The Future of Investment in Global Cervical Cancer Elimination: A Lifesaving Vision at Risk

- Since the 2020 launch of the World Health Organization's strategy to accelerate the elimination of cervical cancer, progress towards its three major goals remains insufficient.
- Investment data from 2018 to 2023 shows diverging paths for HPV vaccination and cervical cancer screening and precancer treatment, with the former seeing significant increases while the latter has remained relatively static.
- Funding remains grossly insufficient to achieve the World Health Organization's scale-up targets for cervical cancer elimination by 2030.
- New funding challenges - notably, dramatic cuts to international development aid and research funding by the United States government - create new uncertainty on the future of this global goal.
- Putting the world on track to eliminating cervical cancer will require a renewed investment case, increased country ownership, resource-saving policies and partnerships, new research champions, and sustained advocacy.

Cervical cancer is diagnosed in at least 662,000 new women annually, with roughly 350,000 lives lost. More than 90% of deaths from the disease occur in low- and middle-income countries (LMICs), and these figures are a likely a gross underestimate, given the low global proportion of women ever screened for cervical cancer.[1] Women living with HIV (WLHIV) are a particularly vulnerable population, who bear a six-fold increased risk for cervical cancer.[2] These figures represent not only an unacceptable status quo – they also reflect a solvable public health problem. Cervical cancer can be prevented through several effective and increasingly affordable means, supported with education to drive acceptance while reducing stigma and misinformation.

To prevent future cases of cervical cancer, access to HPV vaccination is critical. Since their launch in 2006, preventive vaccines against cancer-causing strains of human papillomavirus (HPV) have shown remarkable real-world results in reducing new cases of cervical cancer among cohorts of vaccinated women, even providing herd immunity at high coverage levels.[3]

Timely screening for high-risk HPV infection and pre-cancerous cervical lesions enables their safe treatment before they develop into invasive cancer. The vast majority of such lesions can be removed safely and effectively through targeted application of heat, known as thermal ablation, or by freezing the affected area using cryotherapy. In some cases, women who undergo screening will need to be referred for additional tests if invasive cancer is suspected.

November 2025

An Unprecedented Opportunity: Cervical Cancer Elimination

Broad access to HPV vaccination, cervical cancer screening, and treatment have the potential to permanently end cervical cancer as a public health problem. This ambitious notion prompted Member States of the World Health Organization (WHO) to launch a global cervical cancer elimination strategy in November 2020.[4] This strategy is built on three complementary pillars:

- Vaccinating 90% of girls against HPV by age 15;
- Screening 70% of women at ages 35 and 45 for pre-cancerous cervical lesions with a high-performance test; and
- Ensuring that 90% of women in need receive treatment for cervical disease.

In the five years since the launch of the WHO strategy, progress towards its three major goals remains insufficient. Despite significant mobilization of resources – most especially through Gavi, the Vaccine Alliance – global HPV vaccine coverage in 2025 was recently estimated at 27%, a far cry from the WHO's 90% goal.[5] In addition, the WHO estimates that 1 billion women worldwide have never been screened for this disease.

The third pillar of the global cervical cancer elimination strategy – treating 90% of women for precancer or invasive disease – remains disproportionately neglected. Cryotherapy is effective, but its use in low-resource settings can be hindered by reliable access to compressed gas and the need to transport heavy canisters. Battery-powered thermal ablation devices have become an increasingly popular option given their portability and low resource requirements. Sadly, many women who are screened and in need of treatment are unable to access effective treatment options. Too often, women identified as needing treatment must live with the terrible risk of dying from a preventable and highly treatable cancer, especially given the prevailing lack of cancer treatment capacity in LMICs, which is often limited to tertiary centers in urban areas.[6]

Despite these persistent challenges, there are reasons for optimism. In 2023, The WHO's Strategic Group of Experts (SAGE) endorsed a single-dose regimen for certain HPV vaccines in the general population and a two-dose regimen for people living with HIV.[7] Applying these guidelines expands the number of people who can be vaccinated with a given supply and reduces the cost and logistics needed to reach thousands of individuals with subsequent doses. Since SAGE's recommendation in 2023, a total of 67 countries have updated their guidelines to a single-dose recommendation.[8]

Scientific advancements have also enhanced screening options. In 2023, the WHO officially recommended HPV testing as the global screening standard due to its superior performance and acceptability compared to visual methods (Pap tests and VIA/VILI).[9] HPV testing allows women to collect their own vaginal sample, offering more control, privacy and agency over the screening experience. Self-sampling can also reduce the burden on health systems in low-resource settings and is likely to be more scalable at population level.

