

NCD

Trailblazers

*Integrating NCDs
and Women's
Health - Spotlight
on Cervical Cancer*

Tuesday 2 April 2019



Agenda & Speakers

- ❖ Introduction - Nina Renshaw, NCD Alliance
- ❖ The global campaign, policy opportunity and context - Julie Torode, UICC
- ❖ Global HPV Cancer Free, Cervical Cancer Prevention Program – Jacqui Drope, Managing Director Global Cancer Prevention, American Cancer Society
- ❖ The broader context women and NCDs - Dr Devaki Nambiar, The George Institute
- ❖ *Our Views, Our Voices* perspectives - Benda N Kithaka, Women4Cancer, Kenya
- ❖ Q&A / comments



A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER

The global campaign to eliminate cervical cancer

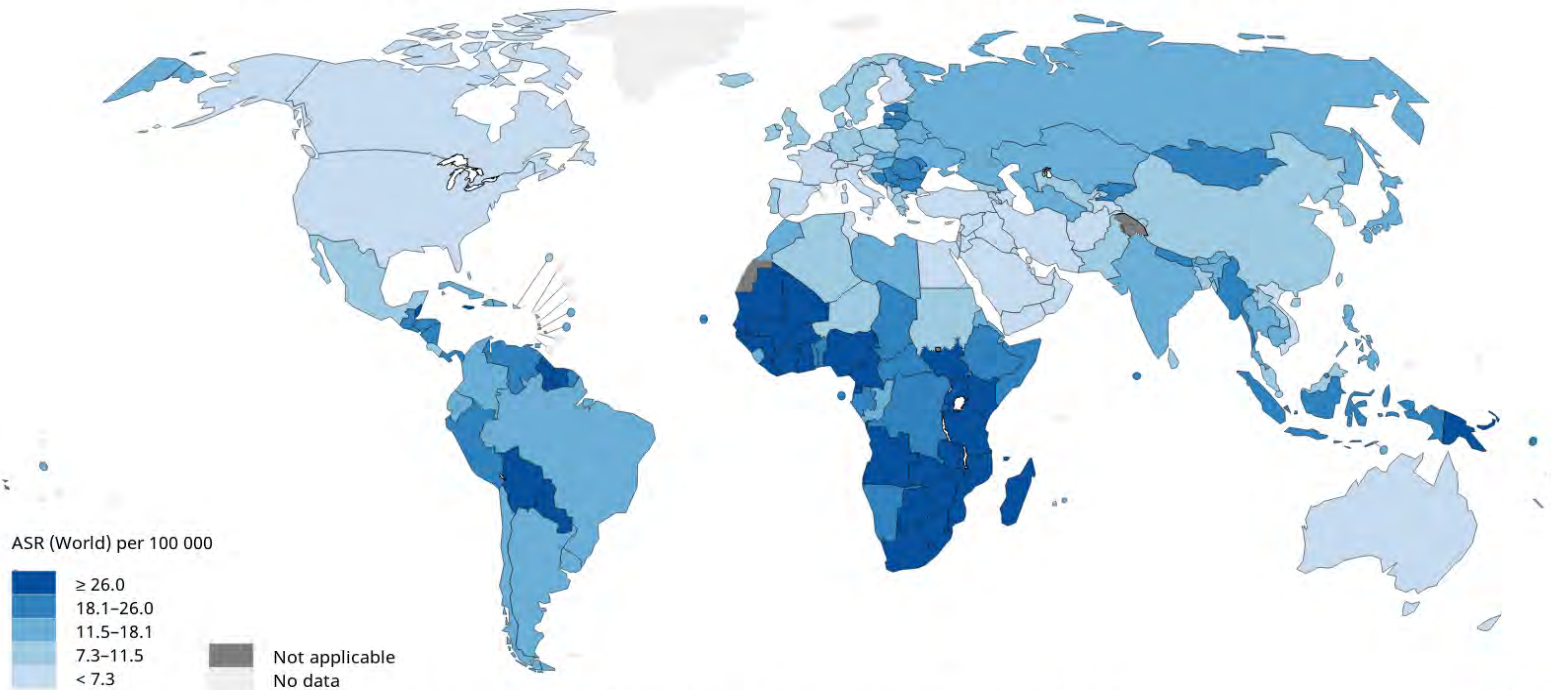
**Opportunities to get involved and drive
NCD advocacy**

*NCD Alliance Trailblazer
Integrating NCDs and Women's Health - spotlight on cervical cancer- 2 April*



Cervical cancer – an avoidable NCD with gross inequities between and within countries (Globocan 2018)

Estimated age-standardized incidence rates (World) in 2018, cervix uteri, all ages



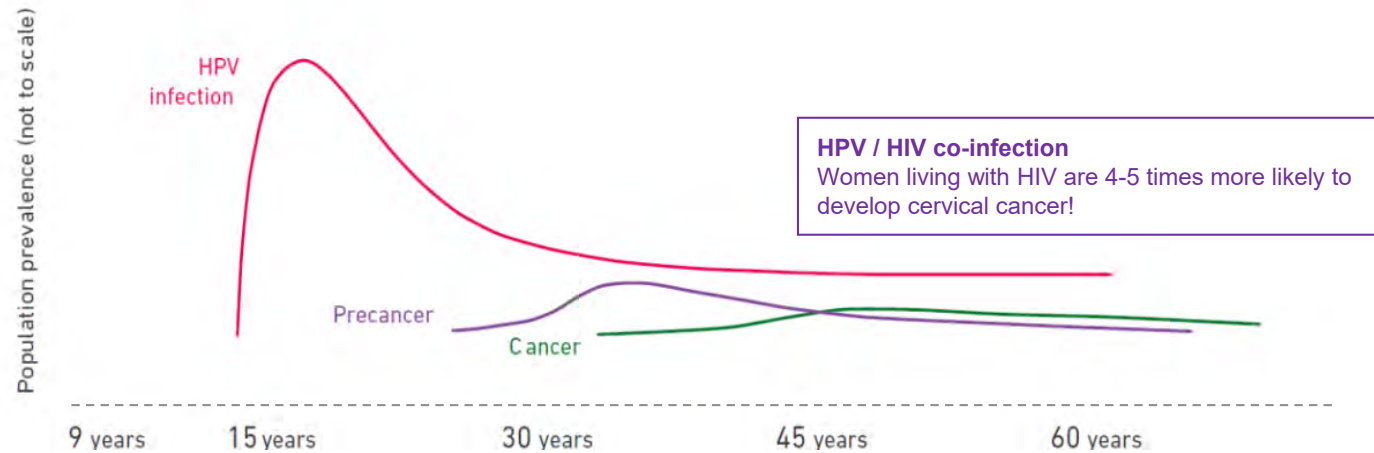
All rights reserved. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization / International Agency for Research on Cancer concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement.

