

Gaps between policy and practice in real-world implementation for HPV screening – Country examples

Experience from Tanzania and Malawi



LA FONDATION

Federica Inturrisi, PhD

Epidemiologist

Doctors Without Borders (MSF Foundation)

Disclaimer

No conflict of interests to declare

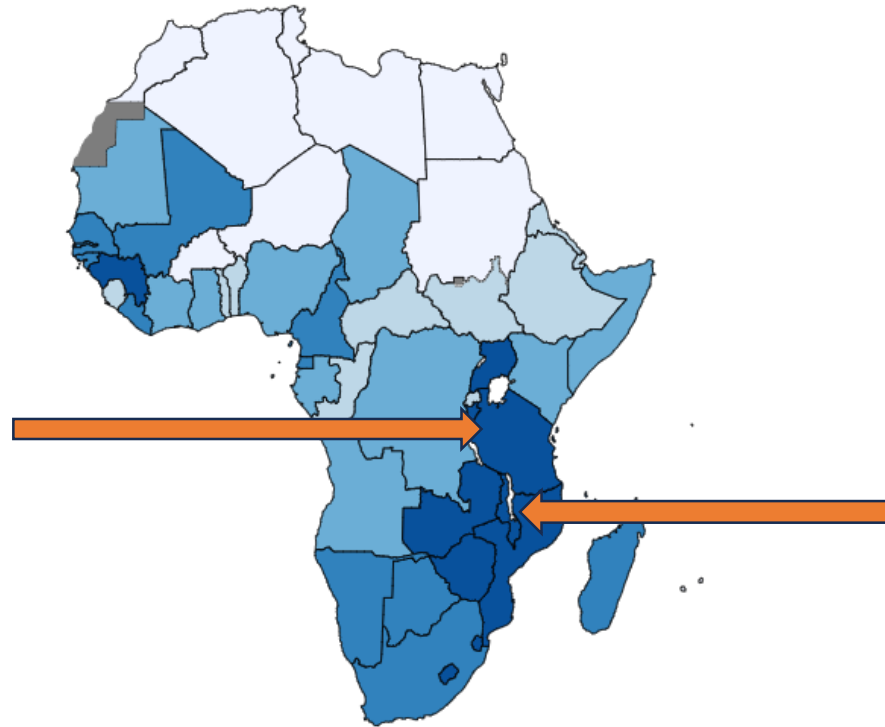
The views and opinions expressed in this presentation are my own and do not necessarily reflect the official policy or position of any government, institution, or organization.

Cervical cancer (CC) burden

Tanzania and Malawi

- Among the highest CC incidence and mortality rates in the world
 - CC is the leading cause of cancer deaths among women
 - Among the highest HIV prevalences in the world

Age-Standardized Rate (World) per 100 000, in 2022:



Tanzania

Incidence (5th globally): 64.8
Mortality (6th globally): 42.2

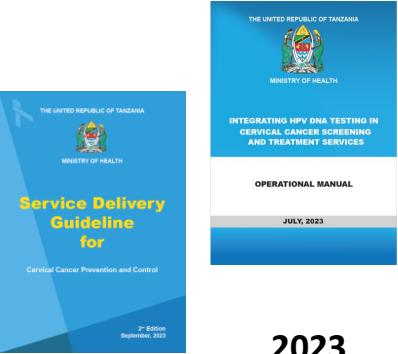
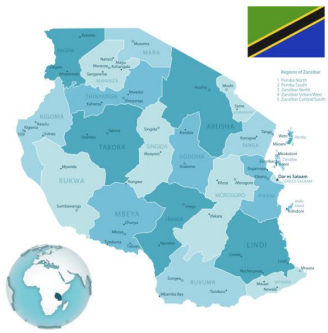
Est population: 72M
Lower-middle income
Recent political crisis

Malawi

Incidence (3rd globally): 70.9
Mortality (2nd globally): 54.1

Est population: 23M
Low-income
Severe economic and political crisis

CC screening timeline Tanzania and Malawi



2023
Updated CECAP guidelines including HPV testing

2025
HPV national pilot in 10 regions

2010
VIA-based screening
CECAP national program

2011/14
MOH HPV demonstration projects

2024
PAVE study, Kilimanjaro region (self-sampling and extended genotyping)

2026 ongoing
HPV national roll-out



2011
VIA-based screening
CECAP national program

2017
MSF CC program, Southern Malawi

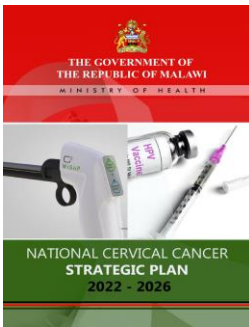
2024
PAVE study, Southern Malawi (self-sampling and extended genotyping)

2013
CC partnership with Scottish gov, Northern and Central Malawi

2019
CHAI/Unitaid, Northern and Central Malawi

2022/2026
MOH Cervical Cancer Strategic Plan, mention HPV testing

2026 ongoing
Updated MOH guidelines stronger on HPV testing





The PAVE experience (2024/2025)

