

Accelerating the plan to eliminate cervical cancer in Africa by 2030

CONTINENTAL
CONSULTATIVE MEETING
REPORT

27 – 29 November 2024



**NON-COMMUNICABLE DISEASES (NCDS)
PREVENTION AND CONTROL**

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Africa CDC is a continental autonomous health agency of the African Union established to support public health initiatives of Member States and strengthen the capacity of their public health institutions to detect, prevent, control and respond quickly and effectively to disease threats.



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1.0 OVERVIEW

The NCDs, Injuries and Mental Health Division under the Africa CDC convened the Continental Consultative Meeting on Cervical Cancer Elimination from 27 to 29 November 2024 in Addis Ababa, Ethiopia. The meeting brought together representatives from 22 African Union Member States, partners, donors, academia, civil society and the private sector to accelerate efforts towards eliminating cervical cancer in Africa by 2030. Some of the key partners included the World Health Organization, UNAIDS, GAVI, Unitaid, Jhpiego, African Organization for Research and Training in Cancer (AORTIC), Elekta Foundation, International Centre for Advanced Public Health, MSD and Roche..

The consultative meeting provided a platform to review progress, share best practices, develop an accelerated roadmap, and establish a Continental Technical Working Group (TWG) and agree on countries to host three Centers of Excellence (CoE) to support implementation.

1.1 Background

Cervical cancer is the fourth most common cancer among women globally, with the African Region disproportionately affected. In 2020, approximately 90% of global cervical cancer deaths occurred in low- and middle-income countries, with Africa facing significant challenges in the prevention, screening, and treatment. Despite its preventability, cervical cancer remains a leading public health issue due to limited awareness, inadequate funding, and access inequalities. Aligned with WHO's global strategy, Africa CDC's initiatives aim to accelerate Member States' efforts towards achieving the 90-70-90 targets by 2030:

- Vaccinate 90% of girls by age 15 with the HPV vaccine.
- Screen 70% of women by age 35 and again by age 45 using a high-performance test.
- Treat 90% of identified cervical disease cases (90% of women with precancer treated, and 90% of women with invasive cancer managed).

Africa CDC's strategy for NCDs, Injuries prevention and control and Mental health promotion (2023-2027) highlights the need for strengthening health systems, integrating NCD prevention into primary care, mobilizing funding, and establishing CoE to serve as hubs for capacity building, research and innovations in the area of NCDs prevention and control on the continent. .

1.2 Objectives of the Meeting

1.2.1 General objective

The overall objective of the consultative meeting was to bring together African Union Member States at the leadership and technical level; technical partners, donors, academia, and civil society organizations to renew commitment and agree on an accelerated plan to eliminate cervical cancer on the African continent by 2030.

1.2.2 Specific objectives

- Share lessons learned and best practices in generating momentum and effective approaches to scale-up vaccination, improve access to timely and effective screening and treatment.
- Advocate for increased political commitment and leverage on the global forum commitments to forge crucial collaborations and strategic partnerships to accelerate the implementation of the regional strategy.
- Discuss the establishment of CoE to serve as a hub for innovations in healthcare, capacity building, learning and sharing best practices and high impact research for evidence generation on cervical cancer prevention and control.
- Develop an accelerated plan and continental TWG to guide and support the elimination agenda in Africa.

2.0 OPENING SESSION

2.1 Remarks by Dr. Zainab Shinkafi Bagudu, Chairperson of First Ladies Against Cancer (FLAC)



Dr Zainab Shinkafi Bagudu, Chairperson of First Ladies Against Cancer.

Dr. Zainab Shinkafi Bagudu stressed the urgent need for a collective effort to combat the significant cancer burden across Africa. She highlighted the common challenges faced by many African countries, including limited public awareness on cancer prevention and early detection, inadequate funding for cancer research and treatment programs, and persistent stigma surrounding the disease. Furthermore, she stressed the critical role of strong leadership and advocacy in securing increased government funding and mobilizing resources from partners, such as the WHO and the Africa CDC. She emphasized that developing sustainable financial models is crucial to ensuring the long-term viability of cancer control programs across all African countries. Dr. Bagudu stressed the need for collaboration, sharing best practices, and addressing disparities to combat cancer and improve lives across Africa.

“This platform unites us to exchange experiences and solutions, addressing shared issues like lack of awareness, inadequate funding, limited access to facilities, and stigmatization. By learning from successful countries like Rwanda and Egypt, we can move forward together,” said **Dr Zainab Shinkafi Bagudu, Chairperson of First Ladies Against Cancer.**

2.2 Remarks by Dr Prebo Barango, Cross-cutting specialist for NCDs and special initiatives, WHO



Dr Prebo Barango, Cross-cutting specialist for NCDs and special initiatives, WHO.

