

# CERVICAL CANCER

## “An NCD We Can Overcome”

### 2018

**Special  
Call for Action**

**Therese LETHU**  
*Global Health Objectives*



## Key figures:

- 266,000 women die from cervical cancer each year, 90% of whom come from low-income countries (LMCs) (2012 WHO), even though early detection and treatment of precancerous lesions are effective in reducing disease incidence and related mortality.
- Women present themselves too late to the health centers for proper medical management; As a consequence, the mortality rate associated with this disease remains high.
- 75% of non-communicable diseases (NCDs) deaths are in LMCs in Africa and will account for 40% of the disease burden in 2030.
- The highest incidence of cervical cancer are currently observed in Africa, Latin America and in Caribbean with Age-standardized rate varying between 37 to 75 per 100000
- The management of these chronic diseases will pose a major burden on health systems, resulting in increased costs.
- LMCs make up 85% of the population but only have access to one third of the world's radiotherapy facilities, (about 70% of women with cervical cancer need radiation therapy).
- Over 5 000 radiotherapy machines will be required in LMCs to meet the current demand. 10 000 additional oncologists, 6000 medical physicists, 3000 dosimetrists and 20 000 radiation therapists (International Atomic Energy Agency).
- 8% deaths in Sub Sahara Africa are medically certified.
- Only 5% of global resources are allocated to LMCs, while these countries account for 80% of disability-adjusted life years resulting from cancer.
- This disparity is expected to increase with changes in lifestyles, increasing urbanization, and aging population which will result in doubling the incidence of cancer in Africa over the next five years.
- Health systems will need to be strengthened to enable effective management of cervical cancer (including Human Resources, modernization of the public sector, improvement of the capacity of laboratories, etc.).
- Lessons can be drawn from the experiences of African countries that have initiated efforts to control cervical cancer.
- Similarly the fight against HIV is rich in terms of knowledge, especially since the links with HPV are demonstrated:
  - HIV increases the risk and persistence of HPV and increases the risk of its progression to squamous intraepithelial lesions, precancerous lesions and cervical cancer.
  - Women affected by HIV are 5 times more likely than non-affected women to develop cervical cancer.
  - The prevalence of cervical cancer amongst women living with HIV is 56.6% in Africa. In contrast, risk estimates are between 2 and 4 times higher in HIV infection following HPV infection.
  - These figures show the value of integrating HPV testing into existing HIV services to facilitate access to early screening for cervical cancer and treatment, particularly pre-cancerous lesions (Unaided).

# **Cervical Cancer in Africa :** ***“An NCD We Can Overcome”*** **Third roundtable discussion**

***“I am calling for coordinated action globally to eliminate cervical cancer”***

**Dr Tedros Adhanom Ghebreyesus,**  
Director-General of the WHO

**19 May 2018**  
**Geneva**

**Therese LETHU**  
***Global Health Objectives***

# Cervical cancer: an NCD we can overcome

The aims of this third roundtable on “cervical cancer: an NCD we can overcome” are to:

- gather partners around the Dr Tedros call for coordinated action globally to eliminate cervical cancer to:

- listen to political leaders’ vision and expectations
- discuss ideas and opportunities to further implement the call for action
- exchange experiences and lessons learned
- identify what the global community is doing to scale up action - and what more is required

- solicit feedback from partners on what they can support

**Welcome:** Therese Lethu, Global Health Objectives

## Session 1: Global Call for Action

**Chair:** Michelle Bachelet, former President of Chile

- ❖ Tedros Adhanom Ghebreyesus, Director General of the WHO, featuring a bold new Global Call for Action.
- ❖ Michel Sidibé, Executive Director, UNAIDS
- ❖ Lelio Marmora, Executive Director Unitaids
- ❖ B D. Gashumba, H.E. Minister of Health of Rwanda
- ❖ Atupele Muluzi, H.E. Minister of Health of Malawi
- ❖ Marijke Wijnroks, Chief of staff, Global Fund
- ❖ Bernard Haufiku, H.E. Minister of Health and Social Services of Namibia
- ❖ Brendan Murphy, Chief Medical Officer, Ministry of Health of Australia
- ❖ Christopher P. Wild, Director, International Agency for Research on Cancer (WHO/IARC)
- ❖ Seth Berkley, CEO of GAVI, The Vaccine Alliance
- ❖ Tim Evans, Senior Director of Health, Nutrition and Population, World Bank

## Session 2 : interactive discussion

How to further implement the call for action

Moderator: Sanchia Aranda, President, UICC (Union for International Cancer Control)  
Way forward:

- ❖ Princess Nothemba Simelela, Assistant Director General for Family, Women, Children and Adolescents
- ❖ Svetlana Akselrod, Assistant Director General for Non-Communicable Diseases and Mental Health
- ❖ Princess Dina Mired, President-Elect, Union for international Cancer Control (UICC)

**Summary:** Ophira, Ginsburg Director, Associate Professor, NYU Langone Health

**Conclusions :** Therese lethu, GHO, Line Kleinebreil, UNFM ( Universite Numerique Francophone Mondiale),



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# Introduction



Dr. Tedros

## A call for action towards elimination

The third Round Table on Cervical Cancer «a Non-Communicable Disease we can overcome» organized prior to the World Health Assembly in Geneva was an exceptional moment. May 19, 2018 should be remembered as the official beginning of the elimination of cervical cancer in the world. WHO's Director-General **Dr Tedros called for action to accelerate the process of eliminating this disease.**

“The broad participation of high level representatives of the United Nation agencies, political leaders, civil society and the private sector, demonstrated their commitment to eliminate cervical cancer. On this occasion, they reaffirmed their role to achieve the stated goal, echoing the call for coordinated global action by Dr. Tedros.

The Round Table, with the participation of over 100 professionals from various backgrounds, was very informative.

- During the first session, partners and

political leaders were given the opportunity to briefly share their vision in response to the call for action by Dr. Tedros towards the elimination of cervical cancer. Brilliantly facilitated by **the former President of Chile Michelle Bachelet** who is also well-known for her commitment to women's rights, this session was a powerful, dynamic and hopeful experience.

- The second session was an interactive discussion on the implementation of the Call for Action, remarkably moderated by Sanchia Aranda, president of the UICC (International Union Against Cancer).

Partners present: Consortium of Universities for Global Health. International Federation of Gynecology and Obstetrics (FIGO); GAVI, The Vaccine Alliance; Global Fund against AIDS, TB and Malaria; International Atomic Energy Agency (IAEA); International Agency for Research on Cancer (IARC); National Cancer Institute, USA; UICC; UNAIDs; United Nations Population Fund (UNFPA); Unitaid; World Bank; WHO, UfM (Union for the Mediterranean).



Michelle Bachelet

## Bringing implementation at the forefront

Our two previous round tables on «Cervical cancer : a NCd we can overcome», in May 2016 and May 2017, in Geneva, have showed that political leaders are committed to accelerate action against cervical cancer. It came out of our discussions, that we have the tools, the knowledge and the political will to move forward. Yet, a minority of women have access to cervical cancer screening. The HPV vaccination coverage is still low in many countries. As a result of many challenges, women come too late to the health centers, for treatment. On these occasions, the key messages that came out of our discussions, confirmed that expectations for implementation support are still unmet.

We know from decades of successful fight against communicable diseases that progress can only be achieved by developing sustainable partnerships between governments UN agencies, civil society and the private sector. We also know that partnerships development to be effective, need clear commitments and long term engagements in order for political leaders to rely on them.

