

# *Cervical Cancer Prevention*

## *Report on conference proceedings*



*Durres, Albania*  
*11-13 March, 2004*

*Presented and Sponsored by The Open Society Institute Network Public Health Program,  
in collaboration with PATH (Program for Appropriate Technology for Health),  
The Open Society Foundation for Albania  
and The Open Society Fund—Lithuania*

## **Background**

Since the early 1990s, PATH (Program for Appropriate Technology in Health) has been investigating various approaches to preventing cervical cancer and has championed the cause of cervical cancer prevention in developing countries. In 1999, with generous support from the Bill & Melinda Gates Foundation, PATH joined with four other international agencies (EngenderHealth, the International Agency for Research on Cancer, JHPIEGO, and the Pan American Health Organization) in forming the Alliance for Cervical Cancer Prevention (ACCP). The overall objective of PATH's work with the Alliance is to clarify, promote, and implement strategies for preventing cervical cancer in the developing world. As coordinating agency of the Alliance, PATH works closely with a steering committee of ACCP members to encourage intra-Alliance communication and collaboration and to coordinate information dissemination.

PATH works in the following four major areas to improve cervical cancer prevention efforts:

1. Assessing innovative approaches to cervical screening and treatment.
2. Improving service delivery systems.
3. Incorporating community perspectives and needs into program design.
4. Heightening awareness of cervical cancer and effective prevention strategies.

The ACCP small grants program was initiated in 2000 as part of the larger set of ACCP-funded cervical cancer prevention activities. This program awarded up to US\$25,000 to organizations in developing countries to support a variety of cervical cancer prevention projects. To date, over 300 proposals have been reviewed from more than 60 countries, and 42 small grants have been awarded.

In 2001, the Open Society Institute (OSI) provided US\$125,000 in matching funds to support twelve projects in the region of the Newly Independent States (NIS) and eastern and central Europe. These include projects in Albania, Armenia, Georgia, Kazakhstan, Kyrgyzstan, Lithuania, Macedonia, Moldova, Romania, Russia, Serbia and Montenegro, and Ukraine. Please see Attachment 1 for a brief description of each project.

## **Conference Overview and Goals**

The OSI public health seminar *Cervical Cancer Prevention* was organized by the Open Society Institute and PATH, in collaboration with the Open Society Foundation for Albania, and the Open Society Fund—Lithuania. Twenty-eight representatives from non-governmental institutions and Ministries of Health from 13 countries (Albania, Armenia, Bulgaria, Georgia, Kazakhstan, Kyrgyzstan, Lithuania, Macedonia, Moldova, Romania, Russia (Moscow and Sakhalin), Serbia and Montenegro, and Ukraine) attended the conference. Speakers and facilitators included ten global experts in cervical cancer prevention from organizations in the United States and Europe (see Attachment 2 for a list of participants, speakers, and facilitators).

The purpose of the seminar was to share experiences of implementing cervical cancer prevention activities among ACCP small grant recipients in eastern and central Europe and the NIS region<sup>1</sup>, and to provide a technical update about state-of-the-art cervical cancer prevention practices (see Attachment 3 for the conference agenda). Specific conference objectives and outcomes were as follows:

- *Provide a forum for small grants recipients to share their experiences and to learn from similar experiences in other countries.* Participants presented their experiences in

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<sup>1</sup> Participants from Bulgaria, Romania, and Russia (Moscow) were not ACCP small grant recipients.

assessing the needs of the community, raising awareness of cervical cancer prevention, and improving coverage of cervical cancer screening. In addition, participants visited a demonstration project currently being implemented in Vlora, in the southern part of Albania.

- *Involve key Ministry of Health staff persons in the seminar in order to facilitate an exchange of information about recommendations and potential policy change at the national level.* Each country team developed three to five key recommendations for improving cervical cancer prevention services and a set of next steps to carry out upon returning to their countries.

### **General Conference Overview**

The conference addressed a range of technical information.<sup>2</sup> Many participants felt that the most important information they obtained pertained to the need for a health systems approach to referral and treatment including the need for an organized system for cervical cancer screening. There was also a high level of interest in understanding which age groups of women are the most cost-effective to include in screening programs that are being implemented in low-resource settings. Technical information about ensuring the quality of cytological services and other screening methods was appreciated.

All participants attended the entire conference. Simultaneous translation (Russian and English) of the conference was available throughout the event. Participation was more formal on the first day and became more relaxed and interactive as the conference progressed. Participants networked with each other and actively shared opinions, ideas, experiences and written materials. Participants could have benefited from more time being made available to discuss country action plans at the end of the conference.

The conference provided an important opportunity for participants to strengthen their knowledge about cervical cancer prevention programs, and to develop contacts with other interested professionals in the region. Future conferences should include more time for discussion among participants, either via roundtables or regional working groups, so that participants can become better acquainted earlier on.

