Guide interviews – stakeholders

Please note: this document is intended as a guide for interviewers to lead the interview with stakeholders, including policymakers and cervical cancer experts. Although it is important that interviewers cover all the points listed below, the order of topics and questions can and should be adapted to make sure that the flow of discussion is kept as natural as possible. Key questions that need to be asked are marked with a key symbol 🔑.
The questions should not be considered prescriptive and can be rephrased into the interviewers own wording. The probes can be used if the participants do not answer spontaneously to the question or reminders for the moderator to get more detailed responses. Time blocks are assigned to each section of the guide as an indication to avoid running out of time before exploring the most important questions. These are different for policymakers and the cervical cancer experts and indicated by different colors.

Introduction

1) Welcome the participant and introduce yourself (informal part of the interview).
2) Thank the participants for participating in the study.

   Thank you for agreeing to participate in this interview. There are no right or wrong answers to any of our questions – we are interested in your own perceptions, experiences and insights. We are having this discussion to understand the current cervical cancer situation in the country, cervical cancer screening policies and practices and the capacity of the health system in the country.

3) Provide practical information and ask permission to record:

   The interview should take approximately one hour, depending on how much information you would like to share with us. With your permission, I would like to audio record the discussion because I don't want to miss any of your comments. The recording will be transcribed and analyzed. All responses will be kept confidential and your responses will only be shared with research team members. We will ensure that any information we include in our report does not identify you as the respondent. You may decline to answer any question or leave the discussion at any moment.

4) Let the participant fill in the informed consent.
5) Ask if they have any questions about what you just explained.

Core Topics

I will now start asking you some questions about cervical cancer and screening in your country.

OBJECTIVES	**TOPICS**	**QUESTIONS**	**TIPS FOR THE MODERATOR**
I. PERCEPTIONS ABOUT THE CERVICAL CANCER SITUATION IN THE COUNTRY **(10 min) (10 min)**	*Incidence, mortality, trends*	What can you tell me about the burden of disease in your country (incidence, mortality)? 🔑 **PROBES** • Are you under the impression that cervical cancer is an important health issue that needs attention in your country? • Do you have an idea about the incidence of HPV in your country? • Do you think the burden is high compared to other countries? If yes, what would be the driving factors for this difference? • Do you think that cervical cancer incidence and mortality are higher in some population groups or regions than in others? If yes, why would that be?	
	Screening	What can you tell me about cervical cancer screening in your country? 🔑 **PROBES** • Are screening programmes organised in your country/region? If not, why? If so, move to next probe. • How are cervical cancer screening programmes being organised in your country/region? • What screening method is being used as standard care? • Are you familiar with other screening methods? If so, are they available in the country? Do you have an idea whether these are more sensitive in comparison to the current standard care (probably VIA)? • Do you know if a screen-and-treat or screen-triage-and-treat approach is being used? Can you explain? • What can you tell me about the referral and treatment options?	*Implementation level.*
	Involvement	To what extent have you or your agency/department been involved in	

		cervical cancer screening programme(s)? 🔑 **PROBES** • What was your/their role? • What <u>other stakeholders</u> (government and outside) were involved, and how?	
	Screening coverage	How would you estimate the current level of screening coverage achieved in your country/region? • Do you recall cervical cancer screening coverage being higher in some population groups or regions than others? If yes, why would that be? • Do you recall screening coverage changing over time in your country/region? If so, how has it changed and why would that be?	

Thank you very much for sharing with me your insights, it is very valuable for the research team. I will now move to the next topic that I would like to discuss with you today, that pertains the current organisation of cervical cancer screening policies and practices.

<u>OBJECTIVES</u>	**<u>TOPICS</u>**	**<u>QUESTIONS</u>**	**<u>TIPS FOR MODERATOR</u>**
II. GUIDELINES, ROLES AND RESPONSIBILITIES IN CERVICAL CANCER SCREENING **(15 min) (10 min)**		What can you tell me about the current policies, programmes and guidelines for cervical cancer screening? 🔑 **PROBES** • Can you describe the <u>current policy(ies)/guidelines</u> that you find relevant for the organisation of cervical cancer screening? Is there a specific policy on cervical cancer screening? Anything in the realm of sexual and reproductive health, or cancer policies that is relevant for cervical cancer screening? • Who is involved in formulating these policies/guidelines? What are their roles? • How much would you say that <u>international policies/guidelines and partners</u> are helpful for the formulation of national screening guidelines in your	*Policy level.*

