

## POLICY PAPER

### [A new screening programme for cervical cancer in Albania: from research to policy](#)

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Cervical cancer is one of the most common cancers among women worldwide. It also puts a heavy burden on Albanian society, and unfortunately trends do not show a decrease in the number of Albanian women diagnosed with cervical cancer, especially women in vulnerable situations. This demonstrates the limited effects of the traditional Albanian health services approach. Research had shown that a large number of cases and even deaths could be prevented with proper follow-up and better preventive strategies. Therefore, a large-scale early detection screening programme was needed, as this could prevent the disease from developing and drastically reduce the number of fatal cases.

#### **A global challenge**

Cervical cancer is a global public health problem. It is one of the most common cancers among women, with almost 600,000 new cases worldwide and over 300,000 deaths in 2018. The distribution of cervical cancer incidence and mortality reflects global disparities in access to health services, with 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. The main cause of cervical cancer is persistent or chronic infection from oncogenic human papillomavirus (HPV), typically spread by sexual contact. Preventive strategies for cervical cancer are based on vaccination, screening and treatment of precancerous lesions.

#### **A health problem and an economic burden on Albanian society**

Cervical cancer is, together with uterus cancer, the second most frequent cancer among Albanian women of reproductive age (15-49 years). The most frequent is breast cancer, mainly due to its characteristic increase of risk in middle age. Compared to most cancers, the risk of cervical cancer reaches the highest incidence level at a relatively young age. In Albania the risk is highest at 40-49 years of age, decreasing thereafter.

The sexual lifestyle trends among Albanians point to a potential increase of this cancer in the absence of preventive strategies. According to official country-level data, between 2013 and 2018, an average of 40 women died of cervical cancer each year. During the same period, 120-130 women were diagnosed with cervical cancer in Albania. The rate is lower compared to other Southeast European countries but much higher than in Eastern Mediterranean countries.

While in most EU countries the mortality and incidence of cervical cancer are on the decrease, in Albania trends have not shown signs of decline, demonstrating the limited effects of traditional health services, which have been mostly based on small-scale, episodic and opportunistic early detection.

Needless to say, there is a great deal of potential for prevention, with prevention efforts expected to result in a number of remaining healthy years. It is estimated that, every year in Albania, 2,000-3,000 healthy and productive years are lost to cervical cancer-related diseases and deaths. At a conservative estimate, cervical cancer has cost 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.

### **From evidence to policy reform**

Prior 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 into national health policies. A number of health system-based analyses, capacity building, awareness activities, policy development and guidelines preparation have been carried out by the Ministry of Health, the Institute of Public Health, and University Hospitals in partnership with United Nations or European Union agencies.

The process, which culminated in the National Screening Programme, was initiated with the National Cancer Control Plan 2011-2020. During 2012-2013, the Institute of Public Health in collaboration with University Hospitals and supported by the United Nations Population Fund (UNFPA) carried out initial health system capacity analyses and developed the first recommendations on cervical cancer screening to the Ministry of Health. In 2014, the Declaration of Wisdom was signed by ministers, deputy ministers, members of parliament and other public figures. The document underlined the need to do more to prevent cervical cancer and to protect women from this disease. In 2015-2016, an inter-institutional working group developed Clinical Guidelines for Cervical Cancer at Primary Health Care level, which were approved by an order of the Albanian Minister of Health. In 2017, a pilot programme for cervical cancer screening was organised in the Fieri district, in collaboration with specialised Italian and French Institutions. High-risk HPV tests were used for primary screenings. By 2018, a WHO technical mission on breast and cervical cancer screenings was carried out and recommendations were used by the Institute of Public Health in developing the technical framework for a national screening programme.

### **The National Screening Programme**

The National Screening Programme for cervical cancer was approved by a government law and included in the 2019 budget of the Ministry of Health and Social Protection. Women aged 40-49 years old are now offered free screening, based on high-risk HPV tests, at primary health care level.

During the last decade, and following the intensification of efforts to introduce systematic prevention programmes and to strengthen health system capacities for early diagnoses, activities aimed at improving Albanian women's awareness of cervical cancer prevention have had substantial success. Despite geographical differences, the proportion of women of reproductive age who have knowledge

about prevention has increased by more than 55% in 2018 compared to 2008, especially in rural areas, where the knowledge has doubled.

