ELIMINATION OF CERVICAL CANCER AS A GLOBAL PUBLIC HEALTH PROBLEM
MAY 2018: WHO DIRECTOR-GENERAL’S CALL TO ACTION TO ELIMINATE CERVICAL CANCER
More than 70 countries supported the decision for WHO secretariat to develop a:

Global Strategy towards the Elimination of Cervical Cancer

Photo credit: Chris Black
GROWING INEQUITIES AND PUBLIC HEALTH THREAT OF CERVICAL CANCER (GLOBOCAN 2018)
WHO LIFE COURSE APPROACH TO CERVICAL CANCER CONTROL

Primary Prevention
- Girls 9-14 years
  - HPV vaccination

Girls and boys, as appropriate:
- Health information and warnings about tobacco use
- Sexuality education tailored to age & culture
- Condom promotion/provision for those engaged in sexual activity
- Male circumcision

Secondary Prevention
- Women > 30 years of age
  - “Screen and treat” – single visit approach
    - Point-of-care rapid HPV testing for high risk HPV types
    - Followed by immediate treatment
    - On site treatment

Tertiary Prevention and Palliative Care
- All women as needed at any age
  - Treatment of invasive cancer:
    - Surgery
    - Radiotherapy
    - Chemotherapy
  - Palliative care
CERVICAL CANCER ELIMINATION: CONCEPTUAL FRAMEWORK

![Graph showing the decline in cervical cancer cases with different strategies: Current vaccination and screening, Intensive screening and vaccination, and Intensive vaccination.](image)

- Current vaccination and screening
- Intensive screening and vaccination
- Intensive vaccination

Cervical cancer cases/100,000

2020 2030 2060 2120
INCREASING ACCESS TO INTERVENTIONS 2030 VACCINATION, SCREENING & TREATMENT COVERAGE TARGETS

Control: Targets of 90/70/90

Elimination by 2085 /2090

Elimination at 4 / 100,000

Cervical cancer cases/100,000

2020  2030  2060  2120

World Health Organization
THE ARCHITECTURE TO ELIMINATE CERVICAL CANCER:

VISION: A world without cervical cancer

THRESHOLD: All countries to reach < 4 cases 100,000 women-years

2030 CONTROL TARGETS

90% of girls fully vaccinated with HPV vaccine by 15 years of age

70% of women screened with a high precision test at 35 and 45 years of age

90% of women identified with cervical disease receive treatment and care

SDG 2030: Target 3.4 – 30% reduction in mortality from cervical cancer

The 2030 targets and elimination threshold are subject to revision depending on the outcomes of the modeling and the WHO approval process
92 Countries included HPV vaccine in the national immunization programme (Feb 2019)
Reported HPV vaccine coverage of various ages, 2014-2016

90% coverage is achievable, but most countries are far behind.
Cervical cancer screening: proportion of women between 30–49 screened for cervical cancer at least once

Source: WHO STEPS
Strategy towards the elimination of cervical cancer as a global public health problem: key outputs

1. Guiding principles: life course and public health approach, social justice and equity, integrated people-centered health services

2. Accelerators
   - Increased coverage of HPV vaccination
   - Increased coverage of screening & treatment of pre-cancer lesions
   - Increased coverage of diagnosis & treatment for invasive cancer and palliative care

3. Accelerators
ACHIEVING 90% COVERAGE OF HPV VACCINATION

WHO recommendations

- 2 doses to girls 9-14, minimum 6 months apart
- Introduce to multi-age cohort, 9-14 yrs (15-18 if feasible) in first year
- 3 doses for: girls 15 y and older; and for immuno-compromised individuals

Challenges

- Limited supply of the HPV vaccine
- Vaccine not affordable and high delivery cost
- After introduction vaccination coverage low in many countries due to factors like choice of delivery strategy, insufficient communication and hesitancy related factors

Accelerators

- Sufficient, affordable supply of HPV vaccine
  - Concerted effort between partners and private sector to overcome vaccine supply constraints
- Introduction of HPV vaccine
  - Coordinated initiative to identify and leverage sustainable resources from countries and from donors/financing agencies to introduce vaccines in more countries
- Increased quality and coverage of service delivery
  - Develop and implement high quality, multi-sectoral introduction plans
  - Use or develop sustainable and equitable delivery platforms
  - Develop high quality and sustained communication and mobilization approaches
# Achieving 70% Coverage of Screening and Treatment of Precancer Lesions

## WHO Recommendations
- Women aged 30-49 be screened at least once in their lifetime for cervical cancer, and rescreened every 5 years.
- Women living with HIV should be screened every 3 years.
- Immediate treatment where possible.

## Challenges
- Expensive and complex screen and treat technologies complicate scaling-up.
- New or optimized service delivery methods required for LMIC contexts.

## Accelerators
- Sufficient, affordable supply of screen and treat technologies & products
  - Prompt certification of new products
  - Price reductions
- National scale-up of screen & treat
  - Simple algorithms need to be introduced for different settings
- Increased quality and coverage of service delivery
  - Countries detailed implementation plans to introduce and scale-up products and delivery models
  - Strengthen patient retention and linkage to treatment.
ACHEIVING 90% OF INVASIVE CANCER CASES MANAGED

WHO recommendations
- Women diagnosed with early invasive cervical cancer can be cured with effective quality treatment
- Cervical cancer diagnosis must be confirmed by histopathological examination
- Cancer surgery and radiotherapy are major primary treatment modalities
- Palliative care is an essential element of cervical cancer control
- Reducing delays in access to diagnosis and treatment can improve survival of women with cervical cancer

Challenges
- About 80% of cervical cancer in LMICs is detected in late stages
- About 80% of women in LMICs do not have access to palliative care
- Quality pathology and treatment is often not accessible
- Treatment is often associated with catastrophic health expenditure

Accelerators
- Access to quality pathology, multi-modality treatment and palliative care
  - Ensuring sustainable supply and reducing cost of equipment and cancer medicines
  - Sufficient and competent health workforce
  - Integrated approach to palliative care
- Implemented care guidelines and pathways
  - Timely diagnosis, staging, treatment, and referral
  - Stage-appropriate quality diagnosis and treatment
- Ensured financial protection
  - Cervical cancer management integrated into UHC benefit package or other social support programs
TOWARDS CERVICAL CANCER ELIMINATION STRATEGY: TIMELINE

Global consultation

- April–May: Web-based consultation
  [https://www.who.int/cancer/cervical-cancer](https://www.who.int/cancer/cervical-cancer)
- May 13-15: African regional consultation
- June 18-20: Eastern Mediterranean regional consultation
- June 24-26: Western Pacific regional consultation
- June 27-28: South East Asia regional consultation
- Aug 01-02: Americas regional consultation

WHO Governing Bodies Meetings

- Aug-Sept: RCM agenda item
- Jan 2020: Executive Board Meeting
- May 2020: World Health Assembly
“Consign cervical cancer to the history books“