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Affordable vaccines key to scale up HPV vaccination and prevent thousands of avoidable cervical cancers

Lyon, France, 2 February 2017 – Every year, cervical cancer kills more than 250 000 women, and 85% of these deaths occur in low- and middle-income countries. Cervical cancer is the fourth most common cancer in women worldwide, but most of these deaths could be prevented with adequate prevention measures, such as vaccination of girls against human papillomavirus (HPV) and screening programmes to detect and treat precancerous lesions.

HPV vaccination has been shown to protect women from chronic infection by HPV 16 and 18, the two main types of this virus known to cause cervical cancer.

In high-income countries, widespread screening has radically reversed the trends, and cervical cancer incidence and mortality have declined sharply. In these countries, the impact of vaccination in reducing HPV-related diseases is already being documented. But in developing countries, where the burden of the disease is heaviest, cervical cancer control is often not seen as a priority within tight health budgets, and women are not given life-saving access to adequate prevention and treatment.

Gavi, the Vaccine Alliance is contributing significantly to improve the prospects of widespread HPV vaccination in low-income countries. Latin America provides an encouraging illustration of how implementing HPV vaccination in developing countries is feasible. Indeed, 80% of girls have access to HPV vaccination in Latin America, thanks to the commitment of the national governments. However, with few exceptions, vaccination has still not been implemented nationally in many low- and middle-income countries in Asia and Africa. Women are at risk of developing cervical disease, which is likely to go untreated, given the inadequacy of screening and treatment services in many countries.

“Unless we act rapidly, thousands of women will develop cervical cancer because they are not vaccinated,” says Dr Rolando Herrero, Head of the Section of Early Detection and Prevention at the International Agency for Research on Cancer (IARC). “In countries where early detection and screening are difficult to implement due to a lack of proper infrastructure, vaccination has a vital role to play in protecting women from cervical cancer. Governments need to show strong political commitment to implement HPV vaccination.”

Common barriers to implementation of vaccination include a lack of political will, the high price of the vaccines, poor health infrastructure, and competing public health priorities in countries with limited resources.

In some regions, there can also be a reluctance to vaccinate young girls for cultural reasons, and fear that vaccination would promote sexual activity. Other barriers include low schooling rates, which can limit the reach of the implementation programmes, which often take place in schools.

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“Cervical cancer is a disease of the poor. There is a gender bias in many countries, which means that women are still seen as a less important population to invest in,” says Dr Rengaswamy Sankaranarayanan, Special Advisor on Cancer Control and Head of IARC’s Screening Group. “It is vital that governments address these barriers. In many countries, women are often the only breadwinners, and therefore protecting them is of huge human and economic importance.”

IARC leads several key research projects on cervical cancer in low-income countries. The Agency has played a central role in demonstrating the efficiency of two-dose vaccine regimens to replace the previous three-dose regimen;¹ this reduced costs and allowed for more girls to be vaccinated. IARC also participates in the United Nations Joint Global Programme on Cervical Cancer Prevention and Control, a comprehensive cervical cancer control programme that has been initiated in six low- and middle-income countries.

Other current IARC projects include research on the efficacy of a single dose of the vaccines and investigating ways to increase vaccine access and affordability.

“The cost of vaccines remains a significant barrier, which will need to be addressed to allow developing countries to step up vaccination coverage,” says IARC Director Dr Christopher Wild. “Competition between potentially new and existing vaccine manufacturers is urgently needed in order to reduce costs and enable countries to better protect women against cervical cancer.”

For more information, please contact

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The International Agency for Research on Cancer (IARC) is part of the World Health Organization. Its mission is to coordinate and conduct research on the causes of human cancer, the mechanisms of carcinogenesis, and to develop scientific strategies for cancer control. The Agency is involved in both epidemiological and laboratory research and disseminates scientific information through publications, meetings, courses, and fellowships. If you wish your name to be removed from our press release emailing list, please write to com@iarc.fr.

¹ The World Health Organization recommends two doses for girls aged 9–14 years and three doses for those aged 15 years and older as well as for all immunocompromised girls/women (e.g. HIV-positive women) irrespective of age.