



Integrated approaches: The case for HPV testing

18 June 2026



Why cervical cancer elimination matters now

- Cervical cancer remains one of the leading causes of cancer death among women in many LMICs
- 90% of new cases and deaths occur in LMICs
- **Women living with HIV face a ~6-fold higher risk**
- The disease is largely preventable and treatable if services reach women in time
- Screening and treatment coverage remains far below global targets particularly in LMICs.
- New and existing technology and delivery approaches can strengthen CxCa programs and can close the gap

Regular screening is essential to preventing cervical cancer.

But 1 in 4 women haven't been screened as recommended, and most of these gaps occur in low- and middle-income countries (LMICs).

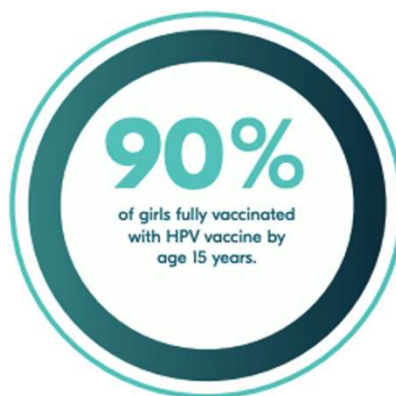


Progress toward the 90–70–90 targets remains uneven

Global strategy to accelerate the elimination of cervical cancer as a public health problem



Scan to read the
Global Strategy



31% global HPV vaccine coverage:

Coverage increasing, but still far below the 90% target

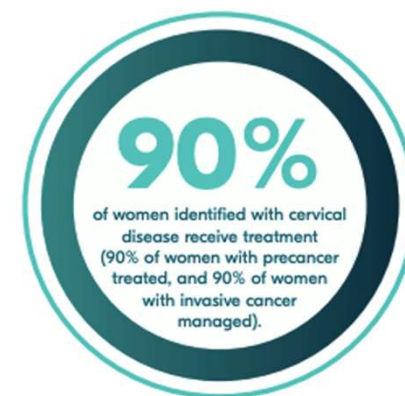
WHO single-dose recommendation may accelerate scale-up



Access to high-performance testing remains limited:

VIA and cytology still widely used in many countries

Follow-up after positive screening remains a major gap

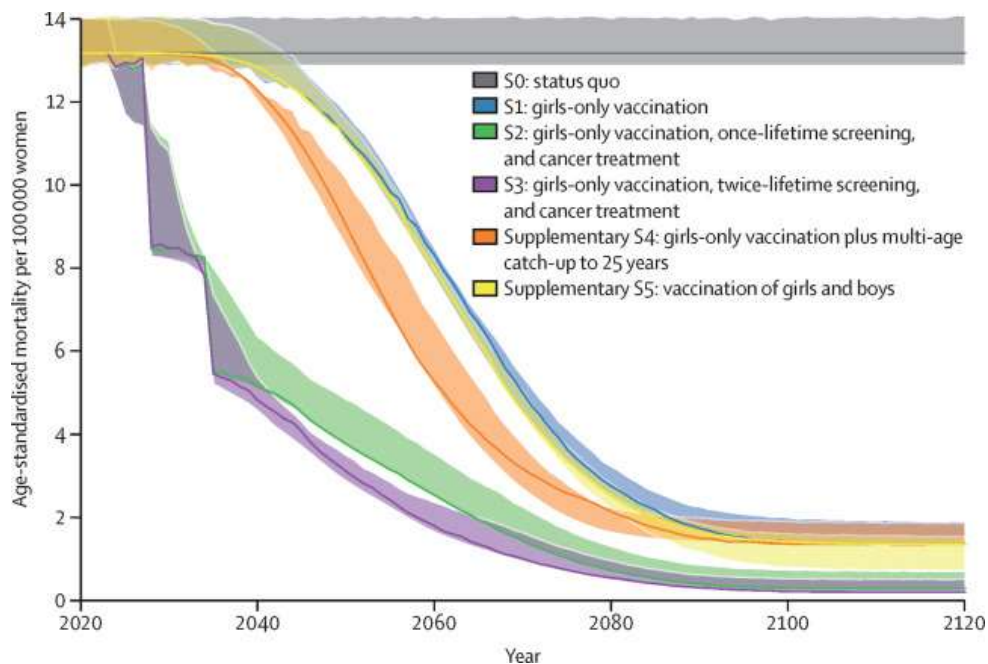


One-third of countries lack radiotherapy services:

Workforce and referral gaps persist

Weak referral systems and limited treatment capacity continue to constrain continuity of care

The importance of a comprehensive approach



Age-standardised cervical cancer mortality over time for all 78 LMICs

- Combined impact of vaccination with scaling up twice-lifetime screening and cancer treatment:
 - by 2030: 300.000 – 400.000 deaths averted
 - over the course of the century: 62.6 million deaths averted
- Over the period of 50 years (by 2070), the most deaths averted will come from scaling up screening and treatment services (13.3 million deaths averted with once-lifetime screening and 14.6 million with twice-lifetime screening) vs scaling up vaccination alone (4.8 million deaths averted)



Unitaid's contribution to the elimination agenda

Since 2019, Unitaid has invested nearly US\$100m in programs that focus on introducing innovative, affordable tools and building integrated delivery models for the **secondary prevention of cervical cancer**.

