



2040

Ireland's Cervical
Cancer Elimination Date

Ireland's Cervical Cancer Elimination Plan

Strategic Vision 2025-2040

Action Plan 2025-2030





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

Governance The Cervical Cancer Elimination Action Plan was developed with the advice and guidance of the Cervical Cancer Elimination Strategic Advisory Group (membership Appendix 3) and overseen by the HSE Cervical Cancer Elimination Delivery Group (membership Appendix 4). The action plan was approved by the HSE’s Chief Clinical Officer, and the HSE Board on 23 October 2024.



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Acknowledgements

Thank you to all our partners, stakeholders, and subject matter experts for their guidance and advocacy in developing Ireland's Cervical Cancer Elimination Action Plan. We particularly extend gratitude to our patient advocates, patient and public partners and all the representatives who have given their time to develop Ireland's Cervical Cancer Elimination Action Plan. Further acknowledgements are included in Appendix 4.

Foreword by Stephen Donnelly Minister for Health

When I announced 2040 as Ireland’s target date for the elimination of cervical cancer, I spoke of my confidence that today’s babies will reach adulthood in a time when it is classed as a rare disease.

That is a challenging target to reach in less than a generation, but this ambitious Action Plan sets out a carefully mapped path that will guide us in prevention and early detection over the next 5 years.

Enhancing women’s health is a priority for me and a fundamental commitment of this Government. This focus was firmly established in our Programme for Government in 2020, where we pledged to advance women’s health services and to engage with women and girls to improve their health outcomes and experiences of healthcare across every stage of life. Since then, we have witnessed a seismic and positive transformation in the landscape of women’s health.

I am particularly proud that, since 2020, we have invested over €180 million specifically dedicated to women’s health initiatives. In 2022, Ireland became a global leader by launching one of the first Women’s Health Action Plans which has already delivered remarkable achievements, reflecting my ongoing commitment to the core principles of “Listen, Invest, Deliver.” The second Women’s Health Action Plan, launched earlier this year, demonstrates our continued dedication to the evolution of women’s healthcare.

None of this would have been possible without a partnership model – with women’s voices at the core. I am pleased to see partnership embedded in the Cervical Cancer Elimination Action Plan, acknowledging that value of shared drive towards common objectives.

In Ireland, approximately 250 women are diagnosed with cervical cancer each year. As one of the first countries to publicly commit to eliminating cervical cancer, our focus now is to dramatically reduce that number and ultimately improve health outcomes for all women.

The Action Plan reflects the ambitious WHO 90:70:90 targets for vaccination, screening and early treatment with a framework that underscores the importance of compassion and comprehensive care throughout the patient journey. Our leadership in vaccination, early detection, and treatment is recognised internationally, including the expansion of HPV vaccination to boys and the transition to primary HPV screening. This work, along with enhanced access to cancer treatment, brings us closer to our goal of elimination. It also contributes significantly to the National Cancer Strategy’s objectives of cancer prevention, early detection, and timely treatment access. Ireland’s efforts align with the WHO Global Strategy. I’m very encouraged by the fact that we are already meeting some of these targets and will surpass them as we move closer to 2040.

We can all play our part in supporting and facilitating this progress. It is vital that children in the first year of secondary school receive their HPV vaccination. It is also important that women continue to engage with the CervicalCheck programme, which helps to identify and monitor people with HPV to reduce their risk of developing cervical cancer.

I want to extend my deepest appreciation to members of the Cervical Cancer Elimination Strategic Advisory and Delivery Groups for their dedication in developing this Action Plan and all partners in the delivery of screening, vaccination and treatment services for their commitment in turning this vision into reality. In particular, I thank our patient advocates for their invaluable contributions. Their lived experience was central to shaping our pathway forward. This type of collaboration remains crucial as we strive to deliver a healthcare service that is responsive, inclusive, and dedicated to enhancing the health and wellbeing of women across the country.

Stephen Donnelly
Minister for Health

Foreword by Dr Colm Henry

HSE Chief Clinical Officer

On 17 November 2020, the World Health Organization (WHO) launched an ambitious global strategy to eliminate cervical cancer as a public health problem within 100 years. This strategy sets a challenge for nations across the world, and it is a challenge that Ireland has shown itself ready to meet.

In 2023, Ireland set a target of 2040 as the date when we will eliminate cervical cancer – meaning fewer than 4 cases per 100,000 women and achieve our vision for “An Ireland where cervical cancer is rare in every community”.

Cervical cancer is one of the most common cancers and causes of cancer-related death in women worldwide. Thankfully, in Ireland we have come a long way in combatting the disease. The drive to elimination recognises the fact that it is largely preventable through HPV vaccination, screening, and treatment. We have the tools that are needed to eliminate cervical cancer.

In addition to these tools, there are two crucial components needed to eliminate cervical cancer: commitment and partnership.

This action plan sets out our commitment to a future in which cervical cancer is rare in every community. It is ambitious, and we are committed to achieving the actions in this plan by prioritising this work, maintaining a persistent focus on these priorities, and working to reduce inequity and improve outcomes across society.

Elimination will be delivered through partnership - so it is fitting that this action plan was created through partnership. We are indebted to the people whose experiences, views and perspectives shaped this action plan through a consultation and engagement process. The views shared with us by citizens, our staff, and people representing or working with underserved groups, are evident throughout this plan and its strategic actions.

Partnership does not end with the creation of this plan. I am delighted to see partnership across all parts of the HSE responsible for HPV vaccination, screening and treatment in delivering this plan under the leadership of the National Screening Service. We have set out how we will continue in partnership in the coming years, working with advocacy and patient groups. The WHO targets set a challenge for us all. We recognise that reaching those targets requires commitment, collaboration and action across government, the health service and society, and we look forward to achieving our vision together.

Within the health service, changes to the HSE structures under Sláintecare offer many opportunities to work together for the benefit of the population. Partnership and integration across sectors and services is now more possible than ever, and the HSE partnership will work together to connect, develop shared solutions, and deliver this plan.

Elimination will be achieved when cervical cancer is rare in every community in Ireland. We are fortunate to have the services needed to prevent many cases of cervical cancer and provide timely treatment. But we will only achieve elimination by putting equity at the heart of this work. We know that some population groups are less likely to take up the offer of screening and vaccination. Inequity is evident in cervical cancer incidence for people living in the most deprived areas in Ireland.

Through the delivery of this action plan, we will work across all communities to understand their needs and work with community partners to co-design solutions.

Elimination can only truly be said to have been achieved when we deliver it for every community.

Dr Colm Henry

HSE Chief Clinical Officer

Executive summary

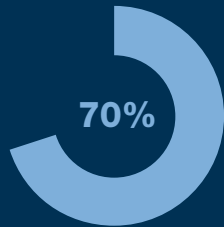
Global Context



WHO

Vaccination Target

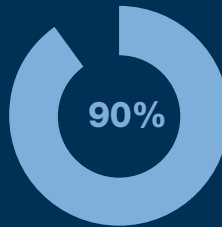
90% of girls vaccinated against HPV by age 15



WHO

Screening Target

70% of women screened by age 35 and again by age 45



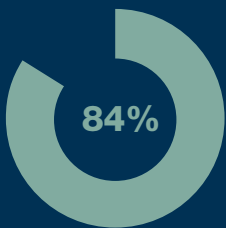
WHO

Treatment Target

90% of people identified with cervical disease treated

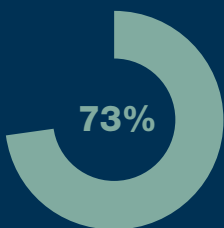
Cervical cancer is a largely preventable disease but worldwide it remains one of the most common cancers and causes of cancer-related death in women. In 2020, the WHO set targets to reach its vision of a world where cervical cancer is eliminated as a public health problem.

Ireland's Baseline Position



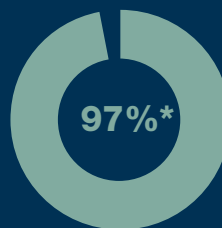
Vaccination Coverage 2022

HPV vaccination rates (84% in 2022)



Current Screening Coverage 2022

HPV screening (73% coverage every 5 years)



Current Treatment Coverage 2022

97% treated for invasive disease within 1 year.

Elimination of Cervical Cancer in Ireland

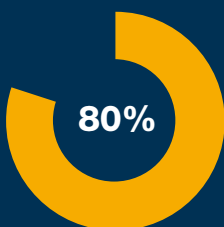
Modelling conducted by experts in Australia using Irish data predicted elimination of cervical cancer by 2040.

National Targets



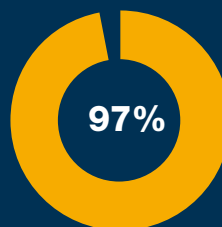
HPV Vaccination

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



HPV Primary Screening

By 2030, 80% of eligible people are screened with a HPV test every 5 years



Cervical pre-cancer and cancer treatment

By 2030, 97% of women with cervical disease treated within 1 year

Equity

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

*Preliminary data

Our vision for 2040

An Ireland where cervical cancer is rare in every community

We have set **9 strategic actions** and **39 sub-actions** to achieve by 2030. We will work in partnership and in an integrated way to achieve cervical cancer elimination equitably

Equity is our overarching priority

Equity

- 1 We will develop programmes to address inequity, measure progress, and ensure elimination is met for all

We have 3 Service Pillars

HPV vaccination

- 2 We will improve the coverage rates of HPV vaccination by optimising the delivery of the school-based HPV vaccination programme

HPV screening

- 3 We will keep pace with emerging evidence to ensure that CervicalCheck continues to deliver a modern, research-led, effective programme into the future

Cervical pre-cancer and cervical cancer treatment

- 4 We will improve integration of services and progress service improvement initiatives to support optimal diagnosis and management of cervical cancer

We have 4 Enabling Actions

Partnership and advocacy & communications

- 5 We will build reciprocal partnerships in our country and internationally to achieve cervical cancer elimination in Ireland and contribute to the global movement
- 6 We will take a whole-of-society approach to cervical cancer prevention and improve how we communicate to increase awareness and access across the whole pathway

Workforce and education

- 7 We will support a highly trained workforce to deliver high-quality, integrated, sustainable and interculturally competent services

Research

- 8 We will conduct participatory research to inform how we improve equity and make service improvements

Data, monitoring and evaluation

- 9 We will improve data integration to monitor progress towards cervical cancer elimination

Context

Ireland publicly committed to the World Health Organization's (WHO) global initiative to eliminate cervical cancer¹ in January 2023 – one of the first countries in the world to do so. On November 17 2023 Minister for Health Stephen Donnelly, announced that Ireland is on track to eliminate cervical cancer by 2040.