The third roundtable was designed to bring implementation at the forefront , beyond advocacy. In this objective, the call for action of Dr Tedros towards the elimination of cervical cancer was very much welcome and well timed.



# Session 1

## The Call for Action

Cervical cancer affects 550,000 women worldwide each year and kills an estimated 250,000. Every 2 minutes 1 woman dies from this disease, making it one of the biggest threats to women's health. 9 out of 10 deaths occur in LMICs. Cervical Cancer is however preventable as long as women are diagnosed early, with the effective treatment of pre-cancerous lesions. Today, no woman must die of this fully preventable disease.

«Our challenge is to ensure HPV vaccination for all girls globally and that every woman over 30 years of age be screened and treated for precancerous lesions. To achieve this, we need innovative technologies and strategies» said Dr. Tedros. He stressed that all services required to improve access to diagnosis and treatment of early-stage invasive cancers and palliative care, «need to be integrated into strong

health systems to ensure effective universal medical coverage». Developed countries are showing us the way. In many of these countries, cervical cancer has become a disease of the past. «The moment of elimination has come. **But to succeed we need to expand our partnerships to include everyone who can help us achieve our goal.** «With this in mind, **Dr. Tedros has called for Coordinated Global Action to eliminate cervical cancer.**

«I am confident as our leading partners have already joined us including Gavi, the Global Fund, Unitaaid, UICC, UNAIDS and the World Bank. The private sector is also a key partner in this mission. We cannot succeed without you all!.

### Good news from the partners

#### Coordination is crucially needed

Coordination between the various partners at the global and local levels has been mentioned by various speakers as "key to success". This underlines the importance of bringing all stakeholders together beyond the United Nations agencies, and the leading technical and financial organizations. This Round table was the right move at the right time around the Coordinated Global Call for Action.

Partners have put forward their own strengths, while reaffirming their commitment to the WHO's Call for Action. They also offer additional services that open up new opportunities to accelerate the elimination of cervical cancer. World-wide actions include early de-

tection and treatment of pre cancerous lesions, HPV vaccinations, extensive use of knowledge and research, including new technologies and innovative approaches.

Major challenges include the inadequacies of the infrastructure, the lack of qualified personnel, the ignorance of the disease by many, especially in LMICs. In particular, the community health workers closest to women are not sufficiently mobilized. As a result, women come too late at the health center for adequate disease management and the mortality remains high.

Innovative approaches are increasingly developed to optimize the use of existing resources or to provide new op-

**To succeed we need to expand our partnerships to include everyone who can help us achieve our goal.**



Dr. Tedros





Marijke Wijnroke

opportunities to support countries' access to the tools and medicines needed for better cervical cancer control programs. Never before have the good news been so promising either from partners or from political leaders.

«This third roundtable brings cervical cancer at the forefront of implementation of an NCD that we can overcome if we find better ways to work together» said **Therese Lethu, of the Global Health Objectives**, welcoming the call for action as «an initiative that comes at the right time»

### A major partnership to scale up HPV screening

Another good news for achieving cervical cancer elimination goals is provided by the partnership between Pefpar (President's Emergency Plan for AIDS Relief), the Bush Institute and Unaid, launched in May 2018, to accelerate the process. With an additional funding of more than \$30 million, this initiative aims to expand HPV testing and treatment for vulnerable women, in particular those living with HIV. This approach is very relevant as **women infected with HIV are 5 times more likely to develop cervical**

**cancer.** And conversely, women affected by HPV have a dual risk of developing HIV. This partnership with Pefpar and Unaid will help eliminate cervical cancer in HIV-positive women within a generation. The strategy builds on the momentum initiated by Pink Ribbon Red Ribbon over the last seven years. As a first step, 8 African countries most affected by HIV are targeted by this joint action: **Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe**

### UNITAID: Increasing access to optimal screening tools

Unitaid, a new partner in the fight against cervical cancer, brings a powerful dynamic to the prevention of deaths attributable to co-infections and co-morbidities of HPV-HIV. **Leilo Marmora, Executive Director of Unitaid**, announced at this roundtable the launch of a new call for proposals to accelerate access to optimal tools for secondary prevention of cervical cancer and their deployment in LMICs. The goal is to identify projects that:

- improve access to effective tools for the management of precancerous disease,
- have a catalytic effect on the market,
- accompany the adoption of these tools.

This innovative approach is highly welcomed because access to HPV based screening is limited in Africa, where on

**In response to Dr. Tedros' Call for Action, partners reaffirmed their commitment to join efforts to eradicate cervical cancer.**

### GLOBAL FUND: Policies of co-infection and co-morbidities

Policies of co-infection and co-morbidities are increasingly encouraged and are proving to be quite appropriate. The integration of cervical cancer into existing services, including HIV, is underway in many countries. This orientation is benefiting from strong momentum from partners such as Unaid, or the globally influential Global Fund, as a leading financial source. «In 2016, we adopted a co-infection and co-morbidities policy that provides a framework for integrating HPV into HIV programs, within our country-driven approach to national policy guidelines,» confirmed **Marijke Wijnroke, Chief of Staff of the Global Fund**. The integration of HIV-HPV programs has benefited from the financial support of the Global Fund in several countries in southern and eastern Africa, Kenya, Rwanda, Tanzania, Malawi and Zambia. «However, these activities are still limited,» acknowledged Ms. Wijnroks. Echoing Dr Tedros' call to action, she emphasized the importance of partnerships. «To succeed fully in this policy, we really need others. That is why we have already approached various organizations, first and foremost WHO, especially in the field of adolescent health.»

### PEPFAR, Bush Institute, Unaid: \$30 million to screen women with HIV



Leilo Marmora

# Special Call for Action

average 5% of women in all countries have access to HPV based testing. This results from failures of the health systems such as insufficient availability of tests and low laboratory capacity. In addition, the demand is weak because women and health workers are still insufficiently aware of the disease.

Leilo Marmora has reiterated the commitment of his organization, recalling its major role in accelerating the elimination of cervical cancer. «We have science, political will, tools and devices, vaccines, so what we have to do is just act. We must therefore take concrete actions, such as testing new technologies in specific contexts, prequalifying products, ensuring quality and producing guidelines to explain how to use them to integrate these solutions into national programs. We need to step up the laboratory capacities. We also have to forecast needs and negotiate prices with manufacturers, so that devices and medicines are accessible to the countries concerned and integrated into national programs to be delivered effectively.»

## **UNAIDS: Joining efforts against stigma and inequities**

The integration of cervical cancer into existing women's and health programmes for screening and early detection and treatment of pre-cancerous lesions is in process. As women's empowerment becomes increasingly higher on the political and media agendas, cervical cancer being an integral part of this broader agenda should benefit from this new opportunity.

Cervical cancer is a marker of the social inequities and stigma in many countries where the announcement of the diagnosis means abandonment, rejection and loneliness. In this respect, the experience of the fight against HIV/AIDS is a source of inspiration against the stigma associated with cervical can-

cer. This is one of the lessons that Unaid has successfully promoted over the past two decades against HIV/AIDS and will now be used to combat cervical cancer. **Michel Sidibé, Executive Director of Unaid**, emphasized the importance he attaches personally to this strategy of reducing injustices and inequities

**“What we have to do is to just act”**

such as those related to cervical cancer. «No woman should be left out. We must all join forces to fight the injustice and inequities that cause wide disparities in the prevalence rates of cervical cancer. The disease's prevalence, for example, is 10 times higher in Zambia than in Australia. Mr Sidibé insisted on the urgent need to strengthen existing prevention. «We need to do a better job with HPV vaccination, screening and early pre-cancer treatment. This is why we have to be more coordinated and integrate our efforts at the country level, even if at the global level we are together as we are today.»

