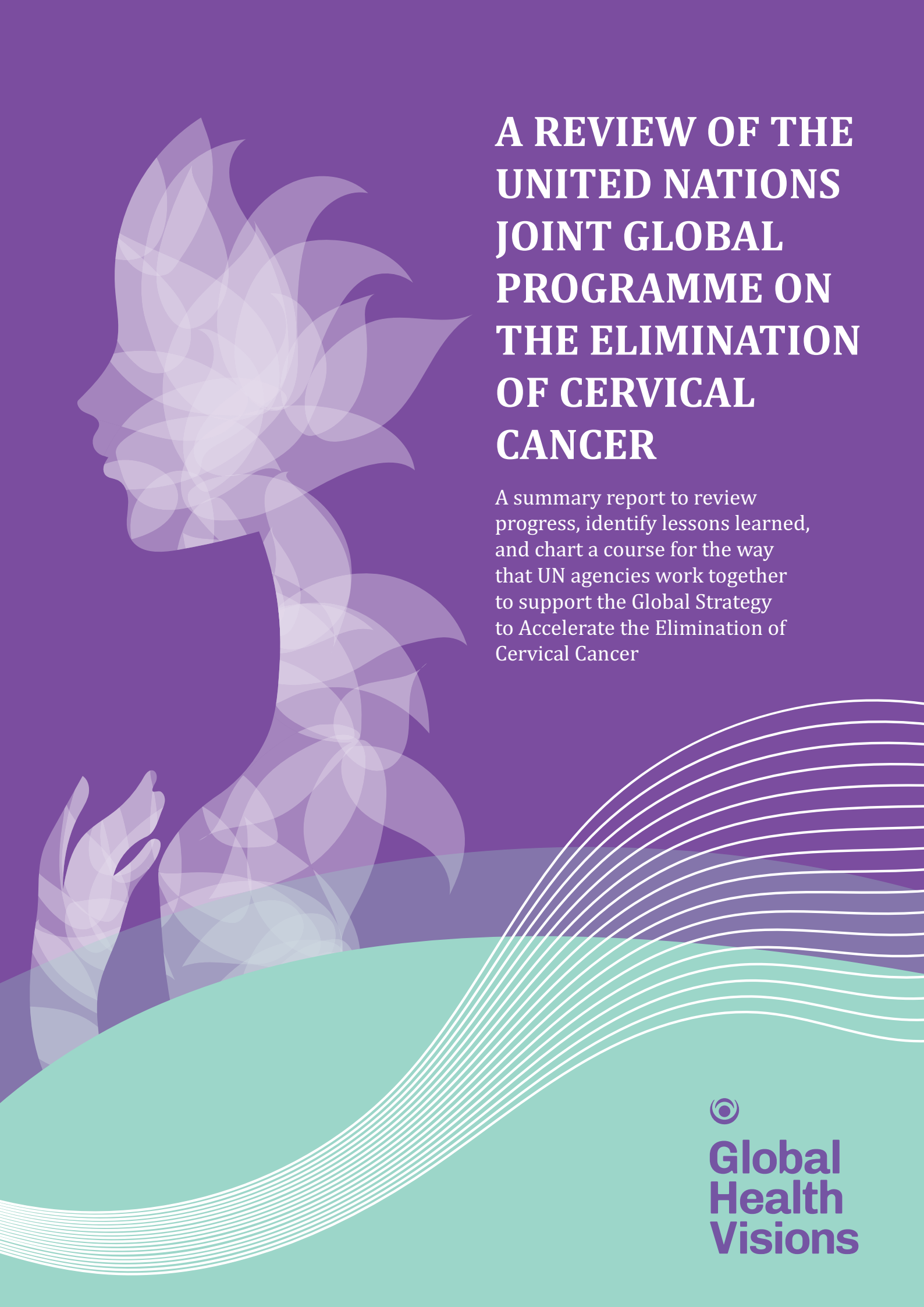




A REVIEW OF THE UNITED NATIONS JOINT GLOBAL PROGRAMME ON THE ELIMINATION OF CERVICAL CANCER

A summary report to review progress, identify lessons learned, and chart a course for the way that UN agencies work together to support the Global Strategy to Accelerate the Elimination of Cervical Cancer



**Global
Health
Visions**

This brief was developed by Global Health Visions (GHV).

