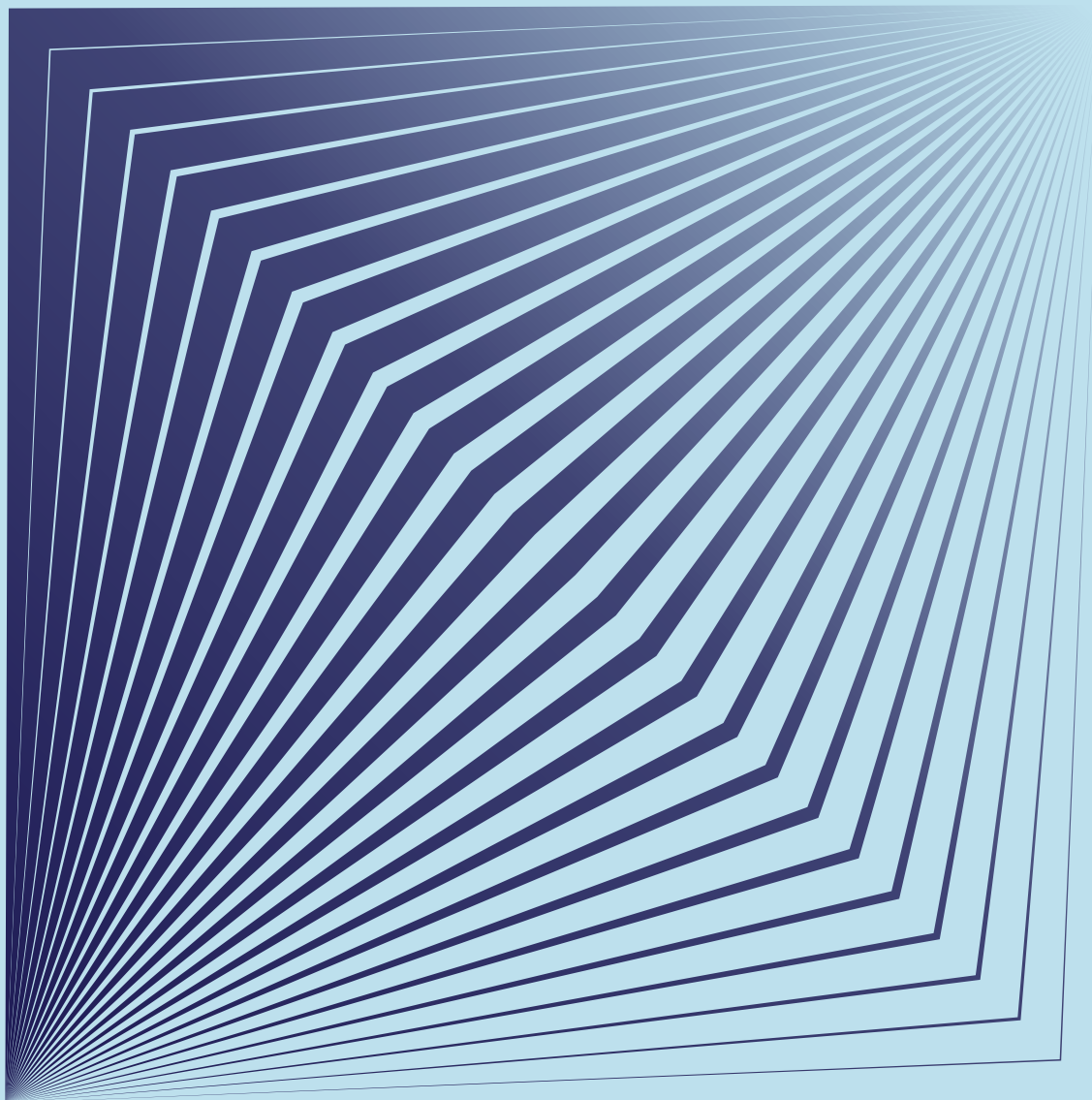


SUSTAINABILITY OF CERVICAL CANCER SCREENING VIA HPV TESTING IN OUAGADOUGOU



**LESSONS LEARNED FROM THE PILOT PROJECT
CONDUCTED IN THE BASKUY HEALTH DISTRICT**



Executive Summary

Abbreviations and acronyms

CFA	French Community of Africa (Communauté française d'Afrique)
CISSE	Health and Epidemiological Statistics and Information Centre (Centre d'information des statistiques sanitaires et épidémiologiques)
CMU	Urban medical centre (centre medical urbain)
CNLAT	National Tuberculosis Centre (Centre national anti tuberculeux)
CNSS	National Social Security Fund (Caisse nationale de sécurité sociale)
CSPS	Health and social welfare centre (Centre de santé et de promotion sociale)
DMEG	Essential and generic medicines repository (Dépôt de médicaments essentiels et Générique)
DMO	District medical officer
DRS	Regional Health Directorate (Direction régionale de la santé)
DS	Health district (District sanitaire)
ECD	District health team (Équipe cadre de district)
EVP	Expanded vaccination programme
HPV	Human papilloma virus
ICP	Head nurse (Infirmier chef de poste)
LTF	Lost to follow-up
LNR	National Reference Laboratory (Laboratoire nationale de référence)
MdM	Médecins du monde
MoH	Ministry of Health
MoU	Memorandum of Understanding
MSP	Minimum service package
PCL	Precancerous cervical lesions
RAF	Head of administrative and financial affairs (Responsable des affaires administratives et financières)
VIA	Visual inspection with ascetic acid
WHO	World Health Organization

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EXECUTIVE SUMMARY

CONTEXT AND RATIONALE

Since 2018, Médecin du Monde (MdM) has been supporting the Ministry of Health (MoH) with the implementation of a cervical cancer screening pilot project in nine (9) healthcare facilities in the Baskuy health district. This project is based on three (3) major innovations: i) provision of HPV tests as the first step in the screening process; ii) thermo-coagulation treatment of precancerous lesions; and iii) promotion of vaginal self-sampling.

Given the positive results of the pilot project, it was decided it would be useful to undertake research to assess the possibility of scaling up these innovations. A research action study was therefore conducted by the Centre for Research in Public Health (SERSAP). This research action process was initiated to test the theory that **“The nine healthcare facilities supported by the project are capable of continuing to deliver cervical cancer screening to the same technical standards without the specific support provided by MdM as part of the minimum service package for primary healthcare facilities.”**

