

CERVICAL CANCER

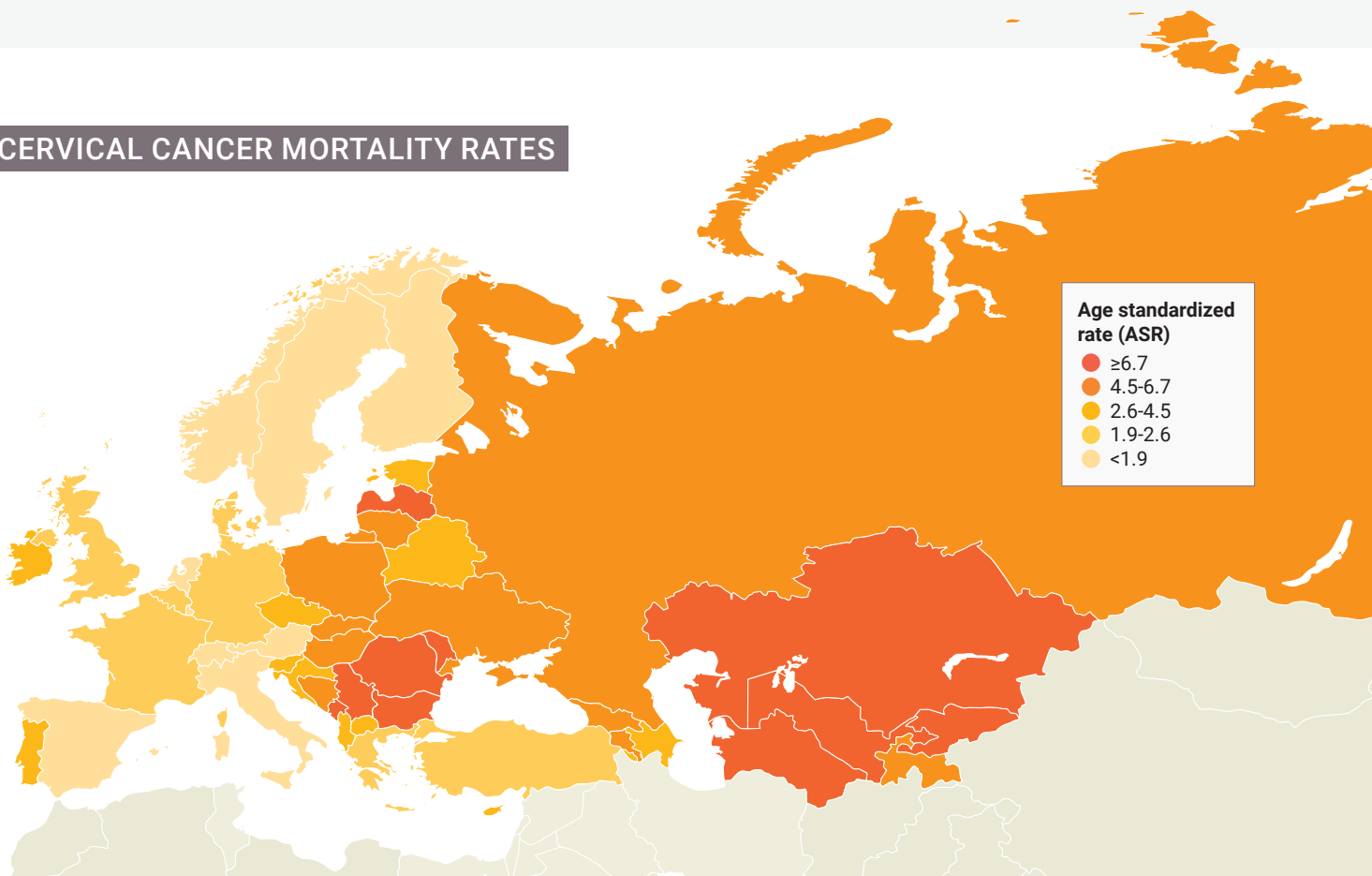


Eastern Europe & Central Asia

WHY SHOULD WE PRIORITISE CERVICAL CANCER PREVENTION?

