Abstract 2133

SCALING UP CERVICAL CANCER SCREENING IN SOUTHERN MALAWI: SCREENING MODELS FOR DIFFICULT-TO-REACH POPULATIONS

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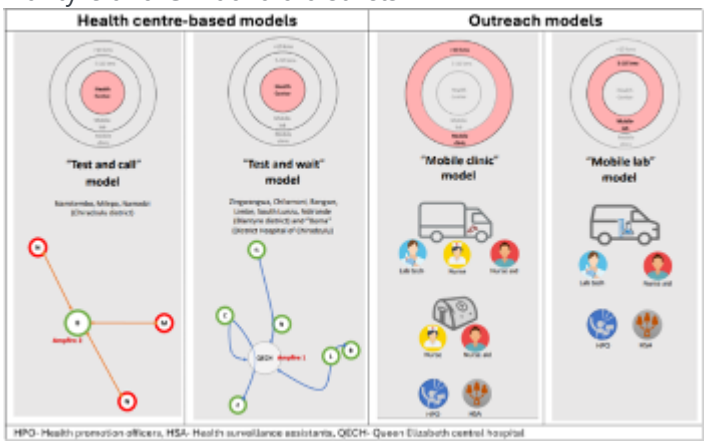
Introduction

MSF is providing cervical cancer screening in Blantyre and Chiradzulu districts in Southern Malawi in the catchment area of 10 health centres. Improved screening strategies under diverse recruitment models are introduced to increase HPV screening coverage at health centres and with outreach activities.

Methods

Under PAVE study, self-collected vaginal swabs are tested by an isothermal amplification PCR assay followed by visual inspection, imaging, and histological assessment for HPV +ve women. Women living <5km from health centers are recruited opportunistically during routine visits. After HPV test, they are advised either to wait on site (test-and-wait model) or called back in two days' time (test-and-call model) for triage and treatment visit. Women living>10km from health centers are offered HPV test, triage, and treatment in community settings by outreach teams (mobile-clinic model). A fourth model for women living 5-10km from a health center with HPV testing in their communities followed by a triage and treatment visit at respective health centers (mobile-lab model) is not yet implemented.

Figure 1: Outreach and Health center-based screening models used by MSF cervical cancer screening teams in Blantyre and Chiradzulu districts



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Results

As of April 2024, over 2000 women have undergone HPV screening across all active sites. Key insights from the experience are focused at: i)streamlining patient flow during opportunistic recruitment at health centers, ii)improving HPV results communication, iii)effectively tracing women back for triage and treatment visits using phone and community based tracing, iv)ensuring provision of stable internet for effective and real time data collection and synchronization, v)reducing gaps in logistics and quality assurances at HPV lab particularly in mobile lab setup, vi)ensuring real-time quality histopathology review of cervical biopsies for case management, and vii)continuous monitoring of patients and data flow to ensure quality of screening, compliance, and effective case management.

Conclusions

Diverse HPV-based screening strategies are key to achieve good screening coverage, and subsequently reduce the cervical cancer morbidity and mortality in southern Malawi.

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