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Integrating Same-Day Cervical Cancer Screening and Treatment in HIV Care at Coptic Hospitals in Kenya

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Introduction

- The COPTIC program integrated same-day cervical cancer screening and treatment into routine HIV care at 11 Coptic Hope Center faith-based supported facilities in Nairobi and Vihiga Counties, Kenya.
- The data presented were collected between October 2022 and September 2023 (FY23).

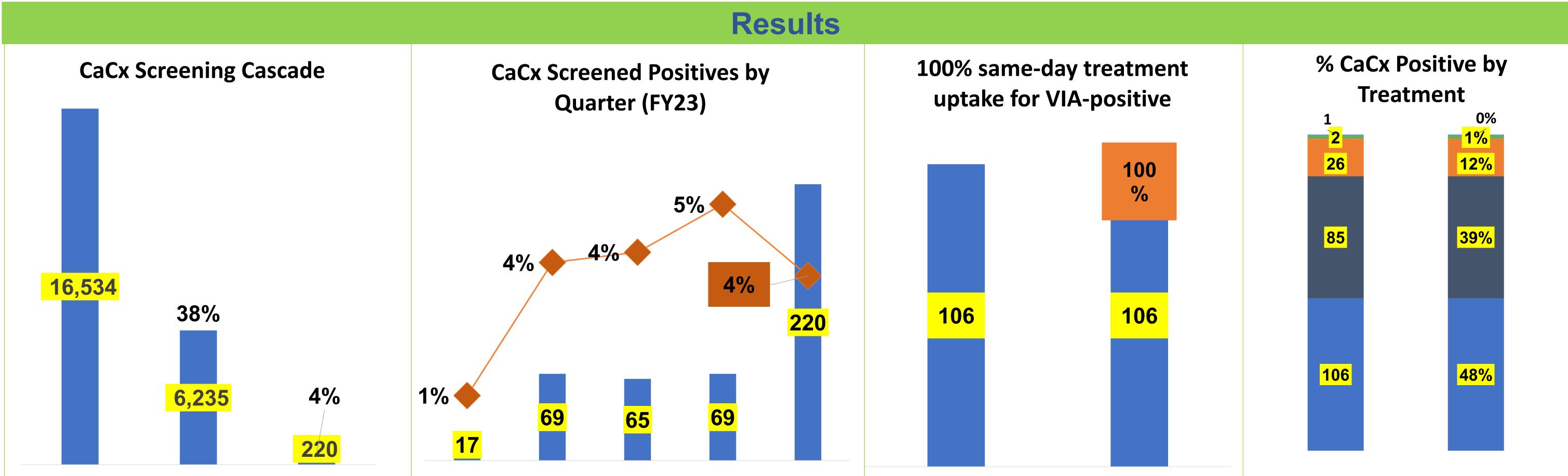
Objectives

- Increase screening and treatment uptake through integration of cervical cancer services into HIV care
- Improve VIA positivity through capacity building of healthcare workers
- Ensure proper follow-up for cases not suitable to thermal ablation

Activities

Capacity building of staff through 5-day training (2 days didactic, 3 days practical) by county Trainers of Trainers (TOTs) and conducting monthly supportive supervision

- Equipping sites with thermal ablation machines and necessary equipment/consumables for screening rooms
- Establishing a skilled mixed screening team of nurses and clinicians dedicated to cervical cancer screening and treatment
- Referrals for those who need more intensive treatments

