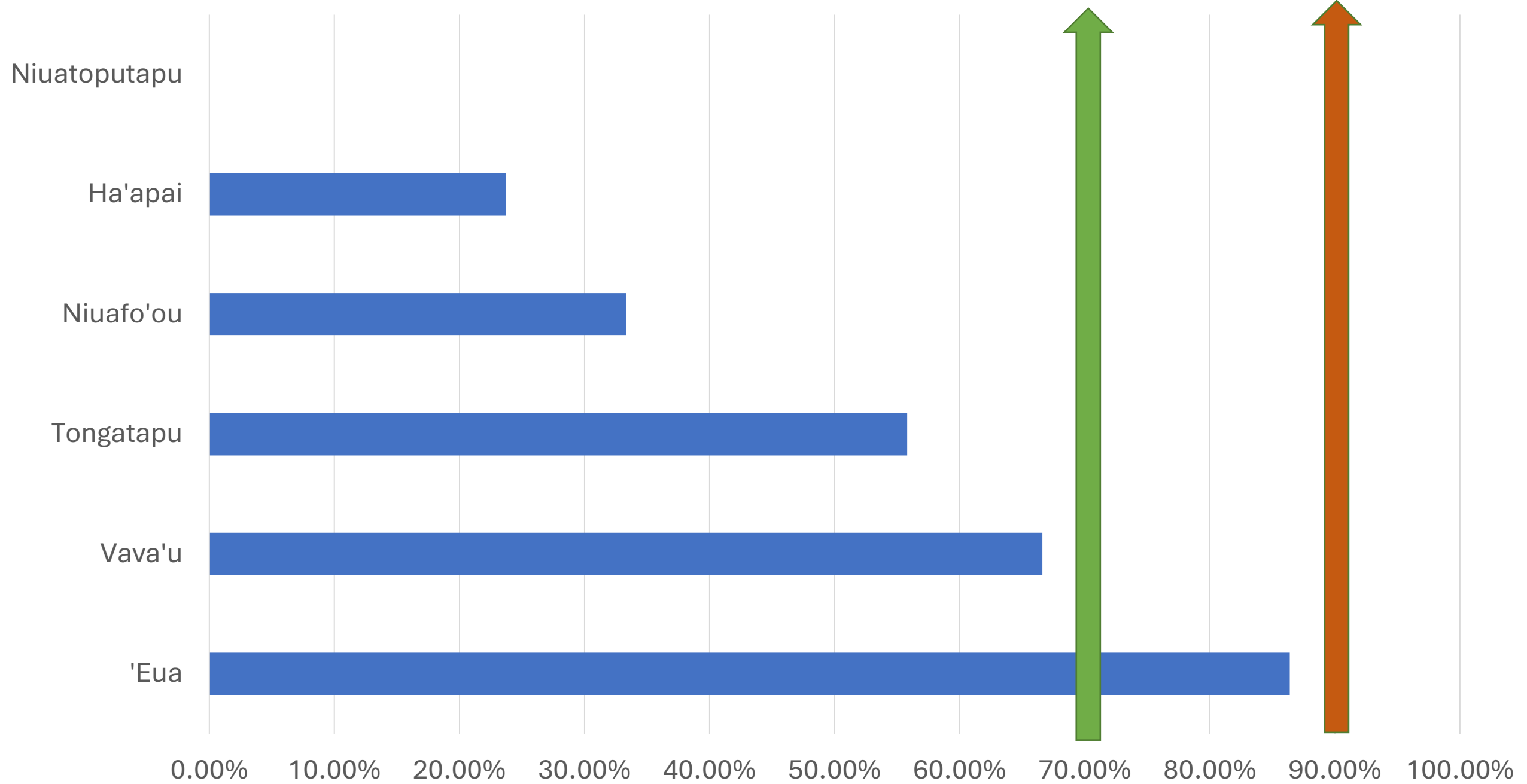


Tonga's HPV Screening & Treatment Program - 15 months old



Target	WHO Goal	Tonga Status	Tonga Goal
% vaccinated by age 15	90%	45%	95%
%women screened (30-64 yrs)	70%	56 %	
% + HPV cases treated		62.8%	90%
90% women with disease treated	90%	6 cases 1 treated 2 refused tx 3 polliotic	100%

Screening coverage by Islands



1. What progress has Tonga made?

The main progress is moving from planning to national implementation.



National commitment – Political will

Tonga has launched its national screening program, marking a formal commitment to cervical cancer elimination.– Policy & Guidelines

Women-centred screening

Treatment closer to screening

Data and follow-up focus

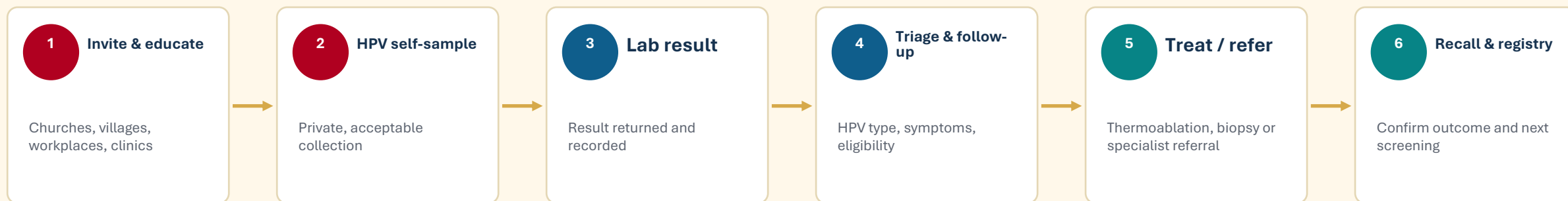
The program is strengthening registers, results tracking and island-level follow-up so positive women are not lost after testing.

