

SUMMARY OF KEY INTERVENTIONS BY PILLAR

Pillar	Strategic Objective	Key Interventions	Primary Delivery Platforms	WHO 90-70-90 Link
Pillar 1: Primary Prevention (HPV Vaccination)	<ul style="list-style-type: none"> To scale-up of HPV vaccination to reach 90% of all eligible girls (9 - 15 years) in and out of school by 2030. 	<ol style="list-style-type: none"> Scale-up of HPV vaccination to reach 90% of all eligible girls by age 15 years HPV catch-up vaccinations for girls aged 9 – 24 yrs who missed their scheduled doses, or not previously vaccinated HPV catch-up vaccinations for girls that are immunocompromised and living with HIV to get an additional (second) dose of the HPV vaccine, completing the recommended series Expand target populations for HPV vaccination to improve coverage and maximize impact Social mobilisation to address vaccine hesitancy 	<ol style="list-style-type: none"> School-based campaigns (Grade 5-7) - (public, special & private) Higher Education Institutions – (universities, Universities of technology, TVET & Colleges) Primary Health Care facilities Community outreach (CBOs, FBOs, NGOs) 	90% vaccinated: Directly contributes to achieving and sustaining ≥90% HPV vaccination coverage
Pillar 2A: Secondary Prevention – Screening	Achieve ≥70% screening coverage with a high-performance test	<ol style="list-style-type: none"> HPV DNA testing for women aged 25 – 55 as primary screening, repeated at 5 - 10 years for the general population HPV DNA testing for HIV positive women aged 25 – 55 as primary screening, repeated at 3 - 5 years Roll-out HPV Self-screening / Self-sampling for hard-to-reach populations Integration of HPV Screening into HIV, TB, SRHR and PHC services Community Demand creation and awareness campaigns 	<ol style="list-style-type: none"> Primary Health Care facilities HIV services Community outreach & mobile clinics Ramp-up capacity in laboratories for increased demand for HPV testing (NHLs & Private) Community outreach (CBOs, FBOs, NGOs) 	70% screened: Enables high-performance screening at ages 35 and 45, with equity focus



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Pillar 2B: Treatment of Precancerous Lesions	Ensure ≥90% of women with precancer receive timely treatment	<ul style="list-style-type: none"> a) Scale-up the Thermal Ablation Treatment as a primary procedure to remove cervical lesions. b) Scale up decentralization of precancer treatment to district hospitals, CHCs and select PHC clinics c) Implement Standardised National Treatment Standard Operating Procedures and Algorithms d) Strengthen Referral pathways and Patient tracking e) Equipment procurement and maintenance – with a clear Allocation/ deployment strategy for Thermal Ablation devices 	<ul style="list-style-type: none"> 1. Primary Health Care Facilities 2. Community Health Centres 3. District Hospitals 	90% treated (precancer): Ensures screen-positive women receive timely treatment
Pillar 3A: Treatment of Invasive Cervical Cancer	Ensure ≥90% of women with invasive cancer receive appropriate treatment	<ul style="list-style-type: none"> a) Address invasive cancer treatment backlogs by strengthening the health system – procurement of radiotherapy and chemotherapy equipment & recruitment and training of specialized staff (radiation oncologists, medical physicists, and radiotherapists) b) Expansion of oncology services in underserved provinces c) Decentralisation of oncology services from centralized, urban, tertiary-level hospitals to regional and district-level hospitals d) Strengthened referral and patient navigation systems e) Use Data-driven methods to monitor backlog and track patients. 	<ul style="list-style-type: none"> 1. Tertiary & Regional Hospitals 2. District Hospitals (chemotherapy) 3. Oncology Centres 4. Strengthen the capacity of the National Cancer Register 	90% treated (cancer): Improves access to definitive cancer treatment and survival



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Pillar 3B: Palliative Care & Psychosocial Support	Improve quality of life and reduce suffering for women with advanced disease	<ul style="list-style-type: none"> a) Early integration of palliative care alongside treatment b) Standardised referral pathways to palliative services c) Pain management and symptom control d) Psychosocial, family and caregiver support e) Home-based and community palliative care 	<ol style="list-style-type: none"> 1. District Hospitals 2. PHC Facilities 3. Community & Home-Based Care Teams 4. CBOs and FBOs 	Cross-cutting (90%): Complements treatment targets by ensuring continuity of care, dignity and quality of life
Pillar 4: Cross-cutting enablers	To strengthen the essential health system, governance, multisectoral coordination, monitoring, and research enablers needed to accelerate progress across all pillars	<ul style="list-style-type: none"> a) Strong national stewardship and clinical governance b) Multisectoral coordination (SANAC, PACs, DBE, DSD, civil society, private sector) c) Workforce development, task-sharing and mentoring d) Integrated digital health systems and AI-enabled data management e) Results-for-action monitoring via Nerve Centres and existing coordination structures at Provincial, District, Sub-district and Facility levels f) Sustainable financing and procurement g) Community engagement, social mobilisation and accountability 	<ol style="list-style-type: none"> 1. National and Provincial departments 2. South African National AIDS Council (SANAC) and Provincial / District Councils on AIDS Structures 3. Health Facilities - public and private hospitals, PHC clinics, and Community Health Centers, 4. Cancer survivors and advocates 5. Community – based Stakeholders 	All targets (90–70–90): Enables scale, quality, equity and sustainability across vaccination, screening, treatment and care

