

# Integration of Human Papillomavirus-based Cervical Cancer Screening into HIV Care for Women Living with HIV in Ethiopia

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## Background

- In Ethiopia, cervical cancer (CxCa) is the second most reported cancer (13%) among women aged 15-49 years old.
- The 2018 HIV impact assessment report showed that only 16% of women living with HIV (WLHIV) had access to CxCa screening services.
- To address this gap, CDC Ethiopia introduced WHO's "screen, triage and treat" approach using human papillomavirus (HPV) testing for WLHIV followed by visual inspection with acetic acid (VIA) screening if HPV positive.
- We describe Ethiopia's experience and lessons learned in implementing the program.

## Description

- CDC in collaboration with the Ministry of Health of Ethiopia developed policy and program documents including CxCa screening guidelines and training materials.
- Requestion forms for laboratory testing were prepared and the electronic medical record (EMR) system was revised to integrate HPV testing into the existing HIV service database.
- The initiative was introduced at 70 health facilities (HFs) providing HIV services and 15 HIV viral load testing laboratories in five regions.
- The HFs collect and send vaginal/cervical samples to the laboratories through a referral system.
- We retrospectively analyzed EMR data collected as part of routine HIV services delivery from Apr 2021 to Sept 2022.

## Conclusions

- Integration of "screen, triage and treat approach" into HIV services was feasible and resulted in high treatment uptake, suggesting it could improve access to CxCa services in resource-limited settings.
- Future efforts could consider reducing TAT and ensuring VIA screening to triage women after a positive HPV test.

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## Lessons learnt

- Of 14,739 samples collected and sent to laboratories, only 13,516 (92%) were tested and results were returned to HFs due to conflict in Amhara region and stockout of reagent.
- The average result turnaround time (TAT) was 15-days.
- The proportion of self-sampling and clinician sampling was 53% and 47%, respectively.
- Among results returned, the HPV positivity rate was 28% (3,798).
- All HPV positives were contacted and asked to return for screening using VIA, of which 89% (3,394) returned and had VIA screening.
- The proportion of WLHIV with pre-cancerous lesions was 19% (648) among HPV positives who had VIA screening.
- Of those had pre-cancerous lesions, 95% (618) were treated with either cryotherapy, thermal ablation, or loop electrosurgical excision procedure.

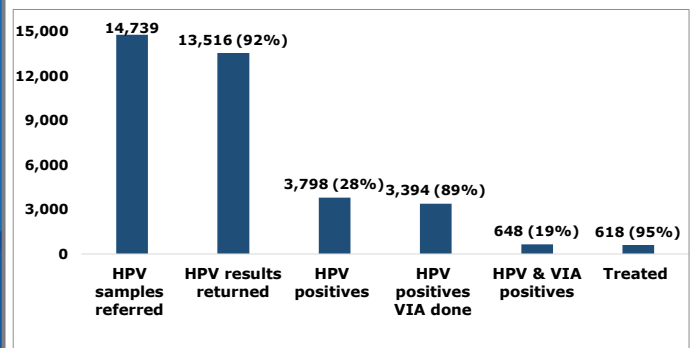


Figure 1. Screen, triage and treat cascade

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