REPORT OF
TRAINING OF TRAINERS ON ADVOCACY, IEC AND STRATEGIC PLANNING FOR CERVICAL CANCER PREVENTION

Venue: **Capital Hotel, Lilongwe, Malawi**

Date: **7 to 12 November 2016**

BILL & MELINDA GATES foundation

World Health Organization
REGIONAL OFFICE FOR Africa

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List of Acronyms

AFRO	WHO Regional Office for Africa
AIDS	Acquired immunodeficiency syndrome
BMGF	Bill and Melinda Gates Foundation
C4P	The WHO Cervical Cancer Prevention and Control Costing Tool
C4GEP	Comprehensive Cervical Cancer Control: Guide for Essential Practice
HIV	Human immunodeficiency virus
HSS	Health Systems Strengthening Cluster
HQ	WHO Headquarters
HPV	Human papillomavirus
IEC	Information Education and Communication
IST	Inter country support team
LEEP	Loop electrosurgical excision procedure
MO	Medical Officer
MoH	Ministry of Health
NCCCP	National Coordination Committee for Cervical Cancer Prevention
NCDs	Non communicable diseases
PHC	Primary health care
STI	Sexually transmitted infections
ToT	Training of Trainers
VIA	Visual inspection with acetic acid
WCO	WHO Country Office
WHO	World Health Organization
WR	WHO Representative

Executive Summary

Cervical cancer is largely a preventable disease, but in Africa it is one of the leading causes of cancer death in women. There are 97,000 new cases and 56,000 women die from cervical cancer each year in the region[1]. The majority of these deaths can be prevented through universal access to comprehensive cervical cancer prevention and control programs, which have the potential to reach all girls through human papillomavirus (HPV) vaccination and all women with screening and treatment for pre-cancer.

With financial support from the Bill and Melinda Gates Foundation, AFRO is supporting 10 high burden countries for cervical cancer, to strengthen their respective cervical cancer prevention and control programme. As part of this project, it has developed specific toolkits aimed at generating support among key government officials, and agencies for cervical cancer prevention, ensure informed and active participation among girls, their families and community collaborators and enable health staff to effectively raise awareness about cervical cancer prevention within their communities. These toolkits include: (i) Cervical Cancer Prevention and Control Strategic Planning toolkit; (ii) Cervical Cancer Prevention and Control IEC tool kit; (iii) Cervical Cancer Prevention and Control Advocacy toolkit. The workshop was geared to build the capacity and orient a pool of master trainers on AFRO's approach to cervical cancer prevention and control as regards Advocacy, IEC and Strategic Planning.

The participants for the TOT consisted of 33 experts;3 from each of the following countries, Ghana, Guinea, Kenya, Madagascar, Nigeria, Senegal, Sierra Leone, Zambia and Zimbabwe. Malawi as the host country for the training had 6 participants. They were selected based on their knowledge and experience in advocacy for health issues, experience in IEC and expertise in strategic planning respectively. In addition, they have committed to their readiness and their availability to cascade the trainings at national level and provide short to medium term technical support to other countries in the Region as needed. The facilitators were from the WHO Regional office for Africa as well as independent regional experts who developed the respective toolkits under consideration. The WHO Malawi country office provided adequate secretarial back-up for the workshop.

The 6-day workshop consisted of 3 consecutive back-to-back sessions each lasting for 2 days, and focusing on each of the cervical cancer prevention and control toolkit including; Cervical Cancer IEC toolkit; Cervical cancer Advocacy toolkit; and cervical cancer strategic planning toolkit. The sessions included presentations by the experts, Group work and group feedback in plenary. The participants brought their diverse wealth of experience; which included both technical and high level political, to bear throughout the workshop. There was good interaction and exchange of ideas and experiences among the participants. In addition to the honorable minister of Health for Malawi who opened the workshop and committed his support to cervical cancer prevention and control efforts, the workshop received a key champion for cervical cancer advocacy in the person of an eminent member

[1]GLOBOCAN 2012 (IARC) *Section of Cancer Surveillance (5/9/2014)*

of Zimbabwe's parliament who was one of the participants. At the end of the workshop, each country team drew-up a training cascade plan for their respective country.

Introduction

Cervical cancer is largely a preventable disease, but in Africa it is one of the leading causes of cancer deaths in women. There are 97,000 new cases and 56,000 women die from cervical cancer each year in the region. It is the leading cause of cancer deaths in Eastern and Central Africa. Most women who die from cervical cancer, particularly in developing countries, are in the prime of their lives. They may be raising children, caring for their families and contributing to the social and economic lives of their towns and villages. A woman's death is a personal tragedy and a sad and unnecessary loss to her family and her community, with enormous repercussions for the welfare of both. These deaths are unnecessary because there is compelling evidence that cervical cancer is one of the most preventable and treatable forms of cancer if it is detected early and managed effectively. The majority of the deaths from cervical cancer can be prevented through universal access to comprehensive cervical cancer prevention and control programs, which have the potential to reach all girls through human papillomavirus (HPV) vaccination and all women with cervical screening and treatment for pre-cancer.

The challenges of Cervical cancer prevention and control in Africa are mainly due to lack of awareness of the early signs and symptoms of cervical cancer by the community; lack of universal access to cost effective primary and secondary prevention services; lack of awareness of these services when available; weak National capacity including at peripheral level; high cost of immunization against HPV and inaccessibility of therapeutic resources; and insufficiency or lack of information and skill as well as scarce local, effective and sustainable research.

In addition to contributing to the development and updating of the Comprehensive Cervical Cancer Control, Guide for Essential Practice (C4GEP), with the financial support of the Bill and Melinda Gates Foundation, AFRO is supporting 10 high burden countries for cervical cancer to strengthen their respective cervical cancer prevention and control programme. As part of this project, it has developed specific toolkits in order to reverse the growing burden of cervical cancer in the Region. These toolkits are aimed at generating support among key government officials, and agencies for cervical cancer prevention, ensure informed and active participation among girls, their families and community collaborators and enable health staff to effectively raise awareness about cervical cancer prevention within their communities. Specifically, these toolkits include: (i) Cervical Cancer Prevention and Control Strategic Planning toolkit; (ii) Cervical Cancer Prevention and Control IEC tool kit; (iii) Cervical Cancer Prevention and Control Advocacy toolkit and; (iv)Cervical Cancer Screen and treat training manual using VIA/Cryotherapy.

It is important to build the capacity and orient a pool of master trainers on AFRO's approach to cervical cancer prevention and control. To ensure that all countries in the region are able to develop implement and scale up cervical cancer prevention and control program, AFRO in collaboration with the BMGF organized this training workshop targeting experts from the AFRO-10 countries.

The experts were selected based on their knowledge and experience in advocacy for health issues, experience in IEC and expertise in strategic planning respectively. In addition, they have committed to their readiness and their availability to cascade the trainings at national and regional levels.

General Objectives

- To contribute to the reduction of the cervical cancer burden in Africa through capacity building to implement comprehensive cervical cancer programme.

Specific Objectives

- Orient the experts on the review and implementation of cervical cancer prevention Advocacy interventions that are aligned with the AFRO Cervical Cancer Prevention and Control Advocacy toolkit
- Orient the experts on the review and implementation of cervical cancer prevention IEC intervention that are aligned with the AFRO Cervical Cancer Prevention and Control IEC tool kit.
- Orient the experts on the review and implementation of cervical cancer prevention and control strategic planning that are aligned with the AFRO Cervical Cancer Prevention and Control Strategic Planning toolkit.

