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Integrating cervical and breast cancer prevention into routine women's health services in Burkina Faso

Submission date
04/09/2026

Recruitment status
No longer recruiting

Registration date
26/11/2026

Overall study status
Ongoing

Last Edited
26/11/2026

Condition category
Cancer

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims

Cervical cancer and breast cancer are the two most frequent and most deadly cancers among women in Burkina Faso. Simple and effective ways of detecting them early do exist, but very few women benefit from them: about one woman in four has ever been screened for cervical cancer and about one in seven for breast cancer, whereas the globally recommended target is 70%. One reason is that these services are usually offered separately, which forces women to make repeated trips and visits. Yet sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) services, such as antenatal care, family planning or childhood immunization, already see women on a regular basis.

The study therefore aims to design, together with frontline stakeholders, and then test a model that integrates screening for both cancers directly into these routine services. The purpose is to improve access, coverage, quality and continuity of prevention, and to generate evidence useful for national decisions and for a possible scale-up of the model.

Who can participate?

Recruitment takes place at three levels:

1. At the institutional level, first-level health and social promotion centers (CSPS) offering SRMNCAH services and having a minimum capacity, namely counseling, cervical cancer screening (VIA/VILI), clinical breast examination and functioning thermocoagulation or cryotherapy, together with their staff (nurses, midwives, doctors, health facility managers). Facilities already involved in a similar intervention, or lacking the required minimum capacity, are excluded.
2. At the beneficiary level, women aged 25 to 65 years attending SRMNCAH services in the included CSPS, excluding those with a history of total hysterectomy or bilateral mastectomy.
3. At the community level, community-based health workers, community organizations, volunteers and women taking part in community activities. Participation is conditional on free and informed written consent, available in French and in local languages, with the possibility of withdrawing at any time without consequence.

What does the study involve?

Four CSPS are all in the control group at the start of the study, after which one CSPS switches to

the intervention at the start of each of the four following periods. The intervention is an integrated model of cervical and breast cancer prevention within SRMNCAH services, built around four dimensions, namely professional integration (training, mentoring, supervision), organizational integration (embedding screening in family planning, antenatal and postnatal care, immunization and child health), clinical integration (VIA/VILI, clinical breast examination, same-day treatment of eligible precancerous lesions, referral) and community integration (awareness raising, social mobilization, referral by community workers). The data are mixed, with repeated interviews and focus groups on one hand and data monitoring on the other, complemented by three participatory feedback workshops.

What are the possible benefits and risks of participating?
The risks are considered low. They concern discomfort during screening, anxiety linked to a positive result and, for women treated on the same day for a precancerous cervical lesion, the risks specific to thermocoagulation or cryotherapy, namely pain, vaginal discharge, bleeding and, rarely, infection. These risks are mitigated by staff training, quality assurance procedures and an appropriate referral system. The expected benefits are earlier detection of cervical and breast cancer and better access to services. The study design ensures that all participating health facilities will benefit from the intervention.

Where is the study run from?
Joseph Ki-Zerbo University (Burkina Faso)

When is the study starting and how long is it expected to run for?
October 2026 to September 2027

Who is funding the study?
The OR Tambo Africa Research Chair, Research Chair for Action Against Cancer in Africa (ReAAC), hosted at Joseph Ki-Zerbo University (Burkina Faso)

Who is the main contact?
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Study information

Scientific Title
Integrated prevention and early detection of cervical and breast cancers within sexual, reproductive, maternal, newborn, child and adolescent health services in Burkina Faso: a multiphase research protocol

Study objectives

1. To assess the effect of the integrated model on indicators of cervical and breast cancer prevention and early detection, including cervical cancer screening coverage and early detection of breast abnormalities among eligible women.
2. To assess the effect of the integrated model on the use of women's contacts with the health system as opportunities for cervical and breast cancer prevention and early detection, including the reduction of missed opportunities and the integration of cervical cancer screening and breast abnormality detection into routine services.
3. To assess women's satisfaction and acceptability of the integrated model, particularly their satisfaction with receiving multiple integrated health services, including cervical cancer screening and early detection of breast abnormalities, during the same contact with health services.

Ethics approval required
Ethics approval required

Ethics approval(s)
Approved 02/04/2025, Health Research Ethics Committee (Ministère de la Santé, Building Lamizana, Ouagadougou, 09 BP 7009 Ouagadougou, Burkina Faso; +226 (0)25 48 89 37; samiratou_ouedraogo@ujkz.bf), ref: -

Primary study design
Interventional

Allocation
Randomized controlled trial

Masking
Open (masking not used)

Control
Active

Assignment
Stepped-wedge cluster-randomized trial

Purpose
Health services research, Prevention, Screening, Supportive care, Treatment

Study type(s)

Health condition(s) or problem(s) studied
Cervical and breast cancer

Interventions
The intervention will be implemented in four Health and Social Promotion Centres (HSPCs) using a stepped-wedge cluster-randomized design. All four HSPCs will initially provide routine care and undergo a baseline assessment. The HSPCs will then be randomly allocated to different intervention sequences, with successive groups of HSPCs crossing over from the control condition to the integrated model at predefined timepoints. By the end of the study, all four HSPCs will have implemented the intervention. The randomization sequence will be generated

by a statistician independent of the field team using computer software, which reduces the risk of selection bias.

