



2040

Ireland's Cervical
Cancer Elimination Date

Ireland's Cervical Cancer Elimination Action Plan 2025-2030

2025 Progress Report





Through cost-effective, evidence-based interventions, including human papillomavirus vaccination of girls, screening and treatment of pre-cancerous lesions, and improving access to diagnosis and treatment of invasive cancers, we can eliminate cervical cancer as a public health problem and make it a disease of the past.”

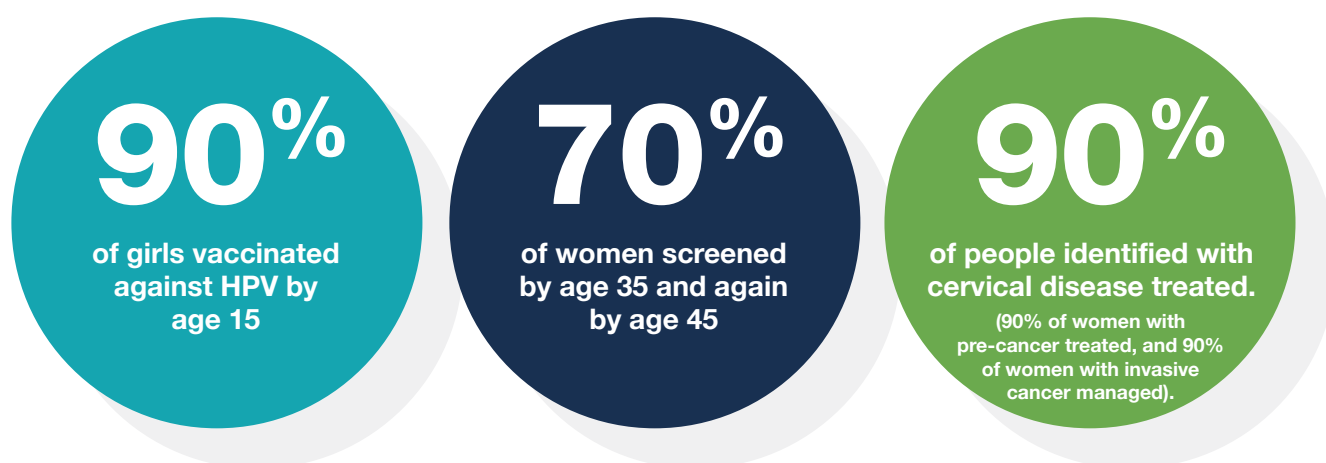
Dr Tedros Adhanom Ghebreyesus,
Director-General, World Health Organization, 2020



Our vision for 2040

An Ireland where cervical cancer is rare in every community

WHO Targets



Acknowledgements

We wish to acknowledge and thank everyone who contributed to this report and to taking action to eliminate cervical cancer every day. We thank the Women's Health Taskforce for providing dedicated funding to this important initiative. We thank all partners across the health system who continue to drive Ireland's progress towards cervical cancer elimination.

We extend our gratitude to clinical leaders, programme teams, community organisations, and patient representatives whose expertise, collaboration, and lived experience guide this work. We also thank our international partners, including the World Health Organization for their ongoing support.

Finally, we wish to recognise all those who act every day — in clinics, classrooms, laboratories, and communities — to make cervical cancer a disease of the past. Your dedication continues to bring us closer to our shared vision: an Ireland where cervical cancer is rare in every community by 2040.

Foreword

In my first year as Chair of the Cervical Cancer Elimination Oversight Committee, exactly one year since we launched the Cervical Cancer Elimination Action Plan 2025-2030, I am pleased to present this update on progress towards our 2040 shared ambition of an Ireland where cervical cancer is rare in every community.

Over the past year, significant steps have been taken to build the foundations required for sustainable delivery of the National Cervical Cancer Elimination Action Plan. I am inspired by the enthusiasm of all our partners and the passion with which they are pursuing this goal.

Equity is central to all aspects of cervical cancer elimination. I particularly commend the role of community champions, whose outreach and advocacy are bringing awareness to the needs of their communities to access HPV vaccination and screening whilst working with us in the HSE to implement practical steps to address the barriers their communities face. In addition to these on-the-ground initiatives, many more equity projects are underway to ensure we reach all people, especially those in underserved communities. This year has seen further rollout of trauma-informed screening services and a review of HPV vaccination uptake in schools in disadvantaged areas which will be a focus for us in 2026.

The appointment of two Fellows, in Obstetrics and Gynaecology and in Public Health respectively, is strengthening clinical leadership and capacity across the health system. Through their work they are helping to ensure that we build a workforce with the ambition and expertise to sustain cervical cancer elimination efforts into the future. I am looking forward to seeing the Fellows' contribution to the elimination of cervical cancer during their time with us and in their subsequent careers.

In Year 1 progress has also been characterised by a strong commitment to partnership and integration. Collaboration across HSE service pillars, the Department of Health, and with international experts and patient representatives, has been central to developments in prevention, screening and treatment.

Now that the World Health Organisation (WHO) has designated 17 November as Cervical Cancer Elimination Day, I look forward to reflecting on our progress each year with you, celebrating your work and to continuing to build our Cervical Cancer Elimination Network. It is this collective commitment, that will ultimately lead to our success.

While there is much more to do, the momentum established over the past year provides confidence that Ireland is well on the path towards achieving cervical cancer elimination by 2040. I wish to acknowledge the dedication of all those involved - across services, communities, and sectors - whose collective efforts are driving this historic initiative forward.

This year the WHO asks us all to pledge one act for elimination. I will lead the implementation of the HSE's Cervical Cancer Elimination Action Plan with dedication and determination to achieve WHO's stated 2030 targets and be a champion for the work you all do.

Dr Colm Henry

HSE Chief Clinical Officer and Chair of the Cervical Cancer Elimination Oversight Committee

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Glossary

Aspire	The Aspire Fellowship is a 12-month programme in Ireland for doctors who have completed higher specialist training, offering advanced clinical skills and specialised training in various medical fields.
CCE (Cervical Cancer Elimination)	Defined by the WHO as reducing the incidence of cervical cancer to fewer than four cases per 100,000 women, making it a rare disease. This is achieved through a global strategy based on three key targets for countries to meet by 2030: 90% of girls vaccinated with the HPV vaccine by age 15, 70% of women screened with a high-performance test by ages 35 and 45 and 90% of women with pre-cancer or invasive cancer receiving treatment.
DEIS (Delivering Equality of Opportunity in Schools)	An Irish government programme to support schools with the highest levels of disadvantage. The term refers to a programme that provides additional resources to schools and requires them to develop improvement plans in eight key areas: Attendance, Literacy, Numeracy, Retention, Attainment, Transitions, and Partnerships with parents and others.
IARC	International Agency for Research on Cancer, a division of the WHO.
HPV Self-Sampling	A method of HPV screening where people collect their own vaginal sample using a kit at home or in a clinic. This sample is then sent to a lab to be tested for high-risk human papillomavirus (HPV) types.
NCCP	HSE National Cancer Control Programme
NCRI	National Cancer Registry Ireland
NCSL	National Cervical Screening Laboratory
NIO	HSE National Immunisations Office
NSS	HSE National Screening Service
NWIHP	HSE National Women and Infants Health Programme
Public and Patient Involvement (PPI)	An active partnership where individuals with lived experience, such as patients, carers, and the public, work alongside the health service or researchers to improve services.
Task and Finish Groups	Time-limited multidisciplinary working groups established under the CCE governance structure to deliver specific areas of the plan, including Partnership, Advocacy and Communications, and Data & Evaluation
Trauma-Informed	A strengths-based framework that acknowledges the prevalence and impact of trauma to create a more supportive and effective system
WHO (World Health Organization)	The United Nations agency leading global health efforts, including the Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem (2020)

Executive Summary

Ireland was one of the first countries globally to commit to eliminating cervical cancer in alignment with the World Health Organization's (WHO) Global Strategy to meet the 90-70-90 targets.

Our national vision is clear — to make cervical cancer rare in every community by 2040. This ambition was formalised with the publication of the Cervical Cancer Elimination Action 2025–2030 on the 17 November 2024, which sets out nine strategic actions and 39 sub-actions to be delivered by 2030.

Ireland's Progress Toward Elimination

Ireland's current cervical cancer average annual incidence rate is 11 per 100,000 women*, based on the 2021-2023 data. Despite temporary fluctuations during the COVID-19 pandemic years, the long-term trend since 2009 continues to decline. The country is performing strongly against WHO's 90-70-90 targets and remains on track to achieve elimination by 2040.

- HPV vaccination coverage: 82.7% of girls by the age of 15 years (NIO, 2025); 76.6%¹ of boys in first year (academic year 2022/23).
- Screening coverage: 75%² of eligible women screened within the past five years.
- Treatment: 97.2% of cervical cancers treated within one year of diagnosis (NCRI, 2025).

Governance and Oversight

A comprehensive governance framework supports delivery of the Action Plan:

- The Cervical Cancer Elimination (CCE) Oversight Committee, chaired by Dr Colm Henry, HSE Chief Clinical Officer, provides strategic direction and oversight.
- A CCE Steering Committee drives implementation across the HSE, supported by specialised Task and Finish groups on Partnerships, Advocacy and Communications, and Data, Monitoring and Evaluation.
- The CCE Network brings together partners annually to review progress and maintain momentum.

Strategic Approach

Delivery of the plan is founded on a complex systems change model, integrating vaccination, screening, and treatment with strong collaboration across all service pillars. Equity is embedded throughout implementation, ensuring every action is assessed through an equity lens to reach underserved communities and those in areas of deprivation. This is demonstrated by the actions delivered and the projects highlighted in this report.