Outcomes

Expected outcomes of the training workshop are:

- Experts are informed; updated and able to cascade the training on the AFRO Cervical Cancer Prevention and Control Advocacy toolkit
- Experts are informed; updated and able to cascade the training on the AFRO Cervical Cancer Prevention and Control IEC tool kit
- Experts are informed; updated and able to cascade the training on the AFRO Cervical Cancer Prevention and Control Strategic Planning toolkit.
- Experts discuss and come up with a plan on how to champion the roll out of the toolkits in the AFRO Region
- A body of experts trained to act as change agents in Cervical Cancer Prevention and Control in other countries across Africa

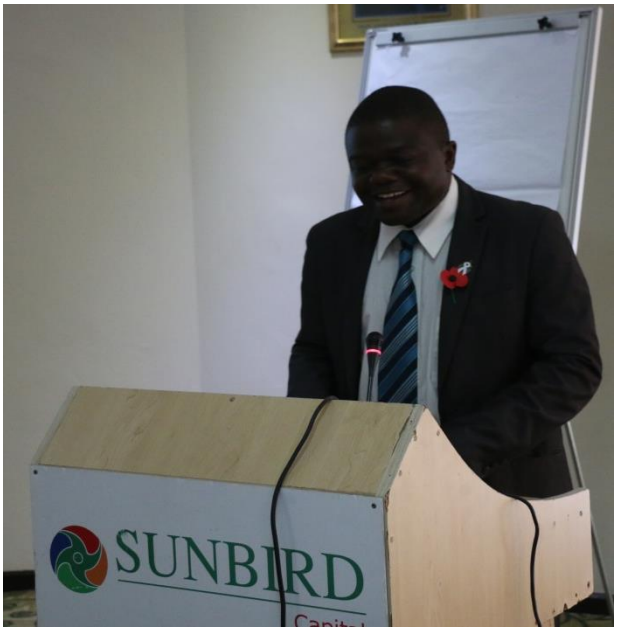
Training Methods

A blend of training methods was used to achieve the course objectives. These included;

- Illustrated lectures and group discussions
- Individual and group exercises
- Country presentations

Workshop Opening

The WHO Representative for Malawi; Dr Nyarko Eugene, in his welcome speech, thanked the Ministry of Health of Malawi for kindly hosting this workshop and for mobilizing necessary resources for its success. He noted that though cervical cancer is largely a preventable disease, in Africa it is one of the leading causes of cancer death in women. He reiterated WHO's commitment to work with other stakeholders in providing all needed technical support in building the capacity of countries and facilitating coordination of the cancer support services to address the increasing burden of cervical cancer in the region.



The workshop was opened by the Honorable Minister of Health for Malawi Dr Peter Kumpalume (MP). He noted that though Malawi has the highest burden of cervical cancer globally, the government is working hard to mitigate the impact of the disease and reverse the rising trend. He highlighted current efforts the country is making in addressing the burden noting that the ToT workshop is taking place at the right time to catalyze community mobilization and ensure that women and young girls are able to access appropriate cervical cancer prevention and control services that they require. He thanked WHO for continued support to Malawi and wished all participants and trainers success in the Training of Trainers workshop before declaring it open.

Session I: Cervical cancer IEC toolkit

Pre test

Pretest was administered to participants to access their knowledge and understanding on the determinants of health as well as on health promotion and IEC interventions for behavior change.
Table 1: pretest score. n =29

Pre-test	Highest	lowest score	Mean score
	70%	10%	37%

The burden of cervical cancer in the African region and determinants (Dr Prebo Barango)

Dr Barango Prebo gave an overview of cervical cancer in Africa. This presentation focused on the global and regional burden of cervical cancer. It noted that the African region bears most of the burden from cervical cancer and that 18 of the 20 countries with the highest burden of cervical cancer are in the region. He attributed the high mortality from cervical cancer in the region to be due to late clinical stage presentation, inadequate services, lack of cervical cancer policies, strategies and programs and lack of recent and comprehensive data. Other factors responsible for the high burden of cervical cancer include lack of collaboration and coordination of interventions and insufficiency or lack of information and skills. He described the natural history of cervical cancer from HPV infection to frank cancer and the importance of developing programs and policies that covers all aspects of the natural history and progression of the disease as recommended by the WHO.

Components of cervical cancer prevention and control (Dr Prebo Barango)

Dr Barango's presentation focused on the components of a comprehensive cervical cancer prevention and control. These include primary prevention that spans the range of interventions that are aimed at prevention of HPV infection among young people including HPV vaccination of preadolescent girls, adolescent sexual and reproductive health interventions. He noted that Community mobilization and health education were essential tools for overcoming the challenges that impede access to and utilization of preventive interventions. He noted also that the goal of secondary prevention was to detect and treat precancerous lesions to avoid progression to cancer while the goal of tertiary prevention was promptly diagnose and treat cervical cancer and improve the quality of life of patients.

Health determinants (Dr David Houeto)

In his presentation, Dr Houeto defined determinants of health as factors that have the potential to contribute to the occurrence of a health event and include physical, biological physiological and behavioral factors. Furthermore, he discussed the social determinants of health noting that it comprises of living and behavioral habits, the physical and social environment and the health system. He provided details of each of these factors with the emphasis that these all need to be factored in for effective prevention and control interventions.

Notion of health in all policies (Dr David Houeto)

Dr Houeto; in recognition of the significant influence that factors outside the health sector wield on health, defined health in all policies as an approach to public policies across sectors that take into account the health implications of decisions, seek synergies, and avoids harmful health impacts, in order to improve population health and health equity. He provided insights on the importance of this approach and how this approach is in line with the WHO recommendation for a Multisectoral approach to prevention and control of noncommunicable diseases (NCDs) including cervical cancer.

National cancer control Program and Organizing cervical cancer prevention and control (Dr Prebo Barango)

Dr Barango described the components of a comprehensive cancer control program which spans prevention, early detection, treatment and palliative care in details giving the rationale and importance of having a national cancer control plan. He further described the steps and process of development of a national cancer control plan.

He defined the cervical cancer prevention and control programme as an organized set of activities that are aimed at preventing and reducing morbidity and mortality from cervical cancer. Furthermore the comprehensive cervical cancer prevention and control program was described as being organized with components of evidence based interventions that contribute to the reduction in the burden of cervical cancer within the context of the health system. He stressed that a ministry of health lead multi-disciplinary national cervical cancer management team is important to ensure planning, implementation and monitoring of the component's the programme.

Questions and comments following the presentations

The association of long term oral contraceptive (OC) use and cervical cancer was raised by some of the participants and this generated a healthy discussion. In response, experts noted that though long term use of OC was one of the risk factors for cervical cancer, over 90% of cervical cancer is caused by HPV and thus, oral contraceptive use should not be discouraged. It is important for all women in the screening age group to be screened irrespective of their status regarding contraceptive use.

IEC Toolkit presentation (Dr David Houeto)

Dr Houeto presented the cervical cancer IEC toolkit. According to him, the aim of the toolkit is to guide relevant stakeholders on effective IEC for cervical cancer prevention and control in Africa. He took the participants through all the sections of the toolkit and described in details how the toolkit is to be used to achieve its objective.

Breakout Sessions 1 and 2

The breakout sessions was focused on Country specific cervical cancer determinants, Organization of cervical cancer prevention and control Priority areas and Conditions for a successful IEC implementation.

Main points from the plenary following the breakout session

- Low rate of screening in countries is exacerbated by poverty and illiteracy
- Highlight of some cultural practices (religion), early onset sex debut, marital sexual cleansing, and traditional practices which negatively impact on cervical cancer prevention and control
- Poor coordination among stakeholders including within governments ministries and amongst stakeholders
- Health system challenges including low level of skilled human resource for cervical cancer prevention and control (pathologists, nurses, and oncologist) as well as significant gaps in all the other health system building blocks.
- Challenge of HPV vaccine introduction and scale up
- Priority areas identified during the plenary includes need for coordination and collaboration amongst the stakeholders, increased government funding of cervical cancer prevention and control and strengthening of all components of the health system.

Educational Practices and social Determinants of health and Mechanisms for behaviour change addressing cervical cancer (Dr David Houeto)

During this presentation, Dr Houeto highlighted that health and social wellbeing are determined by many factors outside the health system and that although health communication campaigns can promote health and prevent disease, a successful health promotion is influenced by social determinants, such as social class, social networks, race and ethnicity, and neighbourhood. He further

described other conditions that are necessary for a successful IEC as well as the various mechanisms of behaviour change.

Breakout Sessions 3

The breakout session was focused on Conditions for a successful IEC implementation.

Main points from the plenary following the breakout session

- It is important to understand the community context and this will influence the type of IEC to be developed. Target all sections of the society with specific IEC message
- IEC development should be linked to cervical cancer prevention and control policies and plans
- IEC development should be participatory, identifying activities and key stakeholder
- Adequate resources should be made available for IEC interventions.

