

# Accelerating the plan to eliminate cervical cancer in Africa by 2030

## IMPLEMENTATION ROADMAP

**NON-COMMUNICABLE DISEASES (NCDS)  
PREVENTION AND CONTROL**





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Africa CDC is a continental autonomous health agency of the African Union established to support public health initiatives of Member States and strengthen the capacity of their public health institutions to detect, prevent, control and respond quickly and effectively to disease threats.



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## Executive summary

The NCDs, Injuries and Mental Health Program Unit under the Africa CDC convened the Continental Consultative Meeting on Cervical Cancer Elimination from 27 to 29 November 2024 in Addis Ababa, Ethiopia. The meeting brought together representatives from 22 African Union Member States, partners, donors, academia, civil society and the private sector to accelerate efforts towards eliminating cervical cancer in Africa by 2030. Some of the key partners included the World Health Organization, UNAIDS, GAVI, UNITAID, Jhpiego, African Organisation for Research and Training in Cancer (AORTIC), Elekta Foundation, International Centre for Advanced Public Health MSD and Roche Diagnostics.

The consultative meeting provided a platform to review progress, share best practices, develop an accelerated roadmap, and establish a Continental Technical Working Group (TWG) and Centers of Excellence to support implementation.

This “Roadmap to accelerate the implementation of the regional framework to eliminate cervical cancer in Africa” was the output of the consultative meeting. It provides an update of the progress made so far to eliminate cervical cancer in Africa and sets out the vision, goal, core principles, strategic focus area and priorities agreed on by member states to accelerate elimination of cervical cancer. This is guided by the targets in the Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem to:

- Vaccinate 90% of girls by age 15 with the HPV vaccine.
- Screen 70% of women by age 35 and again by age 45 using a high-performance test.
- Treat 90% of identified cervical disease cases (90% of women with precancer treated, and 90% of women with invasive cancer managed).

Sustaining the momentum to eliminate cervical cancer requires continued investment, capacity building, and community-driven approaches. Advocacy for prioritizing cervical cancer elimination in national health agendas and mobilizing resources at all levels is imperative. Addressing disparities and ensuring equitable access to services, especially for underserved populations, are central to this roadmap. By implementing these strategies, Africa has the potential to achieve a cervical cancer-free future, saving lives, transforming health systems, and creating a model for addressing other non-communicable diseases. Together, we can realize a healthier, more equitable future for all.

# Introduction

Cervical cancer is caused by the human papillomavirus (HPV), and ranks as the fourth most common cancer among women worldwide. Despite it being preventable, 34 out of every 100 000 women are diagnosed with cervical cancer; and 23 out of every 100 000 women die from cervical cancer every year in Africa<sup>1</sup>. A roadmap to accelerate the elimination of cervical cancer as a public health concern in Africa is therefore needed.

In 2020, at the World Health Assembly, Member States adopted an ambitious strategy to scale up prevention, detection, and treatment, and finally eliminate cervical cancer as a public health problem. In 2021, the WHO AFRO region developed a framework for the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem in the WHO African region with objectives to: (i) introduce and scale up HPV vaccine in routine national immunization programmes; (ii) increase coverage of and access to screening and appropriate management of precancerous lesions; (iii) increase coverage of and access to diagnosis and management of cervical cancer and palliative care as needed; (iv) strengthen capacity for monitoring and evaluation of cervical cancer prevention and control for performance tracking<sup>2</sup>.

In line with the global strategy and the WHO AFRO region implementation plan, and acknowledging the need to develop an accelerated roadmap tailored to the needs and priorities of the 55 Member States of the African Union, the Africa CDC co-developed this Roadmap with member states and

partners to accelerate the elimination of cervical cancer as a public health problem in Africa 2025–2030. The roadmap offers a vision for the path towards cervical cancer elimination in the Region through universal access to HPV vaccination and appropriate cervical cancer screening and treatment services. Its principles are aligned with the aim of the Africa Union to “work with relevant international partners in the eradication of preventable diseases and the promotion of good health on the continent”.

Cervical cancer remains a significant public health challenge in Africa despite being preventable and treatable. The adoption of the global strategy by the World Health Assembly in 2020<sup>3</sup> and the development of the WHO AFRO framework in 2021 underscore the urgent need for concerted efforts to accelerate cervical cancer elimination. By scaling up HPV vaccination, enhancing screening and treatment access, and strengthening monitoring systems, the continent can make significant strides towards this goal.

The Africa CDC roadmap for 2025–2030 provides a tailored approach to address regional priorities, aligning with the Africa Union’s vision for improved health outcomes. Achieving universal access to prevention and treatment will require sustained collaboration between member states, partners, and international stakeholders. Through these collective efforts, Africa can pave the way to eliminating cervical cancer as a public health problem.

