



Asia-Pacific  
Economic Cooperation

# Roadmap to Accelerate Cervical Cancer Elimination

IN APEC ECONOMIES 2026 – 2030



**September 2025**  
Health Working Group





**Asia-Pacific  
Economic Cooperation**

# **Roadmap to Accelerate Cervical Cancer Elimination in APEC Economies 2026-2030**

APEC Health Working Group

*September 2025*

APEC Project: HWG 03 2025S

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APEC#225-HT-01.4

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# List of Abbreviations

|                 |   |
|-----------------|---|
| <b>APEC</b>     | Asia-Pacific Economic Cooperation                               |
| <b>APEC HWG</b> | APEC Health Working Group                                       |
| <b>EPICC</b>    | Elimination Partnership in the Indo-Pacific for Cervical Cancer |
| <b>ECCWP</b>    | Elimination of Cervical Cancer in the Western Pacific           |
| <b>HPV</b>      | Human papillomavirus  |
| <b>IARC</b>     | International Agency for Research of Cancer                     |
| <b>LMIC</b>     | Low- and middle-income countries                                |
| <b>M&amp;E</b>  | Monitoring and Evaluation                                       |
| <b>NCSP</b>     | National Cervical Screening Programme                           |
| <b>NCSR</b>     | National Cancer Screening Register                              |
| <b>NGOs</b>     | Non-governmental organizations                                  |
| <b>SMART</b>    | Specific, Measurable, Achievable, Relevant, Time-bound          |
| <b>SOM</b>      | Senior Official Meeting   |
| <b>VIA</b>      | Visual inspection with acetic acid                              |
| <b>WHO</b>      | World Health Organization                                       |



01



# Introduction



## Cervical Cancer Elimination in APEC economies

Cervical cancer is a leading cause of cancer-related burden among women living in APEC economies, with at least 279,000 cases and 118,000 deaths estimated in 2022. It is most frequently diagnosed in women between ages 35 to 44, at the height of their productivity when they start a family or are most socially and economically active. Tackling cervical cancer is both a health and economic priority. Women comprise half of the 2.95 billion people in APEC whose contributions account for 62% of global GDP. Thus, cervical cancer elimination is the next frontier to cross for APEC economies to promoting women's economic participation, reducing inequity, and improving their health and wellbeing.

Over the past decade, APEC has made significant strides to promote regional and domestic efforts to address cervical cancer. At the regional level member economies have endorsed the *APEC Roadmap to Promote Sustainable Economic Advancement for Women through Cervical Cancer Prevention and Control (APEC Roadmap) 2016 – 2021* and its succeeding iteration (2021 – 2025), concurrent with and complementing the World Health Organization's (WHO) Global Cervical Cancer Elimination Strategy. At the domestic level, around 70% of economies have an elimination plan that includes implementation of cervical cancer prevention and control countermeasures (i.e., vaccination, screening, and/or treatment). Having nearly met all three of WHO 90-70-90 goals for vaccination, screening, and treatment by 2030, Australia is on track to be the first economy to eliminate cervical cancer as a public health problem by 2035. However, other member economies have made uneven progress towards WHO 90-70-90 goals. With only five years left to achieve these targets by 2030, it is crucial for APEC and member economies to strengthen their political leadership and sustained investment to accelerate cervical cancer elimination.

## Priorities of the APEC Roadmap 2026 - 2030

The third *APEC Roadmap 2026 – 2030* continues APEC efforts in supporting member economies to eliminate cervical cancer and enable women and girls to live healthy and productive lives. The previous iteration of the *Roadmap (2021 – 2025)* aimed to foster exchange of best practices, build technical capacity, and support policy decision-making to address barriers to cervical cancer prevention and treatment. Building upon its previous successes and lessons learnt, the latest *APEC Roadmap 2026 - 2030* aims to accelerate global and domestic progress to eliminate cervical cancer by:

|    |   |
|----|---|
| 01 | Reaffirming APEC commitment to the elimination of cervical cancer, and address implementation challenges.   |
| 02 | Supporting member economies in navigating policy and practical challenges to accelerate their progress towards reaching WHO's 90-70-90 targets by 2030. |
| 03 | Identifying and promoting best practices across the continuum of cervical cancer services, and systemic enablers which support its effective delivery.  |
| 04 | Outlining an APEC Roadmap for economies to build their own tailored strategies.   |



## The burden of Cervical cancer globally and within APEC

Cervical cancer is the fourth most common cancer in women globally, with over 660,000 new cases and nearly 349,000 deaths estimated in 2022. The Asia, Latin American/Caribbean, and North America regions contribute approximately 70% of cervical cancer incidence and mortality, with Asia comprising 83% of new cases and deaths across these three regions. Regional differences in cervical cancer burden are related to inequalities in access to vaccination, screening, and treatment services.

Cervical cancer burden varies across APEC economies due to a complex interplay of political leadership, investment, and priorities to advance prevention and control efforts. At least 67% of APEC economies have funded cervical cancer elimination programs. However, lower-resource economies including Papua New Guinea and the Philippines face a lack of allocated funding for cervical cancer control activities including vaccination, screening, and treatment services, and consequently saw higher incidence and mortality (**Appendix I**). These member economies also face significant gaps including lack of equipment, insufficient health workforce, and provider knowledge gaps. In contrast, high and middle-income APEC economies that initiated and funded cervical cancer control activities earlier saw lower cervical cancer mortality including Australia; the Republic of Korea; New Zealand; and Singapore.<sup>14</sup> However, some high and upper-middle income economies with domestic programs for cervical cancer prevention and control such as Brunei Darussalam and Japan continue to face key barriers to access such as lack of awareness and vaccine hesitancy which have stagnated their progress towards WHO 90-70-90 goals and a reduced cancer burden.

Across WHO 90-70-90 goals, APEC economies have made the most progress to expanding treatment coverage, with one-third of economies treating 90% of women with cervical cancer. At least 76% of economies report strategies for referrals to follow-up care, and 62% having treatment facilities to treat cervical cancer. APEC economies have also made efforts to expand their HPV vaccination coverage with 76% of economies including HPV vaccines in their domestic immunization programs. With growing evidence over the comparable efficacy and cost effectiveness of the one-dose approach, more economies are shifting towards a one-dose approach to accelerate their vaccination coverage, though the optimal HPV immunization dosing schedule remains a economy-specific decision as they work towards achieving vaccination goals. Currently, 43% of APEC economies have reached over 70% first dose coverage for eligible cohorts. Progress towards advancing cervical screening remains varied: nearly all economies have domestic capabilities to conduct screening and diagnostic testing but only 24% have reported screening over 70% of the eligible cohort. Ultimately, each economy has to determine its own decision on the desired HPV immunization dosing schedule as they gear up towards achieving vaccination goals.

## Alignment with Global Health Initiatives and Goals

The *APEC Roadmap 2026 – 2030* is aligned to WHO's *Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem*, with the aim to focus on achieving WHO's 90-70-90 goals by 2030 through sharing of best practices and accelerating their adoption amongst APEC economies. This iteration also reflects the latest WHO clinical and public health guidance for cervical cancer prevention and treatment. The *APEC Cervical Cancer Roadmap 2026 – 2030* also aligns with the *Elimination Partnership in the Indo-Pacific for Cervical Cancer (EPICC)* to support elimination efforts through advocating partnerships with governments, local and international stakeholders to implement tailored strategies to advance HPV vaccination, screening, treatment, and palliative care.

