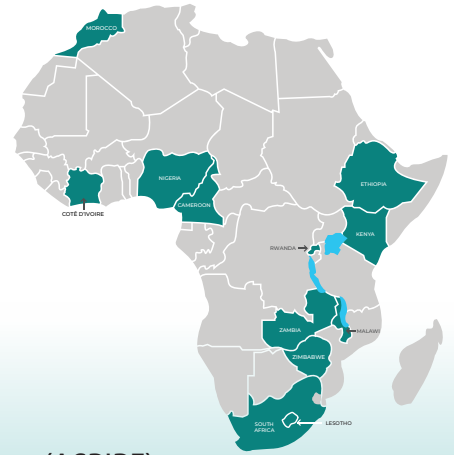



# ACHA ASPIRE\* Cervical Health Scorecard




\*Advocacy to Support Policy Implementation Relevant to Elimination (ASPIRE).  
The Baseline indicators for tracking progress towards Cervical Cancer Elimination in Africa



**DON'T DROP THE BALL.**

**ACHA ASPIRE CERVICAL HEALTH SCORECARD**



## DASHBOARD

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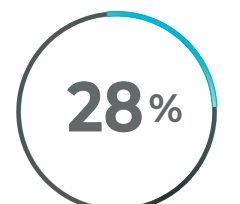
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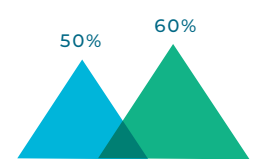




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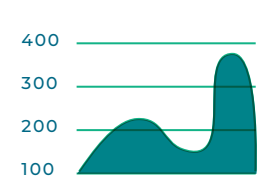
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**DON'T DROP THE BALL.**



**ACHA**  
Africa Cervical Health Alliance  
Africa free of cervical cancer



Category	Value
Category 1	11/200
Category 2	0021001
Category 3	00000
Category 4	0010
Category 5	0010



# ACHA ASPIRE Cervical Health Scorecard



This report was developed by the African Cervical Health Alliance (ACHA) to support advocacy and strengthen progress toward cervical cancer elimination in Africa. While every effort has been made to ensure accuracy, some information may change as data is refined. ACHA assumes no responsibility for errors or outcomes arising from the use of this publication. The content may be shared for non-commercial use with proper attribution; written permission is required for commercial use.

ACHA gratefully acknowledges the partnership and support of Cancer Research UK (CRUK), FIND, and KILELE Health Association. We thank the consultants, technical contributors, and ACHA member organizations across the 12 pilot countries for their inputs, and the experts who provided guidance throughout the development of the ASPIRE Scorecard. Appreciation is also extended to the ACHA Secretariat team for leading coordination and production of this report.

Together, we move closer to an Africa free of cervical cancer.

**The African Cervical Health Alliance (ACHA) Secretariat,**

C/O KILELE Health Association

NAS Apartments, Milimani Road, Unit No. 10

 [www.acha.africa](http://www.acha.africa)

Hashtags: #ACHA #CervicalHealth

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# Foreword

## Advancing Africa's Path to Elimination. A foreword from the ACHA Secretariat.

The finalisation of the ACHA ASPIRE Cervical Health Scorecard conceptualisation marks a defining milestone in our collective journey toward the elimination of cervical cancer as a public health problem in Africa. For a disease that is almost entirely preventable yet continues to cause premature deaths of thousands of our women across Africa each year, the urgency for bold, coordinated, and evidence-based action has never been greater.

The ACHA ASPIRE Scorecard was conceived from a simple but powerful conviction that **what gets measured gets done**. Too often, gaps in implementation, fragmented data systems, insufficient resourcing of initiatives, and poor accountability slow the progress of lifesaving interventions. The scorecard provides a structured, continent-wide mechanism to track where we are, identify what is holding us back, and illuminate the opportunities that will accelerate our progress toward the WHO 90–70–90 elimination targets.

Developed through a meticulous, iterative and consultative process, the ACHA ASPIRE Scorecard reflects insights gathered from a PRISMA-guided review of cervical health policies and frameworks, best practices across the global health ecosystem, and rich contributions from civil society organizations in twelve focus countries. It consolidates 27 priority indicators spanning HPV vaccination, screening and precancer treatment, diagnosis and management of invasive cancer, and the broader enabling environment - including political will, financing, governance, and community engagement.

Built in Power BI, the Scorecard's traffic-light system and intuitive visuals offer a clear, comparable picture of performance across countries. Equally important, the tool is designed not as a static product, but as a **living instrument** – to be updated, strengthened and country-owned as more stakeholders come on board. Its success will depend on robust partnerships with Ministries of Health, regional bodies such as Africa CDC and WHO AFRO, development partners, and most critically, the civil society and community actors who remain the backbone of grassroots cervical cancer advocacy across Africa.

As ACHA, we believe that eliminating cervical cancer is not only possible – it is within reach. But achieving it requires courage, clarity, and collective responsibility. The ACHA ASPIRE Scorecard equips African countries with a practical, transparent, and empowering tool to drive the accountability and action needed to protect women and girls today, and for generations to come.

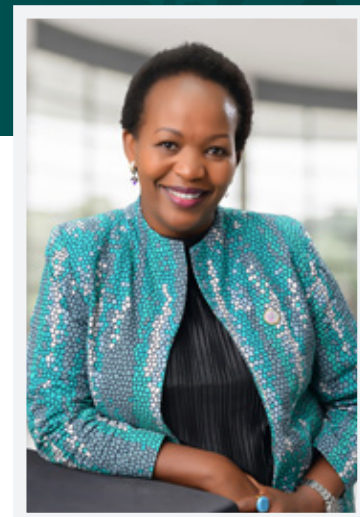
We extend our deepest gratitude to Cancer Research UK (CRUK), FIND, and KILELE Health for their unwavering support, and to the consultants, researchers, advocates, policymakers, and community leaders whose voices and efforts continue to shape this movement for change.

Together, we can realize a continent where cervical cancer is no longer a threat to the lives, dignity, and potential of African women.

### **Benda N. Kithaka**

*Secretariat Lead - African Cervical Health Alliance (ACHA)*

*Executive Director and Founder - KILELE Health Association*



# Executive Summary

The global burden of cervical cancer disproportionately affects sub-Saharan Africa, with the region having the highest incidence and deaths from the disease. This disparity is primarily due to both policy and implementation deficiencies for the evidence-based interventions, from human papillomavirus (HPV) vaccination, screening and precancer treatment, as well as diagnosis and treatment of invasive cervical cancer.

To address this gap, the African Cervical Health Alliance (ACHA), under the Advocacy to Support Policy Implementation Relevant to Elimination (ASPIRE) initiative, sought to develop and implement a scorecard for tracking and informing advocacy for implementation of the [World Health Organization's Global Initiative<sup>1</sup> for Elimination of Cervical Cancer](#) as a public health problem in the Africa.

This is to be achieved through development of a cervical health score- card, to facilitate evidence-based advocacy, promote transparency, and drive investment and prioritization at policy level. This initiative focused on 12 African countries<sup>1</sup>, based on disease burden and geographical, and programming diversity considerations.

The ACHA ASPIRE Cervical Health Scorecard was developed through an iterative and consultative process, steered by KILELE Health, as the ACHA Secretariat. To inform the scorecard development, a desk review on cervical cancer health policies, frameworks, and best practices in the focus twelve (12) African countries was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) guidelines. Additionally, exploration of existing scorecards on diverse areas of public health revealed best practices and cultural appropriateness in their context.

The key findings included the suboptimal implementation of elimination initiatives in most of the focus countries, as well as policy gaps that would need to be addressed for progress to be realized. Based on this review, a list of priority indicators was developed and revised in discussion with the ACHA secretariat. A final list of 27 indicators, spanning HPV

vaccination, screening and precancer treatment, as well as diagnosis and treatment of invasive cervical cancer were finally selected.

Benchmarks were then established for each indicator using a traffic light system (● Green for exceeding targets, ● Amber for on-track, and ● Red for off-track), based on existing global, regional and national commitments, targets, or stakeholder consensus to define benchmarks. The sources of data that measure the indicators and each data source were mapped to the corresponding indicator for seamless tracking and a standardized definition. **PowerBI** was employed to create a user-friendly design, visualization tools such as graphs and traffic light coding to enhance data interpretation, along with a detailed user manual to guide the information collection process and its integration into the created visual dashboard. Finally, the prototype scorecard was reviewed by the civil society organizations under the ACHA umbrella, and the feedback incorporated.

The scorecard will undergo further inputs and improvements even as the country-level implementation commences. That way, it can serve as a useful tool to track the implementation of the WHO cervical cancer elimination initiative in the continent.

## Acknowledgment of Support

ACHA extends sincere appreciation to Cancer Research UK (CRUK), FIND (the Global Alliance for Diagnostics), and KILELE Health for their invaluable support in the development and implementation of the Advocacy to Support Policy Implementation Relevant to Elimination (ASPIRE) Scorecard. The technical and financial support funded by CRUK and FIND, together with the collaboration and shared commitment of KILELE Health and all contributors, has been instrumental in advancing this tool. This collaborative effort will strengthen evidence-based advocacy and empower community-driven action toward the elimination of cervical cancer in Africa.