## Regional context

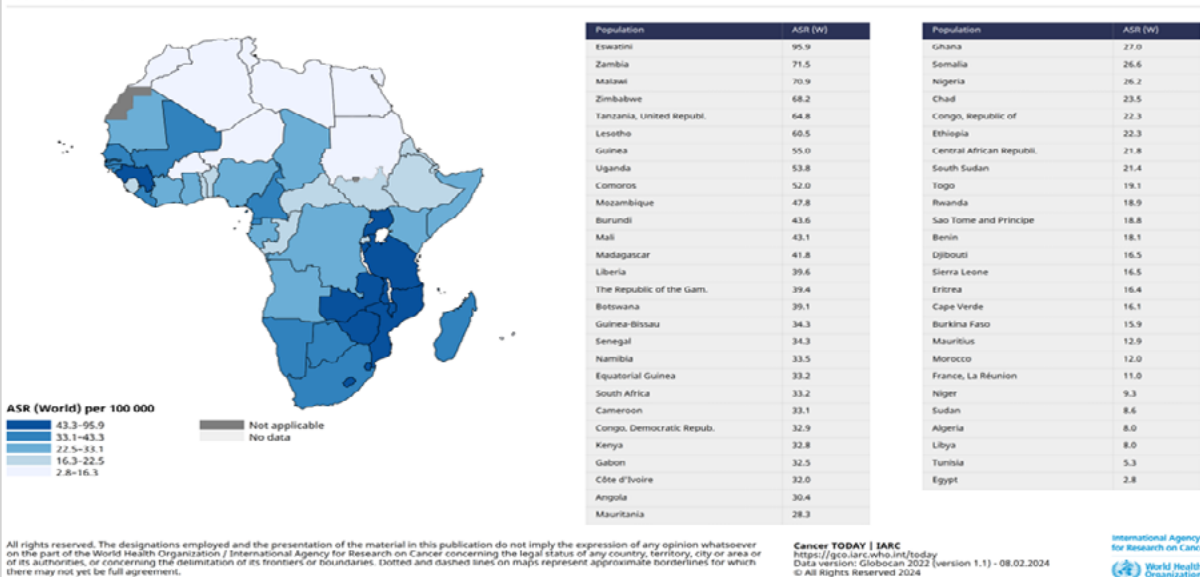
In 2020, 90% of the new cervical cancer cases and deaths worldwide occurred in low- and middle-income countries (LMICs), with 19 countries having the highest burden being in Africa. Cervical cancer is the second leading malignancy in African females<sup>4</sup>. The region accounted for 21% of global cervical cancer mortality. It is estimated that if the current trend continues, by 2030, cervical cancer

mortality will increase to 400 000 globally, with the African Region’s share increasing to 30%<sup>1</sup>. The World Health Organization (WHO) estimates show that currently HPV infections cause approximately 68 000 cases of cervical cancer each year in Africa.

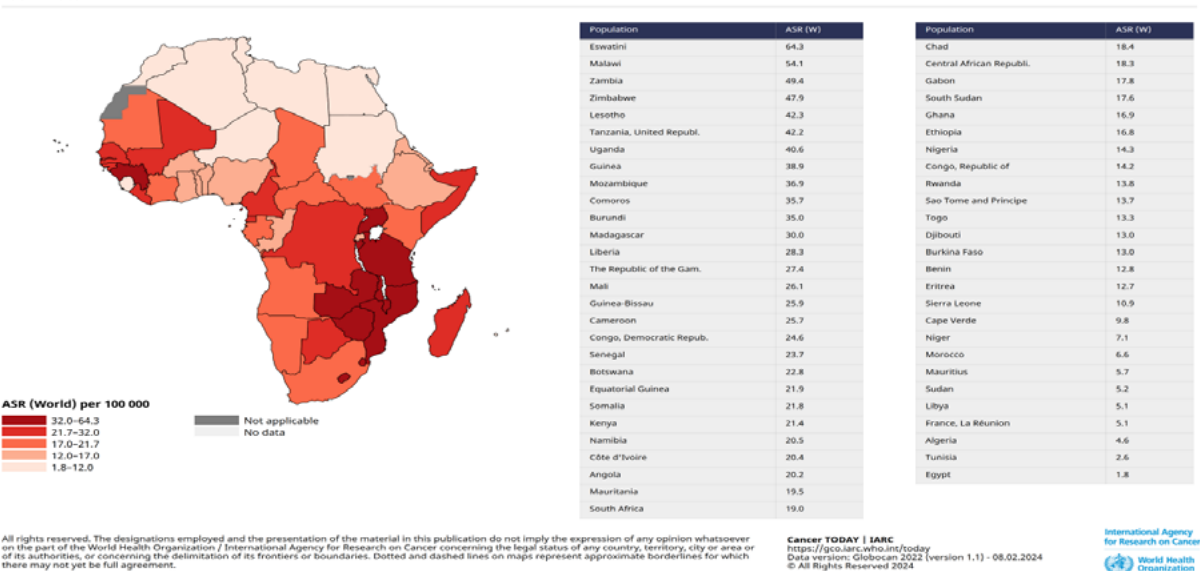
Figure 1: Incidence and Mortality Rate for Cervical Cancer in Africa