### **Conference Outcomes**

Results from the evaluation of the conference indicated that participants considered the experience to be useful and that the overall conference experience was excellent. It is evident from the country action plans that participants were able to integrate information presented during the technical updates and lessons learned from experiences of other countries. Summaries of action plans are provided below:

**Albania.** Focus on carefully designing a cost-effective national cervical cancer prevention program by specifying the target age group, including a follow-up and referral system and designing culturally appropriate IEC activities and messages. Key points about implementation include the need to have government actively involved, to push/advocate for allocating funds for these activities, to develop a protocol with the Ministry of Health, and to ensure inclusion of an IEC component.

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<sup>2</sup> All of the conference materials (agenda, presentations, participants list, conference evaluation, and additional materials) are posted on the OSI seminar's website at <http://health.osf.lt/en/seminars/>

**Armenia.** It is necessary to establish a screening database (central registry) to monitor screening, improve its cost-effectiveness, and ensure full coverage of women in target group. The ideal would be to conduct screening at a minimum of one screening for each woman aged 35–65, free of charge with government funding, and if possible, to repeat screening every 10 years. If CIN is detected, conduct treatment free of charge. Conduct trainings for medical providers. Unfortunately, currently biopsy is very often is done without colposcopy, which causes inaccurate cervical cancer results.

**Georgia.** Lessons learned include that there is “universal” screening in Georgia now. It is necessary, however, to only screen target group—women aged 30–55. All the target population should be covered. It is necessary to work with national and local governments to change screening policy and make it a priority in women’s health care. Women’s knowledge of cervical cancer prevention needs to be raised. It is important to train medical providers and ensure quality control. In terms of implementation, cervical cancer prevention needs to be a national priority. In order to do this, a cervical cancer prevention policy that takes local specifics and international experience into consideration should be developed. In addition, it will be necessary to improve medical providers’ knowledge on cervical cancer. Conference materials will be distributed among medical providers, and the NGO HERA will be used as a training center for medical providers. Funding provided by Japan will provide colposcopes to all women’s consultations in Georgia. Changing clinical practice by transferring treatment of pre-cancerous lesions from oncology centers to primary care facilities will also be necessary.

**Kazakhstan.** It is important to develop national policy on cervical cancer diagnostics and treatment, including coverage, education, screening, treatment, and follow-up components. Interested key stakeholders should be involved. There should be unified cervical cancer prevention protocol and control of its implementation: cervical cancer prevention and diagnostics standards; monitoring of screening, diagnostics, and treatment; quality assurance; and getting feedback. Results from the small grant project indicated that:

- Cervical cancer problem was raised in Kazakhstan.
- There is no organized screening program in Kazakhstan.
- Medical providers demonstrated lack of knowledge on cervical cancer prevention.
- There are not strong linkages among gynecology, oncology, and primary care services in Kazakhstan.
- There is a shortage of modern equipment for cervical cancer prevention.

The results from this study will be used for informing the Ministry of Health so they can support follow-up work. Some funds were allocated to this work. Unfortunately, cervical cancer prevention is not a Ministry priority at this time. Also, government funding is distributed among local administrations, which do not have special programs on cervical cancer prevention. Funding is being sought from international organizations (USAID, UNFPA, and UNICEF) that currently undertake activities in Kazakhstan.

**Kyrgyzstan.** Lessons learned include that cervical cancer prevention is extremely important. It is necessary to start with providing information to women. Medical personnel should be trained on quality assurance on Pap smear (doctors and nurses). And, it is important to establish a database in order to follow-up with women after Pap test. Next steps include the development of a national program on cervical cancer prevention (conference attendees will submit a request to the government). In addition, they will focus on expanding a cervical cancer prevention project to

other regions, and developing partnerships with international organizations (to share information and look for funding).

**Lithuania.** Lessons learned include that every sexually active woman is at risk; the target group for cervical cancer screening is women aged 30–55 years; the importance of the quality of testing; well-organized screening reduces women’s mortality; and the importance of community involvement in prevention activities.

**Moldova.** Lessons learned include that training medical providers (family doctors, Ob/Gyns) is an effective way to reach female population. The development of a screening policy should include the target group (women aged 30–55); it must increase coverage (Pap smear frequency should be determined based on available resources); increase Pap smear sensitivity (laboratory equipment; training of cytology labs personnel, repeat Pap smears); and assure additional methods of diagnosis and monitoring for abnormal Pap smears, including colposcopy and biopsy, high quality treatment, and follow-up. Next steps include conducting trainings for medical providers on screening and informational campaigns for the general population, developing a screening database based on population registration (women aged 30–55), developing a unified strategy for pre-cancerous lesions treatment, and assuring quality of follow-up.

**Macedonia.** Program will start from one screening per lifetime. Cervical cancer can be prevented through screening programs designed to identify and treat pre-cancerous lesions. The program must be well organized screening at all levels, and screening must be offered once per lifetime. Monetary incentives for GP for making sure the patients (women) go to cervical screening for gynecology exam seems to be effective. NGOs (women’s groups) are strong community resources for distribution of information on cervical cancer prevention and should be used to encourage women to seek cervical screening services.

