

Integrating Palliative Care into Cervical Screening Programs

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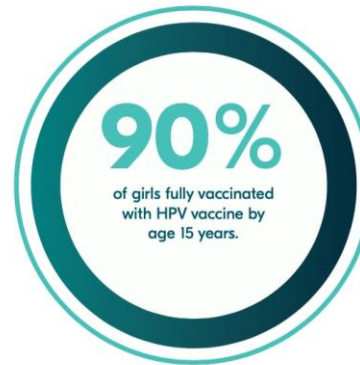
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Cervical cancer is the 2nd leading cause of cancer and cancer death among women in many countries in the Pacific



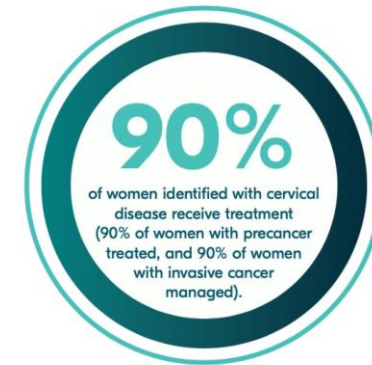
3 pillars to be achieved and sustained:



HPV Vaccination



HPV Screening



Treatment of Pre-Cancer
Treatment of Cancer &
Palliative Care

- Globally, more than 60% of patients with cervical cancer present with FIGO stage III–IV disease.
- In countries where screening and precancer treatment services have not yet been fully established or scaled up where there is lack of community awareness and women face multiple barriers to access care this proportion may exceed 80–90%.

Tekalign T et al., 2022

High burden of symptoms and suffering:

**Moderate-
Severe Pain**

85%*

**Malodours Vaginal
Discharge**

66%*

Vaginal Bleeding

61%*

AND

**Psychological,
Social and
Spiritual Suffering**

*Global estimates for cervical cancer patients in their last year of life
Krakauer E. et al, 2021



EPICC: an end-to-end program



What is ‘*palliative care*’?



Na Loloma Karoni

“Loving care”



*Laikim na Lukautim
wantaim Bel isi*

“Care with love and
peaceful/compassion
heart”



*Lukaotem famli
blong yumi*

“Looking after our
family”



Kuida Ho Domin

“Care with Love”



*Eininiow Eow Ean
Rangaem*

“Harmony in Care”

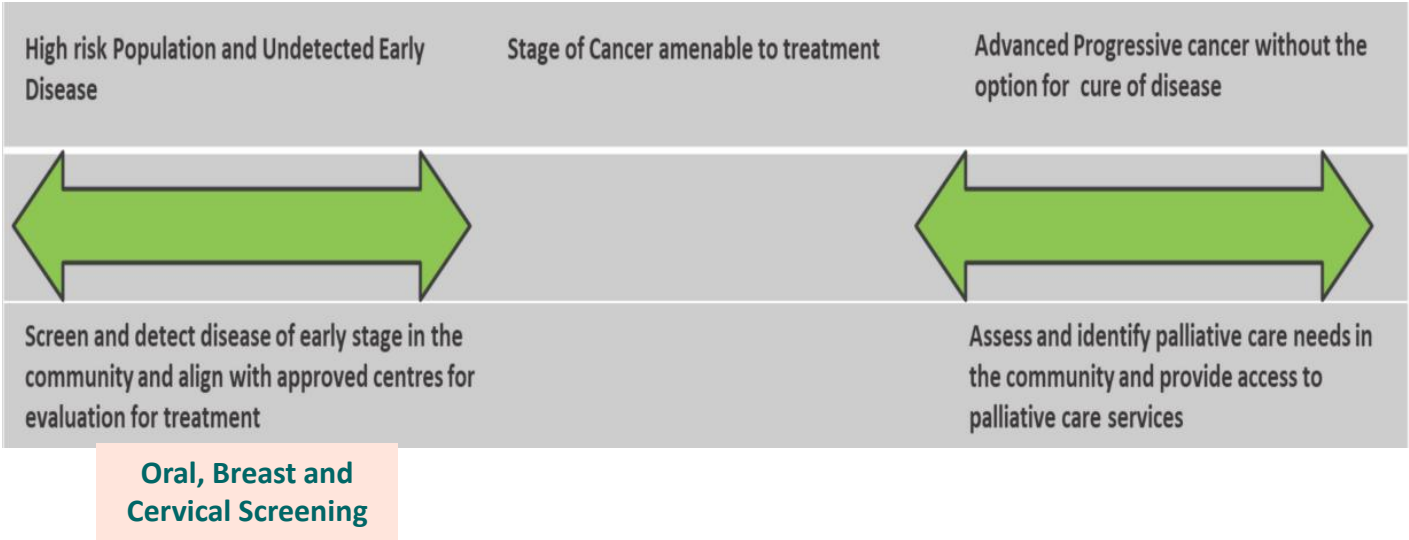
**Caring for the beloved ones and for those who are sick is deeply embedded in the Pacific culture,
yet specialized palliative care services and training remain limited.**

