### Evidence from Europe, United States, and other countries

#### Letters

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Global: Realizing Rights: the Ethical Globalization Initiative

27 March 2008

Dear Cervical Cancer Action,

I write this letter to express my strong support for comprehensive programs to protect girls and women from cervical cancer in the developing world.

Although we have the tools to prevent this terrible disease, over half a million women are affected by cervical cancer every year. This is a classic disease of inequity, with 85% of the cases and deaths from cervical cancer occurring in developing countries due to limited access to screening and treatment. HIV positive women are at heightened risk. At its core, this inequity in access is an issue of human rights: all people, regardless of where they live, have a right to health.

This year marks the sixtieth anniversary of the signing of the Universal Declaration of Human Rights, which states that “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family” (Article 25). Fulfilling this basic promise, means that we must ensure that access to new life-saving technologies follows the burden of the disease, not wealth. To make this happen, international donor and political commitments must be made as soon as possible, and bilateral and multilateral agencies must provide leadership to expedite necessary processes. For this reason, my organization - Realizing Rights - was the first organization to endorse the Global Call to Stop Cervical Cancer. We are very pleased that we have been joined by a growing community of civil society leaders, organizations, and policymakers in endorsing this important agenda.

There are challenges ahead, but I believe that with strong political will and partnership, we can seize this opportunity together to save lives. I am ready to do all that I can to encourage the international support necessary to make these new life-saving tools available as soon as possible to the girls and women who need them most.

Sincerely,

Mary Robinson
President of Realizing Rights: The Ethical Globalization Initiative
Former President of Ireland and UN High Commissioner for Human Rights
March 20, 2008

To Cervical Cancer Action:

We would like to add our voices to the growing chorus of organizations and individuals determined to mobilize expanded action against cervical cancer.

We are proud to be a founding partner of Cervical Cancer Action and to join the scores of civil society organizations and leaders 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 enormous burden of cervical cancer, especially in the developing world is due, 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 accelerated introduction of new HPV vaccines, are critical elements of a comprehensive program to reduce cervical cancer mortality throughout the world. 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.

The faster we can get these technologies to all women, the faster we can save lives.

AVAC remains committed to working in partnership with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

Yours sincerely,

Mitchell Warren
Executive Director

AVAC · 101 West 23rd Street #2227 · New York, NY · 10011 · USA
(t) +1 (212) 367-1279 · (f) +1 (646) 365-3452 · (e) avac@avac.org
Global: Association of Reproductive Health Professionals

To Cervical Cancer Action:

We would like to add our voices to the growing chorus of organizations intent on mobilizing significant action against cervical cancer. The Association of Reproductive Health Professionals (ARHP) supports the efforts of this global alliance to strengthen access to comprehensive programs worldwide that work to protect women from cervical cancer. We join the scores of other countries and leaders of civil society organizations who share our commitment to improve cervical cancer prevention for all women and girls, no matter where they live. Cervical cancer is something we can and should do something about.

Cervical cancer has become the second most common female malignancy worldwide and kills nearly 250,000 women each year, 85% of these deaths in the developing world. In the United States (U.S.) alone, every year close to 12,000 women are diagnosed with cervical cancer, resulting in 4,000 deaths. Even in the U.S., nearly half of the women who are diagnosed with cervical cancer have not been properly screened. ARHP encourages health care providers to adopt screening for cervical cancer and the human papillomavirus (HPV) using the latest technologies available. Improved screening and treatment, along with vaccination, will be important elements of programs to reduce cervical cancer mortality.

Vaccines for HPV represent the next major breakthrough in the prevention of cancer and sexually transmitted infections. ARHP supports the development of and widespread access to HPV vaccines as part of a comprehensive prevention, screening, and treatment strategy for cervical cancer and other HPV-related conditions. HPV vaccines given to young girls now will prevent future infections and save lives for decades to come.

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 increase access to these necessary technologies as quickly as possible. We extend our hope that the World Health Organization, the GAVI Alliance, and others also will do their part, and we stand ready to work in partnership with the global community to make these new tools available to the girls and women who need them most.

Sincerely,

Wayne Shields, President and CEO
Association of Reproductive Health Professionals

Linda Dominguez, RN-C, NP, Policy Committee Chair
Association of Reproductive Health Professionals

2401 Pennsylvania Avenue, NW • Suite 350 • Washington, DC 20037-1718
Phone (202) 466-3825 • Fax (202) 466-3826 • Web site: www.arhp.org • Email: arhp@arhp.org
March 14, 2008

To Cervical Cancer Action:

Family Care International is a longtime supporter and pioneer in advocating for comprehensive reproductive health programs as the best way to save the lives of millions of women and girls worldwide. The rapid provision of access for girls and women to interventions designed to protect them from cervical cancer is, for us, a clear and urgent priority.

Cervical cancer is a terrible disease, one that causes 85 percent of cancer-related death for women in the developing world. This is usually because screening and treatment programs do not reach women in time. Most affected are women in their reproductive years, who are a special focus of FCI. We also work hard to support programs that focus on the needs of young people and that help establish good health practices among young women and adolescents. Simple visual inspection methods and new HPV DNA tests, for example, could make pre-cancer screening a reality even in the most remote settings. HPV vaccines given to young girls now will prevent future infections and save lives for decades to come.

Just as these practices can preserve women’s health for a long and productive life of contributing to their families and communities, so their loss to cervical cancer would reverberate to the detriment of the whole society. Therefore we share your commitment to providing access to improved screening and treatment for cervical cancer, along with future vaccination, as critical elements of comprehensive programs. The faster these technologies get to girls and women, the faster they will save lives.

We are ready and eager 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,

Ann M. Starrs
President
To Cervical Cancer Action:

The Global Summit of Women is submitting this letter to express our organization’s strong support for rapid global access to comprehensive programs to protect girls and older women from cervical cancer. As a part of our institutional commitment, last year in Berlin we launched the Global Consortium of Women to End Cervical Cancer. This consortium works to bolster the commitment of women business leaders to cervical cancer prevention in their communities, business and their respective countries.

We applaud all efforts 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 among women in large part because screening and treatment programs do not reach many women in time. Access to improved screening and treatment, along with future vaccination, will be important elements of comprehensive programs to reduce cervical cancer mortality. The faster we can get these technologies to women, the faster we can save lives.

We believe that by working together, women around the world can end cervical cancer.