Data source: GLOBOCAN 2018
Graph production: IARC
(<http://gco.iarc.fr/today>)
World Health Organization

 World Health Organization
© International Agency for Research on Cancer 2018

Each year: 570,000 incident cases & 311,000 deaths

WHO life course approach to cervical cancer control



Primary Prevention	Secondary Prevention	Tertiary Prevention
<p>Girls 9-14 years</p> <ul style="list-style-type: none"> • HPV vaccination <p>Girls and boys, as appropriate</p> <ul style="list-style-type: none"> • Health information and warnings about tobacco use • Sexuality education tailored to age & culture • Condom promotion/provision for those engaged in sexual activity • Male circumcision 	<p>Women > 30 years of age</p> <p>“Screen and treat” – single visit approach</p> <ul style="list-style-type: none"> • Point-of-care rapid HPV testing for high risk HPV types • Followed by immediate treatment • On site treatment 	<p>All women as needed</p> <p>Treatment of invasive cancer at any age and palliative care</p> <ul style="list-style-type: none"> • Ablative surgery • Radiotherapy • Chemotherapy • <i>Palliative Care</i>

Global guidelines ✓ Global Indicators ✓ Global Cost-effectiveness recommendations ✓

WHO Director Generals call to action

21st May 2018



International Agency for Research on Cancer



144th WHO Executive Board – 30 January 2019

More than 70 countries approved the decision for WHO secretariat to develop a

Global Strategy towards the Elimination of Cervical Cancer



Photo credit: Chris Black

WHO Executive Board - Jan 2019

- Agenda Item 6.5: **Accelerating cervical cancer elimination**
- Background document: http://apps.who.int/gb/ebwha/pdf_files/EB144/B144_28-en.pdf

Three main strategic components and accelerators:

- Vaccination against human papillomavirus
- HPV DNA screening & treatment for pre-cancers
- Diagnosis, treatment & palliative care of invasive cancer

Supportive context:

- Health systems development
- Global political drive and commitments
- UHC, social protection and integration
- Financing & return on investment
- Monitoring & evaluation
- Research & innovation

Aligned with the cancer resolution:

<https://www.uicc.org/what-we-do/advocacy/advocacy-landscape>



EXECUTIVE BOARD
144th session
Provisional agenda item 6.5

EB144/28
30 November 2018

Accelerating cervical cancer elimination

Report by the Director-General

CERVICAL CANCER: A GLOBAL PUBLIC HEALTH PRIORITY

1. 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 72/81. 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.

2. Despite these efforts, 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 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.²

The emerging global strategy

VISION: A World Free of Cervical Cancer

THRESHOLD: < 4 cases of cervical cancer per 100,000 woman-years

2030 CONTROL TARGETS

90%

of girls fully vaccinated with HPV vaccine by 15 years of age

70%

of women screened with an HPV test at 35 and 45 years of age

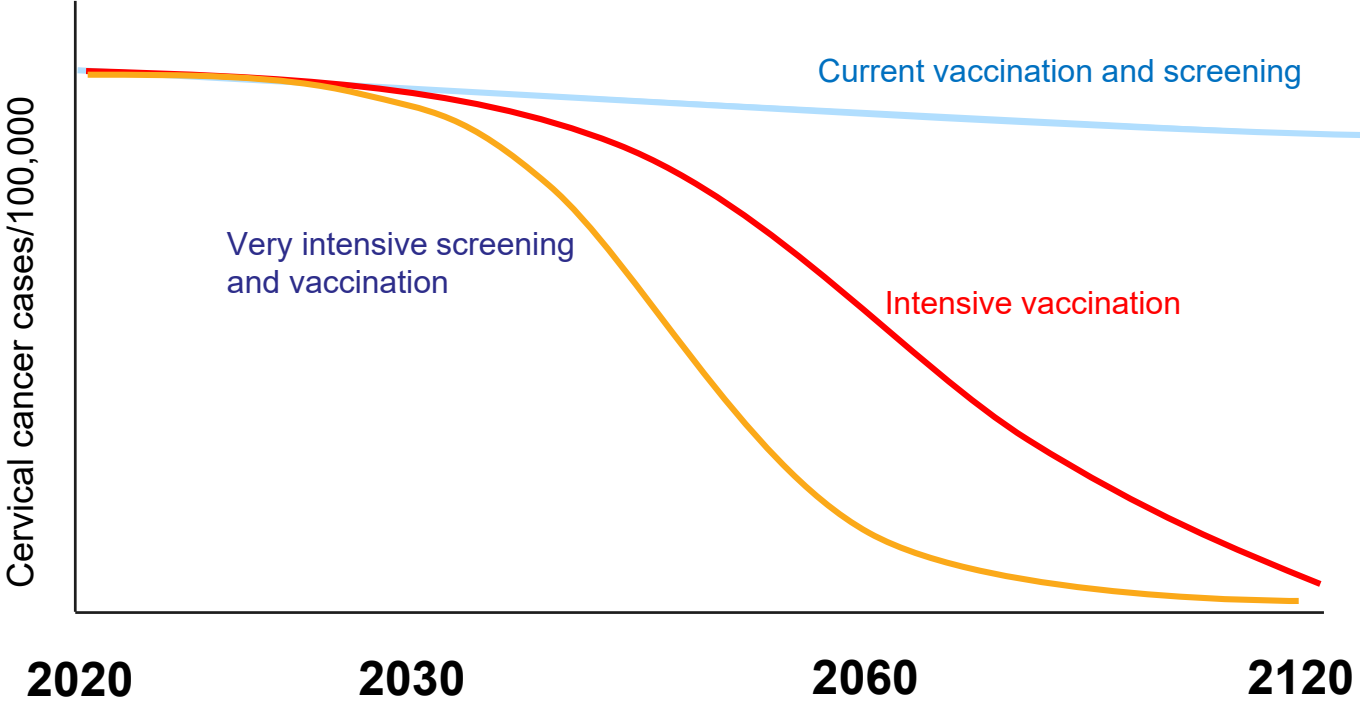
90%

of women identified with cervical disease receive treatment for precancerous lesions or invasive cancer

SDG 2030: Target 3.4 – 30% reduction in mortality from cervical cancer

The 2030 targets and elimination threshold are subject to revision depending on the outcomes of the modeling and the WHO approval process

Cervical Cancer Elimination: Conceptual Framework

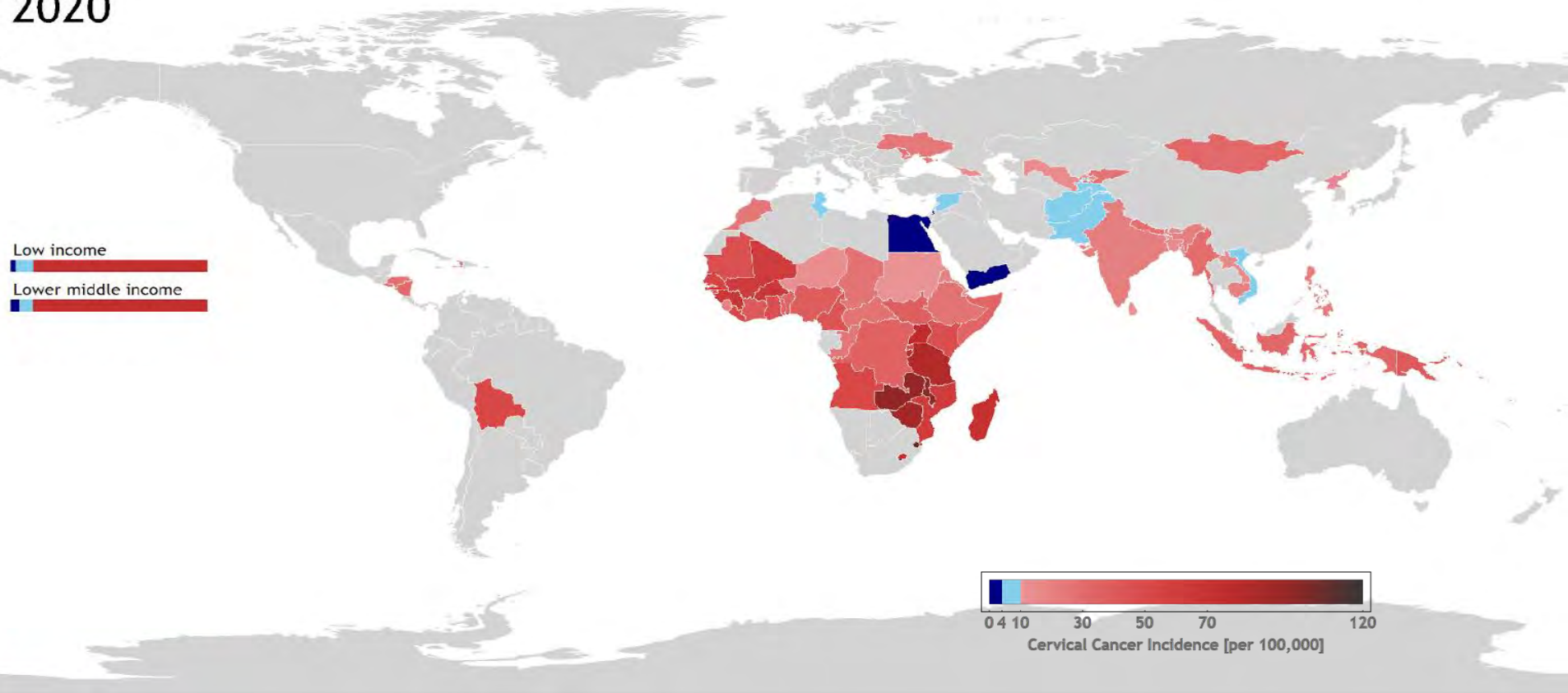


Country specific predictions

Low income & Lower Middle income countries

Vaccination, 2 lifetime screens (S3)