Organization and evaluation of IEC activities (Dr David Houeto)

Dr Houeto's presentation focused on the importance of the empowerment of communities and organizations as the core objective of IEC. He stressed that in order to achieve this objective, key indicators needs to be developed to appropriately gauge level of success. He gave details of the various outcome indicators using an outcome model of health promotion framework.

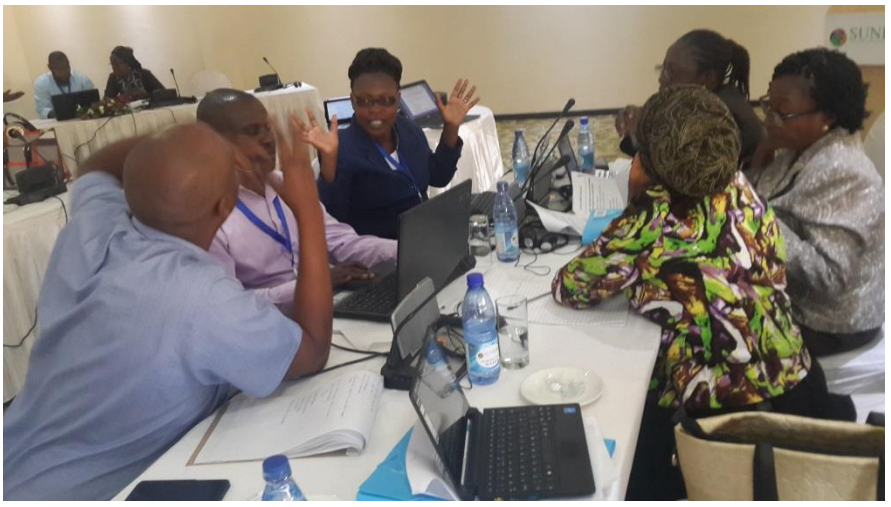
Session II: Cervical cancer Advocacy toolkit

Cervical cancer Advocacy toolkit and Fundamentals of cervical cancer advocacy (Ms B.N. Kithaka)

Ms Kithaka introduced the participants to the cervical cancer advocacy toolkit. According to her, the objective of the toolkit is to contribute to the reduction of cervical cancer burden in Africa through capacity building to implement comprehensive cervical cancer program. She described the process of

development of the toolkit highlighting that it was peer reviewed by experts. She described the various sections in the toolkit and how to use the toolkit. Thereafter, she took the participants through key concepts in advocacy including the various methods of advocacy for cervical cancer such as political, education, research and community outreach advocacy. She also described in details the key steps to navigate to conduct cervical cancer advocacy.

Breakout Session 4:



During this break out session Participant were tasked with identifying real issues in advocacy for cervical cancer that can be handled from a policy maker perspective.

Each group considered a hypothetical challenge in cervical cancer prevention that was resolved using the guideline points below.

- What made it work
- What hindered achievement of result
- Identifying the key advocacy issues in the solutions.

Fundamentals of Cervical Cancer Advocacy – Stakeholder Mapping
Defining players on the national arena in the Advocacy Plan (Ms B.N. Kithaka)

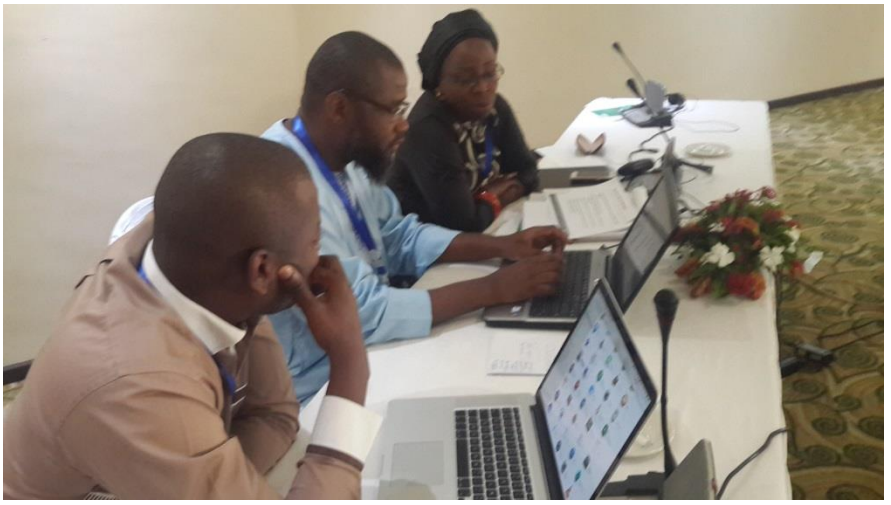
Ms Kithaka elucidated the use of problem tree to conduct situation analysis as regards issues relating to cervical cancer. In addition, she defined stakeholder mapping as the process to clarify and categorize the various individuals, groups and organizations who can affect or are affected by the achievement of the objectives of an organization and highlighted the key reasons for conducting stakeholder analysis. She then described in details the key steps in carrying out stakeholders mapping and stakeholder analysis.

Cervical Cancer Advocacy Theory into Action Setting Goals and Objectives (Ms B.N. Kithaka)

During this presentation, Ms kithaka took the participants through the steps of conducting a successful advocacy campaign. She used this opportunity to summarize all the key steps for successful cervical cancer prevention and control advocacy starting from identification of the advocacy issues to setting advocacy goals and objectives. She also provided insights into

identification of stakeholders as well as best practices on how to approach and work with the media, touching on use of various methods of mass communication including social media.

Breakout Session 5-9:



During these breakout sessions participants identified a challenge ranging from across the spectrum of primary secondary or tertiary cervical cancer prevention and control. A framework was provided to analyse the key issues and possible solutions to these.

Main points from the plenary following the breakout session:

The participants demonstrated an understanding of the key issues across the spectrum of prevention and control and were able to identify and analyse the root cause of the issue as well as map and identify key stakeholders that can be involved in providing a holistic solution. In addition, during the breakout sessions, participants demonstrated knowledge and skills on development of key messages to target and influence the audience, activities and tactics for getting media interest, media planning and management as well as fundraising strategies for effective advocacy.

Session III: Cervical cancer Strategic Planning toolkit

Introduction to Strategic planning, Setting up for Strategic Planning completing a situation analysis and developing a Vision Statement, Goals, Objectives (Dr D. Murokora)

During these series of presentation, Dr Murokora took the participants through the detailed concept of comprehensive cervical cancer strategic planning. He noted that a comprehensive cervical cancer prevention and control program is organized with components of evidence based interventions that contribute to reduction in the burden of cervical cancer within the context of the health system and under the leadership of the ministry of health. He further explained the importance and benefits of a comprehensive cervical cancer strategic plan.
Thereafter he described in details the key steps involved in strategic plan development including conducting a situation analysis as well as key formulation of mission statements, and drafting of goals and objectives which he emphasized must be smart.

Breakout Session 10-13:

The objective of these sessions was to set the background for the strategic planning toolkit. Countries that have developed a cervical cancer strategic plan or are at some stage in the finalization of their plans presented a summary of their respective plans and where were peer reviewed by other participants.

Main points from the breakout session:

- Following presentations from 2 countries on their cervical cancer strategic plan, the following feedback was provided
- Important to have a plan that covers the range of primary, secondary and tertiary prevention in the strategic plan.
- Need to engage the diverse range stakeholders across all the levels of prevention including private sector in the process of strategic plan development.
- In addition, Participants peer reviewed and provided feedback on their respective presentations on development of key sections of a strategic plan including vision statement, goals and objectives as well as specific action plans across the cervical cancer prevention and control continuum.

Monitoring and Evaluation the Strategic Plan (Dr D. Murokora)

Dr Murokora's presentation focused on key steps required in the monitoring and evaluation of cervical cancer strategic plan. He listed the 5 criteria of good indicator to include integrity reliable, accurate timely and secure. In addition, he emphasized that the core global cervical cancer prevention and control indicators includes performance indicators and impact indicators and provided details of each of these.

