

ANNEX 5

**PROGRESS IN THE IMPLEMENTATION OF THE GLOBAL STRATEGY
TO ACCELERATE THE ELIMINATION OF CERVICAL CANCER
AS A PUBLIC HEALTH PROBLEM AND ITS ASSOCIATED GOALS
AND TARGETS FOR THE PERIOD 2020–2030**

1. This Annex sets out the progress achieved in the implementation of resolution WHA73.2 on the global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030.

Context

2. The Secretariat launched the global strategy to accelerate the elimination of cervical cancer as a public health problem on 17 November 2020. Campaigns, health care worker training events and advocacy events were organized by governments, civil society and partners in countries across all regions, ushering in the global strategy with actions that advanced its implementation.

3. The global strategy outlines three key steps: vaccination, screening and treatment. Successful implementation of these steps could reduce more than 40% of new cases of the disease and 5 million related deaths by 2050. Data for 2020 show that age-standardized cervical cancer incidence rates varied from 84 per 100 000 women in the highest-risk countries to less than 10 per 100 000 women in the lowest-risk countries.¹

4. To eliminate cervical cancer, all countries must reach and maintain an incidence rate of below four per 100 000 women. In particular:

- (a) achieving that goal rests on three key pillars and their corresponding targets:
 - (i) vaccination: 90% of girls fully vaccinated with the HPV vaccine by the age of 15;
 - (ii) screening: 70% of women screened using a high-performance test by the age of 35 and again by the age of 45; and
 - (iii) treatment: 90% of women with pre-cancer treated and 90% of women with invasive cancer managed; and
- (b) each country should meet the 90–70–90 targets by 2030 to get on the path to eliminate cervical cancer within the next century.

5. Despite the disruptions caused by the COVID-19 pandemic, WHO continues to respond to requests for support and technical assistance from Member States that prioritize cervical cancer elimination.

¹ See Global Cancer Observatory. World Health Organization/International Agency for Research on Cancer (<http://gco.iarc.fr/>, accessed 1 December 2021).

WHO guidance and tools

6. WHO has published various normative products to support countries in the implementation of the interventions recommended in the global strategy.

7. **Human papillomavirus (HPV) vaccination.** The introduction of HPV vaccine in national immunization schedules had progressed to 111 countries by July 2021 and is expected to reach 120 countries end-2021, while 40 countries also offer the vaccine to boys. Suboptimal levels of HPV coverage remain a concern, with few countries reaching the 90% target. Due to the COVID-19 pandemic, for the first time the global coverage for HPV vaccination declined – from 15% in 2019 to 13% in 2020. The decline was in particular attributed to reduced coverage in low- and middle-income countries. Countries started efforts by end-2020 for catch-up vaccinations of missed girls and will need to sustain those efforts to improve their coverage. A fourth HPV vaccine has been prequalified by WHO.¹

8. The Secretariat published a guide to help monitor HPV vaccination coverage at the country level.² WHO also published an updated WHO HPV Vaccine Global Market Study³ and has taken steps to further alleviate supply constraints.

9. **Screening and treating precancerous lesions.** The second edition of the WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention was launched in July 2021. It addresses the needs of the general population of women and women living with HIV and includes new and updated recommendations and good practice statements for women living with HIV. It also emphasizes the need for countries to transition to the use of high-performance screening test, such as HPV molecular tests.⁴ WHO also published a new guidance on introducing and scaling up testing for HPV as part of a comprehensive programme for the prevention and control of cervical cancer.⁵ To support countries to implement the guideline, WHO published a paper on the importance of implementation research for the introduction of new, evidence-based interventions.

10. **Women living with HIV.** WHO's initial estimates⁶ of the contribution of HIV to the global cervical cancer burden showed that women living with HIV have a sixfold greater risk of cervical cancer compared to women without HIV. The Secretariat developed a policy brief to support countries to scale up access to and uptake of cervical cancer screening and treatment among women living with HIV, using quality modern technologies.⁷ In addition, WHO published updated consolidated guidelines on HIV

¹ Cervical Cancer Country Profiles. Geneva: World Health Organization; 2021 (<https://www.who.int/teams/noncommunicable-diseases/surveillance/data/cervical-cancer-profiles>, accessed 10 December 2021).