## APEC Milestones for Cervical Cancer Elimination Efforts

Over the past decade, APEC has been vital in supporting regional and member economies' effort to advance cervical cancer elimination. APEC has also supported in-economy efforts to implementing cervical cancer prevention and control strategies. The APEC Health Working Group (APEC HWG) has organized policy dialogues at Senior Official Meetings (SOM) to provide a knowledge platform for economies to share their best practices and progress in implementing the *APEC Roadmap*. The timeline below provides key highlights in APEC's efforts to advance cervical cancer elimination:

| Year | Milestones   |
|------|--|
| 2014 | <b>Aug 2014:</b> In Beijing, People's Republic of China, APEC HWG convened a multi-stakeholder Regional Workshop on <i>Enabling Sustainable Economic Advancement for Women through Cervical Cancer Prevention and Control</i> to draft a set of recommendations for prioritizing and implementing cervical cancer prevention and control programs.   |
| 2015 | <b>Aug 2015:</b> The Beijing workshop recommendations were endorsed by the APEC HWG.   |
| 2016 | <b>Aug 2016:</b> Launch of the first <i>APEC Roadmap 2016 – 2021</i> , endorsed by APEC HWG, LSIF and member economies, to promote an APEC knowledge-sharing hub of best practices and resources among member economies and launch innovative collaborations and public-private partnerships that support elimination goals.   |
| 2021 | <b>Aug 2021:</b> Release of the revised <i>APEC Roadmap 2021 - 2025</i> to reaffirm commitments and support member economies' efforts to exchange best practices and build technical capacity to address barriers to prevention, treatment, and palliative care of cervical cancer.  |
| 2022 | <b>Aug 2021:</b> In Bangkok, Thailand, APEC HWG hosted a policy dialogue to discuss the current progress of implementing prevention and control strategies outlined in the <i>APEC Roadmap 2021 – 2025</i> .   |
| 2023 | <p><b>Mar 2023:</b> APEC HWG endorsed and launched the <i>Status Report on Cervical Cancer Elimination in the APEC Region</i> to assess member economies' progress of implementing prevention and control programs to meet the <i>APEC Roadmap 2021 – 2025</i> goals and promote sharing of best practices.</p> <p><b>Aug 2023:</b> APEC HWG hosted a high-level ministerial dinner dialogue that convened APEC economy delegations, private sector companies, and non-governmental stakeholders to discuss collective actions in the APEC Roadmap that member economies can adopt to accelerate their progress towards WHO 90-70-90 goals.</p> <p><b>Dec 2023:</b> Indonesia, with APEC HWG's support, developed and launched the <i>National Cervical Cancer Elimination Plan (2023 – 2030)</i>. The Plan builds upon and adopts domestic expertise, WHO's global strategy, and APEC Roadmap's guidance and planning on elimination.</p> |
| 2024 | <b>Aug 2024:</b> APEC HWG convened a policy dialogue focused on developing a strong domestic cervical cancer elimination strategy through a whole-of government and multi-sectoral approach, highlighting best practices from APEC economies including Australia; the People's Republic of China; Indonesia; Malaysia; Peru; and Thailand and their progress towards WHO elimination targets.  |

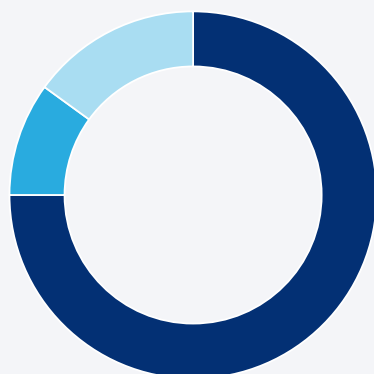


02

**APEC Economies’  
Progress towards  
WHO 90-70-90 targets**

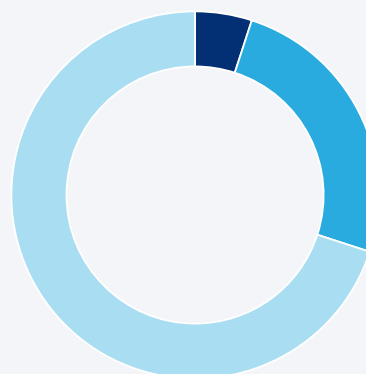
## Vaccination

75% of economies include HPV vaccinations in economy-wide immunization programs



- Economy-wide HPV vaccination
- Available in certain jurisdictions or private funds
- Not included

Only 5% of economies have achieved over >90% HPV complete-dose coverage for eligible girls

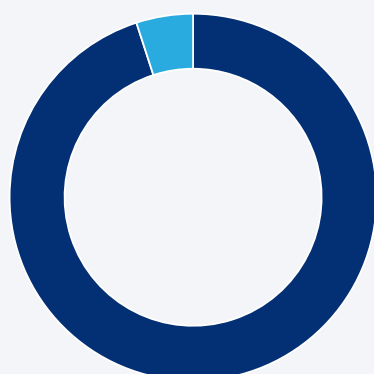


- >90% of eligible girls
- 70-90% of eligible girls
- <70% of eligible girls

- ✦ **More economies included HPV vaccination in domestic immunization program:** Indonesia has initiated a domestic HPV vaccine rollout in 2023, administering the first HPV vaccine dose to over 89% of targeted girls. In 2025, the Philippines and Viet Nam have announced plans to include and rollout HPV vaccination through their domestic programs.
- ✦ **Catch-up vaccination programs to boost domestic coverage:** Hong Kong, China; Japan; and Malaysia have introduced catch-up vaccination programs to increase coverage of unvaccinated girls and women.
- ✦ **Several economies have adopted a gender-neutral vaccination strategy,** including Australia; Chile; Korea; New Zealand; Chinese Taipei; and the United States.
- ✦ **Success of HPV vaccination program correlates with public trust and awareness:** Economies such as Malaysia; Chinese Taipei; and Peru that supplement their HPV vaccination rollout with strong public education programs to address vaccine hesitancy saw high vaccine uptake. Despite a domestic HPV vaccine rollout, China and Japan saw limited HPV vaccine uptake due to limited efforts to address lack of confidence and awareness.

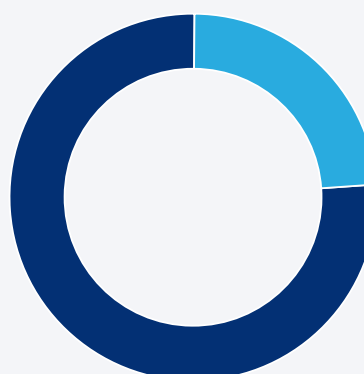
## Screening

**95% of economies have domestic screening programs or capabilities to conduct screening and testing**



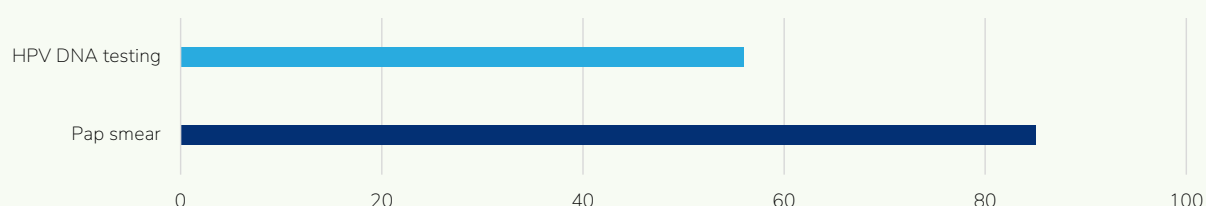
- Domestic capabilities to conduct screening and diagnostic testing
- No domestic capabilities to conduct testing

**Only 24% of economies screened 70% of one or more eligible age groups**



- Screened >70% of one or more eligible age groups
- Did not screen >70% of one or more eligible age groups

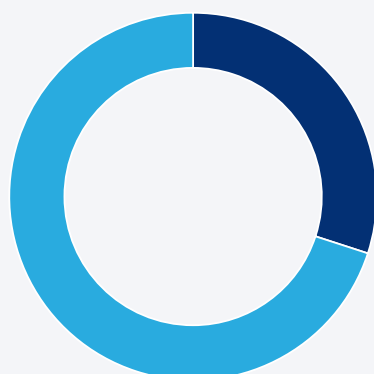
**Pap smears (86%) remain the most common diagnostic tests available in economies, followed by HPV DNA**



