-positive status, they may not receive proper attention when diagnosing reproductive system diseases." Moldova*

*"In personal communication, women note that they are afraid to go to the doctor for fear of repeating negative experiences due to HIV." Russia*

*"The most common barrier is women's reluctance to see doctors for fear of disclosing their HIV diagnosis to health care providers." Ukraine*

#### **Low awareness of the importance of regular screening and early detection of cancer, as well as available health services**

*"Lack of knowledge among women living with HIV about the possibility of dispensary preventive examinations (for early detection of diseases), about prevention methods and the importance of early diagnosis". Belarus*

*"Women do not know where and how to get help, are not aware of the increased risks of reproductive organ diseases, symptoms and early prevention among women living with HIV. Information about prevention measures through HPV vaccination, breast cancer self-screening has aroused enthusiasm and increased interest". Kazakhstan*

*"Lack of women's culture of health care, including reproductive organs; low awareness of cervical and breast cancer prevention." Moldova*

"During the webinar, the gynaecologist of the AIDS Centre told the women that all examinations can be done free of charge at the AIDS Centre. As it turned out, many participants did not know this and did not consider this option. The participants were also given information about what can be done as part of the medical check-up and in antenatal clinics at their place of attachment". Russia

"Some women mistakenly thought that only the family doctor issues referrals for SRH diagnosis. In reality, referrals can be issued by a gynaecologist. In some state medical institutions PAP-tests are purchased at the expense of the NHSU (National Health Service of Ukraine) and in the same institutions a gynaecologist can conduct a consultation, perform an examination and perform a PAP-test during the same visit. At the next appointment, the doctor gives the test results, decodes them, counsels and prescribes treatment (if there are indications for this)". Ukraine

"Women were poorly orientated about what kind of diagnostics, on what schedule according to age, should be done." Ukraine

### **Low level of trust in the health care system**

"Fear of examination, judgement or rudeness of doctors (which is not uncommon in free antenatal clinics), negative experience. Low trust in doctors". Belarus

"Some women have had negative experiences with doctors. They do not trust the information they get from doctors. They prefer to be treated with folk remedies." Kazakhstan

### **Financial hardship and childcare burden**

"Some post-screening examinations were paid for, and some women refused to continue due to lack of funds." Georgia

"Medical services are expensive, and information about accessing medical services without paying for OSMS (note: compulsory social health insurance) through the staging of unemployment status is not popularised." Kazakhstan

"To undergo a breast ultrasound, one has to go to private clinics and pay \$29 for this service. The cost of a PAP test varies from \$30 to \$40". Moldova, left bank

"We offered women with children a babysitting service, where peer counsellors would pick up a woman with a child free of charge and supervise her while the clients were being examined. We calculated the minimum and maximum cost of expenses for getting an examination at the AIDS Centre: from 100 to 2,000 rubles." Russia

"Financial deficit among female clients for HPV tests". Ukraine

### **Regulatory and infrastructural constraints**

"Breast cancer screening is more difficult because of the lack of publicly funded programmes. Women must pay for their own screening, register and wait 2-4 weeks to get screened. The health system allows at least one free breast ultrasound under certain conditions, but mammography services are not covered at all." Armenia

"Under the state programme, there are age limits for free screening: breast cancer screening for women aged between 40 and 70; and breast cancer screening for women aged 25-60." Georgia

"Long waiting period for appointments with specialised doctors for examination - from a couple of weeks to 1 month". Moldova

"Women living in remote areas, villages, hamlets and settlements cannot undergo examinations, as there are no private centres there, and within the framework of medical check-ups FAP only does oncocytology selectively. The results of analyses have to be collected independently, which again puts a financial burden on them". Russia

"Lack of free HPV diagnostics in the country. HPV diagnostics should be included in the programme of state medical guarantees". Ukraine

## Case description

Within the framework of the project, a woman in Kazakhstan was screened in accordance with the algorithm provided and using a monitoring form that specifies the interpretation of the examination results. After undergoing breast cancer screening (mammography), the woman was called to the polyclinic at her place of residence for further follow-up examination due to suspicion of breast cancer. After further examination (breast ultrasound and trepanbiopsy), a histological result was obtained: invasive breast carcinoma G2. The woman was referred to an oncomammologist for further treatment. She is undergoing radiotherapy and preparing for surgery. Early detection and timely start of treatment gives a chance for a favourable prognosis.

## Key findings

### ***Why is it important to support referral and follow-up for breast and cervical cancer diagnosis through the community of women living with HIV?***

Community leaders play a key role in providing information and support to women living with HIV. The knowledge gained gave them more confidence in informing and counselling women, helping them to better support their community friends and motivate them to actively seek health services.

In peer counselling, women living with HIV were better able to absorb information from those with similar experiences. Psychological support reduced anxiety and stress levels. Referrals through the community were more responsive, personalised and free from stigma and discrimination, which in turn increased access to needed health services.

The project coordinators were trusted, respected and authoritative in the community, able to engage women in groups and organise information events to present information on prevention and screening for breast cancer and breast cancer. They were a role model of sorts, successfully managing their health status, which helps to combat internalised stigma. Community-led monitoring of the challenges of accompanying women living with HIV to undergoing cervical and breast cancer screening can help better integrate SRH and HIV programmes and advocate for the removal of existing barriers.

Women living with HIV can share experiences and receive support on cancer screening and treatment at self-help groups, thus supporting their mental health. Referral support through the community of women living with HIV promotes a more effective and inclusive approach to treatment and support, which in turn improves their quality of life and health.

### ***What is important for the provider/s to know?***

Providers/service providers need to understand the specific needs and concerns of women living with HIV in order to provide effective and friendly care. Obstetricians and gynaecologists should be trained on contraception, menopause and ART. Knowledge of these topics enables service provider/s to design and offer programmes that address the needs of women living with HIV and improve their access to quality health and social services free from stigma and discrimination.

Brief prepared by Mira Sauranbaeva in partnership with the EWNA Secretariat staff

