

Effectiveness of cervical cancer secondary prevention in Cote d'Ivoire: Early insights into barriers and acceptance of Human papillomavirus (HPV)-based screening approach

Rita-Josiane Gouesse, Ph.D
Research Coordinator, Jhpiego, Cote d'Ivoire

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R. Gouessé ¹, M. Dodo ², J. Kouassi ¹, M. Bertram ², T. Shissler ², L. Huang ³, N. Dacaney ³, I. Adoubi ⁴, C. Gauvreau ⁵, M. Kabue ²

(1) Jhpiego - Côte D'Ivoire, (2) Jhpiego - United States, (3) Expertise France - Côte D'Ivoire, (4) Programme National de Lutte contre le Cancer - Côte D'Ivoire, (5) The Hospital for Sick Children Research Institute – Canada

CONTEXT

- Low-and-middle-income countries (LMICs) bear a disproportionate burden of cervical cancer mortality.
- 2nd most common and deadliest cancer in women in Cote d'Ivoire with 2067 new cases and 1417 death in 2020 (Globocan, 2020).
- The Scale Up Cervical Cancer with Secondary prevention Strategy (SUCCESS) Project :
 - Implemented by a consortium led by Expertise France, with Jhpiego leading service delivery.
 - Aims to screen (**HPV collection**) and treat (**ablative methods**) precancerous lesions for 175,000 women in three years in Cote d'Ivoire, Burkina Faso, Guatemala and Philippines.
 - **Implementation Research Goal:** To **generate evidence on feasibility, acceptability and the cost** of introducing HPV testing and thermal ablation strategy to guide decision-making for successful scale-up.

METHODOLOGY

Enrolment in the study
Age 25-49 (WLHIV); 30-49 (GENPOP)

Self-collection



Sampling performed by the provider



125

Sample transfer to the lab

Sample analysis

Results delivery to the health facility

Exit interviews
(Care experience)

Result communication



HPV positive

Phone call notification

Visual inspection with acetic acid



Negative VIA
Follow up each year



Positive VIA
Treatment and follow up each year

Follow up

RESULTS

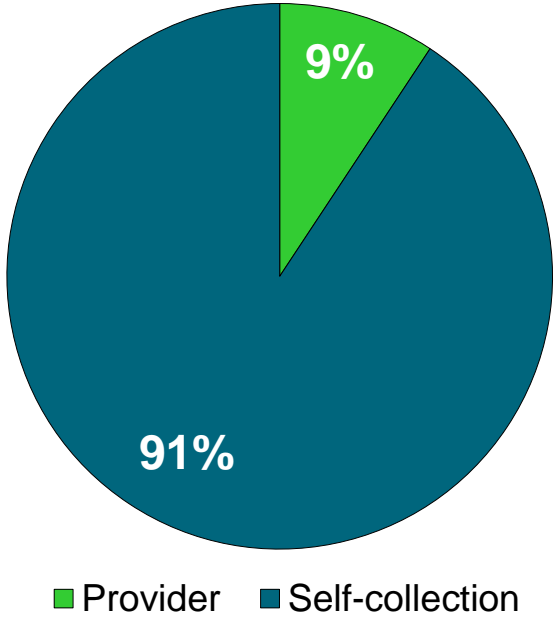
Population description

2227 women enrolled

	Freq (%)
Age (years)	
Median (IQR)	36 [IQR: 31-41]
Educational level	
Never attended school	317 (14%)
Primary	819 (37%)
Secondary	617 (28%)
Higher education	474 (21%)
HIV Status	
Positive	367 (16%)
Negative	1735 (78%)
Unknown	124 (6%)
Refuse to answer	1(0%)

