



Advocacy for HPV vaccine access to accelerate global cervical cancer elimination

With an evolving global health architecture, it is time to mobilise sustainable financing and partnerships to eliminate cervical cancer.

June 2025

Policy brief

Key messages

- Gavi's investment in HPV vaccination programmes provides a strong foundation for elimination initiatives across the pillars of the World Health Organization (WHO) [Global strategy to eliminate cervical cancer as a public health problem](#).
- HPV vaccine can prevent up to 90% of all cervical cancer cases.
- Success requires integration across the three pillars: vaccination, screening and treatment – with global, regional, national and sub-national frameworks supporting these efforts.
- Investing in the health of women and girls is essential to unlocking their full potential and building a healthier, more equitable future for all.
- While many countries are showing leadership by introducing HPV vaccination programmes, political momentum must continue to scale up and sustain their uptake.

A global perspective on cervical cancer elimination

Since the establishment of the World Health Organization's (WHO) [Global strategy to eliminate cervical cancer as a public health problem](#) at the World Health Assembly in August 2020, there has been strong global momentum from Member States, civil society, private sector actors and global health partners to mobilise resources to advance this agenda.¹

Advocacy, partnerships and collaboration have been instrumental in galvanising political will and shaping policy dialogue across all four levels: global, regional, national and sub-national. There has been a concerted approach to scale up human papillomavirus (HPV) vaccination, screening and treatment programmes within a diverse range of populations and settings. Central to this agenda is the commitment and prioritisation of cervical cancer control, and the sexual and reproductive health of women and girls.

The global framework for advancing this agenda is aligned with the achievement of Sustainable Development Goal 3 (SDG3). One of the key targets of SDG 3 is reducing cancer incidence and mortality rates by one third by 2030, as well as achieving WHO's 90-70-90 targets:²

- Pillar 1: vaccination: **90% of girls fully vaccinated** with the HPV vaccine by the age of 15;
- Pillar 2: screening: **70% of women screened** using a high-performance test by the age of 35, and again by the age of 45;
- Pillar 3: treatment: **90% of women with pre-cancer treated** and **90% of women with invasive cancer managed**.

It is evident that non-communicable diseases (NCDs) such as cervical cancer are a leading cause of death and impoverishment in women. Low- and middle-income countries (LMICs) bear the largest burden. Research indicates that 8.3% of the global burden of NCDs has been attributed to infectious causes, including HPV. Broadly speaking, [infectious diseases cause 13% of all new cases of cancer](#) every year, with this increasing to [approximately 30% of cancer](#)

[cases in low- and lower-middle-income countries](#). The human papillomavirus (HPV), the leading cause of cervical cancer, is responsible for over 90% of cases. At the same time, the HPV vaccine can prevent up to 90% of cervical cancer cases, which claimed the lives of around 350,000 women in 2022 alone.³

A comprehensive and integrated approach across WHO's 90-70-90 targets is essential in ensuring efficiency. Such efforts need to address the preventable burden of cervical cancer through: social mobilisation to drive demand generation for vaccination, screening and treatment; addressing misinformation; increasing allocation of domestic resources (financial, human resources, infrastructure); allocating funds for advocacy, research, capacity-building, and strengthening monitoring and evaluation systems. These activities are most effective when driven by women's health champions, youth advocates and community health workers. It is vital to amplify the voices of cervical cancer survivors on prevention, treatment and advocacy, and to foster inter-generational dialogue.

Gavi's support to cervical cancer elimination

In an effort to prevent and control NCDs, Gavi, the Vaccine Alliance has set an ambitious goal to reach 86 million girls with the HPV vaccine by the end of 2025. Driving equitable and sustainable access includes supporting countries to introduce, finance and scale up coverage of the HPV vaccine.

Lowering the HPV vaccine cost for low-income countries has significantly accelerated coverage rates among the target population of adolescent girls. Gavi's country ownership model of co-financing and domestic resource mobilisation has also strengthened health systems and contributed to Universal Health Coverage (UHC). Sustainable financing and supportive public policies are essential in ensuring the integration of the HPV vaccine into National Immunisation Strategies (NIS) through stronger accountability and increased national investments.

