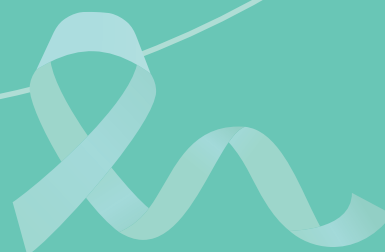


**CHAPTER THREE:
OPERATIONAL
MODEL FOR
CERVICAL CANCER
ELIMINATION IN
KENYA**





CHAPTER THREE: OPERATIONAL MODEL FOR CERVICAL CANCER ELIMINATION IN KENYA

Overview

This chapter outlines the specific interventions that are proposed for implementation in the period 2025/26 to 2029/30, to put Kenya on the path to cervical cancer elimination.

3.1 Vision, mission, goal and core values

Vision

A Kenya free from the burden of cervical cancer.

Mission

To provide timely and equitable access to evidence-based, cost-effective, and quality HPV vaccination, cervical cancer screening, diagnosis, treatment, palliative care; and improve survivorship.

Goal

Achieve and sustain 90% HPV vaccination coverage, 70% screening coverage through HPV testing, and 90% treatment coverage for both precancer and invasive cancer by 2030.

Core Values

a. Integration

Deliberate alignment and incorporation of cervical cancer services—such as HPV vaccination, screening, diagnosis, and treatment—into existing health programs and platforms (e.g., PHC, maternal health, HIV, school health and community health) to ensure comprehensive and seamless delivery. This promotes efficiency, maximizes resource use, and improves outcomes by addressing women’s health needs within a unified framework.

b. Collaborations

Strategic partnerships between stakeholders—including government agencies (Ministries of health, education, interior), civil society, health providers, development partners, county governments, faith-based facilities, private sector and communities—focused on cervical cancer prevention and control. These collaborations leverage shared resources, knowledge, and expertise to accelerate progress toward common elimination goals.

c. Sustainability

The ability of cervical cancer interventions (such as HPV vaccination, screening, and treatment) to maintain their impact and operations over time by building local capacity, securing long-term financing, institutionalizing practices within the health system, and ensuring community ownership to reduce dependency on external support. Examples include domestic financing (PHC benefits), local equipment maintenance plans, and workforce retention.

d. Governance

The systems, structures, and processes through which cervical cancer programs are led and managed—ensuring accountability, transparency, equity, and responsiveness. Strong governance ensures clear roles,

effective oversight, and alignment with national health priorities and policies. The structures include the Non-communicable Disease Interagency Coordinating Committee (NCD- ICC), the National Cervical Cancer Elimination TWG, County NCD TWGs and School Health Coordination mechanisms.

e. Advocacy and education

Activities that influence policy, raise awareness, and empower individuals and communities with information about cervical cancer prevention. This includes addressing misinformation, social listening/ misinformation trackers and adverse event following immunization (AEFI) communication protocols (HPV vaccine confidence), promoting HPV vaccination and screening uptake, and mobilizing public and political support for cervical cancer elimination.

f. Capacity building

Efforts to enhance the knowledge, skills, systems, and infrastructure necessary for effective cervical cancer prevention and care. This includes competency-based curricula, training health workers, e-learning, certification, mentorship, improving supply chains, upgrading diagnostic capabilities, and strengthening data and referral systems.

g. Coordination

The systematic organization and harmonization of cervical cancer efforts across stakeholders and sectors for coherent planning, resource use, implementation, and monitoring. Strong coordination avoids duplication, enhances efficiency, and ensures alignment with national strategies.

h. Equity

Achieving equity in cervical cancer elimination requires ensuring that all women, especially those in underserved



and high-risk populations (rural, arid and semi-arid lands/ ASAL counties, informal settlements, women living with HIV, women with disabilities, migrants/refugees), have access to timely prevention, screening, and treatment services.

3.2 Key Result Areas (KRAs)

The operational focus of the elimination plan is structured around the three pillars of the cervical cancer elimination strategy, listed below. Interventions under each pillar are then grouped as per relevant health system building block. Cross-cutting issues including M&E/HIS, supply chain, financing, workforce, governance, community engagement, research/innovation are addressed specifically as they apply in each KRA.

Key Result Area 1: HPV vaccination

Key Result Area 2: Screening and precancer treatment

Key Result Area 3: Diagnosis, treatment, palliative and survivorship care for invasive cervical cancer.

3.3 Operational Objectives and Interventions

3.3.1 Key Result Area One: HPV vaccination

This is the first pillar of the elimination initiative, as well as the most impactful and cost-effective of the cervical cancer elimination interventions. This KRA seeks to ensure that over 90% of girls are vaccinated against HPV by the time they attain 15 years of age, through a combination of school-based, health facility and community strategies.