² WHO. Human papillomavirus (HPV) vaccine coverage monitoring manual. Geneva: World Health Organization; 2020.

³ Global market study. HPV vaccines. Geneva: World Health Organization; 2019.

⁴ WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention, 2nd ed. Geneva: World Health Organization; 2021.

⁵ Introducing and scaling up testing for human papillomavirus as part of a comprehensive programme for prevention and control of cervical cancer: a step-by-step guide. Geneva: World Health Organization; 2020

⁶ Stelzle D, Tanaka LF, Lee KK, Khalil AI, Baussano J, Shah ASV, et al. Estimates of the global burden of cervical cancer associated with HIV. *Lancet Glob Health*. 2021; 9: e161–69. doi: 10.1016/S2214-109X(20)30459-9.

⁷ New WHO recommendations on screening and treatment to prevent cervical cancer among women living with HIV: policy brief. Geneva: World Health Organization; 2021.

prevention, testing, treatment, service delivery and monitoring, including a chapter dedicated to the prevention of cervical cancer for women living with HIV.¹ New indicators to measure progress in screening and treatment for cervical pre-cancer and cancer will be included in the annual Global AIDS Monitoring reporting system.

11. **Invasive cancer treatment and palliative care.** The WHO Framework for strengthening and scaling-up services for the management of invasive cervical cancer² was developed to underpin the third pillar of the global strategy and to assist countries to reach the target of treating 90% of women diagnosed with invasive cancer. In collaboration with the International Atomic Energy Agency, WHO released an interagency guidance³ to enable the effective procurement of equipment utilized in cervical cancer treatment. The WHO Model List of Essential Medicines was updated for medicines used for the treatment of invasive cervical cancer.

12. WHO-commissioned research demonstrated that physical, psychological, spiritual and social suffering is highly prevalent and often severe and multifaceted among women with cervical cancer. Essential augmented packages for palliative care for women with cervical cancer were proposed.^{4,5,6}

13. **Post-market surveillance of medical devices.** To support the safe operation of devices used in cervical cancer programmes as these programmes scale up, WHO published a policy brief on the implementation of post-market surveillance in cervical cancer programmes.⁷

14. **Costing national cervical cancer programme.** WHO supported several Member States to estimate the costs of the implementation of their national plans for cervical cancer elimination. The costing plans were published for the benefit of other Member States' planning processes.⁸

15. **Surveillance, monitoring and evaluation.** In collaboration with the International Agency for Research on Cancer (IARC), WHO has developed a draft framework for monitoring the global strategy implementation. Furthermore, in order to establish a baseline for subsequent monitoring, WHO is developing a first set of estimates of global, regional and country cervical cancer screening coverage. Another tool – cervical cancer country profiles – provides a snapshot of the status of countries' national cervical cancer control plans and link cervical cancer-specific indicators with global strategy priority

¹ Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. Geneva: World Health Organization; 2021.

² WHO framework for strengthening and scaling-up of services for the management of invasive cervical cancer. Geneva: World Health Organization; 2020.

³ Technical specifications of radiotherapy equipment for cancer treatment. Geneva: World Health Organization; 2021.

⁴ Krakauer EL, Kwete X, Kane K., Afshan G, Bazzett-Matabel L, Bien-Aimé, et al. Cervical Cancer-Associated Suffering: Estimating the Palliative Care Needs of a Highly Vulnerable Population. *JCO Glob Oncol.* 2021;7:862–872. doi: 10.1200/GO.21.00025.

⁵ Krakauer EL, Kane K, Kwete X, Afshan G, Bazzett-Matabele L, Ruthnie Bien-Aimé D, et al. Essential Package of Palliative Care for Women With Cervical Cancer: Responding to the Suffering of a Highly Vulnerable Population. *JCO Glob Oncol.* 2021;7:862-872. doi: 10.1200/GO.21.00025.

⁶ Krakauer EL, Kane K, Kwete X, Afshan G, Bazzett-Matabele L, Ruthnie Bien-Aimé D, et al. Augmented Package of Palliative Care for Women With Cervical Cancer: Responding to Refractory Suffering. *JCO Glob Oncol.* 2021;7:886-895. doi: 10.1200/GO.21.00027.

