



# Standard for Cervical Cancer Screening and Prevention Program Requirements

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## 1. Standard Scope

- 1.1 This document mandates the clinical service specifications and data reporting for the Department of Health's (DoH) Cervical Cancer Screening and Prevention Program in the Emirate of Abu Dhabi.
- 1.2 It specifies the clinical care pathway and minimum service specifications to ensure that women screened for cervical cancer receive quality and safe care and timely referral for diagnosis and/or treatment; it includes the administration of the HPV vaccine as a preventive measure.
- 1.3 These program specifications apply to all Healthcare Providers (Facilities, laboratories, Professionals) licensed by DoH in the Emirate of Abu Dhabi who are participating in DoH's Cervical Cancer Screening and Prevention Program.
- 1.4 Participating Healthcare Providers are to provide the following services as applicable based on their license category:
  - 1.4.1 Risk assessment and physical examination;
  - 1.4.2 Specimen collection and preparation of adequate cervical sample;
  - 1.4.3 Handling and reporting of cervical sample;
  - 1.4.4 Follow up and referral;
  - 1.4.5 Administration of the HPV vaccine.
- 1.5 Follow reporting terminologies defined by DoH as per Section 2 and Section 3.6.

## 2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	ACOG	American College of Obstetricians and Gynecologists
2.2	CDC	United States Centers for Disease Control and Prevention
2.3	CME	Continuing Medical Education
2.4	CPD	Continuing Professional Development
2.5	DoH	Department of Health, the regulative body of the Healthcare Sector in the Emirate of Abu Dhabi, established based on law No. (10) of 2018.
2.6	HIV	Human Immunodeficiency Virus
2.7	HPV	Human Papilloma Virus
2.8	HPV DNA testing	A laboratory test in which cells are scraped from the cervix to look for DNA of human papillomaviruses (HPV) to screen for a high-risk HPV viral types; only DoH approved tests are accepted.
2.9	Hysterectomy	A surgery in which the uterus is removed; in a total hysterectomy the cervix is also removed, while in a subtotal hysterectomy the cervix is left intact.
2.10	LMP	Last Menstrual Period
2.11	NCCN	National Comprehensive Cancer Network
2.12	NHS	United Kingdom National Health Service
2.13	WHO	World Health Organization

## 3. Standard Requirements and Specifications

### 3.1 Cervical Cancer Screening and Prevention Program screening tests and frequency

- 3.1.1 Screening tests:
  - 3.1.1.1 **HPV DNA test is the primary screening test.** Only DoH HPV approved tests are accepted for screening.
- 3.1.2 Women 25-65 years old, sexually active (past or present) and symptom free
  - 3.1.2.1 Risk Assessment and Physical Exam
  - 3.1.2.2 HPV DNA Test every 5 years

### 3.2 Cervical Cancer Screening and Prevention Program eligibility criteria

- 3.2.1 All sexually active women (past or present), symptom free, aged **25-65** years residing in the Emirate of Abu Dhabi, except where exclusion criteria for screening apply.
- 3.2.2 Women are excluded from screening if:
  - 3.2.2.1 They have received a total hysterectomy for benign indications; or
  - 3.2.2.2 They are over 65 years (if the last three previous HPV tests were negative).
- 3.2.3 Women who have had subtotal hysterectomy (preserving the cervix) or hysterectomy due to cervical cancer or precancerous condition should continue to have cervical screening or vaginal vault cytology (Vault smear) as per their clinical risk.**
- 3.2.4 Screening recommendations remain the same regardless of whether they have received the HPV vaccination.

