

INCREASING CERVICAL CANCER SCREENING UPTAKE AND TREATMENT OF PRE-CANCEROUS LESIONS AMONG WOMEN LIVING WITH HIV: A QUALITY IMPROVEMENT PROJECT IN 5 HEALTH FACILITIES IN MANZINI REGION OF ESWATINI

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INTRODUCTION

- Eswatini is a southern Africa country with a population of 1.2 million people, 50.4% of which are women.
- In 2020, Eswatini had one of the highest HIV prevalence rates in the world (24.8%); the highest CxCa incidence among women living with HIV (WLHIV) in the world at 57.8 per 100,000 population; and a cervical cancer crude mortality rate of 36.3/100,000 population compared to 7.2/100,000 globally.
- Cervical cancer is the leading cause of cancer deaths among women in Eswatini. Early screening, detection and treatment of pre-cancerous lesions can prevent CxCa morbidity and mortality.
- Eswatini uses the Visual Inspection With Acetic Acid (VIA) technique to screen eligible WLHIV, however VIA coverage is still very low.

AIM

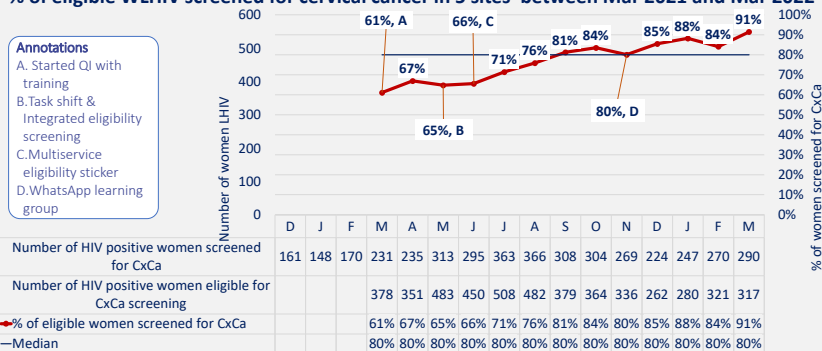
To increase the proportion of eligible Women Living with HIV (15-49 years) screening for CxCa from 61% in March 2012 to 90% by March 2022 among five sites in Manzini region Eswatini

METHOD

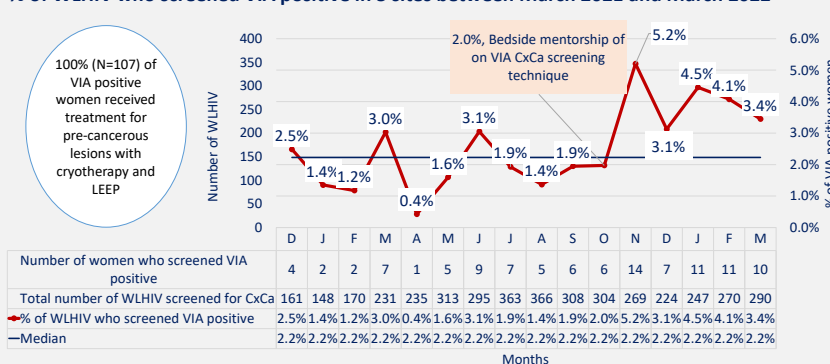
- Method:** A quality improvement collaborative (QIC) was used. Groups of professionals across 5 health facilities collaborated to learn from and motivate each other to improve the quality of cervical cancer services.
- QI Approach:** Model of Improvement
- Measure for improvement:** % of eligible WLHIV screened for cervical cancer; and % of women screening VIA positive

RESULTS

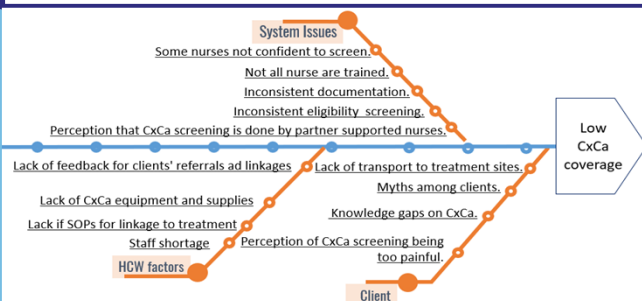
% of eligible WLHIV screened for cervical cancer in 5 sites between Mar 2021 and Mar 2022



% of WLHIV who screened VIA positive in 5 sites between March 2021 and March 2022



ROOT CAUSES



CONCLUSIONS

- The QI change package improved uptake and coverage of CxCa screening and treatment of pre-cancerous lesions among eligible WLHIV from 61% (231/378) to the 91% in a 12-month period.
- All 107 VIA positive women were linked to treatment for pre-cancerous lesions
- Integrating eligibility assessment for CxCa with other services e.g., TB preventive therapy, Viral load testing, Covid vaccination etc., and the use of the multi-service eligibility sticker improved identification of women eligible for screening
- Training followed by bedside mentoring improved the skill and confidence of healthcare workers
- An increase in VIA positivity was observed crossing above the median (2.2%), this is critical for early case detection in a high incidence country like Eswatini.

CHANGE PACKAGE

- Trained and mentored health workers on CxCa screening
- Provided Health education on benefits of cervical cancer screening to clients
- Integrated service eligibility assessment (CxCa, TPT, VL, COVID Vaccination) using the multi-service eligibility sticker as a file identifier
- Task shifted eligibility screening to lay cadre from nurses
- Assigned focal persons for cervical cancer screening
- Procured CxCa equipment and supplies
- Provided CxCa screening as a routine package of care with opt out option

ACKNOWLEDGEMENT

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