

Confronting inequitable access to health commodities for the acceleration of cervical cancer elimination goals within the Commonwealth

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As part of the Commonwealth efforts to eliminate cervical cancer, and in alignment with the WHO's 2020 Global Strategy to Accelerate the Elimination of Cervical Cancer, the Commonwealth Secretariat has developed a new database that will provide member states with access to information and pricing of quality essential medicines. With greater access to fair and transparent pricing, governments will be able to make more informed procurement decisions and in turn, a reduction in inequities and disparities for low- and middle- income countries. Whilst the COVID-19 pandemic has threatened major global health goals, it is critical that governments take collection action to increase equitable access to health commodities to ensure that no country is left behind.

The Commonwealth is disproportionately affected by cervical cancer. Whilst the Commonwealth represents 30% of the world's population, it carries a 36% share of the global cancer incidence burden, and 39% of the global mortality burden (1). This sizable burden can be in part attributed to a greater proportion of being low- and middle-income countries (LMICs) in the Commonwealth, with many countries being further impacted due to a lower survival rate for cervical cancer in LMICs (2).

The Commonwealth carries a significant cervical cancer burden, particularly in LMICs. Whilst the causes of high incidence and mortality rates are multifaceted, a considerable challenge that member states face relates to equitable access to health commodities. Although 94% of cases are seen as preventable, LMICs continue to face inequities with regards to cancer prevention and control measures (3). Public health measures such as the establishment of cancer prevention and early detection programmes through increased cervical cancer screening, public health education programmes promoting safe sex to reduce risks of sexually transmitted infections

such as HPV and HIV, and the introduction of affordable HPV tests, medicines and vaccinations are critical in reducing global cervical cancer disparities, particularly among women in LMIC developing countries.

This article provides an overview of the cervical cancer landscape in the Commonwealth and explores the key challenges to equitable access to cervical cancer medicines and vaccines. In the following discussion potential strategies for address the issue, in alignment with the WHO's 2020 Global Strategy to Accelerate the Elimination of Cervical Cancer are considered

Burden of cervical cancer in the Commonwealth

The 2018 Globocan Estimates on Cancer Incidence and Mortality Report indicates that Commonwealth's incidence of cervical cancer will rise by 38% by 2030 in line with population growth, in addition to the deaths increasing by 42% (4). It is important to note that these figures incorporate the varying scales of health systems across the Commonwealth.

The five Commonwealth member states with the highest

Table 1: Number of cervical cancer Incidences and deaths per Commonwealth region

Region	Incidence (#)	Deaths (#)
Africa	66,655	41,449
Asia	113,208	83,450
Caribbean	2,312	6,426
Europe	4,396	1,058
Pacific	5,342	3,057

Globocan, 2018

cases and deaths are Bangladesh, India, Nigeria, South Africa and Tanzania. Furthermore, data shows the highest regional incidence and mortality rates per population in the Commonwealth are seen in the Africa region, with the rates elevated in Southern Africa and Western Africa. Relatively speaking, the rates are 7 to 10 times lower in North America, Australia/New Zealand and Western Asia (5). Moreover, 7 of 8 sub-Saharan African countries – all of which are part of the Commonwealth – including the Gambia, Kenya, Malawi, the Seychelles, South Africa, Uganda and Zimbabwe, have experienced uniform rises in mortality rates (6). It is clear that the large part of success in North America, Australia, New Zealand and Western Asia is due to the effects of population-based cytological screening programmes in which have helped with declines in cervical cancer rates upon their implementation in the aforementioned countries.

Few LMICs have implemented country-wide HPV vaccination programmes, the factors of which are complex and multi-faceted. As of May 2020, less than 30% of LMICs had implemented national HPV vaccination programmes, compared with more than 80% of high-income countries (7). Further, in LMICs, just 44% of women have had at least one screening for cervical cancer, with the median range in sub-Saharan Africa at the country level being 16.9 percent (8). These higher incidence rates typically occur in countries with a high prevalence of HPV and human immunodeficiency virus (HIV), a lack of population wide cervical cancer screening programmes and often low uptake where they are established, and a lack of HPV vaccination programmes (9).

Research has indicated that widespread coverage of both the HPV vaccination and cervical cancer screening has the potential to avoid 13 million cervical cancer cases globally by 2069 (10). Implementing such initiatives is critical, with figures showing that in the absence of effective cancer preventive and control programmes, countries have experienced rapid increases in premature cervical cancer mortality in recent generations. Furthermore, to help accelerate cancer elimination strategies, there is a need for an uninterrupted supply of quality-assured and affordable HPV vaccines, screening tests, as well as palliative care medicines and other strategic commodities.

