Turning commitment into motion: Kenya's path to cervical cancer elimination.

Taofik Oloruko-Oba gives us a synopsis into the journey Kenya is undertaking in the fight against cancer of the cervix.

Introduction

The world has come a long way in the fight against cancer. However, not all cancers are equal. I would like to highlight one cancer in particular here: cervical cancer, which is caused by the common Human Papillomavirus (HPV). In Kenya, even though cost-effective interventions that could reduce the cervical cancer burden are available, it remains the leading cause of cancer-related death among women in the country. We can change that.[1]

The story of humanity and cervical cancer is multifaceted. It is marked by many human victories and also some disappointments. But we have an opportunity to beat this disease once and for all. We have all the tools we need. Preventative HPV vaccinations are available. Screening technology has become highly accurate, and with a high-precision test, both precancer and invasive cancer can be treated.[1]

Our policymakers acknowledge that to enable Kenya to protect its women of all ages, Kenya launched its National Cervical Cancer Elimination Action Plan 2026–2030, aligned to the World Health Organization targets to eliminate cervical cancer as a public health threat.

Roche Diagnostics has partnered with the government to support the strategy, working with national stakeholders to strengthen screening through high-performance HPV testing, self-sampling approaches, and digital health solutions by leveraging existing testing infrastructure. Our next primary challenge is to address limited participation by Kenyan women.[1]

The interventions and infrastructure we have are well established, and through public-private partnerships, they are becoming increasingly accessible. Ultimately, though, our success will be measured by how effectively the interventions are integrated into real health systems and financed in a way that supports long-term delivery.

In 2022 alone, an estimated 5,845 women in Kenya were newly diagnosed and 3,591 lost their lives to the disease, accounting for 12.2% of all cancer deaths among women[1]. The age-standardised incidence rate stands at 32.8 per 100,000 women.[1]

A clearer national direction

The Ministry of Health has reaffirmed cervical cancer as a public health priority, aligning national efforts with the World Health Organization's (WHO) global elimination strategy built around the 90–70–90 targets for vaccination, screening and treatment by 2030. 2

As per the WHO guidelines, that means:

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"To eliminate cervical cancer, all countries must reach and maintain an incidence rate of below 4 per 100,000 women. Achieving that goal rests on three key pillars and their corresponding targets.

- **Vaccination:** 90% of girls fully vaccinated with the HPV vaccine by the age of 15;
- **Screening:** 70% of women screened using a high-performance test by the age of 35, and again by the age of 45;
- **Treatment:** 90% of women with pre-cancer treated and 90% of women with invasive cancer managed.

Each country should meet the 90–70–90 targets by 2030 to get on the path to eliminate cervical cancer within the next century." (Source: WHO)

Testing is voluntary. And we need more women to test willingly. If cervical cancer is diagnosed at an early stage, there is hope. To truly illustrate that, let's consider that this is hope for the women who power our workforce, protect and care for our families, and form the backbone of our society.

The other side of the coin is that, if the cancer is only diagnosed in an advanced stage, treatment is more complex, more costly and outcomes are less likely to be positive. This reality underlines why prevention and early detection are so important for women across the country.[2]



Woman getting HPV vaccine

Prevention works when systems work

Kenya's HPV vaccination programme provides a strong foundation. Expanding and sustaining coverage among adolescent girls is essential to breaking the cycle of transmission over time. At the same time, screening remains critical for women of any age who are already at risk.[2]

Integrating cervical cancer screening into existing service platforms, including HIV and reproductive health programmes, offers an efficient way to reach more women without building parallel systems.[2] This integrated approach strengthens continuity of care and supports broader universal health coverage goals.[2]

Laboratory infrastructure already exists across the country. Leveraging this capacity through coordinated planning and appropriate financing can accelerate access while improving system efficiency. This approach to integration may be our greatest hope as a sustainability strategy.

Financing for durability

Reaching the 90–70–90 targets will require investment models that move beyond short-term projects. Public funding remains essential, but it cannot act alone. Kenya's elimination landscape is more likely to respond to blended financing models that align public priorities with private sector expertise and innovation.[3]

Public-private partnerships have a proven role to play in areas such as diagnostics, logistics, training and data systems. When designed collaboratively, these partnerships can help scale proven interventions, reduce fragmentation and support national ownership.[3]

Reaching women where they are

Awareness and acceptability are our next secret weapons. Cultural barriers, fear and misinformation still prevent many women from accessing screening services. Kenya has intensified community engagement and public awareness efforts to address these barriers and encourage informed participation. Private sector partners must work with the public sector to maintain momentum in this area.[2]

Additionally, innovations such as self-collection for HPV testing can further reduce access challenges, particularly in rural and underserved areas.

Maintaining momentum

Kenya has laid the necessary groundwork. Political commitment, clearer policy alignment and growing system capacity provide a platform for progress. In May 2025, the Kenyan Ministry of Health, through the Social Health Authority (SHA) and Roche East Africa, signed a Memorandum of Understanding (MoU) to significantly reduce the cost of cancer testing and treatment, with a focus on breast and cervical cancer. The next phase is about execution at scale.

Sustaining momentum will require continued leadership, reliable financing and strong collaboration across sectors. Integrated testing, efficient use of existing infrastructure and co-created partnership models offer practical pathways to accelerate impact.

Elimination will not happen overnight. But with sustained focus and coordinated action, cervical cancer can increasingly be prevented, detected early and managed effectively within a resilient Kenyan health system.

Each girl vaccinated, each woman screened and each patient treated brings Kenya closer to a future where cervical cancer no longer defines outcomes for women, families and communities.

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