

## Summary of a Partners Meeting to Scale up Cervical Cancer Prevention and Control through a New UN Global Joint Programme

**Friday, December 9, 2016**  
**United Nations Foundation**  
**1750 Pennsylvania Avenue NW, Suite 300**  
**Washington, DC 20006**

### Purpose of the meeting

The Department of Health and Human Services of the Government of the United States convened a roundtable discussion around a new UN Global Joint Programme on cervical cancer.<sup>1</sup>

Seven UN agencies established a new five-year Joint Global Programme on Cervical Cancer Prevention and Control, bringing together the strengths of their work to protect and promote the health of women and girls. The Programme aims to improve global leadership across the UN, build on and harmonize with existing global and national initiatives, enhance coordination of technical assistance, and spur catalytic funding to support participating countries in building and sustaining high-quality national comprehensive cervical cancer control programs. A background paper for the roundtable was shared with participants ahead of the meeting.<sup>2</sup>

The roundtable was convened in order that interested partners could learn about the Programme, including work in the six initial countries; share successful strategies to prevent and reduce cervical cancer; and influence the Programme's future direction, including linkages with global and national partners. The meeting also provided an opportunity to discuss mobilization of technical, political, and financial support from public and private sector partners to scale-up cervical cancer prevention and control.

The agenda, list of participants and the background paper are provided in [Annex 1](#), [Annex 2](#) and [Annex 3](#).

### Focus Countries

The Joint Programme has selected six countries to focus initial efforts. Inception missions are now taking place in each country in order to better understand their national needs, current capacities, and strategies for management of cervical cancer.

The selection criteria for countries in the Programme were described. They included:

1. High-age standardized mortality for cervical cancer;
2. Political commitment of the national government to finance a sustainable cervical cancer program;
3. Capacity of the ministry of health and health system to scale up implementation of a national comprehensive cervical cancer program;
4. Ability of the government to create partnerships with non-state actors to jointly implement programs;
5. Interest from development partners to support scaling up a national comprehensive cervical cancer program in the country concerned

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<sup>1</sup> The Memorandum of Understanding and Joint Project Document in English, French and Spanish and a summary in English are available at: <http://www.who.int/ncds/un-task-force/en/>, under Action, and then

Representatives from two countries, Mongolia and Morocco, gave presentations highlighting current activities around cervical cancer in their respective countries. The major problem presented by both countries was lack of availability of the HPV vaccine due to cost, as well as the need for cost-effectiveness studies on comprehensive cervical cancer programs.

#### **Presentation Highlights: Morocco**

- VIA used for screening, but all VIA positives are referred to a gynecologist for colposcopy without treatment in the field.
- Expressed difficulty increasing rates of screening (population coverage) and decreasing the time from diagnosis to treatment.

#### **Presentation Highlights: Mongolia**

- Majority of all diagnoses for cervical cancer made in women who already have stage 3 or 4 disease. The importance of early screening and treatment was emphasized.
- In 2012, an HPV vaccine program was piloted, but was unsuccessful in leading to nationwide implementation. The need for better communication with the public around vaccines was stressed, as initial implementation faced substantial backlash.

## **UN Presentations**

Following country presentations, the UN agencies participating in the UN Joint Programme presented their involvement and role in the Joint Programme.

### **WHO**

WHO described the comprehensive approach to cervical cancer prevention and control, action being undertaken to support countries, gaps at global and country level and guidance available. The global status of cervical cancer screening in 2015 was highlighted that 'business as usual' will not be able to control cervical cancer.

### **IAEA**

IAEA noted >70% of all cervical cancer cases in LMICs need radiation therapy because patients commonly present with advanced disease. Coverage for radiation therapy is poor, and more collaboration is needed to increase access to radiotherapy, human resources and safe delivery of radiation therapy that could be treating all cancers, including palliative care.

### **UNFPA**

Cervical cancer fits in with the UNFPA model, particularly around maternal mortality. 27 UNFPA country offices are currently doing work in cervical cancer. They would like to have better partnership with UNAIDS in particular.