⁷ Implementation of post-market surveillance in cervical cancer programmes: policy brief for manufacturers of medical devices, including in vitro diagnostic medical devices. Geneva: World Health Organization; 2021.

⁸ Costing the National Strategic Plan on Prevention and Control of Cervical Cancer. Geneva: World Health Organization; 2020.

interventions. All products will be released in late 2021. A portal has been launched to provide access to WHO data on HPV vaccine introductions in countries and the trends in vaccination coverage in HPV programmes to monitor progress towards achieving the 2030 targets.¹

16. **Research and innovation.** WHO has been developing a framework of evidence generation for AI-based medical devices, training, validation and evaluation, which includes specific chapters on cervical cancer screening as a top-priority use case for the application of AI.

17. **Knowledge repository.** A web-based tool has been developed to facilitate access to guidance and tools published across WHO and other partners, which are relevant for the implementation of the global strategy.

Support for Member States, giving priority to high-burden countries

18. All WHO regions took actions to provide support to Member States in implementing cervical cancer interventions. This report highlights examples of progress in WHO regions but does not necessarily provide a complete list of all achievements.

19. **African Region.** The African Region includes 19 of the 20 Member States with the highest burden of cervical cancer. In 2020, it accounted for 21% of global cervical cancer mortality. To respond to the challenge, the Regional Office for Africa has been strengthening the regional capacity to provide support and integrated assistance to countries. The 71st session of the Regional Committee for Africa adopted a regional framework for the implementation of the global strategy.²

20. Support for scaling up cervical cancer programmes and technical support have been provided to Guinea, Kenya, Malawi, Nigeria, Rwanda, Togo, Uganda and Zambia to update their cervical cancer guidelines and strategies. In other countries, the national cancer control plans were reviewed and adapted to global strategy targets and priority interventions. As of 2020, WHO provided technical and financial support for HPV vaccination in Cabo Verde, Cameroon and Mauritania, with the result that a total of 19 countries have nationally introduced HPV vaccination. A total of 11 Member States (Burkina Faso, Côte d'Ivoire, Kenya, Malawi, Nigeria, Rwanda, Senegal, South Africa, Uganda, Zimbabwe and Zambia) are also being supported in the uptake of the high-performance screening technology.

21. **Region of the Americas.** A comprehensive cervical cancer virtual training program and a basic course on palliative care continue to be rolled out through the Pan American Health Organization (PAHO) virtual public health campus for health care providers. A virtual tele-mentoring programme on cervical cancer elimination was established, creating a community of practice and sharing of experiences on cervical cancer prevention. On palliative care, monthly virtual tele-mentoring sessions have separately been developed, with several sessions devoted to issues specific to women with cervical cancer.

22. Country-specific national elimination plans have been elaborated in Chile, Honduras, Jamaica, Paraguay and Suriname. In El Salvador, HPV testing has been expanded and HPV vaccines have begun to be introduced. Guatemala has begun to introduce HPV testing with support from Unitaid and with the engagement of WHO regional and country offices. Chile has instituted an awareness-raising campaign

¹ See <https://cceirepository.who.int/> (accessed 10 December 2021).

² See document AFR/RC71/9.

to encourage women to seek cervical cancer screening. Paraguay is updating its guideline and developing a national training programme to reinforce capacity for screening and pre-cancer treatment.

23. **Eastern Mediterranean Region.** The Regional Office for the Eastern Mediterranean conducted a regional situation analysis to determine the current burden and capacity to achieve the global targets; in partnership with IARC, it also provided technical assistance for most countries to strengthen their cancer registries.

24. Only three countries have introduced the HPV vaccine, while nine countries provide cervical cancer screening services. The Regional Office supported Morocco's training of health care workers to facilitate HPV vaccine introduction. It also mobilized targeted support to develop national cervical cancer screening programmes in Iran, Iraq, Jordan, Sudan, Morocco and Saudi Arabia. Sudan, Morocco and Saudi Arabia received technical and financial support to respond to cervical cancer national assessment and treatment needs. Regional advocacy efforts to facilitate introduction of the HPV vaccine are planned in Gavi, the Vaccine Alliance eligible countries – Afghanistan, Djibouti and Sudan.