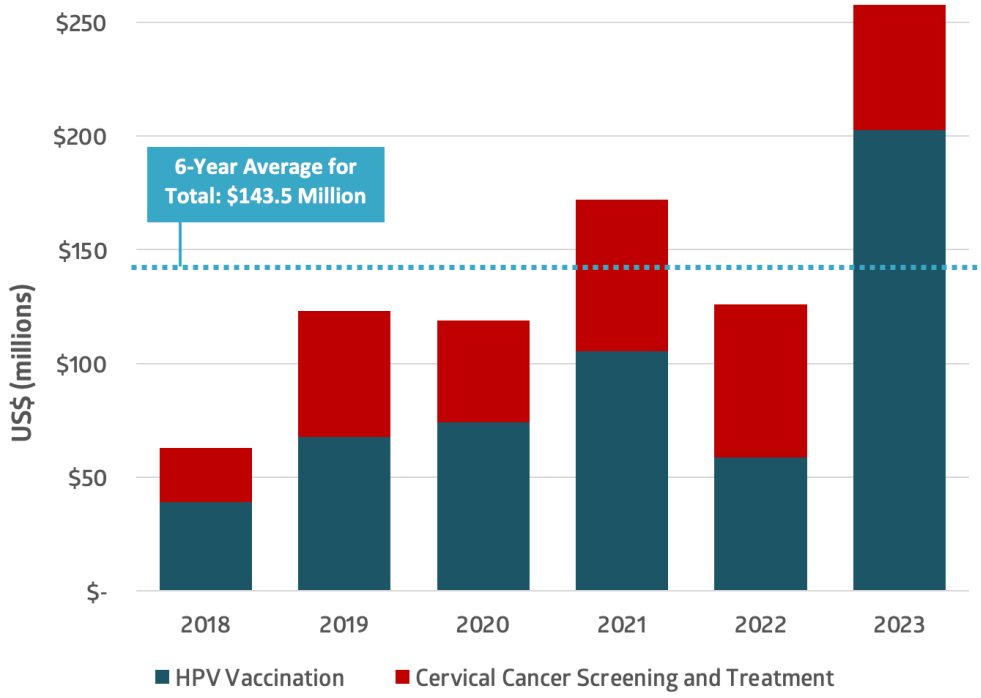
One major limitation of HPV tests is their high per-test cost compared to visual methods and cytology, compounded by necessary investments inexpensive platforms for many tests on the market, additional staff training, and the need to build reliable referral systems. However, per-test costs have seen dramatic reductions in recent years, thanks to negotiated prices and the entry of new suppliers to the market.[10]

The launch of the WHO global elimination strategy has provided a road map for countries on which to build national elimination plans within their respective countries. To date, Australia, Malaysia, Rwanda,

Table 1. Coverage of HPV Vaccination and Cervical Cancer Screening by Country Income Level.

	Low-Income Countries	Lower Middle-Income Countries	Upper Middle-Income Countries	High-Income Countries
HPV Vaccination (First Dose), 2024	23%	21%	31%	45%
Cervical Cancer Screening in Lifetime, 2022	11%	9%	48%	84%

Figure 1. Total Annual Funding for HPV Vaccination and Cervical Cancer Screening and Treatment in Low- and Lower Middle-Income Countries, 2018-2023



and Sweden are examples of countries that have released national strategies for cervical cancer elimination.[11, 12, 13, 14] One key element of successful plans is the costing of interventions to ensure that cervical health strategies are tied to available financial resources. Integration of cervical cancer prevention into national primary care plans is an important step towards sustainability.

Worldwide commitment, the dedication of practitioners, researchers, and advocates, and the real-world application of safe, effective interventions have illuminated the path to eliminating cervical cancer as a public health problem. Sustained financial commitments and political will are critical to fill the sizable gap between the achievable goals of the WHO strategy and today's low vaccination, screening, and treatment rates in low- and lower middle-income countries.

In this review, TogetHER for Health and amfAR present an updated analysis on the challenges and opportunities for global cervical cancer funding in LMICs, arguing for decisive action to end this preventable cancer.

Investment Trends in Cervical Cancer Prevention Among Low- and Lower Middle-Income Countries.

Since 2018, TogetHER for Health has published annual estimates of investment toward cervical cancer prevention in low- and lower middle-income countries, with our last report summarizing data through 2023.[15] Data on investment trends in the years following the launch of the WHO's global cervical cancer elimination strategy highlight the priorities of public and private funders in the global cervical health space, as well as the need for continued advocacy for increased political and financial support to realize the possibility of cervical cancer elimination.

TogetHER's analysis of cervical cancer prevention funding across LMICs includes funding for HPV vaccination (primary prevention) and for cervical cancer screening and precancer treatment (secondary prevention). Funding for research, diagnosis, staging and cancer treatment are not included. All data referenced are in United States Dollars ($).

Funding data on cervical cancer prevention for 2024 – especially for investments by the United States government – has been difficult, often impossible

to obtain. To that end, this report focuses on trends reported for 2018-2023 as a baseline, along with observations on other key developments with implications for the financial health of the cervical cancer elimination agenda across LMICs.

Between 2018 and 2023, estimated funding for HPV vaccination grew from $32.9 million to $202.8 million, averaging $91.4 million annually over six years, largely due to investments by the funders of Gavi, the Vaccine Alliance. Funding for HPV vaccination grew each year apart from 2022, during which many Gavi-eligible countries utilized unused vaccines retained during COVID 19-related school closures from the prior year. Gavi's support accounts for much of the increase in HPV vaccination in low- and lower middle-income countries over this period.

