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REGIONAL STRATEGY AND PLAN OF ACTION FOR CERVICAL CANCER PREVENTION AND CONTROL: FINAL REPORT

Background

1. Cervical cancer is the fourth most frequent cancer among women in the Americas, with an estimated 83,200 women newly diagnosed and 35,680 dying each year *(1)*. Cervical cancer is largely preventable, through Human Papillomavirus (HPV) vaccination during early adolescence and through screening and treatment of precancerous lesions among women 30 years of age and older. Cervical cancer screening using the Papanicolaou test has been implemented since the 1960s, and in developed countries with robust health systems it has led to an approximately 50% reduction in cervical cancer mortality *(2)*. But this strategy has proven less effective in developing countries, mainly because of issues related to infrastructure and equipment, logistical challenges associated with the screening procedures, and characteristics of the test itself.

2. As a result, cervical cancer incidence and mortality remains high in Latin America and the Caribbean, [1] and cervical cancer cases are projected to increase by 32%, with approximately 110,000 new cases in 2030 if no action is taken *(1)*. The Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control (Document CD46/6 and Resolution CD48.R10) was adopted by the 48th Directing Council in 2008 with the goal to develop and/or strengthen cervical cancer prevention and control programs, according to the needs and situation of the country *(3)*.

3. This Regional Strategy and Plan of Action aimed to improve country capacity for the sustained implementation of comprehensive cervical cancer prevention and control programs. The plan of action covered the following points: conduct a situation assessment; intensify information, education, and counseling; fortify screening and pre-cancer treatment programs; establish/strengthen information systems and cancer registries; improve access and quality of cancer treatment and palliative care; generate evidence to facilitate decision making regarding HPV vaccine introduction; and advocate for equitable access and affordable HPV vaccines. While no indicators were

[1] See Annex for Table 1 attached: Overview of Cervical Cancer Prevention and Control in the Americas.

included in this plan, the resolution requested specific actions by the Member States, as well as by PAHO/WHO, to implement the plan according to these areas of work.

4. Since the adoption of the Regional Strategy and Plan of Action in 2008, the issue of cervical cancer has been addressed in two subsequent Directing Councils: in 2013, in the context of the regional Plan of Action for the Prevention and Control of Noncommunicable Diseases (Resolution CD52.R9), which includes actions to improve cervical cancer screening, treatment, palliative care, and cancer registration *(4)*; and in 2015, in the context of the Plan of Action on Immunization (Document CD54/7, Rev. 2), which includes HPV vaccination *(5)*. The present document reports on achievements and challenges in implementing the Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control for its duration, 2008-2016.

Update on Progress Achieved

5. All countries in the Region have made notable progress in improving their public health strategies for cervical cancer prevention and control. Table 1 (attached) provides a regional overview of the cervical cancer burden, the status of HPV vaccine introduction, cervical cancer screening, treatment, palliative care, and cancer registration *(1, 6, 7)* The following table summarizes the progress in the seven point plan of action of the Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control.

Plan of action	Progress
a) Conduct a situation assessment.	The Pan American Sanitary Bureau (PASB), with input from Member States, conducted situation assessments of cervical cancer in 2010, in 2012 and in 2013 *(8-11)*. PASB is preparing an update on progress in comprehensive cervical cancer prevention and control, which is expected to be published later this year.
b) Intensify information, education and counseling.	PAHO and WHO have developed and disseminated a series of public and provider education materials and evidence based information tools to raise awareness of HPV, HPV vaccination, cervical cancer screening and treatment of pre-cancerous lesions and invasive cancer *(12-15)*. PAHO has made these materials available in English, Spanish, and Portuguese, and disseminated them widely in print, on the PAHO website, in social media messages and regional meetings. PAHO has held a series of webinars to promote scientific information about cervical cancer prevention and control, as well as hosted several regional events with health professionals on this specific topic. Several countries, including but not limited to Argentina, El Salvador, and Jamaica among others have developed public education materials, with assistance from PAHO, to raise public awareness of cervical cancer.

