

# LINKING INNOVATION TO EQUITY

## Canada's Opportunity to Bridge Domestic and Global Action to End Cervical Cancer

Outcomes from Roundtable on Cervical Cancer Prevention (March 9, 2026)

### CONTEXT

Cervical cancer is the **fourth leading** cause of cancer-related deaths among women worldwide despite the availability of highly effective preventive measures, including the human papillomavirus (HPV) vaccine. Tragically, 90% of the deaths to this cancer happen in low- and middle-income countries. In Canada, cervical cancer incidence rates are **higher** among equity-denied communities including those in lower-income neighbourhoods and rural locations, Indigenous communities and LGBTQ+ people. These alarming statistics underscore the significant gaps in access to prevention, screening, and treatment services, particularly in regions where these tools are needed the most.

However, Canada has made significant strides in reducing cervical cancer at home through HPV vaccination and screening programs, aiming for elimination by 2040, with provinces like British Columbia leading the way in implementing HPV-based screening and self-collection programs. Globally, Canada plays a key role in the fight against cervical cancer through its support for initiatives such as Gavi, Unitaid, and the Global Financing Facility (GFF).

**This positions Canada well to act as a bridge between domestic and global stakeholders and ensure they learn from each other's innovative approaches.**

### ROUNDTABLE



To mark International Women's Day 2026, CanWaCH and Results Canada brought together advocates and policy leads from the Canadian Partnership Against Cancer, CITAM Plus (a Zambia-based organization), Grand Challenges Canada, Action Canada, and the Canadian Physicians for Aid and Relief (including the Country Manager for Ethiopia), Global Affairs Canada and Health Canada senior officials, representatives from Unitaid, Gavi and the Global Financing Facility, and academics from the University of Ottawa's School of Epidemiology and Public Health and Queen's University School of Medicine, to initiate dialogue.

Based on their respective expertise, the participants discussed challenges and solutions, which highlighted the similarities between global contexts in which Canada has invested to help eliminate cervical cancer, and domestic efforts. This document summarizes this discussion and elaborates on the recommendations that were raised to ensure Canada continues to demonstrate leadership and adopts a multi-sectoral approach to cervical cancer, bridging local and global solutions to address common challenges.

## CHALLENGES

*The main challenge in cervical cancer elimination has shifted from technical feasibility to implementation.* – **Smiljka de Lussigny, Programme Manager, Unitaid**

Despite contextual differences, marginalized communities in Canada often face challenges similar to those experienced in low- and middle-income countries in relation to cervical cancer and HPV.

### Domestic challenges

- Despite contextual differences, marginalized communities in Canada often face challenges similar to those experienced in low- and middle-income countries in relation to cervical cancer and HPV.

### Global challenges

- Stigma around cervical cancer and HIV/AIDS, which increases the risks of suffering from cervical cancer, and their symptoms discourage women from seeking diagnosis and treatment.
- Misinformation remains widespread, including among some health workers.
- Girls living in fragile and conflict-affected settings are disproportionately likely to miss out on HPV vaccination.
- Significant bottlenecks at the treatment stage, including long wait times, result in preventable mortality before care can be accessed.

### Shared challenges

- Cervical cancer is often still diagnosed and treated too late, which further increases the risks for the many women who will not benefit from HPV vaccination.
- Unequal access to services and low screening rates in remote, marginalized and Indigenous communities often leads them to travel long distances to seek care.
- Fear, trauma, and lack of culturally-appropriate care reduce screening uptake.
- The COVID-19 pandemic highlighted that when vaccine delivery relies heavily on school systems, immunization rates can be disturbed and stall.

## SOLUTIONS

*“The worst tragedy is when we fail to connect women at risk with available care”*  
– **Dr. Karen Yeates, Co-Director, Queen’s School of Medicine, Office of Global Health**

The roundtable underscored a wide range of existing and emerging solutions in Canada and globally. These include both recent innovations, and others that have been long supported by Canada and partner countries from the Global South for their proven and high-impact.

### Domestic solutions

- In alignment with the World Health Organization’s call to eliminate cervical cancer within this century, Canada developed the Action Plan for the Elimination of Cervical Cancer in Canada 2020–2030, which also advances a top priority of the 2019–2029 Canadian Strategy for Cancer Control. The Strategy brought together partners, including stakeholders from the First Nations, Inuit and Métis, who today work together under the Canadian Partnership Against Cancer’s leadership to increase HPV vaccine uptake, screening, and follow-up after screening, and reach all marginalized populations in Canada.
- Achieving elimination requires an explicit equity focus, particularly for Indigenous communities, grounded in reconciliation and sustained partnerships.
- Strengthening disaggregated data systems (including race and ethnicity) is essential to identify underserved populations and target interventions effectively.
- Continued implementation of the national Action Plan must be supported by adequate and sustained funding, particularly for community-led initiatives.

## Global solutions

- Unitaid’s market-shaping approach has reduced HPV diagnostic prices by approximately 40%.
- Gavi expands equitable access to HPV vaccines through pooled procurement and co-financing mechanisms.
- The GFF works in partnership with low- and middle-income countries to strengthen health systems and ensure better access to cervical cancer prevention and treatment.
- Vaccination platforms for adolescents can strengthen broader health systems and future pandemic responses.
- Thermal ablation allows local nurses to treat women immediately, avoiding loss to follow-up when women must travel long distances for treatment.
- Sustained advocacy is required to reinforce vaccine confidence among communities, policymakers, and healthcare providers.

