

ChatGPT SMART Goals for collaborative practices in the Global Strategy to Accelerate the Elimination of Cervical Cancer

Antonio Jorge Silva Correa Júnior (<https://orcid.org/0000-0003-1665-1521>)¹
Mary Elizabeth de Santana (<https://orcid.org/0000-0002-3629-8932>)²
Jeferson Santos Araújo (<https://orcid.org/0000-0003-3311-8446>)³
Pedro Emílio Gomes Prates (<https://orcid.org/0000-0002-4920-7649>)¹
Marília de Fátima Vieira de Oliveira (<https://orcid.org/0000-0003-4303-9434>)²
Camila Maria Silva Paraizo-Horvath (<https://orcid.org/0000-0002-3574-7361>)¹
Jaime Alonso Caravaca-Morera (<https://orcid.org/0000-0002-6647-217X>)⁴
Helena Megumi Sonobe (<https://orcid.org/0000-0003-3722-0835>)¹

Abstract *This study aimed to analyze the collaborative practices within the policy “Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem,” using insights offered by the SMART criteria generated by ChatGPT. It is a qualitative and exploratory study based on document analysis. ChatGPT generated Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) criteria from the document, which were analyzed using a three-step inductive content analysis method. Five categories were identified: measurable goals, healthcare monitoring, technology as an ally, alignment with the Sustainable Development Goals, and collaborative practices for educational expansion. Screening, diagnosis, and treatment actions must be implemented by 2030 in underdeveloped countries, in accordance with the Sustainable Development Goals.*

Key words *Cervical Neoplasms, Health Policy, Organizational Objectives, Technological Innovations, Human Papillomavirus*

¹ Programa de Pós-Graduação em Enfermagem Fundamental, Escola de Enfermagem de Ribeirão Preto, Universidade de São Paulo, Centro Colaborador da Organização Mundial da Saúde. Av. dos Bandeirantes 3900, Campus Universitário, Bairro Monte Alegre. 14040-902 Ribeirão Preto SP Brasil. juniorjorge_94@hotmail.com

² Escola de Enfermagem, Universidade Estadual do Pará. Belém PA Brasil.

³ Escola de Enfermagem, Universidade Federal da Fronteira Sul. Chapecó SC Brasil.

⁴ Escola de Enfermagem, Universidad de Costa Rica. San José San Pedro Costa Rica.

Introduction

In the Americas, cervical cancer cases are expected to exceed 51,500 by 2030, according to projections by the World Health Organization (WHO). In Brazil, estimates for the three-year period of 2023-2025 indicate around 17,000 new cases, with an estimated incidence rate of 15.38 cases per 100,000 women¹.

ChatGPT, an Artificial Intelligence (AI) tool, has been increasingly used by doctors, nurses and educators to access vast areas of knowledge and generate responses based on specific patterns². With the constant evolution of technologies, health professionals face the challenge of integrating these innovations into care models, without losing sight of the importance of emotional presence and clinical assessment, which are crucial for planning and coordinating patient care³. Thus, although AI can support routine tasks, it does not replace the core of health professions.

ChatGPT 3.5 uses the Transformer architecture, in contrast to Recurrent Neural Networks (RNN), formulating responses based on patterns in which it was trained⁴. Although ChatGPT can contribute significantly to data collection and the generation of methodological insights, it is not a valid author, but rather a tool, similar to data analysis software⁵. In the context of health care, command prompts need to be carefully formulated to encourage the display of interprofessional collaborative practices³.

Interprofessional collaborative practices, unlike isolated approaches, promote the value of the encounter between users and health teams, creating an ecology of specialized knowledges that contributes to the resolution of health problems. These practices encourage social participation and comprehensiveness, encompassing clinical and non-clinical aspects, and permeate areas such as diagnosis, surveillance, communication and health management^{6,7}.

For the benefits of interprofessional education and collaborative practices to be effective, bachelor's degree curricula in health have been reformulated to incorporate systemic and complex practices, moving away from the traditional fragmentation⁸. Evidence suggests that collaborative practice reduces health complications, mortality, length and number of hospitalizations, costs, professional turnover, medical errors, in addition to increasing satisfaction with services, promoting treatment, and improving the diagnosis and treatment of psychiatric illnesses⁷.