The goal of the new screening programme is to provide all women in this age group with high-risk HPV screening tests, as part of the routine examinations done at primary health care centres. The screening programme will improve the identification of women who are at higher risk for cervical cancer, detect precancerous lesions over time, and treat them accordingly. Under the new programme, all primary screening tests and further examinations are provided for free at the point of care, regardless of the patient's health insurance status.

**“THANKS TO THE EFFORTS TO IMPROVE ALBANIAN WOMEN'S AWARENESS OF CERVICAL CANCER PREVENTION, THE NUMBER OF WOMEN WHO KNOW ABOUT PREVENTION HAS INCREASED SIGNIFICANTLY, ESPECIALLY IN RURAL AREAS, WHERE THE KNOWLEDGE HAS DOUBLED.”**

To minimise the added workload every screening programme brings about, nurses at primary health care services are taking more responsibilities away from general practitioners. In addition, screening tests based on self-sampling are very practical for women and guarantee a minimal workload for health care providers. Under the new National Screening Programme, 538 health professionals from around 400 health centres all over the country have already been trained.

### **First results**

The screenings started in May 2019. By December, about 15,000 women had undergone a screening, and around 6% of them were considered high-risk HPV and are being followed up. Although the likelihood of being high-risk HPV was higher in cities, the programme was used more by women living in rural, poorer areas, where access to quality health care is more difficult.

The majority of women found the vaginal sampling procedure very simple and not at all painful. Almost all of the screened women received their results within two months. By December 2019, more than 90% of women whose results came back positive had already gone for a follow-up visit or were planning to go soon. One of the issues identified during the first year of the programme was the relatively high proportion of women who had chosen private health care for the follow-up visit. Higher education increased the odds of using a private facility or going abroad for the follow-up visit. While the majority of women reported substantial worries about being high-risk HPV, almost 90% of them rated the overall service as 'good' or 'very good'.

### **Stakeholders, organisational and political landscape**

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

Meanwhile, the Institute of Public Health, with its central role in health prevention programmes, has proven to be another key stakeholder. Hence, its evidence-based analyses, coupled with increasing public awareness of cervical cancer prevention, has helped convince the Ministry of Health and Social Protection to provide the necessary leadership for the programme, to design the policy framework, and to involve the whole government in the cause.

The National Screening Programme could be neither effective, nor ethical without full involvement of specialised health care, mainly in gynaecology and biopsy. The two university gynaecological and obstetrical hospitals in Tirana are crucial, not only in providing the diagnoses and treatment for high-risk HPV cases, but also in supporting other regional hospitals in strengthening their capacities, this way lowering the geographical barriers for women during follow-up visits.

The screening programme is being provided by coordinating roles of primary health care services and regional public health institutions, assuring easy access to screening services for the target population. This model of inter-institutional organisation should be used in the future for other components of cervical cancer prevention programmes, 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 the WHO has also provided key technical assistance. Their support will be continuously needed along with EU and other regional networks and partnerships. Civil society organisations, such as the Albanian Centre for Population and Development, or women's networks, would also be indispensable in a range of actions, including advocacy and raising awareness among marginalised 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 has been demonstrated that vaccination alone is insufficient. To successfully achieve the elimination of 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 to the population at scale.
- Albania has yet to set up a vaccination programme against HPV alongside its newly developed screening programme. For that, analysis about a cost or price benchmark for the dose of vaccine and recommendations in the context of low- and middle-income countries is needed. For example, what would be the target price to be negotiated for two doses of vaccine in Albania? The WHO and UNFPA could assist in this process.
- The initial reaction of women towards the screening programme 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 programme, while raising awareness among women, to continuously increase the screening coverage, aiming at 80% of the target population by 2023.
- As more women are being reached by screening services, it is paramount to continue the efforts towards strengthening capacities for better diagnoses and treatment of precancerous lesions, improving women's access to specialised follow-up for colposcopy and biopsy. All women identified as having cervical diseases 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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