The focus has been on laying the groundwork for CxCa screening and treatment programs in partnership with CHAI, Expertise France, Jhpiego, UICC, and WHO.



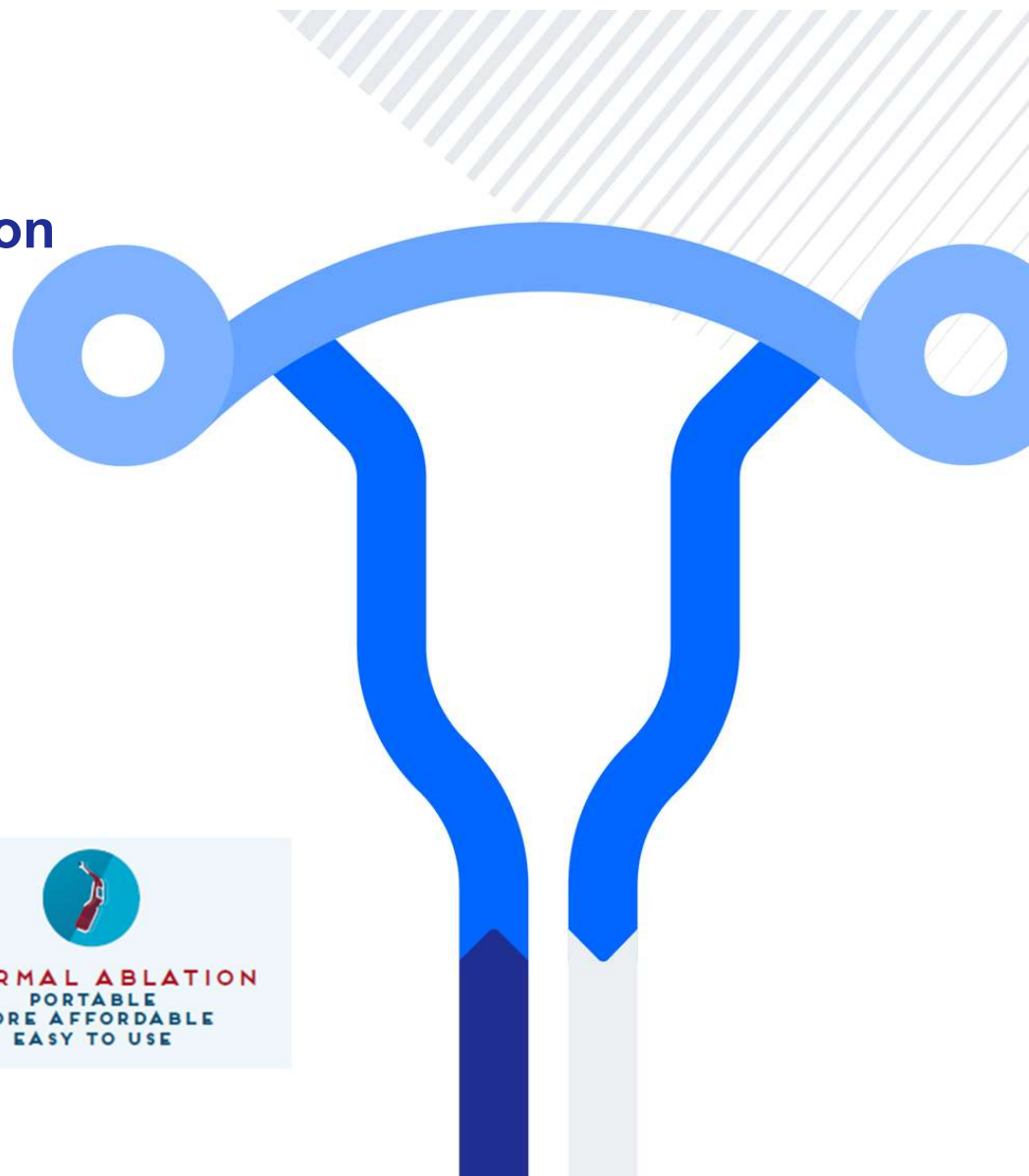
SELF-COLLECTION
GREATER AUTONOMY
MORE ACCEPTABLE
CONVENIENT