Hence, the research question is: How are collaborative practices employed by professionals and users in the context of the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer? Therefore, the objective is to analyze which collaborative practices are included in the Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem policy, using the insights offered by the SMART criteria generated by ChatGPT.

Methods

Study type

This is a qualitative exploratory approach, using the analysis of a document available online. Documentary analysis⁹ involves assembling conceptual elements, performing the "mining" of concepts. The data source comprised the document "Global strategy to accelerate the elimination of cervical cancer as a public health problem" (Figure 1), consisting of 52 pages and released on November 17, 2020¹⁰.

The exploratory research aims to gather preliminary information about a given object, mapping its manifestations¹¹. The immaterial nature of some documents stands out, especially when highlighting the value that certain institutional records acquire when they deal with social phenomena, incorporating relevant historical and cultural terms. With a qualitative approach, documentary research is considered primary when the sources have not been submitted to statistical analysis methods or previous interpretations. The authors also emphasize the importance of new interpretations maintaining the integrity of the document, preserving its originality¹².

Operating reference

SMART goals are characterized by being broad and derived from Goal-setting theory, which argues that goal-setting is essential for evaluating performance and meeting expectations. Thus, goals outline a long-term path, being qualitative in their conception and comprehensive in their scope, differing from more restricted, hierarchical and quantitative objectives. The criteria of the SMART acronym are: Specific – defines goals for a specific context; Measurable – facilitates the measurement of progress over time; Attainable – assesses how long it will take for the goals to be achieved; Rel-

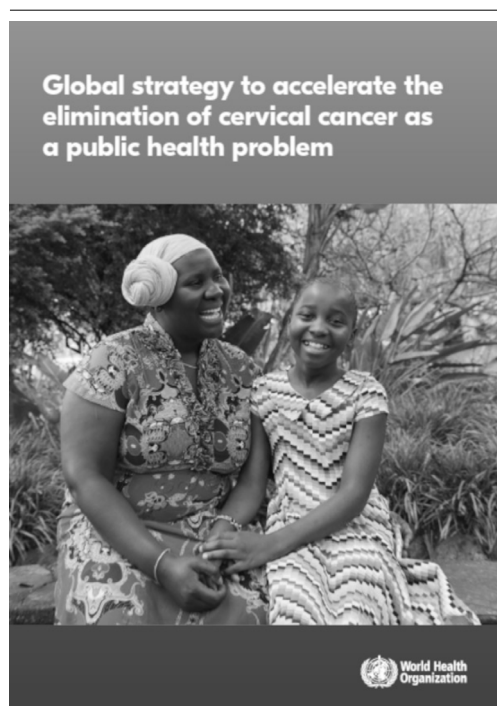


Figure 1. Cover of the World Health Organization Global Strategy.

Source: Authors.

evant – the goals must be relevant to be achieved by third parties; and Time-bound – establishes a deadline for achieving the goals¹³.

The goal-setting theory also classifies goals according to specific concepts: power and compliance goals (to establish control), economic goals and cultural goals (to satisfy the needs of the parties involved). Moreover, the goals are hierarchized into consumer goals, goals related to the good or service, performance goals and secondary goals¹⁴.

Conceptual framework and reference

According to the document “Framework for Action in Interprofessional Education and Collaborative Practice”, overcoming fragmented health systems requires a system that values interprofessional and intersectoral collaboration at all levels, which optimizes and strengthens the workers’ skills, allowing matrix support and an expanded clinical practice⁷. Achieving the ideal of Universal Health requires addressing more than just conceptual issues, including the need for training, reorientation of care flows,

leadership in technology, increased community-based research, and decision-making that considers regional goals¹⁵.

Data collection

The excerpts were intentionally selected as described in (Chart 1), and the translation was carried out by ChatGPT. Data collection involved the delimitation of topics, covering chapters and subchapters of the policy, with the exclusion of chapters 3 and 4, which presented predominantly numerical data.

The translated verbatims were grouped into a large Microsoft Word file, and reinserted into ChatGPT 3.5 in parts, this time, to obtain SMART criteria.

