



REGIONAL COMMITTEE

Provisional Agenda item 8.6

Seventy-second Session
New Delhi
2–6 September 2019

SEA/RC72/11

15 July 2019

Accelerating the elimination of cervical cancer as a global public health problem

Cervical cancer is a significant public health problem in the WHO South-East Asia Region. In 2018, an estimated 158 000 new cases and 95 766 deaths were reported due to cervical cancer, which is the third most common type of cancer. The Region accords high importance to the prevention of cervical cancer. It is also a priority under the Regional Director's Flagship Programme of "prevention of noncommunicable diseases through multisectoral policies and plans with a focus on best buys". In 2015, the Sixty-eighth session of the Regional Committee for South-East Asia in Dili, Timor-Leste, adopted a resolution (SEA/RC68/R5) on cancer prevention and control as the way forward in the context of comprehensive NCD prevention and control.

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. The roadmap for cervical cancer prevention in the SEA Region is elaborated in the Regional Strategic Framework for the comprehensive control of cancer cervix, a Regional Vaccine Action Plan (2016–2020), and the Action Plan for the prevention and control of NCDs in South-East Asia 2013–2020.

Bhutan, Maldives, Sri Lanka and Thailand have introduced the HPV vaccine nationally, and screening and treatment of pre-cancers have been initiated in all Member countries of SEA Region. Current global vaccine shortages and price levels impede HPV vaccine introduction leading to low immunization coverage rates. Limited capacity for screening tests contribute to low screening coverage in the Region and limited availability of quality pathology and treatment services and palliative care is the reality in most settings.

At a regional meeting in June 2019, Member States accepted the global elimination threshold of the age-adjusted incidence rate of less than 4 per 100 000 women-years by end of the century. Interim targets accepted by Member States are: 90% of girls are fully vaccinated with the human papilloma virus (HPV) vaccine by 15 years of age; 70% of women are screened with a high-precision test at 35 and 45 years of age, and 90% of women identified with the cervical disease receive treatment and care by 2030. Member States concluded that it is feasible for our Region to achieve these 2030 interim targets outlined in the Global Strategy on the elimination of cervical cancer.

It is planned to update the regional implementation guidance on the prevention and management of cervical cancers and strengthen health systems at all levels for the provision of cancer control services through a people-centred approach. It is necessary to include these services in the essential services packages towards universal health coverage to meet the global targets.

The attached Working Paper was submitted to the High-Level Preparatory Meeting for its review and recommendations. The HLP Meeting reviewed the paper and made the following recommendations for consideration by the Seventy-second Session of the Regional Committee:

Actions by Member States

- (1) Develop/strengthen national cervical cancer control plans, including appropriate strategies and guidelines for immunization, screening, treatment and care, including palliative care.
- (2) Strengthen services for screening for early detection, management of precancerous lesions and treatment of cervical cancer.
- (3) Address the data gaps in cervical cancer prevention and control, including through the establishment of population-based cancer registries.
- (4) Incorporate cervical cancer screening and management of pre-cancerous lesions in basic and/or essential health services packages.
- (5) Consider the introduction of HPV vaccine and make applications to Gavi, as appropriate.

Actions by WHO

- (1) Update the regional implementation guidance on the prevention, control and management of cervical cancer and provide technical support to Member States in their efforts to develop and implement policy and strategies, including strengthening data collection and monitoring systems to achieve cervical cancer elimination.
- (2) Collaborate with global partners and stakeholders for the availability of vaccines at affordable prices.
- (3) Report to the Regional Committee every two years on the status of progress towards the elimination of cervical cancer.

This Working Paper and the HLP Meeting recommendations are submitted to the Seventy-second Session of the WHO Regional Committee for South-East Asia for its consideration.

Introduction

1. Cervical cancer is a significant public health problem in the WHO South-East Asia (SEA) Region. In 2018, an estimated 158 000 new cases and 95 766 deaths would have occurred due to cervical cancer, which is the third most common type of cancer¹.
2. Vaccination against human papillomavirus, screening and treatment of pre-cancer, early detection and prompt treatment of early invasive cancers and palliative care are proven effective strategies to address cervical cancer across the care continuum.
3. The South-East Asia Region accords due importance to cervical cancer prevention. It is included in the Regional Director's Flagship Priority Area on "prevention of noncommunicable diseases through multisectoral policies and plans with a focus on best buys".
4. In 2015, the Sixty-eighth session of the Regional Committee passed a resolution (SEA/RC68/R5) on cancer prevention and control as the way forward in the context of comprehensive NCD prevention and control. The resolution broadly urged Member States on primary prevention (vaccination), early detection (screening), treatment and palliative care of cervical cancer.
5. In May 2018, the WHO Director-General announced the Global Call to Action towards the elimination of cervical cancer as a public health problem. Noting the urgent need, the 144th session of the Executive Board requested the WHO Director-General to draft a 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 2020.

Current situation and response

6. The regional strategic framework for the comprehensive control of cancer cervix was developed in 2015 to guide Member States to strengthen their national programmes on cervical cancer prevention and control.
7. A Regional Vaccine Action Plan (2016–2020) has been developed in line with the Global Vaccine Action Plan and initiation and scaling up of HPV vaccination in the Region is a priority intervention under the goal of "new vaccine introduction" in this Plan.
8. The Action Plan for the Prevention and Control of NCDs in South-East Asia 2013–2020, adopted by SEA Region Member States, targets a 25% reduction in premature mortality due to NCDs by 2025, which includes cancer (commonly known as the 25 x 25 NCD targets).
9. Bhutan (2010), Maldives (2019), Sri Lanka (2017) and Thailand (2017) have introduced the HPV vaccine nationally, while the state of Sikkim in India has made the vaccine part of its routine immunization schedule. Bangladesh, Indonesia, Nepal, and the state of Punjab in India, have conducted pilot projects. Bhutan has achieved more than 90% coverage in the last three years. Myanmar plans to introduce the HPV vaccine nationally in 2020.