### **UNAIDS**

UNAIDS stressed the reality that cervical cancer presents significant challenges in women who are HIV+. Recently, cervical cancer indicators have been added to the new Global HIV Monitoring Framework.

### **UNICEF**

UNICEF's primary focus in the Joint Programme is around integration of HPV vaccination with their other activities, specifically helping countries that are not supported by GAVI. They noted that only South Africa and Uganda have officially asked for assistance with a national level rollout of HPV vaccine.

### **IARC and HRP (Human Reproduction Programme)**

IARC and HRP co-presented, as the two research entities among the other UN agencies. The role of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) was also described. Their joint pillars around research are: 1) Identifying evidence gaps and implementing a strategic research agenda, 2) Generating evidence on screening strategies,

- 3) Evaluating current and new interventions to accelerate elimination of cervical cancer and HPV infection, and
- 4) Consolidating a network of cervical cancer institutions.

### UN Women

UN Women described how the Joint Programme fits their mission of gender equality. They will work with the other agencies to create an environment in which every woman is able to access preventative and treatment services for cervical cancer.

## Comments from other partners during the meeting

**Government partners:** Representatives from France, Japan, Luxembourg, Switzerland and USA expressed their interest and support for the programme and will have further consultations based on the outcomes of the meeting.

**World Bank:** Cervical cancer is a disease of poverty and so is an area of focus for the Bank. They stressed the importance of thinking about all partners and where they fit into the plan, and that cervical cancer fits into SDG to eliminate extreme poverty by 2030.

**GAVI:** Identified that Board of Directors recently passed new measures that gives allowance to provide HPV vaccine without a country first completing a demonstration project, allows for a multi-age cohort (9-14) when initially rolling out vaccine. Four of six countries on the WHO list for the UN joint program are currently GAVI eligible for HPV vaccine. The remaining two could potentially receive help through UNICEF.

**American Cancer Society:** Explained their first global campaign to “end cervical cancer deaths” and that they are interested in engaging the United States Government and working with Joint Program, although have slightly different goals.

**JHPIEGO:** Outlined their cryo-pop research initiative (funded by NCI), the need to move beyond demonstration projects to scale up and asked for consideration as to how to better deal with women who are positive in screening.

**Pink Ribbon Red Ribbon:** Outlined the need for inclusion of HPV vaccination as well as treatment strategies for advanced cancer in place before starting screening programs, and identified the importance of streamlining the process for new technology development and scaling up models of screening. Also, need to include country leaders (including First Ladies as advocates.)

**PSI:** Discussed the importance of public-private partnerships in cervical cancer programs through the lens of their work in Uttar Pradesh.

## Key discussion points

Several items for highlighted by partners during the discussion as important areas that the programme could additionally focus on. They included:

1. Expedite WHO pre-qualification process for essential medicines and technologies
  - Create faster turn-around time for new technologies, medicines and vaccines to be cost-effective and available on the market
2. Provide interim guidelines for cervical cancer screening
  - The WHO Guide on Cervical Cancer Prevention and Control “Pink Book” to be updated with the latest interventions for countries to take action.
3. Create a group buying power for HPV vaccine and diagnostics
  - Use the new measures identified by GAVI and develop innovative solutions such as a global revolving fund similar to PAHO

## Recommendations

The Roundtable agreed on the following:

1. That more needs to be done to reduce the global burden of cervical cancer and that the Joint Programme can make an important contribution to the existing country and global efforts.
2. That in order to take the programme forward, a small informal group of partners be identified to work with the Steering Group to:
  - champion the programme and help refine it, especially in terms of activities under the global platform;
  - contribute to country inception missions and their follow up;
  - consider an expanded strategic partnership for the programme;
  - refine the budget and start thinking of how to raise resources;
  - identify one or more Member States to convene a formal donor round table – perhaps around the WHA and work with the UN agencies to get commitments that can be announced at such a meeting;
  - consider some initial seed funding to show commitment and to start taking forward one or two recommendations coming out of the inception missions.
3. That the Joint Programme invites relevant international partners to joint future inception missions.
4. That a rapid mapping of activities be undertaken by partners in the area for cervical cancer be undertaken in order to maximize the engagement of civil society partners in the Joint Programme ([Annex 4](#)).
5. That the Joint Programme develops an updated and revised budget following the discussion held at the roundtable.
6. Identify and make available one or two individuals to be dedicated to the Joint Programme in order to provide the necessary logistic and administrative support to drive forward the areas above.