### 3.3 Recruitment to screening

Recruitment of eligible women for screening can be made through:

- 3.3.1 Targeted invitation from the eligible screening facilities.
- 3.3.2 Opportunistic screening:
  - 3.3.2.1 Approaching women who are enrolled in other existing screening programs, e.g. breast cancer; colorectal cancer;
  - 3.3.2.2 Physician consultation for related or unrelated reason; or
  - 3.3.2.3 As an outcome of a health promotion campaign.
- 3.3.3 As part of the Periodic Comprehensive Screening Program (IFHAS), refer to the updated standard published by DoH on its official website.**

### 3.4 Risk assessment and physical examination

- 3.4.1 Women shall receive adequate information regarding the screening, procedure and expected outcomes and timeframe to receive results.
- 3.4.2 Detailed history shall be taken to assess risk and frequency of repeating screening, including at least:
  - 3.4.2.1 Menstrual status (last menstrual period, hysterectomy, pregnant, postpartum, use of contraceptive or hormone therapy).
  - 3.4.2.2 Previous screening, results of screening, (negative, abnormal, or positive) and any previous treatment, biopsy, chemotherapy, radiotherapy or surgery.
  - 3.4.2.3 Immune-compromised status due to diseases (including HIV) or medication.
- 3.4.3 Comprehensive clinical examination shall be performed including visual inspection of the cervix.

### 3.5 Specimen collection and preparation of adequate HPV DNA test

- 3.5.1 The following categories of DoH Licensed healthcare physicians are eligible to perform an HPV DNA test:
  - 3.5.1.1 Licensed gynecologists, obstetricians, and family medicine physicians; and other privileged physicians including oncologists.
- 3.5.2 Eligible Physicians shall:
  - 3.5.2.1 Collect and manage specimens in accordance with the facility internal policies and procedures and DoH Standards.
- 3.5.3 Specimen collection shall be avoided in the following circumstances and women shall be advised when to return for an HPV DNA test:
  - 3.5.3.1 Menstruation, blood loss, breakthrough bleeding.
  - 3.5.3.2 Vaginal inflammation/ infection.
  - 3.5.3.3 Pregnancy (unless a previous test was abnormal and in the interim the woman becomes pregnant, then the follow-up shall not be delayed).

### 3.6 HPV DNA sample handling and reporting

Clinical Laboratories handling and reporting of HPV DNA specimens and sample testing shall:

- 3.6.1 Manage cervical HPV DNA sample and perform the testing as indicated and in accordance with the specifications of the DoH Clinical Laboratory Standards, including without limitation “Processes for Laboratory Specialties”.
- 3.6.2 Make final reports of cervical HPV DNA sample using **simplified reporting (positive or negative) OR using type specific reporting of HPV group:**
  - 3.6.2.1 Group 1 (Highest Risk) - HPV 16
  - 3.6.2.2 Group 2 (High Risk) - HPV 18, 45
  - 3.6.2.3 Group 3 (HPV 16-related) - HPV 33, 31, 52, 58, 35
  - 3.6.2.4 Group 4 (probable carcinogenic) - HPV 39, 51, 59, 56, 68
- 3.6.3 The report shall be verified by a pathologist for all abnormal and reactive cases, while negative cases can be verified by licensed technologist using standard synoptic reporting format and containing minimum elements consistent with those of internationally reputable accrediting bodies.
- 3.6.4 The report shall minimally include the following details:
  - 3.6.4.1 Patient’s name.
  - 3.6.4.2 Age/date of birth.
  - 3.6.4.3 Menstrual status (LMP, hysterectomy, pregnant, postpartum, hormone therapy).
  - 3.6.4.4 Relevant clinical information such as if the patient has previously had a positive test or had other types of cancer, etc.
  - 3.6.4.5 Specimen description (source).
- 3.6.5 The reporting pathologist is the professional responsible for confirming the positive cancer results.
- 3.6.6 Reports for Specimen adequacy and HPV DNA findings shall be returned to the referring physician at the screening center within 8 working days of receiving the specimen.
- 3.6.7 The DoH may, at its discretion, conduct third-party independent quality assurance testing of laboratories providing cervical sample laboratory test service. Where it does so, providers shall comply with DoH’s direction and cooperate with the DoH appointed party.

