Women, HIV and Cervical Cancer: Barriers and Facilitators to Integration of Screening into Routine HIV Care in Northern Uganda.

ALEBE WINNIE, REGISTERED MIDWIFE, UGANDA CANCER INSTITUTE, NORTHERN REGIONAL CANCER CENTRE GULU.

Abstract (300-word limit)

Statement of the Problem:
Cervical cancer is the leading cause of cancer-related mortality among women in Uganda, with women living with HIV (WLHIV) at six times greater risk due to immunosuppression. Although WHO recommends annual cervical cancer screening (CCS) for WLHIV, integration of CCS into HIV services remains inconsistent, particularly in low-resource settings such as Gulu District. More than 80% of women are diagnosed at advanced stages, and screening uptake among WLHIV is only 30.3%. Strengthening integration is therefore essential to reduce late-stage diagnosis and improve survival.

Methodology & Theoretical Orientation a multi-centre mixed-methods study was conducted across Health Centres III and IV in Gulu District. Using the Kish Lisle formula, 384 HIV-positive women aged 25–49 were selected through simple random sampling. Data were collected through in-depth interviews and focus group discussions using open-ended tools. Thematic analysis was performed with Atlas.ti. The study applied an ecological framework to explore patient, provider, and system-level interactions influencing CCS integration.

Findings, barriers included socio-cultural stigma, language limitations, staff shortages, inadequate resources, and lack of clear integration protocols. Facilitators included staff training, community engagement, digital health tools, leveraging HIV care platforms to provide CCS under one roof, and donor-supported resources. While integration within HIV care settings is feasible, systemic and socio-cultural challenges continue to reduce screening uptake and continuity of care.

Conclusion and Significance, Integration of CCS into HIV services is both feasible and urgent to improve early detection of cervical cancer among WLHIV in Uganda. Addressing systemic, provider, and cultural barriers through trauma-informed approaches, staff capacity building, and community participation will enhance service uptake. These findings provide critical

evidence for policymakers, NGOs, and the Ministry of Health to scale integrated CCS models across other low-resource districts.

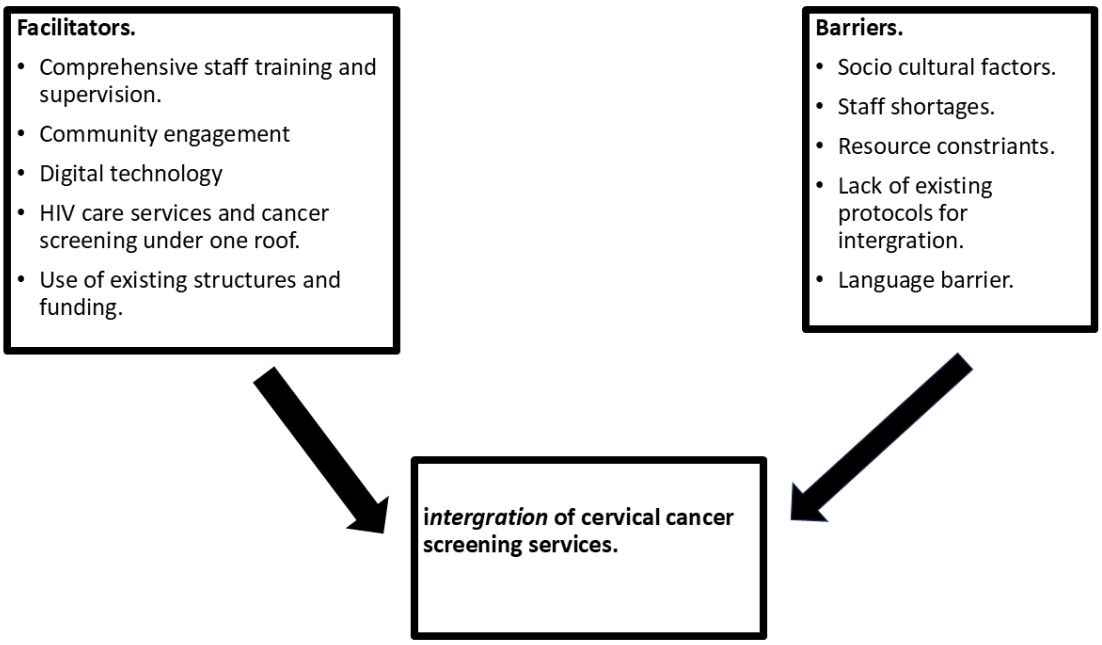
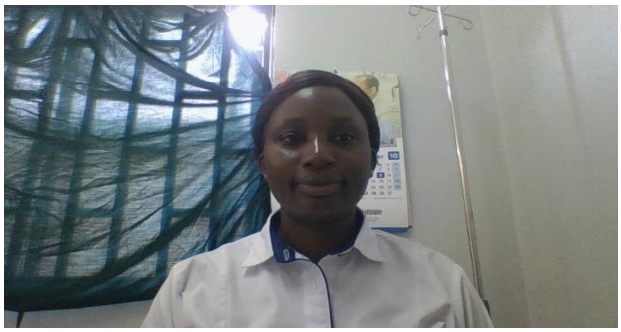


Figure 1: shows barriers to integration of cervical screening services into routine HIV care

Recent Publications (minimum 5)

1. Namutundu, J., et al. (2024a). *BMC Women's Health, 24*(1). https://doi.org/10.1186/s12905-024-03340-4
2. Sung, H., et al. (2021). *CA: A Cancer Journal for Clinicians, 71*(3), 209–249. https://doi.org/10.3322/caac.21660
3. Ministry of Health, Uganda. (2016). *Consolidated Guidelines for Prevention and*
4. World Health Organization. (2020). *Cervical cancer data portal.* https://platform.who.int/data/sexual-and-reproductive-health-and-rights/cervical-cancer-data
5. The National Cervical Cancer Prevention and Control Strategic Plan. (2018). Kampala: Ministry of Health.

Biography



ALEBE WINNIE, RN

Alebe Winnie is a dedicated Registered Nurse and Midwife currently serving as an Oncology Nurse at the Uganda Cancer Institute's Northern Regional Cancer Centre in Gulu. She possesses extensive clinical expertise in cervical cancer prevention, performing VIA, Pap smears, and HPV screenings, and providing treatments like thermocoagulation. She is also skilled in administering chemotherapy and organizing community outreach programs.

Previously, as a Registered Midwife at Awach Health Centre IV, she managed comprehensive maternal and child health services for over eight years. Her work focused on antenatal and postnatal care, labor management, HIV prevention, and family planning, where she integrated cervical cancer screening for women living with HIV. She is a high-performing professional known for her meticulous patient care, health education skills, and ability to work effectively under pressure, consistently striving to add significant value to healthcare service delivery.

Winniealebe9@gmail.com

Notes and comments.

This research is vital as cervical cancer is a leading cause of illness and death among women in Uganda. By strengthening screening, early detection, and community outreach, the project will improve access, reduce late-stage cases, lower treatment costs, and save lives. Its findings can inform sustainable, cost-effective cancer control programs nationally and regionally.