HPV TESTS
HIGH PERFORMING
COST-EFFECTIVE
LESS INVASIVE

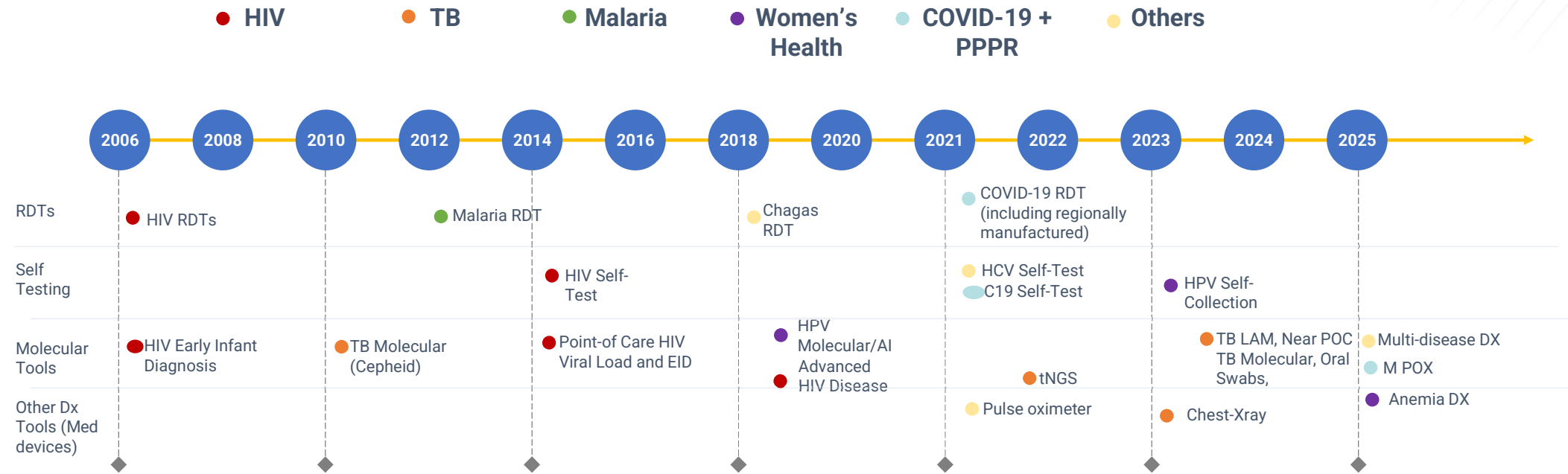


THERMAL ABLATION
PORTABLE
MORE AFFORDABLE
EASY TO USE





Advancing diagnostic products since 2006



Unitaid addresses diagnostic challenges by working across the **diagnostics value chain** – addressing **both supply and demand** considerations



TB, HIV, COVID program expansions resulted in testing infrastructure growth

LMIC Automated & Manual Testing Infrastructure¹

Key PCR Platforms with HPV Tests

Abbott Laboratories
(USA)

Becton Dickinson
(USA)

Hologic (USA)

Roche (Switzerland)

ThermoFisher (USA)

Qiagen (USA)

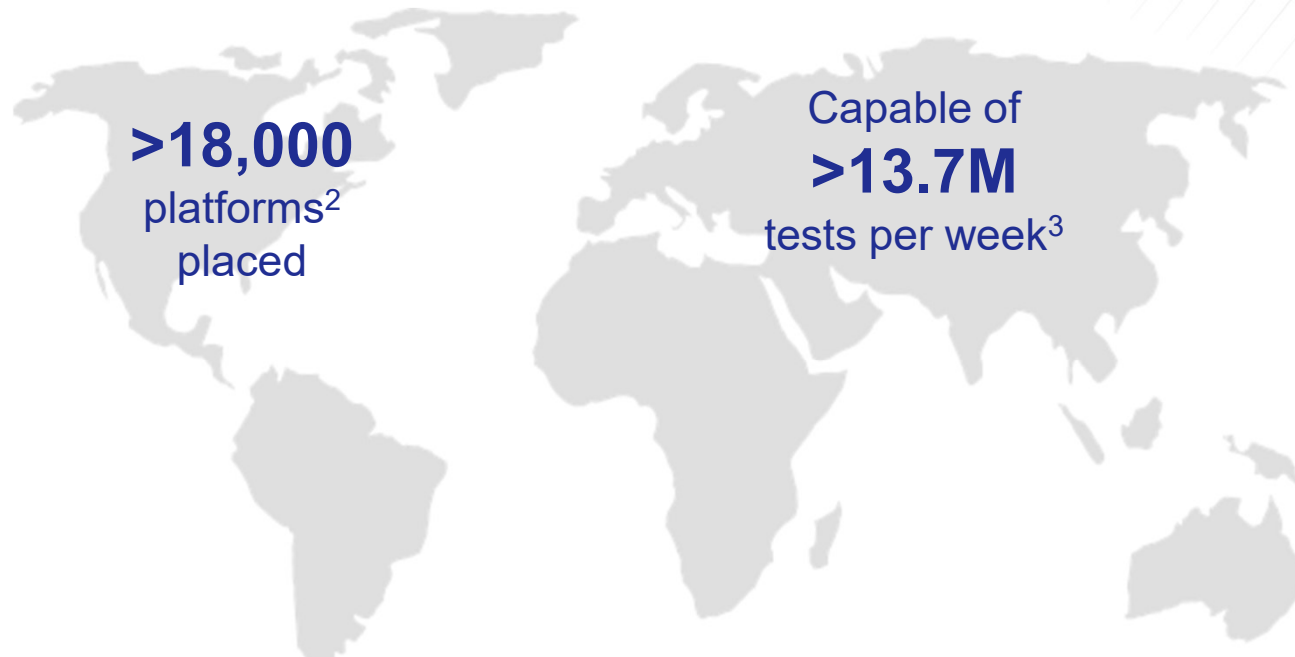
MolBio (India)

