On 17th November 2020, one year ago today, 194 countries came together with the WHO to pass a resolution to eliminate cervical cancer, and launched the Global strategy to accelerate the elimination of cervical cancer as a public health problem. Its main proposals are:

A vision of the world where cervical cancer is eliminated as a public health problem
A threshold of 4 per 100 000 women-years for elimination as a public health problem
Meeting the following 90-70-90 targets by 2030 for countries to be on the path towards cervical cancer elimination: ✓ 90% of girls fully vaccinated with HPV vaccine by age 15 years ✓ 70% of women screened with a high-performance test by 35 years of age and again by 45 years of age ✓ 90% of women identified with cervical disease receive treatment (90% of women with precancer treated, and 90% of women with invasive cancer managed)

By achieving the 90-70-90 targets by 2030 in low- and lower-middle-income countries:

- The median cervical cancer incidence rate will fall by 42% by 2045, and by 97% by 2120, averting more than 74 million new cases of cervical cancer and
- The median cumulative number of cervical cancer deaths averted will be 300 000 by 2030, over 14 million by 2070, and over 62 million by 2120

Today as all at CBIG-SCREEN celebrate the first anniversary of this remarkable achievement, we look at how our project fits into the fight against cervical cancer. Importantly, the main objective of the CBIG-SCREEN project is to attract hard to reach vulnerable women to cervical cancer screening programmes, and retain the women from initial test to treatment. The goal of CBIG-SCREEN is to address this inequality by providing this subpopulation of women with functioning access to the entire cervical cancer screening continuum.

Specific objectives of CBIG-SCREEN:	In the longer-term CBIG-SCREEN will lead to:
1. Assess current cervical cancer screening status among vulnerable women, including existing policies, stakeholder landscape, barriers, and preferences for cervical cancer screening among subgroups of vulnerable women	1. Increase structural knowledge and provide insights into performance and policies of screening vulnerable women.
2. Develop tailored intervention models that increase cervical cancer screening in subgroups of vulnerable women.	2. Increase early detection and appropriate management of cervical cancer screening in vulnerable women.
3. Assess implementability and demonstrate scalability of intervention packages.	3. Create a flexible and responsive evaluation framework of co-constructed implementation models that predict the efficacy and effectiveness of tailored cervical cancer screening programmes.
4. Assess health benefits and cost-effectiveness of intervention packages.	4. Reduce the burden of cervical cancer in the European Union, improve life expectancy and well-being, and reduce health inequities.
5. Disseminate findings and deliver recommendations to EU representatives and policy makers, so they will translate into profound and long-lasting benefits for vulnerable women.	5. Decrease disease burden by more efficiently targeting vulnerable women and thus accelerate cervical cancer elimination.