**Cost-effectiveness evidence for HPV self-sampling could be improved by giving greater attention to vulnerable populations**

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Malone et al’s recent systematic review of cost-effectiveness evidence for the use of HPV self-sampling in cervical screening programmes highlights response rate and screening history of the self-sampling population as important drivers of cost-effectiveness (Malone et al., 2020).

Three papers included in the review considered the impact of underscreening and population risk. They found that when the intended self-sampling population has a longer history of underscreening - and is therefore at higher risk in cost-effectiveness models - self-sampling becomes a more cost-effective approach to screening (Burger et al., 2017; Rozemeijer et al., 2015; Virtanen et al., 2015).

In designing programmes, it is important for policymakers to explicitly consider which populations are at increased risk, and why. Defining the self-sampling population solely by their screening history could mean overlooking important subgroups. For example, systematic reviews have identified higher risk of HPV infection or pre-cancerous lesions (CIN2+) among vulnerable populations including imprisoned women (Escobar and Plugge, 2020), women with HIV (Denslow et al., 2014), and sex workers (Peng et al., 2012), which may be related to a range of biological and social factors.

Self-sampling has the potential both to improve health equity and to be cost-effective if it is introduced in a way which best reaches higher risk populations. However, if these populations are not well understood, this potential may not be realised.

Further research examining both the costs and outcomes of self-sampling interventions focused on specific high-risk populations would be a valuable addition to the current cost-effectiveness evidence base.

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