**Russia (Sakhalin).** Lessons learned include that women’s and medical providers’ level of knowledge on cervical cancer prevention is very low in Sakhalin. There is no unified system on cervical cancer prevention. To implement a screening program, it is necessary to recreate women’s prevention exams at the Sakhalin factories/organizations. They were typical during Soviet time, but not done any more. The SSOG will work with administration of the organizations where there are a lot of women and will organize these exams for women aged 35–55. The SSOG will work with Yuzhno-Sakhalinsk City Health Department to develop a plan for providing free Pap smears to women. The SSOG will work with Yuzhno-Sakhalinsk City Health Department to change screening policy in Yuzhno-Sakhalinsk City. Also, it is necessary to develop monitoring systems to follow up with women after referrals to a gynecologist. In order to assure quality control of Pap test, training for medical providers and lab technicians will be conducted. It is also important to raise public awareness on cervical cancer prevention The SSOG will work with local mass media to publish articles on cervical cancer prevention for women. The SSOG plans to organize an informational center for women. They have acquired equipment through previous grants received from PATH and FRAEC. On March 23, they will meet with Sakhalin Vice Governor to discuss the issue of premises for the center. If they receive approval, the SSOG will talk to British Petroleum in Sakhalin regarding funding.

As of April 2004, the SSOG, together with Sakhalin oncologists, and the Health Department scheduled a conference on cervical cancer prevention. The main goal is to discuss and approve cervical cancer prevention algorithm (presented in Albania) and unified standards of cervical cancer care. Also, the SSOG sent its representative to cervical cancer conference.

**Serbia.** Planning of cervical cancer prevention requires maximum coverage. Need to decide if coverage will be once a lifetime or once every five years. Quality assurance must be organized for the whole screening process (organization, cytology, referral, follow-up). Other steps include using IEC (develop key messages); looking for pre-cancerous lesions not cancer; determining target groups; involving local societies, NGOs, and the health care system. Serbia does not currently have a screening program but the reform is underway, and cervical cancer prevention should be included.

**Ukraine.** Ukraine has a screening program, but, unfortunately, this program did not include a lot of elements recommended by international practice. These elements include information/counseling, integration with reproductive health National Program activities, and the use of mass media and IEC materials. Screening could be visual, as woman visits a doctor for a Pap smear (women aged 30–55). Based on the results, colposcopy, biopsy, and treatment (if needed) are recommended, as well as a repeat Pap smear in three years. Other activities that need to be carried out include the training of medical providers, the establishment of a reference laboratory, and Pap smear quality assurance. It will be necessary to make calculations about how much will it cost. It will not be easy to persuade medical experts/scientists regarding 30–55-year target group, as for many years, a woman was checked every year.

### **Conclusions**

There is a great deal of interest and enthusiasm in implementing high-quality cervical cancer prevention programs in the region. A nascent network of reproductive health professionals committed to establishing and improving cervical cancer prevention programs in the region has been established. In order to foster the growth of these relationships, a mechanism to maintain contact among conference participants could be established, possibly an e-mail listserv.

The use of an information exchange and technical update format appears to be a valuable addition to a small grants program. Future small grant programs undertaken by supporting organizations should build this type of regional capacity-building meeting into project activities.

Some type of programmatic follow-up to the meeting would be beneficial. Specific recommendations included the funding of a joint demonstration project in two to three countries of the region in order to put conference principles into practice, or the organization of another meeting in two or three years. If another meeting were to be held, advocacy capacity building should be considered as a topic.



Conference Participants, March 12, 2004

## **Alliance Small Grant Recipients in Newly Independent States / Eastern European Countries**

### **1. Ukraine: The Regional SALUS Foundation**

April 1, 2002 – March 31, 2004

The total award for the Regional SALUS Foundation was \$19,990. These funds enabled the SALUS Foundation to disseminate information about cervical cancer; the possibilities for prevention, diagnosis, and treatment; and locations of local sources for screening and treatment. SALUS Foundation created a telephone help line to provide information about cervical cancer diagnostics and treatment to women in and around Lviv. SALUS distributed 10,000 leaflet cards to women, doctors, and clinics to advertise the telephone line. They also published three separate leaflets on cervical cancer prevention, Pap tests, and biopsy and colposcopy to be utilized during trainings and round tables in and around Lviv. Additionally, SALUS developed and broadcasted four radio programs on cervical cancer prevention. SALUS also conducted 12 training workshops about cervical cancer prevention, screening, and treatment for 250 professionals and medical students.

