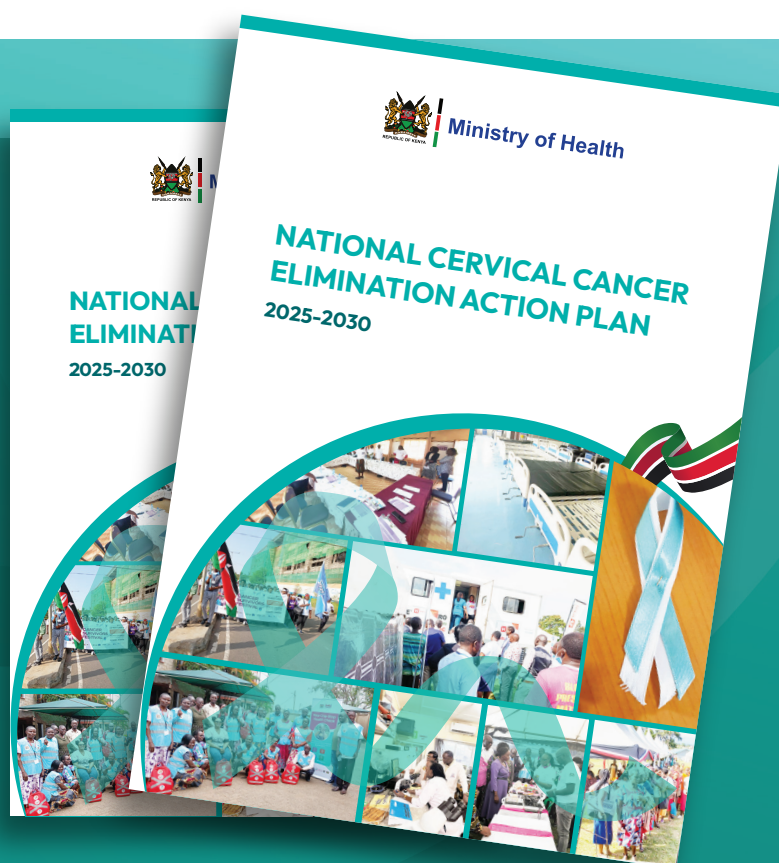




January 2026



The National Cervical Cancer Elimination Action Plan

OVERVIEW

Why an action plan?

Cervical cancer remains one of the leading causes of cancer-related illness and death among women in Kenya. Yet, it is also one of the most preventable and curable cancers if vaccination against the human papillomavirus (HPV) and screening is scaled in the population, and if women are diagnosed early and treated effectively. The global call to eliminate cervical cancer presents Kenya with a transformative opportunity to strengthen our health system and reduce the preventable burden of cancer. Therefore, the action plan seeks to provide operational guidance to achieve cervical cancer elimination in Kenya, in line with the respective policy and strategic frameworks, including the cancer policy

2019-2030, the National Cancer Control Strategy 2023-2027 and the National Immunization Policy Guidelines 2023.

Who is the target audience?

The realization of cervical cancer elimination in Kenya will require the concerted effort of all stakeholders; therefore this action plan seeks to spur action by all actors. These include national government, county governments, development partners, civil society, healthcare professionals, and communities. It seeks to forge collaborations between various public sector domains (health, education, government coordination, gender), as well as public-private partnerships.

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

1. Integration
2. Collaboration
3. Sustainability
4. Governance
5. Advocacy and education
6. Capacity building
7. Coordination
8. Equity