11 January 2016

## Annex 1. Agenda

### Partners Meeting to Scale up Cervical Cancer Prevention and Control through a New UN Global Joint Programme

Hosted by the United States Department of Health and Human Services, Friday 9 December 2016  
United Nations Foundation, 1750 Pennsylvania Avenue NW- Washington, D.C. 20006

#### Draft Annotated Agenda

**Co-chairs:** Dr. Douglas Lowy, NCI and Dr. Oleg Chestnov, WHO

**Moderators:** Dr. Lisa Stevens, NCI and Dr. Nick Banatvala, WHO

09.30 -10.00 *Registration and Coffee*

10.00-10.20 **Welcome and introductions**

Ambassador Jimmy Kolker, OGA

Dr. Douglas Lowy, NCI

Dr. Oleg Chestnov, WHO

**Session 1** **Ending cervical cancer – working in partnership: evidence, challenges and global perspective**

10.20- 11.20 *Panelists: Celina Schoken (PRRR), Mona Saraiya (CDC), Dr. Jose Jeronimo (PATH), Cherian Varghese (WHO)*

*This session will provide an overview of the global epidemiological and public health situation of cervical cancer. It will highlight linkages between cervical cancer and the sustainable development agenda, as well as the inequalities between different countries.*

*The session will then outline evidence based tools for the prevention and management of cervical cancer and where gaps in our knowledge remain. The discussion will explore the main barriers in middle- and low-income countries for developing and implementing national comprehensive cervical cancer programmes.*

*The session will then review partnerships and current programmes that exist for driving forward action at global and national levels.*

**Session 2** **Country perspectives**

11.20-12.30 *Panelists: Dr. Loubna Abousselham, Ministry of Health, Morocco and Dr. Gantsetseg Dorjsuren, Ministry of Health and Sports, Mongolia*

*This session will describe in detail the current situation with regards to cervical cancer in two of the global joint programme's initial target countries. The representative from Morocco will describe the results of the first inception mission undertaken by the programme which was conducted in November 2016.*

*The session will enable participants to better understand the challenges for implementing national comprehensive cervical cancer programmes and highlight the partners on the ground that are contributing to scaling up sustainable action.*

12.30-13.30 **Networking lunch**

### Session 3 UN Global joint programme- synergising efforts

13.30-14.40

*Panelists: Danielle Okoro (UNFPA), Rolando Herrero (IARC), May Abdel-Wahab (IAEA), Ian Askew (WHO), Ani Shakarishvili (UNAIDS) and Gustavo Gonzalez-Canali (UNWomen).*

*This session will describe the new joint programme and highlight how this work fits into the broader efforts for more effective UN action. The work of the UN interagency task force will also be described. Participants will have in front of them a memorandum of understanding and a joint programme document, including a detailed logical framework, that the seven agencies have agreed in order to help participants at the meeting to fully understand the content of the programme and the approach that has been taken.*

*The session will allow participants to understand the added value of the UN agencies as well as the rationale for the involvement of the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP). The importance of working in partnership between governments and other development partners at global and national level will be emphasised. The proposed budget for the programme will also be shared with participants, and participants will be invited to comment on it.*

### Session 4 Responding to the UN cervical cancer programme

14.40-15.30

*Panelists: Dr. John Flanagan (NIH), Amparo Elena Gordillo-Tobar (World Bank Group)*

*This session will allow participants to discuss the proposed programme in detail. It will also allow participants to work with the UN partners as they continue to shape the direction of the programme. The discussion will also enable participants to describe how they see the new programme being able to support their endeavours at both the global and national level.*

*The session will look to set out a clear roadmap for raising the profile of the programme, the way that the programme can work with partners when it comes to implementation, and importantly how resources can be raised for the joint programme.*

15.45-16.00 Closing

16.00 Refreshments





## Annex 2. List of Participants

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## Annex 3. Background paper

### TOWARDS THE ELIMINATION OF CERVICAL CANCER

#### Background Paper for 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>3</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>4</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, 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 screen 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 promote 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.

