

Cervical Cancer ACTION

Coalition to STOP Cervical Cancer

Governing Council



Cervical Cancer Action 2007 to 2014 ... and beyond

Global cervical cancer mortality highlights the stark inequities of our time – inequities in wealth, gender, and access to health services that mean life or death for millions of women each year. Women all over the globe are exposed to the human papillomavirus, or HPV, the virus that causes cervical cancer, yet it is primarily women in the developing world, where there is little or no access to early screening and treatment, who are most likely to die from the consequences of this disease. Today, cervical cancer is the second most common cancer among women in the developing world, and is the primary cancer killer among women in most developing countries. We have an unprecedented opportunity to win the fight against cervical cancer by closing deadly gaps in prevention, screening, and treatment and taking global action to make this disease a priority for world leaders.

Cervical cancer killed 266,000 women worldwide in 2012, with nearly nine out of ten (87 percent) of these deaths in low- and middle-income countries.¹ For decades, these countries attempted to follow the lead of higher-income nations by using cytology (“Pap smear”) as a primary approach to preventing cervical cancer. These well-intended efforts proved inadequate when faced with the many geographic, human resource, and health system challenges of lower-income settings. As a result, despite decades of effort, little or no impact was made against the disease in most of the world.

Faced with a growing burden of cervical cancer, researchers worked to develop and validate new approaches to prevent cervical cancer. Over the past few years, new global evidence, practice innovations, and powerful tools have emerged to provide early screening and treatment for cervical cancer in low-resource settings. Evidence from the Alliance for Cervical Cancer Prevention and other teams has clearly demonstrated that effective screening and early treatment for cervical cancer is possible in all settings. We have also learned that, in addition to introducing new technologies, effort must be made to decrease the barriers that stand between women and

Over the past seven years, CCA has supported breakthrough policy decisions that have increased access to HPV vaccines and effective screening programs in many developing countries.

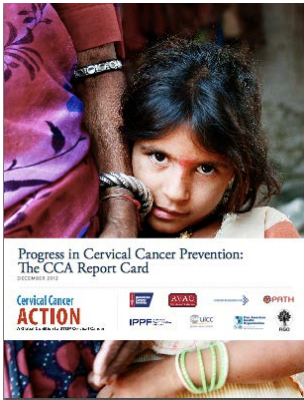
It is clear that without CCA, far fewer individuals and organizations would have the information on, interest in, or commitment to cervical cancer that they do today.

¹ International Agency for Research on Cancer (IARC). *GLOBOCAN 2012: Estimated Cancer Incidence, Mortality and Prevalence Worldwide in 2012*. Lyon, France: IARC; 2013. Available at: http://globocan.iarc.fr/Pages/fact_sheets_cancer.aspx. Accessed February 26, 2014.

Cervical Cancer Action – 2007 to 2014 ... and beyond

services, such as lack of information, access to transport, or social barriers to preventive care. Important strategies include building bridges with community partners and cultivating local champions.

Today, new approaches and tools to screen and treat precancer in women, as well as HPV vaccination for girls, have the potential to dramatically reduce cervical cancer mortality in low- and middle-income countries. The cornerstone of this opportunity is the use of visual inspection with acetic acid (VIA) and cryotherapy for early treatment of precancer, in addition to the advent of highly sensitive HPV DNA tests. And HPV vaccines, which protect girls who have not yet been exposed to HPV, are effective against common strains of the virus that cause at least 70 percent of cervical cancers.



Seven years after our founding and eight years after HPV vaccines first became available, Cervical Cancer Action—the first global partnership aimed at reducing cervical cancer in high-burden, low-income countries—offers a snapshot of our accomplishments to date and our vision of the work ahead. Details of the opportunities at hand and updates on our global progress can be found in our “Progress in Cervical Cancer Prevention: The CCA Report Card,” available at www.cervicalcanceraction.org/pubs/pubs.php.

