

Access to cervical cancer screening among women living with HIV in Malawi: Analysis of MPHIA 2020–21 and 2015–16 surveys

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BACKGROUND

- Malawi has the highest cervical cancer (CxCa) burden.
- WLHIV are 6 times more likely to develop CxCa.
- Screening and treatment of pre-cancer can help eliminate CxCa.
- Since October 2018, PEPFAR Malawi supports CxCa screening and treatment for WLHIV in high-burden ART facilities.

METHODS

- MPHIA are nationally representative household surveys.
- Self-reported CxCa screening history & ART uptake were collected.
- Analyzed by demographic factors and reported 95% CI.
- Risk ratios were computed using Poisson regression.

RESULTS

- 1,507 and 1,616 WLHIV were interviewed in 2015-16 and 2020-21, respectively.

Significant improvement in CxCa screening in 5 years

- 2.4-fold ($p < .0001$) between 2015 and 2020 [16.0% (95% CI: 13.6%-18.7%) compared to 38.4% (95% CI: 35.3%-41.6%)].

Greater improvement in CxCa screening coverage among low SES

- Significant increase in screening coverage in WLHIV with no education (RR=3.3), rural residents (RR=3.0), and lowest wealth quintile (RR=6.6).

Cervical cancer screening among women living with HIV has greatly improved; especially for those with low Socioeconomic Status

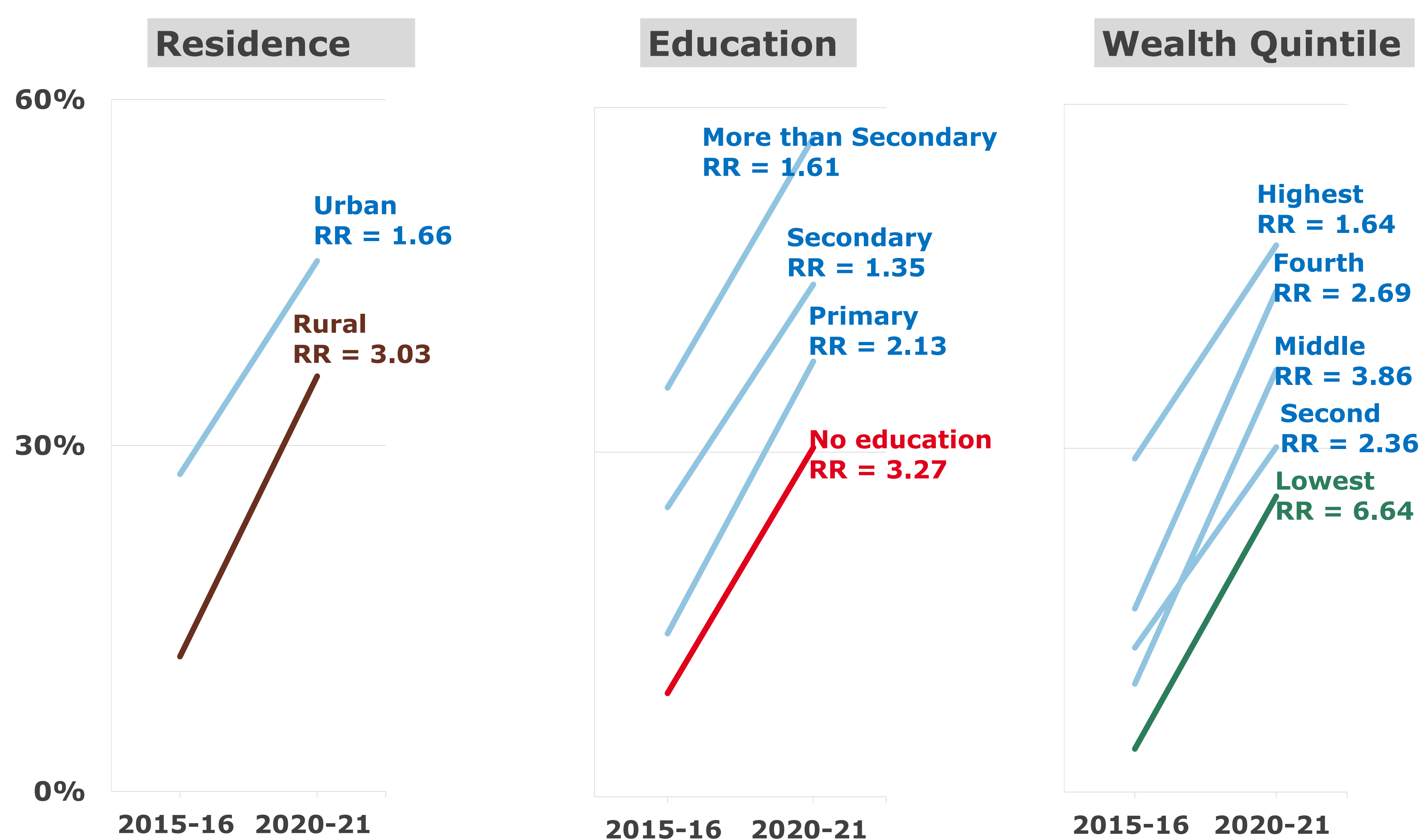


Figure 1: Weighted percentages and RR of CxCa screening among WLHIV by SES

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