

# Increasing momentum to reach the Commonwealth cervical cancer elimination targets by 2025

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Commonwealth countries account for 40% of cervical cancer cases globally and has put in place a strategy which address this need to eradicate the disease through a range of initiatives and partnerships, which are detailed in this article. The Commonwealth is also compiling a database of pricing and procurement for use by member government when making policy-making decisions.

In 2015, the world adopted a set of Sustainable Development Goals (SDGs), including SDG 3.4, which aims to reduce the premature mortality from noncommunicable diseases, including cancer, by one third. Following this declaration, in 2020, the Global Strategy for the Elimination of Cervical Cancer was launched by the World Health Organization (WHO) (1). The elimination of cervical cancer has been defined by WHO as achieving an incidence rate low enough for the disease to be considered controlled as a public-health problem. This threshold has been defined by WHO as fewer than 4 cases per 100,000 women per year.

Achieving this incidence target requires addressing the three main pillars under the strategy which are vaccination and screening, treatment and palliative care. All have been found to be key in reaching the elimination targets. For example screening and high HPV vaccination coverage of girls can lead to cervical cancer elimination in most low- and middle-income

countries (LMICs) by the end of the century (2).

Since the launch of the strategy, there has been tremendous efforts from many countries to implement the WHO elimination strategy. Commonwealth countries account for 40% of global cervical cancer incidence and 43% of global mortality. To date, out of 56 member countries, 41 have already included HPV vaccination into their national immunization programmes (3). With regard to screening, success has been recorded in some Commonwealth countries including Rwanda, Australia, Canada, New Zealand, Singapore and the United Kingdom. There have also been advances in small states like Antigua and Barbados (4). In 2021, the Commonwealth Secretariat in collaboration, with the Union for International Cancer Control (UICC), have put in place a task force to step up efforts towards preventing and treating cervical cancer (5).

However, with the COVID-19 pandemic, the cervical cancer prevention and control agenda in the Commonwealth is facing

Figure 1: Average HPV final dose coverage by WHO region

(Source: World Health Organization. Human papillomavirus (HPV) vaccination coverage Available from: <https://immunizationdata.who.int/pages/coverage/hpv.htm>)

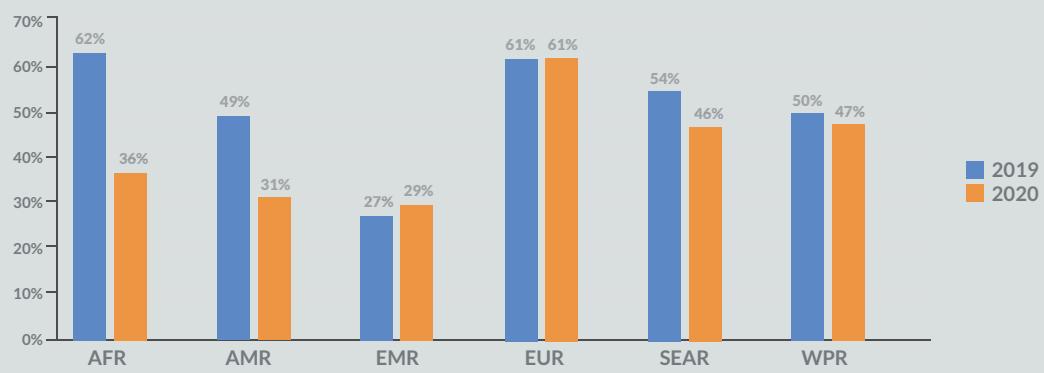
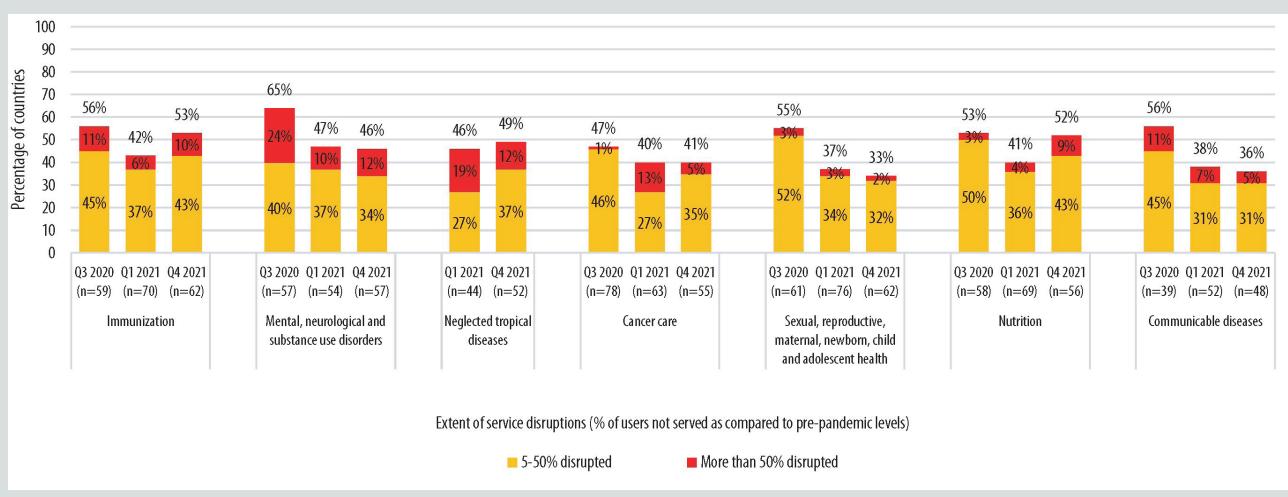


