

Human Papilloma Virus (HPV) is the most common sexually transmitted infection.¹ HPV types 16 and 18 are responsible for nearly 50% of high grade cervical pre-cancers.² Most HPV infections clear on their own, but persistent infection with these HPV types can cause cervical cancer.

Cervical cancer is an AIDS-defining illness and the most common cancer among women living with HIV globally.^{3,4}

ELIMINATED AS A PUBLIC HEALTH PROBLEM WITH PRIMARY AND SECONDARY PREVENTION, TREATMENT AND CARE OF CERVICAL CANCER.4

CERVICAL CANCER IS A PREVENTABLE, CURABLE DISEASE AND CAN BE

Girls 9–14 years

PRIMARY PREVENTION

HPV vaccination Girls and boys,

Sexuality education tailored to age and culture

as appropriate

- Condom promotion/provision for those engaged in sexual activity
- Male circumcision Health information and

warnings about tobacco use

- BURDEN OF HIV AND CERVICAL CANCER

All women >30 years of age Screening with

SECONDARY PREVENTION

high-performance test equivalent to or better

- than HPV test Followed by immediate treatment or as quickly as possible,
- of precancerous lesions Women living with HIV 25 years and older Screen, triage and treatment

of precancerous lesions

All women, as needed Treatment of invasive

TREATMENT OF

INVASIVE CANCER

cancer at any age

Surgery Radiotherapy

- Chemotherapy
- Palliative care

Cervical Cancer

and 342 000 deaths in 2020.

On average, one woman dies from

cervical cancer every two minutes.6

In 2021, an estimated 20.6 million [18.4 million-23.3 million] women and girls were

living with HIV. In sub-Saharan Africa,

women and girls accounted for 63% of all

new HIV infections in 2021. Adolescent

HIV

girls and young women (aged 15 to 24 years)—one of whom becomes infected with HIV every three minutes—are three times more likely to acquire HIV than adolescent boys and young men of the same age group in sub-Saharan Africa.5 Key populations account for less than 5% of the global population, but they and their sexual partners comprised 70% of new HIV infections in 2021. Female sex workers have 30 times greater risk of acquiring HIV than adult women (15-49)

In sub-Saharan Africa, #2 most common cancer and #1 cause of cancer-related deaths among women.6 Among female sex workers, the overall

median prevalence is at 39% and 23%

for high-risk HPV subtypes 16

and 18, respectively.7

Globally, #4 most common cancer among

women, with >600 000 estimated cases



Cervical cancer deaths expected to rise by 50% between 2020 and 2040 if HPV and cervical cancer interventions are not dramatically scaled up.8

Women living with

both **HIV** and

cervical cancer face

double stigma.13

HPV and Cervical Cancer

An estimated 5% of all Women with any cervical cancer cases are HPV infection have Women living with attributable to HIV.12 In nine HIV have high risk of

persistent HPV

infection.9,10,11

in the general population.5

CO-INFECTION AND CO-MORBIDITY

2x higher risk of acquiring HIV than women without

HIV

HPV infection²

HIV AND CERVICAL CANCER: DISEASES OF INEQUALITY

countries in Southern Africa.

>40% of women diagnosed

with cervical cancer are

women living

with HIV.12

Women living with

HIV are 6x more

likely to develop

cervical cancer.

Cervical cancer develops at least

2x as fast for women with

untreated HIV infection than other

women.¹¹ Early HIV treatment

initiation and adherence reduces

incidence and progression of

precancerous cervical lesions.14

9 in 10 women dying from Women in Eastern and Southern



cervical cancer live in low-

and middle-income

per 100 000 women-years by 2120.4 Global 2030 cervical cancer elimination targets

cervical cancer elimination:

of girls fully vaccinated

with HPV vaccine by

15 years of age.

Global AIDS Strategy 2021-2026

The WHO and partners have set out a global vision through the Global Strategy to Accelerate the

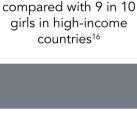
Africa are 10 times more likely

to die of cervical cancer

than women in Western Europe

and Australia⁸

Elimination of Cervical Cancer as a Public Health Problem by achieving a threshold of <4 cases The following 90-70-90 targets must be met by 2030 for countries to be on the path towards



3 in 10 girls in LMICs

have access to the

HPV vaccination,

of women are screened

Achieving these targets could avert 300 000 deaths by 2030, over 14 million by 2070 and over 62 million deaths by 2120.4

with a high-performance

test by 35 years of age

and again by 45 years of age.

The Global AIDS Strategy has prioritized people-centred and local-context specific integrated services, including for cervical cancer, for ending the AIDS epidemic by 2030. The Strategy and 2025 global HIV targets are aligned with the Global Strategy for cervical cancer elimination. 17,18

> of women living with HIV have access to integrated

or linked services for HIV

treatment and cervical cancer.

