



**World Health
Organization**

African Region

AFR/RC74/INF.DOC/9

27 May 2024

REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Seventy-fourth session

Brazzaville, Republic of Congo, 26–30 August 2024

Provisional agenda item 18.8

**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**

Information Document

CONTENTS

Paragraphs

BACKGROUND	1–3
PROGRESS MADE/ACTIONS TAKEN.....	4–8
ISSUES AND CHALLENGES	9
NEXT STEPS	10–11

BACKGROUND

1. Cervical cancer is the fourth most common cancer in women worldwide, with Africa having the highest regional incidence and mortality rates. Eighteen¹ out of 20 high-burden countries are found in Africa. Women living with human immunodeficiency virus (WLHIV) are six times more likely to develop cervical cancer compared to women without HIV.² To address this health issue, the Seventy-first session of the Regional Committee for Africa adopted the Framework for the implementation of the global strategy to accelerate the elimination of cervical cancer as a public health problem, covering the period 2021–2030 in the WHO African Region.

2. The goal of the framework is to ultimately eliminate cervical cancer as a public health problem in the Region. The framework set the following milestones for 2024: ninety per cent full human papillomavirus (HPV) vaccination of girls by the age of 15 years achieved in at least 20 countries; 25% cervical cancer screening coverage using high-performance tests³ for women aged 30–49 years; 50% treatment rate for women identified with cervical precancer;⁴ and 25% treatment⁵ rate for women identified with cervical cancer achieved in at least 10 Member States.

3. This is the first progress report on the regional framework. It describes the progress made in implementing the framework from 2021 to 2023.

PROGRESS MADE/ACTIONS TAKEN

4. Twenty-eight countries⁶ have introduced HPV vaccination into their national routine immunization programmes. Only five countries⁷ achieved over 90% single-dose coverage in 2022. Following the WHO recommendation of a single-dose regimen, seven⁸ countries in the Region have

¹ Botswana, Burundi, Comoros, Eswatini, Gambia, Guinea, Guinea-Bissau, Lesotho, Liberia, Madagascar, Malawi, Mali, Mozambique, Senegal, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

² Stelzle D, Tanaka LF, Lee KK, Khalil AI, Baussano I, Shah ASV et al. Estimates of the global burden of cervical cancer associated with HIV. *Lancet Glob Health* 2021;9: e161–69. doi:[10.1016/S2214-109X\(20\)30459-9](https://doi.org/10.1016/S2214-109X(20)30459-9)

³ High-performance test means testing for HPV which offers superior specificity and has a strong negative predictive value. WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention, second edition Geneva, World Health Organization 2021 ([WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention](https://www.who.int/publications/m/item/who-guideline-for-screening-and-treatment-of-cervical-pre-cancer-lesions-for-cervical-cancer-prevention), accessed on 4 April 2024)

⁴ Methods of pre-invasive cervical cancer treatment include Large-loop excision of the transformation zone (LLETZ): An excisional method for the treatment of cervical intraepithelial neoplasia (CIN). LLETZ is used for both diagnostic and therapeutic interventions. Thermal ablation: Refers to the destruction of abnormal cervical tissue by extreme temperature, commonly used for hyperthermia (elevated tissue temperatures of at least 100 °C. Cryotherapy: The application of extreme hypothermia to the cervix by applying a highly cooled metal disc (cryoprobe) to the cervix and freezing the abnormal areas (along with normal areas) covered by it. This is another form of ablative treatment. Cold knife conization (CKC): The surgical removal of the central cervix, including portions of the outer (ectocervix) and inner cervix (endocervix) using a scalpel. Usually performed under anaesthesia

⁵ Treatment for cervical cancer depends on the stage of disease and may involve either one modality or combinations of surgery, radiotherapy, systemic therapy (including chemotherapy) and palliative care. WHO framework for strengthening and scaling-up of services for the management of invasive cervical cancer. Geneva: World Health Organization; 2020 accessed 4 April, 2024. [WHO Framework for strengthening and scaling-up services for the management of invasive cervical cancer](https://www.who.int/publications/m/item/who-framework-for-strengthening-and-scaling-up-services-for-the-management-of-invasive-cervical-cancer)

⁶ Botswana, Burkina Faso, Cabo Verde, Cameroon, Côte d'Ivoire, Eritrea, Eswatini, Ethiopia, Gambia, Kenya, Lesotho, Liberia, Malawi, Mauritania, Mauritius, Mozambique, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Uganda, United Republic of Tanzania, Togo, Zambia, Zimbabwe.

⁷ Cabo Verde, Ethiopia, Mozambique, Seychelles and Uganda

⁸ Burkina Faso, Cabo Verde, Cameroon, Malawi, Nigeria, Togo, Zambia

already switched to single-dose HPV vaccine. In 2022, thirty-three per cent full HPV vaccination of girls by the age of 15 years was achieved in 21⁹ countries.¹⁰

5. Cervical cancer screening coverage remains suboptimal in sub-Saharan Africa. Thirty-four countries¹¹ in the Region have screening programmes that use either Pap smear, visual inspection, or HPV testing, or a combination of these methods. Seventeen countries¹² have 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 28 countries.¹³ This is due to higher screening coverage among women living with HIV in Southern Africa where HIV prevalence is high.¹⁴ Data collection on high performance test-based cervical cancer screening coverage is ongoing for women aged 30–49 years.

