### Definitions
Women ages 30-49 reporting having been screened for cervical cancer using one of the following methods: visual inspection with acetic acid/vinegar (VIA), Pap test, human papilloma virus (HPV) test.

### Numerator
Number of women ages 30-49 who ever reported having been screened for cervical cancer using any of the following methods: visual inspection with acetic acid/vinegar (VIA), Pap test, human papilloma virus (HPV) test.

### Denominator
All 30-49 women who answered the survey.

### Measuring unit
X percent (%).

### Considerations for indicator quality
When this indicator is obtained from population surveys, sample design should be considered using established weights for analytical purposes, and thus preserve external validity.

Screening types that have been included in the estimation of the indicator are useful.

It is recommended to have a measurement at least every 5 years.

### Interpretation implications
WHC cervical cancer screening guidelines apply to women age 30 and older, given the high risk of cervical cancer based on age, but the benefit of screening may extend to younger or older age groups, according to their baseline risk for CIN2+ injuries.

Information on epidemiological cancer profile and HPV infection by age groups will be important for interpretation of the indicator, because in contexts of higher CIN2+ risk in younger women, it will be necessary to interpret the indicator together with younger age women groups of figures.

In contexts where information about HIV infection is accessible, all sexually active women having been tested positive for HIV should be considered as a screening population target.

It is recommended that all women 30-49 years of age be screened at least once in a lifetime, on enhancing the number of times a woman is screened.

More than 95% of cervical cancer burden is potentially avoidable by effective screening programs, and vaccination against HPV 16 and 18. Screening can reduce cervical cancer mortality by up to 80%. Early detection, including inexpensive technology, is essential in contexts of low access to complex cancer treatments.

### Context indicator

<table>
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<tr>
<th>ODS framework</th>
<th>EWEC-LAC framework</th>
<th>Dimension</th>
<th>Monitoring framework</th>
<th>Suggested stratifier for inequality analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survive</td>
<td>√ Woman</td>
<td>√ Imput</td>
<td>Sex</td>
<td></td>
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<tr>
<td>Thrive</td>
<td>Childhood</td>
<td>Output</td>
<td>Ethnicity</td>
<td>√</td>
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<td>Transform</td>
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<td>Results</td>
<td>Education</td>
<td>√</td>
</tr>
<tr>
<td>Impact</td>
<td></td>
<td></td>
<td>Socioeconomic level (quintiles of national wealth)</td>
<td>√</td>
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<tr>
<td>Product</td>
<td></td>
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<td>Place of residence (urban / rural, or geographic location)</td>
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</tbody>
</table>

N / A

### Preferred data source
Administrative data from health service providers.

### Alternative data sources
• N/A

### Inter-agency group estimates
• N/A

### Global monitoring frameworks
• Global Strategy for Women’s, Children’s and Adolescents’ Health.

### For more information

### References
• WHO Cervical Screening Guidelines.