Plan of action	Progress
c) Fortify screening and pre-cancer treatment programs.	PASB has disseminated evidence based guidelines widely to national cervical cancer program managers, recommending HPV testing and immediate pre-cancer treatment, as a more effective strategy over a traditional strategy of cytology screening and referral for diagnosis and treatment. PASB has: • led a series of Region-wide and country-based policy dialogues to influence changes in national screening guidelines and practices, • assisted several countries to update national guidelines, developed guidance on how to introduce HPV testing into screening programs, • held several trainings with cervical cancer program managers, developed a course on cervical cancer screening and pre-cancer treatment on PAHO Virtual Campus for Public Health, and • developed tools for program planning, monitoring, and evaluation, including program indicators of screening coverage and treatment rate. To date, nine countries have incorporated HPV testing as a primary screening strategy, while the traditional Pap test continues to be the main strategy used for screening *(7)*. However, only six countries report screening coverage at a level that is likely to have an impact (70% coverage or greater) *(7)*. There is, unfortunately, no information available from country programs on the proportion of women screened who receive treatment, even though the treatment rate is an important indicator of program success. This points to the need to incorporate cervical cancer program indicators into health information systems.
d) Establish or strengthen information systems and cancer registries.	PASB has collaborated with the International Agency for Research on Cancer's Global Initiative for Cancer Registry Development, and has provided technical tools on how to develop cancer registries, and conducted a series of training courses on cancer registration. The majority of countries/territories in the Region report having a system to register cancer deaths, and in some cases cancer incidence. However, population-based cancer registries that meet international standards for data quality and completeness are reported in only 10 countries (Argentina, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Ecuador, United States of America, Uruguay) *(7)*.
e) Improve access and quality of cancer treatment and of palliative care.	Almost all countries report having radiotherapy services available for cancer treatment, with the exception of many Caribbean countries, where radiotherapy services are not

Plan of action	Progress
	available *(7)*. The high cost of cancer treatment and limitations in health system capacity for cancer surgery, radiotherapy and chemotherapy continue to be a challenge to improve cancer care. Access to palliative care also continues to be a challenge, as only nine countries report having palliative care services in place *(7)*.
f) Generate evidence to facilitate decision-making regarding HPV vaccine introduction.	PASB has been providing direct technical cooperation through the ProVac initiative to assist countries in their decision making on HPV vaccine introduction, and to generate local evidence through cost-effectiveness studies on HPV vaccination. Twelve countries have conducted the ProVAC cost-effectiveness evaluation, with PASB's assistance, to inform their decisions on HPV vaccine introduction (Argentina, Bahamas, Belize, Bolivia, Brazil, Costa Rica, Guatemala, Honduras, Jamaica, Nicaragua, Paraguay, and Uruguay). As of December 2016, 23 countries/territories in the Americas have introduced the HPV vaccine, targeting the recommended age group of girls aged 9-13 years of age, in their publicly funded national immunization programs. This is more than in any other region of the world except Europe *(6)*. The PAHO Revolving Fund has greatly facilitated the wide introduction of HPV vaccines into national immunization programs. Through this Fund, HPV vaccine prices have been reduced significantly from $32 for the quadrivalent vaccine in 2010 to $8.50 and $9.80 in 2017 for the bivalent and quadrivalent vaccine respectively.
g) Advocate for equitable access and affordable comprehensive cervical cancer prevention.	PASB has held several advocacy events on cervical cancer prevention and control, including a side event during the 2014 UN General Assembly and a side event during the UN Commission on the Status of Women in 2014. During World Cancer Day (Feb 4), PASB has advocated for equitable access to comprehensive cancer prevention and control, including for cervical cancer. PASB has developed cervical cancer advocacy and educational materials, which have been disseminated on our website and in all of our regional meetings, to promote equitable access to cervical cancer programs. No systematic information was found on country led advocacy events, however all countries commemorate World Cancer Day which provide opportunities for advocacy on cervical cancer.

Challenges and Opportunities

6. There has been important progress in the Region, with 23 countries/territories having introduced HPV vaccines for cervical cancer prevention, all countries/territories report having a publically mandated program for screening, and nine countries having introduced HPV testing. Efforts to reduce the cervical cancer burden in the Americas, however, continue to face significant challenges. Cervical cancer control is often not seen as a priority within tight health budgets, and the high costs associated with HPV vaccines, HPV testing and cancer treatment continue to be a major barrier to improving access to these life-saving technologies. The disease continues to disproportionately affect women living in vulnerable communities, and cervical cancer rates are significantly higher in lower-income countries in the Region (Table 1).