2020



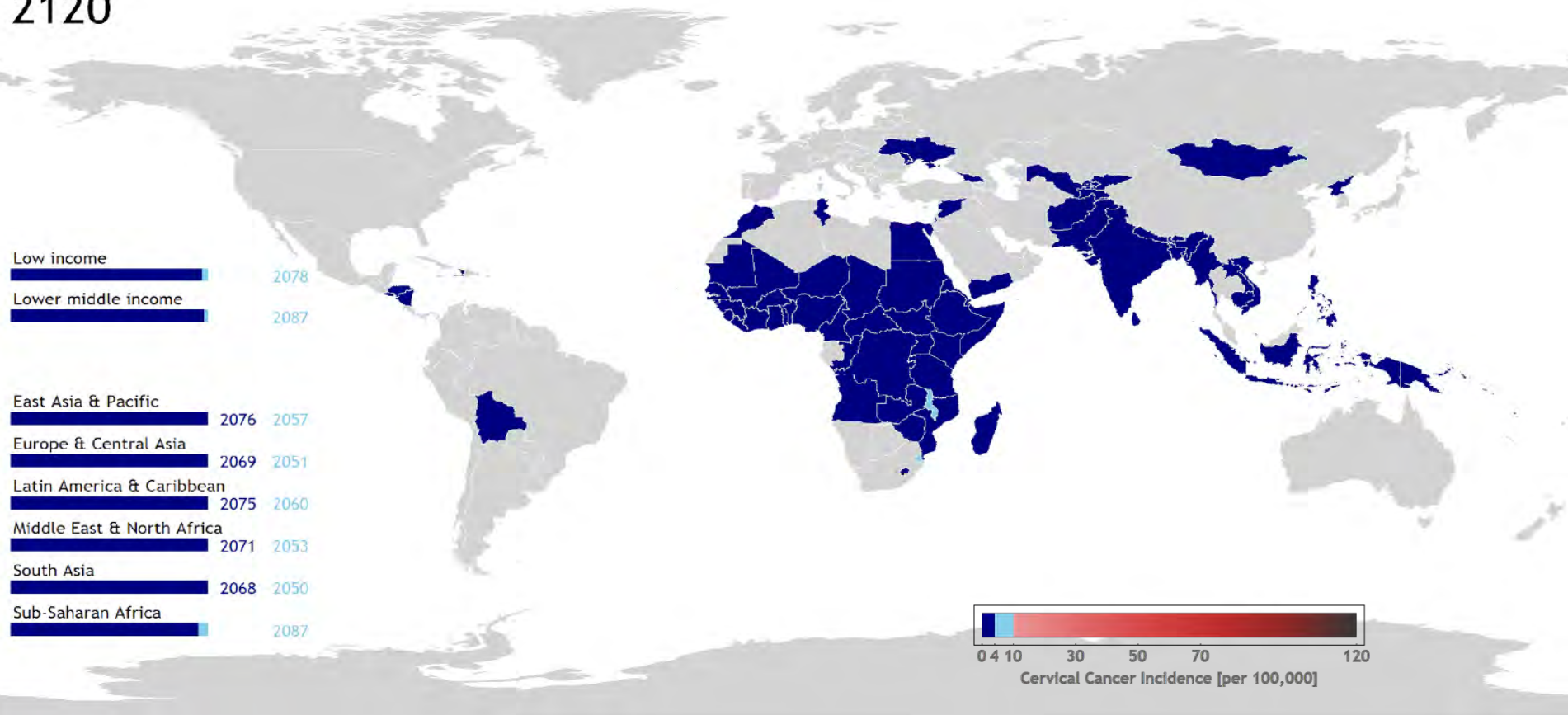
&. Median prediction; Girls-only vaccination, Vaccine protection=HPV16/18/31/33/45/52/58, HPV test

Country specific predictions

Low income & Lower Middle income countries by region

Vaccination, 2 lifetime screens (S3)

2120



Time of elimination
in all countries in region
(lower & upper threshold)

&. Median prediction; Girls-only vaccination, Vaccine protection=HPV16/18/31/33/45/52/58, HPV test



Immediate opportunities to shape the emerging global strategy

Online consultation is due to open next week

- Will be open for four weeks
- UICC webinar to discuss priorities
- Use nationally to recruit new stakeholders to the cause
- Engage your governments

Regional consultations in each WHO region May-June

- Ask if you can attend or provide a civil society statement
- Make sure your country is aware NCD, RH, HIV depts
- Propose a preparatory meeting and bring community perspectives

Engage your First Lady and other champions

- Example AFRO: OAFLAD committed to a campaign
- Workshops to develop plans in next 12 months
- Presentation of road map at 2020 WCC in Oman

Examples of new WHO materials to support national action – further accelerators to come

- ✓ HPV DNA tests – on first edition of WHO Essential Diagnostics List
- ✓ SAGE reconfirmed WHO position statement on HPV vaccination
- ✓ Toolkit for improving data management of screening programmes (IDCCP)
- ✓ Cancer Pain Guideline
- ✓ Thermo-coagulation guideline (in a few weeks)
- ✓ Modellers publication, extending model for scenario planning; lives saved data as well as cost
- ✓ **Specifications for procurement of HPV DNA tests (in design)**
- ✓ **Multi-partner single-dose trial initiated to fast-track assess efficacy of one dose regimen**
- ✓ **National costing reports and tools for national planners**
- ✓ **Investment case for cervical cancer**

Building support and regional commitment

Are there events in your region or country that could feature the elimination ambition?

- Ask for a plenary
- Consider an activity to socialise and garner support for elimination of cervical cancer
- Consider working with others beyond the cancer field, coalitions are powerful
- Are there reports or publications that could feature elimination?

Example PAHO

In English: https://www.paho.org/hq/index.php?option=com_content&view=article&id=14299:fin-cancer-cervical&Itemid=72265&lang=en

In Spanish: https://www.paho.org/hq/index.php?option=com_content&view=article&id=14299:fin-cancer-cervical&Itemid=72265&lang=es

Poster



Download

Cervical cancer is preventable. It is one of the most common cancers among women in Latin America and the Caribbean. Its primary cause is the infection with high-risk human papillomaviruses (HPV). The HPV vaccine and the screening and treatment of precancerous lesions can prevent cervical cancer.

HPV vaccine



The vaccine against the human papillomavirus (HPV) is effective and safe. Protects against infection with HPV, which causes cervical cancer.

