

Global and China's Action for Cervical Cancer Elimination: Report on Advocacy and Policies

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Introduction

Cervical cancer is currently the only cancer globally acknowledged as a public health problem with the potential for elimination, making it a key focus in global public health. The initiative launched by the World Health Organization (WHO) provides direction for all countries. As an active responder, China has also formulated and implemented a series of strategic plans. This report systematically reviews and analyzes key policies and action plans for cervical cancer elimination at the global, Chinese national, and sub-national levels to provide a clear strategic overview.

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1. Global Consensus:

The WHO's Cervical Cancer Elimination Initiative

The World Health Organization (WHO) plays a central role in global health governance. Its initiatives and strategies provide the scientific basis and unified framework for global public health action, laying a solid foundation for localized implementation in countries.

2018: The Call for Global Action

In May 2018, WHO Director-General Dr. Tedros Adhanom Ghebreyesus first proposed the global cervical cancer elimination initiative at the 71st World Health Assembly. He emphasized the need to rally global political will and called on all stakeholders to unite in supporting this ambitious goal to make elimination a reality [1].

2020: Launch of the Global Strategic Blueprint

In November 2020, WHO officially launched the Global strategy to accelerate the elimination of cervical cancer as a public health problem [2]. It clearly sets forth the ambitious vision of reducing the global cervical cancer incidence rate to below 4 per 100,000 women. To achieve this, the strategy outlines clear "90-70-90" interim targets for 2030 (*Figure 1*).

2022: Update to Vaccination Strategy

In April 2022, WHO's Strategic Advisory Group of Experts on Immunization (SAGE) issued recommendations on a single-dose HPV vaccine schedule [3]. After consolidating evidence from years of studies, SAGE concluded that a single dose of HPV vaccine provides

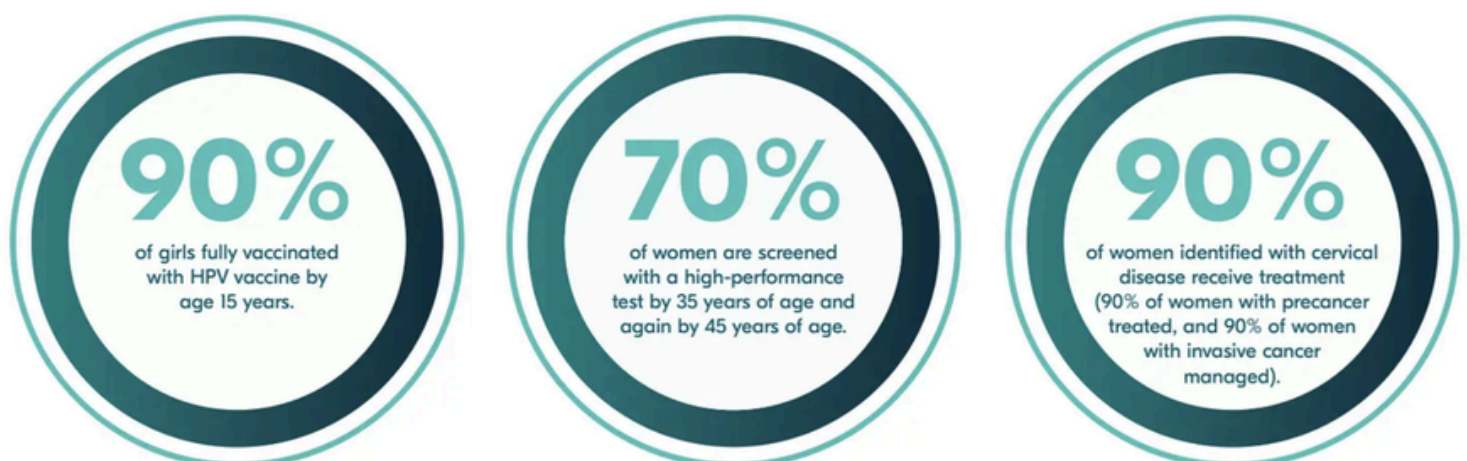


Figure 1: WHO's target for cervical cancer elimination



comparable protection to two- or three-dose schedules. This recommendation is significant as it reduces logistical, cost, and personal barriers to completing vaccination, effectively addressing the issue of low global HPV vaccine coverage. It particularly offers a feasible pathway for scaling up vaccination in resource-limited settings, strongly advancing the global elimination strategy. According to the latest WHO advice, HPV vaccination schedules for females are as shown in *Table 1*.

Current Status of HPV Vaccination Across Global Regions

- **Asia:** HPV vaccination coverage varies widely. In 2022, the coverage rate among target-age girls was only 3% in the Philippines but exceeded 90% in Sri Lanka. Singapore significantly increased coverage through a school-based program launched in 2019. Malaysia saw a decline in coverage due to pandemic-related vaccine shortages and is working to clear backlogs and implement catch-up vaccinations by the end of 2024. Japan experienced a significant rise in incidence following an 8-year suspension of proactive vaccine recommendations from 2014 to 2021 [4].
- **Americas:** The United States, through the CDC's immunization program, provides free bivalent/nonavalent vaccines to children aged 11-12 (including boys), achieving a 78% coverage rate in the target age group in 2024 [5]. Brazil initiated its national HPV vaccination program in 2014, targeting girls aged 9-13 through school-based campaigns, achieving over 80% first-dose coverage in the first year. However, coverage declined steadily after 2016 due to weakened delivery channels and the pandemic, with full-course vaccination rates falling below 60%. Brazil subsequently implemented remedial measures, expanding the target population to include boys and immunocompromised individuals, and launched a "catch-up campaign" for adolescents under 19 [6].

	Girls aged 9-14	Young women aged 15-20	Women older than 21
Recommendation	One or two doses schedule	One or two doses schedule	Two doses with a 6-month interval

Table 1: SAGE’s recommendation for HPV dose schedules



- **Europe:** The EU's "Europe's Beating Cancer Plan" sets a target of $\geq 90\%$ HPV vaccination coverage for girls in the target population by 2030, promotes vaccination for boys, and provides support through initiatives like the "Joint Action on PartnERship to contrast HPV (JA PERCH)" [7]. At the national level, Finland has reduced cervical cancer incidence and mortality by nearly 80% through integrated public health screening. France introduced a free school-based HPV vaccination program for all students in the eighth grade in 2023, leveraging the education system to expand coverage. Several countries are optimizing policies to address vaccine hesitancy [8].
- **Africa:** Africa bears the heaviest burden of cervical cancer. The WHO African Regional Immunization Technical Advisory Group advocated for single-dose HPV vaccination in 2023, adapting to resource-limited settings [9]. Ghana launched a national vaccination campaign in October 2025, aiming to cover 2.4 million girls aged 9-14. Sierra Leone is advancing integrated screening and vaccination efforts to strengthen the link between prevention and early diagnosis. Most countries in the region rely on Gavi support for vaccine supply, focusing on increasing coverage through mass campaigns and community health service networks to narrow the prevention gap with other regions [9].
- **Oceania:** Following Australia's school-based program launched in 2007, vaccination coverage among girls aged 12-13 quickly surpassed 80%. Within a decade, HPV infection rates, genital warts, and precancerous lesions significantly declined, making it a global benchmark for HPV vaccine rollout. Modeling predicts that if current vaccination and screening levels are maintained, Australia will become the first country to eliminate cervical cancer by 2035 [6].



2. China's Action:

National Strategic Planning and Advancement

As a key participant in global public health, China has actively responded to WHO's cervical cancer elimination initiative. From early exploration to comprehensive acceleration, the Chinese government has progressively built a strategic framework for elimination through a series of coherent policy deployments.

2.1 Early Exploration and Foundation Laying (2009-2019)

Prior to full-scale acceleration, China had laid a solid foundation for cervical cancer prevention and control. Key measures included:

- 2009: Inclusion of cervical and breast cancer ("Two Cancers") screening for rural women as a national major public health service project [10], initiating large-scale, government-led screening.
- 2011: The State Council's "Outline for the Development of Chinese Women (2011-2020)" explicitly set the national goal of "increasing early diagnosis and treatment rates, and reducing mortality rates for cervical and breast cancer" [11].
- 2019: "Two Cancers" screening was formally incorporated into the National Basic Public Health Services, marking the initial establishment of a nationwide, coordinated prevention and control system [10].

2.2 Strategic Acceleration and Target Setting (2021-2023)

Entering the new decade, China's cervical cancer elimination efforts entered an acceleration phase with more specific policy targets.

- **2021 "Outline for the Development of Chinese Women (2021–2030)" [12]:** This document set a screening target of over 70% of the population screening rate for cervical cancer among women of appropriate age and proposed promoting HPV vaccination for eligible women.



- **2021 Healthy China Action Pilot Program:**

To explore effective local prevention models, the National Health Commission launched an innovation pilot program focusing on cervical cancer elimination in September 2021, accumulating replicable experience for nationwide scaling. The first batch of pilot cities included: Shijingshan District (Beijing), Xiqing District (Tianjin), Ordos City (Inner Mongolia), Shenyang City (Liaoning), Minhang District (Shanghai), Wuxi City (Jiangsu), Ningbo City (Zhejiang), Ma'anshan City (Anhui), Xiamen City (Fujian), Jinan City (Shandong), Zhengzhou City (Henan), Shenzhen City (Guangdong), Shapingba District (Chongqing), Chengdu City (Sichuan), and Xi'an City (Shaanxi).

- **2023 “Accelerating the Elimination of Cervical Cancer Action Plan (2023–2030)” [13]:** This plan set a clear roadmap and timeline for national action, with specific targets for 2025 and 2030:

- 2025 Targets: Pilot promotion of HPV vaccination services for age-eligible girls; cervical cancer screening rate reaching 50%; treatment rate for cervical cancer and precancerous lesions reaching 90%.
- 2030 Targets: Continued advancement of HPV vaccination pilot work for age-eligible girls; screening rate reaching 70%; treatment rate maintaining 90%.

- **2023 “Healthy China Action—Cancer Prevention and Control Implementation Plan (2023-2030)” [14]:** This plan provided multi-dimensional policy support for cervical cancer elimination from a broader cancer prevention perspective.

- **Emphasizing Prevention:** Explicitly called for reducing infections from carcinogenic viruses like HPV.
- **Strengthening Communication:** Advocated for science-based communication on HPV vaccination to promote uptake among eligible populations.
- **Promoting Public Benefit:** Encouraged localities with the capacity to include HPV vaccination in local public benefit policies.
- **Ensuring Supply:** Accelerated the review and approval of qualified domestic HPV vaccines to improve accessibility.



2.3 Future Outlook: Strategic Planning for HPV Vaccine Inclusion in the National Immunization Program (NIP)

On September 11, 2025, the State Council Information Office announced that this year the country would launch HPV vaccination services for age-eligible girls and include the HPV vaccine in the National Immunization Program (NIP) to protect women's health [15]. Including the HPV vaccine in the NIP is a highly anticipated strategic move in China's public health sector. If realized, it would mark the first expansion of the NIP in 18 years, signifying a new level of commitment to adolescent health and primary cancer prevention. Based on current planning, the core components are expected to include:

- **Target Population:** Adolescent girls, e.g., those born on or after November 10, 2011, who have reached 13 years of age. This age group is optimal for HPV vaccination with the best immune response.
- **Vaccination Schedule:** Likely a free two-dose schedule of bivalent HPV vaccine, with costs covered by the government.
- **Vaccine Selection:** Expected priority for domestically produced bivalent HPV vaccines, based on multiple considerations:
 - (1) **Proven Efficacy and Safety:** Supported by long-term follow-up studies (e.g., the vaccine co-developed by Xiamen University and Wantai Biologicals has ten-year follow-up data);
 - (2) **Financial Sustainability:** Ensures affordability for nationwide rollout;
 - (3) **Supply Security:** Guarantees stable and adequate supply to meet national demand.

This policy has profound strategic significance, extending NIP protection from children under 6 to the adolescent population for the first time and expanding prevention from traditional infectious diseases to cancer, pioneering a new chapter for China's public health system.



3. Local Implementation: Pilot Projects and Supportive Policies

The successful implementation of national strategy relies on innovative exploration and practical execution at the local level. In China, local governments are actively promoting HPV vaccination based on their specific contexts, transforming the national blueprint into tangible public benefits through pilot projects and subsidized programs, demonstrating the diversity and practical outcomes of policy implementation.

As of September 2023, multiple provinces and cities in China had introduced supportive policies related to HPV vaccination [16]. At the provincial level, regions like Guangdong, Hainan, Fujian, and Jiangsu in the east; Chengdu, Chongqing, and Tibet in the west; and Jiangxi in central China have actively implemented related work. Among various local practices, the case of Ordos City is particularly prominent and representative. The uniqueness and reference value of its model are evident in:

- **Pioneering Role:** Ordos was the first city in China to launch free HPV vaccination, providing valuable pioneering experience for subsequent policy development in other regions.
- **Comprehensiveness:** It is currently the only Healthy China innovation pilot city that has included bivalent, quadrivalent, and nonavalent HPV vaccines in its vaccination plan. This comprehensive coverage model maximally meets diverse population needs.
- **Reference Value:** This integrated model serves as a high-standard exemplar under strong political will and financial investment. However, its high cost also highlights the challenges of replicating it fully in less developed regions, underscoring the strategic importance of the national plan's prioritization of cost-effective domestic vaccines for nationwide coverage.



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