OPERATIONAL OBJECTIVES AND TARGETS

Table 1: Operational objectives and targets

Key Result	Operational Objectives	Target
HPV Vaccination	<ul style="list-style-type: none">• Expand equitable, timely, and integrated HPV vaccine delivery• Strengthen HPV vaccination workforce capacity• Strengthen HPV vaccination data systems• Strengthen HPV vaccine supply chains• Secure sustainable HPV vaccine financing• Promote political leadership and multisectoral coordination to support HPV vaccination.• Promote behavior change communication for HPV vaccine uptake.	HPV vaccination coverage among eligible girls is increased to at least 90%.
Screening and Precancer Treatment	<ul style="list-style-type: none">• Ensure facility readiness for screening and precancer treatment.• Ensure quality assurance in cervical cancer screening.• Strengthen health worker cervical cancer screening.• Increase community awareness and screening demand• Improve data use for decision-making• Prioritize financing for cervical cancer screening and treatment• Strengthen leadership and governance for the cervical cancer screening program• Ensure provision of quality screening and precancer treatment services.	At least 70% of women 30-49 years are screened using HPV testing; and at least 90% of those with precancer receive treatment
Diagnosis, Treatment, Palliative and Survivorship Care for Invasive Cervical Cancer	<ul style="list-style-type: none">• Strengthen infrastructure for cervical cancer diagnosis and treatment.• Expand skilled multidisciplinary oncology workforce.• Ensure availability of cervical cancer diagnosis and treatment technologies/supplies• Provide comprehensive financial coverage for cervical cancer diagnosis and treatment• Strengthen data systems for cervical cancer diagnosis and treatment.• Strengthen leadership and governance for diagnosis and treatment.	At least 90% of women with invasive cervical cancer receive comprehensive treatment, palliative and survivorship care.

RESOURCE REQUIREMENTS

To implement the health system strengthening interventions proposed in this action plan, **KES 1.2 Billion** will be required over five years (figure 1).

To establish two additional PET/SPECT centers at MTRH and Mombasa regional cancer center will require **KES 1.4 Billion**. Cervical cancer elimination interventions are comprehensively covered under the Social Health Insurance Packages, as shown on figure 2

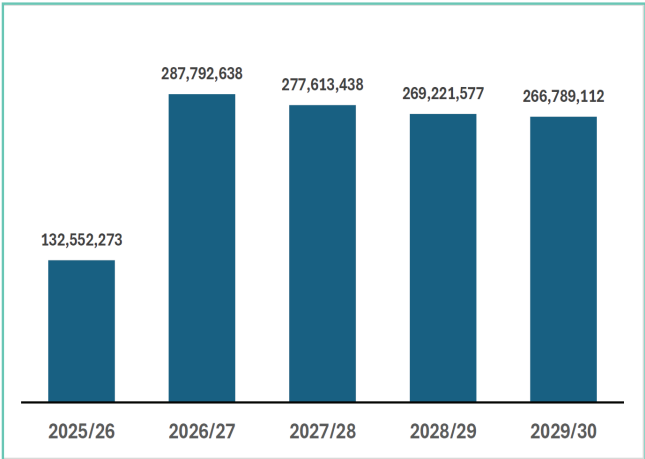


Figure 1: Cost of implementing the NCCEAP, by year (KES)

Primary Health Care Fund (PHCF)	Social Health Insurance Fund (SHIF)	Emergency and Chronic Conditions Insurance Fund (ECCIF)
<ul style="list-style-type: none">HPV immunization for levels 2 and 3HPV testingCryotherapyThermal ablationLEEPCervical biopsy, if conducted at level 2 or 3	<ul style="list-style-type: none">Imaging (CT, MRI, PET, etc.)ChemotherapyRadiotherapy/brachytherapySurgeryHPV immunization for levels 4-6	<ul style="list-style-type: none">Any treatment beyond SHIFPalliative care surgery

Figure 2: Cervical cancer elimination interventions in the Social Health Insurance packages.

MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING FRAMEWORK

An integrated monitoring framework will include electronic health records platforms at service delivery level, to the Kenya Health Information System and subsequently to a public-facing National Oncology Dashboard. A midterm evaluation will be conducted in 2028, and end-term evaluation in 2031.

The Key outcome indicators for the National Cervical Cancer Elimination Action Plan (NCCEAP) are shown in table 2:

Table 2: Key outcome indicators for the NCCEAP derived from the National cancer control MEAL Framework

Indicator	Baseline (2025)	2026	2027	2028	2029	2030
Percentage of girls who have received the HPV vaccine by the age of 15 years	54%	70%	80%	90%	90%	90%
Percentage of women aged 30– 49 who have been screened with a high-performance test for the first time	6%	30%	50%	60%	70%	80%
Percentage of women identified with having pre-cancerous lesions that receive treatment	43%	60%	70%	80%	90%	90%
Percentage of women identified with having invasive cervical cancer that receive treatment	58%	60%	70%	75%	80%	90%
Proportion of women with cervical cancer who are diagnosed at early stage (stage 1 and 2)	40%	50%	60%	65%	70%	80%

CALL TO ACTION

Let us act boldly, invest wisely, and collaborate with unwavering commitment, protect the lives of our women and girls and realize the vision of a healthier, more equitable future for our nation.

