Improved Access to Cervical Cancer Screening and Treatment for Women Living with HIV in Central Zambia





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Problem

Cervical cancer is preventable and curable if detected early and managed effectively. In

Response

SAFE USAID cervical increased cancer screening and treatment through two main

Results

The initial focus of cervical cancer screening and treatment provision was in static facilities. In

Zambia, it is the fourth-most common form of cancer among women ages 15-49 years. Women living with HIV (WLWH) are six times more likely than those who are HIV negative to develop cervical cancer, and should be targeted for screening and treatment (Dryden-Peterson S, et al, 2016:34).

The USAID Supporting an AIDS-Free Era (SAFE) program supports the Ministry of Health (MOH) in conducting cervical cancer screening and treatment services targeting WLWH in 21 program-supported sites in the Central Province.

strategies: enhanced screening and treatment of precancerous lesions through outreach activities in hard-to-reach and hardly reached facilities, and enhanced support for the sameday treatment of precancerous lesions. This included training and mentoring service providers in visual inspection with acetic acid and loop electro-surgical excision.

October 2018, only 5 of 127 USAID SAFEsupported facilities in Central Province provided cervical cancer screening for WLWH, which led to the achievement of only 40% of the 18,798 target. By September 2021, USAID SAFE had expanded service provision to additional 16 facilities. This, in conjunction with outreach activities in rural and hard-to-reach areas, led to 94% of the targeted 23,836 WLWH being screened in 2021. It also led to an improved treatment rate, from 62% in September 2020 to 87% in September 2021.



Talking to a patient about cervical cancer screening and treatment. Photo: Jason Mulikita for JSI

Conclusion

Integrating cervical cancer screening and treatment into HIV services and promoting same-day screening and treatment through static and outreach services improves access for eligible women. Instead of focusing only on static services, MOH and implementing partners should identify women in hard-to-reach areas to increase access to these services.