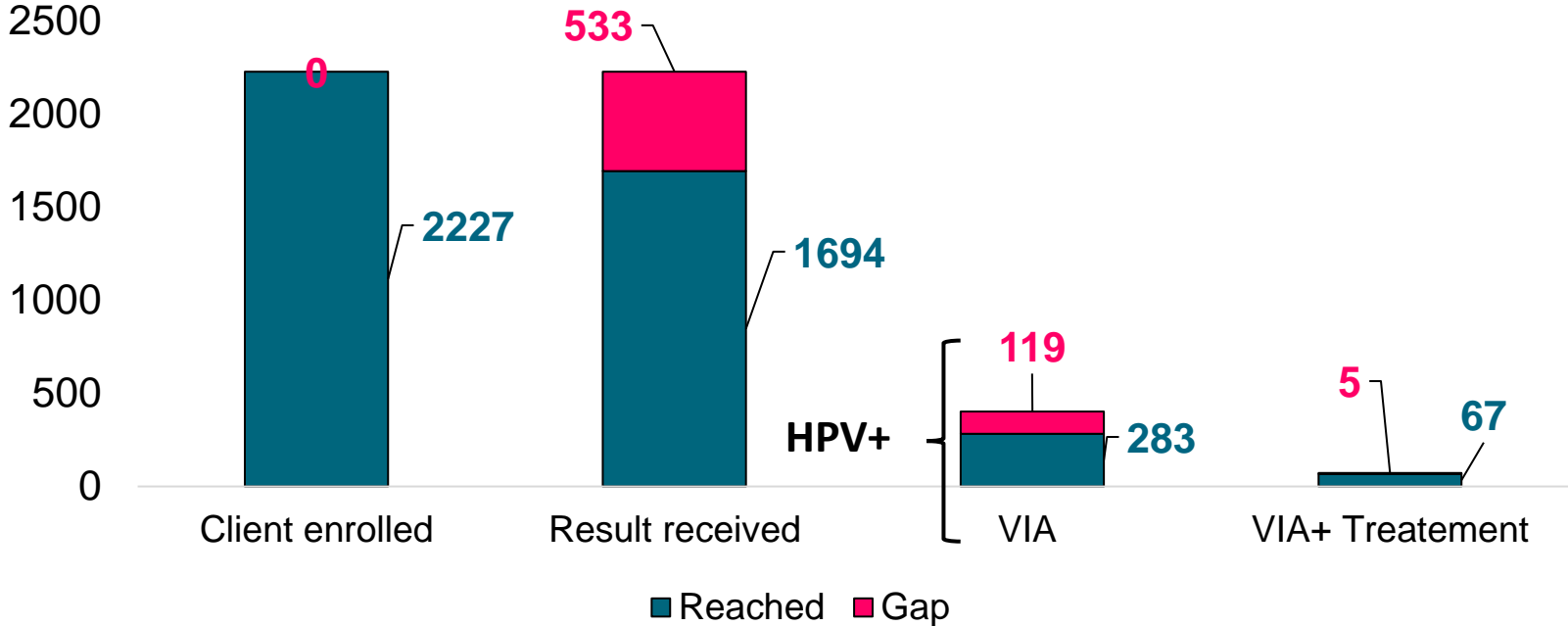
RESULTS

Sampling method (N=2227)



Self-collection is the most preferred sampling method in women in Cote d'Ivoire

Screening and treatment continuum



07 months after the end of enrolment (April to November 2022) :

- 76% of the HPV test results were available with 402 HPV+
- 70% of HPV+ clients received VIA
- 93% of VIA+ clients received treatment

RESULTS

Population description Screening feasibility

Average turnaround time for cervical cancer screening services

	Average # of days	[95% Conf. Interval]
Time from sampling to result analysis (Days)	49.52±75.3	45.28- 53.75
Time from sampling to result reception (Days)	106.6±73.8	102.80 - 110.50
Time from result receipt to VIA (Days)	48.8 ±49.5	42.47 - 55.12
Time from sampling to VIA (Days)	142.9±78.6	133.42 - 152.30

Long turnaround time (up to 3.5 months) between sampling and result receipt at the health facility

Association between time from testing to result and VIA completion

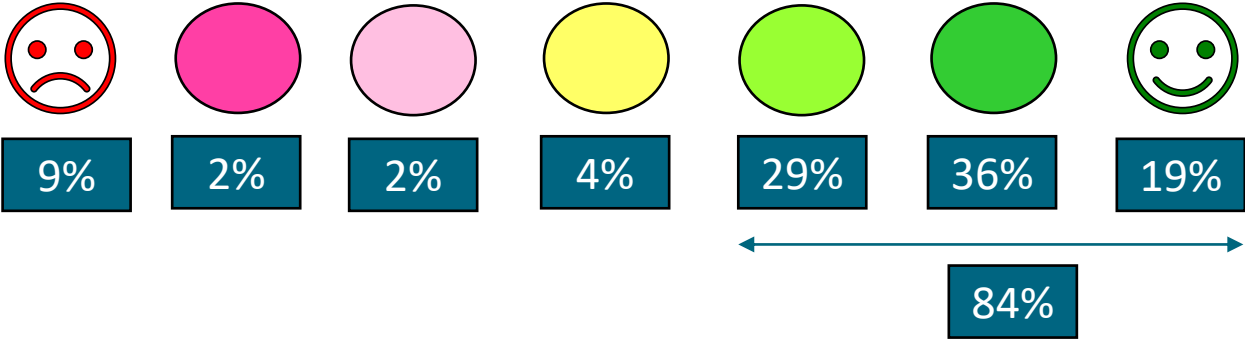
Time from testing to results	VIA completion		
	Odds Ratio	P> z	[95% Conf. Interval]
< 30 days (#419)	1		1
30-60 days (#277)	0.64	0.03	0.43 - 0.97
60-90 days (#225)	0.77	0.23	0.51 - 1.20
> 90 days (#672)	0.74	0.06	0.54 - 1.01

Women with 30-60 days from sampling to result receipt were less likely to complete VIA compared with those with <30 days