		country? If relevant, what guidelines and partners would these be? • Are you under the impression that policies from other countries and international partners play a role in the formulation of screening policies in your country? If applicable, what countries and international partners would these be? • Do you recall any mechanism of consultation with health professionals and researchers when formulating screening policies, programmes and guidelines? If not, do you think such mechanisms would have any added value, and why? • If HPV DNA testing is not addressed yet, ask if a switch to primary HPV DNA testing would be considered/would be possible.	
III. STRENGTHS AND WEAKNESSES OF CURRENT SCREENING ACTIVITIES **(10 min) (15 min)**		In your opinion, what are the STRENGTHS and WEAKNESSES of current screening activities in your country/region? 🔑 **PROBES** • How performant are screening activities in your country and why is that, in your opinion? • How much would you say that cervical cancer screening policies and governance contribute to or hinder screening quality and coverage? • What are the barriers to effective implementation of current cervical cancer policies? • To what extent are screening devices for cervical cancer screening and laboratory infrastructure available in your country/region? (SUPPLY) • To what extent is trained health and laboratory personnel available in your country/region? • To what extent do women have access to care? • Are referral systems available and/or successful across different levels of care (both for follow-up and/or treatment)? • Is cervical cancer screening integrated in HIV/AIDS services? What is your opinion about this approach?	

		• In which facilities are gynaecologists/oncologists/pathologists available? If there is a lack: what is the reason (lack of training opportunities, high training costs)? • Are health information systems available in your country/region (i.e., electronical medical and health records, cancer registries)? Are they documenting cervical cancer related data?	
IV. PERCEPTIONS ABOUT CURRENT AVAILABLE RESOURCES AND COMPETING PRIORITIES FOR CERVICAL CANCER SCREENING **(5 min) (5 min)**		Can you tell me how cervical cancer prevention and control activities are funded in your country? **PROBES** • To what extent is the funding reliant on donors or NGOs? • In your opinion, should the government invest (more) in cervical cancer screening? In your opinion, what are the competing priorities that have an impact on cervical cancer screening activities? **PROBES** • Do you feel that the prioritisation of cervical cancer screening in the health agenda of your country/region is influenced by competing issues? (broadly: political issues, societal issues) • What other (health) priorities do you feel that have an influence on the allocation of resources for cervical cancer screening activities in your country/region?	

Thank you very much for sharing your perspectives with me. I would like to ask your advice on one last topic. In order to raise the screening participation rate among women, alternative screening methods are being explored. We will use the information of our formative research, which includes these interviews, next to FGDs with women, community representatives and healthcare providers and a subsequent survey with women, to develop a country-specific screening strategy.

The screening strategy will include a new screening tool which is a portable, battery-powered device compatible with self-sampling that detects both HPV DNA as well as two proteomic biosensors. The test can be offered in any setting and results are available in less than 24 hours, eliminating the need for sample storage, lab infrastructure, etc. This enables a cervical cancer screening strategy that goes into communities (instead of being provided in a healthcare centre). In short, with this tool it will be

possible to offer an HPV DNA test, based on self-sampling, that can generate same day results without the need of a trained specialist, a health facility or lab infrastructure.

VI. PERCEPTIONS ON SELF-SAMPLING AND COMMUNITY-BASED SCREENING **(15 min) (15 min)**		What do you think about a **self-sampling** test as an alternative method to standard screening practices? 🔑 **PROBES** • What benefits could a self-sampling screening test bring? • What could be the disadvantages? What do you think about offering self-sampling in **community settings**? 🔑 **PROBES** • What benefits could community-based screening bring? • What could be the disadvantages?	
		In your opinion, would community based self-sampling be more efficient and/or effective compared to current provider-taken cervical cancer screening services?🔑 **PROBES on self-sampling** • Would you think women would prefer to take a self-sample compared to standard practices? **PROBES on community-based screening** • Would you think women would prefer to get screened in their community instead of in a healthcare center?	If not addressed, ask specifically about the benefits of self-sampling (vs. provider taken screening) and community-based screening.
		Do you believe community based self-sampling fits the intended audience (i.e. women eligible for	

		cervical cancer screening in your country/region)? 🔑 **PROBES** • In your opinion, how consistent is community-based self-sampling with the needs of the women? • Will it be possible to accomplish the same goals as the current on-site screening services?	
		Do you think this type of test would be accepted by women in your country? ➔ If no, why not?	
		Do you think it would be feasible to perform a pilot intervention offering community based self-sampling? ➔ If no, why not? What would be the challenges? ➔ If yes, next question.	
		In your opinion, how difficult would it be to integrate community based self-sampling into the national program? **PROBES** Would it be feasible the organize a national program based on this tool?	
		In your opinion, will it be possible to observe/track if women who test positive (during the pilot study) go for follow-up care? **PROBES** Do you have any advice on how we can fortify or guarantee follow-up care?	