Evidence from Africa

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We understand that Cervical Cancer Action is gathering evidence of global and country-level support for improved cervical cancer prevention. This letter indicates our strong support for comprehensive programs to protect girls and older women from this terrible disease. In our opinion, cervical cancer is something we can and should do something about.

The pain and suffering caused by cervical cancer hits the developing world particularly hard. As you may know, 85 percent of cervical cancer deaths occur in the developing world, in large part because screening programs do not reach many women in time. Improved screening and treatment, along with future vaccination, will be important elements of programs to reduce cervical cancer mortality.

As a participant in the 2nd Stop Cervical Cancer Conference in Africa: Accelerating Access to HPV Vaccines Conference, Kampala – Uganda, (July 21st – 2nd, 2008), having listened and contributed to various discussions, I now realize the urgency of focusing attention on Cervical Cancer prevention with particular emphasis on increasing access to screening services and making the HPV vaccine affordable for the women of Africa.

Signed

Hon. Mrs. Janet K Museveni
The First Lady's Office
State House Entebbe
219 signed letters from the 2nd Stop Cervical Cancer conference in Africa

The Hon. Mrs. Museveni was the first of 219 conference participants to individually sign letters of support similar to the note at left. As the letters are very similar, we have chosen the environmentally-friendly option of listing each letter-writer’s name on the following pages rather than printing all the letters.

1. Canada: Crystal King, McMaster University, Michael G. DeGroote School of Medicine
2. Gabon: Dr. Vincent Owiny, Oyam District Local Government
3. Ghana: Elizabeth Masaba, Kawmpe Health Centre
4. Ghana: Prof. Edwin K. Wiriedu, University of Ghana
5. Kenya: Patrick Kbelle, GlaxoSmithKline
7. Kenya: Dr. William M.K. Mwatu, GlaxoSmithKline
9. Kenya: Kenya Medical Research Institute
11. Nigeria: Dr. Peter Oladipupo Adefuye, Dept. of Obstetrics & Gynecology, Ogun State University Teaching Hospital
12. Nigeria: Dr. Adeniyi Adenipekun, University College Hospital, Ibadan
14. Nigeria: Consultant Rose Anorlu
15. Nigeria: Hadiza Haladima, Ministry of Health, Sokoto
16. Nigeria: Dr. AOJ Konajo, Federal Ministry of Health, Abuja
17. Nigeria: Osita Nweke, Broadcasting Organizations of Nigeria
19. Nigeria: Dr. OD Oladehin, GlaxoSmithKline
20. Senegal: Abdoul Aziz Kasse, Cheikh Anta Diop, University Cancer Center
21. South Africa: M.H. Bothe, University of Stellenbosch
22. South Africa: Prof. Greta Dryer, University of Pretoria
23. South Africa: Prof. B.G. Lindeque, South Africa HPV Advisory Board
24. South Africa: Jennifer Moodley, University of Cape Town
25. South Africa: Joanne Riley, Cancer Research Initiative of South Africa
26. South Africa: Dr. Hannah Simonds, Tygeberg Hospital
27. Sudan: Sanca Mohamed Abasher, Tobacco BRCA Research Center
28. Sudan: Eldein Hamed Mohamed Kamel, Faculty of Medicine, University of Khartoum
29. Tanzania: Dr. Alfred C.T. Kangolle, Ocean Road Cancer Institute
30. Tanzania: Dr. H.L. Kidanto, Muhimbili National Hospital/Muhas
31. Uganda: Mary Stella Achan, Uganda Police Forces
32. Uganda: Okeny Emily Achan, St. James Bbiina Primary School
33. Uganda: Margaret Okello Adyeri, UWOCASO
34. Uganda: Hon. Omwony Florence Adong, Parliament of Uganda
35. Uganda: Batesaaki MP Aggrey, Iganga Hospital
36. Uganda: Dr. Judith Ajcani, Mulago National Teaching and Referral Hospital
37. Uganda: Anne Alan Sizomu, German Foundation of World Population
38. Uganda: Representative Brenda Alemura, Makerere University
39. Uganda: Jane Alisemera Babiha, Parliament of Uganda
40. Uganda: Otella Augustine Aluku, Kumi District Local Government
41. Uganda: Peace Amanyire, Women’s Awareness Against Cervical Cancer
42. Uganda: Kaahwa Erisa Amooti, Parliament of Uganda
43. Uganda: Mrs. Grace Andunda Bwesiaye,
44. Uganda: Hon. Margaret Angufino, Parliament of Uganda
46. Uganda: Dr. Brian Asiimwe, Parliament of Uganda
47. Uganda: Annita Atuhair, Self-employed
48. Uganda: Emmanuel T. Aturinse, Maremere University
49. Uganda: Milton Awildo, Marie-Stopes Uganda
50. Uganda: Robinah Babirye, Pathfinder International
51. Uganda: Grace Bagaaya, Kecar Makerere University
52. Uganda: Kinkuheire Candida Baguma, Women’s Awareness Against Cervical Cancer
53. Uganda: Dr. Julius Bamwine, Ibanda District
54. Uganda: Bernadette Basemera, Hospice Africa Uganda
55. Uganda: Monica Bawanya, Uganda Virus Research Institute/International AIDS Vaccine Initiative (UVRI/IAVI) HIV Vaccine Program
56. Uganda: Dr. Godfrey S. Bbosa, Makerere University
57. Uganda: Joachim Bibuli, Uganda Women’s Network
58. Uganda: Bonsie Buhali, South African High Commission
59. Uganda: Nora Buhweira, K-Link International
60. Uganda: Irene Busingye, Kalinaabiri Primary School
62. Uganda: Emmanuel Bwesigye
63. Uganda: Dr. Emmanuel K. Byaruhanga, Ministry of Health, Mbarara Reg. Ref. Hospital
64. Uganda: Rosemary Byenkya, Mulago Hospital, Radiotherapy Dept.
65. Uganda: Dr. Tusingwire Collins, Ministry of Health
66. Uganda: Sarah Coutinho, UVRI/IAVI HIV Vaccine Program
67. Uganda: Hon. Dr. Francis Epetait, Parliament of Uganda
69. Uganda: Faith J Falal Rubanga, Straight Talk Foundation
70. Uganda: Sarah A. Gutin, EngenderHealth/ACQUIRE Project
71. Uganda: Dr. Docus Imasiku, Kampala Family Clinic
72. Uganda: Prossy Mary Ireta, Kalinaabiri Primary School
73. Uganda: Betty Irwa, Ministry of Health
74. Uganda: Aniko Juhosz, Immanuel Children’s Development Centre
75. Uganda: Josephine M. Kabahweza, Mulago Hospital, Radiotherapy Dept.
76. Uganda: Beth Amooti Kabasabiiti, Uganda Women’s Cancer Support Organisation (UWOCASO)
77. Uganda: Louis Kabdine, Ibanda District Local Government
78. Uganda: Rachel Kabejja, Daily Monitor
79. Uganda: Silver Kabiigwema, Education Dept., Ibanda District Local Govt.
80. Uganda: Speciosa Kabwegyere, UWOCASO
81. Uganda: Rebecca Kadaga, Parliament of Uganda
82. Uganda: Dr. Mike N. Kagawa, Makerere University Dept. of Obst. & Gyn.
83. Uganda: Usta Kakara, UWOCASO
84. Uganda: Winnie Kakuru, UWOCASO
85. Uganda: Betty Kamira, Mujhu-Care Ltd.
86. Uganda: Dr. Zepher Karyabakabo, Ministry of Health
87. Uganda: Leah Kasule, UWOCASO
88. Uganda: Baliroune Alice Kasuubo, Radiotherapy Dept., Mulago Hospital
89. Uganda: Anne Katahoire, Makerere University
90. Uganda: Hon., Dr. Serunjogi Lastus Katende, Parliament of Uganda
91. Uganda: Hon. Elizabeth Kating, Malaria and Childhood Illness Secretariat
92. Uganda: Mr. Everest Kato Naswesi, Mulago Hospital
93. Uganda: Dr. E.F. Katumba, Ministry of Health
94. Uganda: Mr. Paul Daniel Kawanguzu, Reproductive Health Uganda
95. Uganda: Richard Kavoooya, Marie-Stoops Uganda
96. Uganda: Miriam D. Kayongo, SAWI
97. Uganda: Hon. Tom Kayongo, SAWI
98. Uganda: Halima Kebirungi, National Youth Council
100. Uganda: Cecilia Kiconco-Turyamureba, UWOCASO
101. Uganda: Dr. J.B. Kigula, Mulago Hospital
102. Uganda: Christine Kintu Mulimira, Uganda AIDS Commission
103. Uganda: Mrs. Loi Kageni Kiryapaino, Parliament of Uganda
104. Uganda: Dr. Enock Kisegerwa, Jinja Regional Referral Hospital
105. Uganda: Dr. Mbisirikire Kitaamirike, SAWI, AOGU, Rubaga Hospital
106. Uganda: Dr. George Kiwmbi, Makerere Medical School Child Health & Development Centre
107. Uganda: Carol Pool Konde, UVRI/IAVI HIV Vaccine Program
108. Uganda: James Kubeketera, Parliament of Uganda
109. Uganda: Milly Kyambadde, Mulago Hospital
110. Uganda: Susan Kyambadde, Uganda Women Health Initiative
111. Uganda: Dr. Sarah Byakika Kyeyamwa, Jinja District Health Office
113. Uganda: Flavia Kyomukama, Global Coalition of Women Against AIDS in Uganda
114. Uganda: Beatrice Lagada, Parliament of Uganda
115. Uganda: Gabrielle Lamoureille, IAVI
117. Uganda: Andrew O. Livex, Makerere University
118. Uganda: Liliane Luwaga, Ministry of Health
119. Uganda: Evelyn Lwanga, Cancer Charity Foundation
120. Uganda: Dr. B. Sarah Maku, Dept. Ob Gyn, Makerere University
121. Uganda: Issa Makumbi, Ministry of Health Uganda
122. Uganda: Bernadette Mandra, Hospice Africa Uganda
123. Uganda: David Mutahunga Masereka, Office of the President (RDC)
124. Uganda: Wimfred Masiko, Parliament of Uganda
125. Uganda: Akumu Catherine Mavenjina, Parliament of Uganda
126. Uganda: Frederick Nkayi Mbagadhi, Parliament of Uganda
127. Uganda: Julienne K. Mbonye, Medical Specialists Centre
128. Uganda: Brenda Menya, Olive Branch Initiatives Ltd.
129. Uganda: Beatrice Mpainwe, Parliament of Uganda
130. Uganda: Dr. Anthony Kihika Mugasa, Uganda Program for Human & Holistic Development
131. Uganda: Saouda K.N. Mugerwa, Parliament of Uganda
132. Uganda: Annet Mugisha, MRC
133. Uganda: Vincent Mugisha, Ibanda District Local Government
134. Uganda: Gladys Muhumuza, Inner Wheel Club of Kampala
135. Uganda: Dr. M.G. Mukabain, UNFPA
136. Uganda: Esther Mukasa, United Nations Development Programme
137. Uganda: Dr. Emmanuel Mukisa, Wakiso Local Government
138. Uganda: Dr. Elliot L. Munaaba, UNFPA/Ministry of Health
139. Uganda: Grace Murengezi, Ministry of Health
140. Uganda: Ambassador Gaspard Musavyarabona, Burundi Embassy
141. Uganda: Hon. Mrs. Janet Museveni, State House Entebbe
142. Uganda: Peter C. Mutuluuza, Parliament of Uganda
143. Uganda: Dr. Catherine Musoza, Medical Research Council Unit on Aids in Uganda
144. Uganda: Moses Mwanje Haruma, Arua Regional Hospital
145. Uganda: Dr. Henry G. Mweresa, Ministry of Health
146. Uganda: Zaituni Nabatenegga, Straight Talk Foundation
147. Uganda: Josephine Nabiita, Hospice Africa
148. Uganda: Evelyn Nabunya, Ministry of Health, Mulago Hospital
149. Uganda: Beatrice Kiberu Naggenda, Uganda Women’s Health Initiative
150. Uganda: Ms. Gloria Najjuma, Makerere University
151. Uganda: Dr. Clemensia Nakabiito, Mulago Hospital and Makerere University - Johns Hopkins University Research Collaboration
152. Uganda: Gertrude Nakigudde, UWOCASO
153. Uganda: Teddi Nakintu, Gombe Hospital
154. Uganda: Carolyn Nakisige, Mulago Hospital
155. Uganda: Adella Namagembe, St. James Bbiina Primary School
156. Uganda: Dr. Josephine Namakula, Dept. of Obstetrics & Gynecology, Mulago Hospital
158. Uganda: Harriet Namude, UWOCASO
160. Uganda: Dr. Annet Narwubya, UVRI/IAVI HIV Vaccine Program
161. Uganda: Dr. Miriam Nanyunja, World Health Organization
162. Uganda: Dr. Mercy Nassali, Gynaecology, Ministry of Health, Kiwoko Hospital
163. Uganda: Florence Sekabira Nayiga, Parliament of Uganda
164. Uganda: Dr. Joy Nayiga, Population Secretariat
166. Uganda: Margaret Nsubuga, Mulago Hospital
167. Uganda: Dr. Peter Ntuya, Mabale Hospital
169. Uganda: Joyce Nyirabahire, Kalinaabiri Primary School
170. Uganda: Sarah Nyombi Nansubuga, Parliament of Uganda
172. Uganda: Dr. Michael Odida, Makerere University
173. Uganda: Olive Guhinwa Odida, Mulago Hospital
175. Uganda: Jimmy Okot, Makerere University Business School
176. Uganda: Akol Susan Olomov, Uganda Red Cross Society
177. Uganda: Mr. Tom Omute, Ministry of Gender, Labour & Social Development
178. Uganda: Dr. Michael-Odongo Osmile, Kabale Regional Hospital, Ministry of Health
179. Uganda: Dr. Tom Charles Otim, Gulu Regional Referral Hospital
180. Uganda: Ngobi Alex Pande, Women’s Awareness Against Cervical Cancer
181. Uganda: Dr. Mayanja Romalo, Mbarara University of Science and Technology
182. Uganda: Beatrice Rwakimari, Parliament of Uganda
183. Uganda: Peter Sekwiyama, St. Francis Hospital Nsamba
184. Uganda: Jolly Kamugisha, C&J Medical Centre, Wakiso District
186. Uganda: Rachel Makiyingi, Olive Branch Initiatives Ltd.
188. Uganda: Liz Miriam Nabalwa, Makerere University Kampala
189. Uganda: Harriet Nakato
190. Uganda: Dr. Jennifer Sengoba, Hospice Africa Uganda
191. Uganda: Dr. Zac Kakyama Serubidde, AAR Health Services
192. Uganda: Dr. Rachel Seruyange, Ministry of Health
194. Uganda: Atim Eoen Sheilla, Parliament of Uganda
195. Uganda: Simone Sigirencda, IAVI
196. Uganda: Christine Deborah Ssengendo
197. Uganda: Dr. Gonzaga Gonzsa Ssenyondo, Masaka Regional Referral Hospital
199. Uganda: Mercy Tayebwa, UWOCASO
201. Uganda: David Tibemanya, Kambuga Hospital
203. Uganda: Bashajja Protazius Tigunhwayo, RDC Ibanda - Office of the President
204. Uganda: Mary Paula Turyahikaya Rebirungi, Parliament of Uganda
205. Uganda: Rureebwa D. Twine, Save a Woman Initiative
206. Uganda: James M. Wandira, Nakasongola District Local Govt.
207. Uganda: Dr. Jennifer Wanyana, Ministry of Health
209. Uganda: Edith Flavia Wesonga, Retired Nurse
210. Uganda: Edward Woabizi, District Education Office, Mbarara
211. Uganda: Oliver Wonekha, Parliament of Uganda
212. Uganda: Initiative for Cervical Cancer Prevention Organization
213. Uganda: Ministry of Health, Reproductive Health Division
214. Uganda: Entebbe Municipality
215. Uganda: Dr. Mumenge Prosoovia, AIDS Information Centre
216. US: Matt Price, Universities Allied for Essential Medicines
217. Zambia: Gricelia Mkumba, University Teaching Hospital
218. Zambia: Dr. Wilson Musim, Musende District
219. Zimbabwe: Dr. AM Nymomba, Ministry of Health
Lettre de soutien pour le dossier de l’UICC