### 3.7 Screening outcomes and referrals

- 3.7.1 All women shall be notified in writing of the result of their screening tests.
- 3.7.2 It is the responsibility of the physician requesting the screening to notify the patient regarding her screening results within 21 days (3 weeks) of the date of specimen taken.
- 3.7.3 If the test outcome is normal, the woman is discharged to routine screening as per frequency mentioned in this document.
- 3.7.4 If the test outcome is unsatisfactory, it shall be repeated within 6-12 weeks, treating infection, if present, as indicated.
- 3.7.5 If the test outcome is abnormal (HPV positive), the woman’s test should be managed according to Appendix 1.
- 3.7.6 If a suspicious visible abnormality is identified during visualization of the cervix, the woman shall be referred immediately to a Gynecologist oncologist without receipt of her test results.
- 3.7.7 If a woman requires referral for colposcopy or treatment, the physician shall make the referral to an appropriately DoH licensed healthcare professional, privileged to provide the specialty/oncology service.

### 3.8 Administration of the HPV Vaccine

- 3.8.1 **School Vaccination:** Introduce Human Papilloma viruses 9 Valent Vaccine (HPV9) to students at grade 8, including both males and females (has been introduced to students starting from academic year 2023-2024).
  - 3.8.1.1 The vaccine to be administered in two doses, if the first dose was given at the age of below 15 years.
  - 3.8.1.2 The vaccine to be administered in three doses, if the first dose was given at the age of 15 years or above.
  - 3.8.1.3 Document all vaccinations and submit incidents of adverse events through the e-notification system as outlined in the Department of Health Circular No. (2024/39).
- 3.8.2 **Adult Vaccination:** adults who have not received the HPV vaccine **may** do so:
  - 3.8.2.1 ≤ 26 years of age: catch-up vaccination recommended.

- 3.8.2.2 ≥ 27 years of age up to 45 years: shared clinical decision-making regarding catch-up vaccination is recommended.
  - 3.8.2.2.1 Decisions are made on an individual basis and guided by a shared decision making process between the healthcare provider and the patient in alignments with the patient's insurance policy terms.
  - 3.8.2.2.2 The HPV vaccine prevents new vaccine-type HPV; therefore, it can be considered for individuals who will become sexually active with a new partner; those who have never been sexually active; individuals who are at greater risk.

**3.9 Eligibility for reimbursement under the Health Insurance scheme:** For Thiqa holders, reimbursement shall be consistent with the DoH Standard for Thiqa Preventive List of Interventions available at [www.doh.gov.ae](http://www.doh.gov.ae). For non-Thiqa holders, payment shall be consistent with the individual's health insurance product/plan

## 4. Key stakeholder Roles and Responsibilities

- 4.1 All licensed and eligible healthcare providers participating in DoH's Cervical Cancer Screening and Prevention Program shall:
  - 4.1.1 Provide clinical services and patient care in compliance with the Department of Health (DoH) regulations and the applicable laws and regulations of the Emirate of Abu Dhabi.
  - 4.1.2 Submit data to DoH in accordance with the DoH Reporting of Health Statistics Policy and as set out in the DoH Data Standards and Procedures and Cyber Security Standards.
  - 4.1.3 Comply with DoH's requests to inspect and audit records and cooperate with DoH authorized auditors as required by DoH.
  - 4.1.4 Comply with prevailing requirements for information security and data management including sharing of screening/diagnosis/vaccination and where applicable, pathology results, electronic patient records and disease management systems.
- 4.2 Cervical Cancer Screening and Prevention Program Specifications **for facilities**. Facilities participating in DoH's Cervical Cancer Screening and Prevention Program shall:
  - 4.2.1 Be licensed by the DoH.
  - 4.2.2 Fulfill the eligibility criteria for a cervical cancer screening program participating facilities in accordance with Appendix 2 and approved by DoH as eligible cervical cancer screening program facilities.
  - 4.2.3 Comply with DoH cervical cancer screening and prevention recommendations including HPV vaccination, clinical care pathways and clinical quality indicators, in accordance with Appendices 1, 3, and 4 respectively.
  - 4.2.4 Assign a screening program coordinator responsible for submitting data on screening visits and outcomes to DoH, who will fulfill the responsibilities in accordance with Section 4.5.
  - 4.2.5 Submit data to DoH in accordance with the DoH Reporting of Health Statistics Policy and as set out in the DoH Data Standards and Procedures.
  - 4.2.6 Collect and submit data to DoH on screening visit outcomes.
  - 4.2.7 Report all screen-detected cancer cases to DoH.
  - 4.2.8 Maintain records for screening tests and outcomes.
  - 4.2.9 Establish internal audit procedures to demonstrate compliance with this document and other associated regulatory policies and standards.
  - 4.2.10 Ensure availability of evidence of compliance with the Cervical Cancer Screening and Prevention Program Clinical Quality indicators specified in Appendix 4 including:
    - 4.2.9.1 Collection and preparation of adequate cervical sample.
    - 4.2.9.2 Handling and transporting of specimens to DoH Licensed clinical laboratories.
    - 4.2.9.3 Have an approved protocol for referral of women with abnormal results or physical examination to a diagnostic or treatment centers.
- 4.3 Cervical Cancer Screening and Prevention Program Specifications **for laboratories**. Laboratories participating in DoH Cervical Cancer Screening and Prevention Program shall:
  - 4.3.1 Be licensed by the DoH.
  - 4.3.2 Comply with the applicable elements of the Screening and Prevention Program and other DoH clinical