The integrated model will use women's routine contacts with health services as opportunities for cervical and breast cancer prevention and early detection, with the aim of reducing missed opportunities. The intervention will be integrated into routine sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) services and will include provider training and mentoring; health education and counselling; cervical cancer screening using VIA/VILI, as applicable; clinical breast examination for the early detection of breast abnormalities; identification and reduction of missed opportunities; referral and follow-up of women with abnormal findings; and strengthening of service organization, coordination, and patient flow to facilitate the delivery of multiple services during the same health-system contact.

Repeated measurements will be conducted across study periods to assess changes associated with the introduction of the integrated model, including cervical cancer screening, early detection of breast abnormalities, missed opportunities, use of integrated services, and women' s satisfaction.

Intervention Type
Behavioural

Primary outcome(s)
1. Women's uptake of cervical and breast cancer prevention and early detection services measured using : (1) Cervical cancer screening uptake (%) = Number of eligible women screened for cervical cancer / Total number of eligible women attending participating HSPCs × 100, and (2) Breast abnormality early-detection uptake (%) = Number of eligible women receiving clinical breast examination / Total number of eligible women attending participating HSPCs × 100. Measured at baseline, followed by repeated measurements at each predefined study period during the stepped-wedge trial, with outcome assessment conducted before and after the introduction of the integrated model in each HSPC.

2. Uptake of cervical cancer screening and breast abnormality early detection services measured using : (1) Cervical cancer screening uptake (%) = Number of eligible women screened for cervical cancer / Total number of eligible women attending participating HSPCs × 100, and (2) Breast abnormality early-detection uptake (%) = Number of eligible women receiving clinical breast examination / Total number of eligible women attending participating HSPCs × 100. Measured at baseline, followed by repeated measurements at each predefined study period during the stepped-wedge trial, with outcome assessment conducted before and after the introduction of the integrated model in each HSPC.

Key secondary outcome(s)

Completion date
30/09/2027

Eligibility

Key inclusion criteria
Eligible participants will include:
1. Healthcare providers and health facility managers involved in SRMNCAH services at selected Health and Social Promotion Centers (HSPCs)

2. Women aged 25–65 years attending SRMNCAH services at participating facilities
3. Community health workers, community-based organizations, volunteer health workers, and women involved in community activities within the catchment areas of participating HSPC

Eligible HSPCs must provide SRMNCAH services, have the minimum technical and material capacity to provide cervical and breast cancer prevention and early detection services, perform VIA/VILI and clinical breast examination, and have functional thermocoagulation or cryotherapy equipment.

Participation will require informed consent.

Healthy volunteers allowed
Yes

Age group
Mixed

Lower age limit
25 Years

Upper age limit
69 Years

Sex
Female

Total final enrolment
1

Key exclusion criteria
1. HSPCs that do not provide SRMNCAH services, lack the minimum technical or material capacity required for the intervention, do not perform VIA/VILI or clinical breast examination, lack functional thermocoagulation or cryotherapy equipment, or are involved in another similar intervention
2. Healthcare providers not involved in SRMNCAH services or the intervention
3. Women younger than 25 years or older than 65 years, women with a history of total hysterectomy for cervical cancer screening, and women with bilateral mastectomy for breast cancer screening will be excluded from the corresponding screening activities
4. Community actors not operating within the catchment areas of participating HSPC or not involved in the intervention
5. Participants who do not provide informed consent

Date of first enrolment
01/10/2026

Date of final enrolment
01/11/2026

Locations

Countries of recruitment

Angola

Benin

Burkina Faso

Burundi

Cameroon

Central African Republic

Chad

Congo, Democratic Republic

Côte d'Ivoire

Egypt

Ethiopia

Ghana

Guinea

Guinea-Bissau

Kenya

Madagascar

Malawi

Mali

Morocco

Mozambique

Niger

Senegal

Somalia

Yemen

Zambia

Zimbabwe

Sponsor information

Organisation
Université Joseph Ki-Zerbo

ROR
https://ror.org/00t5e2y66

Funder(s)

Funder type

Funder Name
OR Tambo Africa Research Chair, the Research Chair for Action Against Cancer in Africa (ReAAC), hosted at the University Joseph Ki-Zerbo in Burkina Faso.

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not expected to be made available