

PROGRAM ENDED IN 2018

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# MSI-GSK Cervical Cancer Prevention Project

GlaxoSmithKline

Submitted as part of Access Accelerated

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The information in this report has been submitted by the company concerned to the Access Observatory as part of its commitment to Access Accelerated. The information will be updated regularly. For more information about the Access Observatory go to [www.accessobservatory.org](http://www.accessobservatory.org)

The information contained in this report is in the public domain and should be cited as: GlaxoSmithKline, MSI-GSK Cervical Cancer Prevention Project (2020), Access Observatory Boston, US 2020 (online) available from [www.accessobservatory.org](http://www.accessobservatory.org)

# Program Description

# Program Overview

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## 1 Program Name

MSI-GSK Cervical Cancer Prevention Project

## 2 Diseases program aims to address

- Cancer (Cervical)

## 3 Beneficiary population

- Youth (5-18yrs)
- Women

## 4 Countries

- Bangladesh
- Madagascar
- Sierra Leone

## 5 Program start date

September 01, 2015

## 6 Anticipated program completion date

August 31, 2018

## 7 Contact person

The GSK/MSI partnership is now coming to an end, so there is not really a point person in charge of managing this program. Please contact, Harleigh Lawrinson-Chettoe (Harleigh.x.lawrinson-chettoe@gsk.com) if needed.

## 8 Program summary

To save women's lives through scaling-up of cervical cancer prevention in least developed countries, GlaxoSmithKline (GSK) partnered with Marie Stopes International (MSI). This non-governmental organization (NGO) provides contraception and safe abortion services to millions of women and families worldwide.<sup>1</sup> The MSI-GSK Cervical Cancer Prevention Project aims to pilot a scalable women's health intervention in Bangladesh (MSB), Madagascar (MSM) and Sierra Leone (MSSL), saving women's lives by addressing the growing disease burden caused by cervical cancer.

The pilot program in all 3 countries consists of 5 specific objectives<sup>2</sup>:

1. **Advocacy:** To support the development and/or implementation of national strategies for cervical prevention and control in the three proposed countries.
2. **Awareness:** To increase awareness among clients and service providers of the impact of cervical cancer and the availability of preventative services in the three countries.
3. **Screening and prevention:** To introduce and/or enhance cervical cancer screening and preventative therapy services in the three proposed countries.
4. **Organisational development:** To strengthen MSI service providers' knowledge and skills in cervical cancer prevention and treatment in the three countries.
5. **Vaccination:** To deliver Human Papilloma Virus (HPV) vaccination to girls (ages 9–13) in Bangladesh.

As part of MSI's wider cancer prevention advocacy efforts, MSI would seek to support GAVI demonstration vaccination pilot Sierra Leone and national scale up in Madagascar. Outreach workers set up camps to screen women for cervical cancer, bringing care to underserved populations. Women with abnormal or precancerous cervical cells are treated with cryotherapy. The partnership works alongside local and national health authorities to provide high quality services with a view to sustainability. Behavior change communications will strengthen knowledge around cervical cancer prevention and increase demand for services. Meanwhile, the capacity building of health providers will ensure the continued supply of screening and preventative therapy.<sup>2</sup> These projects will follow World Health Organization (WHO) best practice on cervical cancer prevention and take into account recommendations by GAVI.

# Program Strategies & Activities

## 9 Strategies and activities

### Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Cervical cancer awareness campaigns to general community and health providers.

### Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Train Marie Stopes International (MSI) service providers' to improve their knowledge and skills in cervical cancer prevention and treatment.

### Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	Outreach workers set up camps to screen women for cervical cancer, bringing care to underserved populations.
Treatment	Cryotherapy provided to women with abnormal cervical screening results.
Vaccination	HPV vaccination campaigns to girls.

## 10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	[No response provided].
Health Service Strengthening	[No response provided].
Health Service Delivery	[No response provided].

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# Companies, Partners & Stakeholders

## 11 Company roles

COMPANY	ROLE
GlaxoSmithKline	GSK agreed upon a grant made in four instalments in support of the cost of piloting a scalable women's health intervention in Bangladesh, Madagascar and Sierra Leone by addressing the growing disease burden caused by cervical cancer through increasing awareness, advocacy, prevention and screening and cryotherapy.

## 12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Marie Stopes International	MSI assists in implementing the various activities from the program. <a href="https://www.mariestopes.org">https://www.mariestopes.org</a>	Voluntary

## 13 Funding and implementing partners by country

PARTNER	COUNTRY
Marie Stopes International	[No response provided].

## 14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	Marie Stopes is working with national governments to develop and/or implement national strategies for cervical prevention and control and to introduce and/or enhance cervical cancer screening and preventative therapy services in the three proposed countries.
NGO	MSI has been working with non-governmental partners to increase awareness among clients and service providers of the impact of cervical cancer and the availability of preventative services in the three countries.