Screening



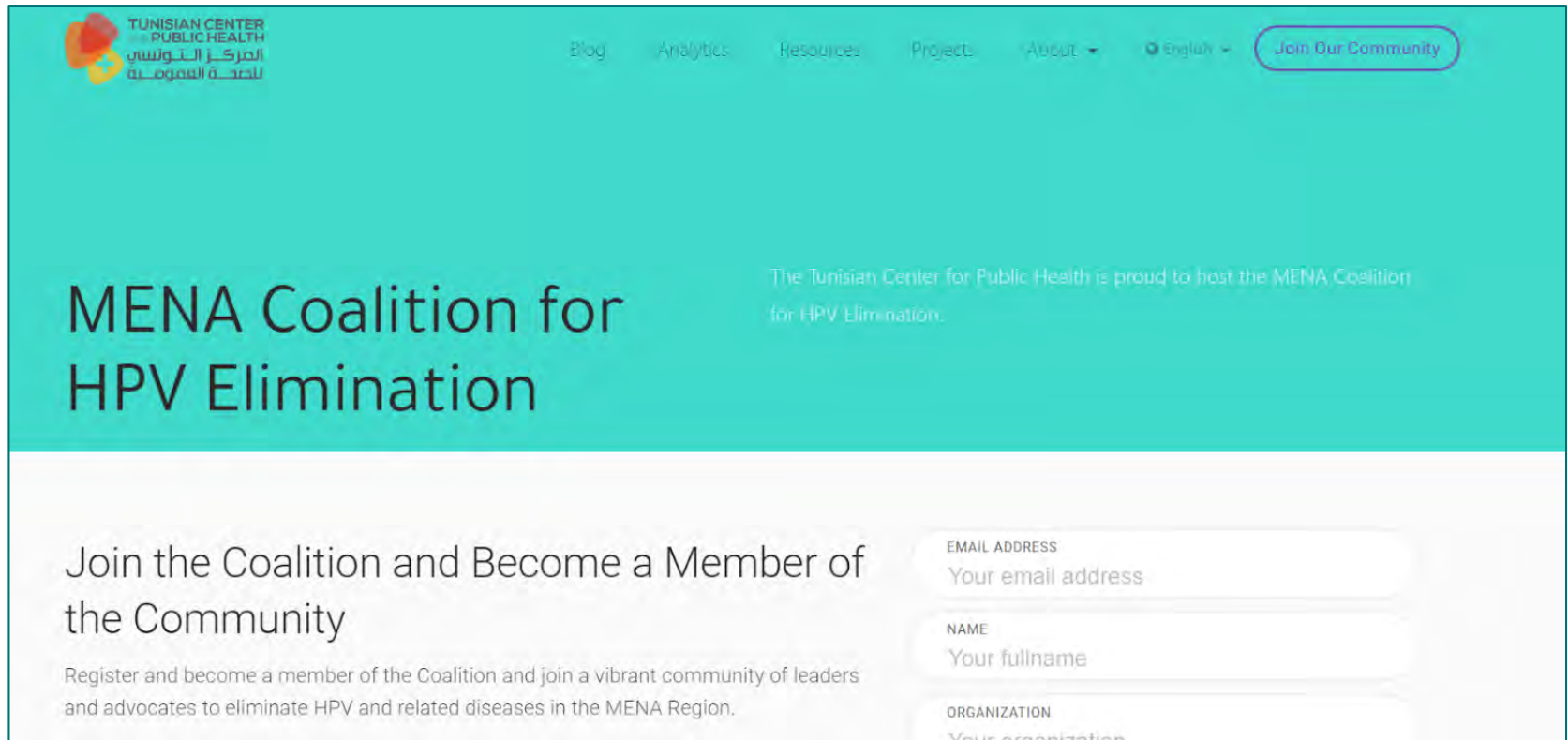
All adult women should undergo periodic cervical cancer screening to detect lesions in the cervix that, if left untreated, can develop into cervical cancer.

Cervical cancer treatment



Cervical cancer can be treated effectively if detected early. The treatment options for invasive cancer are surgery, radiotherapy, and in a minor extent, chemotherapy.

Building new regional networks and partnerships



The image shows a screenshot of the Tunisian Center for Public Health website. The header features the organization's logo on the left, which includes a stylized orange and red flower-like shape and the text "TUNISIAN CENTER PUBLIC HEALTH" and "المركز التونسي للصحة العمومية". To the right of the logo are navigation links: "Blog", "Analytics", "Resources", "Projects", "About", and "English". A "Join Our Community" button is located in the top right corner.

MENA Coalition for HPV Elimination

The Tunisian Center for Public Health is proud to host the MENA Coalition for HPV Elimination.

Join the Coalition and Become a Member of the Community

Register and become a member of the Coalition and join a vibrant community of leaders and advocates to eliminate HPV and related diseases in the MENA Region.

EMAIL ADDRESS
Your email address

NAME
Your fullname

ORGANIZATION
Your organization

<https://tuncph.org/en/projects/mena-coalition-against-hpv/>

Opportunities to take a leadership role and

Lifecourse approach

Childhood - vaccines

Adolescence - sexual health education

Women - screening and early detection

Diagnosis, treatment and palliative care

- Building the next generation with cancer and NCD health literacy
- Driving a mindset change in developing countries – engagement with the health system for prevention and maintenance of health, NOT just when you are sick

Integration of services

Particularly at primary health care level, aligning well with the push for social protection and Universal Health Coverage

HIV-AIDs; SxRH child and adolescent health; laboratory networks; immunisation; NCDs, data and health information systems

- Example: Adding cervical health screen to reproductive health services – good uptake of screening, but also increase in use of reproductive health services also.

Strengthening the workforce

Scaling services needs clear planning to future-proof services.

- Articulation of roles and activities at all levels of the health system
- Build the case for cancer and NCD competent community health workers
- Develop the role of nursing
- Incentives to provide the national reach

Funding and social protection

- PEPFAR 8 African countries working with WHO on costing their cervical cancer strategies
- Unitaid will have a number of country projects
- Global fund does support country plans including cx strategies
- Global financing facility / RH

DATA coming soon to build the global, regional and national case for investment

Show the returns in the short and mid-term on the way to elimination.

Thank you

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Q&A



One woman dies of cervical cancer- the most preventable form of cancer -every two minutes in our world today.

Global HPV Cancer Free Cervical Cancer Prevention Program

American Cancer Society (ACS)
Global Cancer Prevention



Our goal

Increase demand and uptake of HPV vaccination

Eliminate cervical cancer



© 2006 Megan Hallahan, Courtesy of Photoshare



HPV **CANCER**
FREE

Our vision

Leverage ACS's experience in the US globally to ensure:

- **physicians recommend** the vaccine routinely and confidently
- **parents demand** their children be vaccinated
- **community influencers advocate** for its access and uptake
- **policy-makers mandate** the vaccine in national, sub-national programs