This plan is the next step on the journey to cervical cancer elimination for Ireland.

What does elimination mean?

The WHO defines elimination of cervical cancer as fewer than 4 cases per 100,000 women. This would make cervical cancer rare. Ireland's incidence rate is 10.1* per 100,000. Elimination of cervical cancer does not mean zero cases of cervical cancer, but it will bring us to a point where there are so few cases that it is no longer a public health problem. Ireland can achieve this by 2040, with continuing successful implementation of the HPV vaccination programme, the cervical screening programme and the associated treatment services for pre-cancers and cancers.

The WHO Global strategy to accelerate the elimination of cervical cancer as a public health problem

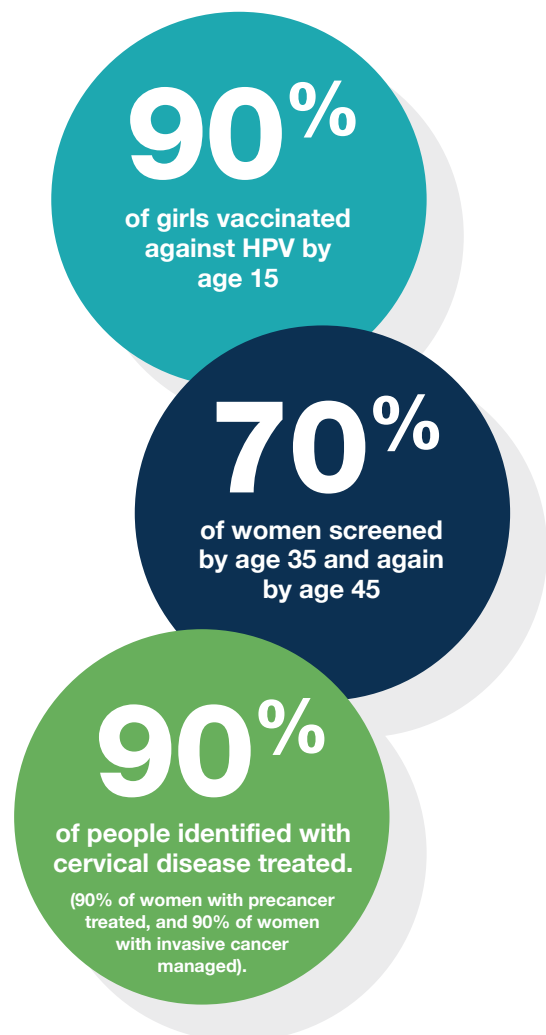
Cervical cancer is a largely preventable disease but worldwide it remains one of the most common cancers and causes of cancer-related death in women. In 2020, the WHO set targets to reach its vision of a world where cervical cancer is eliminated as a public health problem.

What are the targets?

Known as the 90-70-90 targets, the WHO is asking every country to put measures in place to reach these by 2030, to put the world on course to eliminate cervical cancer:

- 90% of girls vaccinated against HPV by age 15
- 70% of women screened by age 35 and again by age 45
- 90% of people identified with cervical disease treated.

The challenge from the WHO was for all countries to achieve these targets by 2030 and then to continue to deliver on the improvements they had made until they each eliminated cervical cancer.



*preliminary data

1 <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>

Ireland's baseline position

With a baseline cervical cancer rate of 10.1* per 100,000 women, Ireland has made good progress so far towards elimination.

We are also performing well against the WHO 90-70-90 targets and are on track to achieve cervical cancer elimination by 2040. We are exceeding the set targets for 2 of the 3 indicators: HPV screening (73% coverage every 5 years) and treatment (97% treated for invasive disease within 1 year); and good progress is being made on HPV vaccination rates (84% in 2022, up from 80% in 2021).

We are fortunate to have the services in place to prevent many cases of cervical cancer in our population and to treat them in a timely manner. However, we can do more to improve the reach of our services within underserved communities and how people experience them. By focusing our work in these areas, we aim to surpass the WHO elimination targets over the next 5 years.

Ireland's response to the WHO strategy

In 2022, we established a HSE partnership and developed a roadmap for elimination.

In 2022-2023, we worked with an expert group in Australia to use their model and Irish data to predict when Ireland would be able to eliminate cervical cancer. That date is 2040.

84%

of girls fully vaccinated with HPV vaccine by age 15 years

73%

screening coverage of women and people with a cervix aged 25-65 years and

78.4%
for 25-60 years

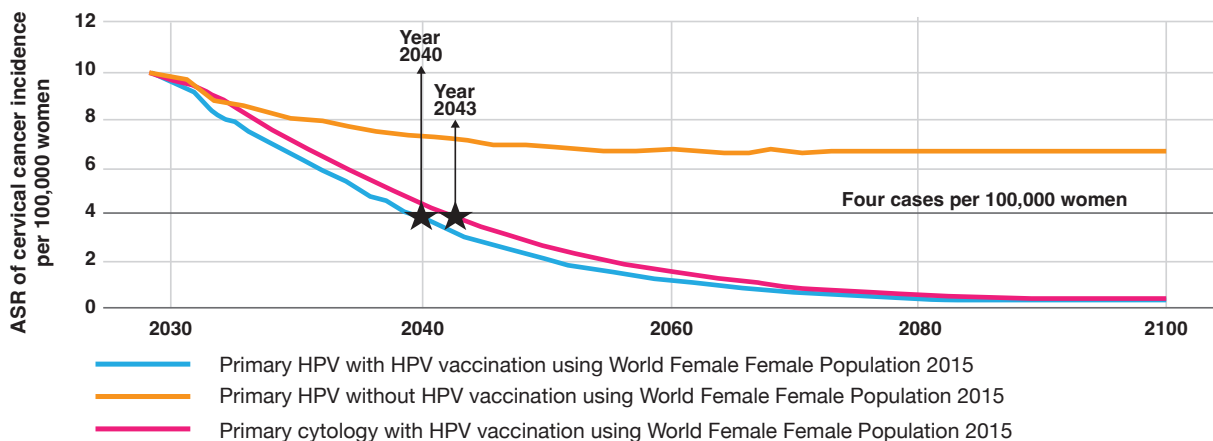
97%

of women diagnosed with cervical cancer between 2016 and 2020 received treatment within the first year of diagnosis*

Incidence of

10.1
per
100,000
women*

Figure 1 | Age standardised rate (ASR) of cervical cancer incidence per 100,000 women²



