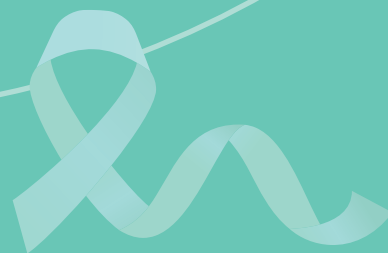


**CHAPTER TWO:
STATUS OF
CERVICAL CANCER
ELIMINATION IN
KENYA**





CHAPTER TWO: STATUS OF CERVICAL CANCER ELIMINATION IN KENYA

Overview

In 2018, the WHO Director General issued a call for elimination of cervical cancer globally; this was followed by the launch of the Global strategy for elimination of cervical cancer in 2020. This chapter outlines the status of implementation of the elimination initiatives in the Kenyan context.

2.1 Review of the implementation of cervical cancer control strategies in Kenya

2.1.1 HPV vaccination

Since its 2019 rollout, Kenya's HPV vaccination program has remained low in coverage due to COVID-19 disruptions, limited access in marginalized communities, and systemic delivery and policy gaps; by 2023, only

54.7% of girls aged 10–14 had received one dose and 44.3% had completed two (figure 5). Challenges include weak school attendance by eligible girls in some regions, logistical constraints, poor integration into existing health systems, and delays in adopting a cost-effective single-dose regimen. Leadership and coordination issues, inadequate data systems, insufficient health worker support, misinformation, and minimal community engagement—especially among men and out-of-school youth—further impede uptake. The program remains heavily donor-dependent, with an unclear transition strategy post-Gavi support (full transition expected in 2029), budget cuts, and limited domestic financing threatening sustainability and scale-up, particularly as financial, operational, and accountability systems remain fragmented at both national and county levels.

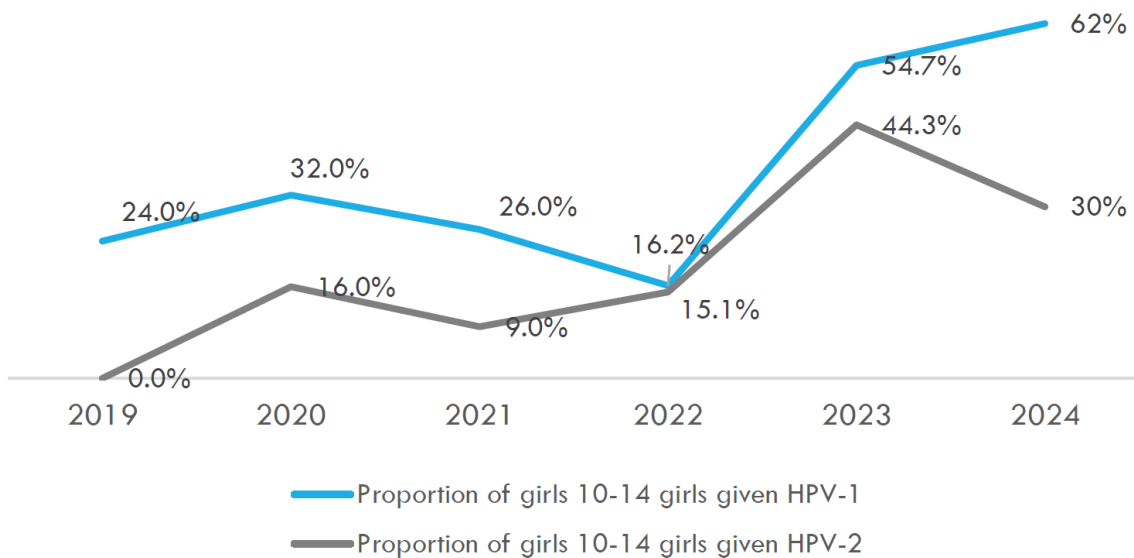


Figure 5: HPV vaccination coverage in Kenya, 2019-2024

2.1.2 Screening and treatment for cervical pre-cancer

Cervical cancer screening and treatment coverage in Kenya remains low, with significant disparities across counties. Despite efforts since 2011 using VIA and cryotherapy, coverage falls far below the 70% target, with most women screened using less accurate VIA instead of the recommended HPV testing (figure 6). Barriers include limited facility infrastructure, inadequate trained personnel, long distances to screening sites, and lack of integration of services. Though thousands of providers have been trained and equipment distributed, HPV testing still accounts for less than 6% of screenings due to lack of funding for commodity procurement

and systems strengthening, logistical challenges, referral bottlenecks, and tracking issues. New guidelines promoting self-sampling and same-day treatment aim to improve uptake, but weak health systems, poor coordination, inadequate financing, and low public awareness continue to hinder progress. Treatment coverage for precancerous lesions is also low, with over half of eligible women not receiving care and major regional disparities. Issues such as workforce shortages, stockouts, misinformation, high costs, and loss to follow-up undermine the effectiveness of the cervical cancer prevention and treatment program.

