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Integration of Cervical Cancer Screening in HIV Programs in Northern Nigeria

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BACKGROUND / INTRODUCTION

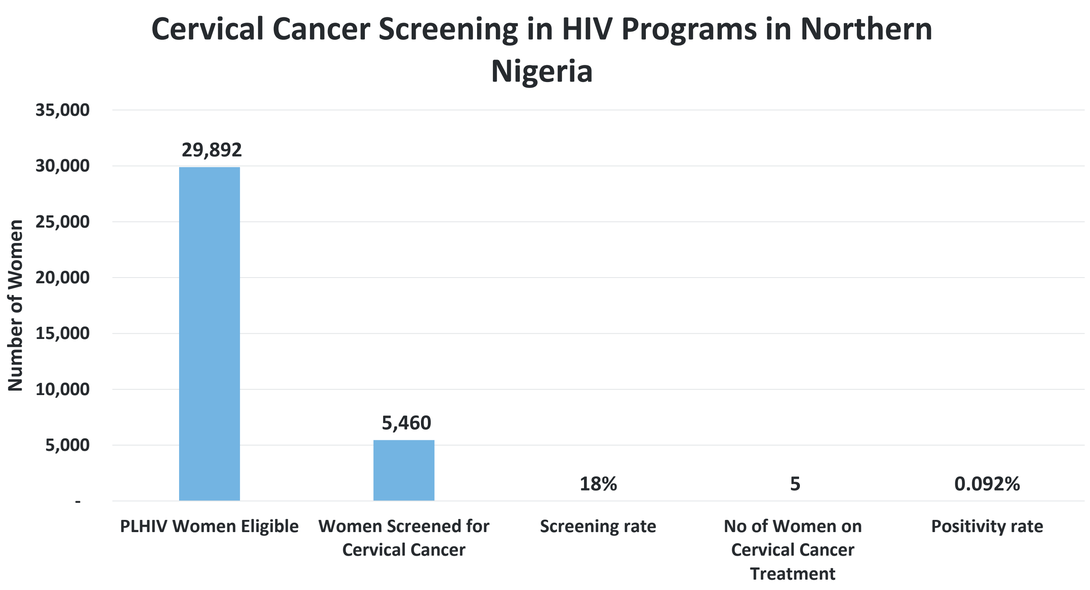
Cervical cancer is the second most common cancer among women globally, and HIV-positive women are disproportionately affected, with an almost four-fold increased risk (WHO, 2020). Integrating cervical cancer screening into HIV care services offers a strategic approach to address this disparity. This poster presents the outcomes of a program implemented by Georgetown Global Health Nigeria, which integrated cervical cancer screening into existing HIV care services as part of the **Accelerating Control of HIV Epidemic in Nigeria, Cluster 2 (ACE2) project.**

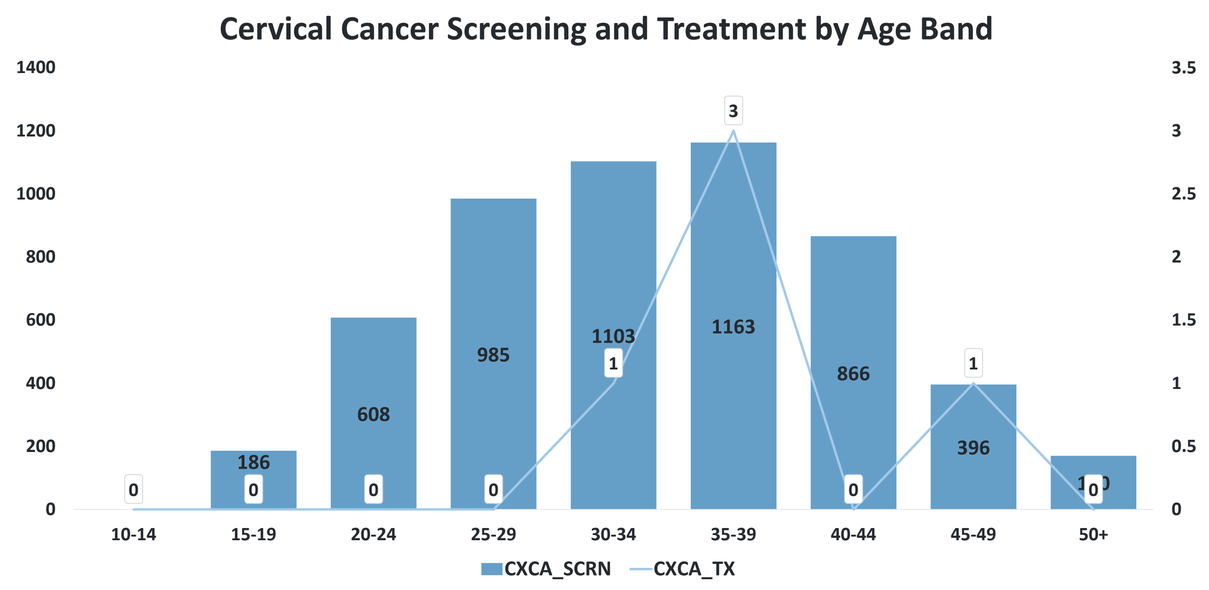
METHODS

The screening initiative utilized visual inspection with acetic acid (VIA) and spanned across 29 health facilities in three states in Northern Nigeria—Bauchi, Jigawa, and Kano, from October 1, 2022, to September 30, 2023. It specifically targeted eligible women living with HIV with the goal of detecting precancerous lesions. Women living with HIV who were aged 15-49 years old, and had not undergone cervical cancer screening in the past five years were classified as eligible. Data on eligible women and screening uptake was collected through a review of medical records and program registers. Descriptive statistics, including frequencies and percentages, were employed for data analysis using STATA software to summarize screening uptake and detection rates. Women with positive VIA results were treated with thermal ablation technique.

RESULTS

35,029 women were identified as eligible for cervical cancer screening. Of these, 5,477 underwent initial and follow-up screening, representing approximately 16% of the eligible population. The screening identified 5 women with precancerous lesions (0.1% positivity rate) who were subsequently referred for treatment. Notably, the age group 35-39 had the highest incidence of precancerous findings, with 3 out of 1,193 screened women diagnosed, equating to a detection rate of 0.25%. Conversely, the younger age group, 15-29, showed no positive results despite screening 1,779 individuals.





DISCUSSION

This report demonstrates the challenges of integrating cervical cancer screening into existing HIV care services in Northern Nigeria. Despite accessibility within healthcare facilities, the screening rate of 16% among eligible women living with HIV is low. Further investigation using in-depth interviews or focus groups could be valuable to understand the specific barriers that hinder access and participation. The higher detection rate in the age group 35-39 aligns with the established natural history of cervical cancer progress, suggesting that targeted interventions for this demographic could be beneficial and the need to scale up screening to more facilities. Conversely, the absence of positive results in the younger age group (15-29) warrants further exploration. It could potentially reflect a true lower prevalence of precancerous lesions in this group compared to older women. However, it is also possible that the VIA method used in this group might have limitations in sensitivity for younger women, highlighting the need for further research on this aspect for improved screening sensitivity.

Conclusion: The integration of cervical cancer screening within HIV programs in Northern Nigeria has yielded critical insights into the prevalence of precancerous lesions among women living with HIV. However, this program also highlights the challenges of low screening uptake. Enhancing screening coverage and targeted strategies for high-risk groups are crucial for early detection program optimization. Further investigation into barriers to access and improving screening sensitivity is essential to refine future program implementation and improve overall effectiveness.

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