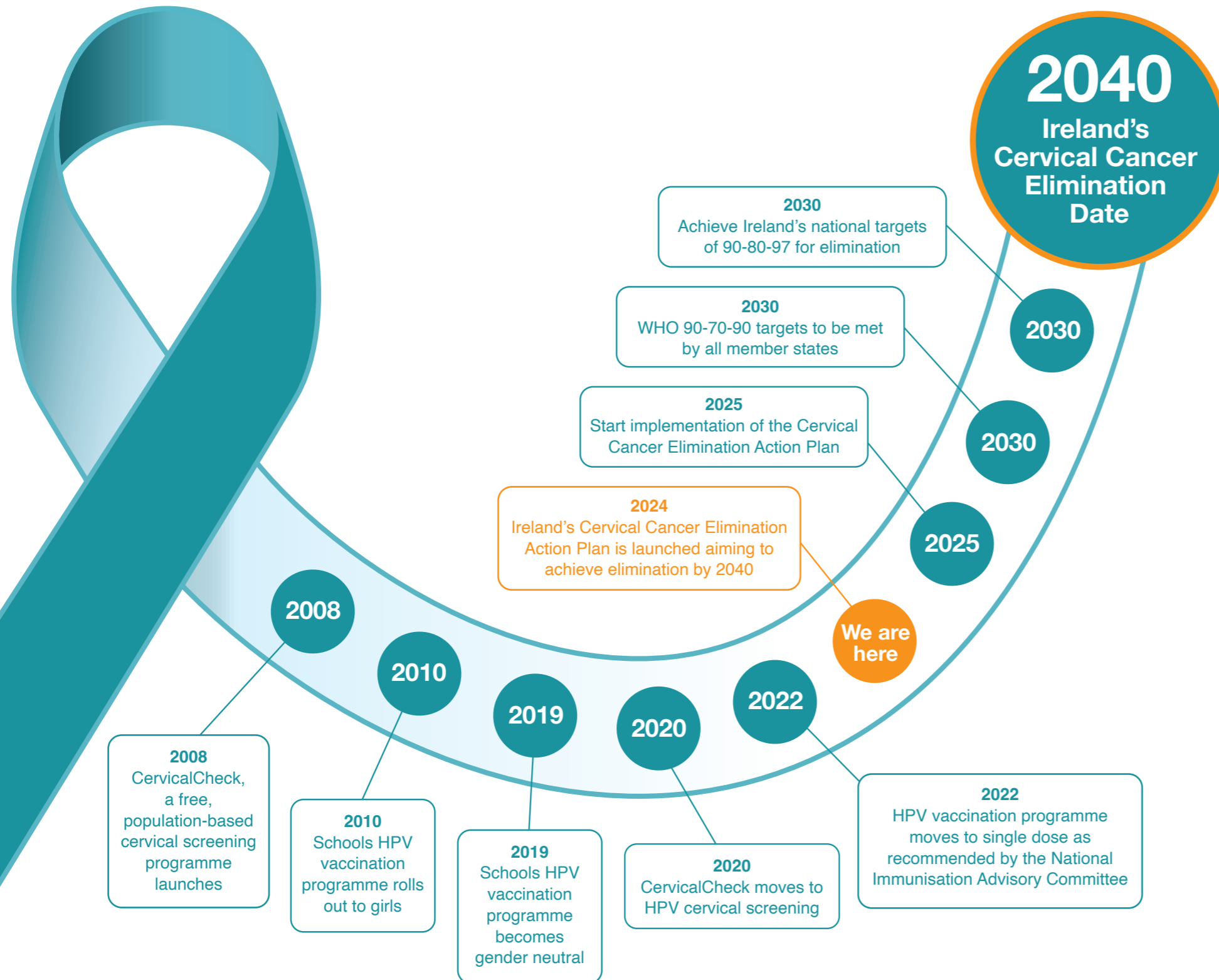
*preliminary data

2 An,X Hall, M, Killen, J, Seargeant, L, Smith, M and Kanfell K (2023) Elimination of Cervical Cancer in Ireland: A Modelled Report. Unpublished. The Daffodil Centre, Australia



#TogetherTowardsElimination

Ireland's roadmap to cervical cancer elimination



Ireland's Baseline Position

84%
of girls fully vaccinated with HPV vaccine by age 15 years

73%
screening coverage of women and people with a cervix aged 25-65 years and **78.3%** for 25-60 years

97%
of women diagnosed with cervical cancer between 2016 and 2020 received treatment within the first year of diagnosis*

Incidence of **10.1 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

*Preliminary data

Why we can deliver cervical cancer elimination

We can eliminate cervical cancer because we know that over 90% of cases are caused by the human papillomavirus (HPV).

We now have a vaccine which protects against the types of HPV that cause 9 out of 10 cervical cancers. Studies from Sweden and England showed that HPV vaccination is associated with a big reduction in the risk of cervical cancer, especially in people who got the HPV vaccine at 12 to 13 years of age.

In Ireland, we have been delivering the HPV vaccine since 2010 to girls in first year of secondary school. The programme has had several innovations since it started. The most recent improvements have been a move to a gender-neutral programme in 2019, and a move to a single-dose programme in 2023 based on updated guidance and evidence.

Because not everyone who may benefit has had the chance to get the vaccine, we will continue to offer screening with a high-performance HPV test, to identify any people who may be at risk or have cell changes that could lead to cervical cancer so they can have treatment. Our modelling tells us that by implementing HPV screening in 2020 we have accelerated our opportunity to eliminate cervical cancer by 3 years.

In addition, we have colposcopy services to treat those cell changes and early cancers, and we have gynaecology services to assess women with symptoms. We have gynae-oncology services to treat more complex cancers. This plan outlines how we are going to focus on ensuring they continue to respond to need and remain sustainable.

How we will deliver cervical cancer elimination – A ‘whole-of-society’ approach

To deliver elimination we aim to work in partnership across many sectors, including advocacy and patient groups. This work will require commitment, collaboration and action across government, the health service and society.

The changes to the HSE structures under Sláintecare have created 6 integrated health regions that offer many opportunities to work together for the benefit of the population. Integration across sectors and services is now more possible than it has ever been.

This action plan offers local regional networks a chance to improve the health of their population by connecting across organisational boundaries and across their geography. This will support developing shared solutions to issues. The HSE partnership is committed to working together to support and enable these complex system changes.

What will we need to focus on?

We need to pay special attention to equity and the uptake of our services as well as ensuring that our services remain in line with national and international evidence. Overall, we need to work in an inclusive way to make sure all groups in our population feel included in the work and can benefit from it.

We need to ensure that we achieve elimination for all sectors of our society. This means threading work to achieve equity through all our projects and promoting a ‘whole-of-society’ approach. We also need to collect equity indicators to measure the progress in elimination across different groups.

The WHO emphasises the importance of working with communities such as women’s groups, local networks and advocacy organisations to make changes and ensure services meet their needs. It will be important to work with communities to understand their needs and co-design solutions.

We need to support the public to take the actions they can for themselves and their families. This includes continuing to raise public awareness about vaccination, screening and treatment availability as part of integrated health messaging. It also means making sure our services are accessible and appropriate for our population so they can act on their decisions.

Ireland's strategic vision 2040

Our vision for 2040:

An Ireland where cervical cancer is rare in every community

Core principles

The following principles taken from the WHO European Region Roadmap³ have guided the development of this cervical cancer elimination action plan and will guide its implementation:

- **People-focused:** engaging target populations in the development and implementation of interventions
- **Life course-based:** promoting and ensuring access to early interventions, from HPV vaccination of adolescents to organised cervical cancer screening of women
- **Multisectoral:** pursuing a participatory approach through active engagement of sectors within the government and beyond to ensure inclusiveness and accountability
- **Equity-based:** adopting strategies and designing specific interventions targeted at underserved populations, refugees, migrants, minorities, people living with HIV and other key populations to ensure equitable access to services
- **Evidence-based and research-driven:** relying on clinical, public health, implementation and behavioural and cultural insights research to inform policies, communication and interventions



3 <https://iris.who.int/bitstream/handle/10665/362396/72bg17e-Roadmap-CervicalCancer.pdf?sequence=1&isAllowed=y>

How we developed the plan

We designed a consultation and engagement process to hear from people from all sectors of society as well as professionals working in health services. The process had three elements:

- 1 a national public and healthcare professional survey**
- 2 focus groups with underserved communities and staff**
- 3 workshops with key stakeholders**

A national campaign was developed to promote the public survey on social, digital and in traditional media. It was also shared across HSE internal and partnership communications channels. The questionnaire was live between March and April 2024. We had 3,735 responses; a high response rate that gave a broadly representative sample, although further work with underserved groups is needed. The information in the questionnaires gave rich data on people's views and experiences to inform the development of the action plan.

The questionnaire responses were supplemented with information gathered in focus groups. Focus groups were attended by members of the public, staff and people representing the views of underserved communities and non-attenders. Further engagement with underserved groups will be conducted throughout implementation.

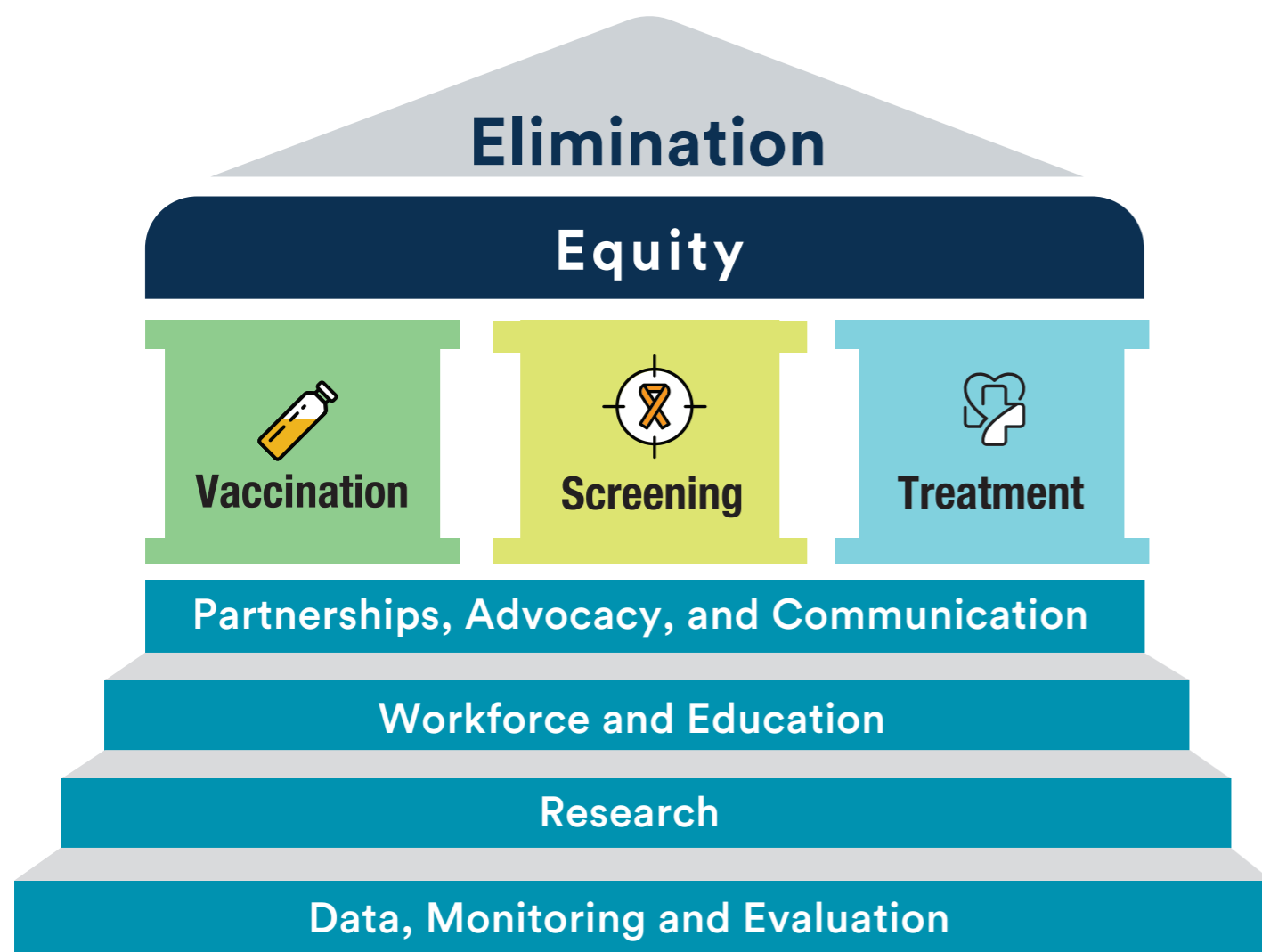
From the consultation and engagement process, we identified the 9 strategic actions outlined in this plan to achieve cervical cancer elimination.