Tanzania and Malawi



- Northern Tanzania, Kilimanjaro region
- MOH-led comparison ScreenFire vs Cobas
- > 7,600 women screened with self-sampling HPV
- **37% HPV positivity rate (WLWH 53%)**

- Southern Malawi via MSF, 2 districts
- MOH-led comparison ScreenFire vs Xpert
- > 6,100 women screened with self-sampling HPV
- **38% HPV positivity rate (WLWH 47%)**

- 67%
- 3.7% positives
- 84% Xpert pathology
- Good referral system (KCMC)

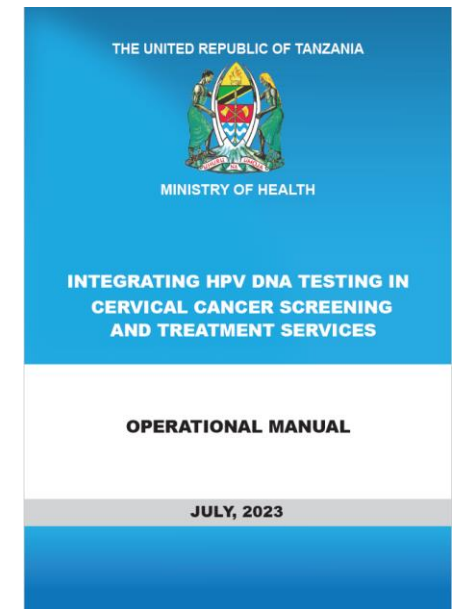
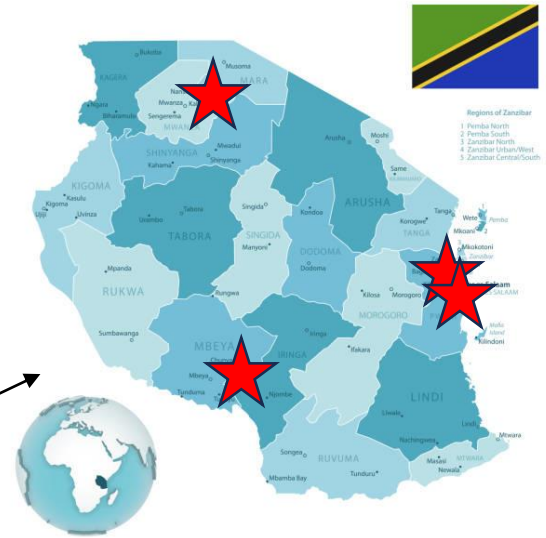


- 72%
- 9%
- 65%
- Good (DECH)



Tanzania HPV national pilot/roll-out (2025-ongoing)

- Target age 30-60 years (25-60 years WLWH)
- **Provider-collected** cervical samples at facilities + outreach
- Sample transportation integrated with HIV services (weekly)
- **4 centralized HPV laboratories** (automated platforms)
- Turn-around-time **HPV results >2 weeks**
- FUP rate of HPV positives TBD
- Partial genotyping (HPV16/18+ direct TA and HPVother+ VIA triage)
- Treatment based on cryo/TA at all levels
- Challenging linkage to care



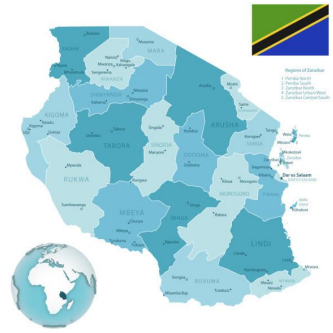
Tanzania gaps and way forward

- Plans for HPV national roll-out

BUT delays due to funding

- Need for faster HPV results to improve FUP, triage and treatment
- Intention to shift to self-sampling, decentralize HPV testing and create national coverage through a multi-platform approach