* provisional data

1 <https://www.hpsc.ie/a-z/vaccinepreventable/vaccination/immunisationuptakestatistics/hpvtدابمنعنمناحوىuptakestatistics/>

2 https://assets.hse.ie/media/documents/CervicalCheck_Programme_Report_2022-2023.pdf

Key Achievements to Date (2025)

HPV Vaccination:

- Research identified lower uptake in DEIS schools, which identified the need for tailored behavioural interventions which are being planned.
- Legislative changes now allow school immunisation teams access to school class lists to improve follow-up for those who have not consented to HPV vaccination.
- A community pilot in Cork and Kerry with Roma, Traveller, and migrant groups co-designed culturally appropriate communication materials to address vaccine hesitancy.

HPV Screening:

- A new national CervicalCheck screening register (called Cara) is being developed to enhance data integration and quality.
- Preparations for HPV self-sampling feasibility studies are underway to expand access for under-screened women.
- Trauma-informed screening has been introduced in Limerick Prison and other specialised settings.

Cervical pre-cancer and Cancer:

- Collaboration between CervicalCheck and NCCP has strengthened national referral pathways and alignment with international best practice for the detection and management for early-stage cervical cancers.
- Collaboration between CervicalCheck, the National Women and Infants Health Programme and Irish College of General Practice developed primary care clinical guidance to support the management and screening of women presenting with symptoms.

Workforce and Education:

- Over 50 community champions trained this year in HPV vaccination and screening awareness.
- Accredited training expanded across prisons, homeless services, and Sexual Assault Treatment Units (SATUs).
- Fellows appointed in Public Health and Colposcopy/SATU Care to lead innovation and research.
- The Screening Training Unit have continued their comprehensive programme of training to sample takers and expanded their offer to provide bespoke training for sample takers who are now providing screening to key underserved groups.

Partnerships, Advocacy and Communications:

- Stakeholder network mapping with Queen's University, Belfast (a WHO Collaborating Centre) conducted to enhance system-wide collaboration.
- New communication campaigns and materials provided in multiple languages and formats to improve accessibility.
- Development of the MyCervicalScreening.ie website (University College Dublin) underway using a public and patient involvement approach.

Research:

- We are participating in European partnerships to review screening guidelines and improve equity.
- Ireland has led, and contributed to, national and international studies that have advanced understanding of equity gaps in HPV vaccine and screening uptake.
- Behavioural science and participatory research approaches are informing targeted interventions.
- Irish researchers contributed to developing international consensus on defining interval cancers via the WHO's International Agency for Research on Cancer (IARC).

Data, Monitoring and Evaluation:

- Integration of vaccination and screening datasets which will enable improved trend analysis and monitoring.
- Development of screening health profiles will enable regional data reporting to support local action.
- Work has begun on a national CCE dashboard.
- Development of a HPV genotype surveillance proposal.

Looking Ahead to 2026

- HPV self-sampling feasibility study to begin in primary care settings.
- Equity monitoring and intercultural competence training to be rolled out nationally.
- Continued strengthening of data systems and establishment of a CCE Research Network.
- Expansion of HPV catch-up and targeted vaccination programmes for underserved populations.
- Ongoing publication of annual CCE progress reports aligned with World Cervical Cancer Elimination Day each November.

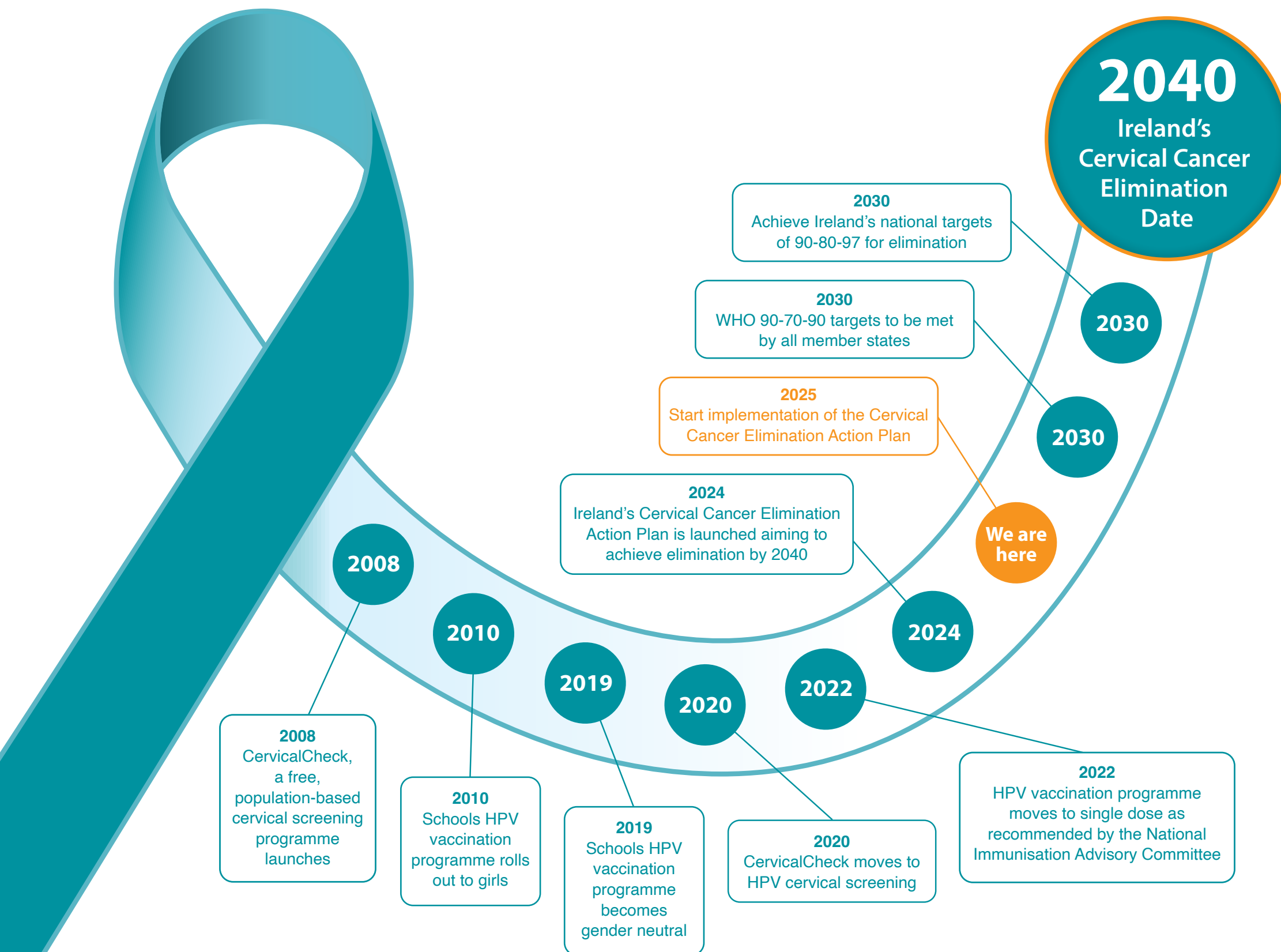
Conclusion

Through sustained commitment, strong governance, and evidence-based action, Ireland is firmly on course to eliminate cervical cancer as a public health problem. The implementation of the Cervical Cancer Elimination Action Plan 2025–2030 embodies a collective national effort — grounded in science, guided by equity, and driven by partnership — to ensure that by 2040, cervical cancer will be rare in every community.



#TogetherTowardsElimination

Ireland's roadmap to cervical cancer elimination



Ireland's Position

82.7%

of girls fully vaccinated with HPV vaccine by age 15 years

75%

screening coverage of eligible population aged 25-65 years

97.2%

of women diagnosed with cervical cancer between 2017 and 2021 received treatment within the first year of diagnosis*

Incidence of
11 per 100,000 women*

WHO Targets

90%

of girls fully vaccinated with HPV vaccine by age 15 years

70%

of women are screened with a high-performance test by 35 years of age and again by 45 years of age

90%

of women identified with cervical disease receive treatment (90% of women with precancer treated, and 90% of women with invasive cancer managed)