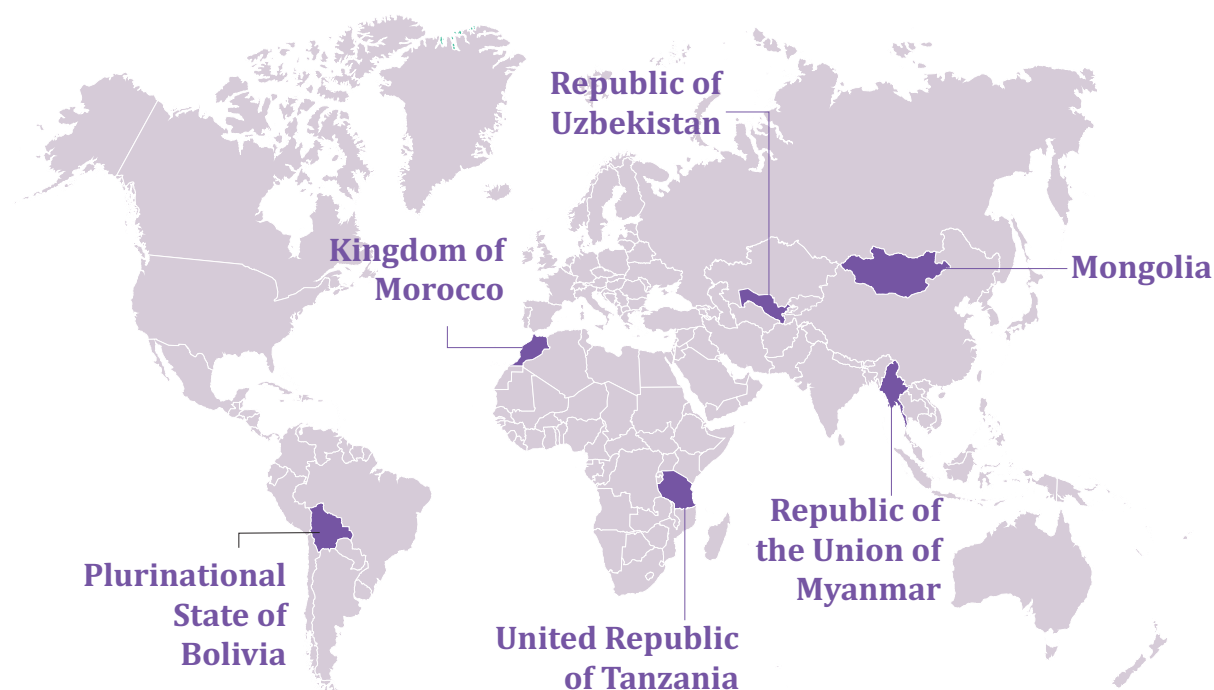
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The views and opinions expressed by interviewees do not necessarily reflect the positions of GHV or the authors.

A special thank you to the many partners who were interviewed and provided valuable insights.

SUMMARY

The United Nations Joint Global Programme on the Elimination of Cervical Cancer (Joint Programme) was established in 2016 and has worked in Bolivia, Mongolia, Morocco, Myanmar, Tanzania, and Uzbekistan.



It has demonstrated that a joint approach is the right approach: when UN agencies and their partners are coordinated and organised around a common goal, results are achieved.

That common goal is now well positioned to meet the targets set out in the *Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem* (Global Elimination Strategy), announced by the WHO Director General in 2018.

An independent consulting firm, Global Health Visions (GHV), undertook an informal review of the Joint Programme in 2020. GHV conducted a desk review of mission reports and other relevant documents and interviewed 32 stakeholders working to promote action on cervical cancer across the six countries.¹

This review should be used by the UN system to support the development of the next phase of the Joint Programme's work

¹ Selected comments from the interviews appear in quotation marks throughout this report.

in order to maximise its contribution to the Global Elimination Strategy.

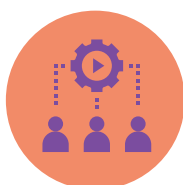
The findings reveal that the Joint Programme's country assessments, and the pilot and follow-up missions were productive and solid evidence of improved

inter-agency coordination has proved that the Joint Programme added value to both global and country action.