“We need to have with us ministers of Education and other actors of immunization, adolescent health and NCDs to leverage existing partnerships such as the PMNC (Partnership for Maternal, Newborn and Child Health) and connect these crossed agendas and women's movements.» In this perspective, Michel Sidibé welcomed the new partnership to expand HPV testing for women living with HIV in which Unaid is a stakeholder.

**“We need to be better coordinated at global and local levels”**

## **GAVI: to vaccinate 40 million girls by 2020**

The Vaccine Alliance, Gavi, created in 2000, aims to improve the access to vaccines for children in the poorest countries, joining public and private in Public/Private Partnerships to address this common goal. In 2018, 30 countries rolled out their HPV vaccination program on the basis of a demonstration project confirming that high coverage rates are possible. 8



Michel Sidibé



Seth Berkley



Seth Berkley

have rolled out the program at the national level, including Rwanda, Ethiopia and Senegal. 10 other countries are approved.

«I would love to see competition between countries for the one with the highest vaccination coverage” said **Seth Berkley, Ceo of Gavi.** Currently, the price of the HPV vaccine is about \$ 4.50 «But for those who cannot pay this price, we provide the vaccine at 20 cents per dose.»

However, the scale-up process of HPV vaccination programs is facing a production shortage of vaccines, in part because of the global demand growth.

«This situation risks to compromise our goal of vaccinating 40 million girls by 2020,» said Seth Berkley. «My call for political commitment is: Let’s make sure that the pharmaceutical partners are fully involved in making sufficient quantities available as the programs scale up.»

Seth Berkley said he was confident «Working together, we have an opportunity to strengthen the primary prevention we all want. This why we look forward to collaborating with you all to reach our goal by combining our efforts in the field of vaccinations, with screening and early treatment of lesions so that we can control this terrible disease».

### **World bank: Cervical cancer A sentinel for UHC achievements**

Strengthening health systems with Universal Health Coverage including cervical cancer prevention is high on the agenda. In countries where cervical cancer is integrated into the basic health care package, access of the majority of patients to adequate care is effective. Prepayment and pooling mechanisms are thus more equitable and more effective. «A dozen countries have integrated cervical cancer into their basic care package,» said **Tim Evans, senior director of the World Bank’s Health, Nutrition and Population Department.**

In most African countries, however, households must pay for their own health care costs because of the lack

of adequate funding mechanisms. Governments or private insurances should incorporate appropriate offers into their care package, such as the reimbursement for HPV testing. The private sector offers a major opportunity in line with the wider vision of the Universal Health Care. The strategic Public/Private Partnership can propel the fight against cervical cancer to the fore.

This strategy is decisive to ensure more equitable access to health. This orientation may create a favourable environment to optimize the fight against cervical cancer and to make it sustainable. Lessons can be learned from countries such as Thailand or Rwanda.

«We should make cervical cancer a sentinel for UHC achievements,» suggested Tim Evans. «Universal HPV vaccination should be a sine qua non condition of UHC, with universal screening, quality treatment, and dignified care for patients who suffer inappropriately in the terminal stage.» Tim Evans believes that we should be able to improve our development assistance. «I am pleased to see that most of the global funding partners are here today.» And he concluded: «We need to be held accountable for implementing an aligned resource utilisation strategy that contributes to stop the disease.»

### **“We need to be held accountable for implementing an aligned strategy and for how our resources are contributing and catalytic» .**

In addition, Tim Evans considered that «Investing in women’s health is fundamental.” Echoing Michel Sidibé, he considers gender equality as the main driver of the fight against these diseases that affect the most vulnerable. «We must recognize that women are the intergenerational agents of sustainable development. They are the foundation par excellence of human capital and inclusive growth.»

### **Cervical cancer: entry door for comprehensive NCD control**

Cervical cancer control,- from preven-

## **Vaccines supply: call on pharmaceutical partners”**



Tim Evans

# Special Call for Action

tion, early detection, treatment to palliative care- is a great entry door for a comprehensive integration of NCD management into existing health systems on all levels.

The upcoming 3rd United Nations High-Level Meeting on NCDs, in late September 2018 in New York, will create synergies with multiple initiatives from partners, civil society and the private sector to accelerate the elimination of cervical cancer.

This program is one of the Best Buy programmes within the Sustainable Development Goal described by WHO: it is the most cost-effective public health intervention. This argument is very relevant in convincing policymakers of the benefits of investing in cervical cancer control programs. The socio-economic impact of the disease is now increasingly documented and identified as a driver for action. **Michelle Bachelet**, stressed the value of this approach for politicians.

## Digital health: scaling up activities

New technologies to improve the early detection of pre-cancerous lesions, new treatments and vaccines, and new digital health programmes offer very promising prospects in support of the fight against cervical cancer. Multiple initiatives are now under way in different countries. In Zambia for example, the WHO's "Be Healthy Be Mobile" program supports HPV screening activities.

The role of innovation including digital health has also been discussed in the second interactive part of the Round Table.

New communication technologies, as demonstrated with field based data recording will improve our understanding and management of cervical cancer. Thanks to mobile data carriers

such as mobile phones, messages support awareness or screening to target women by SMS. This service is highly needed to help increase women's understanding and acceptance of screening, early detection and treatment. During the previous roundtable discussions, ministers of health have expressed their desire to develop these technologies and to exchange experiences, identifying success factors and results.

**Bernard Haufiku, Minister of Health of Namibia**, stressed the importance of these technologies in his country « *to build the capacity of the health system, including the primary health workers who are in the first line* ». In addition, the minister also stressed other the benefits to improve the quality of cervical cancer control through reliable data collection, updated registry, monitoring and evaluation of activities, including training and building capacity.

## IARC. Critical role : to produce evidence-based data

**Research is an integral part of cervical cancer control and must not stop with implementation of interventions.** In fact research should precede implementation to provide the necessary evidence-base for actions taken, accompany implementation to ensure optimal rollout within health systems and evaluate implementation in order to measure impact and make improvements to programs where needed.

To achieve these goals, the International Agency for Research on Cancer (IARC) provides valuable assistance to countries. **Christopher Wild, Director of the IARC**, defined the commitment of the Agency in a number of specific areas:

- to continue to document the global burden of cervical cancer through



Bernard Haufiku



Christopher Wild



Brenda Murphy

**support for cancer registries**, including measurement of the burden among vulnerable groups such as indigenous populations or women living with HIV.

**- to model the health and economic benefits** of different cervical cancer interventions including to look at the evolving needs of screening programs in the context of introduction of HPV vaccine.

**- to conduct research** to make the HPV vaccine accessible and feasible in low and middle income countries.

**- to evaluate screening approaches** and how these can be adapted to populations in LMCS

**- to continue to nurture the partnerships** that are the foundation to all our actions, starting with WHO colleagues at headquarters, regional offices and countries as well as with our many national collaborators worldwide.