- quality indicators in accordance with Appendix 4 and ensure availability of evidence of compliance with these indicators such as laboratory records required for accreditation purposes.
- 4.3.3 Comply with the DoH Clinical Laboratory Standards.
  - 4.3.4 Attain accreditation by an international body recognized by the DoH; such as, CAP- ISO 15189(2007), or JCI /Lab.
  - 4.3.5 Participate in an international external proficiency test by all personnel involved in screening and reporting test.
  - 4.3.6 Establish internal audit procedures to demonstrate compliance with this program specification and with other associated regulatory policies and standards.
  - 4.3.7 Develop, implement, and monitor policies and standard operating procedures for management of samples in accordance with DoH Clinical Laboratory standards.
- 4.4 Cervical Cancer Screening and Prevention Program Specifications for **healthcare professionals**. Health professionals participating in the DoH's Cervical Cancer Screening and Prevention Program shall:
- 4.4.1 Be licensed by DoH.
  - 4.4.2 Comply with the clinical standards detailed in this program specification to provide the most appropriate care, taking responsibility for deciding the best care options for preventing and managing cervical cancer cases.
  - 4.4.3 Provide women with culturally and socially relevant education on women's' health and with information (oral and written) regarding the benefits and limitations of vaccination and cervical screening, potential outcomes and next steps that may be required for care management.
  - 4.4.4 Participate in continuing medical education (CME) in accordance with DoH requirements.
  - 4.4.5 Shall have completed Information and Cyber Security awareness courses as assigned by DoH.
- 4.5 Responsibilities of the **Facility Cancer Screening** and Prevention program coordinator. The healthcare facility cervical cancer screening and prevention program coordinator shall:
- 4.5.1 Be a licensed healthcare professional.
  - 4.5.2 Have comprehensive and high-quality knowledge in cervical cancer as a disease and its prevention.
  - 4.5.3 Be responsible for:
    - 4.5.3.1 Recruitment of eligible women.
    - 4.5.3.2 Follow up and tracking of screening results to ensure the timeliness and completeness of follow-up.
    - 4.5.3.3 Assessing relationships between planned care and approved protocols for care.
    - 4.5.3.4 Assessing women's needs for support to remove barriers to screening and follow-up.
    - 4.5.3.5 Developing and promoting recall systems that include reminders to patients as appropriate.
    - 4.5.3.6 Submitting data on screening visit and outcomes to DoH through the appropriate channels.

