

# STRENGTHENING THE PATHWAY TO CERVICAL CANCER ELIMINATION

Cervical cancer is the first cancer in history that's poised for elimination, with success depending on the successful implementation of holistic of vaccination, screening and treatment programmes.

In 2022<sup>1</sup>

**660,000**  
new cases

**350,000**  
lives lost

Targets to accelerate cervical cancer elimination by 2030<sup>2</sup>

**90%**

of girls vaccinated with the HPV vaccine by age 15

**70%**

of women screened with a high-quality test by age 35 and 45

**90%**

of women with cervical disease receiving treatment

By 2120<sup>2</sup>

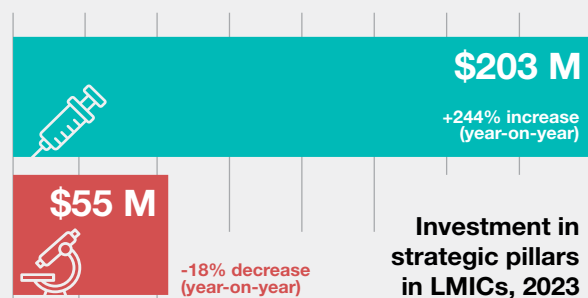
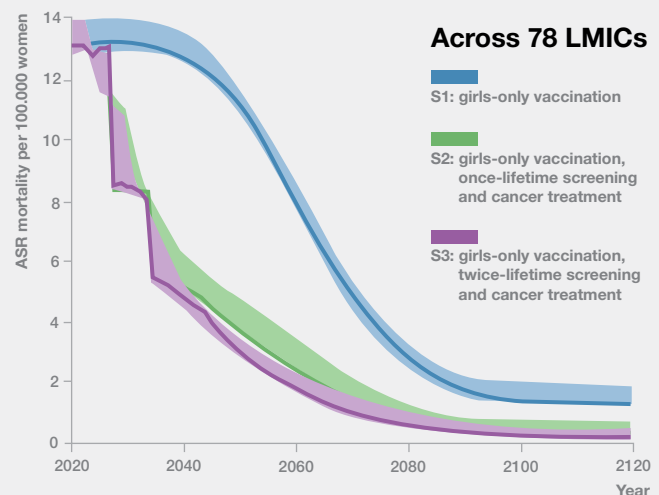
**74 million**  
new cases averted

**62 million**  
deaths avoided in LMICS

## THE REALITY

A holistic, 3-pillar approach will bring the mortality curve down deeper and faster than single-strategy action.<sup>3</sup>

However, investment in screening, triage, diagnosis and treatment lags substantially behind investment in HPV vaccine.



## Barriers to HPV testing, triage and treatment

## Enabling actions for governments and policy makers

### PRIORITISATION AND AWARENESS

**Political commitment to a holistic, 3-pillar model of care** will drive action in prevention, screening and treatment.

**Sharing learning and best practices** will help demonstrate the impact and drive the adoption of similar practices.

### ECONOMIC

- HPV testing is seen as a high-cost initiative for LMICs.
- Low demand for tests increases prices.
- Funding shortfalls limit purchasing capacity.

**Political will and domestic funding** will guarantee the continuity and scalability needed to reach elimination targets.

**Development of innovative financing solutions** including market shaping and pooled procurement.

### SOCIETAL

- Low awareness on cervical cancer and the benefit of testing reduces demand for screening.
- Cultural and social barriers stop people seeking screening.
- Self-collection is an emerging model, with roll-out and uptake still in the early stages.

**Adopting person-centred practices** and harnessing lived experience will support the development of effective, inclusive interventions.

**A focus on community engagement** and education will empower people to seek care and generate demand.

### STRUCTURAL

- A shortage of trained professionals (including lab technicians) restricts service development.
- Weak laboratory systems undermine diagnostic processes.
- Poor health information systems jeopardise programme success and impede policy making.
- There is a lack of validated HPV testing tools on the market.

**Expedited systems for WHO prequalification** will help ensure the availability of clinically validated diagnostic tools.

**Training and capacity building** Health workers and laboratory professionals will increase access to HPV testing, triage and treatment.

**Investing in laboratory systems** and optimising existing resources (e.g. for COVID-19 and HIV) will strengthen diagnostic processes.

**Improved health information management** (e.g. through digital tools) will promote accountability, and support resource and diagnostic network optimisation.

## WE HAVE THE OPPORTUNITY. IT'S TIME TO MAKE CERVICAL CANCER HISTORY.

This document presents the insights from a high-level policy roundtable discussion hosted by the Commonwealth Secretariat and TogetHER for Health, with the support of Roche Diagnostics International Ltd. The event took place on 18 September 2024, in Geneva, Switzerland, as part of the 2024 World Cancer Congress.

1. WHO, 2024. Factsheet: Cervical Cancer. Last accessed December 2024 at: <https://www.who.int/news-room/fact-sheets/detail/cervical-cancer>.
2. WHO, 2020. Global Strategy to accelerate the elimination of cervical cancer as a public health problem. Last accessed December 2024 at: <https://www.who.int/publications/i/item/9789240014107>
3. Canfell, K., et al (2020). Mortality impact of achieving WHO cervical cancer elimination targets: a comparative modelling analysis in 78 low-income and lower-middle-income countries, The Lancet, 395(10224). DOI [http://dx.doi.org/10.1016/S0140-6736\(20\)30157-4](http://dx.doi.org/10.1016/S0140-6736(20)30157-4)
4. TogetHER for Health, 2024. Investing in Global Cervical Cancer Prevention Resources for Lower Middle-Income Countries in 2023. Last accessed December 2024 at: [https://togetherforhealth.org/wp-content/uploads/funding\\_report\\_2023\\_Nov\\_17\\_web.pdf](https://togetherforhealth.org/wp-content/uploads/funding_report_2023_Nov_17_web.pdf)