- ✦ **Shift to HPV DNA testing:** A growing number of member economies have transitioned or are transitioning from Pap smear to HPV DNA testing as the primary screening method, including Australia; Korea; New Zealand; Singapore; Chinese Taipei; and Thailand. Between 2021 - 2025, Brunei Darussalam and the Philippines have included HPV testing in their clinical guidelines. Most provinces in Canada are planning and piloting for primary HPV testing, with British Columbia province completing its transition to solely HPV testing. Indonesia has transitioned to primary HPV DNA testing as part of its *National Cervical Cancer Elimination Plan*, with the government aiming to reach 70% of women in the targeted cohorts by 2027. In 2021, Malaysia advanced its commitment to cervical cancer control by developing the Action Plan Towards the Elimination of Cervical Cancer in Malaysia 2021–2030, which outlines strategic measures to facilitate the domestic transition to HPV-based screening, with HPV testing available in all government health clinics economy-wide as part of routine cervical cancer screening services.. In a similar move, Chile has also announced that, starting in December 2025, it will guarantee access to HPV testing for women in the target age group.
- ✦ **Emergence of HPV self-testing:** At least 19% of APEC economies have programs using HPV self-collection, including Australia; New Zealand; Peru; Singapore; and US to boost screening uptake. In 2024, the US FDA approved primary HPV self-collection in healthcare settings. US is also looking to accelerate development and approval of self-collection at home through the National Cancer Institute's 'Last Mile' Initiative.
- ✦ **Low screening participation** remains a critical barrier across APEC economies, with significant implementation challenges such as low awareness, socio-cultural and access barriers, low public funding, and procedural quality concerns.

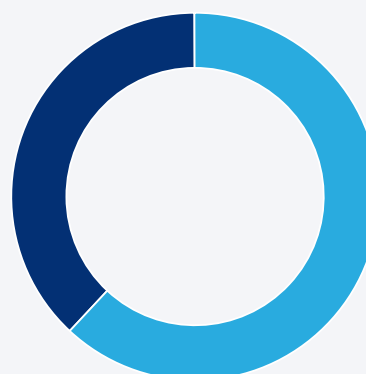
## Treatment

Over 90% of women with cervical cancer received treatment in a third of all member economies

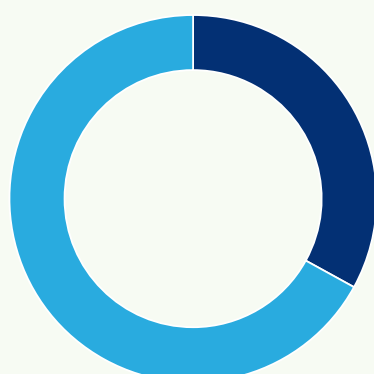


- >90% of patients with cervical cancer treated
- <90% of patients with cervical cancer treated

Around 62% of economies established domestic cervical cancer treatment facilities



- Established domestic cervical cancer treatment facilities
- No established domestic cervical cancer treatment facilities



Only 33% of economies have established programs linking individuals at-risk or living with HPV or cervical cancer to follow-up care

- Established programs for follow-up care of HPV+ or cervical cancer patients
- No established programs for follow-up care of HPV+ or cervical cancer patients

- ✦ **Availability of universal health coverage or cancer service access schemes** in many advanced APEC economies provides financial coverage and increased access to cervical cancer treatment and palliative care for patients. Thailand's Cancer Anywhere (CA) program allows residents covered by its Universal Coverage Scheme (UCS) to access cancer care in all public hospitals. Similarly, Chile's and Peru's social health insurance systems ensures that women with pre-cancerous lesions or cancer are guaranteed access to treatment.
- ✦ **Later-stage diagnosis:** Significant proportion of cervical cancer cases are still diagnosed at the later stages, leading to poorer patient outcome and higher mortality. Significant barriers to treatment persist including out-of-pocket financing, lack of access to specialists in geographically isolated areas.



03

## **Structure of Roadmap**



## Objectives

The *APEC Cervical Cancer Roadmap 2026 - 2030* outlines four primary objectives to accelerate domestic and global progress to eliminate cervical cancer:



Reaffirm APEC commitment and address implementation challenges.



Achieving WHO's 90-70-90 goals by 2030 by balancing policy and practical action.



Showcase and leverage best practices amongst APEC economies.



Articulate an APEC Roadmap that can guide economies in crafting their own tailored strategies.

## Overarching Principles

On the road to achieving its goals by 2030, the *APEC Cervical Cancer Roadmap 2026 – 2030* articulates key principles to guide key policies and actions of member economies:



### Elimination

The goal is to move beyond prevention and control, aiming for the complete elimination of cervical cancer through a comprehensive, long-term approach.



### Equity

Ensure that no one is left behind, particularly vulnerable populations, by addressing barriers to access and tailoring interventions to their needs, with an emphasis on cultural adaptation to ensure relevance and effectiveness for diverse communities.



### Evidence-Based

Ground strategies in robust data and continuous monitoring to adapt and refine approaches, ensuring effective and informed action.



### Economic

Emphasize the financial case for elimination by highlighting the cost-effectiveness of prevention and early intervention, securing political will and funding.



### Everyone

Achieving elimination requires a whole-of-government and whole-of-society effort and commitment, where all sectors collaborate and align their strategies.

## Thematic Areas

Member economies require deliberate, targeted strategies that can systematically and comprehensively drive cervical cancer elimination. To that end, the *APEC Cervical Cancer Roadmap 2026 – 2030* outlines a 10-point action agenda organized across two thematic areas.

**Strengthening the Essential Continuum of Care** focuses on enhancing member economies' health services across the whole care pathway, from prevention and early detection, to post diagnosis treatment, survivorship and palliative care. This theme focuses on improving access and ensuring quality support, particularly for vulnerable and underserved populations, while integrating services across the health system.

The first five-points aims to strengthen health service delivery by:



**Systemic Enablers for Cervical Cancer Elimination** maintains the importance of supporting domestic and global cervical cancer elimination through policy, financing, and systems-level commitments – supported by strong coordination, robust data and monitoring systems, and equitable access to innovations, technologies, and tools that enable effective delivery and sustained scale-up.

The next five points aim to enhance system enablers by:



**Action 6**

Securing and mobilizing sustainable financing to support the comprehensive elimination of cervical cancer

Strengthening multi-sectoral and multi-level coordination among governments, NGOs, and other stakeholders to create an integrated approach to cervical cancer elimination

**Action 7**



**Action 8**

Improving health data infrastructure to enhance the monitoring, evaluation, and decision-making capabilities for cervical cancer elimination

Fostering research and innovation in cervical cancer prevention, diagnostic tools, treatments, and vaccines to ensure the availability of effective and accessible solutions

**Action 9**



**Action 10**

Establishing robust monitoring and evaluation systems to track progress, identify gaps, and ensure accountability in the implementation of cervical cancer elimination strategies

Table 1: Overview of Key Strategies from Action Agenda

| THEMATIC AREA 1: STRENGTHENING THE ESSENTIAL CONTINUUM OF CARE                                      |  |  |  |   |
|---|--|--|--|---|
| <b>1. Emphasizing continued primary, secondary, and tertiary prevention against cervical cancer</b> | <b>2. Integrating cervical cancer control into ongoing health programs</b> | <b>3. Improving the care experience for individuals and families by ensuring person-centered, respectful, and culturally appropriate services.</b> | <b>4. Expanding equitable access to cervical cancer services, especially for priority, underserved, and hard-to-reach populations by strengthening primary and secondary care.</b> | <b>5. Building the health care workforce and infrastructure to seamlessly deliver services across the continuum of care</b> |
| 1.1. Strengthen HPV Vaccination Coverage and Uptake   | 2.1. Integrate HPV Vaccinations into Routine Health Schedules              | 3.1. Enhance Health Communication and Education  | 4.1. Assess and Address System Gaps in Reaching Priority Populations   | 5.1. Expand and Equip the Health Care Workforce   |
| 1.2. Scale Up Comprehensive Screening and Early Detection   | 2.2. Leverage Routine Healthcare Touchpoints for Prevention                | 3.2. Strengthen Patient Navigation and Provide Financial Support   | 4.2. Strengthen Tailored Service Delivery Models   | 5.2. Invest in Health Infrastructure Across the Continuum of Care   |
| 1.3. Expand Access to Quality Treatment and Palliative Care   | 2.3. Align Cervical Cancer Control with Broader Health Strategies          | 3.3. Expand Tertiary Prevention and Survivorship Support   | 4.3. Engage Communities Through Culturally-Responsive Approaches   |   |
|   | 2.4. Develop Domestic Plans for Cervical Cancer Elimination                |  |  |   |

