

# CANCER CONTROL 2017 SURVEY: WHAT ARE THE PRIORITY NEEDS FOR CONTROLLING HPV INFECTION IN YOUR COUNTRY?

We asked a selection of *Cancer Control* readers around the world to give their considered opinions on what are the priority needs for controlling HPV infection in their countries? Their responses are shown below by geographical region.

## AFRICA



**DEMOCRATIC REPUBLIC OF CONGO: Dr Alex Mutombo, University of Kinshasa**

"In the DRC, the true burden of HPV infection is underestimated due to the lack of organized screening and valid cancer registry. We must emphasize primary and secondary prevention, raise awareness of the population on HPV consequences and determine the circulating HPV strains in order to implement the appropriate HPV vaccination programme."



**KENYA: David Makumi, Chairman, Kenya Network of Cancer Organizations (KENCO)**

"This year Kenya has submitted a funding proposal to GAVI for a national roll out of HPV vaccinations in 2018. This proposal has a government commitment to co-fund. With nearly 5,000 new cervical cancer diagnosed annually, a national HPV vaccination programme will be a game-changer in reducing incidence."



**SOUTH AFRICA: Professor Lynette Denny, Groote Schuur Hospital, Cape Town**

"Putting HPV infection on the public health agenda to ensure that society understands the strong association of HPV with morbidity and mortality, that HPV is not only costly to the individual but to society as a whole. The association with stigma as well as life threatening cancers need to be emphasized."



**SWAZILAND: Dr Qhing Qhing Dlamini, Public Health Specialist**

"Cervical cancer is the leading cancer amongst women aged 15–44 years in Swaziland. A report on cases of cancer in Swaziland (2014–2016) presents cervical cancer as the leading cancer with 720 cases (31.1%). Approximately 280

women were diagnosed with cervical cancer in 2016, of which 110 died of the disease. Malignant neoplasm of the cervix is the most common cause of cancer-related admission in women and most referrals to South Africa are due to cervical cancer lesions. Swaziland has the highest HIV prevalence in the world, 26% for the reproductive age group (15–49 years) and women are the most affected population groups at 20%. The Ministry of Health (MOH), Swaziland plans to introduce HPV vaccination in 2018. A HPV vaccine introduction plan has been developed and costed with technical support from WHO and UNICEF. Key MOH programmes involved are EPI, SRH/ Adolescent Health, School Health, NCD and Cancer Registry and the Ministry of Education Career Guidance Unit. The target group for Primary Prevention is girls 9–14 years, two doses of HPV vaccine spaced six months apart. The country may have to consider vaccinating HIV+ girls with three doses. The biggest challenge foreseen is the excessively high cost of the HPV vaccine, otherwise Swaziland is fully committed to HPV vaccine prevention."



**UGANDA: Dr Robert Lukande, Department of Pathology, College of Health Sciences, Makerere University, Kampala**

"In its strategic plan for cervical cancer prevention and control, Uganda prioritizes behaviour change and vaccination against human papilloma virus (HPV) infection. The priority needs include programme roll out and monitoring, ensuring adequate vaccine stock, ensuring cold chain space, training health workers and updating the health management information system (HMIS) to include HPV vaccination data."



**ZIMBABWE: Anna Mary Nyakabau**

"Priority for controlling HPV infection in Zimbabwe"

includes focus on the preventive part of comprehensive control. Raising awareness through education and health promotion and integration of HPV control into HIV/AIDS programmes is cost-effective and sustainable. Preventive HPV vaccine should cover HPV strains causing cervical cancer and genital warts.”

## ASIA



**THE PHILIPPINES: Dr Jimmy A Billod, Consultant, Section of Gynecologic Oncology, Baguio General Hospital and Medical Centre**

“I believe that one of weakest links is information dissemination regarding HPV infection, and one of the priorities is to strengthen the information dissemination programmes of the DoH, collaborating with private and public health sectors as well as with the medical societies. Information drives should not only involve women but men as well. It should be inculcated in education and in all strata of employment. The dissemination initiatives must be active and done regularly and not just print advertisements.”

## CENTRAL ASIA



**KAZAKHSTAN: Dr Dilyara Kaidarova, Director of Kazakh Research Institute of Oncology and Radiology and Academician, Kazakh National Academy of Sciences**

“Cervical cancer is the second most frequent cancer after breast cancer in women in Kazakhstan with an estimated 1,700 new cases in 2016. Cytology-based cervical cancer screening was introduced in 2008. The implementation of PAP smears has increased the detection of cervical cancer between 2008 and 2016, from 15.6 to 19.1 per 100,000 population. Despite the improvement in the quality of screening, the introduction of liquid-based cytology in 2011 and improvements in the quality of treatment, mortality from cervical cancer remains quite high (7.1 per 100,000 in 2016) due to high levels of detectability at the late stage. The existing screening programme needs to be improved through the introduction of HPV testing for those at high-risk and HPV vaccination for adolescent girls.”