From 2018 to 2023, Gavi funders accounted for an annual average of $71.8 million (76.0%) of funding for HPV vaccination in low- and lower middle-income countries. Further support came from Gavi-eligible governments (an average of $4.6 million, or 5.5%), self-funded programs by member countries of the Pan-American Health Organization (PAHO) (an average of $5.9 million/7.4%), self-funded programs in non-Gavi/non-PAHO countries (an average of $8.6 million/10.0%), and philanthropic organizations (an average of $0.5 million/1.0%).

Estimated funding for cervical cancer screening and preventive treatment in low- and lower middle-income countries grew from $23.7 million in 2018 to $54.9 million in 2023, a 127.4% increase during this period, averaging $52.1 million annually over six years. During this period, two specific initiatives accounted for the majority of funding for cervical cancer screening and treatment in these countries:

- First, United States government investments in cervical cancer screening and preventive treatment were leveraged through the U.S. Agency for International Development (USAID) and the U.S. Centers for Disease Control and Prevention (CDC) as implementing agencies of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Beginning in 2018, PEPFAR directed cervical cancer screening and precancer treatment resources for women living with HIV in twelve countries through its Go Further program, a public-private partnership organized with the George W. Bush Institute, the Joint United Nations Programme on HIV/AIDS (UNAIDS), Merck, and Roche.

- Second, in 2019 the multilateral partnership, Unitaid began investing in market-shaping interventions to improve screening and precancer treatment services in low- and lower middle-income countries

Figure 2. Funding for HPV Vaccination in Low- and Lower Middle-Income Countries, 2018-2023

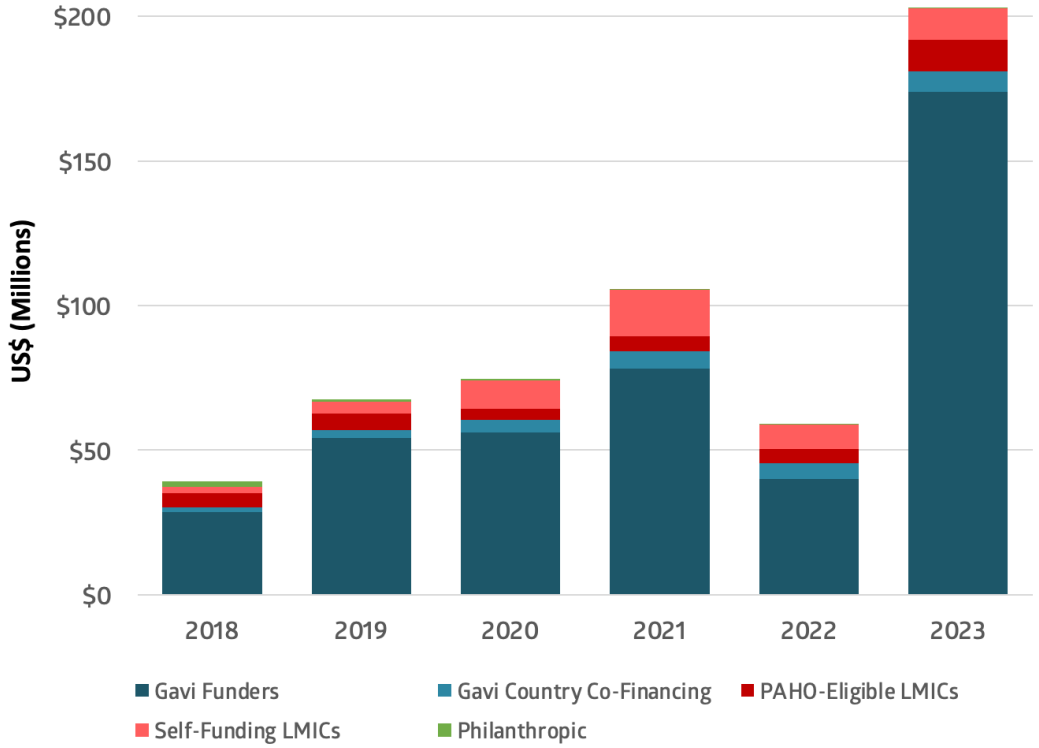
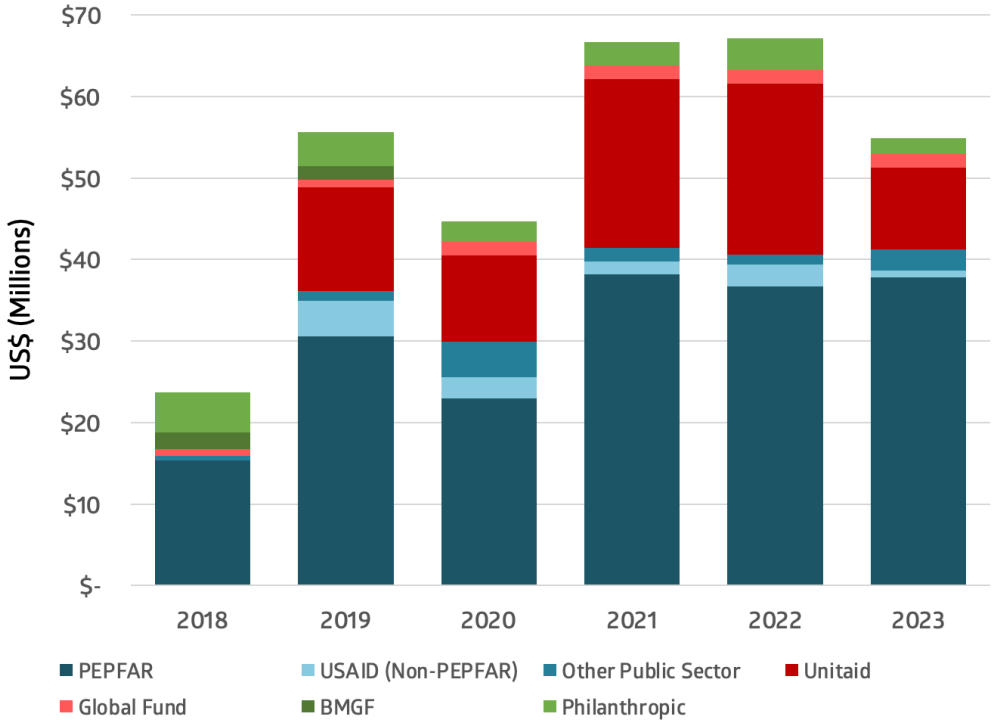