Lessons learned which need to be taken into account going forward:



partnerships at all levels will function optimally where there is capacity to coordinate activities effectively;



clearly defined roles across the Joint Programme will enhance efficiencies and improve impact;



countries need greater technical support in updating systems, guidelines and protocols, and developing programmatic plans;



moving from planning to implementation is now the priority – and one where countries can benefit from UN support;



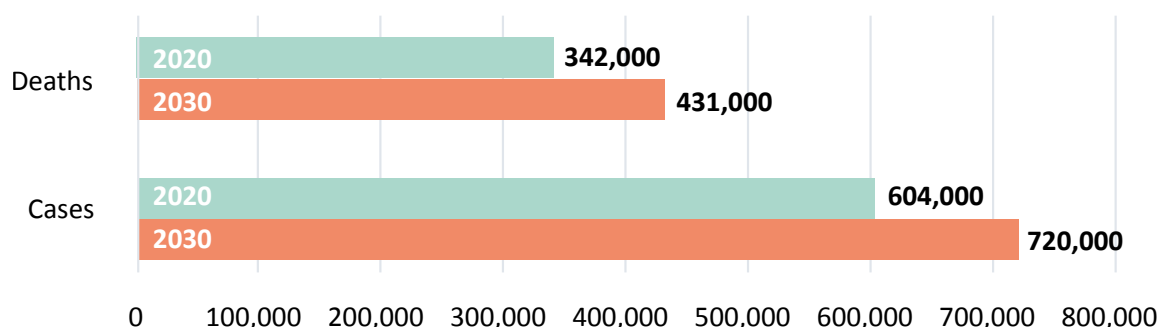
political will and government commitments should be bolstered by robust engagement with care seekers, community-based leaders, and stakeholders;



additional funding for the Joint Programme as part of implementing the Global Elimination Strategy is essential if the Strategy is to meet its targets.

1. CERVICAL CANCER

Cervical Cancer: projected rise from 2020 to 2030 across the world ²



- One of the most common causes of cancer-related deaths among women in the world.
- A preventable disease: if detected early, it is highly treatable.
- A disease that affects the most vulnerable:
 - nearly 90% of deaths attributed to cervical cancer occur in low- and middle-income countries;³
 - more than 85% of those affected are young, undereducated women;⁴ many live in poverty; and those living with HIV face six times higher risk of invasive cervical cancer than women without HIV;
 - many have young children whose survival is jeopardised by the premature death of their mothers.

Proven prevention, screening, and treatment tools are available; they are highly cost-effective and can be scaled up. The majority of deaths from cervical cancer are avoidable if young girls are immunized against HPV, and screening and treatment services are available to women of all ages.



“One woman dies of cervical cancer every two minutes... Each one is a tragedy, and we can prevent it.”

Call to Action - May 2018:
Cervical Cancer: An NCD We Can Overcome

Dr Tedros Adhanom Ghebreyesus
Director-General, WHO

² Data taken from: https://gco.iarc.fr/tomorrow/en/dataviz/tables?years=2030&types=1&mode=cancer&group_populations=1 and https://gco.iarc.fr/tomorrow/en/dataviz/tables?years=2030&types=0&mode=cancer&group_populations=1

³ WHO. Global strategy to accelerate the elimination of cervical cancer as a public health problem. 2020.

⁴ ibid

2. THE JOINT PROGRAMME

The five-year Joint Programme was established in 2016 by seven agencies under the United Nations Inter-Agency Task Force on the Prevention and Control of Non-Communicable Diseases.⁵

The joint approach recognises that:

- cervical cancer requires action across the life cycle;
- technical expertise is available across a number of UN agencies;
- working together is more efficient than working independently.

The objective of the Joint Programme is to provide global leadership and technical support to governments and their partners to build sustainable, high quality, comprehensive national programmes to prevent and control cervical cancer, and ensure equitable access to prevention and treatment services for girls and women.

The six countries in the Joint Programme were Bolivia, Mongolia, Morocco, Myanmar, Tanzania, and Uzbekistan.⁶

In each country, the Joint Programme aimed to support achievement of:

- a national comprehensive cervical cancer elimination plan or strategy in place, with links to relevant existing national plans;
- increased HPV immunization coverage of adolescent girls, including increased

Seven UN agencies joined forces to form the Joint Programme:

International Agency for Research on Cancer

International Atomic Energy Agency

Joint United Nations Programme on HIV and AIDS

United Nations Children's Fund

United Nations Entity for Gender Equality and the Empowerment of Women

United Nations Population Fund

World Health Organization

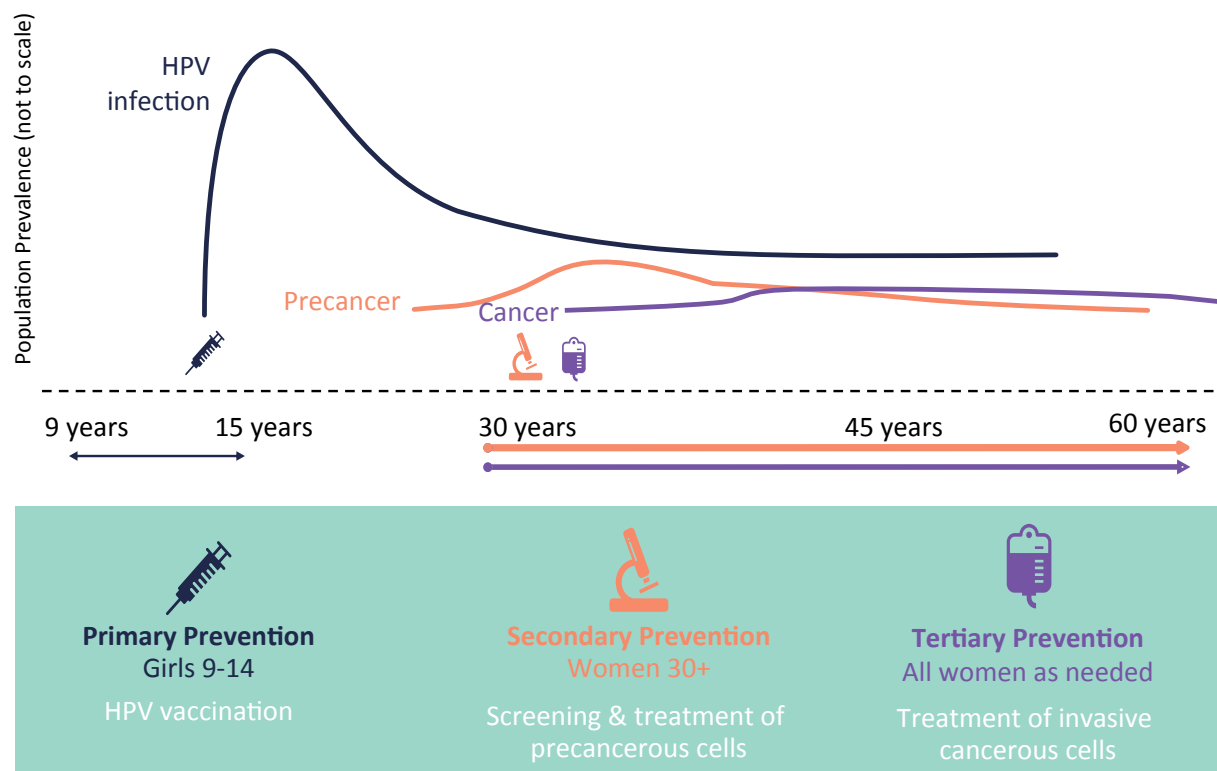
access to comprehensive and age-appropriate health and sexuality education;

- increased coverage of screening and treatment for pre-cervical cancer;
- increased capacity of health systems to diagnose and treat cervical cancer, including provision of palliative care;
- monitoring and evaluation systems developed and implemented.

⁵ The memorandum of understanding and Joint Programme document is [here](#). Details on the UN Inter-Agency Task Force are [here](#).

⁶ Countries were proposed by WHO's regional offices with final agreement across the seven agencies

Evidence-based interventions to prevent cervical cancer over the life-cycle



The Joint Programme recognises that a life-cycle approach is required for tackling cervical cancer.

According to one expert interviewed in the informal review, the Joint Programme has encouraged “an integrated work plan along the [life-cycle] continuum.”

To maximise its impact, the Joint Programme has engaged a number of additional partners, including: the Clinton Health Action Initiative, Gavi - the Vaccine Alliance, The Global Fund, The Union for International Cancer Control, UNAIDS, and the United States Agency for International Development.

3. THE GLOBAL STRATEGY TO ACCELERATE THE ELIMINATION OF CERVICAL CANCER AS A PUBLIC HEALTH PROBLEM

In 2018, the WHO Director-General announced a global call to action towards the elimination of cervical cancer. All members of the Joint Programme immediately signed up to the call.

In 2020, the World Health Assembly adopted the *Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem*.⁷ All members of the Joint Programme participated in the development of the Global Elimination Strategy and made a commitment to align their work with it.

Elimination of cervical cancer is defined in the Global Elimination Strategy as reducing the number of cases in a country to four per 100,000 women or lower.

