



CCA
For Elimination

Network Dialogue Series

*Facilitated discussions on critical issues
for cervical cancer elimination*

Designing Behavioural Interventions: Cervical Cancer Elimination

Hosted on May 2, 2024

Summary Report

Designing Behavioural Interventions

In May 2024, CCAE's first dialogue of the year brought together partners from around the world to discuss the challenges and opportunities surrounding designing behavioural interventions to advance cervical cancer elimination efforts.

The following pages comprise a summary of the discussion held during the dialogue, and a list of relevant resources for reference.

Facilitator

Elle Pearson, Cancer Research UK

Presenter

Deborah Martinez Villarreal, PhD, Behavioral Economist at [Behavioral Methods](#)

Discussion Moderators & Panelists

Kriti Chouhan, Associate Director, Busara Center for Behavioral Economics

[Ely McElwee](#), Senior Behavioral Designer, ideas42

[Deborah Martinez Villarreal](#), PhD, Behavioral Economist at Behavioral Methods

Panel Moderator

Meenu Anand, American Cancer Society

Designing Behavioral Interventions Overview

[Session Slides](#)

[Video of Presentation](#)

Resources

[PreventGlobalHPVCancers.org](#)

A digital platform that facilitates shared learning for organisations and agencies working towards increasing HPV vaccination in higher-burden, lower-resourced communities.

- [Colombia Toolkit & Resources: English and Spanish](#)
- [Colombia Research](#)
- All Prevent Global HPV Cancers [Research](#)
- All Prevent Global HPV Cancers [Resources](#)

[Behavioural Economics Toolkit: The Case of HPV Vaccination in Colombia](#)

This toolkit details an intervention designed to increase HPV vaccination rates in Bogota by utilising the IDB Behavioral Economics Group's methodology: define, diagnose, design, and test. This guide explains the process of identifying the population, behavioural barriers, and designs that proved helpful, informed by behavioural economics. It is useful for practitioners and policymakers hoping to increase HPV vaccinations in their area.

- [English](#)
- [Spanish](#)

Behavioural Interventions: Breakout Scenario & Discussion Summary

Each breakout group in the dialogue was assigned the following problem scenario and asked to design an intervention, with support from behavioural experts, to address the problem:

A community in a neighbouring county has a high rate of cervical cancer incidence. You have been told women don't come in for cancer screening for a variety reasons.



First step: form a team

- Who/what types of individuals would we want on our team?
- Can you think of the benefits of having a data person/researcher/cancer organisation/behavioural scientist on your team?

- Individuals to consider including when forming a multi-disciplinary team:
 - Decisionmakers from within the community
 - Local leaders
 - Behavioural scientists
 - Community health workers
 - Cervical cancer organisations and organisation(s) based within the community
 - Social workers
 - Psychologists
 - Communications experts
 - Representatives of the community itself
 - Traditional healers (potentially)



Second step: assess & review

- How do we start to define the problem/issue?
- What types of data and information would we want to collect before making a plan?

- To understand relevant barriers, consider the following:
 - Speaking to women in the community to gain their insight on barriers and to identify the individuals that make the decisions about women's health in a family and the community. If this is male partners/relatives, speak with them about the barriers as well. An example of including men in decision-making can be family and community. If this is male partners/relatives, speak with them about the barriers as well. An example of including men in decision-making can be [found here](#).
 - Engaging with your multi-disciplinary team to gain their insights on barriers
 - Gathering data on attendance and demographics from healthcare centres if possible. Use this data to identify your target population
 - Recognising that different communities are likely to have specific barriers
- For additional assessment:
 - Consider doing a risk assessment and analysis before going into a community

Behavioral Interventions: Breakout Scenario & Discussion Summary



Third step: make a plan

- Can you think of specific behavioural barriers that might be deterring women in this community from seeking cancer screenings?
- What kind of solutions do you think could address these behavioural barriers?