Post course evaluation

Following the 3 sessions on Advocacy, IEC and strategic planning toolkits, the participants each completed a post training evaluation. The course was generally well received by all participants and they considered it well organized and focused to achieving their learning needs. The participants were particularly pleased with the interactive nature of the sessions. The table below summarizes the responses from the participants. It shows that 86.9% of experts reported that training objectives were met and they were comfortable to roll out the toolkit. It also shows that the participants were updated

and the objectives of the training of trainers have been achieved. The downside of the training as reported by the participants was the limited time for the whole course (6 days) as the program would have needed 10 days to better accomplish its objective.

Table: Summary of responses on the post course evaluation

Training Evaluation	Total score/145	% score by category
Objectives of the training were clearly defined	134	92.4
Participation and interaction were encouraged	126	86.9
Topics covered were relevant to me and the training objectives	139	95.9
The content was organized and easy to follow	118	81.4
The materials distributed were helpful	128	88.3
This training experience will be useful in my work	139	95.9
The trainers were knowledgeable about the training topics	132	91.0
The trainers were well prepared and the materials used were relevant	131	90.3
The training objectives for CC advocacy were met and I am comfortable using the toolkit	126	86.9
The training objectives on CC strategic planning were met and I am comfortable using the toolkit	126	86.9
The training objectives for CC IEC were met and I am comfortable using the toolkit	131	90.3
The time allocated to the training was sufficient	107	73.8
The meeting room and facilities were adequate and comfortable	128	88.3
Total Score	1665	88.3

Workshop closing

The workshop was closed by Dr Phylos Peter Bonongwe, the head of Obstetrics and gynaecology department of the Ministry of Health. He noted that the success of the week-long training was an attestation of the level of commitment of both the facilitators and the willingness of the participants to learn. He thanked the organizers for their commitment and wished the participants well in their plans to scale-up cervical cancer prevention and control in their respective countries.

ANNEX I. TRAINING AGENDA

Training of Trainers on cervical cancer prevention and control for the AFRO 10 countries
November 7 – 12, 2016 - Lilongwe, Malawi

Provisional Agenda Monday, November 7th, 2016		
Time	*Activity*	*Responsible*
08:30 – 09:00	Registration	Secretariat
09:00 – 09:30	Opening ceremony ◎ Welcome remarks ◎ Opening address ◎ Workshop Objectives & Expected Outputs ◎ Security & administrative briefing	MC: DPC/Malawi WR/Malawi Ministry of Health AFRO AFRO UNDSS Malawi
09:30 – 09:45	The burden of cervical cancer in the Africa region and determinants	AFRO
09:45 – 10:00	Components of cervical cancer prevention and control	AFRO
10:00 – 10:30	Health Break	
10:30 – 10:45	Health determinants	Dr D. Houeto
10:45 – 11:00	Notion of "Health in all policies" and "Action across all sectors"	Dr D. Houéto
11:00 – 11:15	National cancer control programme	AFRO
11:15 – 11:30	Organizing cervical cancer prevention and control	AFRO
11:30 – 12:00	Questions & Answers	Participants/Facilitators
12:00 – 12:30	Health social inequities	Dr D. Houeto
12:30 – 13:00	IEC Toolkit Presentation by the WHO Consultant - Objectives - Methodology, Rationale used in the Toolkit formulation - Showcase of Toolkit Table of Contents, Structure Breakout Session Planning	Dr D. Houeto
13:00 – 14:00	Lunch	
14:00 – 16:00	Breakout Session 1: Country specific cervical cancer	Participants

	determinants	
16:00 – 16:30	Health Break	
16:30 – 18:00	Breakout Session 2: Organizing cervical cancer prevention and control and Priority areas	Participants
18:00	Adjourn	
Tuesday, November 8th, 2016		
08:30 – 09:00	Recap Day1	
09:00 – 10:00	Group Feedback Session 1&2: Country specific cervical cancer determinants – Organizing cervical cancer prevention and control and Priority areas	Participants/Facilitators
10:00 – 10:30	Health Break	
10:30 – 12:30	Breakout Session 3: Conditions for a successful IEC implementation	Participants
12:30 – 13:00	Group Feedback Session 3: Conditions for a successful IEC implementation	Participants/Facilitators
13:00 – 14:00	Lunch	
14:00 – 14:20	Educational practices and social determinants of health	Dr D. Houeto
14:20 – 14:40	Mechanisms for behaviour change addressing cervical cancer	Dr D. Houeto
14:40 – 15:00	Actors, target groups, roles and responsibilities in the fight against cervical cancer in the African region	AFRO
15:00 -15:20	Organization and evaluation of IEC activities	Dr D. Houeto
15:20 -16:00	Questions & Answers Wrap Up	Participants/Facilitators
16:00 – 16:30	Health Break	
16:00 – 16:30	Advocacy Toolkit Presentation by the WHO Consultant - Objectives - Methodology, Rationale used in the Toolkit formulation - Showcase of Toolkit Table of Contents, Structure - Breakout Session Planning	
16:30 – 17:00	Fundamentals of Cervical Cancer Advocacy	B. N. Kithaka
17:00 – 18:00	Breakout Session 4: Defining what Advocacy is, and what it	Participants

	is not	
18:00	Adjourn	
Wednesday, November 9th, 2016		
08:30 – 09:00	Recap Day 2	Participants/Facilitators
09:00 – 10:00	Group Feedback Session 4	Participants/Facilitators
10:00 – 10:30	Health Break	
10:30 – 11:00	Fundamentals of Cervical Cancer Advocacy – Stakeholder Mapping Defining players on the national arena in the Advocacy Plan	B. N. Kithaka
11:00 – 13:00	Breakout Session 5: Evaluation of micro / macro environment, and country specific stakeholder mapping Situational Analysis; Identifying the problem, opportunities and solutions, including reviewing the in Country Political / Cultural Environment.	Participants
13:00 – 14:00	Lunch	
14:00 – 14:30	Group Feedback Session 5 - Country specific micro / macro environment	Participants/Facilitators
14:30 – 15:00	Cervical Cancer Advocacy Theory into Action Setting Goals and Objectives	B. N. Kithaka
15:00 – 15:30	AFRO 10 project on cervical cancer - Milestones, achievements and challenges	AFRO
15:30 – 16:00	AFRO 10 project on cervical cancer - Current in-country experiences in cervical cancer advocacy / prevention, control and management	Participants
16:00 – 16:30	Health Break	
16:30 – 17:30	Breakout Session 6: Best Practice from existing national strategic plan for cervical cancer prevention programmes	Participants
17:30 – 18:00	Group Feedback Session 6 - Best Practice from existing national strategic plan for cervical cancer prevention programmes	Participants/Facilitators

18:00	Adjourn	
Thursday, November 10th, 2016		
08:30 – 08:45	Recap Day 3	Participants/Facilitators
08:45 – 09:00	Stakeholder Engagement - Theory	B. N. Kithaka
09:00 – 10:00	Breakout Session 7: Stakeholder Engagement - Selecting Key Audience & Messaging	Participants
10:00 – 10:30	Health Break	
10:30 – 11:00	Group Feedback Session 7 - Developing key messages to target and influence the audience	Participants/Facilitators
11:00 – 11:30	Media Role in Cervical Cancer Advocacy	B. N. Kithaka
11:30 – 13:00	Breakout Session 8: Activities and Tactics for getting media interest Media planning and management	Participants
13:00 – 14:00	Lunch	
14:00 – 14:30	Group Feedback Session 8	Participants/Facilitators
14:30 – 16:00	Breakout Session 9: Engaging effectively with Development Partners / Fundraising as a Component of Cervical Cancer Advocacy	Participants
16:00 – 16:30	Health Break	
16:30 – 17:00	Group Feedback Session 9- Fundraising Strategies for Effective Advocacy	Participants/Facilitators
17:00 – 17:15	Cervical Cancer Advocacy Monitoring and evaluation – Importance of re-examining goals, processes and measuring impact of the advocacy initiatives	AFRO
17:15 – 17:30	Cervical Cancer Advocacy – From Theory to Practice In-Country Action Planning	Participants/Facilitators
17:30 – 18:00	Questions & Answers Wrap up	Participants/Facilitators
18:00	End of the meeting	
Friday, November 11th, 2016		
08:30 – 08:45	Recap Day 4	Participants/Facilitators
08:45 – 09:00	Introduction to Strategic planning	Dr D. Murokora
09:00 – 10:00	Setting up for Strategic Planning	Dr D. Murokora