Cepheid (USA)

Not comprehensive

Centralized

Near Point-of-Care



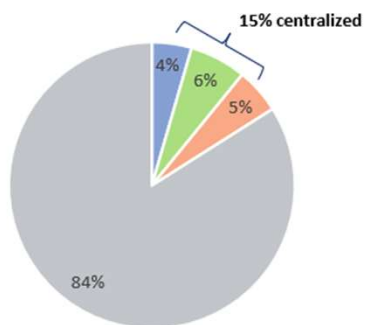
1. Non-comprehensive mapping of footprint data. Data as of February 2023. 2. Platforms indicative of individual amplification platforms (thermocycler, automated amplification platform, GeneXpert I, II, IV, XVI, etc). Gx data based on platform devices assumes average of 4 modules/platform. 3. Capacity calculations based on observed manual testing throughput during Covid period through May 2021, supplier estimated testing throughput for GeneXpert & other automated devices, observed number of shifts per days & days per week for lab operation observed through May 2021.



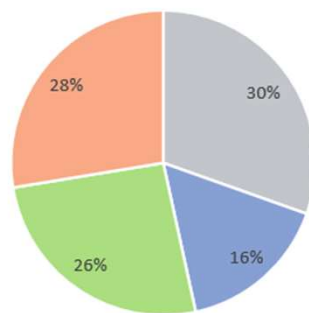


Diversity of platforms used for HPV testing in Unitaid-supported programs (CHAI)

Devices utilized, by supplier

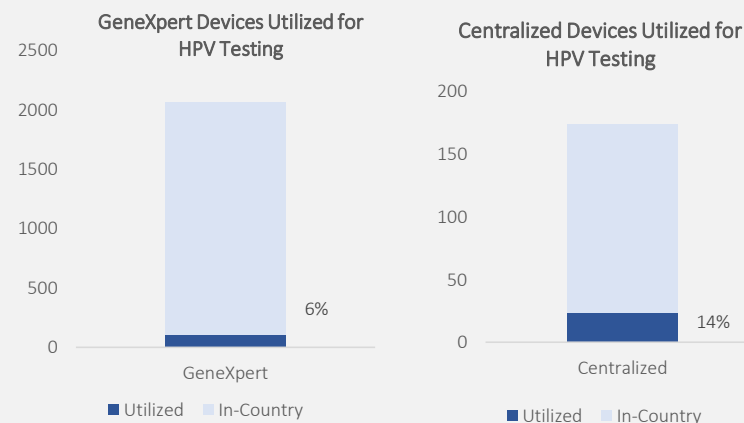


Tests procured, by supplier**



■ Roche ■ Abbott ■ Hologic ■ Cepheid ■ Cepheid ■ Roche ■ Abbott ■ Hologic

Devices utilized for HPV testing of total in-country



27% of sites offering HPV tests on site

68% of sites offering testing with centralized HPV testing

**may not include other funding sources



Price reductions of key commodities

40%

Median price reduction in HPV tests
improving affordability, accessibility

Abbott

HPV \$6.24² EXW
33 SSA
countries

Roche

HPV \$7.90³ CPT
89 LMICs

Hologic¹

HPV \$9.00 DAP
8 African
countries⁴

Cepheid⁵

HPV \$14.90 EXW
145 countries

- For centralized tests, pricing offered is equal or lower, than those of higher-volume HIV and TB tests⁶
- Pricing offered by Cepheid has not achieved price parity with TB test offers
- Lower pricing has been offered to specific countries or programs where clear, funded demand is available
- When accounting for additional costs, including sample collection, instrument, service and maintenance, and supply chain, estimated costs increase by US\$1-6