RESEARCH OBJECTIVES

This research action sought to: i) evaluate whether the cervical cancer screening activity by the “semi-autonomous” Group 2 healthcare facilities is maintained to the expected standards and compare it with the “fully supported” group; ii) analyse the measures taken by the healthcare facilities to ensure the continuity and sustainability of this activity and identify which measures are replicable in all types of healthcare facility; iii) produce recommendations to improve the continuity and sustainability of cervical cancer screening in the healthcare districts.

METHODOLOGY

The research covered the nine healthcare facilities included in the cervical cancer screening project. Of these, four were urban medical centres (CMUs) and five were health and social welfare centres (CSPSs) located across the whole of the Baskuy health district.

For the research, two groups of healthcare facilities were identified.

- **Group 1 or the “fully supported group” comprising four healthcare facilities.** This group continued to be fully supported by MdM as before (i.e. prior to the research process).
- **Group 2 or the “semi-autonomous group” comprising five healthcare facilities.** This group was partially supported by MdM through the supply of swabs and GeneXpert cartridges so that these healthcare centres had a certain level of autonomy in managing the cervical cancer screening process.

A mixed methods approach was used for this research, combining quantitative and qualitative methods to compare the two groups of healthcare facilities during the period of the study and to compare the situation at these healthcare facilities with the situation prior to the withdrawal of MdM.

The quantitative approach was used to analyse the data from the activities delivered by the two groups over the same period, but also within each healthcare facility before and after. Qualitative research was used to collect data on sustainability mechanisms from the healthcare professionals in charge of implementing the activities at service level, but also at organisational level.