10:00 – 10:30	Health Break	
10:30 – 11:00	Completing a Situation analysis	Dr D. Murokora
11:00 – 12:00	Breakout Session 10: Situation analysis	Participants
12:00 – 12:30	Group Feedback Session 10 - Situation analysis	Participants/Facilitators
13:00 – 14:00	Lunch	
14:00 – 14:30	Developing a Vision Statement, Goals, Objectives	Dr D. Murokora
14:30 – 16:00	Breakout Session 11: Developing a Vision Statement, Goals, Objectives	Participants
16:00 – 16:30	Health Break	
16:30 – 17:00	Group Feedback Session 11	Participants/Facilitators
17:00 – 17:30	Setting Action Plans/Activities	Dr D. Murokora
17:30 – 18:30	Breakout Session 12: Developing Action Plans	Participants
18:30	Adjourn	
Saturday, November 12th, 2016		
08:30 – 09:00	Recap Day 5	
09:00 – 10:00	Group Feedback Session 12 - Draft Action plans	Participants/Facilitators
10:00 – 10:30	Health Break	
10:30 – 11:00	Introduction to C4P and Costing the Strategic Plan	AFRO
11:00 – 11:20	Scaling up and Existing Plan	AFRO
11:20 – 11:40	Evaluating the Strategic Plan	Dr D. Murokora
11:40 – 13:00	Breakout Session 13: Evaluating the Plan	Participants
13:00 – 14:00	Lunch	
14:00 – 14:30	Group Feedback Session 13 - Evaluating the Plan	Participants/Facilitators
14:30 – 14:50	Introduction to Evaluation Tools	Dr D. Murokora
14:50 – 15:00	Questions & Answers	Participants/Facilitators
15:00 – 15:20	Writing A Strategic Plan	Dr D. Murokora
15:20 – 15:40	Dissemination and Implementation of the Plan	Dr D. Murokora
15:40 – 16:00	Questions & Answers	Participants/Facilitators
16:00 – 16:30	Health Break	
16:30 – 17:00	Wrap up Closing ceremony	

ANNEX II. LIST OF PARTICIPANTS

NAME	DESIGNATION	ORGANIZATION / INSTUTION	CONTACT ADDRESS	CONTACT NO.	E-MAIL ADDRESS
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ANNEX III. CONSULTANT'S SUMMARY TRAINING REPORTS

i. Cervical cancer advocacy training summary report

TRAINING OF TRAINERS ON
WHO CERVICAL CANCER PREVENTION AND CONTROL ADVOCACY TOOLKIT

REPORT ON TOT WORKSHOP FOR WHO AFRO 10 COUNTRIES STAFF

[Held Nov. 7–12, 2016. Lilongwe – Malawi]

Prepared by
MS. Benda N. Kithaka; WHO Consultant - Cervical Cancer Advocacy Expert
[November 2016]

EXECUTIVE SUMMARY

A training organized by the WHO AFRO Regional office, held in Malawi to train experts on the roll out of 3 toolkits envisaged to be instrumental in the Prevention and Control of Cervical Cancer in Africa.

A Participatory method of training was employed, and facilitated by the Expert WHO Consultant who drafted the toolkit. A total of 33 Trainers of Trainers were trained in Malawi on the roll out of the WHO Afro Cervical Cancer Advocacy Toolkit. Key themes emerging from the training

1. Participants agreed that through advocacy Cervical Cancer needs to be profiled as an urgent public health concern in Africa.
2. Majority of the trainees found the toolkit for advocacy useful at 97%. However, not all felt confident that they could roll it out at 79%.
3. Structure of the Training can be enhanced to incorporate site visits and immersion sessions for hands on learning.
4. Media role in profiling the Advocacy agenda for the civil society and in influencing policy should be further explored and enhanced.
5. There is need to allocate resources for technical and budgetary support to enhance advocacy efforts by the team. This will be instrumental in building an advocacy mechanism that allows work to commence even before respective governments allocate targeted budgets.
6. The expert trainer observed a need to enhance the Communication Skills and Presentation Skills of the ToT cohort to ensure effective rollout of the toolkits.
7. WHO AFRO should prioritize training and roll out of the toolkits at country level through Capacity Building Support for the trained country teams.
8. A follow up mechanism needs to be put in place for monitoring and evaluation of the implementation process, and to be able to measure the success of the training.

THE REPORT

BACKGROUND

The Training of Trainers on the Cervical Cancer Prevention and Control Advocacy Toolkit was a two day workshop conducted as part of the larger 6 days training, carried out on November 7–12, 2016 at Sunbird Hotel in Lilongwe, Malawi. The training was organized by the WHO AFRO Team with participants were drawn from the AFRO 10 Countries. Training was facilitated by the Experts who drafted the toolkits, and background information was provided by the WHO AFRO Team. A total of 33 Trainers of Trainers were trained in Malawi on the roll out of the WHO Afro Cervical Cancer Advocacy Toolkit.

OBJECTIVES AND CONTENT OF THE WORKSHOP

The objectives of the training workshop included a general objective, to contribute to the reduction of the cervical cancer burden in Africa through capacity building to implement comprehensive cervical cancer programme. This was supported by a specific objective to help orient the experts on the review and implementation of cervical cancer prevention interventions that are aligned with the AFRO Cervical Cancer Prevention and Control Advocacy toolkit.

The conveners of the Training of Trainers had the expected output that the Experts would be informed; updated and equipped with skill and knowledge to cascade the training on the AFRO Cervical Cancer Prevention and Control Advocacy toolkit within their countries. And that the trainees would transform into body of Experts trained to act as change agents in Cervical Cancer Prevention and Control in other countries across Africa.

PARTICIPANTS EXPECTATIONS

The advocacy session of the workshop started with a summary of the expectations of participants, which were found to be in line with the objectives of the ToT with many participants indicating that they wanted to learn about and improve on advocacy skills.

TRAINING CONTENT

The ToT covered all topics within the 10 sections of the Cervical Cancer Advocacy Toolkit. The trainer equipped the trainers with knowledge and skill on how to use the toolkit:

- In their own individual capacity to advocate for cervical cancer prevention and control
- At their work places and in their official capacity, to apply the principles as trainers of trainers in coming up with advocacy frameworks specific to their respective countries.

TRAINING METHODOLOGY

For the Advocacy Training, a participatory method was used primarily through lectures to build upon the learners' existing knowledge on advocacy, further enhanced with a combination of group discussions, team exercises and skill demonstrations. Overhead projection was used to display the materials under discussion, and in group feedback sessions for all exercises given. The methodology allowed for the presentation of facts, information and concepts in a relatively short span of time.

The teams were also continuously engaged with many opportunities given to raise questions or concerns throughout the learning process. This allowed the trainer to check levels of concentration and absorption of the materials. The interactions also provided examples to link the subject matter to the daily practice in the lives of the trainees.

PowerPoint presentations hand-outs were prepared and given to participants to take home as resource references. These will hopefully constantly refresh their knowledge and skills acquired during the workshop, and are used in their roll out of the toolkits to the rest of the region.

KEY ISSUES THAT CAME UP ON THE ADVOCACY TOOLKIT

a. **Contextual use of the toolkit.** All participants mentioned that they work in settings where the Ministries of Health rely heavily on external funding. NCDs do not receive much funding. Therefore they agreed

there is a great need for the toolkit to enhance efforts to lobby for more funding. Advocacy work will be the catalyst that catapults cervical cancer issues to the forefront. Therefore they should not be left at the mercy of ministerial budgetary cycles. The teams however mentioned the need to:

- Have initial budgetary allocations from WHO AFRO to support their advocacy efforts in building an advocacy mechanism that allows work to commence even before respective governments allocate adequate resources to NCDs in general and cervical cancer.

b. Cervical Cancer needs to be profiled through advocacy as an urgent public health concern. It was observed that with limited resources, and competing interests, only the best communicators end up with resources allocated to meet their causes. There is need to ensure advocacy is ingrained in every aspect of cervical cancer prevention and control.

- The trainees mentioned they would utilize the toolkit to come up with precise, targeted and relevant messages that can be utilized to prioritize the cervical cancer agenda.

c. Media in Advocacy. The fear of media came up as one other issue that the trainers will need to address through credible information, country specific fact sheets and continuous engagements.

