

**WHO AFRO INVESTMENT
CASE SERIES**

**Accelerating Cervical
Cancer Elimination in Africa
through Strengthened HPV
Vaccination, Screening and
Treatment**

Credit: WHO / Blink Media - Ricci Shryock

3 GOOD HEALTH AND WELL-BEING



SDG 3.4 – By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

Key facts:

- ❖ Cervical cancer is the leading cause of cancer death among women in sub-Saharan Africa.
- ❖ Among the 20 countries in the world that carry the highest burden of cervical cancer, 18 are in the WHO African region.
- ❖ Most countries in the region have no officially recommended cervical cancer screening test, and no country uses the high-performance HPV test as the primary screening tool.
- ❖ The WHO African region ranks 3rd among all WHO regions in Human Papillomavirus (HPV) vaccine coverage, with 33% of girls having received at least one dose.
- ❖ 28 out of the 47 Member States in the region have introduced HPV vaccines to their national immunization programmes but only 5 have reached the target of 90% coverage and above.

Cervical cancer burden in the WHO African region

Cervical cancer represents one of the most common cancers and a leading cause of cancer-related death in women across the globe. More than 85% of cervical cancer cases and deaths occur in low- and middle-income countries, and especially amongst vulnerable groups. In sub-Saharan Africa, cervical cancer remains the leading cause of cancer death among women. Among the 20 countries in the world with the highest burden of cervical cancer, 18 are in the WHO African region.¹ In 2022, the region accounted for 23% of global cervical cancer mortality.

Countries in the WHO African region have made headways towards for the control and elimination of cervical cancer. Over 70% of the countries have implemented some form of cervical cancer screening; radiation therapy is offered in 50% of the countries. As of February 2024, 28 of the 47 Member States in the region have introduced HPV vaccines to their national immunization programmes² and with a first-dose coverage of 33%, the region ranks 3rd among all seven WHO regions.

¹ The WHO African region covers 47 Member States: <https://www.afro.who.int/countries>.

² Botswana, Burkina Faso, Cabo Verde, Cameroon, Côte d'Ivoire, Eritrea, Eswatini, Ethiopia, The Gambia, Kenya, Lesotho, Liberia, Malawi,

Mauritania, Mauritius, Mozambique, Nigeria, Rwanda, Sao Tome & Principe, Senegal, Seychelles, Sierra Leone, South Africa, Uganda, Tanzania, Zambia and Zimbabwe.

Primary prevention	<ul style="list-style-type: none"> • 28 out of the 47 countries have introduced HPV vaccination to their national routine immunization programmes • 16 countries have announced plans to switch to single-dose HPV vaccine based on the WHO recommendation of the first-dose regimen • 5 countries have reached 90% HPV vaccination coverage and above
Secondary prevention	<ul style="list-style-type: none"> • Screening for cervical cancer is available in 34 of the 47 countries • 17 countries have incorporated HPV testing into cervical cancer screening programmes
Tertiary prevention	<ul style="list-style-type: none"> • Radiation therapy is available in 24 countries • 80% of countries do not have organized palliative care services at the primary health care level

Table 1. Overview of cervical cancer prevention in the WHO African region

However, the path to achieving cervical cancer elimination in the WHO African region is hampered by several factors, including, among others:

- Low levels of financing in cancer interventions despite the availability of national cancer control plans;
- Limited financing for cancer at the primary and community levels as governments tend to invest in tertiary-level institutions in larger cities;
- Affordability of cost-effectiveness interventions such as HPV testing, thermal ablation devices procurement (for treatment of cervical precancer) and HPV vaccines;
- Inadequate pathology and laboratory resources, including systems for implementation and scale-up of HPV testing on a population-based level;
- Insufficient infrastructure for cancer diagnosis and treatment;
- Inadequate cervical cancer surveillance, data and monitoring and evaluation systems;
- Lack of centralized procurement for access to affordable and quality medicines and technologies for specific cancer diagnosis and treatment;
- Lack of qualified human resources for cervical cancer screening, treatment and palliative care.

