

Status of the Cervical Cancer Elimination Initiative in WHO African Region



World Health
Organization

African Region

Problem statement

- Cervical cancer is the leading cause of cancer death among women in sub-Saharan Africa. Among the top 20 countries with the heaviest burden globally, 18 are in the WHO Africa Region. In 2022, the Africa accounted for 23% of global cervical cancer mortality which is poised to increase to 30% by 2030 if the current trend continues, an over 32% increase from the current level.
- Access to and quality of services remain weak. While screening and treatment programs for cervical diseases targeting the general population are available in 34 countries of the region, countries are largely using low performance screening test such as visual inspection with acetic acid and cytology, instead of high-performance tests such as the HPV DNA test.
- Only 28/47 countries in the region have introduced HPV vaccines to their national immunization programmes and the coverage for the first dose reached only 33% in 2022. Only 5 countries achieved at least 90% coverage for first dose, largely due to limited awareness and health literacy, high costs of vaccines and outreach activities, weak vaccine delivery system and health system in general, and persistent vaccine hesitancy.

WHO message



Cervical cancer is preventable and curable, when detected early.



HPV vaccines are a powerful tool to prevent cervical cancer. WHO's recommendation of a single-dose HPV vaccine, which is highly effective in preventing infections, is a game-changer.



Screening has reduced incidence and mortality in developed countries.

WHO approaches

- At the 71st Regional Committee for Africa in 2021, Member States adopted the Framework for the Implementation of the Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem in the African Region which outlines the regional goals of reaching “90-70-90” by the year 2030, i.e., 90% girls fully vaccinated with HPV vaccines by the age of 15; 70% women screened with high-performance tests by the age of 35 and again by the aged of 45; and 90% of women identified with cervical disease receive treatment.
- To achieve this, WHO is leading advocacy efforts for more substantial commitment to prioritize cervical cancer control, helping countries to: transition to high-performance screening and treatment; strengthen capacity for early diagnosis and treatment; integrate cervical cancer screening and treatment services into sexual and reproductive health programmes; and introduce single-dose HPV vaccines. Efforts are also being made to address disparities in HPV vaccine access and support “life-course vaccination”.

Ways forward

- Adopt the single-dose HPV vaccination into national immunization schedules.
- Include cervical cancer screening and treatment in the Essential Health Benefits Packages.
- Improve communication and social mobilization for HPV vaccination to address vaccine hesitancy, adverse events, and general misinformation.
- Ensure an affordable supply of high-performance tests and precancerous treatment devices. Consider pooled procurement and common quality assurance mechanisms
- Leverage existing multiplex analyzers for molecular testing (TB, HIV, COVID-19, etc) to improve HPV testing coverage.
- Raise awareness of cervical cancer to address stigma and other gender imbalances.
- Improve person-centered access to diagnosis and treatment including surgical capacity, chemotherapy, radiation therapy and pathology.
- Establish monitoring and evaluation frameworks for long-term monitoring of cervical cancer elimination programmes.
- Increase research capacity in countries to build on the existing evidence base for cervical cancer prevention and treatment interventions.