Burundi, Mai 2008

À l’attention de l’Union Internationale Contre le Cancer – UICC.

Nous soutenons l’effort de mobilisation de l’UICC au niveau mondial et local en faveur d’une prévention organisée contre le cancer du col de l’utérus. Cette lettre témoigne de notre engagement dans l’effort pour éliminer le cancer du col dans le monde et donner accès à des stratégies de prévention efficaces et abordables aux femmes qui en ont le plus besoin.

Le cancer du col est la deuxième cause de mortalité par cancer pour les femmes du monde entier. Pour les femmes des pays en voie de développement, c’est le cancer le plus fréquent. Pratiquement tous les cas de cancer du col sont dus à une infection par le virus Papilloma humain (HPV), l’infection des organes génitaux la plus fréquente.

Dans les pays industrialisés, l’extension des dépistages et les traitements des lésions précancéreuses ont contribué à une baisse spectaculaire des taux de cancer du col de l’utérus durant les soixante dernières années. Cela contrastait avec la situation des pays en voie de développement qui sont lourdement touchés par 85% des cas de cancer du col et où les taux continuent d’augmenter, alors que la moitié de ces femmes de ces régions ne sont jamais ni dépistées ni traitées.

Après l’évaluation du potentiel préventif des nouveaux vaccins contre le cancer du col, la Fédération Mondiale Contre le Cancer réclame des programmes de vaccination contre le HPV pour les pays à faibles et moyens revenus. Elle réclame également des mesures spécifiques pour réduire les coûts, former les professionnels de la santé, et informer la population.

Néanmoins, il est clair que les programmes de vaccination doivent être développés en fonction de ce qui est abordable, réalisable et culturellement acceptable dans chaque pays, de plus, la vaccination ne se substitue pas au dépistage.

Le cancer du col de l’utérus n’est pas une fatalité et les nouvelles technologies fournissent désormais les moyens nécessaires pour modifier le cours de ces cancers. Aujourd’hui, la vaccination des jeunes filles contre le HPV permet d’éviter les lésions d’origine et de sauver bon nombre de vies durant les décennies à venir. De plus, une adaptation des méthodes de dépistage peut faire de la dépistage une réalité, même dans les pays les plus défavorisés.

Nous sollicitons votre engagement auprès des gouvernements et des autres institutions pour faire de la prévention contre le cancer du col de l’utérus une réalité.

DR MAURIKOYI Rosa Paula, Présidente
Alliance Burundaise Contre le Cancer - ABCC
Cameroon: Society of Gynaecologists & Obstetricians of Cameroon

SOCIETE DES GYNECOLOGUES - OBSTETRICIENS DU CAMEROUN
SOCIETY OF GYNAECOLOGISTS & OBSTETRICIANS OF CAMEROON
(SOGOC)

President : Prof. Robert LEKE
Vice Président : Dr Guy SANDION
Secrétaire : Dr Rebecca TONYIE
Secrétaire Adjoint : Dr Myriam TABOU TOUMAHAN
Trésorier : Dr Beathe BOLLO BIBBY
Trésorier Adjoint : Dr Emile MBOUDOU
Ex membres du Bureau : Dr Ernestine OWEF BEIL
Dr Jean TAGNE

Yaounde, March 7 2008

TO CERVICAL CANCER ACTION

We understand that Cervical Cancer Action is gathering evidence of global and country-level support for improved cervical cancer prevention. This letter indicates our strong support for comprehensive programs to protect girls and older women from this terrible disease. In our opinion, cervical cancer is something we can and should do something about.

The pain and suffering caused by cervical cancer hits the developing world particularly hard. As you may know, 85 percent of cervical cancer deaths occur in the developing world, in large part because screening programs do not reach many women in time. Improved screening and treatment, along with future vaccination, will be important elements of programs to reduce cervical cancer mortality.

We share your commitment that access to new technologies should follow disease not wealth. It is crucial that the costs of HPV vaccine and new screening technologies be reduced, and access increased, as quickly as possible. We stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

Signed,

Professor Robert J.I. LEKE

Prof. Robert J.I. Leke
M.D., F.C.G.S., F.I.C.C.E.
Societe des Gynecologues Obstetriciens du Cameroon
F.M.S.C. Yaoundé

Service aux femmes
SOGOC
To Cervical Cancer Action:

The Egyptian Society Of Gynecology And Obstetrics. We understand that Cervical Cancer Action is gathering evidence of global and country-level support for improved cervical cancer prevention. This letter indicates our strong support for comprehensive programs to protect girls and older women from this terrible disease. In our opinion, cervical cancer is something we can and should do something about.

The pain and suffering caused by cervical cancer hits the developing world including Egypt particularly hard. As you may know, 85 percent of cervical cancer deaths occur in the developing world, in large part because screening programs do not reach many women in time. Improved screening and treatment, along with future vaccination, will be important elements of programs to reduce cervical cancer mortality.

We share your commitment that access to new technologies should follow disease not wealth. It is crucial that the costs of HPV vaccine and new screening technologies be reduced, and access increased, as quickly as possible. We stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

With my best regards,

Prof. Ezzeldin Osman Hassan
Secretary General
The Egyptian Society of Gynecology & Obstetrics
Ethiopia: Mathiwo Wondu YeEthiopia Cancer Society

Isabel Mortara
Executive Director
International Union against Cancer
Geneva

Dear Isabel,

A very warm greeting from all of us here at Mathiwo Wondu-YeEthiopia cancer Society. Ethiopia, with a population of approximately 80 million is serving its people with meager resources and insufficient health care delivery infrastructures. The allocation of budget for health sector from national budget is about 7%, which apparently is one USD per person.

Coverage of basic health services and infrastructure in Ethiopia is extremely low. Only about 51.6 percent of the population has access to health facilities. Insufficient availability of essential drugs, inadequate health facilities and equipments and lack of trained medical personnel are major problems of the country. (Source: MOH 2001Report)

In most of the Sub-Saharan countries, cervix, breast, head and neck cancers are the most prevalent ones. Cervical cancer mostly affects young Ethiopian women with mean age 40 years (Black Lion Hospital, Radio Therapy Center).

This is some of the talking points to be considered in UIHC Dossier.

- We understand that the International Union Against Cancer – UIHC is gathering evidence of global and country-level support for improved cervical cancer prevention.
- Cervical cancer is preventable and new screening and vaccination technologies provide an unprecedented opportunity to make a difference. Cervical cancer is thus something we ought to do something about.
- This letter shows our commitment to the global effort to eliminate cervical cancer worldwide and provide girls and women who need it most with affordable and effective prevention strategies.
- Cervical cancer is the second largest cause of death from cancer in women worldwide.
- Virtually all cervical cancer is caused by infection with human papilloma virus (HPV), the most common viral infection of the reproductive tract.
- In industrialized countries, expanded screening and treatment have dramatically reduced cervical cancer rates over the last 60 years.
- 85% of cervical cancer occurs in developing countries, where the majority of women never have a check-up and where rates from cervical cancer continue to rise. According to the information received from the Black Lion Hospital, radiation department, the main cancer treating hospital in Ethiopia women make more than 70% of the total cancer patients, among which cervix cancer makes 35%.

Mathiwo Wondu - YeEthiopia Cancer Society

P.O.Box 88571
Add: Kebele Ketema Kebele 01 House No. 4843
Tel. No.: 231-411-6263029, 091227773, 0914415565
Registration Certificate No: 1392
To whom it may concern:

Ghana will like to add its voice to the growing chorus of organizations intent on mobilizing significant action against cervical cancer. For that reason, we have shared this communication with Cervical Cancer Action for inclusion in a global dossier documenting international interest in the issue.

In Ghana, cervical cancer is one of the most common female cancers and many of our women suffer terribly from this disease. When mothers, aunts, or grandmothers die from cervical cancer, it can tear the fabric of the family and put additional pressure on scarce, local resources. In some places it is common for these women to be caretakers of children left orphaned by HIV and other diseases.

Now we have an unprecedented opportunity to make a difference. New evidence suggests that simple visual inspection methods and new HPV DNA tests could make pre-cancer screening a reality even in the most remote settings. Better screening will result in lives saved in the next few years.

Furthermore, HPV vaccines given to young girls now will prevent future infections and save lives for decades to come. Programs designed to protect adolescent girls through vaccination have the potential also to offer other needed health interventions to that underserved population.

Our country is ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

Sincerely,

Ghana: Republic of Ghana Ministry of Health
Video statement by Ellen Johnson Sirleaf
President of Liberia

This video statement was sent to participants in the UNIFEM-EC conference *Fight against cervical cancer: challenges and opportunities for women’s health*, held 27-28 September, 2007 at the Palais d’Egmont in Brussels.

Following are excerpts from President Johnson Sirleaf’s statement. The full statement will be available for viewing online soon.

“Cervical cancer is an insidious disease that effects women in the prime of their lives. It is the leading cause of cancer death among women in developing countries…And yet, with good screening and follow up treatment, the disease is totally preventable…There also are two new vaccines.

My message to you today is to be visionary. Let us not get bogged down in bureaucracy and bottlenecks at this stage…We should use this process to improve women’s health and to involve all key actors…I would like to see healthy and educated women, at all levels of society, making decisions about their lives and the health of our country.

In Liberia, we now have a strong immunization program for children under five…we also vaccinate in schools, providing the platform for a pre-teen health package…If we think big, opportunities abound and creativity is enhanced.

The international community has already shown its commitment to health for all by creating various mechanisms to ensure that new health technologies reach those who need them, not only those who can afford them…I know that you share my vision that in the near future women around the world will not need to worry about themselves or their daughters who are vulnerable to this disease.

Today I would like to add my voice to those demanding that cervical cancer prevention gets the international political recognition it deserves. I feel that we are at the threshold of a new era of cervical cancer prevention. Let us now make this rhetoric into reality.”

President Ellen Johnson Sirleaf
September 2007
Malawi: Christian Health Association of Malawi

CHAM
CHRISTIAN HEALTH ASSOCIATION OF MALAWI
P.O. Box 30378, LILONGWE 3, Malawi.
Telephone Office: 01-775 180/404, 01-771 258 Fax: 01-775 406
E-mail: chamsec@cham.org.mw

Ref:
CH/10/34/Vol.II/92 4th February, 2008

Dear James Chayre,

I write in support of the Path’s initiatives in Cervic Cancer prevention. Christian Health Association of Malawi (CHAM) is aware of the dangers of cervical cancer. Statistics reveal that Cervical cancer kills about 2074 women each year. Cervix cancer has affected most women in development countries.

CHAM is aware that in the year 2006, the first HPV vaccine was licensed for cervix cancer. We are also aware that the second HPV vaccine is under clinical testing. We believe that the HPV vaccine will address the critical public health need and serve as a comprehensive element control strategy.

In view of the above, I would like to state that CHAM fully supports the cervix cancer prevention strategy that Path in collaboration with Cervix Cancer Action has undertaken.

Yours Sincerely,

Francis C Gondwe
EXECUTIVE DIRECTOR

All official correspondence to be addressed to
the Executive Director and not to individuals
Mesdames et messieurs,

Au Maroc, on estime le nombre de nouveaux cas de cancers entre 30,000 et 54,000 par an, dont près de 11,000 cas seulement sont pris en charge.

En général, Le cancer du sein occupe la première place avec 20% des cas suivi du cancer du col (13%), les lymphomes (7%), le cancer pulmonaire (6%) et le cancer colorectal (5.6%). 58% des cas sont des femmes dont la moitié ont moins de 46 ans.