While screening and treatment programmes for cervical diseases targeting the general population are available in 34 of the 47 countries in the region, none of them have been scaled up

to the national level. Most countries have no officially recommended cervical cancer screening test, and countries are largely using low-performance tests instead of the high-performance HPV DNA test as the primary screening tool.

While over 50% of the countries in the region have introduced HPV vaccines to their national immunization programmes, the coverage for one dose of HPV vaccine reached only 33% in 2024, a long way to go before reaching the global target of 90% by 2030. In fact, in 2024, only 5 countries³ have achieved at least 90% coverage for the first dose. The low HPV vaccination rate is largely a result of limited awareness and health literacy, high costs of vaccines and outreach activities, weak vaccine delivery system and persistent vaccine hesitancy.

Approximately 68% of women die from cervical cancer in the region, compared with 30% in many high-income countries. A high proportion of women affected by cervical cancer are of reproductive age with young children whose survival, growth and education are dependent on their mothers. Cervical cancer threatens not only the health and lives of affected women, but also their livelihood, exerting huge socioeconomic impacts on communities and countries. **Without prompt actions, the African region is poised to account for 30% of global cervical cancer mortality by 2030**, which will exert significant impact on the well-being and livelihood of affected populations, especially the most vulnerable ones.

³ They are Cabo Verde, Ethiopia, Mozambique, Seychelles and Uganda.

WHO's support to Member States for cervical cancer elimination

The good news is that cervical cancer is preventable and curable, when detected early. Cost-effective measures to eliminate cervical cancer exist.

Through a series of high-level declarations, resolutions and decisions, Member States in the African region are strongly committed to addressing the cancer burden, including cervical cancer, in the region.

To support Member States in tackling cervical cancer challenges and mitigating the severe global inequities in access to cervical cancer prevention, screening, early diagnosis, treatment and care services, in 2018, the WHO Director-General called for the elimination of cervical cancer as a public health problem. In 2020, the World Health Assembly adopted the Global Strategy for the Acceleration of Elimination of Cervical Cancer as a Public Health Problem which aims to reach "90-70-90" by the year 2030 (Figure 2).



Vivian Opoku-Kyremeh, the midwife at Dumasua Health Center in Ghana educates young women about cervical cancer. Credit: WHOGhana/Sayibu Ibrahim Suhuyini



Figure 1. The “90-70-90” cervical cancer elimination targets to be reached by 2030

At the 71st session of the WHO Regional Committee for Africa in 2021, the framework for the implementation of the Global Strategy was adopted. To support countries in achieving cervical cancer elimination targets, WHO’s approach focuses on:

- **Mainstreaming cervical cancer prevention** through awareness-raising, screening, early detection, vaccination and deployment of other innovations and technologies.
- **Expanding access to and quality of cervical cancer case management**, including diagnosis, treatment and palliative care services, and the deployment of innovations and technologies.
- **Strengthening cervical cancer governance and health systems capacities** through enhanced leadership, coordination and advocacy, partnerships and resource mobilization, and

optimized systems for universal access to trained health workforce and commodities and technologies.

- **Strengthening cervical cancer data for action**, including surveillance (facility-based and population-based), monitoring and evaluation, and operational research.

