



Effective approaches towards eliminating cervical cancer from low-and middle-income countries amid COVID-19 pandemic

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In women, cervical cancer is the fourth most common cancer and the second leading cause of cancer-related deaths.¹ In 2018 an estimated 570 000 new cervical cancer cases were diagnosed, including 311 000 deaths worldwide.¹ Women in low-and middle-income countries (LMICs) are highly vulnerable to cervical cancer, with around 90% of cases and deaths from cervical cancer occurring in LMICs.²

Infection with the human papillomavirus (HPV)—which is spread through sexual contact—plays a principal role in the development of nearly all cases of cervical cancer.^{1,3,4} Of the different types, HPV 16 and 18 are responsible for more than 70% of cervical cancer cases, followed by other strains of HPV.^{1,3,4} However, it is a preventable and curable disease through vaccination, screening, treatment, and palliative care.^{1–4}

HPV vaccine is a safe and effective way to protect women against infection from HPV and it has a significant impact on reducing the incidence of cervical cancer.⁴ Therefore, the World Health Organization (WHO) has recommended introducing HPV vaccination in all countries' public health programs.^{1–3} But, as of 2020, more than three-quarters of LMICs have not introduced it while it has been adopted in more than 85% of high-income countries.³

Cervical screening tests like the Papanicolaou (Pap) test and HPV DNA test are effective ways to detect cervical cancer.^{1,3} Combined programs of HPV vaccination and cervical screening have significantly reduced the burden of cervical cancer in high-income countries over the past few decades.^{1–4} However, it remains a greater burden in LMICs because of no vigorous mass vaccination, limited screening tests, and treatment facilities.^{1–3}

To eliminate or reduce the incidence of cervical cancer, each country should start or continue effective programmatic efforts to achieve targets set by the WHO by the year 2030—that is, (a) 90% of girls should be fully vaccinated for HPV by 15 years of age; (b) 70% of women should be screened at least twice by 35 and 45 years of age; and (c) 90% of women who have been diagnosed with cervical disease should receive treatment and care.¹ In an effort to accelerate the elimination of cervical cancer, the World Health Assembly now uses a global approach.³ However, the recent COVID-19 pandemic has severely affected

healthcare services and coverage. The present situation has disrupted the vaccination and screening programs even in developed countries because of border closures, mass level lockdown, and disruption in flights, transportation and human resource services.^{5–8} This might increase the risk of developing cervical cancer in women, which is a public health concern.^{5–8} Therefore, many experts have suggested some options for the management of cervical cancer during the COVID-19 pandemic.^{5–8}

While COVID-19 is a threat to public health systems, it is also an opportunity to reform the health sectors for betterment of human beings. There is an immediate need to start, or continue with, community-based HPV vaccination and cervical screening test programs among women in LMICs if there is to be a reduction in the prevalence of, and morality from, cervical cancer. Any program will now have to operate within COVID-19 guidelines.

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