Dr. Prebo Barango emphasized the urgency of accelerating actions toward elimination of cervical cancer. Since the 2018 call to action, WHO has developed technical resources to support the implementation of the 90-70-90 targets. Notably, 144 countries have included HPV vaccination in their national immunization programs, and 58 countries have adopted the single-dose HPV vaccine schedule, reducing costs and improving access. Dr. Barango acknowledged the challenges of scaling up HPV DNA screening, particularly the high cost and noted the ongoing efforts by WHO to collaborate with manufacturers, donors, and ministries of health to address this issue. He also mentioned the upcoming Global Status Report on Cancer and the annual Cervical Cancer Elimination Day of Action held on 17 November annually to raise awareness and celebrate the crucial role of frontline healthcare workers in achieving targets. Dr. Barango concluded by stressing the need for continued collaboration among all stakeholders to ensure that all girls are vaccinated, women are screened, and those with the disease receive timely treatment.

“ We should not just make this another workshop in the line of workshops,” said **Dr Prebo Barango, Cross-cutting specialist for NCDs and special initiatives, WHO HQ.**

2.3 Opening remarks by Dr Mohammed Abdulaziz, Head of Disease Control and Prevention Division, Africa CDC

In his opening remarks, Dr. Mohammed Abdulaziz welcomed participants and observed a moment of silence to honour the late Dr. Faustine Ndugulile, WHO AFRO Regional Director-elect, for his contributions to advancing health in Africa. Dr. Abdulaziz underscored the urgent need for collective action to eliminate cervical cancer by 2030, emphasizing its preventable and treatable nature and its profound impact on equity, social justice, and human rights.

He outlined key priorities, including scaling up HPV vaccination, improving access to screening and treatment, and advocating for universal quality care. Strengthening political commitment, leveraging regional and global platforms, forging strategic partnerships, and advancing research were highlighted as essential for achieving the ambitious elimination targets. With Africa's vast resources and collective effort, achieving the ambitious elimination targets is within reach. Dr Abdulaziz concluded with a call to transform Africa's cervical cancer narrative, providing leadership and solutions for millions of women and girls.



Dr Mohammed Abdulaziz, Head of Disease Control and Prevention Division, Africa CDC.

2.4 Meeting objectives and expected outcomes

Dr. Adelard Kakunze, Lead for NCDs, Injuries and Mental Health (NCDMH) at Africa CDC shared the meeting's primary goal: to unite key stakeholders, including African Union Member States, technical partners, donors, academia, and civil society, to reaffirm their commitment and develop an accelerated plan to eliminate cervical cancer in Africa by 2030.

The expected outcomes of the meeting were:

- A renewed commitment by Member States present, towards accelerating the implementation of the regional strategy to eliminate cervical cancer on the continent.
- An endorsed roadmap with clear recommendations on areas for improvement in HPV vaccination, diagnostics, and cervical cancer treatment on the continent.
- An established TWG to guide the implementation of the roadmap and support the establishment of regional CoE to foster Member States' peer learning and support.



Dr. Adelard Kakunze, Lead for NCDs

3.0 SESSION 1: **IMPLEMENTATION OF THE GLOBAL AND REGIONAL FRAMEWORKS FOR CERVICAL ELIMINATION: WHERE ARE WE?**



3.1 Africa CDC priorities on NCDs to build Member States' prevention and control capacity on cervical cancer

Dr. Adelard Kakunze presented Africa CDC's priorities for cervical cancer prevention and control and its broader strategy on non-communicable diseases (NCDs) and injuries. The presentation pointed out that cervical cancer is the fourth most common cancer in women and disproportionately affects low- and middle-income countries, with Sub-Saharan Africa bearing the highest burden. A survey of 28 African countries conducted by the NCDIMH Division revealed key gaps in data systems and workforce capacity. Eighteen (18) countries use paper-based cancer data systems, eight (8) have digital systems, and two (2) did not respond. Health workforce capacity is uneven, with some countries having no oncologists while others report hundreds. Funding for HPV vaccination is a mix of government and donor support.

Africa CDC's strategy on NCDs and injuries prioritizes political advocacy, multisectoral action, workforce development, sustainable funding, and access to vital technologies. It emphasizes health system strengthening, local production of vaccines and medicines,

and peer learning for surveillance and policy development. Some key achievements include field capacity assessment visits to centers of excellence, technical assistance to Member States in the areas including capacity building, multisectoral action, policy development, surveillance strengthening, and partnerships with organizations such as WHO and GAVI.

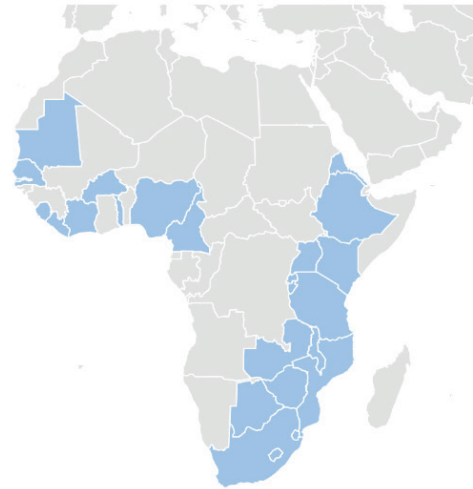
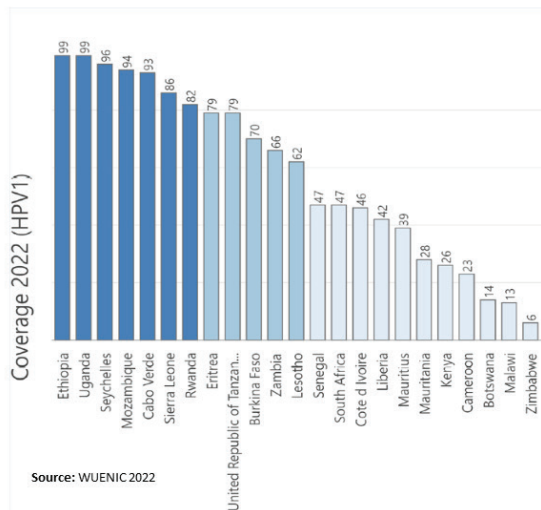
3.2 Africa CDC priorities on NCDs and RH to build Member States' prevention and control capacity on cervical cancer

