Meeting of the Director-General’s Expert Group on cervical cancer elimination
25–26 September 2023

Key discussion themes and suggested policy considerations

The following key themes were raised by members of the Director-General’s Expert Group on cervical cancer elimination (CCEI) following technical updates on progress across World Health Organization (WHO) workstreams and effective models for the achievement of the elimination targets of the Global strategy to eliminate cervical cancer.

1. Cervical cancer as a manifestation of global inequities in health and gender
2. The need of Member States for country-specific support
3. Integrated approaches considering all three pillars of the strategy collectively
4. Single-dose human papillomavirus (HPV) vaccination
5. HPV vaccine hesitancy
6. HPV vaccine access
7. Cervical cancer screening
8. Cervical cancer screening of women living with HIV (WLHIV)
9. Innovative technological solutions
10. Management of invasive cervical cancer
11. Surveillance, monitoring and evaluation
Cervical cancer as a manifestation of global inequities in health and gender

The strategy cuts across the agenda of the United Nations Sustainable Development Goals, which call for good health and well-being and an end to poverty, hunger and discrimination for women and girls.

**Suggestion:** Maintain CCEI's status as a flagship priority for the WHO Director-General and consider CCEI as a flagship initiative of the global health agenda.

The need of Member States for country-specific support

Experts emphasized that support provided must be aligned to contextual needs and broader health systems strengthening strategies as determined by and with countries, rather than applied as a one-size fits all, top-down approach. Experts noted that much guidance has now been published. Resources need to flow to countries so they can adopt and implement the guidance that has already been issued.

**Suggestion:** CCEI must pivot from its present focus on providing additional guidance and publications to increased support for ministries of health at country level. CCEI can leverage partnerships to enhance programmatic implementation within countries.

Integrated approaches considering all three pillars of the strategy collectively

Concrete examples of the global strategy, implemented using an integrated approach and contextualized to fit local circumstances, can accelerate CCEI by offering real world examples of success.

**Suggestion:** Advocate for the implementation and funding of multiple large CCEI demonstration sites across diverse global settings.

Single-dose HPV vaccination

Experts emphasized the need for continued evidence generation towards optimal doses/schedules of new HPV vaccines and among WLHIV.

**Suggestion:** Continue to closely monitor the durability of protection, efficacy, effectiveness and immunogenicity of single-dose HPV vaccination, as well as its overall progress and outcomes as it is adopted by Member States.

HPV vaccine hesitancy

Experts highlighted the need to strengthen efforts geared towards combating myths and misconceptions surrounding HPV vaccination.

**Suggestion:** Explore innovative approaches to increasing the acceptability of HPV vaccination programmes, including the use social media platforms; engagement of traditional leaders; inclusion of information about cervical cancer in primary and high school curricula; and the HPV vaccination of boys.

HPV vaccine access

Experts flagged challenges presented by the current eligibility criteria for financial support towards introduction and scale-up of HPV vaccination within countries.

**Suggestion:** Explore options to increase support for countries classified as middle-income, with reference to their marginalized and high-risk communities, presently neglected using current Vaccine Alliance (Gavi) eligibility criteria.
Cervical cancer screening

Experts agreed that countries should transition to high performance tests for primary screening of cervical cancer. They also highlighted some of the major barriers to the widespread implementation of HPV-based cervical cancer screening in low- or middle-income countries (LMICs), such as the high upfront and current costs of HPV tests and the inability of weak health systems to ensure timely assessment and proper management of women who screen positive.

**Suggestion:** Efforts to increase the availability of affordable HPV testing must be linked with endeavours to strengthen the entire screening and treatment ecosystem to ensure that the full spectrum of care is delivered to women who screen positive and are at risk of having precancer or cancer.

Cervical cancer screening of WLHIV

Experts expressed extreme concern over the lack of screening uptake among WLHIV, despite large scale funding and enrollment in programmes where they present regularly for care.

**Suggestion:** Explore opportunities to actively engage the the United States of America President's Emergency Plan for AIDS Relief (PEPFAR), The Global Fund to Fight AIDS, Tuberculosis and Malaria, Unitaid, the United States Agency for International Development, World Bank and other relevant donors, to ensure that WLHIV receive a comprehensive package of prevention and treatment services, including those for cervical cancer, when attending HIV care and treatment clinics.

Innovative technological solutions

Experts noted the rapid pace of disruptive and evolutionary innovations in the field of cervical cancer prevention, e.g. true point of care HPV tests, artificial intelligence-based screening, therapeutic HPV vaccination, etc.

**Suggestion:** CCEI should continue its support of innovation and the rapid implementation of new approaches and approved technology that addresses human resource shortages and improvements in workflow.

Management of invasive cervical cancer

Experts highlighted the gross deficiencies in cancer management services (surgery, chemoradiation, palliation, diagnostic pathology) in Member States with high disease burdens.

**Suggestion:** Raise awareness among governments, financial institutions, donors and partners of the importance of the cancer treatment/management pillar of the strategy, the need to fund in-country training and specialization programmes, and the impact of investing in innovative and affordable approaches to treatment that can rapidly expand access in LMIC settings such as virtual reality surgical simulation, focused-intensified surgical training and telepathology.

Surveillance, Monitoring and Evaluation

Experts fully embraced the need for a framework to monitor the performance of countries as they progress towards the 90-70-90 targets for each of the three pillars:

i. vaccination: 90% of girls fully vaccinated with the HPV vaccine by the age of 15;

ii. screening: 70% of women screened using a high-performance test by the age of 35, and again by the age of 45; and

iii. treatment: 90% of women with pre-cancer treated and 90% of women with invasive cancer managed.

**Suggestion:** Special efforts should be made to ensure that functional databases are established in each Member State so that key indicators for each pillar are captured from both the public and private sectors, as well as the research community. Data monitoring should align with the 90–70–90 targets and the elimination target, as laid out in the strategy.