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 do our part 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,

Irene Natividad
President
Global: International AIDS Vaccine Initiative

10 March, 2008

To Cervical Cancer Action:

We are submitting this letter to express the International AIDS Vaccine Initiative's strong support for rapid global access to comprehensive programs to protect women from cervical cancer. We join the many government and civil society leaders 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. New technologies for cervical cancer prevention should be made accessible to the developing world without the delays we've witnessed for other important health technologies. We also see access to the new cervical cancer vaccines as an important first step in improving access to a range of health technologies for adolescent girls and adult women, including a future AIDS vaccine.

This disease is one of the most common causes of cancer-related deaths in the developing world, in large part because screening and treatment programs do not reach many women in time. Cervical cancer takes women in their prime of life, and the ripples of this devastating disease are felt by their children, grandchildren, and larger communities. Access to improved screening and treatment and to the recently licensed HPV vaccines will be important elements of comprehensive programs to reduce cervical cancer mortality. The faster we can get these technologies to girls and women around the world, the faster we can save lives.

We share the GAVI's view that access to new health 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, stimulate demand, and prepare the needed delivery mechanisms, thereby increasing 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.

Signed,

[Signature]

Beth F. Bruce, M.D.
President and CEO
To Cervical Cancer Action:

The International Federation of Gynecology and Obstetrics (FIGO) is submitting this letter to express our Federation’s strong support for rapid global access to comprehensive programmes to protect girls and women from cervical cancer.

This terrible disease which causes so much pain and suffering hits the low resource countries particularly hard. Approximately 85% of cervical cancer deaths occur in low resource countries and these deaths 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. Many deaths resulting from cervical cancer could be avoided if all girls and women were given timely access to improved screening and treatment, along with the possibility of future vaccination.

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 tools available appropriately and effectively to the girls and women who need them most.

Dorothy Shaw
President
April 29, 2008

Beth Balderston
Cervical Cancer Action
c/o PATH
1455 NW Leary Way
Seattle, Washington 98107

Dear Ms. Balderston:

On behalf of the Council and members of the International Gynecologic Cancer Society (IGCS), we are writing in support of Cervical Cancer Action of PATH. The IGCS is an international organization of over 1600 members from more than 75 countries, including many developing nations. Our membership is composed of physicians and scientists, including gynecologic oncologists, medical oncologists, radiation oncologists and pathologists, nurses, fellows and trainees. We share your commitment to the principle goal of prevention, detection and treatment of cancers unique to women.

We know that improved screening and vaccination are essential components of programs to reduce cervical cancer mortality, and are committed to offering life saving health interventions to our underserved global community. Although we realize the complexities of providing HPV vaccination for young girls and improved screening for women, we support a major effort to introduce these programs worldwide. HPV vaccinations given to young girls now will prevent future infections, saving lives and offering an unprecedented opportunity to change the global landscape of women’s health. Screening programs for cervical cancer using more cost-effective techniques are feasible in many developing countries. Simple visual inspection methods and new HPV DNA testing can make pre-cancer screening possible in parts of the world where women’s health care is a desperate challenge.

Every woman is a valuable member of her family and any contribution to women’s health is an investment in a better future for us all. However, in those populations where women often receive the least individual health care, they are responsible for providing the most essential support for the sick and orphaned.
February 27, 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 are a major affliction for women of all ages in the developing world, particularly in countries of Africa and South Asia. 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 that access be 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.

Sincerely,

Jane Schaller MD
Executive Director
International Pediatric Association
20th March 2008

To Cervical Cancer Action:

International Planned Parenthood Federation-IPPF is submitting this letter to express our organization’s strong support for rapid global access to comprehensive programs to protect girls and 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, supported by our work in 180 countries through 152 Member Associations, morbidity and mortality resulting from cervical cancer must be urgently addressed – and the means to do so exist.

This terrible disease is one of the most common causes of cancer-related death in the developing world, 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 by their families: children, grandchildren, and larger communities. Access to improved screening and treatment, along with future access to 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.

Dr Gill Greer
Director-General

From choice, a world of possibilities
27 June 2008 via e-mail

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 continues 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.

Sincerely,

William Breitbart, MD
Chief of Psychiatry Services
Memorial Sloan Kettering Cancer Center
USA
To whom it may concern,

The International Union Against Cancer (UICC), as a founding member of the Cervical Cancer Action (CCA), is proud to support all efforts towards improved cervical cancer prevention and to provide those who need it most with affordable and effective prevention strategies.

The vision of UICC is that of a world where cancer is eliminated as a major life-threatening disease for future generations.

In April 2007 the UICC Board of Directors outlined priority areas for effective cervical cancer prevention and appropriate interventions. 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. However, in developing countries, where the majority of women never had a screening test, the death rate from cervical cancer continues to rise.

Recognizing the potential of the new HPV vaccines to prevent cervical cancer, the World Cancer Declaration launched at the UICC World Cancer Congress in 2006 calls on decision makers to “Develop a collaborative international plan for implementing HPV vaccination programmes in low and middle-income countries where the burden of cervical cancer is high.” The Declaration calls for specific actions to reduce costs and provide public and professional education, public policy and research. It further stresses that vaccination programmes need to be based on what is affordable, feasible, and culturally acceptable and that vaccination is not a substitute for life-saving 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 and HPV tests could make efficient screening a reality, even in the most remote settings.

UICC promotes comprehensive cervical cancer prevention strategies worldwide. We are committed to partner with the global health community to make the appropriate prevention tools available to the girls and women who need them most.

Sincerely,

[Signature]

Isabel Mortara
Executive Director
International Union Against Cancer – UICC
Switzerland
Global: Joint United Nations Programme on HIV/AIDS

20 July 2007

1ST ‘STOP CERVICAL CANCER IN AFRICA: ACCELERATING ACCESS TO HPV VACCINES’ MEETING

H.R.H Princess Nicky Onyeri, Members of the African Organizing Committee, and participants,

The Joint United Nations Programme on HIV/AIDS recognizes the importance of accelerating access to HPV vaccines to stop Cervical Cancer, and wishes to use this opportunity to thank the Princess Nicky Breast Cancer Foundation for its excellent initiative in bringing all stakeholders together to discuss this issue.

UNAIDS appreciates and acknowledges:

• the key role that the foundation is playing in this initiative and ensuring achievement of the goals and targets in Africa;
• the opportunity given to African health professionals and advocates in building awareness and understanding of HPV vaccines;
• the substantial influence of the programmes of the First Ladies Network at the sub regional level and their potential to make a real difference in the lives of African Women.