Incidence of
4 per 100,000 women

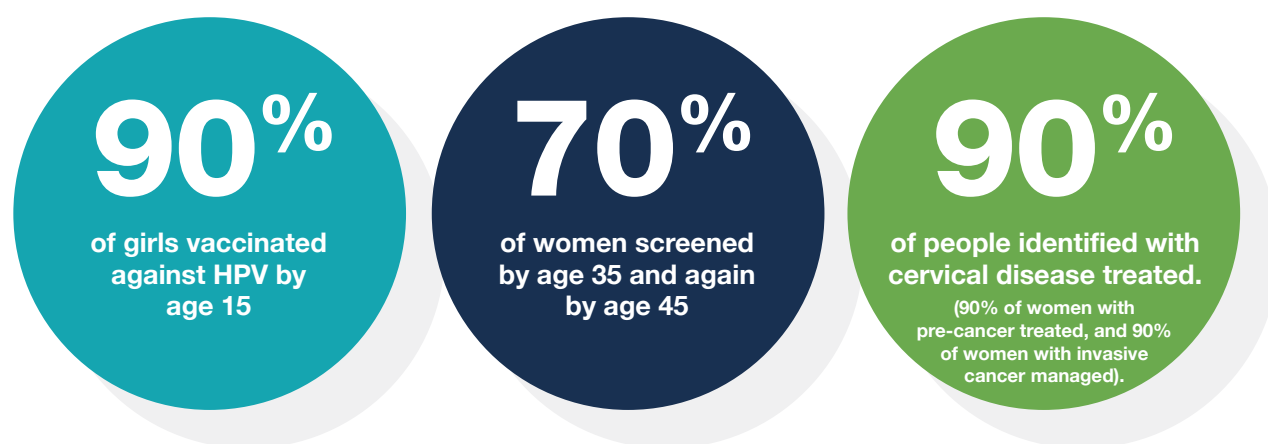
*Provisional data

Background

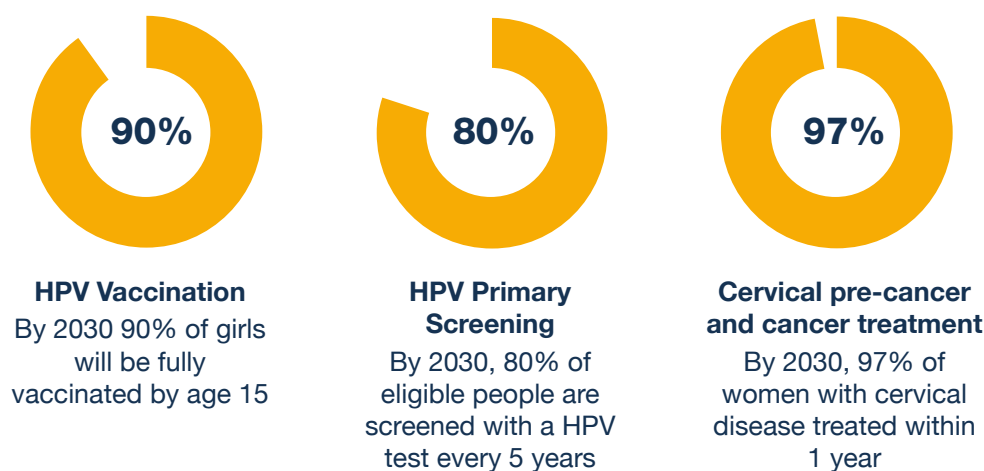
Ireland's Cervical Cancer Elimination Action Plan 2025-2030 was published on the 17 November 2024 to mark its commitment to achieving Cervical Cancer Elimination in line with the WHO's 90-70-90 targets by 2040. It contained nine strategic actions and 39 sub-actions to be delivered by 2030.

The Department of Health's Women's Health Taskforce provided €530,000 funding for key cervical cancer elimination projects. This funding in 2025 has supported several initiatives including strategies to improve the uptake of HPV vaccination, supporting medical fellowships, assessing the feasibility of implementing HPV self-sampling in Ireland, education and training, and communication and awareness campaigns.

What are the 2030 targets?



What are the national targets?



Equity

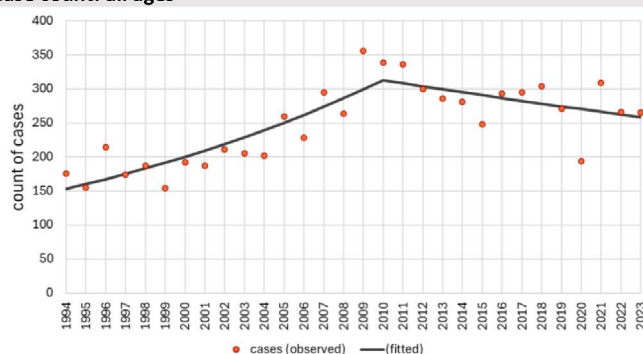
By 2030 all targets will be reached for all population groups.

Ireland's current position

With a cervical cancer rate of 11 per 100,000 women*, Ireland has made good progress so far towards elimination. The average 3-year incidence has moved from 10.4/100,000 to 11/100,000 in this reporting period but as the graph below shows, the incidence continues to trend downwards as it has since 2009.

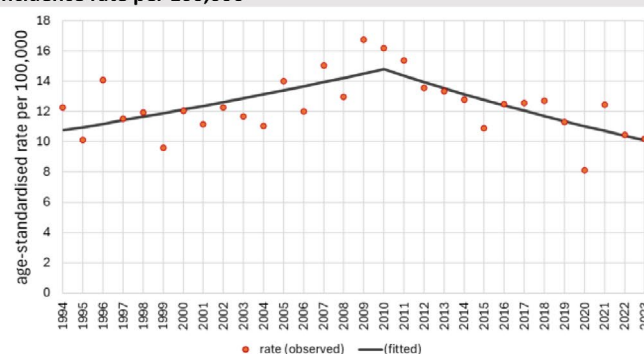
C53 CERVIX UTERI: INCIDENCE TREND DURING 1994-2023: ALL AGES

Case count: all ages



all ages	from	to	*APC%	95%CI low	95%CI high	trend
	1994	2010	4.6	3.1	6.1	↑
	2010	2023	-1.5	-3.2	0.3	↔

Incidence rate per 100,000



all ages	from	to	APC%	95%CI low	95%CI high	trend
	1994	2010	2.0	0.6	3.4	↑
	2010	2023	-2.9	-4.5	-1.3	↓

Source: NCRI 2025

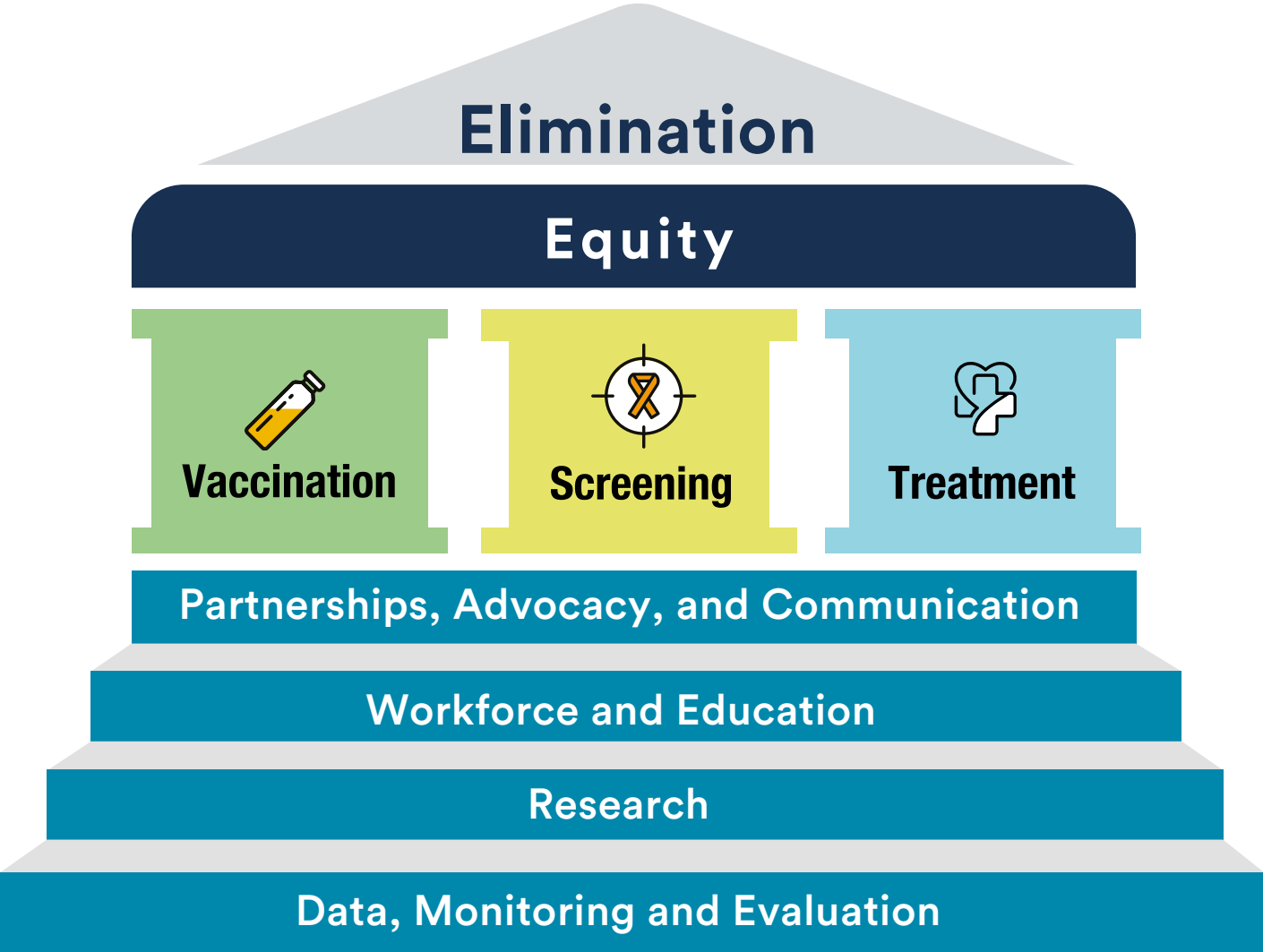
We are performing well against the WHO 90-70-90 targets and are on track to achieve cervical cancer elimination by 2040. The updated data shows

- HPV vaccination coverage: 82.7% of girls by the age of 14 years (2023); 76.6% of boys in first year (academic year 2022/23)
- Screening coverage: 75% of eligible women screened within the past five years.
- Treatment: 97.2% of cervical cancers treated within one year of diagnosis.

A broader set of key performance indicators are available on pages 33-36 showing HPV vaccination, screening and colposcopy data and broader cervical cancer treatment data.