Data analysis method and dynamics: ChatGPT 3.5 stage

Following methodological rigor, two data analysis stages were designed (Figure 2). The first stage involved the analysis of verbatims translated by ChatGPT 3.5 and the tool was sensitized to have the SMART reference as output standards.

The use of ChatGPT has been highlighted by offering information on healthy lifestyles, decrease in risk factors for chronic diseases, vaccination and types of vaccines available for different diseases, in addition to providing simple recommendations on the screening and early detection of diseases. The tool also demonstrates sensitivity in discussions about how environmental and vulnerability factors, such as lack of access to health care, impact communities and individuals. ChatGPT provides information on types of health programs and services needed by people with certain conditions, including eligibility criteria and costs associated with these services. The literature indicates that, even for the use of AI, there are reliability standards, and it is essential to explore the thought structures of this tool and manage them through regulatory bodies^{16,17}.

In the analysis carried out via ChatGPT 3.5, for each selected excerpt of the document, SMART criteria were requested using the following command: “Recommend SMART criteria for interprofessional collaborative practices considering this excerpt: [“X”].” The tool generated criteria, defining deadlines and goals according to its Transformer technology, which absorbs information available online. To ensure the transparency of this process, a first set

Chart 1. Excerpts from the “Global strategy to accelerate the elimination of cervical cancer as a public health problem”.

Chapter or subchapter	Title
1	Background: why is a global strategy needed? - This global strategy to eliminate cervical cancer proposes
2	Context
5.	The path to eliminating cervical cancer
5.1	Principles and elimination goal
5.5	Investment case for eliminating cervical cancer in high-burden countries
6	Strategic actions to achieve the 2030 targets
6.1	Primary prevention: HPV vaccination
6.2	Strategic actions to achieve 90% coverage of HPV vaccination
6.3	Secondary prevention: screening and treating precancerous lesions
6.4	Strategic actions to achieve 70% coverage for screening and 90% treatment of precancerous lesions
6.5	Invasive cancer treatment and palliative care
6.6	Strategic actions to achieve 90% treatment and care for cervical cancer cases
7.	Health system enablers:
7.1	Strengthening health system enablers
7.2	Priority actions to strengthen health systems
8.	Partnerships, advocacy and communication
8.2	Multisectoral collaboration
8.3	Advocacy and communication
9.	Surveillance, monitoring and evaluation
9.5	Programme monitoring
9.6	Strategic actions for monitoring and evaluation
9.7	Accountability for impact
9.8	Implementation

Source: Authors.

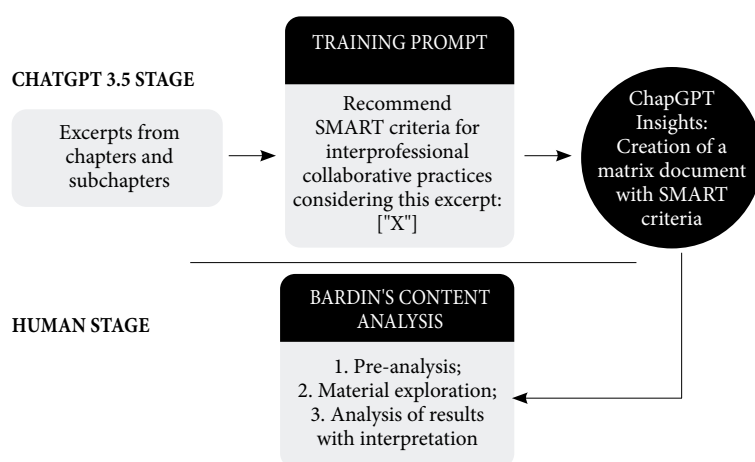


Figure 2. Data analysis flow.

Source: Authors.

containing the translations and a second set containing the recommended goals were made available as supplementary material.

Data analysis method and dynamics: human stage

The analysis of the criteria recommended by the tool was carried out using the content analysis method in three stages: Pre-analysis, Exploration of the material, and Inference and interpretation^{18,19}, without the aid of software and with manual coding performed by two authors with experience in qualitative research. In the pre-analysis, we sought, through a skimming reading, to observe the relationships between the excerpts, noting them and checking them against the objectives of the study, in addition to grouping similar goals. The SMART recommendations for each excerpt were organized in individual Microsoft Word files (one file for each letter of the acronym), allowing skimming reading and checking in the first stage of Bardin¹⁸.

