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Editorial

Closing the Gaps in Cervical Cancer Prevention and Early Detection Advancing the WHO Strategy through Improved Awareness, HPV Vaccination, and Screening Uptake

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Cervical cancer remains one of the few cancers that is largely preventable, yet it continues to affect hundreds of thousands of women worldwide each year.1,2 Despite advances in screening, vaccination, and treatment, major disparities in awareness, healthcare access, and preventive service utilization continue to hinder global progress.2 The burden remains particularly significant in low- and middle-income countries, where women often experience delayed diagnosis and limited access to timely care. 2,3

Persistent infection with high-risk human papillomavirus (HPV) is the primary cause of cervical cancer, making HPV vaccination and regular screening essential public health interventions.4 Recognizing this opportunity, the World Health Organization launched the global strategy to eliminate cervical cancer as a public health problem through the 90–70–90 targets, which aim to improve vaccination coverage, screening uptake, and access to treatment.1 Although this initiative represents a major milestone in women's health, achieving these goals remains challenging in many healthcare settings.5 Barriers to cervical cancer prevention extend beyond healthcare infrastructure alone. Fear, stigma, cultural sensitivities, misinformation, and limited health literacy continue to influence women's participation in screening and vaccination programs.3 Misconceptions regarding HPV vaccination safety and concerns surrounding reproductive health discussions may further reduce public acceptance of preventive interventions.6 In many communities, women continue to avoid screening because of embarrassment, anxiety, or inadequate understanding of the imp ortance of early detection.3

Healthcare professionals play a critical role in addressing these challenges. Nurses, physicians, midwives, and public health practitioners are often the primary source of health information for women and families. Providing culturally sensitive education, correcting misconceptions, and promoting evidence-based communication can significantly improve public confidence in vaccination and screening programs. Public health campaigns, school-based education, and digital awareness initiatives may further strengthen community engagement and improve health literacy. Expanding equitable access to affordable HPV vaccination and cervical cancer screening services should remain a global public health priority.1 Innovative approaches such as self-sampling HPV tests, telehealth support, and community outreach programs may help improve access among underserved populations.7 At the same time, policymakers and healthcare systems must continue investing in preventive healthcare infrastructure and workforce development to support sustainable cervical cancer prevention strategies. The second shift is the shift of male fertility from the wings to centre stage in fertility care. In roughly half of all cases of infertility, a male factor is present, either alone or together with another factor. In the future, fertility clinics will not focus on women when it comes to investigation, counselling and treatment planning. A semen analysis alone will not do. Couples should take into account DNA
fragmentation, oxidative stress, lifestyle, endocrine status, varicoc ele, genetics, infections, environmental exposure and sexual heal th in fertility planning.

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