Reviewer’s report

Title: Universal cervical cancer control through a right to health lens: Refocusing national policy and programmes on underserved women

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Reviewer: Julietta Patnick

Reviewer's report:

This is a well written paper that makes its case for universal cervical cancer control well. The authors should consider using this term which embraces vaccination rather than screening in the title.

BACKGROUND At the start of this section, one or both of the 'many's can be deleted in the text and in the abstract as it was very repetitive.

In the second paragraph, line 27, the government responsibility described relates to cervical cancer only, governments have many other responsibilities. There should be an appropriate qualification made

In the section on vaccines, even though, as stated line 23, all HPV infections are not prevented, the tremendous efficacy of the HPV vaccine on common high risk types is not fairly reflected. With high coverage and the nonavalent vaccine up to 90% of HPV related disease could be eliminated. For example see Riethmuller et al 2015. They estimated that over 90% of invasive cervical cancer, CIN 2/3, genital warts and anal cancer could be prevented in France and there are similar estimates from other countries.

Line 54. Many countries have nurse/midwife sample takers and do not rely on gynaecologists, this might be particularly helpful in the developing world. The authors should consider referring to trained sample takers or trained and competent personnel rather than assuming gynaecologists are necessary. The same would apply to VIA as described further down the same paragraph. A physician is not always necessary and it undermines the intent of this paper to include such a first world assumption.

Line 10: VIA 'lacks the sensitivity of cytology, meaning that it may not detect all women who have cervical cell abnormalities'. Cytology also may miss women who have cervical cell abnormalities. Specificity is more of a problem with VIA since many women may have their cervix treated who would not go on to develop cervical cancer.
DISCUSSION

Even in countries, such as many in Europe, where NCSPs do indeed aim at reaching all eligible women, the most deprived in society prove hard to reach with screening. This is not a problem, as implied, of NCSPs which do not have this intent. There are many papers describing this phenomenon.

In the same paragraph the reference to personal characteristics such as being an adolescent making women hard to reach is confusing as it is not clear that this is a general statement before moving on to the context of cervical screening. No-one would want to screen 10 year olds and these days most countries do not want to screen even 19 year olds.

The descriptions of the screening situations in the countries cited are clear.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Unable to assess

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

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Yes

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Not relevant to this manuscript

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