<sup>1</sup>Malawi, Kenya, Cameroon, Zimbabwe, Cote D'Ivoire, Lesotho, South Africa, Zambia, Rwanda, Nigeria, Ethiopia and Morocco

# List of Abbreviations and Acronyms

Abbreviation	Full Form
ACHA	African Cervical Health Alliance
AFCRN	African Cancer Registry Network
ALMA	African Leaders Malaria Alliance
ASPIRE	Advocacy to Support Policy Implementation Relevant to Elimination
CSO	Civil Society Organization
DALY	Disability-Adjusted Life Year
DHIS	District Health Information System
EMR	Electronic Medical Record
GDP	Gross Domestic Product
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HRH	Human Resources for Health
ICCP	International Cancer Control Partnership
IGCS	International Gynecological Cancer Society
KPI	Key Performance Indicator
LMIC	Low- and Middle-Income Countries
MSM	Men Who Have Sex with Men
MOH	Ministry of Health
NCCP	National Cancer Control Program
NCCS	National Cancer Control Strategy
NCD	Non-Communicable Disease
PBCR	Population-Based Cancer Registry
PEPFAR	President's Emergency Plan for AIDS Relief
PFM	Public Financial Management
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
RBC	Red Blood Cell
RCT	Randomized Controlled Trial
RIGO	Regional Intergovernmental Organisation
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
SRHR	Sexual and Reproductive Health and Rights
SSA	Sub-Saharan Africa
STI	Sexually Transmitted Infection
UHC	Universal Health Coverage
VIA	Visual Inspection with Acetic Acid
WHO	World Health Organization
WLHIV	Women Living with HIV



# ACHA

African Cervical Health Alliance

## ACHA ASPIRE CERVICAL HEALTH SCORECARD

### DASHBOARD



#### USER PANEL

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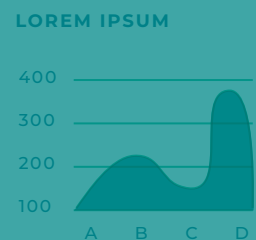
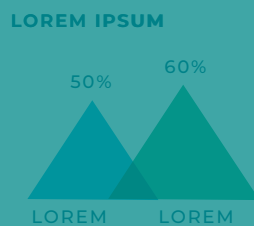
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# 1. Introduction

## 1.1 Report Overview

This report outlines the development process of the draft ACHA ASPIRE Cervical Health Scorecard. Commissioned by the African Cervical Health Alliance (ACHA), the scorecard is intended to help regional and national stakeholders strengthen accountability, advocacy, and action toward eliminating cervical cancer across Africa. The draft scorecard is designed as a practical tool for assessing and communicating country-level progress across key pillars of cervical cancer prevention and control (HPV vaccination, screening, treatment, governance, and financing) aligned with the WHO 90-70-90 targets.

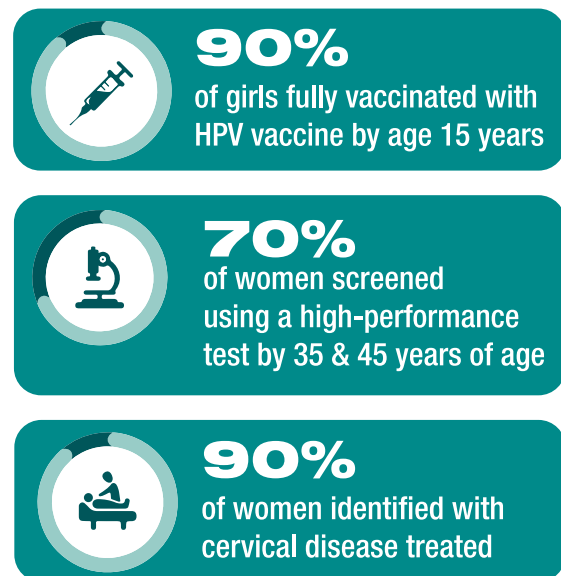
Led by the ACHA Secretariat with technical support from Artemis Outsourcing, Health Practice and the ACHA Scorecard technical Working group comprising of CSO representatives from across Africa, this assignment involved a systematic and participatory process to define, populate, and validate a draft scorecard covering twelve African countries. The output is intended to facilitate evidence-based advocacy, to inform policy formulation/implementation, stimulate dialogue, and drive equitable investments in cervical cancer elimination efforts across the region. This will help promote transparency, and drive investment and prioritization at policy level across Africa.

## 1.2 Background and Context

Cervical cancer remains a major public health concern in Africa, where it accounts for some of the highest incidence and mortality rates globally. Despite the disease being largely preventable and treatable if detected early, systemic gaps in policy implementation, service delivery, and financing persist across many countries.

The World Health Organization's Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem sets clear targets: 90% of girls fully vaccinated with the HPV vaccine by age 15; 70% of women screened with a high-performance test by ages 35 and 45 years; and 90% of women with cervical disease receiving treatment. Achieving these targets requires robust tracking and accountability mechanisms.

### WHO 90-70-90 targets



In this context, ACHA — supported by civil society, technical experts, as well as regional and global technical; partners and institutions—has prioritized the development of a regional scorecard to assess and compare performance, identify gaps, and mobilize action. The ACHA ASPIRE Cervical Health Scorecard builds on this momentum, offering a structured and evidence-based tool to catalyze multisectoral engagement and support the scale-up of national cervical cancer programs.

## 1.3 Scope of Work

The assignment encompassed several interrelated tasks:



This report details the findings, methodology, and proposed next steps for the finalization and dissemination of the ASPIRE Cervical Health Scorecard. The development of

the scorecard has progressed to the fourth stage, where stakeholder engagement and validation activities are underway.

## 2. Approach and Methodology

### 2.1 Kick-off and Inception

The development of the prototype ACHA ASPIRE Cervical Health Scorecard was led by the ACHA Secretariat, in collaboration with a team of external consultants and the ACHA ASPIRE Scorecard Work Group. Together, they undertook key steps as defined in the scope of work that entailed a comprehensive baseline literature review on the cervical cancer burden in Africa, identification of context-specific indicators aligned with WHO global targets, and the formulation of the scorecard. The outputs of these tasks are outlined in the subsequent sections of this report.

### 2.2 Literature Review

As a foundation on key areas on cervical health in African, a desk review on cervical cancer health policies, frameworks, and best practices was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) guidelines. This covered the following key thematic areas:

- A review of the literature on cervical cancer in Africa
- Analysis of policy frameworks for cervical health in Africa
- Best practices in cervical health policies and programming
- Use of scorecards for accountability:

To achieve this, a desk review on cervical cancer health policies, frameworks, and best practices was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) guidelines<sup>1</sup>.

We expanded on this preliminary literature review to provide a detailed analysis of published works as well as national and global policy guidance documents relevant to the target countries.

### 2.3 Eligibility Criteria for Countries and Documents

The countries included in the systematic document search were suggested by the ACHA secretariat; the 12 Countries of focus were selected based on burden (incidence and mortality), HIV/AIDS prevalence, geographical distribution, and diversity in programming. They are as follows:



Figure 1. Countries included in the systematic document search

Selection of the 12 countries focused on countries with a high incidence of cervical cancer and a high HIV burden which is a cervical cancer defining disease. At the same time, some countries demonstrating strong leadership and best practices were included to support cross-country learning. For example, Rwanda, which is heavily invested in elimination and achieving the WHO 90-70-90 targets, serves as a model for national coordination and vaccination, while Morocco illustrates best practices in treatment access, offering lessons for improving diagnosis, referral systems, and oncology care.

For the eligible countries, the team identified relevant documents, including national policies, plans, strategies, frameworks, and guide-lines related to non-communicable diseases (NCDs), cancer, and cervical cancer prevention and control. These documents, published or grey literature between 2015 and 2024, were considered without language restrictions. For peer-reviewed studies, the inclusion criteria encompassed observational studies (cross-sectional, case-control, and cohort), (quasi) randomized controlled trials, expert opinions, qualitative research, as well as systematic reviews and meta-analyses. Letters to the editor and conference abstracts were excluded.

## 2.4 Information Sources and Search Strategy

Documents were identified through a systematic online search complemented by expert consultations who helped refine the scope of the search and ensure that all relevant thematic areas were adequately captured. Searches were conducted using Medline via PubMed, the International Cancer Control Partnership (ICCP) portal, the World Health Organization (WHO) website, and national Ministry of Health websites for the selected countries, covering the period from January 2015 to December 2024.

The PubMed search strategy utilized a combination of Medical Subject Headings (MeSH) and keywords relevant to Sub-Saharan Africa, including but not limited to: Human Papillomavirus (HPV) vaccination, cervical cancer screening, cervical cancer prevention, and non-communicable diseases control policy OR plan OR strategy OR guideline, alongside specific country names. For peer-reviewed literature, the following search syntax was applied: (policies OR framework OR interventions OR “action plans” OR implementation OR initiatives) AND (cervical OR cervix OR “cervix uteri”) AND (cancer OR malignancy OR health OR neoplasms OR precancer OR “precancerous lesions” OR HPV OR “human papillomavirus”) AND (prevention OR control OR vaccination OR screening OR treatment OR palliative care) AND (“African countries” OR Africa OR “African continent” OR individual country names such as South Africa, Kenya, Nigeria, etc.).

