Republic of Rwanda
Ministry of Health

Accelerated Plan for Elimination of Cervical Cancer in Rwanda 2024-2027 "Mission2027"

Cervical cancer is a major public health challenge in Rwanda, current estimates indicate approximately 866 new cases and 609 deaths each year, yielding a crude incidence rate of 18.9 per 100,000 women and a mortality rate of 13.8 per 100,000 [1]**. Cervical cancer ranks as the second most common cancer among Rwandan women and the leading cancer among women aged 15 to 44, calling for effective and sustained prevention and control strategies.**

[1] Source: https://gco.iarc.who.int/media/globocan/factsheets/populations/646-rwanda-fact-sheet.pdf.

In response, **Rwanda's National Strategy for Cervical Cancer Elimination (2024-2027)** aims to achieve the **WHO 90-70-90** targets by 2027:

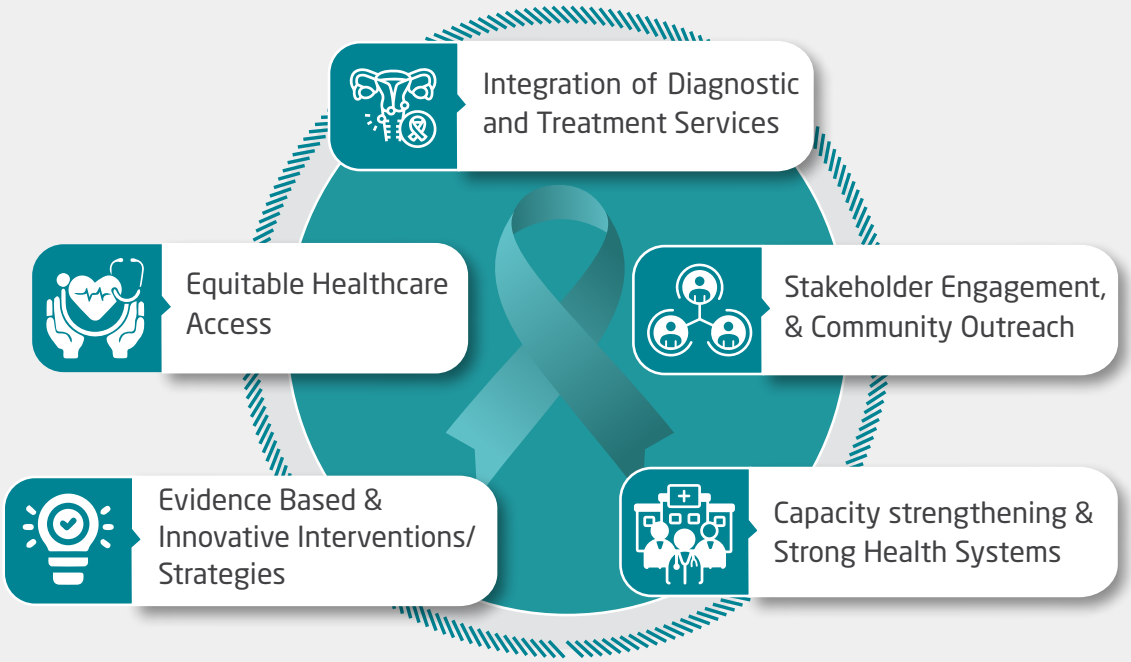
90% Of teenage girls will be vaccinated against high-risk HPV strains by the age of 15

70% Of women aged 30-49 will be screened with a high-precision test (HPV DNA based testing)

90% Of women identified with pre-cancer and invasive cancer will receive the treatment according to the national guidelines. testing)

HOW?

Rwanda is strategically adopting a life course and integrated approach, leveraging community-based initiatives and patient-centered care to achieve and sustain global cervical cancer elimination targets by 2027 and beyond.



Strategic Objectives, Targets and Resources Needed by 2027

1 Strengthen cervical cancer program organization, governance, and coordination

- Strengthen national mechanisms to coordinate the elimination of cervical cancer
- Establish a plan to sustain cervical cancer elimination investment and gains beyond 2027.

Sustained, context-appropriate cervical cancer program

2 Strengthen cervical cancer primary prevention through awareness, information, education, and HPV immunization to maintain the vaccination coverage above 90%

- Strengthen primary prevention through awareness, information, and education.
- Continue HPV vaccination to maintain >90% coverage in young girls aged 12 years old.

Maintaining > 90% national coverage of HPV vaccines as part of national immunization

3 Increase the cervical cancer screening coverage in eligible women to attain population level coverage of 70% and 90% treatment of pre-cancerous lesions by 2027

- Improve awareness, education, and community mobilization and engagement initiatives to increase participation in screening.
- Increase the availability of quality cervical cancer screening services at all levels of the health care system.
- Improve equitable access and coverage of cervical cancer screening and treatment of pre-cancerous lesions.

70% of women-aged from 30-49 years are screened with a high-performance test

4 Improve access to cervical cancer diagnosis, treatment of invasive cancer, rehabilitation, and palliative care to reach 90% treatment coverage by 2027.