## THEMATIC AREA 2: SYSTEMIC ENABLERS FOR CERVICAL CANCER ELIMINATION

|   |   |  |  |  |
|---|---|--|--|--|
| <b>6. Securing and mobilizing sustainable financing to support the comprehensive elimination of cervical cancer</b> | <b>7. Strengthening multi-sectoral and multi-level coordination among governments, NGOs, and other stakeholders to create an integrated approach to cervical cancer elimination</b> | <b>8. Improving health data infrastructure to enhance the monitoring, evaluation, and decision-making capabilities for cervical cancer elimination</b> | <b>9. Fostering research and innovation in cervical cancer prevention, diagnostic tools, treatments, and vaccines to ensure the availability of effective and accessible solutions</b> | <b>10. Establishing robust monitoring and evaluation systems to track progress, identify gaps, and ensure accountability in the implementation of cervical cancer elimination strategies</b> |
|---|---|--|--|--|

## THEMATIC AREA 2: SYSTEMIC ENABLERS FOR CERVICAL CANCER ELIMINATION

|   |   |  |   |  |
|---|---|--|---|--|
| 6.1. Cost and Budget for Domestic Cervical Cancer Elimination Plans | 7.1. Establish and Operationalize Multi-Sectoral Coordination Mechanisms    | 8.1. Integrate Data Registries Across the Continuum of Care              | 9.1. Support Research Institutions and Technology Development | 10.1. Set Clear domestic and Sub-domestic Targets              |
| 6.2. Strengthen Coordination Between Health and Finance Sectors     | 7.2. Leverage Civil Society to Strengthen Community Engagement and Advocacy | 8.2. Unify Public, Private, and Non-Profit Data Contributions            | 9.2. Prioritize Implementation and Operational Research       | 10.2. Integrate Digital and Real-Time Tracking Systems         |
| 6.3. Establish Sustainable and Predictable Financing Mechanisms     | 7.3. Engage Academic Institutions and Research Networks                     | 8.3. Leverage Global Monitoring and Evaluation (M&E) Tools and Expertise | 9.3. Undertake Economic and Cost-Effectiveness Analyses       | 10.3. Conduct Regular Multisectoral Progress Reviews           |
|   | 7.4. Strengthen Public–Private Partnerships to Expand Access and Innovation |  |   | 10.4. Monitor Regional Progress Through Collaborative Research |



04



## Action Agenda

The 10-point action agenda outlines key strategies to strengthen cervical cancer prevention and control activities across the care continuum, and enhance the systemic enablers that support these elimination efforts. These recommendations are intended to guide member economies in tackling cervical cancer burden, and craft strategies tailored to their unique contexts. Robust political leadership and multi-sectoral cooperation are crucial for advancing the implementation of the 10-point action agenda.

Thematic Area 1

Strengthening the Essential Continuum of Care





## Overview of Key Actions



### 1. Emphasizing continued primary, secondary, tertiary prevention and treatment against cervical cancer

- 1.1. Strengthen HPV Vaccination Coverage and Uptake
- 1.2. Scale Up Comprehensive Screening and Early Detection
- 1.3. Expand Access to Quality Treatment and Palliative Care



### 2. Integrating cervical cancer control into ongoing health programs

- 2.1. Integrate HPV Vaccinations into Routine Health Schedules
- 2.2. Leverage Routine Healthcare Touchpoints for Prevention
- 2.3. Align Cervical Cancer Control with Broader Health Strategies
- 2.4. Develop Domestic Plans for Cervical Cancer Elimination



### 3. Improving the care experience for individuals and families by ensuring person-centered, respectful, and culturally appropriate services.

- 3.1. Enhance Health Communication and Education
- 3.2. Strengthen Patient Navigation and Provide Financial Support
- 3.3. Expand Tertiary Prevention and Survivorship Support



### 4. Expanding equitable access to cervical cancer services, especially for priority, underserved, and hard-to-reach populations by strengthening primary and secondary care.

- 4.1. Assess and Address System Gaps in Reaching Priority Populations
- 4.2. Strengthen Tailored Service Delivery Models
- 4.3. Engage Communities Through Culturally-Responsive Approaches



### 5. Building the health care workforce and infrastructure to seamlessly deliver services across the continuum of care

- 5.1. Expand and Equip the Health Care Workforce
- 5.2. Invest in Health Infrastructure Across the Continuum of Care

## **ACTION - 01**

# **Emphasizing continued primary, secondary, tertiary prevention and treatment against cervical cancer**

## **Strategies**

### **1.1. Strengthen HPV Vaccination Coverage and Uptake**

- a. Expand and sustain routine HPV vaccination efforts, ensuring girls are vaccinated by age 15 and, where appropriate and supported by cost-effectiveness analysis, include boys to be vaccinated by age 15 as part domestic immunization schedules.
- b. Adopt appropriate HPV vaccination schedules to expand vaccination to multiple cohorts of girls and boys.
- c. Promote catch-up vaccination strategies for adults who missed routine schedules to close immunity gaps.

### **1.2. Scale Up Comprehensive Screening and Early Detection**

- a. Establish domestic screening programs using HPV DNA testing, with screening at minimum for women at ages 35 and 45.
- b. Ensure timely and effective referral pathways for diagnosis and treatment of pre-cancerous lesions, with strong linkages between screening, follow-up, and care services.
- c. Integrate patient navigation mechanisms to reduce loss to follow-up and ensure equitable access to screening and diagnostic services

### **1.3. Expand Access to Quality Treatment and Palliative Care**

- a. Enhance diagnostic and treatment capacity for invasive cervical cancer, including pathology, imaging, surgery, radiotherapy, and chemotherapy.
- b. Guarantee access to care aligned with international standards, including symptom management and palliative care, to improve outcomes and quality of life.
- c. Strengthen the integration of curative and palliative care services, including patient education, across the care continuum, to support patients at all stages of illness.
- d. Establish triage practices to assess patient risk and ensure timeliness of appropriate treatment interventions.

## **ACTION - 02**

# **Integrating cervical cancer control into ongoing health programs**

### **Strategies**

#### **2.1. Integrate HPV Vaccinations into Routine Health Schedules**

- a. Ensure HPV vaccination is incorporated into domestic vaccination schedules, making them available during key life stages, from childhood through adulthood, particularly focusing on girls by age 15, and boys where appropriate and applicable.
- b. Include both out-of-school and in-school populations in domestic immunization programs.

#### **2.2. Leverage Routine Healthcare Touchpoints for Prevention**

- a. Utilize regular healthcare visits—such as maternal and child health check-ups, family planning consultations, and wellness visits—as opportunities to offer HPV vaccinations and cervical cancer screenings.
- b. As appropriate, integrate cervical cancer screening within other routine screening programs such as breast cancer).

#### **2.3. Align Cervical Cancer Control with Broader Health Strategies**

- a. Integrate cervical cancer prevention and control into domestic health frameworks, ensuring alignment with broader cancer control strategies, non-communicable disease screening and management, and preventive healthcare programs.