### **2. Albania: Albanian Family Planning Association**

June 1, 2002 – May 31, 2003

The Small Grants Program awarded \$25,000 to the Albanian Family Planning Association (AFPA). The AFPA project focused on improving the status and capacity of reproductive health services in the Vlora District of Albania. Project activities included developing and publishing informative materials, preparing and broadcasting information programs on television, organizing and conducting twelve workshops for health care providers, and performing Pap smear tests in the APFA's Women's Center (where testing is free for low-income women). AFPA consulted with over 2000 women on reproductive health issues, especially cervical cancer, and performed 805 Pap smears. AFPA facilitated 20 workshops with women and health centers. The workshops, attended by 528 people, aimed to raise awareness of cervical cancer risks and preventive measures. AFPA disseminated 2,000 brochures on cervical cancer prevention and reached around 50,000 people with the TV programs they created about cervical cancer risks and prevention. With the increase in community education, outreach, and awareness, AFPA recorded an increase in the demand for services through increased referrals of women for screenings by health care workers and an increase in their client numbers.

### **3. Macedonia: Center for Family, Motherhood & Childhood Support**

October 1, 2002 – March 31, 2004

The Center for Family, Motherhood & Childhood Support (CFMCS) received a grant of \$23,860. The project seeks to develop a broad-based collaborative approach to cervical cancer screening among local organizations. Other project activities include conducting workshops for local health care providers and community health promoters; preparing, publishing, and disseminating information packages; working with local general practitioners to identify and register all women suitable for screening; and establishing cervical cancer screening services in a local health service facility. During the first two months of the project CFMCS focused on outreach to the community, field visits, and focus groups to strengthen community involvement and work being done between health staff and community members. The next three months were spent developing and preparing workshop presentations, tools, and materials. CFMCS held two workshops. The first was aimed at community promoters and provided basic education about carcinoma prevention options available in their communities. The second workshop was designed for local health staff and focused on improving counseling on seeking screening and addressing cultural barriers to screening, building awareness of

health professionals' key roles in early detection of cervical cancer, using public health-oriented approaches to screening and treatment, and helping women overcome barriers to seeking screening.

#### **4. Kazakhstan: Public Health Institution**

December 1, 2002 – April 30, 2003

In November 2002, the Small Grants Program awarded \$20,029 to the Public Health Institution in Voystochno-Kazakstanskaya Oblast. The primary objective of the project was to conduct a needs assessment study of cervical cancer prevention in the region. Activities included estimating the female population, assessing the epidemiology of cervical cancer, studying national health policy and interventions, evaluating the medical infrastructure and treatment options, assessing the availability and types of information, and defining knowledge and attitudes of women and local health professionals towards cervical cancer prevention. At the end of the assessment, the project organized a local round table to discuss recommendations and develop an intervention strategy.

#### **5. Russia: Sakhalin Society of Obstetricians and Gynecologists**

February 1, 2003 – July 31, 2003

The Sakhalin Society of Obstetricians and Gynecologists received \$15,000 to determine why cervical cancer is still not being detected until the late stages. Key activities focused on conducting a needs assessment to define the strengths and weaknesses of the current cervical cancer prevention program. Upon completion of the assessment, the Sakhalin group developed a strategy for improving the program to submit to the Sakhalin Oblast Health Department for consideration. Their suggestions included opening a specialized facility with all necessary diagnostic and medical equipment, further educating medical personnel of health clinics and centers, strengthening preventive educational work among community women, and carrying out lectures and seminars about causes of cervical cancer.

#### **6. Kyrgyzstan: Family and Healthy Generation (FHG)**

February 1, 2003 – April 30, 2004

Family and Healthy Generation was awarded a \$25,000 grant to increase awareness about cervical cancer and about prevention and treatment methods in Kyrgyzstan. Project activities have included developing an information and education campaign, conducting a training of trainers workshop, and conducting training seminars for health professionals and domkoms (socially active women). After providing training, leaflets and placards were distributed to community members, health clinics, and drugstores. FHG also initiated an informational campaign that included a television program about cervical cancer, a TV report, radio broadcasts, and a competition for the best article addressing cervical cancer among local newspapers.

#### **7. Serbia and Montenegro: Institute of Obstetrics and Gynecology Clinical Center of Serbia**

March 1, 2003 – August 31, 2004

Institute of Obstetrics and Gynecology Clinical Center of Serbia and Montenegro received a grant for \$24,750. The objective of this project was to identify factors that influence women's cervical screening behavior and to investigate barriers to cervical screening through research that is qualitative (focus group discussions and in-depth interviews) and quantitative (a community-based survey). The Institute has conducted focus groups and in-depth interviews, and has begun collecting survey data for quantitative research. These data will help design an appropriate public health campaign for cervical cancer screening.

## **8. Lithuania: Family Planning and Sexual Health Association**

April 1, 2003 – September 30, 2004

With the \$25,000 grant it received, Family Planning and Sexual Health Association aims to increase awareness about the importance of early diagnosis and treatment of precancerous lesions and train family doctors on early diagnostics and treatment approaches. Project activities include creating an Internet site on cervical cancer, inviting women to visit specialists through TV and radio advertisements, distributing posters in Lithuania explaining the importance of early screening, and organizing a press conference to introduce the project. These activities will be further supported through training courses and guides directed at family doctors.

