

Regional cervical cancer elimination strategy for the Eastern Mediterranean: Executive summary

The rationale and purpose of the strategy

Despite being a preventable and curable disease, cervical cancer is responsible for a large burden of suffering in women around the world, especially in low- and middle-income countries. To uphold the right to health for adolescent girls and women, it is important that disparities in access to high-quality health services are addressed.

In 2020, the World Health Organization (WHO) set a goal to eliminate cervical cancer as a public health problem globally by 2120. To reach this goal, WHO's Member States should strive to meet the following interim scale-up targets by 2030:

- 90% of girls are fully vaccinated with human papillomavirus (HPV) vaccine by 15 years of age;
- 70% of women are screened using a high-performance test by 35 years of age and again by 45 years of age;
- 90% of women with pre-cancer are treated, and 90% of women with invasive cancer are managed.

To build on the momentum of the Global strategy to accelerate the elimination of cervical cancer as a public health problem¹, a regional cervical cancer elimination strategy has been developed for the WHO Eastern Mediterranean Region that is adapted to the religious, cultural, social, economic and geographical contexts in the Region.

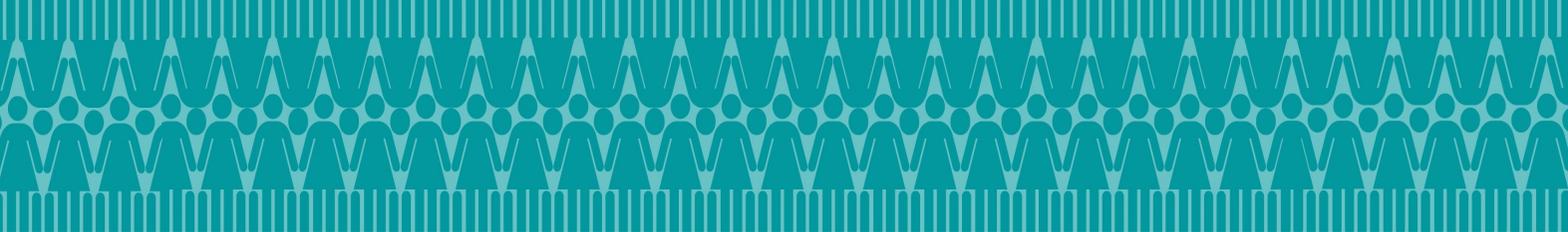


The regional strategy is a resource for the development of national strategies and implementation plans in countries/territories of the Region to achieve and maintain the goals outlined in the global strategy for cervical cancer elimination.

The process of the strategy's development

The regional strategy was developed in several phases. The first phase included a readiness assessment survey and stakeholder engagement plan, followed by development of a situation analysis that informed the initial draft of the regional strategy. The draft strategy was shared with representatives from Member States and technical experts, and further discussed during a regional consultation, held virtually, from 7 to 9 June 2022. Finally, a written online consultation to facilitate further stakeholder (including civil society) input

¹ Global strategy to accelerate the elimination of cervical cancer as a public health problem. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789240014107>, accessed 13 December 2022).



into the strategy was held from 26 August to 6 September 2022. All findings were then summarized and consolidated to produce the strategy.

The strategy's content

The regional strategy sets out the following five strategic action areas for the Region:

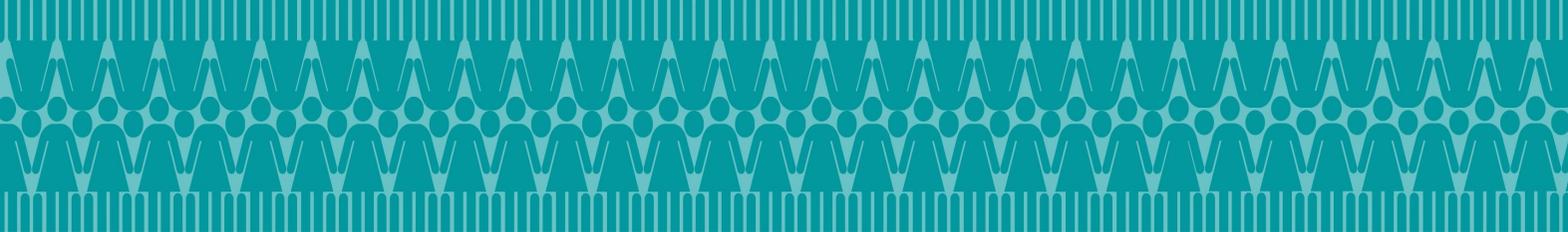
- **Strategic action 1:** To strengthen primary prevention by accelerating HPV vaccine introduction and improving coverage.
- **Strategic action 2:** To improve cervical screening and pre-cancer treatment.
- **Strategic action 3:** To reduce the burden of suffering caused by cervical cancer by improving the availability of early diagnosis, treatment, rehabilitation and palliative care services.
- **Strategic action 4:** To strengthen health systems to ensure integrated, efficient and equitable delivery of high-quality services across the vaccination, screening and treatment pillars, and appropriate and effective monitoring and evaluation systems.
- **Strategic action 5:** To improve communication, advocacy and social mobilization to counter vaccine hesitancy, increase awareness of prevention and treatment, and to improve acceptability of diagnosis.

These actions are based on the three core pillars of the global strategy (actions 1 to 3), plus two enablers relevant for the Region (actions 4 and 5): health systems strengthening; and improving communication, advocacy and social mobilization. These additional cross-cutting actions were included as they contribute to improving the overall integration of services and health outcomes in the Region and support other regional goals for health and development.

A guidance framework for implementation, monitoring and evaluation in the Region is also included in the strategy. The framework provides targets and indicators for the ongoing assessment of progress toward the elimination threshold. Key targets include the 90-70-90 targets, as well as the overall elimination goal of a reduction in cervical cancer incidence to less than 4 per 100 000 women-years and reducing the mortality to incidence ratio. Meeting these targets will require a focus on strengthening national databases and registries for vaccination, screening and cancer incidence, including patient referral and tracking systems and standard of care pathways.

The way forward

Cervical cancer is unique in that it is a noncommunicable disease caused by an infectious agent. This can be challenging to manage in siloed health system structures, as successful



control requires collaboration across groups in the health system, at all levels, that may not have previously worked together. However, as the only cancer almost entirely caused by an infectious agent, cervical cancer is the first cancer that the global community has ever attempted to eliminate. It is the right of all women to receive quality health services, and they themselves, their families and communities deserve our collective best efforts to unite behind this common goal.

This strategy represents a commitment by all countries and territories of the Eastern Mediterranean Region to reduce the burden of suffering caused by cervical cancer through improving prevention (vaccination and screening), early detection (screening and diagnosis) and treatment. All countries and territories of the Region will strive to:

- reach and maintain an incidence rate below the elimination target of less than 4 per 100 000 women-years; and
- reduce the mortality to incidence ratio for cervical cancer².

Member States whose routine data suggest that they are already below the elimination target will equally commit to reducing the mortality to incidence ratio through early detection and to alleviate the suffering often experienced with delayed diagnosis, while continuing to strengthen cancer registries.

Member States may choose to adopt a relative reduction incidence target in their national strategies, should current data suggest that they are below the global elimination target.

For all Member States, the importance of continuing to strengthen cancer registries and building systems to monitor progress towards meeting the targets will be a critical part of this strategy.

WHO will work with its Member States and partners to jointly support implementation of the regional strategy to improve access to HPV vaccination, screening, treatment for cervical pre-cancer and management of cervical cancer, and to eventually achieve elimination of cervical cancer in the Region.

² The mortality to incidence ratio compares the number of cervical cancer deaths with the number of new cases diagnosed over a period. It can be measured using routine cancer registry and death registry data and will vary depending upon the quality, completeness and timeliness of data. With stable data sources, when cervical cancer is diagnosed at a later stage when cure is less likely, the mortality to incidence ratio will be higher. A falling mortality to incidence ratio may suggest improved detection of early-stage cervical cancer through screening or increased awareness of disease symptoms and/or improvements in availability and access to treatment. Note that the mortality to incidence ratio is NOT the same as survival, which requires individual linked follow-up/outcome data for each case.