

Improving Cervical Cancer Screening among Women on Antiretroviral Therapy in Community-based Decentralized Service Delivery Model in Southern Nigeria using a multi-strategy approach

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Background

Differentiated Service Delivery (DSD) models are designed for healthcare services to meet the diverse needs of people living with HIV (PLHIV). However, these models, if out-of-facility, can significantly impact access to facility-based services like cervical cancer screening.

Aim

This study describes a multi-strategy approach to integrating cervical cancer screening into community-based DSD models to increase access for women living with HIV (WLHIV).

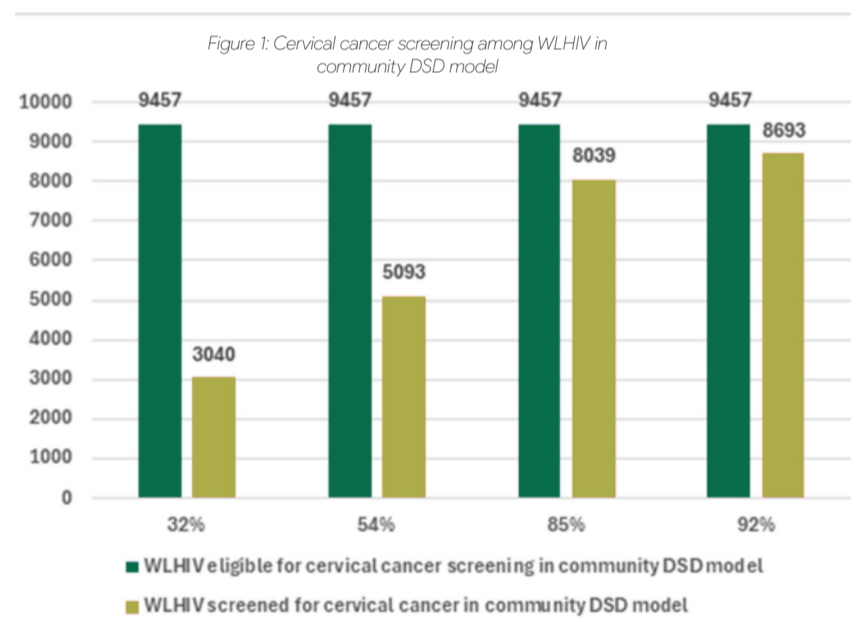
Methods

This study was conducted using routinely collected program data of WLHIV. In the study area, screening was done using visual inspection with acetic acid (VIA). Four Strategies were employed to improve Cervical Cancer screening among WLHIV: (1) Task shifting to increase the pool of healthcare workers with skills to conduct the screening, thus reducing missed opportunities due to healthcare workers' unavailability. These providers were trained in screening and identification of precancerous lesions. (2) Identifying health facilities not receiving program support, training the healthcare workers on counselling and screening, and linking them in a hub-and-spoke mechanism to a supported facility. Here, eligible women who missed cervical cancer screening during their clinic appointment were referred to these spoke centers for screening. (3) Referrals to the health facility during annual reassessment visits. (4) Clustering eligible women based on their locations for cervical cancer screening, leveraging clinicians in the mobile community teams to conduct the screening. This multi-strategy approach was implemented between October 2023 -November 2024 across 31 Local Government Areas in Akwa Ibom State, Nigeria. The

outcomes were assessed by extracting cervical cancer screening data from the electronic medical records and analysed using Statistical Package for the Social Sciences (SPSS).

Results

6417 out of 9457 women of reproductive age eligible for cervical cancer screening received ART in community DSD between October 2023 and November 2024. The median age was 37 [IQR: 32-42] years. In November, 5653(88%) of unscreened WLHIV received CXCA screening, increasing screening access for WLHIV in Community DSD from 32% (3040/9457) at baseline to 54%(5093/9457) at 6months, 85%(8039/9467) at 12months and 92% at end line (8693/9457) (Fig 1).



Integrating cervical cancer screening into community DSD increased screening rates among WLHIV



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Conclusions and recommendations

This study provides evidence that integrating cervical cancer screening into community DSD is feasible and can increase screening rates among WLHIV