## **9. Armenia: American Armenian Wellness Center**

April 1, 2003 – September 30, 2004

The American Armenian Wellness Center was awarded a grant of \$19,901. The objectives of their project include: increasing by 50% the number of screened women of low socio-economic status, ages 35-65, who receive a Pap smear at least once every three years; ensuring women with abnormal Pap smears receive high-quality follow-up treatment within three months of diagnosis; increasing the number of women who have knowledge of Pap smears; and providing high-quality cervical cancer services through midwives and clinics. Project activities include public service announcements, training volunteer and professional health workers, distributing preventive literature in public health centers and clinics, surveying women's understanding and knowledge of cervical cancer, and training nurses and midwives at clinics.

## **10. Albania: Albanian Family Planning Association**

September 1, 2003 – August 31, 2004

The Albanian Family Planning Association received a second grant of \$20,000 to extend coverage of cervical screening among rural women over 30 years old in the Vlora district. Through educational workshops with both rural women (200) and health workers (125), the dissemination of 1000 informational leaflets about cervical cancer and Pap tests, a television announcement, and free Pap testing to 1000 women, the AFPA is currently improving women's awareness of cervical cancer and increasing prevention efforts. Their activities also include informal meetings with abused and trafficked women in collaboration with the Shelter Center for Trafficked Women. The meetings provide an opportunity to introduce cervical cancer and the benefits of Pap smear testing to this population of women who are particularly at risk.

## **11. Georgia: Women Wellness Care Alliance "HERA"**

October 1, 2003 – September 30, 2004

HERA was awarded \$19,940 to support increasing awareness of cervical cancer and provide screening activities in order to reduce mortality and morbidity rates due to cervical cancer. HERA activities include training community nurse educators, conducting surveys to obtain information on knowledge, attitudes, behavior and practice toward cervical cancer, promoting cervical cancer prevention through mass media, educational booklets, leaflets, and posters in health education programs, and providing cervical cancer screening to women ages 30-50 years old.

## **12. Moldova: Against Infectious Diseases in Obstetrics and Gynecology of Republic of Moldova (AIDOGRM)**

December 1, 2003 – May 31, 2004

AIDOGRM has been granted \$17,295 to increase women's knowledge of cervical cancer and to strengthen the professional skills of gynecologists and family doctors. Activities include recruiting a working group of experts to develop educational materials, creating a variety of educational materials for health providers and women to distribute and use during trainings, providing workshops for 60 doctors to improve knowledge of cervical cancer prevention, diagnosis, and follow-up, and holding informational seminars for 360 women about cervical cancer. A hotline for easy access to information about cervical cancer prevention will also be established and prevention messages will be disseminated through television and radio. A round table will be conducted with key Ministry of Health policymakers at the end of the project.

Participants, Speakers, and Facilitators  
OSI conference "Cervical Cancer Prevention" Durres, Albania, March 11-13, 2004

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Participants, Speakers, and Facilitators  
OSI conference "Cervical Cancer Prevention" Durres, Albania, March 11-13, 2004

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Participants, Speakers, and Facilitators  
OSI conference "Cervical Cancer Prevention" Durres, Albania, March 11-13, 2004

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24	Russia	Participant/ Medical School representative	Koroleva	Natalia	MD, MPH, Coordinator of the Project "Situation analysis and cost-effectiveness analysis of cervical cancer screening program in Russia , Lecturer at Med Acad	Sechenov Moscow Medical Academy	<a href="mailto:natkoroleva@yahoo.com">natkoroleva@yahoo.com</a>	Tel/Fax +7(095) 246 19 59	Sechenov Moscow Medical Academy, 37/1 Zuboskiy avenue, Russia, 119021.
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29	Serbia and Montenegro	Participant/ Professional Association/ National	Topic	Lidija	Research Associate	Institute of Social Sciences – Centre for Sociological Research	<a href="mailto:IDN@EUnet.yu">IDN@EUnet.yu</a> ; <a href="mailto:lida.buca@sezampro.yu">lida.buca@sezampro.yu</a>	Tel: 381 11 3616 002 ; 381 26 224 324 (home)	Serbia and Montenegro, 11000 Belgrade, Narodnog fronta 45

Participants, Speakers, and Facilitators  
OSI conference "Cervical Cancer Prevention" Durres, Albania, March 11-13, 2004