## 5. Monitoring and Evaluation

All licensed healthcare providers (Facilities and Professionals) engaged in providing cervical cancer screening, diagnosis and prevention services shall:

- 5.1 Provide clinical services and patient care in accordance with this standard and in accordance with DoH Policies and Standards and the laws and regulations of the Emirate of Abu Dhabi.
- 5.2 Comply with DoH Clinical Quality Indicators specified in Appendix 4.
  - 5.2.1 Submit data to DoH in accordance with the DoH Reporting of Health Statistics Policy and as set out in the DoH Data Standards and Procedures.
  - 5.2.3 Report all screen-detected cancers to DoH.
  - 5.2.4 Manage and maintain patient medical records, including developing effective recording systems, maintaining confidentiality, privacy, and security of patient information.
  - 5.2.5 Comply with DoH requirements for Patient Education and consent: the licensed provider shall provide appropriate patient education and information regarding screening tests and shall ensure that appropriate patient informed consent is obtained and documented on the patient's medical record consistent with the relevant DoH policies and standards.
  - 5.2.6 Comply with DoH requests to inspect and audit records and cooperate with DoH authorized auditors as required by DoH.
  - 5.2.7 Comply with DoH requirements for information security and data management, electronic patient records

and disease management systems, sharing of screening and diagnostic test results, and where applicable pathology results.

## 6. Enforcement and Sanctions

DoH may impose sanctions in relation to any breach of requirements under this Standard in accordance with the disciplinary regulation of the healthcare sector.

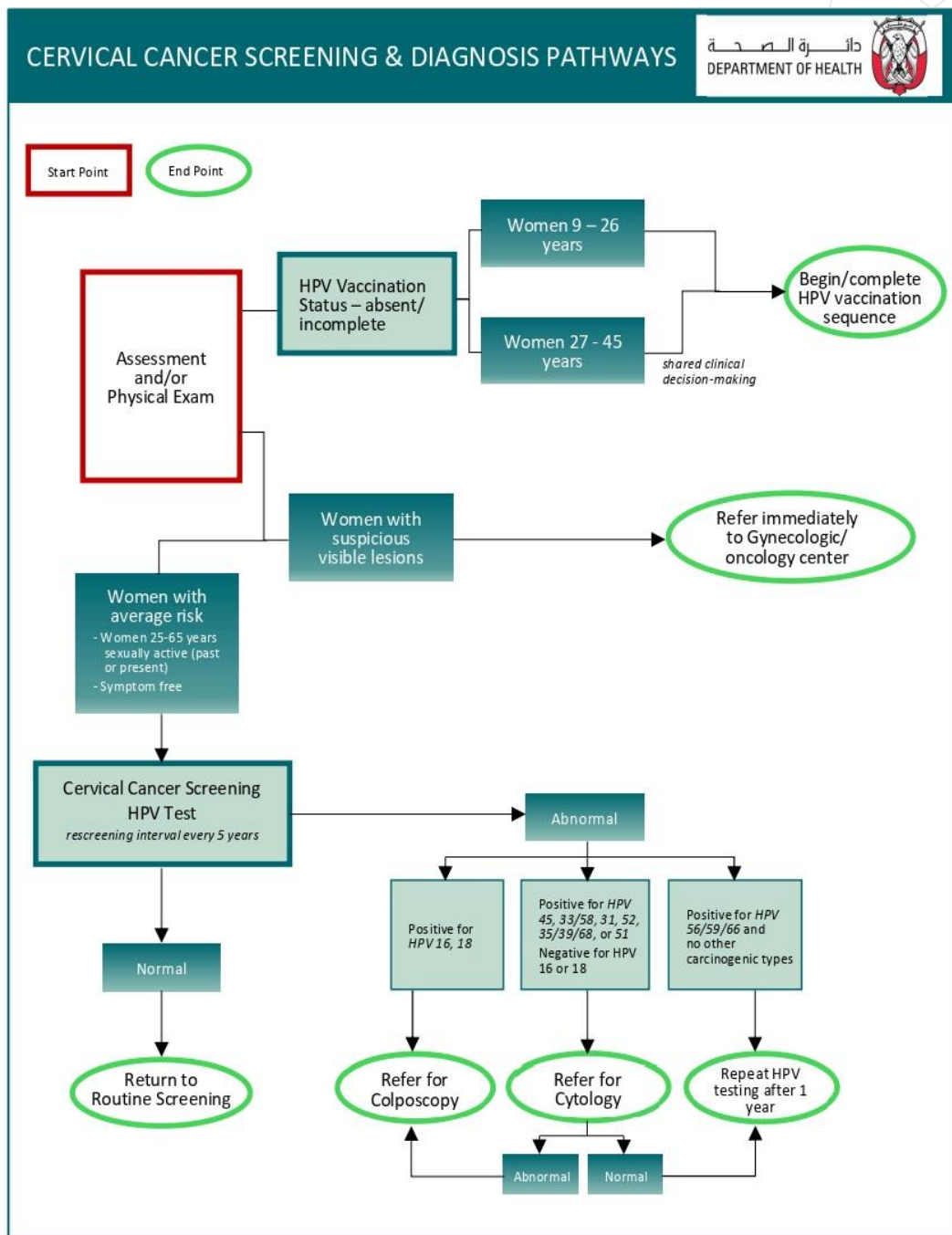
## 7. Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1	2024	NHS Cervical Screening Program	<a href="https://www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management">https://www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management</a>
2	2021	The American Cancer Society Guidelines for the Prevention and Early Detection of Cervical Cancer	<a href="https://www.cancer.org/cancer/types/cervical-cancer/detection-diagnosis-staging/cervical-cancer-screening-guidelines.html">https://www.cancer.org/cancer/types/cervical-cancer/detection-diagnosis-staging/cervical-cancer-screening-guidelines.html</a>
3	2009	Performance Monitoring for cervical Cancer Screening Programs in Canada	<a href="https://www.phac-aspc.gc.ca/cd-mc/cancer/pmccspc-srpdcuc/pdf/cervical-eng.pdf">https://www.phac-aspc.gc.ca/cd-mc/cancer/pmccspc-srpdcuc/pdf/cervical-eng.pdf</a>
4	2022	Ontario Cervical Screening Guidelines	<a href="https://www.cancercareontario.ca/en/system/files_force/derivative/OCSPScreeningGuidelines.pdf">https://www.cancercareontario.ca/en/system/files_force/derivative/OCSPScreeningGuidelines.pdf</a>
5	2024	NCCN Cervical Cancer Guidelines	<a href="https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf">https://www.nccn.org/professionals/physician_gls/pdf/cervical.pdf</a>
6	2023	ACOG-cervical cancer screening guidelines	<a href="https://www.acog.org/Patients/FAQs/Cervical-Cancer-Screening">https://www.acog.org/Patients/FAQs/Cervical-Cancer-Screening</a>
7	2017	Implementation of cancer screening in the European Union	<a href="https://ec.europa.eu/health/sites/health/files/major_chronic_diseases/docs/2017_cancerscreening_2ndreportimplementation_en.pdf">https://ec.europa.eu/health/sites/health/files/major_chronic_diseases/docs/2017_cancerscreening_2ndreportimplementation_en.pdf</a> <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2826099/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2826099/</a>

