

Table S1. Efficient screening programmes, characterised by the screening strategy, the number of scheduled examinations, the screening interval, and the age range that maximize the number of quality adjusted life years (QALYs) gained (discounted at 3%) relative to the costs (discounted at 3%). For each policy, the changes in costs and effects per 100,000 women and the incremental cost-effectiveness ratio (ICER) are given.

Strategy ¹ (type of primary test)	Number of screening rounds	Interval (years)	Age range	Co-collection	Type of cytology	QALYs gained	Net costs (x 1000 euros)	ICER (euros per QALY gained)
I (cytology)	3	8	25-41	No	Conventional	501	1,854	3,701
I (cytology)	3	5	32-42	No	Conventional	603	2,256	3,945
I (cytology)	3	6	32-44	No	Conventional	618	2,356	6,606
C (HPV test)	3	7	30-44	Yes	Conventional	695	3,090	9,558
C (HPV test)	3	6	32-44	Yes	Conventional	709	3,233	10,300
E (HPV test)	4	8	30-54	Yes	Conventional	806	5,284	21,130
D (HPV test)	5	6	30-54	Yes	Conventional	849	6,480	27,354
E (HPV test)	5	6	30-54	Yes	Conventional	864	6,871	27,739
D (HPV test)	6	6	30-60	Yes	Conventional	902	8,472	41,859
D (HPV test)	7	6	30-66	Yes	Conventional	944	10,418	46,566
D (HPV test)	9	5	27-67	Yes	Conventional	995	13,398	57,514
D (HPV test)	10	5	25-70	Yes	Conventional	1,006	14,648	122,508
A (cytology, current programme)	7	5	30-60	No	Conventional	821	8,149	

¹See Figure S1