### Age-Standardized Rate (World) per 100 000, Incidence, Both sexes, in 2022 Cervix uteri



### Age-Standardized Rate (World) per 100 000, Mortality, Both sexes, in 2022 Cervix uteri



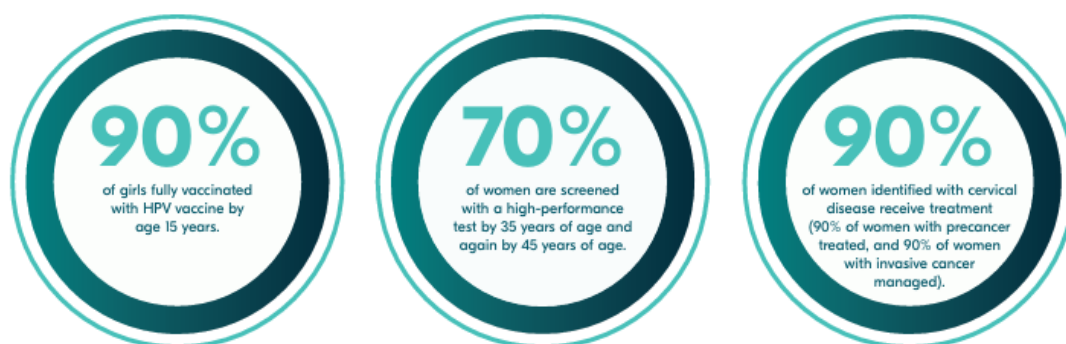
Source: International Agency for Research in Cancer<sup>4</sup>

The high incidence and mortality rates of cervical cancer in Africa, as depicted in Figure 1, are due to socioeconomic and cultural factors as well as poor access to health care services. There is a lack of integrated cancer control programmes into existing primary sexual and reproductive health care services, limited workforce, low political will, lack of cross sectoral collaboration and planning, lack of effective screening and early treatment, limited access to reproductive health care services and public health awareness. In addition, women living with HIV are six times more likely to develop cervical cancer, and to develop it at a younger age than women who are HIV-negative. The interplay between

HIV and cervical cancer exacerbates the burden of morbidity and mortality in the region, reflecting deep-seated geographical, gender, and socioeconomic inequalities. These interconnected diseases highlight disparities in healthcare access and outcomes, disproportionately affecting vulnerable populations <sup>5</sup>.

The WHO Global Strategy for Cervical Cancer Elimination sets ambitious targets complimented by various strategies to address the challenges faced globally and in the Africa region as they work towards the goal to eliminate cervical cancer.

Figure 2: 2030 Global targets for elimination of cervical cancer



Source: World Health Organisation<sup>5</sup>.

Achieving the 90-70-90 targets by 2030 is crucial for the African region to eliminate cervical cancer as a public health problem. These targets aim to vaccinate 90% of girls, screen 70% of women, and treat 90% of women with cervical cancer (90% with precancer and 90% with invasive cancer). For maximum impact, these interventions must be scaled up and implemented simultaneously across the continent. By expanding access to population-based screening and treatment services, alongside widespread HPV vaccination, Africa can expect a gradual reduction in incidence rates<sup>5</sup>. This will significantly decrease mortality from invasive cervical cancers, while offering long-term protection against the disease for future generations. Implementing these strategies will help ensure that the African region makes substantial progress toward cervical cancer elimination.

These goals are in line with global health initiatives and the WHO AFRO region's framework for tackling cervical cancer as a public health issue. The WHO regional framework set milestones for 2024 and 2028 to act as measures towards achievement of the global targets<sup>2</sup>.

The burden of cervical cancer in Africa remains a critical public health issue, exacerbated by factors such as socioeconomic disparities, limited healthcare access, and the high prevalence of HIV. With 90% of new cervical cancer cases and deaths occurring in low- and middle-income countries, particularly in Africa, the region faces a unique set of challenges in addressing this preventable disease. However, the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer offers a comprehensive guide, emphasizing

the achievement of the 90-70-90 targets by 2030, which aim to increase HPV vaccination, screening, and treatment coverage across the continent<sup>5</sup>.

| Milestones by 2024  | Milestones by 2028  |
|---|---|
| <ul style="list-style-type: none"> <li>90% full HPV vaccination of girls by the age of 15 years achieved in at least 20 Member States</li> <li>25% cervical cancer screening coverage using high-performance tests for women aged 30–49 years achieved in at least 10 Member States</li> <li>50% treatment rate for women identified with cervical precancer achieved in at least 10 Member States</li> <li>25% treatment rate for women identified with cervical cancer achieved in at least 10 countries</li> </ul> | <ul style="list-style-type: none"> <li>90% full HPV vaccination of girls by the age of 15 years achieved in at least 40 Member States</li> <li>50% cervical cancer screening coverage using high performance test, for women aged 30–49 years achieved in at least 30 Member States</li> <li>60% treatment rate for women identified with cervical precancer achieved in at least 30 Member States</li> <li>50% treatment rate for women identified with cervical cancer achieved in at least 30 Member States</li> </ul> |

By prioritizing these targets and implementing coordinated interventions, Africa can significantly reduce cervical cancer incidence and mortality rates. This roadmap which was cocreated by the Africa Union Member states complements the guidance already in place and outlines priority actions that can accelerate elimination of cervical cancer in Africa.



## Vision and goal

### Vision:

A Continent free of cervical cancer as a public health problem.

### Goal:

To eliminate cervical cancer as a public health problem in the African Region.

## Implementing the global strategy in the African region

Since adaption of the strategy to scale up prevention, detection, and treatment, and finally eliminate cervical cancer as a public health problem at the 2020 World Health Assembly, Member States have implemented various initiatives to address the burden of cervical cancer.