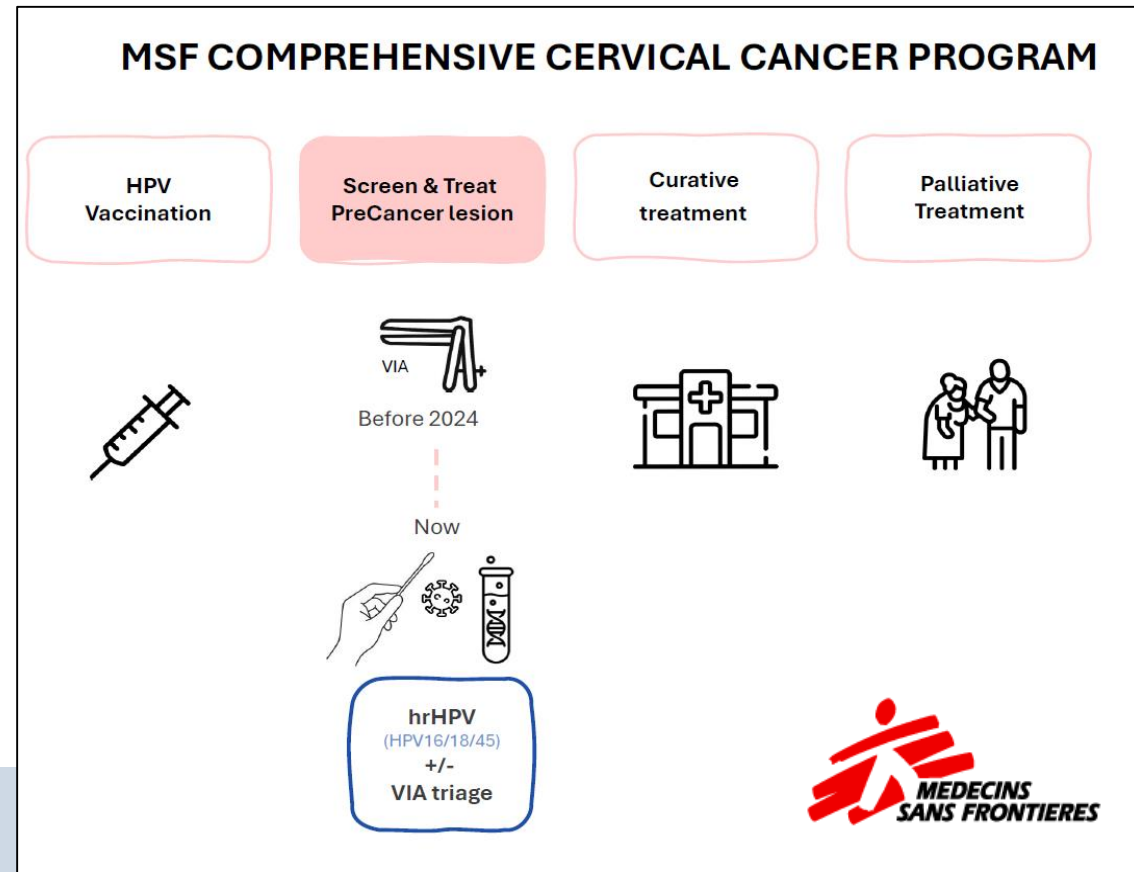
BUT political pressure + MOH verification of new platforms strongly based on WHO PQ



Malawi MSF program since 2017

The MSF CC screening program:

- Part of a comprehensive program covering from vaccination to palliative, with a strong curative treatment component
- VIA until 2024, PAVE study in 2024/2025, **shifted to self-sampled HPV as SOC in 2025** (partial genotyping)
- Now target age 25-49 years
- Considering shift to extended genotyping



Malawi gaps and way forward

- Plans of an HPV task force (since 2025)

BUT lack of funding

- Intention to extend vaccination and screening coverage
- Need for a national unified approach
- Multiple in-country presence

BUT reality of fragmented CC screening most often based on VIA



Conclusions: Toward HPV screening in Tanzania and Malawi

Tanzania: national sub-optimal HPV program without concrete plans on how to improve

Malawi: pockets of good quality HPV screening without concrete plans on how to scale nationally

- High HPV positivity. It is not enough to test. Crucial to ensure treatment
- We should not underestimate the need for evaluation
- Time, funding and political support to strengthen health systems and build capacity

Conclusions: Toward HPV screening in Tanzania and Malawi

- Updated national guidelines with clear recommendations of HPV primary and self-sampling
- Self-sampling and extended genotyping as the only solution to focus on HPV positives
- Rapid HPV testing, single-day strategies, strong tracing to increase FUP

- Support national approaches and continued collaboration between MOH and partners
- Task shifting and integration with HIV services to ensure completion of care
- Pragmatic high-quality solutions (once/twice lifetime), acknowledging unfeasible programmatic approach or follow-up of HPV positives in countries with limited colpo/biopsy

Acknowledgements

- PAVE colleagues, core team, Tanzania and Malawi
- Malawi: MSF teams, Paris and field
- Tanzania: Prof Karen Yeates (Queen's Canada), Dr Safina Yuma (MOH)

THANK YOU

Federica Inturrisi

f.inturrisi@outlook.com



LA FONDATION

References

- de Sanjosé et al. Design of the HPV-automated visual evaluation (PAVE) study: Validating a novel cervical screening strategy. *Elife*. 2024 Jan 15;12:RP91469. doi: 10.7554/eLife.91469.
- Befano et al. Initial evaluation of a new cervical screening strategy that combines HPV genotyping and automated visual evaluation: the PAVE consortium. *J Natl Cancer Inst*. 2025 Oct 1;117(10):2124-2129. doi: 10.1093/jnci/djaf054.
- The United Republic of Tanzania - Ministry of Health. Service delivery guideline for cervical cancer prevention and control, second edition. 2023.
- The United Republic of Tanzania - Ministry of Health. Integrating HPV DNA testing in cervical cancer screening and treatment services, operational manual. 2023.
- The Government of The Republic of Malawi - Ministry of Health. National Cervical Cancer Strategic Plan 20220-2026.