

BACKGROUND

Cervical cancer is the leading cancer among women in Mozambique. In 2022, the estimated incidence in Mozambique was 47.8 per 100,000 women with a mortality rate of 36.9 per 100,000 women¹.

Woman living with HIV (WLHIV) are at higher risk for cervical cancer compared to non-infected women, highlighting the urgent need for access to screening and treatment in this population². Integrating cervical cancer with HIV services is one of the important strategies to meet these goals³.

Since 2018, the Ministry of Health, with support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), has worked to strengthen the integration of screening, early diagnosis, and treatment of precancerous lesions by ensuring that WLHIV were educated about cervical cancer and all WLHIV eligible for screening were escorted to receive cervical cancer screening and treatment services by a trained provider. Data collection instruments were developed based on individual patient records. Current Ministry guidelines state that all WLHIV aged 20-49 years should be screened for cervical cancer every year.

With the aim to share experiences of service integration for cervical cancer screening and treatment of precancerous lesions into HIV services, cervical cancer program data between 2018–2023 are presented.

TOPLINE RESULTS

A retrospective data analysis of data collected by PEPFAR clinical partners (MER data) providing support to cervical cancer screening and treatment programs at 656 sites from October 2018 to September 2023 was conducted.

The following indicators were collected:

1. % of WLHIV on ART screened for cervical cancer, which is the number of WLHIV on ART 20-49 years old eligible to be screened for cervical cancer over the number of WLHIV 15-49 on ART;
2. % of WLHIV on ART with positive cervical cancer screening, which reflects the number of WLHIV on ART with positive cervical cancer screening over the number of WLHIV on ART screened for cervical cancer and
3. % of WLHIV on ART with a positive cervical cancer screen treated for the observed lesion, which is the number of WLHIV on ART with a positive cervical cancer screen treated for the cervical cancer lesion over the number of WLHIV on ART with a positive cervical cancer screen.

TOPLINE RESULTS

During fiscal years (October to September) 2018 to 2023, annual:

- Number of WLHIV who were **SCREENED** for cervical cancer **increased by 3,933% (9,808 to 395,609)**,
- **POSITIVITY RATE** increased from **8.1% to 10.9%**; and,
- Proportion of WLHIV **TREATED** for precancerous lesions **increased from 62% to 94%**.

Figure 2. Cervical cancer screening and thermoablation training in Mozambique, 2022