Figure 2: Comparison of disruptions by tracer services in countries that responded to all three survey rounds: Q3 2020 (Round 1), Q1 2021 (Round 2) and Q4 2021 (Round 3), WHO Global Pulse Survey (Source: WHO-2019-nCoV-EHS-continuity-survey-2022.1-eng.pdf)



substantial threats, just as elimination was gaining momentum. An analysis of 2019 and 2020 HPV coverage showed that during the global COVID-19 pandemic there was a partial or full interruption of HPV vaccination.

Essential health services also faced continual disruption during the COVID-19 pandemic and many countries also struggled to provide palliative care services

- ➲ improving access to all women aged 30 to 49 years in the Commonwealth to have access to high-performance screening tests and treatment for precancers, to protect against the development of cervical cancer by 2030;
- ➲ improving access to all women diagnosed with cervical cancer in the Commonwealth to adequate cancer treatment services, including palliative care by 2030.

### The time to act is now

The ongoing effort within the Commonwealth provides a path forward. Since 2017, in a bid to highlight the importance of continuously pursuing the Commonwealth strategy to eliminate cervical cancer, Commonwealth Health Ministers have made significant commitments to accelerate cervical cancer elimination and at their most recent meeting in 2022 they committed to ensure that by 2025, all girls younger than 13 would have access to the HPV vaccine. To build on this commitment and to recognize its importance, especially with COVID-19 recovery, the issue of cervical cancer elimination was elevated to the Commonwealth Heads of Government Meeting (CHOGM) in June 2022 (6). The Heads of Government made a commitment to advance equitable access to health care and health products, integrating health functions, strengthening cooperation and reducing communicable and noncommunicable diseases.

This commitment further supports the Commonwealth cervical elimination agenda by:

- ➲ improving access to cervical cancer prevention and treatment;
- ➲ improving access to the HPV vaccine and ensuring by that by 2025, all girls aged between 9–13 years in the Commonwealth have access to human papillomavirus (HPV) vaccination;

### *Operationalizing CHOGM commitment to achieve cervical cancer targets by by 2025*

To achieve the 2030 elimination target, a holistic approach is vital and this includes ensuring all girls aged 9–13 years old have access to HPV vaccines, ensuring screening and treatment of the pre-invasive disease, treatment of invasive cervical cancer, symptom management and palliative care.

