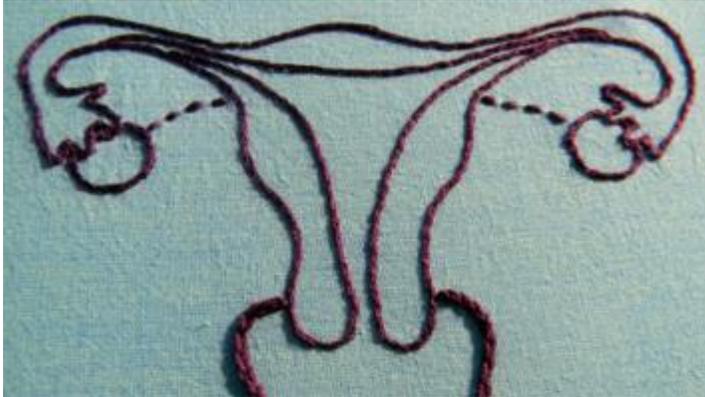


# Cervical cancer screening during the COVID-19 Crisis: Africa view point

12 May 2020



*By Consolata Kirigia, University of Embu, Embu, Kenya.*

There are approximately 570,000 cases of cervical cancer and 311,000 deaths from cervical cancer globally (1). Approximately 70% of cancer deaths occur in low and middle income countries and cervical cancer is the most common cancer in Africa (2). Therefore cervical cancer screening saves lives by early detection of cases for early management.

While the COVID-19 crisis continues to cause unprecedented health and economic burden, health workers should look to it that there is continuity of care to vulnerable groups during this crisis. Mostly non-urgent health appointments have been cancelled in the wake of COVID-19. Bearing in mind the mortality rate related to cervical cancer, cervical cancer screening should be incorporated in the COVID-19 containment strategy. However COVID-19 preventive measures should be put in place during the efforts of providing cervical cancer screening as directed by the health authorities.

## **Telehealth for cervical cancer screening**

Telehealth promotes support for clients, and minimises healthcare cost resulting to enhanced health outcomes (3). This is possible and compatible with healthcare systems through the efforts of healthcare providers, clients and health institutions (4). There are different methods that health care providers can use to prevent spread of COVID-19 while providing these essential services of cervical cancer screening. These include WhatsApp, phone calls and text messages. Telehealth for cervical cancer screening will involve counselling services for at risk populations and shared decision making on screening, provide information on where and when the screening services will be provided, and provide management including psychotherapy for those already on follow up during this worrying and stressful moment. Health education has a great impact on perception about cervical cancer screening (5). Providing health education on cervical cancer preventive measures such as adherence to routine screening and follow ups, importance of cervical cancer vaccination, safe sex practices, healthy eating and exercise is key.

### **Optimising access to cervical cancer screening**

Health care providers should continue offering cervical cancer screening services, following strict COVID-19 preventive measures. Preventive measures may include giving individual appointments each day to avoid overcrowding and making one metre distanced queues to promote social distancing. When women come to health care facilities for other reasons the opportunity can be taken to offer them cervical cancer screening services to limit number of visits. Mothers in maternity units also need these essential services (6) to minimise missed opportunities. Telehealth can provide an excellent access to personalised care to those living with cervical cancer (7) during these difficult times. While the world continues in the fight against COVID-19, it is of ultimate importance that health care providers continue optimising access to cervical cancer screening. During this abnormal situation, it is unavoidable to adjust the ways of health care service provision, provided that quality of care is maintained. This information provides a guide on continued cervical cancer screening services considering local health policies in Sub Sahara Africa and other low resource countries.

### **References:**

1. The Lancet (2018): Estimates of incidence and mortality of cervical cancer 2018: Worldwide. <https://www.thelancet.com>
2. WHO Africa (2020): Cancer fact sheet. <https://www.afro.who.int/cancer>
3. California Telehealth Resource Center: Why are telemedicine and telehealth so important in our health care systems? <http://www.caltrc.org/telehealth/why-are-telemedicine-and-telehealth-so-important-in-our-healthcare-systemc?>
4. Yin, S., Huang, K., Shieh, J (2016): Telehealth services evaluation: a combination of SERVQUAL model and importance performance analysis. Qual Quant 50, 751-766. <http://doi.org/10.1007/s1135-015-0174-4>
5. Ebu, N. I., Amisah-Essel, S., Asiedu, C (2019): Impact of health education intervention on knowledge and perception of cervical cancer and screening for women in Ghana. BMC Public Health 19, 1505. <https://doi.org/10.1186/s12889-019-7867-x>
6. Iavazzo C, Minis EE, Gkegkes ID (2018): Current management of gynaecologic cancer in pregnancy. J Turk Ger Gynecol Assoc. 19 (2): 104-110. doi:10.4274/jtgga.2018.0044
7. Cox, A., Lucas, G., Marcu, A., Piano, M., Grosvenor, W., Mold, F., Maguire, R., & Ream, E. (2017). Cancer survivors' experience with telehealth: A systematic review and thematic synthesis. Journal of Medical internet research, 19(1), e11. <https://doi.org/10.2196/jmir.6575>