Background Globally, 50,000 women are diagnosed with cervical cancer, many lose their lives per year, majority of these live in resource limited countries like Uganda, the incidence rate is very high. 80% of cervical cancer cases are diagnosed in late stages. Few women screen in developing countries compared to developed countries. Cervical cancer is considered an AIDS defining illness. HIV positive women with CD4 less than 200 are at high risk of getting cervical cancer.

Program description It’s under this back ground that Mild May funded by CDC trained health workers to screen for cervical cancer using the affordability method of visual inspection with acetic acid, treat and manage positive lesions using CRYOTHERAPY. Logistic were delivered and work started on 22nd August 2012 after community mobilisation and referrals. By December 2012 a total of 214 clients were screened of which 47.7% were HIV positive and 52% were HIV negative. 19.2% of clients screened for Cancer of the cervix had positive lesions of which 53.7% were HIV positive and 46.3% were HIV negative. 79.9% had negative results of which 48.5% were HIV positive and 52.6% were HIV negative; 0.9% had suspicious lesions.

Lessons learnt It is important to integrate cervical cancer screening within HIV/AIDS Care setting alongside family planning. It is an entry point for diagnosis and treatment of STI. More gynaecological conditions have been identified, managed and some referred to gynaecologist for specialised management.

STI diagnostics and treatment programmes for vulnerable groups should be an integral part of the integrated HIV prevention services package for vulnerable groups. Several models of dermatovenerological assistance to the vulnerable groups and their stage-by-stage implementation were developed. Results In 2008 62 HCFs and 82 NGOs joined the programme.

In 2012 STI diagnostics and treatment became available in 108 healthcare facilities of Ukraine (50 dermatovenerological dispensaries, 25 AIDS centres, 33 general clinics).

As of 31.07.2012 there were 595 812 screening tests and counselling for vulnerable groups on STI and viral hepatitis and 58 637 STI treatment courses were provided.

198 247 vulnerable groups’ representatives (as of 31.07.2012) were referred to 15 mobile clinics providing HIV/STI testing and counselling for vulnerable groups.

16 trainings were held for NGOs and healthcare facilities’ representatives.

In 2012 22 multidisciplinary teams were created providing STI diagnostics and treatment for vulnerable groups in healthcare facilities. Conclusions

1. STI diagnostics and treatment services should be an integral part of the integrated HIV prevention services package for vulnerable groups.

2. STI programmes can be implemented only in cooperation with the dermatovenerological service and the AIDS service.

3. Programs should be implemented simultaneously under several models considering country and regional peculiarities.

4. MDTs are the most successful model.