Mr. Ebba Secka, Senior Technical Officer, Reproductive Health at Africa CDC, presented the institution's efforts to eliminate cervical cancer in Africa, emphasizing the Maputo Plan of Action and Sustainable Development Goals. According to him, cervical cancer disproportionately affects African women due to inequities in vaccination, screening, and treatment access.

Key Achievements include:

- Development and launch of the Africa CDC Reproductive Health Strategic Priorities (2022–2026), validated by 42 Member States.
- Creation of an advanced obstetric training

Only 5 out of 28 countries who have introduced surpass the 90% coverage



curriculum, training 25 clinicians and 10 trainers for Emergency Obstetric and Newborn Care (EmONC).

- Implementation of a 2022 priority survey identifying key leadership and management skills: program design, budgeting, monitoring and evaluation, public engagement, and political advocacy.
- Assessment of reproductive health policies in AU Member States (April–June 2024) to identify barriers and guide reforms.

The presentation pointed out that despite the progress registered, challenges persist, including a limited workforce, low political will, inadequate screening integration, and insufficient cross-sectoral collaboration. Achieving the 90-70-90 targets requires sustainable funding, robust partnerships, expanded HPV access, and leveraging Africa CDC’s New Public Health Order.

accelerating cervical cancer elimination in Africa. The framework aims to achieve the 90-70-90 targets by 2030: 90% HPV vaccination for girls by age 15, 70% cervical cancer screening for women aged 35 and 45, and 90% treatment for cervical disease. The framework emphasizes leadership, accountability, human rights, gender equity, and evidence-based strategies.

Key milestones include achieving 90% HPV vaccination in 40 Member States, 50% screening coverage in 30 Member States, and 60% treatment for precancerous lesions by 2028. Strategic actions focus on securing affordable HPV vaccines, integrating screening into primary care, expanding surgical and radiotherapy services, and addressing stigma. Community-based interventions, multisectoral collaboration, and sustainable funding are essential. However, limited radiotherapy access, uneven healthcare worker distribution, and low screening rates remain significant barriers to achieving these goals.

3.3 Overview of the Regional Cervical Cancer Elimination Framework in Africa

Dr Sharon Kapambwe, Technical Officer for Cancer Control at the WHO Africa Regional Office, presented the WHO framework for

3.4 Global efforts and partnerships for cervical cancer elimination using the multisectoral approach

Dr Ani Shakarishvili, Special Adviser at UNAIDS, highlighted the Go Further Partnership, a collaboration between PEPFAR, UNAIDS, the George W. Bush Institute,

Partnership to End Cervical Cancer



Image: Dandora Health Center visit on Go Further Kenya TDY in 2022

*Note: Screening numbers include all PEPFAR countries reporting screening activities except FY23 results for Nigeria and Tanzania



Efforts.

- The Go Further partnership aims to reduce new cervical cancer cases among women living with HIV in twelve African countries, which have some of the highest rates of HIV prevalence and cervical cancer incidence rates globally.
- Go Further brings together PEPFAR, UNAIDS, the George W. Bush Institute, Merck, and Roche by leveraging the unique strengths of each institution.
- PEPFAR's investment has built on the earlier successes of Pink Ribbon Red Ribbon by refocusing resources and advocacy efforts to countries where the HIV prevalence and cervical cancer mortality among women is the highest thereby accelerating our lifesaving impact.
- More than **8.9 million*** cervical cancer screenings for women living with HIV have been completed.
- PEPFAR has invested over **\$250 million** in cervical cancer screening and treatment for HIV-positive women through its country operational plans (COPs) to ultimately transform the efforts into a host country sustainable investment.

Merck, and Roche, aimed at reducing cervical cancer among women living with HIV in 12 high-burden African countries. With over \$250 million invested, the partnership has facilitated 8.9 million cervical cancer screenings and expanded access to prevention and treatment services through PEPFAR's country operational plans. By integrating cervical cancer services into HIV care, it aligns with WHO's "screen, triage, treat" model, enhancing efficiency and outcomes.

Looking to FY25 and beyond, the partnership remains focused on ensuring equitable screening, linking women to treatment for precancerous lesions, and facilitating timely diagnosis for advanced cancer cases. Dr Shakarishvili emphasised global collaboration, leveraging service delivery platforms for awareness, education, and scaling advanced cancer therapies while reaffirming the partnership's commitment to sustainable solutions and collective action.