**« HPV vaccination is a magic bullet that will help eliminate cervical cancer in the long term,»**

**of Health**, several factors explain this result. In the first place, political will is a prerequisite. Multiple and permanent campaigns raise awareness of the benefits of prevention. Supported by a range of local services, these activities are sustained by the Universal Health Coverage. Programmes set-up involve women to make sure they “own” these programmes as they roll out later. As a result, people are reported to trust their political leaders. «*Maybe that’s our secret,*» said the minister. «*I am proud to belong to a country whose top leadership understands the importance of focusing on the population and the importance of health insurance coverage.*»

The «Car Free Day» launched in 2016, mobilizes the population around sports activities accompanied by information and screening sessions, including HPV. Immunization campaigns have been supported by awareness-raising activities on topics as diverse as hygiene, sanitation, balanced diet or the use of mosquito nets.. The bottom line is that people understand the stakes of a good prevention policy for themselves and for the society as a whole. «*Prevention is fundamental to the well-being of everyone. Treatment is expensive especially at a late stage.*» Rwanda has opened a regional radiotherapy center. The cervical cancer control program now benefits from this new radiotherapy structure in addition to the Butaro chemotherapy center.

In Rwanda, the integration of cervical cancer into existing HIV services has made optimal use of existing resources. «*We saved money, time and human resources,*» said the minister. “*Partnership is essential for the success of any implementation strategy*”. Examples include the HPV immunization coverage with the support of Gavi and Merck in 2013 and the recent opening of the radiotherapy center thanks to the Global Fund. «*We did a lot. But we still have a long way to go to eliminate cervical cancer. We need to share experiences and learn from your successes to reach women who are not yet in our program.*»

## Good news from the countries

**The best argument in support of cervical cancer control is the measurement of impact of prevention policies in countries.**

Australia is recognised as a leading country in cervical cancer control. The rate of HPV infection among girls aged 19 to 24 dropped from 23% to 1%. «*We are convinced that HPV vaccination is a magic bullet that will help eliminate cervical cancer in the long term,*» said **Brenda Murphy, Chief Medical Officer of the Australian Department of Health**, while emphasizing the need for continuous screening activities for women.

**African ministers have presented encouraging results in their respective countries, while commending the partners for their support in achieving progress.**

**Rwanda: good news and lessons learned**

In Rwanda, HPV vaccination coverage of 93% is among the best rates in the world. For **Diane Gashumba, Minister**



Diane Gashumba

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## Malawi: expanding screening, vaccination and treatment

Malawi is among the most affected countries by cervical cancer in the world, with 2600 new diagnoses per year and 1620 deaths. This is 45 women every day.

In this context, **Atupele Muluzi, Minister of Health**, recalled his determination, noting some good news. «I am pleased to announce that 52,000 women of childbearing age have been screened for HPV in 2018».

The 90-90-90 (90 % awareness of which 90% treatment of which 90% achieve viral suppression) HIV / AIDS strategy has made progress, particularly in prevention.

The national HPV vaccination campaign will start in January 2019. It was introduced as a pilot in two districts with the support of Gavi and others. The first national cancer center is expected to open in late 2018. «We are finalizing the national strategic plan for cancer with the help of the IAEA» said the minister. «Our approach is based on partnership, including other ministries, the civil society and the private sector».

To cope with the shortage of qualified personnel, all health care providers are trained to manage cervical cancer control.

Emphasis is also placed on awareness and information campaigns under the leadership of **First Lady Getrude Maseko**

## Namibia : call on partners

Under the leadership of **Bernard Haufiku, Minister of Health**, various activities are taking place. The use of new and proven communication technologies will be supported by the German Cancer Institute team as part of a collaboration agreement. «The goal is to reach out to as many women as possible, including using the HPV self-sam-

pling tests and to build the capacity of community health workers.» The Minister expressed his confidence that, thanks to the partners including Gavi and Unitaïd, his country will be able to benefit from the necessary support despite its classification as a high-income country. «We still have a long way to go, but the good news is that we are on the road, in the right direction, with the right tools.»

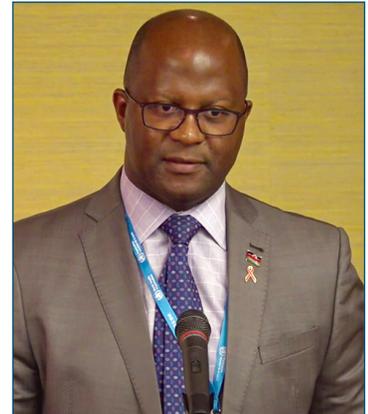
## Ivory Coast: bringing women to health care centers

Cervical cancer is the subject of particular attention by the health authorities. Actions have been taken to strengthen the prevention and care policy. Training is prioritized: 596 officers have been trained in 118 health centers. A further objective is to improve early detection of cervical pre-cancer lesions, while sensitizing women and men to this disease.» said **Raymonde Goudou Coffie, Minister of Health**

«We need to bring women to the health centers to detect potential for cervical cancer at an early stage as 80% of cancers are now detected at a late stage». Major challenges are the lack of knowledge of the disease and the accessibility of the health centers due to the distance from each other.

As for treatment, specialized sites were created in Abidjan. **The Head of State, Alassane Ouattara**, decided that in addition to the opening of the first radiotherapy center, Avastin, an oncolytic for the treatment of cervical cancer, must be distributed free of charge. HPV vaccination is on the rise. 10,000 schooled and unschooled girls are vaccinated. «We rely on our partners, especially GAVI to continue the deployment in an optimal way.»

«We rely on our partners to reach our objectives»



Atupele Muluzi



Raymonde Goudou



Dr. Bernard Haufiku

# Session 2

## Interactive discussion



Sanchia Aranda

The call for action by Dr Tedros triggered a lively discussion with attendants. The discussion was chaired by **Sanchia Aranda, president of the UICC (Union for International Cancer Control)**. Participants shared insights on the challenges and opportunities for cross-cutting collaboration in the future. This second session zoomed in on the implementation of the call for action: the search for new ways of collaboration to make it happen. Cross-sectoral engagement from politics to science, from social to health care workers is needed to implement the formidable task at hand. Lessons learned from other diseases such as HIV can model the health appropriate initiatives to stop cervical cancer. Collaborative and cross sectoral actions will help build supportive stakeholder networks to be part of the momentum around the call for action.



Sharon Kapambwe

The discussion proved to be an inclusive dialogue in a neutral forum for all participants to listen to different points of view and to engage in a search for common solutions with the objective to breaking the silos. Dr Aranda valued the interventions in providing mutual context and relevance to the Call for Action.

This summary intends to translate the interaction of the audience with the WHO lead call for action. And the quality of the exchanges between the variety of stakeholders from different sectors, professionals in the field, partners, UN agencies, researchers and academia, civil society and the private sector.

**Without tracking any of the specific contributions and avoiding any chronological order, the central messages towards the elimination of cervical cancer are summarized as following.**

### Need a comprehensive solution for Cervical Cancer Control

The cancer control program needs to be as comprehensive as possible to provide a quality continuum of care, including HPV vaccination, screening, treatment of pre-lesions, and care including surgery, chemotherapy and radiation. **Sharon Kapambwe, national coordinator cancer prevention program, Ministry of Health of Zambia**, summarized the importance of the integration of prevention, screening, cure and care, based on her solid field experience. *"In Zambia, prior to scale up the screening program, we had to plan ahead specific actions to address the needs of the increasing number of women needing care and cure in early stages of the disease, in terms of surgical capacity, radiotherapy and chemo."*

### Breaking the silos

**An integrated care, screening and cure programme should also include planning for human resources and training.** It must provide opportunities to use current investments in medical imaging for different types of cancer to include the needs of cervical cancer treatment. This scale-up strategy is cost effective and the technicians who have been trained may be involved in training others within the region, including in other African countries. Zambia has such training programs. *"To face the shortage of human resources, students who used to be sent to South Africa for training are trained locally, working within the country, instead of being trained abroad for 4 to 5 years"* confirmed Sharon Kapambwe. The IAEA (International Atomic Energy Agency) is involved in support of the training of qualified staff and technicians at regional level.

