

## TOWARDS THE ELIMINATION OF CERVICAL CANCER

### Background paper of the Partners Meeting to Scale up Cervical Cancer Prevention and Control Through a New UN Global Joint Programme to end cervical cancer

9 December, 2016

#### 1. Cervical cancer: a preventable public health and development challenge

Cervical cancer is a preventable disease yet over a quarter of a million women die of cervical cancer each year, with 90% of deaths occurring in low- and middle-income countries.<sup>1</sup> Women living with HIV are at 4–5 times greater risk of developing cervical cancer. Cervical cancer has significant socioeconomic impact on the women affected as well as their families and communities. . In 2010, cervical cancer cost the global economy an estimated USD 2.7 billion. By 2030, this figure is projected to rise to USD 4.7 billion. Cervical cancer will continue to devastate the lives of many women, families and their societies if action is not taken.<sup>2</sup>

Cervical cancer is a disease that forms in tissues of the cervix (the opening of the uterus to the vagina). Human papillomavirus (HPV), a sexually transmitted infection, is the cause of almost all cervical cancer. While most HPV infections clear-up on their own and most pre-cancerous lesions resolve spontaneously, in some women, HPV infection becomes chronic, and pre-cancerous lesions can develop and progress to invasive cervical cancer. In women with normal immune systems, such cervical cancer may take 15 to 20 years to develop; in women with weakened immune systems, such as those with untreated HIV infection, it may take only 5 to 10 years. Multiple effective interventions exist to prevent, detect, or treat cervical cancer across the life course, including vaccines for pre-adolescent and adolescent girls to prevent most HPV infections and methods to screening women for precancerous lesions, which can be treated effectively in the clinic to prevent the progression to invasive cancer.

This situation can be addressed if existing prevention and control interventions were made universally available. Tackling cervical cancer will contribute to reaching the 2030 Agenda for Sustainable Development Goals to:

- End poverty in all its forms everywhere;
- Ensure healthy lives and promoting well-being for all at all ages;
- Ensure inclusive and equitable quality education and promotion of life long opportunities for all;
- Achieve gender equity and empowerment for all women and girls; and
- Reduce inequality within and among countries.

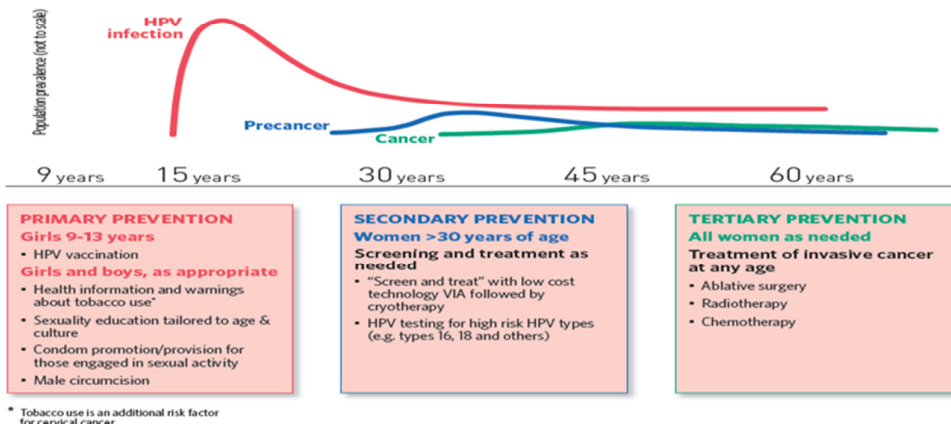
#### 2. A comprehensive strategy for eliminating cervical cancer as a public health problem

The new UN Global Joint Programme (Joint Programme) will implement the World Health Organization (WHO) comprehensive approach to cervical cancer prevention and control (Figure 1) which consists of: (i) introduction and scaling-up of HPV vaccination; (ii) introduction and expanding coverage of screening and treatment of precancerous lesions; (iii) prompt management of invasive cancers; (iv) access to palliative care and; (v) monitoring using a standard set of indicators and tools to end cervical cancer.

