

Eliminating cervical cancer in Malawi: a health and human rights imperative

The unnecessary loss of a woman to cervical cancer doesn't just create unbearable grief for her families and loved ones... The impact of a woman on the lives around her – as a mother, as an entrepreneur, as a community leader, as a friend – is a resource that cannot be replaced once lost”. 1

Cervical cancer sits at the intersection of medicine, law, and justice. From a medical standpoint, it is one of the most preventable and treatable forms of cancer, yet women continue to die from it in large numbers. From a legal and human rights standpoint, these preventable deaths from cervical cancer raise fundamental questions about equality, access to health care, and the protection of human life and dignity. When a woman dies from a disease that modern medicine can prevent and treat, the issue extends beyond biology into a matter of law, governance, and policy.

In Malawi, thousands of women die every year from cervical cancer because prevention, early detection, and timely treatment remain out of reach for many women. A woman lost to cervical cancer represents not just a statistic, but a mother, a daughter, a worker, a leader, a caregiver, and a pillar of social and economic life whose contribution is irreplaceable. Cervical cancer is therefore not merely a medical condition; it is a public health emergency, a human rights concern, and a test of Malawi's commitment to protecting the rights of women and girls.

As Malawi observes Cervical Cancer Awareness month, this presents a critical opportunity to reflect on the progress made, examine persistent gaps, and renew collective commitment to action. Addressing cervical cancer effectively requires an integrated approach that brings together medical evidence, legal obligations, and community engagement.

Understanding Cervical Cancer: A Preventable Tragedy Cervical cancer is a cancer of the cervix, caused by oncogenic strains of the sexually transmitted

HPV, which can result in precancerous lesions that, if untreated, may progress to become invasive cancers.² Although its primary cause is transmitted across genders, the burden of cervical cancer falls disproportionately on women. Yet cervical cancer remains one of the most preventable and treatable forms of cancer through HPV vaccination, regular screening, and early treatment.

Despite the availability of effective prevention and treatment, cervical cancer continues to reflect deep gender and social inequalities. Women living in poverty, rural or hard to reach areas are disproportionately affected owing to limited education on prevention, or face significant barriers to accessing health services. Too often, where a woman lives, how much she earns, and whether she can access information determine whether she will get and survive cervical cancer.

Globally, cervical cancer is the fourth most common cancer amongst women,³ with Africa bearing the highest burden of the disease globally.⁴ Malawi carries one of the heaviest burdens of all as it is ranked as having the second highest cervical cancer burden in the world, ⁵with an age-standardised incidence of 70.9 per 100,000 women.

Beyond the human toll, women's cancer imposes severe economic costs. The total global economic loss due to cervical cancer is estimated to be 4% of the global Gross Domestic 4 Ebenezer Durojaye, Aisosa

Jenifer Omoruyi, Paula Knipe, 'A rights- based approach to eliminating cervical cancer in Africa' (2024) Journal of Global Health Law, Vol 1 No. 1, May, pp 50-70.

2 M Ngoma and P Autier, 'Cancer Prevention: Cervical Cancer' (2019) 13 Ecancermedicalscience 1-6

Product.6 In Malawi, the disease pushes families into poverty, removes women from the workforce, and undermines the broader development of the nation.

Malawi's Commitments: Promises That Demand Action In 2020, all 194 member States of the World Health Assembly, including Malawi, committed to eliminating cervical cancer as a public health problem under the 'Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem' (Global Strategy). Through this commitment, Malawi undertook to meet the 90-70-90 targets by 2030:

●■ 90% of girls are vaccinated by the age of 15. ●■ 70% of women screened with a high-performance test such as the HPV test by age 35 and again by age 45; and ●■ 90% of women identified with cervical precancer or cervical cancer receive adequate treatment and care.

Under the Global Strategy, elimination will be deemed achieved when the rates of new cases of cervical cancer fall below 4 per 100,000 women-years. Modelling reveals that Malawi could achieve elimination by 2120 if a scale-up of interventions is rapidly implemented from 2024.⁷

This timeline is unacceptable given the preventable deaths occurring. It demonstrates that every year of delay translates itself into preventable illness and death, which is inconsistent with not only the goals of the Global Strategy, but also breaches the State's obligations to protect women's right to health and right to life, as enshrined in domestic, regional and international law.