*"While prevention through vaccination is an important and cost-effective strategy in the road to eliminate cervical cancer, Treatment is needed to address the disease*

# Special Call for Action

in patients that were not vaccinated or those from the pre-vaccination era that developed cancer after a latent period. Thus, treatment including radiotherapy is an essential element in cervical cancer elimination. However, robust technical support to develop high quality, safe radiotherapy centers that include both external beam radiotherapy and brachytherapy is paramount", mentioned **May Abdel-Wahab, Director, Division of Human Health of IAEA (International Atomic Energy Agency).**

**Any plan to address cervical cancer management must include advanced and appropriate planning for human resources and training.**

"In addition, it is important to remember that radiotherapy and medical imaging is not cancer specific and can be used to diagnose and treat different types of cancer, hence it is cross-cutting". This strategy is cost effective. Staff that is trained may be involved in training others within Africa.

"The IAEA has been instrumental in developing a comprehensive approach which includes the planning and implementation of radiotherapy and imaging centers. The approach include also in the prospective planning human resource needs and training of qualified staff. In particular radiation therapists, medical physicists, radiologists and radiation oncologists at the national, regional and international level. These programs are developed by the Human health and technical cooperation of the IAEA" explained May Abdel-Waha.

May Abdel-Waha stressed the importance of radiation therapy. "RTB should be part of evidence-based management of cervical cancer". Due to the importance of radiotherapy in treatment, it can be included in the matrix of progress indicators.

**Daniel Burssa, Chief of Staff, Ministry of Health of Ethiopia,** agreed on the need for a comprehensive approach. With a total population of 105 million, Ethiopia is facing

challenges as a result of lack of infrastructure and qualified staff : from screening to lab services to treatment. The current effort to scale up the HPV screening will increasingly be coordinated with treatment services, "We plan to expand the radiotherapy to 6 centers with the challenge to train the staff, especially medical specialists and others". As part of the current efforts towards a comprehensive program, the country will roll out the HPV vaccination in 2018 by scaling up the current successful pilot projects with the support of GAVI.

Daniel Burssa recognized the need to develop palliative care as a crucial part of the comprehensive control program. "As everybody has the right to get relief from pain". "Palliative care is an extremely

important issue. Today there are thousands of women who are diagnosed at late stages (3 and 4) of cancer. We need to meet the needs of these women pointed out

**Cherian Varghese, WHO Coordinator, management of NCDs.**

## Awareness creating the demand

"Community awareness needs to prepare the road for screening by increasing the demand. In Zambia as in many other countries, the uptake of screening is low, despite the efforts of governments to develop screening and lab services", insisted Sharon Kapambwe.

Ethiopia is also facing the challenge of creating public awareness at all levels, especially at the community level. "We have over 39.000 paid Community based

Health Workers. This is a very good platform that we use to achieve immediate targets with courses on maternal and child mortality", noted Daniel Burssa "Cervical cancer

will also be integrated into the refreshment training of the Health Workers, so that the communicator can teach the community and the public and other Health Workers".

## HPV vaccination: opportunities for adolescent health

Some participants mentioned that the delivery system of vaccination may be



May Abdel-Wahab



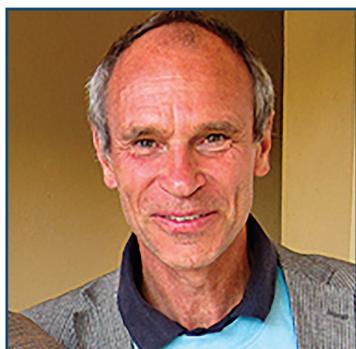
Cherian Varghese



Daniel Burssa

## "Appropriate planning for human resources"

## Radiotherapy: a progress indicator



Hermann Bussmann

expensive to reach the large number of adolescents that need to be vaccinated, in health centers or in schools. In the absence of specific school health programs, nurses must leave their centers to vaccinate the girls at school.

In this context, experiences from countries that built on HPV vaccination programs to develop services for adolescent health care are very promising. GAVI plays a key role to help countries create an enabling environment, getting teachers and families involved. *“As they are such an important group for education, wellness, safe delivery and balanced nutrition”,* said **Seth Berkley, the CEO of GAVI**. He insisted on the need to reinforce primary health care for adolescents *“We can then take advantage of using those platforms for other health interventions that really will matter”*. Zambia stressed the need to target schooled and unschooled girls who may be at even higher risk.



Seth Berkley

### Integration into on-going services

*“We really need to learn from these messages as we think about strengthening our systems”,* said Sanchia Aranda **“The issue is about creating a vertical system versus a diagonal system where we integrate cervical cancer and HPV vaccination into primary health care rather than within a special system”**.

Increasingly countries are willing to integrate cervical cancer into primary care. *“We plan to scale up our 200 screening centers to 800. Every woman should get access to the screening program”,* said Daniel Burssa. Currently, only 200.000 Ethiopian women are screened out of the 21 million women who are at risk in the country. **“With a population of 104 million, we really need to reinforce Primary Health Care Workers at community level to support of our national cancer control strategy\*.**

**James Kiarie, Coordinator, Human Reproduction team, WHO**, also stressed the need for horizontal health care integration. *“My call will be to really map on-going services to make sure that we integrate the initiative to eliminate cervical*

*cancer into these services in order to avoid creating another vertical program. For example, there are very strong school-based health care and family planning services. We have to make sure they are implemented in a sustainable way”*.

Currently, most African countries are still facing challenges to develop national screening programs. In general, these programs are run as additional, opportunistic services rather than as a part of a framework of universal health coverage.

### Harnessing innovation and science

New technologies can be very effective to support the implementation of an organized population-based screening. In developed countries organized population-based programs have been a key successful factor. *“Our experience demonstrates that by harnessing innovations in science and technology, an organized population-based*

*screening approach can be effective in Africa”* said **Hermann Bussmann, Department of Applied Tumor Biology, Institute of Pathology, University Hospital Heidelberg**, in Germany. *“Our team with Emerging Technologies*

*in Cervical Cancer (Eticcs) provides effective cervical cancer screening in Ethiopia and Kenya, with a focus on underserved communities, using innovative technologies, including molecular testing, digital technologies and HPV self-sampling tests”*.

Other benefits from the extensive use of new technologies, including artificial intelligence to accelerate the elimination of cervical cancer, are very promising. Among the current multiple ongoing projects, the algorithms that allow a quick automated, computer-based reading of thousands of pictures (taken by Visual Inspection or by Cytological Examination), will help face the shortages of staff, and facilitate the diagnostic of cervical cancer control.

*“There are many examples of such a promising area for accelerating the elimination of cervical cancer. As such, the use of big data modelling was influential in helping the Australian Authorities to move*

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HPV DNA testing”, confirmed Sanchia Aranda.