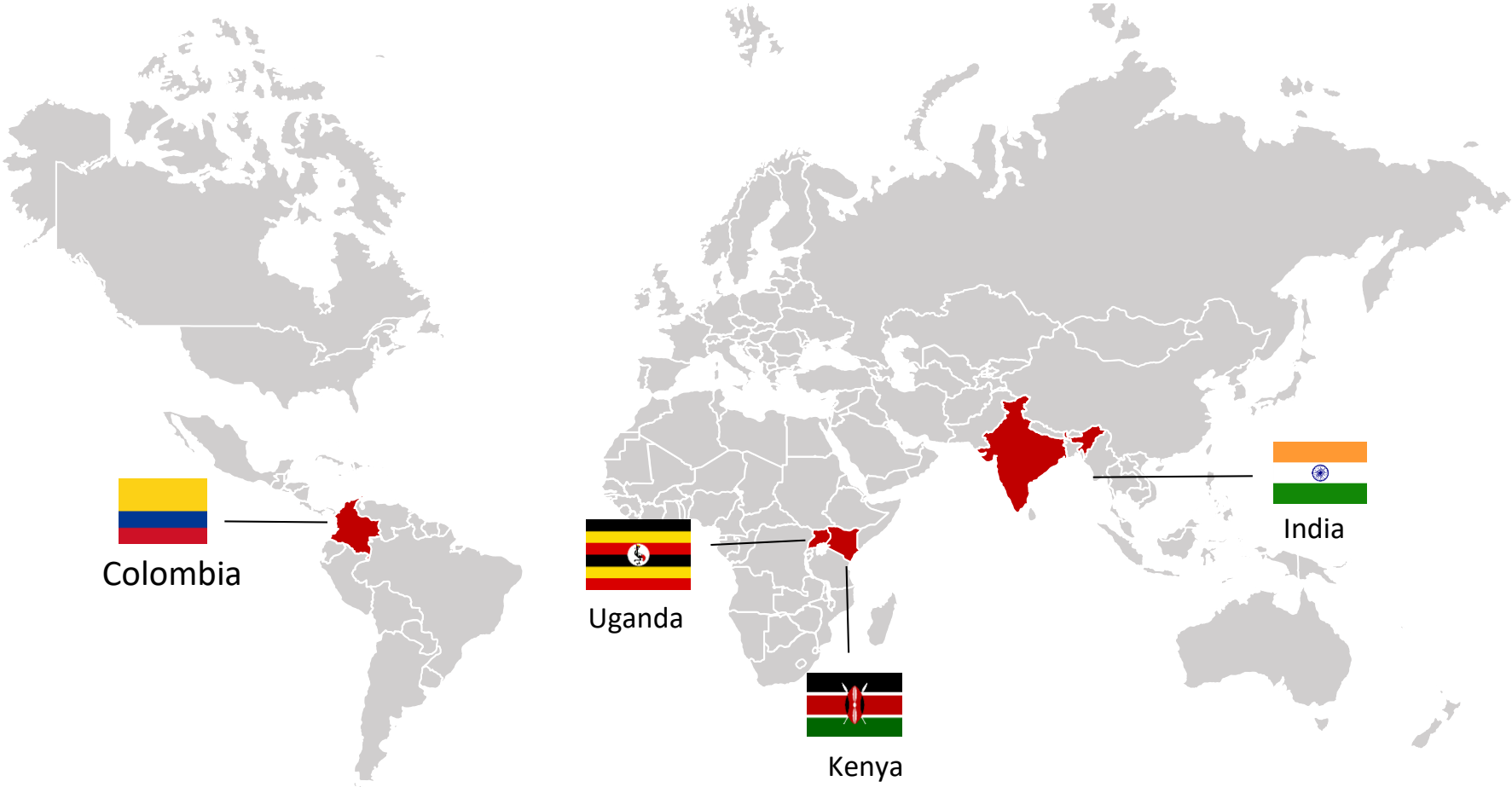
Our objectives

1. **Normalize** HPV vaccination as cancer prevention
2. **Strengthen cancer organizations** so they can prioritize HPV vaccination
3. Identify, broker, and **cultivate** partnerships
4. Ensure **sustainability**



© 2006 Megan Hallahan, Courtesy of Photoshare

Partner countries



A case example

Using behavioral science to increase the uptake of iron pills among pregnant and lactating women in Haryana, India

#1. Food Equivalency

3 किलोग्राम दाल



33 किलोग्राम अनार



4 किलोग्राम पालक



#2. Calendar Intervention



#3. Testimonials



Standard Government Ad Video



Testimonial Video

#4. Counselling Card

परामर्श कार्ड

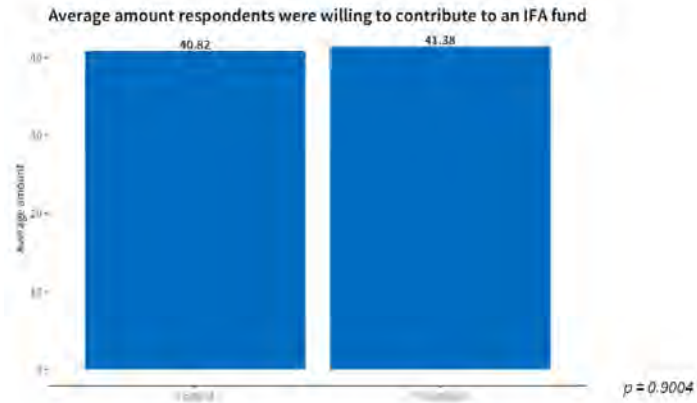
आईएफए गोली के दुष्प्रभाव से निपटने की रणनीति



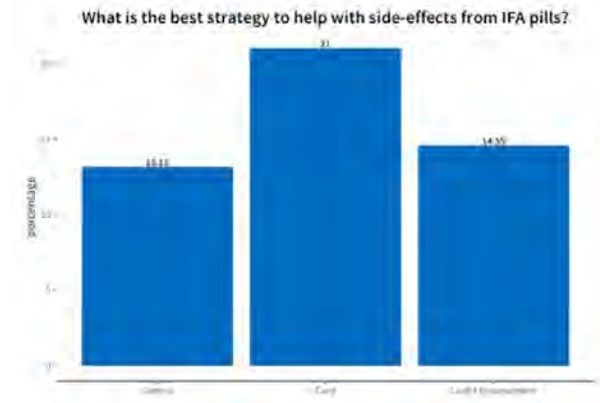
Counselling card image used in both Treatment 1 and Treatment 2

A case example

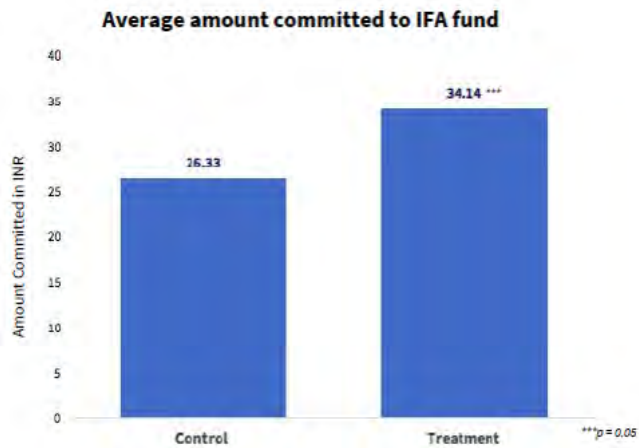
#3. Testimonials



#2. Counselling Card

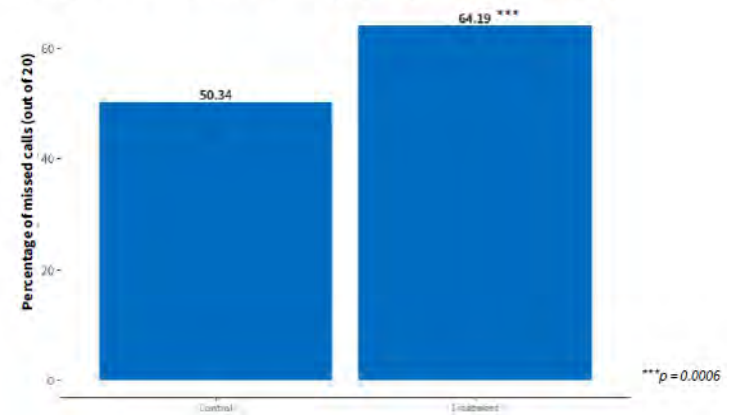


#1. Food Equivalency



#4. Calendar Intervention

Average number of missed-call days (as a percentage out of 20)



LMIC interventions toolkit

Example:

Common Behavioral Biases to Solve for:

Procrastination



Risk



Social Norms



Information Bias



Status Quo Bias



Global Findings

Intervention learnings



1. Rapid validation of
 - decision makers and influencers
 - goals and motivations for action
 - barriers and facilitators to action
2. Consistent messaging
3. Accurate understanding of HPV, HPV vaccine, and cervical cancer
4. Evaluative monitoring systems for timely action

Cancer community learnings



1. HPV vaccination work is being led by the immunization community
2. Framing of HPV vaccination as cervical cancer prevention requires buy-in and strengthening
3. Messages focusing on risk factors divert us from solution of preventing cervical cancer
4. Cancer organizations need support and technical assistance to lead the HPV vaccination conversation, bring consistency to messaging, and bring together relevant actors

One woman dies of cervical cancer- the most preventable form of cancer -every two minutes in our world today.

