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Integration of Cervical Cancer Services into HIV Program

Dr. TAPIWA TARUMBISWA, Dr. NTHUSENG MARAKE, Ms. 'MAKHONGOANA NTOI, Ms MADAVIDA MPHUNYANE, Ms MATSEPELI NCHEPE Affiliation: Lesotho Ministry of Health

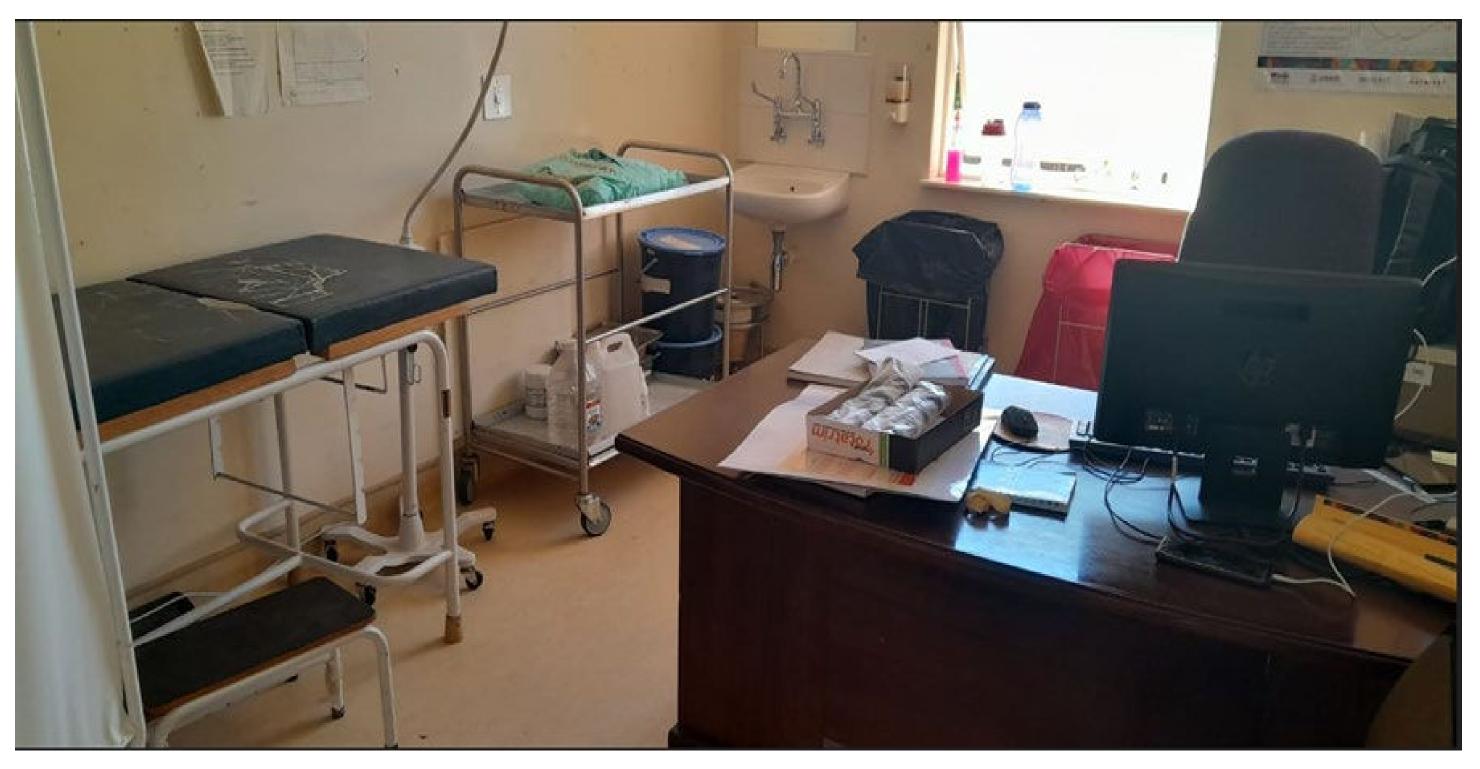
BACKGROUND / INTRODUCTION

In Lesotho, the integration of cervical cancer screening into existing antiretroviral therapy (ART) in facilities aims to enhance healthcare delivery for women living with HIV by improving access to cervical cancer screening and treatment services. Lesotho has implemented best practices in cervical cancer screening, exemplified by the establishment of a center of excellence called the "Senkatana Clinic," which serves as a benchmark for ensuring that all facilities providing ART services also offer cancer screening and treatment.

RESULTS

In 2023, a total of 27,213 women living with HIV aged 15–49 years were screened for HPV. Among them, 776 tested positive, and 760 of the positive cases received treatment. There was an extension of HPV vaccination to encompass women living with HIV up to 24 years of age.