Afin de lutter contre cette maladie, le gouvernement a élaboré une stratégie nationale qui vise en particulier à :

- Prioriser les cancers en fonction de leur fréquence, leur léthalité et leur vulnérabilité,
- Promouvoir la prévention du cancer,
- Développer l’infrastructure médicale requise,
- Faciliter l’accès aux soins aux malades cancéreux,
- Améliorer la qualité des soins depuis les soins primaires jusqu’aux soins palliatifs, y compris le soutien psychologique des malades,
- Mettre en place un système de surveillance du cancer,

Cette stratégie s’articule autour des axes suivants :

1. La promotion de la prévention du cancer par l’élaboration et la mise en œuvre d’un programme d’IEC : Information, Education, Communication,
2. La prévention primaire par la lutte contre les facteurs de risque connus et évitables,
3. Le dépistage et la détection précoces des cancers les plus fréquents, en l’occurrence, les cancers du col utérin, du sein et des cancers de l’enfant,
4. La décentralisation de la prise en charge des cancers par la création de centres régionaux d’oncologie,
5. La surveillance épidémologique par la mise en place de registres du cancer,
6. La formation du personnel médical et paramédical concerné,
7. La recherche fondamentale et la recherche opérationnelle par l’élaboration de projets en collaboration avec les CHU, le secteur privé, les ONG nationales et internationales

C’est ainsi qu’en matière de prévention, l’accent est mis sur la promotion d’un mode de vie sain avec en première priorité la lutte antitabac et ce, en terme législatif et réglementaire avec l’entrée en vigueur, depuis 1996, de la loi antitabac interdisant de fumer dans les lieux publics et interdisant la publicité en faveur du tabac. La sensibilisation du public, notamment des jeunes, l’aide au sevrage tabagique, de même que la signature de la convention cadre de l’OMS pour la lutte contre le tabac, confortent les mesures permettant de prévenir les pathologies cancéreuses.

Le Ministère de la santé, à travers d’autres programmes nationaux, mène des actions de prévention des cancers telles que l’immunisation contre le virus de l’hépatite virale B, la lutte contre les IST-Sida, lutte contre la bilharziose, etc.

D’autres départements ministériels (Emploi, Environnement,..) participent également à cette lutte.
Niamey le 26 Mai 2008

À L'ATTENTION DE L'UNION INTERNATIONALE
CONTRE LE CANCER – UICC

Nous soutenons l’effort de mobilisation de l’UICC au niveau mondial et local en faveur d’une prévention organisée contre le cancer du col de l’utérus. Cette lettre témoigne de notre engagement dans l’effort pour éliminer le cancer du col dans le monde et donner accès à des stratégies de prévention efficaces et abordables aux femmes qui en ont le plus besoin.

Le cancer du col est la deuxième cause de mortalité par cancer pour les femmes du monde entier. Pour les femmes des pays en voie de développement, c’est le cancer le plus meurtrier. Pratiquement tous les cas de cancer du col sont dus à une infection par le virus Papilloma humain (HPV), l’infection des organes génitaux la plus fréquente.

Dans les pays industrialisés, l’extension des dépistages et les traitements des lésions précancéreuses a contribué à une baisse spectaculaire des taux de cancer du col de l’utérus durant les soixante dernières années. Cela contraste avec la situation des pays en voie de développement qui sont lourdement touchés par 85% des cas de cancer du col et où les taux continuent d’augmenter, alors que la majeure partie des femmes de ces régions ne sont jamais ni dépistées ni traitées.

Après évaluation du potentiel préventif des nouveaux vaccins contre le cancer du col, la Déclaration Mondiale Contre le Cancer réclame des programmes de vaccination contre le HPV pour les pays à faibles et moyens revenus. Elle réclame également des mesures spécifiques pour réduire les coûts, former les professionnels de la santé, et informer la population.

Néanmoins, il est clair que les programmes de vaccination doivent être développés en fonction de ce qui est abordable, réalisable et culturellement acceptable dans chaque pays, de plus, la vaccination ne se substitue pas au dépistage.

Le cancer du col de l’utérus n’est pas une fatalité et les nouvelles technologies fournissent désormais les moyens nécessaires pour modifier le cours de ces cancers. Aujourd’hui, la vaccination des jeunes filles contre le HPV permet d’éviter les conséquences d’infections futures et de sauver bon nombre de vies durant les décennies à venir. De plus, une adaptation des méthodes de dépistage peut faire du dépistage une réalité, même dans les pays les plus défavorisés.

Nous soutenons votre engagement auprès des gouvernements et des autres institutions pour faire de la prévention contre le cancer du col de l’utérus une réalité.
To whom it may concern:

I am Sabikat Kassim-Momodu commissioner for Women Affairs and Social Development Edo State, part of the mandate of my ministry is to formulate policies and program geared towards improving the life of women, children, disabled and the less privilege.

One of the programs we are promoting in my State is screening for cancer of the cervix with acetic acid and subsequent treatment with cryogun.

We would therefore like to add our voices to the growing chorus of organizations intent on mobilizing significant action against cervical cancer. For that reason, we have shared this communication with Cervical Cancer Action for inclusion in a global dossier documenting international interest in the issue.

In Nigeria, cervical cancer is one of the most common female cancers and many of our women suffer terribly from this disease. Their death can tear the fabric of the family and put additional pressure on scarce, local resources. In some places it is common for these women to be caretakers of children left orphaned by HIV and other diseases.

Now we have an unprecedented opportunity to make a difference. New evidence suggests that simple visual inspection methods and new HPV DNA tests could make pre-cancer screening a reality even in the most remote settings. Better screening will result in lives saved in the next few years. We have been able to train some health attendants in the rural areas on how to screen for cancer of the cervix and the treatment there after with cryogun. We are yet to procure this equipment for all the local government areas.

Furthermore, we are informed that HPV vaccines given to young girls now will prevent future infections and save lives for decades to come. Programs designed to protect adolescent girls through vaccination have the potential also to offer other needed health interventions to that underserved population.

Our country is ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most. Please contact us for any further information.

Sincerely,

Sabikat Kassim-Momodu
Honourable Commissioner
10th April, 2008.

To Cervical Cancer Action,

LETTER OF SUPPORT FROM PRINCESS NIKKY BREAST CANCER FOUNDATION & STOP CERVICAL CANCER IN AFRICA CONFERENCE.

Princess Nikky Breast Cancer Foundation is the foremost non-governmental organization on breast and cervical cancer education and screening in Africa.

Since 2007, our Foundation has been championing the ‘Stop Cervical Cancer in Africa: Accelerating Access to HPV Vaccines.’ I therefore write on behalf Princess Nikky Breast Cancer Foundation and the African continent.

As we are all aware, cervical cancer is the commonest female cancer in Africa and Nigeria in particular. The disease burden is very high in developing countries, with very many women dying shameful and painful death. Oftentimes, because of the stigma associated with cervical cancer, women are mostly ostracized and abandoned by families and friends. Infact, in the continent of Africa, it is no longer mothers, grandmothers, sisters and aunts that are greatly affected, our young daughters are now passing through this very most traumatic experience.

However, as a result of scarce resources, inadequate manpower and large populations in Africa, organized screening programs hardly reach very many women. Princess Nikky Breast Cancer Foundation is indeed very excited about the prospects of improved screening technologies, treatment and vaccination with the simple visual inspection method and new HPV DNA tests, pre-cancer screening will become a reality in the remote villages of Africa. In addition, HPV Vaccines given to young girls in Africa will save lives for decades to come.

It is our hope that the World Health Organisation (WHO), the GAVI Alliance, UNICEF and other development partners, will do their best to make these screening technologies and vaccines become accessible as quickly as possible in Africa. Princess Nikky Breast Cancer Foundation and Africa is therefore strongly in support of Cervical Cancer Action.

Kind regards,

Sincerely,

FOR: PRINCESS NIKKY BREAST CANCER FOUNDATION

Princess Nikky Onyiri
Founder / Executive Director

HEAD OFFICE: Suite 130 Loxumba Complex Area 10, Garki, Abuja. (08022693395)
REGIONAL OFFICES: 4 Akabi Dammola St, Off Ribadu Rd, Ikoyi - Lagos. (08023191816)
No 26, Gajjin St, Off Okporo Junction, Port-Harcourt. (08037056876)
80B Opamiri St, Federal Housing Estate, Egbe Road - Owerri. (08056335187)
E-mail:nikkybcfoundation@yahoo.com
LAGOS STATE GOVERNMENT
MINISTRY OF HEALTH

Block 4
The Secretariat,
Alausa, Ikeja.
P.M.B 21007, Ikeja.

Tel./Fax No. 234-1-1-49
Website: www.lagosstateministryofheal

THE EXECUTIVE DIRECTOR,
CERVICAL CANCER INITIATIVE,
INTERNATIONAL UNION AGAINST CANCER (UICC)
62, ROUTE DEFRONTENEX, 1207, GENEVA,
SWITZERLAND.

RE: LETTER IN SUPPORT OF UICC DOSSIER

One of the objectives of the Lagos State Government is to guarantee the health of the entire citizenry of Lagos State. It was in realization of the above, that the Executive Governor of Lagos State, Mr. Babatunde Raji Fashola decided to include in the basket of the health prevention and promotion plans, the screening for cancers. These include breast, prostate, and cervical cancers.

In view of the above, I wish to express the full support of the present administration of the state, to the comprehensive cervical cancer prevention.

As we all do know, Cervical cancer is one of the commonest cancers in women worldwide and especially in the developing countries. Its high prevalence in Nigeria can be linked to the fact that there is no effective screening and awareness program for cervical cancer.

In Lagos State, free screening programs for breast and prostate cancers have been carried out. Plans are however on the way for the take off of the cervical screening and awareness program. The State Ministry of Health is willing to embark on comprehensive screening for cervical cancer using visual inspection techniques, treatment, vaccination and public enlightenment.

MISSION STATEMENT: “To deliver qualitative, affordable and equitable healthcare services to the citizenry applying appropriate technology by a highly motivated staff.”
We expect that our participation will go a long way in increasing the impact of your advocacy and consequent improved cervical cancer prevention.

Very best regards,

[Signature]

Dr. Jide Idris
Honourable Commissioner for Health
To the International Union Against Cancer (UICC),

We understand the UICC is gathering evidence for improved cervical cancer prevention. By means of this letter, we would like to show our commitment to the global effort to eliminate cervical cancer worldwide and provide those who need it most with affordable and effective prevention strategies.

Cervical cancer is the second largest cause of death from cancer in women worldwide. For women in developing countries, it is the biggest cancer killer. Virtually all cervical cancer is caused by infection with human papilloma virus (HPV), the most common viral infection of the reproductive tract.

In industrialized countries, expanded screening and treatment have dramatically reduced cervical cancer rates over the last 60 years. But in developing countries, where the vast majority of women never have a pap smear, the incidence and death rates from cervical cancer continue to rise.

Recognizing the potential of the new HPV vaccines to prevent cervical cancer, the World Cancer Declaration calls for HPV vaccination programmes in low and middle-income countries where the burden of cervical cancer is high and calls for specific actions to reduce costs and provide public and professional education, public policy and research.

We recognize that vaccination programmes need to be based on what is affordable, feasible, and culturally acceptable in our country and that vaccination is not a substitute for screening.

Cervical cancer is preventable and we are now in an unprecedented position where new technology provides us with the means to make a difference. HPV vaccines given to young girls now can prevent future infections and save numbers of lives for decades to come. Furthermore, improved screening methods could make efficient screening a reality, even in the most remote settings.

We share your commitment to work with governments and other sectors to make cervical cancer prevention work.

Signed,
Clement Adebamowo
President
From: AORTIC PRESIDENT
To: Princess Nikky Onyri
Princess Nikky Breast Cancer Foundation
Subject: Letter of goodwill

Princess,

I would like to thank you for announcing to AORTIC the holding of a Congress on cervical cancer on the theme: “Stop cervical cancer in Africa: Accelerating access to HPV vaccines.”

As a matter of fact, this is a pathology which falls within the list of the most frequent cancers in Africa and for which AORTIC spares no effort in general.

I welcome any initiative regardless of its source in order to contribute to the reduction of cervical cancer morbidity in Africa.

I therefore encourage “Princess Nikky Breast Cancer Foundation” which you head so that in Nigeria this cancer be combated in the upcoming years with HPV vaccines.

I wish you total success.

Keep us informed of the resolutions of your deliberations.

PAUL NDOM (DR)
AORTIC PRESIDENT

Yaounde, 11 July 2007
TO CERVICAL CANCER ACTION

We understand that Cervical Cancer Action is gathering evidence of global and country-level support for improved cervical cancer prevention. This letter indicates our strong support for comprehensive programs to protect girls and older women from this terrible disease. In our opinion, cervical cancer is something we can and should do something about.

The pain and suffering caused by cervical cancer hits the developing world and in our case, South Africa, particularly hard. As you may know, 85 percent of cervical cancer deaths occur in the developing world, in large part because screening programs do not reach many women in time. Improved screening and treatment, along with future vaccination, will be important elements of programs to reduce cervical cancer mortality.

We share your commitment that access to new technologies should follow disease not wealth. It is crucial that the costs of HPV vaccine and new screening technologies be reduced, and access increased, as quickly as possible. We stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

Signed,

F. GuidoZZi
President, SASOG
TAC issues global call for affordable access to HPV vaccines in the developing world

By moderator
Created 2008/10/28 - 10:38am

Medicine Access

TAC has issued the following global call for affordable access to HPV vaccines in non-OECD (developing) countries. Copies of the statement below will be delivered to representatives of Merck and GlaxoSmithKline, the manufacturers and patent-holders of the Gardasil© and Ceravix© HPV vaccines, respectively, in the near future. We ask individuals and organisations to please add their sign-ons to this important campaign:

“This is a request to reduce the price of the vaccine to $10.00 for all non-OECD countries. It is our firm belief that in the long-run the volumes generated by global access will ensure a reasonable profit for your shareholders. But, above all, this will save countless lives of women and girls now.

We also request that your companies co-operate with the public health sector to undertake efficacy trials in men and boys with a focus on MSM.

- The Treatment Action Campaign (TAC) welcomed the registration of GlaxoSmithKline’s prophylactic human papillomavirus (HPV) vaccine Ceravix by the South African Medicines Control Council (MCC) earlier this year. This followed the registration by Food and Drug Administration. These vaccines are life-saving. However, they are not available to women in South Africa and non-OECD countries because of excessive pricing.
- HPV and cervical cancer is common among women in South Africa and was the leading cause of cancer deaths (3498) in 2000 alone. Women throughout the world face a crisis with cervical cancer. It is the second most common cancer amongst women worldwide and the principal cause of cancer amongst women in Africa. Yet, an HPV-16/-18 vaccine would theoretically prevent 71% of cervical cancers worldwide and 67.7% in Africa.
- Epidemiological evidence clearly indicates that high-risk types of human papillomavirus (HPV) are the principal cause of invasive cervical cancer. The global prevalence of HPV in cervical carcinomas has been reported to be 99.7%.
- Clinical studies have shown that both Ceravix (GlaxoSmithKline) and Gardasil (Merck) effectively prevent persistent HPV infection. They demonstrate vaccine efficacy in the order of 98% to 100% related to HPV types 16 and 18, as well as offer partial protection against other HPV type infections.
Women living with HIV/AIDS are at elevated risk of HPV infection and cervical cancer at least 3-5 times more likely to be infected as HIV-negative women. In particular, there is an increased probability that HPV infection will become persistent in women living with HIV and evolve into precancerous and cancerous lesions.