# Local Context, Equity & Sustainability

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## 15 Local health needs addressed by program

Cervical cancer is the fourth most common cancer in women worldwide with about 500,000 new cases and 250,000 deaths each year. The devastating impact of cervical cancer is disproportionately felt in low and middle-income countries where over 80% of cases occur.<sup>3</sup>

<sup>4</sup> Cervical cancer is both preventable and curable, with the HPV vaccine proving over 99% effective and forming the primary strategy for preventing cervical cancer. However, the lack of access to this vaccination and screening services in under-resourced settings makes women particularly vulnerable to Cervical cancer.<sup>4</sup>

The GSK-MSI partnership contributes to national efforts to reduce mortality through prevention and control of cervical cancer by advancing country level objectives in three of the world's least developed countries; Bangladesh, Madagascar and Sierra Leone. In all of these countries, Marie Stopes International is a strong Non-governmental organization (NGO) with longstanding experience, providing a wide range of services to promote women's health.<sup>2</sup> In Sierra Leone, MSI started providing women's health services in 1986 and is one of the oldest programmes in the MSI partnership. They have a long and proud history in the country and are known locally as "de mammy fo welbodi" or "the mother of health". The programme continued to work through both the decade long civil war (the only NGO to do so) and the 2015 Ebola outbreak.<sup>1</sup> Established in 1988, MSI in Bangladesh provides a range of sexual and reproductive health services across the country. Services are delivered through a wide network of centers and several outreach teams, accessing hard-to-reach communities, the poor, factory workers, sex workers, floating populations, injection drug users and youth populations.<sup>1</sup> Finally, since 1992, Marie Stopes Madagascar has been working with national government and non-governmental partners to provide a full range of sexual and reproductive health services, including contraception and post-abortion care.<sup>1</sup>

## a How needs were assessed

[No answer provided]

## b Formal needs assessment conducted

[No answer provided]

## 16 Social inequity addressed

In low and middle income countries, reproductive health can become invisible, particularly in conflict ridden areas. MSI use various delivery channels to reach the most marginalised communities, providing health commodities and services as well as technical support for local healthcare providers. For example, teams in Bangladesh MSI have clinical outreach teams who travel to hard-to-reach parts of the country by boat, car and foot bringing contraceptive services and screenings to women. By implementing programs that reach vulnerable populations in rural areas with limited access to healthcare, this project aims to reduce health gaps derived from social inequity.

## 17 Local policies, practices, and laws considered during program design

The MSI- GSK partnership will work at the national level to support the implementation and development of Global Alliance for Vaccines and Immunization (GAVI) pilot proposals for the HPV vaccine, where approval is yet to be gained. The MSI-GSK partnership follow World Health Organization (WHO) best practice on cervical cancer prevention and take into account recommendations by GAVI. Additionally, the Partnership supports the development and/or implementation of national strategies for cervical prevention and control in the three countries and works alongside local and national health authorities to provide high quality services.

## 18 How diversion of resources from other public health priorities is avoided

[No response provided.]

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# Local Context, Equity & Sustainability

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19 Program provides health technologies (medical devices, medicines, and vaccines)

[No response provided.]

20 Health technology(ies) are part of local standard treatment guidelines

N/A

21 Health technologies are covered by local health insurance schemes

N/A

22 Program provides medicines listed on the National Essential Medicines List

N/A

23 Sustainability plan

This project is a pilot so will be evaluated at the end of the reporting period. Based on the results and success of this pilot project, planning for a sustainable program will be considered.



# Additional Program Information

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## 24 Additional program information

[No response provided].

### a Potential conflict of interest discussed with government entity

[No answer provided]

## 25 Access Accelerated Initiative participant

Yes.

## 26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Yes.

# Resources

1. Marie Stopes International Website. <https://www.mariestopes.org>
2. IFPMA Health Partnerships Directory – Project Website: <http://partnerships.ifpma.org/partnership/gsk-msi-cervical-cancer-prevention-project>
3. WHO. International Agency for Research on Cancer. Cervical Cancer. Estimated Incidence, Mortality and Prevalence Worldwide in 2012. [http://globocan.iarc.fr/Pages/fact\\_sheets\\_cancer.aspx](http://globocan.iarc.fr/Pages/fact_sheets_cancer.aspx)
4. NIH Fact Sheets – Cervical Cancer. <https://report.nih.gov/nihfactsheets/viewfactsheet.aspx?csid=76>

# Program Indicators

PROGRAM NAME

# MSI-GSK Cervical Cancer Prevention Project

27 List of indicator data to be reported into Access Observatory database

INDICATOR	TYPE	STRATEGY	2019
1 Patients on appropriate treatment	Outcome	Health Service Delivery	---