CCA accomplishments: 2007 – 2013

Cervical Cancer Action: A Global Coalition to Stop Cervical Cancer (CCA) was founded in 2007 to expedite the availability, affordability, and accessibility of new and improved cervical cancer prevention technologies for women in developing countries.² Over the past seven years, CCA has served as an important global hub of civil society efforts aimed at promoting access to cervical cancer prevention programs and tools.

When we began, cervical cancer prevention advocates were few in number, and there was no mechanism to help coordinate efforts between key international agencies. HPV vaccines were new, and it was not clear how acceptable they would be in developing-country settings. Evidence of new cervical cancer screening tools and approaches, like VIA, was just emerging. The GAVI Alliance was unsure if its leadership in childhood vaccines should be expanded to include an adolescent vaccine, particularly one only offered to girls. The HIV community—ranging from individual advocates to the President’s Emergency Plan for AIDS Relief (PEPFAR)—was relatively silent on the relationship between HIV and cervical cancer. Neither the sexual and reproductive health community nor the maternal health community had embraced the strong links between their missions and the health of women who suffered from cervical cancer. Within the global health community, new science and new experiences were only slowly spreading and lack of up-to-date information caused cervical cancer to remain a low priority.

Over the past seven years, CCA’s efforts and outcomes have been substantial. CCA cannot claim sole responsibility for important changes in global policy and national programming—those were team efforts. However, it is clear that CCA was a key player in much of that work, as shown by the demand for our documents, participation in our webinars, and requests for our assistance around the globe. See page five for a chronological list of our main accomplishments and milestones.

² The founding members of CCA include the American Cancer Society, AVAC, Cancer Research UK, the International Federation of Gynecology and Obstetrics (FIGO), the International AIDS Vaccine Initiative (IAVI), International Planned Parenthood Federation (IPPF), Pan American Health Organization (PAHO), PATH, and the Union for International Cancer Control (UICC). Recently IAVI left the Governing Council and Grounds for Health joined.

Global engagement and country support

CCA’s work can be viewed in two overlapping phases. The first phase focused on expediting global policymaking that would increase access to both precancer screening and treatment, as well as facilitate the rollout of HPV vaccines in low- and middle-income countries. These efforts continue today. The second phase started in 2009 when CCA responded to global progress and began concentrating on developing and disseminating essential technical and programmatic resources for policymakers, technical advisors, and civil society in low- and middle-income countries.

Even before the official launch of the coalition, the CCA partners implemented a global campaign to raise awareness and build civil society support for access to cervical cancer prevention. The Global Call to Stop Cervical Cancer was announced at the World YWCA meeting in Nairobi in July 2007; the campaign there gathered more than 1,200 signatories from over 140 countries. CCA subsequently fostered grassroots momentum for change and expanded support for improved cervical cancer prevention at the highest levels of governments and international agencies. For example, at the request of the World Health Organization (WHO) and the GAVI Alliance, CCA compiled more than 300 support letters, op-eds, and other communications from ministers of health and global health leaders. This “Dossier of Support” was presented to key decision-makers at WHO, GAVI, and other organizations as evidence of the global demand for strengthening efforts to prevent cervical cancer. The dossier is available at www.rho.org/CCAdossier.htm.

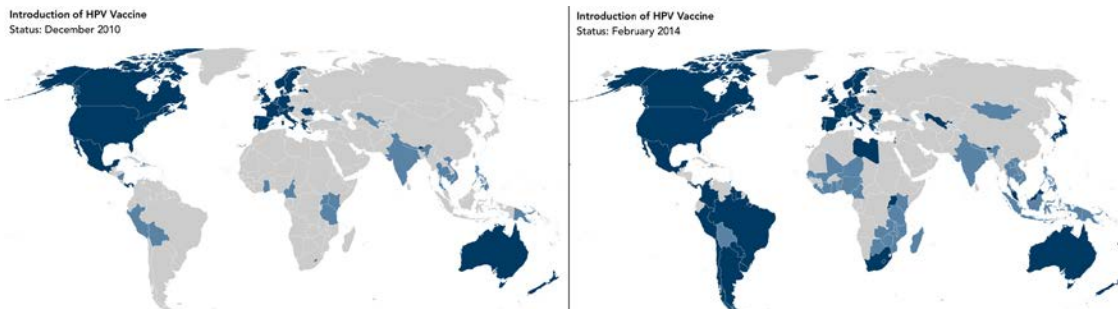


Participants from across the globe were engaged at the Global Forum on Cervical Cancer Prevention in June 2013, co-sponsored by CCA.