Screening programmes for cervical cancer serves as a fundamental means of both reducing the prevalence of cervical cancer, and the mortality rate of cervical cancer in women.

Currently, the price of the Cervarix and Gardasil in South Africa ranges from R2100 to R2310 for the three necessary shots. This cost is prohibitive in both the public and private sectors in South Africa. The vast majority of women in South Africa have an income that is less than R1500.00 per month. Together with the need to vaccinate adult women in our society, in families where there are two or three children that may need vaccination, the costs may amount to the annual income of a household. This is also true in the broader context of disadvantaged women around the globe especially in Africa, Asia, the Caribbean and Central and South America.

At the current price, neither the public health system nor the private sector medical insurance industry can afford to provide access to those who need it.

This is a request to reduce the price of the vaccine to $10.00 for all non-OECD countries. It is our firm belief that in the long-run the volumes generated by global access will ensure a reasonable profit for your shareholders.

In addition, the HPV vaccine has not been tested in men and boys, this is particularly important for Men who have sex with Men (MSM) and gay men. The data shows a an elevated risk of HPV in MSM and gay men and particularly those with HIV infection.

We also request that your companies co-operate with the public health sector to undertake efficacy trials in men and boys with a focus on MSM.

We are aware that your representatives will meet with the Treatment Action Campaign and we ask that you consider these demands favourably in order to save lives of women, men and children in poor and medium income developing countries”.

To endorse this call or for media comment please contact:

Nomfundo Eland: 078 456 3842/ nono@tac.org
National Coordinator
TAC Women’s Rights Campaign

OR

Nosisa Mhlathi: 084 399 0031/ nosisa@tac.org.za
TAC Policy Researcher

TAC is a registered Section 21 company. Registration: 2000/029181/08, NPO: 043-770. VAT: 4070239977.

Source URL (retrieved on 2009/03/18 - 6:32pm): http://www.tac.org.za/community/node/2428
To: Cervical Cancer Action

We would like join with women groups, social leaders, policy makers, and international organization in their support to cervical cancer action in its global call to stop cervical cancer. Cancer of the cervix is an important cause of morbidity and mortality especially in developing countries. We are concerned that, by the year 2020, 95% of cases are expected to occur in this part of the world, where more than quarter of a million will die from cervical cancer every year.

Condition in Sudan does not differ from other developing countries. Despite the increased prevalence of the disease, few effective programs are available. Most patients still present at an advanced state of disease. The only available treatment is surgery or radiotherapy which is expensive and not accessible to most affected women. The primary approach to the control of the disease is therefore through prevention. Organized cytology screening programs are not feasible in many resource-poor setting, due to lack of infrastructure and demands of other competing heath needs.

Considerable attention is now being given to the development of alternative and easy affordable methods. New evidence showed that visual inspection methods and new HPV DNA tests can play an important role in the prevention and control of cervical cancer. Further more, HPV vaccine though appear remote from being used in the developing world due to cost and other social factors, but in reality it’s the only effective modality to protect our adolescent girls from this dreadful disease.

The obstetrical and gynecological society of Sudan (OGSSD) is committed to work in partnership with the international community in its effort to combat cervical cancer. We recognize that only a comprehensive prevention strategy that pairs cervical cancer vaccination with screening and treatment programs will reverse the threat of cervical cancer.

We believe and share the vision that access to improve screening programs and treatment, along with future vaccination are important women rights. We therefore share with other committed organization their support and endorsement to cervical cancer action in its great efforts to demonstrate broad-based global support to protect women from cervical cancer worldwide.

Prof. Abdel Latif Ashmaig
President
The obstetrical and gynecological society of Sudan
Tanzania: The Association of Gynaecologists and Obstetricians of Tanzania

THE ASSOCIATION OF GYNAECOLOGIST AND OBSTETRICIANS OF TANZANIA
(Affiliate of International Federation of Gynaecologists and Obstetricians)

HEAD OFFICE:
P.O. Box 65117
Dar es Salaam
Tanzania
Tel.: 151367 / 9 ext. 1179
Fax: 151471 / 151577

Our Ref: AGOTA/cancer/01/08

Your Ref: ........................................

To: Cervical Cancer Action

RE: AGOTA SUPPORT FOR GLOBAL ACTION FOR CERVICAL CANCER PREVENTION.

Our country Tanzania and AGOTA (The Association of Gynaecologists and Obstetricians of Tanzania) is submitting this letter to express our country’s and our organization’s strong support for rapid global access to comprehensive programs to protect girls and older women from cervical cancer.

We join the scores of other countries and leaders of civil society who share our commitment to improve cervical cancer prevention for all women and girls, no matter where they live. In our opinion, cervical cancer is something we can and should do something about.

This terrible disease is one of the most common causes of cancer-related death in Tanzania and other developing countries in Africa, in large part because screening and treatment programs do not reach many women in time. Cervical cancer afflicts women in their prime of life, and the ripples of this devastating disease are felt for their children, grandchildren, and larger communities. Access to improved screening and treatment, along with future vaccination, will be important elements of comprehensive programs to reduce cervical cancer mortality in our country. The faster we can get these technologies to our women, the faster we can save lives.

We share your commitment that access to new technologies should follow disease not wealth. We are counting on the leadership of multilateral organizations, governments, and industry to work to reduce the costs of the HPV vaccine and new screening technologies and increase access as quickly as possible. We stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

Prof. Richard Lusha
President AGOTA
M. le 27 Juin 2008

Madame Isabel Mortara
Executive Director IUCN

Objet : Lettre de Soutien pour le dossier de l'UICC en faveur d'une Prévention organisée Contre le Cancer du Col de l'Utérus

Madame,

Nous tenons à nous joindre à la mobilisation que vous suscitez concernant la Prévention du Cancer du Col de l'Utérus. L'Association Tunisienne de Lutte Contre le Cancer Membre de l'UICC depuis sa création en 1987 a fait de cet objectif son cheval de bataille. Le cancer du Col de l'Utérus est le 2ème cancer chez la femme tunisienne 6% des cancers. Dès le départ l'ATCC s'est associé à la sensibilisation à promouvoir le dépistage par frottis cervicaux utérin, geste peu coûteux et efficace pour aider à réduire la découverte de stades avancés.

Nous sentons toute l'importance de ce geste dans les stratégies de prévention pour ce cancer féminin d'autant que notre pays dispose d'infrastructure assurant le suivi des femmes dans les différentes régions de notre pays. Mais nous constatons par ailleurs que beaucoup de ces cancers auraient pu être évités par la vaccination des femmes qui en ont le plus besoin.

Nous sommes convaincus qu'une réduction substantielle des prix des vaccins contre le HPV et des technologies de dépistages adaptées permettraient la réduction de ces cancers et par le fait même allégerait ensuite les dépenses de santé concernant le traitement de cette forme de cancer.

Nous souhaitons vivement que l'Organisation Mondiale de la Santé continue à jouer son rôle pour obtenir l'accessibilité à la vaccination pour une éradication de cette forme de Cancer, comme elle l'a fait pour d'autres pathologies.

C'est pourquoi nous soutenons cette action d'envergure entreprise par l'UICC auprès des instanaces qui peuvent faire de la Prévention du Cancer du Col de l'Utérus une réalité mise à la portée de tous les pays en voie de développement.

Professeur Farhat Ben Ayed
El Comité d'ATCC
Uganda: Parliamentarian Hon. Sarah Nyombi Nansubuga

THE PARLIAMENT OF UGANDA
Parliament House, P.O Box 7178, Kampala Uganda.
Telephone 234349/2/6, 347438/9, 347440 facsimile: 346826 website: www.parliament.go.ug

THE REPUBLIC OF UGANDA
In any correspondence on this subject, please quote No. …………………

18th/02/2008

To: Cervical Cancer Action
   C/O American Cancer Society
   588 Broadway, Suite 504
   New York, NY 10012


We understand that Cervical Cancer Action is gathering evidence of global and country-level support for improved cervical cancer prevention. This letter indicates Uganda’s strong support for comprehensive programs to protect girls and older women from this terrible disease. In our opinion, cervical cancer is a disease we can and should do something about.

The pain and suffering caused by cervical cancer hits the developing world particularly hard. As you may know, 85 percent of cervical cancer deaths occur in the developing world, because screening programs do not reach many women in time. Improved screening and treatment, along with future vaccination, will be important elements of programs to reduce cervical cancer mortality.

The Network for African Women Ministers and Parliamentarians NAWMP Uganda Chapter shares your commitment that access to new technologies should follow disease not wealth. It is crucial that the costs of HPV vaccine and new screening technologies be reduced and access increased, as quickly as possible. As a Network, we stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

Signed,

Hon: Sarah Nyombi Nansubuga
Chairperson- NAWMP – UGANDA CHAPTER/ M.P. Ntenjeru North Constituency
February 18, 2008

To: Cervical Cancer Action
    c/o American Cancer Society
    586 Broadway, Suite 504
    New York, NY 10012

Re: Letter of Support to Improve Cervical Cancer Prevention Worldwide

The government of Uganda is committed to reducing the incidence of Cervical Cancer in Uganda. Uganda Ministry of Health affirms support and share the commitment of the Global Coalition in the effort to scale up access to new technologies to effectively address Cervical Cancer. It is crucial that the costs of HPV vaccine and new screening technologies be reduced, and access increased, as quickly as possible. We stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

We understand that Cervical Cancer Action is gathering evidence of global and country-level support for improved cervical cancer prevention. This letter indicates Uganda’s strong support for comprehensive programs to protect girls and older women from this terrible disease. In our opinion, cervical cancer is a disease we can and should do something about.

Signed,

Hon. Dr. Richard Nduhuura
Minister of State for Health (General Duties)
Uganda: Ministry of Health, Dr. Steven Malinga

17 March, 2008

Mr. Scott Wittet
Chairman - Cervical Cancer Action
C/o American Cancer Society
588 Broadway, Suite 504
New York, NY 10012

LETTER OF SUPPORT TO IMPROVE CERVICAL CANCER PREVENTION WORLDWIDE

The government of Uganda is committed to reducing the incidence of Cervical Cancer in Uganda. The Ministry of Health affirms support and share the commitment of the Global Coalition in the effort to scale up access to new technologies to effectively address Cervical Cancer. It is crucial that the costs of HPV vaccine and new screening technologies be reduced, and access increased, as quickly as possible. We stand ready to work in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

We understand that Cervical Cancer Action is gathering evidence of global and country-level support for improved cervical cancer prevention. This letter indicates Uganda’s strong support for comprehensive programs to protect girls and older women from this terrible disease. In our opinion, cervical cancer is a disease we can and should do something about.

Dr. Steven C. Malinga (MP)
MINISTER OF HEALTH.
Dear Nathalie and Viviana,

Thank you very much for this very useful information. I am now forwarding it to Dr Pierre Mpele, WR/Equatorial Guinea who requested it.

Despite the price which is still very high now, here in AFRO we think that HPV vaccination could be a very efficient intervention in Africa where early diagnosis of cervical cancer is not always possible. We are therefore very much interested in this approach and we are ready to work with you in this area.

We are pleased to hear that you are preparing with AFRO a Regional Meeting on Cervical Cancer Prevention in May 2008, I would like to recommend that a representative of Equatorial Guinea be invited in this meeting. I am also copying this correspondence to our colleague Dr Kamptatibe, who is the Regional Adviser of Adolescent Health in our DRH Division.

We stay in contact and certainly I will come back to you for more information.

Thank you for your collaboration.

Antoine
AFRICA: Cervical cancer vaults to WHO priority list

OUAGADOUGOU, 22 September 2008 (IRIN) - With cervical cancer cases rising across Sub-Saharan Africa, and 80 percent of women diagnosed too late to stop the cancer's deadly spread, the World Health Organization (WHO) is recommending screening and vaccination programmes throughout the region.

“WHO is going to strongly advocate with donors and decision-makers to list cervical cancer as a public health priority...because with a vaccine we can save lives by preventing cervical cancer.” said Jean Gabriel Wango, head of family health at WHO in Ouagadougou.

The vaccine will help fight the Human Papilloma Virus (HPV), which if left untreated, can develop into cervical cancer.

A silent killer's spread

“There is little investment in this disease and many of our women are unaware of it...so they die in silence,” said Sita Kaboré, president of Kimi, an association that runs cervical cancer screening campaigns in Burkina Faso.

A cancer physician at the UK-based Oxford University, David Kerr, says by 2020, 70 percent of the 15 million new cases of cancer diagnosed every year will be contracted in the developing world.

Cervical cancer is the most common tumour for African women, according to WHO. In Uganda, 80 percent of women with cancer suffer from cervical cancer, says Dan Murokora, a Uganda-based gynecologist.

But weak record keeping has hampered governments’ efforts to find out the disease’s morbidity rates; WHO advises governments to focus on record keeping in developing their prevention plans.

Screening

Cervical cancer is largely preventable but women need to be screened every three to five years to halt the deadly disease, according to Charlemagne Ouédraogo, a Ouagadougou-based gynecologist.

But in Sub-Saharan Africa, which lacks diagnostic equipment and national prevention programmes, only 5 percent of women are regularly screened for cervical cancer, according to WHO’s Boureima Hama Sambo, relegating most cases to late-stage, hard-to-cure diagnoses.

WHO is urging health ministries to make the HPV vaccine available in their national health plans to all 10 to 13-year-old girls in order to prevent the disease.

Reducing vaccine costs

The vaccine’s three doses cost a total of US$300, in a region where the average annual salary is about US$550, according to the UN Children’s Fund, UNICEF.

The Geneva-based Global Alliance for Vaccines and Immunization is expected to negotiate with pharmaceutical companies to bring the price down, while the UN, Program for Adaptation of Technologies in Health (PATH), and World Bank have pledged to help with costs so patients only pay US$45 for the vaccine.