In the exploration of the material, coding started with the identification of latent and semantic codes, carried out by the researchers, with the correspondence of recording units, joining all the documents in a single matrix file. The latent codes originate from the interpretation of what is said in verbatim, while semantic codes are more “direct”, referring to the word or expression with greater emphasis²⁰.

The grouping of codes by each letter of the SMART acronym is depicted in (Figure 3). In the Inference and interpretation phase, the adopted theoretical framework and the concepts of collaborative practices were used to name and give cohesion to the assertions. A dataset on Figshare, containing relevant materials for the creation of codes, recording units and categories, is available²¹.

Availability of data and material

Available from:

<https://chat.openai.com/share/ad10f5cd-5147-447d-b7b9-f96692015758>.

Results

Subsequently, when proceeding with the human coding of the corpus offered by ChatGPT, by induction, goal codes were grouped into five thematic categories according to (Chart 2).

Category 1. Measurable: goals and percentages involved in the global strategy to eliminate cervical cancer

There are goals to be achieved by 2024, 2025, 2028 and 2030; the elimination goal should be achieved within the framework of the SDGs, 90% of the girls should be vaccinated against the Human Papilloma Virus (HPV) by 2030 and there should be a reduction in cancer incidence of 4 per 100,000 woman-years by 2030.

In 2024, conduct a comprehensive review of data systems and start implementing improvements based on the results. By 2026, ensure that at least 70% of health services related to cervical cancer are using digital technologies. (Chapter 7, subchapters 7.1 and 7.2).

By 2030, achieve the 90-70-90 goals globally for vaccination, screening and treatment aligned with the UN Sustainable Development Goals. Ensure that 90% of eligible girls are vaccinated against HPV, 70% of women are screened for cervical cancer and 90% of women diagnosed are treated by 2030. By 2030, ensure that all countries implement and achieve the 90-70-90 goals. By the year [specify year, e.g. 2030], achieve 90% coverage of treatment and palliative care. (Chapter 1; Chapter 2; Chapter 3; Chapter 5, subchapters 5.1 and 5.5; Chapter 6, subchapters 6.1 and 6.6).

Achieve a reduction in cervical cancer incidence to less than 4 per 100,000 woman-years by 2030, 30% by 2030. (Chapter 1; Chapter 5, subchapters 5.1 and 5.5).

Achieve at least 90% of HPV vaccination coverage for adolescent girls aged 9–14 years by 2030. (Chapter 6, subchapters 6.2, 6.3 and 6.1).

Ensure that at least 70% of women over 30 years of age receive high-performance screening by 2030. (Chapter 6, subchapter 6.1).

Ensure the integration of screening and treatment services for viral hepatitis, cervical cancer and other sexually-transmitted infections into HIV programs by 2028. (Chapter 2).

By 2025, ensure that at least 75% of the eligible girls are vaccinated against HPV. By 2025, ensure that at least 80% of healthcare workers are trained and equipped to provide cervical cancer-related counseling and treatment. By 2025, transition to HPV testing as the primary screening method in at least 50% of the countries. (Chapter 1; Chapter 6, subchapters 6.2, 6.3, 6.4 and 6.5).

S - SPECIFIC	M - MEASURABLE	A - ACHIEVABLE	R - RELEVANT	T - TIME LIMIT
. Access . Collaborative practices . Private sector collaboration . Technology . Monitoring . Multisectoral collaboration . Social and cultural determinants for access . Interinstitutional collaboration . Marketing campaigns . Social and cultural determinants for implementation . Referral and counter-referral between levels . Other levels of treatment and palliative care . Service implementation . Fighting fake news	. Access . Goals for reduction . Treatment goals . Goals for HPV vaccination . Monitoring . Strengthening of technologies and information systems . Goals for evaluation . Evaluation	. Social determinants in health . Health campaigns and education . Multisectoral collaboration . Private sector collaboration . Training and education . Implementation of training . Telehealth . Strengthening of Primary Health Care . Health education . Implementation of training and health education . Multisectoral collaboration	. Access . Implementation of training . Civil society . Integration between global initiatives, with space for Sustainable Development Goals (SDGs) . Social Determinants in Health . SDGs and multisectoral collaboration . Technology for access . Other levels of treatment and palliative care . Interprofessional team . Social counterpart and private institutions . Use of technology and telehealth	. Goals for treatment . Strengthening of the interprofessional team . Implementation goals . Elimination goal according to the SDGs . Goals to treat other concomitant infections . Monitoring . Goals to establish a global strategy and SDGs . Search for indicators . Provide resources in two years . Conducting campaigns . Goals for multisectoral collaboration . Evidence-based guidelines . Urgent goals . Use of technology and telehealth