RESULTS

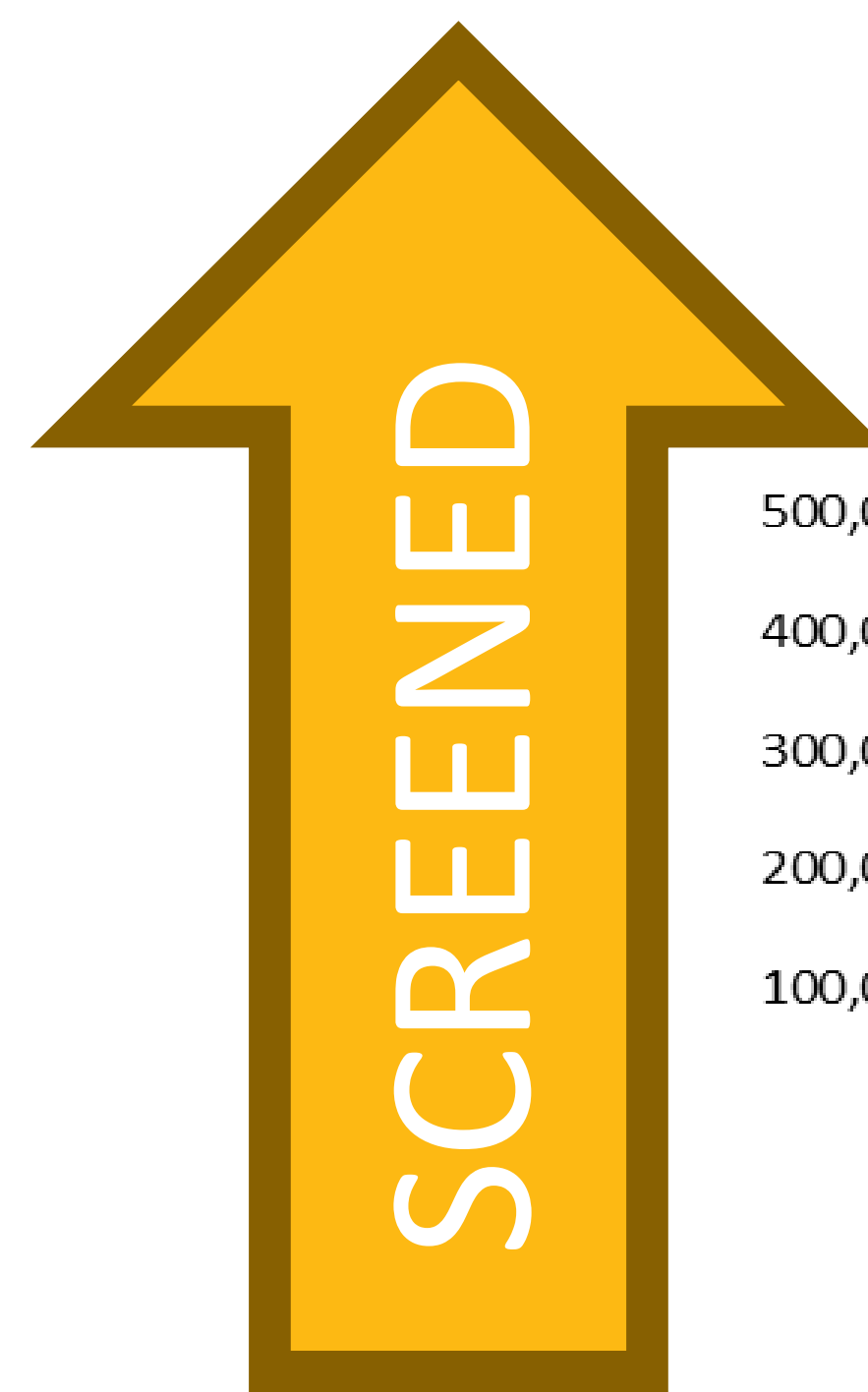


Figure 1. Cervical cancer screening trends, Mozambique, 