* provisional data

The Strategic Action Plan



Area	Strategic actions
Equity	1 Develop inequalities programmes and monitoring arrangements to support meeting the elimination targets across all populations and to provide services that respect people’s cultures and needs.
HPV vaccination	2 Improve the coverage rates of HPV vaccination by optimising the delivery of the school-based HPV vaccination programme and ensuring vaccination services are tailored to meet the needs of underserved populations.
HPV screening	3 Take all efforts to continuously assess the emerging national and international evidence on best practice for cervical screening and ensure that CervicalCheck continues to deliver a modern, research-led, effective programme into the future.
Cervical pre-cancer and cervical cancer treatment	4 Improve integration of services and progress service improvement initiatives to support optimal diagnosis and management of cervical cancer.
Partnerships, advocacy and communications	5 Build reciprocal partnerships in Ireland and internationally to achieve cervical cancer elimination in our country and contribute to the global movement. 6 Develop a communications plan to improve awareness and access to services across the whole pathway using evidence-based approaches that are behavioural science and culturally informed to address inequity.
Workforce and education	7 Support a highly trained workforce to deliver integrated services that adopt evidence-based innovation and change, and provide interculturally competent services that meet the needs of our diverse population.
Research	8 Develop a multi-year cervical cancer elimination programme of research focused on equity and participatory approaches, such as co-design, to support effectively implementing programme innovations and changes.
Data, monitoring and evaluation	9 Improve the integration of healthcare data required for cervical cancer elimination across the life course to better monitor progress, with particular emphasis on equity, and publish progress annually.

Implementation

Governance and oversight of delivery of the cervical cancer elimination action plan

A new Cervical Cancer Elimination Oversight Committee, chaired by HSE Chief Clinical Officer, Dr. Colm Henry, has been established to guide and monitor delivery of the national action plan (2025–2030). This high-level committee brings together senior leaders from all HSE service pillars, representatives from key enabling priority areas, colleagues from the Department of Health, international experts, and importantly, patient representatives.

Alongside this group, a dedicated CCE Project Steering Committee comprising HSE staff with direct responsibility for implementation has been convened to coordinate and drive delivery of the plan. Their work is supported by a series of Task and Finish Groups, designed to tackle specific cross-pillar priorities. The first two groups to be established focus on Partnerships, Advocacy and Communications, and Data, Monitoring and Evaluation. Additional groups will be established as implementation of other priority areas progress throughout the plan's lifespan.

Beyond these committees, the wider Cervical Cancer Elimination Network continues to play a key role in maintaining momentum and engagement. Each year on the 17 November, to mark Cervical Cancer Elimination Day, the Network will convene to reflect on Ireland's progress and reaffirm our collective commitment to achieving the cervical cancer elimination goals.

Taking a partnership and complex systems change approach

Delivery of the action plan is grounded in a complex systems change approach, recognising the interdependencies between vaccination, screening and treatment and the need for collaboration across all the enabling priority areas. By aligning actions across service pillars and enabling areas, and by establishing mechanisms for collaboration and continuous feedback, the plan ensures that progress in one domain reinforces and accelerates progress in others.

Elimination will only be achieved by engaging a wide sector of society to improve the uptake of services. This will require engagement beyond the HSE to empower communities to act. This approach reflects the scale and ambition of elimination, where sustainable change can only be achieved through system-wide integration and collective accountability. This approach will be central throughout the delivery of the action plan.

“One Act for Elimination” **WHO call to action**

“I will champion and support the partnership so that, together, we can deliver on the action plan and achieve cervical cancer elimination in Ireland by 2040.”

Dr Caroline Mason

Director of Public Health, HSE National Screening Service and Chair of the CCE Steering Committee

“I will work collaboratively, support and strengthen the partnership, and ensure patients and advocates have an equal voice in delivering the CCE Action Plan 2025-2030.”

Estelle McLaughlin

Public Health Strategy and Development Manager, HSE National Screening Service and CCE Project Manager

Equity

Equity is embedded throughout the action plan as a foundational principle rather than as a standalone objective

Every action has been designed and assessed through an equity lens to ensure that progress towards elimination benefits all communities, particularly those most affected by health inequalities. This includes targeted approaches to reach underserved populations, removing barriers to access, and ensuring that the voices of patients and communities are represented in governance and implementation.

By making equity integral to all elements of the plan, Ireland's elimination effort aims not only to achieve measurable outcomes but to do so in a fair and inclusive manner. Throughout the next phases of implementation there will be a collective effort to improve the collection and reporting of crucial data to enhance equity monitoring to ensure that cervical cancer is rare in every community.



Key Action Areas

HPV vaccination

Target

By 2030, 90% of girls will be fully vaccinated by age 15

Improve the coverage rates of HPV vaccination by optimising the delivery of the school-based HPV vaccination programme and ensuring vaccination services are tailored to meet the needs of priority populations.

Our areas of focus in 2025

The HPV vaccine is offered to girls and boys in their first year of secondary school. The HPV vaccine is most effective when it is given around 12-13 years of age, before potential exposure to HPV through sexual contact. Delivering a school-based immunisation programme is the best way to achieve high uptake and it improves equity in accessing vaccines. Therefore, optimising the delivery of the schools vaccination programme is central to ensuring that high HPV coverage is maintained and increased.

This 2025/2026 academic year, school vaccination teams are implementing new legislation enacted in 2024 that allows school immunisation teams access to school class lists. This will enable follow up of children who are unvaccinated and maximise opportunities for parents to get the HPV vaccine for their children in first year of secondary school.

In addition to the focus on improving HPV coverage in the schools programme, there is a pilot project underway examining barriers to HPV vaccination in underserved communities. This will allow services to be tailored to meet the needs of everyone and leave no one behind.

What was achieved:

- 1 We published research in 2025 showing that HPV vaccination uptake is lower in disadvantaged Delivering Equality of Opportunity in Schools (known as DEIS schools), compared to non-DEIS schools. The study found that misinformation on HPV vaccine disproportionately affected uptake in DEIS schools and recommended that tailored approaches and resources are implemented to address this.

- 2 School vaccination teams are implementing the class list legislation to improve the follow up of unvaccinated children and maximise opportunities for vaccination.
- 3 In 2025 a community champions pilot was initiated working with migrants, Roma and Travellers in Cork and Kerry to understand barriers, information needs and to develop tailored approaches to supporting HPV vaccination.
- 4 A research project has commenced to inform the development of tailored materials to support vaccine decision making in DEIS schools. This study will use a behavioural science approach. The first phase, a literature review examining factors that influence vaccine uptake in areas experiencing disadvantage, has been completed.
- 5 School vaccination teams continue to offer 'mop-up' clinics during school holidays to provide additional opportunities for children to get vaccinated in the first year of secondary school.

What will we achieve in 2026?

- We will progress research with DEIS schools to tailor the development of materials and approaches to the need.
- We will progress the development of a HPV catch up programme for children in school settings, offering additional opportunities for those who did not get the vaccine in first year to be vaccinated.
- Work will continue on the development of the National Immunisation Information System to improve the identification of gaps in vaccine coverage and facilitate tailored interventions.

“One Act for Elimination” **WHO call to action**

“I will lead and support collaboration across the system to reach the WHO goal of vaccinating 90% of girls against HPV by age 15, and to strengthen uptake in boys as we work towards cervical cancer elimination.”

Dr Lucy Jessop

Consultant in Public Health Medicine and
Director of the National Immunisation Office

“I will support healthcare workers by providing evidence-based information to empower them to be trusted expert voices to support parents, children and young adults to make an informed decision about getting the HPV vaccine.”

Dr Louise Marron

Consultant in Public Health Medicine,
National Immunisation Office

“I will ensure clear, inclusive, and trusted information reaches every parent and young person, empowering them to make confident, informed decisions on their HPV vaccine journey.”

Anita Ghafoor Butt

Communications Lead,
National Immunisation Office

Community-based HPV vaccination project: Working to eliminate cervical cancer in every community

To advance Ireland’s goal of eliminating cervical cancer, we developed a community-based pilot project with HSE local immunisation services to improve HPV vaccine uptake for communities that may not have accessed vaccination previously, including migrants, Roma and Traveller communities. The project aimed to work through existing community networks to review the barriers and enablers to vaccine uptake, to co-design tailored resources to improve awareness and to improve access by developing targeted opportunities for vaccination.

Community Feedback

Early consultation provided extensive insights about vaccine hesitancy, misinformation, and cultural and literacy considerations. Many contributors spoke about historical mistrust and the need for simple, visual, factual, information tailored to their needs. Community health workers showed strong willingness to collaborate, demonstrating their interest and motivation, helping build momentum for the project.

Literature review

A rapid review of the scientific literature identified barriers and enablers to HPV vaccination the communities face and interventions to support vaccination uptake. Barriers include: language and literacy challenges, limited access to services, discrimination, sexual health stigma and family decision-making hierarchies. There is evidence that education, testimonials and information from parents or community leaders, a focus on the message of cancer prevention and a vaccine recommendation from a trusted healthcare professional improves participation.

Outreach

Extensive outreach through briefing sessions ensured shared understanding and community buy-in to the project. We undertook formal consultations with the communities through a three-step process. The first was meeting with each community project to hear their views and concerns in relation to the HPV vaccine. This was followed by collaborative workshops with community workers to co-design tailored materials addressing specific vaccination issues to support them in promoting vaccination in their communities. The final stage was in-depth consultation with additional community members including planning outreach and promotion for the intended tailored vaccination clinics.

HPV screening

Target

By 2030, 80% of eligible people are screened with a HPV test every five years

Take all efforts to continually assess the emerging national and international evidence on best practice for cervical screening and ensure that CervicalCheck delivers a modern, research-led, effective programme into the future.

Our areas of focus in 2025

CervicalCheck continues to deliver a high-quality, population-based screening programme to women aged 25-65 years, with ongoing initiatives to enhance accessibility and participation. Several initiatives have progressed this year to increase access for underserved groups, including women in prison, women experiencing homelessness, women with a history of sexual violence, women in the older age range, Roma, and Travellers.

Concurrently, procurement of the new national cervical screening register, Cara, is under way. This new system will enhance data quality, coordination and monitoring across the whole cervical screening pathway.