- The trainees committed to select influential persons to act as their advocacy champions, to amass social and civil society support of the issues surrounding prevention and control of cervical cancer in Africa.

WORKSHOP EVALUATION BY PARTICIPANTS

At the end of the session, workshop participants were asked to evaluate the toolkit usefulness as well as the training in terms of relevance and effectiveness of delivery as well as in meeting their objectives and expectations. Majority of the participants were very positive that the toolkit is useful and relevant to their work, with a total score of 96%. The lowest scored of the metrics on the success of the training was their confidence to roll out the toolkit at 79%, even though each of the participants committed to send to the country their advocacy work plans within a period of two weeks after the training period.

SWOT FOR THE WORKSHOP AND TRAINING CONDUCTED

Strengths	**a.** The trained team is multi-sectoral, therefore brings a lot of learnings from different perspectives **b.** The level and skill of trainees was varied. This brought different perspectives and experiences to the training
Weaknesses	**a.** Teams were drawn from other jobs, advocacy may not be a priority area once they return to their normal work stations **b.** The teams lack financial power to advance advocacy at the country level
Opportunities	**a.** The trainees left charged with the desire to act as change agents who recognize they can make a difference even at their own capacity. WHO can harness this positive energy to advance advocacy at the continent **b.** The participants are diverse [multi-country, different cultures]. This is an opportunity to form a cross cultural team of advocates that can craft a strategy and make it work across the region
Threats	**a.** Governments and ministerial re-assignment as civil servants **b.** Competing interests – HIV / Other NCDs and Political Instability

CONCLUSION AND RECOMMENDATIONS

The evaluation of the participants indicated that the workshop was successful. To a large extent the objectives of the workshop and expectations of participants were met. The experiences, skills, knowledge and interactive

mode of presentation made facilitation friendly and lively. Most of the participants were of the view that the workshop was very relevant to their work and that they will implement the training at their country.

It was observed however that there are a number of areas WHO Afro should strengthen to ensure the success of the roll out of the toolkits. These are explained below:

→ **Enhance the Communication Skills and Presentation Skills of the Trainers.** Participants were drawn from diverse backgrounds and many are not Trainers. There was therefore a clear gap in communication skills for advocacy, and it is my recommendation that there is a need to build the Trainers presentation, communication skills and basic knowledge on adult learning techniques in order to have them approach the roll out from a more robust and inclusive style.

→ **Prioritize Training through Capacity Building Support for the Country Teams.** Majority of the trainers are handling other work as their responsibility. There is a risk that the roll out will take second place once they return to their work places and resume normal duties. It is recommended that WHO AFRO Team should consider a roll out plan that allows the WHO Consultants who drafted the Toolkits to continue to give technical support for a period of time, so that the teams trained play a convening role for the initial rollout sessions.

→ **Structure of the Training.** The Expert Trainers should consider having a sequential flow of the trainings whereby all similar thematic concepts from the toolkits are handled together at the beginning of the sessions, and thereafter, breakout sessions can be facilitated for specific teams selected on their interest, expertise and relevance to the subject matter. The team should also consider including experiential elements such as field visits and immersions. Rapporteurs and Chairs for all sessions should also be allotted at the beginning of trainings.

→ **Monitoring and Evaluation.** Recognizing the above challenges for in country implementation of the toolkits, it is recommended that a follow up mechanism should be made to monitor how the knowledge and skills acquired are being used.

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ii. Strategic Planning.

CERVICAL CANCER PREVENTION STRATEGIC PLANNING TRAINING OF TRAINERS; LILONGWE – MALAWI; 7TH – 12TH NOVEMBER, 2016

Summary of training of trainers on CC Strategic Planning Toolkit

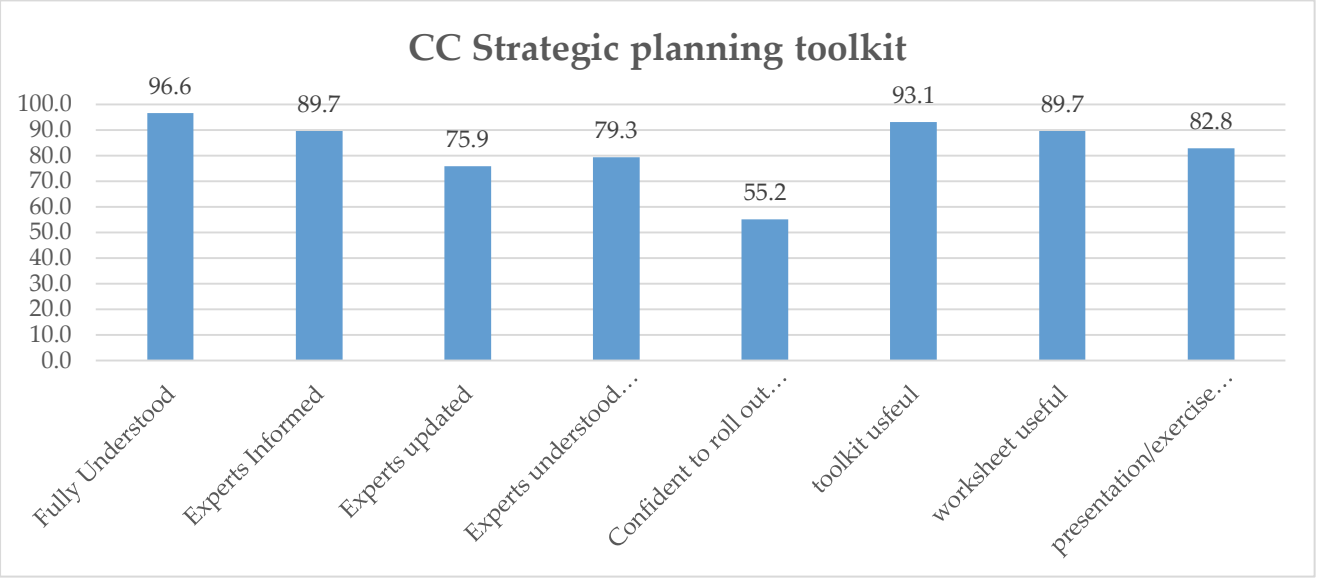
Cervical Cancer Strategic Planning Toolkit:

The cervical cancer strategic planning toolkit is a training package that includes; a Trainers' manual, a Participants' manual and an excel worksheet as well as a power point presentation. The power point presentation guides the trainer and participants through the whole training and includes a summary of the content, exercises that are linked to specific sections of the work sheet. The excel worksheet includes a set of tabs each with a worksheet for situation analysis, setting objectives, action planning, monitoring and evaluation, annual work plan among others.

Training Methodology:

The training was conducted over 2 days as part of the overall ToT. The main mode of instruction was lectures, brainstorming sessions, facilitated group work followed by reporting back in plenary and discussion. The main assessment of understanding was through brainstorming sessions with specific question and examples from experts' real life experiences, correction of misunderstandings of facts. A post course evaluation was conducted assessing experts experience of the course, specifics of whether they were updated, felt confident on rolling out the toolkit and if they found the tool kit useful.

According to figure 1, most participants will need technical support to roll out the toolkit as this is the piece that was least scored.



Key Issues for Consideration on the Toolkit:

Overall, the toolkit was well received as the teams appreciated the richness in the content and also understood how different this strategic planning process differed from what they have been doing. At some point, two countries; Malawi and Zimbabwe did not think they needed the CC strategic planning sessions until they were asked to present the current plans they claimed to be near completion and they received critical but constructive feedback from the consultants and fellow experts. Specifically, countries were previously writing plans with no SMART objectives, no clear strategic action plans, no monitoring and evaluation plans. Those that did, never had a clear linkage across the whole document.

The teams appreciated the need to engage with MoH, and specific stakeholders, some of whom should be content experts. Basically all countries agreed to revisit the writing process once they returned home, starting with briefing MoH and creating the right teams to conduct the strategic planning session.

