



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Regional Committee for Europe

EUR/RC69/Inf.Doc./2

69th session

Copenhagen, Denmark, 16–19 September 2019

5 August 2019

190426

Provisional agenda item 3

ORIGINAL: ENGLISH

Draft global strategy to accelerate cervical cancer elimination

In decision EB144(2) (2019) the WHO Executive Board requested the Director-General to develop, in consultation with Member States and other relevant stakeholders, a draft global strategy to accelerate cervical cancer elimination, for consideration by the Seventy-third World Health Assembly in 2020. The regional committees are requested to provide further guidance regarding the next steps to accelerate the elimination of cervical cancer as a public health problem, within the context of the development of the draft global strategy. The present document contains information on the draft global strategy for discussion at the 69th session of the WHO Regional Committee for Europe. The draft global strategy will subsequently be submitted for consideration by the Seventy-third World Health Assembly through the Executive Board at its 146th session in 2020.

Draft global strategy to accelerate cervical cancer elimination

BACKGROUND

1. In May 2018, the Director-General of WHO announced a global call to action towards the elimination of cervical cancer, underscoring renewed political will to make elimination a reality, and called for all stakeholders to unite behind this common goal. He highlighted the need for cervical cancer services to be embedded in strong health systems and included in approaches to universal health coverage. In decision EB144(2) (2019) the Executive Board at its 144th session requested the Director-General to develop, in consultation with Member States and other relevant stakeholders, a draft global strategy to accelerate cervical cancer elimination, with clear goals and targets for the period 2020–2030, for consideration by the Seventy-third World Health Assembly in May 2020, through the Executive Board at its 146th session in January 2020. The regional committees are requested to comment and provide input on the draft global strategy to accelerate cervical cancer elimination.¹

SCOPE

2. The draft global strategy proposes a way forward for the world to deploy existing and anticipated interventions to eliminate cervical cancer as a public health problem. The draft strategy proposes a set of “90–70–90” targets for the year 2030 – to increase human papillomavirus vaccination coverage, to increase coverage of screening and treatment for pre-cancerous lesions, and to increase management of invasive cancer – so that global elimination of cervical cancer is reached in this century. The targets laid out in the strategy have been developed through extensive modelling and numerous consultations, including regional consultations. It is expected that implementation of the global strategy will be customized to suit each region and country through the development of regional frameworks for the implementation of the global strategy.

CERVICAL CANCER: A GLOBAL PUBLIC HEALTH PRIORITY

3. Cervical cancer is the fourth most common cancer among women globally, with an estimated 570 000 new cases and 311 000 deaths annually as of 2018.² Projections indicate that without urgent

¹ See <https://www.who.int/cancer/cervical-cancer>, accessed 17 June 2019.

² Based on IARC/WHO Global Cancer Observatory’s GLOBOCAN 2018 figures, drawn from available population-based cancer registry; and cervical cancer fact sheet (http://globocan.iarc.fr/Pages/fact_sheets_cancer.aspx, accessed 17 June 2019).

scale-up of services, the burden will increase to almost 460 000 deaths by 2040, a nearly 50% increase over 2018 levels. This increase will also be inequitable, with lower-income countries having the greatest relative increase in the annual number of cases in the period 2012–2040 and compounding the current wide variation in rates of cervical cancer incidence and mortality across the world, with nearly 90% of deaths occurring in low- and middle-income countries. Without bolder action, disparities in health outcomes will also continue to worsen between and within countries.

4. Vaccination against human papillomavirus, screening and treatment of pre-cancer, early detection and prompt treatment of early invasive cancers and palliative care have proven to be effective strategies to address cervical cancer across the care continuum. These interventions are embedded in the targets and indicators of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, support realization of the 2030 Sustainable Development Goals and are aligned with the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030), the Global Health Sector Strategies on HIV, Hepatitis and Sexually Transmitted Infections (2016–2021) and health systems strengthening for social protection and universal health coverage as set out in United Nations General Assembly resolution 67/81. Each strategy is supported by cost-effectiveness recommendations and WHO technical guidance;¹ when implemented to scale and with adequate coverage in a people-centred and rights-based approach, they offer the opportunity to eliminate cervical cancer as a public health problem.