Gavi supports delivery of the HPV vaccine through funding essential components of health systems such as health infrastructure, cold chain equipment, data systems and training of the health workforce. Additionally, Gavi facilitates technical support to activities including integration of the HPV vaccine into NIS, coverage and equity analyses, and support to technical bodies.

Regional frameworks to drive progress

There have been monumental shifts across regions in addressing key milestones and targets to achieve cervical cancer elimination. Such progress and achievements with HPV vaccination include:

- In **Africa**, from 2014 to 2023, more than 20.2 million girls were immunised against HPV, and 24 African countries have introduced the HPV vaccine with Gavi's support to date. In 2021, the WHO Regional Office for Africa (WHO AFRO) developed a framework to implement the Global strategy in the WHO African Region. In line with the Global strategy and the WHO African Region implementation plan, Africa Centres for Disease Control and Prevention (Africa CDC) is accelerating the elimination of cervical cancer in Africa by 2030 with a focus on strengthening partnerships and fostering innovative solutions with committed leadership. Africa CDC's roadmap highlights the need for strengthening health systems, integrating NCD prevention into primary healthcare, mobilising funding, and establishing Centres of Excellence (CoE) in Zambia, Morocco and Rwanda to support implementation. These knowledge hubs serve to drive efforts to eliminate cervical cancer through capacity-building, research and innovations in NCDs prevention and control on the continent.

- In **Asia and the Pacific**, since 2017, Gavi has introduced and scaled up HPV vaccination programmes in nine countries, immunising and protecting over 4.7 million girls in the region against cervical cancer. In South-East Asia, the WHO South-East Asia Regional Office (SEARO) [Regional implementation framework for elimination of cervical cancer as a public health problem: 2021–2030](#) plays an integral role in developing cervical cancer elimination strategies that are in line with global objectives. The strategic actions are centred on the following action items for the elimination of cervical cancer:
 - strengthening prevention through HPV vaccination;
 - improving cervical cancer screening and access to services for early diagnosis;
 - availability of treatment for invasive cancer diagnosis along with rehabilitation and palliative care;
 - strengthening health system support for elimination of cervical cancer; and
 - advocacy and social mobilisation.

Spotlight on Indonesia

A quarter of global cervical cancer cases occur in the Asia and the Pacific region. Since 2023, there has been a rapid scale-up of HPV vaccination, driven by many countries in the Asia and the Pacific region, including Indonesia, Bangladesh, Cambodia, Timor-Leste and Nepal, with planned Gavi-supported routine introductions in India and Pakistan by end of 2025.

Cervical cancer is the second most common cancer among women in Indonesia. To address this urgent public health challenge, the Government of Indonesia established its [National Cervical Cancer Elimination Plan for Indonesia 2023-2030](#). The plan includes the scale-up of an HPV vaccine programme, supported by Gavi. Indonesia has adopted a comprehensive, multi-stakeholder approach to strengthen health system capacity; increase the availability of advanced treatment technologies; and address social, financial, cultural, societal and structural barriers to prevention and treatment.

Indonesia's Ministry of Health has positioned cervical cancer elimination as a strategic national priority through a whole-of-government approach, collaborating across various ministries, including the Ministries of Education, Finance, Social Affairs and Women's Empowerment.⁴ Multi-stakeholder collaboration, along with national leadership, has been instrumental in ensuring coordination across sectors, and engagement at the local governmental and community levels.⁵

Evidence from a recent study on integration of vaccination and cervical cancer screening in Indonesia showed that consistent, evidence-based health information improves parental acceptance of the HPV vaccine.⁶ Mothers and caregivers informed about the vaccine's safety and benefits are more likely to recommend it to others. The findings underscore the value of synchronised messaging around vaccination and screening.

Advancing the call to action

Cervical cancer remains a leading cause of cancer-related deaths in women in LMICs due to the high burden rates of cervical cancer, and limited access to screening and treatment options. Yet, this is a disease that can be eliminated by 2030. Many countries are showing leadership by introducing HPV

vaccination programmes; but political momentum must continue to scale up and sustain their uptake, while also integrating vaccination efforts with screening and treatment.

It is evident that widespread access to the HPV vaccine would dramatically reduce the number of cases of cervical cancer across the globe. Continued advocacy is essential, as well as greater investment from governments and institutions to mobilise ongoing support, resources and strategic policy dialogue. Now is the time to prioritise cervical cancer politically and on the public health agenda.