25. **European Region.** The Regional Office for Europe is developing a regional road map on cervical cancer elimination. Technical support for cervical cancer screening and early diagnosis has continued in Kyrgyzstan, Georgia, Belarus, Romania and Uzbekistan, including capacity-building and policy dialogues. The Regional Office has provided intensive technical assistance and training to Uzbekistan to support the implementation of all three pillars of the global strategy.

26. Uzbekistan plans to conduct catch-up HPV vaccinations of girls aged 11–14 in October 2021. In May 2021, Kyrgyzstan made a decision to introduce HPV vaccine for routine immunization of 11-year-old girls as of September 2022 and to conduct catch-up vaccinations of girls up to the age of 14. With the help of WHO and the United Nations Population Fund (UNFPA), Uzbekistan launched a cervical cancer screening pilot in June 2021 to screen 56 000 women with HPV tests in two administrative regions.

27. **South-East Asia Region.** The Regional Office for South-East Asia launched an implementation framework for the elimination of cervical cancer as a public health problem for 2021–2030 at the 74th session of the Regional Committee for South-East Asia. Training in cervical cancer screening and the management of precancerous lesions based on the regional training package¹ as well as training in colposcopy² have been provided to Member States. An advocacy and educational video was launched in 2021 to promote the efforts to eliminate cervical cancer in the region.

28. The Regional Office is reviewing the existing national guideline on screening and management of precancerous lesions to facilitate its alignment with WHO recommendations. Seven countries have introduced HPV vaccination into national immunization plans, while five countries (Bhutan, the Maldives, Myanmar, Sri Lanka and Thailand) have introduced it in nationwide programmes and two countries (India and Indonesia) have introduced it at subnational levels and WHO provided support to

¹ See Cervical cancer screening and management of cervical pre-cancers. WHO Regional Office for South-East Asia (<https://www.who.int/southeastasia/activities/cervical-cancer-screening-and-management-of-cervical-pre-cancer>, accessed 1 December 2021).

² See IFPC/IARC Training course in colposcopy and the prevention of cervical cancer. World Health Organization/International Agency for Research on Cancer (<https://screening.iarc.fr/elearningifpc.php>, accessed 1 December 2021).

Myanmar in 2020. HPV testing is used in Thailand as a primary screening test and Myanmar completed a pilot project to introduce this high-performance screening test.

29. **Western Pacific Region.** Mongolia has been introducing HPV testing. The Regional Office for the Western Pacific provided support to Vanuatu, with an emphasis on cervical cancer prevention, including screening, diagnosing and treatment of women with early-stage cancers. To further support demand generation for services, advocacy and communication material on cervical cancer are being developed with the Federated States of Micronesia. WHO is also providing the Government of Solomon Islands with vital equipment for the treatment of precancers. Tuvalu introduced the HPV vaccination in September 2021.

Collaboration with partners

30. WHO collaborated with the Joint United Nations Programme on HIV/AIDS (UNAIDS) at the 47th session of the UNAIDS Programme Coordinating Board (15–18 December 2020), at which the thematic segment focused on cervical cancer and HIV.

31. To support HPV vaccination introduction, WHO continues to collaborate with Gavi and technical partners, including through global-level HPV vaccine access dialogues, in order to facilitate the equitable distribution of HPV vaccines. Additional ongoing collaboration, with a multipartner effort coordinated by Unitaid and with procurement support from UNICEF, aims to expand access to secondary prevention services, including efforts to lay the foundation on which to scale up national services and to improve access to innovative technologies.

32. Other high-level engagements involved the Commonwealth Secretariat and the African Union Commission, including the awareness-raising efforts at the level of Commonwealth health ministers to advocate for Member States to commit to the global strategy implementation.

33. United Nations agencies, including UNFPA, UNICEF and UNAIDS, are aligning their strategies with the inclusion of cervical cancer elimination targets.

The way forward

34. **Support countries to accelerate the implementation of the global strategy.** The Secretariat will work with governments and other partners to accelerate the implementation of the global strategy to achieve the targets set for 2030. WHO will also support countries to strengthen the integration of cervical cancer prevention and care in PHC, sexual and reproductive health services and HIV and other service points and outreach programmes. Global and national partnerships, including with advocates and survivors who have fought the disease, will be promoted to advance cervical cancer elimination.