

Cervical cancer roadmap

Essentials

“No woman should die from a preventable disease. Elimination of cervical cancer is within our grasp if we unite behind this common goal and deliver vaccination, screening and treatment.”

Dr Nino Berdzuli, Director of Country Health Programmes, WHO Regional Office for Europe



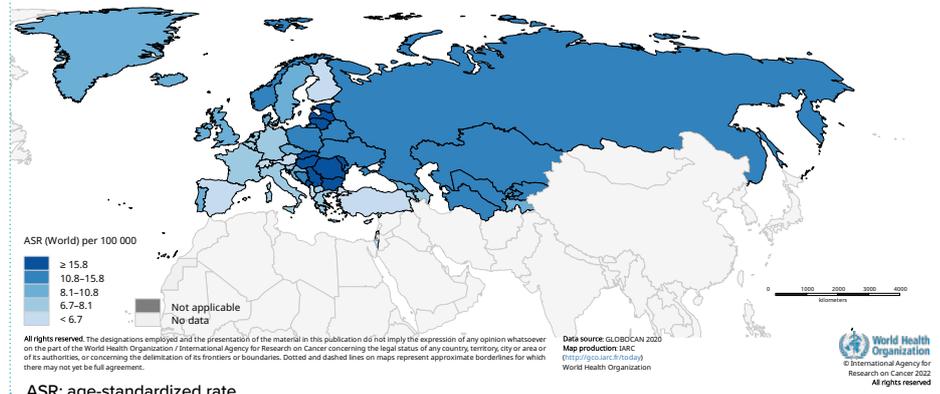
The targets

- 90%** of girls fully vaccinated with the human papillomavirus (HPV) vaccine by age 15
- 70%** of women screened with a high-performance test by age 35, and again by age 45
- 90%** of women with precancer treated and **90%** of women with invasive cancer managed

What we need

- ✓ universal access to HPV vaccination
- ✓ cervical cancer screening programmes
- ✓ timely and accurate diagnosis
- ✓ quality treatment
- ✓ palliative care
- ✓ survivorship support

Estimated age-standardized incidence rates, 2020



Actions for impact

- 1** Increased HPV vaccination
- 2** Organized screening and treatment of precancerous lesions
- 3** Access to quality treatment and palliative care

Regional context

- As of 2020, 38 of the 53 Member States of the WHO European Region had implemented HPV vaccination in their routine immunization programmes.
- 90% national vaccination coverage is needed to create cervical cancer immunity at population level.
- The percentage of women in the Region ever screened for cervical cancer ranges by country from 11% to 100%.
- 34% countries have organized population-based screening programmes.
- Across the Region, diagnosis of early-stage cervical cancer ranges from 40% to 80%. Five-year survival rates range from 54% to 80%.
- 65% of the population of the Region lack access to palliative care services.

Guidance for delivering organized cervical cancer screening

1. Implement a national, population-based screening programme with:

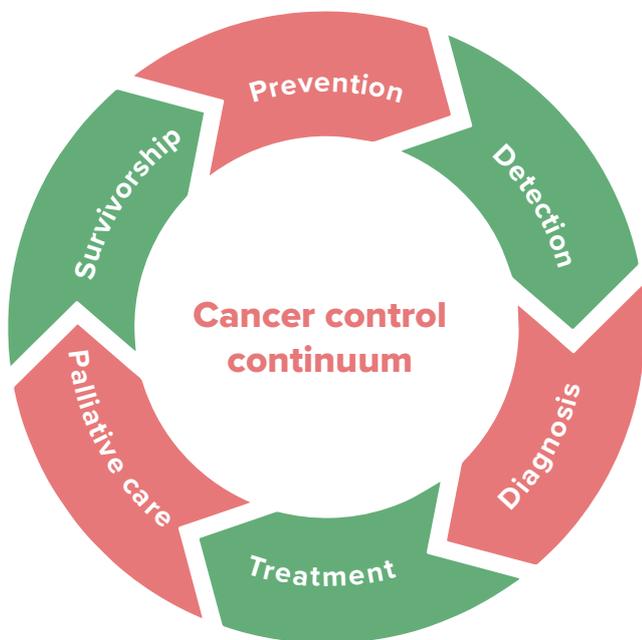
- ✓ HPV DNA detection as the primary screening test for detection of precancerous lesions
- ✓ HPV self-sampling for women as part of an organized screening programme
- ✓ Existing high-quality, cytology-based and organized screening programmes should be continued until HPV DNA testing is operational
- ✗ Romanowski–Giemsa staining is not recommended

2. Screen and treat cervical precancerous lesions, with follow-up visits

Cervical cancer screening is a pathway, testing alone is not sufficient.

3. Screen vaccinated and unvaccinated women in all their diversity, starting at:

- ✓ 30 years of age and every 5–10 years when using HPV DNA detection
- ✓ 30 years of age and every three years until 49 years when using visual inspection or cytology
- ✓ 25 years of age and every 3–5 years for HIV-positive individuals



Cervical cancer screening

Common barriers:

- out-of-pocket payments and fragmented service delivery
- distance, travel costs, stigma and language
- insufficient knowledge or limited cultural competencies among health-care workers

Solutions:

- national cervical cancer screening programmes with well defined pathways and referral systems that address inequities
- behavioural and cultural insights to address barriers to participation in screening programmes
- evidence-informed communications strategies
- workforce training in cervical cancer screening
- quality management and assurance systems
- link to timely diagnosis and treatment

HPV vaccination uptake

Common barriers:

HPV vaccination hesitancy due to:

- safety concerns among medical workers or caregivers
- misinformation

Solutions:

- workforce training in vaccination uptake
- behavioural and cultural insights to inform service delivery
- evidence-informed communications strategies tailored to the needs of target audiences
- crisis communication plans to respond to vaccine safety events, allegations or misinformation

Treatment and palliative care

Common barriers:

- suboptimal quality of care due to limited knowledge among health-care providers
- lack of medicines or treatment options

Solutions:

- specialized health workforce to provide effective multidisciplinary management of cervical cancer
- removal of barriers to prescription of opioid analgesics (notably oral)
- person-centred care through active engagement of patients in their treatment



Make elimination of cervical cancer our legacy

