



CLOSING THE GAPS: THE STATUS OF CERVICAL CANCER SCREENING PROGRAMMES IN EUROPE – A SUMMARY

A REPORT FROM ECO'S HPV AND HEP B ACTION NETWORK

WHY CERVICAL CANCER SCREENING MATTERS

Cervical cancer remains **one of the most preventable cancers**, yet it continues to affect thousands of women across Europe each year. Despite the availability of effective screening and vaccination tools, **major disparities persist** in access, coverage, and quality of screening programmes between and within countries.

The European Union has set clear ambitions through **Europe's Beating Cancer Plan**. However, translating these commitments into **fully implemented, organised, and equitable screening systems** remains a challenge. Strengthening cervical cancer screening is essential not only to reduce incidence and mortality, but also to address broader inequalities in cancer care.

AT A GLANCE

Each year, more than **58,000** women are diagnosed with cervical cancer in the WHO European region, and over **27,000** die from this largely preventable disease. It remains the **third most common cancer among women under 44** years of age.

The burden of disease is not evenly distributed. Incidence rates vary significantly across Europe, **ranging from fewer than 5 cases per 100,000 women in some countries to more than 22 per 100,000 in others**. In Eastern Europe, incidence is higher than that observed in Western and Southern regions.

These disparities are not inevitable. With **over 90% of cervical cancers caused by high-risk HPV infections**, effective vaccination and high-quality screening offer a clear pathway towards prevention and, ultimately, elimination.



EUROPE'S GOAL FOR CERVICAL CANCER SCREENING

Published in 2021, **Europe's Beating Cancer Plan** provides the EU's overarching umbrella strategy to tackle cancer, seeking to reduce the cancer burden across member states through prevention, early detection, and equal access to high-quality care.

Europe's Beating Cancer Plan sets a goal of **offering cervical cancer screening to 90% of eligible women**, as part of a broader strategy to eliminate the disease through early detection and vaccination.

The EU has committed to eliminating cervical cancer as a public health problem through the Plan, which is further supported by the **EU Council Recommendation on cancer screening (December 2022)** and the **Council Recommendation on vaccine-preventable cancers (June 2024)**.



SCREENING AND PREVENTION: HOW IT WORKS

Cervical cancer develops slowly from infection with high-risk HPV through precancerous lesions. The progression from these lesions to invasive cancer typically takes place over many years, often decades, providing a clear opportunity for early detection and intervention.

Scientific evidence demonstrates that **HPV DNA testing** is a more sensitive methodology than cytology for early detection, as **it detects the casual agent of cervical cancer directly**, rather than waiting for cellular changes to occur.

If high-risk HPV is detected, further triaging can be applied to identify those women who can be safely monitored, compared to those who need immediate colposcopy. Together, these approaches support earlier detection, more precise risk stratification, and more effective prevention of cervical cancer.



HPV
PROTECT & DETECT



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EQUITY FOCUSED RECOMMENDATIONS

Integrate HPV self-collection

Self-collection of HPV samples should be incorporated into national screening programmes as a practical way to reach under-screened and hard-to-reach women, improving overall participation and equity.

Identify barriers

Understanding the social, cultural, and structural factors that prevent women from accessing or participating in screening is essential. Research should be directed toward identifying these barriers and developing tailored interventions to address them.

Implement targeted outreach

Communication strategies should include multi-channel, audience-specific campaigns that speak to the needs and contexts of different population groups, including those at higher risk or less likely to engage.

Engage communities

Collaborating with NGOs, community organisations, and local leaders is vital to increasing trust, dispelling stigma, and promoting participation within underserved communities.

Strengthen patient provider relationships

Training healthcare providers in effective communication, empathy, and cultural competence can help build trust and ensure that women feel respected and informed throughout the screening process.



BUILDING EFFECTIVE SCREENING PATHWAYS

Screening tools and triage options

Primary HPV testing should become the universal standard for screening across Europe, using only clinically validated assays. Self-collection methods must be integrated into national programmes, while new triage technologies should be evaluated and scaled where appropriate. Cytology should be maintained solely as a triage tool rather than as a primary screening method.

Invitation and call-recall systems

Countries should move from opportunistic to organised screening models. This includes adopting opt-out invitation systems, offering pre-booked appointments, and using SMS reminders to increase attendance and follow-up rates.

Screening intervals

Programmes should adopt evidence-based screening intervals, offering primary HPV testing every five years for women aged 30–65. For vaccinated cohorts, risk-stratified intervals should be introduced as evidence evolves, with shorter intervals retained only where clearly justified.

Follow-up and treatment

The EU should establish common time standards and quality indicators to guide follow-up and treatment. Integrated registries are needed to track outcomes, and service capacity must be expanded to meet demand. Special attention should be given to supporting vulnerable and underserved groups to ensure equitable access to care.



REGISTRIES AND QUALITY ASSURANCE

Data linkage and interoperability

National registries should be linked and made interoperable under the framework of the European Health Data Space (EHDS) to allow seamless data exchange and monitoring.

Transparency and accountability

EU-wide quality indicators should be standardised and reported through public dashboards, supported by periodic audits and independent quality assessments.

Equity analytics

Registries should include built-in equity measures to monitor disparities and ensure that progress toward fair and inclusive screening is continuously evaluated and improved.