RESULTS

MdM's withdrawal process

The process of withdrawal by MdM was gradual and involved the following steps: (i) signing of a memorandum of understanding (MoU) with each of the stakeholders; (ii) transfer of GeneXpert equipment to the Ministry of Health through the regional health directorate (DRS) of Burkina Faso's Centre region; (iii) From 15 June 2024, partial withdrawal by MdM from the five healthcare facilities in the "semi-autonomous group" and continuation of comprehensive support for the four healthcare facilities in the "fully supported group"; (iv) complete withdrawal by MdM from the nine healthcare facilities from 31 December 2024; (v) continued supply of GeneXpert cartridges and swabs for six months for all nine healthcare facilities during 2025.

Analysis of the patient pathway

The analysis of the patient pathway did not identify any changes compared with 2023 or between the two groups of healthcare facilities. Generally, women attending the service spend less than 30 minutes at the healthcare facilities. No significant differences were observed between the two groups of healthcare facilities. In addition, very few incidents were observed by the data collection agents on the ground for either group. Furthermore, the reception and service delivery were judged satisfactory for both groups of healthcare facilities with regard to the availability of seating, the user-friendliness of the service and confidentiality.

Analysis of the training process

The results of the study show that all the healthcare facilities have training plans which include the topic of cervical screening. Training is generally provided by the head nurse and the cervical cancer lead in the two groups of healthcare facilities. The results suggest that training new health workers assigned to the healthcare facilities was done more systematically in the "fully supported group" compared to the "semi-autonomous group". However, it should be noted that the period of observation was very short.

Analysis of the supervision process

Regarding supervision, the results of the study show that both groups of healthcare centres made adjustments to the process by integrating support and by systematically incorporating supervision of cervical screening, either as a specific exercise or integrated into other activities. The main difficulties with supervision encountered by all the healthcare facilities were due to gaps in supervision records, lack of regular supervision by the district team (ECD) and the lack of availability of healthcare facility staff to conduct internal supervision.

Issues with supplies and records

The results of the study indicate that four out of the five healthcare facilities in the "semi-autonomous group" experienced disruptions in their supplies of gloves, pregnancy tests, cotton wool and compresses in December 2024. The healthcare facilities in the "fully supported group" were less affected by this. On the other hand, there were no interruptions in deliveries of sensitive medical supplies (GeneXpert cartridges and swabs) in 2024 in either group, unlike the situation in 2023.

The records analysis revealed gaps in the VIA files and HPV reports in December 2024 which had a greater impact on the "semi-autonomous group" of healthcare facilities. However, no gaps in the register were observed in December 2024.

Collection and management of clinical data

With regard to the collection and management of clinical data, the period following the withdrawal of MdM was chiefly characterised by the integration of clinical data management at all levels. At the level of the district team (ECD), management of data related to cervical cancer services is now part of the remit of the Health and Epidemiological Statistics and Information Centre (CISSE) of the health district, together with all the other clinical data from the healthcare facilities. This service provides monthly data compilation, quality control and data completeness checks.

At the healthcare facility level, as was the case prior to 2023, the cervical cancer lead still ensures the collection, compilation and validation of data with the healthcare facility manager and makes sure that the monthly report is sent to the district CISSE service.

With regard to shortcomings identified in the data management process, the study noted irregularities in the data validation sessions, both at ECD and healthcare facility level.

Analysis of clinical indicators

The analysis over time of the indicators from the healthcare facilities in the “semi-autonomous group” show that they have remained resilient overall following the withdrawal of MdM. In most cases, the indicators from the healthcare facilities in this group improved between 2023 and 2024. Some of the healthcare facilities in this group actually demonstrated greater improvements than those in the “fully supported group”. This suggests that the achievements of the project are durable and sustainable, provided that the healthcare facilities continue to receive regular deliveries of sensitive medical supplies such as swabs and GeneXpert cartridges.

DISCUSSION OF THE RESULTS

Effectiveness of cervical cancer activities

Concerning the effectiveness of cervical cancer activities on the ground, the research action process found the two groups of healthcare facilities were continuing to carry out their activities in a similar way to the period before 2023. It also appeared that the healthcare facilities in the two groups were maintaining the same patient pathway. In addition, the results indicate that the component to strengthen the health workers’ technical skills in tackling cervical cancer is being implemented through training and supervision. However, the results show that work on those lost to follow-up appears to have been poor for both groups both before and during the study.