Member states have also been guided by the “*Framework for the Implementation of the Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem in the WHO African Region*” which was adopted in 2021 at the WHO 71<sup>st</sup> Regional Committee Meeting<sup>2</sup>. The Africa CDC second strategic plan (2023-2027) prioritises the strengthening of integrated health systems to prevent and control high-burden diseases in Member States<sup>6</sup>. Africa CDC Non Communicable Diseases, Injuries Prevention and Control and Mental Health Promotion Strategy (2022-26) emphasizes on the need to strengthen capacity of Ministries of Health (MoH) and/or National Public health institutes (NPHIs) to integrate NCDs including cancer prevention and control services into primary and secondary health care and mobilize funding for setting up continental centres of excellence to support the implementation of evidence-based interventions for cancer prevention and control on the continent<sup>7</sup>.

The Africa CDC Reproductive Health (RH) strategic implementation plan complements the above highlighted needs with strategic objectives to lead advocacy for the production, distribution and uptake of HPV vaccine for the prevention of cervical cancer, to support Member States to expand community health worker (CHW) capacity to scale up interventions in RH priority areas, and to promote, regional/ continental cross-learning and scale up of evidence-based interventions linked to RH priority areas including cancers of the reproductive system<sup>8</sup>.

The “Progress Report on the Regional Framework for the Implementation of the Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem” as tabled at the 74<sup>th</sup> WHO Africa Regional Committee in 2024, provides an update of the interventions to eliminate cervical cancer in Africa<sup>9</sup>.

As of May 2024, twenty-eight countries had introduced **HPV vaccination** into their national routine immunization programmes. Only five countries achieved over 90% single-dose coverage in 2022. Following the WHO recommendation of a single-dose regimen, seven countries have already switched to single-dose HPV vaccine. In 2022, thirty-three per cent (33%) full HPV vaccination of girls by the age of 15 years was achieved in 21 countries<sup>9</sup>.

Further updates provided through the World Health Organisation HPV vaccination dashboard as of **November 2024**, demonstrate the commitment by member states to eliminate cervical cancer as a public health problem. Twenty-nine

### Country Case Study 1: Achieving 90% HPV Vaccination Coverage in Rwanda

Rwanda became the first country in Africa to implement a comprehensive cervical cancer prevention program that included HPV vaccination for girls. In 2011, the Government of Rwanda partnered with MSD to launch a three-year initiative, during which MSD donated over 1.3 million doses of the GARDASIL® vaccine, targeting girls in grade six and those up to 14 years old. This program preceded GAVI funding for HPV vaccines and was delivered as a school-based vaccination program. By the end of the first year, Rwanda achieved a vaccination coverage rate exceeding 90%. Since 2015, Rwanda has continued its HPV vaccination efforts with support from GAVI, The Vaccine Alliance. By 2018, over 1.1 million girls had received their first HPV vaccine dose, representing 98% of the eligible population<sup>11</sup>. During COVID 19 when schools closed, the program was adopted to include health centre and community-based vaccination. Rwanda engages in community mobilisation and outreach to girls, parents and community leaders and have sustained that mobilisation for over a decade, framing the vaccine as a powerful tool for cancer prevention. Today, Rwanda maintains one of the highest HPV vaccination rates globally<sup>12</sup>.

### Country Case Study 2: Cervical Cancer Screening Program in Zambia

Zambia has been implementing a robust cervical cancer screening programme since 2006, using visual inspection with acetic acid (VIA) as the primary screening tool. Cervical cancer screening has been integrated into the HIV programme, as women living with HIV are at higher risk of developing cervical cancer. Since inception, more than 1.5 million women have been screened using VIA, but the overall coverage at population level is still low at about 26%. In 2019, Zambia started a pilot project to introduce human papilloma-virus (HPV) testing – a more accurate and sensitive screening method. As of 2021, Zambia had expanded HPV testing to all 10 provinces with 10 regional central laboratories. To date, over 110 000 tests have been performed since the introduction of HPV testing. In 2023, more than 40 000 women were screened using the HPV based method. Strategies that have led to success include technical assistance and financing towards the development of HPV testing guidelines and national cervical cancer screening guidelines by partners, training of nurses and laboratory staff, streamlining the supply chain, increasing testing on near-to-point of care test platforms to reduce people lost to follow-ups, introducing a registry system for women in follow-up care, and using SMS messaging and phone calls to inform clients of results availability<sup>13</sup>.

(29) member states have introduced HPV vaccination as part of the National Immunisation Program. Vaccination coverage for girls by age 15 years has increased from the 33% reported in May 2024 to 40% vaccination for girls by age 15 years. An additional 11 countries have switched to single-dose HPV vaccine to make a total of 18 countries compared to what was reported at the 74<sup>th</sup> WHO Africa Regional Committee meeting<sup>10</sup>. Rwanda is one of the member states with a successful vaccination program(see Country Case Study 1 below).

As of May 2024, there were still some gaps in **cervical cancer screening**. Thirty-four (34) countries in the Sub-Saharan Africa, including Zambia (see Country Case Study 2 below), had screening programmes that used either Pap smear, visual inspection, or HPV testing, or a combination of these methods. Seventeen countries (17) had introduced HPV screening at subnational levels. According to population-based surveys (2000–2020), screening coverage among WLHIV was estimated at 30% compared to women without HIV at 11% in twenty-eight (28) countries. There was higher screening coverage among women living with HIV in Southern Africa where HIV prevalence is high. From population-based surveys available in four countries (Cabo Verde, Malawi, United Republic of Tanzania and Zambia), the combined proportion of women aged 25 to 49 years who underwent **cervical precancer treatment** across the four countries was 84% in 2020<sup>9</sup>.