Activities initiated by CCA and our partners in other organizations and agencies, complemented by a growing private-sector push to introduce the HPV vaccine, increased visibility and commitment to cervical cancer prevention at the country level and among global health leaders and policymakers. Throughout, CCA has done whatever possible to encourage and support a growing number of international agencies and high-level regional initiatives, including partnering on events with GAVI, the World Economic Forum, Women Deliver, the Forum of African First Ladies Against Breast and Cervical Cancer, the annual Stop Cervical Cancer in Africa conferences, and other regional and global advocacy efforts.

Starting in 2009, VIA and HPV DNA screening began to be endorsed broadly over cytology as effective methods of screening. Currently, more than 60 low- and middle-income countries have adopted these strategies.

And in 2012, the GAVI Alliance began soliciting applications for subsidized HPV vaccine. Since then, GAVI has committed to vaccinating 30 million girls by 2020. Today, many of the poorest countries in the world have begun HPV vaccine pilots or national programs. You can see how the world has changed since 2010 by visiting the “Maps” page of the CCA website (www.cervicalcanceraction.org).



As documented on these CCA maps, there has been rapid uptake of HPV vaccine over the past few years. Dark-colored countries have national programs; light-blue countries have pilot programs.

Cervical Cancer Action – 2007 to 2014 ... and beyond

Taking note of these encouraging trends, during the second phase, CCA expanded its efforts to reach out to national decision-makers, program planners, and civil society in low- and middle-income countries. Our goal has been to mobilize interest and equip stakeholders with the knowledge necessary to develop policies and programs that expand access to cervical cancer prevention information and tools. To this end, CCA has assisted leaders to place opinion editorials in newspapers, authored timely issue briefs, and conducted a successful series of webinars in both English and Spanish.

CCA's most well-known and in-demand publication is "Progress in Cervical Cancer Prevention: The CCA Report Card." The Report Card was initially launched during the 44th Session of the United Nations Commission on Population and Development in April 2011, and then updated in December 2012. A key contribution of the publication was CCA's creation of maps documenting the rollout of HPV vaccine, VIA, and HPV DNA testing by country. The maps are frequently updated on the CCA website and are used by many organizations, including the Bill & Melinda Gates Foundation, the GAVI Alliance, WHO, PATH, the American Cancer Society, and other civil society organizations and advocates who are interested in the uptake of cervical cancer prevention tools.



From right to left: Dr. Karen Sealy (PAHO), Callista Mutharika (the former First Lady of Malawi), Ms. Clover Wilson (a Jamaican women's cancer advocate), and Scott Wittet (PATH, Co-Chair of CCA) launching the CCA Report Card at the 44th Session of the United Nations Commission on Population and Development.

Investing in the future

In 2014, CCA has begun a third phase. In addition to sharing technical information and supporting policy change, we are focusing on increasing global investment in cervical cancer prevention – both screening/treatment and vaccination. Over the next two years, we will partner with civil society, donors, and international agencies seeking to increase global and national support. We will continue our webinar and publications series and will collaborate with WHO and other agencies to promote new technical resources as they become available.

Cervical Cancer Action continues to play a unique role, encouraging the expansion of resource-appropriate, evidence-based and effective cervical cancer programs and sharing the evidence and tools that are critical to securing a future free of cervical cancer for our women and girls.

Thank you for your interest in Cervical Cancer Action!