Building on the HPV self-sampling research already completed within the NSS (a survey of women's views and a systematic review of the international scientific evidence), preparatory work to test the feasibility of self-sampling in the Irish context has begun. The feasibility study will test implementation across the full screening pathway. Findings will then be submitted to the National Screening Advisory Committee so that the committee can consider international and local evidence when recommending any programme changes.

What was achieved:

- 1 A systematic review to understand the views and experiences of HPV self-sampling participants in high-income countries was completed³. The findings indicate that self-sampling is generally perceived as acceptable and may encourage participation among women who do not attend clinician-based screening. However, concerns were raised about the ability to perform the test correctly and the reliability of self-collected samples.
- 2 Secondary analysis was completed on a cross-sectional survey conducted by NSS in 2023 to understand Irish women's views of HPV self-sampling. Findings were that non-attenders or delayed attenders were more likely to opt for self-sampling, demonstrating its potential to improve equity. Psychological factors play an important role in predicting uptake and future communication materials should address these.
- 3 A HPV self-sampling feasibility study proposal was developed in 2025. The study will test the logistical and technical aspects of implementing self-sampling. Testing will begin in 2026 in partnership with Primary Care and the National Cervical Screening Laboratory (NCSL).
- 4 In 2025, a new trauma-informed screening service was established at Limerick Prison. The CervicalCheck Screening Training Unit (STU) provided bespoke training to onsite nurses to reach formal accreditation. An online educational resource on trauma-informed care was also made available for all sample takers.
- 5 An evaluation of the screening community champions project which provided training to upskill community health workers to promote screening was completed in 2025.
- 6 The CervicalCheck Clinical Director joined an expert advisory group of the European Commission Initiative on Cervical Cancer (EC-CvC) which is currently reviewing the age range for screening, the intervals between screens and the best triage for HPV positive women.
- 7 NSS, along with the Department of Health, and the Royal College of Surgeons of Ireland has joined a European Commission project as part of EUCanScreen to improve equity in screening.

3 <https://www.crd.york.ac.uk/PROSPERO/view/CRD42024527231>

- 8 A procurement tender for the new cervical screening register (Cara) was completed and a successful vendor identified. Development work is due to begin shortly once all approval processes are completed.

What will we achieve in 2026?

- We will progress research on the feasibility of implementing HPV self-sampling and identify additional research with underserved groups to assess whether self-sampling would improve uptake in Ireland.
- We will continue our work to understand the needs of underserved groups and tailor resources and clinics to meet their needs.
- We will progress development of the new cervical screening register and tailor it to improve equity monitoring.

“One Act for Elimination” WHO call to action

“I will share knowledge and collaborate globally to accelerate elimination of cervical cancer.”

Professor Nóirín Russell
Clinical Director, CervicalCheck

“I will support policies, ideas and innovations that make elimination a reality, not just a goal.”

Mary-Jo Biggs
Programme Manager, CervicalCheck

“I will encourage everyone I meet to choose HPV vaccination and screening.”

Dr Sarah Fitzgibbon
GP Advisor, HSE National Screening Service

Cervical Screening Integration in Ambulatory Gynaecology: A Collaborative Initiative

Challenge & Opportunity

CervicalCheck aims to strengthen collaboration and engagement across women’s health services within the HSE to ensure cervical screening remains integral to public health care. Through its Screening Training Unit (STU), the Programme works to enhance opportunistic screening for under- or never-screened women and to develop clear, accessible pathways tailored to individual needs.

This is especially vital for women over 50. While participation is strong among women in Ireland, attendance drops sharply with age: one in four women over 50 do not attend screening, and more than half of cervical cancers occur in this group (National Screening Service, 2023). Many believe screening is unnecessary after menopause, while others face barriers such as limited GP access, physical challenges, or trauma histories.

Ambulatory gynaecology services—where many procedures involve speculum examination—offer an ideal opportunity to provide screening to women who are overdue or have never been screened. However, practice was identified as varying nationally, with inconsistencies in staff training and approach and availability of opportunistic screening.

Methods / Approach

The CervicalCheck Screening Training Unit, in partnership with the National Women and Infants Health Programme (NWIHP) and Ambulatory Gynaecology Services, worked to integrate cervical screening into these settings. Key actions included:

- Mapping all 20 ambulatory services to identify current practices;
- Engaging with advanced and candidate advanced nurse practitioners (ANPs), consultants and clinical nurse managers to assess readiness and training needs;
- Facilitating access to Cervical Screening Education Programme (CSEP) and Clinical Update (CU) training;
- Providing tailored educational and clinical support for nurse-led models; and
- Introducing a unique clinic code for traceability, quality monitoring, and evaluation.

Findings / Highlights

By September 2025, 12 of 20 Ambulatory Gynaecology Services offer nurse-led cervical screening, with three more completing training and one transitioning to a shared doctor-nurse model. The goal is full adoption across all services.

During 2025, STU also collaborated with six regional complex menopause clinics to embed screening awareness during triage. Staff now routinely discuss screening status, support women who are uncomfortable attending their GP, and offer referral for screening to Ambulatory Gynaecology or Sexual Assault Treatment Units (SATUs) where appropriate.

These initiatives mark major progress in embedding cervical screening within secondary care—enhancing early detection and ensuring accessible, trauma-informed, and compassionate care for all women.

Cervical Pre-cancer and Cervical Cancer Treatment

Target

By 2030, 97% of women with cervical disease treated within one year

Improve integration of services and progress service improvement initiatives to support optimal diagnosis and management of cervical cancer.

Our areas of focus for 2025

Treatment of cervical pre-cancer and cancer is an essential pillar of cervical cancer elimination. Ensuring timely, high-quality, and equitable care for all individuals requiring investigation and treatment is a priority.

Cervical pre-cancers are identified and treated in 15 quality assured colposcopy clinics located across the country. Women who are identified via screening as being at a higher risk of developing cervical cancer are referred to a colposcopy clinic for further assessment. Over 97% of women who require treatment for pre-cancer are treated under local anaesthetic in an outpatient setting.

Enhancing the management of early-stage cervical cancer has also been a key focus. We reviewed international best practice and clinical guidelines for adoption in Ireland so that we can continuously improve the standards of care provided to cervical pre-cancer and cancer patients in Ireland. We are considering the implementation of guidelines on treatment of microinvasive cervical cancers recommended as a result of this review. This project also includes strengthening referral pathways and increasing supports for women.

Improving pathways for women who present with symptoms of cervical cancer has been another priority. Sample takers are already advised to send women directly to colposcopy if they suspect a diagnosis of cervical cancer. It is also important to ensure appropriate referral to gynaecology ambulatory services for women with persistent unexplained symptoms. To support primary care, a clinical guidance note has been developed to assist sample takers in the management of women with abnormal bleeding or other symptoms that could be suggestive of cervical cancer.

What was achieved:

- 1 A three yearly cycle of Quality Assurance visits for all 15 CervicalCheck Colposcopy units was completed.
- 2 The CervicalCheck programme continued monthly monitoring of colposcopy Key Performance Indicators (KPIs). Over 90% of women referred for HPV positive/ high-grade cytology were seen within 4 weeks.
- 3 Scoping a collaborative project to improve integration across the cervical cancer pathway has begun and will be progressed in 2026.
- 4 CervicalCheck worked with NCCP to review international guidelines for diagnosis, treatment and post-cancer surveillance for women with early-stage micro-invasive cancers.
- 5 The CervicalCheck Primary Care Advisory Group, NWIHP and Irish College of General Practitioners developed a primary care clinical guidance note to support the management and screening of women presenting with symptoms. This was disseminated through a series of webinars and newsletters.

What will we achieve in 2026?

- The Quality assurance cycle will start again with five colposcopy units being reviewed.
- We will progress collaborative work to improve integration across the whole cervical treatment pathway. Access to timely treatment for cervical pre-cancer and cancer is an essential pillar of cervical cancer elimination. Building on previous mapping of the patient journey, an expert group will be convened in 2026 to update this pathway map and identify key areas for improvement. This work will be supported by the newly appointed Aspire Fellow, who will work with all treatment partners to drive implementation of CCE treatment actions.

“One Act for Elimination” WHO call to action

“I will work with partners to advance equitable and integrated treatment services, improving access and outcomes for all patients.”

Dr Caitríona McCarthy

*Assistant National Director and Consultant
in Public Health Medicine, NCCP*

“I will use my time on my fellowship to work on ensuring access to appropriate care and supports for all patients with cervical cancer.”

Dr Ruth Ceannt

Cervical Cancer Elimination Aspire Fellow

Dr Ruth Ceannt, Cervical Cancer Elimination Aspire Fellow

I have just completed my higher specialist training in Public Health Medicine and have recently commenced this fellowship in the National Screening Service focusing on cervical cancer elimination. I have been interested in cervical cancer and in prevention since I started working as a doctor. During my intern year I worked on a gynaecology ward and was struck by the stark realities of the disease.

As a young woman myself, aged 25, encountering women of my own age suffering from this disease was shocking and eye-opening. I witnessed these young women undergoing extensive surgery, some losing their fertility before they had even had a chance to think about starting their families, and some, sadly, receiving palliative care.

At that time the HPV vaccination programme for girls in secondary school had only recently commenced, and I couldn't help but thinking that had these women been born just over a decade later they would have had the opportunity to be vaccinated and protected from HPV and from this terrible disease and its far-reaching consequences.

Over the years as I worked in medicine, though I did not work in gynaecology, I retained an interest in cervical cancer, but most of all in the power of prevention, both primary (e.g. HPV vaccination) and secondary (e.g. screening). This interest which began on a gynaecology ward ultimately led me to specialise in Public Health Medicine. When an opportunity arose to work on Cervical Cancer Elimination (CCE) I jumped at it, as there are few things I believe in more in Medicine than in the power of prevention.

