PHILIPPINES

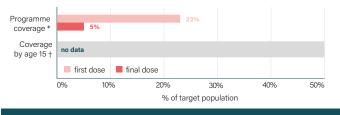
CERVICAL CANCER PROFILE

Morbidity and Mortality

| Crude cervical cancer incidence per 100 000 women (2020): | 14.5 | cal |
|---|-------|-------------------------------|
| Age-standardized cervical cancer incidence | | eath rate or cervical) |
| per 100 000 women (2020): | 15.2 | l dea n for 019) |
| Cumulative risk of cervical cancer, ages 0-74 (2020): | 1.6% | dizec omer er (20 |
| Cervical cancer deaths (2019): | 3 100 | ndar 00 w canci |
| Cervical cancer mortality-to-incidence ratio (2020): | 0.51 | le-star 100 00 c |
| Population-based cancer registry exists (2021): | Yes | Age- per 10 |

Primary Prevention

HPV vaccination programme coverage among girls (2020)



Fewer than 1 in 10 girls in the primary target cohort in 2020 have received their final HPV vaccination dose

Secondary Prevention

| National screening programme | |
|--|-------------|
| for cervical cancer exists (2021): | Yes |
| Primary screening test used (2021): | VIA |
| Target age range of programme (2021): | 25-55 years |
| Programme/guidelines exist to strengthen early detection | |
| of first symptoms at primary health care level (2021): | Yes |
| Clearly defined referral system exists from primary care | |
| to secondary and tertiary care (2021): | Yes |

Treatment and Supportive Care

| National guidelines on cervical cancer management | |
|---|----|
| exist (2021): | No |

Cancer diagnosis and treatment services generally available (2021):

| Cancer centre or cancer department at tertiary level: | Yes |
|---|-----|
| Pathology services (laboratories): | Yes |
| Cancer surgery: | Yes |
| Chemotherapy: | Yes |
| Radiotherapy: | Yes |
| | |

HPV vaccination programme (2020):

2000

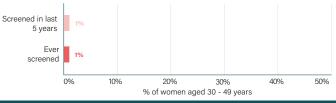
| HPV included in national vaccination programme: | Yes |
|---|-------------|
| Scale of vaccination programme: | Subnational |
| Year of introduction: | 2016 |
| Primary target cohort: | 9-14 years |

2010

Related risk factors:

| Tobacco use prevalence, women aged 15+ years (2020)**: | 6% |
|--|------|
| Condom use at last high-risk sex (2008): | 11% |
| HIV incidence per 1000, women aged 15+ years (2020): | 0.03 |

Screening for cervical cancer (2019)



Fewer than 1 in 10 women have been screened for cervical cancer in the last 5 years

| Number of radiotherapy units per 10 000 cancer patients (2021): | 4 |
|--|---|
| Number of brachytherapy units per 10 000 cancer patients (2021): | 1 |

Number of medical staff (per 10 000 cancer patients):

| Radiation oncologists (2019): | 13 |
|-------------------------------------|-----|
| Medical physicists (2019): | 8 |
| Surgeons (2014): | 177 |
| Radiologists (2019): | 108 |
| Nuclear medicine physicians (2019): | 8 |

Palliative care for patients with NCDs in the public health system generally available (2021):

| In primary health care facilities: | No |
|------------------------------------|----|
| In community or home-based care: | No |

Reported annual opioid consumption excluding methadone - in oral morphine equivalence per capita (2017): <1mg

WHO Cervical Cancer Elimination Strategy Targets for 2030

90% of girls fully vaccinated with the HPV vaccine by the age of 15

70% of women are screened with a high-performance test by 35 years of age and again by 45 years of age

90% of women identified with cervical disease receive treatment

VIA = Visual inspection with acetic acid

Programme coverage: % of national target population (among 9-14-year-old girls)
Coverage by age 15: % of population turning 15 that have been vaccinated against HPV at any time between ages 9 to 14

See Explanatory Notes for indicator descriptions.

**Data refer to tobacco smoking only, in absence of sufficient data on all tobacco use

World Health Organization - Cervical Cancer Country Profiles, 2021

TOTAL POPULATION, FEMALE (2019): **53 800 000**

TOTAL DEATHS, FEMALE (2019): **335 000**

2015

2019