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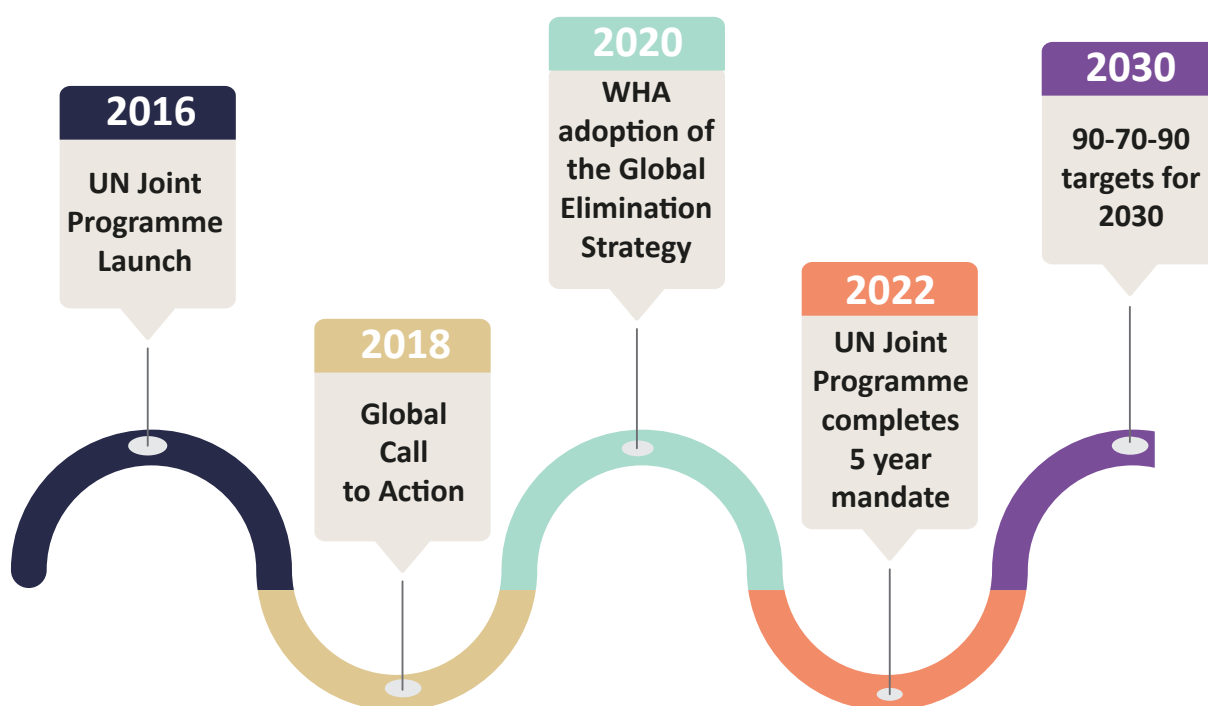
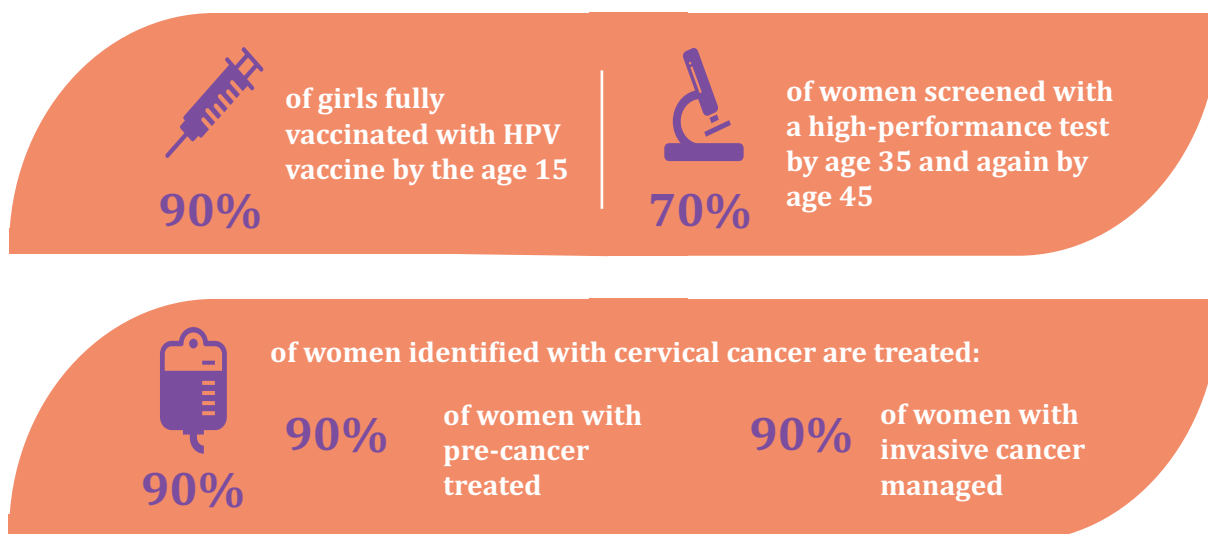
“The Joint Programme meant that UN agencies and their partners were primed ready to advocate for WHO to develop the Global Elimination Strategy, contribute to its development and now to its implementation.”