- Nearly every case of cervical cancer can be prevented.
- Cervical cancer takes a high emotional, social and financial toll on women, their families and national health systems.
- Cervical cancer primarily affects women between 35 and 50 years old, when most women are at the peak of their careers and caregiving responsibilities.
- Most cases occur in low- and middle-income countries that do not have effective cervical cancer prevention programmes.
- Cervical screening in most of Eastern Europe and Central Asia happens only when a woman or doctor specifically requests it. This is an approach that has been shown to under-screen women from vulnerable groups who have a higher cancer risk and over-screen women from higher socioeconomic groups with a lower cancer risk.

CERVICAL CANCER MORTALITY RATES

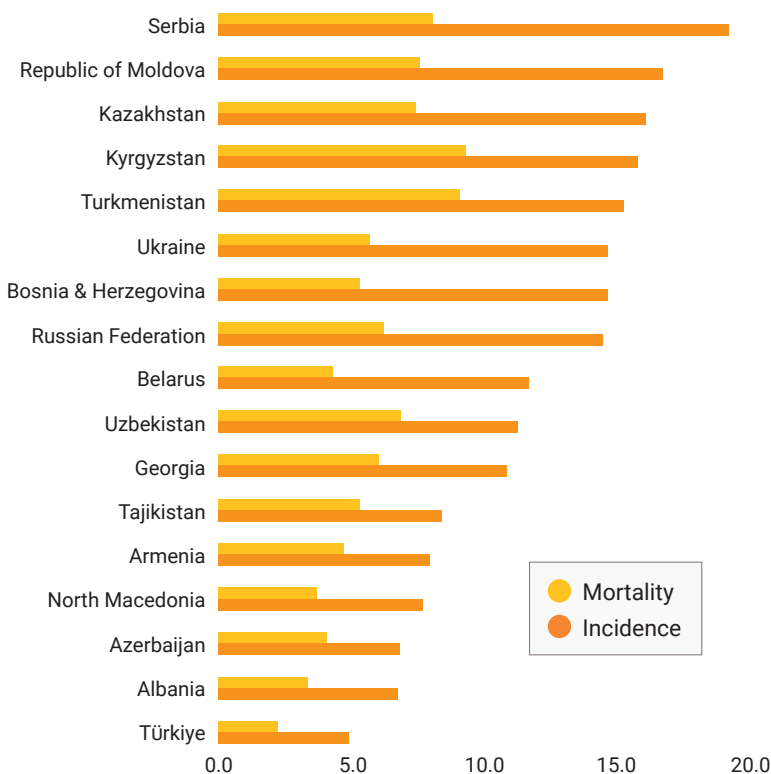


HOW DOES CERVICAL CANCER PREVENTION WORK?

- Almost every case of cervical cancer could be prevented if countries implemented well-organized programmes to vaccinate adolescent girls against the human papillomavirus (HPV) and screen adult women to identify and treat pre-cancerous cervical lesions.
- Programmes providing free HPV vaccination to adolescents are crucial for reducing the incidence of cervical cancer. In most countries in the region, HPV vaccination is available primarily through private providers, so cost is a barrier, particularly for vulnerable groups. In addition, vaccine hesitancy remains an issue.
- Organized screening programmes must systematically recruit women to be tested, monitor attendance and follow-up and ensure all component services are of high quality. This approach ensures equitable and cost-effective reductions in cervical cancer rates.

- Cervical screening in most Eastern European and Central Asian countries uses either visual inspection with acetic acid (VIA) or cervical cytology (Pap test). However, WHO has now stated that these screening tests are low-performance and should be replaced by high-performance screening tests with a performance equivalent to, or better than, nucleic acid amplification tests for HPV.
- Although most countries in the region provide cervical screening tests and cancer treatment free of charge, very few cover the cost of following up a positive screening test or the treatment of precancerous lesions – both of which are essential components of the cervical screening process. All the services involved in cervical screening, from the initial screening test through to the treatment of pre-invasive disease as well as cancer, should be provided free of charge to all women of screening age to ensure that cost is not a barrier.
- In order to effectively mitigate the social and economic burdens of cervical cancer, it is necessary to establish national mechanisms to ensure that screening services are well coordinated, high quality and accessible to all women in the target population.

NEW CASES & DEATHS FROM CERVICAL CANCER IN THE COUNTRIES OF THE EECA REGION



Age-Standardized Cervical Cancer Incidence and Mortality Rates per 100,000 Women
Source: Globocan 2020

32,000
NEW CASES PER YEAR

16,000
DEATHS PER YEAR

2ND
MOST DEADLY CANCER
AMONG REPRODUCTIVE-
AGE WOMEN

90%
PREVENTABLE CASES