No	Country	Role	Participant Surname	Participant Given Name	Title	Organization	Email	Phone / Fax	Address
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31	UK	Speaker	Denton	Karin	MB ChB, FRCPath. Consultant Cytopathologist and Regional Director of Quality Assurance, Southmead Hospital Bristol, and NHS Cervical Screening Program	Department of Cytology, Southmead Hospital	<a href="mailto:Karin.denton@north-bristol.swest.nhs.uk">Karin.denton@north-bristol.swest.nhs.uk</a>	Tel +117 959 5645 Fax +117 959 5640	Department of Cytology, Southmead Hospital, Bristol BS10 5NB, UK
32	Ukraine	Facilitator/ NGO/ National	Gamazina	Kateryna	MD, Senior Program Officer	Program for Appropriate Technology in Health, Ukraine	<a href="mailto:katya@path-k.carrier.kiev.ua">katya@path-k.carrier.kiev.ua</a>	Tel.: 380-44-253-90-28 (56, 68)	18/2 Kruglouniversitytetska, office 2. 01024 Kiev, Ukraine
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34	USA	Facilitator	Bishop	Amie	MSW, MPH, Senior Program Officer, Ukraine Coutry Manager, PATH	Program for Appropriate Technology in Health	<a href="mailto:abishop@path.org">abishop@path.org</a>	Tel.: (206) 285-3500; Fax: (206) 788-2007	PATH , 1455 NW Leary Way, Seattle, WA 98107-5136, USA
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36	USA	Facilitator	Coffey	Patricia	Ph.D, MPH, Program Officer, Social Scientist	Program for Appropriate Technology in Health	<a href="mailto:pcoffey@path.org">pcoffey@path.org</a>	Tel.: (206) 285-3500; Fax: (206) 788-2007	PATH , 1455 NW Leary Way, Seattle, WA 98107-5136, USA
37	USA	Speaker	Jacob	Martha	MBBS,DGO,FRCOG,MPH, Senior Medical Associate	EngenderHealth	<a href="mailto:mjacob@engenderhealth.org">mjacob@engenderhealth.org</a>	Tel 212 561 8454; fax 212 561 8067	EngenderHealth, 440 Ninth Avenue, New York, NY 10001, USA
38	USA	Facilitator/ organizer	Okromeshko	Svitlana	Program Associate	Program for Appropriate Technology in Health	<a href="mailto:svitlana@path.org">svitlana@path.org</a>	Tel.: (206) 285-3500; Fax: (206) 788-2007	PATH , 1455 NW Leary Way, Seattle, WA 98107-5136, USA
39	USA	Speaker	Sellors	John	MD, Senior Medical Advisor Reproductive Health	PATH (Program for Appropriate Technology in Health)	<a href="mailto:jsellors@path.org">jsellors@path.org</a>	Tel.: (206) 285-3500; Fax: (206) 285 6619	PATH , 1455 NW Leary Way, Seattle, WA 98107-5136, USA

# Cervical Cancer Prevention

*Durres, Albania,  
March 11-13, 2004*

*Presented and Sponsored by The Open Society Institute,  
Network Public Health Program,  
in collaboration with  
PATH (Program for Appropriate Technology in Health), USA,  
The Open Society Foundation for Albania and  
The Open Society Fund-Lithuania*

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**Conference Goal:**

The goal of this conference is to share experiences of implementing cervical cancer prevention activities amongst *Alliance for Cervical Cancer Prevention (ACCP)* small grant recipients in Eastern and Central Europe and the NIS region, and to provide a technical update about state-of-the-art cervical cancer prevention practices.

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## Thursday, 11 March

07:30 - 08:30 **Breakfast**

08:00 - 09:00 **Registration**

09:00 – 10:30 **Opening Ceremony**

– Moderator: Amie Bishop, *MSW, MPH, Senior Program Officer, Ukraine Country Manager, PATH*

Welcome: Eduard Hashorva, Albanian Vice Minister of Health

Welcome: Diana Çuli, Member of the Executive Board, Open Society Foundation for Albania

Welcome: Ornela Abazi, *Executive Director, Albanian Family Planning Association, Albania*

Introductory remarks: Patricia Coffey, *Ph.D, MPH, Program Officer, Social Scientist, PATH*

### **The Role of WHO in Control of Cervical Cancer**

Katharine Shapiro, *PA, MPH, Department of Reproductive Health Research, World Health Organization, (WHO) Geneva, Switzerland*

### **Key Note Speech: Cervical Cancer Prevention in CEE and the NIS: The Way Forward**

John Sellors, *MD, PATH (Program for Appropriate Technology in Health), USA*

10:30 – 10:45 **Coffee Break**

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10:45 – 12:30 **Panel of Oral Presentations**

### **Assessing the Needs of the Community**

Moderator: Patricia Coffey, *PATH*

### **Problem Analysis: Low Effectiveness of Cervical Cancer Preventive Measures in Sakhalin**

Liubov Nikiforova, *MD, Society of Obstetricians and Gynecologists, Russia*

### **Cervical Cancer Screening Promotion in Yugoslavia**

Lidija Topic, *Institute of Obstetrics and Gynecology, Serbia and Montenegro*

### **Assessment of Cervical Cancer Screening Needs in Vostochno-Kazakhstanskaya Oblast, Kazakhstan**

Kazbek Tulebaev, *Professor, Executive Director, Public Health Institute, Kazakhstan*

**Situation Analysis and Cost-Effectiveness Analysis of Cervical Cancer Screening Programs in Russia**

Natalia Koroleva, *MD, MPH, Research Fellow, the Association "Healthy Regions," Russia*

12:30 – 13:30 **Lunch**

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13:30 – 14:15 **Technical Update Number One**