3.5 Accelerating scale up of HPV vaccine access: HPV revitalisation at GAVI

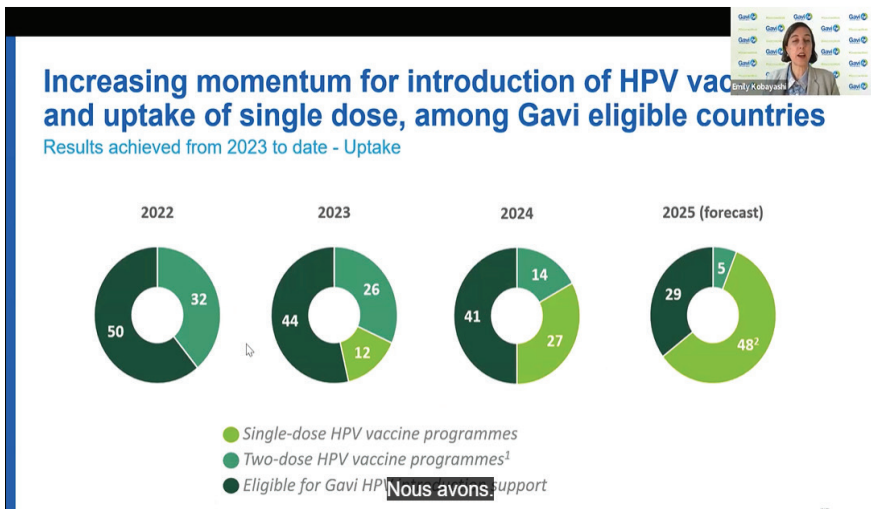
Ms Emily Kobayashi, Head HPV Vaccine Program at GAVI, highlighted GAVI's efforts in the HPV Vaccine Revitalization Initiative, launched in 2023, to address challenges from COVID-19 and leverage WHO's single-dose recommendation. GAVI supports the introduction of HPV vaccination in new countries, multi-age cohort campaigns, and efforts to improve coverage, and strengthen

delivery systems, with the aim of immunizing 86 million girls by 2025. In 2023, over \$170 million was allocated to vaccine programs, a fourfold increase from the previous year, with 50 million doses shipped globally.

Success stories include Tanzania achieving 95% of its target, Nigeria reaching high coverage in 21 states, Mali introducing the vaccine amid conflict, and Ethiopia launching a national campaign targeting 7 million girls. By 2025, 53 countries are projected to implement routine HPV vaccination, with most adopting the single-dose regimen. She emphasised integrating HPV vaccination with adolescent health services and cervical cancer screening for sustainable delivery. Post-2027, increased supplier diversity and lower costs aim to improve vaccine accessibility, build generational immunity, and achieve a transformative impact by 2030.

3.6 Innovations for accelerated efforts towards cervical cancer elimination

Gamuchirai P. Gwaza, Monitoring and Evaluation Manager at Unitaid, outlined Unitaid's contributions to cervical cancer elimination in low- and middle-income countries, aligning with the 90-70-90 targets. Unitaid has invested over \$80 million through partners like CHAI and Expertise France, supporting innovative health tools and sustainable screening and treatment



Gamuchirai P. Gwaza,
Monitoring and Evaluation
Manager at UNITAID

programs. Key achievements include piloting women-centred approaches such as self-sampling for HPV DNA testing across 11 of 14 countries they support, screening 530,000 women (87% of whom received treatment), and advocating for cost reductions of HPV DNA assays (40%) and thermal ablation devices (45%). Additionally, Unitaids supports AI-driven Automated Visual Evaluation (AVE) to enhance diagnosis. Challenges include limited local funding, logistical issues, and high loss-to-follow-up rates. Moving forward, the focus will be on scaling up HPV DNA testing, integrating services into sustainable health systems, and achieving WHO’s cervical cancer elimination targets through enhanced accessibility and service integration.

3.7 Community engagement and participation to achieve the regional/global targets for cervical cancer elimination

Dr. Sitna Mwanzi, VP-East Africa at the African Organisation for Research and Training in Cancer (AORTIC), presented the critical role of community engagement in achieving regional and global cervical cancer elimination targets. She outlined the extensive resources required for treating a single cervical cancer patient, including diagnosis (USD 500–800), treatment (USD 2,000–5,000), and supportive care. Key strategies include capacity building by expanding the oncology workforce, improving access at the grassroots level, and engaging stakeholders like traditional healers and local leaders to strengthen health systems and referral pathways.

Advocacy efforts focus on government policies, patient survivor empowerment, and international collaborations. Education and research initiatives include training programs like the African Cancer Leaders Institute, research grants, and biennial conferences. Strengthening community engagement, advocacy, education, and system improvements is essential for addressing barriers and ensuring equitable access to cervical cancer prevention and treatment services across Africa.



Dr. Sitna Mwanzi, VP-
East Africa at the African
Organisation for Research
and Training in Cancer
(AORTIC)

4.0 SESSION 2: COUNTRIES EXPERIENCE SHARING, LESSONS AND OPPORTUNITIES



4.1 Federal Republic of Nigeria

This presentation was made by Dr. Uchekwukwu Emmanuel Nwokwu, Deputy Director of the National Cancer Control Programme and Dr Elizabeth Hassan, the National Desk Officer for HPV Vaccination at the National Primary Health Care Development Agency.