CHALLENGES AND AREAS NEEDING SUPPORT

UNAIDS calls on the delegates to:

• commit to concrete steps to advance toward country-wide access to the HPV vaccine;
• disseminate evidence-informed messages to raise awareness of HPV infection, its link to cervical cancer, and the role of HPV vaccination as an effective mode of risk-reduction;
• discuss mechanisms for ensuring an affordable and reliable supply of vaccine and sustainable funding sources;
• advocate for research to improve effectiveness and cost of delivery models.

We applaud your initiative in bringing together such a great diversity of stakeholders to enhance current commitment and address persistent challenges to the prevention of cervical cancer with the HPV vaccine. HPV is a particular concern for women living with HIV because of the potential for progression of infection to cervical cancer which responds less well to treatment. We are confident that your meeting will enhance awareness of the importance of HPV vaccination, advocacy for its affordable and accessible provision, and support from governments for innovative and effective programs to bring this vaccine to the women of our communities. The results of your collaboration during these two days will surely enhance the local, regional, and national response to a now nearly preventable disease.

Best wishes for the success of this very important meeting!

Catherine Hankins
Chief Scientific Adviser to UNAIDS
Associate Director, Department of Evidence, Monitoring & Policy

Uniting the world against AIDS
April 2, 2008

Cervical Cancer Action Secretariat:

The recent groundswell of interest in cervical cancer prevention is immensely gratifying to PATH. As you know, we have been active in this area for over a decade. We have worked closely with many partners over the years and applaud this current effort to gather letters of support and document the rapidly expanding circle of interested parties. We feel certain that this dossier will prove useful to the World Health Organization’s Strategic Advisory Group of Experts, the GAVI Alliance, and other organizations seeking input on health priorities.

In the countries where PATH works, cervical cancer is one of the most common cancers among women. Many women suffer terribly from this disease. Now we have an unprecedented opportunity to make a difference. New evidence suggests that simple visual inspection methods and new HPV-DNA and biomarker tests could make precancer screening a reality even in the most remote settings. Better screening will result in lives saved over the next few years.

Furthermore, HPV vaccines given to young girls now will prevent future infections and save lives for decades to come. PATH demonstration projects are investigating how best to protect young adolescent girls through vaccination and how to offer other needed health interventions to this underserved population. And, we are pleased to work with the Alliance for Cervical Cancer Prevention, Cervical Cancer Action, the World Health Organization, the GAVI Alliance, and other partners to make these new tools available appropriately and effectively to the girls and women who need them most.

Sincerely,

Christopher J. Elias, MD, MPH
President and CEO
Re: Cancer Council Australia commitment to cervical cancer control

To the Secretariat of the UICC Cervical Cancer Initiative,

I write to express Cancer Council Queensland’s full support for the global effort to reduce cervical cancer burden worldwide by providing girls and women at highest risk with affordable and effective prevention strategies.

As committed UICC members, we are well aware that cervical cancer is the second-biggest cause of cancer death in women globally, in large part because screening programs are unavailable in many developing countries. Improved screening methods and HPV tests could make efficient screening a reality, even in the most remote settings. HPV vaccines given to young girls now can prevent future infections and save numbers of lives for decades to come.

We fully support reduced inequities in cervical cancer outcomes globally, just as we do domestically. Australia has one of the world’s lowest cervical cancer mortality rates, due largely to the effectiveness of our population-based screening program.

The World Cancer Declaration calls for HPV vaccination programs in low and middle-income countries where the burden of cervical cancer is high, calling for action to reduce costs and provide public and professional education, public policy and research. We recognise that vaccination programs need to be based on what is affordable, feasible and culturally acceptable in each country and that vaccination is not a substitute for screening.

Significant reduction in the cost of HPV vaccines and new screening technologies is essential to preventing cervical cancer in countries with very limited resources.

Cancer Council Queensland supports partnerships with the global community to make effective cervical cancer prevention technologies available to girls and women who need them most.

Yours sincerely,

Prof Jeff Dunn
Chief Executive Officer
Cancer Council Queensland
Cervical Cancer Initiative  
International Union Against Cancer (UICC)  
62 route de Frontenex, 1207 Geneva, Switzerland

To the Secretariat of the UICC Cervical Cancer Initiative

Re: Cancer Council Australia commitment to cervical cancer control

I write to express Cancer Council Australia’s full support for the global effort to reduce cervical cancer burden worldwide by providing girls and women at highest risk with the most affordable, effective prevention strategies.

Australia has one of the world’s lowest cervical cancer mortality rates, due largely to the effectiveness of our population-based screening program. As committed UICC members, we are however well aware that cervical cancer is the second-biggest cause of cancer death in women globally, in large part because screening programs are unavailable in many developing countries.

The situation in areas of the developing world is reflected in Australia in our Indigenous communities, where unacceptable inequity in screening access has led to far higher rates of cervical cancer mortality among Aboriginal and Torres Strait Islander women. We fully support reduced inequities in cervical cancer outcomes globally, just as we do domestically.

The global cervical cancer burden is in our view particularly unacceptable in the knowledge that population-based screening and, more recently, vaccines against human papilloma virus infection, could dramatically reduce cervical cancer incidence. (Cancer Council Australia’s President, Professor Ian Frazer, headed the research team that developed the HPV vaccines, so we well understand the potential to control cervical cancer through immunisation.)

In 2005, we urged the Australian Government to examine the potential to prevent cervical cancer as part of a review of its regional aid program. With cervical cancer causing avoidable and premature deaths among women who are essential to the viability of communities in a number of our neighbouring nations, Cancer Council Australia will continue to engage with our government to prioritise cervical cancer prevention as a key regional aid issue.

The World Cancer Declaration calls for HPV vaccination programs 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 recognise that vaccination programs need to be based on what is affordable, feasible and culturally acceptable in each country and that vaccination is not a substitute for screening.

Improved screening methods and HPV tests could make efficient screening a reality, even in the most remote settings. HPV vaccines given to young girls now can prevent future infections and save numbers of lives for decades to come.

Significant reduction in the cost of HPV vaccines and new screening technologies is essential to preventing cervical cancer in countries with very limited resources.

Cancer Council Australia supports partnerships with the global community to make effective cervical cancer prevention technologies available to girls and women who need them most.

