

# Community-based Promotion of Cervical Cancer Screening Among HIV Positive Women in Ethiopia

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## BACKGROUND / INTRODUCTION

- Women living with HIV are at a higher risk of developing invasive forms of cervical cancer (CXCA) when compared to HIV-negative women. Therefore, timely screening, management and follow-up care is necessary.
- Project HOPE provides technical support to local implementing partner organizations (LIPs) that received funding from the USAID to conduct CXCA demand creation in the community settings.
- This poster summarizes the results of CXCA demand creation and referral for screening in a community-based HIV prevention, care, and treatment activities in Ethiopia.

## METHODS

- CXCA demand creation and counseling services were provided to women living with HIV (WLHIV) during community adherence support group meetings, community-ART refills, and during index case contact testing by frontline community health workers, such as community engagement facilitators (CEFs) and community response persons (CRPs).
- A comprehensive social & behavioral change communication (SBCC) package was developed to support demand creation activities including individual counseling, education, leaflet distribution, and mass media campaign. Clients were offered CXCA screening and those who accepted the offer were referred to the nearby health facility for visual inspection with acetic acid (VIA) and were treated if they tested positive.
- The CommCare application system was used for electronic data collection, data quality checking, and tracking client referrals.
- Data analysis was performed using Excel and STATA version-13

## RESULTS

- Between October 2020 and December 2021, a total of 8,427 WLHIV received CXCA counseling of which 6,718 (80%) were eligible and referred to a health facility for screening.
- Nearly all WLHIV (6,688, 99.5%) were screened, of which 273 (4.1%; 95%CI: 3.51, 4.69) had lesions through VIA. 199 (92%) women were treated on-site with cryotherapy, 11 (5%) with LEEP, and 6 (3%) with thermocoagulation. Whereas 35 (13%) women required referral to higher level for further investigation, and 22 (8%) women are in the process to treatment
- Majority women (6,398, 96%) were screened for the first time of which 242 (4%) screened positive, and 208 (3%) were re-screened of which 5 (2.4%) tested positive.
- Age disaggregation showed that women aged ≥50 years had the highest positivity test (9.3%), followed by 25-49 years (4.1%), and 15-24 years (2.9%).

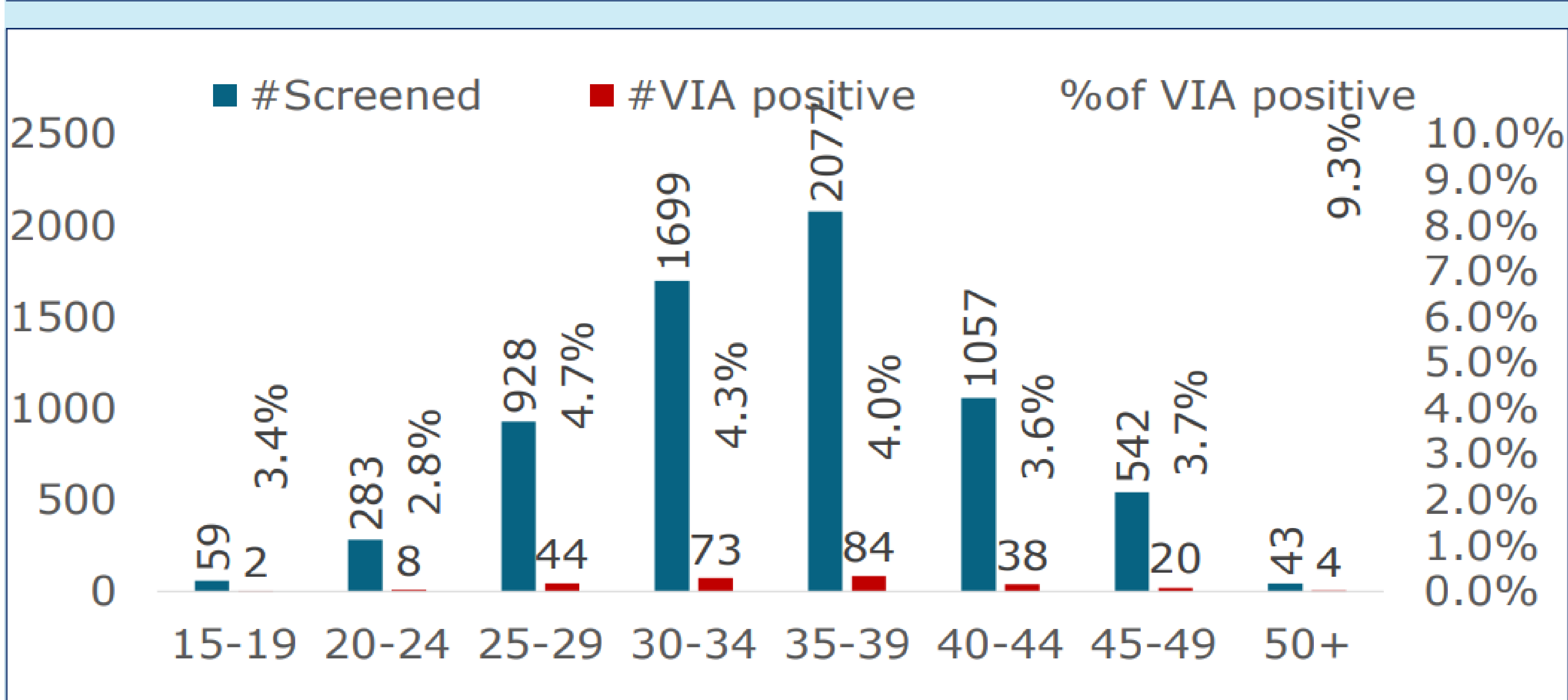
## DISCUSSION / LESSONS LEARNED

- Results from our project showed that community-based CXCA demand creation and referral services helped to improve access to cervical cancer screening, care and treatment.
- Therefore, it is recommended to scale-up community-based CXCA demand creation, screening, and referral services to all women living with HIV in Ethiopia.

**Table 1. Cervical Cancer Screening and treatment performance by region**

Region	Referral and Screening			Treatment Status			
	Referred to HF for screening	Screened at HF	% VIA positive	Treated onsite	Referred for further investigation and management	Total treated and referred	% of positives
Addis Ababa	3,664	76	2.1%	52	21	73	96%
Amhara	873	36	4.1%	28	3	31	86%
Gambella	184	18	9.8%	14	4	18	100%
Oromia	1,520	108	7.1%	95	7	102	94%
SNNPR	447	35	7.8%	27	0	27	77%
TOTAL	6,688	273	4.1%	216	35	251	92%

**Graph1: CXCA screening and %of VIA positive by Age**



## ACKNOWLEDGMENTS

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