Country context: Nigeria, with over 56 million women at risk, reports 12,075 new cervical cancer cases and 7,968 deaths annually. The National Cancer Control Programme drives policy and guidelines, supported by a National Task Force for the elimination of cervical cancer, National Strategic Cancer Control Plan and the National Policy for the prevention and control of Non-Communicable Diseases in Nigeria.

Key Achievements

- HPV Vaccination: Introduced in 2023, targeting 14 million girls aged 9–14, achieving 89% coverage. The campaign used a mix of school-based and

community outreach strategies with single-dose Gardasil4 integrated into the National EPI.

- Screening and Diagnosis: Over 83,593 women screened, including 6,043 WLHIV, using VIA, VILI, Pap smear, and HPV DNA tests. VIA positivity was 7% for WLHIV and 3% for the general population.
- Treatment: 96% of women with precancerous lesions received treatment via thermal ablation, cryotherapy, and LEEP. 44% of suspected cancer cases were referred for advanced care.

Lessons Learned

- Effective leadership and coordination at all levels are crucial, with a Technical Working Group instrumental for planning and prioritization.
- Stakeholder engagement and leveraging existing structures, such as immunization programs, enhanced HPV activity implementation despite resource constraints.

- Using a single-dose strategy reduced dropout rates and tracking readiness improved program preparedness and progress.

Challenges include high out-of-pocket costs, incomplete referral pathways, and limited access to palliative care and diagnostic facilities.

Next Steps include plans to immunise 50% of girls with HPV vaccines, screen 50% of eligible women by 2027, strengthen referral systems, improve palliative care, and ensure sustainable funding and quality data collection for cervical cancer programs.

4.2 Republic of Zambia

Dr. Paul Kamfwa, National Cervical Cancer Coordinator, delivered this presentation.

Country Context: Zambia, with a population of 19.6 million, has 5.75 million women at risk of cervical cancer, 56% of whom live in rural areas. In 2022, 3,640 women were diagnosed with cervical cancer, and 2,285 died, ranking Zambia second globally in cervical cancer incidence. Cervical cancer is not yet a notifiable disease, though data is collected through cancer registries and the DHIS2 system.

Key Achievements:

- **Policy and Guidelines:** The National Cancer Control Strategic Plan (2022–2026) aims to reduce premature mortality by one-third by 2030. HPV vaccination is part of the EPI, with a single-dose Gardasil regimen integrated into national immunization plans.
- **Vaccination:** The September 2023 MAC campaign targeted girls aged 9–14 through school-based and community outreach, achieving significant coverage.
- **Screening and Early Detection:** VIA is the main screening tool, with 1.9 million women screened since 2006, reaching 33% coverage. HPV DNA self-sampling pilots are underway in Eastern and Southern provinces.
- **Treatment:** 87% of women with precancerous lesions were treated using thermal ablation and LEEP. AI-driven

Automated Visual Evaluation (AVE) is being trialed.

- **Invasive Cancer Care:** Upgrades to radiotherapy equipment, oncology training programs, and staff retention plans are being implemented.

Lessons Learned:

- Integrating HPV vaccination into the EPI enhanced delivery and reach, especially in schools and rural areas.
- Decentralized screening and treatment models, such as self-sampling and task shifting, improve service access and quality.
- Collaboration with stakeholders, effective resource mobilization, and community engagement are crucial for program sustainability.

Challenges: Rural access disparities, inadequate infrastructure, long waiting times (30–120 days) for treatment, and limited funding for cervical cancer programs.

Next Steps: Expand vaccination and screening coverage, decentralize cancer care services, strengthen training programs, and enhance resource and stakeholder collaboration to achieve the 2030 elimination targets.

4.3 Kingdom of Morocco

Dr. Loubna Abousselham, Head of Cancer Prevention and Control Service, made this presentation.

Country Context: With a population of 36.8 million, Morocco has prioritized cervical cancer elimination through its National Cancer Control Plan (2020–2029). Breast and cervical cancers account for 50% of female cancers, with significant efforts made in prevention, screening, and treatment.

Key Achievements:

- **Policies and Guidelines:** Morocco's elimination framework aligns with WHO targets (90-70-90) and includes national guidelines for HPV vaccination, screening, and palliative care.
- **Vaccination:** HPV vaccination launched in October 2022, targeting girls aged 11 with

a two-dose schedule (revised to one dose in October 2023).

- Screening and Early Detection: VIA is used every three years for women aged 30–49. Screening covers 11 of 12 regions, with pilot HPV DNA testing and self-sampling projects underway.
- Treatment: Precancerous lesions are treated with LEEP and cold coagulation. Oncological centres offer radiotherapy, palliative care, and home care services.

Lessons Learned:

- Partnerships with civil society enhance community mobilization.
- Comprehensive strategies integrating vaccination, screening, and treatment to improve outcomes.
- Effective training and recall systems enhance program delivery.

Challenges: Expanding coverage for rural populations, integrating HPV testing, and ensuring universal health insurance.

Next Steps: Improve HPV screening, strengthen social mobilization, and scale up training and palliative care services.