Screening teams may be the first point of contact for women with advanced disease - A window to raise awareness, build basic skills, advocate for palliative care services, and integrate them into routine services.

ecancermedicalscience

An innovative model for integrated delivery of prevention, screening and palliative care services of cancers at health and wellness centres in Assam

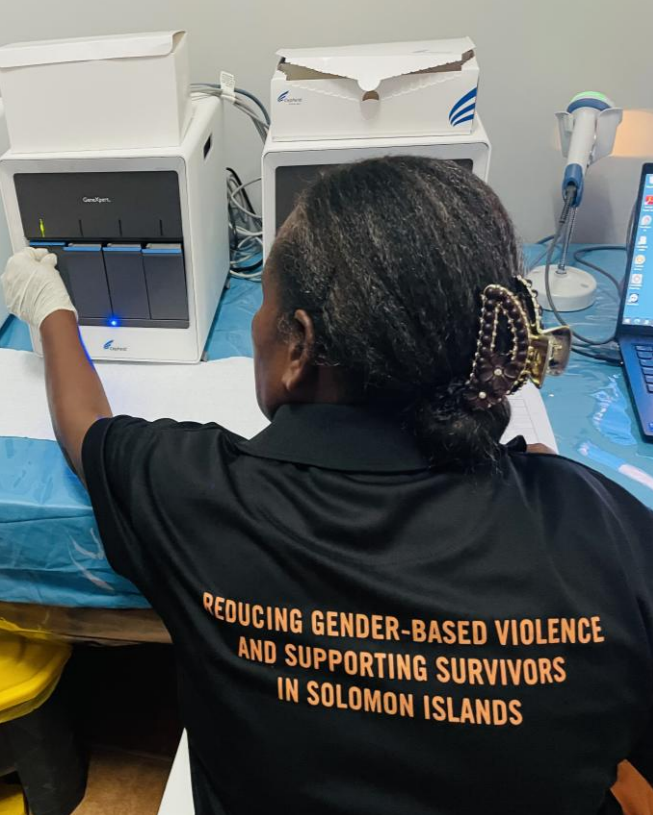
Rewati Raman Rahul¹, Nandini Vallath², Kunal Oswal³, Ravikant Singh⁴, Kumar Gaurav⁵, Paul Sebastian⁶, Venkataramanan Ramachandran⁷ and Arnie Purushoththam⁸



2106 households were covered

0.5% households were identified in need of palliative care

They were all referred to palliative care support.



The EPICC consortium has supported HPV screening and pre-cancer treatment training across several Pacific countries, using a training of trainers (ToT) model.

Training has focused on secondary prevention measures, covering:

- Self-collection for HPV screening
- Effective communication and counselling
- Infection control and high-level disinfection
- Gender, Equality, Disability, and Social Inclusion (GEDSI)
- Female reproductive anatomy and variations
- Point-of-care (POC) testing
- Health promotion
- Visual assessment (VAT)
- Thermal Ablation
- Data management

Palliative care integration

Palliative care module developed and integrated into the training package to:

- Discuss palliative care within the local cultural context
- Increase basic knowledge and confidence in essential palliative care approaches
- Raise awareness of palliative care and address common misconceptions
- Define referral pathways
- Identify potential champions for palliative care at the primary care level

The new module covers:

01 Foundations

Principles of palliative care

02 Identification

Recognising palliative care needs

03 Response

Initial support and referral

Pilot Training

1

Co-developed
with a Nurse
Educator from
Solomon Islands

2

Delivered by local
Nurse Educator from
the Solomon Islands

3

Participant
reflections gathered
to guide next steps

4

Incorporate
feedback and
adapt materials for
future

Solomon Islands • March 2026



Participant Feedback

MAIN AREAS OF INTEREST

- Psychosocial support
- Identification of palliative care need
- Management of non-complex symptoms
- Creation of referral pathways to ensure appropriate support

CHALLENGES IDENTIFIED

- Limited palliative care workforce
- Need for more in-country training
- Prioritise psychosocial support and communication / counselling
- Many issues are social, not clinical
- Services must exist before referral pathways are meaningful

Impact and relevance



Provides foundational
palliative care awareness



Supports more holistic care



Scalable



Improved confidence in
identifying palliative care
needs, goals of care and
need for referral



Opened discussion of local
needs and priorities to
improve palliative care
more broadly



Reproducible

Next Steps

1. Adapt and Replicate
2. Strengthen Palliative Care Capacity
3. Mobilise the Community



CAPACITY BUILDING IS ESSENTIAL — BUT NOT ENOUGH

Training only works if the wider system can support it. The other building blocks are essential, including:

- Safe access to essential medicines
- Enabling health policies



PACIFIC
SOCIETY FOR REPRODUCTIVE HEALTH



Thank you!

EP&CC

ELIMINATION PARTNERSHIP
IN CERVICAL CANCER