

Fighting against cervical cancer: the case of Malawi

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Like in most parts of the developing world, a great many women in Malawi are dying of cervical cancer. And many more are at risk of developing the fatal disease. Cervical cancer is the most frequent cancer affecting Malawian women, accounting for as much as 26.8% of all cancer cases among this population¹. The age standardized ratios for cervical cancer incidence and mortality among Malawian women are 56.16 per 100 000 and 30.16 per 100 000 respectively, and represent one of the highest figures in the world².

Owing to unavailability of highly costly curative services such as radiotherapy in the local health care system, virtually all women who develop the disease eventually succumb to it, almost always under miserable circumstances as even the most basic palliative care is almost non-existent.

Surprisingly, despite cancer of the cervix being a major health hazard to Malawian women, the vast majority of women are not aware of the problem¹. Many women do not know of the disease until at the time of diagnosis. Worse still, the knowledge of the disease among primary health care workers is generally poor³, resulting in most cases going unnoticed and misdiagnosed. Low knowledge levels in the community and among primary health care workers, which forms the bulk of health care work force, is a very worrying reality. Even though curative services cannot be provided to women diagnosed with cervical cancer, some palliative measures can be instituted using available resources. Above all, those suffering would know the real cause of their suffering and the likely outcome of their condition.

Furthermore, no comprehensive cervical cancer screening programs have been established. Very few women undergo opportunistic cytology-based Pap smear screening at urban tertiary hospitals and private clinics, leaving the vast majority of women at risk of developing cervical cancer, which is almost always incurable in the Malawian health system. It is beyond any doubt that preventive screening programs constitute the most cost-effective way of controlling cervical cancer. Evidence from industrialized nations where quality and coverage of Pap smear screening are high, indicates that the incidence of cervical cancer has been reduced by as much as 90%. However, for a low-resource nation like Malawi, Pap smear screening has been virtually out of reach owing to the complexity and high costs of such programs. Even in developing countries such as Mexico⁴ and Zimbabwe⁵ where comprehensive large scale cytology screening has been in place for some time, results to date have been discouraging as a consequence of factors like poor quality test results, and inadequacy of medical supplies and personnel. This clearly portrays that it is not worthwhile to implement such programs with deficient health care system like that of Malawi.

For how long will Malawian women lose their lives needlessly from cervical cancer? Is there any hope in the future? Lack of cervical cancer screening programs and activities to raise women's awareness of cervical cancer are contributing factors to the increased morbidity and mortality attributable to the cancer in Malawi⁶. Therefore, a spectrum of solutions to the problem of cervical cancer in Malawi must acknowledge these challenges.

In 1998, a study conducted among women attending family planning and under-five clinics at the country's largest referral hospital, Queen Elizabeth Central Hospital (QECH), showed that knowledge on cervical cancer among this population was very poor. Only 11% of the women interviewed knew about cervical cancer and none of them had heard about the Pap smear test⁶. These results demonstrated how little Malawian women know of this health problem, its causes, consequences, and means of prevention. It was interesting to note that the majority expressed a willingness to have a Pap smear if offered the opportunity.

In 1999, Project HOPE established a comprehensive cervical cancer screening and early treatment pilot program (CCSET) in selected health units in the rural district of Mulanje and neighbouring urban district of Blantyre. Simple screening and treatment methods, which include visual inspection of the cervix using acetic acid (VIA) and cryotherapy respectively, were used. VIA, a new testing method is as effective as the Pap smear⁷ and is an alternative in low-resource settings because it is associated with few technical and logistical constraints⁸.

Women's response to the pilot program has been overwhelmingly positive. A study conducted at the conclusion of the program among 141 female family planning clinic attendants at the rural Mulanje District Hospital assessed knowledge levels about cervical cancer. Ninety-two percent of women indicated they had heard about cervical cancer, and 89% claimed to know about the CCSET program, and many of those eligible for VIA had been tested⁹. This is in great contrast to the above-mentioned study done at QECH in 1998 before establishing the program. These results manifest that women have the will to prevent cervical cancer when given the opportunity. They simply lack the necessary knowledge and resources.

Although thousands of Malawian women lie helpless from cervical cancer, one thing is certain. That is, the fight against cervical cancer will eventually be a success. All that is needed is to reach out to women, inform them that cervical cancer is a real health problem, and provide them with the rare golden opportunity of cervical cancer prevention services.

In 2002, the Ministry of Health endorsed the single visit approach using VIA and cryotherapy as the only alternative for Malawi in controlling cervical cancer. JHPIEGO, in conjunction with the Ministry of Health, is currently in the process of developing a national cervical cancer VIA based prevention program. It will be interesting to see how this national-wide program will reach Malawian women with this service before they develop an incurable cervical cancer. Its success depends on tireless dedication of the medical community, government and other non-governmental institutions to this valuable program.

Acknowledgements

I am very grateful to Amy Kleine of JHPIEGO, Baltimore, Maryland, USA, for her suggestions during preparation of the manuscript.

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