**New Global Approaches to Cervical Cancer Prevention**

Martha Jacob, *FRCOG, MPH, Senior Medical Associate, EngenderHealth, New York, USA*

Moderator: Patricia Coffey, *PATH*

14:15 – 14:30 **Coffee Break**

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14:30 – 16:00 **Panel of Oral Presentations**

**Raising Awareness of Cervical Cancer Prevention**

Moderator: Janet Bradley, *Senior Program Associate, EngenderHealth*

**Informational-Educational Program on Raising Awareness of Population on Cervical Cancer Issues in Kyrgyzstan**

Nadezhda Kazakova, *MD, Project Manager, Family and Healthy Generation, Kyrgyzstan*

**Actions of Prevention of Cervical Cancer: The Right to Be Healthy**

Esmeralda Kuliesyte, *Director, Family Planning and Sexual Health Association, Lithuania*

**Take Care (Developing the Cervical Cancer Prevention Service in Lviv, Ukraine)**

Katya Gamazina, *MD, Senior Program Officer, PATH, on behalf of The Regional SALUS Foundation, Ukraine*

16:00 – 17:00 **Technical Update Number Two**

**Maximizing the Impact of Cervical Cancer Prevention**

Marc Arbyn, *MD, Scientific Institute of Public Health, Brussels, Belgium*

Moderator: Patricia Coffey, *PATH*

17:00 – 18:00 **IEC Materials Exchange**

Moderator: Svitlana Okromeshko, *Program Associate, PATH*

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19:00 **Dinner**

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## Friday, 12 March

09:00 – 12:00 **Panel of Oral Presentations**

**Improving Coverage of Cervical Cancer Screening**

Moderator: Katya Gamazina, *PATH*

**Community-Based and Client-Oriented Cervical Screening Program Among Rural Women in Republic of Macedonia**

Biljana Ancevska, *MD, President, Center for Family, Motherhood and Childhood Support, Macedonia*

**Cervical Cancer Prevention Project**

Lilit Hakobyan, *MD, Armenian American Wellness Center, Armenia*

**Cervical Cancer Prevention Initiative in Kutaisi, Georgia: Community Approaches**

Marine Davituliani, *MD, Deputy Program Coordinator, Women Wellness Care Alliance “HERA,” Georgia*

10:30 – 10:45 **Coffee Break**

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**Professional Training and Health Promotion on Cervical Cancer Prevention in the Counties of the Republic of Moldova with the Higher Cervical Cancer Morbidity**

Irena Digol, *MD, Against Infectious Diseases in Obstetrics and Gynecology of Republic of Moldova, Moldova*

**Pilot Project in Three Bucharest Districts**

Cristian Vladescu, *MD, Center for Health Policies and Services, Bucharest, Romania*

12:00 – 13:00 **Lunch**

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13:00 – 14:00 **Technical Update Number Three**

**Assuring the quality of cervical cytology laboratories**

Karin Denton, *MD, Pathologist, National Health Service, Bristol, United Kingdom*

Moderator: Svitlana Okromeshko, *PATH*

14:00 – 20:00 **Oral Presentation and Site Visit of Demonstration Project**

**“Improving the reproductive health status of Vlora Women through Promotion of Cervical Cancer Prevention” and “Improving coverage of cervical cancer screening in Vlora District through information, education and communication efforts designed for women”**

Ornela Abazi, *Executive Director, Albanian Family Planning Association, Albania*

20:00 **Dinner**

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**Saturday, 13 March**

09:00 – 10:00 **Technical Update Number Four**  
**The Health Systems Approach to Referral and Treatment**  
John Sellors, *MD, PATH (Program for Appropriate Technology in Health), USA*  
Moderator: Patricia Coffey, *PATH*

10:00 – 13:00 **Small Group Work**  
Brief reporting by each group of 3 key lessons learned from seminar and how they will apply them when they go home  
Moderator: Svitlana Okromeshko, *PATH*

13:00 – 14:00 **Lunch**

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14:00 – 15:00 **Closing Ceremony**  
Moderator: Patricia Coffey, *PATH*

Final remarks: Amie Bishop, *PATH*  
**Seminar Evaluation**

15:00 – 17:00 **Tirana City Tour**

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19:00- **Dinner**

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## PROGRAM ORGANIZERS

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### OPEN SOCIETY INSTITUTE

The Open Society Institute (OSI) is a private operating and grantmaking foundation based in New York City that serves as the hub of the Open Society Network, a group of autonomous foundations and organizations in over 50 countries. This network implements a range of initiatives that aim to promote open society by shaping government policy and supporting education, media, public health and human and women's rights, as well as social, legal and economic reform. To diminish and prevent the negative consequences of globalization, the Network seeks to foster global open society by increasing collaboration with other nongovernmental organizations, governments and international institutions. OSI was created in 1993 by investor and philanthropist George Soros to support his foundations in Central and Eastern Europe and the former Soviet Union. Those foundations were established, starting in 1984, to help former communist countries in their transition to democracy. The Network has expanded its geographic reach to include foundations and initiatives in Africa, Central Asia and the Caucasus, Haiti, Latin America, Mongolia, Southeast Asia, Turkey and the United States. OSI also supports selective projects in other parts of the world.