Figure 3. Funding for Cervical Cancer Screening and Treatment in Low- and Lower Middle-Income Countries, 2018-2023



via two projects, one implemented by the Clinton Health Access Initiative (CHAI) in sub-Saharan Africa, as well as the Scale Up Cervical Cancer Elimination with Secondary prevention Strategy (SUCCESS) Project, led by Expertise France and undertaken in collaboration with Jhpiego in Côte d'Ivoire, Burkina Faso, Guatemala, and the Philippines.

PEPFAR funding accounted for an annual average of $30.3 million (58.7%) of funding for cervical cancer screening and treatment in low- and lower middle-income countries from 2018 to 2023. Unitaid funding averaged $12.0 million (21.2%) over this period. The remaining portion came from non-PEPFAR USAID support (an annual average of $2.0 million/1.4%), non-US public sector investment ($1.9 million/4.7%), the Global Fund to Fight AIDS, TB, and Malaria ($1.4 million/3.0%), the Gates Foundation ($0.6 million/1.9%), and non-Gates philanthropic support ($3.4 million/8.0%).

These data clearly reflect diverging funding realities for primary and secondary prevention. Strong international support for vaccination through the multilateral organization Gavi will have a decades-long impact as immunized cohorts of girls benefit from lifelong protection against cancer-causing strains of HPV. However, the United States government has stated its intent to withdraw its support for Gavi, reneging on a $1 billion commitment through 2030 made prior to the current U.S. Administration that represents a sizable portion of Gavi's total budget.[16]

The majority of global investment in screening and precancer treatment to date has been tied to two specific programs – with PEPFAR's support focused solely on women living with HIV (WLHIV). In 2025, the United States government shut down USAID and is in the process of making massive cuts to its portfolio of global health programs. (See Box 1 on page 6.)[17] The majority of PEPFAR programming has been spared from funding reductions, but the America First Global Health Strategy released in September of 2025 outlines plans to aggressively transition countries away from US funding. Notably, there is no mention of cervical cancer prevention within the Strategy.[18]

The Global Fund's 2015 announcement to support HIV-related co-morbidities, including cervical cancer prevention, has only led to modest investments based on scant country program requests. A lack of diverse bilateral support for screening and treatment – notably by European governments – creates a sizable risk that reductions in US government support for PEPFAR and other global health programs will single-handedly collapse funding for these lifesaving programs. It is worth highlighting that bilateral Eu-

ropean donors – including Denmark, Germany, Luxembourg, Norway, Portugal, Spain and Switzerland - have pledged significant support to the Global Fund in its next three-year funding round covering programs undertaken between 2027 and 2029.[19]

A major limitation of these funding analyses – especially in terms of cervical cancer screening and preventive treatment – involves the difficulty in disaggregating cervical cancer-specific activities and their costs from holistic women's healthcare budgets, both in terms of domestic support for programs, as well as for programs made possible by external funders.

Building a More Effective Global Response to HPV and Cervical Cancer

The revision of WHO's HPV vaccination guidance has already led to more Gavi-eligible countries switching to single-dose regimens, enhancing the value of funders' investments toward this critical global health priority. Multiple studies have shown the increased effectiveness and acceptability of HPV testing, pointing to its potential widescale impact.