Hurdling the cost barrier

For some of Africa’s health officials, this price reduction is key to their governments’ participation. “It is a good idea to integrate the HPV vaccine into programmes, but it remains too expensive. WHO and its partners need to assist countries to buy the vaccine first.” says gynecologist Caroline Leite from Cape Verde.

WHO’s Sambo dismisses these cost concerns, and says the vaccine should be widely available soon. “We think that there is an expression of political will and we think that very soon we’ll be able to roll out the vaccine for these populations,” he concluded.

Themes: [IRIN] Aid Policy, [IRIN] Health & Nutrition

[ENDS]

Report can be found online at: http://www.irinnews.org/Report.aspx?ReportId=80529

[This report does not necessarily reflect the views of the United Nations]
African Science News Service, ASNS

Tett advocates for war against cervical cancer

http://fromafrica.blogspot.com/

Friday July 6, 2007

By Henry Neondo, Nairobi journalist

The chairperson of the Kenya Women Parliamentarian Association and Nominated MP, Betty Njeri Tett urged the government yesterday to prioritize the issue of cervical cancer.

Speaking while launching the “Global Call to Action Campaign” in Nairobi at the ongoing International Women Summit in Nairobi, Tett said cervical cancer is entirely preventable, so it is unacceptable that women in Kenya and developing countries in general lack access to new innovations in preventing and treating this disease adding that women are an indispensable resource in every society adding that Women, and mothers in particular, know the value of vaccines in the prevention and control of diseases.

She challenged fellow women parliamentarians to be good advocates against cervical cancer saying it should be part of a comprehensive approach to reproductive health for both women and men.

She asked Parliamentarians to prioritize HIV & HPV vaccines in National Development Programmes, Health services, and National budget allocations.

According to Dr Musimbi Kanyoro, General Secretary, YWCA, cervical cancer which is caused by the human papillomavirus strikes more than 500,000 women annually.

In Kenya, Anne Korir of the Cancer Registry, Kenya Medical Research Institute said although there is no national cancer registry, yet the data KEMRI collects from Kenyatta National Hospital and other hospitals in the country shows that 20 percent of women in Kenya suffer cervical cancer, which is the second highest killing cancer in women.

Due to extreme limited screening and treatment, 80 percent of cervical cancer cases and deaths occur in developing countries making it the most common cause of cancer-related deaths for women in these countries.

New vaccines which protect against the most dangerous strains of HPV are largely unavailable in the developing world.

These vaccines and innovations in HPV screening and treatment for women have the potential to end the threat of cervical cancer worldwide.

“We are aware of the impact vaccines have had in the control of childhood diseases and the way they have helped in reducing infant and child deaths in our countries. Adding a vaccine for the prevention of cervical cancer to the list of existing vaccines is a major achievement of our time”, said Tett.

In Kenya, Merck Sharp and Dhome pharmaceutical has availed a vaccine, Gardasil, for immunisation young girls before their first sexual experience. But at USD380, few can afford vaccines and the civil society’s campaign launched yesterday aims to galvanise the global community to ensure that vaccines reach the poorer members of communities at affordable price.

“The world cannot afford to wait for new HPV vaccines and screening test to eventually trickle down from the wealthy to developing countries where women need these life-saving products”, said Dr Ariel Pablos-Mendez, a managing director, Rockefeller Foundation adding that cervical cancer is largely preventable and women must not be left to die for want of access to these products.
Hope for women as vaccine licensed

Mr. John Musungu

30-August-2007: The fight against cervical cancer moved a notch higher with the licensing of Cervarix, a vaccine that prevents contracting of the killer disease among women.

The vaccine, currently on sale following the authorisation of global pharmaceutical giant GlaxoSmithKline (GSK) to market the drug, will ultimately prevent the infections that cause cervical cancer in women — saving thousands of lives around the world.

The Ministry of Health’s Pharmacy and Poisons Board (PPB) cleared GSK to market the cervical cancer vaccine Cervarix early this month.

Kenya becomes the third country in the world after Australia and United Arab Emirates to license GSK to market the vaccine, which is expected to become a worldwide multi billion-dollar selling product.

GSK said that PPB granted it a registration approval on June 20 to start marketing the vaccine.

“In addition, GSK has also received EU positive opinion, and we expect to receive full registration to market it in the EU by September” said Dr William Mwatu, GSK’s Medical and Regulatory Affairs Director for East Africa.

But the vaccine, a breakthrough for both scientists and women around the world, comes at a cost — which might be unaffordable to most local women.

It costs Sh20,000 to receive a jab according to Dr Nicholas Muraguri, the Director of Health Promotion at the Ministry of Health. However, GSK, says its yet to set the retail price of the vaccine in Kenya.

The vaccine is selling at $100 (Sh6,700) in Australia.

“The drug is too expensive for most Kenyan women and therefore the Government together with other stakeholders will be lobbying with health donors to assist African countries to buy the vaccine in bulk,” Dr Muraguri told the Business Daily.

The Government has no powers to issue price controls for such drugs and thus Kenyan women will bank on market forces to regulate the prices.

According to GSK, cervical cancer is the second leading cause of cancer deaths in women under 45 years after breast cancer. It is responsible for 270,000 deaths worldwide every year. It occurs when infection from the human papilloma virus (HPV) becomes persistent and progresses to cancer.

Up to 80 per cent of sexually active women worldwide are likely to acquire a human papilloma virus infection in their lifetime. An estimated half of Britain’s younger generation get infected with a high-risk strain of HPV by age 30.

Some forms of HPV only causes genital warts, but others cause cervical cancer. The virus which causes most sexually transmitted diseases is transmitted through sexual intercourse — though not necessarily penetrative — and in some cases use of sex toys or surgical gloves.

Most cases of cervical cancer take about five years to progress from early cellular changes to life-threatening cervical cancer.

Dr Mwatu said that cervical cancer leads to painful intercourse and bleeding from cervical areas. If not checked the cancer could spread to other body parts such as the uterus. The vaccine can be given to girls before they are sexually active.

GSK reported that vaccine trials have shown a jab can offer 100 per cent protection against strains of HPV linked to about 70 per cent of cervical cancers.

Dr Muraguri says the vaccine started selling in Kenya three weeks ago and its popularity is expected to pick up gradually.

“This is a major milestone in promoting women reproductive health and it will mainly be targeted at women who are in their adolescence before they are sexually active,” Dr Muraguri said.

The seriousness of the disease is worrying Kenyan doctors.

According to Dr Muraguri, Kenya’s National Hospital — the largest referral hospital in East Africa — diagnoses about 500 women with cervical cancer every year, and cases of infection has been rising.

Two weeks ago, Mary Onyango, Kenya Breast Health programme executive director, identified breast and cervical cancers as the biggest killers among women while prostate, head, neck and throat tumours are killing many men in Kenya.

Data released in December by the Kenya Medical Research Institute cancer registry shows cervical cancer is now the number one killer of women, surpassing breast cancer. The data covering 3,310 cases showed cervical cancer accounting for 23 per cent of all cancer cases while penile cancer was almost non-existent despite being caused by the same virus — the HPV.

According to 2002 figures cited in the Lancet medical journal, researchers said cervical cancer is the most common cancer among women in many developing countries, where 85 per cent of the estimated 493,000 are new cases and 273,000 deaths occurred worldwide.
Civil Society Leaders Announce New Global Call to Stop Cervical Cancer

Global Health Strategies (New York)

SPONSOR WIRE
6 July 2007
Posted to the web 6 July 2007
Nairobi

Thirteen civil society and public health organisations, including World YWCA and Rockefeller Foundation, seek global access to new HPV vaccines and screening.

A coalition of leaders at the World YWCA International Women's Summit in Nairobi today announced the launch of the Global Call to Stop Cervical Cancer, a disease that kills more than a quarter of a million women each year. The Global Call aims to end cervical cancer by mobilising political support to ensure that every woman and girl has access to newly available life-saving vaccines and new tools for screening and treatment.

"Cervical cancer is entirely preventable, so it is unacceptable that women in developing countries do not have access to new innovations in preventing and treating this disease," said the Hon. Betty Tett, MP, Chairperson of the Kenya Women Parliamentary Association. "Political leaders must prioritise cervical cancer to ensure that all women, no matter how rich or poor, have access to new medical technologies that can save their lives."

Cervical cancer, which is caused by the human papillomavirus (HPV), strikes more than 500,000 women every year. Due to extremely limited access to screening and treatment, 80 percent of cervical cancer cases and deaths occur in developing countries, making it the most common cause of cancer-related death for women in these countries. New vaccines which protect against the most dangerous strains of HPV are largely unavailable in the developing world. These vaccines and innovations in HPV screening and treatment for women have the potential end the threat of cervical cancer worldwide.

"Cervical cancer, like HIV and AIDS, affects many women in Africa. African women must therefore play a leading role in prevention efforts," said Dr. Musimbi Kanyoro, General Secretary of the World YWCA, which is hosting a meeting this week in Nairobi that brings together 1,500 leaders from around the world to discuss issues related to HIV and AIDS. "AIDS activists have taught the world that there is a moral imperative to provide access to prevention and treatment services. We must extend these lessons to cervical cancer."

Researchers have long recognised a link between HIV and cervical cancer. HIV-positive women are about four times more likely to develop the pre-cancerous lesions that can lead to cervical cancer than HIV-negative women. By launching the Global Call at a conference focused on HIV
Activists Launch Global Campaign to Stop Cervical Cancer

http://www.hananews.org/WholeArticle.asp?artId=7690

July 6, 2007
by Ooko Daniel

NAIROBI, Jul 6 (HANA)--A coalition of leaders attending Women’s Summit in Nairobi Friday launched the Global Call to Stop Cervical Cancer, a disease that kills more than a quarter of a million women each year.

The Global Call which was launched at the global conference on HIV/AIDS underway in Nairobi aims to end cervical cancer by mobilizing political support to ensure that every woman and girl has access to newly available life-saving vaccines and new tools for screening and treatment.

“Cervical cancer is entirely preventable, so it is unacceptable that women in developing countries do not have access to new innovations in preventing and treating this disease, Betty Tett, chairperson of the Kenya Women Parliamentary Association.

The women leaders said political leaders must prioritize cervical cancer to ensure that all women, no matter how rich or poor, have access to new medical technologies that can save their lives.

Cervical cancer, which is caused by the human papillomavirus (HPV), strikes more than 500,000 women every year.

Due to extremely limited access to screening and treatment, 80 percent of cervical cancer cases and deaths occur in developing countries, making it the most common cause of cancer-related death for women in these countries.

New vaccines which protect against the most dangerous strains of HPV are largely unavailable in the developing world.

The leaders said the vaccines and innovations in HPV screening and treatments for women have the potential end the threat of cervical cancer worldwide.

“Cervical cancer, like HIV and AIDS, affects many women in Africa. African women must therefore play a leading role in prevention efforts,” Dr. Musimbi Kanyoro, General Secretary of
the World YWCA, which is hosting a meeting this week in Nairobi that brings together 1,500 leaders from around the world to discuss issues related to HIV and AIDS.

“AIDS activists have taught the world that there is a moral imperative to provide access to prevention and treatment services. We must extend these lessons to cervical cancer,” she said.

Researchers have long recognized a link between HIV and cervical cancer. HIV-positive women are about four times more likely to develop the pre-cancerous lesions that can lead to cervical cancer than HIV-negative women.

By launching the Global Call at a conference focused on HIV and AIDS, the organizers hope to encourage HIV activists and cervical cancer activists to learn from one another and share strategies to expand access to prevention and treatment.

“The world cannot afford to wait for new HPV vaccines and screening tests to eventually trickle down from wealthy countries to developing countries where women need these life-saving products, said Dr. Ariel Pablos-Mendez, a Managing Director at the Rockefeller Foundation.

“Cervical cancer is largely preventable, so we must not let women die for want of access to these products. We have an historic opportunity to save lives,” said Dr. Ariel.

The Global Call to Stop Cervical Cancer urges governments to prioritize cervical cancer in national development and health budgets, calls on multilateral agencies to ensure accelerated regulatory processes, appeals to international donors to ensure new vaccines and diagnostics are widely available, and calls upon industry to provide adequate supplies of new technologies at radically tiered prices.

Over the coming months, the leaders said the Global Call will be presented to policymakers at important high-level political events in an effort to demonstrate broad-base support to stop cervical cancer worldwide.

The European Commission is organizing a meeting in September to fully engage political leaders in the fight against cervical cancer.

“Far too many women are still dying of cervical cancer,” said Dr. Lieve Fransen, Head of Human and Social Development for the European Commissions Directorate General for Development.

“The public, private and non-profit sectors need to work together to ensure that these new technologies are made available without delay to all women and girls who need them, wherever they live.”
MP appeals to Govt on cancer
by Henry Neondo
July 7, 2007

The chairperson of the Kenya Women Parliamentarian Association and nominated MP, Betty Tett yesterday urged the Government to take the issue of cervical cancer as a top priority in health care.

Speaking while launching the “Global Call to Action Campaign” in Nairobi at the ongoing International Women Summit in Nairobi, Tett said cervical cancer is entirely preventable and therefore it was unacceptable that women in Kenya and developing countries in general lack access to new innovations in preventing and treating the disease, adding that women are an indispensable resource in every society.

She challenged fellow women parliamentarians to be good advocates against cervical cancer, saying it should be part of a comprehensive approach to reproductive health for both women and men.

She asked parliamentarians to prioritize HIV & HPV vaccines in development programmes, health services and national budget allocations. According to Dr Musimbi Kanyoro, general secretary, YWCA, cervical cancer affects more than 500,000 women annually.

In Kenya, Anne Korir of the Cancer Registry, Kenya Medical Research Institute (KEMRI) said although there is no national cancer registry, the data KEMRI collects from Kenyatta National Hospital and other hospitals in the country shows that 20 percent of women in Kenya suffer from cervical cancer, the second highest cause of cancer deaths in women.

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“We are aware of the impact vaccines have had on the control of childhood diseases and the way they have helped in reducing infant and child deaths in our countries.

She added vaccine for the prevention of cervical cancer to the list of existing vaccines is a major achievement of our time,” said Tett.

In Kenya, Merck Sharp and DHome pharmaceutical has availed a vaccine, Gerdasil, for immunizing young girls before their first sexual experience. But at $380, few can afford vaccines and the civil society’s campaign launched yesterday aims to galvanize the global community to ensure that vaccines reach the poorer members of communities at affordable price.