OSI's Network Public Health Programs in CEE and the FSU focus on promoting effective public health policy development, supporting the development of a population-oriented public health infrastructure, strengthening the capacity of professional organizations to develop and implement quality standards and professional ethics, and promoting public involvement in health.



## **Program for Appropriate Technology in Health (PATH)**

PATH is an international, nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, PATH helps provide appropriate health technologies and vital strategies that change the way people think and act. PATH's work improves global health and well-being.

Headquartered in Seattle, Washington, PATH has 21 offices in 14 countries. PATH currently works in more than 100 countries in the areas of reproductive health; vaccines and immunization; HIV, AIDS, and tuberculosis; and children's health and nutrition.

Since the early 1990s, PATH has been investigating various approaches to preventing cervical cancer and has championed the cause of cervical cancer prevention in developing countries. In 1999, with generous support from the Bill and Melinda Gates Foundation, PATH joined with four other international agencies (EngenderHealth, the International Agency for Research on Cancer, JHPIEGO Corporation, and the Pan American Health Organization) in forming the **Alliance for Cervical Cancer Prevention (ACCP)**. The overall objective of PATH's work with the Alliance is to clarify, promote, and implement strategies for preventing cervical cancer in the developing world. As coordinating agency of the Alliance, PATH works closely with a steering committee of ACCP members to encourage intra-Alliance communication and collaboration and to coordinate information dissemination.

PATH works in four major areas to improve cervical cancer prevention efforts by:

1. Assessing innovative approaches to cervical screening and treatment.
2. Improving service delivery systems.
3. Incorporating community perspectives and needs into program design.
4. Heightening awareness of cervical cancer and effective prevention strategies.

For more information, please visit [www.path.org](http://www.path.org).



## **OPEN SOCIETY FOUNDATION FOR ALBANIA (FONDACIONI SOROS)**

The Open Society Foundation for Albania (OSFA) was established in 1992 as part of the network of Soros Foundations in Central and Eastern Europe.

The mission of Open Society Foundation for Albania is to prepare the ground for such structural elements underpinning the foundations of an open society as the rule of law, a viable civil society, self-sustaining communities, capable individuals committed to democratic values as well as transparency and social accountability. Part of the enabling environment of an open society are, also, the encouragement of critical thinking; the diversity of opinions; the protection of minority rights and the rights of the vulnerable; the encouragement of alternative developments in culture.

The foundation attains its strategic goals by running a variety of programs in a number of areas such as law, public administration, women, arts and culture, information, public health etc.

So far the Foundation has funded an estimated amount of \$ 40,000,000 in projects from its strategic areas. More detailed information on OSFA is available at [www.soros.al](http://www.soros.al).

The OSFA public health program has addressed sensitive issues of the public health situation in Albania. So, the current objectives of the program are the following: to reduce harm of drug use in Tirana district, to increase the quality of PH postgraduate teaching programs with the aim of establishing in long term an MPH program in Albania, to improve the quality of health care services through continuous education & training programs in the field of public health, to increase quality of health services to women and adolescent with the focus to the reproductive health, to promote medical ethics in Albania, to develop and improve palliative care services to the Albanian community.



## **OPEN SOCIETY FUND - LITHUANIA**

Open Society Fund–Lithuania (OSFL) is an independent, non-governmental, non-profit organization, founded in 1990. Its primary aim has been to support the development of an open, democratic, civil society in Lithuania during its transitional period. Throughout the years of its activities the OSFL and its partners have initiated and stimulated changes in self-management and self-government, human rights, dissemination of multinational culture, education, science and information, and other areas that produce the greatest impact on the formation of a free and creative personality and civil responsibility. Nearly 50 million US dollars have gone towards the achievement of those objectives.

The mission of the OSFL is to foster an open society, to strengthen its ideals and values at the level of governmental institutions, to prevent the monopoly of power and single truth. The building of an open society is a never-ending process involving a continuous change of challenges in a dynamic reality, discussions on the values of an open society, fostering the skills of analytical thinking and meeting the challenges of the future. The Foundation works in its priority areas through the Science and Education, Culture, Law, Civic Initiatives, Information, Public Health, Baltic-American Partnership and other programs. More information about OSFL activities is available at <http://www.osf.lt> and <http://politika.osf.lt>.

The general aim of all the public health programs is to contribute to the implementation of the major social rights in the area of medical care, to influence state health policies, to facilitate changes in people’s attitude toward their health, to create equal possibilities for everybody, the most vulnerable in particular, to access medical care and relevant information by implementing the principle “healthy individual – healthy society”. This aim was pursued through ten programs of the Open Society Institute network.

Open Society Fund-Lithuania began overseeing logistical administration of the Open Society Institute’s Network Public Health Program’s Seminar Series (<http://health.osf.lt>) in January 2003.