National Ministry of Health and other relevant websites were searched using terms combining country names with cervical cancer prevention, cancer control, and non-communicable disease policies, plans, strategies,

or guidelines. On the ICCP portal, relevant documents on cervical cancer, and NCD control plans and policies were reviewed, along with WHO country profiles. Global indicators were drawn from Improving Data for Decision Making: A Toolkit for Cervical Cancer Prevention and Control Programmes and Comprehensive Cervical Cancer Control: A Guide to Essential Practice (World Health Organization). Policy frameworks were assessed for availability by country, currency, scope (e.g., broad National Cancer Control Plans [NCCPs] versus cervical cancer-specific strategies), thematic pillars, and inclusion of cervical cancer elimination targets within monitoring and evaluation frameworks. Where no cervical cancer-specific plans were found, supplementary data were sourced from WHO resources.

## 2.5 Data Charting and Management

A standardized data extraction sheet was used to compile information on policies and protocols related to cervical cancer prevention and control, including monitoring and evaluation mechanisms, service delivery, and health outcomes. All extracted data was cross-checked by a second reviewer, with any discrepancies discussed and resolved. Thematic analysis of the included sources was conducted, based on pre-selected criteria including the focus area (Cervical Health policies and frameworks in the target African countries, elimination prospects, and cultural sensitives and their potential impact on cervical cancer elimination in the region. Existing scorecards across various public health areas including Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH) and malaria control were also reviewed to identify best practices and assess their cultural relevance within specific contexts.

## 2.6 Development of the Scorecard Prototype

The team followed two key principles: ensuring a collaborative process through stakeholder engagement and selecting indicators aligned with national, regional, and global health goals. These indicators captured progress across multiple levels using a traffic-light system for clarity, with the development steps outlined in the next section.

## 2.6.1 Steps in the Development of the Scorecard

### Step 1: Definition of Key Challenges/ Identification of Priorities

The team conducted a Problem Tree Analysis to identify gaps and root causes of suboptimal prioritization and response to cervical cancer elimination in the 12 target countries. To align these findings with global standards, the challenges were organized according to the WHO's three pillars of elimination—HPV vaccination, screening, and treatment (the 90-70-90 targets)<sup>3</sup>.

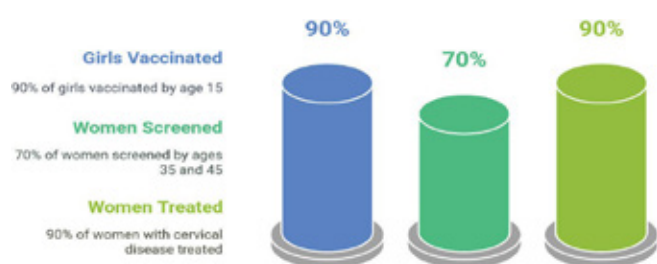


Figure 2. WHO's three pillars of elimination (HPV vaccination, screening and treatment, or the 90-70-90 targets)

### Step 2: Selection of Priority Indicators

Building on the problems identified in step 1, key indicators were selected, aligned with global targets (WHO 90-70-90), regional cervical health goals, and national contexts, considering cultural sensitivities around cervical health in Africa. The preliminary list of indicators were developed and refined in collaboration with the ACHA Secretariat and global technical experts, the ACHA Steering Committee, and the ACHA ASPIRE Scorecard Working Group.

### Step 3: Determination of Indicator Thresholds

Provisional thresholds were applied as placeholders, with the intention that, through further stakeholder engagement, appropriate benchmarks were agreed upon for each indicator—enabling accountability within the cervical health sector. These depicted three performance levels of exceeding targets (green), on track (amber) and offtrack (red).

### Step 4: Identification of Data Sources

The team identified possible data sources corresponding to each indicator. With further collaboration with key

stakeholders as suggested in next steps, standardized sources of data will ensure seamless tracking and standardized definitions across the scorecard.

### Step 5: Collection, Collation, and Validation of Data

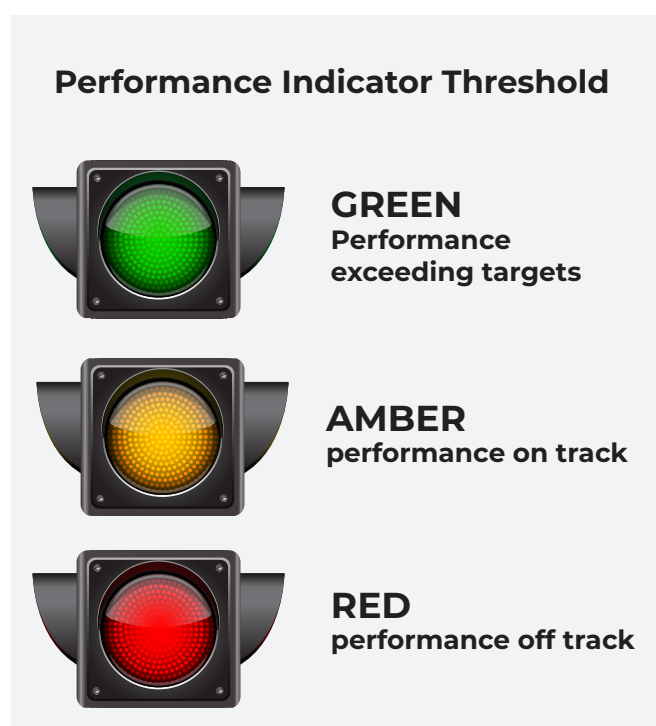
To demonstrate the functionality of the draft scorecard, dummy data was loaded. This will be replaced with the actual user-fed data in practice.

### Step 6: Use of Technology

Using PowerBI, a user-friendly design was created, to present data in traffic light colors to enhance data interpretation. A list of definitions was also included to guide information collection process and its integration into the created visual dashboard.

### Step 7: Validation and Finalization

The draft scorecard was regularly shared with the ACHA Secretariat and enriched by user input from CSO stakeholders across the 12 focus countries. As a next step, the scorecard will undergo external peer review by additional experts across the continent and be shared with key stakeholders in the target countries including policymakers and civil society organizations (CSOs) for validation prior to finalization and eventual deployment.





### PROJECT OVERVIEW



### PERFORMANCE METRICS

Category	Value	Unit
Revenue	120000	USD
Expenses	80000	USD
Profit	40000	USD
Market Share	15%	%
Customer Satisfaction	4.5	Score
Employee Retention	90%	%
Operational Efficiency	85%	%
Product Quality	95%	%
Customer Loyalty	78%	%
Brand Recognition	65%	%

### PERFORMANCE METRICS



### OPERATIONS



### BUDGET ALLOCATION



# 3. Findings

## 3.1 The Burden of Cervical Cancer in Africa

Cervical cancer incidence and the implementation of prevention strategies vary considerably across African countries, reflecting differences in health system capacity, resource availability, and policy priorities. Table X presents a comparative overview of twelve African countries,

examining age-standardized incidence rates alongside key prevention indicators including HPV vaccination implementation, coverage rates, vaccination policies, and screening practices.

This analysis highlights both progress and persistent gaps in cervical cancer control efforts across the continent, with incidence rates ranging from 12.0 to 71.5 per 100,000 women and substantial variation in vaccination coverage and screening uptake.<sup>5</sup>

**Table 1. Cervical cancer incidence, HPV vaccination and screening in the 12 focus countries**

Country	Incidence, 2022		HPV vaccination				Screening	
	(ASR/100,000)	HPV vaccination implemented?	Vaccination coverage, 2023 (%)	Gender neutral?	Single dose?	Gavi eligible?	Coverage (%)	Screening test <sup>#</sup>
Cameroon	33.1	Yes	66	Yes	No	Yes*	6	VIA
Cote d'Ivoire	32.0	Yes	73	No	No	Yes**	1	VIA; HPV
Ethiopia	22.3	Yes	60	No	Yes	Yes	4	VIA
Kenya	32.8	Yes	42	No	No	Yes**	17	VIA, HPV, cytology
Lesotho	60.5	Yes	64	No	No	Yes*	17	VIA, HPV
Malawi	70.9	Yes	27	No	No	Yes	19	VIA
Morocco	12.0	Yes	33	No	No	No	11	VIA
Nigeria	26.2	Yes	27	No	No	No	14	VIA
Rwanda	18.9	Yes	79	No	Yes	Yes	12	VIA, HPV
South Africa	33.2	Yes	72	No	No	No	52	HPV, cytology
Zambia	71.5	Yes	56	No	No	Yes*	20	VIA, HPV
Zimbabwe	68.2	Yes	24	No	No	Yes*	20	VIA, HPV

\*Countries in preparatory transition phase \*\*Countries in accelerated transition phase #HPV testing in pilot phases in most countries

### 3.1.1 Progress Towards the WHO's 90-70-90 Targets

#### Africa has the Lowest HPV Vaccination Rates in the World

As of 2022, only 33% of females between the ages of 9 and 14 had received the first dose of the HPV vaccine. Currently the HPV vaccination programs are only in 27 out of the 54 African countries (inclusive of pilots)<sup>6</sup>. Even in countries with HPV vaccination programs, uptake remains low. Initiatives are currently being implemented to enhance vaccine uptake, including the deployment of single-dose vaccination strategies in countries such as Kenya, Malawi, Mozambique, and Zambia, which has financial and logistical benefits<sup>7</sup>. Only 32 out of 54 African countries (about 60%) have regulations specifying the eligible age for female HPV immunization. Furthermore, two nations (Malawi and South Africa) have articulated policies that indicate the potential inclusion of males in future vaccination initiatives<sup>8</sup>. Cameroon is already implementing a gender-neutral HPV vaccination program.

