BE HE@LTHY BE MOBILE

A handbook on how to implement mCervicalCancer

World Health Organization

ITU

A handbook on how to implement mCervicalCancer

ISBN WHO 978-92-4-151313-5

ITU ISBN: 978-92-61-21481-4

© World Health Organization and International Telecommunication Union, 2017

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO or ITU endorses any specific organization, products or services. The unauthorized use of the WHO or ITU names or logos is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO) or the International Telecommunication Union (ITU). Neither WHO nor ITU are responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (http://www.wipo.int/amc/en/mediation/rules).

Suggested citation. A handbook on how to implement mCervicalCancer. Geneva: World Health Organization and International Telecommunication Union, 2017. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. ITU Publications can be obtained from ITU Bookshop http://www.itu.int/en/publications. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO or ITU concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO or ITU in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO and ITU to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO or ITU be liable for damages arising from its use.

Printed in Switzerland, Geneva, 2017

BE HE@LTHY
BE MOBILE

A handbook on how to implement
mCervicalCancer

ACKNOWLEDGEMENTS

The World Health Organization (WHO) and International Telecommunications Union (ITU) gratefully acknowledge the following contributors to this handbook:

Handbook preparation
WHO/ITU Be He@lthy, Be Mobile team: Sameer Pujari, Allison Goldstein, Virginia Arnold, Vinayak Prasad, Susannah Robinson, Surabhi Joshi, Liliane Chamas, Hani Eskandar, Suzanne Hodgkinson, Per Hasvold, Tim Ryan and Stephanie Meagher.

Content development
Members of the Be He@lthy, Be Mobile mCervicalCancer Informal Expert Group: Surendra S. Shastri, Rengaswamy Sankaranarayanan, Parham Groesbeck, Raveena Chowdhury, Achim Schneider, Patrick Petignat, Dan Murokora, Mauricio Maza, Sharon Kapambwa and Karen Yeates.

Guidance
Be He@lthy, Be Mobile Steering Committee members, from WHO: Douglas Bettcher, Ed Kelley, and Nick Banatvala; and from ITU: Yushi Torigoe, Eun-Ju Kim, and Kemal Huseinovic.

Further contributions
Slim Slama, Benoit Varenne, Elisa Prieto, Nyo Nyo Kyaing, Jagdish Kaur, Clayton Hamilton, Carrie Beth Peterson, Ahmed Mohamed Amin Mandil, Heba Fouad, Hani Farouk Abdel Hai Mohamed, Angela Pratt, Kelvin Khow, Mark Landry, Edouard Tursan d'Espaignet, David Novillo Ortiz, Mary-Anne Land, Prebo Barango, Andreas Ullrich, Nathalie Broutet, Cherian Varghese, Ophira Ginsburg, Elisa Prieto, Silvana Luciani, and Ibtihal Fadhil.

Administrative support
Zahra Ali Piazza.

Editing
Sarah Whitehouse.

Layout and design
Phoenixdesignaid.

Table of Contents

Introduction. 1

Purpose 1

Background 1

What is an mCervicalCancer programme? 4

Developing a national mCervicalCancer programme 10

1. Operations Management 10

- Needs Assessment 10
- Programme leadership and partnerships 12
- Work plan development 14

2. Content development and adaptation 16

3. Recruitment and promotion 19

4. Technological specifications 20

5. Monitoring and Evaluation 21

Conclusion 24

References 25

Additional Resources 27

Annex. 29

Annex 1: Examples of mAwareness key messages and content 29

Annex 2: mCervicalCancer programme and message content from Tanzania 30

Annex 3: mCervicalCancer programme and message content from Zambia 32

Annex 4: Reflections from cervical cancer national prevention programmes in Africa 33

Annex 5: Example Budget Breakdown 39

ACRONYMS

AEFIs ..... Adverse events following injections

BHBM ..... "Be He@lthy, Be Mobile"

CCS&PT ..... Cervical Cancer Screening & Preventative Therapy

CECAP..... Cervical Cancer Prevention Program

HCP..... Healthcare professional

HPV..... Human papillomavirus

IARC..... International Agency for Research on Cancer

ITU ..... International Telecommunications Union

IAEA..... Atomic Energy Agency

ICC ..... Invasive cervical cancer

LEEP..... Loop electrosurgical excision procedure

LMICs..... Low- and middle-income countries

mHealth ..... Mobile technology

MST ..... Marie Stopes International Tanzania

NCDs..... Noncommunicable diseases

SEVIA ..... Smartphone enhanced VIA

SMS ..... Short message system

TAG ..... Technical Advisory Group

VIA..... Visual Inspection with acetic acid

VILI ..... Visual Inspection of the Cervix with Lugol's Iodine

VUCCnet..... Virtual University for Cancer Control

WHO..... World Health Organization

ZICTA ..... Zambia Information and Communication Technology Authority

Introduction

Purpose

"Be He@lthy, Be Mobile" (BHBM) is a global initiative, led by the World Health Organization (WHO) and the International Telecommunications Union (ITU), based on mobile technology for health (mHealth) – particularly text messaging and mobile applications (apps) – to address noncommunicable diseases (NCDs) such as diabetes, cancer, cardiovascular diseases and chronic respiratory diseases. The initiative originated in response to the outcome of the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control – the Moscow Declaration (WHA64.11) and the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (A/RES/66/2), to identify concrete actions to be undertaken by Member States, and actions to be included in the Global Action Plan for the Prevention and Control of NCDs 2013–2020. This marked an active decision by WHO to scale up activities using innovative technologies to reduce the global burden of NCDs. The initiative is in line with the 2030 Agenda for Sustainable Development and its Sustainable Development Goals.