During this fellowship I hope to contribute to improving services for cervical cancer patients. Part of my role over the next year will be to work with all relevant stakeholders on the standardisation and streamlining of services for all cervical cancer patients throughout the entire patient journey, from presentation, to investigation and diagnosis, treatment, and follow-up and survivorship. I will be taking a public health approach to this work, reviewing the pathway as a whole. Other areas of work throughout the year will include building on work already done on data monitoring and evaluation, including the expansion of indicators reported, and collaborating on other CCE-related projects and research.

I hope that by the end of my fellowship next year I will have contributed towards our shared goal of cervical cancer elimination, and particularly improved the patient experience for all women with cervical cancer.

Dr Aoife McEvoy, Women's Health Taskforce Funded Fellow in Colposcopy and Sexual Assault Treatment Unit care

Prior to this year, I was working as a full-time trainee in Obstetrics & Gynaecology. During our training, we have an opportunity to carry out a fellowship, which is more in-depth training in an area of interest. When this job came up with CervicalCheck and the Sexual Assault Treatment Unit, it piqued my interest as I knew how worthwhile and important the role would be. My aunt worked with Dr Rengaswamy Sankaranarayanan in the International Agency for Research on Cancer (IARC); her work on HPV vaccination internationally was fascinating to me. Having my aunt as a role model who was passionate about cervical cancer elimination motivated me to work in this area.

I have a distinct memory of a young woman whom I met during the early years of my training, who died in an emergency department from cervical cancer. Knowing that cervical cancer is one of the most preventable and treatable cancers in women, this is still inconceivable to me. We must do better to provide women with the supports they need to engage with vaccination, screening and treatment programmes to reach the goal of cervical cancer elimination in every community by 2040.

I am working with CervicalCheck primarily on HPV self-sampling feasibility in Ireland. There are 17 countries internationally which are using HPV self-sampling within their screening programmes, and we hope to offer it as an alternative to under-screened women in Ireland in the coming years. Our research shows that women and healthcare providers would welcome the addition of HPV self-sampling in our programme. The HPV self-sampling feasibility study is the next step in this process as it will provide us with real-world implementation data.

Linked to my fellowship, I will complete a doctorate. My research is focused on gaining a better understanding of the characteristics and screening history of women who develop cervical cancer in Ireland. The HPV self-sampling feasibility project will help guide CervicalCheck in the next steps towards wider implementation of HPV self-sampling. We are assessing the processes of HPV self-sampling and validating that it is suitable in the Irish healthcare setting. Once we've tested its feasibility, we can focus on those who need it most – under-screened women.

I am working with the National Cancer Registry of Ireland and the National Screening Service to identify the characteristics and screening histories of women with cervical cancers. Following this, we will target specific populations to improve vaccination, screening and treatment coverage.

I am leading on the HPV self-sampling feasibility study, as the first step in adding HPV self-sampling to the Irish cervical screening programme.

Following my two years in CervicalCheck, I hope that we will have worked out how to add HPV self-sampling to the Irish cervical screening programme in a way that will lead to an increase in screening for, and treatment of, cervical pre-cancers. This will be a vital step in cervical cancer elimination by 2040.



The Enabling Actions

Partnerships, advocacy and communications

Build reciprocal partnerships in Ireland and internationally to achieve cervical cancer elimination in our country and contribute to the global movement.

Develop a communications plan to improve awareness and access to services across the whole pathway using evidence-based approaches that are behavioural science and culturally informed to address inequity.

Our areas of focus for 2025

We have continued to strengthen partnership working, with a focus on establishing new structures to support cervical cancer elimination. These developments have created additional opportunities for patient partners, advocacy organisations, and wider networks to contribute to the delivery of the cervical cancer elimination action plan. As implementation progresses, we will continue to build and expand these partnerships.

To ensure we identify and engage all stakeholders required to achieve cervical cancer elimination, we have undertaken stakeholder network mapping in collaboration with the Queen's University, Belfast, a WHO Collaborating Centre. The Centre specialises in the application of complex systems and network science approaches to the prevention and control of non-communicable diseases. This mapping tool will enable us to coordinate action across the wider network, clarify roles and responsibilities, and harness collective strengths to drive progress.

We have also advanced a range of initiatives to make communications more accessible across HPV vaccination and screening. This includes producing information in multiple languages, in easy-read formats, and across a variety of media. Through the community champions project, several co-designed resources have been developed to meet the specific needs of diverse communities.

What was achieved:

- 1** We continue to work closely with women's groups and advocacy organisations on the implementation of the cervical cancer elimination action plan through our Network, committees and groups.
- 2** We have worked with Queen's University, Belfast, to conduct stakeholder network analysis to identify, visualise and map the stakeholders required to achieve cervical cancer elimination using its Stakeholder.net tool.
- 3** We are progressing a technical assistance project with the Ethiopian Ministry of Health to provide training to scale up colposcopy services supporting access to earlier diagnosis and reduction of cervical cancer incidence in Ethiopia.
- 4** We ran several multi-channel awareness campaigns (social media, radio, digital, and podcast) promoting HPV vaccination, cervical screening, and timely treatment. These achieved millions of impressions across multiple platforms. We targeted key groups including parents, LGBT+, and people with disabilities.

- 5 The Women's Health Taskforce funded a new website, MyCervicalScreening.ie, which is being developed by UCD. It is an online resource providing independent information about cervical screening in Ireland. The platform was developed using a Public and Patient Involvement (PPI) approach, in consultation with Travellers and with the support of the CervicalCheck team.
- 6 The communications teams across the partnership have used opportunities to highlight the CCE goals across all pillars within their planned and responsive communications through various media e.g., press, social media and stakeholder bulletins.
- 7 A Cervical Cancer Elimination Partnership Toolkit was developed for communities in Ireland to share accurate, helpful, inclusive messages about cervical cancer prevention, screening and treatment to build momentum for regions and external stakeholders to contribute to cervical cancer elimination.
- 8 Insights from 2025 market research conducted on women from lower-income and migrant backgrounds on the barriers preventing them from attending cervical screening will be used in our campaigns to inform our creative briefs and channel strategies.

What will we achieve in 2026?

- We will expand the reach of the Cervical Cancer Elimination Network to engage a wide range of stakeholders essential to delivering the action plan.
- We will disseminate the CCE Communications Toolkit to support delivery of key messages in a variety of settings.
- We will continue to work to improve equity in HPV vaccination, screening and treatment through partnerships with underserved communities.



“One Act for Elimination” WHO call to action

“I will champion equitable access to vaccination, screening, and treatment for every community.”

Lynn Swinburne

Senior Health Promotion Officer,
HSE National Screening Service

“I will work with our communications team and our Patient and Public Partnership to equip people with the knowledge they need to choose HPV vaccination, screening, and early treatment.”

Fiona Ness

General Manager of Communications,
Engagement and Information Development,
HSE National Screening Service

“I will create pathways to accessible services, including vaccination clinics, cervical screening, and educational campaigns, that directly benefit the Roma community.”

Gina Miyagawa

Roma Health Co-ordinator,
Cork/ Kerry Community Healthcare, HSE

“I will raise awareness about HPV within my community and will take great pride in supporting this effort as a Community Champion.”

Olena Holub

Migrant Support Worker and Community
Champion

“I will co-design a website with public engagement that makes information about cervical screening accessible, inclusive, accurate and empowering for everyone.”

Yvonne O'Meara

Psychosocial Oncologist & Systemic
Psychotherapist, University College Dublin

“I will lead with compassion and courage as a cervical cancer survivor, championing the importance of prevention, early diagnosis, and continued support for all who are affected.”

Kim Hanly

Patient Partner

“I will use my knowledge and skills to raise awareness about HPV vaccination and cervical cancer prevention, encouraging peers and community members to take proactive steps towards screening and vaccination.”

Ganika Shree

Patient Partner

“I will share trusted information about HPV vaccination, HPV cervical screening and treatment of pre-cancerous lesions in communities, marginalised communities and in secondary schools in Ireland as part of my role as Assistant Director of Nursing for the Marie Keating Foundation.”

Bernie Carter

Assistant Director of Nursing,
Marie Keating Foundation

The Enabling Actions

Workforce and education

Support a highly trained workforce to deliver integrated services that adopt evidence-based innovation and change and provide interculturally competent services that meet the needs of our diverse population.

Our areas of focus for 2025

Achieving equity has been a central focus throughout 2025. Services across the programme have delivered a wide range of training to ensure that cervical cancer prevention and treatment are inclusive, accessible, and available in diverse settings. CervicalCheck has provided training to services working with underserved communities. Training has been provided to enable them to deliver trauma-informed or specialist cervical screening. This has increased access and offered greater choice for women.

Extensive community-based training has been delivered to raise awareness and provide tailored support for migrant, Roma, and Traveller populations to improve access to HPV vaccination and screening. In 2025, over 100 community champions were trained. Regional health promotion staff and social prescribers have also received training to support vaccination and screening uptake within their communities. Disability awareness training was provided to screening staff to build their understanding of barriers, promote inclusive communication, and ensure reasonable accommodations are provided to disabled women.

We have worked across the cervical cancer elimination partnership to plan the rollout of training that will improve intercultural competence. A proposal has now been agreed to deliver this training to leaders, frontline staff, and communications teams to ensure culturally competent services and campaigns.

In 2025, the CervicalCheck Screening Training Unit (STU) further strengthened its engagement with women's health services across the HSE. This work ensures that cervical screening remains embedded at key points of contact within the health system to support opportunistic screening for never-screened or under-screened women.

