World Cervical Cancer Elimination Day Cervical Cancer Elimination: Sustaining momentum and advancing to the next steps

Webinar summary

Date: 17 November, 2025 | Time: 13:00 – 14: 30 Hrs IST

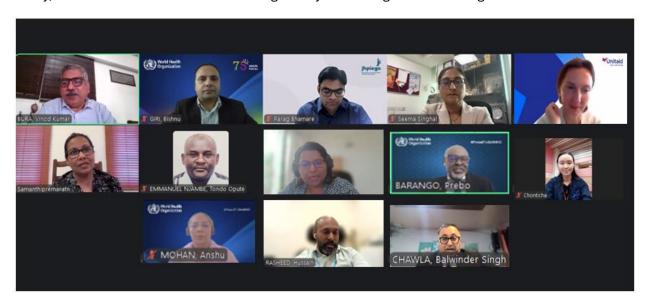
Organized by: Department of Healthier Populations and Noncommunicable Disease, WHO

Regional Office for South-East Asia (SEARO)

WHO SEARO hosted the webinar *Cervical Cancer Elimination: Sustaining momentum and advancing to the next steps*, in commemoration of the first World Cervical Cancer Elimination Day with the objectives of sharing successful efforts in countries aligned to cervical cancer elimination initiative and discussing the next steps.

The webinar commenced with welcoming remarks by Mr. Hussain Rasheed, Director of the Department of Healthier Populations and Noncommunicable Disease department at SEARO. He noted that the WHO South-East Asia Region (SEARO) accounts for approximately one-fourth of the global cervical cancer burden. He stressed the urgency for action, aligned to the theme for the day-Act now, eliminate cervical cancer. He reaffirmed the ambitious 2030 interim targets of the Cervical Cancer Elimination Initiative: 90% HPV vaccination, 70% high-performance screening, and 90% treatment. Acknowledging encouraging regional progress, he set the stage for discussion on innovative approaches to accelerate and intensify the implementation of the regional framework and strategies across the entire care continuum to achieve the elimination targets.

Ms. Anshu Mohan, Coordinator of Family Gender and Life Course Unit at SEARO emphasized the global commitment to achieve the WHO's 90-70-90 targets by 2030. She highlighted that this cancer is almost entirely preventable, yet it tragically claims 100,000 lives and causes 160,000 new cases annually in South-East Asia. She shared that screening coverage in the region remains far below the 70% target. She urged governments to scale up HPV DNA-based screening and adopt the screen-and-treat approach. She concluded by urging stakeholders to amplify the message "Prevent Today, Protect Tomorrow" and to encourage every woman aged 30 to 65 to get screened.



Global and regional context

Dr. Prebo Barango presented on the global scale of challenges posed by cervical cancer, responsible for approximately 660,000 new cases and 350,000 deaths each year globally, with the majority of mortality occurring in Low- and Middle-Income Countries. He provided an outline of the Global strategy to accelerate the elimination of cervical cancer as a public health problem. He noted that globally about a third of girls have received at least one dose of HPV vaccine. He shared that WHO is working on new recommendations for use of extended genotyping for cervical screening by HPV DNA. He emphasized that innovative treatment options such as portable thermal ablation and regional cross-country collaboration for capacity building can significantly facilitate access to treatment.

Dr Bishnu Giri, Dr Manjula Danansuriya and Dr Emannuel Njambe presented on regional updates. It was noted that Cervical Cancer was the second leading cause of both cancer incidence and mortality in the region. It was shared that HPV vaccination has been introduced nationwide in eight countries, the coverage of cervical screening is disproportionate between countries with some having a coverage below 10% and availability of comprehensive treatment was not optimal in most of the countries.

Primary prevention HPV Vaccination

Dr Emannuel Njambe highlighted that despite improved regional coverage of HPV vaccination between 2020 and 2024, approximately 69% of girls in the region still do not have access to the vaccine. Recent program introductions in the region include Bangladesh (2023-24), Timor-Leste (2024) and Nepal (2025). Dr. Balwinder S Chawla shared the experience from Nepal where highlevel policy dialogues, NITAG recommendation and partner support enabled a successful nationwide immunization campaign driven by strong government ownership and engagement of professional and civil society organizations and community health volunteers.

Screening with high performance tests.

Dr. Danai Manorom detailed the successful national transition to using HPV DNA testing as the primary screening method in Thailand, replacing Pap smears and Visual Inspection with Acetic Acid (VIA). HPV DNA testing was favoured for its higher sensitivity. More recently Thailand has expanded the use of HPV Self-Sampling as an innovative and effective approach to reduce barriers for participation and increase screening coverage.

Dr. Parag Bhamare from JHPIEGO commended the progress made in Bhutan through the health flagship project. He outlined a collaborative approach with the ministry, WHO and partners working together on quality assurance to standardize cervical screening in Bhutan.

Treatment of pre-cancer and invasive cancer

Dr. Manjula Danansuriya noted the gaps in treatment of screen positives primarily due to limited capacity and lack of data. Dr. Bishnu Giri shared that services for multidisciplinary care was not available in many countries with services for Pathology diagnostics and Radiation therapy not being available in several ones. Dr. Samanthi Premaratne shared that Sri Lanka's UHC system provides a comprehensive package of care, including External Beam Radiotherapy (EBRT) with concurrent

chemotherapy and brachytherapy. She however noted a critical challenge in timely access and completion of treatment due to limited number of equipment and centres providing the services.

Partnerships for advancing implementation

Dr. Neena Malhotra and Dr Seema Singhal detailed the expanded role of WHO Collaborating Centres including in capacity building, developing low-cost and context-specific solutions, and ensuring the alignment of national policies with WHO guidelines. Ms. Smiljka Lussigni brought attention to a concerning trend the while support for HPV vaccine programs in LMICs is increasing, financial support from partners for cervical cancer screen-and-treat programs has decreased between 2021 and 2023. This disparity underscores the urgent need for balanced and sustained investment across all three pillars of the elimination strategy to ensure that progress is not undermined by gaps in screening and treatment infrastructure. She reaffirmed that when there are initiatives prioritized by the countries, partners are available for support in all the pillars and across the care continuum.

Discussion and conclusion

In the discussion participants emphasized that countries with low coverage in vaccination could prioritize single dose schedule. Participants also urged WHO and governments to work towards reducing the cost of HPV DNA testing with experts confirming ongoing efforts. Many participants expressed interest in knowing more on the cost implications of self-sampling approach. Integrating cervical cancer services with other programs on women's health and specifically with HIV was strongly emphasized by the participants and speakers.

Dr. Vinod Bura thanked the speakers and summarized key takeaways of the webinar by urging to continue advancing awareness, making sure that vaccination is available to all girls, strengthening screening by increasing coverage and introducing high performance test while making them more affordable, and increasing the capacity for timely comprehensive treatment. He emphasized that multisectoral collaboration and whole societal approach is essential in achieving WHO's inspirational targets.