7. Health system challenges, which include limited access to screening and treatment services, limited human resource capacity, limited infrastructure, and poor referral mechanisms, pose obstacles to well-organized, population-based screening programs. This, coupled with socio-cultural barriers such as low awareness of cervical cancer, fear and stigma associated with cancer, and other misperceptions, has resulted in low and insufficient screening coverage and pre-cancer treatment rates in almost all countries (7). Cancer treatment also needs improvement in almost all countries in the Region, notably to expand access to brachytherapy and to ensure that sufficient infrastructure, trained personnel, and radiation protection policies are in place.

8. HPV vaccines are perhaps the single most important tool available to significantly reduce the cervical cancer burden, yet many countries in the Caribbean and Central America have not yet introduced the vaccines. Where they have been introduced, achieving high vaccination coverage, which is essential for impact, continues to be a challenge. More education and dissemination of scientific evidence of HPV vaccine safety and effectiveness is needed. Lastly, monitoring and reporting are essential, particularly for HPV vaccination coverage, screening coverage, and treatment rates.

9. There are many new partnerships and opportunities to provide external technical assistance and support Member States in addressing these challenges and reducing the cervical cancer burden. They include *a)* the PAHO/WHO Women's Cancer Initiative, which brings together regional experts, governments, and nongovernmental organizations to promote evidence-based guidelines, improve education and communication initiatives, and build capacity for screening and precancer treatment; *b)* the Healthy Caribbean Coalition cervical cancer project, which is raising awareness and increasing access to screening and precancer treatment; *c)* the RINC/UNASUR cervical cancer program plan, which identifies South-South collaborative initiatives with cancer institutes in Latin America; *d)* the United Nations (UN) Joint Global Program on Cervical Cancer Prevention and Control, in which seven UN agencies collaborate to implement comprehensive programs; and *e)* the PATH Scale-Up project, assisting four countries in Central America to introduce HPV testing.

Action Necessary to Improve the Situation

10. A recent WHO report, Cancer Prevention and Control in the Context of an Integrated Approach (Document A70/32 [2017]), provides an excellent framework for actions that Member States can implement to improve the situation of cervical cancer *(16*). It calls for Member States to integrate and scale up national programs for cancer prevention and control, including of cervical cancer, as part of national responses to noncommunicable diseases, taking into account the 2030 Agenda for Sustainable Development.

11. PAHO/WHO, working in collaboration with partner organizations and through existing global and regional cervical cancer initiatives, will continue to support Member States in their efforts to build capacity for HPV vaccine implementation and cervical cancer screening and treatment, and to improve monitoring and evaluation of comprehensive programs, through technical cooperation, exchange of experiences, and building on lessons from demonstration projects and research projects. PAHO/WHO will continue to promote opportunities for Member States to share experiences and lessons learned and will facilitate collaboration on strategies to improve HPV vaccination introduction, coverage, monitoring, and evaluation, as well as screening, treatment, palliative care, and cancer registration, through regional meetings, workshops, training courses, and direct technical assistance. This includes promoting the use of the PAHO Revolving Fund and seeking ways to further reduce the costs of HPV vaccines, in order to increase their access, as well as promoting the use of the PAHO Strategic Fund to facilitate access to essential cancer medications and improve access to cancer treatment. These actions are already part of the PAHO regional Plan of Action for the Prevention and Control of Noncommunicable Diseases (Resolution CD52.R9 [2013]) and the Plan of Action on Immunization (Document CD54/7, Rev.2 [2015]) *(4, 5)*. Therefore, a separate regional cervical cancer strategy will not be developed at this time.

Action by the Executive Committee

12. The Executive Committee is requested to take note of this final report and consider strengthening the public health response to cervical cancer in Member States, with assistance from PAHO/WHO and other partners.

