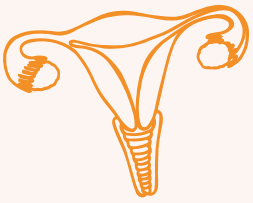
ENHANCED AND ADAPTED INTERVENTIONS FOR CERVICAL CANCER (CC) SCREENING AND MANAGEMENT FOR SEX WORKERS IN GUINEA

The SUCCESS II project demonstrates the feasibility of an integrated, community-based approach, which can be embedded into national policy



Sex workers (SWs) are particularly at risk of cervical cancer (CC) due to their high exposure to human papillomavirus (HPV), high prevalence of HIV (4.9%, 2022), and multiple vulnerabilities that limit their access to care (socio-economic vulnerability, stigma, geographic mobility, and reduced time availability).

The SUCCESS II project shows that screening integrated into dedicated community centres **is feasible, well accepted and effective**. The project's achievements must be sustained and expanded upon.

KEY DATA



259
SWs given an HPV test in 1 year
(initial target: 100)



62,5%
of SWs tested had a positive HPV result
(vs 42% for all women in the project)



100%
of eligible SWs treated by thermocoagulation

CC IN GUINEA: A MAJOR CHALLENGE DESPITE AVAILABLE TOOLS

CC is the leading cause of cancer-related death among women in Guinea. However, it is now largely preventable thanks to HPV vaccination and HPV testing, which are recommended by the WHO as part of the "screen-triage-treat" approach, which enables early treatment of precancerous lesions.

There are innovations that complement this approach, such as HPV self-testing, which is very well accepted and facilitates access for marginalised women. Thermoablation allows for effective treatment on the same day.

SUCCESS II PROJECT IN GUINEA (2024–2026)

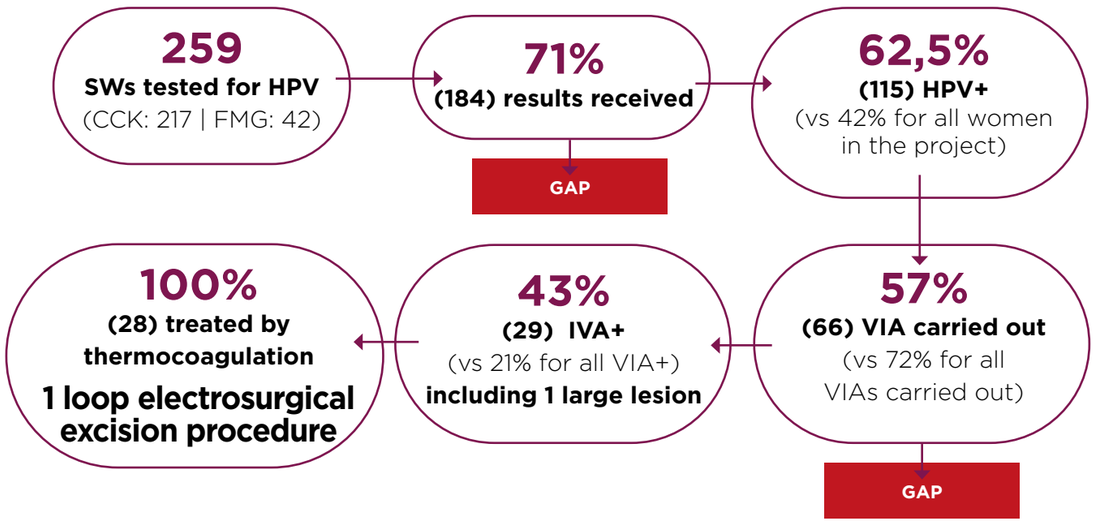
The SUCCESS II project, implemented by Solthis with the National Cancer Control Programme, aims to introduce cervical cancer screening using HPV testing into Guinea's national health system. SWs aged 25+ were a secondary target group for the project. The initial target of 100 for this group was significantly exceeded (259 screened). The project operates at two community centres: the Kindia Community Centre (CCK) and Fraternité Médicale Guinée (FMG).

The project approach combines improving demand creation (mobilisation by peer educators, self-gynaecology workshops) and supply provision (workshops on perceptions and attitudes of health staff, integration into routine activities at health centres).

It is one of very few CC initiatives targeting SWs in the sub-region.

ENCOURAGING RESULTS AT BOTH LEVELS, BUT TWO GAPS IDENTIFIED

CC screening and management cascade: SWs, SUCCESS II Guinea (February 2025 – March 2026)



HPV self-testing take up but 29% of results not delivered on time

POSITIVE ELEMENTS	HPV RESULT TURNAROUND TIMES: A KEY BOTTLENECK
• **0 invalid samples:** HPV self-sampling undertaken by all SWs • **Good acceptability:** testing seen as easy and non-intrusive («cotton bud») • **Curiosity and engagement of SWs** around CC screening	• **29% of results not received** at the time of analysis (data as of March 2026) • **Turnaround times of 1–3 months, which can be up to 10 months** where there are malfunctions in the laboratory system • **Anxiety and disengagement of SWs during waiting period** • **Strengthening the laboratory network is a prerequisite** for any effective testing strategy