Yours faithfully

[Signature]

Professor Ian Olver  
Chief Executive Officer

The Cancer Council Australia is a member of the International Union Against Cancer
16 May 2008

Cervical Cancer Initiative
International Union Against Cancer (UICC)
62 route de Fréternex, 1207 Geneva
SWITZERLAND

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

Recognising the potential of the new HPV vaccines to prevent cervical cancer, The World Cancer Declaration calls for HPV vaccination programs 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 recognise that vaccination programs 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.

Yours sincerely,

[Signature]

MR. ROBERTO BRIA  B.Ec.  FCPA  MBA  GAICD
Acting Chief Executive
The Cancer Council South Australia
South Australia
13 June 2008

Isabel Mortara
Executive Director
Cervical Cancer Initiative
International Union Against Cancer (UICC)
62 route de Frontenex
1207 Geneva
Switzerland

Re: The Global Cervical Cancer Initiative

The Cancer Council Victoria supports the commitment to the global effort to eliminate cervical cancer worldwide and provide those who are at greatest risk with affordable and effective vaccination and screening programs.

Cervical cancer is one of the most preventable cancers and yet it is the second largest cause of death in women worldwide.

Prevention interventions have dramatically reduced cervical cancer rates over the last 60 years in industrialized countries. However 85% of cervical cancer occurs in developing countries, where the majority of women will never attend screening or access the vaccine.

Almost all cases of cervical cancer can be attributed to an infection with the human papilloma virus (HPV). HPV is so common that it is estimated that 4 out 5 women will have HPV at some point in their lives. There are vaccines available to prevent infection with HPV that if given to young girls, prior to commencement of sexual activity can prevent infections and significantly reduce their risk of cervical cancer.

We strongly support the implementation of HPV vaccination programs in low and middle–income countries where the incidence and mortality due to cervical cancer is unacceptably high.

We acknowledge that vaccination programs should reflect what is affordable, feasible and culturally acceptable in each country and that vaccination is not a substitute for adequate screening.

We join and support the global community to make appropriate and effective technologies available to girls and women most at risk of cervical cancer to reduce the burden and impact of this disease worldwide.

Yours sincerely

David Hill AM, PhD
Director
The Cancer Council Victoria
Bruxelles, le 22 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 contrastait avec la situation des pays en voie de développement où sont lourdement touchés par 85% des cas de cancer du col et où les taux continuent d’augmenter, alors que à 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 son 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.

Respectueusement,

Dr. Didier Vander Steichelen
Directeur scientifique
Fondation contre le Cancer
La Belgique
May 23, 2008

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 50 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.

Sincerely,

[Signature]

Simon B. Sutcliffe, MD, FRCP, FRCPc, FRCR
President

BC Cancer Agency
CARE & RESEARCH
An agency of the Provincial Health Services Authority

600 West 10th Avenue
Vancouver, BC, Canada V5Z 4E6
www.bccancer.bc.ca

Tel: 604.877.6000
Fax: 604.877.4596
Canada: Cervical Cancer prevention Program, Cancer Care Nova Scotia

June 9, 2008

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.

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

Yours sincerely,

Rob Grimshaw, MD, FRCS
Medical Director
Cervical Cancer Prevention Program
Canada

Theresa Marie Underhill
Chief Operating Officer
Cancer Care Nova Scotia
Canada

cc. Margery Macisaac
CCPP Coordinator

Tel 902 473 7438 Fax 902 473 4425 Email paploffice@cnc.nshealth.ca
Montreal, May 22nd, 2006

Objet: LETTER IN SUPPORT OF UICC

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.

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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.

Jean-Paul Bahary MD, FRCP(C)
Head
Department of Radiation Oncology
Centre hospitalier de l’Université de Montréal
1560 E. Sherbrooke street
Montreal (QC) Canada H2L 4M1

/hl
Monday, June 30, 2008

Ms. Isabel Mortara
Executive Director
International Union Against Cancer (UICC)
Route de Frontenex 62
1207 Geneva, Switzerland

Ms. Mortara:

Thank you for your correspondence of May 15, 2008, requesting UICC members and partners to send a letter in support of global cervical cancer prevention.

I have had the opportunity to read the UICC’s position paper, adopted by your board of directors in April 2007, and have also reviewed the UICC’s cervical cancer initiative. I would like to congratulate your organization’s concerted effort in mobilizing worldwide support for a comprehensive cervical plan, especially in developing countries.

As you are aware, at the Pan-American Health Organization’s (PAHO) June 11-12, 2008 Cancer Stakeholder Meeting, organizations like yours and mine reiterated the need for an action plan for cancer prevention and control that will be customized to the economic, geopolitical, cultural and health system differences in developing countries.

The World Health Organization’s Cancer Control Strategy calls for effective partnerships at the national, regional, and global levels to ensure sustainable and effective prevention and control of cancer. As a member of the WHO, Canada continues to maintain a government to government approach to global cancer control efforts while ensuring that our country develops appropriate partnerships with key international cancer organizations such as the UICC.

I look forward to seeing the draft dossier on cervical cancer prevention that will be prepared for the upcoming World Cancer Congress in August 2008. Thank you again for writing and providing us with an opportunity to reiterate our support in favour of global cancer control efforts.

I look forward to meeting with you again in the near future.

Yours sincerely,

[Signature]

Lianne Vardy, Director
Chronic Disease Management Division

Canada
May 20, 2008

Cervical Cancer initiative, International Union Against Cancer (UICC)
62 route de Frontenex
1207 Geneva
Switzerland
Email: cervicalecancer@uicc.org

To the International Union Against Cancer (UICC),

We understand that the International Union Against Cancer – UICC 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 us 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.

Where/when local resources are scarce, the death of women from cervical cancer can generate additional pressures and tear the fabric of the family apart. In many places these women are the only caretakers of children already orphaned by HIV and other diseases.

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 each country and that vaccination is not a substitute for screening.
Estonia: Estonian Cancer Society

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.

From the year 2002 Estonian Cancer Society has founded an important partner- Estonian Cancer Screening Foundation. The main goals are to assist the cancer screenings in Estonia. The project for cervical cancer screenings started in year 2003. In 2004 the project expanded to all of the counties in Estonia. In prevention there are more than 19 different health organizations involved. From the year 2006 women are asked to the screenings with personal invitations.

The main problem is to find a way to increase the number of women that actually go to screenings when they receive the invitation.