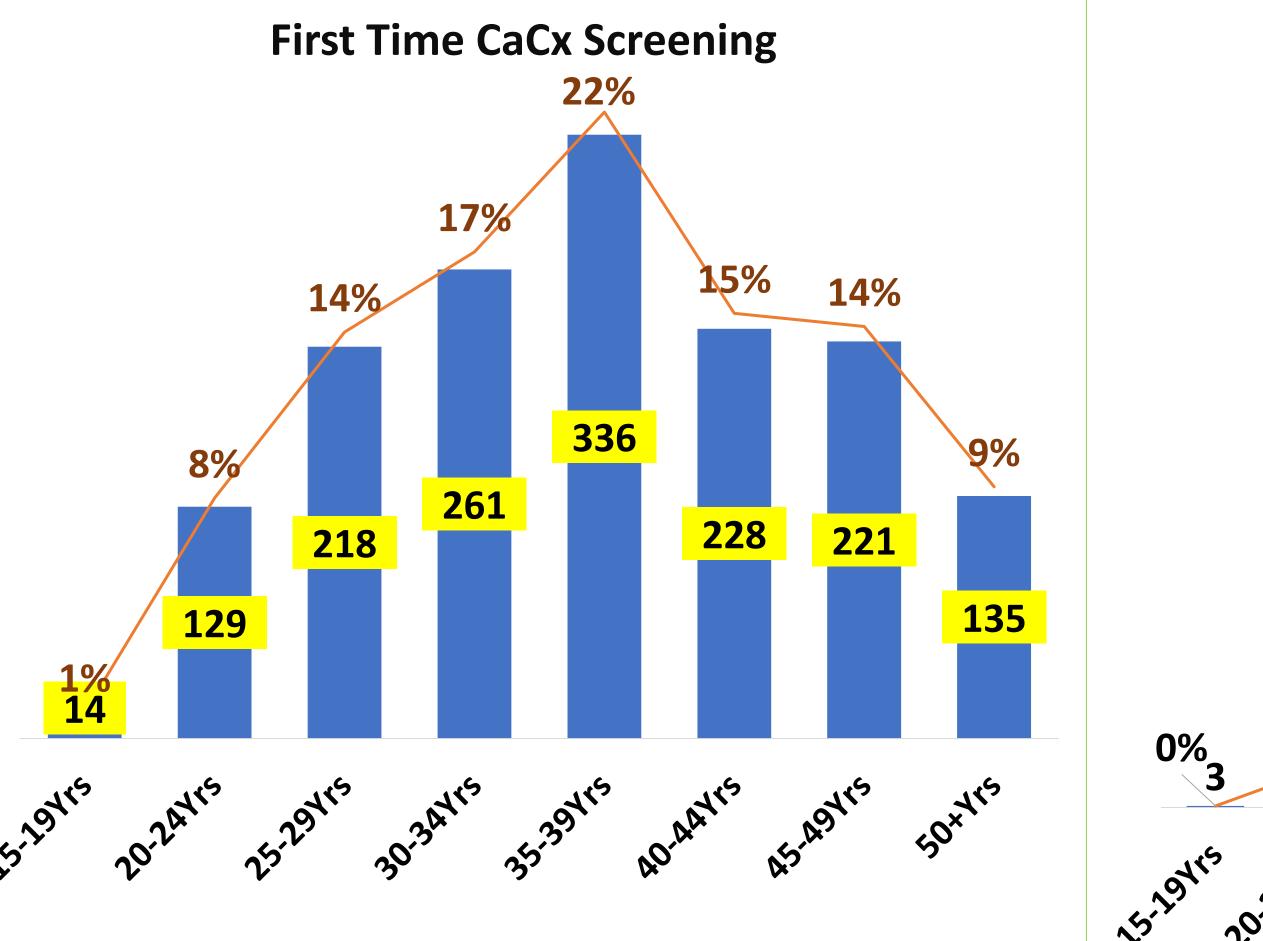


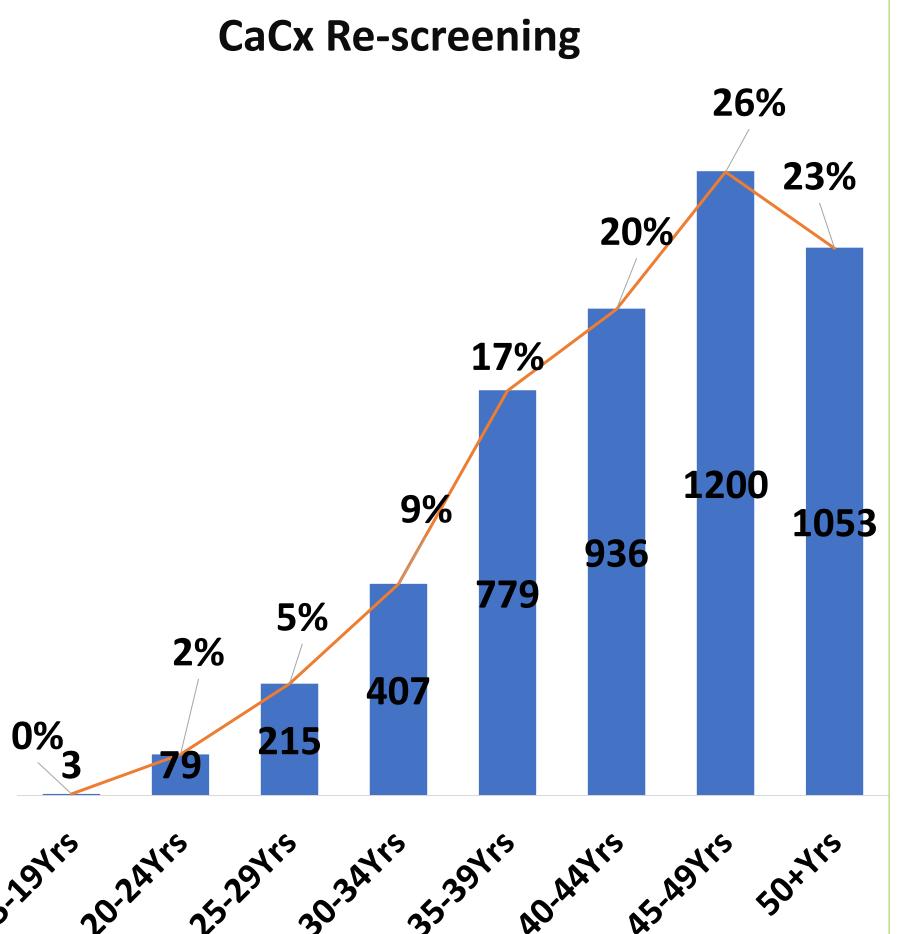
| # of Females # >18 yrs | # Screened for CaCx | # Positive | Q1 | Q2 | Q3 | Q4 | FY23 (Overall) | Eligible for thermal ablation | Treated with thermal ablation | Thermal ablation Other Referred for Cx Tx Hysterectomy LEEP |
|---------------------------|------------------------|------------|----|----|----|----|-------------------|----------------------------------|----------------------------------|---|
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- Increase in VIA positivity from 1% at FY23 Q1 to 4% at FY23 Q4 post-training, and stabilized thereafter.
- 100% same-day treatment uptake for VIApositive cases amenable to ablation
- Improved follow-up and accountability for advanced lesion cases.
- Mechanisms used to track the additional cases include abnormal Excel tracking sheet, bi-weekly calls, and a standard treatment and referral SOP.

Recommendations

Integrate same-day cervical cancer screening and treatment into routine HIV care to improve access and uptake





- Invest in capacity building and supportive supervision for healthcare workers.
- Establish effective protocols for the comprehensive follow-up of cases that are not suitable for thermal ablation treatment



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