¹ All-inclusive

² Instrument placement included at \$8.49

³ Pricing for <50k tests, \$6.90 for 50-250k, and \$5.90 >250k

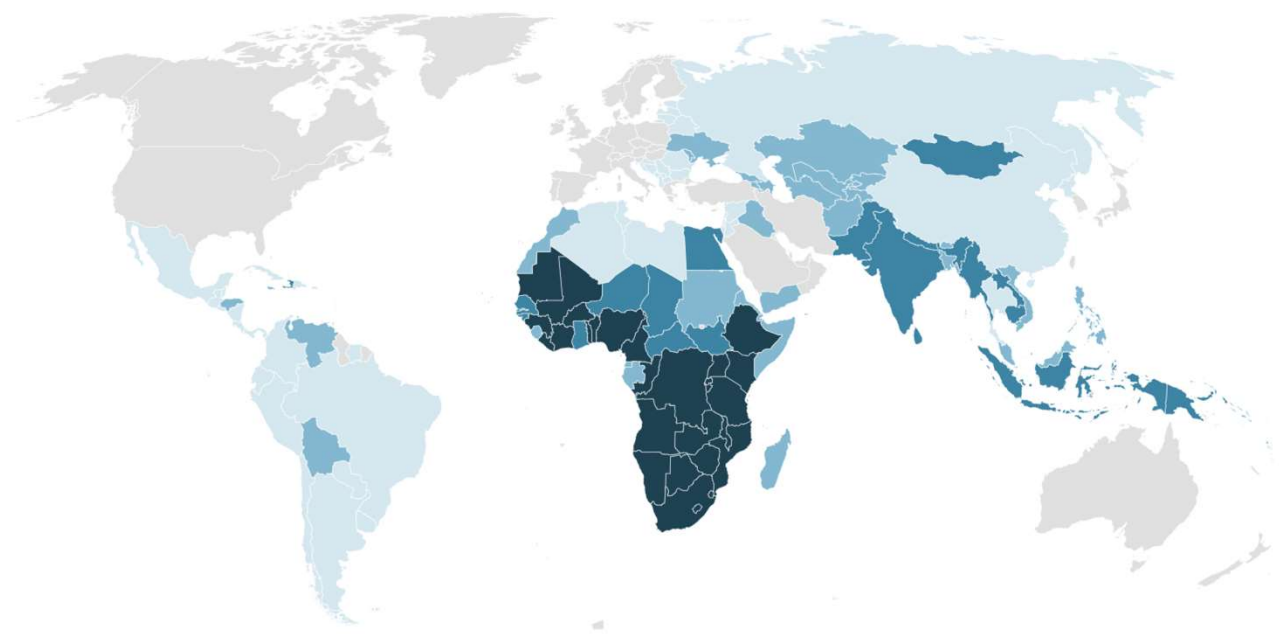
⁴ \$11.28 all-inclusive pricing available to 50 countries; \$6.90 reagent-only FCA pricing also available

⁵ Part of all-in GX 16 program

⁶ HIV tests priced at [equivalent prices](#), with volumes estimated at approximately 10M tests annually



Negotiated pricing availability



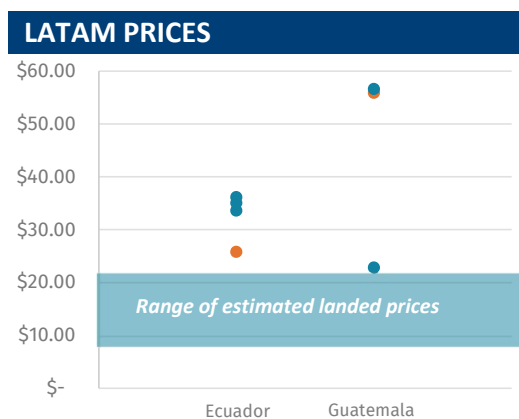
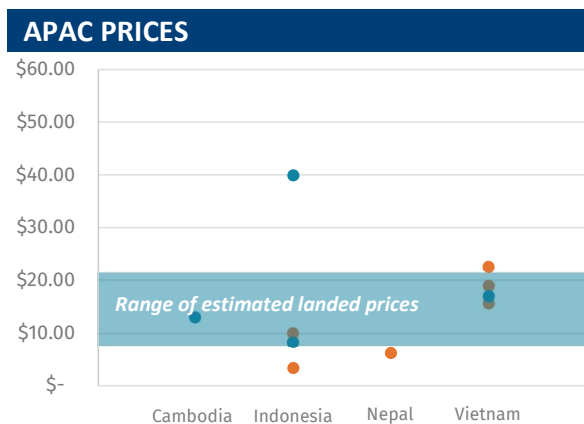
Number of pricing agreements accessible by country

- One (52)
- Two (41)
- Three (23)
- Four (28)
- None (10)





Challenges in accessing HPV prices in different geographies



Key: ■ Products with GAPS ■ Products without GAPS

HPV PCR PRICES			
Product	GAP ¹	Est. landed price ²	Highest Price Paid
Abbott Alinity m & RealTime High-Risk HPV ²	\$6.24 FCA (existing footprint)	\$8.32	APAC: \$39.90 LATAM: \$56.65
	\$6.99 FCA (purchased)	\$9.32	
	\$8.49 FCA (placed)	\$9.83	
Cepheid Xpert HPV	\$14.90 EXW, CIP, or CPT	\$19.88	
Hologic Aptima HPV	\$9.00 DAP	\$9.34	
MolBio HPV-HR	\$16.00 EXW	\$21.34	
Roche Cobas HPV	\$7.90 CPT or DAP	\$9.09	
Products without GAPS	-	-	APAC: \$22.52 LATAM: \$55.91

For HPV tests with global access pricing (GAP) offerings, the average price accessed is ~2.4X more than the estimated landed price based on the relevant GAP

¹ Some GAPS were adjusted during the analysis period. For simplicity, the chart and graphs show current GAPS. Some data points just above the est. landed price range may represent purchases at the historical GAP. The historical GAPS were considered in the highlights. See Annex for definition of landed price.
² Based on GAP, adjusted to APAC-specific PSM costs for the relevant product; see the assumptions used to calculate in the annex.