6. From population-based surveys¹⁵ available in four¹⁶ countries, the combined proportion of women aged 25 to 49 years who underwent cervical precancer treatment across the four countries was 84% in 2020. Radiotherapy is a key element in the treatment of invasive cervical cancer. 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. Access to radiotherapy is therefore very limited.¹⁷ Nine¹⁸ of the 18 countries with the highest burden in the Region do not provide radiotherapy treatment.¹⁹

7. Palliative care is an essential element of cancer care. Approximately 10 million people need palliative care annually in Africa, based on WHO estimates, which find that 1% of the population of the continent needs palliative care.²⁰ Although most countries in sub-Saharan Africa have at least some specialist-led palliative care services that include community-based, hospital-based, and hospice-based

⁹ Botswana, Burkina Faso, Cabo Verde, Cameroon, Côte d'Ivoire, Ethiopia, Gambia, Kenya, Liberia, Malawi, Mauritania, Mauritius, Mozambique, Rwanda, Senegal, Seychelles, South Africa, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

¹⁰ ([Human papillomavirus \(HPV\) immunization coverage estimates](#), accessed 14 April 2024)

¹¹ Angola, Benin, Botswana, Burundi, Cabo Verde, Comoros, Congo, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Gabon, Gambia, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Malawi, Mauritius, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

¹² Benin, Botswana, Burkina Faso, Côte d'Ivoire, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Rwanda, Nigeria, Senegal, South Africa, Uganda, United Republic of Tanzania, Zambia and Zimbabwe

¹³ Benin, Botswana, Burkina Faso, Cabo Verde, Cameroon, Chad, Comoros, Democratic Republic of Congo, Côte d'Ivoire, Eswatini, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mali, Mauritania, Mauritius, Mozambique, Rwanda, United Republic of Tanzania, Uganda, Zambia, Namibia, Sao Tome and Principe, Senegal, South Africa, and Zimbabwe.

¹⁴ Yang L et al. Regional and country-level trends in cervical cancer screening coverage in sub-Saharan Africa: A systematic analysis of population-based surveys (2000–2020). Published 12 January 2023. (<https://doi.org/10.1371/journal.pmed.1004143>, accessed 14 April 2024)

¹⁵ Population based surveys included the Demographic and Health Survey (DHS), the WHO STEPwise approach to NCD risk factor surveillance (STEPS), Kenya AIDS Indicator Survey (KAIS), Population-Based HIV Impact Assessment Survey (PHIA), South African National HIV prevalence, Incidence, Behaviour and Communication Survey (SABSSM), Study on Global Ageing and Adult Health (SAGE) and World Health Survey.

¹⁶ Cabo Verde, Malawi, United Republic of Tanzania and Zambia.

¹⁷ **Cancer in sub-Saharan Africa: a *Lancet Oncology* Commission. Volume 23, Issue 6, June 2022, Pages e251- (<https://www.sciencedirect.com/science/article/pii/S1470204521007208>, accessed 14 April 2024)**

¹⁸ Eswatini, Malawi, Lesotho, Guinea, Comoros, Burundi, Liberia, Gambia, Guinea-Bissau

¹⁹ Elmore SNC et al. Radiotherapy resources in Africa: an International Atomic Energy Agency update and analysis of projected needs. *Lancet Oncol.* 2021 Sep;22(9):e391-e399. doi: 10.1016/S1470-2045(21)00351-X. PMID: 34478675; PMCID: PMC8675892 [Radiotherapy resources in Africa](#)

²⁰ ([Palliative care fact sheet](#), accessed 14 April,2024)

care, the largest individual services are provided in Uganda, Kenya and South Africa. Effective integration with other cancer care efforts is lacking.²¹

8. In 2019 only 23²² countries in the WHO African Region had cancer registries which met the minimum standards in terms of data completeness. They had the capacity to register at least 70% of all cancer cases expected in any given area.²³ However, in 2023 only 21 countries met the minimum standards for data completeness, as Malawi and Niger did not meet the minimum standards.

ISSUES AND CHALLENGES

9. Persisting health system challenges in the Region hinder progress. They include: insufficient financing to implement the full package of interventions; the high cost in terms of price and delivery of HPV vaccines and tests; the limited availability of population-based screening programmes, and the dearth of baseline data and functional monitoring frameworks in countries of the Region.

NEXT STEPS

10. Member States should:

- (a) implement measures to accelerate HPV vaccination and screening;
- (b) prioritize cervical cancer screening and treatment in universal health coverage (UHC) benefits packages;
- (c) invest in establishing and strengthening cancer registration;
- (d) develop a monitoring and reporting system for tracking progress towards the milestones;
- (e) integrate cervical cancer services into programmes such as HIV and reproductive health services;
- (f) invest in infrastructure across the continuum of care for cervical cancer.

11. WHO and partners should:

- (a) support Member States to ensure availability in sufficient quantities and timely delivery of HPV vaccines and tests;
- (b) support Member States in implementing market-based and programmatic interventions to enhance acceleration of HPV vaccination and HPV-based screening;
- (c) support Member States in conducting population-based surveys to measure screening and precancerous lesions, and treatment of invasive cervical cancer;
- (d) support Member States in the expansion of UHC to include cervical cancer care into the benefits care package.

²¹ Chinula L, Moses A, Gopal S. HIV-associated malignancies in sub-Saharan Africa: progress, challenges, and opportunities. *Curr Opin HIV AIDS* 2017; **12**: 89–95.

²² Benin, Botswana, Congo, Côte d'Ivoire, Eswatini, Ethiopia, Ghana, Guinea, Kenya, Malawi, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Seychelles, South Africa, United Republic of Tanzania, Uganda, Zambia, and Zimbabwe.

²³ Parkin DM, Jemal A, Bray F, Korir AR, Kamaté B, Singh E, et al. ([Cancer in Sub-Saharan Africa Volume III Geneva: Union for International Cancer Control, 2019](#), accessed 22 May 2024).