

Executive summary

Cervical cancer remains a critical public health concern worldwide, particularly in low- and middle-income countries (LMICs). More than 85% of deaths from cervical cancer occur in LMICs, which do not have adequate health system capacity to implement effective cervical cancer screening programmes with the model that is used in high-income countries. Like other LMICs, countries in sub-Saharan Africa need to identify locally appropriate and evidence-based cervical cancer screening and treatment strategies. The World Health Organization (WHO) has identified cervical cancer screening and treatment as a “best buy” (highly cost-effective in any health setting) and has recommended the incorporation of such services into the basic health-care package.

Sporadic screening activities are conducted in many countries in sub-Saharan Africa, without any time-bound plans for scaling up. Very little evidence is available on how best to incorporate screen-and-treat services, especially using new technologies such as thermal ablation, into routine primary health-care services. The Care4Afrique pilot project was designed to address this evidence gap in implementation.




The experiences gained from the pilot project implemented in **Benin, Côte d’Ivoire, and Senegal** in close collaboration with the ministries of health and other key stakeholders in each country (Fig. 1) were designed to inform pragmatic decision-making by policy-makers in order to scale up cervical cancer screening and treatment.

The **International Agency for Research on Cancer (IARC)** in collaboration with the **Lalla Salma Foundation for Cancer Prevention and**

Treatment (LSF) launched the project in November 2017; the project incorporated visual inspection with acetic acid (VIA) as the screening test, thermal ablation as a novel technology to treat cervical precancers, and screen-and-treat as the management approach. The main objective of the project was to assess the feasibility, safety, and acceptability of cervical cancer screening and treatment delivered opportunistically through existing primary health-care services in sub-Saharan Africa, with

Fig. 1. Partners involved in the Care4Afrique project.

Countries of implementation:

 Benin	<ul style="list-style-type: none">• Ministry of Health• Claudine Talon Foundation• Primary health centres: Ahouansori, Gbégamey, Missessin, Surulere General Hospital, and CHU MEL (also referral centre)
 Côte d’Ivoire	<ul style="list-style-type: none">• Ministry of Health• Primary health centres: FSU COM Edmond Basque, CSU 220 Logements, Hôpital Général d’Abobo-Sud, and Service de SMI/NIPH (also referral centre)
 Senegal	<ul style="list-style-type: none">• Ministry of Health• Primary health centres: HLM, Liberté VI, Maristes, and Gaspard Kamara District Hospital (also referral centre)

Sponsor:

 International Agency for Research on Cancer

Funder:

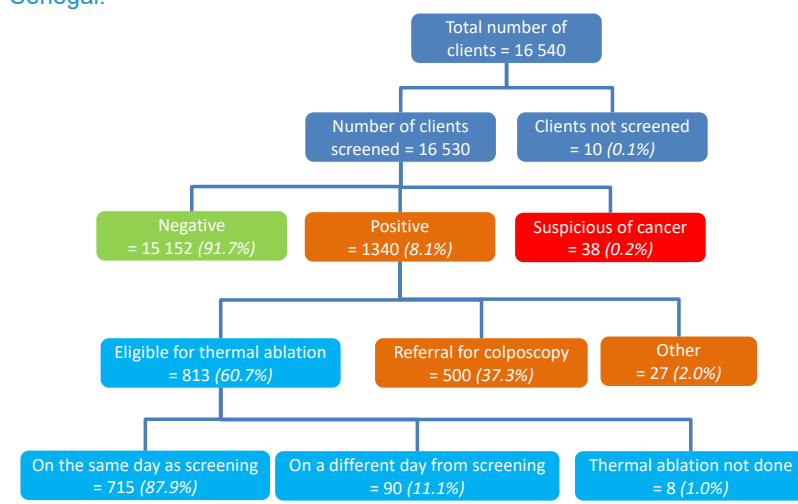
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Benin, Côte d'Ivoire, and Senegal as the focus countries. The ministry of health in each country was the key implementation partner, and other local stakeholders, such as civil society organizations, nongovernmental organizations, and the leading academic institutions, were involved to ensure wider buy-in of the project outcomes. The protocol for screening and treatment was customized for each country in consultation with the national stakeholders.

Another ambition of the pilot project was to build capacity within the public health-care system in the focus countries to deliver cervical cancer screening and treatment. A team of master trainers was identified in each country and trained. These master trainers trained a large number of providers at the primary and secondary levels of care to deliver screening and treatment and also mentored them regularly. On the basis of a systematic assessment of needs, the project supplied the equipment needed to deliver VIA, colposcopy, and treatment services. An electronic database was developed and customized to each country setting to enable the capture of data to monitor and evaluate the screening and treatment services.

Between April 2018 and January 2021, a total of 16 530 women in the three focus countries were screened

Fig. 2. Flow chart of the Care4Afrique project in Benin, Côte d'Ivoire, and Senegal.



through the project. Overall, 8.1% of the women screened were VIA-positive, and among them, 0.2% of the women had lesions suspicious of cancer on VIA. A total of 60.7% of all VIA-positive women were eligible for thermal ablation; most of them (87.9%) received treatment on the same day as screening, and only 1.0% refused treatment (Fig. 2).

The Care4Afrique project showed that implementation of screening with VIA and treatment with thermal ablation in a single-visit approach in existing health services at the primary care level is feasible in limited-resource settings. It also demonstrated that treatment with thermal ablation is safe and highly acceptable to

women. The keys to the success of cervical cancer screening in any health setting, including sub-Saharan Africa, are strong leadership, stakeholder engagement, appropriate coordination between the primary and secondary levels of health services, adequate investment in training and refresher training of service providers, and stringent quality assurance. The implementation experience gained from this project will greatly help these countries to scale up cervical cancer screening and treatment to remain aligned with the WHO strategy to eliminate cervical cancer as a public health problem globally.

Care4Afrique Project in Benin, Côte d'Ivoire, and Senegal – key achievements

- Seven gynaecologists were trained in VIA, thermal ablation, colposcopy, and large loop excision of the transformation zone (LLETZ) as master trainers. They trained health-care providers in these procedures.
- A total of 73 nurses and midwives were trained to perform VIA and thermal ablation.
- Collaborations among LMICs in the region were established for the training of service providers.
- Thirteen primary health clinics were set up to provide VIA screening and thermal ablation treatment services.
- Three colposcopy clinics were set up to provide colposcopy, cervical biopsy, thermal ablation, and loop excision treatment services.
- A total of 16 530 women were screened with VIA.
- A total of 892 VIA-positive women were treated.
- Histopathologically confirmed cervical cancers were detected in 6 women, who were then referred for cancer treatment.
- Awareness of cervical cancer was raised among policy-makers and health officials.