THANK YOU

Jacqui Drope
Managing Director, Global Cancer Prevention
Jacqui.drope@cancer.org



Q&A



NCD Alliance



LINKING WOMEN AND NCDS TO A BROADER HEALTH REFORM AGENDA



The George Institute
for Global Health

Devaki Nambiar

with Emma Feeny, Arpita Ghosh, Shobhana Nagaraj, Jane Hirst, JK Lakshmi,
Rohina Joshi and The George Institute's Global Women's Health Program

Outline

- About us
- Why an integrated life course approach to NCDs?
- What does this look like (in India)?
- What are the opportunities and challenges?
- The cervical cancer agenda in India



About Us

The George Institute for Global Health (TGI) is a health and medical research institute with a mission to improve the health of millions of people worldwide.

We do this by

- Providing the best evidence
- Engaging with decision makers
- Targeting global epidemics
- Focusing on vulnerable populations

In 2016, we inaugurated our Global Women's Health program.

Last month, we launched

a virtual Community on Women and NCDs

In partnership with WHO's Global Coordination Mechanism on the Prevention and Control of NCDs (WHO GCM/NCDs)



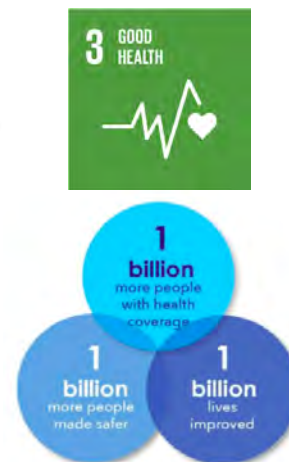
Why an integrated life course approach?



critical for managing NCD risk later in life

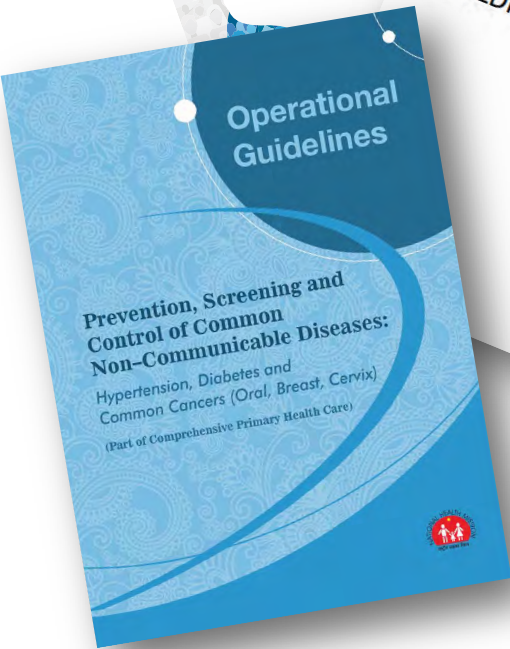


Globally,
7 of the **10**
leading causes
of death and disability
among women
are NCD-related.





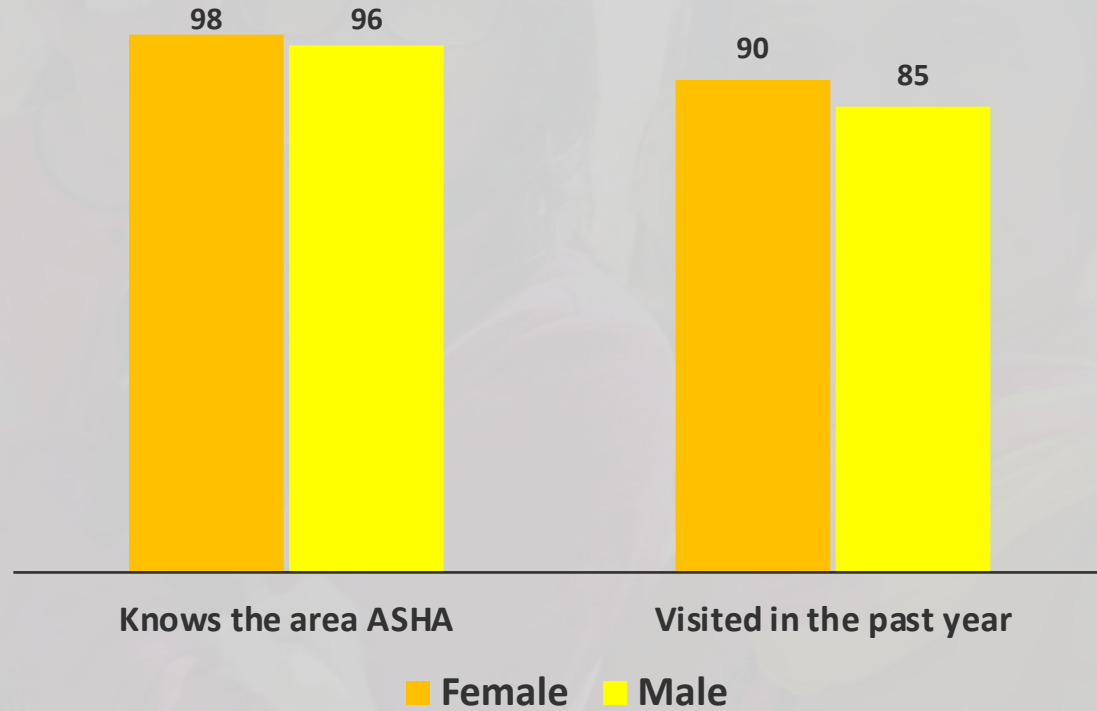
What does an integrated life course approach look like?



4 **Strengthen the ASHA to address a wider range of health issues:** The role of the ASHAs span community level care provision including counselling and interpersonal communication for behaviour change, and social mobilization, and facilitating community access to health services, especially for the marginalised to access essential health care services. Each of these roles reinforces the other. ASHAs have largely worked on maternal, newborn and child health issues, but more recently their work has expanded to include community-based assessment for common NCDs, including mobilization for screening, treatment adherence and follow-up. **The role of the ASHA in the NCD programme is particularly important and has the potential to expand women's access to care for chronic diseases, given the ASHAs credibility as a trusted resource for women's health needs in the community.**