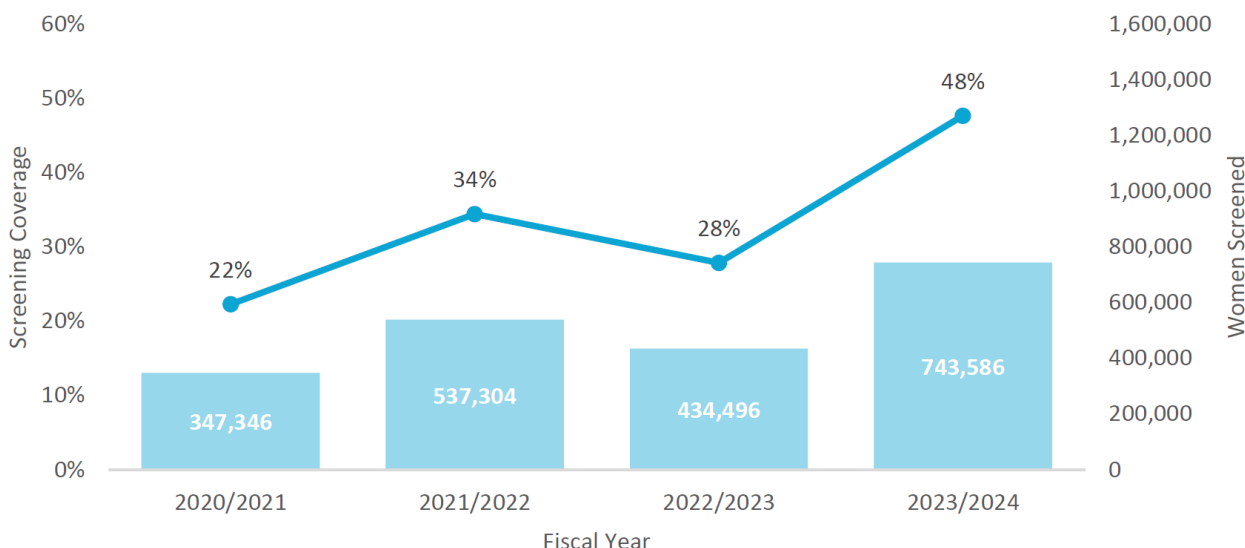


Figure 6: Cervical cancer screening (all methods) and precancer treatment coverage in Kenya, 2020-2024

2.1.3 Diagnosis and treatment of invasive cervical cancer

In 2019, aligning with the Universal Health Coverage agenda, the Ministry of Health and county governments decentralized cancer treatment by establishing regional cancer centers across the country. These centers integrated cancer services into existing facilities with capacities in pathology, radiology, palliative care, gynecology, pediatrics, and surgery among others. In addition to increasing radiotherapy capacity at the three national referral facilities, three additional radiotherapy facilities were set up in the regional centers, with brachytherapy capacity also available.

Even with these service availability investments, significant gaps hinder effective cervical cancer diagnosis, treatment, and care in Kenya, including inadequate equipment supply and maintenance, and weak referral

systems, which contribute to poor access and high loss to follow-up rates. Specialized health professionals such as gynecological oncologists and pathologists are inadequate and unevenly distributed, while existing staff face heavy workloads, burnout, and limited training and supervision. Health informatics and supply chains are further constrained by costly imports, regulatory barriers, drug shortages, and fragmented data systems. Public awareness about available services is low, resulting in delayed care-seeking. At the policy level, gaps remain in achieving fully coordinated stakeholder efforts, sustaining consistent political commitment, and ensuring optimal implementation of national plans.

2.2 Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis.