**Radiotherapy treatment** is key for management of invasive cervical cancer, but access is very limited. According to the International Atomic Energy Agency, in 2021, a total of 420 radiotherapy machines were operational in 32 countries of the Region, with over 80% of them in Northern and Southern Africa. Nine of the 18 countries with the highest burden of cervical cancer in the Region did not provide radiotherapy treatment<sup>9</sup>. Morocco has made significant progress in provision of radiotherapy services (see Country Case Study 3 below).

### Country Case Study 3: Providing radiotherapy services for Cervical Cancer Treatment: Morocco

Significant progress has been made in radiotherapy services for cancer treatment, particularly for cervical cancer. Over the past two decades, the number of oncology centres equipped with radiotherapy facilities has surged from just 4 to 44, reflecting a strong commitment to improving cancer care. The country now boasts 62 linear accelerators and 21 high-dose rate (HDR) brachytherapy machines. Nearly all regional oncology centres are equipped with advanced radiotherapy technologies, including intensity-modulated radiotherapy (IMRT) and volumetric arc modulated therapy (VMAT). This increase in infrastructure has significantly improved cancer treatment access, with the machine-to-million-inhabitant ratio reaching nearly 1.724 as of 2021, showing a clear dedication to providing comprehensive cancer care services across Morocco<sup>14</sup>.

### Country Case Study 3: Palliative care services for holistic cancer care: Uganda

Uganda has made remarkable progress in integrating palliative care into its health system, becoming a leader in Africa and globally. By 2006, it was one of the 20 countries with advanced palliative care integration. A 2011 report by the Worldwide Palliative Care Alliance noted that Uganda was the only African nation to achieve this level of integration. The 2015 Quality of Death Index ranked Uganda 35th worldwide for the quality and availability of palliative care, with a particularly strong presence of services across the country. As of 2017, Uganda had the highest number of palliative care services in Africa, offering 5.87 services per million people. By 2016, 80% of Uganda's districts had at least one palliative care centre, available at various levels of healthcare facilities, including national and regional referral hospitals, health centres, private facilities, and NGOs. Specialized services for children and other vulnerable groups, such as the elderly and prisoners, are also available. Palliative care in Uganda serves patients with cancer, HIV, chronic organ failure, and neurological conditions, and is guided by national clinical guidelines<sup>15</sup>.

**Palliative care** is an essential element of cancer care. According to WHO, approximately 10 million people need palliative care annually in Africa. Most countries in sub-Saharan Africa have at least some specialist-led palliative care services that include community-based, hospital-based, and hospice-based care. Uganda, Kenya and South Africa provide the largest individual services. However, effective integration with other cancer care efforts still needs to be strengthened<sup>9</sup>. Uganda has made remarkable progress in integrating palliative care into its health system (see Case Study 3 below).

In 2019 only 23 countries in the WHO African Region had **cancer registries** which met the minimum standards in terms of data completeness and had capacity to register at least 70% of all cancer cases expected in any given defined geographical area. Out of the 23 countries, 21 countries met the minimum standards for data completeness in 2021<sup>9</sup>. Zimbabwe is one of the countries that have a cancer registry that meets minimum standards in Africa (see Country Case Study 3 below).

Some progress has been made to address the cervical cancer burden in Africa through the guidance provided by available policies and frameworks. However, if the region is to realise the goal of cervical cancer elimination as a public health concern by 2030, there is need to put in place mechanisms to accelerate multistakeholder collaboration to implement various interventions to close gaps and challenges in the cervical cancer program. This roadmap will be a critical tool as member states realign their priorities for cervical cancer prevention, screening and treatment.

# Action framework

The roadmap has five cross-cutting strategic focus areas and three pillars for action guided by five core principles (Figure 3).

Figure 3. Roadmap: core principles, strategic pivots and pillars for action

|                              |   |
|------------------------------|---|
| <b>Core Principles</b>       | <ul style="list-style-type: none"> <li>• Person -centred</li> <li>• Whole of society,whole of government approach</li> <li>• Sustainability and resilience</li> <li>• Evidence based and research driven</li> <li>• Equitable access to quality care</li> </ul> |
| <b>Strategic Focus Areas</b> | <ul style="list-style-type: none"> <li>• Service delivery</li> <li>• Health workforce</li> <li>• Health information systems</li> <li>• Access to essential cervical cancer medicines and technologies</li> <li>• Leadership,governance ,financing</li> </ul>    |
| <b>3 pillars of action</b>   | <ul style="list-style-type: none"> <li>• Increased HPV Vaccination</li> <li>• Screening and treatment of precancerous lesions</li> <li>• Access to quality tretment and palliative care</li> </ul>  |

*Centres of excellence for cervical cancer elimination will be established in Morocco, Rwanda and Zambia. These hubs will serve as centres of expertise and innovation, driving efforts to eliminate cervical cancer in their respective regions. They will focus on providing comprehensive care, from prevention through to treatment and survivorship, while serving as training hubs for healthcare professionals. These centres will also facilitate research on effective, context-specific strategies for cervical cancer prevention, early detection, and treatment, and work to strengthen national cancer care systems. They will play a crucial role in promoting regional collaboration and sharing best practices across countries, contributing to the global fight against cervical cancer.*