Figure 3. Codes found in each letter of the SMART acronym.

Source: Authors.

Chart 2. Determined codes distributed across thematic categories.

Codes	Thematic Categories
Goals for the evaluation; Goals to establish a global strategy and SDGs; Goals for reduction; Treatment goals; Goals for HPV vaccination; Goals for treatment; Implementation goals; Urgent goals; Goals for the treatment of other concomitant infections; Elimination goal according to the SDGs	Category 1
Access; Social and cultural determinants of access; Technology for access; Monitoring; Search for indicators; Referral and counter-referral between levels; Other levels of treatment and palliative care; Assessment	Category 2
Technology; Telehealth; Use of technology and telehealth; Evidence-based guidelines; Strengthening information technologies and systems; Marketing campaigns; Combating fake news	Category 3
Goals to establish a global strategy and SDGs; SDGs and multisectoral collaboration; Integration between global initiatives, with space for Sustainable Development Goals (SDGs); Elimination goal according to the SDGs; Private sector collaboration; Multisectoral collaboration; Inter-institutional collaboration; Social and institutional counterpart; Provision of resources within two years; Implementation of services; Social and institutional counterpart	Category 4
Collaborative practices; Civil society; Implementation of campaigns; Social and cultural determinants for implementation; Strengthening primary care; Training and education; Health campaigns and education; Implementation of training; Implementation of training and health education; Interprofessional team; Implementation of training; Strengthening primary care; Interprofessional team	Category 5

Source: Authors.

Category 2. Monitoring assistance actions and strengthening women's access to vaccines, screening and treatment

Access and monitoring are two pillars of the WHO strategy and should be implemented by the end of the decade. Vaccination coverage should be monitored annually.

By 2030, establish monitoring systems in all countries to track the quality and coverage of HPV vaccination. Monitor progress toward established goals annually and make adjustments as necessary. (Chapter 6, subchapters 6.1, 6.2 and 6.3).

Monitor and report annually on the number of women accessing screening and treatment services, establishing performance indicators. (Chapter 6, subchapters 6.4, 6.5 and 6.6).

Continue to maintain and monitor incidence and mortality rates after reaching the elimination threshold, ensuring the sustainability of efforts. (Chapter 5, subchapters 5.1 and 5.5).

Set specific goals, milestones and indicators. (Chapter 9, subchapters 9.5, 9.6, 9.7 and 9.8).

Concerns about the network's capacity to promote access, monitoring and even provide resources for its own line of care should be the subject of reflection.

Monitor the distribution and capacity of the health workforce, seeking a more equitable distribution. (Chapter 7, subchapters 7.1 and 7.2).

Ensure a continuous and accessible supply of high-performance screening tests. (Chapter 6, subchapters 6.4 and 6.5).

By 2025, ensure that at least 80% of the target population has been screened according to the established indicators. (Chapter 9, subchapters 9.5, 9.6, 9.7 and 9.8).

Establish an integrated, patient-centered referral network for diagnosis, surgical, non-surgical treatment, and palliative care. (Chapter 6, subchapter 6.6).

By 2025, ensure that at least 80% of the target population has been screened according to established indicators. Assess HPV vaccination coverage, screening rate of the target population, positivity rate, treatment rate, coverage rate indicator, incidence and age-specific mortality of cervical cancer. (Chapter 9, subchapters 9.5, 9.6, 9.7, and 9.8).

Category 3. Technology and other innovations as allies in overcoming challenges and fulfilling the global strategy

Technology and new systems need to adapt to local or even subnational realities, while being uniformly implemented across multiple care points in the networks.