#### **2.4. Develop Domestic Plans for Cervical Cancer Elimination**

- a. Where applicable, create dedicated domestic plans for cervical cancer elimination that complement and strengthen existing health priorities, ensuring that cervical cancer control is embedded within domestic public health strategies, policies and regulations.

## **ACTION - 03**

# **Improving the care experience for individuals and families by ensuring person-centered, respectful, and culturally appropriate services**

## **Strategies**

### **3.1. Enhance Health Communication and Education**

- a. Address fear and stigma surrounding cervical cancer through targeted, culturally-appropriate, and gender-sensitive communication strategies, ensuring that accurate and empowering messages reach diverse communities.
- b. Promote the importance of HPV vaccination and regular screenings by evidence-based messaging emphasizing their safety and effectiveness while combating myths and misconceptions to build trust in preventive measures.
- c. Implement sustained interventions that encourage behavior change, empowering individuals to engage in proactive health behaviors and fostering long-term support and understanding.

### **3.2. Strengthen Patient Navigation and Provide Financial Support**

- a. Establish robust patient navigation systems, supported by an appropriately trained workforce, to guide individuals through prevention, treatment, and care, ensuring seamless linkages to resources for those diagnosed with or at risk of HPV.
- b. Implement support mechanisms to reduce the financial burden on patients, including covering indirect costs like transportation and lodging, and minimizing out-of-pocket expenses to ensure equitable access to necessary services.

### **3.3. Expand Tertiary Prevention and Survivorship Support**

- a. Strengthen survivorship and palliative care programs to provide holistic support that addresses both medical and emotional needs during and after treatment.
- b. Support access to analgesics, including opiate analgesics, to improve quality of life for cancer patients.
- c. Develop programs focused on improving survivors' quality of life, offering comprehensive palliative care and emotional well-being support, ensuring that survivors receive full, compassionate care

## **ACTION - 04**

# **Expanding equitable access to cervical cancer services, especially for priority, underserved, and hard-to-reach populations by strengthening primary and secondary care**

## **Strategies**

### **4.1. Assess and Address System Gaps in Reaching Priority Populations**

- a. Conduct comprehensive evaluations of health system capacity to identify service delivery gaps, resource constraints, and accessibility barriers for priority and vulnerable populations, including those in rural and hard-to-reach areas, migrant workers, refugees, and their children.

### **4.2. Strengthen Tailored Service Delivery Models**

- a. Improve access to HPV vaccination, screening, treatment, and follow-ups particularly at the primary and secondary care levels (including district hospitals); and through context-specific delivery approaches such as mobile clinics, telehealth platforms, and community-based outreach that meet the needs of underserved populations
- b. Explore screen-and-treat models of care for lower-resource settings or hard-to-reach communities, such as screening with HPV testing and offering treatment with thermal ablation for eligible HPV-positive women with precancerous lesions within the same day.

### **4.3. Engage Communities Through Culturally-Responsive Approaches**

- a. Collaborate with local governments, community organizations, and trusted leaders to foster trust and participation. Use culturally-appropriate and locally-informed strategies to raise awareness, encourage care-seeking behaviors, and promote sustained engagement in cervical cancer prevention and care

## **ACTION - 05**

# **Building the health care workforce and infrastructure to seamlessly deliver services across the continuum of care**

## **Strategies**

### **5.1. Expand and Equip the Health Care Workforce**

- a. Strengthen the network of health professionals — including doctors, nurses, and community health workers — by ensuring they are trained, supported, and equipped to deliver equitable cervical cancer prevention, screening, treatment, and care services.
- b. Explore task-sharing and task-shifting in the health workforce to promote efficiencies across the continuity of care.
- c. Build capacity among health communicators to effectively share accurate information about cervical cancer, address misinformation, and promote public understanding and health literacy.

### **5.2. Invest in Health Infrastructure Across the Continuum of Care**

- a. Develop and maintain infrastructure that supports access to essential cervical cancer services, including screening, diagnosis, treatment (e.g. imaging, surgery, chemotherapy), and follow-up care.
- b. Enhance facility readiness to deliver primary prevention, early detection, treatment, and palliative care services at scale, ensuring systems are equipped to meet current and future demand with quality and continuity.

## Systemic Enablers for Cervical Cancer Elimination





## Overview of Key Actions



### 6. Securing and mobilizing sustainable financing to support the comprehensive elimination of cervical cancer

- 6.1. Cost and Budget for Domestic Cervical Cancer Elimination Plans
- 6.2. Strengthen Coordination Between Health and Finance Sectors
- 6.3. Establish Sustainable and Predictable Financing Mechanisms



### 7. Strengthening multi-sectoral and multi-level coordination among governments, NGOs, and other stakeholders to create an integrated approach to cervical cancer elimination

- 7.1. Establish and Operationalize Multi-Sectoral Coordination Mechanisms
- 7.2. Leverage Civil Society to Strengthen Community Engagement and Advocacy
- 7.3. Engage Academic Institutions and Research Networks
- 7.4. Strengthen Public–Private Partnerships to Expand Access and Innovation



### 8. Improving health data infrastructure to enhance the monitoring, evaluation, and decision-making capabilities for cervical cancer elimination

- 8.1. Integrate Data Registries Across the Continuum of Care
- 8.2. Unify Public, Private, and Non-Profit Data Contributions
- 8.3. Leverage Global Monitoring and Evaluation (M&E) Tools and Expertise



### 9. Fostering research and innovation in cervical cancer prevention, diagnostic tools, treatments, and vaccines to ensure the availability of effective and accessible solutions

- 9.1. Support Research Institutions and Technology Development
- 9.2. Prioritize Implementation and Operational Research
- 9.3. Undertake Economic and Cost-Effectiveness Analyses



### 10. Establishing robust monitoring and evaluation systems to track progress, identify gaps, and ensure accountability in the implementation of cervical cancer elimination strategies

- 10.1. Set Clear domestic and Sub-domestic Targets
- 10.2. Integrate Digital and Real-Time Tracking Systems
- 10.3. Conduct Regular Multisectoral Progress Reviews
- 10.4. Monitor Regional Progress Through Collaborative Research

## **ACTION - 06**

# **Securing and mobilizing sustainable financing to support the comprehensive elimination of cervical cancer**

## **Strategies**

### **6.1. Cost and Budget for Domestic Cervical Cancer Elimination Plans**

- a. Ensure domestic cervical cancer elimination strategies and policies are fully costed to inform resource allocation and guide implementation.
- b. Advocate for adequate budgetary provisions through collaboration with ministerial and legislative bodies to support coordinated and affordable procurement and delivery of HPV vaccines, high-performance and clinically-validated screening tools, and treatment services.
- c. Prioritize dedicated funding for population-based HPV vaccination, screening initiatives, and community health education, including efforts to raise awareness and reduce stigma.
- d. Democratize access to information on cost-effectiveness of cervical cancer preventive and control interventions to secure political will and priority funding.

### **6.2. Strengthen Coordination Between Health and Finance Sectors**

- a. Establish formal channels for communication and coordination between Ministries of Health and Finance to align financial planning with health priorities.
- b. Facilitate regular inter-governmental dialogue to assess financing needs, track progress, and ensure responsiveness to emerging challenges in cervical cancer elimination.

### **6.3. Establish Sustainable and Predictable Financing Mechanisms**

- a. Develop long-term financing mechanisms, including exploring innovative approaches (e.g. pooled funds, results-based financing, public-private partnerships), to ensure reliable support for cervical cancer elimination efforts.
- b. Engage international partners, donors, and development institutions to complement domestic financing and help close resource gaps.
- c. Collaborate with member economies, international partners, and other stakeholders to develop innovative financing mechanisms to enable and accelerate access to HPV diagnostics and other appropriate cancer technology, particularly for LMIC economies.

## **ACTION - 07**

# **Strengthening multi-sectoral and multi-level coordination among governments, NGOs, and other stakeholders to create an integrated approach to cervical cancer elimination**

## **Strategies**

### **7.1. Establish and Operationalize Multi-Sectoral Coordination Mechanisms**

- a. Create domestic coordination bodies that include representation from government, civil society, private sector, academia, and development partners.
- b. Facilitate regular dialogue, joint planning, and alignment of actions among stakeholders to ensure coherence with domestic strategies and global elimination targets.
- c. Promote knowledge sharing and cooperation across sectors to enhance efficiency, avoid duplication, and amplify impact.

### **7.2. Leverage Civil Society to Strengthen Community Engagement and Advocacy**

- a. Support civil society organizations and advocacy groups in raising awareness, communicating community needs, and advancing locally relevant interventions.
- b. Partner with NGOs to extend reach into underserved populations and to deliver culturally appropriate health education and outreach.
- c. Collaborate with community-based stakeholders to support service delivery, patient navigation, and caregiving for patients.

### **7.3. Engage Academic Institutions and Research Networks**

- a. Collaborate with academic and research institutions at local, regional, and global levels to advance research, support evidence-informed policy, and translate findings into practice.
- b. Encourage universities to incorporate cervical cancer education into training programs for health and allied professionals.

### **7.4. Strengthen Public–Private Partnerships to Expand Access and Innovation**

- a. Facilitate strategic partnerships between governments and private sector entities to improve infrastructure and expand access to vaccination, screening, and treatment.
- b. Engage non-traditional private sector actors, such as digital and media companies, to support public awareness campaigns and address sociobehavioral barriers to care.

## **ACTION - 08**

# **Improving health data infrastructure to enhance the monitoring, evaluation, and decision-making capabilities for cervical cancer elimination**

## **Strategies**

### **8.1. Integrate Data Registries Across the Continuum of Care**

- a. Facilitate the linkage of data registries across primary, secondary, and tertiary levels including community clinics, hospitals, and diagnostic facilities (e.g. colposcopy).
- b. Strengthen and develop domestic vaccine and screening registries for real-time tracking of patient journeys, service utilization, vaccination and screening targets including coverage of vaccine- and screening-eligible cohorts.
- c. Develop interoperable health information registries that enable secure data sharing among healthcare providers, institutions, and care levels.
- d. Leverage data registries to identify gaps in access to treatment and health outcomes for vulnerable populations to inform community-based interventions.

### **8.2. Unify Public, Private, and Non-Profit Data Contributions**

- a. Standardize data collection, reporting formats, and quality control protocols to ensure consistency and comparability across all care providers.

### **8.3. Leverage Global Monitoring and Evaluation (M&E) Tools and Expertise**

- a. Utilize global cancer data platforms such as DHIS-2 and CanScreen to strengthen domestic M&E systems and enable benchmarking against international standards.
- b. Apply insights from global datasets to identify performance gaps, inform domestic strategies, and improve cervical cancer program planning and delivery.
- c. Establish minimum standards for data interoperability and requirements for M&E activities across all care providers.

## **ACTION - 09**

# **Fostering research and innovation in cervical cancer prevention, diagnostic tools, treatments, and vaccines to ensure the availability of effective and accessible solutions**

## **Strategies**

### **9.1. Support Research Institutions and Technology Development**

- a. Invest in local research institutions to drive innovation in prevention, diagnostics, treatment, and vaccine delivery, with a focus on addressing regional challenges and barriers to uptake.
- b. Encourage partnerships between researchers, healthcare providers, and policy institutions to ensure new technologies are practical, scalable, and aligned with domestic health priorities.

### **9.2. Prioritize Implementation and Operational Research**

- a. Conduct implementation research to evaluate the real-world effectiveness, feasibility, and cultural acceptability of cervical cancer technologies and strategies.
- b. Undertake operational research to identify ways to improve delivery systems, streamline patient pathways, and enhance the efficiency of service delivery.

### **9.3. Undertake Economic and Cost-Effectiveness Analyses**

- a. Support studies on the cost-effectiveness of cervical cancer interventions, considering both direct health outcomes and broader societal and economic impacts.
- b. Use findings to inform evidence-based decision-making, investment planning, and resource allocation across the continuum of care.

## **ACTION - 10**

# **Establishing robust monitoring and evaluation systems to track progress, identify gaps, and ensure accountability in the implementation of cervical cancer elimination**

## **Strategies**

### **10.1. Set Clear domestic and Sub-domestic Targets**

- a. Develop SMART (Specific, Measurable, Achievable, Relevant, Time-bound) annual targets for cervical cancer elimination, tailored to domestic and local contexts
- b. Align targets with broader public health goals and ensure they are embedded within domestic cancer control and health strategy frameworks

### **10.2. Integrate Digital and Real-Time Tracking Systems**

- a. Deploy digital monitoring platforms that enable real-time tracking of service quality, coverage and patient outcomes of vaccination, screening, treatment, and follow-up care for HPV-positive women.
- b. Ensure interoperability with broader health information systems to allow comprehensive data flow across services and geographies.
- c. Strengthen cancer registries to highlight changes in mortality and survival patterns on a periodic basis.

### **10.3. Conduct Regular Multisectoral Progress Reviews**

- a. Organize periodic progress reviews involving key stakeholders from government, civil society, academia, and private sector partners.
- b. Use findings from these reviews to refine strategies, reallocate resources, and address identified gaps in implementation.

### **10.4. Monitor Regional Progress Through Collaborative Research**

- a. Facilitate peer learning and knowledge exchange based on comparative analysis, highlighting best practices and shared challenges across economies
- b. Support an APEC-wide policy research initiative to annually assess member economy progress toward cervical cancer elimination



05

**APEC Economies’  
Experiences in  
Promoting Cervical  
Cancer Elimination**



The 10-point agenda of the *APEC Roadmap 2026 – 2030* draws from the experiences of member economies adopting and implementing best practices for cervical cancer prevention and control. In the spirit of APEC serving as a knowledge hub to foster knowledge-sharing across member economies, this section highlights selected case studies for economies to learn and tailor these strategies to their local sociocultural contexts.

## 1. *Emphasizing continued primary, secondary, and tertiary prevention against cervical cancer*

### Case Study:

#### *Peru's simplified single-dose HPV vaccine schedule*

The simplified single-dose schedule was recommended by WHO in 2022, based off data suggesting that single-dose schedules had comparable efficacy and duration of protection to their two dose counterparts. Single-dose schedules are cost-effective and offers more opportunities to expand equitable vaccination coverage across more cohorts in lower resource settings. While Peru's multi-dose vaccination program saw significant success, efforts to further increase coverage were challenged by discontinuation after the first dose, or logistical difficulties in remote and rural areas. The recent adoption of single-dose schedule for girls and boys has seen Peru expand its single dose coverage to up to 84%.

### Case Study:

#### *Indonesia's comprehensive school-based HPV vaccination program*

School-based HPV vaccination programs are a cornerstone of some member economies that have made significant progress in vaccinating eligible girls over the past decade, including Australia; Brunei Darussalam; Hong Kong, China; Chile; Korea; Thailand; and Singapore. School-based programs provide platforms to provide access to targeted cohorts of girls, educate girls on the HPV vaccines' importance, and boost compliance with HPV vaccination schedules. In 2023, Indonesia launched an economy-wide school-based HPV vaccination program targeting schoolgirls between 11 to 12, with efforts to reach out-of-school girls. UNICEF and the Indonesia Ministry of Health also targeted educators and religious leaders to build trust and health literacy with students and girls in the community. To date, over 90% of targeted girls have received their first dose.

### Case Study:

#### *HPV DNA self-collection in New Zealand*

Self-collection is a crucial advantage offered by HPV DNA testing over pap testing and visual inspection with acetic acid (VIA), due to its simplicity of delivery and reduced stigma while maintaining its high effectiveness. In September 2023, New Zealand transitioned its *National Cervical Screening Programme* (NCSP) from pap smear to HPV primary screening for individuals aged 25 – 69. HPV self-collection was a popular option with 81% of people choosing to self-test, and 18.9% of tests from individuals who were previously unscreened or underscreened. Self-testing has also reduced barriers to screening for indigenous groups including the Maori and Pacific populations. As a result, HPV screening rates have risen to 70.8%, reaching WHO targets.

## 2. *Integrating cervical cancer control into ongoing health programs*

### Case Study:

#### **Peru's *Multisectoral Plan for Cancer***

Integrating cervical cancer prevention into broader existing health programs maximizes resource efficiency and sustainability of other cancer control programs, while promoting a comprehensive approach across the cancer care continuum to address prevention, early detection, treatment, and follow-up care. Peru's multisectoral *National Cancer Control Plan (Plan Esperanza)* consolidates efforts and other local and international stakeholders' efforts to promote an integrated approach towards reducing cancer burden from breast, prostate, lung, and cervical cancer. *Plan Esperanza* incorporates the Comprehensive Health Insurance Plan that also provided coverage for the treatment of these cancers and provided screening to at least 2.3 million women in Peru. Currently, Peru is developing its third *National Multisectoral Plan*.

## 3. *Improving the care experience for individuals and families by ensuring person-centered, respectful, and culturally appropriate services.*

### Case Study:

#### **Chinese Taipei's *successes in advancing HPV vaccination through comprehensive policies and community outreach***

Chinese Taipei began providing free HPV vaccination to junior high school girls from low- and low-to-middle-income households, as well as those in aboriginal and offshore island regions, in 2011, in line with World Health Organization (WHO) recommendations. In December 2018, the program was launched as an economy-wide government-funded initiative. Based on WHO guidance and international experience, Chinese Taipei is set to extend the program to include junior high school boys starting in September 2025.

To strengthen public understanding and acceptance of HPV vaccination, Chinese Taipei has implemented a comprehensive and integrated health education strategy, including printed and digital handbooks, leaflets, educational videos, and infographics as supporting tools for group education sessions conducted during school-based vaccination. Public awareness is further promoted through press conferences, news releases, social media platforms, and a toll-free consultation hotline to enhance public engagement and accurate understanding of vaccination. Vaccination services are also being optimized through the planned adoption of electronic consent forms to improve accessibility and administrative efficiency. Through cross-sector collaboration in policy and education, Chinese Taipei successfully increased HPV vaccination rates for junior high school girls, exceeding 90% in 2021.

### **Case Study:**

#### **Peru's Patient Navigation across Care Continuum**

Peru has implemented a palliative care navigator as part of its comprehensive multisectoral *National Cancer Control Plan* to enhance supportive care for cancer patients. This program leveraged trained nurses as patient navigators, who acted as crucial points of contact for patients and their families. By offering personalized care and facilitating referrals across the care continuum, the navigator program ensured patients received timely and coordinated support. The introduction of the palliative care navigator program in Peru strengthened the transition to post-diagnosis care for patients across cancer.

## **4. Expanding equitable access to cervical cancer services, especially for priority, underserved, and hard-to-reach populations by strengthening primary and secondary care.**

### **Case Study:**

#### **Papua New Guinea's "screen-and-treat" models to expand outreach in lower-resource settings**

In alignment with global guidelines developed by WHO, HPV screen-and-treat models combine HPV screening and cervical cancer treatment into a single service, which minimizes the need for multiple visits, and offering a more efficient and cost-effective approach for lower-resource and geographically isolated areas. Papua New Guinea has implemented WHO guidelines for self-collect point-of-care HPV screen and treat programs at primary screening clinics located in rural areas. The pilots had showed women expressing high acceptability due to self-collection being culturally sensitive to women's privacy. Women found positive for pre-cancer lesions can receive same-day thermal ablation, reducing loss-to-follow-up while achieving 90% initial treatment completion. The strategy is being scaled up in Papua New Guinea through the EPICC program (the *Elimination Partnership in the Indo-Pacific in Cervical Cancer*, supported by the Australian government and the Minderoo Foundation).

### **Case Study:**

#### **Australia's Prevent Pilot Project – Improving access to cervical screening services for Aboriginal and Torres Strait Islander women in rural and remote areas**

Disparities in cervical cancer burden persist among Aboriginal and Torres Strait Islander women in Australia. New effective and culturally sensitive screening models are critical to reducing the burden of this preventable disease in rural and remote communities in the near term. The Prevent Pilot project included point-of-care (PoC) HPV testing on self-collected vaginal samples, providing rapid test results, and an option for immediate specialist assessment. Feedback from participants indicated high satisfaction with the self-collected test, rapid results, and access to specialist care on the same day. Women expressed a preference for this screening model over usual practice and reported feeling comfortable, supported, and in control of their screening decisions. Following the success of this pilot, Australia is expanding the access to PoC HPV screening model in Aboriginal and Torres Strait Islander communities across the economy especially for those living in rural and remote areas enabling timely detection and treatment of pre-cancer abnormalities and prevention of cervical cancer.

## 5. *Building the health care workforce and infrastructure to seamlessly deliver services across the continuum of care*

### **Case Study:**

#### **Malaysia's *Integrated screening model supported by health professionals and volunteers***

Program Rose, an initiative led by University of Malaya and the Rose Foundation in Malaysia, expands access to cervical screening and treatment to underserved regions and hard-to-reach populations by integrating digital registry and HPV self-sampling services at the community level, with women requiring follow-up are linked to collaborating hospitals via mobile phones. Linking the digital registry allows real-time collection of HPV testing results, while also enabling the registry to track follow-up treatment outcomes for patients. Moreover, Program Rose actively trains health professionals and community champions to support outreach efforts, educate residents and facilitate self-sampling. With Malaysia Ministry of Health working in partnership with the Rose Foundation, Program Rose has been widely implemented in 13 Malaysian states in over 400 community locations, and have screened over 33,000 women through self-sampling as of 2025.

### **Case Study:**

#### **Korea *Expanding HPV Vaccination Access for Underserved Women***

In 2016, the Republic of Korea introduced free HPV vaccination for 12-year-old girls as part of the *National Immunization Program*. In 2022, the program was expanded to include girls aged 13 to 17, as well as low-income women aged 18 to 26, enabling them to receive the vaccine at no cost.<sup>72</sup> This expansion has significantly reduced financial barriers to healthcare and strengthened preventive services and reproductive health outcomes among women.

## 6. *Securing and mobilizing sustainable financing to support the comprehensive elimination of cervical cancer*

### **Case Study:**

#### **Malaysia's *study on the impact of HPV testing transition strategies support allocated budget for its implementation.***

Securing sustainable funding is critical to drive the implementation and long-term success of Malaysia's cervical cancer elimination programme. Thus, a study was conducted in 2022 which utilized a system dynamics modelling approach to simulate multiple transition strategies from liquid-based cytology (LBC) to HPV-based cervical cancer screening, alongside expanded screening coverage, in order to project their potential impact on the elimination of cervical cancer in Malaysia. The model incorporated the current HPV vaccination coverage rates and policy plans for a shift to HPV testing as the primary screening method. The simulation findings provided robust evidence of the effectiveness and cost-efficiency of HPV-based screening, which subsequently informed policy discussions and successfully supported the approval of dedicated funding from the Ministry of Health's Finance Division for its domestic HPV screening programme.

### **Case Study:**

#### ***Australia's Government commitment towards investing in the elimination of cervical cancer***

While Australia is well on track to achieve WHO 90-70-90 targets, more focused effort is required to achieve elimination of cervical cancer in an equitable manner. The Australian Government is leading the way for Australia to eliminate cervical cancer, with the release of the *National Strategy for the Elimination of Cervical Cancer* and a AUD 48.2 million investment to support implementation. This investment will further improve access to culturally safe and inclusive innovative screening and treatment services for all of Australia's diverse communities, and facilitate timely access to data across the cancer continuum to improve targeted efforts and track progress against elimination targets.

### **Case Study:**

#### ***Peru's impACT Review to build a domestic funding strategy for domestic cancer control activities.***

Through the International Atomic Energy Agency's (IAEA) impACT Review initiative, Peru worked with experts from IAEA, WHO, and the International Agency for Research on Cancer (IARC) to review its ongoing domestic cancer control capacities and build a domestic strategy collaborate with donors and other strategic partners to mobilize funds to advance cancer control activities. Based on the impACT Review team's recommendations, the government has also taken steps to ensuring specific budget allocations for surveillance, registry and research.

## **7. Strengthening multi-sectoral and multi-level coordination among governments, NGOs, and other stakeholders to create an integrated approach to cervical cancer elimination**

### **Case Study:**

#### ***Harnessing International Expertise - EPICC's Mission to Eradicate Cervical Cancer in the Asia-Pacific Region***

The *Elimination Partnership in the Indo-Pacific for Cervical Cancer (EPICC)* consortium, funded by the Australian government, is leveraging the expertise of Australian and international specialists to aid in the eradication of cervical cancer in Pacific and Southeast Asian economies, such as Fiji; Malaysia; and Papua New Guinea.<sup>70</sup> EPICC builds upon the achievements of Elimination of Cervical Cancer in the Western Pacific (ECCWP) project, which established a digital registry platform to support the implementation of the "screen and treat" HPV screening model in Papua New Guinea. With emphasis on capacity building for healthcare workers and collaborations with local community organizations, this initiative improves the healthcare infrastructure and outcomes in the Asia-Pacific region.

### **Case Study:**

#### ***Enhancing HPV Vaccination Coverage through the School Vaccination Check Program in Korea***

Since 2018, the Korea Disease Control and Prevention Agency, in collaboration with the Ministry of Education, has implemented a school-based vaccination verification initiative. Through this program, middle schools assess the HPV vaccination status of enrolled students, provide guidance to those who are unvaccinated, and actively encourage completion of the full vaccination series. Following the implementation of the school-based vaccination check program, HPV vaccination coverage among first-year middle school students increased significantly – from 54.7% in 2018 to 81.7% in 2019.<sup>73</sup>

## **8. *Improving health data infrastructure to enhance the monitoring, evaluation, and decision-making capabilities for cervical cancer elimination***

### **Case Study:**

#### ***Australia's digital centralized registry with population-level monitoring and recall systems***

Australia has developed a centralized digital registry through the *National Cancer Screening Register* (NCSR), integrating eight state and territory cervical cancer screening registers into a unified domestic record. This system supports the *National Cervical Screening Program* (NCSP) by providing healthcare providers a digital platform to submit screening data and treatment histories. The centralized registry enhances the efficiency and accuracy of cervical cancer screening by ensuring comprehensive data management.

### **Case Study:**

#### ***Brunei Darussalam's Digital and Real-Time Tracking Systems***

Brunei Darussalam's MOH has implemented a digital health initiative by introducing BruHealth, a comprehensive digital health platform. This platform allows users to actively track their health status and access their medical records through the centralized Brunei Darussalam Healthcare Information and Management System (BruHIMS). By digitizing health information, the platform empowers citizens to take proactive steps in managing their health. It has simplified the process of registering for HPV DNA testing and vaccination, through easy access at the nearest health center and well woman clinics.

## 9. *Fostering research and innovation in cervical cancer prevention, diagnostic tools, treatments, and vaccines to ensure the availability of effective and accessible solutions*

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### **Case Study:**

#### **Thailand's cross-economy study to assess the effectiveness of new technologies**

The National Cancer Institute of Thailand in collaboration with the International Agency for Research of Cancer (IARC), has initiated a cross-economy study to evaluate the effectiveness of new technologies. They are trialing an AI image recognition device at colposcopy clinics to enhance cervical pre-cancer screening and management in LMICs. This innovative approach will aid in determining the efficacy of emerging technology in identifying women who require follow-up treatment by ablation, improving the capacity to manage larger populations effectively.

## 10. *Establishing robust monitoring and evaluation systems to track progress, identify gaps, and ensure accountability in the implementation of cervical cancer elimination strategies*

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### **Case Study:**

#### **Malaysia's collaboration with academia to evaluate its domestic cervical cancer elimination plan**

The Ministry of Health Malaysia is working in collaboration with the Institute for Health Systems Research (IHSR) to evaluate the impact of the *Action Plan Towards the Elimination of Cervical Cancer 2021–2030*. This evaluation serves as a critical strategy to monitor progress, assess implementation outcomes, and identify gaps that must be addressed to accelerate the economy's path toward cervical cancer elimination.





06

# Conclusion



## Conclusion

Over the past decade, APEC have made great efforts in strengthening their public health strategies to reduce the burden of HPV-related cervical cancer. However, greater urgency and action by member economies are required to accelerate their progress towards WHO 90-70-90 goals by 2030. To realize these goals, the *APEC Cervical Cancer Roadmap 2026 – 2030* articulates implementable, evidence-based strategies that member economies can invest and adopt as a holistic strategy to enhance elimination programs.

The *APEC Cervical Cancer Roadmap 2026 – 2030* envisions that APEC member economies will ensure and protect the health and well-being of women through eliminating HPV-driven cervical cancer as a public health issue. Urgent measures are necessary to realize the vision of cervical cancer elimination, alongside comprehensive local elimination plans and collaborative efforts across APEC to support the roadmap's implementation.





07

# Appendices

## Burden of Cervical Cancer in APEC Economies

| Economy                | Prevalence (5-year)       | Incidence, Age-Standardized Rate per 100,000 (2022) | Mortality, Age-Standardized Rate per 100,000 (2022) |
|------------------------|---------------------------|---|---|
| Australia              | 3,623                     | 5.25  | 1.43  |
| Brunei Darussalam      | 134                       | 12.47   | 2.74  |
| Canada                 | 6,815                     | 6.63  | 2.27  |
| Chile                  | 5,376                     | 11.34   | 5.17  |
| China                  | 476,293                   | 13.83   | 4.54  |
| Hong Kong, China       | <i>Data not available</i> | 7.8   | 2.1   |
| Indonesia              | 120,940                   | 23.31   | 13.22   |
| Japan                  | 41,210                    | 12.53   | 2.56  |
| Republic of Korea      | 12,897                    | 8.59  | 1.95  |
| Malaysia               | 6,736                     | 10.33   | 5.5   |
| Mexico                 | 33,441                    | 13.18   | 6.15  |
| New Zealand            | 510                       | 4.93  | 1.45  |
| Papua New Guinea       | 2,588                     | 27.77   | 19.91   |
| Peru                   | 15,370                    | 23.9  | 12.05   |
| The Philippines        | 25,823                    | 15.51   | 7.99  |
| The Russian Federation | 65,441                    | 17.56   | 6.37  |
| Singapore              | 1,342                     | 7.42  | 2.77  |
| Chinese Taipei         | 7,019                     | 6.78  | 2.3   |
| Thailand               | 13,157                    | 7.12  | 3.84  |
| United States          | 27,062                    | 14.91   | 6.92  |
| Viet Nam               | 54,612                    | 6.32  | 2.17  |

## Acknowledgements

The APEC Cervical Cancer Roadmap 2026-2030 was prepared by the Project Overseer team. Principal authors include Ms. Sejal Mistry, Ms. Vigneswari A, Mr. Miguel Tan, and Ms. Manvi Rathod of Crowell Global Advisors. Special thanks to Dr. Edward Trimble of the United States National Cancer Institute and the APEC Secretariat for their support. In the course of drafting the APEC Cervical Cancer Roadmap 2026 – 2030, the APEC Health Working Group would like to acknowledge the contributions from the respective economies and experts:

### Australia

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| Rachael Warren, Cancer Screening Programs Branch, Australian Department of Health, Disability and Ageing                          | Prof. Deborah Bateson, University of Sydney & Elimination Partnership in the Indo-Pacific for Cervical Cancer (EPICC) |
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