## Country Case Study 3: The Zimbabwe National Cancer Registry

The **Zimbabwe National Cancer Registry (ZNCR)** was established in 1985 as a result of a collaborative research agreement between the Ministry of Health and Child Care (MOHCC) and the International Agency for Research on Cancer (IARC) of the World Health Organisation (WHO). This followed the acknowledgement and realisation by the MOHCC that cancer had become an important cause of morbidity and mortality, and therefore a serious public health problem in Zimbabwe. Over the years the ZNCR has been providing technical support to registries in the sub-Saharan region of Africa at the request of the International Agency for Research on Cancer (IARC), WHO/AFRO, the International Atomic Energy Agency (IAEA) and the African Cancer Registry Network (AFCRN). The Registry is a voting member of the International Association of Cancer Registries (IACR) and is also one of the founding members of the East African Registry Network (EARN) which became the African Cancer Registry Network (AFCRN) in 2011<sup>16</sup>.

## Core principles

The following principles will guide the development and implementation of evidence-informed accelerated plans of action to achieve cervical cancer elimination by member states:

- **People-centred:** Adopt a people-centred approach that emphasizes personalized, culturally sensitive, and holistic care, addressing physical and emotional needs. Prioritize high-quality, equitable healthcare delivery with a gender lens that focuses on the unique challenges faced by women and marginalized groups, ensuring fairness and reducing disparities.
- **Whole of government, whole of society approach:** unified leadership by governments and active collaboration across all sectors of society to tackle cervical cancer effectively. Ensure community participation to build trust and partnerships with key stakeholders, including people with lived experiences, healthcare providers, policymakers, NGOs, and private entities, to ensure comprehensive prevention, early detection, timely treatment, and vaccination. Leveraging shared resources, best practices, and innovative strategies, to drive impactful, sustainable progress toward eliminating cervical cancer
- **Sustainability and resilience:** Promote sustainability and resilience by mobilizing resources and leveraging innovative financing mechanisms, including government funding, donor support, and community contributions, to ensure the long-term viability cervical cancer elimination initiatives.
- **Evidence based and research driven:** Adopt a robust, evidence-based approach by integrating monitoring and evaluation frameworks with research-driven innovations to track progress, optimize HPV vaccination and cervical cancer care, and address barriers to screening and treatment in diverse populations.
- **Equitable access:** strengthening healthcare systems through improved infrastructure, integrated care, access to HPV vaccines, diagnostic tools, and treatment facilities to ensure equitable cervical cancer care for all

## Strategic regional focus areas

### Strategic Regional Focus Area 1: Service delivery

Member states should,

- standardize and establish clear care protocols and guidelines for all stages of cervical cancer management, from prevention and screening to diagnosis, treatment, and follow-up, ensuring consistent, high-quality care across healthcare settings.
- adopt patient navigation as a core strategy by assigning dedicated navigators to guide individuals through the cervical cancer care continuum, ensuring timely access to vaccination, screening, diagnosis, treatment, and follow-up care.
- ensure continuity of cervical cancer services in emergencies by integrating essential care into emergency response plans, strengthening supply chains, training healthcare workers, and utilizing mobile health units and telemedicine to reach affected populations.
- develop and integrate comprehensive training modules on cervical cancer control, including screening and early detection, into the curricula of various health workforce training programs to ensure a well-prepared workforce capable of addressing cervical cancer effectively across all levels of care.



- promote community awareness and advocacy by involving individuals with lived experience of cervical cancer, using their stories to raise awareness, reduce stigma, and advocate for early detection, screening, and treatment services.
- develop guidelines for cross-border practice and licensing for the healthcare workforce and innovations to promote cross-border practice in the delivery of cervical cancer services.
- implement strategies to integrate cervical cancer screening and treatment with other reproductive health services, as well as services for other cancers such as breast cancer. This approach minimizes missed opportunities to provide comprehensive care and ensures that individuals accessing one service can benefit from others seamlessly.
- develop and implement efficient referral systems that link primary care, specialty services, and advanced treatment centers, ensuring seamless, people-centred care. This will include clear referral pathways, digital platforms for communication, telemedicine, and training for healthcare providers to improve coordination and reduce unnecessary visits.

## Strategic Focus Area 2: Health Workforce

Member states should

- strengthen task shifting and workforce training by implementing task shifting and providing specialized training for nurses and other healthcare workers at all levels of care, with a focus on both preservice and in-service training in the prevention, diagnosis and treatment of cervical cancer.
- establish governance and monitoring bodies at the continental and country levels, supported by policies and legal frameworks that ensure sustainability and accountability, with clear monitoring tools, periodic meetings, and reporting mechanisms to facilitate accountability and the sharing of knowledge and best practices.
- establish a system to address the challenge of insufficient numbers of trained and competent providers by Train, maintain and

update adequate numbers of competent providers for all service levels.