5. Since inequities also exist within countries, it is important to approach cervical cancer as a disease of social, economic and political disadvantage.² Co-morbidities are significant: for example, women living with HIV are four times as likely to develop cervical cancer and at a younger age, while women infected with human papillomavirus are two times as likely to acquire HIV infection.³

Current status of prevention and control of cervical cancer

6. **Vaccination against human papillomavirus.** Safe and effective vaccines are available to prevent infection with human papillomavirus and hence cervical cancer, in addition to health promotion/health education. The WHO-recommended primary target population for human papillomavirus vaccination is girls aged 9–14 years, prior to their becoming sexually active.⁴ Currently, introduction of human papillomavirus vaccine and vaccination coverage are inequitably distributed by geography and income: As of May 2019, 94 countries have introduced the vaccine: 82% of high-income countries versus 37% and 12% of middle- and low-income countries, respectively.⁵

7. Some middle-income countries are particularly challenged by affordability of human papillomavirus vaccine, since they are either outside eligibility for, or soon graduating from, support from Gavi, the Vaccine Alliance. Within countries, there are often inequities in access and coverage

¹ See Saving lives, spending less: a strategic response to noncommunicable diseases. Geneva: World Health Organization; 2018 (<http://apps.who.int/iris/bitstream/handle/10665/272534/WHO-NMH-NVI-18.8-eng.pdf?ua=1>, accessed 11 November 2018); and Tackling NCDs “Best buys” and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization; 2018 (<http://www.who.int/ncds/management/best-buys/en/>, accessed 11 November 2018).

² See Doo Wook Shin et al. Disparities in cervical cancer screening among women with disabilities: a national database study in South Korea. *Journal of Clinical Oncology*. 2018;36:2778–86; and Bradley CJ et al. Health care disparities and cervical cancer. *Am J Public Health*. 2004;94:2098–103.

³ Abraham A, D’Souza G, Jing Y et al. Invasive cervical cancer risk among HIV-infected women: a north American multicohort collaboration prospective study. *JAIDS*. 2013;62:405–13.

⁴ See http://www.who.int/immunization/policy/position_papers/pp_hpv_may2017_summary.pdf?ua=1, accessed 17 June 2019).

⁵ WHO Immunization, Vaccines and Biologicals database as of May 2019.

between subpopulations. There are currently only two suppliers of human papillomavirus vaccines and supply will be insufficient to meet demand at least until 2024. Three products are currently in advanced clinical development.

8. **Screening and treatment for pre-cancerous lesions.** Effective screening and treatment of pre-cancer for women aged 30 years and above can prevent women from developing cervical cancer. Only 22 countries, mainly with high income, reported screening programmes achieving 70% coverage or above. The majority of countries report participation rates below 50%, some as low as less than 10%, due to lack of organized programmes, ineffective population outreach, fragmented service delivery, unavailable infrastructure and limited financial resources.¹ Barriers to increased coverage relate to both supply and demand, with the latter including cultural, social and financial barriers. Further, many countries face challenges relating to poor-quality screening and follow-up of positive cases.

9. **Diagnosis, treatment and palliative care of invasive cancer.** Early detection of cervical cancer is critical since women diagnosed with invasive cancer in the early stages have a much higher probability of cure, and treatment at an early stage is also cost-effective. Currently, the majority of cases in low- and middle-income countries are being diagnosed at late stage and many countries lack adequate diagnostic, treatment or palliative care services. As a result, the five-year probability of surviving from cervical cancer varies across the world, from 37% to 77%,² while a disproportionate number of cancer patients die with poor access to pain relief.³

10. **WHO support to date.** WHO has supported Member States in implementing cervical cancer programmes. These efforts include the development of global normative guidance, such as C4-GEP,⁴ and regional commitments and capacity-building. Since the call to action, in collaboration with partners, WHO has supported the introduction of human papillomavirus vaccine in 13 countries and the introduction of human papillomavirus testing in 10 countries. Guidelines have been developed on thermal ablation, and technical specifications for medical devices for the screening and treatment of pre-cancerous lesions for cervical cancer.