By progressing these strategic priority actions, we will build the foundation for achieving the strategic goals, and ultimately elimination, by 2040.

The Strategic Action Plan



The Strategic Action Plan



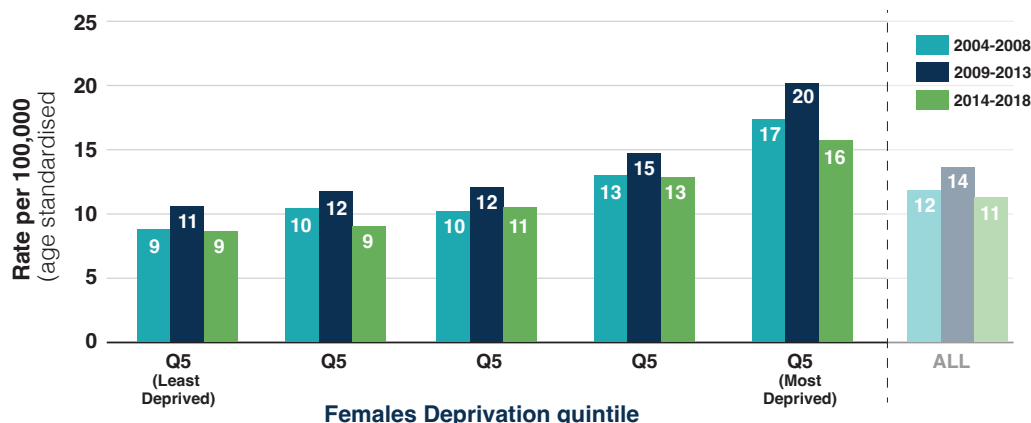
Area	Strategic actions
Equity	1 Develop inequalities programmes and monitoring arrangements to support meeting the elimination targets across all populations and to provide services that respect people's cultures and needs.
HPV vaccination	2 Improve the coverage rates of HPV vaccination by optimising 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.

Equity

Target
By 2030, all targets will be reached for all population groups

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

Figure 2 | Incidence rate of cervical cancer per 100,000, by deprivation quintile and diagnosis period



Why is this a priority?

Cervical cancer incidence is almost double for people living in the most deprived areas in Ireland than for people living in the least deprived areas⁴. We also know that people living in these areas and some other population groups with higher incidence of disease are less likely to take up the offer of screening and vaccination⁵. These groups include:

- people with physical or intellectual disabilities
- people with severe mental illness
- migrants and ethnic minorities
- lesbian and bisexual women, trans men and non-binary people born female
- people with unmet literacy needs
- people from Traveller and Roma communities
- people who have experienced sexual violence.

As we work towards elimination of cervical cancer it is essential that we improve equity of access to screening, vaccination and treatment to ensure that those who can benefit more from these services participate.

Our priority actions:

- 1 Work in partnership with priority populations to co-design, test and evaluate interventions and services that meet their needs, address disparities, and ultimately improve health.
- 2 Define and prioritise the cervical cancer elimination equity data to be collected and reported on; and put in place the necessary systems to enable collection of equity data for the services essential to cervical cancer elimination.
- 3 Utilise equity data to address any disparities seen based on ethnicity, socio-economic or educational status.
- 4 Implement a new CervicalCheck screening register to support an improved ability to collect data to measure equity and offer options to participants on how to engage with the programme.

What will we achieve by 2030?

We will have data that shows us how we are progressing towards cervical cancer elimination across different communities and groups. This will be available at local level to inform planning for initiatives and improvements for these populations. That planning will also be informed by the work done in partnership with communities to address their needs.

⁴ https://www.ncri.ie/sites/ncri/files/pubs/NCRI_CancerInequalityReport_01022023.pdf

⁵ National Screening Service. Population-based screening: Interventions toolkit, 2023

Equity in action

Initiative: Community Champions pilot programme for HPV cervical screening

Implemented by: National Screening Service

Outcome: More people accessing screening

Identifying under-screened populations and the barriers they face and responding to these barriers with an evidence-informed intervention, is the premise of the National Screening Service's Community Champions project, according to project manager Lynn Swinburne.

According to Lynn, a HSE Senior Health Promotion Officer, the project's goal is "to have local people developing and implementing local interventions, making a real difference to those who want to access screening but find it difficult".

Community champions are local health workers who are trained to support people to participate in screening. As trusted members of their communities, they can use their training, local knowledge and connections to address health inequities.

A body of evidence shows that some population groups, where there is higher incidence of disease, are less likely to participate in screening. There is growing evidence indicating that local health workers using multi-component interventions can address the barriers and challenges their communities experience in accessing health services.

The Community Champions project involves 40 community health workers from a range of backgrounds, working across 5 pilot sites. The champions are provided with online training, an interventions toolkit, videos, and a communications partner pack. Interventions they implement include group education, one to one education and support, use of small media, reducing out of pocket expenses, reducing administrative barriers and reducing structural barriers.

Pilot programme in practice

Michael is a Screening Community Champion in Cork, working with a group of women who were experiencing language, literacy and transport barriers in accessing cervical screening.

He was involved in a multi-component intervention which included partnering with a primary care provider to facilitate a specific screening clinic for these women. This project provided the women with transport, literacy, peer and translation support. The women were supported at each step of the screening process by the Community Champions. This included support for registration, verifying eligibility of the women, receiving letters, participation in cervical screening, support for understanding of results, and management of onward referrals. As a result of the partnership project, 11 women participated in cervical screening who may not have accessed screening otherwise.

Michael says that part of the Champion's role is "to bring the information to people and to determine what they perceive as the barriers to their participation to screening services here in Ireland.

"The next step is to support people to overcome these barriers whilst enabling them to be as self-sufficient as possible in engaging with the National Screening Service. This is where the Community Champions Programme will be of great value to me and my colleagues."

What's next for the community champions pilot programme

The Community Champions programme will continue to run across the 5 pilot sites into 2025. An external evaluation on impact and resourcing needs will follow.

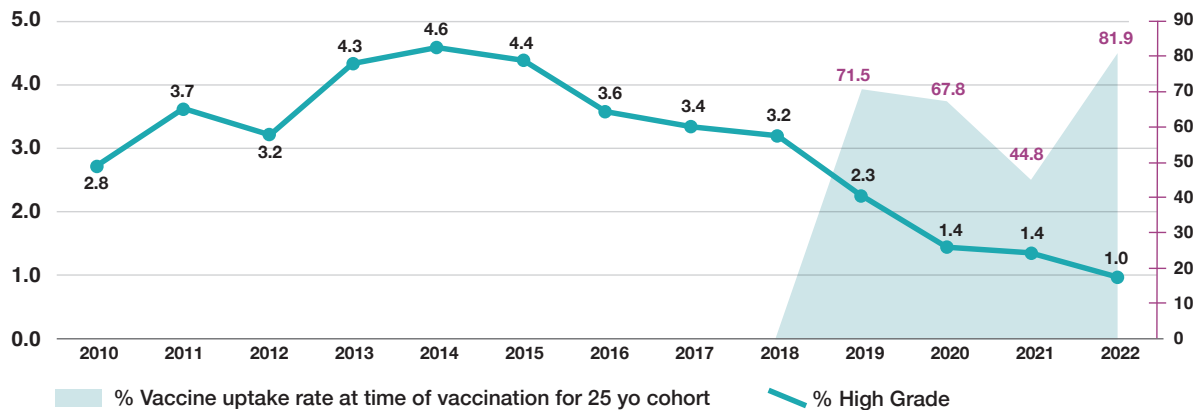
HPV vaccination

Target

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

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.

Figure 3 | % High Grade Cytology in 25 year old Woman by Year/HPV Vaccination Rates in 25 Year Old Women⁶



Why is this a priority?

HPV immunisation will play a major role in eliminating cervical cancer. Almost all cases of cervical cancer are caused by the human papillomavirus (HPV), which most people come into contact with when they become sexually active. Most people's immune systems can clear the virus within 18 months to 2 years. Some people don't clear it; they are at higher risk of cervical cancer.

HPV infection can be prevented by vaccination. The HPV vaccine is effective against the high-risk HPV strains that cause cervical cancer. HPV infection also increases the risk of other cancers such as vulval, vaginal, penile, anal and head and neck cancer. Vaccination reduces the risk of these cancers too⁷. The HPV vaccine is most effective when it is given during the pre-adolescent years, before people are in contact with HPV. It is recommended for all children in Ireland in first year of secondary school.

HPV vaccination is already working. The graph above shows the reduction in the rate of pre-cancer disease in women who are now eligible for screening and were in the age range to be eligible for HPV vaccination.

