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## 2023 STEPs Survey findings

# Cervical Cancer Screening

### Rationale

Cervical cancer is the second most common cancer in women in sub-Saharan Africa, accounting for 20.4% of all women's cancers and 12% of all newly diagnosed cancers every year. Cervical cancer though preventable, remains the most common cause of cancer related death among women in the African Region.

In sub-Saharan Africa, 34.8 new cases of cervical cancer are diagnosed per 100000 women annually and 22.5 per 100000 dies from the disease. This is because patients are often diagnosed at advanced stages of the disease, resulting in poor prognosis. In Ghana the crude incidence rate of cervical cancer is 18.3, with 2,200 women dying of cervical cancer in 2019.

### Key messages

- Among the female population, 3.6% have ever been screened for cervical cancer using any of the methods: Pap smear, Visual Inspection with Acetic acid/vinegar and Human Papillomavirus test.
- However, for the women aged 30-49 years, 4.3% (CI 2.9-5.7) have been screened for cervical cancer.
- The proportion of women in the urban areas (5.1%, CI 3.1-7.0) screened is more than in the rural areas (3.0%, CI 1.3-4.6).
- Cervical cancer can be cured if identified at an early stage.

Cervical cancer  
can be cured  
if identified  
at an early  
stage.

All women should have access to screenings, treatment and palliative care.

GET INFORMED.  
GET SCREENED.  
GET VACCINATED.



# 1. Cervical cancer screening in Ghana

- The Ghana National Reproductive Health Policy developed in 2005 made recommendations for cervical cancer screening with Visual inspection with acetic acid (VIA) along with treatment of pre-cancerous lesions with Cryotherapy for women aged 25-45 years and Cytology screening with PAP smear for women aged 45 and older.
- There is a low prevalence of cervical cancer screening among women in the high-risk group thus the need to intensify education on its importance.
- Ghana does not have a national cervical cancer-screening programme.
- In the absence of a national screening programme in Ghana, most of the cervical cancer screening that takes place in the country can be described as opportunistic screening, where doctors request Pap smears or VIA for patients who are seen in clinics for either general medical examinations or for consultations unrelated to cervical cancer.
- Public education on cervical cancer has been low with a correspondingly very low rate of patronage of screening services as observed from this survey.
- Cervical cancer screening programmes are mostly urban based with services provided at the major hospitals, especially regional and teaching hospitals as well as very few hospitals in the rural settings providing services.
- Ghana successfully implemented the Gavi-supported Human Papillomavirus (HPV) Demonstration Programme which was carried out between 2013 and 2014.
- The country fully vaccinated 95.8% of targeted girls using a combined school-based and age-based strategy.
- The objective six of Ghana's comprehensive Multi-Year Plan (cMYP 2020-2024) is to vaccinate 90% of targeted population with new and underused vaccines recommended across the life course. One of the strategies under this objective is to introduce Human Papilloma Virus (HPV) Vaccine for girls before they become sexually active.
- Gavi supports routine cohort immunization for HPV through the co-financing mechanism.
- There is currently high-level advocacy with Government ongoing for evidence review and decision-making process for the application and subsequent introduction of HPV vaccine into Ghana's routine immunization programme and this must be sustained. This will reduce the incidence of cervical cancer and improve the reproductive health of women.