Capacity of Experts to Conduct ToT:

In table 1 below, 86.9% of experts reported that training objectives were met and they were comfortable with the toolkit;

Training Evaluation	Total score/145	% score by category
Objectives of the training were clearly defined	134	92.4

Participation and interaction were encouraged	126	86.9
Topics covered were relevant to me and the training objectives	139	95.9
The content was organised and easy to follow	118	81.4
The materials distributed were helpful	128	88.3
This training experience will be useful in my work	139	95.9
The trainers were knowledgeable about the training topics	132	91.0
The trainers were well prepared and the materials used were relevant	131	90.3
The training objectives for CC advocacy were met and I am comfortable using the toolkit	126	86.9
The training objectives on CC strategic planning were met and I am comfortable using the toolkit	126	86.9
The training objectives for CC IEC were met and I am comfortable using the toolkit	131	90.3
The time allocated to the training was sufficient	107	73.8
The meeting room and facilities were adequate and comfortable	128	88.3
Total Score	1665	88.3

Whereas the experts were updated and overall, the objectives of the training of trainers appeared to have been achieved, the score of 55% (see figure 1) indicates that they need more time to be confident in rolling out the toolkit on their own. Quite frankly, the two days for the CC strategic planning toolkit was a marathon for them to appreciate the detail of the toolkit. The time constraint did not allow them to have in-depth discussion of all scenarios and exercises. For the experts to have their own hands-on experience, they need the consultant to co-train with them on at least one strategic planning course in their own countries especially when all teams have been constituted in-country. What they lack is the confidence to organize and run the course, navigate the toolkit on their own without external support. The latter should be provided.

SWOT on the CC Strategic Planning ToT

The training was led by WHO AFRO staff mandated to NCDs and providing the latest evidence. The toolkits that had already been peer reviewed and approved through a process were used. The toolkits were presented by the consultants who authored them.

One weakness was the time constraint for the 3 toolkits to be adequately covered in 6 days. The countries sent experts whose call was generally outside the scope of strategic planning. This meant that base knowledge and experience in CC strategic planning was inadequate. Language was a minor issue since translation was available. It would have been better if French versions were available.

There were sessions that were duplicative particularly on situation analysis, SWOT as well as stakeholder analysis. This provides an opportunity to merge these duplicative sessions to an extent that more time can be created for exercises.

Recommendations:

1. Reorganize the ToT and have the general presentation sessions that cut across all 3 toolkits be given on day 1. This also means that introduction to the 3 toolkits be done before end of day 1. While in-country, teams can be made to work in groups on thematic areas where they're experts. This means MoH must constitute full teams before embarking on the strategic planning.
2. Provide more time in-country for exercises and use local data to the whole writing process.

3. Obtain country specific plans and determine technical support needs for roll out of the CC strategic planning toolkit

————*————

iii. IEC

Rapport de l'expert IEC, **Dr. Houéto David, MD, MSc, PhD.**

Consultant senior en promotion de la santé (dhoueto@gmail.com); *Novembre 2016*.

Du 7 au 12 novembre 2016 a eu lieu la formation des formateurs sur la prévention et le contrôle du cancer du col de l'utérus pour les 10 pays de la région africaine de l'OMS les plus touchés. La formation est basée sur les trois outils développés au préalable par trois consultants et qui sont relatifs à : l'IEC, le plaidoyer et l'élaboration d'un plan stratégique.

Notre intervention a porté sur l'outil IEC pour la prévention et le contrôle du cancer du col dans la région africaine.

La méthode suivie pour cette formation a été celle participative alternant présentations, discussions, travaux de groupes et présentations/discussions en plénière. L'outil IEC est conçu dans la perspective nouvelle de l'IEC qui se base sur la participation appropriative de la communauté afin d'identifier les déterminants en cause du problème de santé à résoudre, ici le cancer du col. Le processus des interventions IEC pour un changement effectif de comportement a été exposé et discuté. Ce processus est apparu au regard de nombres de participants comme une véritable révolution qui est bien plus prometteuse que l'IEC à laquelle ils sont habitués et qui tendait plus à donner l'information aux populations à travers divers mécanismes. Les différentes réactions au fur et à mesure du développement du processus sont révélatrices de l'intérêt que les participants y ont accordé. En effet, du « bouleversement » des prérequis qui a pu avoir lieu au tout début de la formation de ce volet, ce qui est d'ailleurs tout à fait normal, la suite a été beaucoup enthousiasmant, car les participants voulaient désormais, pour la grande majorité, inscrire leurs actions dans la perspective nouvelle de l'IEC basée sur les déterminants de la santé.

En lieu et place de la demande de certains participants portant sur les matériels IEC, il a été clairement montré l'intérêt de la négociation et du plaidoyer dès le tout début du processus dans le sens de la participation appropriative des communautés et par la suite des partenaires extérieurs à la communauté. Ceci permet plutôt d'identifier les déterminants du cancer du col et d'en discuter avec les partenaires potentiels permettant de les adresser. Les messages interviennent alors surtout dans ce contexte et le reste est convenu avec la communauté pour rappeler les dispositifs retenus ensemble et de commun accord, dans le cas d'espèce pour un dépistage systématique. Des canaux bien appropriés et sur indication des communautés sont alors utilisés pour ces messages renforçant l'action sur les déterminants. Le développement de ces messages fait l'objet de la session

sur le plaidoyer qui ne doit pas être considérée comme une entité isolée du processus IEC de prévention et contrôle du cancer du col.

A la fin de la session, un résumé sous forme de formulaire mettant l'accent sur la démarche à suivre et à avoir sur la table de l'expert en matière de prévention et contrôle du cancer du col a été fait (voir en annexe). Les résultats des progrès ainsi réalisés sont révélés par le pré et posttest relatifs à cette session.

Avant de commencer, les participants ont été soumis en effet à un prétest écrit. Ce même test est revenu à la fin de la session IEC pour mesurer l'évolution des acquis pour cette session. Les résultats figurent en annexe à ce rapport et montrent tout l'intérêt que les participants ont accordé à cette session ainsi que les acquis qui en sont issus. Ils sont nombreux les pays qui nous ont verbalement demandé de nous tenir prêt à les appuyer dans le cadre de la nouvelle orientation IEC qu'ils jugent très bien à propos.

Il est apparu pour la grande majorité des participants la nécessité d'orienter le processus de prévention et contrôle du cancer du col sur la fondation de ses déterminants qui varient d'un pays à un autre et dans un même pays, d'une région/district à une autre. Il s'agit là d'un signe important de leurs capacités à former leurs pairs sur la base de cette conviction. Ils reconnaissent cependant leurs limites à ne pas être en mesure de pleinement assurer ce transfert de compétence malgré toute l'éloquence dont ils ont été témoins, et ceci à cause de la durée bien courte de la session. Ce qui explique leur demande d'appui pour ce volet IEC basée sur les déterminants qui constitue la colonne vertébrale de ce programme.

D'une manière générale, l'ensemble de la session et en particulier celle relative à l'IEC a apporté aux participants l'orientation nouvelle sur l'IEC qui, en réalité, n'est efficace que si elle est basée sur la résolution des causes profondes du comportement à changer/modifier. Ce changement n'est jamais le seul fait de l'accumulation de l'information, de la communication ou de l'éducation, mais plutôt et surtout le résultat des changements dans l'environnement à travers le dialogue, la négociation, le plaidoyer et la mise à contribution de tous les partenaires potentiels pour adresser les déterminants. Une des faiblesses est d'avoir eu comme auditeurs, pour une grande partie, de cliniciens qui ont parfois eu de la peine à se rallier à la vision biopsychosociale/écologique de la santé. C'est en effet cette dernière vision qui est démontrée être plus appropriée pour la résolution efficace et durable des problèmes de santé et qui sous-tend le processus de la nouvelle IEC prenant grand compte des déterminants de la santé. L'autre faiblesse est bien entendu la durée de la session qui, d'un jour et demi, n'a pas permis d'aborder en détail tout le processus, surtout pour des professionnels peu habitués à ce genre de réflexion.

Une des plus grandes opportunités à l'assise de ce processus est l'impulsion que donne l'OMS à l'action sur les déterminants de la santé avec l'accompagnement des pays dans le cadre de l'approche dite de « la santé dans toutes les politiques » regroupant pour se faire les Ministères de la santé et les institutions de formation des professionnels de la santé. La prochaine session est prévue pour ce début décembre à Dakar pour les pays francophones, celle des pays anglophones ayant eu lieu l'année passée à la même période environ. Cette dernière pose le problème de l'intégration des actions au niveau des ministères de la santé de la région afin de capitaliser les atouts mis à leur disposition pour le bien-être global des populations et non le travail en silo qui est la dominance actuellement dans les intervention du secteur.

