

Innovative Approaches to Integrating Screening and Prevention of Cervical Cancer and HIV

Jhpiego works internationally to improve women's health and the ways in which health care workers are trained to provide essential health interventions. The integration of cervical cancer prevention with HIV services is a priority area for Jhpiego in low- and middle-income countries.

Key Program Elements Include:

- Advocacy and development of national policies and guidelines
- Capacity-building through training and supportive supervision
- Integration of services: Cervical cancer prevention services are provided by trained nurses and midwives at HIV care and treatment sites, as well as at general health facilities that care for HIV-positive women.
- Strengthening of referral mechanisms
- Community outreach
- Monitoring and evaluation

Cervical cancer is the most common cancer in women and most common cause of cancer deaths in most developing countries.¹ Approximately 85% of cervical cancer cases and deaths occur in developing countries, where more than 95% of women have never been screened for the disease.² HIV-positive women are particularly vulnerable: compared to women without HIV, they have a higher incidence, greater prevalence and longer persistence of human papillomavirus (HPV) infection, which is the cause of nearly all cases of cervical cancer. These women also have an increased risk of developing precancerous lesions and may have more rapid progression to cancer than women who are not HIV-positive.^{3,4,5} Furthermore, women with HIV are more likely to have a recurrence of precancerous lesions after treatment.

The “single visit approach” (SVA), championed by Jhpiego, is a recognized alternative to the cytology (Pap)-based model of cervical cancer prevention services. It involves visual inspection of the cervix after application of dilute acetic acid (VIA), or vinegar, followed by immediate treatment of any precancerous lesions with cryotherapy, *at the same visit*. Women in low-resource settings face a number of barriers to accessing care, including lack of transportation, and providing them with an opportunity to get screened and receive results and treatment immediately thereafter, as in the SVA, greatly reduces the burden on them. As such, the SVA increases the likelihood that women who are affected will receive the potentially lifesaving care they need and not be “lost to follow-up.”

What Jhpiego Is Doing

Building upon its vast experience in establishing and scaling up cervical cancer prevention programs, Jhpiego is working with countries to identify approaches for integration of cervical cancer prevention services with HIV care and

¹ Cervical Cancer Action: Report Card 2011.

² *The Lancet*. 2010. Moving cancer up the global health agenda [Editorial]. 375(9371): 2051.

³ Branca M, Garbuglia AR, Benedetto A et al. 2003. Factors predicting the persistence of genital human papillomavirus infections and PAP smear abnormality in HIV-positive and HIV-negative women during prospective follow-up. *Int J STD AIDS* 14(6): 417–425.

⁴ De Vuyst H, Lillo F, Broutet N and Smith JS. 2008. HIV, human papillomavirus, and cervical neoplasia and cancer in the era of highly active antiretroviral therapy. *Eur J Cancer Prev* 17(6): 545–554.

⁵ Parham GP, Sahasrabudde VV, Mwanahamuntu MH et al. 2006. Prevalence and predictors of squamous intraepithelial lesions of the cervix in HIV-infected women in Lusaka, Zambia. *Gynecol Oncol* 103(3): 1017–1022.

treatment. With support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Jhpiego has worked in **Côte d'Ivoire, Guyana, Kenya, Mozambique, Tanzania, and Zambia** to provide HIV-positive women access to cervical cancer screening services. Some of these efforts are highlighted below.

In **Tanzania**, Jhpiego is providing technical assistance to the Ministry of Health and Social Welfare (MOHSW) to develop national service delivery guidelines, a national training package, and national information, education and communication (IEC)/behavior change communication (BCC) materials. Jhpiego is also directly supporting the provision of cervical cancer screening and treatment services at 21 health facilities in the Morogoro, Iringa, Njombe and Dar es Salaam regions. In a unique approach that ensures linkages within the health system, expands access to HIV testing and follows the MOHSW provider-initiated HIV testing and counseling (PITC) policy, women accessing cervical cancer screening services are offered testing for HIV, and women who are HIV-positive are offered screening for cervical cancer. Between October 2014 and June 2015, 5,748 new clients were screened for cervical cancer using VIA. Of the women screened, 5.9% were identified as having precancerous lesions; HIV-positive women were found to be at higher risk of having precancerous lesions. Of clients identified as having precancerous lesions, 99% were treated on the same day.

In **Côte d'Ivoire**, Jhpiego has supported the Ministry of Health since 2009 in developing national cervical cancer prevention guidelines, and implementing services at 20 health facilities—with a focus on HIV-positive women. As of March 2015, 20,378 women had been screened for cervical cancer; more than 12,000 of these women were HIV-positive.

In both Tanzania and Côte d'Ivoire, Jhpiego has supported loop electrosurgical excision procedure (LEEP) training. HIV-positive women who have cervical dysplasia often have larger lesions, making them ineligible for cryotherapy. LEEP offers an alternative treatment for these larger cervical precancerous lesions.

The Future of Cervical Cancer and HIV Integration

Jhpiego is exploring further innovations and effective approaches for integration of HIV care and treatment and cervical cancer prevention services:

- Incorporating practical and affordable HPV tests for women over 30 into the current SVA platform offers the potential for reaching more women. HPV testing can be used to “triage” women who need further cervical cancer screening using VIA, identifying those who can be offered treatment at the same visit and those who will need referral for additional care.
- Data collection on current screening programs could form the basis of future research on the appropriate frequency of cervical cancer screening. By evaluating whether antiretroviral therapy and CD4 counts in HIV/AIDS patients make a difference in rates of VIA positivity and lesion size, we hope to obtain further evidence for: 1) strengthening treatment services, including use of LEEP (for treatment of cervical precancerous lesions); and 2) identifying service linkages for additional integration approaches.