

A Comparison Between two Strategies for Cervical Cancer Screening and Treatment: Hospital Based Fixed Sites vs. Community Based Mobile Campaigns in Equatorial Guinea

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Cervical cancer ranks as the second most frequently diagnosed cancer and the cancer with the highest mortality among women in Equatorial Guinea. MCDI with funding from Noble Energy and in collaboration with the Ministry of Health and Social Welfare established cervical cancer screening and treatment (CCST) fixed corners in two main public hospitals in Malabo, Bioko Island and Bata in the continental region. The goal of the Project is to screen 6000 women between 20 to 60 years old during the first year of implementation. Visual inspection of cervical lesions using acetic acid (VIA) for screening and Cold Coagulation therapy for preventing progression to clinical disease at early stages (one visit screen and treat) are used as the main strategy for the Project. At the hospital based corners, dedicated personnel screen between 20 and 30 clients per day. To achieve project's goal and to reach a higher number of the target population, recently, the Project is implementing also an advanced strategy, using a mobile team to conduct CCST activities after intensive community mobilization campaigns in populated areas on the Island of Bioko. Daily uptake of clients in the later approach is about 50 – 100 screened women. Traditionally, mobile campaigns are being used for CCST, but, they are more costly and more difficult to sustain. The preliminary analysis of the results of the mobile campaigns have showed significant differences between VIA positivity rate at the hospital corners vs. mobile teams, probably due to the difference between the client population seen at the two settings. In July 2017 the CCST Corner in Malabo Hospital examined 546 clients with a 5% VIA positivity rate. In the previous months the VIA positivity rate varied from 5% to 15%. During the same period (July 2017) the mobile team examined 958 clients with a VIA positivity rate of 2%. This paper will compare the two approaches of fixed and mobile CCST and will discuss the differences in terms of number and population category of women tested and treated, effectiveness of each approach, challenges and sustainability issues related to each strategy, as well as an in depth analysis and comparison of the results.