

Health Benefits of Linking Women to Cervical Cancer Screening in Zambia



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Could referring women to cervical cancer screening from other health services, like family planning and HIV counseling and testing, be a cost-effective way to increase screening?

AN INEQUITABLE KILLER

Almost 90% of cervical cancer cases occur in low- and middle-income countries. In sub-Saharan Africa, it is the leading type of cancer among women. Cervical cancer screening can prevent up to 80% of cases, but most women in the region, particularly those in high HIV-burden countries, are not regularly screened.

CERVICAL CANCER AND HIV

The virus that causes cervical cancer, **human papilloma virus**, increases women's vulnerability to HIV transmission.

HIV+ **HIV-**

Women living with HIV are **four to five times more likely to develop cervical cancer** than their HIV-negative peers.

Cervical cancer is an **AIDS-defining illness**.

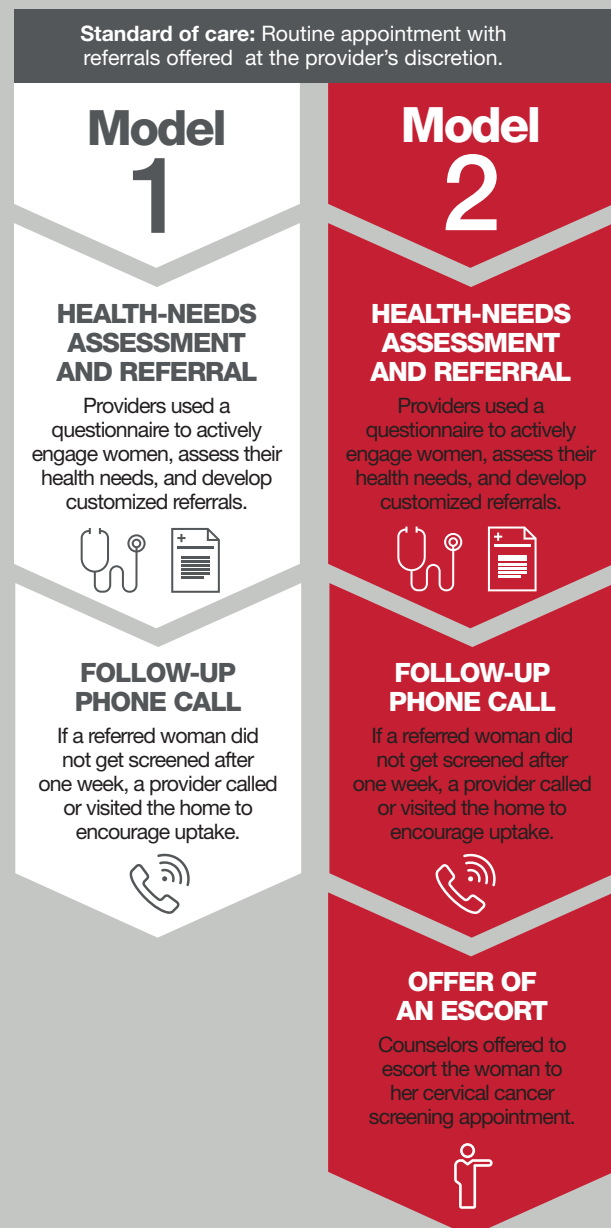
WHO recommends that **all HIV-positive women be screened annually**.

ZAMBIA SPOTLIGHT

- Cervical cancer is the most common and deadly cancer among women in Zambia.
- Rates of cervical cancer are more than twice as high in Zambia compared to the global average. This translates to 2,330 new cervical cancer cases and 1,380 deaths from the disease in Zambia each year.
- Only 3.4% of Zambian women undergo regular cervical screening, despite WHO's recommendation that women, other than those who are HIV positive, get screened every 3-5 years.

EVALUATING A LOW-COST SOLUTION IN ZAMBIA

Two enhanced models for increasing women's uptake of cervical cancer screening were compared against the standard of care.¹



¹Consenting women coming to participating health facilities for family planning or HIV counseling and testing were randomized to either of the two enhanced models or to the standard of care model.