#### Cervical Cancer Screening Constitutes an Essential Facet of the Elimination Strategy

In African, cervical cancer screening coverage remains suboptimal, with merely 14% of women between the ages of 30 and 49 having undergone screening as of the year 2020. Although Southern Africa region has exhibited some progress in screening participation, various other regions persist in experiencing stagnation, thereby elucidating substantial inequalities in the accessibility of preventive health services<sup>9</sup>. The predominant methodology employed for the screening of cervical cancer is Visual Inspection with Acetic acid (VIA). Human Papillomavirus (HPV) testing is only conducted within the context of research initiatives or demonstration projects in most settings<sup>10,11</sup>.

#### Treatment of Cervical Pre-cancer and Invasive Cancer

Despite persistent endeavors to advance prevention and management, the continent encounters considerable barriers in fulfilling the World Health Organization's (WHO) proposed treatment objectives set for 2030. Loss of follow-up after screening is high in many countries, and treatment facilities as well as palliative care services are severely

inadequate. There is a notable deficiency of brachytherapy<sup>12</sup> units, with merely 101 units available across 20 African countries, which constitutes only 3% of the total global units<sup>13</sup>. A substantial amount of cervical cancer cases is attended to with a priority on palliative care, pointing to the vital necessity for advanced palliative care options<sup>14</sup>.



### 3.1.2 Key Gaps Identified

#### 3.1.2.1 Gaps in Primary Prevention through HPV Vaccination

Primary prevention faces several hurdles, including poor integration of HPV vaccination into national programs, low uptake, health system disruptions, socio-cultural barriers, limited awareness, and gender disparities. These are highlighted below.

##### 3.1.2.1.1 Integration of Immunization into National Immunization Programs

As of 2021, merely 27 out of 54 African nations have integrated the HPV vaccine into their national immunization initiatives for girls. For instance, although countries like Rwanda have effectively established HPV vaccination programs for girls<sup>15</sup>, other countries in the region have challenges in scaling and sustaining high vaccination coverage.

##### 3.1.2.1.2 Low Uptake of Vaccination

The sluggish uptake of the HPV vaccine in low- and middle-income countries, especially in sub-Saharan Africa, poses a considerable obstacle to meeting the World Health Organization's objective of vaccinating 90% of girls by 2030.<sup>16</sup> Socioeconomic and structural barriers, socioeconomic inequalities, including restricted access to

12 Brachytherapy is a type of internal radiation therapy where radioactive sources are placed directly inside or next to a tumor to deliver a high dose of radiation while minimizing damage to surrounding healthy tissue

healthcare services and the steep costs of vaccines, greatly impede vaccination initiatives. For instance, in countries like Malawi and Zambia, the financial strain linked to vaccination may discourage families from pursuing immunization for their daughters.<sup>17</sup>

#### 3.1.2.1.3 Health System Disruptions

The COVID-19 pandemic further complicated these healthcare resources, redirecting attention and funding away from HPV vaccination programs and intensifying the pre-existing challenges.

#### 3.1.2.1.4 Socio-cultural Barriers

Social and Cultural Barriers and vaccine hesitancy fueled by misinformation and cultural beliefs, presents a substantial obstacle to the uptake of HPV vaccination<sup>18</sup>. In certain communities, there is a belief that HPV vaccination may promote promiscuity, which discourages parents from permitting their daughters to receive the vaccine. This notion is especially common in conservative areas in countries such as Uganda and Kenya.<sup>19</sup>

#### 3.1.2.1.5 Awareness and Education

There exists a pervasive lack of awareness regarding HPV and its association with cervical cancer, particularly in rural and underserved areas throughout Africa<sup>20</sup>. Countries such as South Africa have begun initiatives aimed at educating both healthcare practitioners and the public about the significance of HPV vaccination.<sup>21</sup>

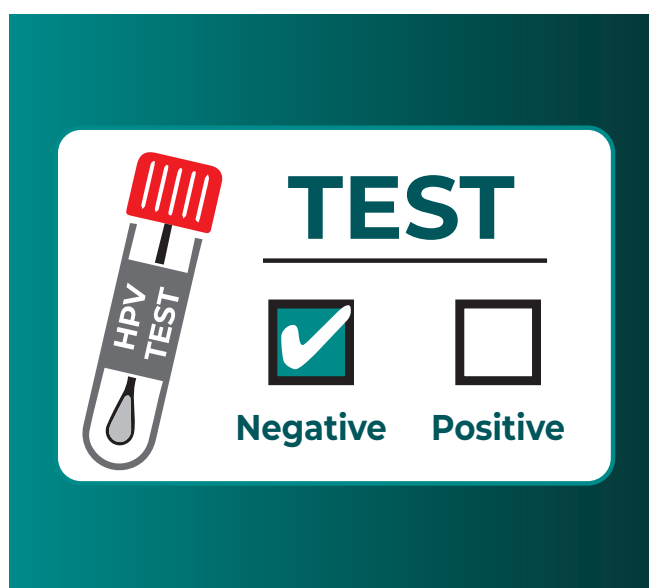
#### 3.1.2.1.6 Gender Disparities

Although girls under 15 remain the priority group for HPV vaccination under the WHO cervical cancer elimination strategy, evidence shows that including boys provides additional benefits and accelerates progress toward elimination.<sup>22</sup>

### 3.1.2.2 Gaps in Secondary Prevention (Screening and Treating Precancerous Lesions)

#### 3.1.2.2.1 Integration of Services

There is absence of efficacious implementation strategies aimed at the integration of cervical cancer screening and treatment (CCST) services into other health programs, such as those focused on HIV<sup>23</sup> and other maternal and reproductive health services.



#### 3.1.2.2.2 Access to Screening Services

Access to cervical cancer screening services in Africa is limited, either due to demand factors (awareness and uptake of services) or service availability and readiness.<sup>24-29</sup> Financial impediments also constitute a significant barrier to accessing cervical cancer care.<sup>30</sup>

### 3.1.2.3 Gaps in Invasive Cancer Treatment and Palliative Care

The availability of infrastructure for cervical cancer management remains a critical challenge, with numerous nations exhibiting a deficiency of adequate radiotherapy and chemotherapy facilities, resulting in treatment disruptions and diminished survival rates.<sup>31-33</sup> Palliative care services are insufficiently utilized and poorly integrated within the healthcare framework, consequently leaving numerous patients devoid of adequate support during the progressive stages of the illness.<sup>34</sup>

Deficiencies in human resources for health have concurrently restricted the effective management of cervical cancer, manifesting as a notable scarcity of radiation and gynaecological oncologists throughout Africa.<sup>35-37</sup>

### 3.1.2.4 Gaps in Policy Framework for Elimination of Cervical Cancer:

Policy frameworks for cervical cancer control in the region are either limited by availability, scope and/or level of implementation.<sup>38-40</sup>

## 3.1.3 Opportunities for Improvement

### 3.1.3.1 Opportunities in Primary Prevention: HPV Vaccination

#### 3.1.3.1.1 Single-dose HPV Vaccine Strategies

The adoption of a single-dose HPV vaccination protocol could serve as a transformative intervention, particularly in settings characterized by limited resources.<sup>41</sup>

#### 3.1.3.1.2 Integration of HPV Vaccination with Adolescent Health Services

The confluence of HPV vaccination with other adolescent health initiatives and the addressing of systemic impediments are critical strategies for augmenting the efficacy of these interventions. The synergistic integration of HPV vaccination with various adolescent health services can enhance resource optimization and elevate vaccination uptake.<sup>42,43</sup>

#### 3.1.3.1.3 Integration into School Health Services

School-based vaccination initiatives have demonstrated significant potential in augmenting the uptake of the HPV vaccine.<sup>44</sup> Such initiatives possess the capacity to be expanded throughout Africa to encompass a broader demographic of young females prior to their initiation of sexual activity, thus optimizing the preventive efficacy of the vaccine.

#### 3.1.3.1.4 Integrating Self-sampled HPV Testing to Vaccination Initiatives

Self-sample collection for HPV testing has the potential to significantly increase screening coverage by reducing cultural barriers and stigma associated with traditional screening methods in the region. This approach can also be integrated with HPV vaccination services by engaging women guardians of eligible girls during service delivery.