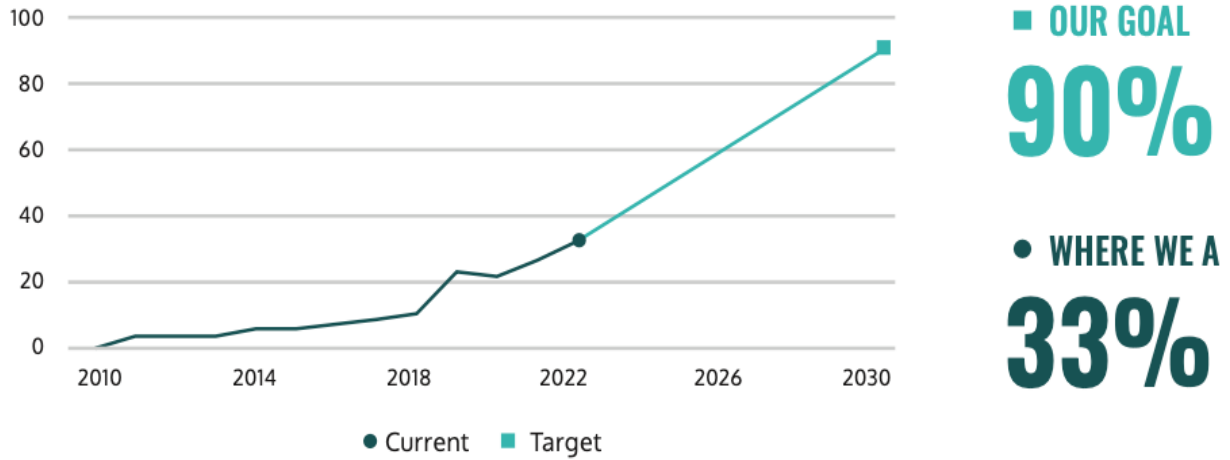
HPV vaccines are a powerful tool to prevent cervical cancer. **WHO’s recommendation of a single-dose HPV vaccine which is highly effective in preventing infections, could be a game-changer**, making it easier and less costly for countries to deliver these life-saving vaccines. Following WHO’s recommendation of the first-dose regimen, 16⁴ countries in the region have announced plans to switch to single-dose HPV vaccine, with support from WHO and other partners. Efforts are also being made to address disparities in HPV vaccine access and support “life-course vaccination”.

⁴ Including Angola, Burkina Faso, Cabo Verde, Cameroon, Côte d’Ivoire, Eswatini, Ethiopia,

Lesotho, Malawi, Mali, Mozambique, Nigeria, Sierra Leone, Togo, Tanzania and Zambia.

Nurse Peace prepares to screen a patient for cervical cancer at the RAiSE Foundation of Etinosa Yvonne

Figure 2. HPV vaccination rate of the WHO African region



To reach the SDG Target 3.4 which aims to reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being by 2030, **there is urgent need to accelerate progress in cervical cancer elimination in the African region by strengthening HPV vaccination, screening and treatment.**



Nigeria: Safeguarding the future of women and girls against cervical cancer⁵

In Nigeria, cervical cancer ranks as the 2nd most frequent cancer among women and 2nd most frequent cause of cancer death among women between 15 and 44 years of age. In 2020 – the latest year for which data is available – the country recorded 12,000 new cases and 8,000 deaths from cervical cancer.

To tackle the growing cervical cancer burden, on October 24, 2023, the country began the introduction of the HPV vaccine to its routine immunization system with a mass HPV vaccination campaign in 16 states, with support from WHO, Gavi, UNICEF and other partners.

From October 2023 to January 2024, the HPV vaccine introduction reached 4.7 million girls aged 9–14 years across the 16 states with the WHO recommended single-dose HPV vaccine.

“Hearing that the government was giving HPV vaccines to girls aged 9 to 14 years, I made sure my daughter got her shot to safeguard her future. It is better to prevent diseases using vaccines than seeking cures or treatments,” said Mrs Ayeni, a businesswoman residing in Abuja, the Federal Capital Territory.

It is estimated that over 16 million girls could be protected from cervical cancer in Nigeria alone by 2025.