Elimination of cervical cancer as a global public health problem

11. **Call to action.** In May 2018, the Director-General of WHO announced a global call to action towards the elimination of cervical cancer, underscoring renewed political will to make elimination a reality, and called for all stakeholders to unite behind this common goal. He highlighted the need for cervical cancer services to be embedded in strong health systems and included in approaches to universal health coverage. The call to action was met with strong support from all stakeholder groups, including a number of Member States, heads of United Nations system agencies, leaders of civil society and academic organizations, private-sector representatives and people living with cervical cancer.

¹ Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2017 global survey. Geneva: World Health Organization; 2018.

² Allemani C et al. Global surveillance of trends in cancer survival 2000–14 (CONCORD-3): analysis of individual records for 37 513 025 patients diagnosed with one of 18 cancers from 322 population-based registries in 71 countries. *Lancet*. 2018;391:1023–75; and Assessing national capacity for the prevention and control of noncommunicable diseases: report of the 2017 global survey. Geneva: World Health Organization; 2018.

³ Knaul FM et al. Alleviating the access abyss in palliative care and pain relief – an imperative of universal health coverage: the Lancet Commission report. *Lancet*. 2018;391:1391–454.

⁴ See <http://www.who.int/reproductivehealth/publications/cancers/cervical-cancer-guide/en/>, accessed 17 June 2019.

12. **Feasibility and acceleration of elimination.** Academic groups commissioned by the Secretariat in 2018 have modelled the impact of combined human papillomavirus vaccination and screening and treatment strategies, examining different scenarios of cervical cancer incidence and mortality over time. WHO convened a series of technical and consultative meetings to assess the modelling outputs and develop a definition of the elimination of cervical cancer as a public health problem. The modelling work demonstrates that elimination of cervical cancer is feasible in all countries with the tools we currently have available and with innovations that are under development.

13. Based on that modelling work, the draft global strategy proposes interim targets to reduce both cervical cancer incidence and mortality for the period 2020–2030, which will shape the pathway to elimination for all countries. In the case of countries which are close to or have already achieved elimination, the focus should remain on maintenance of their status and on robust monitoring.

DRAFT STRATEGY TO ACCELERATE CERVICAL CANCER ELIMINATION

14. The draft global strategy calls for a comprehensive, population-based approach to put all countries on the path towards the elimination of cervical cancer within the century. It covers the period 2020–2030.

15. The strategy proposes an approach that will enable countries to reach 2030 global targets for key interventions that, in turn, will lead to elimination of cervical cancer as a public health problem.

16. The proposed targets for 2030 are:

- 90% of girls fully vaccinated with the human papillomavirus vaccine by 15 years of age;
- 70% of women are screened with a high-performance test by 35 and 45 years of age; and
- 90% of women identified with cervical disease receive treatment and care.

17. WHO established that cervical cancer should no longer be considered a public health problem when the age-adjusted incidence rate is less than 4 per 100 000 women-years. While the incidence cannot be reduced to zero with the current interventions, the elimination threshold is achievable within the 21st century in every country.

18. Although human papillomavirus vaccination is vital, models demonstrate that vaccination alone is insufficient. To achieve elimination in the shortest period of time and with maximum impact, intensive vaccination, screening and treatment must be pursued in combination.

19. Commitment to these 2030 targets is required to achieve elimination within the century. To reach the 2030 targets, focused action will be needed across the continuum of care, including: increased coverage of human papillomavirus vaccination; increased coverage of screening and treatment of pre-cancerous lesions; and increased diagnosis and treatment of invasive cancer, as well as palliative care.

20. Monitoring and surveillance will allow the world to track and improve processes. WHO will provide a framework to monitor implementation and to validate elimination.

21. Innovations and research are required to reach elimination faster and more efficiently. WHO will work with partners to expedite research outcomes and to facilitate access to the resulting innovations.

22. Sustainable financing of cervical cancer programmes is necessary to achieve elimination. WHO will work with Member States and partners to make the case for investing in cervical cancer elimination and to mobilize resources.

23. Partnerships across organizations, academia and civil society are crucial for the elimination of cervical cancer.

ACTION BY THE REGIONAL COMMITTEE

24. The Regional Committee is invited to focus its discussions on providing further guidance regarding next steps to accelerate the elimination of cervical cancer as a public health problem, within the context of the development of the draft global strategy.

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