Operational objective 1: Strengthen and expand equitable, timely, and integrated HPV vaccine delivery with the goal of achieving at least 90% coverage of girls by age 15 years, by the year 2030

Actions:

- Institutionalize school-based HPV vaccination delivery through outreaches in all public and private primary schools
- Expand facility-based vaccination services to provide routine, accessible HPV vaccination services, including demand generation.
- Expand and institutionalize HPV vaccination outreaches to marginalized and underserved communities.
- Establish integrated mechanisms to track, follow-up, and improve school-based HPV vaccination outcomes.
- Increase vaccination coverage for 10-year-old girls to at least 90%, and conduct periodic catch-ups for girls 11-14 years to reach those missed at 10 years.
- Utilize innovative delivery approaches targeting missed opportunities plus zero dose girls.

Operational objective 2: Strengthen the capacity, motivation and availability of the health workforce to deliver HPV vaccines safely and effectively.

Actions:

- Strengthen the skills, motivation, and performance of healthcare workers and CHPs through structured, ongoing capacity-augmentation interventions.
- Establish an annual recognition and learning exchange platform to reward high-performing counties and promote best practice sharing.

Operational objective 3: Strengthen the health information system to ensure complete, timely, and integrated data capture, reporting, and decision making on HPV vaccination across public and private sectors by 2030.

Actions:

- Enhance adoption of vaccination modules into facility electronic health records systems (EHR) being rolled out countrywide, and their use at all vaccination points.
- Upgrade and integrate the Logistics Management Information System (LMIS) and make it end to end for utilization facility level.
- Enhance data quality to ensure consistency and accuracy between the source document /files and reporting including KHIS.
- Improve projection and forecasting of the number of in-school and out-of-school girls by county.
- Include HPV in coverage surveys to enable triangulation of administrative data on HPV

Operational objective 4: Strengthen the HPV vaccine supply chain for timely forecasting, equitable distribution and innovative delivery

Actions:

- Improve vaccine and related commodities forecasting and quantification
- Cold chain capacity mapping, distribution frequency, stockout thresholds/alarms, and reverse logistics.
- Strengthen last-mile delivery solutions (for example solar refrigerators, outreach carriers), and routine Wastage monitoring.

Operational objective 5: Secure long-term domestic and external financing for HPV vaccine procurement and delivery.

Actions:

- Advocate for implementation of HPV vaccination in the Health Benefits Package under Primary Health Care (PHC).
- Strengthen advocacy for HPV vaccination financing at national and county levels using evidence-based



tools.

- Develop a strong resource mobilization mechanism for HPV vaccines and its routine activities.

Operational objective 6: Promote strong political leadership, policy integration, and multi-sectoral coordination to support HPV vaccination.

Actions:

- Ensure policy integration across ministries, departments and health programs.
- Strengthen coordination across counties, ministries, and partners, including the National Immunization TWG, School Health Coordination Mechanisms and Regular Partner Mapping.

Operational objective 7: Promote uptake of HPV vaccination through effective behavior change messages and interventions directed at caregivers, health care providers, religious leaders, and other community influencers.

Actions:

- Facilitate participatory workshops where community members co-develop communication messages and tools that are locally relevant and culturally resonant.
- Optimize awareness among eligible girls, caregivers, and other trusted messengers in the community.
- Support caregiver decision-making to vaccinate eligible girls.
- Enhance capacity of HCWs to communicate better on HPV vaccination as trusted messengers by the community

3.3.2 Key Result Area Two: Screening and Treatment of Cervical Precancer Lesions

This KRA focuses on ensuring all eligible women are invited and offered screening with a high-precision method (HPV testing) and those with positive screening findings linked to further evaluation and/or treatment.

Operational objective 1: Ensure health facilities have adequate capacity/service readiness for screening and precancer treatment.

Actions:

- Carry out periodic assessment of the national cervical cancer screening and treatment program.
- Conduct quantification, forecasting and costing of all cervical cancer screening and pre-cancer treatment HPTs.
- Procure and equitably distribute the essential screening commodities and treatment devices.
- Upgrade primary health facilities to meet minimum infrastructure standards for cervical cancer screening and treatment.

Operational objective 2: Ensure provision of quality cervical cancer screening and pre-cancer treatment services

Actions:

- Scale up of HPV testing coverage from 6% to 50% in 2027 and to 70% in 2030.
- Scale up of treatment coverage of PCL from 43% to 70% in 2027 and 90% in 2030.
- Create a “call and recall” system for invitation and tracking for eligible women across the screen, triage and treat cascade.
- Implement a national HPV sample referral and testing cascade, including measures such as SOPs, courier schedules, barcoding, specimen rejection criteria, and lab information management system (LIMS) integration.

Operational objective 3: Strengthen Health Care worker capacity for cervical cancer screening and treatment

Actions:

- Identify health worker training gaps (pre-service and in-service).
- Support pre-service training on cervical cancer screening and treatment in universities and colleges.
- Continuous in-service training for HCW to update their knowledge and skills.

Operational objective 4: Increase community awareness and demand creation for screening

Actions:

- Review, print and disseminate IEC materials for key opinion leaders and general public.
- Create awareness on cervical cancer screening and treatment among HCWs and CHPs
- Enhance awareness creation throughout the year in line with the Cancer Communication Strategy

Operational objective 5: Enhance data management and use in decision making

Actions

- Support adoption of EHR systems in screening and treatment

Operational objective 6: Increase financial prioritization for cervical cancer screening and treatment in national and county health budgets, as well as other financing mechanisms (costs of tests, devices, consumables, maintenance, and provider payment mechanisms)

Actions:

- Advocacy, sensitization and resource mobilization from domestic sources.
- Engage private insurance companies to include HPV testing in their packages.



