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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Written statement* submitted by Chongqing Centre for Equal Social Development, a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[27 January 2025]

* Issued as received, in the language of submission only.



Uneven Prevention and Control Capacity for Cervical Cancer among Countries Affects the Global Guarantee of Women's Right to Health

Cervical cancer is a common malignant tumor that poses a serious threat to women's right to life and health, and is also considered as “unequal cancer”. More than 340,000 newly reported cervical cancer deaths in 2020, with more than 80% of these deaths occurring in low-and-middle-income countries(LMICs). To accelerate the process of cervical cancer elimination, the World Health Organization (WHO) formally launched the Global Strategy to Accelerate the Elimination of Cervical Cancer in 2020. Calling for 90% of girls fully vaccinated with the HPV vaccine by the age of 15; 70% of women screened using a high-performance test by the age of 35, and again by the age of 45; 90% of women with pre-cancer treated and 90% of women with invasive cancer managed, by 2030. However, as things stand, LMICs are still a long way from the targets set by the WHO.

I. Challenges in Cervical Cancer Prevention and Control in LMICs

As noted by the WHO, in high-income countries, widespread screening and vaccination have radically reversed the high incidence of cervical cancer, with dramatic declines in cervical cancer incidence and mortality. However, in LMICs, where the burden of disease is highest, cervical cancer prevention and control is often not seen as a priority, and women struggle to access adequate prevention and treatment to save their lives.

(i) Low Vaccination Coverage in LMICs

Globally, the WHO estimates that the proportion of the female population aged 9 to 14 years completing all immunization shots in LMICs will be 12% in 2022, compared with 40% in high-income countries already in 2019. Relevant data show that in the African region, only 33% of countries have introduced HPV vaccines, which means that most African countries are unable to provide HPV vaccination services to their populations. On the one hand, constrained by the economic situation, most countries with low- and middle-income levels are unable to provide adequate financial support for HPV vaccination; on the other hand, the vast majority of cervical cancer vaccines are produced in middle- and high-income countries, and HPV vaccines require cold-chain transport and storage, but the vaccine supply chain in many countries is unable to ensure a stable cold-chain environment, which affects the quality and distribution efficiency of the vaccine.

(ii) Low Cervical Cancer Screening Rates in LMICs

Compared to high-income countries, LMICs have a limited number of health-care facilities, especially in rural areas, which provide screening services. Limited medical staff, short and rushed counselling times, and shortages of equipment and materials often make it difficult for women to access timely screening services. Some relevant statistics show that, less than 5% of women in many low-income countries are ever screened for cervical cancer. Of the 139 countries with cervical cancer screening recommendations, only 35% recommend primary HPV-based screening, visual inspection with acetic acid is the most recommended test in LMICs, but it is prone to underdiagnosis.

(iii) Inadequate Cervical Cancer Awareness in LMICs

In LMICs, most women lack knowledge and information about cervical cancer screening and its benefits, and have misconceptions about screening and the screening process. In some African countries, women report fear of infection from screening equipment or other sources in health-care facilities. The cervical cancer survey of Asia and South America study noted that culture, religion and customs influence women's perceptions of cervical cancer prevention and treatment. In some regions, men consider cervical cancer screening to be a private and taboo subject and refuse to allow their wives to be screened.

II. Recommendations for Strengthening Cervical Cancer Prevention and Control in LMICs.

(i) Increased Attention from Human Rights Perspective

Enhancing protection against cervical cancer is not only a public health issue, but also a human rights issue. Article 12 of the International Covenant on Economic, Social and Cultural Rights clearly states that “everyone to the enjoyment of the highest attainable standard of physical and mental health.” This of course includes women's health and well-being, including sexual health. Currently, the UN Human Rights Council pays special attention to AIDS and albinism, but not enough to cervical cancer. The UN Human Rights Council should strengthen its attention to cervical cancer, promote the prioritisation of cervical cancer by all countries, formulate special plans for cervical cancer prevention and treatment, and strengthen inter-country exchanges and cooperation to raise the level of cervical cancer prevention and treatment.

(ii) Improving HPV Vaccine Accessibility in LMICs

Public health policies should be further optimized, and LMICs should be called upon to incorporate cervical cancer screening and vaccination into national health planning. Through the collaboration of the United Nations, the Global Alliance for Vaccines, foundations and other organizations, ensure equitable distribution of HPV vaccines globally. Encourage the development of localized vaccine production capacity to reduce vaccine import dependency and transport costs. Promoting the use of one dose of HPV vaccine can reduce the cost of vaccination and the burden on healthcare resources. In rural or remote areas, establish community vaccination sites to facilitate access to urban healthcare facilities for those who have difficulty in reaching them and to improve accessibility of services.

(iii) Enhancing the Use of Artificial Intelligence (AI) in Cervical Cancer Screening

For LMICs with limited healthcare resources, AI-assisted diagnostic technologies can reduce misdiagnosis or missed diagnoses due to inexperienced technicians, ensure consistency in the diagnostic process, and help primary healthcare organisations in remote areas to carry out screening services with fewer geographic and technical barriers.
