

Elimination of cervical cancer in South Africa: A Strategic and Implementation framework 2026/2027 – 2029/2030

EXECUTIVE SUMMARY

South Africa has committed to eliminating cervical cancer as a public health problem by 20230 in alignment with the World Health Organization (WHO) Global Strategy. This Strategic and Implementation Framework provides a unified national roadmap to accelerate progress, address persistent inequalities, and sustain gains across the full continuum of prevention, screening, treatment, survivorship and palliative care. This Framework is grounded in the 90–70–90 targets: vaccinating 90% of girls against HPV by age 15 years; screening 70% of women with a high-performance test by ages 35 and 45; and ensuring 90% of women diagnosed with cervical disease receive appropriate treatment.

Over the past five years, the country has achieved major policy and programmatic milestones that position it strongly for elimination. These include sustained school-based HPV vaccination reaching over 1.5 million girls annually, screening of over 1.8 million per year, a full national transition to HPV-DNA based screening, and expansion of oncology services amongst others. These advances form the foundation upon which this Framework builds. The Framework outlines a five-year implementation roadmap aligned with the three WHO pillars for elimination: **primary prevention, secondary prevention, and treatment:**



- **Pillar 1: Primary Prevention** – HPV Vaccination: Expand HPV vaccination coverage among eligible girls aged 9–15 years through strengthened school-based delivery, catch-up campaigns, and efforts to reach out-of-school girls. South Africa has adopted WHO's single-dose schedule and will monitor opportunities to transition to next-generation vaccines and to extend vaccination to boys when feasible.



- **Pillar 2A: Secondary Prevention** – Screening for HPV: Complete transition to HPV DNA testing as the primary screening method for all eligible women in the health system (public and private), with a special focus on WLWH. Strategies include integration with primary care and HIV services, introduction of self-sampling, and exploration of point-of-care testing.



- **Pillar 2B: Treatment of precancer:** Decentralise treatment of precancerous lesions to district hospitals, community health centres and primary care facilities (including mobiles and community level facilities); scale up thermal ablation, and implement task-sharing with trained nurses, clinical associates, and medical doctors. Updated clinical algorithms and national referral pathways will be central to ensuring timely treatment.



- **Pillar 3A: Treatment of Invasive Cancer:** The strategy aims to strengthen access to comprehensive care across all levels of the health system, including surgery, radiation, chemotherapy, palliative care, and survivorship support for the cancerous stage of the disease. Multidisciplinary teams will ensure women receive coordinated, person-centred treatment from diagnosis through follow-up care.



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- **Pillar 3B: Survivorship and Palliative Care:** The framework recognizes that elimination is not just about survival but includes quality of life and support for the affected families. The strategies include recognition of palliative care as a core component of cancer care, capacity building and expanded partnerships with CBOs, FBOs and home-based care teams, improved pain control, psychosocial support and dignity of care and support for the family.



- **Pillar 4: Cross-cutting enablers:** To drive and sustain progress, five strategic enablers are embedded across all pillars: (1) political commitment and clinical governance; (2) health systems strengthening; (3) advocacy, education, and community engagement; (4) data systems and monitoring; (5) a nationally aligned research and innovation agenda and (6) Multisectoral stakeholder coordination and cooperation. These are essential to ensuring every woman and girl can access high-quality, timely, and equitable cervical cancer services.

The defining feature of framework is its emphasis on equity, integration and decentralization. Priority populations include women living with HIV, women in underserved rural and informal settlements, farmworker communities and key populations. Integration with HIV, TB, SRHR, and maternal and child health and PHC platforms will maximise reach and efficiency, while task-sharing and decentralization will improve access and continuity of care.

The Framework adopts a phased implementation approach – Phase 1 (2026/27 to 2027/28) acceleration; Phase 2 (2028/29) consolidation and mop-up and Phase 3 (2029/30) sustainability – to ensure rapid scale up while strengthening systems resilience and long-term impact.

This National Strategic Framework outlines South Africa's approach to eliminating cervical cancer as a public health problem. Developed through collaboration with key stakeholders, it charts a five-year pathway focused on scaling up high-impact interventions, addressing structural barriers, and ensuring no woman is left behind. The framework builds on existing progress and is anchored in principles of equity, integration with HIV and primary health care services, and coordinated multisectoral action anchored on four strategic pillars. Each pillar defines a critical area of intervention, supported by targeted actions to strengthen prevention, early detection, timely treatment, efficient and effective health system performance.



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