Our priority actions:

- 1 Ensure equitable HPV vaccination through identifying and addressing differences in uptake and structural disadvantages and by ensuring vaccination services are tailored to meet the needs of underserved populations.
- 2 Improve measurement and reporting of vaccination coverage data by school-based HPV Immunisation programmes to maximise equity among DEIS (Delivering Equity and Opportunity in Schools) and non-DEIS schools and to inform programme improvements to achieve high coverage.
- 3 Provide the opportunity for those who missed the vaccine at the school vaccination visit in first year, a further opportunity to get the HPV vaccine in first year.
- 4 Develop community-based HPV vaccination education initiatives to reach eligible individuals who are in underserved groups.

What will we achieve by 2030?

We will reach the overall WHO 90% target for vaccination and will be on track to achieve cervical cancer elimination by 2040. We will also improve the equity of uptake across all sectors of our population.

⁶ <https://www2.healthservice.hse.ie/organisation/nss/news/combination-of-cervical-screening-and-hpv-vaccination-steers-ireland-on-road-to-cervical-cancer-elimination/#:~:text=We%20are%20seeing%20early%20signs,moderate%20to%20severe%20cervical%20disease.>

⁷ https://www.ncr.ie/sites/ncr/files/pubs/NCRI_HPVRelatedCancers_2024_0.pdf

Vaccination in action

Initiative: School Vaccinations Teams

Implemented by: HSE Community Healthcare Organisation 2

Outcome: 84% vaccination rate achieved

While our students are enjoying their well-earned summer break, the work of the School Vaccinations Teams begins. The team's nurses and administration staff begin liaising with schools to ensure they can provide the space and time for vaccination, and coordinate consent forms delivery.

On vaccination day in each school, a team of one doctor and up to three nurses will cross-check all consent forms against the central immunisation record database, navigating the challenges of confirming what vaccinations were given as a baby; an added challenge when these were given abroad, or there are gaps in forms.

Dr Laura Fahey, a member of the HSE's School Vaccinations Team in the west of Ireland, says the team will chat with students and do vaccinations swiftly to reduce any anxiety that might arise from sitting in a waiting area. Paperwork is then completed while the students sit for 15 minutes with the recovery nurse.

The HPV vaccination programme

The HPV vaccination programme was introduced for girls of secondary school age in Ireland in 2010, before becoming a gender-neutral programme 2019. It has included a catch-up programme providing the vaccine to people who may not have had the opportunity to take it up when first offered.

"The HPV immunisation programme has been an enormous success in Ireland since its introduction, and we will see its impact in years to come with the reduced numbers of HPV-related cancers," says Laura. "For the vaccine to have maximum impact it should be given prior to first sexual activity. This is why we deliver it in the first year of secondary school."

Three vaccines in one day - HPV, Men ACWY, Tdap

"The reduction of the dosing schedule for HPV from 3 doses to 1 dose is a major advantage as it has enabled us to do vaccination in 1 day in secondary schools," says Laura. "Students tolerate the 3 vaccines well. It has been very successful."

The team works to make sure vaccination day is as close to a normal school day as possible. "We treat each student with kindness and compassion," says Laura. "Ideally, they wouldn't be wearing too many layers of clothing, and we can often access the shoulder area for the vaccination by opening a few buttons on the shirt for a few moments so dignity and privacy is maintained."

After vaccination students are asked to drink plenty of water, and keep their arms mobile to help prevent soreness. They are given information on the vaccine and on common side-effects which can include a temperature, headache or flu-like symptoms.

"These symptoms are usually short-lived, but we give our contact number in case a parent has a query," says Laura. "Activities for the day can continue as planned. However, if the student has symptoms, we advise them to take it easy, rest for the evening, and take paracetamol if needed."

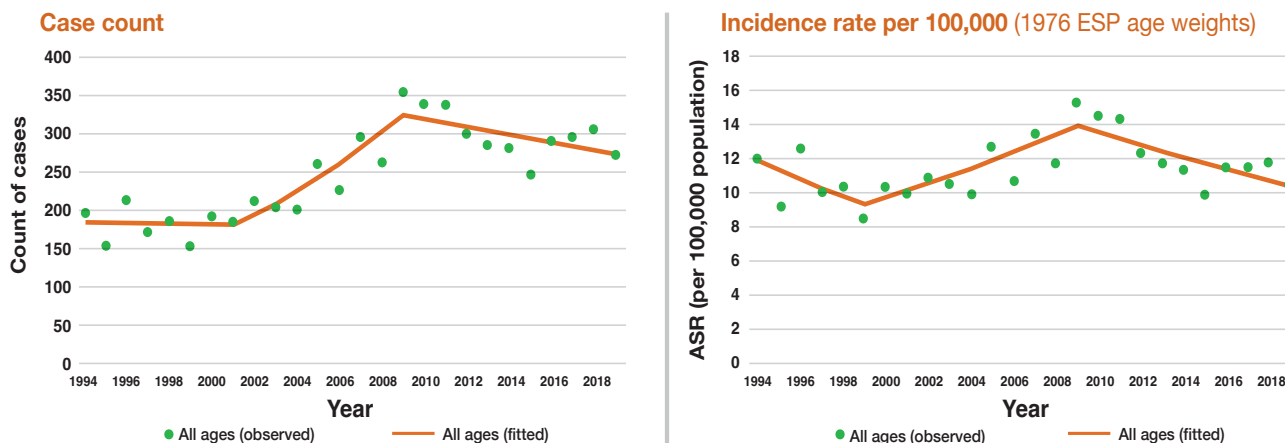


HPV screening

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.

Target
By 2030, 80% of eligible people are screened with a HPV test every 5 years

Figure 4 | C53 Cervix Uteri: Females: Incidence Trend during 1994-2019⁸



Why is this a priority?

Cervical screening can save lives by finding and treating changes in the cells of the cervix before any cancerous changes happen. This prevents cervical cancer and makes screening a key pillar of the cervical cancer elimination plan. CervicalCheck, Ireland's national population-based cervical screening programme, was introduced in 2008 when the incidence of cervical cancer in Ireland was 15 per 100,000. Since then, the incidence has dropped by 2.8% per year (now at 10.1* per 100,000), and mortality has dropped 1.1% per year.

Since its establishment, CervicalCheck has continued to develop based on international evidence. It was one of the first in the world to introduce HPV screening in 2020. The switch to this high-performance test has brought Ireland's target date for elimination of cervical cancer forward by 3 years. A continued focus on evidence-based improvements will ensure the programme continues to deliver a modern, effective screening programme. A modern IT system will ensure support for these innovations, and the experience for participants.

*preliminary data

8 https://www.ncri.ie/sites/ncri/files/pubs/Trendsreport_breast_cervical_colorectal_22092022.pdf

Our priority actions:

- 1 Conduct a systematic review on the introduction of self-sampling to inform assessment of feasibility and support decision-making.
- 2 Conduct feasibility study on implementing self-sampling in Ireland.
- 3 Develop options appraisal on triage of HPV-detected people to colposcopy.
- 4 Look for further opportunities to expand the offer of cervical screening through a focus on equity and co-designing community interventions with underserved populations.
- 5 Continue plans to implement the new cervical screening register and ensure requirements for cervical cancer elimination data are built into the specifications.
- 6 Consider how this new technology could be used to improve how we invite people for screening and manage and report their results along the screening pathway.

What will we achieve by 2030?

We will continue to improve uptake overall to achieve 80% uptake for all sectors of society every 5 years. We will deliver a participant-centred modern programme based on best international evidence and achieving maximum benefit for women in Ireland.

Screening in action

Initiative: Trauma-informed approach to cervical screening for women who have experienced sexual violence

Implemented by: Donegal Sexual Assault Treatment Unit (SATU)

Outcome: 72 eligible women participated in screening at Donegal SATU between 2018 and 2023. 24% referred for colposcopy services. Cervical screening being rolled out nationally in SATU units.

“...I haven’t gone for a smear test in 20 years, but knowing that someone would treat me the way they did would encourage me to go.”

Woman attending Donegal Sexual Assault Treatment Unit

Sexual Assault Treatment Units (SATUs) provide responsive, holistic, patient-centred on-site forensic, psychological and medical care for people aged 14 years and over who have experienced sexual violence. The aim of the national SATU service is to promote recovery and health for those who have experienced sexual violence, whether or not they report to the authorities.

In 2014, the Donegal unit noted an opportunity to offer women additional care within its follow-up service. They identified that many women attending the service were either delayed in accessing or had never attended cervical screening. Their reasons for delays were due to barriers such as embarrassment, shame, guilt, or fear of disclosure.

Reducing barriers

The unit established a project to provide an additional service to women aged 25-65 years who are attending SATU follow-up clinics, who had no cervical screening history, were delayed in accessing their free screening test, or did not attend for screening due to their history.

The unit aimed to provide information on and access to cervical screening to its patients to reduce women’s risk of developing cervical cancer by reducing barriers to attendance. It offered women the opportunity to have cervical screening in a trauma-informed, non-judgmental, safe environment; one that promotes shared control, collaborative working, and a streamlined pathway to follow-up care in colposcopy where required.

The initiative began in 2017, supported by CervicalCheck, and Letterkenny University hospital gynaecological services. All clinical staff working in SATU are registered sample takers with CervicalCheck, and have completed the relevant accredited theoretical and clinical competencies.

Between 2018 and 2023, 72 eligible women have participated in screening at Donegal SATU. Of these, 17 women (24%) were referred for follow-up to colposcopy services. There is close collaboration among gynaecological and colposcopy services at Letterkenny hospital, and a SATU cervical screening service is being rolled-out nationally.