RESULTS

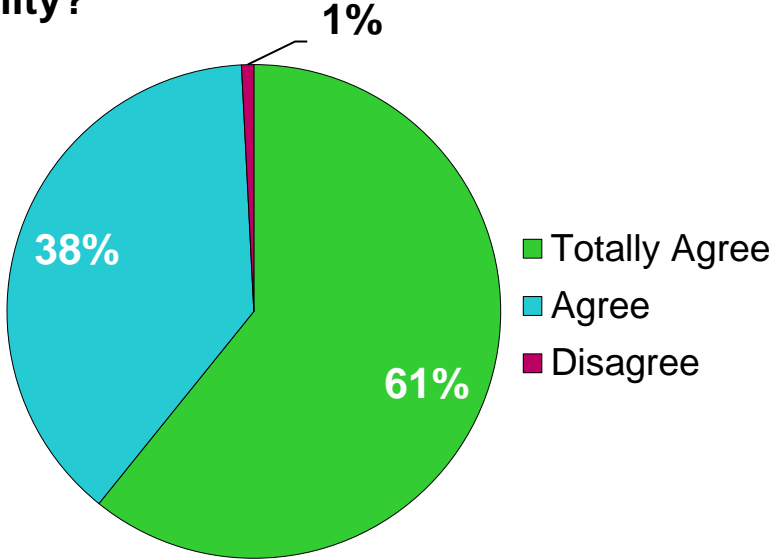
Population description	Screening feasibility	Screening acceptability
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• How would you rate your experience of cervical cancer screening?



84% (105) of client expressed satisfaction with HPV sampling services

• Were the services you received today of good quality?

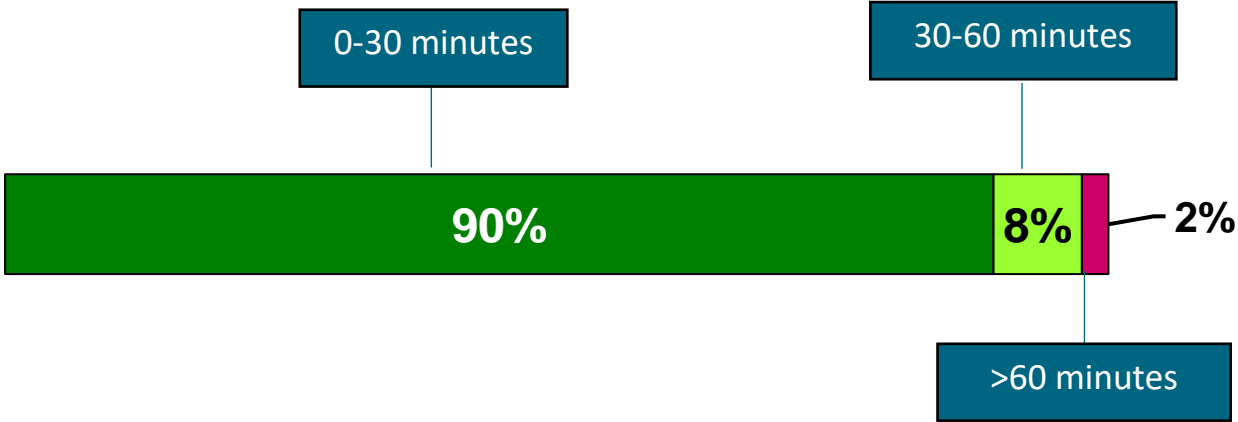


61% (76) of client reported quality care

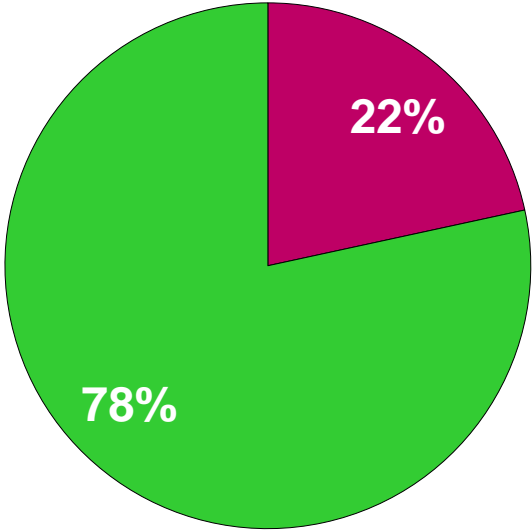
RESULTS

Population description	Screening feasibility	Screening acceptability
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- How much time did you spend waiting/attending screening/treatment today?



- How would you rate the time spent waiting for service (sampling) today?



■ Excessive waiting time ■ Reasonable waiting time

HPV sampling services waiting time was acceptable for 78% and considered excessive for 22% of women

CONCLUSION AND PERSPECTIVES

SUCCESS PROJECT

- HPV-Based cervical cancer screening is **feasible** for women in Cote d'Ivoire with **self-collection as the most preferred** method
- Long turn-around times for results (more than 03 months), indicates weaknesses in the sample testing and result delivery continuum.
 - *42 implementation health facility*
 - *05 laboratories (at the time of data collection)*
- HPV-Based cervical cancer screening is **acceptable**
 - High client satisfaction
 - Quality service experience
 - *But long waiting time for screening service*

RECOMMANDATIONS FOR SUCCESSFUL SCALE-UP

- Increase laboratory coverage and capacity before scale-up
- Closely monitor laboratory activity as a core aspect of the screening continuum
- Improve client follow-up process
- Use community health workers to catch up with those lost to follow-up
- Increase the number of trained service providers

Thank you for your attention !

Douin.gouesse@jhpiego.org