The good news is that several countries such as Australia and Rwanda (7) have successfully decreased cervical cancer rates through effective HPV vaccination and screening programmes. However, in many Asia and Pacific countries, particularly in low-income countries, the HPV vaccine is not included in immunization programmes, reflecting the global challenge of vaccinating young girls – just 13% of 9–14 year-olds worldwide were vaccinated against HPV in 2020.

Vaccination and other interventions, in alignment with WHO's elimination strategy, require adequate resources. At a time when both the availability and amount of international development aid is under increasing pressure and aid is being diverted to more pressing issues outside of the sphere of health, building an investment case is key as well as advocacy in high level political forums. Furthermore, the establishment of an investment case for sustainable and equitable cancer care is more vital than ever given this background of aid to cancer care programmes; especially in LMICs where the burden is high.

Figure 3: Her Excellency, Jeannette Kagame, First Lady of Rwanda, speaking at the Spouses Forum Luncheon on Cervical Cancer Elimination



The Commonwealth is ensuring that the momentum is not lost through a range of initiatives.

#### *The Commonwealth Spouses of Heads of Government Coalition for Cervical Cancer Elimination*

Launched alongside CHOGM in June 2022, this initiative aims to accelerate the CHOGM mandates by engaging Commonwealth First Ladies and Spouses to form a coalition to act as champions for joint coordinated actions to accelerate the cervical cancer targets (8). The Commonwealth Secretariat is working to support these leaders to ensure that they have the tools they need to advocate nationally and regionally for these collective goals.

#### *Addressing inequity through pricing and procurement of cancer medicines*

The Voluntary and Price Sharing Database is another initiative that was developed following requests from a Commonwealth high-level meeting, and seeks to address inequity of access to medicines and vaccines. One of the major factors contributing to global cervical cancer disparities is the challenge of access to oncology health commodities. A report launched in 2020 by WHO on the affordability of medicines, found that cancer medicine prices were 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 (9). With the steep rise in prices of cancer drugs and other health commodities including those for cervical cancer, it is clear that the achievement of Commonwealth 2025 targets is at risk. 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

***"The fight against this disease is still ours to win; not in the distant future but today, if we make the commitments that matter"***

Figure 4: Launch of the Commonwealth Cervical Cancer "I am" campaign, CHOGM 2022



vaccines. The Health Ministers deliberated on sharing pricing information through the creation of a Commonwealth database which could collect the prices of essential medicines, vaccines and health technologies.

The key aim of this initiative is to provide a readily searchable database of verified supply information in order to support the decision-making process for national procurement. Through this, countries can make evidence-based comparisons of pricing and other relevant information, which can provide a useful benchmark for policy-makers when procuring medicines and vaccines.

#### *The Lancet Oncology Commission*

Capitalizing on the CHOGM commitments, the Commonwealth will work with the Lancet Oncology–Commonwealth Secretariat Commission and a number of other established network to take a stock of the landscape of cancer research and cancer care for the 2.5 billion people in the Commonwealth. This will allow for a unique and comprehensive assessment of challenges and opportunities for cancer control in the Commonwealth, and how the 56 nations can work together to improve health outcomes. The new data can in turn inform policies to improve outcomes for patients with cancer within

and beyond the Commonwealth, and the value of international alliances and partnerships.

### The future of cervical cancer in the Commonwealth

Whilst recognizing achieving the target set for 2025 is ambitious, the Commonwealth will work with the Commonwealth International Task Force for Cervical Cancer Elimination and leverage partnerships with other key organizations such as WHO, London Global Cancer Week and UICC, to ensure no girl is left behind in the countdown to 2025. Meeting this deadline requires a collective approach and political will, and with the foundations of this already in place, momentum has to be strengthened as we move towards the next CHOGM in 2024, where progress must be demonstrated. ■

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