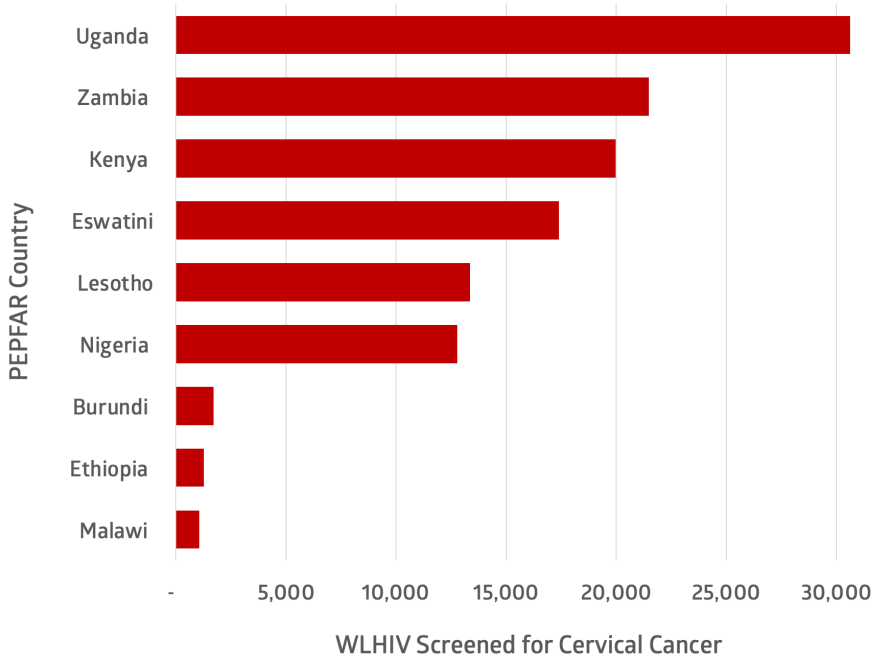
Box 1. PEPFAR's Role in Cervical Cancer Screening and Treatment

Since 2018, PEPFAR has played a key role in cervical cancer screening and treatment for WLHIV – with specific investments in twelve high-burden countries. In 2024 alone, PEPFAR supported screening of over 2.6 million women living with HIV and diagnosed 132,000 cases of cervical cancer or precancerous lesions.[20] Of those diagnosed, 90% of women were treated with PEPFAR support.

In 2025, several PEPFAR grants which had previously supported cervical cancer screening and treatment were abruptly terminated as part of the foreign aid review by the US government. Based on the lists of terminated USAID and CDC PEPFAR grants in 2025, cross referenced with PEPFAR programmatic data from 2024, researchers at amfAR's Public Policy Office report the impact of now-terminated PEPFAR grants for cervical cancer screening and treatment services.[21, 22, 23]

Analyses by amfAR show that terminated grants supported cervical cancer screening for over 120,000 WLHIV and diagnosed over 4,000 cases of cervical cancer or precancerous lesions. Highly affected countries include Uganda, Zambia, Kenya, Eswatini, Lesotho, and Nigeria – each losing PEPFAR grants which had screened over 10,000 women in 2024 (Figure 4).

Figure 4. Women Living with HIV Screened for Cervical Cancer with Terminated United States government grants, 2024.



PEPFAR delivers cervical cancer services through existing HIV infrastructure – making the program a highly efficient way to reach WLHIV. Continued support for cervical cancer screening through PEPFAR is not only a cost-efficient strategy for expanding service delivery but reaches some of the most vulnerable populations for cervical cancer given that WLHIV are six times more likely to develop cervical cancer than other women.[24]

Such examples show how research has continued to strengthen the response to cervical cancer through the identification of more effective ways to utilize available tools as well as the development of new interventions, such as vaccines and therapies to clear infection by high-risk HPV and improved visual inspection methods utilizing artificial intelligence.

Implementation research seeks to optimize the continuum of care, one prominent example being by the U.S. National Cancer Institute's (NCI) CASCADE Clinical Trials Network evaluating the effectiveness of proven interventions to optimize screening, management, and precancer treatment for women living with HIV in low- and middle-income countries and in regions with health disparities in the United States.

According to Impact Global Health, research and development toward HPV and HPV-related cervical cancer efforts totaled $125 million in 2023.[25] More than one-third of that funding came from the United States National Institutes of Health (NIH), an agency whose overall budget is in the process of being reduced by 18%.[26] Derailing the pipeline of cervical cancer research and deployment of improved technologies hinders the future effectiveness of programs. (See Box 2 below.)

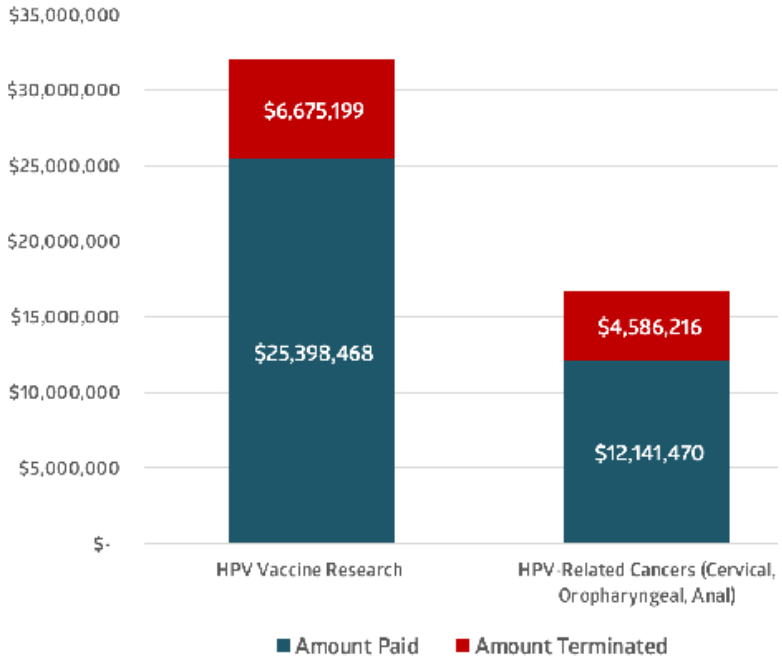
Box 2. NIH Support of HPV-Related Research

The United States National Institutes of Health (NIH) is the leading funder of research and development grants for HPV and HPV-related cancer efforts – contributing 38% of total global funding in 2023.[27] This funding has progressed multiple areas of study including biomedical research to find new therapies and applied science to bring those therapies to the population. The agency also supports the training of new investigators in HPV and cancer research, helping to build the next generation of scientific leaders in cervical health.