- Identify and engage development partners/donors to fund screening and treatment related interventions through existing health sector programs.
- Explore private lab partnerships with clear QA and capped tariffs.

Operational objective 7: Strengthen Leadership and Governance for cervical cancer screening and precancer treatment at both national and county level

Actions:

- Strengthen national level coordination of cervical cancer elimination interventions.
- Improve county level coordination of cervical cancer elimination interventions.
- Support counties leadership to implement cervical cancer elimination policies in their own context.
- Institute quarterly performance reviews with corrective action plans.

Operational objective 8: Ensure quality assurance in cervical cancer screening and treatment

Actions:

- Institutionalize a process of routine continuous quality improvement in the cervical cancer screening and treatment program in line with the Cancer MEAL framework.
- Develop an advisory framework (within the National Cervical Cancer Elimination TWG) to safeguard quality and ensure the country adopts clinically validated HPV tests and other screening technologies.

3.3.3 Key Result Area Three: Diagnosis, Treatment, Palliative and Survivorship Care of Invasive Cervical Cancer

This KRA focuses on women diagnosed with cervical cancer, and seeks to ensure that such women access timely diagnosis as well as all the treatment, follow-up, palliative and survivorship care services they need.

Operational objective 1: Strengthen infrastructural capacity of comprehensive specialized facilities offering diagnostic, treatment and palliative care for cervical cancer. (see appendix VIII).

Actions:

- Conduct a mapping assessment for cancer diagnostic services (laboratory and imaging), as well as treatment capacity (including service need mapping and HR capacity).
- Increase timely access to quality and accurate cervical cancer laboratory diagnosis and support within the county Referral Hospitals (CRHs) and Cancer Treatment Centers.
- Provide adequate and accurate imaging equipment for diagnosis of cervical cancer at the

CRHs.

- Establish two additional nuclear medicine services to provide diagnostic and therapeutic radionuclide services.
- Enhance patient and laboratory test navigation by creating robust referral pathways within the regional hubs and county referral systems

Operational objective 2: Strengthen the availability and capacity of a well-trained, multidisciplinary oncology workforce to support timely diagnosis and comprehensive treatment of cervical cancer. (see appendices V-VII).

Actions:

- Strengthen availability and capacity of a skilled multi-disciplinary team of oncology human resources for health across all levels of care (e.g. Lab pathology , medicine/oncology ,nursing, imaging and palliative care).
- Ensure timely staging, multidisciplinary tumor boards, and patient navigation to reduce delays.
- Include personnel trained in sexual/reproductive health, fertility preservation counseling, psychosocial support, return- to-work/survivorship care in the multi-disciplinary team.

Operational objective 3: Ensure availability of Health product and technologies to deliver comprehensive cervical cancer diagnosis, treatment and palliative care in counties and regional CTCs

Actions:

- Strengthen the Histopathology reagent supply, equipment purchase and maintenance within the counties and regional CTCs.
- Equip theatre services within the counties to support surgical intervention of early invasive cervical cancer.
- Ensure regular provision of safe chemotherapy at all CTCs.
- Increase capacity for radiotherapy/brachytherapy at CTCs.
- Strengthen provision of nuclear and radiation medical products and equipment within the CTCs for treatment of advanced cervical cancer.
- Ensure the availability of palliative commodities in all county referral facilities with linkages to primary and community home-based care, as per the NCCS 2023-2027.

Operational objective 4: Comprehensively provide financial cover for the diagnosis and treatment of cervical cancer.

Actions:

- Support sustainable Domestic financing for diagnosis and treatment of invasive cervical cancer, including

advocating for full information of the relevant SHI packages (especially SHIF and ECCIF).

Operational objective 5: Strengthen cervical cancer data systems for effective monitoring, planning, and quality improvement of diagnosis and treatment services across all levels of care.

Actions:

- Improve data collection, quality and reporting practices for cancer diagnosis and treatment, through adoption of EHR at CRHs and CTCs.
- Enhance real-time data use for clinical decision-making and service improvement, through linkage of facility EHR to KHIS and oncology dashboard.
- Generate and disseminate periodic data for policy advocacy, resource mobilization, and community feedback.
- Identify research priority areas and conduct research

to guide cervical cancer diagnosis and treatment.

Operational objective 6: Strengthen leadership and governance systems for effective policy implementation, coordination, and oversight of cervical cancer diagnosis and treatment services at national and county levels.

Actions:

- Strengthen the cancer diagnosis and treatment coordination between national and county mechanisms.
- Monitor adherence to National Cancer Treatment Guidelines and Standards on cervical cancer.
- Build leadership capacity for evidence-based planning, implementation, and advocacy.
- Ensure cervical cancer elimination indicators are included in the government performance management system.