<sup>1</sup> [http://globocan.iarc.fr/Pages/fact\\_sheets\\_cancer.aspx?cancer=cervix](http://globocan.iarc.fr/Pages/fact_sheets_cancer.aspx?cancer=cervix)

<sup>2</sup> Bloom, D.E., Cafiero, E.T., Jané-Llopis, E., Abrahams-Gessel, S., Bloom, L.R., Fathima, S., et al. The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum; 2011

FIGURE 1: OVERVIEW OF PROGRAMMATIC INTERVENTIONS OVER THE LIFE COURSE TO PREVENT HPV INFECTION AND CERVICAL CANCER



### 3. How will the Joint Programme add value?

The Joint Programme is a concerted effort by the UN system to respond to the UN Secretary General's call for action to tackle cervical cancer, the expressed demand for technical support from Member States to support their efforts, and a recognition of the longstanding leadership, commitment and action of governments, development partners and non-State actors in this area over many years.

The vision of the Joint Programme is the elimination of cervical cancer as a public health concern across the world and in the first instance the Joint Programme will provide technical assistance to support planning and implementation of a comprehensive approach to cervical cancer prevention and control initially in 6 countries: Bolivia, Kyrgyzstan, Mongolia, Morocco, Myanmar, and Tanzania. They have been selected because they met the following criteria:

1. High age-standardized mortality for cervical cancer;
2. Political commitment of the government to finance a sustainable cervical cancer control programme;
3. Capacity of the ministry of health and health system to rapidly scale up implementation of a national comprehensive cervical cancer programme;
4. Proven ability of the government to creating partnerships with non-State actors in order to jointly implement health programmes;
5. Interest from development partners to support scaling up of a national comprehensive cervical cancer programmes in the country concerned.

All six countries have agreed to be partners in this Joint Programme. In each country, the Joint Programme will build on, as well as aligning, with the existing efforts of governments and their development partners as well as providing a platform for new partners to scaling up action in these six countries to reduce the unnecessary deaths and suffering that results from cervical cancer.

The UN is therefore committing itself to provide joined up action to support governments deliver the following over a five year period:

1. A national comprehensive cervical cancer programme plan/strategy in place with linkage to relevant national plans;
2. Increased HPV immunization coverage of adolescent girls including increased access to comprehensive and age appropriate health and sexuality education;
3. Increased coverage of screening and treatment for cervical pre-cancer;
4. Increased capacity of health systems to diagnose and treat cervical cancer, including provision of palliative care;
5. Monitoring and evaluation system developed or strengthened and being implemented.

The Joint programme will ensure that gender equity, human rights, , research and alignment with HIV programmes are all central to its support in the countries concerned.

The approach being taken by the Joint Programme has been set out in a Memorandum of Understanding and Joint Programme Document with a logical framework, which has been agreed by the UN partners, and is being made available for further discussion at the meeting. The documentation also describes the added value of each agency as well as the role of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP).

“Inception missions” in each country are now taking place in order to understand fully each country’s needs, current capacities, and strategies for effective collaboration. The Joint Programme priorities and actions in each country will vary according to each country’s needs and capacities, within an overall comprehensive approach and will be brought out through the inception mission. The first inception mission was undertaken in Morocco in November 2016.

#### 4. Building sustainable national responses: where are we and what are the opportunities?

##### *a) Improving coverage of HPV vaccination for adolescent girls*

Since 2006, globally, one third of countries have introduced HPV vaccination in the national vaccination schedule. However, large inequities exist: whereas 70% of high income countries have introduced HPV vaccination, only 20% of middle-income and 6% of low-income countries have done so. Factors contributing to delayed vaccine introduction and low coverage level in many countries include:

- The higher cost of the HPV vaccine, relative to older vaccines for children and adolescents, in particular for middle-income countries and those not eligible for financial assistance platforms such as GAVI, or pooled procurement mechanisms like the PAHO’s Revolving Fund. The upfront cost of delivery the vaccine is important, but understanding the factors influencing cost effectiveness is also important to support decision making.
- The logistical, financial, and social challenges of delivering the vaccine to this non-traditional age group, and the need for local adaptation to effectively design and implement cost-effective delivery strategies.
- Low prioritization in national immunization programmes and budgets.
- Misconceptions and rumours about the vaccine’s safety, or rumours and misinformation on effects on sexual behaviour of adolescents.