### 3.1.3.2 Opportunities in Secondary Prevention: Screening and Treatment of Precancerous Lesions

The WHO cervical cancer elimination strategy recommends screening with a high-performance test equivalent to or better than HPV test as the modality of choice, if countries were to progress towards elimination. Unfortunately, countries in Africa face limitations in both service quality and coverage, as well as adoption of HPV testing as a high-precision modality.

#### 3.1.3.2.1 Innovative HPV Testing Approaches

Increasing HPV testing availability and shifting from VIA to more accurate methods can enhance screening precision and reduce false positives.<sup>45</sup> Near point-of-care testing approaches can be explored to minimize loss to follow-up and where possible, provide single-visit care.

#### 3.1.3.2.2 Opportunities in Invasive Cancer Treatment and Palliative Care

Investment in diagnosis and treatment by governments in the region is imperative for the effective treatment of invasive cervical cancer, facilitated through innovative strategic partnerships that capitalize on research and technological advancements. The Women's Health Program in Cameroon serves as a paradigm for sustainable cervical cancer screening and treatment, employing a fee-for-service model while integrating additional women's health services to bolster accessibility and sustainability.<sup>46</sup>

The merging of cervical cancer screening and treatment services into current HIV programs holds great promise for enhancing accessibility and health results, especially for women with HIV who face a higher risk for cervical cancer. This integration can effectively utilize existing healthcare infrastructure and resources to offer comprehensive care solutions.<sup>47,48</sup> The integration of oncology and palliative care is fundamental to providing comprehensive support and improving the quality of life for patients.<sup>49</sup>

## 3.2 Analysis of Cervical Health Policies and Frameworks in the Focus Countries

Cervical health policies and frameworks are essential for guiding prevention, screening, diagnosis, treatment, and survivorship efforts for cervical cancer in a specific country. Their development is typically informed by global health recommendations, national priorities, and available resources. They present a unified direction for countries' stakeholders to focus their interventions into areas that are responsive to their contexts.

### 3.2.1 Status of the Policies and Frameworks in the Target Countries

A Breakdown of the availability and scope of cervical cancer control policies in the 12 focus countries is summarized in table 2 below.

While all the countries had some form of policy framework for cervical cancer control, gaps noted in many countries include having a comprehensive scope (provisions for all the elimination strategies included), costing and being up to date.<sup>50-84</sup>

**Table 2. A summary of the findings from the policy analysis of the target countries that relate to cervical cancer prevention and control in selected African Countries**

	Alignment with general principles*	Includes the 90% target on HPV vaccination	Includes the 70% target on screening	Includes the 90% target of women identified with cervical disease receiving treatment	Plan is costed	Has an implementation framework
<b>Malawi</b>						
Cervical Cancer Strategic Plan 2022-2026	Yes	Mentioned in foreword but is not part of the monitoring and evaluation framework	Mentioned in foreword, but not in the monitoring and evaluation framework	Mentioned in foreword, but not monitoring and evaluation framework	No	Yes
National Cancer Control Strategic Plan 2019 to 2029	Yes	Yes	Yes	Yes	No	Yes
<b>Kenya</b>						
Kenya cancer policy 2019 - 2030	Health system enablers are not adequately addressed	Yes	Yes	No	No	Yes
National cancer control strategy 2022- 2027	Yes	Yes	Yes	Yes	Yes \$351 Million	Yes
<b>Cote D'Ivoire</b>						
National Cancer Control Plan 2022-2025	Yes	Yes	Yes (puts target at 90%)		Yes \$260 Million	
<b>Rwanda</b>						
Rwanda strategy to eliminate cervical cancer by 2027	Yes	Yes (but by 2027)	Yes (but by 2027)	Yes (but by 2027)	Not accessible but highlights available in MOH website	
<b>South Africa</b>						
Cervical Cancer Prevention and Control Policy 2017	Yes	No	No	No	No	No

	Alignment with general principles*	Includes the 90% target on HPV vaccination	Includes the 70% target on screening	Includes the 90% target of women identified with cervical disease receiving treatment	Plan is costed	Has an implementation framework
<b>Zambia</b>						
National Cancer Control Strategic Plan 2022-2026	Yes	No	No	No	Yes \$141.9 M	Yes
<b>Nigeria</b>						
National Strategic Cancer Control Plan Nigeria 2023-2027	Yes	Target is 50%	Target 50%	No	Yes \$212.9 Million	Yes
National Strategic Plan for Prevention of Cancer of Uterine Cervix 2023- 2027	Not accessible					

\*General principles refer to health system enablers, partnerships, advocacy and communication

## 3.2.2 Lessons Learnt on Policy Frameworks

### 3.2.2.1 Evidence-based Policy Making

The literature review of cervical cancer frameworks across Africa reveals four critical themes essential for effective policy development and implementation: evidence-based policy making, systematic policy implementation, continuous monitoring and evaluation, and multistakeholder engagement. These are discussed below.<sup>85-88</sup>

#### 3.2.2.2 Policy Implementation and Monitoring & Evaluation (M&E) of Policies and Frameworks

Assessing the implementation of cervical cancer-related policies is essential to determine whether planned interventions are being effectively executed and achieving desired outcomes.<sup>89-94</sup>

Continuous monitoring and evaluation of policies and their implementation helps track progress against key indicators such as HPV vaccination rates, screening coverage, and access to treatment, allowing for timely identification of gaps and accountability.<sup>95-97</sup>

#### 3.2.2.3 Multistakeholder Approach

Stakeholder engagement is critical in the development and implementation of cervical cancer policies, as it ensures inclusivity, collaboration, and shared responsibility among key players. Involving government agencies, cancer

survivors, healthcare providers, civil society organizations, researchers, and affected communities fosters a comprehensive approach to prevention, screening, and treatment.<sup>98-105</sup>

## 3.2.3 Global Best Practices

This section provides an overview of global models and best practices that have accelerated progress toward cervical cancer elimination. It outlines how countries combine HPV vaccination, effective screening services, treatment methodologies, and supportive policies to achieve high coverage and improved outcomes.



### 3.2.3.1 Innovation in HPV Vaccination Programs Globally

**Affordable and Accessible Vaccines:** which is essential for facilitating widespread immunization in economically disadvantaged settings. This initiative ASPIRES to immunize nearly 50 million girls within the age bracket of 9 to 14 years, with intentions to broaden availability to private healthcare providers and to export to other countries in need.<sup>106</sup> As cheaper HPV vaccines become available (including from China), an opportunity to scale vaccination in African settings at lower costs can galvanize progress towards the 2030 targets.

**Gender-Neutral Vaccination:** Cameroon is one of the low and middle-income countries globally to have introduced HPV vaccination to both boys and girls, therefore advancing the implementation of gender-neutral vaccination initiatives globally.<sup>107</sup> Gender neutral HPV vaccination programs would have various benefits in the region. First, it would accelerate cervical cancer elimination, since herd immunity would extend protection even to unvaccinated girls. Second, it would reduce the increasing burden of HPV-associated oropharyngeal cancers, which have a higher incidence in males, as well as other HPV-associated cancers in males.<sup>108</sup> Third, gender neutral programs would be pivotal in combating misinformation, minimizing vaccine-related stigma, and promoting gender equity.<sup>109</sup> Therefore, African countries should carefully weigh the benefits of gender-neutral HPV vaccination against the cost of scaling and sustaining coverage, especially as they transition from donor support.<sup>110</sup>

**High Coverage Targets:** After achieving over 90% coverage for vaccination coverage over the last decade, Rwanda has now set an ambitious goal of achieving at least 70% HPV testing coverage among women 30-49 years of age; this underscores not only the need for focused planning but probably a step-wise approach to achieving the 2030 interim elimination targets.<sup>111</sup>

### 3.2.3.2 Screening and Early Detection

A summary of the status of cervical cancer elimination interventions in the focus countries is shown in table 1.<sup>112-116</sup>

### 3.2.3.3 Treatment and Management

**Facilitating Treatment Access:** Securing fair treatment access poses a considerable obstacle in countries like Brazil, where regional differences continue to exist.<sup>117</sup> Mitigating these gaps is vital for the apt administration of cervical cancer management.