Barriers:

- Asymptomatic women do not prioritise screening
- Commitments prevent women from taking time off work or time away from caring duties to go for screening
- Perceived invasiveness of the procedure might deter women
- Health system structure and healthcare provider behaviour could be considered the most important factor in women not attending screening, because if a woman has a good experience with screening, she will share this with others, but if she doesn't have a supportive experience, she will also notify her community
- When there is a continual ask it may create a level of distrust by communities as they might think 'what is the true motivation of those offering the screening?'
- Distrust in the health system and health facilities themselves
- Social stigma around what it means to be seen to go for screening, including the concern of being seen to enter the hospital or enter a medical vehicle
- Issues with results being lost/delayed exacerbate loss-to-follow up

Potential Solutions/Actions:

- Recruit patients as ambassadors:
 - Women from the local community who had positive experiences serve as champions/advocates for cancer screenings and share their experiences. This normalises the behaviour and can remove many barriers
- Implement 'screen and treat' methods so there is minimal loss-to-follow-up
- Engage women in intervention design via pilot testing or a simple focus group to gain their input and buy-in
- If designing and delivering communication messages, conduct A/B message testing (putting 2 messages in front of the end-user and observe their choice) to improve the chances of creating a successful intervention
- Quality assurance is important, and so there needs to be a discussion among medical stakeholders that quality is maintained in delivery
- Ensure that the health system is ready before initiating a behavioural intervention to increase uptake of services. If the health system is not ready, trust in the intervention and providers can be damaged, which is very hard to rebuild



Fourth step: monitor & refine

- What kind of indicators can you use to monitor the impact of the intervention?
- Who could be involved and what kinds of activities should be organized to understand how the intervention can be refined?

- Total screening coverage and number of women screened should be monitored to assess the impact of any intervention
- At some point, cervical cancer incidence should be monitored

Behavioural Interventions:

Expert Panel Q & A



How does one go about ensuring meaningful community engagement and co-creation of interventions with the target population, especially women?

- It's crucial to think of ways to bring in the end-user and community early and often, such as during interviews to determine what's the root of the behaviours and problem
- You should also conduct user testing before rolling out the intervention. It doesn't matter if you can't test the finalised version but having end-users' input on interventions in the early stages is key.
- Co-development is not necessarily including end-users at all points of the process but at the right stages to correctly define the problem and help create effective solutions

Are there examples of good study design for behavioural studies?

Lots of tools and resources already exist:

- [The Inter-American Development Bank](#) has a Behavioral Economics Toolkit in [English](#) and [Spanish](#)
- [Busara Center](#) has a large number of [behavioural science resources](#)
- [ideas42](#) also has a range of [global health resources](#)

How do you decide on the number of participants to engage in testing so that this can be extrapolated into population insights?

- The required number of participants depends on the context and study
- You could aim for 30 interviews but usually by the 18th interview you start to see repetition in answers
- However, context is so important for behaviour so there are checks you need to do before scaling, and when you adapt your work for a larger audience, it's important to build in moments to check the impact of your design
- Generally, you should use qualitative methods in designing interventions and more quantitative methods in measuring impact

Behavioural Interventions:

Expert Panel Q & A



What is your recommendation for low-cost methods to validate interventions in your context that may have proven effective in other contexts?

- It is important to understand what is the behavioral principal at the core of your intervention, and what the elements are that will change based on context
- Examples:
 - A game was designed for men to talk to their wives about family planning. In one context, the message that incited behaviour change was focused on land and sharing wealth with children, but in another context the most salient message was about harmony within the family.
 - A text message was effective in one city and before releasing the message in another city, interviews were done to determine if similar barriers existed in this new context/city. The barriers were similar, so the same message was used.
 - Across a country, messages that were framed positively were found to be more effective than fear-based messages. The message was the core of the intervention but the method of delivery would be different in new contexts. Text messages might work in an urban setting but may not be an effective channel in a rural setting. The channel could be changed (poster, text message, flier, radio) but the core behavioral message was not changed.

How do you use social media to influence behaviour?

- The messengers you choose to use on social media should be trusted, and those who are posting the message must be trusted by those whose behaviour you are trying to change
- **Do not repeat false information or myths.** Focus instead on sharing the information you want to be remembered and retained
- Use can also use social media to run surveys when you are in the diagnosis phase or determining the problem

Past Dialogue Session Reports



A Dialogue on Single-Dose HPV Vaccination: Efficacy, Implementation and Social Mobilisation in partnership with PATH

[Link to Summary Report](#)



A Dialogue on Engaging Healthcare Providers to Increase HPV Vaccine Demand & Uptake in Communities

[Link to Summary Report](#)



A Dialogue on Amplifying Survivor Voices to Accelerate the Cervical Cancer Elimination Movement

[Link to Summary Report](#)



A Dialogue on Communicating About The HPV Vaccine

[Link to Summary Report](#)



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LinkedIn at *Cervical Cancer Action for Elimination*