##### *b) Improving screening and treatment of pre-cancer among women*

Of the 139 countries reporting available cervical cancer screening services, 57% have organized (Screening programmes organized at national or regional level, with an explicit policy, that includes several essential elements from target population to treatment) programmes and 40% had opportunistic (Screening outside an organized or population-based screening programme, as a result of, for example, a recommendation made during a routine medical consultation for the woman, consultation for an unrelated condition, on the basis of a possibly increased risk for developing cervical cancer or by self-referral) programmes. Globally, in 2015, only 12% of countries reported cervical cancer screening programmes with participation rates greater than 70% with participation rates higher in high income countries<sup>3</sup>. Opportunities to improve screening coverage include;

- National programme structure with allocated human and financial resources;
- Build and strengthen effective systems that can monitor coverage, patient referral, and quality of service;
- Promote more effective pre-cancer screening tests and treatment;
- Consider effective, affordable and easy to use rapid point of care HPV testing;
- Conduct implementation research and of referral and monitoring systems.

##### *c) Improving access to treatment of invasive cancer among all women*

Cervical cancer is highly curable when detected in earlier stages, but five year age standardized relative survival rates (proportion of people surviving five years after diagnosis) vary from 13% in Uganda to 79% in South Korea.<sup>4</sup> Major opportunities to improving survival rates and preventing morbidity include:

<sup>3</sup> [http://www.who.int/cancer/Cancer\\_Control\\_Snapshot\\_in\\_2015.pdf?ua=1](http://www.who.int/cancer/Cancer_Control_Snapshot_in_2015.pdf?ua=1)

<sup>4</sup> <http://www.sciencedirect.com/science/article/pii/S1470204509703353>

- Expand pathology services to facilitate cancer diagnosis. In the African Region only 37% of countries reported having a pathology service in the public sector.
- Delayed diagnosis and late stage at presentation. Address system delays, inadequate patient follow-up and poor compliance to reduce high morbidity and mortality.
- Only 30% of countries in the low-middle income group have availability of cancer centres, surgery and chemotherapy, compared to more than 90% of countries in the high-income group. 25% of countries have no radiotherapy services<sup>3</sup>. Improving access to radiotherapy and other modalities for treatment of cervical cancer to ensure prompt and protocol based treatment without financial hardships can help to maximize the gains from treatment.
- In 2015, 77% of high-income countries reported that oral morphine was generally available (available in >50% of pharmacies) compared to 15% of low-income countries. Improving access to palliative care including oral opioids is essential for caring women with advanced cervical cancer.

#### *d) Strengthen capacity for research and innovation*

Although the key elements required to implement a comprehensive strategy are known (Figure 1), the slow progress to date indicates a continuing need to further develop ever more effective, efficient and acceptable interventions. For example, developing, validating and introducing simplified algorithms using new tests can increase countries' capacity to provide effective nationwide coverage of cervical cancer screening and treatment.

#### *e) Improved coordination, synergy and partnerships for development*

United Nations agencies, intergovernmental organizations, NGOs, the private sector, philanthropic foundations and academic institutions working on cervical cancer can come together at the national level to align and synergize the efforts. Standardized protocols for screening and treatment, common set of indicators and joint monitoring are useful to ensure that the larger goal of cervical cancer control is achieved. The UN Global Joint Programme will not be a stand-alone programme, but will partner with existing efforts by collaborating, harmonizing and aligning with domestic and international partners.

## **5. From opportunity to sustainable action**

The Joint Programme will work with governments and too to work with their national and international partners in order to support governments implement comprehensive national cervical cancer programmes and as a result reduce cervical cancer morbidity and mortality. Actions under each of the Joint Programme's objectives are shown in the logical framework in the Global Joint Document.

The Joint Programme will also include a research and innovation platform that will be implemented at global and country levels. The platform will look to:

- Pre-qualify existing HPV tests and review of performance;
- Develop a sustainable financing strategy for HPV tests, building on price reduction and financial mechanisms;
- Establish a roadmap to increase availability of new HPV test platforms and rapid point of care tests;
- Conduct implementation research for validating algorithms using HPV testing and triaging and precancer treatment;
- Develop simplified methods to treat precancerous lesions;
- Strengthen and build research capacity in countries to support decisions on country-adapted screening and treatment algorithms.

Sharing lessons learnt will be a key element of the Joint Programme and the Joint Programme will look to add additional value by extending its reach to other countries through the development of regional, South to South and other collaborations.