

Title: Increased access to cervical cancer screening services in Malawi between 2020 and 2023: *A case of cervical cancer screening and HIV service linkage.*

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Background: Malawi has one of the highest cervical cancer incidence rate (72.9 cases per 100,000 women years) and mortality (49.8 cases per 100,000 women years). This is also complicated by a high Human Immunodeficiency Virus (HIV) prevalence rate of 10.8% among child-bearing aged women (15-49 years old). Women living with HIV (WLHIV) have a higher risk of high-risk human papillomavirus (hrHPV) infection progressing to cervical precancer compared to their HIV negative counterparts. From 2020, cervical screening and treatment services were integrated with Antiretroviral Therapy (ART) services, with the aim of increasing availability and accessibility of cervical cancer screening and treatment services, thereby leveraging on resources from the Global Fund. This resulted into resources being available for CECAP commodities. Through such leveraging, resources to enhance capacity building of service providers for CECAP, development and revision of key CECAP strategic documents were made available.

Main Objective: To establish trend in performance on selected CECAP indicators on ART and CECAP services linkage, from 2020 to 2023.

Methods: Site-specific routine client data including client age, HIV status, screening method, screening outcomes, treatment type and treatment approach were recorded and aggregated from registers and uploaded onto a District Health Management Information Software (DHIS2). Data were analysed by computing annual progress trends.

Results: In 2019, 160 ART sites screened 108,219 clients. In 2020, sites increased to 316, which screened 162,418 clients. In 2021, 450 ART sites were integrated with CECAP and screened 222,076 clients. This increased to 287,590 clients and 475 sites in 2022. The year 2023 saw a slight reduction to 266,958 clients screened in 473 sites due to human resource challenges.

The cervical cancer service and HIV services linkage has yielded positive results with WLHIV screening coverage significantly increasing from 30% in 2019 to 53% in 2020, and further increasing to 62% in 2021 and 2022, then 64% in 2023. Screening coverage for all women has also significantly increased from 18.8% in 2019 to 45% in 2022 and decreased to 40.3% in 2023. Overall, treatment coverage increased from 36% (3,591 treated) in 2020 to 49% (5,463 treated) in 2022, then 39% (5,459) in 2022 and 42% (4,400) in 2023. Same day treatment after VIA positive result also improved from 49% in 2020 to 63% in 2021 then dropped to 51% in 2022 and 54% in 2023. This was mainly due to increased use of thermal coagulators procured through the Global Fund and CHAI grants.

Conclusion: The linkage between cervical cancer and HIV services has yielded positive outcomes in terms of increased accessibility and improved screening coverage. This integration of services has consequently improved the treatment of precancerous lesions and linkage to tertiary care and has also proved to be an imperative precursor towards the elimination of cervical cancer as a public health problem by the year 2030.