



Phased scale up of a public commitment to cervical cancer elimination in Malaysia

In 2019 the government of Malaysia made a public commitment to their population to eliminate cervical cancer which despite being largely preventable, is the third most common cancer among Malaysian women with an incidence rate of 10.5 per 100,000 population in 2018. ¹This commitment was reiterated by the Deputy Minister of Health at the parliament a year later.

Malaysia was one of the countries that proposed a draft resolution *Cervical cancer prevention and control: accelerating the elimination of cervical cancer as a public health problem* on World Cancer Day (4th of February) 2020 (EB146/CONF./5).²

Anticipating the 90:70:90 three pillar approach of the WHO Global Strategy to accelerate the elimination of cervical cancer as a public health problem, Malaysia reviewed its current programmes and services and the impact which they were having.

90% coverage of HPV vaccination:

Malaysia was the first Asian country to launch its National School-based HPV Immunisation Programme in 2010 targeting 13 years old girls. The programme was implemented at national scale in 2,958 public and private secondary schools registered under the Ministry of Education throughout the country, initially at the WHO recommended three doses of the HPV vaccine. Parents received consent forms and health education material and information on the HPV vaccination one week prior to the administration of the first dose. In 2017, in line with the SAGE (WHO) recommendation, the adolescent female students were given two doses of the HPV vaccine. ³ The National HPV Immunisation Programme reports regular vaccination coverage of 83% among 13-year-old girls.⁴

70% coverage of cervical screening and 90% of treatment:

In contrast to the strongly performing vaccination programme, the impact of the screening services in Malaysia was low and there was no formal follow up or tracking of women that were referred for treatment of precancers or invasive cervical cancer, despite good infrastructure for both diagnosis and cancer management services.

¹ Ferlay J, Ervik M, Lam F, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2018). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.fr/today>, accessed [17.08.2020].

² Cervical cancer prevention and control: accelerating the elimination of cervical cancer as a public health problem. Draft resolution. Available: , accessed 18.08.2020 https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_CONF5-en.pdf?u=d14513c247133256062fd1183&id=73f8ad4097&e=b6b5a0f8e8

³ Guidelines for Primary HPV testing in cervical cancer screening in Malaysia. Available <https://www.ogsm.org.my/docs/GUIDELINES%20FOR%20PRIMARY%20HPV%20TESTING%20FOR%20CERVICAL%20CANCER%20SCREENING%20IN%20MALAYSIA.pdf>, accessed 17.08.2020

⁴ Health Facts 2019. Reference Data for 2018. Ministry of Health Malaysia Planning Division, Health Informatics Centre MOH/S/RAN/152.19(PT)-e Available: https://www.moh.gov.my/moh/resources/Penerbitan/Penerbitan%20Utama/HEALTH%20FACTS/Health%20Facts%202019_Booklet.pdf, accessed 18.08.2020

Although cervical cancer screening using Pap smear was introduced in the country in 1969, the screening rate of 12.8% (2011) was far below the WHO coverage target of 70% and the rates remained low despite public awareness campaigns and relatively easy access to screening in healthcare facilities.

“We knew that the pelvic examination with a speculum had low acceptability with women in Malaysia and beyond. Pilot Project ROSE was conceived using the principles of design thinking, a collaboration between University of Malaya and VCS foundation” said Yin Ling Woo, Principle Investigator for Project ROSE.

“Partnering with VCS Foundation on a pilot project enabled us to build a local team with skills and enthusiasm for adopting a state-of-the-art approach to cervical screening in Malaysia, embracing the high performance HPV test, which identifies presence of the HPV infection much earlier as well as assessing the acceptability of linking this test with the further innovations of self-sampling and e-health tools.”

The pilot enabled Woo and colleagues from the University of Malaya to make the national investment case for adoption of self-sampling for HPV testing across Malaysia to policymakers. Key factors for success include: reduced human capital and infrastructure required for implementation and sustaining this service; ease of service delivery for both staff and women illustrated by both high uptake, acceptability data and very low rates of women lost to follow up; strong supporting data management system and the promise of elimination in Malaysia.

“The success of the self-sampling for HPV testing in Project ROSE has been great to see, women are empowered by these option to take control of their cervical health, and women have been instrumental in recommending this further and sharing the ease of the self-sample, test and app for results with women of screening age”, said Woo.

Ongoing political and media support for the vision of a cervical cancer free future for women in Malaysia is identified as key as the ROSE programme strives for the WHO targets of 70% of women being screened with a high-performance HPV test by 35 and 45 years of age by 2030 and 90% treatment coverage. The ROSE team report that they are working with partners to scale to population-based approach in the Greater Kuala Lumpur region, as well as introducing new pilot services across the country. Establishment of a dedicated ROSE laboratory last year was considered a key investment to ensure that laboratory testing can keep pace with the demand from the community as services expand.

Additional resources:

- [Reducing Obstacles to Cervical Cancer Screening - Conquering Cancer – short video](#)
- For more information on Program Rose please see <https://www.programrose.org/>
- The feasibility and acceptability of self-sampling and HPV testing using Cepheid Xpert® HPV in a busy primary care facility <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6428151/>