## Strategic Focus Area 3: Health Information Systems

Member states should,

- develop and implement robust data management and monitoring systems to track cervical cancer prevention, screening, diagnosis, and treatment outcomes, including dashboards for data visualization and scorecards to assist in holding member states accountable.
- utilize real-time data for decision-making, improve service delivery, and ensure accountability and quality control across programs.

## Strategic Focus Area 4: Access to Essential Medicines and Technologies

Member states should,

- ensure the availability of essential medicines, vaccines, supplies, and technology for cervical cancer prevention, diagnosis, and treatment by strengthening supply chains, improving procurement processes, and investing in the necessary infrastructure and equipment.
- leverage public-private partnerships (PPPs) and explore innovative financing mechanisms to secure sustainable funding for cervical cancer programs, while actively engaging international donors and multilateral agencies to support and enhance resource mobilization efforts.
- adopt innovative financing models, such as impact bonds, blended finance, and community-based funding mechanisms, to secure medicines and technologies for cervical cancer programs. This includes creating an African fund for price negotiations, reducing costs through pooled procurement, and exploring partnerships with the private sector and international donors to expand access to vaccines, treatment, and care.



## Strategic Focus Area 5: Leadership, Governance, and Financing:

Member states should,

- ensure high-level political will and government leadership is in place to drive sustainable partnerships, including public-private partnerships (PPPs) and subsidized programs.
- develop in country capacity to access and optimize existing funding sources (e.g., GAVI, World Bank) by understanding eligibility and funding criteria
- establish an Africa-wide cancer fund, with Africa CDC providing leadership to negotiate partnership agreements with funders to establish a continental Africa cancer fund for long-term investment in cancer care.
- establish National cervical cancer prevention and control programmes deciding on nationally appropriate and feasible options for prevention and control of cervical cancer, giving careful consideration to scalability and sustainability, and developing national guidelines, establishment of a national cervical cancer management team with an operational framework for the activities that need to be undertaken at different levels of the health care system.

## Priority actions for impact

### Pillar 1. Increased HPV vaccination

#### Background

The high cost of HPV vaccines and supply limitations have significantly slowed their introduction and expansion in many countries. As a result, only 62% of African countries have adopted the vaccine, compared to higher adoption rates in the Americas (91%), Europe (85%), and the Western Pacific (85%)<sup>10</sup>. In some African nations, low vaccination coverage is also influenced by factors such as the choice of delivery strategies, inadequate communication, and vaccine hesitancy<sup>2</sup>.

#### Priority areas for action

Priority areas for action include:

- enhancing community engagement: developing culturally sensitive, multi-channel communication strategies to address vaccine hesitancy, cervical cancer myths, involving key community stakeholders like religious leaders and educators to build trust and ownership.
- improving vaccine access and distribution: expanding cold chain capacity and infrastructure, ensuring the equitable distribution of HPV vaccines, especially to remote regions.
- broadening vaccine administration: updating policies to allow more healthcare providers, such as community pharmacists and private practitioners, to administer the HPV vaccine.
- integrating vaccination into existing health services: including HPV vaccination within adolescent health services, HIV programs, and primary healthcare to maximize reach and impact.
- implementing mixed delivery strategies: using both facility-based and outreach services to ensure in-school and out-of-school girls are reached with HPV vaccination.
- leveraging innovative technologies: utilizing technologies such as drones for vaccine delivery and GIS mapping for improved tracking and distribution, particularly in underserved areas.
- adopting single-dose vaccination: implementing single-dose HPV vaccination to reduce dropout rates and ensure higher completion rates.
- increasing government investment: advocating for greater government funding for routine immunization,

exploring pooled funding mechanisms to ensure long-term sustainability.

- supporting pooled procurement: encouraging pooled procurement strategies to lower vaccine costs and improve equitable access.
- strengthening local vaccine production: prioritizing support for local vaccine manufacturers to ensure cost-effective and sustainable vaccine availability within the region.

## **Pillar 2. Screening and treatment of precancerous lesions**

### **Background**

There is limited access to cervical cancer screening services due to unavailability due to inadequate infrastructure and limited financial resources for both governments and individuals, especially at remote healthcare facilities. Lower performance screening tests such as VIA and Pap smears, which are of lower performance when compared to the recommended HPV testing, are usually in use where services are available. Additional barriers such as, low health literacy, cultural myths, misinformation, and negative practices discourage women from seeking screening. Inadequate involvement of people with lived experience, women and key stakeholders in communities in cocreating and implementing cervical cancer screening and treatment programs contribute to the low uptake. Access to safe and effective treatment of precancerous lesions is a challenge. Treatment is either delayed or not provided due to challenges in providing cryotherapy. Cryotherapy required the use of bulky gas containers and has high recurrent costs<sup>2</sup>.

### **Priority areas for action**

Priority areas for action include:

- integrating cervical cancer screening into primary healthcare by making it a routine service at primary healthcare centres and incorporating it into the reproductive health service package. ensuring that cervical cancer screening and early diagnosis are accessible as part of comprehensive reproductive health care for women.