Annex

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ANNEX

Table 1. Overview of Cervical Cancer Prevention and Control in the Americas

Country/territory	Population size (2015)		Health care coverage	Cervical cancer burden			Screening					HPV vaccination			Cancer treatment			Palliative care		Cancer registration			
	Number of females (millions)	Number of 12-year-old girls (thousands)	Percentage of population covered by state-provided health care services	Incidence rate (ASR per 100,000 females)	Mortality rate (ASR per 100,000 females)	Incidence: mortality ratio	Public mandate	Quality assurance	Active invitation	Visual inspection with acetic acid	HPV testing as primary screening	Vaccination program in girls	Catch-up strategies	Vaccination program in boys	Cancer surgery generally available	Chemotherapy generally available	Number of radiotherapy treatment centers (public and private)	In primary health care	In community/home-based care	Cancer registry	Type of registry (P=population based, /H=hospital based)	Is the coverage national (N) or subnational (S)	Last year with data available
HIGH-INCOME																							
North America																	Public						
Canada	18.1	176.1	100.0	6.3	1.7	0.27	●	●	-	-	-	●	●	●	Yes	Yes	58	Yes	Yes	Yes	P	N	2010
United States of America	162.3	2,026.3	84.0	6.6	2.7	0.41	●	●	-	-	●	●	●	●	Yes	Yes	>3,000	Yes	Yes	Yes	P	N	2015
Caribbean																							
Bahamas	0.2	2.4	100.0	20.6	7.0	0.34	●	-	-	-	-	●		●	Yes	No	1	No	No	Yes	H	S	
Trinidad & Tobago	0.7	8.9	-	24.5	12.0	0.49	●	-	-	-	-	●		●	Yes	Yes	3	Yes	Yes	Yes	H	N	2009
Barbados	0.1	1.9	100.0	25.4	7.2	0.28	●	-	-	-	-	●		●	Yes	Yes	1	No	Yes	Yes	P	N	2008
Antigua & Barbuda	0.0	0.8	51.1	-	-	-	●	-	-	-	-	●			Yes	Yes	1	No	No	No	-	-	N/A
Aruba	0.1	0.7	99.2	-	-	-				-	●	●					-						
Curaçao	0.1	1.0	-	-	-	-	●			-	●						-						
Puerto Rico	1.9	23.3	-	11.4	2.8	0.25	●	●	-	-	●	●	●	●			7						
Sint Maarten	-	-	-	-	-	-	●			-	●	●					-						
St. Kitts & Nevis	-	-	28.8	-	-	-	●	-	-	-	-						-						
South America																							
Chile	9.1	122.2	93.1	12.8	6.0	0.47	●	●	-	-	-	●	●		Yes	Yes	32	Yes	Yes	Yes	P	S	2011
Uruguay	1.8	24.4	97.2	18.9	7.1	0.38	●	●	-	-	-	●			Yes	Yes	10	No	No	Yes	P	N	2014
UPPER-MIDDLE-INCOME																							
Caribbean																							
Cuba	5.7	63.4	100.0	17.1	6.7	0.39	●	-	-	-	-				Yes	Yes	9	Yes	Yes	Yes	P	N	2011
Jamaica	1.4	22.8	20.1	26.3	11.9	0.45	●	-	-	-	-				Yes	Yes	3	No	No	Yes	P	N	N/A
Dominican Republic	5.3	102.0	26.5	30.7	12.3	0.40	●	-	-	-	●	●			Yes	Yes	12	No	No	Yes	H	N	2013
Dominica	-	-	13.4	-	-	-	●	-	-	-	-				Yes	Yes	0	No	No	No	N/A	N/A	N/A
Grenada	0.1	0.9	7.4	-	-	-	●			-	-				No	Yes	0	No	No	No	N/A	N/A	N/A
St. Lucia	0.1	1.5	35.5	-	-	-	●			-	-				Yes	No	0	No	No	No	N/A	N/A	N/A
St. Vincent & Grenadines	0.1	0.9	9.4	-	-	-	●	-	-	-	-				No	No	0	No	No	No	N/A	N/A	N/A