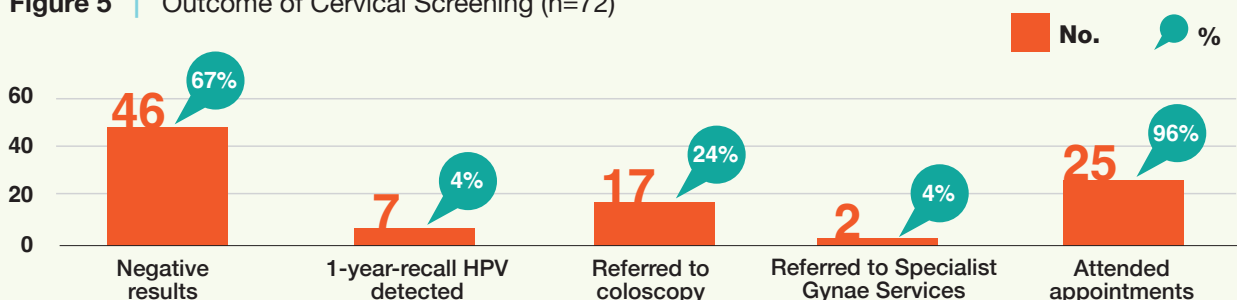
Patient feedback

Patient feedback of the service is received through an anonymous online platform and the impact of high-quality trauma-informed healthcare is evident in patient responses.

“Even though I was really anxious, I came. I trusted the team. I never had a smear before but I did here. I knew the SATU team would look after me. I had to go to get a colposcopy which was so scary. The staff there work with SATU and they were so kind even though my legs were shaking like in SATU. Because they knew I was in SATU they were really patient and didn’t put pressure on me. If I didn’t go to SATU I think I would be dead.”

Patient attending Donegal Sexual Assault Treatment Unit.

Figure 5 | Outcome of Cervical Screening (n=72)



Cervical pre-cancer and cervical cancer treatment

Target

By 2030, 97% of women with cervical disease treated within 1 year

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

Why is this a priority?

Treatment is a key pillar of elimination. Ireland is currently exceeding the WHO 90% target for treatment, so we are setting ourselves a target to maintain 97% of women treated for invasive disease within 1 year. To eliminate cervical cancer, we need to continue to deliver comprehensive, high-quality treatment for pre-cancers and cancers. Screening is for people without symptoms of cervical cancer. We also need to ensure that people with symptoms that could indicate cervical cancer have timely access to diagnosis and treatment in the right setting at the right time by the right person.

Pre-cancers and many early-stage cancers detected through cervical screening can be treated by colposcopists in line with CervicalCheck programme standards. However, we know women have other needs related to their cancer diagnosis, including psychological ones, which must be considered and addressed.

When we achieve elimination cervical cancer will be a rare disease in Ireland, but some women will still develop it despite the services available. For those women we need to provide high-quality, comprehensive, integrated care.

Our priority actions:

- 1 Scope and consider the opportunities for service improvement and integration across the cervical cancer pathway from detection and treatment of pre-cancers to diagnosis of cancer to survivorship and end of life care. To include consideration of treatment in colposcopy, gynae-oncology and by other multidisciplinary professionals.
- 2 Progress development of a GP referral guideline for patients with suspected gynaecological cancer, including cervical cancer.
- 3 Progress development of timely out-patient services for patients with suspected gynaecological cancer, and associated key performance indicators.
- 4 Scope the requirement for development of clinical practice guidelines for the management of cervical cancer in Ireland.
- 5 Progress centralisation of gynaecological cancer surgery/treatment services.
- 6 Ensure appropriate access to survivorship and psych-oncology services for patients with gynaecological cancer, including cervical cancer.

What will we achieve by 2030?

We will continue to exceed the WHO target for women across all our communities.

We will provide timely access to integrated colposcopy, gynaecology and gynae-oncology treatment services for cervical cancer that meets the needs of women in Ireland.

Treatment in action



Dublin woman Kim Hanly describes her personal journey from cervical cancer diagnosis to patient advocate

Kim Hanly was 26 years old and a mother of two young children when she had her first cervical screening test in 2012. It was also the year she was diagnosed with cervical cancer. Kim's screening test had shown she had abnormal cells in her cervix. After referral to colposcopy, the Dublin woman was told she had cancer.

"It's hard to describe how you feel being told at that age that you have cervical cancer, especially having two children. Everything happened quickly. I didn't have time to wrap my head around what was going on."

The cancer had progressed to a stage that left no other option but to have a radical hysterectomy. The gynae-oncology team at St James's Hospital in Dublin looked after Kim.

"After the hysterectomy, I imagined my life would go back to normal. It didn't. I became unwell, bleeding heavily, and needed blood transfusions. I had nobody to talk to. I didn't know anyone of my age dealing with this. I went online and there were social media groups for people with cancer but not for cervical cancer."

While Kim was recovering, she decided to set up her own support group. "It was a simple Facebook page – Cervical Cancer Awareness Ireland (CCAI). I asked my friends to share it. It was myself and another woman I had met in St. James's - just the two of us for a while."

Over time it became apparent that women wanted support as more people started to join the group. Kim says "I was contacted to share my story publicly. Women said listening to my story made them go for their cervical screening."

Kim received the Laura Brennan Award in 2021 in recognition of her outstanding achievement in the areas of gynaecological oncology patient advocacy and/or patient and public involvement in research.

Kim is most proud of her part in developing the 'diagnosis delivery card' which is given to women diagnosed with gynae cancer. The card contains details of the diagnosis, treating doctor and nurse, and an image of where the cancer is. Kim explains: "I developed it with the Irish Society for Gynaecological Oncology. It gives information about cancer in an easy way. When you are first diagnosed and go to lots of appointments, you don't take in all the information. The gynaecologist had drawn an image for me showing me where the cancer was. I still have it! I thought it would be good for every woman receiving a cancer diagnosis to get this card and now they do. To know that I played a small part in that is one of my proudest achievements."

Life after cancer

Kim is living a fulfilling life, including bringing up her children and achieving two Bachelor degrees. She lives with the effects of cervical cancer. "I had surgical menopause after the radical hysterectomy and have ongoing issues with my bladder which require an operation every six months."

"Cervical cancer is a cruel disease. It took half of my 20s and all of my 30s. My advocacy work is really important to me. When I hear a woman saying that she heard my story and went for screening, it makes what I'm doing worthwhile."

Kim's advocacy work also includes Ireland's [Cervical Cancer Elimination Partnership](#). For Kim elimination means "not having to meet women weekly getting a cervical cancer diagnosis" as her job will be done and it [cervical cancer] "will be a truly rare disease."

The enabling actions

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.

Why is this a priority?

“The role of civil society, women’s groups, non-governmental organizations and a wide range of local networks is fundamental to the successful uptake of services at the community level”

WHO, 2020

We will need to promote a ‘whole-of-society’ approach to cervical cancer prevention and treatment if we are to achieve elimination. This will support us achieving our equity goal and ensure all sectors of society will benefit from eliminating cervical cancer. We will need to communicate with the public and individuals to raise awareness about screening, vaccination and treatment; and inform and support them to carry out the actions that are right for them to reduce the impact of cervical cancer on them and our society. We will need to consider both universal and targeted education and communications. Targeted actions will need us to work with communities to understand their needs and design Ireland’s services to meet the needs of everyone.

Our priority actions:

- 1** Work closely with advocacy organisations, women’s groups, local networks and patient partners to ensure equitable uptake of services at the community level.
- 2** Develop technical assistance projects to support the global effort to eliminate cervical cancer.
- 3** Continue to provide evidence-based public communication campaigns to provide information and education about the availability, safety and efficacy of the HPV vaccine to encourage vaccine acceptance.
- 4** Look for opportunities to provide more accessible information and make use of innovative digital solutions to improve communications, building on trustworthy impactful campaigns that leverage reliable information that supports cervical screening and HPV vaccination.
- 5** Raise awareness of the symptoms of cervical cancer and encourage timely help-seeking.

What will we achieve by 2030?

Local communities, advocacy groups, patients, civil society and health-related services will be engaged to find the solutions needed to ensure no one gets left behind as we move to cervical cancer elimination.

Partnership in action

Initiative: partnering with NGO AkiDwA to capture experience of migrant women

Implemented by: National Screening Service

Outcome: Findings from the focus groups directly informed the development of the Cervical Cancer Elimination Action Plan

We partnered with AkiDwA, a national network of migrant women and a leading NGO advocating for migrant women living in Ireland, to capture the voice of migrant and refugee women in our action plan. Ten migrant women from their network shared their experiences of and thoughts about cervical screening in Ireland.

The women had moved to Ireland from non-European countries and had lived or were living in reception centres. Two-thirds of the group had availed of cervical screening here and had positive experiences.

Barriers to cervical screening

A third of the group had no experience with cervical screening in Ireland because of fear of pain, and for cultural reasons.

“I share a room with a woman who had FGM [female genital mutilation]. She was invited to screening but once she was there, she panicked and couldn’t go through with it.”

Female Genital Mutilation (FGM) affects nearly 6,000 women in Ireland. Evidence shows that a health procedure that requires any form of vaginal penetration can be a trigger for women who have gone through FGM. Providing healthcare professionals with an in-depth knowledge of FGM, and training in cultural competence, can reduce barriers to attendance.

Increasing uptake in cervical screening

The women said making the HSE’s multilingual resources more accessible was key. Information must be easy to understand and describe how screening is carried out in Ireland. “Simple language with visuals can be effective for those with limited literacy,” says Dr Salome Mbugua, CEO of AkiDwA.

Having sample takers from migrant backgrounds, they said, would also provide a sense of ease to the women because of the cultural awareness of sample takers. Using participatory methodologies to help women speak about difficult topics, and upskilling people within the communities to engage women and create awareness of their issues is key.