## EASTERN EUROPE



**BULGARIA: Dr Petar P Grozdanov, Head, Laboratory Centre Pasteur, The Stephan Angeloff Institute of Microbiology, Bulgarian Academy of Sciences, Sofia**

“Despite the considerable success registered by the early detection procedures for cervical cancer prevention, cervical screening seems to benefit only a minor part of the Bulgarian female population. Organized screening programmes with high population coverage must become a major priority for controlling HPV infection in Bulgaria. Importantly, organized

screening programmes can have a very large and immediate impact in reducing cervix cancer rates. There is a need for age-group-targeted interventions and specific policy programmes to eliminate the remaining inequalities.”



**RUSSIAN FEDERATION: Professor Svetlana Rogovskaya, President, RAGIN (Russian Association for Genital infections and Neoplasia) and Professor, Federal Russian Medical Academy of Postgraduate Education (RMANPO)**

“Our country is too big to make the answer simple. But the system of public healthcare is improving currently (I hope). Our women have the opportunity to get free care but the coverage for screening is low. The screening is opportunistic. I think that the priority needs are education and informing our women that they can receive a Pap-test every year for free; the HPV test is widely available but costs money. Our Association is involved in the educational and research process. For our publications see [www.rmapo.ru](http://www.rmapo.ru).”

## LATIN AMERICA



**ARGENTINA: Dr Silvina Arrossi, Scientific Coordinator, National Programme on Cervical Cancer Prevention, National Cancer Institute**

“Priority needs are assuring HPV vaccination of girls and at least once in a lifetime HPV screening for all women aged 30 and over.”



**BELIZE: Laura Tucker-Longworth, OBE: Speaker, National Assembly of Belize and President, Belize Cancer Society**

“Continuous public education on HPV vaccine, and the “screen and treat” method is a high priority for the control of HPV infection and cervical cancer in Belize. The Ministry of Health introduced the HPV vaccine into the national vaccination schedule in 2016. Vaccinated, unexposed girls will be protected against cervical cancer caused by HPV types 16, 18 and genital warts. Strong partnerships and intense dialogue with targeted groups proved to be the key to successful launch of the HPV vaccine in primary schools with 58% coverage at the introductory phase.”



**CHILE: Claudio Villota, Fundación Ciencia & Vida – Andes Biotechnologies SpA and Departamento de Ciencias Químicas y Biológicas, Facultad de Salud, Universidad Bernardo O’Higgins, Santiago and Jaime Villegas, Fundación Ciencia & Vida – Andes Biotechnologies SpA and Facultad de Ciencias Biológicas, Universidad Andrés Bello**

“First, carry out public campaigns to inform the public that

cervical cancer can be prevented with adequate sexual behaviour. A strong educational policy of public health about sexually transmitted diseases. Application of HPV vaccine programme for girls in schools. A strong programme focus in the early detection of cervical lesions.”



**MEXICO: Dr Elsa Dias Lopez Obstetrician and Gynaecologist, Mexico City**

“In Mexico, people need education in sexually transmitted infections to show the impact of HPV and the diseases associated with HPV; an increase in the coverage of vaccination in men and older people of both genders to show the need for protection although they have already started having sexual intercourse and scientific evidence about the security and efficacy of all vaccines against HPV. Many of the people do not know this and the social networks underestimate the advantages of vaccination.”

**MIDDLE EAST**



**EGYPT: Professor Hussein Khaled, Cairo**

“Control of HPV infection is not a priority in Egypt for many reasons: firstly HCV infection is currently the most important priority as it causes hepato cellular carcinoma which is the most common cancer in Egypt according to our national cancer registry. Secondly, cervical cancer is not frequent among Egyptian females, and thirdly other sequelae of HPV infection are not important health problems here.”



**IRAN: Professor Reza Malekzadeh, Tehran University of Medical Sciences, Shariati Hospital, Tehran**

“HPV infection control at the present time is not a priority in Iran but it should become a priority in the future.”

**SOUTH ASIA**



**BANGLADESH: Professor Ashrafun Nessa, Bangabandhu Sheikh Mujib Medical University, Dhaka**

“Cervical cancer can be prevented and controlled through a combined strategy of vaccinating adolescent girls against HPV and implementing population-based cervical cancer screening by HPV testing and treatment of cervical precancer and cancer. GOB completed a HPV vaccine demonstration programme for girls of grade V at school and 10 years at community.”



**INDIA: Dr R A Badwe, Director, ACTREC (Advanced Centre for Treatment, Research and Education in Cancer), Navi, Mumbai**

“The priority in India is not to control an infection that is common but leads to serious illness in only a very small minority of infected individuals – it is to diagnose invasive cervical cancers in women early and deliver standard treatment that will result in highest chance of cure.”