

DECENTRALISATION: 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 (MoH) have provided a comprehensive range of cervical cancer care services in the Southern region of Malawi.

Initially, all consultations, pathological diagnoses, chemotherapy, surgery, and patient support activities were centralised at the tertiary hospital and resulted in an overwhelming surge in demand for these services. **In order to alleviate the workload at central level, and improve access to care for patients, an innovative decentralisation approach was introduced.**

Fig 1: MSF services offered at the different health care levels in Southern Malawi

COMMUNITY	DISTRICT	CENTRAL
<ul style="list-style-type: none"> Health Promotion and Community Engagement HPV vaccination Cervical cancer screening Home based palliative care 	<ul style="list-style-type: none"> Cervical cancer screening Treatment of precancerous lesions Palliative care services 	<ul style="list-style-type: none"> Treatment of precancerous lesions Chemotherapy Oncosurgery Referrals for radiation Supportive care Hospitalisation of complex cases

Note: the decentralisation aims at improving the activities highlighted in green at community and district level

METHODS

The palliative care decentralisation strategy has been implemented in all districts around Blantyre to bring palliative care services closer to patients' homes.

Gynaecology decentralisation, which allows biopsies and treatment of benign and premalignant lesions to be carried out at the district hospital, has so far been implemented in 5 districts. As a result, only patients with early or locally advanced cancer are referred to the Central Hospital for further evaluation and treatment.

MSF ensures the quality of decentralised patient care by providing medicines, equipment and allowances, as well as regular supervision and mentoring of some 120 MoH providers and coordinators.

Fig 2: Patient pathway for cervical cancer management in Southern Malawi

HEALTH CENTER (HC) MoH | **CENTRAL HOSPITAL (CH) MoH & MSF** | **CLOSEST PALLIATIVE CLINIC (DH, HC or HBC¹) MoH (with MSF mentorship)**

SCREENING (at HC) leads to:

- Benign lesion:** Specific treatment at HC.
- Biopsy:** Clinical and ultrasound staging at CH.
 - Late stage: Referral to CHC.
 - Early stage / LACC*: Referral to CHC for SURGERY +/- NACT****.
 - Premalignant: Referral to CHC for LEEP**/Conisation (TAH***).

GYNECOLOGY DECENTRALISATION (5 districts): District Hospital (DH) MoH Only or District Hospital (DH) MoH & MSF.

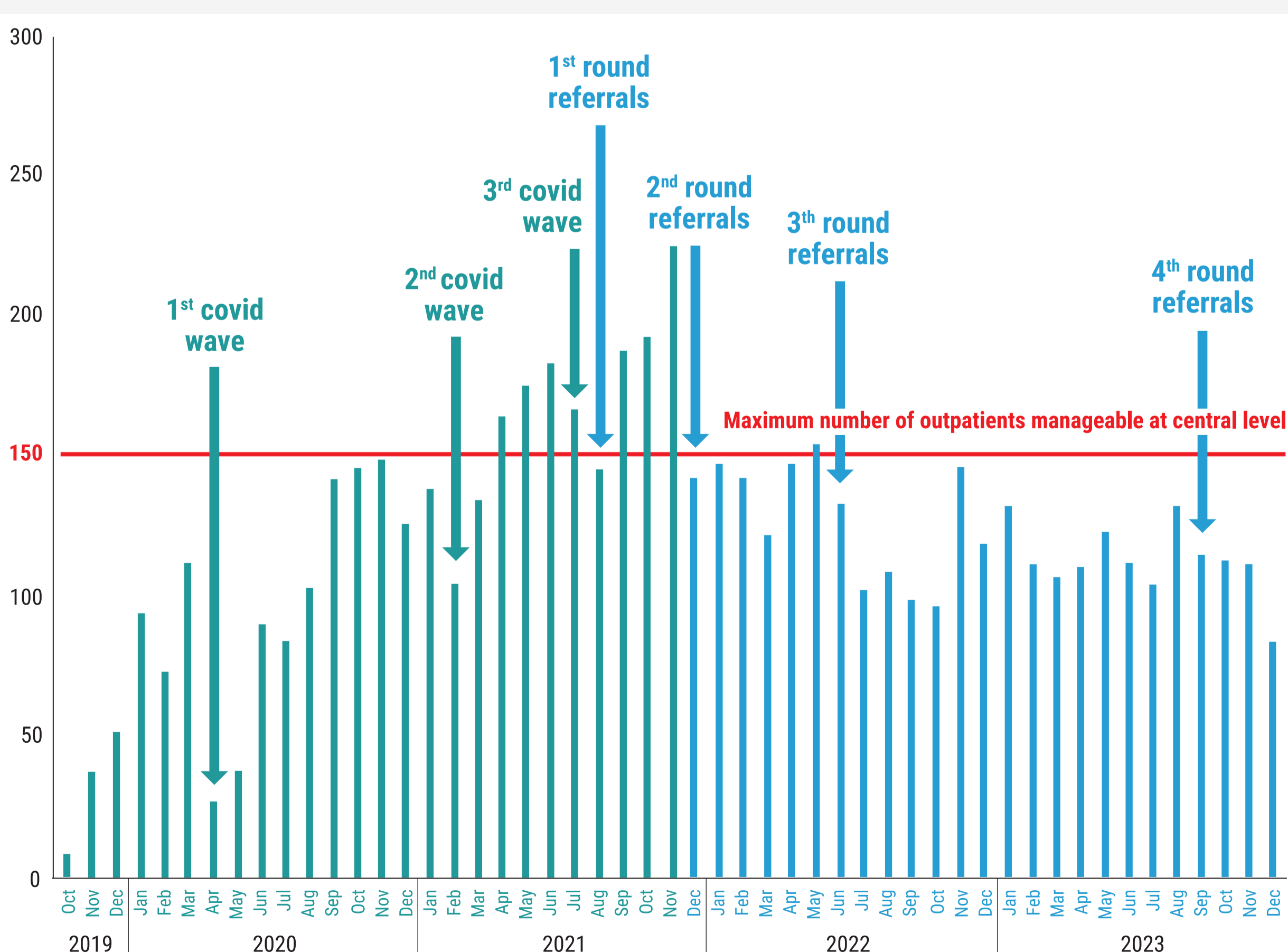
- Benign lesion:** Specific treatment at DH.
- Biopsy (processed in CH pathology lab):** MSF tele-expertise by phone.
 - Premalignant: Referral to DH for LEEP**/Conisation (TAH***).
 - Presumed early stage LACC*: Referral to DH for Early stage / LACC*.
 - Presumed late stage: Referral to DH for Late stage (confirmed by MSF onco-surgeon).