Country/territory	Population size (2015)		Health care coverage	Cervical cancer burden			Screening					HPV vaccination			Cancer treatment			Palliative care		Cancer registration			
	Number of females (millions)	Number of 12-year-old girls (thousands)	Percentage of population covered by state-provided health care services	Incidence rate (ASR per 100,000 females)	Mortality rate (ASR per 100,000 females)	Incidence: mortality ratio	Public mandate	Quality assurance	Active invitation	Visual inspection with acetic acid	HPV testing as primary screening	Vaccination program in girls	Catch-up strategies	Vaccination program in boys	Cancer surgery generally available	Chemotherapy generally available	Number of radiotherapy treatment centers (public and private)	In primary health care	In community/home-based care	Cancer registry	Type of registry (P=population based, /H=hospital based)	Is the coverage national (N) or subnational (S)	Last year with data available
Central America																							
Costa Rica	2.4	34.9	100.0	11.4	4.4	0.39	●	-	-	-	-				Yes	Yes	4	Yes	Yes	Yes	P	N	2014
Panama	2.0	33.4	51.8	18.7	7.1	0.38	●	-	-	●	-	●		●	Yes	Yes	4	Yes	Yes	Yes	P	N	2013
Mexico	63.8	1,162.0	85.6	23.3	8.0	0.34	●	●	-	-	●	●			No	No	97	N/A	N/A	Yes	H	S	2002
Belize	0.2	3.9	25.0	32.7	14.9	0.46	●	-	-	-	-	●			No	No	0	No	No	Yes	-	N	2014
South America																							
Brazil	105.6	1,731.6	100.0	16.3	7.3	0.45	●	●	-	-	-	●	P	P	Yes	Yes	223	Yes	Yes	Yes		S	2013
Colombia	24.5	400.5	87.7	18.7	8.0	0.43	●	-	-	●	●	●	●		Yes	Yes	56	No	No	Yes	P	S	2011
Argentina	22.2	353.7	96.8	20.8	8.3	0.40	●	●	-	-	●	●		P	N/A	N/A	84	No	No	Yes	P	S	2012
Ecuador	8.1	146.9	22.8	29.0	14.0	0.48	●	-	-	-	-	●			Yes	Yes	14	Yes	Yes	Yes	-	N	2010
Peru	15.7	276.6	64.4	32.7	12.0	0.37	●	●	●	●	-	●			No	Yes	20	No	No	Yes	P	S	2014
Venezuela	15.6	280.4	100.0	32.8	12.3	0.38	●	-	-	-	-												
Suriname	0.3	4.8	-	38.0	15.7	0.41	●	-	-	●	-	●			Yes	Yes	1	No	No	Yes	H	S	2013
LOWER-MIDDLE-INCOME																							
Central America																							
Guatemala	8.3	190.0	30.0	22.3	12.2	0.55	●	-	-	●	-				Yes	No	7	No	No	Yes	P	S	2014
El Salvador	3.3	57.6	21.6	24.8	11.9	0.48	●	-	-	●	-				Yes	Yes	4	No	No	Yes	H	S	2014
Honduras	4.0	87.7	12.0	29.4	14.1	0.48	●	●	-	-	-	●			Yes	Yes	5	No	No	Yes	H	S	2010
Nicaragua	3.1	58.2	12.2	36.2	18.3	0.51	●	●	-	●	-				Yes	Yes	1	No	No	Yes	H	N	2014
South America																							
Paraguay	3.3	63.8	23.6	34.2	15.7	0.46	●	●	-	●	-	●			No	No	3	No	No	No	N/A	N/A	N/A
Guyana	0.4	9.2	23.8	46.9	21.9	0.47	●	-	-	●	-	●			Yes	No	1	No	No	Yes	P	N	2012
Bolivia	5.4	111.7	42.7	47.7	21.0	0.44	●	●	-	●	-	●			No	No	6	No	No	Yes	P	N	2013
LOW-INCOME																							
Haiti	5.4	114.5	3.1	24.9	14.6	0.59	●	-	-	●	-				Yes	N/A	0	Yes	No	Yes	H	S	

Note: ASR = age-standardized rate; ● = strategy exists; N/A = data not available; P = population-based cancer registry; H = hospital-based cancer registry; N = national coverage; S = subnational coverage

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