

Sandrine Iradukunda

- Q: How would you recommend educational initiatives be provided when there is such stigma tied to sexually transmitted infections?
 - A: I would recommend that there is an integration of HPV and cervical cancer lessons in classes. Even though there is stigma around the sexual reproductive health, but there has been some efforts in discussing HIV and STIs in science classes. We have also started talking about other types of cancer and I believe that we start from these classes and integrating the HPV lessons, we would have more people be open to learn about the prevention.
- Q: Vaccine hesitancy discourages many from getting vaccinated. How would you recommend educating students on vaccines if they were to be distributed in school settings?
 - A: Vaccines are already being distributed to students within schools. When communicating about vaccines, it's crucial to treat individuals as stakeholders rather than mere patients or recipients. Healthcare providers should be open to engaging in meaningful conversations, addressing myths using layman's terms, utilizing community-friendly channels, actively listening to concerns, and providing transparent information about what we know and don't know. Most of the times the healthcare providers assume that the patients don't know or cannot understand and that should change.

Camille Clare

- Q: I was struck by the correlation of redlining and screening targets. Is the correlation as extreme for vaccination rates? Why or why not?
 - A: I am not familiar with the data on redlining and vaccination rates, but I would imagine that it is quite similar. Here is a reference from a paper that we wrote a few years ago. I don't know if it is behind a firewall. Buskwofie A, David-West G, Clare CA. A Review of Cervical Cancer: Incidence and Disparities. J Natl Med Assoc. 2020 Apr;112(2):229-232. doi: 10.1016/j.jnma.2020.03.002. Epub 2020 Apr 8. PMID: 32278478.
- Q: How can an individual help to break down myths about screening, especially when they might come from the minds of loved ones?
 - A: Health care professionals may continue to provide medically accurate information about HPV screening as well as specialty societies and organizations as trusted messengers. There is patient facing information that is accurate at www.acog.org/womenshealth
- Q: Common HPV types do differ with geographical settings. Do you believe that vaccinating against 16/18 is enough for countries where other high-risk strains might be more prevalent?
 - A: The vaccination is only available for 4 HPV types are present which are type 6, 11, 16, and 18.

Linda Eckert

- Q: How can I have your book; Enough : Because we can stop cervical cancer?
 - A: The book is available online from Cambridge.org/enough, or you can also get your local independent bookstore to order it by calling them,, or online you use <https://bookshop.org/> (and bookshop.org gives money back to local bookstores- so that is a real plus!) or from Amazon <https://www.amazon.com/Enough-Because-Stop-Cervical-Cancer/dp/1009412655>
- Q: You have outlined numerous stories in your book. What elements of a story do you think are the most influential in promoting change?
 - A: I think stories that a reader can relate to- so that is one reason why I included stories of individuals with cervixes from multiple locations.
- Q: If there was one short story you could tell us about a woman who you've interviewed or come into contact with, what would it be?
 - A: I would try to portray that access is still quite challenging in our country. Angie went to a low-cost clinic to get screened in July of one year, but the clinic had used up their funding allotment for the year (they have a certain number of "low-cost screens" per year, and once that is done,

then the budget does not renew until the following year). So, she had to come back the following year to get the low-cost screening, and when she did, she had cervical cancer.

Rachel Belt

- Q: Could you envision these educated and trained girls able to convey to the older women in their lives the benefits of cervical cancer screening?
 - A: Yes, we aim to empower girls to also discuss health seeking behaviours with their communities. This could include cervical cancer screening.
- Q: Has there been any stigma against the TEGAs when they try to collect insight, that they might be promoting sexual behavior in young girls?
 - A: To date, there have not been issues concerning the work of TEGA's. As they are also focused on research, they are collecting information rather than sharing messages.
- Q: How would you envision expanding these efforts to target girls who are not in school, are not as connected to technology, and who have lower education levels?
 - A: Reaching out-of-school girls is a key part of GE's programmes in both Tanzania and Ethiopia. We have developed content at the community level that will be shared offline to ensure a wide and equitable reach of our messaging.

McKenna Stoudemire

- Q: Can you tell us a little more about the self-sampling tents that were in your picture?
 - A: The photo on my slide shows a mobile HPV testing & treatment outreach in rural Kenya conducted through CureCervicalCancer's mobile cervical cancer prevention program, Mobile Health for Mamas. At these outreaches, women can collect a self-sample of vaginal fluid which is tested for high-risk HPV on-site in our solar-powered mobile laboratory. Women receive their results in a few hours, and those who are positive for a high-risk HPV infection can receive preventative treatment the same day in one of our pop-up treatment tents. Since launching in October of 2021, this program has screened over 20,000 Kenyan women for cervical cancer.
- Q: What was your favorite thing you did as part of CureCervicalCancer?
 - A: Working with my team to bring our HPV testing and treatment mobile clinic to life has been the most meaningful thing I've done during my time with CureCervicalCancer. Building this program from the ground up taught me so much about healthcare delivery in low-resource settings and allowed me to get to know incredible individuals and communities along the way. I'm so proud of this program and grateful to have been a part of it!

Sharon Wu