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OPINION PIECE

Closing the Gap: Protecting Women Living with HIV from Cervical Cancer

Why is this an urgent public health and policy priority?

Introduction

Living with HIV has taught me to take my health seriously, but I was never told that it also increased my risk of cervical cancer. It was only when I received my pap smear results (CIN3) that I realized how little I knew and how unsafe I was, says Nombuzo Dumakude. Nombuzo's experience reflects a critical but often overlooked gap in the HIV response. While significant progress has been made in expanding access to antiretroviral therapy (ART), the integration of cervical cancer prevention, screening, and treatment into HIV care remains inadequate. For many women living with HIV, life-saving information and services are delayed or entirely absent, increasing the risk of late diagnosis and preventable death.

Women living with HIV are up to six times more likely to develop cervical cancer compared to women without HIV, due to their increased vulnerability to persistent human papillomavirus (HPV) infection. Despite this elevated risk, access to routine screening and early treatment remains uneven and insufficient(1). Due to immune suppression, they are more likely to acquire and retain high-risk human papillomavirus (HPV) infections, which can rapidly progress to cervical cancer. Many are diagnosed with cervical cancer at advanced stages, when treatment options are limited, and outcomes are poor, yet cervical cancer is one of the most preventable and treatable forms of cancer when detected early.

Although global commitments have been made toward the elimination of cervical cancer as a public health problem, progress for women living with HIV has been slow and unequal. Screening coverage remains low, follow-up care is often inconsistent, and treatment services are frequently inaccessible, particularly in resource-constrained settings. These gaps are compounded by stigma, weak health systems, and missed opportunities to integrate services within existing HIV care platforms.

Burden, Prevalence, and Mortality of CC in WLHIV in SSA

Cervical cancer remains a leading cause of cancer-related morbidity and mortality among women globally, with the heaviest burden borne by sub-Saharan Africa (SSA). Each year, hundreds of thousands of women are diagnosed with cervical cancer, and more than half die from the disease, making it one of the deadliest yet most preventable cancers. The burden is disproportionately concentrated in low- and middle-income countries, where access to screening, early detection, and treatment services is limited(2).

A South African study highlights suboptimal adherence to guideline-recommended cervical cancer screening among women living with HIV (WLWH), even within specialised care settings. The findings underscore the complexity of HIV care, which extends beyond managing the infection itself to include the prevention and screening of comorbid conditions such as cervical cancer (3). While this study reports encouraging rates of viral suppression reflecting the success of sustained investments in HIV treatment, significant gaps remain in the integration of cervical cancer screening services. These missed opportunities at the tertiary care level are concerning, as they undermine the broader health gains achieved through HIV programmes and limit the potential for comprehensive, person-centred care.

Addressing cervical cancer among women living with HIV is not only a clinical necessity but a moral and policy imperative. Strengthening integrated service delivery linking HIV treatment with HPV vaccination, regular screening, and timely treatment offers a clear pathway to reducing preventable deaths. Ensuring that no woman is left behind requires deliberate, sustained investment and a commitment to equity in both policy and practice. This is a dual epidemic: HIV and cervical cancer intersect to amplify risk, accelerate disease progression, and increase mortality. Too often, women who are successfully retained in HIV care are later lost to cervical cancer, a preventable outcome that reflects systemic failure rather than clinical inevitability.

Gaps in Policy and Practice

In many settings, cervical cancer screening is not routinely integrated into HIV care, even though HIV clinics provide a critical platform for reaching high-risk women. Where policies do exist, implementation is inconsistent due to resource constraints, limited workforce capacity, and weak health system coordination.

Screening coverage remains low, and follow-up after abnormal results is often inadequate. Many women are screened once but are not linked to timely diagnosis or treatment. In addition, HPV vaccination programmes, an essential pillar of prevention, have yet to achieve sufficient coverage in many high-burden countries. Stigma and lack of awareness further compound these gaps. Women living with HIV may not be adequately informed about their increased risk of cervical cancer, and healthcare providers may lack the training or resources to deliver integrated services. As a result, opportunities for prevention are frequently missed at multiple points along the care continuum.

Missed Opportunities Across the Continuum of Care

Every stage of the health system presents an opportunity to prevent cervical cancer, yet many of these opportunities are lost. HIV care platforms, which successfully deliver antiretroviral therapy to millions of women, are underutilised as entry points for cervical cancer screening and prevention.

Missed opportunities occur when:

- Women attending routine HIV care are not offered cervical cancer screening
- Screening results are delayed or not communicated effectively
- Women with positive findings are not linked to treatment in a timely manner
- Follow-up systems fail, leading to loss to care

Each missed opportunity increases the likelihood of late-stage diagnosis, when treatment is more complex, less effective, and more costly. These failures are not due to a lack of evidence or tools, but rather gaps in implementation, coordination, and prioritisation.

Health Economics: The Cost of Inaction

The economic burden of cervical cancer is substantial, not only in terms of healthcare costs but also in lost productivity, household income, and broader societal impact. Treating advanced cervical cancer is significantly more expensive than preventing it through vaccination and early screening. For health systems already under strain, late-stage cancer care diverts limited resources that could otherwise be invested in prevention and primary care.

At the household level, the consequences are equally severe. Women are often central to family stability and economic survival. Their illness or death can lead to loss of income, increased caregiving burdens, and long-term socioeconomic hardship for children and dependents. Investing in integrated cervical cancer prevention within HIV services is not only cost-effective, but it is also essential. Evidence consistently shows that early detection and treatment reduce both mortality and long-term healthcare costs. Failure to act perpetuates a cycle of preventable disease and economic loss.

A cost-effective response to cervical cancer among women living with HIV requires strengthened multi-sectoral engagement that extends beyond the health sector. Strategic collaboration between health systems, the education sector, community-based organisations, and civil society is essential to improve awareness, increase service uptake, and ensure continuity of care. Investing in health literacy is particularly critical, as it empowers women to recognise their risk, navigate available services, and make informed decisions about screening and treatment, thereby reducing late-stage diagnoses and costly interventions.

Call to Action: From Commitment to Implementation

Eliminating cervical cancer among women living with HIV is achievable, but only if commitments are translated into action.

Governments, policymakers, and health systems must prioritise integrated, person-centred approaches that address both HIV and cervical cancer as interconnected public health challenges.

Key priorities include:

- **Integrating cervical cancer screening into routine HIV care** at all levels of the health system
- **Scaling up HPV vaccination programmes**, particularly for adolescent girls
- **Strengthening referral and follow-up systems** to ensure timely diagnosis and treatment
- **Investing in healthcare workforce training and infrastructure** to support service delivery
- **Addressing stigma and increasing community awareness** to improve demand and uptake of services
- **Invest in community-led interventions** to create demand for services

No woman living with HIV should face a preventable cancer diagnosis due to gaps in care. The tools to eliminate cervical cancer already exist; what is needed now is political will, sustained investment, and accountability.

The question is no longer whether we can prevent cervical cancer among women with HIV; it is whether we will act in time to save lives!

References

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