Abstract

The cervical cancer screening programs (CCSP) have not been very efficient in the developing countries. This explains the need to foster changes on policies, standards, quality control mechanisms, evaluation and integration of new screening alternatives considered as low and high cost, as well as to regulate colposcopy practices and the foundation of HPV laboratories. Cervical cancer (CC) is a disease most frequently found in poverty-stricken communities and reflecting a problem of equity at both levels gender and regional, and this, is not only due to social and economic development inequalities, but to the infrastructure and human resources necessary for primary care. For this reason, the CCSP program must be restructured, a) to primarily address unprivileged rural and urban areas; b) to foster actions aimed at ensuring extensive coverage as well as a similar quality of that coverage in every region; c) to use screening strategies in keeping with the availability of health care services. In countries with a great regional heterogeneity, a variety of screening procedures must be regulated and standardized, including a combination of assisted visual inspection, cervical cytology and HPV detection; d) regional community intervention must be set up to assess the effectiveness of using HPV detection as an strategy in addition to cervical cytology (pap smear); e) the practice of colposcopy must be regulated to prevent the use of it in healthy women at a population level, thus preventing unnecessary diagnosis and treatment which not only are expensive but also causes unnecessary anxiety to women at risk; f) the operation of those clinical laboratories using HPV as a detection strategy must likewise be accredited and regulated and g) the CCSP program for assuring health care quality should meet the expectations of its beneficiaries, and increase the knowledge in cervical cancer related matters. Finally, though a variety of clinical tests on prophylactic and therapeutic vaccines against HPV are recently being developed worldwide; it will take at least from 5 to 10-years time to have them available in the market. For this reason, it will be necessary to intensify the CCSP programs. All these reasons lay emphasis on the need to reinforce actions for CCSP programs. This paper is available too at: http://www.insp.mx/salud/ index.html

Keywords

cervical cancer; developing countries; screening;
cervical cytology; colposcopy; HPV; vaccine.