

Abstract 2193

DECENTRALIZATION: A KEY COMPONENT OF COMPREHENSIVE CARE FOR CERVICAL CANCER IN LOW INCOME COUNTRIES WHERE RADIATION IS NOT AVAILABLE

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Introduction

Since November 2019, Médecins Sans Frontières (MSF) and the Malawian Ministry of Health have provided a comprehensive range of cervical cancer care services. Initially, all consultations, pathological diagnoses, chemotherapy, surgery, and patient support activities were centralized at the tertiary hospital. To address the overwhelming surge in demand for these services, an innovative decentralisation approach was introduced to alleviate the workload and enhance patient care quality.

Methods

The decentralization strategy involves triaging patients at the district level and categorizing them by type of lesion (FIG 1). Patients with early or locally advanced cancer, as well as those in need of palliative chemotherapy, are referred to the tertiary hospital for further evaluation and treatment. Those with premalignant lesions or advanced cancer are treated at the district level by trained surgical and palliative care teams. Quality is ensured through provision of medications, equipment and allowances, as well as monthly mentoring sessions for about 120 providers.

Figure 1: Patient pathway from Health Center to District Hospital (DH), and then Central Hospital (CH) if required

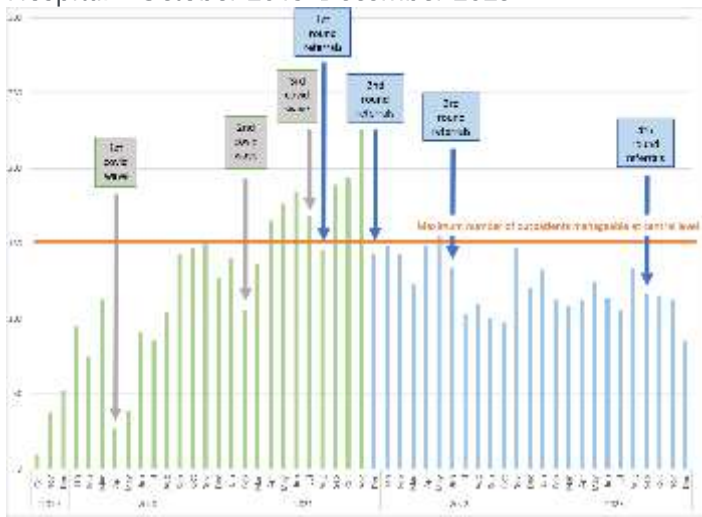


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Results

During the first months of comprehensive care provision, the number of palliative consultations at the tertiary hospital increased way above the threshold of 150 manageable consultations. Using the new decentralized system from August 2021, 818 palliative patients were referred to 45 palliative sites at district level, leading to a reduction in monthly consultations at central level from a high of 226 (2021) to a high of only 134 (2023) (FIG 2). Among the new patients presenting at the tertiary hospital, an average of 45% presented with benign or pre-malignant lesions. Therefore, from July 2023, 561 women started to be biopsied and managed at their district hospitals instead of the tertiary level.

Figure 2: Number of palliative care consultations at the central hospital - Malawi, Blantyre, Queen Elizabeth Central Hospital – October 2019-December 2023



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Conclusions

It is feasible to provide a comprehensive package of cervical cancer care in low resource settings without overburdening services when a decentralization strategy is used to ensure manageable workload and high quality of care.

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