

Using a Hub and Spoke Model to Provide Cervical Cancer Screening Services to Women on ART in Eswatini

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 1. The ASPIRE Project



Photo Credit: Muzie Yende/EGPAF Eswatini

BACKGROUND

In Eswatini, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), the USAID contractor implementing The ASPIRE Project, has been working with the Ministry of Health over the past five years, to expand coverage of high quality, integrated, decentralized, and comprehensive cervical cancer screening and treatment services at health facilities in Hhohho and Shiselweni regions. The ASPIRE Project designed and implemented a hub and spoke model to ensure access to cervical cancer screening services among women on antiretroviral therapy (ART) in all supported facilities, including those with limited capacity for screening and/or treatment. Three hospitals, four health centers, and three clinics functioned as hubs for a total of 65 spoke facilities.

METHODS

From 2019 to 2023, The ASPIRE Project implemented the following key activities to ensure women living with HIV are screened and treated for cervical cancer within ART delivery services points in all 75 sites supported for cervical cancer screening services:

- ❑ Integration of cervical cancer screening in ART clinics in all three hospitals and four health centers.
- ❑ Integration of cervical cancer screening with ART refill for female patients in all supported clinics.
- ❑ Conducted 61 trainings with a total of 981 healthcare workers trained on visual inspection with acetic acid (VIA) and 212 trained on treatment of precancerous lesions.
- ❑ Cervical cancer screening done using visual inspection with acetic acid (VIA) in 66 supported clinics.
- ❑ Outreaches for cervical cancer screening in the nine remaining sites using roving providers.
- ❑ Point of care treatment of pre-cancer lesions using cryotherapy or thermocoagulation in 53 treatment centers.
- ❑ Selection of 10 hub sites (three hospitals, four health centers, and three clinics) to serve as hubs for cryotherapy and thermo-coagulation.
- ❑ Referral for cryotherapy/thermocoagulation to the 10 hub sites for 22 facilities without capacity for treatment.
- ❑ Selection of 7 facilities (three hospitals and four health centers) to serve as hubs for LEEP.
- ❑ Referral for LEEP, to the seven hub sites, of cryotherapy/thermo coagulation-ineligible lesions from all remaining 68 facilities.
- ❑ Sharing weekly targets with all facilities and holding weekly multidisciplinary team meetings at facility level to track performance and recommend a remedial action plan.
- ❑ Using roving nurses to support neighboring facilities with limited staff capacity.
- ❑ Procurement of additional equipment and commodities (speculums, LEEP machines, autoclaves, acetic acid).

RESULTS

Figure 1: Cervical cancer screening services integration progress in Hhohho and Shiselweni ART facilities from 2019 to 2023