Community-to-clinic model

Outreach, self-collection and supportive counselling help women enter the pathway earlier.

Progress: the care pathway is now visible

Women should move through one clear pathway—not separate, disconnected services.



What has changed?

The program is beginning to define every step from woman → sample → result → treatment → recall, with accountability at each handover.

2. Biggest challenge: pathway completion

The hardest part is not only screening women—it is completing the pathway after a positive result.

Q2

Biggest challenge:

Ensuring every HPV-positive woman receives timely assessment, treatment or referral—especially across outer islands and busy clinics.

- Reaching women who are unscreened, hesitant or living far from services
- Tracking results and contacting women without stigma or fear
- Coordinating travel, staff time, equipment and supplies for treatment
- Keeping data complete from sample collection through final outcome

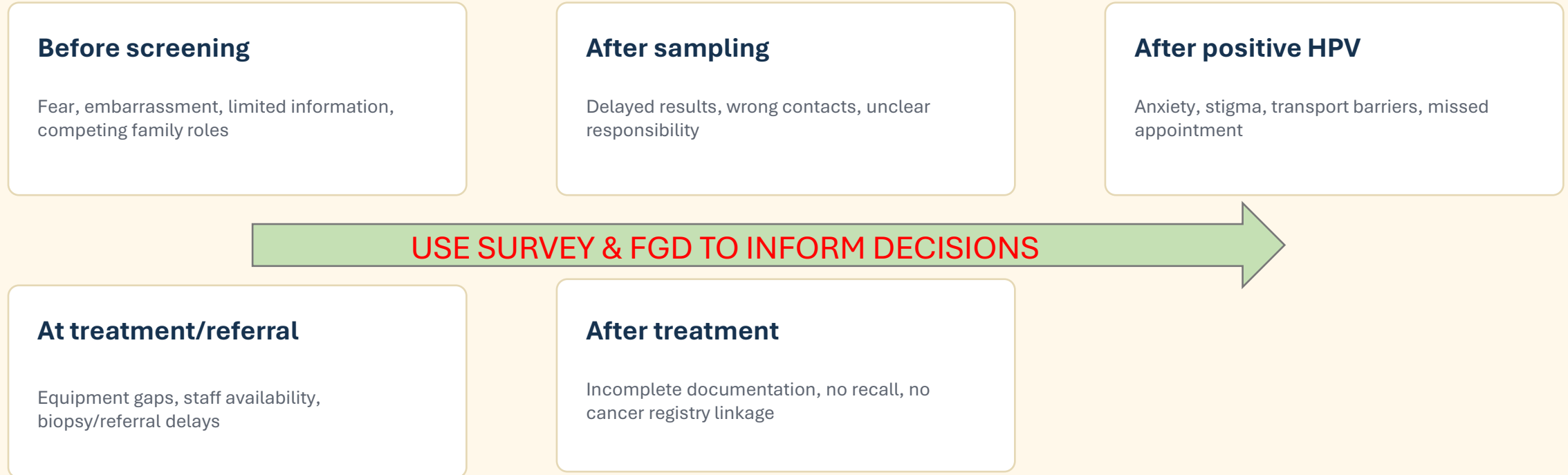


Treatment readiness

Capacity for assessment, thermoablation, biopsy and referral must grow with screening demand.

Where women still fall through the cracks

The program needs to watch each handover point closely.



Program implication

Measure success by treatment completion and patient outcome—not by tests done alone.

3. Lesson for Pacific countries

Design for geography, culture and follow-up from the beginning.



Small island reality

A national pathway must work across distance, transport limits and different island service capacity.

Three lessons for Pacific countries:

1. Make screening acceptable

Self-collection, simple language, women-led education, churches and community leaders can reduce fear and embarrassment.

2. Build follow-up before scale-up

A larger screening campaign must be matched with registers, phone follow-up, transport planning and clear treatment days.

3. Bring treatment as close as possible

Thermoablation and referral pathways should be organized around women's realities, especially for outer islands.

Pacific lesson: “Screening is the doorway; treatment completion is the destination.”

Next phase: strengthen the pathway

Focus on pathway completion, equity and sustainable national systems.

1

Island micro-plans

Set screening, follow-up and treatment days for Tongatapu, Vava'u, Ha'apai, 'Eua and the Niuas.

2

Patient navigation

Assign staff to track HPV-positive women until final treatment or referral outcome is documented.

3

Reliable supplies

Secure HPV kits, lab logistics, thermoablation equipment, biopsy capacity and referral pathways.

4

Dashboard & registry

Use routine indicators: screened, HPV-positive, treated, referred, biopsy result and cancer outcome.

Measures that matter: coverage • positivity • treatment within target time • referral completion • equity by island

Key message

Tonga has made important progress by launching HPV-based screening and linking it to treatment—but the true measure of success is whether every positive woman completes care.

Mālō ‘aupito