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,

Mate Egint
Executive Manager
Estonian Cancer Society
Estonia
To Cervical Cancer Action

We recognize that despite efforts cervical cancer is the second most common feminine cancer worldwide, and the numbers of new cases diagnosed every year, as shown by cancer registries, are showing increasing trends among many populations also in Europe.

Decades of intense, dedicated research has led to the development and launching of prophylactic HPV vaccines for primary prevention of cervical cancer and its precursors. In addition organized quality screening programs have proven effective in decreasing disease burden. Therefore EUROGIN wishes to express its support to the noble initiative of Cervical Cancer Action in mobilizing global leaders to take proper action with the goal of expediting global availability, affordability and accessibility of new cervical cancer prevention tools.

Joining forces for cervical cancer prevention is also our priority.

Best wishes,

J.Monsonego
Executive Director
EUROGIN
European Research Organization on Genital infection and Neoplasia
France: La Ligue

LIGUE NATIONALE CONTRE LE CANCER

CERVICAL CANCER INITIATIVE
Union Internationale contre le Cancer (UIICC)
62 route de Frontenex
1207 GENEVE - SUISSE


Mais dans le monde entier, ce cancer reste encore la deuxième cause de mortalité par cancer chez les femmes. Dans les pays en voie de développement, il représente 85 % des cas de cancers : la majorité des femmes de ces régions ne sont que rarement dépistées et jamais traitées. Là, où les ressources sont rares, le décès d’une femme suite au cancer du col de l’utérus représente des souffrances, non seulement physiques et morales, mais aussi sociales et économiques pour la famille. En effet, dans de nombreux endroits, ces femmes doivent déjà assumer seules la survie de leurs enfants, orphelins de père par le SIDA et d’autres maladies.

Il existe pourtant aujourd’hui des techniques de dépistage validées par le frottis cervico-utérin et une vaccination préventive contre le Papilloma Virus dont on sait qu’il est en majorité à l’origine de ces cancers. Il est indispensable et éthique que ces techniques soient mises en œuvre et généralisées à toute femme.

Les méthodes de dépistage doivent être adaptées pour faire de celui-ci une réalité, même dans les régions les plus reculées, et des programmes de vaccination de l’adolescente et de la jeune fille doivent être développés dans chaque pays, en fonction de ce qui est abordable, réalisable et culturellement acceptable.

La Ligue Nationale contre le Cancer est convaincue de l’importance d’un partenariat nécessaire avec la communauté mondiale pour donner accès aux technologies appropriées et efficaces aux femmes qui en ont le plus besoin. C’est pourquoi, elle appuie l’effort de l’UIICC en faveur d’une prévention organisée contre le cancer du col de l’utérus. Elle soutient son engagement auprès des gouvernements et autres secteurs pour faire de la prévention contre les cancers du col de l’utérus une réalité et une priorité. Elle espère que l’Organisation Mondiale de la santé (OMS) continuera à jouer son rôle pour rendre ces outils de vaccination et de dépistage accessibles et de manière appropriée pour les pays qui en ont besoin.

Le Secrétaire général adjoint
Chargé du dépistage
Docteur Henri BASTIEN

Paris, le 30 juin 2008
Le Président
de la Ligue Nationale contre le Cancer
Professeur Francis LARRA

14 rue Corvisart – 75013 PARIS
Tel : 01 53 55 24 23
www.ligue-cancer.net
Cervical Cancer Prevention

Dear Madam or Sir,

By means of this letter, we applaud the UICC’s initiative for improved cervical cancer prevention and we support the global effort to eliminate cervical cancer and provide affordable and effective prevention strategies to those who need them most. Cervical cancer is the second largest cause of death from cancer worldwide, often affecting young women who are still in their reproductive age. Virtually all cervical cancer are 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 had a PAP smear, 85% of cervical cancer cases occur and the incidence and death rates from this disease 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. In particular, it asks for actions to reduce costs and to provide education to the public, health care professionals and policy makers, and to support research.

We recognize that vaccination programmes need to be based on what is affordable, feasible, and culturally acceptable in the different countries 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 can prevent future infections and save thousands of lives each year. Furthermore, improved methods could make efficient screening a reality, even in the most remote settings.

We share and fully support UICC's commitment to work with governments, companies and other organizations to make cervical cancer prevention work. Please join this extremely important initiative for Cancer prevention worldwide.

Best regards,

Otmar D. Wiestler, MD
Chairman of the Board and Scientific Director,
German Cancer Research Center (DKFZ)
All girls deserve protection from cervical cancer

Nobel Prize winner and GAVI call for equal access to HPV vaccine

Geneva, 4 February 2009 — Girls in developing countries deserve the same access to a life-saving vaccine against cervical cancer as girls in richer nations, said the GAVI Alliance on World Cancer Day.

“Eighty-five percent of cervical cancer deaths each year are among women in the developing world,” said Dr Julian Lob-Levyt, GAVI Alliance Chief Executive Officer. “While richer nations are taking the proper steps to protect their women from cervical cancer, women in developing countries are dying. We can and must stop this inequality.”

Vaccines against the two most dangerous types of Human papillomavirus (HPV), that cause most cases of cervical cancer, have been available in industrialised countries since 2006.

If it can attract sufficient funding from donors, the GAVI Alliance aims to make the HPV vaccine available to girls in the world’s poorest countries in the coming years. This could save 700,000 women from a painful and premature death.

Professor Harald zur Hausen, the 2008 Nobel Prize winner for medicine who discovered the link between HPV and cervical cancer, welcomed GAVI’s plans to vaccinate girls in developing countries.

“The burden of cervical cancer falls upon the developing world where there is neither screening nor other ways of preventing and treating cancer,” said Professor zur Hausen. “Approximately 260,000 women die from cervical cancer every year. GAVI’s aim to provide the HPV vaccine to as many poor countries as possible is worthy of donor support.”

Last October, the GAVI Alliance board agreed to prioritise HPV vaccines along with new vaccines against typhoid, Japanese encephalitis and rubella. However, the Alliance faces a funding gap of approximately US$4 billion in order to provide these vaccines and continue and expand existing programmes through 2015.

Through its large-scale purchasing power, GAVI estimates it can bring the cost of HPV vaccination down to a fraction of the current price. In Kenya, for example, it is estimated to cost $8-$25 per vaccinated girl, including delivery and administration. In industrialised countries the price is several hundred US$ per vaccinated girl.
Dr Lob-Levyt described a recent recommendation on cervical cancer by the World Health Organization’s Strategic Advisory Group of Experts (SAGE) as a “stepping stone on the way to more equity in global health.”