5 factors directly influence price accessibility

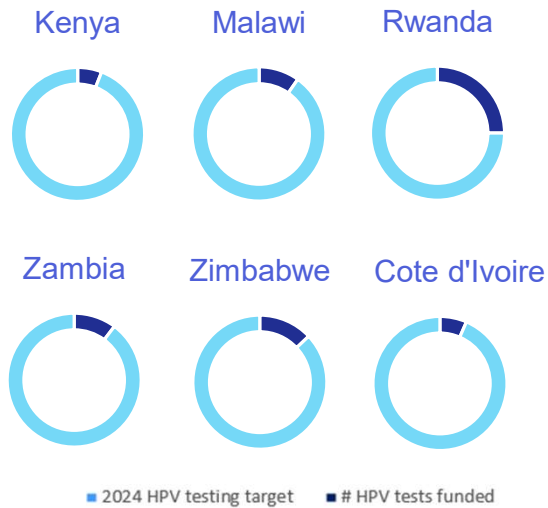
Access enabler	Remaining barriers
1 Pricing awareness	Limited awareness – Buyers are often not aware of GAPs or other references prices and lack a toolkit of best practices to access affordable and predictable diagnostic prices
2 GAP eligibility and access	Limited eligibility or access to GAPs – GAP agreements help to control pricing but are only available for a subset of HPV tests and even where they exist, there can be contractual or policy barriers to accessing them and challenges in executing them
3 Price inclusivity & transparency	Limited and fragmented procurement – For both GAPs and reference prices, the procurement mechanisms and distribution processes adopted by buyers can impact the prices accessed; more <i>predictable, consolidated demand</i> and optimization of volume allocations across suppliers can result in lower costs
4 Procurement & supply chain	Variable inclusiveness and poor transparency – Unless they are all-inclusive, GAPs & reference prices state a reasonable cost for only a portion of all cost components. Where there are no GAPs, <i>costs can fluctuate & there is no reference for what is fair</i> . This challenge is compounded as cost components are rarely delineated in meaningful detail for buyers, so impossible for buyers to evaluate cost drivers & determine reasonability
5 Market competitiveness	Limited market competitiveness – Situations of monopolies or duopolies by suppliers and/or distributors for certain market segments or countries contributes to less affordable and consistent prices



Limited/slow increase in HPV testing coverage

Even if the prices have decreased, the fiscal space is limited, and the funding often comes from donors supporting programs focused on women living with HIV

