

## **Video Summary**

### **Introduction: Towards elimination of cervical cancer in the African Region**

The World Health Organisation introduced the [Global Strategy to Eliminate Cervical Cancer](#) in 2020. This outlined a three-pillar approach to elimination: accelerated action in prevention, screening, and cancer management.

The WHO put forward its 90/70/90 targets, to be met by each country by 2030:

- 90% of girls to be fully vaccinated with HPV vaccination by age 15
- 70% of women to be screened with high-performance testing, by age 35 and 45 years
- 90% of women identified with cervical cancer to be receiving treatment



*Credit: World Health Organisation*

The [Cervical Cancer in Africa: where are we and where do we need to be?](#) report was put together in response. The need for a comprehensive review of the current situation across African nations was clear:

- The cervical cancer burden in Africa remains high.
- It remains important to track what is currently in place, to meet WHO Elimination Strategy targets.
- It is necessary to consider how existing systems/data can be tracked to reach the elimination goal.

## **Epidemiology**

Epidemiology based on population-based cancer registries show cervical cancer rates to be increasing in many countries in Southern, Eastern and Western Africa. These are among the highest rates globally. Meanwhile, there is a need for improved national surveillance systems, in particular cancer registries, to support scale-up of interventions. The impact of any such surveillance systems must also be monitored.

Cancer stage and staging information remains a key indicator of morbidity and mortality. A review of literature however found a lack of cervical staging information from the region. There is an urgent need to address this: without adequate data there is an inability to properly diagnose and treat cervical cancer patients (as well as to measure the impact of any cervical cancer prevention interventions). Training on the [Essential TNM staging system](#) for cancer is also needed.

## Cervical cancer prevention and screening

The biggest obstacle to achieving the WHO 70% screening target across African nations is an absence of national cervical cancer screening programmes.

In Sub-Saharan African countries, 10-50% of cervical cancers are attributable to HIV infection. There is a need to prioritise cervical cancer screening among women living with HIV. Integration of HIV programmes with cervical cancer prevention and screening is also necessary.

The report stresses the need for strong links to be established between screening programmes and referral to diagnostic, treatment, social and palliative care services.

## Treatment of cervical cancer, and palliative care for cervical cancer

There are a number of gaps in chemotherapy, surgery and radiotherapy across African countries. Treatment options are similarly limited, owing to late-stage presentation of cervical cancer cases.

Therapy remains without curative potential in many cervical cancer cases. However, palliative care provision and service infrastructure is very limited.

## Recommendations

Key recommendations are for treatment, and for developing a basic palliative care package.

Other policy-specific recommendations include:

1. Inclusion of cervical cancer services as part of a basic healthcare package
2. Inclusion of cervical cancer in [WHO AFRO Integrated Disease Surveillance and Response guidelines](#), as a priority disease for reporting
3. Using existing testing platforms (e.g. for HIV, TB) to improve cervical cancer surveillance, screening and management
4. Increasing uptake of HPV vaccination + increase awareness of cervical cancer, through strengthened adolescent and school health services
5. Reducing HPV and cervical cancer stigma
6. Transitioning to HPV DNA testing + consider self-sampling
7. Following WHO recommendations for screening; promote '[screen + treat](#)' [strategy](#)
8. Adopting a minimum palliative care package
9. Investment + establishment of cervical cancer screening registries
10. Building capacity of screening registries for collecting data on cancer staging