**Comprehensive Care Pathways:** Italy underscores the importance of establishing integrated clinical pathways that involve multidisciplinary teams to effectively manage diseases associated with HPV.<sup>118</sup>

### 3.2.3.4 Public Health Initiatives and Education

**Educational Campaigns:** Educational initiatives aimed at enhancing awareness and compliance with vaccination and screening programs have shown to be efficacious in various contexts.<sup>119</sup>

Collaborative projects in El Salvador involving the Ministry of Health and various non-profit organizations have been crucial for enhancing cervical cancer prevention efforts.<sup>120</sup>



### 3.2.3.5 Sustained Advocacy

Advocacy to Governments to prioritize and make investments in the response efforts has largely been driven by civil society organizations and actors in academia who interrogate the landscape of disease burden vis a vis mitigation efforts employed.<sup>121,122</sup>

### 3.2.3.6 Integration of Services for Screening

The integration of screening and pre-cancerous lesion treatment services into existing healthcare programs, such as maternal and child health services leverages existing resources such as infrastructure and HRH thus enabling scaled service provision<sup>123–125</sup>. Overall, current evidence suggests that the integration of screening services into existing service areas, especially in primary health care, is beneficial to the health system despite certain challenges such as workforce shortages and coordination complexities which may require customization at a local level.<sup>126</sup>

### 3.2.3.7 Use of Digital Technology

Various digital health innovations have been applied in cervical cancer control in the region, with promising results, which if scaled, could have a major impact in the elimination initiative.<sup>127,128</sup>

### 3.2.3.8 Comprehensive Integrated Cancer Surveillance

Surveillance on cervical cancer response is the cornerstone of keeping track on the 90-70-90 targets. The key ingredient to surveillance is the capture and use of reliable data. It is imperative that countries implement robust data collection and management systems that facilitate the collection, storage, and analysis of data related to cervical cancer. Such systems essentially link disease registries and for the case of cervical cancer, the global guidance is for countries to establish a population-based cancer registry.<sup>129–133</sup> The Global cervical cancer elimination framework provides guidance to countries for improvement of cervical cancer monitoring, evaluation and surveillance, through establishment and strengthening of both screening and population-based cancer registries, strengthening vital statistics systems, integrating cervical cancer indicators into routine surveillance systems like DHIS2, population and facility surveys.<sup>134</sup>

### 3.2.3.9 Research and Clinical Trials

The continuous generation and utilization of evidence to inform decision-making is crucial to the development of interventions with better health outcomes and lived experience of the patient.<sup>135–140</sup>

### 3.2.3.10 Community Engagement

Communities have a dual role in terms of being beneficiaries as well the promoters of the interventions instituted by the health system. The use of community workers as a bridge between the technocrats and the clients of health services is now widely adopted.<sup>141–146</sup>

## 3.3 Impact of Socio-cultural Beliefs on Cervical Cancer Programming

Here, we examine the social and cultural factors that affect cervical cancer programming, and their role in the uptake of prevention, screening and treatment services. The insights will inform the development of a culturally appropriate and responsive cervical cancer scorecard.

### 3.3.1 Societal Factors

The social-cultural context influences the knowledge, beliefs, and values used when making health behavior decisions, highlight the importance of considering the social and cultural contexts that influence health behaviors in African communities, rather than applying strategies that have worked in different settings with little consideration of cultural and local differences. These include stigma around reproductive health issues, religious beliefs, myths, misconceptions, social norms, status of women, men/partner knowledge and perception, economic factors, especially in patriarchal societies and issues around modesty and how women are viewed.<sup>147–149</sup>

### 3.3.2 Individual Factors

Individual factors such as level of awareness, fear, and psychological barriers play a significant role in inhibiting the uptake of cervical cancer prevention and control programs.<sup>150–152</sup>

PEPFAR support has contributed to the largest proportion of cervical cancer screening in low-income countries (LICs) and low-and -middle-income countries (LMIC), where most of the target countries belong.<sup>153,154</sup> Therefore, the recent reevaluating and realigning United States foreign aid order for US government funding could have a huge impact on cervical cancer screening and treatment among women living with HIV (WLHIV). This could hamper momentum established in the last five years towards cervical cancer elimination in the region. Even with the announcement of partial exemption to cervical cancer screening, meaning services could be resuming in some areas, the future of PEPFAR funding in its previous form is far from being certain. In addition, although PEPFAR funding was already in decline (18% between 2021 and 2023), the sudden stoppage means that countries never had the grace period to organize alternative funding arrangements from domestic sources or other international funding agencies stepping-in to fill the gap.

## 3.4 Impact of US Funding Cuts on Cervical Cancer Screening for WLHIV

With the exception of Morocco, all the countries targeted by this project are PEPFAR-supported. As shown in figure 3,

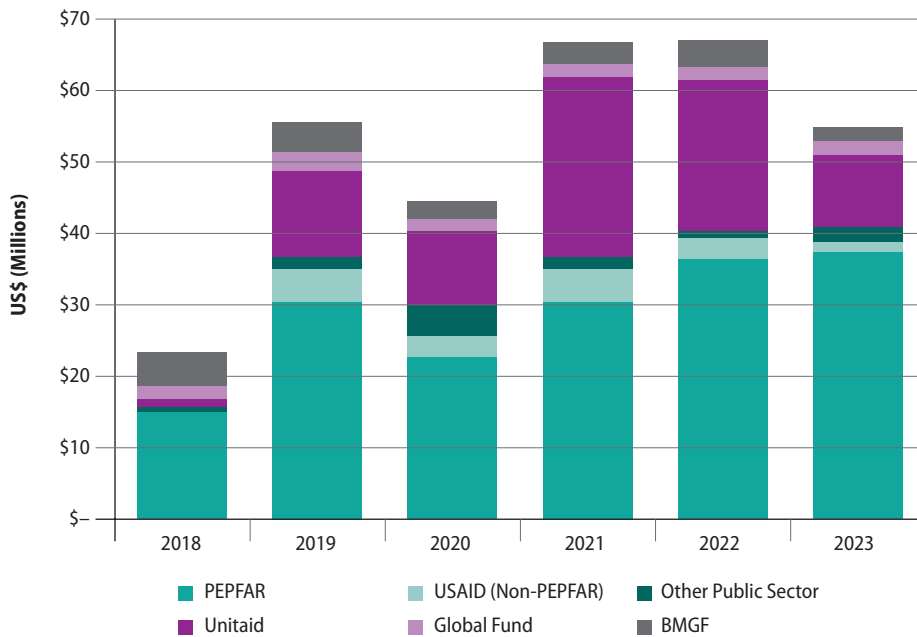


Figure 3: Trends in Cervical Cancer Screening Funding in LICs and LMICs (2018–2023)

Currently, most African countries finance their health systems through either donor support or out-of-pocket spending.<sup>155</sup>

With the happenings in the global health financing donor environment, African countries need to diversify financing for health programs, especially non-communicable diseases like cervical cancer. Various mechanisms have been proposed, including innovative usage of sin-tax in supporting health programs.<sup>156</sup>

In a 2016 report on Public Financing for Health in Africa, the WHO identified three key strategies that African countries can adopt to improve domestic health financing:<sup>157</sup>

1. Appropriately targeted health budget allocations: Aligning budget resources and health priorities.
2. Complete execution of health's public budgets: Closing the gap between health budget allocation and expenditure.
3. Improved efficiency in the use of public resources for health: Maximizing UHC performance with the money available

In summary, as the cost of implementing cervical cancer elimination at the national level increase due to scaling and adoption of new technologies like HPV testing, governments in LMICs must plan and efficiently deploy available financial resources through cross-programmatic integration of services as well as health system strengthening at primary care.

Implementation of UHC, rather than donor funding is the cornerstone of sustainable financing for elimination. Investment costs and costing studies can provide evidence to drive prioritization of cervical cancer prevention and treatment in health budget planning.<sup>171</sup> Civil society must continue to educate and motivate policymakers, funders, and implementers to prioritize cervical cancer elimination as a defining generational goal, advocating for evidence-based strategies that ensure equitable access to prevention worldwide.<sup>158</sup>

### 3.5 Use of Scorecards to Foster Accountability

**Scorecards are visual tools used to track and evaluate progress against specific commitments.** They provide a

structured and accessible way to monitor government and stakeholder actions. These tools facilitate evidence-based advocacy, promote transparency, and hold decision-makers to account. Utilization of scorecards ensures a culture of accountability, transparency, and engagement of citizens and authorities in planning, implementing, and evaluating services.

**A Cervical Health Scorecard is useful in tracking progress of key indicators at sub-national, national, regional, continental and global levels.** For instance, it can be used to monitor performance against the 90-70-90 targets for the WHO global **strategy to accelerate the elimination of cervical cancer** enabling peer comparison and highlighting policy gaps.

**Beyond tracking progress, scorecards mobilize action by identifying shortfalls, prompting governments and other stakeholders to prioritize investments and improve healthcare services.** They empower communities by making data accessible, encouraging citizen engagement in advocacy, and ensuring accountability in cervical cancer prevention and treatment. Additionally, scorecards promote equity by identifying disparities in service delivery and advocating for improved access in underserved areas.

**Scorecard benefits extend beyond data tracking.** Scorecards simplify communication, enhance collaboration among CSOs, governments, and other stakeholders, and support continuous improvement through regular updates. As a tool for advocacy, accountability, and impact, a cervical cancer score card can help ensure commitments translate into tangible actions, ultimately advancing cervical cancer elimination and improving women's health across Africa.

### 3.6 Benchmarking on Existing Health Scorecards and Toolkits

Several global organizations have developed scorecards and toolkits that track health-related indicators. Benchmarking against these tools provides valuable insights into best practices, data collection methodologies, and advocacy strategies that can provide insights into possible approaches for monitoring progress in areas such as HPV vaccination, screening coverage, treatment access, financing, and health policy implementation. Some examples of scorecards across different disease areas are highlighted in the table 3 below.

