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Background

- 84% of new cervical cancer cases worldwide occur in low- and middle-income countries.
- Three-visit cancer care paradigm (screening, diagnosis, and treatment) is ineffective in low-resource settings, with high loss-to-follow-up rates at each stage.
- Colposcope: device used to screen for abnormal cells on cervix.
- Pocket Colposcope (Fig. 1): low-cost, accessible, and FDA cleared device that rivals state-of-the-art colposcopes.

Bass Connections Research

- Bass Connections aims to investigate how to reduce the 3-visit cervical cancer care paradigm to a 2-step community care setting, with a focus on implementing the Pocket Colposcope.
- 2016-17: Global Value chain analysis of the Pocket Colposcope introduction in Peru.
  - Identified key leverage points:
      - Conducted patient surveys (Fig. 2), focus group with midwives, & training sessions with physicians.

Patient barriers to cervical screening in a study conducted in Peru (n=29):
- 30% related to money
- 30.5% related to fear
- 15% related to lack of awareness
- 15% related to access to care

2018-19: Conduct analysis of the clinical acceptability, policy implications, & cost-effectiveness of bringing the device to community health providers.
- Conducted focus groups with medical & legal experts, market analysis, interviewed stakeholders in Washington, DC, & developed survey tools.

HOPE Model: The HOPE Program, our community partner, is a peer-education based program.
- Train community health workers (CHW) to deliver molecular HPV self-testing kits as part of a microfinancing and reproductive health promotion initiative.

Implications of COVID-19: Due to the COVID-19 pandemic we had to adjust our research objectives including a transition to literature reviews instead of data collection at clinics for the costing and policy teams.

Research Objectives

2019-20 GOAL: Leverage the costing, policy, and acceptability tools developed by previous teams to assess the feasibility of introducing the Pocket Colposcope as HPV for high-risk women in two different regions in Peru.

1. Clinical Acceptability: Investigate the HOPE HPV and Cervical Cancer Prevention Peer Education Model in Peru in order to implement the Pocket Colposcope in an acceptative test, screen, and treat triage model.
2. Cost Effectiveness: Conduct a literature review on cervical cancer (CC) screening, HPV vaccination, and CC epidemiology to inform a cost-effectiveness analysis of the Pocket Colposcope in Peru.
3. Policy Framework: Conduct a literature review on the policy landscape in Peru to identify policy barriers and enabling factors to implement a see-and-treat CC care paradigm.

HOPE Peer-Education Model Analysis

The objective of this study was to understand the logistics, efficacy and empowerment impact of an HPV and cervical cancer prevention peer-education model in Ventanilla, Peru. The knowledge gained from this study will help GHBT’s goals of providing a model that tests, screens, and treats with the help of the Pocket Colposcope and an effective peer-educational model.

Over Spring Break, our team interviewed and surveyed 20 community health workers (CHWs) from the HOPE Program in Ventanilla, Peru. Instruments included surveys based on relational empowerment and financial autonomy of CHWs in the HOPE Program. In addition, we measured current barriers to screening to gain insight about the specific environment of Ventanilla, Peru.

In comparison with a provider-based test, are women more comfortable with self-HPV tests?

Community Screening Barriers

Logistical

1. Spousal approval (25%)
2. Fear of stigma (21%)
3. Religion (21%)
4. Fear of Pain (55%)

Cultural

- Barriers were classified as either: so not a barrier; small barrier; medium barrier; or big barrier.
- Percentage listed here are based on the number of responses that were classified as "big barriers".

RELATIONAL EMPOWERMENT IMPACT ON HOPE LADIES

Survey Questions:
- How do you feel now that you have joined HOPE?
- How do you feel now that you have been screened at a HOPE clinic?
- Are you confident in learning about reproductive health and preventing diseases since joining HOPE?

FINANCIAL AUTONOMY AND THE HOPE MODEL

Survey Questions:
- In the past (before joining HOPE), were you allowed to make big decisions on household purchases?
- In the present (since joining HOPE), are you allowed to make big decisions on household purchases?

TOP 3 EXPENDITURES FOR HOPE EARNINGS

Survey Questions:
- Food
- House-related expenses
- Transportation

Background

- HOPE HPV and Cervical Cancer Prevention Peer Education Model in Peru.
- Conduct a parallel survey in Ventanilla, Peru.

Future Directions

- Conduct a parallel survey in Cajas, Peru to understand how to implement a complimentary test, screen, and treatment model with the Pocket Colposcope and a peer-educational model in a different cultural environment.

Policy Framework

- Assess barriers to care in Peru and analyze the current policy framework to identify the nature of these barriers.
- Use these resources and insight to develop an updated policy framework for the widespread distribution and effective, equitable, and affordable usage of the Pocket Colposcope and the community-based see-and-treat model.

References: