

# ECL Policy dialogue

## Europe's path to eliminating cervical cancer

5 February 2021

The first associated event of the [MEPs Against Cancer \(MAC\) interest group](#) at the European Parliament for the legislature 2019-24 aimed at **informing a wide audience of health stakeholders about the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer**, and **discussing Europe's role in taking global commitments forward and signalling the importance of cervical health to European Member States, Associated countries and beyond.**

The event was organised by [ECL](#) as the MAC Secretariat in partnership with the [Union for International Cancer Control \(UICC\)](#), [Sciensano](#) and the [International Agency for Research on Cancer \(IARC\)](#). The purpose of the event was to celebrate the historic milestones achieved through the adoption of the WHO Global Strategy in November 2020 and of [Europe's Beating Cancer Plan](#) in February 2021.



The meeting was chaired and moderated by [Urška Ivanuš](#), Head of Department for Cancer Screening and Head of the ZORA programme at the Institute of Oncology Ljubljana, and featured presentations from a panel of prominent stakeholders from the European Commission, European Parliament, UICC, IARC and Sciensano.

***"It is unacceptable that in the European region alone, cervical cancer claims the lives of 26,000 women every year considering that virtually all cervical cancer cases could be prevented. Cervical cancer elimination is possible and requires cross-sectorial actions and the commitment of all stakeholders."*** (Dr. Ivanuš)



[Elena Fidarova](#), Technical Officer, Management of NCDs, Department of NCDs at the World Health Organization, presented the [WHO Global Strategy for the Acceleration of the Elimination of Cervical Cancer](#), launched on 17 November 2020. The strategy is divided in 3 main pillars:

**1) HPV VACCINATION**

Target: 90% of girls fully vaccinated with HPV vaccine by 15 years of age.

**2) SCREENING**

Target: 70% of women are screened with a high-precision test by 35 & again by 45 years.

**3) TREATMENT**

Target: 90% of women identified with cervical disease receive treatment and care.

Successfully meeting the targets within each pillar could reduce mortality by 34% by 2030 and by 69% by 2045.

***"The success of the drive to eliminate cervical cancer depends on political will, country-led action investments, and global solidarity, as well as sustainable and adaptable partnerships."***  
(Dr Ghebreyesus and Dr Jakab, WHO)



**Marc Arbyn**, Coordinator of the Unit of Cancer Epidemiology at the Belgian Cancer Centre Sciensano, [presented evidence-based recommendations for effective population-based cervical cancer screening](#) that European countries should prioritise.

## Europe's response to the global strategy - 5 key priorities for action

### 1. Implement evidence-based screening policies

- There is strong evidence that HPV-based screening is more effective than cytology to reduce incidence.
- HPV infections are frequent in young women under 30 years old, but usually clear up on their own, so the recommended starting age for HPV screening is age 30.
- Women aged 30-35 through 60-64 should be screened with the HPV test every 5 years.
- HPV positive women need further triage to avoid over-diagnosis and over-treatment.

### 2. Optimising screening coverage reaching non-responders

- HPV DNA testing on self-samples is as accurate as samples collected by clinicians - if validated HPV assays based on PCR are used.
- Sending self-sampling kits to women who did not take part in the organised screening programmes is more effective than sending reminder letters about participating in the programme.

### 3. Optimise coverage of HPV vaccination

- All European countries should include HPV vaccination in their routine programmes.
- More implementation research is needed to increased participation rates.
- Timely, transparent, effective and coordinated communication about vaccines is needed to increase vaccine confidence and counter false narratives.

### 4. Organise and integrate primary and secondary prevention in agreement with EU guidelines, including monitoring of quality and impact

- Cervical screening or HPV testing should be carried out only in the context of an organised programme aimed at maximising coverage and reducing over-screening.
- Quality assurance and monitoring of both organised and opportunistic screening should be ensured at all levels.
- All countries should link screening with vaccination registries.

### 5. Update the European guidelines for quality assurance in cervical cancer screening

- The [2nd edition](#) of such guidelines was published in 2008 and the [Supplements to the 2nd edition](#) were published in 2015.

The audience was encouraged to comment on the priorities and recommendations presented by Dr Arbyn by adding their views on [Padlet](#).



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## Panel discussion with key stakeholders from civil society, the scientific community, the European Parliament and the European Commission



**Julie Torode**, Director of Special Projects at UICC, [presented the role of UICC in pursuing the elimination of cervical cancer](#). UICC is committed to work with national governments across the world to support elimination efforts, more specifically to:

- Create an enabling environment for women to access screening and vaccination.
- Include HPV in NCDs prevention strategies.
- Develop culturally sensitive approaches to the prevention and early detection of HPV.
- Build partnership with national and international civil society organisations.

UICC is calling for 17th November to be a global elimination day every year.

**“We have the tools to eliminate cervical cancer within a few generations! WHO’s Global Strategy should help harness the high degree of political and social commitment necessary to ensure effective access to vaccines and screenings for all women, and to overcome the gender discrimination and stigma that are strong barriers to implementation.”** (HRH Princess Dina Mired of Jordan, President of UICC)



**Partha Basu**, Deputy Head, Early Detection, Prevention & Infection Branch, at the International Agency for Research on Cancer, [presented key issues related to cervical cancer screening programmes across EU Member States](#). To reduce health inequalities between and within countries, the EU should support its Member States in implementing high-quality, population-based, organised cervical cancer screening programmes and minimising opportunistic screening. Countries should also implement context-specific strategies to reach out to underrepresented women in screening programmes and develop solid quality assurance schemes.



**Chrysoula Zacharopoulou**, Member of the European Parliament (Renew Europe, France) and a qualified gynaecological surgeon, highlighted the role of the European Parliament in boosting action to tackle cervical cancer. She cited the Europe’s Beating Cancer Plan, the European Parliament’s new [BECA committee](#), the European Parliament [resolution on policy challenges and strategies against women’s cancers and related comorbidities](#) and the new [ten-year strategy for reducing cancer in France](#). Zacharopoulou also chairs an EU-Africa committee where health – including disease prevention – will be a priority.



**Hana Horka**, Policy Officer for the European Commission’s Directorate-General for Health and Food Safety, [gave an overview of Europe’s Beating Cancer Plan](#) - a key pillar of a strong [European Health Union](#). Launched on 3 February 2021, the Plan encompasses [10 flagship initiatives and 32 actions](#) tackling the entire disease pathway and focusing on actions where the EU can add the most value. The Plan has a budget of €4 billion and includes a flagship initiative aimed at preventing cancers caused by HPV. The objective is to vaccinate at least 90% of the EU target population of girls and to significantly increase the vaccination of boys by 2030. Member States will play a critical role in meeting this target.



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