“The SAGE recommendation is a significant encouragement to move ahead with our plans to bring the HPV vaccine to poor countries,” he said. “With SAGE’s approval, developing countries will begin to ask for this vaccine. We must be ready to answer their call.”

Click here to access the SAGE report

The GAVI Alliance
The GAVI Alliance is a Geneva-based public-private partnership aimed at improving health in the world’s poorest countries. The Alliance brings together developing country and donor governments, the World Health Organization, UNICEF, the World Bank, the vaccine industry in both industrialised and developing countries, research and technical agencies, NGOs, the Bill & Melinda Gates Foundation and other private philanthropists.

GAVI support consists of providing life-saving vaccines and strengthening health systems. Since 2000, 213 million children have been vaccinated and 3.4 million premature deaths averted thanks to GAVI-funded programmes.

Click here for more information on World Cancer Day

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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.

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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.

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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,

Francesco De Lorenzo
President
Associazione Italiana Malati di Cancro, parenti e amici - AIMaC Onlus

ONLUS - Iscritta nel Registro delle Organizzazioni di Volontariato della Regione Lazio
Via Barberini, 11 - 00187 Roma - Tel. +39 06 4825107 - Fax +39 06 4201216
http://www.aimac.it - E-mail: info@aimac.it
Numero Verde 840 503579
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We share your commitment to work with governments and other sectors to make cervical cancer prevention work.

Signed,

Dr. Marco Venturini
AION National Secretary
From: Miri Ziv  
Sent: 01 July 2008 09:12  
To: Victoria Kay  

Subject: RE: Reminder: UICC dossier for improved cervical cancer prevention worldwide  

June 30, 2008  

Dear Isabel,  

We definitely support the global effort led by the UICC to prevent cervical cancer. There is no doubt that we must increase efforts particularly in areas with a high incidence rate and see to a comprehensive program that may indeed be implemented.  

In Israel it has been decided to include HPV vaccinations in the National Vaccination Program by the year 2011-2012 the latest. Until then the Clalit healthcare services (Israel's largest HMO) is providing the vaccination at a subsidized rate for insureds with supplementary health insurance.  

Israel has a very low incidence rate of cervical cancer as compared to the rest of the world (about 160 new cases as opposed to 4,000 new cases of breast cancer). However, means of detection which may completely prevent the disease are to be welcomed. Likewise, it is important to educate the public and to clarify that the vaccination does not prevent HIV infection, etc.  

Sincerely,  

Miri Ziv  
Director General  
Israel Cancer Association
International Union Against Cancer (UICC)
62, route de Frontenex
1207 Geneva - Switzerland,

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.

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.

Michel Daher, MD, FACS
President, Lebanese Cancer Society
Lebanon
E-mail: mdaheer@inco.com.lb
or: mdaheer@cancer.org.lb
www.cancer.org.lb
15th May 2008

Victoria Kay
Project Co-ordinator
Health Care Co-ordination Department
Cervical Cancer Initiative
International Union Against Cancer
52 route de Frontenex
1207 Geneva
Switzerland

Dear Ms. Kay

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 continues 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.

Yours sincerely

Arlene Spiers
Chief Executive
Ulster Cancer Foundation
Northern Ireland
To the International Union against Cancer (UICC)

We understand that UICC is gathering evidence for improved cervical cancer prevention. With this letter, we would like to show our commitment to the global effort to eliminate cervical cancer by and providing the needy with affordable and effective prevention strategies.

We recognise that as the global second largest cause of death among women, cervical cancer is preventable. New screening and vaccination technologies against cervical cancer which is caused by Human Papilloma Virus (HPV) provide us with unprecedented opportunity to make a huge difference.

We acknowledge that over the past 50 years, cervical cancer cases in developed world have dramatically decreased thanks to expanded screening and treatment. However, cervical cancer continues to affect many in developing countries where 85% of global cases occur. The infection and possible death of women as a result of cervical cancer in developing world exerts more pressure to families who are already bearing the pressure of HIV/AIDS and other diseases.

We recognize that the World Cancer Declaration calls for HPV vaccination programmes that are affordable, feasible and culturally acceptable in low and middle-income countries is urgent, that vaccination cannot be a substitute for screening; and that HPV screening and vaccines to young girls today will prevent future infections and save lives.

We believe in partnerships with the global community that will make the vaccines affordable and that efficient screening reaches even those in remote areas, a reality. In this, we realize the potential of multi-sector partnerships between cancer, sexual and reproductive health, immunization, education, youth and HIV in effectively addressing the cervical cancer issue.

We share in UICC and WHO commitment to work with governments and other sectors to make cervical cancer prevention and treatment a success.

Anne Lise Ryel
Secretary General
Norwegian Cancer Society (Kreftforeningen)
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,

Rolf Kirschner
President
Norwegian Society for Obstetrics and Gynaecology
Cervical Cancer Initiative,  
International Union Against Cancer (UICC)  
62 route de Frontenex,  
1207 GENEVA  
Switzerland

Lisbon, 15 May 2008

To the International Union Against Cancer (UICC),

We understand the UIICC 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 continues 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,

Vitor Valoso, M.D.  
President of  
Portuguese League Against Cancer  
Portugal
Cervical Cancer Initiative
International Union Against Cancer
62 route de Frontenex
1207 Geneva
Switzerland

The League against Cancer in Slovakia supports the UICC Cervical Cancer Initiative to eradicate this dreadful disease through prevention programs.

Cervical cancer represents a great health and economical cancer burden because worldwide 500,000 women develop and 250,000 women die from cervical cancer every year. In Slovakia over 500 women are diagnosed and 250 die from this disease.

The world has now historic opportunity to change this situation by powerful new tools that have potential to reduce the burden of cervical cancer around the world and save millions of women’s lives.

It is of utmost importance to urge governments all over the world to prioritize cervical cancer in their health programs that combine education, availability of HPV vaccines, primary and secondary preventative technologies and effective treatment and to reverse in this way the threat of cervical cancer to women and girls worldwide.

Eva Siracka M.D., D.Sc. president
Bratislava, May 27, 2008
A la Unión Internacional Contra el Cáncer (UICC),

La Asociación Española Contra el Cáncer (aecc) apoya el esfuerzo de movilización de la UICC a nivel mundial y local a favor de una prevención integral del cáncer de cérvix. Por medio de esta carta, queremos demostrar nuestro compromiso en el esfuerzo para eliminar a nivel mundial el cáncer de cérvix y facilitar el acceso a estrategias de prevención, accesibles y eficaces, a las mujeres que más lo necesitan.