Views of stakeholders

In general, the assessments by different stakeholders of the project interventions are satisfactory, with some specific variations depending on the particular stakeholders concerned.

Almost all the beneficiaries said they were satisfied with the cervical cancer services they received from the healthcare facilities. The level of satisfaction was similar in the two groups of healthcare facilities during and after the period when these were receiving support.

For the biomedical technicians, the major challenges in delivering the project activities were around maintaining equipment and managing the biomedical waste generated by the service.

The community liaison workers involved at two healthcare facilities gave a very positive assessment of both the relevance of the activities and their effectiveness in terms of information, awareness-raising and women’s participation in the screening processes.

Sustainability and continuity of the project activities

Several factors support the sustainability and continuity of the cancer screening project activities. These include:

- the integration of cervical cancer screening into the minimum service package (MSP) of the healthcare facilities in the ECD. Nevertheless, some activities are not adequately integrated into the MSP, in particular, the management of biomedical waste and maintenance of GeneXpert equipment;
- the routinisation process. The high level of integration of essential screening activities into the MSP of the healthcare facilities and the ECD is a determining factor in the routinisation of this cervical cancer work;
- the revision of the cervical cancer screening flowchart by the Ministry of Health and how it corresponds to the flowchart established within the project. This reinforces the perception of the work to tackle cervical cancer which forms an integral part of the MoH's public health policy and thus provides a mandate for the healthcare facilities and the ECD.

Potential for replication of activities at other healthcare facilities

The potential for replicating the project activities at other healthcare facilities is based on several elements, including:

- the fact that the organisational framework for the minimum service package and the comprehensive service package provided by the healthcare facilities offer sufficient opportunities for delivering screening activities, including with support from the community liaison workers recruited by the Ministry of Health at all the healthcare facilities in the districts.
- the fact that the staff teams at most of the healthcare facilities generally include people with the technical skills required to deliver cervical cancer screening activities.

However, the main challenges to be overcome so that these activities can be delivered are the (secure) availability of essential supplies, adequate management of the waste generated and equipment maintenance.

CONCLUSION

At the end of this research action and given the results produced, the team which ran the study considers that the process of partial withdrawal by MdM has not significantly affected the continuity of cervical cancer screening activities at the healthcare facilities in the Baskuy district. However, the study does reveal that the continuation of these activities remains very dependent on certain key supplies, the availability of which is ensured through external funding.

In addition, the study found that the implementation of cervical cancer screening activities is replicable at primary healthcare facilities in Burkina Faso.

Finally, effective equipment maintenance and efficient management of biomedical waste were identified as determining factors for the sustainability of the cervical cancer screening process.

RECOMMENDATIONS

At ECD/regional health directorate level

1. Take essential measures to ensure effective maintenance of equipment and management of biomedical waste. This involves, on the one hand, defining the precise conditions for the involvement of the National Tuberculosis Centre (Centre national anti tuberculeux, CNLAT) and the National Reference Laboratory and, on the other hand, ensuring the availability of financial resources to support these activities.
2. Improve the micro-planning process at the healthcare facility level by ensuring a more systematic process (development, adoption, monitoring and evaluation).
3. Increase the technical capacities of healthcare facility staff to manage supplies through training, supervision and regular stocktaking.
4. Ensure better continuity of information management, especially during rotation of staff.

At healthcare facility level

1. Ensure better use of micro-plans: timely development, dissemination to all staff, monitoring of implementation.
2. Organise better records storage at the healthcare facility level: supervision reports, training reports, minutes of meetings, financial management systems, stocktaking reports, etc.

At national cancer programme level

1. Within the framework of the national cervical cancer programme, ensure advocacy work is carried out in relation to the state budget and the PTF so that budget lines are clearly identified for financing of sensitive medical supplies, such as swabs and GeneXpert cartridges.
2. Define a sustainable national strategy for the maintenance of GeneXpert equipment.
3. Develop and disseminate guidelines on aspects such as: the tracking indicators to be monitored in relation to tackling cervical cancer; and defining and monitoring patients lost to follow-up.



**ALSO TREATING
INJUSTICE**

AUGUST 2025