Dr Julie Torode
Union for International Cancer Control



⁷ [WHO. Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem. 2020.](#)

Targets for 2030 based on the principles and strategy for elimination are as follows:



4. KEY FINDINGS

Achievements

Overall, the Joint Programme has added significant value to countries' elimination efforts. It is widely seen as a small but "extremely dedicated" team who have "pushed this forward on a shoestring" with agility, passion, and professionalism.

Governments have worked with the Joint Programme to develop costed 10-year plans, which have enhanced country coordination and built consensus around priorities.

The first six missions convened stakeholders from both the public and private sectors, from government officials to community advocates. In each country, the Joint Programme served to raise awareness, facilitate decision-making among national partners, galvanise buy-in across relevant ministries, and provide the technical support to develop a national plan or roadmap towards elimination.

In the six countries, the Joint Programme:

- helped raise awareness of cervical cancer and its impact;
- facilitated decision-making in setting and implementing programmatic priorities;
- galvanised buy-in across ministries;
- provided technical support to develop a national plan.

Follow-up missions to Mongolia, Morocco, Tanzania, and Uzbekistan reported significant progress in: (i) supporting countries to develop national elimination strategies, including updating national screening, testing, and treatment guidelines; (ii) strengthening surveillance and data collection; and (iii) expanding vaccine coverage.

The Joint Programme has been instrumental in leveraging the respective strengths, expertise, and experiences of each agency at global, regional, and country levels.

Barriers

Several barriers have impacted global cervical cancer elimination efforts and, thus, the Joint Programme:

- inability to attract the necessary financing;⁸
- the global shortage of HPV vaccines;
- health systems that have proved insufficiently strong for effective screening and treatment programmes;
- latterly, the COVID-19 pandemic.

Beginning in 2018, a global surge in demand for HPV vaccines began causing supply shortages, especially in developing countries. The global shortage has delayed efforts to introduce, sustain, and scale-up national introduction of HPV vaccines. Current manufacturing and distribution

⁸ [The Economist Intelligence Unit. Global action on financing cervical cancer elimination: funding secondary prevention services in low resource settings. 2020.](#)

capacities cannot meet demand, resulting in a shortage of HPV vaccines projected to last at least until 2024.⁹

Many cervical cancer elimination programmes include school-based distribution of HPV vaccines. UNICEF estimates that as many as 1.6 billion students across 192 countries were sent home in 2020 due to COVID-19 containment strategies, school closures, and lockdowns resulting in significant delays in vaccinations with the potential of many girls in low-income settings never returning to school, thus losing access to their protection against HPV infection.¹⁰

National health systems need to be able to provide comprehensive screening and referral systems to ensure all women are treated. There are a number of challenges to screening efforts including sensitivity of tests used in low-income countries, quality assurance of the tests, opportunities to switch to alternative tests, inadequate or non-existent referral mechanisms in place, and costs for testing programmes. Also, health systems need pre-cancer treatments such as thermal ablation or cryotherapy, which in turn require training, maintenance, and an effective monitoring system.

Joint Programme partners and stakeholders are warning of the impact that COVID-19 will have on national health budgets, many of which may begin to prioritise COVID-19 vaccines over other vaccines, including HPV. Furthermore, COVID-19 has delayed essential health services at all levels, including cervical cancer screening and treatment.¹¹

When asked about the impact of COVID-19, interviewees consistently noted that the pandemic had presented considerable challenges to progress on many fronts. However, there is growing recognition that non-communicable diseases (NCDs) contribute to COVID-19 related mortality.

Interviewees highlighted that the growing recognition of the importance of attention to NCDs should be leveraged to raise awareness of cervical cancer. Some cervical cancer advocates are engaging their governments to call for rapid action to scale-up national plans and to build cervical cancer elimination capacities into their COVID-19 recovery plans.¹²

Agencies have stepped up to deliver in Joint Programme countries: the example of the International Atomic Energy Agency

- Image-guided brachytherapy service provision reviewed and a roadmap developed. Plans for review of ultrasound services underway.
- Cervical cancer e-learning modules developed and integrated into the IAEA's comprehensive e-learning platform.
- Workshops on the safe, effective, and efficient use of quality radiotherapy/ brachytherapy held.
- Economic evaluation of brachytherapy interventions including analysis of utilization rates, costs and outcomes.
- Diagnostic and treatment training and capacity building events held.
- Procurement of brachytherapy and ultrasound equipment.

