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EDITORIAL ANALYSIS

Closing India's Cervical Cancer Gap: Prevention, Equity, and the HPV Vaccine

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Closing India's Cervical Cancer Gap: Prevention, Equity, and the HPV Vaccine

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INTERVIEW ANGLE

"Should the HPV vaccine be made mandatory in school enrolment like measles -- and would such a mandate survive constitutional scrutiny under Article 21?"

EDITORIAL SUMMARY:

The Indian Express argues that the slow uptake of India's HPV vaccination drive for girls aged 9 to 14 risks missing the World Health Organization's 90-70-90 cervical cancer elimination target by 2030. India already accounts for roughly a quarter of global cervical cancer deaths, and the disease burden falls hardest on women from lower-socioeconomic groups with the least access to screening. The op-ed calls for school-based vaccination mobilisation, an active counter-misinformation campaign, and an equity-focused screening expansion through Ayushman Bharat Health and Wellness Centres to translate the launch of the indigenous CERVAVAC vaccine into a public-health victory.

A CANCER WE CAN PREVENT

Cervical cancer is, almost uniquely among major cancers, a vaccine-preventable disease. The Human Papillomavirus (HPV) – particularly strains 16 and 18 – causes roughly 70 per cent of cervical cancers globally. The first HPV vaccines, Cervarix and Gardasil, became commercially available in 2006 and 2007 and have since been rolled out in over 130 countries. India's gap has been the cost and supply of imported doses. That gap closed when the Serum Institute of India's indigenous quadrivalent vaccine, CERVAVAC, was launched in 2023 and became available for public-programme use since 2024, priced at a fraction of imported equivalents.

The science is settled. India accounts for nearly a quarter of global cervical cancer deaths despite having less than a fifth of the world's population. Indian Council of Medical Research (ICMR) data from the Indian Cancer Registry record cervical cancer as the second-most-common cancer among Indian women, with over a lakh new cases and around 75,000 deaths every year. Almost all of these are preventable.

THE WHO TARGET

In 2020, the World Health Organization launched its Global Strategy to Accelerate the Elimination of Cervical Cancer, with the 90-70-90 target: 90 per cent of girls fully vaccinated against HPV by age 15, 70 per cent of women screened with a high-performance test by age 35 and again by 45, and 90 per cent of women identified with cervical disease receiving treatment, all by 2030. Elimination is defined as bringing the incidence below 4 per 100,000 women – a threshold India is far from meeting.

Hitting the first pillar requires reaching roughly 50 million girls in the 9-to-14 cohort across India. The numbers are large but not unprecedented: India's measles-rubella catch-up campaign covered over 30 crore children, and Mission Indradhanush has been one of the most successful immunisation drives globally.

WHY UPTAKE IS SLOW

Three barriers explain the slow uptake of HPV vaccination. First, the vaccine is associated with sexual transmission, and parents in many communities are uncomfortable with that association for pre-adolescent daughters. Misinformation, including the entirely unfounded link to infertility that circulated on social media when HPV trials were briefly halted in India in 2010 over consent issues, continues to influence parents.

Second, the public-health delivery architecture for adolescent vaccination is thin. Routine immunisation in India is built around infants under the Universal Immunisation Programme; an adolescent platform comparable in reach does not exist. Schools are the obvious site, but the Department of School Education and the Health Ministry have only recently begun formal coordination.

Third, screening is grossly inadequate. The 70 per cent screening target is the most difficult of the three – most Indian women are not screened even once in their lifetimes. Visual Inspection with Acetic Acid (VIA), Pap smears and HPV DNA testing are all available, but capacity is concentrated in urban tertiary centres.

EQUITY, NOT JUST COVERAGE

The equity dimension is decisive. Cervical cancer incidence is highest in states with lower female literacy, weaker primary health infrastructure and higher poverty. Within states, the burden is concentrated in rural and tribal districts. A national HPV programme that achieves 90 per cent average coverage but leaves the highest-burden districts behind will not move the elimination needle.

Ayushman Bharat Health and Wellness Centres, which now exceed 1.5 lakh in number, offer a route. A package combining HPV vaccination for adolescent girls, opportunistic screening for women aged 30 to 49, and treatment referral through Ayushman Bharat-PMJAY can be delivered through this infrastructure. Article 47 of

the Constitution – the Directive Principle on improvement of public health – imposes a positive obligation on the state to act, and Article 21 jurisprudence has expanded the right to life to include access to essential health services.

THE MANDATE QUESTION

Some commentators have advocated making the HPV vaccine compulsory for school enrolment, as the measles vaccine effectively is. The proposal raises serious constitutional questions. A school-entry mandate engages Article 21 (right to bodily autonomy) and Article 19(1)(a) (freedom of conscience). The Supreme Court's evolving jurisprudence on vaccination, including the Jacob Puliyel judgment of 2022, has stopped short of permitting outright mandates. A better path is robust school-based delivery with strong consent processes and active counselling, not compulsion.

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Key arguments:

- HPV strains 16 and 18 cause around 70 per cent of cervical cancers; SII's indigenous CERVAVAC (launched in 2023, available since 2024) makes large-scale Indian vaccination feasible.
- WHO's 90-70-90 target by 2030 requires vaccinating 90 per cent of girls by 15, screening 70 per cent of women, and treating 90 per cent of detected cases.
- India accounts for roughly 25 per cent of global cervical cancer deaths.
- Ayushman Bharat-Health and Wellness Centres and Mission Indradhanush provide a usable delivery architecture; school-based platforms are the next frontier.
- Article 47 (DPSP) and Article 21 jurisprudence ground the state's positive obligation to deliver preventive care equitably.

Counterarguments:

- HPV vaccine acceptance is fragile; aggressive mobilisation risks backlash and lower routine immunisation uptake.
- Resources may be better spent on screening, which prevents deaths even in already-infected women.
- A school-entry mandate would invite constitutional challenge and would not be politically sustainable.

Keywords: HPV, cervical cancer, Cervarix, Gardasil, CERVAVAC (launched 2023, available since 2024), WHO 90-70-90 target (2030), Ayushman Bharat-HWC, ICMR Indian Cancer Registry, Mission Indradhanush, National Health Mission, Article 47 DPSP, Article 21, Jacob Puliyel (2022).

> *The Indian Express's view is that India is closer to eliminating a major cancer than it has ever been – and farther from doing so than the science requires. The vaccine is here, the infrastructure exists, and the constitutional mandate is unambiguous. What is missing is the combination of political will, school-system coordination and equity-focused targeting that turns a policy announcement into a measurable reduction in women's deaths. The next four years will decide whether 2030 finds India closer to elimination, or merely closer to the next announcement.*

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