8	2015	European guidelines for quality assurance in cervical cancer screening (supplements)	<a href="https://data.europa.eu/doi/10.2875/859507">https://data.europa.eu/doi/10.2875/859507</a>
9	2019	CDC Human papillomavirus vaccination for adults: updated recommendations of the Advisory Committee on Immunization Practices	<a href="https://www.cdc.gov/mmwr/volumes/68/wr/mm6832a3.htm#B1_down">https://www.cdc.gov/mmwr/volumes/68/wr/mm6832a3.htm#B1_down</a>
10	2024	DoH Circular No. (2024/39): Updates on Expanded Program on Immunization (EPI) (School Vaccination)	<a href="https://www.doh.gov.ae/-/media/B6CBBBAEAB6546FEB67607CF5F11EF03.ashx/1000">https://www.doh.gov.ae/-/media/B6CBBBAEAB6546FEB67607CF5F11EF03.ashx/1000</a>
11	2021	WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention. 2nd ed.	<a href="https://www.who.int/publications/i/item/9789240030824">https://www.who.int/publications/i/item/9789240030824</a>
12	2023	Cervical Cancer Screening Recommendations: Now and for the Future. Healthcare 11(16).	<a href="https://www.mdpi.com/2227-9032/11/16/2273">https://www.mdpi.com/2227-9032/11/16/2273</a>
13	2024	Abu Dhabi - Healthcare Information and Cyber Security Standard - V2	DoH/SD/ICSO/ADHICS/V2/2024 <a href="https://www.doh.gov.ae/en/resources/standards">https://www.doh.gov.ae/en/resources/standards</a>
14	2024	Applying Results of Extended Genotyping to Management of Positive Cervicovaginal Human Papillomavirus Test Results: Enduring Guidelines, Cervical Cancer Screening and Management Guidelines Committee	Massad, L. S., Clarke, M. A., Perkins, R. B., Garcia, F., Chelmos, D., Cheung, L. C., ... & Enduring Consensus Cervical Cancer Screening and Management Guidelines Committee. (2024). Applying results of extended genotyping to management of positive cervicovaginal human papillomavirus test results: Enduring Guidelines. Journal of lower genital tract disease, 10-1097. <a href="https://journals.lww.com/jlgtld/ layouts/15/oaks.journals/downloadpdf.aspx?an=00128360-990000000-00160">https://journals.lww.com/jlgtld/ layouts/15/oaks.journals/downloadpdf.aspx?an=00128360-990000000-00160</a>
15	2025	Periodic Comprehensive Screening Program (IFHAS)	<a href="https://www.doh.gov.ae/-/media/EE758C3B77314BC394F2479AEF803AA2.ashx">https://www.doh.gov.ae/-/media/EE758C3B77314BC394F2479AEF803AA2.ashx</a>
16	2024	DoH Updates on Expanded Program on Immunization (EPI) (School Vaccination)	Department of Health Circular No. (2024/39) <a href="https://www.doh.gov.ae/-/media/2EE93DA9EAB84FA696BC3D131AA4F59B.ashx">https://www.doh.gov.ae/-/media/2EE93DA9EAB84FA696BC3D131AA4F59B.ashx</a>