NIH funding has contributed to the discovery of countless medical advancements and almost every new FDA-approved drug in the last decade.[28] This included funding for scientists at the National Cancer Institute (NCI) whose work led to the discovery of virus-like particles (VLPs)—a breakthrough that became the scientific basis for all currently available HPV vaccines.[29]

Despite this long history of funding medical innovations, thousands of active NIH research grants were terminated by the US government in 2025.[30] *amfAR reports that this included at least 25 HPV vaccine and HPV-related cancer research grants, totaling $11.3 million dollars in unpaid funding.* Terminating grants midstream not only means these studies will not be completed, and discoveries won't be made, but it also puts at risk the millions of dollars in research funds already invested in these studies by the U.S. taxpayer.[31]

Figure 5. HPV Vaccine and HPV-Related Cancer Research Grant Terminations as of October 10, 2025.



Maintaining high levels of funding for the NIH is vital to secure the next generation of scientific breakthroughs in the areas of HPV, cancer prevention, and treatment.

New and Continuing Commitments to Cervical Cancer Elimination

Despite the challenges to financing cervical cancer elimination outlined above, global and regional efforts have emerged, with renewed optimism for collaboration and support.

In June of 2025, the second annual Global Cervical Cancer Elimination Forum took place in Bali, Indonesia to garner commitment from governments, multilaterals, philanthropies, and the private sector towards cervical cancer elimination. The 2025 Forum was hosted by the Indonesian government alongside WHO, UNICEF, the Gates Foundation, Unitaid, Gavi, the Vaccine Alliance, USAID, and the World Bank/ Global Financing Facility. After almost $600 million in total new funding was announced at 2024's inaugural Forum in Cartagena de Indias, Colombia, the Bali Forum saw additional commitments to eliminating cervical cancer by host Indonesia as well as the governments of Australia, Pakistan, Papua New Guinea, Samoa, South Africa, and Spain.[32, 33] Support includes country pledges toward domestic cervical cancer mitigation efforts, recommitment to Gavi's critical HPV vaccination scale-up, and research funding toward new interventions, but without more specific commitments toward screening and treatment implementation.

Regional collaborations also seek to move the needle on cervical cancer elimination. A joint commitment toward the reduction of cervical cancer's burden in the Asia Pacific region was a key outcome of the 2024 "Quad" summit between the United States, Australia, India, and Japan, with the four countries stating their joint support for Gavi as well as toward reducing the costs of HPV diagnostics through bulk purchasing.[34] While the Quad countries pledged $1.58 billion over five years to Gavi at the time, US retrenchment from Gavi support likely puts that total at risk.[35]

In September of 2025, the Women's Health and Economic Empowerment Network (WHEN) and the Elimination Partnership in the Indo-Pacific for Cervical Cancer (EPICC) launched a new $50 million Technical Assistance Facility for noncommunicable diseases and women's cancers, with an initial focus on supporting Indonesia's cervical cancer elimination efforts.[36]

Another prominent example of new funders includes the global Rotary Club through its Programs of Scale mechanism. The Rotary Club's $2 million award for Egyptian cervical cancer prevention efforts marks the entry of a key player with a storied role in polio eradication efforts joining the cause to end another preventable disease.[37]

Perhaps the most intriguing new development in prospective global funding is the Global Cancer Financing Platform, launched in September of 2025. The Platform seeks mobilize at least $1 billion annually towards cancer mitigation efforts by 2030 – with an early emphasis on improved detection and earlier staging of cervical and breast cancer - through a mixed funding approach to leverage domestic budgets and innovative financing mechanisms. In the wake of its launch announcement at a side event of the 2025 United Nations General Assembly, the Platform is building its internal governance structure and raising seed commitments, with early commitments from Uganda as a pilot country.[38, 39]

Barriers to Financing Cervical Cancer Elimination

Despite these sound economic arguments, investment in cervical cancer prevention is unacceptably insufficient. As with many global health and especially women's health priorities, investment in cervical cancer prevention struggles for already scarce resources in a crowded field of competing priorities. Wider investment in primary healthcare system capacity – which should enable wider uptake of all three elimination pillars – also remains far too low.