Sur la base de tout ce qui précède, nous proposons :

- Un appui renforcé et rapproché des experts dans le processus d'action sur les déterminants de la santé en général et celle sur les déterminants du cancer du col en particulier.
- Une mise en œuvre pratique et intégrée des trois outils (IEC, Plaidoyer et plan stratégique) en situation réelle ;
- La mise en connexion des experts de la prévention et contrôle du cancer du col avec le programme de l'OMS d'action sur les déterminants de la santé afin d'éviter les silos et de renforcer les acquis les uns et des autres à régler les questions de santé dans une vision socio-environnementale.
- L'incitation des ministères de la santé de la région à considérer la problématique du cancer du col comme une porte d'entrée à la nouvelle vision du développement de la santé qui exige la collaboration de tous les secteurs, sanitaire et non-sanitaires y compris les communautés.

IEC intervention tool kit for cervical cancer prevention and Control in AFRO 10 countries

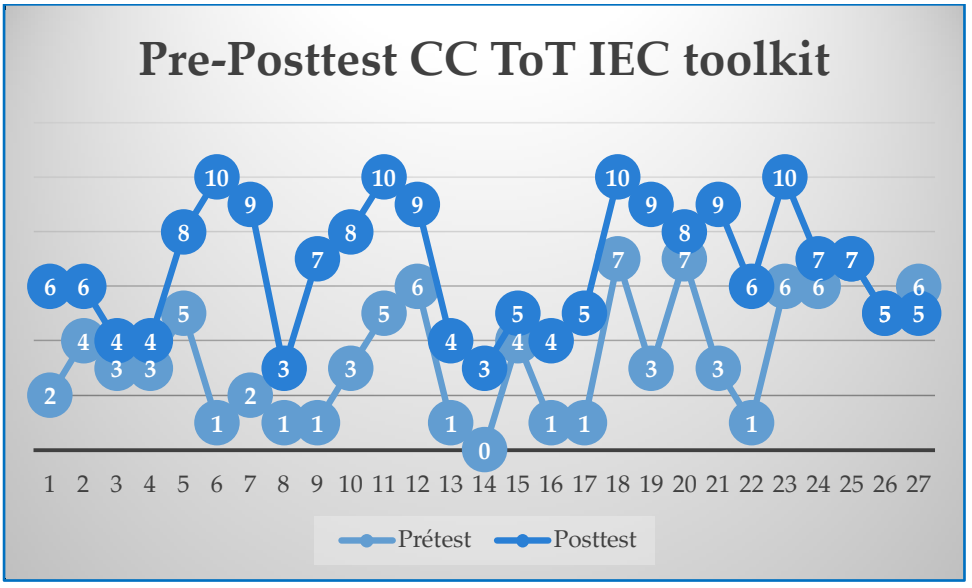
Pre-Posttest Results

#	Surname	First Name	Pretest	Posttest	Observation
1	OKUMU	ROSELINE	2	6	
2	SHARAKI	CHRITIANA	4	6	
3	GYANG	ALICE	3	4	
4	APATO	MAVIS	3	4	
5	THOMAS	HAROLD	5	8	
6	BAKO-AWEGBUSI	LADIDI	1	10	
7	CAMARA	ABDOULAYE K	2	9	
8	MONGA	NINA MALALA	1	3	
9	MOSULA	AGNES	1	7	
10	SY	TELLY	3	8	
11	NIANG	KHADOU	5	10	
12	DIOP	BOLY	6	9	
13	KWAME	BOODU	1	4	
14	PHRI	TWAMBILIRE	0	3	
15	NYAMUPINGA	BIATA	4	5	
16	SILWEYA	DAVID	1	4	
17	MAOZIMA	BERNARD	1	5	
18	NDIAYE	SOKHNA	7	10	
19	KEITA	NAMORY	3	9	
20	KUNKUMBIRA	TOBIAS	7	8	
21	RAHARIVOTRA	HENRI FIDELE M	3	9	
22	RAMIARAMANANA	NIRINA	1	6	
23	RANDRIANARIVO	HARINJAKA	6	10	
24	KATAMA	CLIFTON	6	7	
25	SESAY	SAMUEL	7	7	
26	MUMUNI	KAREEM	5	5	
27	KAMARA	LAMIN	6	5	
28	MSYAMBOZA	KELIAS	8		
29	??	??	4		
30	TSOKA	SAMUEL		6	
31	BONONGWE	PHYLOS		6	

Progress: 24 (89%)

No change: 2 (7%)

Regression: 1 (4%)



Graph 1: Trend of the progress made by the attendees

The test is about the global vision of health and what roles should play health system and health professionals in this regard and the collaboration mechanisms that are needed with communities and other non-health sectors. The test is composed of 10 questions with available answers to be chosen when appropriate. See the test annexed to this report.

Training of Trainers on cervical cancer prevention and control for the AFRO 10 countries, Lilongwe, Malawi, *7 – 12 November 2016*

Pretest

Surname: _____**Given Name:**_____

Mark with a (√) the correct answers, as appropriate, to the following questions.

1. ***The objectives of the Millennium Development (MDGS) are hereafter listed. <u>Which among them are health related</u>? (Several answers are possible)***

   Objective 1: Eradicate extreme poverty and hunger
   Objective 2: Achieve primary education for all
   Objective 3: Promote gender equality and empower women
   Objective 4: Reduce child mortality
   Objective 5: Improve maternal health
   Objective 6: Combat HIV/AIDS, malaria and other epidemics
   Objective 7: Ensure environmental sustainability.
   Objective 8: Develop a Global Partnership for development.

2. ***The Ministry of health to effectively play its role to improve the health of populations must be on <u>two essential fronts</u> that are:***

   ____Provision of excellent preventive and curative care to control diseases
   ____Strengthening IEC interventions for behavior change.
   ____Be the systematic advisor of all other non-health sectors for the production of health through systematic action on social determinants of health

3. ***Disease control contributes 10% to produce health in a population while the other non-health sectors contribute to 90%. (Two responses are correct)***

   ___The Department which deals with preventive and curative care is a Ministry of health.

   ___ The Department that makes all other non-health sectors ministries of health while being the expert managing diseases is a Ministry of health.

   ___ The Department of national education also is a Ministry of health.

4. ***Health promotion is: (only one response is correct)***

   ___ Behavior change communication, the improved IEC model (Information, Education and communication for health).
   ___ Communication for development (C4D)
   ___ Action on the determinants of health

5. ***The Emerging Infectious Diseases (e.g. Ebola, Lassa) in West Africa revealed the weakness of the healthcare systems in the region. <u>One</u> of the best solutions to strengthen health systems in Africa is:***

___Strengthening epidemiological surveillance
___Increase in the number of health staff in the health facilities
___Apply the health in all policies approach

6. ***The effective fight against cholera is the case especially of <u>one sector</u> which is the following:***

___Ministry of health
___Ministry of hydraulics
___Ministry of Foreign Affairs

7. ***Programs to control diseases in the African region often failed to deliver expected results because they do not have any: (only one response is correct)***

___Integrated plan of communication (IPC)
___Systematic action on the determinants of targeted diseases
___Clear and well-defined preventive component

8. ***A health promotion specialist is a: (only one response is correct)***

___ IEC specialist (Information, Education and Communication for health)
___ Social communication or behavior change communication specialist.
___ Public health expert concerned with the determinants of health.

9. ***The national health policy aims to: (only one response is correct)***

___Reduce health expenses through behavior changes in the population.
___Create a health-promoting environment
___Increase resources for social mobilization

10. ***The Ministry of health, to effectively ensure the health of the people, must: (only one response is correct)***

___Increase countrywide health services (infrastructure and skilled human resources) for high quality care.
___Reinforce health education interventions
___Reorient its services to the people mainly by improving the conditions in which people are born, grow, live, work, and age.
___ Increase the health care financing through multilateral and bilateral partnerships to provide free health care to the population