“Acknowledging barriers that hinder migrant and refugee women’s engagement with health services is significant in ensuring that their needs are met,” says Salome. “We require a culturally sensitive and community-based approach to address challenges such as language, accessibility, cultural beliefs, and misinformation.” She notes this would help convey health messages and address women’s concerns in a way that respects their values and experiences.

According to Salome, there is work to be done in services addressing women’s fears related to pain, fertility and cancer by providing accurate information in culturally appropriate ways. “Some women may fear that screening implies they already have cancer, so clarifying that it is preventive is essential. It is equally important to build trust by acknowledging cultural beliefs about illness and health, and working with community organisations to shift misconceptions,” she says.

The enabling actions

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.

Why is this a priority?

To deliver our vision of an Ireland where cervical cancer is rare in every community, we will need enough highly trained people to deliver services. Ireland has a highly trained and skilled health workforce across the cervical cancer prevention and care pathway. We need to ensure that there is capacity and resilience in the system to deliver timely interculturally competent services and conduct workforce planning for the services of the future.

To design our services to meet the needs of the people who use them, we need to listen to end users, needs and preferences, and consider who is best placed to deliver those services. We know that peer-health workers working with communities are often the best people to deliver messages to their communities. We need to support staff, particularly in local regions, and equip them to work with local communities to achieve better cervical cancer rates for all.

Our priority actions:

- 1** Conduct planning and capacity assessments of services critical to cervical cancer elimination.
- 2** Deliver intercultural competence training to key cervical cancer elimination staff.
- 3** Scope opportunities to enhance the information, support and delivery of services in the community essential to cervical cancer elimination.
- 4** Support a highly trained multi-disciplinary workforce to deliver integrated vaccination services that adopt evidence-based innovation and change and provide interculturally competent services that meet the needs of our diverse population.
- 5** Explore the opportunities to enhance the training of obstetric and gynaecology specialist registrars through out-of-training placements in CervicalCheck, colposcopy and gynaecology units.

What will we achieve by 2030?

We will understand more about the workforce and training needs and be able to plan for the future of vaccination, screening and treatment services. People working with communities will be confident and supported in doing their work with those communities to achieve the goal of cervical cancer elimination.

The enabling actions

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.

Why is this a priority?

We will need to keep abreast of the emerging evidence across the 3 pillars and the evidence related to the overarching priority of equity to achieve cervical cancer elimination. This means being up-to-date on the international evidence and the national evidence. We need to support and work with our partners to understand as much as we can about our vaccination, screening and treatment populations and how best to deliver new developments to them. This research priority, along with the data, monitoring and evaluation and partnership, advocacy and communications priorities will provide some of the evidence we need to do that.

The research priorities were determined through consultation with participants, HSE staff, and other relevant stakeholders through workshops and consultations. Specific packages of research were identified across the 3 pillars of vaccination, screening and treatment that focus on co-design and participatory approaches and understanding the information, psychological and support needs of participants and cervical cancer patients. Assessing the feasibility of implementing innovations in programme delivery was also identified as a priority area for research.

Our priority actions:

- 1** Develop a research proposal outlining the key research areas to be progressed to support cervical cancer elimination.
- 2** Partner with academic institutions to conduct the agreed programme of research.

What will we achieve by 2030?

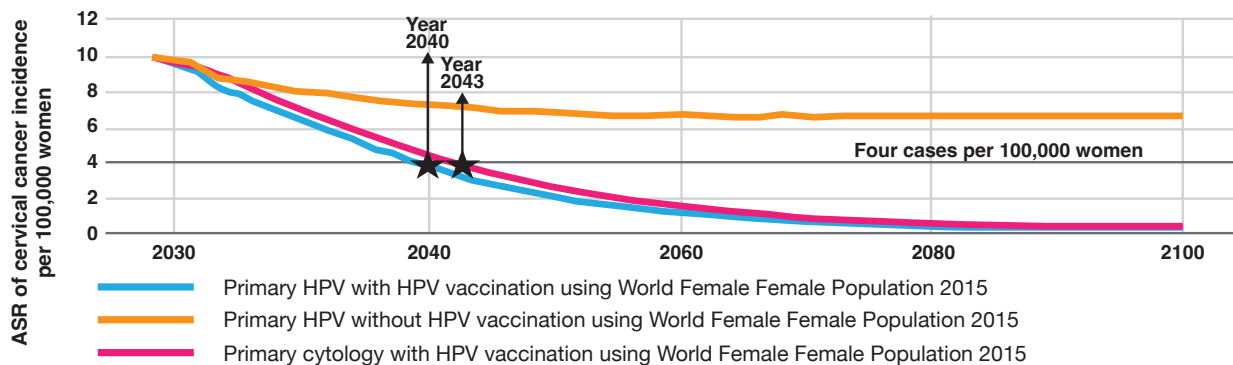
We will have a robust plan to guide cervical cancer elimination research projects and a programme of work under way. This plan will be complementary to the research plans of the individual partners and will enhance the opportunities to work together across the partnership. We will work with academic institutions, international partners, advocacy partners and society to ensure we harness the benefits of multi-agency working and include the patient voice in the services of the future.

The enabling actions

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.

Figure 6 | Age standardised rate (ASR) of cervical cancer incidence⁹



Why is this a priority?

It is important that we can measure our progress towards both the global and the national elimination targets. The WHO Framework for Monitoring the Implementation of the Cervical Cancer Elimination Strategy¹⁰ outlines the main indicators to monitor across all cervical cancer elimination areas. They need to be monitored across many sectors of the health services using data from a wide range of organisations.

We will be able to get some of the data from our routine data systems but for some indicators we will need to develop new systems to collect it, or engage with partners outside of the healthcare sector or conduct research to understand where we are. It will be challenging to track progress across equity indicators, but we are committed to use cervical cancer elimination as a driver to improve collection of equity indicators with our partners.

Using that data in a dashboard format will not only act as a driver to identify the data source for the key indicators but will also allow us to share the data widely with partners and stakeholders. Data will help us identify areas for action to keep us on track as we aim for cervical cancer elimination.

Our priority actions:

- 1 Agree indicators to be reported on a cervical cancer elimination dashboard.
- 2 Work with partners to agree data visualisation and timely reporting on relevant indicators.
- 3 Develop improved linkages with partner organisations and work to improve data quality.
- 4 Progress development of a suite of key performance indicators for gynaecological cancer services.
- 5 Work with Health Protection Surveillance Centre to conduct HPV genotype prevalence surveillance monitoring to estimate the prevalence and types of HPV in the population and monitor changes post-vaccination.
- 6 Define, collect and utilise data to monitor equitable progress towards cervical cancer elimination.
- 7 Develop a monitoring and evaluation framework for cervical cancer elimination action plan implementation.

What will we achieve by 2030?

We will have systems in place to collect the data that are needed to track our progress. We will be able to present data as they become available in a dashboard format on an annual basis.

⁹ An,X Hall, M, Killen, J, Seargeant, L, Smith, M and Kanfell K (2023) Elimination of Cervical Cancer in Ireland: A Modelled Report. Unpublished. The Daffodil Centre, Australia

¹⁰ <https://www.who.int/publications/m/item/framework-for-monitoring-the-implementation-of-the-who-global-strategy-to-accelerate-the-elimination-of-cervical-cancer-as-a-public-health-problem>

Implementation

Governance and implementation

The implementation of this action plan will be led by the HSE project team and Cervical Cancer Elimination partnership, and will report to Chief Clinical Officer and HSE Board.

The strategic steering of the project will be reviewed for the next phase. The future group will widen the engagement of key strategic partners to oversee and support the implementation of this action plan.

The strategic actions have been assigned lead organisations and the enabling actions have assigned leads and preliminary project partners. A detailed implementation plan will be developed to guide implementation. The partnerships for implementation will be reviewed and expanded in the next stage of planning and delivery.

Monitoring and evaluation

The delivery of the implementation plan will be project-managed to the timelines set by the project teams. The achievement of the projects will be overseen by the new strategic steering group.

The achievements against the WHO targets and the national targets for Ireland will be reported on annually on the WHO World Global Action on Cervical Cancer Day on 17 November.

Next steps

The project team will engage with the partnership and prospective partners and establish the steering group as the first action.

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 make cervical cancer rare in every community in Ireland on www.hse.ie/cervicalcancerelimination



Appendix 1

Policy context

- **Global strategy to accelerate the elimination of cervical cancer as a public health problem (WHO, 2020)¹¹**

On 17 November 2020, the World Health Organization (WHO) launched an ambitious global strategy to eliminate cervical cancer as a public health problem within 100 years. The elimination of cervical cancer as a public health problem will be achieved when fewer than 4 per 100,000 new cases of cervical cancer are diagnosed every year and can be maintained over subsequent years. The WHO has set targets for countries to reach by 2030 to accelerate cervical cancer elimination.

- **Sustainable Development Goals (United Nations, 2015)¹²**

The United Nations Sustainable Development Goals (SDGs) provides an ambitious 15-year strategic vision with a blueprint for peace and prosperity and the partnerships needed for people and the planet (5-Ps.) The UN's transformative vision calls for a just, equitable, tolerant, open, and socially inclusive world in which the needs of the most vulnerable are met and no one is left behind.

The cervical cancer elimination global effort is aligned to several SDGs and the overarching principle of leaving no one behind. The effort supports attaining several SDGs (Box 1).

Box 1: SDGs CCE aligns to the following SDGs

- SDG 1: No poverty.
- SDG 3: Good health and well-being.
- SDG 3.4: By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.
- SDG 3.7: By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- SDG 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
- SDG 5: Gender equality.
- SDG 10: Reduce inequalities.
- SDG 16: Peace, justice and strong institutions.

