



FIRST TECHNICAL VISIT TO  
ANTIGUA AND BARBUDA:  
INITIAL ASSESSMENT AND MULTIPLE STEP  
APPROACH TO CERVICAL CANCER  
PREVENTION





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## BACKGROUND

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The country of Antigua and Barbuda is situated in the Caribbean with an estimated 90,755 inhabitants. Of those, over 50 percent are women and 20,387 are between the ages of 30 and 59 years of age. (SOURCE: Antigua and Barbuda's Ministry of Health and the Environment, [MOH]). According to the World Health Organization, cervical cancer is the second highest cause of mortality due to cancer among women in Antigua and Barbuda. Basic Health International (BHI) has a mission to eradicate cervical cancer globally. The BHI chair, Mr. Joseph Platt initiated a relationship between Antigua and BHI by meeting with, the Minister of Health, the honorable Molwyn Joseph. This meeting confirmed that Antigua is interested and has the political will to become actively involved in the prevention of cervical cancer.

### Initial Assessment

In April of 2016 the Ministry of Health of Antigua and Barbuda hosted Dr Mauricio Maza, Chief Medical Officer of BHI, and Ms. Catherine Platt BHI Director of Finance, to meet with numerous people in the Ministry to help them better understand the background and scope of the cervical cancer problem in Antigua. Miss Valerie Williams, Focal Point for NCDs at the MOH, was appointed as the liaison to oversee and follow up with BHI. The findings in this report provide an overview of BHI's observations. Images found in this report were taken from BHI's initial visit with Miss Valerie Williams. This is a private document, and will be shared only with Basic Health International, the Ministry of Health of Antigua and Barbuda, and any other allies the MOH deems appropriate (PAHO/WHO, Local Stakeholders, potential partners).

### BASIC HEALTH INTERNATIONAL'S SITE VISIT TO ANTIGUA AND BARBUDA

## FINDINGS

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This report was subject to the following constraints:

**Time constraints:** BHI only had 3 days to complete the initial assessment.

**Patient Recruitment:** There was no opportunity to see how patients are recruited for preventive visits. Women were not seeking cervical cancer prevention services at the time of the BHI team site visits.

**Information systems:** There was no access to the information system/database of the visit at the time. BHI was thus unable to review all of the program indicators.

### Primary health care:

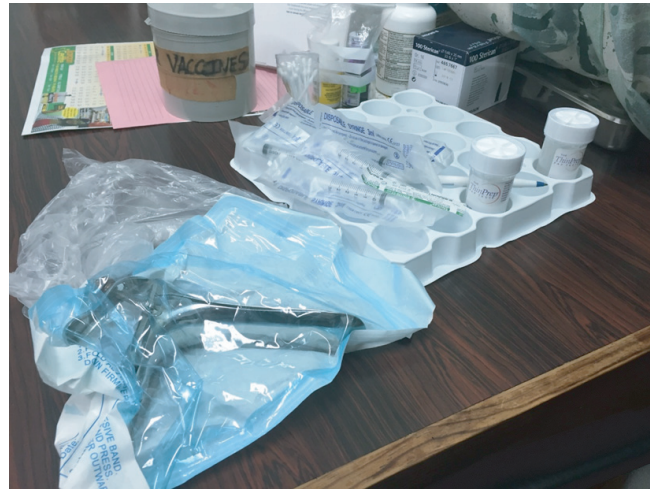
During our primary health care setting visit, we found evidence that there was no ongoing MOH-sponsored cervical cancer program. Pap smears were conducted only 2 days per month (Picture 2) and the mediums provided are from a private lab (liquid based cytology) (Picture 3). Women then need to take their vials to a private lab and pay for the service. MOH program perspective.



Picture 1. Primary care setting visit  
(Browne's Avenue Health Centre)



Picture 2  
Pap smears are conducted only 2 days per month



Picture 3  
Transport Media is provided by a private lab (liquid based cytology)

### Secondary - Tertiary health care:

During our secondary - tertiary health care setting visit, we found evidence that there is an interdisciplinary group of health care providers that have the availability and will to improve the cervical cancer program. We encountered a relatively new hospital infrastructure, with the basic tools to assess women with abnormal screening test results and enough personnel to meet current demand. There was colposcopy, cryotherapy and LEEP available on site. Only a few of the physicians on site have the proper skills to perform such procedures. We were told that there has never been a consistent cytology-based program, mainly due to lack of personnel. For example, cytologists need to be hired from abroad to read the pap smear slides. We were not told the exact amount of pap smears read in the previous year, but since the service has not been offered and most patients take their pap smears to a private laboratory, we assume it is quite low.