Cervical Cancer as a Human Rights and Legal Issue Cervical cancer is not only a public health issue, but also a matter of constitutional and human rights law. Under the Constitution of the Republic of Malawi, the State has a duty to actively promote the welfare and development of the people of Malawi by progressively adopting and implementing health policies and legislation aimed at providing adequate health care, in

⁷ World Health Organisation and The University of Sydney, 'Elimination Planning Tool: Advancing Towards Cervical Cancer Elimination Malawi' April 2025 ⁶ Ibid accordance with the health needs of Malawian society and international standards.⁸ The right to life guaranteed under section 16 of the Constitution requires the State not only to refrain from unlawful killing, but also to take reasonable measures to prevent premature death, including deaths resulting from failures within healthcare systems.⁹

Internationally, Malawi has committed itself to binding legal obligations under instruments such as the International Covenant on Economic, Social and Cultural rights, the Convention on the

Elimination of all Forms of Discrimination against Women, the Convention on the Rights of the Child, the African Charter on Human and Peoples' Rights, and the African Charter on the Rights of Women (Maputo Protocol). These instruments explicitly guarantee women's right to health, and protection from sexually transmitted infections, including HPV and HIV.

A human rights approach matters as it is essential to health sector priority setting. Even with limited resources, States remain obliged to take all necessary measures towards realizing the right to health. Given that health care needs always outweigh available resources, it is important to prioritize the interventions with a higher impact especially in a low resource setting which needs to be as evidence based as possible and incorporate the views of a wide set of stakeholders.

When women die from a preventable and treatable disease, the failure is not biological, but it is systematic. It reflects gaps in policy, financing, access and accountability that the State has a duty to address.

Progress Made and Persistent Gaps Malawi has taken commendable and important steps in addressing cervical cancer. Since major health reforms in 2011, public awareness campaigns have drastically expanded, screening services have increased, and in 2025 Malawi launched its National Cancer Treatment Centre.

The National Cervical Cancer Strategic Plan 2022-2026 provides a clear framework for coordinated action. 9 UN Human Rights Committee (HRC), General Comment No. 36, Article 6 (Right to Life), 3 September 2019, CCPR/C/GC/36

8 Section 13 Despite this, significant gaps remain. Screening and treatment services are concentrated in urban and district centers, whilst approximately 85% of Malawians live in rural areas. Research has shown that women with secondary and post-secondary education are more likely to undertake cervical cancer screening as opposed to those without any education. Cervical cancer screening is also higher among women over the age of 24 and among those from wealthier households.

These patterns reveal that inequality in cervical cancer prevention and care in Malawi is shaped by socioeconomic status, with benefits accruing disproportionately to the rich.¹⁰

These disparities are not accidental. They reflect structural inequalities that undermine the constitutional principles of equality and non-discrimination in access to health care.

The Way Forward: From Commitment to Accountability

Eliminating cervical cancer in Malawi is achievable and legally mandated, but only if commitments are translated into decisive and sustained action. Therefore, CPR calls on the Government of Malawi to continue to uphold and work towards meeting its obligations as set out in its constitutional, regional, international, and goals as set out in the National Cervical Cancer

Strategic plan that include the following: Increase HPV vaccination availability and coverage for adolescent girls and voluntary male circumcision; Scale up large scale awareness campaigns about the disease, risk factors, vaccination and screening; Developing and implementing national cervical cancer management guidelines is essential to providing women with high quality cancer treatment and care; Establishing strong referral networks between all aspects of the cancer care spectrum are needed to ensure the timely management of patients and reduce loss-to-follow-up;

Integrate cervical cancer Screening and treatment in ART sites; Establish a National Cervical

Cancer Program Technical Working Group (TWG); Invest in sustainable financing at national and district levels in line with the Abuja Declaration on funding to the health sector; Establish social grants for cancer patients who cannot afford out-of-pocket expenses to facilitate access to the long duration of cancer treatment available at only tertiary hospitals in collaboration with the

Ministry of Gender, Community Development and Social Welfare; Accelerate installing and 10 Gowokani Chijere Chirwa, 'Explaining socioeconomic inequality in cervical cancer screening uptake in Malawi' (2022) BMC Public Health setting up infrastructure for radiotherapy services at the National Cancer Centre at Kamuzu

Central Hospital; Scale up targeted approaches for HPV vaccination for the vulnerable population including street children, those in refugee camps, those out of school, and those in rural areas; Engage the Ministry of Education for the inclusion of HPV infection in the life skills curricula for primary and secondary schools; and Engage women, men, communities, survivors, and civil society as partners in prevention and accountability.

For the government, this presents an opportunity to consolidate leadership by ensuring that cervical cancer prevention and treatment remain firmly embedded within national health priorities, policies and budgets. For development partners and donors, investment in cervical cancer prevention and control offers demonstrable public health and social returns reducing long standing inequalities that affect women's health outcomes. For communities, families, and individuals, awareness and participation are equally important as informed health seeking behaviors, support for vaccination, and open community dialogue helps reduce stigma and improves early detection.

Eliminating cervical cancer in Malawi is both scientifically achievable and aligned with the country's legal and policy commitments. As Cervical Cancer Awareness Month is observed, continued collaboration amongst government, partners, health professionals, and communities will be essential to translating commitments into sustained progress.