2018-2023

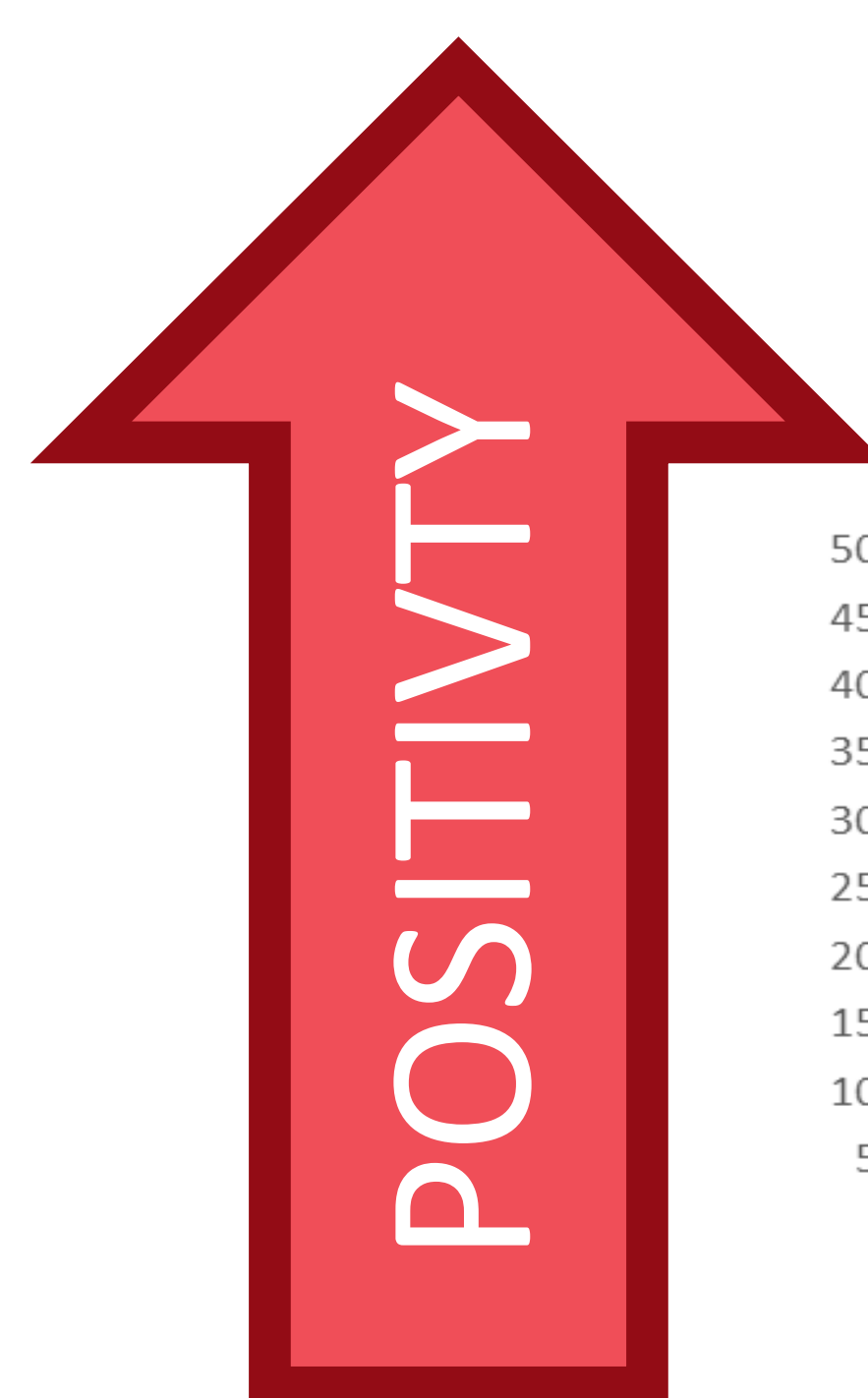
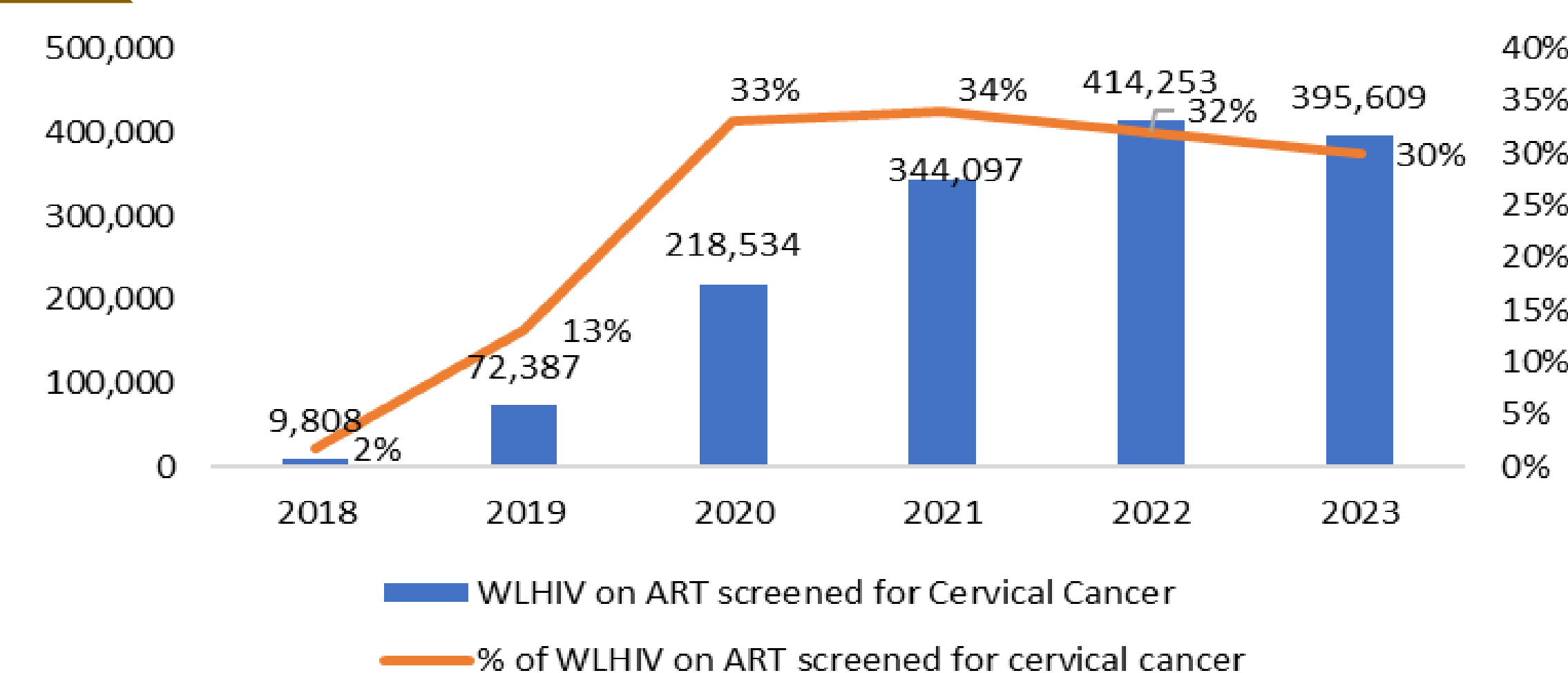