To accelerate cervical cancer elimination in the region, WHO and partners are gearing up to:

- ✓ Increase political commitment to and financial investment in cancer elimination at subnational levels and ensure the availability, affordability and accessibility of essential medicine and medical devices for cancer screening, diagnosis and treatment;
- ✓ Support countries in implementing systematic and monitored population-based screening and treatment programmes with high-performance HPV DNA test, to reduce incidence, mortality and morbidity at the population-based level;
- ✓ Support pooled procurement of HPV tests to reduce transaction costs;
- ✓ Adopt an integrated approach to implementation by providing a training package for cervical cancer screening and palliative care service at different levels of health facilities;
- ✓ Support countries in developing a patient navigation system to facilitate timely access to healthcare services for the diagnosis, treatment, care and support for individuals, families and caregivers;
- ✓ Support countries in ensuring quality data collection and strategic

⁵ Extract from WHO articles [“Nigeria to vaccinate 7.7 million girls against leading cause of cervical cancer”](#)

and [“Safeguarding the future of women and girls in Nigeria against cervical cancer”](#).

information to monitor implementation and support decision-making;

- ✓ More actively involve communities in generating demand and promoting self-sampling screening for cervical cancer;
- ✓ Guide and drive investments in cervical cancer by strengthening partnerships.

“Cancer illness is painfully devastating and affects families profoundly. But through early detection, care and prevention with vaccines, women and girls in our region can be protected from cervical cancer.

Scaling up the efforts for better access to cancer control services is a top priority for WHO in its support to national health priorities to defeat diseases and improve the health and well-being of the region’s population”.

Dr. Matshidiso Moeti

WHO Regional Director for

Ending disease in Africa” – A WHO vision for disease control, elimination and eradication in the African region

The Universal Health Coverage/Communicable and Noncommunicable Diseases (UCN) Cluster of the WHO Regional Office for Africa (AFRO) focuses on delivering WHO AFRO’s strategic agenda of universal health coverage, communicable and noncommunicable disease control, and the endgame strategies for neglected tropical diseases, in line with the SDG targets, with a vision to achieve “an African region with affordable access to quality prevention, treatment and care services to free it of the burden of communicable and noncommunicable diseases.”

To make the “Ending Disease in Africa” vision come true, the UCN Cluster uses analytics and policy to deliver public health interventions to prioritized populations and communities through setting evidence-informed disease control agendas and guiding investments, focusing on four special initiatives, namely, strengthening systems and governance; strengthening institutional capacity, supporting precision public health for Africa, and promoting research and innovation for public health impact.

The Non-Communicable Diseases (NCD) Programme within the UCN Cluster seeks to contribute to the vision by supporting Member States in the prevention and control of NCDs and mental health conditions, including cervical cancer. It performs four major functions: strengthening leadership, partnerships and resource mobilization; generating strategic information and knowledge products; developing technical products, services and tools; and targeted technical support to countries.