17	2025	DoH Data Standards and Procedures	<a href="https://www.doh.gov.ae/en/Shafafiya/dictionary">https://www.doh.gov.ae/en/Shafafiya/dictionary</a>
18	2013	DoH Standard for Reporting of Public Health Statistics	<a href="https://www.doh.gov.ae/-/media/Feature/Resources/Standards/HAAD-Standard-for-Reporting-of-Public-Health-Statistics.ashx">https://www.doh.gov.ae/-/media/Feature/Resources/Standards/HAAD-Standard-for-Reporting-of-Public-Health-Statistics.ashx</a>

## Appendix 1 – Cervical Cancer Screening Care Pathway



### REFERENCES:

- 1 National Health System NHS Cervical Screening Program. V.2024.
- 2 The American Cancer Society Guidelines for the Prevention and Early Detection of Cervical Cancer. V. 2021.
3. National Comprehensive Cancer Network (NCCN) Cervical Cancer Guidelines. V.2024.
4. CDC Human papillomavirus vaccination for adults: updated recommendations of the Advisory Committee on Immunization Practices 2019
5. DoH Circular No. (2024/39): Updates on Expanded Program on Immunization (EPI) (School Vaccination)
6. Massad et al. (2025) Applying Results of Extended Genotyping to Management of Positive Cervicovaginal Human Papillomavirus Test Results: Enduring Guidelines

## Appendix 2 - Eligibility Criteria for a Facility to Participate in DoH's Cervical Cancer Screening and Prevention Program

In addition to the requirements of this specification of the program, the healthcare facility shall fulfill the following criteria:

1. General	2. Human Resources
<p>1.1 Plan capacity to match the demand for screening and the facility capacity.</p>	<p>2.1 The core team shall include at least:</p> <p>2.1.1 A program coordinator;</p> <p>2.1.2 A licensed Physician, Family Medicine Physician, Gynecologist or Obstetrician, physician privileged to deliver cervical screening care and services;</p> <p>2.1.3 A licensed nurse for each clinic with a minimum of 2 years of experience in Gynecology or Obstetric nursing.</p>
<p>1.2 Allocate appointment slots for cervical cancer prevention and screening through IFHAS.</p>	<p>2.2 Training of licensed health professionals shall be delivered using CME/CPD courses accredited by DoH CME department at <a href="https://www.doh.gov.ae/en/programs-initiatives/meed">https://www.doh.gov.ae/en/programs-initiatives/meed</a> including:</p> <p>2.2.1 For physicians; training for cervical sample taking in accordance with international evidence-based training standards and guidelines.</p>
<p>1.3 Have available adequate equipment to provide safe and quality screening;</p> <p>1.3.1 Send HPV test only to DoH licensed Laboratories that meet the requirements of this program specification; and</p> <p>1.3.2 Ensure patient privacy, comfort, and confidentiality at all times.</p>	<p><b>3. Registration as DoH Screening Facilities</b></p> <p>Facilities meeting DoH cervical cancer screening requirements should follow DoH facilities' registration process.</p>

### Appendix 3 - DoH Cervical Cancer Screening and Prevention Recommendations

**Table 1 - Summary of DoH Screening Recommendations**

Screening Category	Age	Screen Assessment tools
Women sexually active (past or present) and symptom free	25 – 65 years	<ul style="list-style-type: none"> <li>• Risk Assessment and Physical Exam</li> <li>• HPV test every 5 years</li> </ul>
<b>Exclusions</b>		<ul style="list-style-type: none"> <li>• Women who have received a total hysterectomy for benign indications (women who have had a subtotal hysterectomy (preserving the cervix) or hysterectomy due to cervical cancer or precancerous condition should continue to have cervical screening).</li> <li>• Women who are over 65 years (if the last three previous HPV tests were negative).</li> <li>• Screening recommendations remain the same regardless of whether the woman has received the HPV vaccination.</li> </ul>

**Table 2 - Summary of DoH HPV Vaccination Recommendations**

Screening Category	Age	Vaccination Recommendations
All women	9 – 14 years	<ul style="list-style-type: none"> <li>• 2-dose 9-valent HPV vaccine (Gardasil 9)</li> </ul>
	15 – 26 years	<ul style="list-style-type: none"> <li>• 3-dose 9-valent HPV vaccine (Gardasil 9)</li> </ul>
	27 – 45 years	<ul style="list-style-type: none"> <li>• shared clinical decision-making, 3-dose 9-valent HPV vaccine (Gardasil 9)</li> </ul>

#### Appendix 4 - Cervical Cancer Screening and Prevention Program Clinical Quality Indicators

Quality Indicator		Acceptable Level	Desirable Level
<i>Coverage</i>			
Retention Rate	Percentage of eligible women re-screened within five years after a negative HPV DNA test in a 12-month period.	40%	50%
<i>HPV DNA Performance indicators</i>			
Specimen Adequacy Unsatisfactory Proportion	Percentage of HPV DNA tests that are reported as unsatisfactory in a 12-month period.	4.7%	1.3%
Screening Test Results Negative	Percentage of women with Negative HPV DNA test result in a 12-month period.	90%	97%
<i>System Capacity Indicators</i>			
HPV DNA Turnaround Time 2 Weeks	The average time from the date the specimen is taken to the date the finalized report is issued over a 12-month period.	>80%	>90%
Time to Colposcopy	Percentage of women with a positive HPV DNA test who had follow-up colposcopy within 3, 6, 9 and 12 months subsequent to the index test.	80%	88%
<i>Follow Up</i>			
Biopsy Rate	Percentage of women with a positive screening test result who received a histological diagnosis in a 12-month period.	>70%	>80%
HPV DNA-Histology Agreement	Proportion of positive HPV DNA tests with histological work-up found to have a pre-cancerous lesion or invasive cervical cancer in a 12-month period.		
<i>Outcome Indicators</i>			
Pre-Cancer Detection Rate	Number of pre-cancerous lesions detected per 1,000 women who had an HPV DNA test in a 12-month period.		