Foreword

The International Agency for Research on Cancer (IARC) is pleased to publish Implementation of a pilot cervical cancer screening programme integrated in routine primary health-care services in Benin, Côte d'Ivoire, and Senegal. This publication summarizes the outcomes of the Care4Afrique pilot project, which was implemented in the three focus countries in Africa in close collaboration with the ministries of health of the countries and the Lalla Salma Foundation for Cancer Prevention and Treatment (Morocco).

Although the burden of cervical cancer is very high in Francophone sub-Saharan Africa, very little evidence is available on how best to integrate cervical cancer screening and treatment services, especially using new technologies such as thermal ablation, into routine primary health-care services. The Care4Afrique project, which was implemented in three Francophone countries in West Africa, highlights solutions to overcome some of the

common system-level barriers to implementation that are faced in many countries in sub-Saharan Africa. The ministry of health in each participating country and other local stakeholders, including the leading academic institutions, were the key implementation partners in this project, in which a total of 16 530 women underwent opportunistic screening at primary health centres and the screen-positive women were managed. Strong collaborations were established among multiple African countries to build capacity in the primary health-care facilities. The project demonstrated that implementation of screening by visual inspection with acetic acid (VIA) followed by immediate treatment with thermal ablation in primary healthcare services is feasible in these resource-constrained settings provided there is strong leadership, active stakeholder engagement, and meticulous attention to the quality of services at all levels.

The latest guidelines from the World Health Organization (WHO)

on cervical cancer screening and treatment emphasize the need for implementation research to document the challenges and opportunities in the local context when planning to introduce or scale up a cervical cancer screening programme. The Care4Afrique project provides an implementation model that other countries may emulate and thus remain aligned with the WHO strategy to eliminate cervical cancer as a public health problem globally.

IARC is grateful to its local collaborators in Benin, Cote d'Ivoire, and Senegal for their involvement and efforts, and to the Lalla Salma Foundation for Cancer Prevention and Treatment (Morocco) for its support. This project is another excellent example of IARC's mission: cancer research that matters.

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