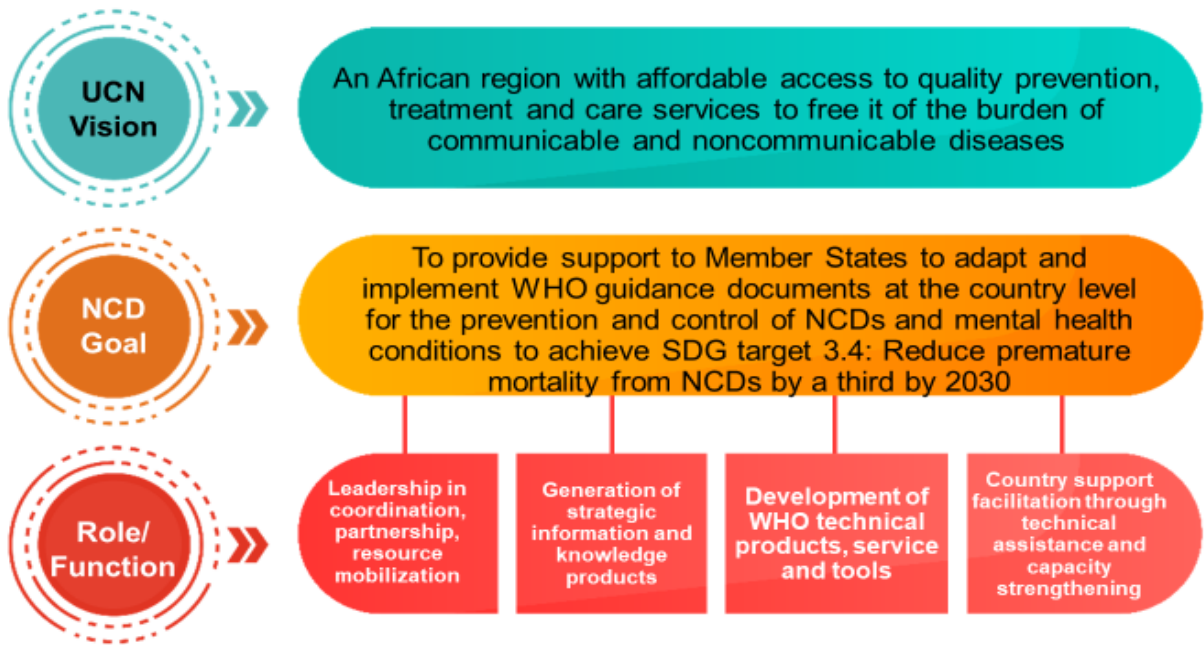


Figure 3. Vision, goal and functions of the NCD Programme of WHO AFRO

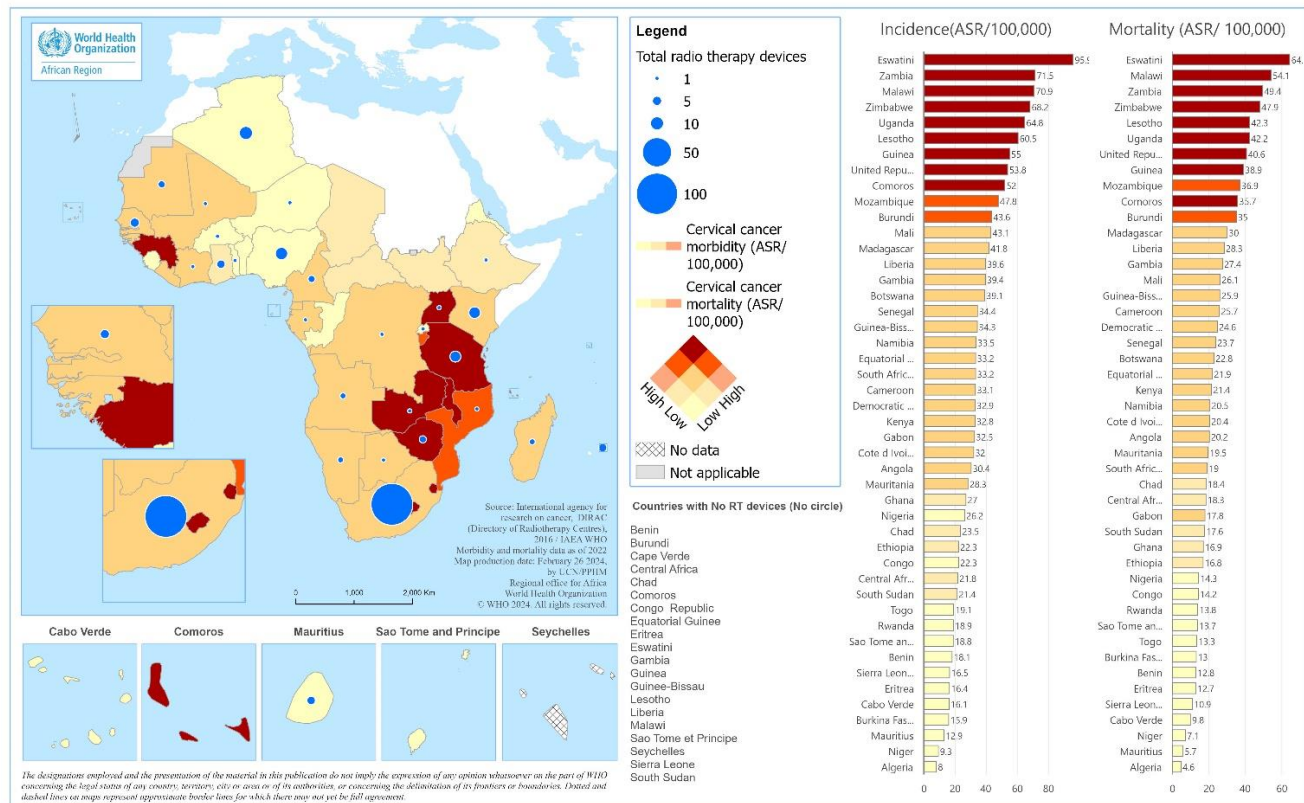


Primary healthcare workers in Ghana leveraging WHO-PEN training to educate mothers on cervical cancer at the Sunyani Municipal Hospital. Credit: WHOGhana/Sayibu Ibrahim Suhuyini

Partnering with WHO to accelerate cervical cancer elimination in the African Region

Global targets by 2030	Investment opportunities
<p>Vaccination – 90% of girls fully vaccinated with the HPV vaccine by the age of 15</p>	<ul style="list-style-type: none"> - Conduct high-level advocacy for HPV vaccine revitalization - Address human resource needs to adequately provide technical support to countries for the adoption of/switch to single-dose HPV vaccine - Conduct studies on behavioral, emotional and social determinants of HPV vaccination uptake in communities while addressing vaccine hesitancy, adverse events and misinformation
<p>Screening – 70% of women screened using a high-performance test by the age of 35, and again by the age of 45</p>	<ul style="list-style-type: none"> - Support countries in including cervical cancer screening and treatment in Health Benefit Packages - Ensure an affordable supply of quality high-performance screening tests with pooled procurement and common quality assurance mechanisms - Leverage existing multiplex analysers for molecular testing (TB, HIV, COVID-19 etc.) for improved HPV testing coverage - Strengthen laboratory capacity and quality assurance - Improve understanding on the barriers to accessing screening services with a view to creating an enabling environment