ITEM	DESCRIPTION
Definition	Percentage patients on appropriate treatment (according to standard treatment guidelines related to NCDs) among the total number of patients with NCDs visiting the facility.
Method of measurement	<p>This information may be obtained from facilities, prescriptions data and medical records and then compared to national Standard Treatment Guidelines.</p> <p>National Standard Treatment Guidelines (STG) may be defined as ‘systematically developed statements to help practitioners or prescribers make decisions about appropriate treatments for specific clinical conditions’. At a minimum, they should contain information on clinical features, diagnostic criteria, non-medicine and medicine treatments (first-, second-, third-line), and referral criteria. If national STG are not available international guidelines can provide parameters, however, a justification should be added.</p> <p>CALCULATION</p> <p>Number of patients treated according to standard treatment guidelines related to NCDs visiting the facility</p> <hr/> <p>Total number of patients with NCDs visiting the facility</p>
28 Data source	[No response provided]
29 Frequency of reporting	[No response provided]

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	[No response provided]	[No response provided.]	[No response provided.]
31 Data processing	[No response provided]	[No response provided.]	[No response provided.]
32 Data validation	[No response provided]	[No response provided.]	[No response provided.]

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR

2019

1 Patients on appropriate treatment	---
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Comments: [No response provided.]

# Appendix

This program report is based on the information gathered from the Access Observatory questionnaire below.

## Program Description

### PROGRAM OVERVIEW

#### 1 Program Name

#### 2 Diseases program aims to address:

Please identify the disease(s) that your program aims to address (select all that apply).

#### 3 Beneficiary population

Please identify the beneficiary population of this program (select all that apply).

#### 4 Countries

Please select all countries that this program is being implemented in (select all that apply).

#### 5 Program Start Date

#### 6 Anticipated Program Completion Date

#### 7 Contact person

On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).

#### 8 Program summary

Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

### PROGRAM STRATEGIES & ACTIVITIES

#### 9 Strategies and activities

Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?

#### 10 Strategy by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

### COMPANIES, PARTNERS AND STAKEHOLDERS

#### 11 Company roles

Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?

#### 12 Funding and implementing partners

Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization's goals and objectives.)

a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team's responsibilities for the program, with reference to the program strategies and activities. (response required for each partner selected).

b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner. (Public Sector is defined as government; Private Sector is defined as

A business unit established, owned, and operated by private individuals for profit, instead of by or for any government or its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.)

c. Please provide the URL to the partner organizations' webpages

### 13 Funding and implementing partners by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (funding and implementing partners), please identify which country/countries these apply.

### 14 Stakeholders

Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.). Select all that apply.

- Government, please explain
- Non-Government Organization (NGO), please explain
- Faith-based organization, please explain
- Commercial sector, please explain
- Local hospitals/health facilities, please explain
- Local universities, please explain
- Other, please explain

## LOCAL CONTEXT, EQUITY & SUSTAINABILITY

### 15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

### a How were needs assessed

### b Was a formal need assessment conducted

(Yes/No) If yes, please upload file or provide URL.

### 16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime 'social disparities,' 'structural barriers' and 'oppression and discrimination' are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.\*)

\*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

### 17 Local policies, practices, and laws considered during program design

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

### 18 How diversion of resources from other public health priorities is avoided

Please explain how the program avoids diverting resources away from other public health priorities? (e.g. local human resources involved in program implementation diverted from other programs or activities).

### 19 Program provides health technologies

Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)

### 20 Health technology(ies) are part of local standard treatment guidelines

Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not, what was the local need for these technologies?

**21** Health technologies are covered by local health insurance schemes

Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

**22** Program provides medicines listed on the National Essential Medicines List

Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

**23** Sustainability plan

If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

## ADDITIONAL PROGRAM INFORMATION

**24** Additional program information

Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

**a** Potential conflict of interest discussed with government entity

Have you discussed with governmental entity potential conflicts of interest between the social aims of your program and your business activities? (Yes/No) If yes, please provide more details and the name of the government entity.

**25** Access Accelerated Initiative participant

Is this program part of the Access Accelerated Initiative? (Yes/No)

**26** International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

## Program Indicators

### INDICATOR DESCRIPTION

**27** List of indicator data to be reported into Access Observatory database

For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

**28** Data source

For this indicator, please select the data source(s) you will rely on.

**29** Frequency of reporting

Indicate the frequency with which data for this indicator can be submitted to the Observatory.

**30** Data collection

- Responsible party: For this indicator, please indicate the party/parties responsible for data collection.
- Data collection — Description: Please briefly describe the data source and collection procedure in detail.
- Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

**31** Data processing

- Responsible party: Please indicate all parties that conduct any processing of this data.
- Data processing— Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.
- Data processing — Frequency: What is the frequency with which this data is processed?

**32** Data validation

Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

**33** Challenges in data collection and steps to address challenges

Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.