⁹ WHO. Market information for access to vaccines. Global market study: HPV. 2020.

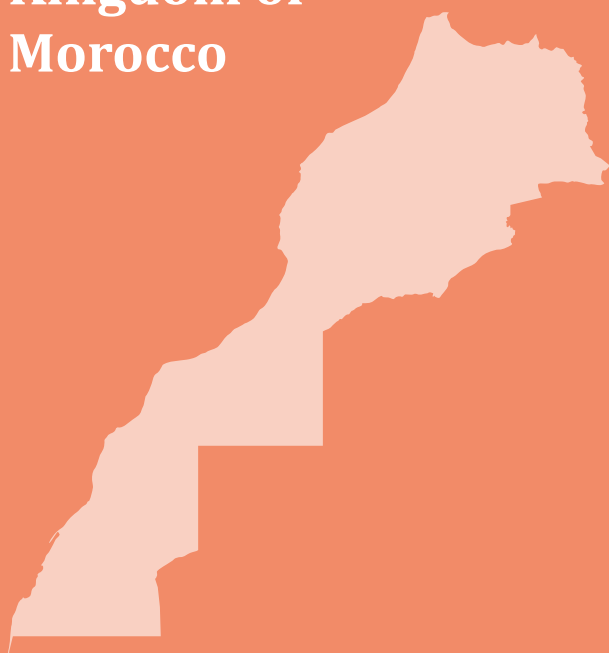
¹⁰ UNICEF. Executive Director. New updated guidance on school-related public health measures in the context of COVID-19.

¹¹ NCD Alliance. COVID-19 and cervical cancer - A pandemic's impact and a global response. 2021.

¹² Cervical Cancer Action for Elimination. Uniting to end cervical cancer.

5. COUNTRY PROGRESS AND CHALLENGES

Kingdom of Morocco



Progress

The government is highly engaged in cervical cancer prevention and control, with the following measures in place: national guidelines; a strong track record of capacity building; health centres offering free screenings and treatments in nearly two-thirds of the country; and HPV vaccine roll-out plans in place for young girls.



Challenges

The national guidelines now require updating. Government monitoring of private sector health care practices and data collection needs improvement. There is a pressing need to increase screening participation and raise popular awareness of the services available. Health facilities need a centralised system to reduce delays in accessing services, decrease incomplete treatments, and bridge treatment inequalities.

Mongolia



HPV vaccines have been added to the national immunization schedule and Mongolians generally recognise the importance of HPV vaccination. The screening programme has a well-developed infrastructure at primary and secondary levels. Robust data registration and a strong cancer registry are in place. Currently, transition to HPV testing as the primary screening method is pending Ministry of Health approval.



The potential impact of vaccination is in jeopardy due to global supply shortages. Although data collection is strong, capacity for data analysis needs bolstering. Competing budgetary priorities test the government's political will to sustain an elimination strategy. Debate is ongoing about centralisation vs. decentralisation of the national cancer control programme.

Plurinational State of Bolivia



Progress

The Joint Programme's initial country assessment revealed high-level political will and support for cervical cancer elimination, well trained and committed health professionals, existing infrastructure within the Ministry of Health, and opportunities to increase public awareness among the general public particularly with the introduction of the HPV vaccine. At the time of Joint Programme's mission in 2017, the Ministry of Health had created a new cancer unit, engaged "young ideas and people," begun to introduce the vaccine, and acknowledged the need for support from the Joint Programme.



Challenges

Since the Joint Programme's first mission, government transitions have undermined the early political will and alternative health policy priorities have emerged. Some technical leadership has been re-directed, and there is a growing need to expand the pool of trained health care workers, clinical therapists, and radiologists. COVID-19 has increased competition for limited health sector resources.

Republic of the Union of Myanmar



Progress

There is sustained government support for cervical cancer prevention and treatment, and ongoing efforts to improve access to treatment and palliative care. National screening and treatment guidelines have been drafted, and planning is underway to introduce HPV testing. Gavi recently approved Myanmar's application to introduce HPV vaccines. Given the country's history of strong national buy-in to mass vaccination campaigns, vaccine hesitancy is an unlikely obstacle.