Table 2: SWOT analysis of the Kenya cervical cancer control program

Pillar	Strengths	Weaknesses
HPV vaccination	<ul style="list-style-type: none"> Vaccination delivered through multiple strategies: facility-based and school-based primarily, with some community outreach. Existence of an advisory committee on vaccination in Kenya - Kenya National Immunization Technical Advisory Group (KENITAG) Robust community strategy where Community Health Promoters (CHPs) are leveraged for social mobilization, education and strengthening referral 	<ul style="list-style-type: none"> Low domestic funding for immunization Lack of clear strategy to catch up missed girls in 10-14 yr age range Strategies for reaching vulnerable and out-of-school girls not well defined Persistent vaccine hesitancy among certain religious groups Inadequate tracking of the financing transition roadmap for immunization services. Inadequate engagement of guardians and schools, especially at subnational levels. Myths and misconceptions



	<p>Opportunities</p> <ul style="list-style-type: none"> • More evidence available to support that cervical cancer prevention is one of the most cost-effective health interventions and should be prioritized • Recent switch to single-dose will free up resources to reinvest in HPV coverage improvements e.g., boosting single-dose coverage among 10–14-year-olds • Political momentum and policy framework are in place • Ongoing financing/UHC reforms/ implementation, such as the PHC Fund • Ongoing reforms in the school health program (integration of services and information systems) • Wider choice of HPV vaccines including lower priced products 	<p>Threats</p> <ul style="list-style-type: none"> • Donor dependency for health programs and foreign aid cuts • Gavi transition expected in 2029 • Worsening fiscal space and weak economic performance • Deficient technical planning, quantification and forecasting at the county level • Domestic health budget cuts, due to competing national priorities
<p>Screening and precancer treatment</p>	<p>Strengths</p> <ul style="list-style-type: none"> • Political momentum and policy framework are in place • Existing coordination structures at national and subnational levels • Treatment of pre-cancerous lesions available; especially thermal ablation at PHC • HPV testing commodities now stocked by KEMSA • Screening guidelines available and updated (with screen, triage and treat in a single visit approach) • A national cancer reference laboratory exists to provide quality assurance and technical support to counties • Pre-service training on screening and treatment (KMTC tutor training, inclusion in curriculum) 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Low coverage of HPV testing as the recommended screening modality (low coverage with any modality) • High loss to follow-up from screening programs, hence low treatment coverage • No operational plan to drive progress towards elimination • Weak referral and linkages, especially for LEEP and biopsy • Quality assurance: VIA positivity countrywide consistently below 5% • Frequent screening commodity stock-outs • No specific budget lines, therefore cannot track investment in screening and treatment
	<p>Opportunities</p> <ul style="list-style-type: none"> • The proposed PHC Fund benefit package encompasses cervical cancer screening and treatment • HPV self-sample collection can reduce stigma and other personal/cultural barriers to screening • Multiplex HPV testing platforms can enhance integration and health system efficiencies • Adoption of program-based budgeting • Male partner involvement • Integration of cervical cancer screening with other NCDS, reproductive health and HIV programs • Inclusion into performance appraisals • Pooled procurement and regional collaboration 	<p>Threats</p> <ul style="list-style-type: none"> • Lack of a robust coordination between all partners and the MoH and counties, for target-based planning on screening and treatment • Attrition of trained HCWs • Inadequate financing to scale and sustain HPV testing • Donor dependency and setbacks due to funding disruptions • Lack of prioritization and lean fiscal space in the counties • Treatment apathy among women • Language/cultural barriers to understanding of cervical cancer screening and treatment among the target population as well as healthcare providers • Equipment maintenance and consumable shortages



Diagnosis and treatment of invasive cervical cancer	Strengths	Weaknesses
	<ul style="list-style-type: none"> Regional cancer centers have expanded radiotherapy and brachytherapy capacity and improved access Local training programs in gynecology increasing number of specialists 	<ul style="list-style-type: none"> Diagnostic capacity still inadequate Unstructured and inefficient referral system for suspected cervical cancer Lack of robust cancer registration system to track progress Long waiting times before having MDT care Shortage of pathologists High costs of radiotherapy & brachytherapy machine maintenance
	Opportunities	Threats
	<ul style="list-style-type: none"> UHC implementation: SHIF and the ECCIF Diagnosis covered under SHIF Leveraging digital health solutions including telepathology can reduce turnaround times Integration of palliative care services at all levels of care. Public-private partnerships to expand imaging, radiotherapy capacity. 	<ul style="list-style-type: none"> Unpredictable financing for healthcare Kenya servicing significant debt 70% of GDP affecting fiscal space for health