Picture 4  
Secondary and tertiary care setting visit (MSJMC team)

## Information Systems:

During the site visit the Information System was not available to review because it was under restructuring/maintenance. We were not able, therefore, to review the paper-based forms that are used to "feed" the information system.

## PATIENT FOLLOW UP / MANAGEMENT

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### Patient Follow Up / Management

Antigua does not have any specific cervical cancer prevention guidelines. This poses a major challenge for a public system, since it is vital for personnel to be able to follow individual patients and track screening, treatments, and follow-up, thus enabling to assess evaluators to see the strengths and weaknesses in the program and change it accordingly.

For tertiary care, only chemotherapy was being offered in the public hospital. For access to radiation therapy, all patients must travel to other Caribbean countries or the United States. A new private facility has been opened in Antigua, but we were not able to visit it and do not know if it has a specific agreement with the Government to support patients from the public sector.

## MEETING WITH PARTNERS

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### Meeting with Partners

The Ministry of Health arranged meeting with various stakeholder including:

#### Mount St. John Medical Center management team

- Sonia Grant
- Dr. Raymond Mansoor
- Cheryl Weaver
- Dr. Sofia Alsina
- David Bridgewater
- Rodger Thomas
- Dr. Dane Abbott
- Dr. Lester Simon

#### Winter Medical Center

- Dr. Andre Winter,

#### Antigua Planned Parenthood

- Rs. Marlene Joseph,

#### Antigua and Barbuda Medical Association

- Dr. Joycelyn Walter-Thomas
- Dr. Coralita Joseph
- Dr. Leslie Walwyn
- Dr. Edda Hadeed

#### Gray's Farm Health Clinic

- Kim Haywood
- Dr. Helen Makinde
- Dr. Oritta Zachariah

These individuals, from a diverse range of areas in the medical field, were willing to share their broad experiences and this gave us tremendous insight into the strengths and challenges that exist in Antigua and Barbuda to further the cause of cervical cancer prevention. One of the main initiatives discussed was the implementation of HPV vaccination on the population with the support of PAHO.

## Program summary

### Strengths:

- Need/Demand from population for cervical cancer screening
- Highly motivated personnel that are eager to improve their health services
- HPV vaccination has already been considered by MOH with support from PAHO
- Strong political will to improve cervical cancer prevention services

### Weaknesses

- No cervical cancer screening program in place
- Limited personnel for follow up of abnormal results
- Unknown informatics tracking (not available to be evaluated)
- Limited pathology/cytology services
- No campaigns for cervical cancer prevention

## RECOMMENDATIONS

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### Recommendations

- Review and support HPV vaccination plan with PAHO/WHO support
- Develop/update cervical cancer prevention guidelines
- Develop a monitoring and evaluation plan by:
  - Standardizing paperwork in all health units
  - Reinforcing importance of adequate data entry
  - Creating data base to measure indicators
  - Creating an action plan based on feedback of indicators
- Provide presentations to health personnel involved in the project. Reinforce the importance of different components of the cervical cancer screening program.
- Plan an advocacy/education plan led by the MOH and its media partners (Radio/TV/Print)
- Provide Continuing Medical Education to personnel and medical organizations
  - Laboratory technicians must understand how to properly fill out and prepare the paperwork. As part of the monitoring and evaluation of the laboratory, alerts of labs that have invalid runs need to be set up.
- Implement cost-accessible HPV testing as primary screening
- Develop mechanisms to ensure management/proper follow-up for HPV positive women. If the management of women with positive HPV tests cannot be ensured, then screening has no impact on the mortality from this disease.
- Analyze how services could be integrated into the public sector, private insurance companies, and Medical Benefits Scheme in order to ensure access to the entire population.

BHI has been working in the field of cervical cancer prevention for almost two decades, and has years of experience helping governments/organizations conceive and/or revise their screening programs. For the country to be successful in developing their own program, BHI recommends further discussions with both technical and key political stakeholders on how to plan and implement a comprehensive primary and secondary cervical cancer prevention strategy. We anticipate that the collaboration between the Antigua and Barbuda government and BHI will be greater than the sum of its parts as we work toward our shared mission of cervical cancer eradication.





We at **Basic Health** hope these recommendations will be of help to Antigua and Barbuda's Ministry of Health as they consider being pioneers in the Caribbean region on primary and secondary prevention interventions for cervical cancer. We want to thank the honorable Molwyn Joseph, Minister of Health of Antigua and Barbuda, and Miss. Valarie Williams, for sharing their program information with us. We hope that the knowledge shared from Basic Health International's visit will be of use to help in our mission to eradicate cervical cancer.