Challenges

While Myanmar had originally planned on providing HPV vaccine among multiple age cohorts, the global supply shortage forced the decision to focus on the nine to ten-year-old cohort, delivered through community-based organisations. Many partners¹³ are working on various projects in a range of locations that would benefit from consistent screening and treatment approaches, and improved coordination overall.

¹³ These partners include Ministry of Health, WHO, UNICEF, MSI Reproductive Choices, PSI, CHAI, PATH, the Myanmar Maternal and Child Welfare Association.

Republic of Uzbekistan



During the first mission, the Joint Programme supported the government's application to Gavi for HPV vaccines. In 2019, vaccines were introduced to girls in school, which was a significant success as Uzbekistan is one of the few low- and middle-income countries in the region to reach high coverage rates.¹⁴ Despite COVID-19, the second round of vaccines has stayed on course. The Joint Programme helped to unite diverse partners (e.g., government, youth, medical workers, community leaders), foster buy-in and coordination among Ministry of Health leadership, and shape a robust crisis communication plan. This was seen as a “huge success” in tackling the spread of extensive misinformation.



There were a number of false starts around the introduction of HPV vaccines beginning in 2014, due to insufficient cold chain storage in the country. By 2019, when Gavi confirmed that vaccines would become available, commitment among government leadership had waned and extensive advocacy efforts were needed to re-engage. The national screening programme was based on a holdover from Soviet governance (Romanowsky–Giemsa staining), which prompted the Joint Programme to provide technical support for developing a new national cervical cancer screening model with pilots to develop protocols, tests, and national standards.

¹⁴ Coverage of immunization with the first dose of HPV vaccine in Uzbekistan is now more than 95%. UNICEF Uzbekistan. [Introduction of HPV vaccine in Uzbekistan. Results of the first round of vaccination against HPV. 2020.](#)

United Republic of Tanzania



The HPV vaccine was introduced in April 2018; an opportunistic cervical cancer screening programme has been rolling out gradually; the cancer registry programme was re-started, and plans are underway to update existing national screening and treatment guidelines and to introduce HPV DNA testing. The government has actively supported a range of NCD-related activities, secured dialysis and radiotherapy machines, and improved cancer treatment centres.



Opportunities to strengthen the programme address the absence of a strong referral system and high levels of loss to follow-up, the absence of a screening registry, insufficient data on survival and mortality rates, the absence of published cancer statistics, and low community awareness of cervical cancer in the country. Given that budget allocations remain insufficient, advocacy efforts need to be sustained to keep cervical cancer high on the agenda.

6. LOOKING AHEAD

In the next 10 years, a one-third reduction in the rate of premature mortality from cervical cancer in low- and middle-income countries is possible.

Over the next century, successful implementation of the Global Elimination Strategy could reduce cervical cancer mortality by almost 99% and save more than 62 million women's lives.¹⁵

Today, global and national political will for cervical cancer elimination is rising, the vaccine supply chain is poised to expand in the coming years, highly effective screening and treatment tools have been deemed essential, and popular awareness of cervical cancer prevention and treatment options is growing.

While the world navigates the COVID-19 pandemic, the Joint Programme's partners and stakeholders must ensure that global elimination of cervical cancer is part of building back better towards the 2030 Agenda for Sustainable Development.

Momentum towards elimination is well underway and must be sustained beyond the COVID-19 pandemic. The coordinated approach that the Joint Programme has piloted and validated is essential to meeting the 90-70-90 targets set out in the Global Elimination Strategy.

These goals are ambitious, but they are clear and achievable. The Joint Programme is a mechanism needed to

Core pillars of the Global Elimination Strategy



Vaccination against HPV infection



Screening and treatment of pre-cancerous lesions



Early detection and prompt treatment of invasive cancer

support governments and their partners by sustaining engagement with the initial six countries and expanding where requested, working with regions and countries to define a plan of action, strengthen new and existing partnerships, and support countries to achieve nation-wide implementation of their elimination strategies.

The UN system and its partners must function as efficiently and effectively as possible if the world is to eliminate cervical cancer by 2030. Lessons from the past five years have indicated that a well-funded, smoothly operating, and empowered Joint Programme will be instrumental in accelerating successful implementation of the Global Elimination Strategy.

¹⁵ Canfell, K, Kim J, Brisson, M, et al. Mortality impact of achieving WHO cervical cancer elimination targets: a comparative modelling analysis in 78 low-income and lower-middle-income countries. *Lancet*. 2020. 395: 591-603.