Proportion of 2024 national HPV testing target that is funded

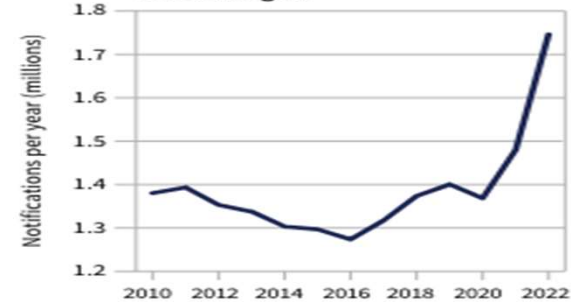


Introduction of GeneXpert MTB test in 2010

Global trend in case notifications of people newly diagnosed with TB, 2010-2022



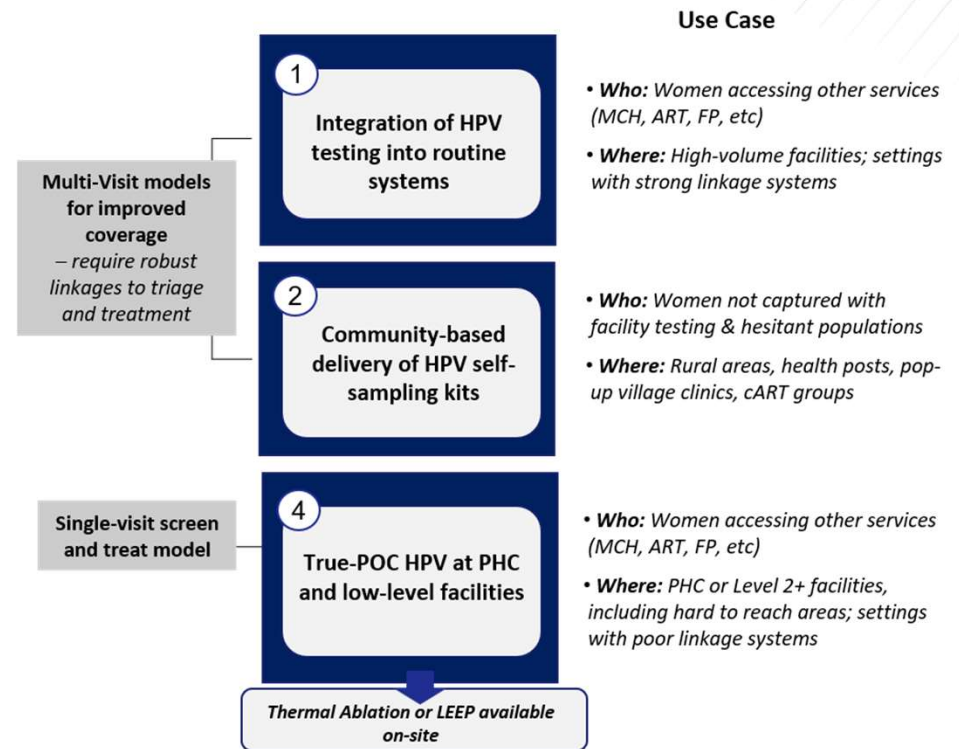
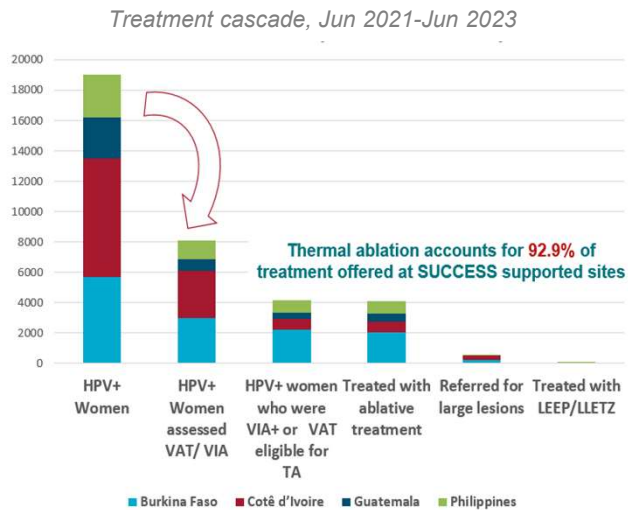
African Region



Global Tuberculosis Report 2023. WHO. [Link](#).

Key issues with HPV testing uptake

- With current technology options, it is challenging to achieve the same visit test and treat: mostly centralized testing or queuing after TB and HIV samples (if technology on site)
- High rates of loss to follow-up across programs and countries