“The world cannot afford to wait for new HPV vaccines and screening test to eventually trickle down from the wealthy to developing countries where women need these life-saving products,” said Dr Ariel Pablos-Mendez, a managing director, Rockefeller Foundation, adding that cervical cancer is largely preventable and women must not be left to die for want to access to these products.
CANCER AWARENESS MONTH

Women urged to go for testing

By JOHN NGIRACHU

A campaign to spread awareness about cervical and breast cancer was launched in Nairobi yesterday.

The drive, which is part of events to mark the cancer awareness month, aims at encouraging women to get tested for breast and cervical cancer.

It also seeks to ensure that women access the cervical cancer vaccine at factory rates.

Prevention

Speaking at the Well Woman Clinic in Nairobi West, Kenya Medical Women’s Association trustee Jane Miano said statistics showed that up to 2,000 women died of cervical cancer in Kenya each year, and that one of the two cancers affected one in every eight women below 50 years of age.

Projections show that without a marked improvement in cervical cancer prevention, more than a million new cases will occur each year by 2050.

Scientists recently discovered a vaccine for the human papilloma virus that causes the disease.

But at a cost of between Sh10,000 and Sh15,000, it still remains beyond the reach of most Kenyans.
End cervical cancer now
Ellen Johnson-Sirleaf: COMMENT
17 December 2007 11:59

Since becoming president of Liberia last year, it’s been my mission to empower women in all aspects of government and society. But I can’t help to empower them if they die from a disease that is now within our reach to stop. Today, we have a historic opportunity to save 250 000 women every year by eradicating cervical cancer.

This opportunity comes from breakthrough vaccines that protect against most cases of cervical cancer. But that protection is useless to women who don’t get the vaccines, or to women whose countries can’t afford them. So I join in solidarity with the European Commission to seek a global commitment to end what has now become a preventable disease.

Nearly all cases of cervical cancer, it is now known, are caused by strains of the sexually transmitted human papilloma virus, which strikes 500 000 women every year. While four out of five cervical cancer deaths occur in developing countries such as Liberia, its impact is nonetheless felt everywhere.

The developing world is struck disproportionately hard by cervical cancer, where about 80% of cases occur. The disease usually strikes women between the ages of 35 and 50, which has catastrophic consequences in developing countries where women are the backbones of their societies, communities and families.

The commitment will require effort by rich and poor countries, industry and activists, doctors and nurses to vaccinate every girl. Developed countries need to extend vaccine protection to all girls, as the United Kingdom has done. But special effort is needed in the developing world, where 200 000 women still die from cervical cancer every year. For Liberia, this will save not only our daughters, sisters, aunts and mothers but also our farmers, market vendors and the foster parents of Aids orphans.

Protecting every girl in Europe will also help protect every girl in Africa. Because vaccine producers can recover their investment with sales to developed countries, deeply reduced prices are possible for developing nations, allowing us to protect our girls as well. This tiered pricing is not revolutionary and the experience with Aids shows the world will no longer accept a situation in which where you live determines whether you live.

Just as with Aids, some think it impossible, or a poor investment, to fight cervical cancer in the developing world. Given the host of other, equally grave medical needs in such countries, which typically spend less than $15 per person per year on healthcare, that grim assessment might seem fair. But the development of these vaccines means it is now possible to end a cancer that claims most of its victims in the developing world by giving the same state-of-the-art prevention to women in the poorest countries as in the wealthiest.

We stand at a historical threshold: cervical cancer can be eliminated in our lifetimes through greater investment in vaccination, screening and treatment. With a relatively small expenditure of capital and political will, we could eradicate a fatal disease. The world can choose not to accept the preventable deaths of hundreds of thousands of women, whether in Monrovia, Marseille or Manila. We no longer have to watch helplessly as cervical cancer kills a million women every four years. We now know how to save them, and we should all help. Before these breakthrough vaccines, their deaths were tragic. Failing to act now, when help is in reach, means future deaths will be needless as well.

Ellen Johnson-Sirleaf is the president of Liberia
OPEN FORUM AND COMMUNIQUÉ

Prof Francis Durosinmi - Etti: Chairman, National Consultative Committee on Cancer Control in Nigeria.

ISSUES RAISED

Many issues were raised during the course of the open forum, as well. They are, here, summarized, concerning the following:

1. Cancer of the Cervix is the second most common cancer among women worldwide.
2. It is the leading cause of death from cancers among women in the developing world.
3. Cure can In Africa, women with this cancer present in the advanced often stage when no be achieved.
4. This cancer is caused by a virus called the Human Papillomavirus and is detectable by screening women who are sexual exposed for the precancerous lesions.
5. There is lack of awareness of screening among the populace and where the screening is available; most women do not present themselves for the screening programme.
6. Cancer of the Cervix is preventable by the use of the HPV Vaccine.
7. The traditional Papanicolaou Smear is too expensive for most developing countries.
8. There is only a handful of Hospice Services in Africa.
9. HPV Vaccine is available in some African countries but presently too expensive.

RECOMMENDATIONS

1. There is a need to support advocacy in Africa to create necessary awareness among the people about the need for mass screening for Cervical cancer and HPV Vaccine.
2. There is a need to look into Visual inspection with Acetic Acid (VIA) as alternative to screening and offer treatment with Cryotherapy.
VIA is simple, cheap and easy to teach Non-Medical Personnel on its use.

3. There is a need to involve the Communities, Health Professionals, Non-Governmental Organizations, Faith-Based Organizations in the Planning and information disseminations.

4. There should also be a Multi-Sectoral Approach to addressing the problem of Cervical Cancer.

5. There is a need to involve Policy Makers in the Prevention Programmes of Cervical Cancer.

CONCLUSION / RESOLUTIONS

1. There is a need to involve everyone: Health Professionals, NGOs, FBOs and the Communities in the Prevention of Cervical Cancer.

2. There is the need for increased awareness for screening programme across Africa. Hence, the simple, cheap VIA/Cryotherapy method should be introduced alongside the Pap Smear.

3. Vaccines could be subsidized by partnership between African Governments, Pharmaceutical Companies and International Agencies.


5. The Second Stop Cervical Cancer in Africa: Accelerating Access to HPV Vaccines will hold in Cape Town, South Africa from 22nd to 23rd in July, 2008. However, as a result of the on-going PATH HPV Vaccine project in Uganda, the meeting equally agreed that The Third Stop Cervical Cancer in Africa Conference should hold in Kampala, Uganda in July, 2009.

6. Africa is very grateful to Bill & Melinda Gates Foundation for supporting the First Stop Cervical Cancer in Africa: Accelerating Access to HPV Vaccines Conference in Abuja, Nigeria.
CANCER ADVOCACY IN NIGERIA

The Princess Nikky Breast Cancer Foundation in Nigeria is the foremost non-governmental organisation on breast / cervical cancer awareness, education, screening, treatment and palliative care in Nigeria. It is based in Abuja with four regional offices.

The Founder and Executive Director, Princess Nikky Onyeri had a breast cancer scare in Nigeria in 1993. Her immediate trip to UK for a second opinion confirmed she had a cyst which led to her return to Nigeria to establish the Foundation in 1995 to focus on Cancer in general with emphasis on breast and cervical cancer. Prior to this, there was no cancer advocacy movement in Nigeria as most NGOs focused on Malaria and HIV/AIDS.

In our twelve years of existence, the Princess Nikky Breast Cancer Foundation has brought country, regional and international focus to Cancer in Nigeria, Africa and Developing Countries. Its activities led to the Government of Nigeria, through its Federal Ministry of Health to:

1) Create a National Cancer Control Programme within the Ministry, headed by a Co-ordinator.
2) Include the Annual World Cancer Day Celebration of 4th February in the country’s Health Calendar.
3) Establish a National Consultative Committee on Cancer Control - presently drafting Nigeria’s Cancer Plan.
4) Upgrading some hospitals into Cancer Centres for screening, treatment and research.

On a local level the Princess Nikky Breast Cancer Foundation collaborates with organisations such as the National Council of Women Societies - an umbrella organisation of all women organisations in Nigeria and Broadcasting Organisations of Nigeria, another umbrella body of radio/television stations in Nigeria to bring cancer education closer to the people. In fact, cancer is no longer a disease associated with death but is now openly discussed as a result of our Survivor Group that has given a face to cancer issues.

On an international level, the Founder/Executive Director : Princess Nikky Onyeri is globally recognised as a trained Advocate and Motivational Speaker that has given a voice to Cancer in Nigeria, Africa and Developing Countries. She was recently nominated into the International Board of Advisors by the Medical Knowledge Institute in Holland.

The Princess Nikky Breast Cancer Foundation works with international organisations such as the International Union Against Cancer, International Atomic Energy Agency and Susan G. Komen for the Cure. The Foundation recently organised the IST STOP CERVICAL CANCER IN AFRICA: ACCELERATING ACCESS TO HPV VACCINES CONFERENCE in Abuja, Nigeria which was held from 24th - 25th July, 2007. The hugely successful meeting that was supported by Bill & Melinda Gates Foundation will now be an annual event with the next meeting in to be held in Cape Town, South Africa in July, 2008. Equally, the Foundation’s 1ST ANNUAL BREAST CANCER IN AFRICA CONFERENCE will be held in Abuja, Nigeria in March, 2008.

Princess Nikky Onyeri, Founder/Executive Director of the Princess Nikky Breast Cancer Foundation in Abuja, Nigeria

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Princess Nikky Onyeri, visiting a breast cancer survivor with her doctor
Govt targets 40 per cent reduction in cancer cases by 2010
From Funmi Awoyale, Abuja

MINISTER in charge of Health, Dr. Hassan Lawal has unveiled plans by the Federal Government to reduce the rising cases of cancer by 40 per cent by 2010.

He spoke in Abuja at the weekend at a Cancer stakeholders meeting.

"Within the next two years, we expect a 40 per cent reduction in cancer morbidity and mortality and 80 per cent reduction in incidence of preventable cancers", he said.

According to Lawal, the Ministry of Health has adopted a multidisciplinary and holistic approach to reducing the incidence of the cancer through aggressive prevention strategies, encouraging early detection and effective immunisation of adolescents.

These efforts he noted, have led to the development of a five-year National Cancer Control Plan, collaboratively developed by the Federal Ministry of Health and the National Consultative Committee for Cancer Control and expected to last between 2008 and 2013.

He disclosed that the Federal Government would soon establish the first National Cancer Centre in Nigeria to cater for all Gold standards in providing prevention, research and management of cancer.

Lawal, who stressed need for a major intervention to improve the quality of life of cancer patients especially in the area of pain control, pointed out the need for states, local councils and ministries to set up cancer screening centres in every local council clinic.

His words: "Cancer that is preventable must be prevented, so efforts are being made to partner with the Global Alliance for Vaccines and Immunisations (GAVI) to reduce the cost of human papillomavirus (HPV) vaccines from the current $240 per child to hopefully below $3, so that it can be incorporated into the National Programme on Immunisation".

The Minister however, added that while the result of this effort is being awaited, the user friendly and inexpensive cervical cancer screening that involves using Visual Inspection with five per cent Acetic Acid is being aggressively scaled up.

He said the Ministry has also collaborated with the Nigerian Nuclear Regulatory Authority (NNRA) and the Nigerian Atomic Energy Commission to develop a Country Programme Framework, which will encompass scaling up of necessary equipment for cancer management and regular capacity building of skilled personnel.

"The Federal Republic of Nigeria, through the Federal Ministry of Health is determined to address the growing cancer burden towards achieving Vision 2020. Accurate data is the key to effective planning and the Ministry intends to address the lapses in keeping accurate data on the cancer burden by upgrading the existing cancer registries in Tertiary Health Institutions, while increasing the capacity of the National Cancer registry in Ibadan to collect information from the six zonal cancer registries”, he said.

The Minister called for private sector involvement as the Federal Government works towards making a success of the National Cancer Plan, adding that "every stakeholder is today given the opportunity to fit into the big picture, you must all document your contributions to curbing this dreadful disease”.

Wife of the President, Hajia Turai Yar’Adua at the occasion restated her commitment towards the establishment of the first National Cancer Centre in Nigeria.

Represented by the wife of the Vice President, Dame Patience Goodluck Jonathan, Hajia Turai urged all stakeholders to rally support for the Federal Ministry of Health as it shoulders the burden of fighting to a halt the dreaded disease in Nigeria.

Her words: "I have thrown my weight behind the establishment of the first National Cancer Centre in Nigeria. I will like us to rally round the Federal Ministry of Health as we take this bold step. No contribution is too little as long as we are focused on the goal.”

http://www.guardiannewsngr.com/news/article07/250808

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30th July, 2008.

Dear Colleagues,

CALL TO ACTION ARISING FROM THE 2ND STOP CERVICAL CANCER IN AFRICA CONFERENCE

The 2nd Stop Cervical Cancer Conference was held in Kampala from 21st - 22nd July, 2008. This successful conference was hosted by the First Lady of Uganda, Hon. Janet K. Museveni.

Presentations made at this meeting indicated that cervical cancer was labeled “a silent killer” and over 200 million women over 15 years of age are at risk. Of the 270,000 deaths from cervical cancer worldwide, 85% are in Africa. The main reasons for this high burden are lack of screening programs and limited access to health care. The good news is that cervical cancer is preventable; the cause is known, it can be detected early through effective screening, and a vaccine is now available. The HPV vaccine, if widely used for young girls, could prevent up to 80% of cervical cancer cases per year, majority of these in Africa.

It is with this background that I call upon all delegates, policy makers and program implementers to implement the commitments arising from this conference within their respective countries.

The commitments from the conference include:

1. All African governments through their Ministries of Health will initiate, fund and implement national cervical cancer prevention programs by the next Stop Cervical Cancer Conference.

2. All African Governments should ensure licensure of the HPV vaccines.

3. Health professionals will implement training programs for health providers to develop competence in cervical screening and treatment of pre-cancer.
4. Parliament, NGOs and civil society groups will work in partnership to advocate for access to cervical screening services and affordable HPV vaccines.

5. Every woman who gets in contact with any health facility must get a cervical screening test, the lack of which will render that visit incomplete.

I recognize that some of these may require updates or changes in current health policies but by and large most can be accommodated in existing policies.