4.4 Republic of Rwanda

This presentation was delivered by Dr. Theoneste Maniragaba, Director of the Cancer Diseases Program, at Rwanda Biomedical Centre.

Country Context: Cervical cancer is the second most prevalent cancer among women in Rwanda, with over 55% of expected cancers diagnosed. The incidence is projected to rise without increased awareness, screening, and treatment interventions.

Key Achievements

- Policies and Guidelines: Rwanda's elimination strategy aligns with WHO's 90-70-90 targets, focusing on HPV vaccination, screening, and treatment.
- Vaccination: Launched in 2011 with support from GAVI, MERCK, and partners, the HPV vaccination program achieved >90% coverage for girls aged 12. Routine vaccination and catch-up campaigns were implemented post-COVID-19 disruptions.
- Screening and Early Detection: VIA-based screening began in 2014 for women aged 30–49. HPV DNA testing was introduced in 2019, extending screening to 22 of 30 districts, reaching 350 health centres. Precancerous lesions are treated with thermal ablation and LEEP.
- Treatment: Cancer treatment includes surgery, radiotherapy, and chemotherapy at referral hospitals. Biopsies and advanced care pathways are available at specialized centres.

Lessons Learned

- Community engagement and the use of mass screening campaigns improve access.
- Multi-tiered health system delivery models enhance service integration.
- Strong partnerships with organisations like WHO, CHAI, Elekta Foundation and GAVI facilitate resource mobilisation.

Challenges: Limited resources, poor awareness, high costs of HPV DNA tests, and insufficient infrastructure hinder national scale-up

Next Steps: Rwanda plans to launch its Accelerated Cervical Cancer Elimination Strategy in February 2025, focusing on resource mobilisation, HPV DNA quality control, and enhancing referral pathways.

Democratic Republic of Congo

Prof. Bienvenu Lebwaze Massamba, National Director of CNLC (National Cancer Control Center), Democratic Republic of Congo (DRC), delivered this presentation.

Country Context: Cervical cancer, accounting for 24.7% of cancer cases in Kinshasa from 2012 to 2022, is the second most common cancer and a significant public health challenge in the DRC. The high prevalence of HPV and limited access to care are being addressed through the National Cancer Control Centre (CNLC), which is aligned with WHO's 90-70-90 elimination targets.

Key Achievements

- The DRC has developed a national cancer control strategy emphasizing cervical cancer prevention, early detection, and treatment.
- HPV DNA testing (Eva pro) and pap smears are used in urban and semi-urban centres, supported by international partnerships.
- Collaborations with WHO, GAVI, and NGOs have helped strengthen cervical cancer programs.

- Initiatives to improve awareness and participation in screening and prevention programs are underway.

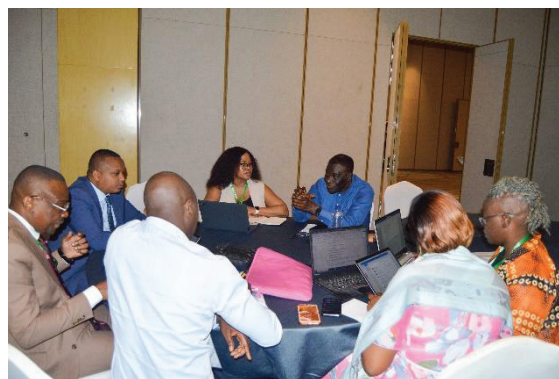
Lessons Learned

- Partnerships and community are critical for scaling up programs.
- Local capacity building enhances the quality and reach of cervical cancer services.
- Integrated service delivery models lead to better outcomes

Challenges: These include limited financial and human resources, low awareness, cultural barriers affecting prevention uptake, and geographic and infrastructure constraints hindering equitable access to services.

Next steps: With GAVI support, introduce nationwide HPV vaccination by 2026, expand HPV DNA-based screening into primary healthcare, strengthen treatment capacity with advanced care and palliative pathways, and mobilise resources for sustainable cervical cancer elimination efforts.

4.0 SESSION 5: **PRESENTATION OF THE CONSOLIDATED ROADMAP FOR ACCELERATED IMPLEMENTATION OF CERVICAL CANCER ELIMINATION AGENDA IN AFRICA**



Participants developed a strategic roadmap to accelerate cervical cancer elimination, emphasizing equitable, sustainable, and community-centred approaches. The roadmap integrates efforts from governments, the private sector, NGOs, and communities, focusing on equitable access to HPV vaccines, diagnostics, and treatment. Core principles include community engagement and innovative financing mechanisms like public-private partnerships and an Africa-wide cancer fund.

Key priorities include increasing HPV vaccine coverage for girls aged 9–14 through awareness campaigns, addressing myths, and leveraging partnerships. Sustainable vaccination will integrate routine immunizations and school health programs. For screening, the plan focuses on affordable methods like HPV DNA testing, healthcare provider training, and robust referral and monitoring systems. Diagnosis and treatment priorities include decentralizing care, integrating palliative services, and offering psychosocial support. The roadmap also leverages technology, including AI and digital tools, to enhance efficiency and outcomes. Oversight will be provided by a Continental TWG and CoE to achieve the 90-70-90 targets.

