

## INTRODUCTION

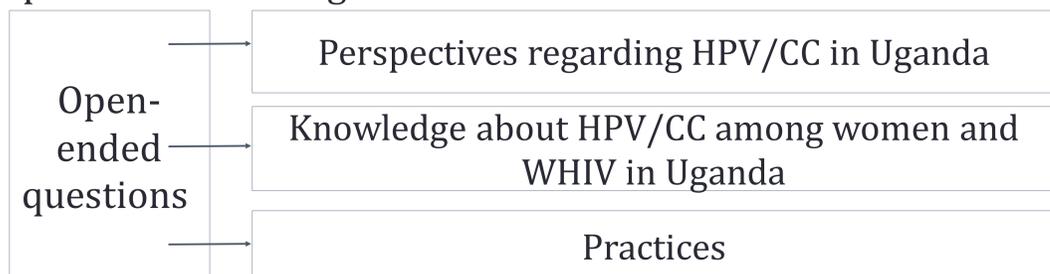
- Cervical Cancer (CC) incidence in Uganda is three times the global average and is one of the leading causes of mortality for Ugandan women (Nawagi et al., 2017)
- The main cause of CC in Uganda and other under-vaccinated regions of the world is HPV (Bruni et al., 2019)
- Women living with HIV (WHIV) have a greater risk of acquiring HPV (Nakisige et al., 2017)
- Literature shows WHIV need better HPV and CC education and care (Krishnan et al., 2013)

## STUDY AIMS

- Examine the knowledge and perspectives Ugandan health professionals have regarding HPV and CC to identify perceived barriers and facilitators to CC control, including among WHIV

## METHODS

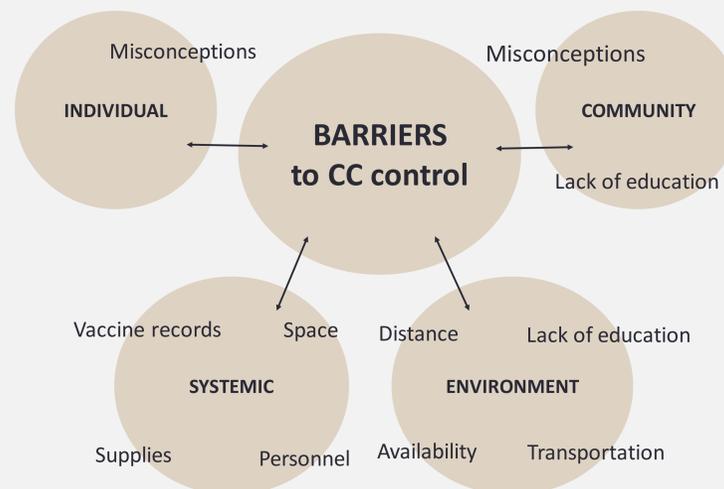
- IRB approval sought by MCW, Makerere University and The AIDS Support Organisation, and the Uganda National Council for Science and Technology
- Virtual, hour-long, qualitative interviews with English speaking researchers, public health officials, and health care professionals in Uganda



- To date, we have conducted 1 interview with an HIV expert and 12 interviews with CC experts
- Data analyzed via MaxQDA
- Comparisons made between CC and HIV professionals

## RESULTS

### Cervical Cancer Control: Shared Themes Between HIV and Cervical Cancer Experts



"There are very few personnel who are doing outreach activities and also it depends on funding"

"If you are working out in the country...where you need to refer this woman for treatment, in most cases they tell you what? 'Let me just go back home and wait for the day to die'...they are not able to reach the area you are sending them"

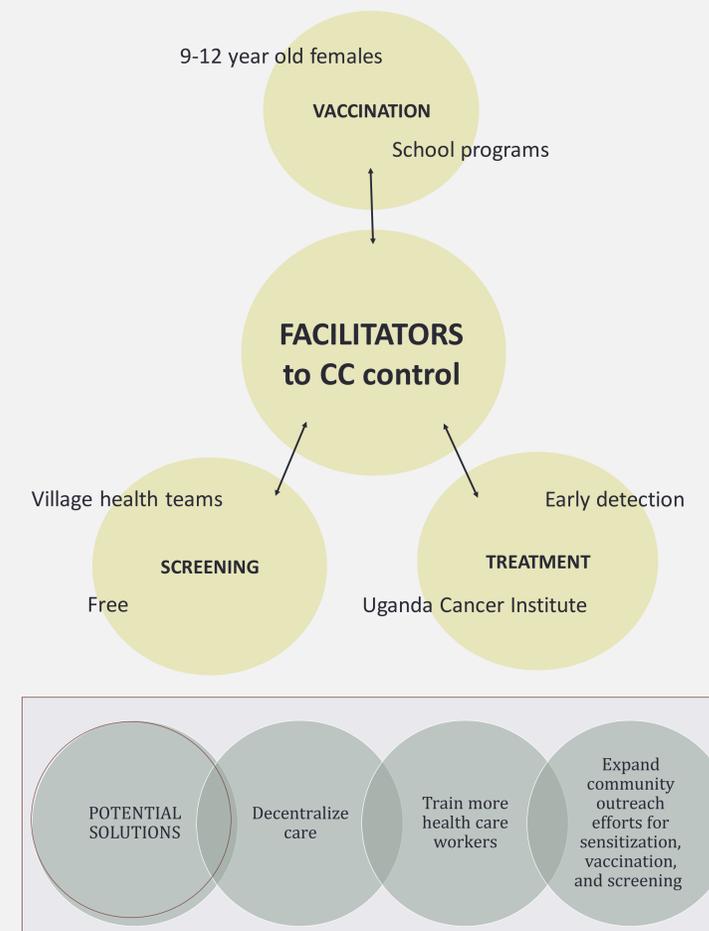
### Barriers Specific to WHIV

"Once a person living with HIV gets it, the progression is faster compared to HIV negative women...They progress faster and die faster"

"Those girls who are out of school will definitely be left out from the vaccination program, and unfortunately most of these HIV positive adults and girls are not going to school"

## CONCLUSION

- CC burden in Uganda appears to result from several factors, including those at the individual, community, systemic, and environmental levels
- Potential solutions were identified but are dependent on funder priorities



## NEXT STEPS

- Continue to collect, analyze, and compare interview data
- Find areas of potential improvement to focus future efforts
- Contribute new information to inform larger efforts such as Uganda's Ministry of Health programs

## ACKNOWLEDGEMENTS

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