Overview of cervical cancer control in the African region

As of February 2024

AFR REGION	CONTEXT		DISEASE BURDEN		PRIMARY PREVENTION		SECONDARY PREVENTION		RADIOTHERAPY TREATMENT STATUS	
	COUNTRY	WORLD BANK INCOME STATUS (WORLD BANK 2024)	GAVI SUPPORT	MORBIDITY (GLOBOCAN, 2022) Age Standardized / 100,000	MORTALITY (GLOBOCAN, 2022) Age Standardized / 100,000	HPV VACCINE INTRODUCTION STATUS (WHO, 2024)	HPV VACCINATION COVERAGE (WUENIC 2022)	CERVICAL CX SCREENING PROGRAMME 30-49 YRS (WHO, 2021)	CERVICAL CX SCREENING COVERAGE EVER SCREENED (WHO, 2019)	HAS RADIOTHERAPY SERVICES
ALGERIE	LOW-MIDDLE INC	NO	8	4.6	NOT INTRODUCED	NA	YES	15%	YES	37
ANGOLA	LOW-MIDDLE INC	NO	30.4	20.2	NOT INTRODUCED	NA	NO	25%	YES	2
BENIN	LOW-MIDDLE INC	YES	18.1	12.8	NOT INTRODUCED	NA	NO	0%	NO	0
BURKINA FASO	LOW INC	YES	15.9	13	2022	70%	YES	7%	YES	1
BOTSWANA	UPPER-MIDDLE INC	NO	39.1	22.8	2015	19%	YES	50%	YES	1
BURUNDI	LOW INC	YES	43.6	35	NOT INTRODUCED	NA	NO	10%	NO	0
CAMEROUN	LOW-MIDDLE INC	YES	33.1	25.7	2020	23%	NO	6%	YES	3
CENTRAL AFRICA REPUBLIC	LOW INC	YES	21.8	18.3	NOT INTRODUCED	NA	NO	8%	NO	0
CABO VERDE	LOW-MIDDLE INC	NO	16.1	9.8	2021	93%	NO	53%	NO	0
CHAD	LOW INC	YES	23.5	18.4	NOT INTRODUCED	NA	NO	6%	NO	0
CÔTE D'IVOIRE	LOW-MIDDLE INC	YES	32	20.4	2019	46%	YES	1%	YES	1
CONGO	LOW-MIDDLE INC	YES	22.3	14.2	NOT INTRODUCED	NA	NO	17%	NO	0
COMORES	LOW-MIDDLE INC	YES	52	35.7	NOT INTRODUCED	NA	NO	10%	NO	0
EQUATORIAL GUINEA	UPPER-MIDDLE INC	NO	33.2	21.9	NOT INTRODUCED	NA	NO	15%	NO	0
ERITREA	LOW INC	YES	16.4	12.7	2022	79%	NO	10%	NO	0
ETHIOPIA	LOW INC	YES	22.3	16.8	2018	90.87%	YES	4%	YES	1
GABON	UPPER-MIDDLE INC	NO	32.5	17.8	NOT INTRODUCED	NA	YES	12%	YES	1
GAMBIA	LOW INC	YES	39.4	27.4	2019	NA	NO	11%	NO	0
GHANA	LOW-MIDDLE INC	YES	27	16.9	NOT INTRODUCED	NA	NO	3%	YES	4
GUINÉ-BISSAU	LOW INC	YES	34.3	25.9	NOT INTRODUCED	NA	NO	11%	NO	0
GUINEE	LOW-MIDDLE INC	YES	55	38.9	NOT INTRODUCED	NA	YES	13%	NO	0
KENYA	LOW-MIDDLE INC	YES	32.8	21.4	2019	42%	YES	17%	YES	8
LIBERIA	LOW INC	YES	39.6	28.3	2019	36%	NO	12%	NO	0
LESOTHO	LOW-MIDDLE INC	YES	60.5	42.3	2022	67.53%	NO	17%	NO	0
MADAGASCAR	LOW INC	YES	41.8	30	NOT INTRODUCED	NA	YES	8%	YES	2
MALI	LOW INC	YES	43.1	26.1	NOT INTRODUCED	NA	NO	6%	YES	1
MALAWI	LOW INC	YES	70.9	54.1	2019	7%	YES	19%	NO	0
MAURITIUS	UPPER-MIDDLE INC	YES	12.9	5.7	2016	39%	NO	42%	YES	4
MAURITANIE	LOW-MIDDLE INC	YES	28.3	19.5	2021	28%	NO	6%	YES	3
MOZAMBIQUE	LOW INC	YES	47.8	36.9	2021	94%	YES	3%	YES	1
NAMIBIA	UPPER-MIDDLE INC	NO	33.5	20.5	NOT INTRODUCED	NA	NO	39%	YES	2
NIGERIA	LOW-MIDDLE INC	YES	26.2	14.3	2023	NA	NO	14%	YES	9
NIGER	LOW INC	YES	9.3	7.1	NOT INTRODUCED	NA	NO	10%	YES	1
DEMOCRATIC REP, CONGO	LOW INC	YES	32.9	24.6	NOT INTRODUCED	NA	NO	9%	YES	1
SOUTH SUDAN	LOW INC	YES	21.4	17.6	NOT INTRODUCED	NA	NO	10%	NO	0
RWANDA	LOW INC	YES	18.9	13.8	2011	82%	YES	12%	YES	1
SENEGAL	LOW-MIDDLE INC	YES	34.4	23.7	2018	47%	NO	10%	YES	5
SEYCHELLES	HIGH INC	NO			2014	96%	NO	32%	NO	0
SIERRA LEONE	LOW INC	YES	16.5	10.9	2022	86%	NO	11%	NO	0
SOUTH AFRICA	UPPER-MIDDLE INC	NO	33.2	19	2014	47%	YES	52%	YES	103
SÃO TOMÉ AND PRÍNCIPE	LOW-MIDDLE INC	YES	18.8	13.7	2021	NA	NO	27%	NO	0
ESWATINI	LOW-MIDDLE INC	YES	95.9	64.3	2022	NA	YES	19%	NO	0
TANZANIA	LOW-MIDDLE INC	YES	64.8	42.2	2018	79%	NO	13%	YES	7
TOGO	LOW INC	YES	19.1	13.3	2023	NA	NO	13%	YES	1
UGANDA	LOW INC	YES	53.8	40.6	2015	99%	NO	10%	YES	1
ZAMBIA	LOW-MIDDLE INC	YES	71.5	49.4	2019	66%	YES	20%	YES	1
ZIMBABWE	LOW-MIDDLE INC	YES	68.2	47.9	2018	6%	YES	20%	YES	3