## Public figures to create trust and confidence

Participants stressed on the role of public decision makers and of medical front leaders to raise their voice in public to explain how much they are confident in the approach they are taking. “This will make a difference”, said **Marian W. Wentworth, CEO of Management Sciences for Health.**

Some countries, such as Tanzania, demonstrate that this strategy works. In this country, medical opinion leaders made strong statements in support of the HPV vaccination. “We also work with social media as they are widely influential. We provide scientific data to opinion leaders but also real life testimonies of HPV-affected families”, said **Lyimo Dafrossa, IVD Manager, MOH, Tanzania.** “Those who lost their mother, their sister, are the ones who also have to testify on social media”.

Tanzania’s experience brought an interesting question about mobilizing the consumers or the patient organisations. Cervical cancer is a global contrast to breast cancer as this disease benefits from a massive consumer movement that has not translated into cervical cancer mobilization. “We really have to begin to understand why that is. Is it because the disease is perceived as a sexually transmitted disease? **Why have we failed to mobilize the survivors around the globe to end this disease?**” asked **Sanchia Aranda.**

## NGOs: field experience to end cervical cancer

Jhpiego, affiliated with John Hopkins, is one of the many non-profit organizations engaged at country level. “We have programs in 40 countries as we started with the single visit approach in Zambia and Zimbabwe in 1995. Now we want to grow that movement”, said **Monica Kerrigan, vice president for Innovations of Jhpiego.** “Building

upon our solid experience in establishing and scaling up cervical cancer prevention programs, Jhpiego is currently working on the ground-breaking area of integration of these programs with existing HIV care and treatment services. We are ready to join forces in support of the WHO Call for Action”.

## Kenya: to support government’s leadership

“We need to support governments to help them give the punch that is needed. We currently have over 30 little partnerships for cervical cancer. The punch is not strong enough because we are divided”. **Joseph Kibachio, Head of the Division of NCDs, Ministry of Health of Kenya,** stressed on the need to reinforce the capacities of governments to take the leadership and institutionalize some

of the interventions to sustain them in the long run. “We should also exchange our experiences between countries. I am amazed by the outcomes in Rwanda, as we need to identify the successful factors to improve our understanding of how to move forward to get the same outcomes. We still need to learn from other countries how to overcome our challenges, including controversies about the vaccines”, said Joseph Kibachio,

Picking up on this message, Sanchia Aranda invited all participants **“to talk to all the other players and get together with them for the solution to stop the fragmentation because that is one of the major issues”.**

## Regional cooperation: a great potential.

Regional organizations also play a major role to develop cervical cancer control. There are many worldwide organisations that help in promoting related activities. **Laurence Pais of the UFM (Union for the Mediterranean)** stated that the UFM as an intergovernmental organization is very much involved in women empowerment,



Koseph Kibachio



Laurence Pais



Diana Silimperi

among others. "With our 28 European countries and 15 Mediterranean countries, we are willing to do more through partnerships. We already have a collaboration with WHO, an Italian center of Oncology and the French National Institute of Cancer to collectively support awareness campaigns for rural and underserved women in cities. Currently implemented in Morocco, Montenegro and Albania, this project includes training and HPV self-sampling tests. "We bring together health professionals and civil society organizations, national and local authorities to create a regional network of these actors". Laurence Pais insisted on the need to also work on a regional level.

"Synergies that we can have with any of you will be welcome. Although we are specifically working with Mediterranean countries, exchange of experiences and best practices with African countries are useful to promote these synergies and to learn from each other".



Ted Trimble

### **We need each other, including the private sector through Public-Private Partnership**

"Cervical Cancer stands for integration, innovation, communication and collaboration. We need each other, political leaders and health community. Community based primary health care is fundamental since Alma Ata in 1978 as everybody has the right to health. In addition, we will have to optimize our current resources, working together and using innovation in a horizontal way to solve capacity issues. Last but not the least it requires political leadership and a cultural sensitivity", **Jo Lissens, CEO of the HPV Alliance** based in South Africa, summarized his thoughts "As such, cervical cancer is a metaphor of what we can do if we act together."

"Indeed, if we are going to reach universal health coverage and eliminate cervical cancer, we also have to mobilize the private sector. Specifically, the private sector health providers globally who often reach some of the most vulnerable populations", said **Diana Silimperi, senior vice-president for global health Abt Associates.**

"We really need to look at a better costing of

the whole program and integrate that cost into the package of essential health services at country level. We should ensure that private sector health services for cervical cancer screening and prevention are included in insurance benefits, whether it is governmental or private insurance. This will be essential to sustain our programs and services. We also driver for domestic resource mobilization is to include the ministry of health and the Treasury or ministry of finance."

### **Evidence-based to support exchanges of experiences**

Diana Silimperi also pointed out the importance of developing an evidence-based network to capture and support exchange of experiences, and better understand and document the factors underlying success.

**"Cervical cancer screening and prevention must be included in insurance benefits"**

**Ted Trimble, Director of the US National Institute of Health, Global Health Centers,** shared his vision on this issue. "I would also like to stress the role of research and particularly of implementing science as **Chris Wild of the IARC** said. It is so important to gather data on our activities, such as who has been vaccinated or screened to develop better data. We need personal identifiers to link screening registry to treatment to avoid woman lost to follow up after an abnormal screening. We need to share data on Best Practices and capture and analyse big data to evaluate our programs and deliver the best quality health care".

### **Academia: key partners in the fight to eliminate cervical cancer and save women's lives.**

Academia can be a powerful partner to help eliminate cervical cancer through advocacy, capacity building, education and research translation. **Dr. Keith Martin, Executive Director of the Consortium of Universities for Global Health (CUGH)** shared the work they are doing with their global network of 170 academic institutions and partners across these areas. With leading organizations such as Cancer Institute, CUGH holds the Annual Global



Keith Martin

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Cancer Day associated with its annual conference ( [www.cugh2019.org](http://www.cugh2019.org)) "At this year's CUGH conference, in March 2018, CUGH, NYU's Langone Cancer Center and others released a global challenge to eliminate cervical cancer. This 'Global Challenge to End Cervical Cancer' called for 70% of girls between age of 9 and 13 to be vaccinated against HPV; for every women to be screened at least once in a lifetime; and for women with cervical cancer to receive the treatment they need".

## We need to better understand what works and How to get from A to B ?

In addition, Dr. Martin mentioned CUGH's support for increased access to self-screening, and to dignified palliative care and training: "We at CUGH are engaged in advocacy and providing trainers and educational products to address the huge shortages of qualified staff in low income nations". He also challenged attendees to, "mobilize our colleagues to inform not only ministers of health and ministers of finance but also the public in a way that affects not only people's minds but also their hearts. **Cervical cancer is a neglected catastrophe.** We look forward to working with you on these ongoing efforts to render cervical cancer to the dustbin of history."

### Students committed to join efforts

Students all over the globe also play a key role in taking forward the messages to eliminate cervical cancer. During the discussion, **Karolina Miljak, Interprofessional Coordinator of the IPSF (International Pharmaceutical Student's Federation)** highlighted some of the related ongoing actions of her federation. "We are very much committed to create and support campaigns to inform the public and educate students about health issues, such as HPV vaccinations and screening. With our 300.000 students worldwide, we help create the enabling environment by taking the messages forward in our own setting and outside. This is why we are happy to join the Call for Action towards the elimination of cervical cancer".