By the end of 2025, establish systems at local, subnational and national levels to assess and continuously improve the quality of services. (Chapter 7, subchapters 7.1 and 7.2).

Invest in research and development of new technologies and innovations, such as artificial intelligence and telepathology platforms. (Chapter 6, subchapters 6.2, 6.3 and 6.6).

Promote the adoption of new innovations and technologies to improve the efficiency of vaccine delivery. (Chapter 5, subchapters 5.1 and 5.5; Chapter 6, subchapters 6.2 and 6.3; Chapter 7, subchapters 7.1 and 7.2).

Measure the efficiency of care models annually and adjust as necessary, with information systems to track women's data at multiple points of contact (Chapter 7, subchapters 7.1 and 7.2; Chapter 9, subchapters 9.5, 9.6, 9.7 and 9.8).

Another relevant and challenging point for the success of the initiative is the fight against Fake News and stigmatization caused by cancer diagnosis.

Develop and implement national communication strategies based on evidence to promote acceptance of HPV vaccination. Develop awareness campaigns to fight cancer stigmatization. (Chapter 6, subchapter 6.2, 6.3 and 6.6).

Fight against misinformation and address hesitancy related to the vaccine. (Chapter 8, subchapters 8.2 and 8.3).

Category 4. Links to the Sustainable Development Goals and collaborations across multiple public and private sectors

To implement collaborative practices, it is recognized that multiple sectors would be involved in the global strategy, and the concept of Universal Coverage is brought to the fore in contrast to the experience of the Unified Health System (SUS, *Sistema Único de Saúde*).

By the end of the sixth biennium of the strategy, evaluate the progress and impact of the global strategy to eliminate cervical cancer. (Chapter 9, subchapters 9.5, 9.6, 9.7 and 9.8).

Promote the integration of cervical cancer with other global initiatives, such as the Global Strategy for Women's, Children's and Adolescents' Health and the Political Declaration on HIV and AIDS. (Chapter 2).

Recognize the essence of multisectoral collaboration as a way to mobilize resources, expertise and technology to achieve the health-related Sustainable Development Goals. (Chapter 8, subchapters 8.2 and 8.3).

Highlight the importance of the global strategy to eliminate cervical cancer in the context of the sustainable development goals and universal health coverage. (Chapter 9, subchapters 9.5, 9.6, 9.7 and 9.8).

The private sector is widely mentioned in the strategy as a valuable contributor to achieving the goals, which involve purchasing more HPV vaccines, reducing costs and "strengthening" public services.

Develop partnerships with the industry to reduce the prices of products and technologies related to cervical cancer. Establish interprofessional teams to collaborate with the private sector to ensure continued supply and affordable prices for HPV vaccines. Seek partnerships with private sector providers and pharmaceutical industries to improve vaccine availability and accessibility. (Chapter 5, subchapters 5.1 and 5.5; Chapter 6, subchapters 6.2 and 6.3; Chapter 7, subchapters 7.1 and 7.2).

Foster partnerships between the public, private and NGO sectors. (Chapter 6, subchapters 6.4, 6.5 and 6.6).

By the end of 2025, ensure that at least 75% of the prevention and treatment strategies are supported by multisectoral collaborations. (Chapter 8, subchapters 8.2 and 8.3).

Create multisectoral platforms to increase HPV vaccination coverage, with special focus on vulnerable populations. (Chapter 6, subchapters 6.2 and 6.3).

Focus on return of investment, ensuring significant economic and social benefits. (Chapter 5, subchapters 5.1 and 5.5).

Category 5. Collaborative practices and potential for sociocultural congruent expansion of the educational aspects of the global strategy

The collaborative practices are transversal to the planning of women's care network, necessarily involving the strengthening of Primary Care.

Establish interprofessional teams in all countries to implement and monitor actions related to

prevention, screening, treatment, awareness campaigns, HPV vaccination and education about cervical cancer. Comprising physicians, nurses, health educators. (Chapter 1; Chapter 2; Chapter 5, subchapters 5.1 and 5.5; Chapter 6, subchapter 6.1).

Implement single-visit screening and treatment approaches whenever possible and appropriate. (Chapter 6, subchapters 6.4 and 6.5).