Challenges to equitable access to health commodities

One of the major factors contributing to global cervical cancer disparities is the challenge of access to oncology health commodities. Access to oncology health commodities can be assessed across three major dimensions: availability, affordability, and accessibility (11). Availability, typically requires marketing authorization for a product followed by launch of the medicine by the company. Accessibility encompasses the ability to obtain a prescription for the medicine and also factors associated with the pharmaceutical supply chain. Affordability includes the coverage status of the medicine and the insurance status of the patient, as well as other out-of-pocket costs and individual drug prices.

On the affordability of medicines, a report launched in 2020 from the WHO found that cancer medicine prices are disproportionately higher than other types of pharmaceuticals and therapies, and that the price of cancer drugs is continuing to increase at a rapid and alarming rate (12). Whilst HPV vaccination is predicted to be cost-effective, further addressing of the affordability issue requires countries to have good policies in place to improve health infrastructure and financing, as well as mechanisms to ensure that there is also a rational use of medicines (12). Whilst favourable policies seem to be a precursor, equally important is for countries to have reliable information on medicine prices and availability, from both the pharmaceutical industry as well as countries, to assist them in constructing sound medicine pricing policies and to also evaluate whether their expenditure on medicines is comparable to that of other countries, which can subsequently lead to governments making negotiations for cheaper prices.

With high rising prices of cancer drugs and other health commodities including those for cervical cancer, it is clear that for the achievement of elimination and attainment of the WHO's 90-70-90 target, the affordability of essential medicines, vaccines and health technologies needs to be addressed adequately as countries approach 2030 (13).

In recognition of this challenge, Commonwealth Health Ministers at the 2018 Commonwealth Health Ministers Meeting (CHMM) called for collective action to invest in cervical cancer prevention and treatment strategies, including to reduce the cost of medicines and address shortages of vaccines. Health Ministers deliberated on sharing pricing information through the creation of a Commonwealth database which could detail the prices of essential medicines, vaccines and health technologies.

Developing a Commonwealth-led solution to inequitable access

Given the Commonwealth's significant burden of cervical cancer, the Commonwealth Secretariat has made greater

commitments, in alignment with the WHO's Global Strategy for Cervical Cancer Elimination, to reduce and ultimately eliminate cervical cancer in the Commonwealth. Part of this effort has been the development of a new voluntary information and price-sharing database – the Voluntary Information and Price-sharing Database (VIPSD).

The VIPSD is an output from the 2018 CHMM, to take collective action on health priorities including cervical cancer, such as reducing the costs of essential medicines, vaccines and health technologies. This initiative is the result of a collaboration between the Commonwealth Secretariat, consultants from the South African Programme on Access to Medicines and Diagnostics (SAPAM), the Southern African Development Community (SADC) and the Organization for Eastern Caribbean States (OECS). The platform is modelled on a similar initiative created by SADC, and has now been launched to be used across The Commonwealth.

The database has been designed primarily as a means for countries to share information on the pricing of medicines and medical commodities. The platform is an easy way to identify areas where countries have made or can make savings in the procurement of essential medicines. In alignment with priorities of the Commonwealth Health Ministries, the key objectives of the VIPSD are to:

- ➔ Reduce manufacturer net selling price for member states.
- ➔ Improve efficiency of forecasting and price negotiation process for members.
- ➔ Provide a readily searchable database of verified supply information to ease decision making for procurement processes.
- ➔ Allow provision of data driven price analysis and insight for key stakeholders.

The launch of the VIPSD will help to provide a greater degree of transparency for member states, helping them to make more informed decisions about procuring medicines and vaccines. Furthermore, acknowledging that many member states face challenges in accessing quality and affordable cervical cancer medicines and vaccines, it is expected that the VIPSD will reduce inequities and disparities for LMICs. Is it premature to say how many LMIC Commonwealth members have joined this initiative?

Moving forward – how greater access will support elimination

It is clear that the elimination of cervical cancer will not be achieved only through greater access to fair and transparent pricing alone. Rather, the solution is multifaceted, and will require many arms of government to build effective policies and mechanisms, in addition to harnessing collective

multilateral strategies. These strategies include strengthening countries supply chain management, addressing procurement practices, tax and tariff policies, and strengthening national drug regulatory authorities.