### Towards the elimination of cervical cancer

**Donsuk Pongnikor, National Cancer Institute of Thailand**, shared some good news from her country with the audience, focusing on the comprehensive national control program in place, with the support of the Universal Health Coverage.

"In Thailand cervical cancer has ever been the most common cancer before 2000. We have developed a comprehensive cervical cancer screening program. We prepared our health workforce of ten thousand primary care units for screening, we prepared pathologists for analysis, and radiation oncologists and gynecologists for treatment.

We established a database for program monitoring and evaluation. As a result of our 20 years of implementation, monitoring and evaluation of our comprehensible program, the prevalence of **cervical cancer has more than halved from 24 to 10 per 100.000.** We started an HPV vaccine program last year and introduced vaccination into our universal health coverage. Regarding screening, we replaced the conventional pap smears by HPV testing and increased laboratory capacity. In addition we have prepared radiation oncology units all over the country. We have one linear accelerator for one million people. That way, we hope to eliminate cervical cancer in the future".

### Main highlight of the discussion : summary by Ophira Ginsburg

- We know what the ingredients to success are: we have the evidence, the tools, and the return on investment.
  - There is a great deal of literature in the last few years and months evaluating what can be done to eliminate cervical cancer.
  - There are excellent and inspiring country stories, successful rolling out and scaling up of HPV vaccinations, screening and treatment.
  - **The key challenge is how to get from A to B**
    - Research- implementation science to better understand what works and how to get from A to B".
- Taking the evidence to policy is incredibly important as Christopher Wild (IARC) and



Ophira Ginsburg



Ophira Ginsburg

Ted Trimble (NIH) mentioned.

- Regarding **demand of services** by increasing awareness and by overcoming cervical cancer vaccination controversies and myths. Although it is caused by a sexually transmitted infection, there is still a lot to be done to overcome disease concerns and taboos by community members and community leaders.
- **The media** should be more engaged as a key partner in working towards improving **awareness and actions** at global and country levels.
- **Supply of vaccines** is challenging as Seth Berkley and many countries pointed out, including supply chain issues and delivery systems to reach out to the girls that need it most.
- **Social inequity** is one of the factors impeding progress of cervical cancer in many places. The indigenous population and many underserved women in all communities including those in high income countries are still left behind, as Dr Tedros and Michel Sidibé said.
- How to **successfully scale up** from pilot programs to demonstration projects to national services within the **continuum of care**.

### Cervical Cancer Elimination Policy:

About 90 million women will die if they have no access to dignified care. The need for increasing radiotherapy is crucial as the IAEA reported. **Thailand, Ethiopia, Rwanda, Malawi, Ivory Coast, among other countries, confirmed the importance of radiotherapy.**

- **Cure** that includes pathology, imaging, diagnosis, radiation and chemotherapy must be addressed and monitored.

- Funding and **financing** are major issues with new funding sources, some of which were discussed by partners, World bank, Global fund, Unitaid and others.

- **Partnerships**, HPV testing, algorithms, decreasing the prices of HPV based testing and looking at strategies including secondary trial or triage following up on an HPV test.

- **HPV self-sampling** is an opportunity to reach the underserved women in remote areas.

- **Universal Health Coverage** as a sort of sentinel for Universal Health Care for at least one major cancer

- **Political will** is important to engage national governments, and to include **regional, municipal governments, provinces, states territories, right down to the community level**. The grassroots community activists, community leadership may be a form of political will.

- **Partnerships- multilateral agencies**, the UN global joint program for cervical cancer prevention control with the 7 agencies involved was represented here under the umbrella of the UN NCDs task force. This is an important group that has gathered a lot of opportunities and now partnering with civil societies to implement action

- **Everything we do must be coordinated**. Coordination has been mentioned by many participants. There is a lot of fragmentation not only within the health systems but also fragmentation when there are dozens of civil societies, «all trying to do a little bit of cervical cancer screening in a country».

*- "To join forces with the Call for Action by Dr Tedros, we need to find ways to better coordinate our activities and support the governments in the countries where we work"*

## UICC collective call to action to eliminate cervical cancer

**We have a great opportunity to engage more in global cancer advocacy efforts.**

UICC: leading civil society

- In response to the global call to action by WHO Director General, Dr. Tedros in May 2018, we make a collective call to Heads of States for urgency in making national commitments to scale-up implementation of vital services that leave no one behind.

- We want to show the world that civil society organisations across the globe are ready, willing, and able to step up to the challenge to eliminate cervical cancer. We will be reaching out to civil society organisations beyond the cancer community, to sign up also.

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## The way forward



### WHO a mobilisation at the highest level

*"We will Flagship cervical cancer, so that we will work with member states, with the UN agencies, with other stakeholders, the private sector and also civil society groups"*

**Svetlana Akselrod, Assistant Director General for non-communicable disease and mental health.**



*"We can use the convening power of WHO to help mobilize everyone and your institutions to create the big force that we need to make the call for action happen".*

**Princess Nothemba Simelela Assistant Director-General for Family, Women, Children and Adolescents**



*"We at UICC , we are committed to mobilizing our membership working with all of you. I hope that to day on 19th of May 2018 will be remembered in years to come as the beginning of the end of cervical cancer ."* **Princess Dina Mired, President-Elect, Union for International Cancer Control**

## Coordination - Collaboration - Implementation



Line kleinebreil

The fight for the elimination of cervical cancer can only be collective. This session that brought together so many high level decision makers is an important step forward. Implementation is today increasingly facilitated by digital tools, both for the information of populations and for the upgrading of health professionals. As part of the WHO / ITU program «Be He @ lthy Be Mobile» countries are implementing those technologies to improve the performance of health systems. Our annual round table is an opportunity for countries to share their experiences. So that they can move faster towards: the elimination of cervical cancer.

This third roundtable was aimed at catalyzing the dialogue between key leaders and partners. Today with the call for action, we will be empowered enough to find better ways to work together, at global and national levels.

We have never been so close to the goal.

Our ambitions is that the dialogue we are initiating today will be continued over the next years, based on a regular and almost day to day basis, to discuss how we have reached in implementing the call for action Let's make sure that next year , when we will meet again, we will not be asking the same questions. Hopefully we will have achieved progress towards our common goal.



Thérèse Lethu

## Acronymes

AORTIC	African Organization for Research and Training in Cancer
APHRC	Cold Knife Conization
EVA System	Enhanced Visual Assessment
GAVI	Global Alliance for Vaccines and Immunization
GHO	Global Health Objectives
GFATM	Global Fund against Aids, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HUG	Hospital University of Geneva
IARC	International Agency for Research on Cancer
ICT	Information and Communication Technology
UNIATF	United Nations Interagency Task Force
IEC	Information, education and communication
ITU	International Telecom Union
Leep	Loop Electrosurgical Excision Procedure
LMCs	Low and middle-income countries
mHealth	Mobile Health
MOH	Ministry of Health
NIH	National Institutes of Health
NCD	Non Communicable Diseases
NGO	Non Governmental Organization
OIF	International Organization of the Francophonie
PATH	Program for Appropriate Technology
PEPFAR	The U.S. President's Emergency Plan for AIDS Relief
SMS	Short Message Service
STI	Sexual Transmitted Infection
TB	Tuberculosis
UICC	Union for International Cancer Control
UHC	Universal Health Coverage
UNICEF	United Nations Children Fund
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFM	Université Numérique Francophone Mondiale
UNFPA	United Nations Population Fund
UNDP	United Nations Development Fund
USNCI	Us National Cancer Institute
VIA	Visual Inspection with Acetic Acid
VILI	Visual Inspection with Lugol's Iodine
WHO	World Health Organization

## The third High-Level Meeting (HLM) on NCDs

In 2011, the UN convened the first High-Level Meeting (HLM) on NCDs. This was only the second time that Member States had convened a meeting on a health topic, and it promoted NCDs as a key political priority for governments and paved the way for national and global discussions and targets to reduce mortality and morbidity from NCDs. At this meeting,

Member States unanimously adopted the UN Political Declaration on NCDs, containing 22 action-oriented commitments to shape national NCD responses. In addition to this, the global community was charged with developing goals and targets for a comprehensive global monitoring framework for NCDs and a target of a 25% reduction in premature mortality by 2025.