HPV+ -> VIA/treatment: a critical link



Positive elements	43% of HPV+ did not undergo VIA; SW specific needs must be addressed
• **Linkage rate to VIA lower than that of all women screened (72%)** but nevertheless encouraging, given the specific constraints experienced by SWs • **Trust in Centre Communautaire de Kindia (CCK), the network of PEs and self-gynaecology workshops were catalysts** • **Procurement of a thermocoagulator at CCK (Nov. 2025) allows VIA+ treatment on the same day at the same health centre** • **100% of eligible VIA+ treated by thermocoagulation**	• **Common factors among the general population:** time taken to get results, low awareness of CC, asymptomatic disease • **Commons factors among SWs:** mobility, limited availability, limited financial resources, stigmatisation in health centres, lack of prioritisation of their health • **Important point:** Post-treatment abstinence[1] (2 weeks) has a direct economic impact and SWs need to be informed in advance and supported (especially the most vulnerable) 1- The WHO recommends abstinence for at least 4 weeks to promote healing and prevent infections. In Guinea, national guidelines stipulate 6 weeks, while the SUCCESS II project adapted this period for SWs: 2 weeks of strict abstinence followed by 2 weeks of systematic condom use.

FOUR SUCCESS FACTORS TO REACH AND RETAIN SWs IN CARE

1. Leveraging community networks

Engage centres that are already working with sex workers, who are familiar with the environment and know the staff Peer educators (PEs) are the linchpin throughout the cascade: mobilisation, support to access care, and post-treatment follow-up. Adapting the language and using local languages through PEs, as well as trust established with the CCK doctor, were decisive factors. Without this network, it would not have been possible.

2. Pooling projects and resources

At CCK, the synergy between three projects (Plan International Guinea [PIG] > HIV/STI, Equal Santé > FP, CC, SUCCESS II> CC) has made it possible to pool PEs and resources to provide an integrated SRHR package. There were mutual benefits: SUCCESS II benefited from Equal Santé and PIG's field visits; Equal Santé has integrated HPV self-sampling and thermocoagulation treatment thanks to SUCCESS II; PIG uses CC as a gateway for SWs who are reluctant to take an HIV test.

> *When a team goes out on the ground, they provide the comprehensive sensitisation package regardless of whether they are SWs from the Equal Santé, Global Fund [NB: PIG] or SUCCESS project: HIV, STIs, cervical cancer, planning.*
>
> *CCK Coordinator, Guinea*

3. Integrating CC into comprehensive SRHR provision

Self-gynaecology workshops were offered to 21 SWs. These are single-gender sessions (around 10 participants), repeated over time, following a horizontal and caring approach. They take place in three stages: talking circle (sharing experiences), building knowledge and self-examination of the cervix. The aim is to foster ownership of their bodies and of knowledge, rather than simply sharing information. 80% of SWs wanted to carry out self-examination of their cervix. These workshops strengthened understanding of CC and prepared women for VIA by familiarising them with the speculum. This was particularly appreciated by women who had had traumatic gynaecological and obstetrical experiences in health centres.

> *When I was pregnant with my first child, I attended one gynaecology consultation, but I was scared afterwards because they put their fingers inside and it hurt me. So, I haven't agreed to go again.*
>
> *SW, Guinea.*

4. Improving attitudes of healthcare staff

Workshops on perceptions, attitudes and practices were rolled out to staff at organisations involved in providing care to SWs and women living with HIV. The aim was to change stigmatising attitudes and promote respectful care (consent, bodily autonomy), which is crucial to ensure women are welcomed and not discriminated against. These workshops need to target all staff (reception staff and care providers) and must be accompanied by institutional support to embed the changes.

> *Adding to what I already knew, what I learned today has made me even more aware of the need to pay closer attention to my approach when it comes to sex workers (...) Previously I used to completely undress the women to do the gynaecological examination.*
>
> *Healthcare staff, Guinea*

CONCLUSION

Experience from the SUCCESS II project confirms the need for and feasibility of specific CC screening and management strategies for SWs. It demonstrates the commitment of SWs to an approach to preventing a disease that is still not well known, provided that the service is adapted to their needs and the barriers they face. Two key lessons emerge from this: the quality of the laboratory network is an essential prerequisite, and integrating CC into a community SRHR package with trained PEs with the potential for on-site treatment is the most favourable configuration for reaching and retaining SWs.

These achievements must be sustained beyond the project lifetime, by incorporating them into national CC strategies, recognising PEs within the community health system and securing the required supplies.

RECOMMENDATIONS TO NATIONAL PUBLIC STAKEHOLDERS

1. **Name SWs as a priority population in the national CC strategy and the National Cancer Control Programme's operational plan, with specific monitoring indicators and dedicated resources.**
2. **Strengthening the laboratory system to ensure rapid HPV results - a prerequisite for the effectiveness of any screening strategy.**
3. **Prioritise integrated SRHR for SWs at community centres and enhanced health centres (HIV, STIs, family planning, CC), to pool resources and overcome resistance.**
4. **Adapt post-treatment abstinence recommendations to reflect the economic reality of the SWs (risk reduction approach: 2 weeks of abstinence + 2 weeks with condoms) and provide financial support measures.**
5. **Formally recognise and support peer educators within the national community health system, and ensure a standard high-quality training for all PEs working on CC.**

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Resources: *WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention, Second edition. Geneva: World Health Organization; 6 July 2021. ISBN: 978 92 4 003082 4 (electronic version).*