Figure 2. Positive cervical cancer screenings trends, Mozambique, 2018-2023

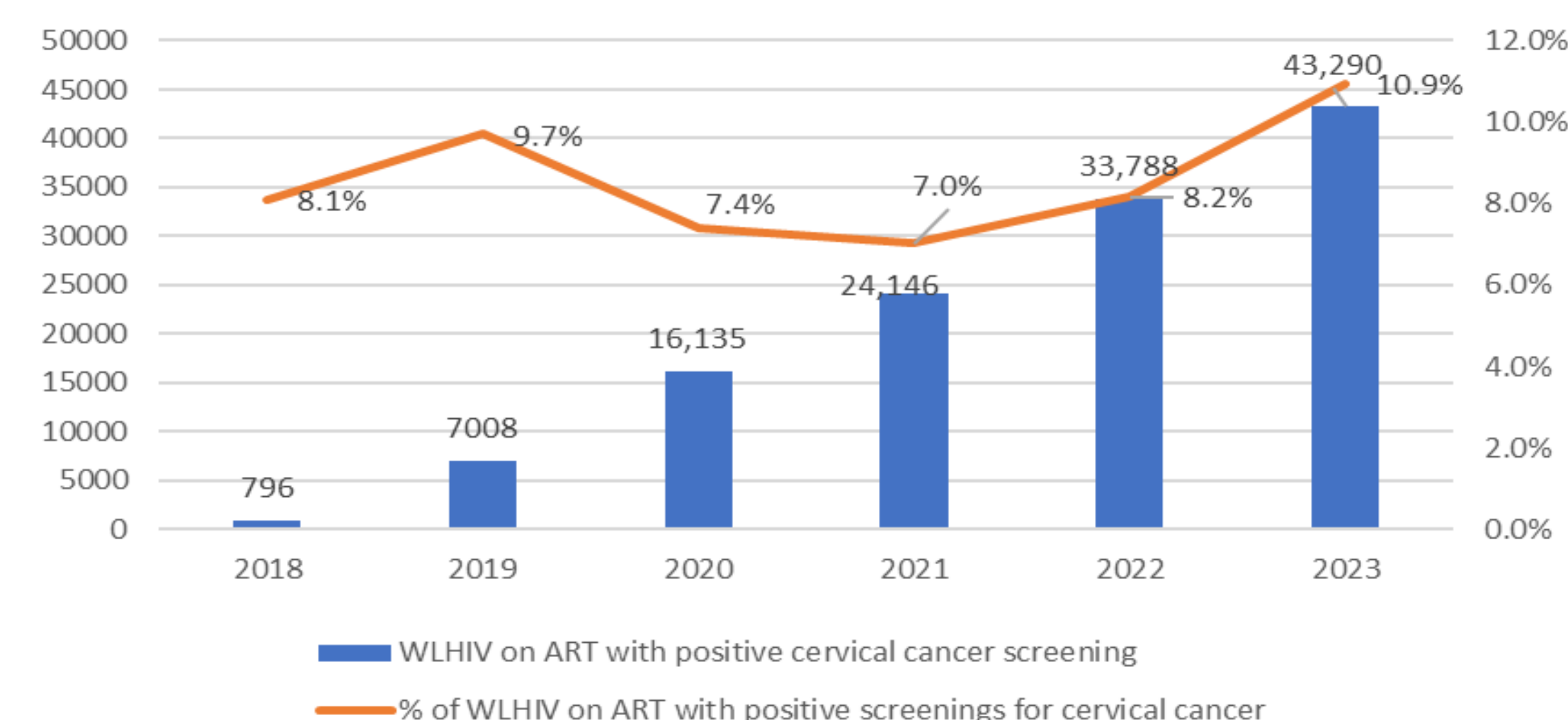
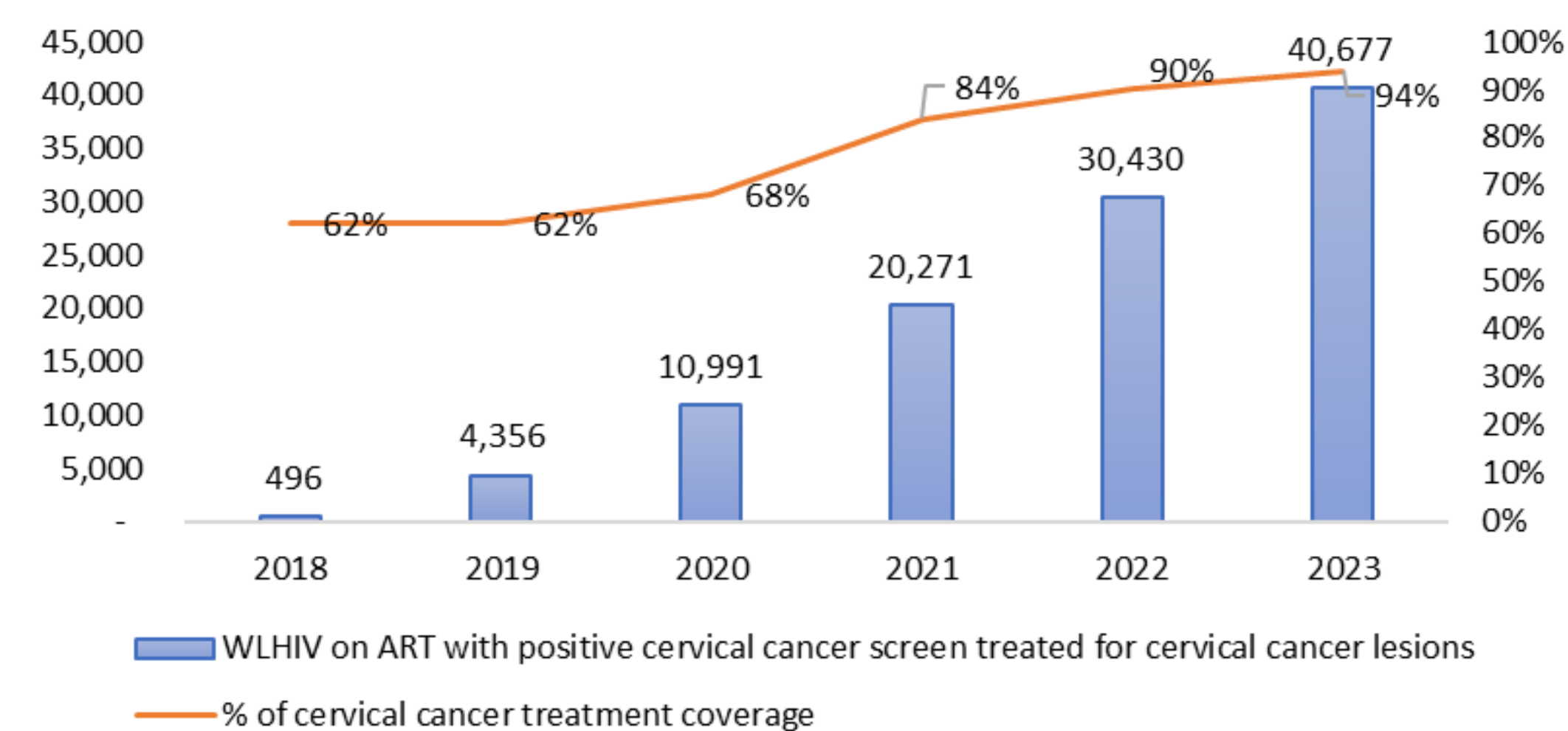


Figure 3. Cervical cancer treatments, Mozambique, 2018-2023



CONCLUSIONS

Successful integration of cervical cancer screening into HIV services was made possible by coordinated efforts of various key stakeholders and contributed to the gradual increase in access to screening and treatment of precancerous lesions in WLHIV, crucial factors for reducing morbidity and mortality, and thus improving quality of life.

REFERENCES

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