This handbook was prepared by an international group of cervical cancer experts for WHO and ITU and is intended to provide evidence-based operational guidance and resources for implementing mobile phone-based support (mHealth) for cervical cancer prevention and control. It describes how an mHealth cervical cancer control (mCervicalCancer) programme can be used to strengthen existing cervical cancer prevention and control programmes, and illustrates the steps required for successful implementation. The handbook has been informed by WHO guidelines for comprehensive cervical cancer prevention and control, and is intended for adaptation by Member States in their efforts to support national guidelines on cervical cancer prevention and control.

The handbook describes the considerations and decisions to be made in planning for a national mCervicalCancer programme in five areas:

1. Operations management
    a. Needs assessment
    b. Programme leadership and partnerships
    c. Work plan development
2. Content development and adaptation
3. Technology
4. Promotion and recruitment
5. Monitoring and evaluation.

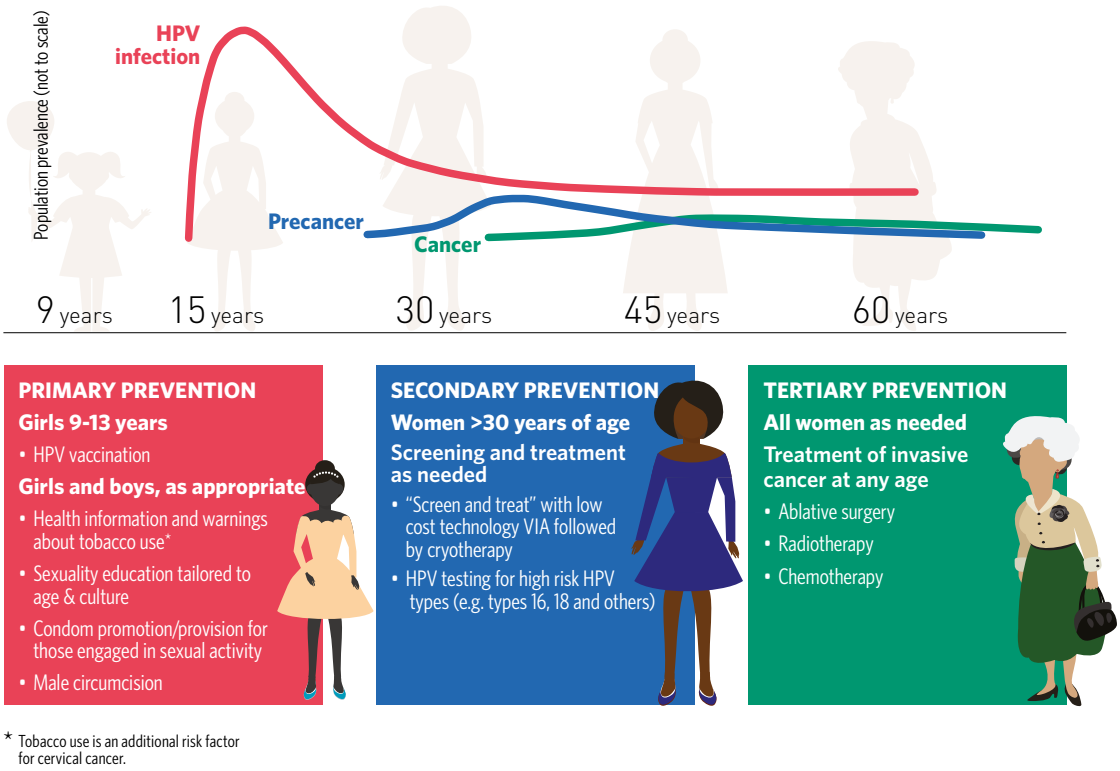
The annexes include examples of key messages and content, lessons learnt, examples of mCervicalCancer programmes set up in Africa, and a draft budget breakdown.

The handbook's target audience includes WHO staff members, government officials from participating countries, academics, and implementing partners in countries involved in large-scale mHealth programmes.

Background

NCDs are the leading cause of death and disability globally, causing significant health and economic burdens for individuals, societies and health systems (1). Cancers, in particular, caused some 8.2 million deaths in 2012 (2). Cervical cancer is the fourth most common cancer in women (2). In 2012, there were an estimated 266,000 deaths from cervical cancer worldwide, more than 85% of which occurred in low- and middle-income countries (LMICs) (2). Cervical cancer is caused by the human papillomavirus (HPV), the most common sexually transmitted infection of the female

Figure 1: The WHO comprehensive approach to cervical cancer prevention and control: Overview of programmatic interventions throughout the life course to prevent HPV infection and cervical cancer



* Tobacco use is an additional risk factor for cervical cancer.

reproductive tract. Almost all sexually active individuals will be infected with HPV at some point in their lives and some may be repeatedly infected. The peak time for infection is shortly after becoming sexually active. Most cases of HPV infection resolve spontaneously and do not cause symptoms or disease. Persistent infection with specific types of HPV may, however, lead to precancerous lesions. Globally, HPV16 and

While both cross-sectional and longitudinal studies are inconsistent in their findings about condom use as a means of protecting against HPV in women (6), much evidence shows that a comprehensive approach to cervical cancer prevention and control throughout the life course will reduce the burden of the disease. The goal of any comprehensive cervical cancer prevention and control programme is

预览已结束，完整报告链接和二维码如下：
https://www.yunbaogao.cn/report/index/report?reportId=5_27144