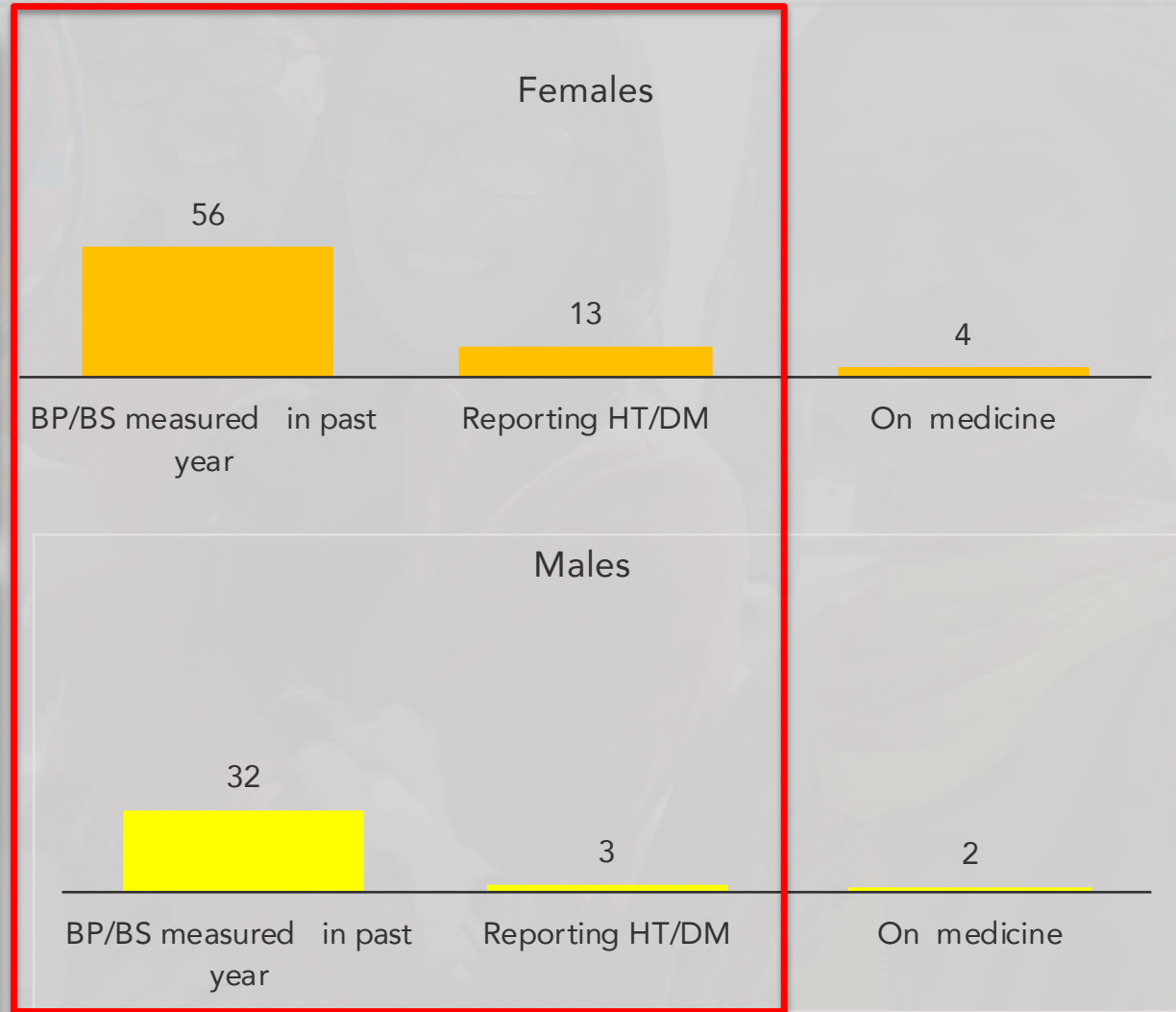


What does an integrated life course approach look like?





What does an integrated life course approach look like?



What does an integrated life course approach look like?

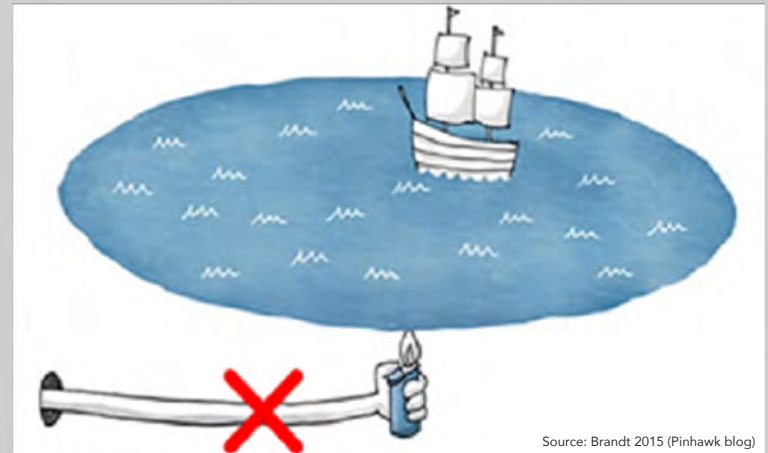
A resource- and culturally-appropriate lifestyle intervention program for mothers with gestational diabetes, to reduce worsening of glycaemic status in India, Bangladesh, and Sri Lanka



Early detection & referral of women at high risk of cardiovascular disease during and after pregnancy, using a mobile clinical decision support system in rural India.

What are the opportunities and challenges?

- ASHA is the “go to”
- Post- Astana, emphasis on Primary Health Care on the path to UHC
- Massive need to integrate care (and reduce duplication)
- Flexible “gig economy” type work!



- ASHA is the “go to” for EVERYTHING
- Considerable burden of existing tasks (MCH, polio, etc.)
- High variation in roles/duties
- Lack of adequate, well timed training
- “Gig economy” means unpredictable compensation, poor social security and unclear career progression

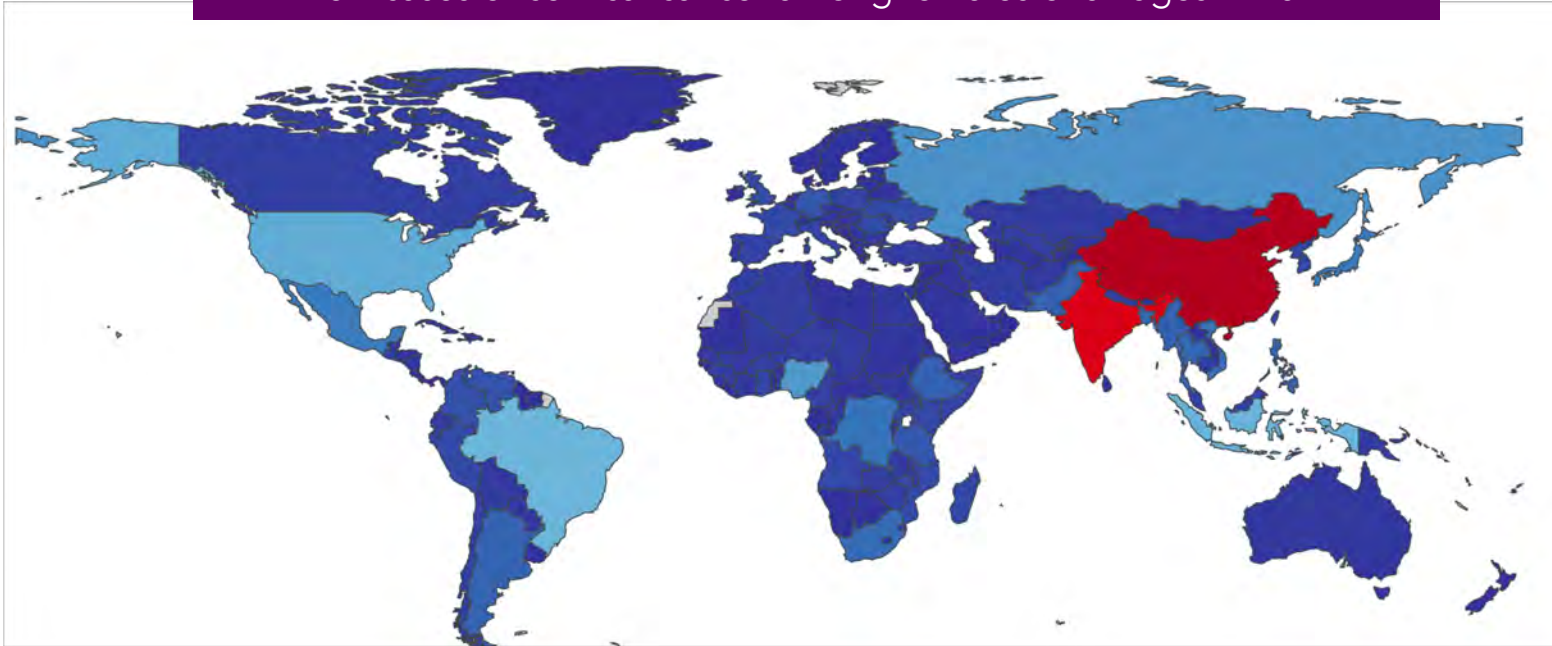
Where is the “W”oman in MCH?