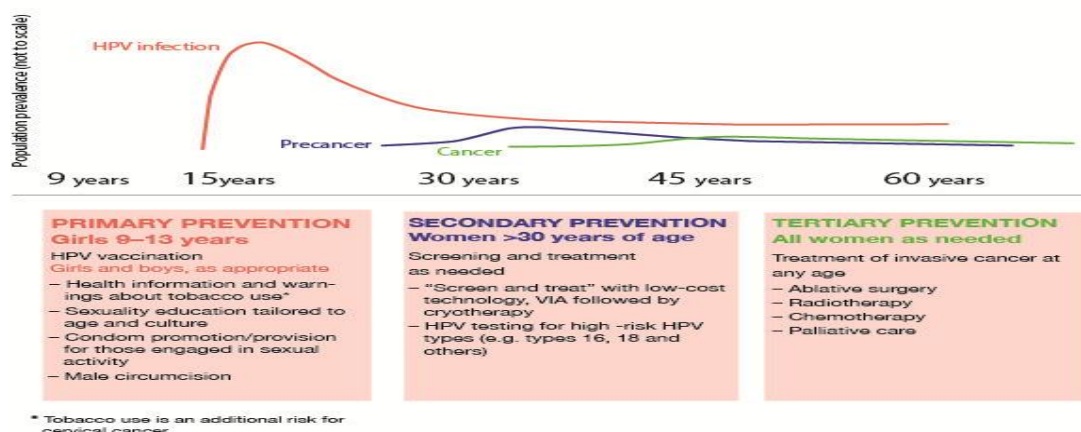
#### 2. A comprehensive strategy for eliminating cervical cancer as a public health problem

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>3</sup> [http://globocan.iarc.fr/Pages/fact\\_sheets\\_cancer.aspx?cancer=cervix](http://globocan.iarc.fr/Pages/fact_sheets_cancer.aspx?cancer=cervix)

<sup>4</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 Members 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 were 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 create partnerships with non-State actors in order to jointly implement health programmes;
5. Interest from development partners to support scale 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, and align, with the existing efforts of governments and their development partners, as well as provide a platform for new partners to scale up action in the six countries to reduce unnecessary deaths and suffering that results from cervical cancer.

By working with the Government of each country and its partners, the Joint Programme will 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. Implementation, development, or strengthening of a monitoring and evaluation system.

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 was set out in a Memorandum of Understanding and Joint Programme Document with a logical framework, agreed to by the UN partners, and is 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 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 the vaccine’s effect on adolescent sexual behaviour.

##### *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>5</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.

<sup>5</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)

### *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>6</sup> Major opportunities to improving survival rates and preventing morbidity include:

- 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 look 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; and
- 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.

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<sup>6</sup> <http://www.sciencedirect.com/science/article/pii/S1470204509703353>

## Annex 4. Partner Engagement Matrix: Allocating Partner Responsibilities and Governance

Bringing a National-level program to scale requires significant investment of expertise, time and money. How much coordination and pooling of resources is desirable? The following table allows meeting attendees to identify their strengths and investments.

		Leadership and Governance	Health Financing	Human Resources	Health Information Systems	Essential Meds and Technologies	Service Delivery
Policy Setting							
Priority Country Selection							
Vaccination							
Screening							
Diagnosis							
Treatment – Preinvasive							
Treatment – Invasive	<i>Surgery</i>						
	<i>Radiation</i>						
Survivorship	<i>Symptom Management</i>						
	<i>Psychosocial Management</i>						
	<i>Opioid Availability</i>						
	<i>End of Life Care</i>						