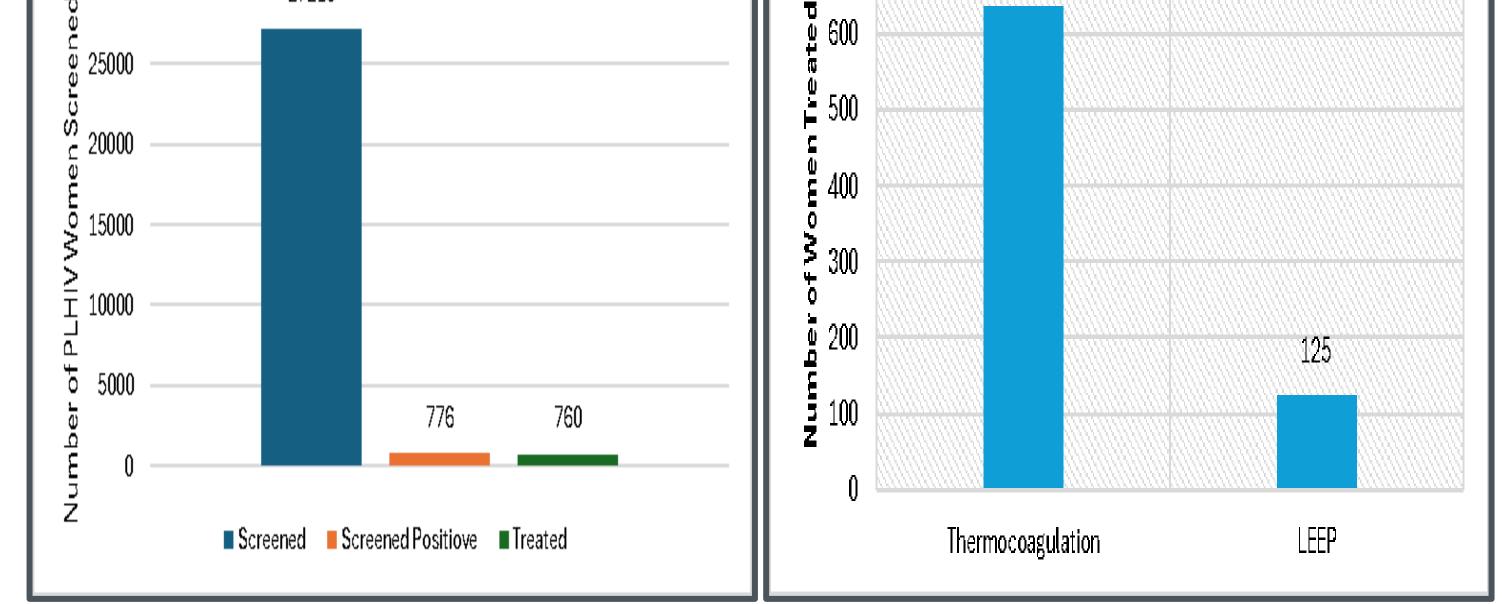
Cervical Cancer Screening and Treatment among Women Age 15-49 Years Living with HIV-2023



Scott Hospital ART Corner

METHODS

A comprehensive training program was conducted for doctors and nurses, focusing on cervical cancer screening through Visual Inspection with Acetic Acid (VIA) and Lugol's lodine, as well as Pap smear. Additionally, to increase access to early treatment for those who screened positive, doctors and nurses were further trained in Thermocoagulation techniques for cervical cancer treatment. District hospitals were equipped with Loop Electrosurgical Excision Procedure (LEEP) machines to enhance cervical cancer treatment capabilities. Another modality that has been introduced is HPV testing using self-tests for collecting specimens for GeneXpert. This approach has been piloted in selected facilities in four districts: Maseru, Mafeteng, Berea, and Leribe. Implementation of a hub-and-spoke service delivery model facilitated efficient service provision across 10 districts and monitoring tools for patients receiving ART were updated to include specific indicators related to cervical cancer screening, ensuring comprehensive monitoring and evaluation of the program's effectiveness.



Out of the 760 PLHIV women (15-49 years) who underwent treatment for cervical cancer, 635 received treatment with thermocoagulation, while 125 were treated using Loop Electrosurgical Excision Procedure (LEEP).

DISCUSSION

Challenges persisted, including the need for data system strengthening, infrastructure improvements for screening facilities, and the high cost of HPV point-of-care testing. Diagnostic network optimization was required for centralized HPV testing, especially in hard-to-reach areas. Treatment challenges involved tracking laboratory results across public and private sectors, the necessity for a national cancer registry, and addressing low staffing levels and turnover. Additional training for screening and treatment processes, along with leveraging community workers for education and testing, was essential to enhance program effectiveness.

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CONCLUSION

The integration of cervical cancer screening into existing ART program in Lesotho has demonstrated progress in expanding access to screening and treatment services for women living with HIV, although challenges such as data system strengthening, infrastructure improvements, and human resource capacity remain to be addressed for optimal program effectiveness.

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HIV Care and Treatment Card