Hani Atrash, MD, MPH; Brian W. Jack, MD; Kay Johnson, MPH, EdM; Dean V. Connor, MD, MPH;
Merry-K. Moos, BSN, FNP, MPH; Phillip G. Stubblefield, MD; Robert Cefalo, MD, PhD;
Karla Damas, MSPH, PhD, RN; Uma M. Reddy, MD, MPH

www.AJOG.org

Rising to the challenge of cervical cancer in India

New cases of cervical cancer among females of all ages in 2017



Source: IHME/GHDx 2019

Women in low Social Development Index (SDI) countries are almost
4x more likely
to develop cervical cancer as compared to high (SDI) countries



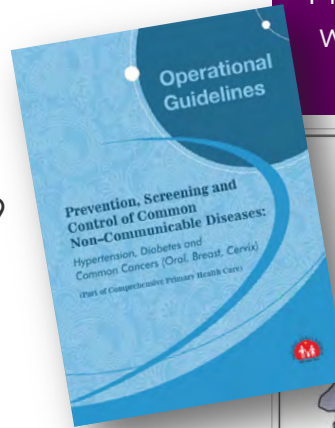
Rising to the challenge of cervical cancer in India

Secondary Prevention

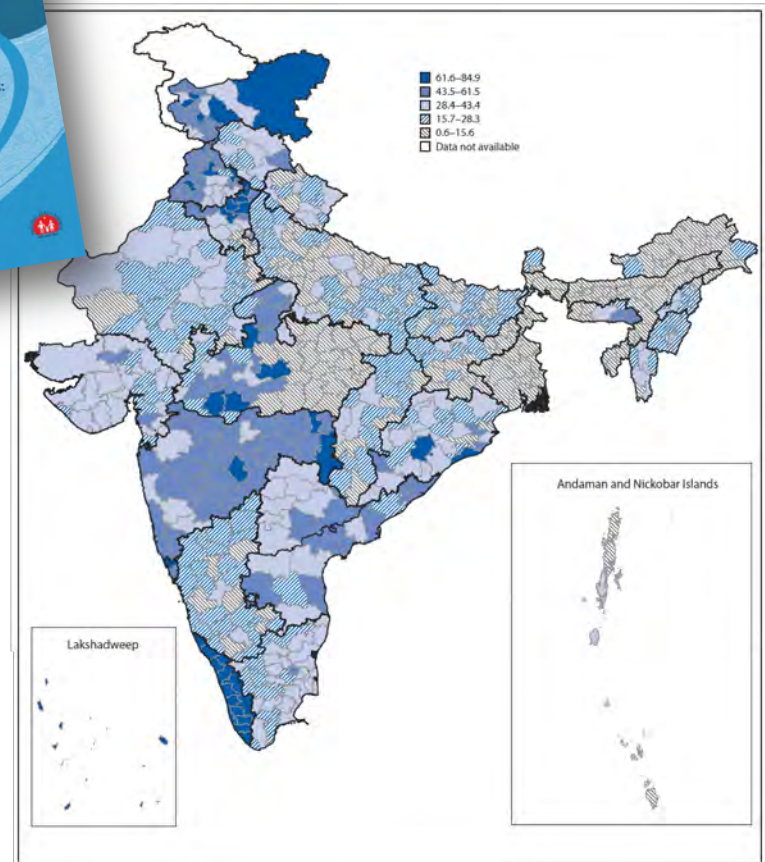
Scale-up of HPV vaccination and cervical cancer screening could make India, Vietnam, the Philippines **cervical cancer free** by 2079 (Simms et al 2019)

Health systems need to adapt and scale up effective, context-sensitive interventions

Opportunities for leap-frogging and innovation balanced against vexing ethical issues (eg. use of menstrual pad samples, home-based swab testing, other options? – more clinical, cost, and feasibility testing needed)



Prevalence of a cervical exam reported by women aged 30-49 years in the National Family Health Survey 2015-16



Source: Van Dyne et al 2019





Rising to the challenge of cervical cancer in India

Primary prevention

Scale-up of HPV vaccination and cervical cancer screening could make India, Vietnam, the Philippines **cervical cancer free** by 2079 (Simms et al 2019)

HPV vaccination associated with significant **reduced risk** of precancerous lesions in younger women (15 to 26) (Arbyn et al 2018)

Original Article

Cost-Effectiveness of Human Papillomavirus Vaccination for Adolescent Girls in Punjab State: Implications for India's Universal Immunization Program

Shankar Prinja, MD ; Pankaj Bahuguna, MSc¹; Dharmjeet Singh Faujdar, MD¹; Gaurav Jyani, MPH¹; Radhika Srinivasan, PhD²; Sushmita Ghoshal, MD³; Vanita Suri, MD⁴; Mini P. Singh, MD⁵; and Rajesh Kumar, MD¹

BACKGROUND: Introduction of human papillomavirus (HPV) vaccination for adolescent girls is being considered in the Punjab state of India. However, evidence regarding cost-effectiveness is sought by policy makers when making this decision. The current study was undertaken to evaluate the incremental cost per quality-adjusted life-years (QALYs) gained with introduction of the HPV vaccine compared with a no-vaccination scenario. **METHODS:** A static progression model, using a combination of decision tree and Markov models, was populated using epidemiological, cost, coverage, and effectiveness data to determine the cost-effectiveness of HPV vaccination. Using a societal perspective, lifetime costs and consequences (in terms of QALYs) among a cohort of 11-year-old adolescent girls in Punjab state were modeled in 2 alternate scenarios with and without vaccination. All costs and consequences were discounted at a rate of 3%. **RESULTS:** Although immunizing 1 year's cohort of 11-year-old girls in Punjab state costs Indian National Rupees (INR) 135 million (US dollars [USD] 2.08 million and international dollars [Int\$] 6.25 million) on an absolute basis, its net cost after accounting for treatment savings is INR 39 million (USD 0.59 million and Int\$ 1.76 million). Incremental cost per QALY gained for HPV vaccination is INR 1,900 (USD 28 and Int\$ 85). The incremental cost per QALY gained for HPV vaccination is less than one-tenth of the per capita gross state domestic product (GSDP) of Punjab state, and is less than the incremental cost per QALY gained for the universal immunization program (UIP) of India.

Cost-Effectiveness Calculations of Human Papillomavirus Vaccination in Punjab May Be Flawed

Prinja et al¹ looked at the cost-effectiveness of human papillomavirus (HPV) vaccine

When Flawed Modeling Justifies Cost-Effectiveness: Making Sense of "Band-Aid" Modeling

Source: Suman & Puliyel 2018

Indian Journal of Medical Ethics Vol X No 4 October-December 2013

Trials and tribulations: an expose of the HPV vaccine trials by the 72nd Parliamentary Standing Committee Report

N SAROJINI, V DEEPA

Sama-Resource Group for Women and Health, B 45, Shivalik Main, Malviya Nagar, New Delhi - 110017 e-mail: sama.womenshealth@gmail.com

he one by Prinja et al¹ is sup-
position problem in a simplified
to be trustworthy and reliable,
ss the basic sniff test ("face val-
real world. Second, the model
all the details regarding the
at other researchers can repli-
ever, not only did Prinja et al¹
ormation, but their model also
little sense or are simply
the model appeared to have
ms of model transparency and
the study results very question-
able. Following are our specific critiques.

To summarize

- An integrated life course approach to NCDs is essential
- There are examples of linking MCH to NCD interventions – we need to assess and scale up what works
- People-centredness of health systems is key (for both providers and citizens)
- There is an opportunity with cervical cancer screening, but we must balance ethics, rigour and equity with efficiency considerations

Thank you!

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Acknowledgements and Photo credits:

JK Lakshmi, Alex Baldock, Shreya Khaund, Bincy Mathew

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Q&A



Our Views, Our Voices perspective

NCD Trailblazers: Integrating NCDs and Women's Health **spotlight on cervical cancer**

2 April 2019 | 4.00pm

Ms. Benda N. Kithaka

Co-Founder

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#STOPCervicalCancer

info@women4cancer.org



Next NCD Alliance webinars

- **24 April**

WHO “5x5” approach to NCDs - inclusion of air pollution and mental health - *Open access*

- **8 May**

Pre-World Health Assembly Advocacy Briefing - ***NCDA members-only***

- *Preparing NCDA WHA events calendar - please let us know if you're hosting side events during WHA!*

- **30 May**

Trailblazers: Replacing Transfats in the food supply - *Open access*

- **Date TBC** (early June)

Post-WHA debrief - ***NCDA members-only***

THANK YOU

SHARE. DISCUSS. ENGAGE. CHANGE.



#NCDs @ncdalliance



MAKING NCD PREVENTION AND CONTROL A PRIORITY, EVERYWHERE