- **Europe's Beating Cancer Plan¹³**

The aim of Europe's Beating Cancer Plan is to tackle the entire disease pathway. It is structured around 4 key action areas where the EU can add the most value: (1) prevention; (2) early detection; (3) diagnosis and treatment; and (4) quality of life of cancer patients and survivors.

There are several targets that relate to cervical cancer elimination for HPV vaccination coverage, proportion of the population invited for cervical screening and access to comprehensive treatment.

- **A Better World: Ireland's policy for international development¹⁴**

This new policy on international development sets out Ireland's vision to incrementally increase its presence, influence and impact on people, organisations and countries. The policy focuses on gender equality, reducing humanitarian need, climate action and strengthening governance.

11 <https://iris.who.int/bitstream/handle/10665/336583/9789240014107-eng.pdf?sequence=1>

12 <https://sdgs.un.org/goals>

13 https://health.ec.europa.eu/document/download/26fc415a-1f28-4f5b-9bfa-54ea8bc32a3a_en

14 <https://assets.ireland.ie/documents/A-Better-World-Irelands-Policy-for-International-Development.pdf>

- **Sláintecare¹⁵**

Sláintecare is the government's 10-year programme to transform Ireland's health and social care services. Sláintecare's aims are to improve patient and service user experience, improve clinician experience, lower costs and achieve better outcomes. The Sláintecare Implementation Strategy and Action Plans set out the priorities and actions for the upcoming phases of the reform programme and progress reports are published annually.

- **National cancer strategy 2017-2026¹⁶**

The national cancer strategy has 4 main goals: 1) reducing the cancer burden; 2) providing optimal care; 3) maximising patient involvement and the quality of life of those living with and beyond cancer; and 4) enable and assure change.

- **Women's health action plan 2024-2025¹⁷**

The *Women's health action plan 2024-2025* represents the next phase of the government's commitment to improving health outcomes and experiences for women and girls in Ireland. This action plan seeks to build on the *Women's Health Action Plan 2022 -2023¹⁸* and is an evolution of that plan and should, therefore, be read together. These two documents are elements of the bigger and longer-term goal of promoting women's health in Ireland which is reflected in the *Programme for Government: Our Shared Future¹⁹*. Ireland's cervical cancer elimination action plan is noted as a key deliverable in 2024 of the Women's Health Action Plan.

- **Digital for care: A digital health framework for Ireland 2024-2030²⁰**

This framework sets out a roadmap to digitally transform health services in Ireland and improve access for patients. The framework aims to provide seamless, safe, secure, and connected digital health services for improved health and wellbeing for everyone and better health outcomes.

15 <https://assets.gov.ie/22607/31c6f981a4b847219d3d6615fc3e4163.pdf>

16 <https://www.gov.ie/pdf/?file=https://assets.gov.ie/9315/6f1592a09583421baa87de3a7e9cb619.pdf#page=null>

17 <https://www.gov.ie/pdf/?file=https://assets.gov.ie/290734/0397244b-af0b-4dda-9b84-0da40897c723.pdf#page=null>

18 <https://www.gov.ie/en/publication/232af-womens-health-action-plan-2022-2023/>

19 <https://www.gov.ie/en/publication/7e05d-programme-for-government-our-shared-future/>

20 <https://www.gov.ie/pdf/?file=https://assets.gov.ie/293780/5c6e1632-10ed-4bdc-8a98-51954a8da2d0.pdf#page=null>

Appendix 2

Overview of services in Ireland

HPV vaccination

The HPV vaccine is offered to girls in their first year in secondary school (12-13 years) through the National Immunisation Office as part of their Schools Immunisation Programme since 2010. Efforts have been made since 2010 to run catch-up campaigns to increase the number of girls vaccinated, with the first campaign for girls in second year (14-15 years) in 2010 and another campaign for girls aged 16-18 years between September 2011 and May 2014.

The Gardasil 9 HPV vaccination was introduced in September 2019 and the programme became gender neutral, offering vaccination to boys and girls in their first year of school. The latest catch-up programme - the Laura Brennan HPV Vaccination Catch-Up Programme - was launched in 2023 for girls and women aged 18-25 years. Based on the recommendation by the National Immunisation Advisory Committee that one dose of HPV vaccine offers full immunity, the HPV school programme implemented this guidance in 2023.

HPV screening

CervicalCheck, the national cervical screening programme, was launched in Ireland in 2008 after an initial pilot programme. From 2008 until 2020 the programme offered cytology screening. Free cervical smear tests were offered to women aged 25-60 every 3 years (aged 25-44) and 5 years (aged 45-60 years).

Primary HPV screening was implemented in March 2020 with the upper age limit extended from 60 to 65 years. Screening tests are now offered every 3 years for women aged 25-29 years and every 5 years to women aged 30-65 years.

Samples are collected by GPs and practice nurses in primary care. If HPV is detected then, depending on cytology results, women may be referred to assessment in a colposcopy clinic. All patients with abnormalities that may require treatment are referred to colposcopy clinics in public hospitals.

Cervical pre-cancer and cervical cancer treatment

The strength of cervical screening is that the colposcopy component of the pathway can identify cell changes (called 'pre-cancer') that could become cancer. These can then be treated before they progress to cancer. Colposcopy assessment of women referred to a CervicalCheck colposcopy unit after a screening test can also identify and treat early-stage cancers, which can often be treated and cured by a colposcopist in an out-patient setting. For most women their follow-up can be done in colposcopy.

Women who are diagnosed with cancer outside of the screening programme and those with more complex cancers, will have their cancer treated under the care of a gynae-oncology team. They will design the treatment plan based on the specific needs of the women, and the cancer that she has.

Cervical cancer treatment may include any/all of surgery, radiation therapy and systemic anti-cancer treatment. The treatment that is offered depends on disease factors, including stage at diagnosis, and patient factors such as age, co-morbidities, desire to preserve fertility etc. Through reducing cervical cancer incidence rates, cervical cancer elimination has the potential to reduce the requirement for cervical cancer treatment in Ireland.

Appendix 3

Cervical cancer elimination strategic advisory group members

Name	Title
Dr Caroline Mason Mohan	Director of Public Health, National Screening Service (Chair)
Ms Estelle McLaughlin	Public Health Strategy and Development Manager, National Screening Service
Ms Sinéad Woods	Senior Public Health Officer, National Screening Service
Ms Gráinne Gleeson	Programme Manager, CervicalCheck, National Screening Service
Dr Heather Burns	Consultant in Public Health Medicine, National Cancer Control Programme
Mr Kilian McGrane	National Programme Director, National Women and Infants Health Programme
Dr Cliona Murphy	Clinical Director, National Women and Infants Health Programme
Dr Sarah Fitzgibbon	Primary Care Advisor, CervicalCheck, National Screening Service
Dr Lucy Jessop	Director, National Immunisation Office
Ms Lena Smyth	Public Health Admin Support, National Screening Service
Ms Fiona Ness	General Manager for Communications, Engagement, and Information Development, National Screening Service
Ms Kim Hanly	Patient and Public Involvement Representative
Prof Patricia Fitzpatrick	Director of Evaluation & Consultant Epidemiologist, National Screening Service
Dr Aileen Kitching	Consultant in Public Health Medicine, National Social Inclusion Office
Ms Emma Harte	Policy Officer, Irish Cancer Society
Dr Joanne Uí Chruaí	Principal Officer, Department of Health
Ms Emma Craven	Population Screening, Department of Health
Ms Colette Brett	Head of Quality, Safety and Risk, National Screening Service
Ms Lyn Fenton	221+ Member
Mr Stephen Teap	221+ Member
Ms Ceara Martyn	221+ Manager
Ms Bernadette Carter	Assistant Director of Nursing, Marie Keating Foundation
Ms Bernadette Brennan	HPV Patient Advocate
Dr Yvonne O'Meara	Psychosocial Oncologist & Systemic Psychotherapist
Dr Ciara McCarty	Women's health clinical lead, Irish College of General Practitioners
Prof David Weakliam	Consultant in Public Health Medicine, HSE
Prof Deirdre Murray	Director of National Cancer Registry of Ireland

Appendix 4

Cervical cancer elimination delivery group members

Name	Title
Dr Caroline Mason Mohan	Director of Public Health, National Screening Service
Ms Estelle McLaughlin	Public Health Strategy and Development Manager, National Screening Service (Chair)
Ms Sinéad Woods	Senior Public Health Officer, National Screening Service
Ms Gráinne Gleeson	Programme Manager, CervicalCheck, National Screening Service
Prof Deirdre Murray	Director of National Cancer Registry of Ireland
Dr Heather Burns	Consultant in Public Health Medicine, National Cancer Control Programme
Mr Kilian McGrane	National Programme Director, National Women and Infants Health Programme
Dr Cliona Murphy	Clinical Director, National Women and Infants Health Programme
Dr Eimear Burke	Consultant in Public Health Medicine, National Immunisation Office
Dr Louise Lyons-Mehl	Senior Medical Officer, National Immunisation Office
Dr Therese Mooney	Head of Programme Evaluation Unit, National Screening Service
Mr Micheál Rourke	Business Intelligence Analyst, National Screening Service
Dr Aline Brennan	Cancer Intelligence, National Cancer Registry of Ireland
Dr Lucy Jessop	Director, National Immunisation Office
Ms Lena Smyth	Public health admin support, National Screening Service
Ms Fiona Ness	General Manager for Communications, Engagement, and Information Development, National Screening Service
Ms Michelle Hayes	Project Manager, National Social Inclusion Office

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