Scale up secondary prevention

through a screen, triage and

treat approach for all women

WHO suggests for cervical cancer

prevention among women living

with HIV: HPV DNA detection in a

screen, triage and treat approach

starting at the age of 25 years with

in this approach, using HPV DNA

test, WHO suggests using partial

genotyping, colposcopy, VIA or

cytology to triage women after a

test, are retested with HPV DNA testing at 12 months and, if negative, move to the recommended

positive HPV DNA test.

detection as the primary screening

regular screening every 3 to 5 years;

living with HIV, adapted to

the local context:20

of girls aged 9-14 in

priority countries have

access to HPV vaccination.

2025 global HIV targets:

CERVICAL CANCER AND HIV INTEGRATED STRATEGIES AND INTERVENTIONS

schedule with a 6-month interval between doses is recommended for individuals receiving the first dose before 15 years of age. A 3-dose schedule (0, 1–2, 6 months) should be used for all

vaccinations initiated 15 years of

age, including in those younger than

15 years known to be immunocom

promised and/or HIV-infected

. (regardless of whether they are

For HPV vaccines, a 2-dose

Primary prevention with

vaccination for girls aged

9–14 at a national scale:^{4,19}

prioritization of HPV

Provide diagnosis and treatment of invasive cervical cancer with access to surgery, radiotherapy, chemotherapy and/or palliative care as needed.

regular screening interval.

Empower, engage and

strengthen capacities of

of women identified with

cervical disease receive treatment

(90% of women with precancer

treated, and 90% of women with invasive cancer managed).

of women, adolescent girls and young women have access to sexual and reproductive

health services, including for HPV and cervical cancer, that integrate HIV prevention, testing and treatment services.

Once a decision to treat a woman

is made, it is good practice to

treat as soon as possible within

six months to reduce the risk of

Where HPV DNA testing is not

interval of every 3 years when

using VIA or cytology as the

primary screening test.

yet operational, regular screening

loss to follow-up.

receiving antiretroviral therapy). WHO suggests that women living with HIV who have screened positive on an HPV DNA primary screening test and then negative on a triage

- health outreach: 18, 21 Establish links between HIV and cervical cancer services at all levels of the health system, including community systems, for cross-referrals.

financial resources for scaling up

HPV vaccination and cervical

cancer screening, diagnosis, treatment and care services.

Offer all women living with HIV

of standard HIV care.

cervical cancer screening as part

and for treatment of invasive cervical cancer.

for cervical cancer screening

Freire, et al. (2014) Genital Prevalence of HPV Types and Co-Infection in Men. International Brazilian Journal of Urology. 40(1): 67-71. https://doi.org/10.1590/s1677-5538.ibju.2014.01.10 WHO Cervical Cancer Fact Sheet. Geneva: World Health Organization; 2022. Rosser JI, Njoroge B, Huchko MJ. Cervical Cancer stigma in rural Kenya: what does HIV have to do with it? Journal of Cancer Education. 2016 1 June;31(2):413-8. Kelly H, et al. Association of antiretroviral therapy with high-risk human papillomavirus, cervical intraepithelial neoplasia, and invasive cervical cancer in women living with HIV: a systematic review and meta-analysis. Lancet HIV. 2017;5(I):e45-e58. Hull R, Mbele M, Makhafola T, Hicks C, Wang SM, Reis RM, Mehrotra R, Mkhize-Kwitshana Z, Kibiki G, Bates DO, Dlamini Z. Cervical cancer in low and middle-income countries. Oncol Lett.

Services must be integrated and available

to all, without exception." - UNAIDS²³

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- Integrate HPV and cervical cancer Integrated policies, programmes and services across the life course services with sexual and reproductive health, primary that are people-centered, human healthcare and HIV services, rights- and needs-based, adapted antenatal care, well women to the local context and promote clinics, and school-based efficiencies while maintaining quality.
 - communities and civil society partners:22 Community engagement and community-led services for peer support, addressing stigma and discrimination, advocacy,

accountability, outreach, demand creation and referrals, sexuality

education, research, and

resource mobilization.

- "We save a woman's life by ensuring that she has access to antiretroviral therapy for HIV, yet she dies from cervical cancer.
- Advance innovations and research in low-cost, easy to use and self-care technologies

Advance gender equality,

health and rights:

girls' and women's empowerment,

Transformative actions to end

disparities, stigma, discrimination and gender-based violence.

Support and empower women

Provide cervical cancer screening and treatment for transgender men, non-binary, gender fluid and intersex individuals who have

and organizations of women

living with HIV.

a cervix.22

gender inequalities, health

and key populations and girls' and

women's sexual and reproductive

https://www.who.int/news-room/fact-sheets/detail/cervical-cancer
WHO Consolidated guidelines on HIV prevention, testing, treatment, service delivery and

doi:10.1177/0956462413491735

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 $https://gco.iarc.fr/tomorrow/graphic-bar?type=1\&type_sex=0\&mode=population\&sex=2\&populations=900\&cancers=23\&age_group=value\&apc_male=0\&apc_female=0\&single_unit=50000\&print=0$



World Health Organization