The 2018 HLM will be the third time that UN Member States meet to review progress on NCDs and so for cancer and NCD advocates it represents a unique opportunity to refocus attention and reinvigorate national commitments to tackle NCDs – this is particularly important as we can build on the momentum from the 2017 cancer resolution and the Sustainable Development Goals

Promote discussions about NCDs to the highest political level – this is needed to successfully develop new global and national targets to drive forward the implementation of national NCD and cancer control plans.

Galvanise consensus on international cooperation – we recognise that many countries cannot effectively respond to cancer and NCDs on their own and so there is a strong need for international cooperation by UN agencies, civil society groups, development agencies, funders etc. to support real change nationally.

### Our thanks to the WHO and UICC teams for their valuable collaboration in organizing the roundtable

## Organizers



### Global Health Objectives (GHO)

is a Geneva based NGO dedicated to creating an enabling environment for improving women's health, especially cervical cancer, regardless of the existing socioeconomic and cultural factors. The association is engaged in information sharing, training and studies towards empowering target groups, including health professionals and political leaders. Fundamentally, GHO facilitates exchanges of experiences on NCD prevention, public private partnerships and the use of new Information Communication Technologies (ICTs).

**Therese Lethu**

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### The UNFM (Université Numérique Francophone Mondiale)

disseminates quality education in low-income settings through the extensive use of the Internet and of the new ICTs. The training programs are field oriented targeted at health care workers and are mostly delivered by experts from the recipient countries, in partnership with the International Organization of the Francophonie. The main focus includes NCDs, mother and children health, health crisis among others. The UNFM co-organized the first Master Course Francophone of the Union for International Cancer Control during the World Cancer Congress in October 2016, in Paris.

**Dr Line Kleinebreil**, vice president of the UNFM.

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## Aknowledgements

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## Some leading Partners

**AORTIC: The African Organization for Research and Training in Cancer**, created in 1983 by African cancer care workers and scientists, is dedicated to build capacity for cancer advocacy, research and training in Africa. President **Cristina Stefan** <http://www.aortic-africa.org>

**CCA. Cervical Cancer Action** is a global partnership founded in 2007 to reduce cervical cancer in LMCs. In 2015, the CCA launched a global five-year initiative call "Taking Cervical Cancer Prevention" to expand HPV vaccination, screening and treatment of cervical precancer, especially in LMCs. <http://www.cervicalcanceraction.org>

**ETICSS: Emerging Technologies in Cervical Cancer Screening** is a non-profit organization founded in 2014 with the support of the Department of Applied Tumor Biology of the Heidelberg University Hospital and the German Cancer Research Center. <http://www.eticcs.or>

**GAVI: The Global Alliance for Vaccines and Immunization**, created in 2000, is an international coalition of partners, including governments, international organizations such as the United Nations Children's Fund, the WHO and the World Bank; philanthropic institutions, such as the Bill and Melinda Gates Children's Vaccine Program and the Rockefeller Foundation; the private sector, represented by the International Federation of Pharmaceutical Manufacturers Associations; and research and public health institutions. Chief Executive Officer: **Dr. Seth Berkley**. <http://www.gavi.org/>

**GFATM : The Global Fund Against AIDS, Tuberculosis and Malaria**, founded in 2002, is a financing institution to support countries against the three diseases. The Global Fund is a partnership between governments, civil society, the private sector and people affected by the diseases. It raises and invests nearly US\$4 billion a year to fund programs run by local experts. Executive Director **Peter Sands**. <https://www.theglobalfund.org>.

**IAEA: The International Atomic Energy Agency** assists its Member States in using nuclear science and technology for peaceful purposes and facilitates the transfer of such technology and knowledge in a sustainable manner to Member States. Director General: **Yukiya Amano**. <https://www.iaea.org/>

**NIH The National Institutes of Health** is the nation's medical research agency as a part of the U.S. Department of Health and Human Services. The NIH is made up of 27 Institutes and Centers with specific research agenda. The Center for Global Health, created in 2011, helps reduce the global burden of cancer in collaboration with NCI divisions to support cancer control planning, build capacity, and support cancer research networks in LMCs. The NIH Director is **Francis S. Collins**. <http://www.nih.gov>.

**PATH promotes innovative solutions** in LMCs through cross-sector partnerships, specific tools and strategies at scale, including Digital Health Solutions. PATH's focuses on women's health, bringing screening, treatment and HPV vaccines through a close collaboration with GAVI. President and CEO **Steve Davis**. [www.path.org/](http://www.path.org/)

**PEPFAR (President's Emergency Plan for AIDS Relief)** is the United States government's response to the global HIV/AIDS epidemic, which represents the largest commitment by any nation to address a single disease in history. PEPFAR will initially invest more than \$30 million to implement screening and treatment for cervical cancer for HIV-positive women. U.S Global Aids coordinator: **Deborah I. Birx**.

**UICC: The Union for International Cancer Control** is an increasing membership base of over 1000 organisations in 160 countries, with the world's major cancer societies, ministries of health and patient groups, including influential policy makers, researchers and experts in cancer prevention and control. CEO: **Cary Adams** <http://www.uicc.org/>

**UNAIDS: The Joint United Nations Programme on HIV/AIDS** is a joint venture of 11 UN organizations against AIDS, including civil society, governments, the private sector, global institutions and people living with HIV. The UNAIDS 2016–2021 Strategy is aligned to the Sustainable Development Goals over the next 15 years, including ending the AIDS epidemic and reducing cervical cancer mortality by 2030. Executive director: **Michel Sidibé**. <http://www.unaids.org/>

**UNIATF: The United Nations Inter-Agency Task Force on the Prevention and Control of NCDs** was created in 2013 by the Secretary General and placed under the leadership of WHO to coordinate the activities of the UN System to support the commitments of the Heads of State in the 2011 Political Declaration on NCDs. <http://www.who.int/nmh/ncd-task-force/en>

**UNITAID:** supports improved access to health products for people with advanced HIV disease, those co-infected with HIV and hepatitis, as well as HPV. Founded in 2006 UNITAID addresses leading causes of death among people living with HIV in LMCs. This includes cancer related diseases through innovative approaches and partnerships to prevent, treat and diagnose. Executive Director **Lelio Marmora**. <http://www.unitaid.org>

**UN JOINT GLOBAL PROGRAMME ON CERVICAL CANCER, Prevention and Control** Under the United Nations Task Force on NCDs, seven UN agencies have established a new 5-year joint programme to prevent and control cervical cancer, building on what exists and enhancing progress towards the elimination of cervical cancer as a public health concern across the world.