For more information, please visit our website at

www.cervicalcanceraction.org

Or email us at

info@cervicalcanceraction.org

And subscribe to our *CCA News Briefs* at

cervicalcanceraction.org/newsletters/newsletters.php

Timeline of CCA Accomplishments and Global Milestones

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| 2007 | <ul style="list-style-type: none"> • Global Call to Stop Cervical Cancer launched in Nairobi, Kenya—more than 1,200 signatures obtained. • CCA formally launched at a High-Level Panel at Women Deliver, London. • CCA website launched. The website is regularly updated. • CCA organized a panel on HPV Vaccine at the GAVI Alliance board meeting, South Africa. |
| 2008 | <ul style="list-style-type: none"> • CCA, PATH, and the Union for International Cancer Control (UICC) produced a dossier, “Evidence of Support for Improved Cervical Cancer Prevention in Developing Countries” with 300 letters of high-level support. Copies were delivered to each WHO Strategic Advisory Group of Experts on Immunization (SAGE) committee member and each GAVI Alliance board member. • CCA participated in a PAHO and Sabin Vaccine Institute meeting in Mexico. • CCA sponsored and organized a panel at UICC World Cancer Congress. • CCA supported leaders in publishing comments in <i>The Globe and Mail</i> and the <i>Washington Post</i>, calling for Canadian and US support for GAVI inclusion of HPV vaccine. ➤ Milestone: WHO SAGE committee recommended a positive position on HPV vaccination in developing countries. |
| 2009 | <ul style="list-style-type: none"> • Launched <i>CCA News Briefs</i>, an email newsletter. • CCA researched and drafted its first four policy briefs (they were published in 2010). ➤ Milestone: WHO released a position paper on HPV vaccination. |
| 2010 | <ul style="list-style-type: none"> • CCA published four policy briefs: HPV Vaccine Safety; Strategies for HPV Vaccination in the Developing World; Coalition Building: A Cornerstone of National Advocacy, Policymaking and Effective Cervical Cancer Prevention Programs; and New Options for Cervical Cancer Screening and Treatment. • CCA webinar: HPV Vaccination in Developing Countries: Recent Lessons from Six Pilot Programs. • Provided input to the Forum of African First Ladies Against Breast and Cervical Cancer for their “Accra Declaration.” • Began regularly updating CCA maps online, which continues today. |
| 2011 | <ul style="list-style-type: none"> • CCA Report Card launched at the 44th Session of the United Nations Commission on Population and Development. • Published CCA policy brief: HPV Vaccination in Populations with High HIV Prevalence. • CCA webinar: Leveraging Advocacy Opportunities for Cervical Cancer at the UN High-level Meeting on Non-communicable Diseases (NCDs). ➤ Milestone: UN High-level Meeting on Non-communicable Diseases places cancer and other NCDs on the global health and development agenda. |
| 2012 | <ul style="list-style-type: none"> • CCA webinar: African Progress in Cervical Cancer Prevention and the Road Forward. • CCA webinar: Ending Cervical Cancer in Asia: Building on Advances Throughout the Region. • CCA webinar: Global Advances in Screening and Treatment of Cervical Precancer (in English and Spanish). • CCA Report Card updated and republished. • CCA workshop on HPV vaccine and reaching adolescents at GAVI Partners’ Forum meeting, Tanzania. ➤ Milestone: GAVI Alliance begins offering HPV vaccine. ➤ Milestone: Global Monitoring Framework and Targets for the Control of Non-communicable Diseases include proportion of women screened for cervical cancer and the availability of HPV vaccine. |
| 2013 | <ul style="list-style-type: none"> • CCA webinar: A Cervical Cancer-free Africa: Regional Solutions for Lasting Change. • CCA webinar: El fin del cáncer cervicouterino en Las Américas: Ha llegado la hora. • Collaborated with Women Deliver on the Global Forum on Cervical Cancer Prevention. • CCA Report Card disseminated at World Cancer Leaders’ Summit and African Organisation for Research and Training in Cancer (AORTIC) conference. |