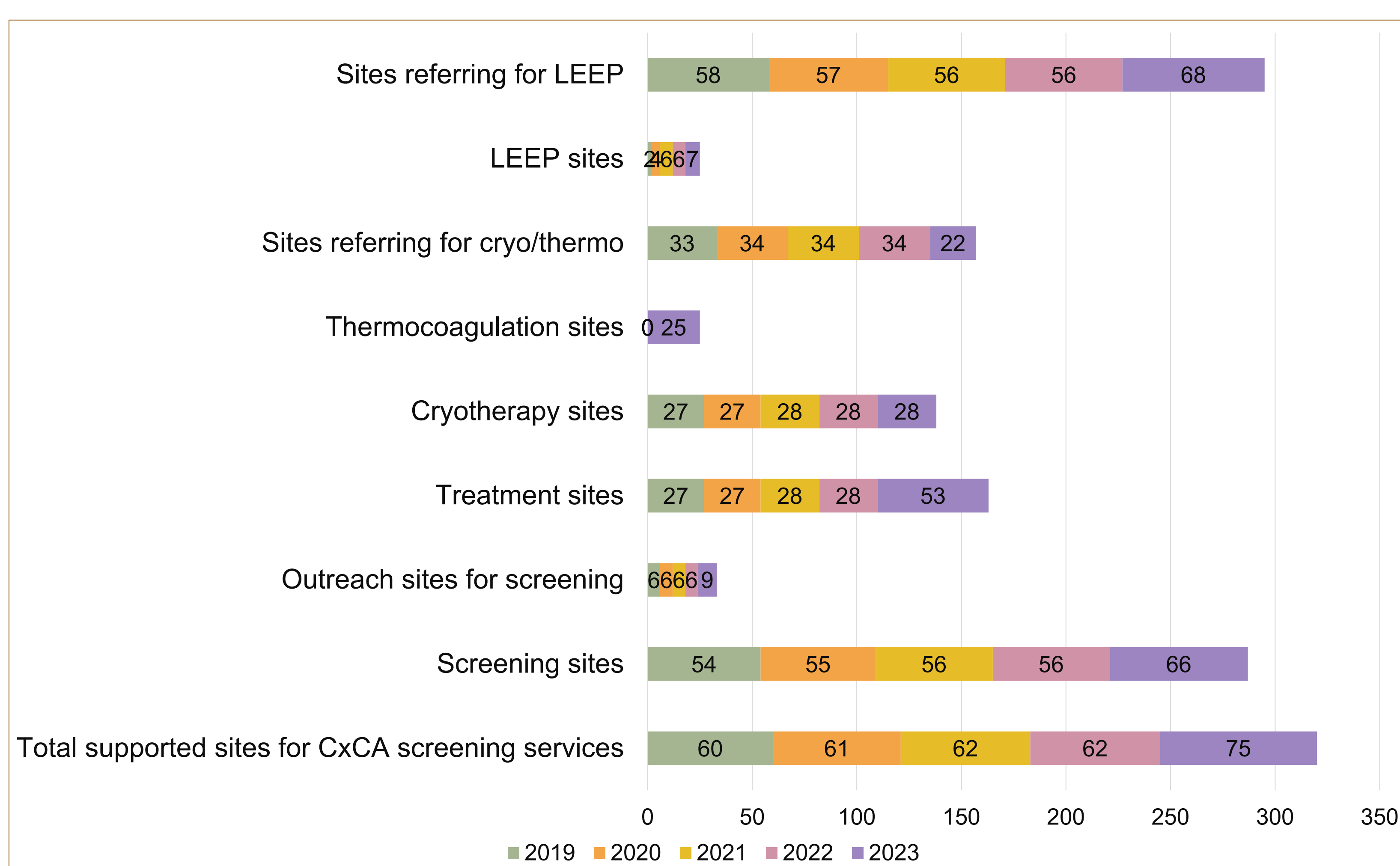
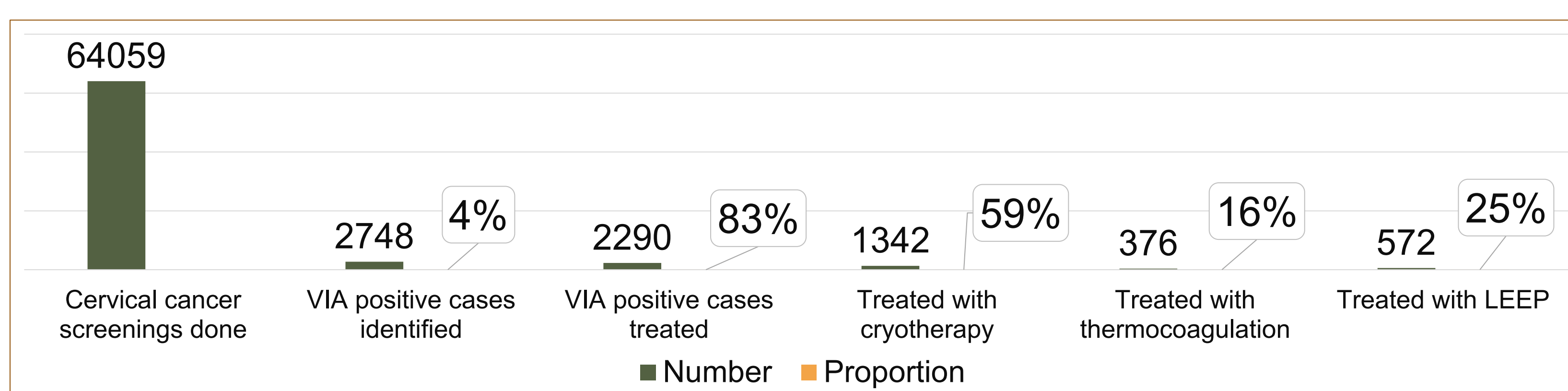


Figure 2: Trends in cervical cancer screening services uptake from 2019 to 2023

	2019	2020	2021	2022	2023
Number of women screened with VIA	9522	14378	6226	18632	15301
Number of VIA positive women identified	356	502	393	701	796
Number of women treated for pre-cancer	343	439	329	544	635

Figure 3: Cumulative cervical cancer screening cascade from 2019 to 2023



DISCUSSION

- ❑ Integrating cervical cancer screening and treatment into ART services is feasible and has shown to be effective in improving uptake of cervical cancer services among women living with HIV. Number of women screened, identified VIA positive, and treated increased, respectively, from 9,522, 356, and 343 in 2019 to 15,301, 796, and 635 in 2023.
- ❑ Using a hub and spoke strategy assisted to ensure access to services in all facilities including those with limited capacity for screening and/or treatment service.
- ❑ Healthcare workers training and mentorship, resource sharing and support with equipment and commodities were key to integration and scale up.