With the available technologies, we should not deny women a right to a cervical cancer free life. Let us focus our energies to ending the suffering caused by cervical cancer.

Yours sincerely,

Dr. Richard Nduhuura M.P.
MINISTER OF STATE FOR HEALTH (GENERAL DUTIES), UGANDA.
CLOSING REMARKS BY HON SARAH NYOMBI
THE MINISTER OF HEALTH
MINISTRY OFFICIALS
PATH
SAVE A WOMAN INITIATIVE Uganda
ALL PARTICIPANTS

Happy New Year to you all.

As we are all aware, cervical cancer is a preventable disease. This is our starting point as stakeholders in prevention of cervical cancer. The onus is on us to raise awareness, to co-ordinate key messages and advocate for the new vaccines available.

I had a privilege of attending a conference on the fight against cervical cancer, which was held in Brussels in September 2007.

This was a landmark in the fight against cervical cancer, as it brought together politicians, policy makers, industry and regulators, research groups and civil society organisations from around the world.

It was observed that, the greatest obstacles to the prevention and treatment of cervical cancer are; poverty, the stigma attached to the disease, the lack of awareness and knowledge, the lack of attention to women’s health world wide and the weakness of under funded health system.

During that conference, participants identified cross cutting principles including:

1. The need for comprehensive cervical cancer plan that incorporates multiple methods and approach into broader national strategies for cancer preventions and women’s health.
2. The involvement of girls in all aspects of strategy design, roll out and assessment; women and women’s organisation; and broad multi-stakeholder partnership, including parliamentarians, private sectors groups, men and boys, youth, groups, health professionals. Etc.
3. Working in partnership and in complementarity with the private sector and building public /private partnership which may include the supply and distribution of the new screening tools and vaccines.

It was agreed that it is now time for ACTION and moving forward based on what we know. Priorities for action included:

1. The facilitation of multi-stakeholder debates at country level to start developing country specific strategies, building country ownership and approaches towards cervical cancer prevention and treatment.
2. Gathering evidence and data, particularly to answer the remaining questions about the vaccine to support the creation or strengthening of cervical cancer registries in countries in which inadequate data exists about the nature and prevalence of cervical cancer. Providing an economic case (cost-effectiveness studies) to inform the selection of the most suitable strategy/ies for fighting cervical cancer.
4. Educating multiple stakeholders, to clarify misperceptions and build knowledge, particularly: boys/men; girls/women, health professionals and educators, relevant national ministries; local, traditional and new media
5. Advocacy in strategic places using all available opportunities to link cervical cancer information to key events and Networks, such as the Parliamentarians Networks on Reproductive Health, NGOs etc.
Members of Parliament advocating for reproductive health for all women in Uganda have joined the fight against cervical cancer.

The MP’s under their umbrella body, Network of African Women Ministries and Parliamentarians Uganda Chapter (NAWMP-U) have embarked on sensitising women on dangers of cervical cancer and how it is curable at its initial stage.

The chairperson of the Association, Ms Sara Nyombi, (MP for Ntengeru North) said; "If you look at the statistics on reproductive health prepared by the Population Secretariat, 30 per cent of women who go for gynaecological check up die every year due to cervical cancer.”

Ms Nyombi made the remarks at a one-day sensitisation workshop organised by the association for female workers leaders on the topic “Reproductive health and the way forward for the women in Uganda” in Kampala last week.

The association is working hand in hand with the Association of Obstetricians and Gynaecologists of Uganda (AOGU), who are urging women to visits health centres to know their cervical cancer status because the disease is curable if detected early.

Dr Zake said the risk factors of this virus include having sexual intercourse at a young age, multiple sexual partners, smoking, pregnancies, immune suppression due to HIV/Aids infection and lack of consumption of fruits and vegetables.

The Ministry of health has opened health facilities where testing and treatment of cervical cancer can be accessed free of charge and these include, Mulago Referral Hospital, Nguru Health Centre and the KCC Clinic in Kawempe.
The silent killer as cervical cancer, popularly called, brought together hundreds of both locals and foreigners in a common cause to find ways of reducing its prevalence.

The 2nd Stop cervical cancer in Africa conference was held at Imperial Royale Hotel Kampala under the theme "Accelerating access to Human papilloma virus (HPV) vaccines," drawing participants from the African state houses (first ladies or their representatives), parliamentarians, health ministers, doctors, ambassadors, speakers and delegates from different parts of the world. Accelerating access to this vaccine was seen as a way to help curb cervical cancer, the leading cause of deaths among women in Africa who are at the prime of life.

Cervical cancer is the growth of abnormal cells in the cervix (the mouth of the uterus) and is the second leading cause of deaths of women in the world after breast cancer. However, it is caused by a virus called Human papilloma virus (HPV), which is passed mainly through skin-to-skin genital contact. Every sexually active woman is at risk of getting cervical cancer and the great prevalence, according to Glaxo Smith Kline, a cervical cancer vaccine manufacturer is women aged less than 25 years.

It is estimated that 80 percent of cancer suffered by women in Africa is cervical cancer, and the worst bit of it is that these cases are reported while in their late stages when little help or nothing can be done to avert the situation.

According to Dr Richard Nduhura, the State Minister for Health, 75 percent of women in Uganda are infected with the virus which causes cervical cancer, while Dr Stephen Malinga, the Minister of health revealed 80 percent of these cases are diagnosed in late stages. He recommends that every woman (mostly those who are sexually active) who visit the hospital or clinics should count those visits incomplete unless an examination or test is carried out by the medical worker.

The HPV vaccine is the newest treatment of cervical cancer on the global market where girls and younger women are vaccinated against the HPV virus which causes the disease. The programme has already taken ground in the western district of Ibanda and is spear headed by PATH.

However, this treatment is expensive and throughout the conference, pleas from all the speakers and delegates present were to look for a way of distributing the vaccine at a subsided fee or freely supplying the medicine in Africa.

The First Lady of Uganda Janet Museveni who was the chief guest noted that women suffering from cervical cancer are often stigmatised by many people even their closest friends and relatives because of the smell they have as a result of this disease. They also face problems with their spouses and it is sad to say that these are the poorest women.

She called for the strengthening of African women economically and partnership with policy makers and goodwill ambassadors. Ms Jan Agosti, the senior advisor of the Bill and Melinda Gates foundation announced that they are looking into working with Gavi funds, to see that the vaccine is effectively supplied to those who need it most at a subsided fee.

Princess Nikky Onyeri, the founder of Princess Nikky Breast Cancer Foundation amidst tears of joy about the high turn up of participants gave her testimony of how she thought she had breast cancer and that thought almost killed her hence rising to the challenge of helping to save women suffering from cancer.

The two-day conference that was organised by Princess Nikky Breast Cancer Foundation and The Melinda Gates Foundation, World Health Organisation and Usaid discussed, approved and encouraged screening as the first element on the way forward for the women in this campaign. Vaccination will do a great job in coming years and parents, stakeholders and policy makers should lead the way by going for the screening though the pap smear test.

Ms Museveni was announced the first chairlady of the "Africa Stop Cervical cancer campaign amidst great applause from the audience and the inauguration ceremony will be held in October.

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http://www.monitor.co.ug/artman/publish/full_woman/Stopping_the_silent_killer_68760.shtml
*Vaccine for cervical cancer*

The pilot vaccination project due in June will target young girls between the ages 10-20.

**Sheila Naturinda**

Approximately 274,600 women mostly in developing countries like Uganda die of cervical cancer of the cervix every year.

Cervical cancer is the leading killer of all the cancers that affect women in the world. Ms Sarah Niyoni says however that the cancer can be treated if detected early.

“That is the reason the government has accepted the vaccination efforts,” she says.

The Human Papillomavirus (HPV) vaccine, the first in the country is to be administered first in Ibanda and Nakasongola districts before being taken to the rest of the country. The primary cause of the cancer is HPV, which is sexually transmitted although it is believed that it can also be transmitted through skin-to-skin genital contact without sexual intercourse and anyone who engages in sex risks getting the HPV infection.

In Uganda, over 80 percent of women are diagnosed very late when it cannot be prevented. This is the reason the vaccination is to be administered to young girls who are not yet sexually active.

In most districts in Uganda, some women always complain of abnormal bleeding. Doctors believe this is a sign of the cancer which should be attended to immediately it sets in.

The Network of African Women Ministers and Parliamentarians (Uganda Chapter) have advocated for the vaccinations because cancer of the cervix has remained a major health risk globally and in Uganda in particular. Ms Sarah Niyobi, the chairperson of the network says almost a third of the cancers at the country’s largest hospital Mulago are cervical cancers. Cancer can be of many types. There is breast cancer, ovarian cancer, cancer of the uterus, fallopian cancer, and cervical cancer which is believed to be a major killer of all the cancers.

The pilot vaccination project due in June will target young girls of ages 10 to 20. “This is because these young girls are not yet exposed to sex. The more the sex exposure, the more risks of contracting cervical cancer,” she says.

She adds that the vaccine is given in form of an injection in the upper arm and it takes three doses to fully achieve its effectiveness.

In many developing countries, Uganda inclusive, there are few screening services for prevention, diagnosis and treatment of the cervical cancer. This therefore calls for vaccination services to protect young girls against the HPV virus that may cause the cancer later in their lives. The disease is less common in developed countries, where regular checkups (screening services) are available.

Health workers say the vaccine is given in three doses. The second dose is given one month after the first dose and the third six months after the first dose.

However, cancer of the cervix can also be prevented through screening and also through life-long abstinence.

Ms Beatrice Rukumuna a member of the same women network says that out of 100 women, 40 suffer from the cervical cancer in Uganda but they do not know it.

She says fighting cancer of the cervix is the only way the country can achieve maternal health.

“If it is detected early, the patient can be put on radiography and this would ease the pain the cancer subjects the woman to,” she says.

Cervical cancer can take 10 to 15 years hibernating in one’s body before it manifests itself so most people live with it blindly.

The onset signs of the cancer are painful sexual intercourse, abnormal bleeding out of the usual cycle, and vaginal warts.

Ms Niyobi, MP Ntenyu County says she has frequently received complaints of women who experience excessive bleeding and has on many occasions advised them to visit health units for screening because she immediately suspects them to have cervical cancer.

“But because the hospitals do not have these screening facilities, most women end up with the disease because they can’t be helped at all,” she says.
Cervical cancer; protect every woman

Sarah Nyombi

Cervical Cancer: Every Woman has the Right to Prevention

Each year, 500,000 women are diagnosed with cervical cancer globally, of whom nearly 85% live in low-income countries where access to routine health care is limited. 270,000 of these will lose their lives to the disease. In Uganda, over 10% of women with cervical cancer are diagnosed with advanced disease. They occupy almost one-third of gynecological beds at Mulago National Hospital, and account for over 40% of radiotherapy patients. Cancer patients are stigmatised in society. They often do not go to health facilities, but stay home and die painfully.

Although remarkable progress has been made to reduce cervical cancer among women in the developed world through screening services and treatment, poorer countries have not shared the gains.

International Women’s Day is an opportunity to assess women’s global and national advancements in achieving equality, peace and development. As we mark March 8, representatives from the UN member states gather in New York for the Commission on the Status of Women (CSW) to discuss Financing for Gender Equality and the Empowerment of Women. Member States delegates pledge to increase resources to close the gap between rich and poor countries.

Today we have powerful tools that can reduce the risk of cervical cancer. We must make these tools available to women in the developing world. Many cervical cancer cases occur because of limited screening services, such as Papanicolaou tests, which are technically difficult and too expensive for widespread adoption in developing countries. Low-tech visual inspection methods provide a feasible alternative for early detection of cervical cancer.

Nearly all cervical cancer is caused by the Human Papillomavirus (HPV). The world now has HPV vaccines that can potentially prevent up to 70% of cervical cancers among vaccinated women. These vaccines could play an extremely important role in primary prevention of cervical cancer. However, they are currently unaffordable in low-income countries.

It is an unfortunate fact that some health interventions often take many years to reach the people who need them most. With the HPV vaccine, Uganda is taking an important first step to learn about, access and delivery to its young women and girls who need the vaccine.

In partnership, the government of Uganda and the international NGO PATH are studying strategies to reach girls with the HPV vaccine, and for linking vaccine delivery to other youth health services. The project will involve vaccinating girls in Masaka and Nakasongola districts using a vaccine licensed in many countries, including Uganda.

Project Implementers are working closely with stakeholders to ensure their support and participation in HPV vaccine introduction. It is our hope that this project will pave the way for national roll-out of the HPV vaccine. This dream will not be realised, however, unless the vaccine is made available at an affordable price. Without broad access to HPV vaccines and effective low-cost screening tools, it is projected that by 2030 more than a million women will suffer cervical cancer annually.

We call upon everyone both nationally and internationally to raise their voices to prevent cervical cancer in the developing world.

We must reduce health inequities between the rich and the poor. A significant first step is being taken in Uganda, but much more must be done. Every woman in the world has the right to prevention. Given the tools that are available, even one cervical cancer death is too many.

Honourable Sarah Nyombi, on behalf of Uganda Parliamentarians
First ladies to debate cervical cancer in K’la

Publication date: Sunday, 13th July, 2008
By Irene Nabusoba

OVER 30 first ladies in Africa are to convene in Kampala for the second annual international conference on cervical cancer.

The two-day meeting slated for July 21 at the Imperial Royale Hotel is being organised by the Nigerian-based Princess Nikky Breast Cancer Foundation, the first initiative involving first ladies in the global call to stop cervical cancer.

Cervical cancer is caused by the human papilloma virus (HPV) and can be prevented by the HPV vaccine.

It can also be prevented by screening women sexually exposed for precancerous lesions and treating them early.

"Unfortunately the traditional Pap smear (a procedure in which cells are scraped from the cervix and looked at under a microscope) is too expensive for most developing countries. So are the HPV vaccines," said Princess Nikky Oyeri.

She added that vaccination was the best remedy because cervical cancer especially affects African women, yet many live in places where simple health services to screen and treat the disease are out of reach.

"This conference will attract national and international experts who will deliberate on avenues for making the HPV vaccine widely available," Oyeri said.

Oyeri was recently in the country to meet First Lady Janet Museveni, who is expected to grace the occasion.

Cervical cancer, the second leading cancer among women worldwide affects 500,000 women with 270,000 of these succumbing to the disease.