Using Women's Health Taskforce funding, a Fellow in Colposcopy and Sexual Assault Treatment Unit care was appointed. With a background in obstetrics and gynaecology, her role will involve leading the HPV self-sampling feasibility study in CervicalCheck as part of her doctorate. In addition, a Public Health Aspire Fellow has been appointed to strengthen integration across the treatment pillar and improve cervical cancer elimination datasets. These roles represent important advancements in training and skill development in specialist medical areas to support future workforce requirements that will help to achieve cervical cancer elimination.

What was achieved:

- 1 Specialist training was delivered to staff working with underserved groups in prisons, homeless services, and Sexual Assault Treatment Units, enabling them to become accredited to provide cervical screening within these settings.
- 2 Community health workers were trained in HPV vaccination and screening to promote services locally. Tailored resources were developed to support their outreach.
- 3 Following recommendations in the NSS Disability Needs Assessment for screening, disability awareness training was provided to screening staff to increase understanding of barriers, promote inclusive language and communication and to ensure reasonable accommodations are provided to disabled women.
- 4 A proposal for intercultural competence training was developed and agreed with stakeholders. Training will be rolled out in 2026.

- 5 The CervicalCheck Screening Training Unit engaged with ambulatory gynaecology services, SATUs, GUM/STI clinics, and complex menopause clinics to support opportunistic screening for under-screened and never-screened women.
- 6 Advocacy organisations continue to deliver training and education to raise awareness of HPV, HPV vaccination, screening and symptoms in a variety of community settings.
- 7 Two cervical cancer elimination Fellows were appointed and are contributing to cervical cancer elimination across colposcopy, SATU and Public Health.

What will we achieve in 2026?

- We will begin scoping planning and capacity assessments across the full cervical cancer pathway in 2026.
- A broad programme of training and support will continue for staff involved in cervical cancer elimination, to ensure the delivery of high-quality, equitable care.
- Intercultural competence training will be fully rolled out across the system.

“One Act for Elimination” WHO call to action

“I will lead by example and champion equitable access to cervical screening by supporting education, trauma-informed practice and inclusive pathways that meet the needs of every community.”

Dr Rachael Comer

Education and Training Manager,
Screening Training Unit, CervicalCheck

“I will use my voice to embrace change and remove barriers to close gaps in access, equity, and outcomes.”

Debbie Ramsbottom

Senior Training Coordinator,
Screening Training Unit, CervicalCheck

“I will lead by example and promote equitable access to cervical screening by supporting education and to use my position to remove barriers for sample takers to deliver a quality assured service which will lead to cervical cancer prevention.”

Louise McKee

Senior Training Coordinator, CervicalCheck

The Enabling Actions

Research

Develop a multi-year cervical cancer elimination programme of research focussed on equity and participatory approaches, such as co-design, to support effectively implementing programme innovations and changes.

Our focus for 2025

In 2025, partners contributed to a wide range of national and international research to understand differences in HPV vaccination and screening uptake across communities and to evaluate interventions to improve participation. Much of this work focussed on reviewing global best practices to identify effective, evidence-based approaches for specific groups. This year marked a shift towards building the Irish evidence base to inform context-specific research that can test the effectiveness of these interventions nationally.

CCE partners also continue to contribute to the global evidence base, representing Ireland in several European and international collaborations, including EUCanScreen, IARC, and other global initiatives.

A multi-year review of Ireland's school immunisation system examined the impact of misinformation on HPV vaccine uptake from 2015–2017. The analysis found that DEIS schools experienced lower vaccination rates and weaker recovery compared to non-DEIS schools, highlighting a widening equity gap and the need for more targeted communication strategies. In response, a behavioural science project focusing on DEIS schools with the lowest uptake is underway. The project aims to identify behavioural barriers and co-create tailored interventions with communities. The first phase—a literature review on HPV vaccine uptake in disadvantaged areas—has been completed and is being prepared for publication.

CervicalCheck is assessing the potential of HPV self-sampling to increase screening uptake, drawing on Irish and international evidence. Recent NSS research found that women aged 63–69 who had never been screened had higher rates of HPV infection, more high-grade cytological abnormalities, and more referrals to colposcopy than those regularly screened. These findings that reinforce the value of encouraging screening at any age and will inform future interventions to improve uptake.

What was achieved:

- 1 The NIO published analysis⁴ showing the impact of misinformation on HPV vaccine uptake and the widening equity gap during recovery of trust in the vaccine.
- 2 Reviews of scientific research on HPV uptake among disadvantaged, migrant, Roma, and Traveller groups were completed to guide behavioural research and HPV vaccination programme development.
- 3 A systematic review explored participant views and experiences of HPV self-sampling in high-income countries, which has been submitted for publication in an academic journal.
- 4 The NSS performed a comparative study of women aged 63–69⁵ who attended cervical screening which highlighted higher disease rates among previous non-attenders.

4 <https://www.sciencedirect.com/science/article/abs/pii/S0264410X25001653>

5 <https://www2.healthservice.hse.ie/organisation/nss/news/cervical-screening-research-higher-rates-of-disease-women-aged-63-to-69-screened-first-time/>

- 5 Qualitative market research with women from lower-income and migrant backgrounds who are eligible for screening was conducted to understand barriers that they face when trying to access screening. Findings included limited awareness that screening is free of charge, uncertainty about the procedure, and challenges accessing information and GP services.
- 6 An NSS research team lead on an international academic publication⁶. The team surveyed 18 countries across Europe, Canada and Australia. This work led to establishing a consensus definition of interval cancer with the International Agency for Cancer Research (IARC).
- 7 Collaborative research with UCD explored cancer awareness in the Traveller community⁷.
- 8 The NSS behavioural scientist, in collaboration with IARC, took part in the development and validation of a user-centred AI chatbot decision-aid to support informed HPV self-sampling decision-making among socioeconomically disadvantaged women in France, demonstrating the potential of digital tools to enhance screening access and engagement⁸.

“One Act for Elimination” WHO call to action

“I will keep up to date with all the latest research on cervical screening so that we continue to deliver an evidence-based cervical screening programme.”

Dr Laura Heavey
Consultant in Public Health,
HSE National Screening Service

What will we achieve in 2026?

- We will continue to progress key research to improve equity of access and delivery of our healthcare services.
- We will also establish a CCE Research Network to connect policy experts, healthcare staff, and academics, fostering collaboration and accelerating progress toward the equitable elimination of cervical cancer for all communities.

6 <https://obgyn.onlinelibrary.wiley.com/doi/10.1111/aogs.15172>

7 https://academic.oup.com/eurpub/article/34/Supplement_3/ckae144.2044/7844223?login=false

8 <https://pubmed.ncbi.nlm.nih.gov/40705442/#full-view-affiliation-2>

The Enabling Actions

Data, monitoring and evaluation

Improve the integration of healthcare data required for cervical cancer elimination across the life course in order to better monitor progress, with particular emphasis on equity and publish progress annually.

Our focus for 2025

In 2025, we are publishing a broader set of data to show performance across the entire cervical screening pathway. This includes vaccination, screening, and treatment outcomes. Overall, the data demonstrates strong performance across all areas, though we recognise there is still more to do to meet targets and ensure equitable access and uptake.

Against the WHO 90-70-90 targets:

- HPV vaccination coverage has not yet reached the target.
- HPV screening coverage is exceeding the target.
- Cervical cancer treatment is exceeding the target.

We will continue to enhance monitoring and reporting in 2026 through a dedicated data monitoring and evaluation project aimed at expanding and strengthening the dataset.

HPV vaccination rates have declined slightly, from 84% in 2022 to 82.7% in 2023. This decrease can be explained by the inclusion of lower uptake periods due to delays in school catch ups following the COVID19 pandemic. We remain focussed on increasing HPV vaccine uptake, particularly in communities with lower coverage, to ensure equitable access for all. The planned introduction of a new national immunisation IT system will support better monitoring of the HPV vaccination programme and enable improved tracking of inequalities.

The 2023 screening data shows coverage is high at 75%. Colposcopy data for the same year indicates that 86% of women with high-grade cytology were seen at a colposcopy clinic within four weeks. Long-term trends show that more women are being identified with low-grade CIN.

The treatment rate for cervical cancer remains stable, with 97.2% of cases treated within one year of diagnosis, consistent with last year's performance.

What was achieved:

- 1 A new national immunisation IT system is being introduced to enhance the accuracy and efficiency of immunisation monitoring.
- 2 The NIO and NSS have integrated their datasets, enabling improved monitoring of cervical disease trends within vaccinated cohorts.
- 3 The NSS, in collaboration with the HSE Health Intelligence Unit, is developing geographical profiles of screening coverage. This will provide Health Regions with local data that may help improve screening uptake at the community level.
- 4 The NSS is actively represented on a national HSE equity monitoring project, which aims to standardise the collection of equity stratifiers and strengthen the monitoring of health inequalities.
- 5 A proposal has been developed in partnership with the Health Protection Surveillance Centre (HPSC) to undertake HPV genotype prevalence surveillance. This initiative will estimate the prevalence and distribution of HPV types in the population and monitor changes following vaccination.

- 6 The newly appointed CCE Aspire Fellow is collaborating with partners to review data collection, monitoring, and reporting processes, with the aim of developing a comprehensive CCE dashboard.
- 7 Monitoring of progress against the Cervical Cancer Elimination (CCE) Action Plan is overseen by the CCE Oversight Committee and the CCE Steering Committee. An annual progress report will be published each year to coincide with Cervical Cancer Elimination Day on the 17 November.

What will we achieve in 2026?

- We will establish a dedicated data, monitoring and evaluation project aimed at expanding and strengthening the dataset, improving data quality and reducing data gaps.

“One Act for Elimination”

WHO call to action

“I will provide high-quality data to support evidence-based policy and programme development.”

