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Integration of cervical cancer prevention into other reproductive health services: factors influencing dissemination and adoption in the greater Accra region, Ghana

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ABSTRACT

INTRODUCTION: Cervical cancer is one of the most common cancers and the leading cause of cancer-related deaths in Ghana. There has been a national policy for the screening and treatment of cervical cancer in Ghana since 2005. However, coverage remains low, and the burden of the disease is increasing. There is a renewed effort to improve coverage by integrating cervical cancer screening and treatment into other reproductive services (ICP_RHS) by health facilities; however, health facilities have not adopted this innovation.

AIM: To identify, from the perspective of health providers and managers, the barriers and facilitators of a) dissemination of the integration approach from policy level to implementers, and b) adoption by implementers of the integration of cervical cancer screening and treatment into reproductive health services at health facilities in the Greater Accra Region, Ghana.

METHOD: This exploratory qualitative study was carried out in the Greater Accra Region, Ghana. Twenty-six semi-structured interviews were conducted with district officers, facility leaders and healthcare providers (doctors, nurses, and midwives). The conceptual framework that guided data collection and analysis was the consolidated framework for implementation research. Data were analysed using framework analysis.

RESULTS: This study identified that facilitators of dissemination, among others, included the existence of change agents, effective communication processes and channels and good leadership and supportive management style and skills. Compatibility and perceived simplicity of the integrated approach, the enactment of a national policy or directive, perceived need and demand for ICP_RHS and availability of resources, among others, may influence organizational adoption. Factors that may affect individual adoption included training and coaching, access to protocol and guidelines and provider perceptions and beliefs.

CONCLUSION: This study highlights the characteristics of the innovation, organization and individual providers that may influence dissemination and adoption of the integrated cervical screening and treatment innovation. Knowledge and understanding of these factors may be used as a guide in identifying strategies to counter barriers and enable effective dissemination and adoption of the innovation.