Legend: * Locally Advanced Cervical Cancer, ** Loop Electrosurgical Excision Procedure, *** Total Abdominal Hysterectomy, **** Neo-Adjuvant Chemotherapy.

On-the-job training and mentorship program. Scan to access palliative decentralisation strategy (AORTIC conference, Dakar, 2023).

RESULTS PALLIATIVE DECENTRALISATION

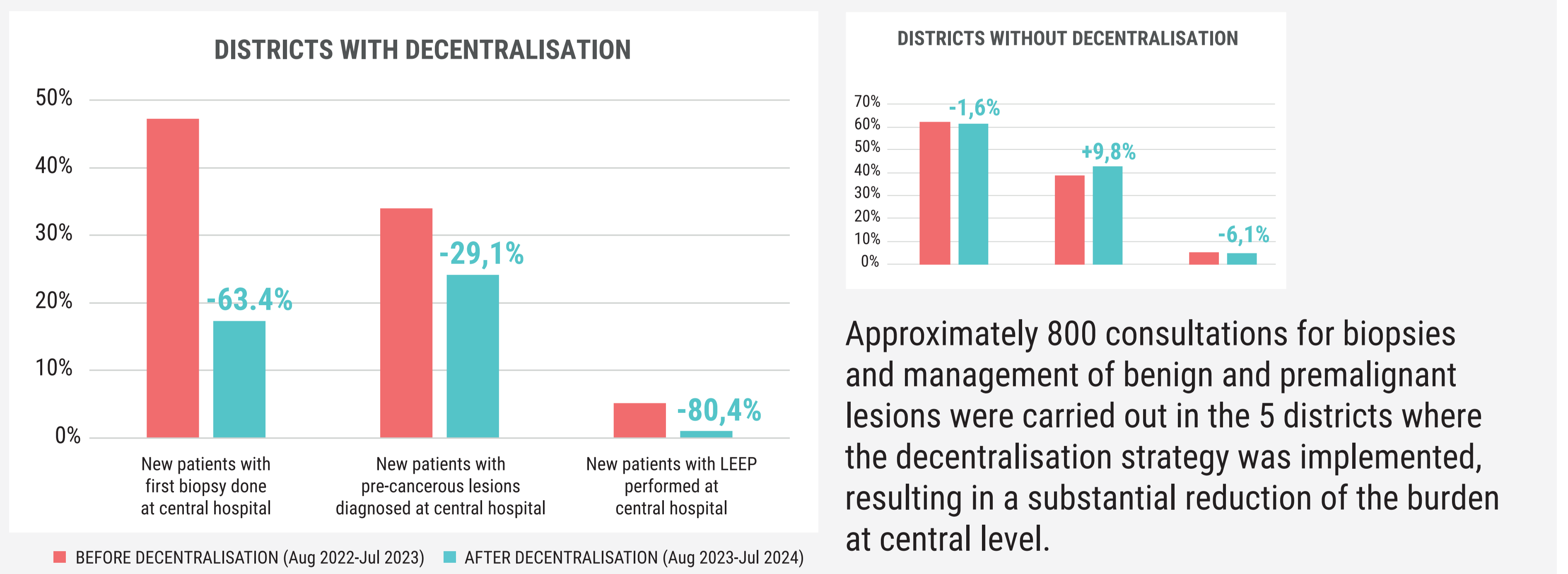
Fig 3: Number of palliative care consultations - Malawi, Blantyre, Queen Elisabeth Central Hospital October 2019-December 2023



The referral of around 1000 patients allowed the average number of monthly consultations at the CH to fall from 164 in 2021 to 131 (-20%) in 2022 and then to 114 (-30%) in 2023.

RESULTS GYNAECOLOGY DECENTRALISATION

Fig 4: Percentage of first biopsies, pre-cancerous lesions diagnostics and LEEP performed before and after implementation of the decentralisation system - Malawi, Blantyre, Queen Elisabeth Central Hospital - August 2022-July 2024



Approximately 800 consultations for biopsies and management of benign and premalignant lesions were carried out in the 5 districts where the decentralisation strategy was implemented, resulting in a substantial reduction of the burden at central level.

CONCLUSION / The decentralisation of palliative and gynaecological activities has enabled the provision of a comprehensive package of cervical cancer services, while reducing the burden on central services and bringing care closer to patients' homes. This model requires strong collaboration between different levels of care and will evolve as radiotherapy becomes available. Further studies are needed to assess the impact on treatment adherence.