¹ IARC/WHO. GLOBOCAN 2018: Estimated cancer incidence, mortality and prevalence worldwide in 2018. Cervical Cancer Fact Sheet. <https://gco.iarc.fr/today/data/factsheets/cancers/23-Cervix-Uteri-fact-sheet.pdf> - accessed 26 June 2019.

10. Early detection through screening and treatment of pre-cancers is being implemented in all countries of the SEA Region using PAP smear or visual inspection of cervix with acetic acid (VIA). However, screening is many times opportunistic in nature and coverage remains low due to service delivery issues, except in Bhutan, Sri Lanka and Thailand.

11. In 2017, South-East Asia became the first among the regions of WHO to publish a training package for health workers. This training package is based on the existing evidence-based WHO global guidelines on a comprehensive approach to cervical cancer screening and management of cervical pre-cancers. Several master trainers have been trained in Member States using the training package of the Regional Office, through hands-on training for screening and management of pre-cancerous lesions. National-level trainings have also been imparted to strengthen capacity of health-care providers.

12. The Regional Office has developed a Package of Essential Noncommunicable (PEN) disease and healthy lifestyle interventions modules in 2018, which includes a module on early diagnosis of cervical cancer and referral algorithms for primary health care workers.

13. Myanmar is the only country in the SEA Region identified globally to have implemented the United Nations Joint Global Programme (UNJGP) on Cervical Cancer Prevention and Control since 2017.

14. Regional meetings on prevention of cervical cancer through HPV vaccination and scaling up PEN in the South-East Asia Region were held in 2018.

15. The Regional Meeting on the elimination of cervical cancer in WHO South-East Asia Region was conducted in June 2019 and focused deliberations were undertaken by the Member States on global elimination targets and regional applications and actions.

16. The Member States accepted 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 at the end of this century (elimination threshold) and also the interim targets that 90% of girls are fully vaccinated with the human papilloma virus (HPV) vaccine by 15 years of age; 70% of women are screened with a high-precision test at 35 and 45 years of age; and 90% of women identified with the cervical disease receive treatment and care by 2030.

Challenges

17. Poor knowledge on risk factors, preventive measures, stigma and myths on screening and treatment of pre-cancers are still strong bottlenecks for the prevention and management of cervical cancer.

18. As of 2019, there are no national HPV vaccination programmes in Bangladesh, Democratic Republic of Korea, India, Indonesia, Myanmar and Timor-Leste, which comprise the majority of the regional population. Current global vaccine shortage and high prices impede the introduction of HPV vaccine and the achievement of high coverage.

19. All Member States reported having started their national cervical cancer screening programmes 10–15 years ago. However, the screening coverage levels remain relatively low in the Region. Cytological screening tests (PAP smear) and visual inspection of cervix with acetic

acid are complex to administer in primary health care settings of Member States and simple methods such as HPV DNA tests are also too expensive to be implemented in a population-based screening programme for cervical cancer.

20. Most cervical cancers are detected in the late stages and treatment is often not accessible. Access to palliative care is limited in most settings.

21. Financial insufficiency to accelerate implementation of activities for HPV vaccination, screening and treatment for precancerous lesions remains a challenge in the way of achieving the 2030 targets.

22. Cervical cancer screening and management including palliative care is not fully incorporated into the Essential Service Packages of Member countries.

23. Countries do not have up-to-date data on incidence, mortality and screening coverage of cervical cancer although population-based cancer registries are expanding.

The way forward

24. There is a need to update the regional implementation guidance on prevention and management of cervical cancer and have the national comprehensive cervical cancer programme plan/strategy in place with linkages to relevant national plans by strengthening focus on primary, secondary and tertiary preventive strategies.

25. Health systems at all levels need improvement for the provision of cancer control services through a people-centred approach. Capacity of health systems to diagnose and treat cervical cancer, including the provision of palliative care, needs to be strengthened. Improving access to radiotherapy and other modalities for treatment of cervical cancer to ensure prompt and protocol-based treatment without financial hardships can help maximize the gains from treatment.

26. Alignment of essential medicines for treatment and management of cervical cancer with the national lists of essential medicines should be improved to enhance access and to reduce “out-of-pocket expenditure” of individuals.

27. High-quality focused technical support must be provided to Member States in their efforts to develop and implement elimination policy and strategies.

28. Required resources must be mobilized at the national level, building on existing partnerships in support of cervical cancer elimination efforts.

29. A report should be prepared every two years for consideration by the Regional Committee on the status of: progress towards cervical cancer elimination targets; progress on implementation of the Regional Strategic Plan; the related milestones achieved; and the ongoing activities in countries towards achieving the targets in the South-East Asia Region.

Conclusions

30. Significant progress has been made in the WHO SEA Region towards the elimination of cervical cancer as a public health problem. However, there is a need to improve awareness on prevention of cervical cancer, accelerate coverage of HPV vaccination, strengthen health systems for screening and treatment of pre-cancers, early detection and prompt treatment of early invasive cancers and palliative care.

31. At a regional meeting in June 2019, Member States concluded that it is feasible for the Region to achieve the 2030 interim targets outlined in the Global Strategy on elimination of cervical cancer.