Implement a primary health care approach and education and training programs for the health workforce that integrate all aspects of cervical cancer. (Chapter 6, subchapter 6.6; Chapter 7, subchapters 7.1 and 7.2).

Create culturally-sensitive awareness campaigns in low-income communities, encouraging HPV vaccination and screening in low-income and hard-to-reach areas. (Chapter 1).

Social, cultural and local aspects of the policy emerge as the leveraging factor for the policy, and civil society needs to exercise social control over its goals.

Develop and implement culturally adapted awareness campaigns, highlighting the importance of cervical cancer prevention and treatment. (Chapter 2).

Ensure financial protection, especially for the most vulnerable populations. (Chapter 7, subchapters 7.1 and 7.2).

Develop and implement national guidelines for the management of cervical cancer adapted to the local context. (Chapter 6, subchapter 6.6).

Establish partnerships with civil society organizations and groups to raise awareness and promote acceptance of vaccination and screening, sensitizing communities with information and education campaigns. (Chapter 6, subchapters 6.1, 6.2 and 6.3).

Empower local communities, especially women, to support the development and implementation. (Chapter 6, subchapters 6.4 and 6.5).

Professional training through workshops and seminars is addressed according to ChatGPT recommendations, in addition to strengthening governance and local and multisectoral coalitions.

Expand training for the health workforce, training health professionals on updated guidelines and protocols for screening and treatment. (Chapter 5, subchapters 5.1 and 5.5; Chapter 6, subchapters 6.2 and 6.3).

Implement ongoing training for health teams on the latest guidelines for cervical cancer prevention, detection and treatment. (Chapter 1; Chapter 7, subchapters 7.1 and 7.2).

Conduct workshops and seminars to facilitate the creation and strengthening of multisectoral

partnerships. (Chapter 8, subchapters 8.2 and 8.3).

Use digital platforms and influential leaders to promote effective communication. (Chapter 8, subchapters 8.2 and 8.3).

Strengthen governance and accountability and establish partnerships with local, national and international organizations. (Chapter 1; Chapter 9, subchapters 9.5, 9.6, 9.7 and 9.8).

Prioritize actions that seek gender equality and reduction of inequality, considering their direct association with prevalence and treatment. (Chapter 2).

Engage with communities and groups at risk, such as women with HIV, to ensure that prevention and treatment approaches are adapted. (Chapter 6, subchapter 6.1).

Provide options such as self-collection to make screening services more accessible and acceptable to women. (Chapter 6, subchapters 6.2 and 6.3).

Discussion

According to a global epidemiological analysis²², invasive cervical cancer is the first neoplasm with the potential to be eradicated in the coming decades, provided that social inequalities and sociocultural barriers are overcome. The establishment of regional cooperation to reduce disparities, as revealed by this study, is emphasized. Primary Health Care (PHC) is a privileged locus for cancer prevention and user monitoring. However, realistically, many professionals still feel poorly trained and are unaware of policies for the monitoring of cancer patients in PHC, which demands urgent activation of in-service education²³.

Intertwining this panorama with the framework of collaborative practice, it is observed that this practice involves effective actions to respond to the users' needs. It is, therefore, a communicative, intersubjective and argumentative practice, which aims to fight the asymmetries of social contradictions. New educational horizons are constructed, and a new posture between professionals, users and policies is developed²⁴. Consequently, collaborative practices refer to the fulfillment of formalized teamwork actions, but transcend these actions, based on four pillars: interaction and communication between members of the Network, so that the goals are achieved; common objectives; shared responsibility; and innovations driven by the incorporation of technology²⁵.

Being guided by collaborative practices means facing the challenges of hierarchization.

These practices are a safe bet even in scenarios with scarce resources, as they promote dialogue between managers and teams, although they depend on well-defined programmatic actions. Other factors that influence the success of collaborative practices include: interprofessional communication, user-centered care, clarification of roles, team dynamics, conflict resolution, and collaborative leadership²⁶.

The Sustainable Development Goals (SDGs) meet the demands of populations such as women, children, and vulnerable groups, but they are not just a list of numerous goals without articulation. The health sector is planning to create Sustainable Territories, where governance microsocial mechanisms favor the implementation of intersectional and intersectoral strategies. These strategies, combined with health work categories, seek to formulate sustainable care that meets local and social determinants, as well as the SMART goals of this study²⁷.