To strengthen collective efforts, Commonwealth member states must take the necessary steps to emphasize the inclusion of cervical cancer in national health sector plans, and to utilize population registries to build robust surveillance data, on areas such as HIV-status, other cancers, vaccination status and screening results. The integration of cervical cancer services into existing primary health care and public health services will help to provide greater access to cervical cancer screening and treatment for women across the Commonwealth

Whilst progress has been made over the last decade, it is evident, particularly taking into consideration the COVID-19 pandemic, that member states must sustain and expand on existing cervical cancer elimination efforts. The Commonwealth Secretariat is keen to continue supporting member states on the next steps towards fair and transparent pricing for cervical cancer medicines, including reviewing procurement legislation, medicine regulation and registration, with a view to harmonization. The race towards the elimination of cervical cancer within the Commonwealth is underway, with a line of sight on 2030. ■

Dr Janneth Mghamba is the Health Advisor for the Commonwealth Secretariat. A medical doctor and epidemiologist, Janneth has over 15 years of experience in global health and developing national health systems, with a particular focus on NCDs. Prior to joining the Commonwealth Secretariat, Janneth worked as the Assistant Director for the Epidemiology and Disease Control section of Tanzania's Ministry of Health.

Emily Gilmour is a mixed-methods researcher and global health policy professional with over six years of experience designing and managing social research projects. She currently works as a Health Researcher at the Commonwealth Secretariat, working across a range of global health priorities including reducing the burden of noncommunicable diseases, COVID-19 response and health security and resilience.

Victoria Rutter was appointed as the first Executive Director of the Commonwealth Pharmacists Association in 2016. Her dedication has significantly increased the charity's footprint and work streams, supporting better access to and use of medicines in lower resource settings, including pioneering the highly commended Commonwealth Partnerships in Antimicrobial Stewardship programme. She has led advocacy for the profession in numerous high-level policy forums and is the civil society representative on the Commonwealth Advisory Committee on Health.

Yunus Mohammed has worked at various programme management levels, and is a qualified pharmacist with an MBA, project management certification and health technology development experiences. He has experience in development, strategy, pharmaceutical sector, healthcare sector, health technology, regulatory, intellectual property, and supply chain sectors. He continues to consult with the SADC Secretariat, Commonwealth Secretariat and other global partners, working regionally and internationally on access to medicines projects, and health systems strengthening.

Layne Robinson currently serves as the Head of Social Policy Development at the Commonwealth Secretariat. In this role, Layne leads the Commonwealth's work on Social Policy with particular focus on Youth, Education, Health and Sport policies, and provides technical advice to Commonwealth member states whilst working in partnership with relevant organisations to improve the lives of Commonwealth citizens.

References

1. GLOBOCAN, 2018 <http://gco.iarc.fr>
2. Lodge M. Cancer in the Commonwealth. *Cancer Control* 2017. Vol 5;pp 62-65
3. Wild CP, Weiderpass E, Stewart BW, editors (2020). *World Cancer Report: Cancer Research for Cancer Prevention*. Lyon, France: International Agency for Research on Cancer. Available from: <http://publications.iarc.fr/586>.
4. Bray F, Ferlay J, Soerjomataram I, Siegel R.L, Torre L.A, Jemal A, Global Cancer Statistics 2018: Globocan Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries, *CA: A Cancer Journal for Clinicians*, vol. 68 iss. 6 p. 394-424
5. GLOBOCAN, 2020 <http://gco.iarc.fr>
6. Dorji T, Nopsopon T, Tamang Tenzin S, Pongpirul K, Human papillomavirus vaccination uptake in low- and middle-income countries: a meta-analysis, *EClinical Medicine*, Elsevier, 2021.
7. Brisson M, J Kim J, Canfell K, Impact of HPV vaccination and cervical screening on cervical cancer elimination: a comparative modelling analysis in 78 low-income and lower-middle-income countries, *Lancet* 2020, pp. 575-90
8. Jedy-Agba E, Joko WY, Liu B, et al. Trends in cervical cancer incidence in sub-Saharan Africa. *Br J Cancer*, 2020; 123:148-154
9. Simms KT, Steinberg J, Caruana M, et al. Impact of scaled up human papillomavirus vaccination and cervical screening and the potential for global elimination of cervical cancer in 181 countries, 2020-99: a modelling study. *Lancet Oncol* 2019; 20: pp. 394-40.
10. OECD, *Addressing Challenges in Access to Oncology Medicines*, OECD, 2020
11. World Health Organisation, WHO report on cancer setting priorities, investing wisely and providing care for all, World Health Organisation, 2020.
12. Ochalek J, Abbas K, Claxton K, Jit M, Lomas J. Assessing the value of human papillomavirus vaccination in Gavi-eligible low-income and middle-income countries. *BMJ Glob Health* 2020; 5.
13. World Health Organisation, Global strategy to accelerate the elimination of cervical cancer as a public health problem. Geneva: World Health Organisation; 2020.