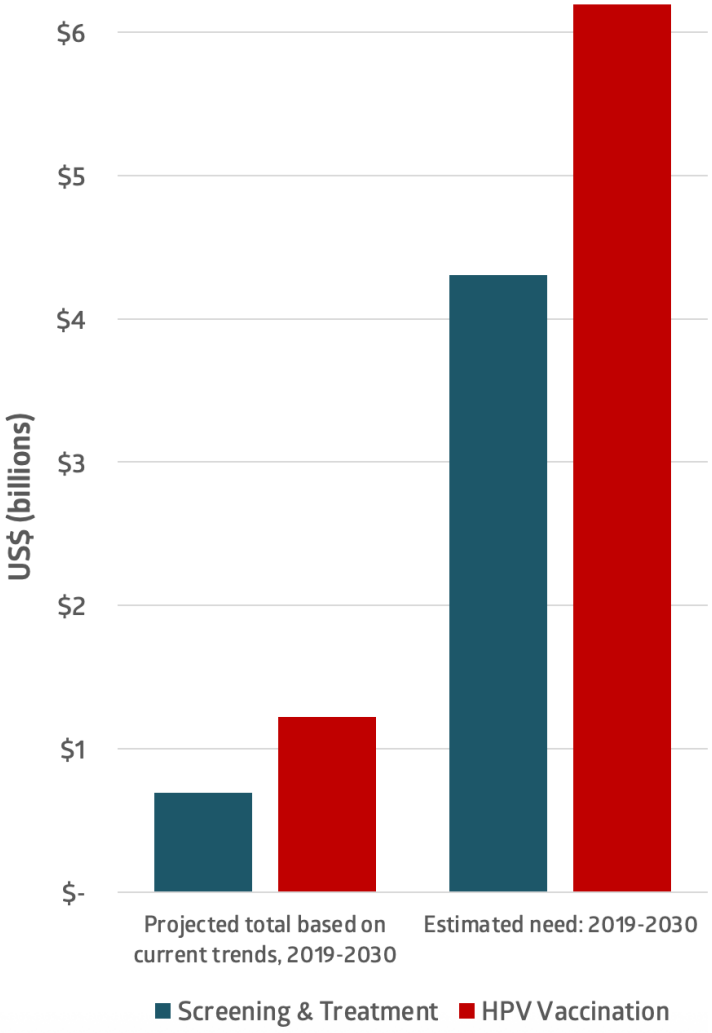
Already inadequate funding levels for cervical cancer prevention are being confronted with an even more dire investment environment given the current U.S. government's policy shifts affecting key elements of the global elimination agenda. The dismantling of USAID derails health expertise and sound scientific evidence that has benefited millions of girls and women. The decision to pull funding from Gavi will result in hundreds of thousands of young women and girls not receiving HPV vaccines. And a move to slash funding for health research – especially research focused on specific populations – will limit the ability of programs to tailor activities to reach women and girls. This puts additional pressure on the elimination agenda to mobilize support from other non-United States sources.

Box 3. Resource Needs for Cervical Cancer Elimination in LICs/LMICs

In modeling exercises underpinning the WHO's cervical cancer elimination strategy, it was estimated that a total of $10.5 billion would be needed between 2019 and 2030 to finance the achievement of the three elimination pillars – vaccination, screening, and treatment – in low- and lower middle-income countries, where the burden of cervical cancer is greatest. While a significant sum, such comprehensive investment was projected to be transformative in terms of health impact as well as cost-effective.

Estimated resources for HPV vaccination and cervical cancer screening and treatment fell far behind the pace necessary to meet projected resource needs. However, these estimates predate key developments in cervical cancer prevention guidance, including the recommendation for single-dose HPV vaccine regimens and more affordable screening methods.

Figure 6. Pace of Funding for Cervical Cancer Prevention in LICs/LMICs (Based on 2019-2023 Data) Compared to Projected Resource Need for Cervical Cancer Elimination in LICs/LMICs 2019-2030.



What Needs to Happen Next

The world can get on track to end cervical cancer, but decisive action will be needed in the immediate future. Policymakers, researchers, advocates and philanthropists all have significant roles to play.

TogetHER for Health and amfAR call on stakeholders to take the following actions:

- **Renew the investment case for cervical cancer elimination**. As noted above, a compelling case for investing in HPV vaccination, cervical cancer screening, and preventive treatment was made in advance of launching the WHO elimination strategy. Those projections predate recent cost-saving developments stemming from scientific research – including simplified single-dose vaccine regimens and dual-dose regimens for people living with HIV, more affordable and accurate screening tools and point-of-care platforms, and reductions in the cost of precancer treatment thanks to negotiated procurement. They also predate much of the real-world evidence on HPV vaccine efficacy in terms of reduced morbidity and mortality among vaccinated populations.

  Updating baseline assumptions behind a global investment case based on seismic changes in the delivery of prevention would present a lower overall cost and impact at a time when budgets are especially constrained, reducing the risk of "sticker shock" while highlighting the benefits of

ongoing research and development. An updated global investment case is also an important starting point for countries interested in modeling their own national elimination plans.

- **Accelerate country ownership of elimination.** While the WHO global strategy should inspire the world to take action to end cervical cancer, comprehensive and costed nationalelimination plans such as the one developed by Zambia are necessary to tailor implementation of cervical cancer prevention/control.[40] As more countries develop such plans, their experiences can inform countries with similar needs.

  In addition, cervical cancer prevention must be integrated into wider health systems, with HPV vaccination built into national vaccination guidelines and with screening and treatment offered as required component of comprehensive universal healthcare schemes.