Para las mujeres de los países en desarrollo, esta enfermedad es la primera causa de mortalidad por cáncer y la segunda a nivel mundial. Prácticamente todos los casos de cáncer de cérvix se deben al virus del papiloma humano (VPH), la infección viral más común del tracto reproductivo femenino.

En países industrializados, la implementación de la detección precoz y los programas de cribado y tratamiento han reducido drásticamente las tasas de esta enfermedad neoplásica en los últimos 60 años. Pero en los países en desarrollo, donde la gran mayoría de las mujeres nunca se ha hecho un control médico, la incidencia y tasas de mortalidad por cáncer de cérvix continúan creciendo.

Reconociendo el potencial de las nuevas vacunas contra el VPH para prevenir el cáncer de cérvix, la Declaración Mundial del Cáncer reclama programas de vacunación contra el VPH en países de bajos y medianos ingresos, donde la incidencia del cáncer de cérvix es alta. La Declaración también reclama acciones específicas para reducir los costes de la vacuna, información y educación a los ciudadanos y a los profesionales, políticas sanitarias públicas e investigación.

Reconocemos que los programas de vacunación necesitan estar basados en la evidencia científica, y en lo asequible, factible, y culturalmente aceptable en cada país, teniendo siempre presente que la vacunación no sustituye al cribado.

El cáncer de cérvix es prevenible y estamos, actualmente, en una posición sin precedentes donde las nuevas tecnologías nos proveen con los medios para un cambio significativo. Las vacunas contra el VPH aplicadas a mujeres jóvenes ahora pueden prevenir infecciones futuras y salvar gran cantidad de vidas en el futuro. Más aún, una mejor adaptación de los métodos de cribado puede hacer realidad una detección precoz eficaz, aún en los lugares más remotos.

Compartimos vuestro compromiso de trabajar con los gobiernos y otros sectores para hacer que la prevención del cáncer de cérvix sea una realidad.

Firmado en Madrid (España), a 16 de junio de 2008.

Francisco González-Robatto
Presidente

Isabel Oriol Díaz de Bustamante
Vicepresidenta
Cervical Cancer Initiative,
International Union Against Cancer (UICC)
62 route de Frontenex,
1207 Geneva, Switzerland

A la Unión Internacional Contra el Cáncer (UICC),

Apoyamos el esfuerzo de movilización de la UICC a nivel mundial y local a favor de una prevención integral del cáncer cervicouterino. Por medio de esta carta, queremos demostrar nuestro compromiso en el esfuerzo para eliminar a nivel mundial el cáncer cervicouterino y dar acceso a estrategias de prevención accesibles y efectivas a las mujeres que tienen la mayor necesidad.

Para las mujeres en países en desarrollo el cáncer cervicouterino es la primera causa de mortalidad por cáncer en mujeres y la segunda causa a nivel mundial. Prácticamente todos los casos de cáncer cervicouterino se deben al virus de papiloma humano (VPH), la infección viral más común del tracto reproductivo femenino.

En países industrializados, la implementación de la detección temprana, programas de cribaje y tratamiento ha reducido drásticamente las tasas de cáncer cervicouterino en los últimos 60 años. Pero en los países en desarrollo, donde la gran mayoría de mujeres nunca se han hecho un control, la incidencia y tasas de mortalidad de cáncer cervicouterino continúan creciendo.

Reconociendo el potencial de las nuevas vacunas contra el VPH para prevenir el cáncer cervicouterino, la Declaración Mundial del Cáncer reclama programas de vacunación de VPH en países de bajos y medianos ingresos, donde la incidencia del cáncer cervicouterino es alta. La Declaración también reclama acciones específicas para reducir los costos de la vacuna y proveer educación pública y profesional, normas públicas e investigación.

Reconocemos que los programas de vacunación necesitan estar basados en lo que es asequible, factible, y culturalmente aceptable en nuestro país y que la vacunación no sustituye al cribaje.

El cáncer cervicouterino es prevenible y estamos ahora en una posición sin precedentes donde las nuevas tecnologías nos proveen con los medios para un cambio significativo. Las vacunas de VPH aplicadas a mujeres jóvenes ahora pueden prevenir infecciones futuras y salvar gran cantidad de vidas por décadas a venir. Más aún, una mejor adaptación de los métodos de cribaje pueden hacer realidad la detección eficaz, aún en los escenarios más remotos.

Compartimos vuestro compromiso de trabajar con los gobiernos y otros sectores para hacer que la prevención del cáncer cervicouterino sea una realidad.

Atentamente

Josep Morell
President
Federació Catalana Entitats contra el Càncer (FECEC)
Espanya
Barcelona, 20 Junio 2008
Spain: Institut Català d’Oncologia

Gran Via de les Corts Catalanes 185
08003- L’Hospitalet - Barcelona
Tel: 93 265 34 34 / 93 335 72 11 - Fax 93 385 37 83
www.oncologia.es

Cervical Cancer Initiative
Internacional Union Against Cancer (UICC)
62 route de Frontenex
1207 Geneva, Switzerland

A quién corresponda,

El Institut Català d’Oncologia otorga su apoyo al esfuerzo de movilización de la Unión Internacional Contra el Cáncer-UICC, a favor de una prevención integral del cáncer de cuello de útero a nivel mundial, especialmente en el mundo en vías de desarrollo, donde este cáncer constituye un grave problema de salud.

En la actualidad, el cáncer de cuello de útero es un cáncer prevenible y las nuevas tecnologías de prevención, tales como las vacunas y los nuevos métodos de detección, así como los tratamientos mejorados proporcionan los medios para erradicar esta enfermedad.

Esta carta muestra nuestro compromiso en el esfuerzo por eliminar este cáncer y, muy especialmente, para dar acceso a estrategias de prevención eficaces a las niñas y mujeres que más lo necesitan. Asimismo, apoyamos el compromiso de trabajar con gobiernos y otros sectores para hacer que la prevención del cáncer de cuello de útero sea una realidad.