It is important to note that collaborative practices do not solve all the problems of Public Health. Insufficient supplies, work overload and deficient infrastructure require interventions such as social control and evidence-based protocols, which have an impact on the improvement of services²⁸.

Regarding the various references to the private sector in the strategy, it is believed that the concept of Universal Health Coverage, which influences this policy, foresees a focus on financing through a combination of funds and a limited and targeted set of services, differing from the experience of the SUS in Brazil²⁹. These aspects are particularly dramatic in the Brazilian context, where the "third sector" often manages state health services with a business-like approach, setting a precedent for the private appropriation of SUS resources and instrumentalizing them to generate profit³⁰.

There is a consensus that the third sector, encouraged by the ruling class, has promoted a "disguised privatization" of universal systems, diverting the focus from the assumptions of social security and more holistic health and care arrangements, at least in Brazil. The implementation of collaborative policies and practices faces significant challenges when confronted with the context of specific fiscal adjustments and restrictive liberal economic policies in relation to the budget³¹. However, the Collaborative Practice must be seen in all its potential. More than a guide to direct conduct, it is a movement to confront neoliberal domination, an emancipatory movement that, emerging from the microsocial context, creates lines of action and inventive-

ness that challenge the mechanistic *status quo*, replacing, to a certain extent, capitalist subjectivism by collaborative ways of being³².

Micro and macropolitical contexts must be considered, as collaborative practices do not occur in a vacuum. The use of electronic health records (EHRs) allows access to a variety of user information through a click or keyword search. Telehealth and telemedicine, which became popular after the COVID-19 pandemic, are increasingly used for online patient monitoring and guidance, especially in remote areas or areas with difficult access. Wearable technology, such as smartwatches and fitness trackers, also offers important real-time indicators for patient monitoring³.

The established goals must be used by managers and coordinators, such as the Tripartite Management Commission in Brazil. To achieve the strategy by 2030, it is crucial that developing countries be prepared to ensure vaccination, and these criteria suggest the centrality of technological innovations in overcoming obstacles, such as fighting fake news about vaccines. Finally, the results indicate that culturally congruent care drives adaptations of collaborative practices to increase adherence to this strategy, which requires multisectoral partnerships and expanded continuing education.

The strengths of this article include the use of ChatGPT 3.5 as a generator of SMART goals, the analysis of a policy established by the WHO using Public Health references, and the disclosure of the possibilities and challenges for the

implementation of measures to mitigate cervical cancer. However, this documentary-qualitative study has limitations, such as the lack of intertextuality with other WHO strategies and the lack of content validation of the prompt used to obtain the SMART criteria matrix.

Final considerations

The analysis showed that the emerging goals and percentages indicate that, by 2030, according to the WHO perspective, screening, diagnosis and treatment actions will be underway, with emphasis on the 90-70-90 objective in relation to HPV vaccination, screening and treatment.

Evidently, monitoring of these actions must be continuous, requiring the training of active interprofessional networks to understand how the indicators of this disease interconnect with the Sustainable Development Goals (SDGs). The provision of more devices to enhance detection is a central recommendation, requiring governments to monitor and disseminate indicators annually, in accordance with the SMART goals. Technology presents itself as an ally in reducing inequalities in access, promoting the implementation of intelligent information systems in peripheral countries. Collaboration, at least in theory, between the organized civil society and the public and private sectors was the strategy that the WHO adopted to ensure sustainable care and collaborative practices that give greater visibility to social determinants in this line of care.

Collaborations

AJS Correa Júnior, ME Santana, JS Araújo, PEG Prates, MFV Oliveira, CMS Paraizo-Horvath, JA Caravaca-Morera, HM Sonobe contributed to the conception and design or the analysis and interpretation of data, drafting the article or its critical review. AJS Correa Júnior, ME Santana, PEG Prates, JA Caravaca-Morera, HM Sonobe approved the published version.

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Article submitted 14/01/2025

Approved 10/02/2025

Final version submitted 12/02/2025

Chief editors: Maria Cecília de Souza Minayo, Romeu Gomes, Antônio Augusto Moura da Silva