Nearly 85% of the women live in low-income countries like Uganda, where access to routine health care is limited.

In Uganda, over 80% of women with cancer of the cervix are diagnosed when the disease is in advanced stages and difficult or impossible to treat.

The patients occupy about 30% of Gynaecological ward beds at Mulago Hospital and account for over 40% of radiotherapy patients.

This article can be found on-line at: http://www.newvision.co.ug/D/8/13/638895

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April 3, 2008

Rt. Hon Speaker of Parliament
Parliament House
KAMPALA

CERVICAL CANCER PREVENTION AND CONTROL BRIEFING

The Minister of Health invites all Honorable members of parliament to a briefing on cervical cancer prevention, including vaccines. The briefing will take place on THURSDAY 10th APRIL 2008, beginning at 9:00am to 10:30am in the MEMBERS' LOUNGE, Uganda Parliament.

Background Information:

Each year 500,000 women are diagnosed with cervical cancer globally. 270,000 of these will lose their lives to the disease. Nearly 85% of these women live in low-income countries where access to routine health care is limited.

In Uganda, over 80% of women with cancer of the cervix are diagnosed with advanced disease and they occupy about 30% of Gynecological beds at Mulago Hospital. Worse still, over 40% of radiotherapy patients have cancer of the cervix. However, cancer cases recorded in the hospitals are just a tip of an iceberg. Cancer patients are stigmatized in society and they do not go to health facilities and opt to go home and die painfully.

Nearly all cervical cancer is caused by a sexually transmitted virus known as Human Papilloma virus (HPV). A vaccine to prevent HPV, with the potential to prevent up to 80% of cervical cancers among vaccinated women, would play an extremely important role in primary prevention.

The Ministry of Health through the Uganda National Expanded Programme on Immunisation (UNEPI) is partnering with PATH, an International NGO to gather critical data that would assist Ugandan government make a decision whether and how best to introduce the vaccine to prevent cervical cancer.

It is against this background that a demonstration project to test different vaccine delivery strategies is being implemented in two districts in Uganda. The project will
involve vaccinating girls in primary five (P.5) in Ibanda and girls aged 10 years in Nakasongola district using a vaccine licensed in many countries, including Uganda. The Ministry of Health has set up a Technical Advisory Committee to provide guidance to the project.

It is our hope that this project will pave the way for national roll-out of the HPV vaccine and address gender inequities. We call upon our leaders to raise their voices to prevent cervical cancer in the developing world.

Dr. Steven O. Mallinga (MP)
MINISTRY OF HEALTH
Mrs. Museveni opens Cervical Cancer Conference  
21 - 7 - 2008

The wife of the President, who is also the MP for Ruhaama County, Mrs. Janet Museveni has commended policy makers for their active role in the fight against cervical cancer. Mrs. Museveni was opening the second Stop Cervical Cancer in Africa conference at Imperial Royale Hotel in Kampala. She commended Princess Nikky Onyer the Founder and Executive Director of Princess Nikky Breast Cancer Foundation for her contribution towards the conference. She also paid special tribute to the Uganda women MPs for their contribution towards the welfare of women adding that over 80% of women patients especially the poor are diagnosed with cervical cancer when it is too late and in advanced stages.

The Minister of Health, Dr. Steven Malinga saluted all Ugandan MPs for their active participation in health issues particularly cervical cancer. The Minister was happy to note that the Bill and Melinda Gates Foundation together with GAVI will assist Uganda in promoting the cervical cancer vaccine in the country.

He disclosed that Uganda has developed a master plan for maternal and child health care. He called on health workers to examine all sexually active women for cervical cancer infection through a pap-smear.

The World Health Organization country representative, Dr. Jean Batiste Tapko disclosed that cervical cancer claims the lives of 250,000 people annually and 80% of the deaths occur in Africa and Asia.

The Kenyan health Minister, Hon. Beth Mugo saluted President Museveni and his wife Mrs. Janet Museveni for organizing the conference.

She appealed to manufacturers to consider subsidizing the production of the vaccine.

Princess Nikky Onyer saluted the Mrs. Janet Museveni for supporting women in the fight against cancer.

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Mrs. Museveni signs support letter.
22 - 7 - 2008

The wife of the President who is also the MP for Ruhama County and now the current Chairperson of the Forum for the African 1ST ladies Against Cervical Cancer, signed a letter of support to improve cervical cancer treatment world wide. The letter will be sent to Geneva, the Headquarters, of the World Health Organization (WHO). The letter read by Princess Nikky from the Princess Nikky Breast Cancer Foundation, emphasized among other things scaling up screening. While closing the 2nd stop cervical cancer conference in Africa, Mrs. Janet Museveni called on the delegates especially in Uganda to mobilize women to a level where they can demand for screening services. “Women are the pillars of our economy therefore we have to put in place strategies to reach them and offer support”, Mrs. Museveni said. She called on African governments to put in place strategic plans to enable women and girls access the required services. Mrs. Museveni further appealed to authorities in the Ministry of Health to make necessary follow up to make screening services a reality. She also urged members of Parliament to support the prevention and treatment of women suffering from cervical cancer. She noted that the Universal Primary and Secondary education will go a long way in empowering women and girls to take charge of their health and demand for the right Health services.

Mrs. Museveni called on delegates to adopt the same strategy Uganda used in HIV/AIDS to fight cervical cancer amongst women.

The Minister of Health Dr. Stephen Malinga pledged support to the efforts against cancer of the cervix. He said that Uganda has achieved a lot in the fight against HIV/AIDS and promised that cervical cancer will be tackled with the same aggression.

He called for abstinence from sex and faithfulness for those who are married because HPV virus is sexually transmitted. The minister warned that condoms and circumcision are not guaranteed against HIV/AIDS and HPV.

He called on delegates to sensitize their people especially women not to shy away from having medical tests.

Princess Nikky in her remarks said that 85% of cervical cancer deaths occur in developing world. She was happy to note that the problem can be solved if identified early enough.

The conference attracted participants from Zimbabwe, Cameroon, Egypt, Ghana, Kenya, Malawi, Nigeria, Senegal, South Africa, Sudan, Tanzania, Zambia, Malaysia, United Kingdom, Switzerland, United States of America, Canada and the host country Uganda.

-- End

HPV 'an epidemic' among HIV+ women
By Natasha Joseph

HIV-positive women are ten times more likely to contract a strain of the human papillomavirus (HPV) that causes cervical cancer, says the Treatment Action Campaign (TAC).

The organisation is calling on pharmaceutical companies to dramatically lower the prices of two registered vaccines that protect against these strains, and says a massive vaccination drive must be launched as soon as possible in order to save many women's lives.

One researcher says cervical cancer is "an epidemic" among young HIV-positive women.

According to the Cancer Association of South Africa (Cansa), cervical cancer is "the leading cancer faced by South African women".

Cansa said on its website that more than 3 400 South African women died each year from cervical cancer.

HPV is described by Cansa as "the underlying cause of almost all cases of cervical cancer".

HPV is a sexually transmitted disease and is carried by both men and women.

The TAC said: "Two of the most prevalent strains, strains 16 and 18, are harmful and account for approximately 70 person of the global cervical cancer caseload."

In February, two vaccines produced by two different pharmaceutical companies were registered in South Africa. The TAC said these vaccines protected against strains 16 and 18 of HPV.

However, TAC researcher Nosisa Mhlathi said during a media briefing on Tuesday, the cost of these vaccines "makes them inaccessible to the majority of poor world citizens, who account for by far the greatest rates of cervical cancer mortality".

In the private healthcare sector, the vaccines cost more than R2 100 for the three required doses.

The TAC's Nomfundo Eland said the organisation had engaged the pharmaceutical companies and with the South African Department of Health.

"Both companies are willing to reduce prices for the South African public sector," Mhlathi said, but questioned how substantial the price reduction would be.

"At the current price, in order to provide Gardasil (one of the vaccines) to these girls, the public sector would need more than R3,8-billion for the initial vaccination effort and R1,2-billion annually thereafter."

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Adopt an Effective Policy On Cancer

The Citizen (Dar es Salaam)

EDITORIAL
27 November 2007
Posted to the web 27 November 2007

Reports from the Dar es Salaam-based Ocean Road Cancer Institute (ORCI) that cervical cancer can be prevented by vaccination, is timely especially to policy makers in Government.

According to Dr Msemo Diwani only ten per cent of Tanzania women have access to the diagnosis and treatment of cervical cancer. The good news is, scientists have developed an effective vaccination for human papillomavirus which causes cancer of cervix. But the vaccine - not available in Tanzania so far - is sold at an estimated $300 (Sh345,000).

It is estimated that 10,000 women get the disease annually, but only 1000 get access to treatment. This is a bleak situation indeed.

According to Dr Diwani cervical cancer accounts for over 700 deaths of affected women annually.

The disease, caused by a sexually transmitted virus called Human Papilloma (HPV), accounts for up to 35 per cent of all cancer cases among women.

One can blame poverty, ignorance and lack of information for the sorry state of detection of cancer and its treatment in Tanzania.

However, we view this cancer vaccination and treatment as a matter of urgency. The matter should be taken up seriously as was the case with procurement of anti-retroviral drugs (ARVs), which when they were first introduced in the Western world, it was claimed that African patients wouldn’t afford them because of high price.

To date ARVs are dispensed freely because ways were found to deal with the price tag.

This is where we call on Medical Women Association of Tanzania (Mewata), the civil society and human rights activists to impress on the Government to adopt same strategy as for ARVs to deal with cervical cancer.
Women With AIDS Face Cervical Cancer Threat
03 Dec 2007

According to a report issued recently by UNAIDS, access to antiretroviral therapy is beginning to reduce AIDS mortality worldwide. But Dr. Groesbeck Parham, gynecologic oncologist and Director of the Cervical Cancer Prevention Program at the Center for Infectious Disease Research in Zambia (CIDRZ) warns that women being treated for AIDS could end up dying of cervical cancer unless they have access to screening and treatment.

"We are saving women's lives by treating them with antiretroviral therapy, but we could lose a high percentage of them to cervical cancer," said Parham.

Parham and his team have tested more than 10,000 Zambian women in the largest cervical cancer screening program targeting HIV-infected women in the developing world. In a study published last year in the journal Gynecologic Oncology, he reported that 90 percent of HIV-infected women presenting for antiretroviral therapy also harbor cervical cell abnormalities, conditions that left untreated can develop into cervical cancer.

"Before having access to antiretroviral medications, women living in developing nations who had AIDS typically succumbed to it before they could develop cervical cancer," said Parham. Currently, 80 percent of new cases of cervical cancer and 80 percent of the annual deaths occur in women who live in developing countries. Few women in poor countries have access to cervical cancer screening or treatment.

"As funds are allocated for HIV/AIDS care and treatment, we need to make sure that women's other health issues are not swept under the carpet," said Dr. Mulindi Mwanahamuntu, Co-Director of the CIDRZ Cervical Cancer Prevention Program.

In sub-Saharan Africa, cervical cancer is the most common female cancer and the most common cause of cancer-related death. When cervical lesions are discovered in pre-cancer stage the cure rates are high.

In the CIDRZ program, women are examined by nurses trained in a low-tech, low-cost screening protocol that allows them to identify precancerous or suspected cancer within minutes instead of waiting for results from a pap test. The women can then be treated immediately.

Article adapted by Medical News Today from original press release.

Established in 1999 as a Zambian nonprofit organization, CIDRZ is a collaboration with the University of Alabama at Birmingham. Since 2004, CIDRZ has supported the Zambian government in its provision of free, high-quality HIV care and treatment.

Source:
Dale Hanson Bourke
CIDRZ Foundation

Article URL: http://www.medicalnewstoday.com/articles/90463.php

Main News Category: HIV / AIDS
Also Appears In: Women's Health / Gynecology, Cervical Cancer / HPV Vaccine,
Integrating cervical cancer prevention in HIV/AIDS treatment and care programmes

Mulind H Mwanahamuntu a, Vikrant V Sahasrabuddhe b, Jeffrey SA Stringer c, Groesbeck P Parham c

Peckham and Hann’s call for integrating cervical cancer prevention as part of broader sexual and reproductive health prevention services is especially relevant to sub-Saharan Africa where both cervical and sexually transmitted infections, especially HIV/AIDS, are widely prevalent.

Over the past decade, successful HIV/AIDS care and treatment programmes have been instituted in over a dozen hardest-hit sub-Saharan African countries, largely through bilateral and multilateral programmes like the United States President’s Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria. HIV-infected women are at heightened risk for pre-invasive and invasive neoplasia of the cervix.4-6 HIV/AIDS care and treatment programmes thus provide an ideal platform to integrate cervical cancer prevention activities in countries which face a dual burden of both AIDS and cervical cancer, an AIDS-defining disease. With steady donor support over the past 5 years, these programmes are slowly but steadily contributing to the development of health-care service delivery capacity in emerging nations by establishing infrastructures, training the health-care workforce, and tackling complex and challenging problems in implementation and scale-up.5

Limited access to cervical cancer prevention services, the usual circumstance for women in low-resource environments, serves as a counterforce to the life-prolonging potential of increased access to affordable antiretroviral therapy. Cervical cancer prevention strategies that use visual inspection with acetic acid (VIA) and same-visit cryotherapy (“see-and-treat”) are cost-effective alternatives to cytology-based screening programmes. These procedures can be performed by nurses and other non-physician health-care workers and allow screening and treatment to be linked to the same clinic visit. Our experience in Zambia has shown that VIA-based prevention services that are nested within the context of antiretroviral therapy programmes allow early detection of cervical cancer in high-risk HIV-infected women in a cost-effective way.4-2 It also allows opportunities for the provision of broader gynaecologic and other health care for women. Eventual integration of low-cost, rapid screening tests for detecting human papillomavirus within VIA-based screening services will additionally increase programmatic efficiency. When cervical cancer prevention services are offered to HIV-infected women in a venue attended by non-HIV-infected women, a scalable intervention is established that can reach out to all women regardless of HIV status.

Horizontal and diagonal collaborations between agencies and individuals focusing on HIV/AIDS care and cancer prevention could open new vistas for expanding availability of care for women at risk of one or both of these conditions, thereby ensuring wider programme impact. The conjoint contributions of such collaborations may be larger than the sum of their parts.

References


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