- Harmonize and enhance the quality of care provided to cervical cancer patients across cancer diagnostic and treatment centres.
- Improve equitable access to pathology, medical imaging services for cervical cancer patients.
- Increase access to quality cervical cancer treatment services: Surgery, radiation therapy and systemic therapy.
- Improve access to palliative care, rehabilitative and support services for cervical cancer patients.

90% of women identified with cervical cancer receive treatment

5 **Enhance the monitoring and evaluation system for cervical cancer prevention and control services to track the performance, data systems and research.**

- Strengthen the existing health information systems to generate quality data on the implementation progress of the strategy
- Enhance cervical cancer data systems including the National Cancer Registry to produce accurate data on cervical cancer incidence and mortality.
- Promote research in cervical cancer prevention and control.

Data-driven decision-making

6 **Promote intersectoral collaboration, partnerships and create resource mobilization strategies for a sustainable financing of cervical cancer elimination**

- Establish strengthened intersectoral collaborations and partnerships
- Ensure adequate and sustainable financing for the implementation of the cervical cancer elimination plan

Intersectoral collaboration, partnerships and strategic financing

Financial resources needed

The total investment and resources required to achieve the targets for the elimination of Cervical Cancer in Rwanda over a five-year period is....

- ...estimated at approximately US$ 38.4 million. This includes around US$ 4.5 million for primary prevention, with the remaining funds allocated to screening and the treatment of both pre-cancerous and invasive cervical cancer cases.

The total investment includes both intervention costs (service delivering costs) and program costs as presented in the figure 1 and 2.

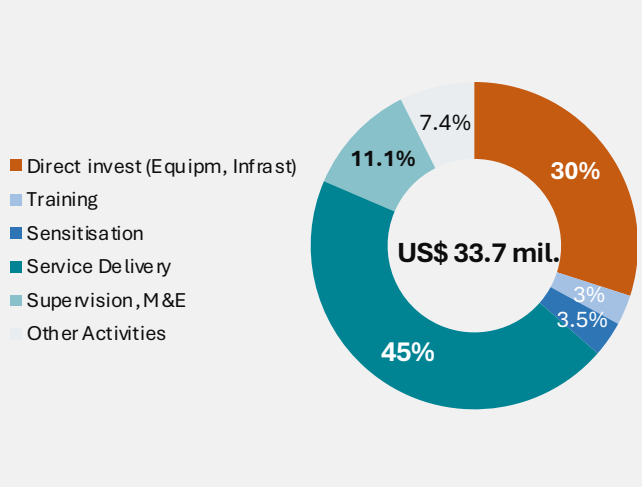


Fig 1. The cost structure for Screening and treatment

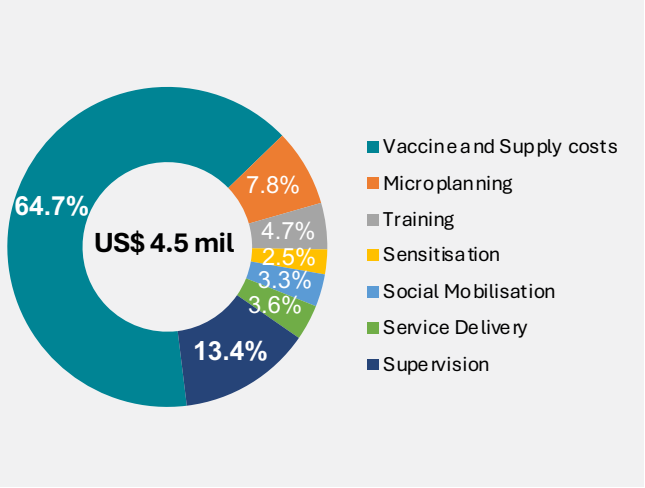


Fig 2. The cost structure for HPV Vaccination

PRIMARY PREVENTION - HPV Vaccination

The estimated average economic cost for the primary prevention strategy, including opportunity costs is approximately **US$ 7.25 per girl vaccinated** under the single-dose approach. In comparison, the financial cost is **US$ 2.87 per girl vaccinated.**

627,889
(12 years- girls) will be vaccinated

SECONDARY PREVENTION - Screening and Pre-cancer treatment

The estimated average economic cost for initial cervical cancer screening in Rwanda is approximately **US$ 13.2 per woman,** utilizing both the HPV test and VIA for treatment triaging. In comparison, the financial cost is **US$ 10.2 per woman screened.**

The estimated average economic cost for delivering pre-cancer treatment is approximately **US$ 37.9 per woman treated** via thermal ablation or LEEP, while the financial cost is **US$ 33.6 per woman.**

1,366,880 women (30 - 49 years) will be screened and treated for cervical pre-cancerous lesions

TERTIARY PREVENTION - Cancer Diagnosis, Treatment and Palliative Care

The estimated average economic cost for delivering invasive cancer treatment in Rwanda is approximately **US$ 2,640.1 per woman treated,** while the financial cost is estimated at **US$ 2,234.7 per woman.**

These averages reflect variations across treatment stages and types, including surgical procedures, chemotherapy, radiotherapy, and diagnostic services, each contributing differently to the overall cost structure depending on the specific needs of each patient.

6,277
women will be diagnosed and treated for invasive cervical cancer



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