Aline Breenan

Epidemiologist,

National Cancer Registry Ireland

Data for 2023

INCIDENCE

Annual average over 3 years (2021-2023) = 11/100,000 * preliminary data

(Source: NCRI 2025)

**See trend data on the next page showing fluctuations during COVID19 pandemic years but a continuing downward trend.*

Lifetime cumulative risk of cancer (cumulative risk of cancer by age 75) - 0.78

(source: NCRI 2025) (2021-2023)

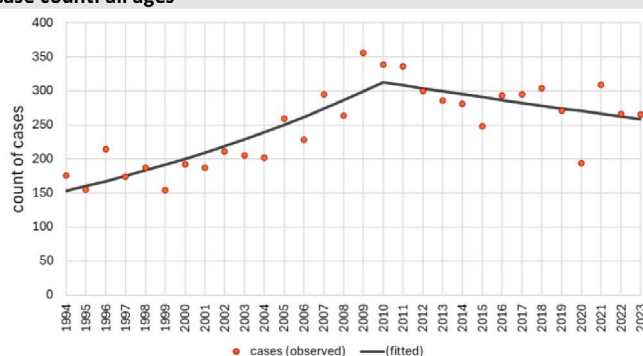
Table 1 | Stage breakdown of cervical cancer cases (C53) diagnosed 2017-2021 (WHO indicator 21) (NCRI 2025) * Provisional data

2017-2021	Total	%
Stage I	615	45%
Stage II	192	14%
Stage III	315	23%
Stage IV	208	15%
Stage X	43	3%
Total	1373	100%

Cervical cancer incidence rate per 100,000 using joinpoint analysis

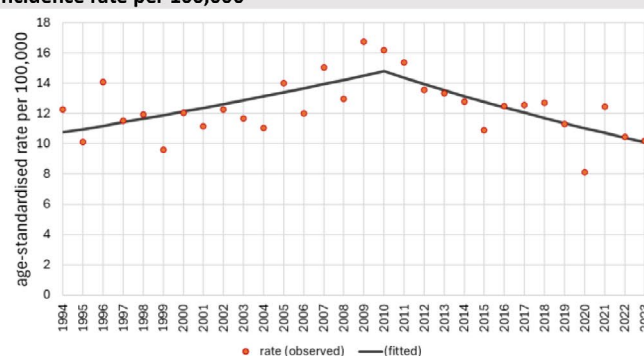
C53 CERVIX UTERI: INCIDENCE TREND DURING 1994-2023: ALL AGES

Case count: all ages



all ages	from	to	*APC%	95%CI low	95%CI high	trend
	1994	2010	4.6	3.1	6.1	↑
	2010	2023	-1.5	-3.2	0.3	↔

Incidence rate per 100,000



all ages	from	to	APC%	95%CI low	95%CI high	trend
	1994	2010	2.0	0.6	3.4	↑
	2010	2023	-2.9	-4.5	-1.3	↓

Source: NCRI 2025

*APC: annual percentage change during 1994-2023 and 95% confidence interval (95%CI) based on data points fitted with Joinpoint regression. Trend: ↑=significant increase, ↓=significant decrease, ↔=no change, at $p < 0.05$. Annual rates standardised using 2013 ESP age-weights.

The graph also shows the impact of COVID-19 on the detection rate in 2020 and 2021. The rate in 2020 was lower than expected (due to reduction in health services) and then in 2021, with services returning to more normal access, the rate in 2021 was higher because it includes the missing cases from 2020. The last three-year (2020-2022) incidence rate included the lower-than-expected 2020 rate but the current one (2021-2023) does not.

VACCINATION COVERAGE

- HPV vaccination by age 14 – 82.7% of girls who turned 15 in the year 2023 received the HPV vaccine by this age.
(Source: NIO)

HPSC Schools Vaccination data:⁹

- **HPV girls vaccinations in first year - 80% for 2022/2023**
Uptake among first year girls in secondary school ranged from: 70.4% in CHO9 to 84.5% in CHO6.
- **HPV boys vaccinations in first year - 76.6% for 2022/2023**
Uptake among first year boys in secondary school ranged from: 62.9% in CHO9 to 84.4% in CHO6¹⁰.

SCREENING

Screening coverage¹⁰

- 269,550 unique women screened in primary care or other settings 2022/2023.
- 75% of eligible women screened within the previous five years.
- Coverage declines after age 55, and varies between counties.

Screening test results:

- 11% of women screened tested positive for HPV (test positivity rate)
 - 50% had normal cytology
 - 44% had low-grade cytology
 - 8% had high-grade cytology

COLPOSCOPY

- 86% of HPV positive women with high grade cytology were seen within four weeks⁹.
- 46% of all attendances at colposcopy resulted in a histological biopsy. 27% of which showed high-grade (CIN2+) abnormalities and, 1% revealed a diagnosis of cervical cancer.
- Where there was suspicion of invasive disease 91% of biopsies were performed immediately at the colposcopy clinic under local anaesthetic.

TREATMENT

- 162 cervical cancers diagnosed at colposcopy⁹
- 5,670 women diagnosed and treated for high-grade pre-cancerous cells (CIN2 and CIN3)
- **Proportion of all cervical cancers treated within 1 year of diagnosis - 97.2%***
Provisional data (NCRI 2025)

Get Involved

If you would like to hear more or are interested in being involved, please contact publichealth.support@screeningservice.ie.

Keep up to date with our work to eliminate cervical cancer as a public health problem on www.hse.ie/cervicalcancerelimination.

9 https://assets.hse.ie/media/documents/CervicalCheck_Programme_Report_2022-2023.pdf

10 <https://www.hpsc.ie/a-z/vaccinepreventable/vaccination/immunisationuptakestatistics/>

Appendix 1

Cervical cancer elimination oversight committee members

Name	Title
Dr Colm Henry (Chair)	Chief Clinical Officer, HSE
Ms Fiona Murphy	Chief Executive, NSS
Dr John Cuddihy	National Director of Public Health, HSE
Dr Lucy Jessop	Consultant in Health Protection - National Immunisation Lead, NIO
Prof Nóirín Russell	Clinical Director, CervicalCheck, NSS
Prof Cliona Murphy	Clinical Director, NWIHP
Dr Triona McCarthy	Assistant National Director, NCCP
Dr Caroline Mason Mohan	Director of Public Health, NSS
Prof Deirdre Murray	Director, NCRI
Mr Killian McGrane	National Programme Director, NWIP
Dr Joanne Uí Chruailaioich	Principal Officer, Population Health Screening, Cardiac Services and Stroke Policy, DOH
Mr Mark Brennock	National Director of Communications and Public Affairs
Ms Estelle McLaughlin	Public Health Strategy and Development Manager, NSS
Ms Kim Hanly	Patient Partner
Ms Ganika Shree	Patient Partner
Dr Joanne McClean	Director of Public Health, Northern Ireland Public Health Agency
Ms Lena Smyth	Public Health Support, NSS

Appendix 2

Cervical cancer elimination steering group members

Name	Title
Dr Caroline Mason Mohan (Chair)	Director of Public Health, NSS
Dr Lucy Jessop	Consultant in Health Protection- National Immunisation Lead, NIO
Dr Louise Marron	Consultant in Public Health Medicine, NIO
Dr Triona McCarthy	Assistant National Director, NCCP
Prof Nóirín Russell	Clinical Director, CervicalCheck
Ms Mary-Jo Biggs	Programme Manager, CervicalCheck, NSS*
Dr Aline Brennan	Senior Epidemiologist, NCRI
Dr Alice Le Bonniec	Behaviour Change and Insights Specialist, NSS
Dr Sarah Fitzgibbon	Primary Care Advisor, NSS
Ms Fiona Ness	Communications, Engagement and Information Development General Manager, NSS
Ms Anita Ghafoor-Butt	Communications Manager, NIO
Dr Therese Mooney	Head of Programme Evaluation Unit, NSS
Dr Aileen Kitching	Consultant in Public Health Medicine, HSE National Social Inclusion
Prof Cliona Murphy	Clinical Director, NWIP
Dr Joanne Ui Chruialaoich	Principal Officer, Population Health Screening, Cardiac Services and Stroke Policy DOH
Mr Killian McGrane	National Programme Director, NWIP
Ms Estelle McLaughlin	Public Health Strategy & Development Manager, NSS
Ms Lena Smyth	Public Health Support, NSS

*Thanks to the outgoing Programme Manager of Cervical Check, Ms Gráinne Gleeson, for her contributions to the Cervical Cancer Elimination Steering Committee up to May 2025.

Appendix 3

Partnership, Advocacy and Communications Task and Finish Group

Name	Title
Dr Caroline Mason Mohan (Interim Chair)	Director of Public Health, NSS
Ms Fiona Ness	General Manager of Communications, Engagement and Information Development
Ms Estelle McLaughlin	Consultant in Public Health Medicine, NIO
	Public Health Strategy and Development Manager, NSS
Ms Anita Ghafoor-Butt	Communications Manager, NIO
Ms Emma Harte	Policy Coordinator, Irish Cancer Society
Ms Bernadette Carter	Assistant Director of Nursing, Marie Keating
Ms Ceara Martyn	221+ Manager
Ms Yvonne O'Meara	ThisIsGo, UCD
Ms Bernie Brennan	Patient Advocate
Dr Alice Le Bonniec	Behavioural Change and Insights Specialist, NSS
Ms Emma Craven	Assistant Principal, Department of Health
Dr Sarah Fitzgibbon	GP Advisor, NSS
Ms Lynn Swinburne	Senior Health Promotion Officer, NSS
Dr Rachel Comer	Education and Training Manager, Screening Training Unit, CervicalCheck, NSS
Ms Anne Burke	AKIDWA



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