**Table 3. Examples of some of the existing Health Scorecards**

Name	Description	Target Audience
<b>2014 Africa Cervical Cancer Multi- Indicator Incidence &amp; Mortality Scorecard1</b>	This scorecard presents data on cervical cancer incidence and mortality across African countries, highlighting the links between child marriage, early childbearing, and increased risk of developing cervical cancer.	<p><b>Policyholders &amp; Government Health Officials</b></p> <ul style="list-style-type: none"> <li>To guide policy development and resource allocation.</li> </ul> <p><b>Civil Society &amp; Advocacy Groups</b></p> <ul style="list-style-type: none"> <li>To push for increased investment in HPV vaccination and screening programs.</li> </ul> <p><b>Healthcare Providers &amp; Researchers</b></p> <ul style="list-style-type: none"> <li>To understand disease burden and gaps in healthcare services.</li> </ul> <p><b>Donors &amp; Development Partners</b></p> <ul style="list-style-type: none"> <li>To inform funding priorities and intervention strategies.</li> </ul>
<b>Cervical Cancer Country Profiles by WHO2</b>	The World Health Organization provides detailed country- specific profiles for African nations, outlining the burden of cervical cancer, primary prevention strategies, screening programs, and treatment facilities	<p><b>Policyholders &amp; Government Health Officials</b></p> <ul style="list-style-type: none"> <li>To shape national cervical cancer control policies and align them with WHO’s Global Strategy for Cervical Cancer Elimination.3</li> </ul> <p><b>Health Program Managers &amp; Practitioners</b></p> <ul style="list-style-type: none"> <li>To guide implementation of screening, vaccination, and treatment programs.</li> </ul> <p><b>Researchers &amp; Academics</b></p> <ul style="list-style-type: none"> <li>To analyze cervical cancer trends and risk factors for evidence-based policy recommendations.</li> </ul> <p><b>Donors &amp; Development Partners</b></p> <ul style="list-style-type: none"> <li>To prioritize funding and technical support for high-burden countries.</li> </ul> <p><b>Civil Society &amp; Advocacy Groups</b></p> <ul style="list-style-type: none"> <li>To use data for awareness campaigns and policy advocacy.</li> </ul>
<b>Cervical Cancer Prevention Policy Atlas (Europe)4</b>	This atlas evaluates and scores 46 European countries on their national cervical cancer screening and HPV vaccination programs, offering insights into policy effectiveness and areas needing improvement	<p><b>Policyholders &amp; Governments:</b></p> <ul style="list-style-type: none"> <li>To inform decision-making on cancer prevention strategies.</li> </ul> <p><b>Public Health Professionals:</b></p> <ul style="list-style-type: none"> <li>To assess gaps in prevention efforts and recommend improvements.</li> </ul> <p><b>Advocacy Groups &amp; NGOs:</b></p> <ul style="list-style-type: none"> <li>To push for policy reforms and increased funding.</li> </ul> <p><b>Researchers &amp; Academics:</b></p> <ul style="list-style-type: none"> <li>To use the data for further studies on cervical cancer prevention.</li> </ul>
<b>African Union (AU) Scorecard on Domestic Financing for Health5</b>	Tracks national health spending and progress toward achieving Universal Health Coverage (UHC) for African Countries	Policy makers, governments, health financing experts.
<b>ALMA Score Card on Malaria [145]</b>	Focused on tracking malaria control and elimination efforts in African countries.	Governments, malaria control programs, global health organizations.
<b>WHO Global Health Observatory (GHO) Scorecard [146]</b>	Provides global health data tracking key health indicators across various diseases and conditions.	Global health researchers, policymakers, data analysts, governments
<b>CARE Community Score Card [147]</b>	A citizen-driven tool that unites communities, health providers, and officials to assess, plan, monitor, and improve public health services.	Community Members Service Providers Local Authorities and Decision-makers
<b>Kenya Community Health Scorecard6</b>	Developed by the Kenya Taxpayers Association, this is a tool to assess and enhance the quality of health services at the community level.	Community members, health service providers, Health Facility Management Committees, local and national health authorities, and policymakers
<b>Scorecard on Sexual and Reproductive Health and Rights in WHO African Region7</b>	Tracks progress in sexual and reproductive health and rights across the African region, aligning with global and regional commitments.	Health ministries, reproductive health organizations, and advocacy groups

Name	Description	Target Audience
<b>WHO Cervical Cancer Elimination Initiative Monitoring Framework<sup>8</sup></b>	WHO developed this monitoring framework to track progress toward the 90-70-90 cervical cancer elimination targets.	Governments, health ministries, NGOs, researchers.
<b>Countdown to 2030 for Women's, Children's, and Adolescents' Health Scorecard<sup>9</sup></b>	Designed to measure advancements toward the Sustainable Development Goals (SDGs) in maternal and child health, focusing on tracking and accelerating progress in countries with the highest maternal and child mortality burdens.	Policymakers and government officials, international donors and development partners Researchers and academics, and advocacy groups and civil society organizations

## 3.7 Best Practices in Scorecards

Scorecards simplify complex datasets, making them more accessible to diverse audiences and enhance data-driven decision-making at all levels and strengthen accountability.<sup>159</sup> The health sector has a rich history of using such scorecards across many areas, including in RMNCAH, malaria, HIV. This section discusses some of the good practices in the development and utilization of score cards to nudge countries, subnational governments and other key players to improve access and quality of services in Africa.

### 3.7.1 Well-Defined Purpose

A clear definition of the purpose and target audience of scorecards from the outset serves to prevent duplication, ensuring alignment with existing dashboards and scorecards. A clear definition of a purpose includes selecting appropriate indicators, utilizing suitable formats for visual presentation, and ensuring supporting materials are tailored to the audience's context and needs.<sup>160</sup> To ensure added value, a review of existing tools should be conducted to determine whether a new tool would complement available resources with actionable insights. This way, a scorecard promotes an integrated, holistic approach to the areas of interest, with a focus on adding value to existing work, avoiding duplication.

### 3.7.2 Co-creation and Multi Stakeholder Engagement

Co-creation ensures that stakeholders fully understand its purpose and value of the tool against the area of interest – reducing morbidity and mortality in the case of a cervical cancer score card. Cocreation presents an opportunity to diverse stakeholders to understand their contribution towards the performance of indicators. It

also provides clarity on the scoring system, including the thresholds for red, amber, and green, fostering transparency in performance assessment. By involving stakeholders from the outset, the scorecard is more likely to be adopted as a tool for accountability and continuous improvement across sectors. Furthermore, co-creation improves ownership, ensuring that action points realized from implementation of the score card are embraced by actors, leading to tangible improvements in healthcare delivery.<sup>9,161,162</sup>

### 3.7.3 Buy-in from Key Players

Securing stakeholder buy-in is critical for the successful implementation of a scorecard. This requires careful mapping of key decision-makers and the factors influencing the outcomes tracked by the indicators. The effectiveness of a scorecard also depends on decision-makers' willingness to act on its findings.<sup>163</sup>

### 3.7.4 Integration into Sub-National Reporting and Management Systems

National-level indicator performance is driven by sub-national outcomes, making it essential to use score-cards as management tools at the sub-national level. Aligning routinely collected data and Monitoring and Evaluation (M&E) mechanisms with scorecard indicators enhances accountability and decision-making.<sup>10</sup> Best practices also include timely scorecard updates at the sub-national level, linkage of the scores with the country's health information system like the DHIS2, ensuring at least 80% indicator completion, integrating scorecard indicators as Key Performance Indicators (KPIs) in sub-national plans, and engaging a broad range of stakeholders in reporting and review processes.<sup>164</sup> Evidence of better influence of key indicators on use of score cards at the sub-national level has been demonstrated, by the RMNCAH score card in Kenya and CARE's CSC in Ethiopia and Ghana.<sup>10</sup>

### 3.7.5 Broad Engagement, Public Disclosure with Political Involvement

Involving political leaders—from presidents and cabinet secretaries to parliamentarians—in the development and implementation of health scorecards is crucial for enhancing accountability, resource mobilization, and effective policy execution.<sup>10,165,167</sup>

### 3.7.6 Transparent and Reliable Data

Transparent and reliable datasets are essential for the credibility and effectiveness of scorecards. Utilizing validated sources, such as national health reports, WHO databases, and civil society monitoring, ensures accuracy and trust in the reported indicators.

### 3.7.7 User-friendly Design, Regular Update and Effective Data Visualization

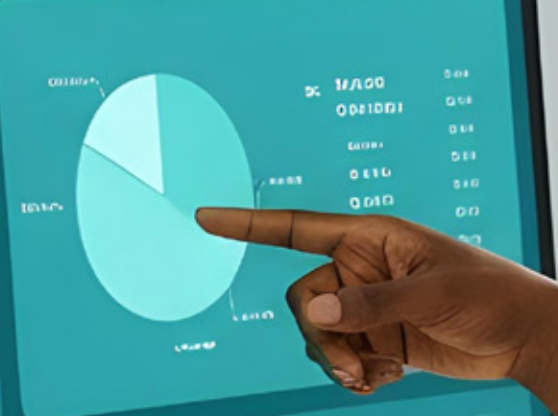
User-friendly and regularly updated databases and visualizations are essential for effective score-card implementation. Clear visualizations and accessible interfaces enhance understanding, making it easier for stakeholders to interpret data, identify trends, and make informed decisions. Regular updates, such as annual or quarterly revisions, allow continuous monitoring of performance, reinforce accountability, and drive timely actions.