## Shared solutions

- Community-led service delivery improves awareness, demand generation, monitoring capacity, and access across the continuum of care.
- Integration of HPV and cervical cancer services into maternal health and HIV platforms enables earlier and more equitable reach.
- Multi-age cohort vaccination campaigns, successfully implemented by Gavi, can be adapted in Canada to reach individuals who missed earlier vaccination opportunities. In some countries, including Ethiopia, allowing health workers to provide more services and share medical tasks has helped in reaching more women more quickly.
- Adoption of the one-dose HPV vaccination schedule, except for immunocompromised patients, can increase efficiency and expand global supply without compromising effectiveness.
- Replacing Pap tests with HPV primary screening ensures earlier prevention and simplified outreach.
- Self-sampling significantly increases screening uptake, and can be effectively deployed through community health workers.
- For Indigenous and LGBTQ+ populations, culturally safe and appropriate follow-up care is essential.

## CONCLUSION

Cervical cancer elimination requires a full continuum approach that encompasses vaccination, screening, and treatment. This is well-known by global and domestic stakeholders, and many innovations were created to make cervical cancer elimination a reality. However, equity gaps persist globally and within Canada, particularly among marginalized and remote populations.

By being at the forefront of gender equality and women’s health on the global scale, and as we continue to achieve progress domestically, Canada and its partners have an opportunity to facilitate knowledge exchange, accelerate progress through global financing and diplomacy, domestic equity-focused policies, and support for the implementation of community-led programs.



## RECOMMENDATIONS FOR A “TEAM CANADA & PARTNERS” APPROACH TO LEADERSHIP IN CERVICAL CANCER ELIMINATION

### The Government of Canada can:

- **Sustain and align global and domestic investments:** The Government of Canada’s commitment to HPV elimination, and continued investments in the GFF and Gavi have helped more than 30 countries introduce HPV vaccines, and integrate HPV and cervical cancer care within SRHR services to date. **As we move forward, Canada must sustain and expand support to global mechanisms like Gavi, Unitaid and the GFF, while ensuring lessons from these investments and partner countries inform equitable implementation in Canada.**

- **Invest in innovation:** Build on collaborations between Global Affairs Canada and Grand Challenges Canada to scale promising solutions, including AI-supported screening tools and digital health systems that improve patient tracking and referral pathways.
- **Leverage platforms like the G7, World Health Assembly, and World Bank meetings to remain engaged as a gender equality champion and keep cervical cancer on the agenda:** Promote a comprehensive approach measured with the 90-70-90 elimination targets, the Government of Canada must encourage donors to fund vaccination, screening and treatment; help generate demand from implementing governments to invest in their national cervical cancer and HPV programs; and support regional champions and Demonstration programs showing that elimination targets are achievable.
- **Adapt global best practices domestically:** Gavi has developed multi-age cohort campaigns to reach girls who missed vaccination earlier in their lives. Like Gavi's strategy, the Government of Canada must work with local authorities to identify specific barriers and help strengthen vaccination coverage through catch-up programs. Similarly, in Ethiopia, allowing health workers to provide more services and share medical tasks has helped in reaching more women more quickly. In Canada, simplifying guidelines and investing in community health workers, nurses, and pharmacists to develop their skills, and allow them to assume medical roles can broaden access.
- **Create incentives for the adoption of the one-dose schedule and HPV primary screening to be adopted across the country, except for immunocompromised patients.** This will help free up vaccines for low-income countries and is as effective. This lesson learned from low-income countries can also contribute to expanding access in Canada as well.
- **Fully implement and fund Canada's national cervical cancer elimination strategy,** to allow everyone in Canada to access culturally safe, accessible and appropriate care, including Indigenous, LGBTQ+ and other marginalized populations.
- **Support and fund the collection and analysis of disaggregated data,** including race, and ethnicity.

#### Global health initiatives can:

- **Make targeted investments in community-led service delivery** to improve demand generation, raise awareness, increase the monitoring capacity and expand access to vaccines, screening and even some tools for treatment.
- **Support partner countries in integrating HPV and cervical cancer services in maternal health and HIV clinics** to reach the most at-risk communities early.
- **Support the scale up of innovative tools,** such as self-sampling to increase screening uptake.
- **Facilitate platforms to build an international community of practice** to allow knowledge exchange across countries through online and in-person events.

#### Canadian civil society organizations can:

- **Convene and align stakeholders:** The Canadian Partnership Against Cancer is already a key convenor and can help strengthen further collaboration between Canadian provinces and stakeholders. This could help the jurisdictions which have not yet switched from Pap tests to HPV primary screening to transition to this diagnostic mode for earlier prevention, and to adopt strategies to reach underserved populations better.
- **Advocate for sustained and increased investments in Canadian communities and in global health** across the full spectrum from prevention to diagnosis, and treatment to achieve cervical cancer elimination.
- **Connect** civil society organizations, government and private sector representatives from low- and middle-income countries with Canadian decision-makers to support learning exchanges.
- **Elevate community stories to inform policy with lived experience highlighting the needs and impact of investments.**

#### Additional resources to learn more:

- [Action Plan for the Elimination of Cervical Cancer in Canada 2020-2030](#)
- [Gavi's advocacy brief for HPV vaccine access to accelerate global cervical cancer elimination](#)
- [Unitaid's work to scale access to thermal ablation devices](#)
- [Zambia's case – progress through support from the World Bank and the GFF](#)
- [Article from Dr. Karen Yeates on innovative tools in Africa](#)