5.1 Presentation on the proposed continental technical working group and establishment of centres of excellence to support the implementation of the roadmap on cervical cancer elimination agenda in Africa

Dr. Adelard Kakunze delivered this presentation.

Continental TWG on Cervical Cancer Elimination

Mission

- Provide technical guidance for the cervical elimination agenda in Africa.
- Ensure that the agenda and priorities are adopted and executed effectively at continental, regional and national levels.
- Support joint advocacy activities at regional and continental levels
- Identify, document and present key policy issues for consideration at the continental level
- Support the operationalization of the sub-groups on i) vaccination, ii) screening and iii) treatment
- Support the Africa CDC (NCDIMH Division) in joint planning, capacity building

activities, and technical assistance for Member States

- The proposed composition includes Member States, Africa CDC, WHO, Partners working on cervical cancer in Africa and representatives of people with lived experiences.

Continental CoE on Cervical Cancer Elimination

Mission

- Serve as a hub for innovations in healthcare, capacity building, and research on evidence generation on cervical cancer and prevention in Africa.
- Support and foster collaborations towards national and continental cross-learning and best practices sharing to scale up evidence-based interventions linked to cervical cancer prevention and control.
- Advocate for community-oriented, evidence-based integrated models towards cervical cancer prevention and control in AU Member States.
- Advance the implementation of the accelerated roadmap for cervical cancer elimination in Africa.

Criteria

- Country achievements, best practices, and opportunities for continental collaboration on cervical cancer prevention and control.
- Country commitment and support towards the establishment and operationalization of the CoE

Proposed countries

- Rwanda
- Kingdom of Morocco
- Zambia

6.0 Roundtable discussion on partnerships to support implementation of the agreed roadmap on cervical cancer elimination agenda in Africa



The roundtable discussion was conducted to consolidate the input from partners who have been working with member states in cervical cancer in Africa. The discussion was moderated by Venus D Mushininga, an international cancer expert. The main goal was to highlight how partnerships can be leveraged to achieve the goals of cervical cancer elimination in Africa.

Elekta Foundation

Lacy Hubbard, President and CEO of the Elekta Foundation, highlighted the organisation’s mission to improve cancer care access in underserved countries, focusing on cervical cancer screening. Over the past two and a half years, the Foundation has collaborated with Rwanda to develop a cost-effective, scalable screening FAST (Fast HPV testing, Affordable cost per woman, Systematic tracking, and Timely diagnosis and treatment) model tailored to low-resource settings. She emphasised that meaningful partnerships and trust are critical to success:

Government Partnerships: Rwanda’s strong ownership and commitment, including co-funding, have been key. After achieving 92% HPV vaccination coverage, the country is now focusing on significantly advancing efforts toward the 70% screening target and the 90% treatment target.

- Local NGO Partnerships: Collaborations with local NGOs have leveraged cultural knowledge to enhance community engagement and ensure high participation in screenings.
- Global Expert Partnerships: Partnerships with institutions like Karolinska Institute, WHO experts and Swedish partners have driven innovation, such as high-throughput labs for HPV DNA testing and mobile colposcopy devices to improve VIA accuracy.

Ms. Hubbard stressed the importance of a long-term vision and alignment with Rwanda’s goal of achieving the 90-70-90 targets by 2027. By combining innovation, strategic partnerships, and cultural sensitivity, the Foundation’s efforts aim to ensure sustainable progress in cervical cancer elimination.

6.2 UNITAID

Gamuchirai P. Gwaza from Unitaids reiterated that Unitaids’ focus on introducing new tools and technologies to improve access to health services and ensure affordability and availability are integral to program design.

Unitaid’s efforts focus on:

- Availability: Generating evidence through testing service delivery models, such as

self-collection for HPV DNA testing, in collaboration with partners like CHAI, Expertise France and WHO.

- **Affordability:** Advocating for price reductions and innovative financing mechanisms, including pooled procurement, to make services more accessible.

She highlighted Unitaid's role as an investor, influencer, and pathfinder, contributing to the development of sustainable healthcare models. Gwaza expressed enthusiasm for cross-country learning forums that enable the sharing of best practices and highlighted ongoing work in digital tools, such as AI-driven automated visual evaluation, as potential innovations to enhance service delivery. Unitaid's focus aligns with the roadmap, emphasising partnerships, innovative financing, and leveraging technologies to achieve greater impact.

6.3 WHO

Dr. Prebo Barango highlighted the significance of partnerships in eliminating cervical cancer. He acknowledged Africa CDC's efforts and noted the World Health Assembly's 2020 resolution to eliminate cervical cancer, supported by regional frameworks in WHO AFRO and EMRO countries. Partnerships with GAVI, Ministries of Education, private sector players like MSD and Roche, and individuals with lived experiences exemplify collaboration driving progress.

He noted the WHO's leadership through the Cervical Cancer Elimination Initiative, which coordinates efforts via an informal partners forum and supports countries like Sierra Leone in addressing challenges. The Global Cervical Cancer Forum in Colombia secured \$600 million in commitments from countries and donors, reinforcing the impact of partnerships.