  To support the development of elimination plans, the WHO has developed resources to provide countries with building national cervical cancer prevention and control plans based on existing evidence and cost data, including:

  – The Costs for Prevention (C4P) Tool is an Excel-based tool estimating resources needed for country implementation and scale-up of HPV vaccination and cervical cancer screening programs utilizing various delivery strategies and coverage targets.[41]

  – The WHO Cervical Cancer Elimination Planning Tool allows countries to project the epidemiological impact and resource requirements of different strategies across all three elimination pillars to achieve the 90-70-90 targets.[42]

  National plans should include additional transparency not just on the projected cost but on actual financial outlays regarding cervical cancer prevention.

- **Leverage policies and partnerships to reduce costs and increase access.** Funding for cervical cancer prevention programs can be maximized using policy and partnership instruments that can help scarce resources go further.

  Pooled procurement has enabled UNICEF to purchase HPV vaccines for use by Gavi at prices far below those paid in high-income countries. Purchasing pools should also be explored to reduce the cost of HPV tests to enable more widescale uptake while providing suppliers with predictable markets for tests and testing platforms.[43]

  Even just a few years ago, limitations on HPV vaccine supply were a major constraint in providing access. Recently introduced HPV vaccines from new suppliers in China and India could play a role in filling those gaps. The licensing of vaccine technology to manufacturers – as seen recently in the partnership between Indonesia and the vaccine manufacturer MSD – offers another opportunity to expand critical supply of vaccines and should be a consideration for other cervical health commodities such as HPV test kits.

Box 4. Investing in Cancer Prevention: A Net Benefit to Economies

The WHO lists investment in cervical cancer prevention and treatment as a global "best buy" for non-communicable diseases, with an estimated $3.20 returned to the global economy for every dollar invested.[44] Notably, this estimate does not yet the greater value represented by single-dose HPV vaccination and more efficient and effective screening and treatment strategies introduced in the past 5 years. Further analysis by WHO projected an additional $28 billion being added to the global economy through the achievement of the WHO strategy goals by 2030.[45]

- **Identify new research champions.** The notion that cervical cancer can be eliminated as a global health problem would be impossible without years of scientific breakthroughs and implementation research to support best practices in this field. Even since the launch of the WHO strategy, new and improved cervical health tools have inspired more ambitious thinking about how to reach more women and girls with ever-improving interventions.

  Severe cuts to NIH funding and to other United States government research initiatives leave a gap that should be filled by new funders and organizations. It is imperative to sustain scientific momentum to accelerate an end to this preventable disease, especially in areas of critical need affected by recent political decisions such as vaccine equity and around vulnerable populations.

- **Sustain advocacy in a difficult funding environment.** Just as research has substantiated the drive to end cervical cancer, evidence-based advocacy has generated political leadership at the global, regional, national, and local levels and has held leaders accountable to their commitments. Massive global health gains made in the past two decades are the direct result of advocates fighting to change an unacceptable status quo.

  Today, we know almost every death from cervical cancer is preventable and the majority of future cervical cancer deaths can be averted. The interventions that can make cervical cancer elimination possible are not just effective – they are increasingly affordable and a smart political and financial investment, preserving lives, family units, and healthy communities. As the world grapples with changes in political leadership and fluctuating financial realities, it's critical to sustain support for efforts to educate and inspire, raising the voices of survivors, practitioners, and other impacted populations.

Conclusion

Cervical cancer funding data highlight overall increased investment in safe, effective cervical health interventions over the last seven years. Despite this growth, even optimistic analyses show that HPV vaccination, cervical cancer screening, and preventive treatment have been vastly underfunded, putting millions of lives at unnecessary risk for a preventable and highly treatable cancer.

Even those insufficient funding levels now find themselves under threat by significant cuts to global health investment, most especially by the United States government. Impressive global health gains of the past 20 years may be undone in just one political cycle, the direct result of a funding ecosystem overly dependent on one donor government.

It is time for country leaders from all income levels to match their vocal support for cervical cancer elimination with commensurate financial support. These decisions can be supported with improved investment arguments, inspired by the real-world impact of effective cervical health programming and the success seen by countries implementing cervical cancer elimination plans in their populations.

Five years ago, the world coalesced around the vision of a world without cervical cancer deaths, based on scaling up investments between 2020-2030. Halfway through that decade, we are only marginally closer to meeting that ambition. No matter the political environment, millions of women's lives depend on that vision becoming a reality.

Methodology and Request for Data

Data included in this brief have been compiled from multiple sources, including documented budgets, data on HPV vaccine administration, program disbursements, and funding information obtained directly from donors and implementers. This brief provides a high-level aggregate of global funding data; the authors acknowledge that such aggregation can reduce the visibility of specific country and regional contexts for cervical cancer prevention programs. TogetHER seeks feedback and contributions from donors, experts and advocates to expand our sources and to improve future iterations of this analysis. Please contact us at info@togetherforhealth.org.

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TogetHER for Health is a global partnership igniting the movement to end cervical cancer everywhere around the world by driving awareness, supporting catalytic programs, and fighting for the political and financial resources needed to end this preventable disease.

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