- streamlining referral pathways: developing clear, efficient referral mechanisms to ensure timely follow-up for abnormal results.
- strengthening the knowledge and skills of health workforce in all aspects of cervical cancer control, with a particular emphasis on screening and early detection, through continuous training, professional development, and access to updated guidelines and resources.
- utilizing task-shifting by training and empowering community health workers to strengthen cervical cancer screenings and facilitate timely referrals, expanding access to early detection and ensuring more women are reached in underserved areas.
- fostering cost-effective innovations and scale-up strategies to make cervical cancer screening more affordable and accessible, leveraging technology, community-based approaches, and partnerships to reduce costs and increase coverage, especially in underserved areas.
- implementing digital health solutions, including artificial intelligence (AI) and machine learning (ML) for image analysis in cervical cancer screening, and deploying mobile screening and diagnostic clinics integrated with geospatial data systems (GIS) for outreach. Focusing on cost-effective innovations to scale up affordable screening and expand access to underserved populations.
- implementing community education campaigns to raise awareness about the importance of early detection and available screening options for cervical cancer. addressing misconceptions and stigma through culturally sensitive communication, and collaborate with local leaders and influencers, including traditional and religious figures, to promote the acceptance and uptake of screening services in communities.
- developing guidelines for adaptation of HPV screening in collaboration with laboratory services

### **Pillar 3. Access to quality diagnosis and treatment**

#### **Background**

There is a gap in provision and access to diagnostic services such as pathology services. Quality infrastructure and expertise are inadequate. There is scarcity of specialized health personnel (including oncologists and pathologists) for cancer prevention and control. The pool of skilled workers is also unevenly distributed, with high concentrations in urban areas<sup>1</sup>. The goals that patients initiate treatment within one month of diagnosis being confirmed and in less than 90 days from symptom onset are not being met due to delays in care, loss to follow up and lack of optimisation of the effectiveness of treatment<sup>17</sup>. Treatment options are limited due to high costs. As of May 2024, radiation therapy was only available in 22 member states. Most countries do not have national health insurance to cover costs of diagnosis and treatment hence cancer treatment is associated with catastrophic health expenditure. Access to affordable high-quality cancer and supportive medicines is a significant challenge. Though about 80% of women diagnosed with invasive cervical cancer require palliative care services, these are not available in a structured way in many member states<sup>2</sup>.

#### **Priority areas for action**

Priority areas for action include:

- strengthening task shifting and workforce training by implementing task shifting and providing specialized training for nurses and other healthcare workers at all levels of care, from primary to tertiary, with a focus on prioritizing both preservice and in-service training in the diagnosis and treatment of cervical cancer to improve service delivery.
- enhancing access to cancer diagnosis and treatment by reducing financial, geographic, and sociocultural barriers, prioritizing basic high impact low-cost services, and implementing schemes like insurance prepayment and cash transfers to reduce out-of-pocket expenses
- enhancing diagnostic and pathology services for cervical cancer by decentralizing diagnostic and pathology

capabilities to local health facilities and strengthening referral pathways, ensuring timely and accurate diagnosis and seamless care for patients across all levels of the healthcare system.

- developing diagnostic algorithms suited to available resources, coordinating between facilities, and ensuring quality assurance for accurate, timely results.
- conducting a comprehensive health system readiness assessment for diagnostic and treatment services, to assess and enhance the readiness of health systems, including health workforce, infrastructure enhancement and task-shifting preparedness, to meet diverse country needs.
- enhancing diagnostic services to ensure timely and accurate detection of cervical cancer, while strengthening access to comprehensive treatment modalities, including surgery, radiotherapy, and chemotherapy, to improve patient outcomes and ensure effective care throughout the cancer care continuum.
- strengthening multisectoral collaboration, foster public-private partnerships and multi-sectoral coordination to bridge gaps in cancer treatment and improve service delivery.
- establishing national palliative care and integrate palliative care programs across all levels of the healthcare system, including community and family units.
- empowering families and communities to actively engage in patient care and advocacy, fostering a supportive care environment and shared decision making by mobilizing and supporting patient organizations to lead community-based initiatives.
- providing integrated psychosocial and mental health support for women diagnosed with cervical cancer through counselling, peer support networks, and training for healthcare providers to address emotional and psychological challenges throughout their care journey.
- prioritising development of policies for psychosocial support for the patients and the health workforce.

## Conclusion

The elimination of cervical cancer in Africa represents a critical public health goal and an opportunity to address health inequities and strengthen healthcare systems across the continent. This accelerated roadmap outlines the urgent actions required to achieve this vision through comprehensive and coordinated efforts. Governments, healthcare providers, civil society, development partners, and the private sector must unite to enhance prevention, screening, treatment, and care. Scaling up human papillomavirus (HPV) vaccination programs, expanding affordable screening services, integrating them into primary healthcare, and building robust infrastructure for comprehensive care are essential. Leveraging digital health innovations and fostering research will improve service delivery and provide the evidence needed for effective policymaking. Establishment of centres of excellence for cervical cancer elimination in

Morocco, Rwanda and Zambia will enable the continent to develop models that can be adapted and implemented across the continent.

Sustaining the momentum to eliminate cervical cancer requires continued investment, capacity building, and community-driven approaches. Advocacy for prioritizing cervical cancer elimination in national health agendas and mobilizing resources at all levels is imperative. Addressing disparities and ensuring equitable access to services, especially for underserved populations, are central to this roadmap. By implementing these strategies, Africa has the potential to achieve a cervical cancer-free future, saving lives, transforming health systems, and creating a model for addressing other non-communicable diseases. Together, we can realize a healthier, more equitable future for all.

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