

Conference Abstracts

Mapping System-Level Bottlenecks in Cervical Cancer Referral Pathways for Women Living with HIV in Nigeria: A Referral Workflow Analysis

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Background

Cervical cancer is a leading cause of cancer-related mortality among women in sub-Saharan Africa, with women living with HIV (WLHIV) disproportionately affected. In Nigeria, despite "screen-and-treat" policies and integration of cervical cancer screening into HIV care, many WLHIV with abnormal results do not complete referral for diagnosis or treatment. System-level failures are thought to drive referral attrition, yet referral pathways have rarely been examined in real-world HIV care settings.

Objective

To conduct a referral workflow analysis at two purposively selected HIV treatment sites to identify system-level bottlenecks and barriers to cervical cancer referral completion among WLHIV in Nigeria

Methods

This will be an exploratory referral workflow analysis using a convergent mixed-methods design. Quantitative and qualitative data will be collected in parallel and integrated to examine system-level gaps in cervical cancer referral pathways. Data collection will include direct observation of referral processes, interviews with referral coordinators, clinicians, administrators, and patients, review of referral logs and tracking tools, and facility assessments of staffing capacity, referral protocols, and inter-facility communication. Quantitative data will summarize referral completion rates and time intervals, while qualitative data will be analyzed thematically using a CFIR-informed framework. Integrated findings will inform site-specific workflow maps, identifying key bottlenecks and priority points for improvement.

Conclusion

This study will generate workflow maps for two contrasting sites, identify high-impact system-level bottlenecks, and define modifiable referral barriers to inform performance indicators and future intervention design. By addressing system-

level gaps in cervical cancer referral pathways for women living with HIV, the findings will provide actionable evidence to guide scalable referral-strengthening strategies within HIV programs in Nigeria and similar low-resource settings, supporting national elimination goals and reducing health disparities.