In preparation for Gavi's next strategic period, Gavi 6.0 (2026–2030), there is opportunity to further extend the protection provided by the life-saving HPV vaccine so that more than 120 million girls can be vaccinated, protecting more than 1.5 million lives.

Eliminating cervical cancer as a public health problem is within reach. Sustained investment in integrated health systems, community-led advocacy and evidence-based policies is essential to close remaining gaps, particularly in LMICs. The momentum generated demonstrates that with political commitment, multisectoral partnerships, and equitable access to HPV vaccination, screening and treatment, this preventable disease can be eliminated.

Bibliography

1. World Health Organization. 2020. *Global strategy to accelerate the elimination of cervical cancer as a public health problem*. Geneva: WHO. <https://iris.who.int/bitstream/handle/10665/336583/9789240014107-eng.pdf>
2. World Health Organization. 2024. *Noncommunicable diseases*. <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>
3. World Health Organization. 2024. *Cervical cancer*. <https://www.who.int/news-room/fact-sheets/detail/cervical-cancer>
4. Gavi, the Vaccine Alliance. 2025. Recommendations for the Political Declaration of the 2025 United Nations General Assembly on the Prevention and Control of Non-communicable Diseases and the Promotion of Mental Health and Well-being.
5. Gavi, the Vaccine Alliance. 2025. *Gavi impact in Africa since 2000*. <https://www.gavi.org/news/document-library/gavi-impact-africa>
6. Africa Centres for Disease Control and Prevention. 2025. *Continental Consultative Meeting Report: Accelerating the plan to eliminate cervical cancer in Africa by 2030*. <https://africacdc.org/download/continental-consultative-meeting-report-accelerating-the-plan-to-eliminate-cervical-cancer-in-africa-by-2030/>
7. Gavi, the Vaccine Alliance. 2025. *Gavi impact in Asia and the Pacific since 2000*. <https://www.gavi.org/news/document-library/gavi-impact-asia-and-pacific>
8. World Health Organization. Regional Office for South-East Asia. 2021. *Regional implementation framework for elimination of cervical cancer as a public health problem: 2021–2030*. New Delhi: WHO. <https://www.who.int/publications/i/item/9789290228875>

9. Dewi SM, Utomo AJ, Bennett LR, Wilopo SA, Barrett A. 2024. Indonesian mothers' experience of their daughter's HPV vaccination, and factors associated with their willingness to recommend HPV vaccination for girls. *Vaccines (Basel)*, 12(9): 998.
<https://pubmed.ncbi.nlm.nih.gov/39340028/>
10. International Vaccine Access Center (IVAC). 2023. *HPV vaccine progress and next steps for advocacy in Indonesia: Findings from key informants*. Johns Hopkins Bloomberg School of Public Health. <https://publichealth.jhu.edu/sites/default/files/2024-02/hpv-vaccine-advocacy-in-indonesiaivac2023ax.pdf>
11. World Health Organization. 2024. *Global cervical cancer elimination forum commitments*. Geneva: WHO. <https://www.who.int/initiatives/cervical-cancer-elimination-initiative/cervical-cancer-forum/commitments>
12. Ministry of Health, Republic of Indonesia. 2023. National Cervical Cancer Elimination Plan for Indonesia 2023–2030. https://www.iccp-portal.org/sites/default/files/plans/National%20Cervical%20Cancer%20Elimination%20Plan%20for%20Indonesia%202023-2030_compressed.pdf

© The Gavi Alliance. All rights reserved. This publication may be freely reviewed, quoted, reproduced or translated, in part or in full, provided the source is acknowledged. The material in this publication does not express any opinion whatsoever on the part of Gavi, the Vaccine Alliance concerning the legal status of any country, territory, city or area or its authorities, or of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. Please contact media@gavi.org with any questions about use.

Cover image: [HPV vaccination campaign, North Sulawesi, Indonesia](#). Credit: UNICEF/2023/Dwi Prasetya

¹ WHO, 2020a.

² WHO, 2020b.

³ WHO, 2020c.

⁴ WHO, 2024b.

⁵ IVAC, 2023.

⁶ Dewi et al., 2024.