# ACHA ASPIRE Cervical Health Scorecard



12/20



DON'T DROP THE BALL.

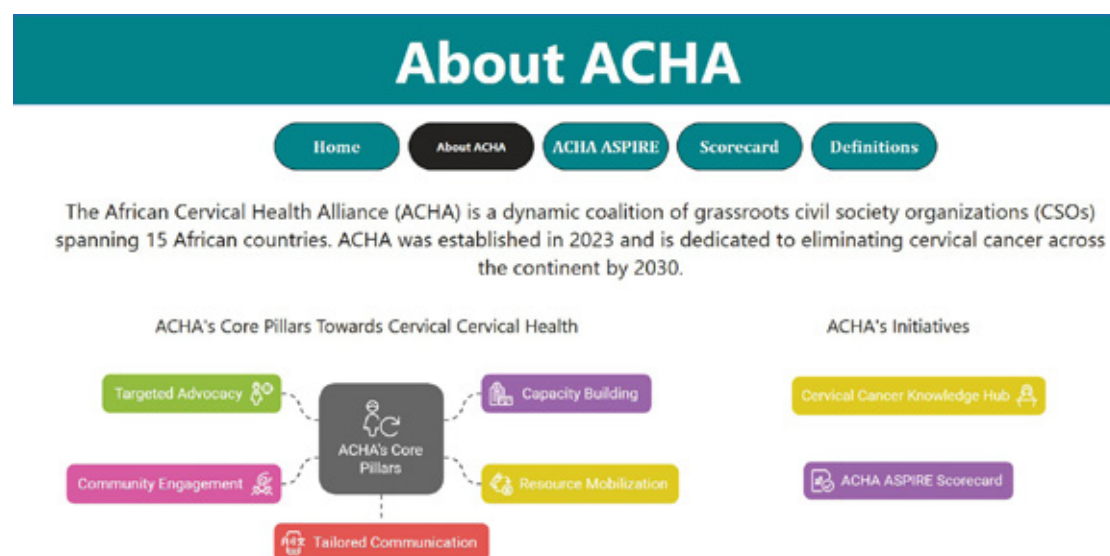
# 4. Draft ACHA ASPIRE Africa Cervical Health Scorecard

## 4.1 The Scorecard

The finalized scorecard has the landing page (home page), that describes role of the scorecard and fits into the WHO elimination initiative. The landing page also displays the other tabs/pages, including some background information about ACHA, the ASPIRE initiative, the scorecard itself and the indicator definitions.



The second tab describes the African Cervical Health Alliance (ACHA), including its pillars and key initiatives.



The third tab describes the Advocacy to Support Policy Implementation Relevant to Elimination (ASPIRE) initiative, which is effort behind the development of the scorecard.

# ACHA ASPIRE

Click to Navigate

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Scorecard

Definitions

The ACHA ASPIRE Project is a flagship initiative by the African Cervical Health Alliance (ACHA) to accelerate cervical cancer elimination across Africa. Beyond its core tool, the ASPIRE Scorecard, the project drives policy evaluation, community engagement, and resource mobilization to strengthen cervical health programs. Its goal is to support the WHO's 90-70-90 targets by 2030—advancing women's health, safeguarding families, and improving livelihoods across the continent.



The fourth tab is the scorecard itself, with a list of the focus countries, indicators grouped into four themes (primary prevention, secondary prevention, tertiary prevention and cross-cutting), as well as performance display in two graphics (pie chart and map).



Country

Cameroon

Theme

Primary Prevention (...)

Indicator


Percentage of girls aged 9-14 who have received the full do...

Country	Theme	Score	performance_level
Cameroon	Primary Prevention (HPV vaccination)	97.00	Good
<b>Total</b>		<b>97.00</b>	


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**Score by Country**

Performance Level ● Good



**Performance Key**



Performance Level  
● Good

**Notes**

| At least 90% of girls fully vaccinated against HPV by age 15 years

The last page shows the detailed indicator table, with definitions and link to data sources, where publicly available.

## Indicator Definitions

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Indicator description/elaboration	Indicator	Link to Data Source
Whether the NCCP, if available includes cervical cancer interventions	Inclusion of cervical cancer in national cancer control plans	<a href="https://www.lccp-portal.org/">https://www.lccp-portal.org/</a>
Whether the country is under Gavi support for the HPV vaccination program	Country under Gavi support	<a href="https://www.gavi.org/types-support/sustainability/eligibility">https://www.gavi.org/types-support/sustainability/eligibility</a>
Whether the country has standardized guidelines for management of cervical precancer as well as invasive cervical cancer	Availability of guidelines for the management of women with cervical disease, including high-risk groups	
Whether the country has periodic population surveys that include cervical cancer indicators	Availability of periodic population-based surveys that include cervical cancer indicators	1. <a href="https://www.who.int/teams/noncommunicable-diseases/surveillance/data">https://www.who.int/teams/noncommunicable-diseases/surveillance/data</a> 2. <a href="https://dhsprogram.com/">https://dhsprogram.com/</a> 3. <a href="https://phia.icap.columbia.edu/">https://phia.icap.columbia.edu/</a> 4. <a href="https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004143">https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1004143</a> 5. <a href="https://pubmed.ncbi.nlm.nih.gov/30011001/">https://pubmed.ncbi.nlm.nih.gov/30011001/</a>
Whether the country has periodic health facility surveys that include cervical cancer	Availability of periodic health facility surveys, that include cervical cancer service availability and readiness indicators	1. <a href="https://data-archive.hfha.online/index.php/catalog/49/related-materials">https://data-archive.hfha.online/index.php/catalog/49/related-materials</a> 2. <a href="https://data-archive.hfha.online/index.php/catalog/111">https://data-archive.hfha.online/index.php/catalog/111</a> 3. <a href="https://www.health.fs.gov.za/wp-content/uploads/2012/07/National-Health-Care-Facility-Audit-2012.pdf">https://www.health.fs.gov.za/wp-content/uploads/2012/07/National-Health-Care-Facility-Audit-2012.pdf</a>
Whether the country has a PBCR	Availability of a population-based cancer registry	1. <a href="https://www.lccp-portal.org/">https://www.lccp-portal.org/</a> 2. <a href="https://afcm.org/index.php/membership/membership-list">https://afcm.org/index.php/membership/membership-list</a> 3. <a href="https://www.who.int/teams/noncommunicable-diseases/surveillance/data/cancer-profiles">https://www.who.int/teams/noncommunicable-diseases/surveillance/data/cancer-profiles</a>
Whether the country has a NCCP	Existence of national cancer control plans	1. <a href="https://www.who.int/countries/">https://www.who.int/countries/</a> 2. <a href="https://www.lccp-portal.org/">National Ministry of Health websites</a> 3. <a href="https://www.lccp-portal.org/">https://www.lccp-portal.org/</a>
Whether the country has a defined referral pathway for women who screen positive to undergo further	Referral pathway for screen-positive women (linkage to treatment)	

The quick steps for using the scorecard are as follows:

- Select the country/countries of interest
- Select the theme
- Select the indicator(s) of interest
- By hovering over the map and clicking on a specific country, the respective performance per indicator can also be visualized.

## 4.2 Next Steps of the Score Card

Scorecard development, implementation and further improvement is a continuous process that does not in any way end with the initial development of the prototype. Therefore, to realize the envisaged benefits in fostering cervical cancer elimination in Africa, the following steps are key in the actualization and utilization of this scorecard:

**[A] Holding feedback and buy-in dialogues with more stakeholders:** it would be key to organize further stakeholder engagements, beyond what has been undertaken with the ACHA member CSOs, to not only gain further insights on improving the scorecard, but also ensuring buy-in, ownership and commitment to use and implement actions from the scorecard. These stakeholders could include regional health bodies (Africa CDC, WHO African region office, East, Central, Southern Africa Health Community, regional economic blocks like EAC, ECOWAS and SADC), as well as, developmental partners like World Bank, and national ministries of health.

**[B] Training of advocates and other intended users on the utilization of the scorecard, especially planning, implementing and tracking corrective actions, based on the scorecard findings.**

**[C] Identify further data sources and refine the thresholds for each of the indicators.** While we have identified some data sources, many of the indicators will require datasets domiciled at national level, so having buy-in of country teams would be pivotal. Also, consensus on the various thresholds and benchmarks will ensure acceptance and ownership of scorecard scores for each indicator, which in turn ensures that action will be taken to improve performance.

**[D] Addressing data availability, accuracy, and quality challenges:** To strengthen the reliability and usability of the scorecard, it will be important to address limitations in national data, such as incomplete reporting, inconsistent definitions, and variable data quality. This will be achieved by engaging national focal points and technical experts to validate data, and clearly flagging missing or low-confidence data within the scorecard. In the longer term, countries will be encouraged to invest in routine monitoring and robust data systems to close persistent gaps and ensure that the scorecard remains a credible tool for guiding evidence-based advocacy and action.



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