<p>Treatment – 90% of women with pre-cancer treated and 90% of women with invasive cancer managed.</p>	<ul style="list-style-type: none"> - Support countries in implementing cervical cancer case management guidelines - Expand countries’ surgical capacity - Ensure affordable supply of precancerous treatment devices with pooled procurement and common quality assurance mechanisms - Improve access to radiation therapy and chemotherapy - Provide survivor care while addressing cancer stigmatization
<p>Cross-cutting areas</p>	<ul style="list-style-type: none"> - Establish frameworks for long-term monitoring and evaluation of cervical cancer elimination programmes - Increase research capacity in countries to build on the existing evidence base for cervical cancer prevention and treatment

WHO AFRO Investment Case Series



Map: Cervical cancer incidence and mortality of Member States of the WHO African region

WHO AFRO contacts

- ❖ Dr Benido Impouma, Director, UCN Cluster, impoumab@who.int
- ❖ Dr Akpaka Kalu, Acting NCD Team Lead, UCN Cluster, kalua@who.int
- ❖ Dr Issimouha Dille Mahamadou, Technical Officer, Cancer Control, UCN Cluster, dillei@who.int
- ❖ Dr. Sharon Katai Kapambwe, Technical Officer, Cancer Contro, UCN Cluster, kapambwes@who.int
- ❖ Ms Sarah Wanyoike, Team Lead, Vaccine-Preventable Diseases (VPD) Team, East and Southern Africa, UCN Cluster, swanyoike@who.int
- ❖ Ms Christine (Yue) Han, Resource Mobilization and Partnerships Officer, UCN Cluster, hany@who.int