Dr. Barango also highlighted 17 November as Cervical Cancer Elimination Day of Action, showcasing events like DRC's First Lady-led marches. He stressed private sector engagement through dialogues to improve access to diagnostics, treatment, and thermal ablation tools, ensuring countries have the resources to achieve the 90-70-90 targets by 2030. Partnerships, he concluded, are essential for sustainable success.

6.4 MSD Sub-Saharan Africa

Mr. Zwelethu Bashman, Managing Director, MSD Sub-Saharan Africa, highlighted MSD's role as the manufacturer of Gardasil, supplying HPV vaccines to 26 of 29 African countries with National Immunization Programs (NIPs). In 2023–24, MSD delivered 24 million doses to the continent, anticipating 27 million doses next year. MSD works closely with countries, engaging a year before program launches or expansions to support health system strengthening, social mobilisation, and education in collaboration with Ministries of Health and NGOs.

Mr. Bashman stressed that MSD's responsibility extends beyond manufacturing vaccines to ensuring people are vaccinated. The company supports micro-planning and monitoring to address post-COVID challenges and ensure vaccination programs remain effective. MSD also invests heavily in healthcare practitioner education, hosting forums like the recent HPV medicine and policy roundtable in Ethiopia to discuss the next frontiers for HPV vaccination.

Plans include expanding clinical trials across five African countries, introducing gender-neutral vaccination, and transitioning to newer vaccines sustainably. MSD's commitment is to ensure Africa accesses innovations simultaneously with the rest of the world while fostering a self-sustaining ecosystem for healthcare solutions.

6.5 Roche

Mr. John K.K. Klu, the Africa Market Development Lead NCDs at Roche Diagnostics, highlighted Roche's commitment to supporting the cervical cancer patient journey through its comprehensive pharmaceutical and diagnostics solutions. Roche focuses on creating impactful partnerships to address key areas such as awareness creation, capacity building for healthcare professionals, and providing affordable, high-value solutions tailored to Africa's needs.

Mr Klu emphasised the importance of aligning with global standards of care while addressing local challenges, particularly healthcare financing, which remains a significant barrier in Africa. Roche collaborates with governments, NGOs, and public health

entities to ensure accessible and quality care, including providing gold-standard HPV screening and training programs for effective diagnosis and treatment.

He stressed that partnerships are critical to ensuring seamless healthcare delivery, from awareness to diagnosis and care, and play a pivotal role in advancing cervical cancer elimination. Roche's approach focuses on sustainable and patient-centred solutions, enhancing the healthcare ecosystem and ensuring lasting impact.

6.6 Jhpiego

Dr. Mary Rose Giattas, representing Jhpiego, highlighted the organization's role as a nonprofit technical assistance provider, supporting cervical cancer prevention and other health programs in over 100 countries, including many in Africa. Jhpiego collaborates closely with governments, focusing on HPV vaccination, cervical cancer screening, and treatment.

Key contributions include influencing policy changes, enhancing service delivery, and addressing supply chain bottlenecks to ensure facilities are equipped with necessary commodities. Jhpiego also strengthens health management information systems to improve service access and quality. Starting with VIA, the organisation has expanded support for HPV testing in several countries.

Dr. Giattas noted Jhpiego's collaborative approach, working together with Ministries of Health from national to local levels to ensure women receive needed services. She acknowledged the critical contributions of partners such as Roche, MSD, and WHO to advancing HPV vaccination, testing and providing essential technical resources to improve cervical cancer prevention outcomes.

6.7 Discussion

- There was an emphasis on partnerships as critical for cervical cancer elimination, involving governments, private sector entities, NGOs, and global organisations like WHO and Africa CDC. Collaborative efforts focus on health system strengthening, vaccination rollout, and resource mobilisation.
- Significant progress in HPV vaccination was highlighted, with discussions around scaling up access, adopting gender-neutral vaccination, and transitioning to newer vaccines sustainably.
- Focus on improving access to diagnostics, including HPV DNA testing with efforts to reduce costs and enhance service delivery through decentralised approaches and advanced technologies.
- Robust monitoring and evaluation systems are important in tracking progress toward the 90-70-90 targets. Use of digital tools for systematic tracking and data sharing was showcased as effective.
- Advocacy for integrating cervical cancer screening with other health services, such as breast cancer screenings and sexual and reproductive health services, to optimise resource use and service delivery.
- Identified challenges include fragmented supply chains, regulatory hurdles, and disparities in access to care across countries.
- Commitment to innovation, co-creation with stakeholders, and capacity-building initiatives. A focus on sustainability and leveraging Africa's unique opportunities to achieve global cervical cancer elimination targets was underscored.
- There was a call for collective and immediate action to meet the 2030 elimination targets, emphasising the scalability and adaptability of successful models.

7.0 Next Steps

- Finalize and validate the accelerated roadmap with input from all stakeholders.
- Develop the Terms of Reference and operational guidelines for the Continental TWG .
- Engage with the proposed Member States for CoE to develop a framework for operationalization.

8.0 Conclusion

The consultative meeting underscored the urgency of collective action and the potential of evidence-based, patient-centred approaches to eliminate cervical cancer in Africa. With strengthened partnerships, innovative solutions, and committed leadership, the ambitious 2030 targets are within reach.



APPENDICES

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