## What is cervical Cancer?

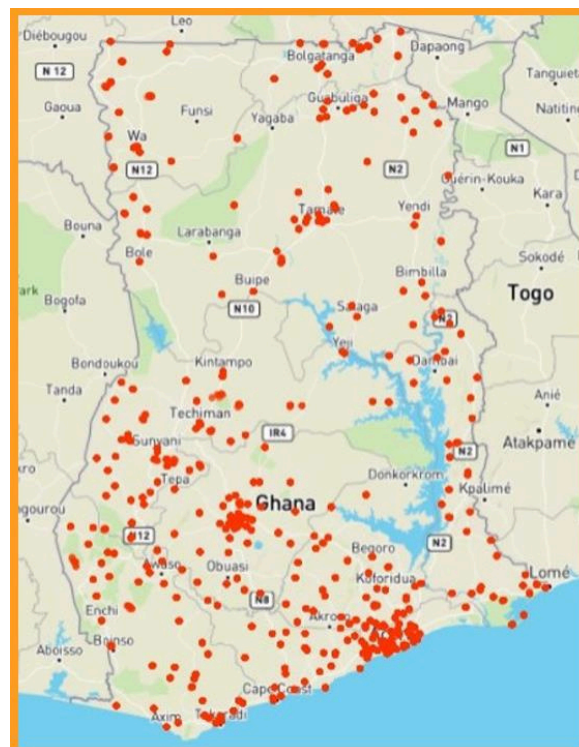
**Cervical Cancer**

- Cervical cancer is a type of cancer that develops in the cervix.
- It is the fourth most common cancer in women globally
- It is caused by persistent infection with the human papillomavirus (HPV)
- Prophylactic vaccination against HPV and screening and treatment of pre-cancer lesions are effective strategies to prevent cervical cancer and are very cost-effective

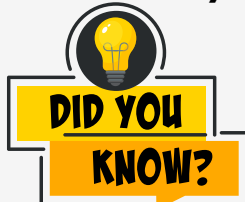
Get Informed   Get Screened   Get Vaccinated

## 2. 2023 STEPS Survey method

- Map of Ghana showing Nationwide household selection.
- A multi-stage sampling technique was used to obtain a nationally representative sample.
- Data was collected in all 16 regions, 385 enumeration areas and 5438 respondents aged 18 to 69.



Cervical cancer can be cured if identified at an early stage.



Get screened today!

**“96.4% of Ghanaian women have never screened for cervical cancer”**

## 3. Cervical Cancer Screening among target age group

Cervical Cancer Screening	Both	Urban	Rural
Percentage of women aged 30-49 years who have ever had a screening test for cervical cancer	4.3% (2.9-5.7)	5.1% (3.1-7.0)	3.0% (1.3-4.6)

The prevalence of women aged 30 - 49 who ever screened for cervical cancer is very low. Overall, 4.3% have ever screened for cervical cancer. Comparing urban and rural dwellers, the rural dwellers were worse off in terms of ever screening for cervical cancer.



**96 out of 100 females aged 30 - 49 have never had a screening test for Cervical cancer**

## 4. Cervical Cancer Screening across age groups

### Cervical Cancer Screening\*

Age Group (years)	Women		
	n	%	95% CI
18-29	848	2.0	0.8-3.2
30-44	1358	3.4	2.0-4.7
45-59	794	6.4	4.1-8.7
60-69	328	7.9	4.2-11.5
<b>18-69 (All)</b>	<b>3326</b>	<b>3.6</b>	<b>2.8-4.5</b>

\*Have you ever had a screening test for cervical cancer, using any of these methods described above?

Across the age groups, the prevalence of ever had a cervical cancer screening test among women increases with age. The prevalence among the 60–69-year group is 7.9%

A significant proportion of adults aged 18-69, accounting for 96.4% have never had a screening test for cervical cancer

## 5. Implication

The is low prioritization of cervical cancer screening services by women in the reproductive age group evidenced by the data from the survey. There is significant difference among women in urban or rural areas. This may be due symptoms of the disease occurring in late stages. This indicates a low emphasis on prevention.

## 6. Call to Action

- Government must commit to establish a functional national screening program.
- Strengthen public awareness and education on cervical cancer targeting the at-risk group.
- Government must commit to the inclusion of HPV vaccination into routine immunization program.
- To invest in the use of HPV DNA test kits for cervical cancer screening which evidence shows is one of the most reliable and cost-effective screening tools for early detection for better outcome
- Increase access to screening services in both urban and rural areas at all levels of care. This may require outreach services by specialized personnel such as pathologist to reduce the cost of screening services.
- Integrate cervical cancer screening services into primary health care services in line with strategic documents such as the Essential Health Service Package, the Network of Practice Approaches, and the Universal Health Coverage Roadmap.



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