

EPIS applied evaluation of a regionwide cervical cancer screening program implementation in Senegal: Informing the adaptation of a patient navigation program

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OBJECTIVE: Due largely to low utilization of cervical cancer screening services,² the cervical cancer age-standardized incidence rate in Senegal (37.8/100,000 women) places it 17th in the world.¹ This project strengthened human resources, regional clinical capacity, and quality oversight programs in existing rural cervical cancer screening centers in Tambacounda and Kedougou, Senegal

METHODS: We apply the Exploration, Preparation, Implementation, Sustainment (EPIS) framework as an analytic implementation framework to evaluate the implementation of a cervical cancer screening program in two rural Senegal regions through a training of trainers model.

RESULTS: The Exploration Phase was informed by a partnership between the Senegal Ministry of Health and Social Action (MoHSA), the Tambacounda Regional Center for Health Training, Tambacounda and Kedougou Medical Regions in Southeastern Senegal, Cheikh Anta Diop University (UCAD), Dakar, Senegal, the UCAD Center for Training in Women's Health, the University of Illinois at Chicago (UIC), and Rotary International. Through the Preparation Phase the MoHSA prioritized the advanced training of administrators, public health and communication specialists, and community health workers in advocacy, strategic planning, as well as information and education strategies. In the Implementation Phase, 38 trainings were held engaging 179 health structures and 883 healthcare personnel (administrators, clinicians, and community health educators).

Equipment and infrastructure were reinforced, quality control measures were instituted, clinical records and referral systems were established, and a case management strategy through the development of an electronic database ensures real-time information on the number of women screened and assurance of treatment and follow-up. Through the Sustainment Phase central policy and program governance was reinforced. A cost analysis of project trainings detailed the cost-effectiveness of our training strategy in a low-resource setting.

CONCLUSIONS: This project informs the foundational components needed to scale a national cervical cancer program towards achieving equitable access to cervical cancer screen and treat programs. The project has informed the development of current NIH, NCI funded R01CA258683 research titled, "Adaptation and Implementation of a Patient Navigation Program for Cervical Cancer Screening across Contexts in Senegal" through which we are applying the Dynamic Adaptation Process (DAP) to study the adaptation of an evidence-based cervical cancer patient navigation program in Senegal, measure the intervention efficacy, and evaluate programmatic implementation outcomes. With a particular focus on how the adaptation responds to cancer-related women's decision-making autonomy, stigma, and misinformation, in addition to more typically studied barriers such as communication, knowledge, and other structural barriers, our project demonstrates additional innovation. The process knowledge generated will further our long-term goal to inform the national cervical cancer prevention and control programs in Senegal and other LMICs.