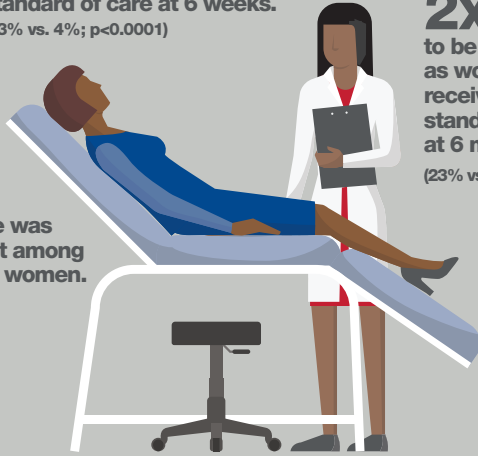
CERVICAL CANCER SCREENING CAN EASILY BE INCREASED

Women seen by providers in the two enhanced service delivery models were:

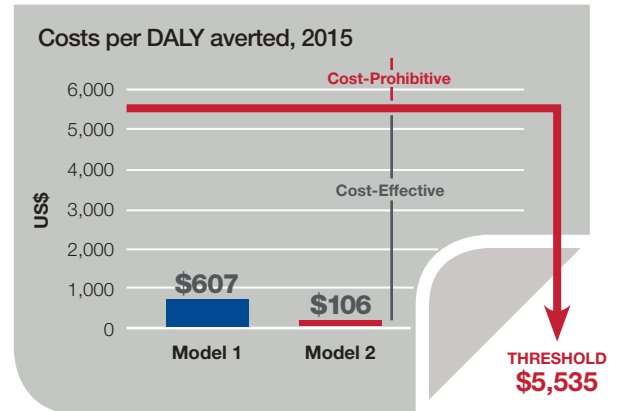
5x as likely to be screened as women receiving the standard of care at 6 weeks.
(23% vs. 4%; $p < 0.0001$)

2x as likely to be screened as women receiving the standard of care at 6 months.
(23% vs. 10%; $p < 0.0001$)

Uptake was highest among poorer women.



BOTH CERVICAL CANCER SCREENING MODELS ARE HIGHLY COST-EFFECTIVE

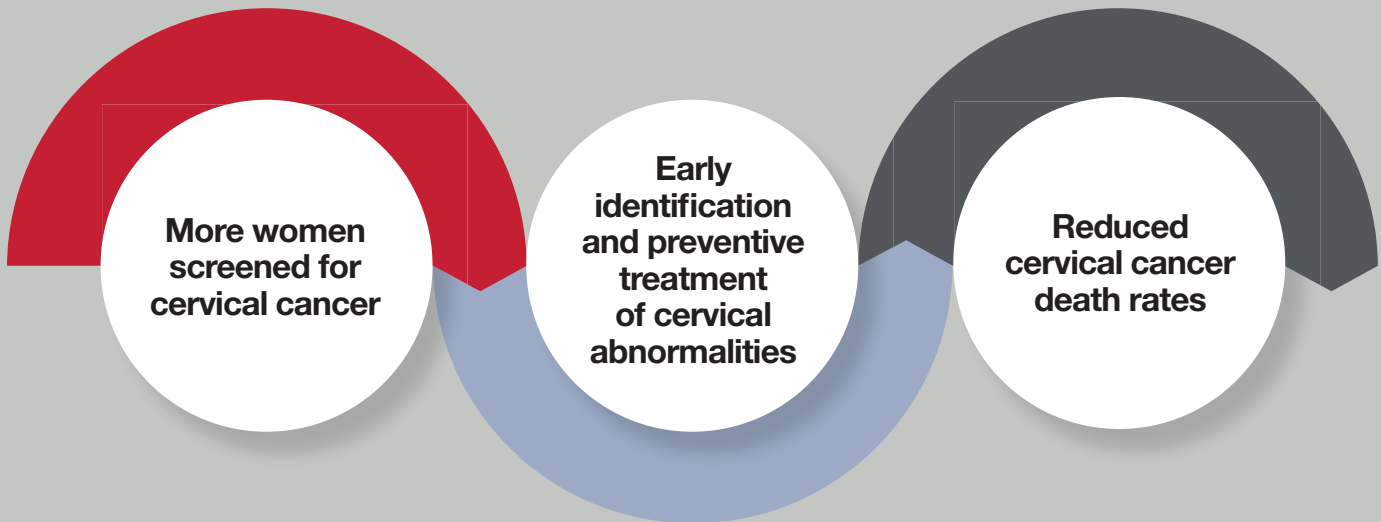


*WHO considers a health intervention as cost-effective if its costs per DALY [disability-adjusted life years] averted is less than three times a country's GDP per capita (\$5,535 for Zambia in 2015).

FROM EVIDENCE TO ACTION

Improving linkages between cervical cancer screening and other services accessed by women, such as family planning and HIV counseling and testing, is feasible and cost-effective.

Scaling up an enhanced client counseling and referral model in sexual and reproductive health services should be a priority for Zambia and other countries, especially those with high HIV prevalence. This could result in more women being screened for cervical cancer, leading to earlier identification and preventive treatment of cervical abnormalities and a reduction in cervical cancer death rates.



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