
From positive screening to treatment:

The real operational challenge in Africa

Dr Dille M. Issimouha
Surgical oncologist
Technical officer cancer control
NCD/DPC



Screening numbers do not tell the full story

The operational reality across Africa



More women are screened, but too many do not reach treatment.

Country	Reporting Period	Women Screened (Total)	Positive (Total)	Eligible for Treatment (Positive)	Treated (Total)	Not Treated (LTFU among eligible)	LTFU among eligible (%)
Country 1 (2 sites)	Jan-Dec 2025	5,161	177	177	177	0	0%
Country 2	Jan-Dec 2025	210,288	11,595	2,934	2,865	69	2.4%
Country 3	Feb 2025 – Feb 2026	10,327	96	94	42	52	55.3%
Country 4 (2 sites)	Jan 2022 – Dec 2025	8,440	1,512	584	545	39	6.7%
Country 5 (3 sites)	Jan-Dec 2025	5,584	237	237	154	83	35.0%

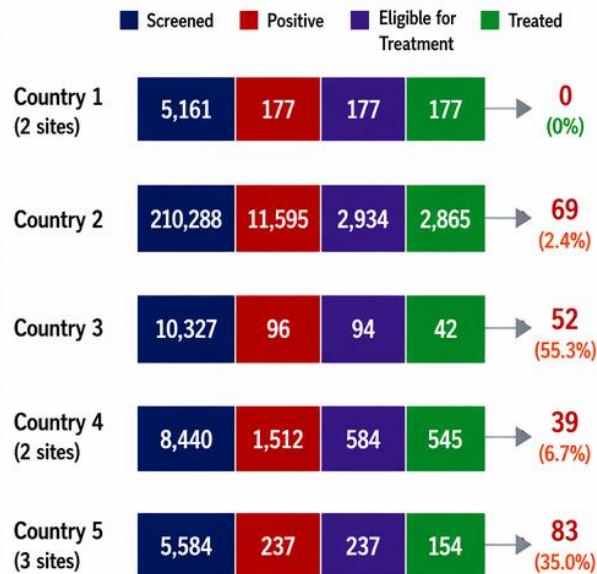
LTFU among eligible (%) = (Eligible for treatment – Treated) / Eligible for treatment × 100



Are we measuring success by the number of women screened... or by the number of women treated?



From positive screen to treatment: where women are lost



Every positive test creates an obligation for the health system to ensure continuity of care.



Why women are lost after screening



Weak referral & navigation systems
Poor linkage between screening sites and treatment services



Delays in diagnosis & treatment
Long waiting times and complex scheduling



Financial & social barriers
Transport costs, user fees, loss of income, low prioritization



Limited tracking & follow-up
Poor recording, data gaps, no recall mechanisms



Service delivery & capacity gaps
Limited treatment capacity, stock-outs, HR shortages



Cervical cancer elimination requires strong continuity of care – not screening alone.

WHO AFRO – Cervical Cancer Elimination Initiative

WHO AFRO Rapid assessment on loss to follow-up in cervical cancer screening and treatment pathways: preliminary findings

WHO AFRO: Moving from guidelines to implementation



WHO AFRO is supporting countries to operationalize continuity of care through integrated PHC approaches.



Through WICS in Côte d'Ivoire, Kenya and Zimbabwe, we are integrating cervical and breast cancer services with other NCD services, strengthening patient navigation, community engagement, same-day treatment, and DHIS2 tracking.



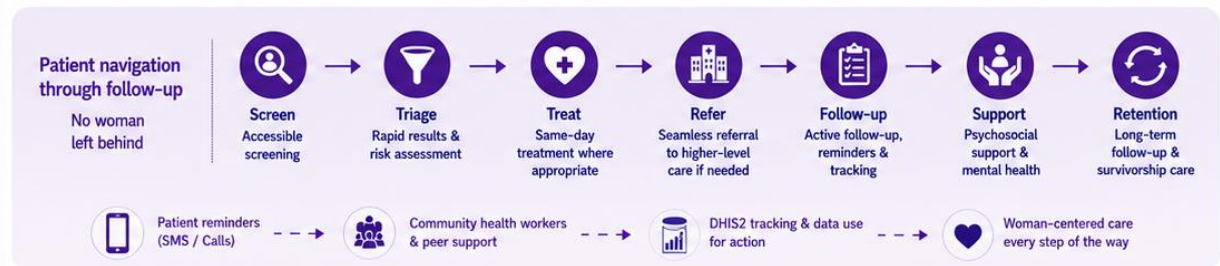
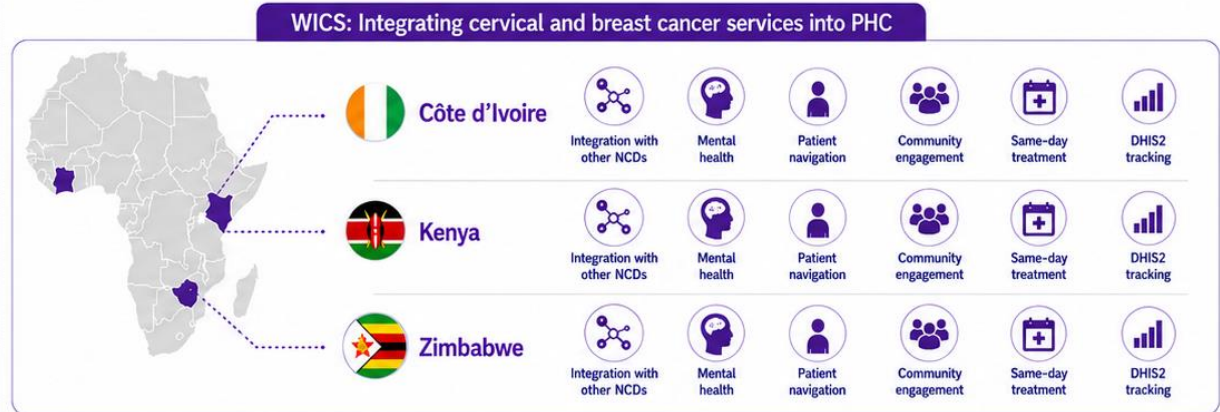
In parallel, AFRO-led workshops in Malawi, Zanzibar and Burkina Faso are helping countries operationalize WHO guidance for integrating cervical cancer into PHC systems.



The focus is no longer only screening.



It is ensuring women move through the full pathway: screen, triage, treat, refer, follow-up and are supported every step of the way.





Cervical cancer elimination will not be achieved through screening alone.



It will be achieved when health systems are capable of **keeping every woman in care until treatment is completed.**



We should stop measuring success **only by the number of women screened...**



We must measure success by the number of women **treated and saved.**



**Every woman.
Every step.
Every time.
No one left behind.**



Screen
Find her



Triage
Assess her



Treat
Treat her



Refer
Link her



Follow-up
Stay with her



Complete care
Save her

Strong systems. Integrated services. Patient navigation. Community engagement. Digital tracking.

This is how we eliminate cervical cancer.