Integrated diagnostics as part of Unitaid's current strategy

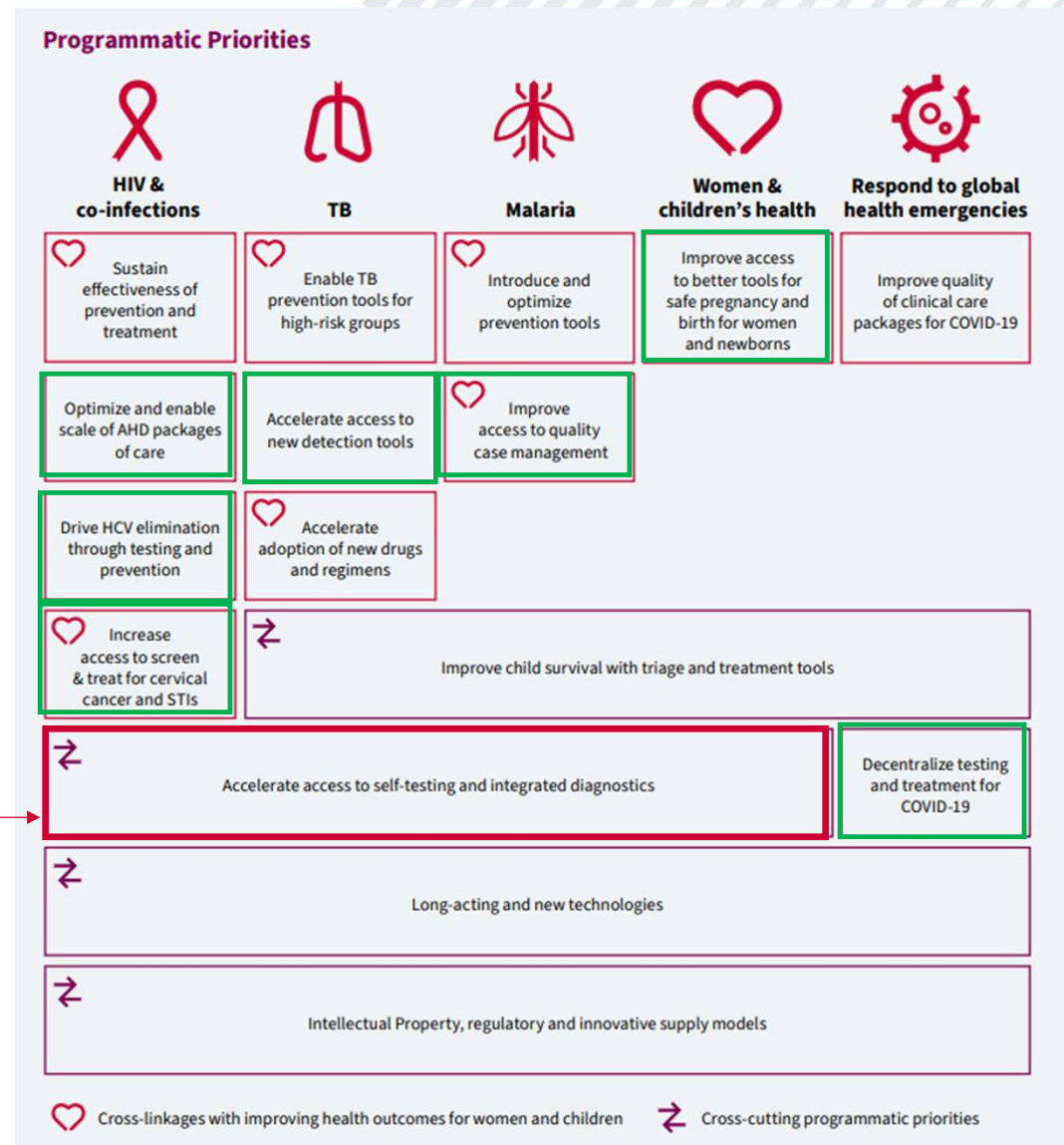


Area for Intervention:

Improving people-centered care through integrated diagnostic tools and delivery approaches

Programmatic Priorities: Accelerate access to integrated diagnostics and self-testing/self-care (HIV and co-infections; TB; Malaria; responding to global health emergencies; women and children's health)

Strategic Objectives: Accelerate adoption of key health products (Create systemic conditions for sustainable, equitable access; Foster inclusive and demand-driven partnerships for innovation)





Key drivers for this focus

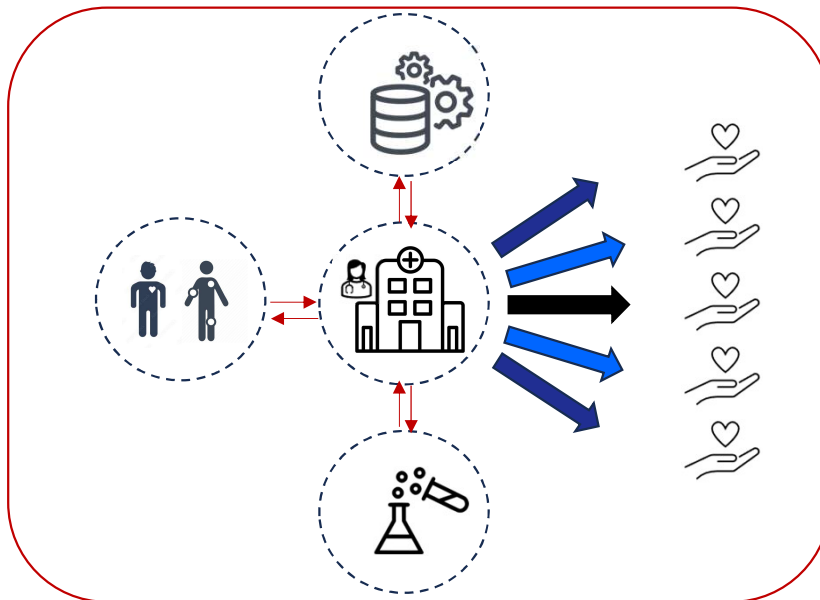
**Influencer
Pathfinder
Investor**



**Efficiency
Integration
Sustainability**

Integration: Maximizing testing capabilities

“Do More With Less”

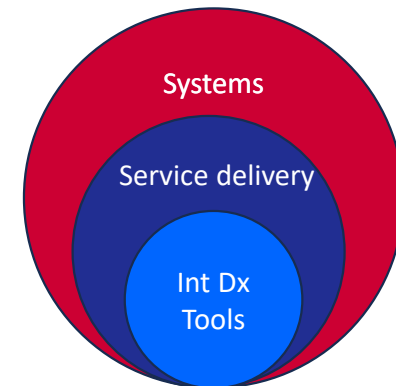


Vertical programs : HIV/AIDS, Malaria, TB, M&CH

Integrated diagnostic tools: Technologies that address multiple diseases or conditions in a single tool (e.g., multi-disease, multi-plex or multi-modal diagnostic platforms), addressing the needs of people affected by more than one disease (e.g., treatment of co-infections)

Integrated service delivery: Approaches that use one program or clinical interaction to address multiple health issues (e.g. For example, leveraging child health visits to diagnose malaria, or using antenatal care to screen for hepatitis B, HIV, and syphilis.

System integration: Sample transportation, supply chain and human resources can be streamlined and shared across health areas. But also, data management systems and connectivity solutions



Level of Integration



Thank you

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