Atentamente,

[Signature]

Dr. Joaquim Esperalba i Iglesias
Director General
Institut Català d’Oncologia

L’Hospitalet de Llobregat, 27 de Junio de 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,

J. Bajo
SEGO President
21 February 2008

To Cervical Cancer Action:

I am submitting this letter to express my strong support for accelerated access for girls and women in developing countries to comprehensive cervical cancer prevention programs. With powerful new tools like HPV vaccines and new screening technologies, we now have the opportunity to significantly reduce the burden of this terrible disease. Seizing this opportunity and saving lives as quickly as possible will require leadership by multilaterals and governments, reductions in the costs of the HPV vaccine and new screening technologies, and donor commitments.

The developing world bears most of the burden of this disease, with 85 percent of cervical cancer deaths occurring there. This is due to severe disparities in access to screening and treatment between wealthy and resource poor countries. Comprehensive prevention programs, which include improved screening and treatment for older women along with vaccination for girls, will be essential to reducing cervical cancer mortality.

I share your commitment that access to new life-saving technologies should follow disease not wealth. I am 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,

Dr. Bjorn Melgaard
Independent Consultant
Former Director, Vaccines and Biologicals Department, World Health Organization, Geneva
Cervical Cancer Initiative  
Union International Contre le Cancer (UICC)  
62, route de Frontenex  
1207 Genève  

Berne, le 1 juin 2008/BM/ste

**Cancer du col de l’utérus**

Madame, Monsieur,

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 ont 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.
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 continues 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.

Prof. Tezer Kutluk, MD PhD
President, Turkish Association for Cancer Research and Control
Ata Sokak No: 21/1
06410 Ankara-Turkey
Phone: 90-312-431 2950
e-mail: tkutluk@tr.net
Dear Delegates,

We would like to thank Princess Nikky and her Foundation for organising this important and visionary meeting. We recognise the burden of disease caused by cervical cancer, and the misery it brings to tens of thousands of African women.

Worryingly unlike developed nations where the trend is decreasing it seems that the death rate from cervical cancer is increasing, due to the lack of resources of many African nations to adequately screen for and effectively treat these patients. We were delighted to welcome Princess Nikky to our recent meeting on Cancer Control in Africa, she played an important role, stimulating Ministers and the International Oncology Community to address this problem.

As stated in the London Declaration (A copy of which a can be at [www.afrrox.org](http://www.afrrox.org)) AfrOx is Dedicated along with many of its partners to try and help provide these basic concepts in Cancer care:

- Having the HPV vaccine trialled in Africa. Then lobbying Pharmaceutical companies to provide it cheaply and also lobbying governments to add it to existing vaccination programmes.
- Advising on education programmes to educate the women of each country in Africa to the symptoms/ dangers of HPV and Cervical Cancer, so they understand the symptoms and go for regular screening.
- Helping to implement and train staff in a screening programme for the early detection of the Virus/Disease.
- Pain, symptom control coupled with counselling and spiritual care for those who present late with cervical cancer.

We wish you a productive and successful conference, look forward to hearing the outcomes of this meeting and working with you to free African women from the burden of this disease.

Good Luck.

Kind Regards

Professor David Kerr
Rhodes Professor Clinical Pharmacology and Cancer Therapeutics

Rt. Hon. Alan Milburn
Member of Parliament, UK
To Cervical Cancer Action:

Cancer Research UK is submitting this letter to express Cancer Research UK’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 the developing world, 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 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.

Signed,

Jean King
Director of Tobacco Control and International Prevention
Policy and Communications Directorate
Cancer Research UK
61 Lincoln’s Inn Fields
London WC2A 3PX
Tel: 020 7061 8150
Fax: 020 7061 8334
jean.king@cancer.org.uk
United Kingdom: CLASP Institute for Women’s Health

CLASP
Institute for Women’s Health

June 2008

Letter in Support of UICC Dossier in Comprehensive cervical Cancer Prevention Worldwide

Dear Sir/Madam,

We the organisation of CLASP (Cervical Cancer Association for Screening and Prevention), part of The Institute of Women’s Health, University College London and The Elizabeth Garrett Anderson Hospital, UK, write in support of the UICC dossier in comprehensive cervical cancer prevention worldwide.

Developed nations have drastically reduced cervical cancer morbidity and mortality by successfully introducing cervical screening using Pap smears. However, due to inadequate medical infrastructure, limited access to medical services and poor means of communication, a similar screening programme in developing nations would not be feasible and have been shown to have poor uptake rates. As a consequence, in developing countries like Nigeria, cervical cancer is thought to be the commonest cancer affecting women of childbearing age. The combination of poor awareness and lack of screening programmes mean mortality from cervical cancer in the developing world is high.

We at CLASP advocate the need for locally appropriate screening programmes which are suitable, cost effective and popular within the existing infrastructure of developing nations. We have successfully initiated a pilot project in Lagos, Nigeria using a one-stop “see and treat” strategy of visual inspection and treatment with cryotherapy to treat visually abnormal areas of the cervix. This method of screening, which has been extensively validated in India and South Africa, is an effective way to detect and treat pre-cancerous lesions in developing regions. CLASP are currently in the process of initiating similar programmes in other regions of Nigeria.

Cervical cancer affects women when they still have much to contribute to society. Where cervical cancer screening has been shown to decrease mortality by detection of the pre-cancerous stage, we are saddened by the fact that mortality is high in places where effective screening is yet to be implemented. Therefore, CLASP emphatically supports the need for locally appropriate cervical cancer screening worldwide. We applaud the work of UICC and other such organisations who aim to make this a reality thus saving many lives. We are happy to provide more information about our activities at your request.

Yours Sincerely,

CLASP
Institute for Women’s Health
University College London & Elizabeth Garrett Anderson Hospital
7 March 2008

Cervical Cancer Action

Our Ref: TF/BP

Dear Sir/Madam

Cervical Cancer Prevention Support

The Royal College of Obstetricians and Gynaecologists is committed to improving women’s health throughout the world. Through our network of over 11,000 Members and Fellows working in 91 countries, we would like to add our voices to the growing chorus of organisations intent on mobilising 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.

Within the United Kingdom, with the developed screening facilities we have witnessed, thankfully, a reduction in the incidence of cervical cancer. However, the majority of our Members and Fellows work in countries where this is not the case. In many under resourced countries cervical cancer causes significant pain, suffering and death. 85% of cervical cancer deaths occur in developing world in large parts because screening programmes to not reach many women in time. In our country with improved screening and treatment, cervical cancer mortality has been reduced.

Access to improved screening and treatment, along with future vaccination, will be important elements of a comprehensive programmes to reduce cervical cancer mortality internationally. The faster we can get these technologies to women, the faster we can save lives.

We share your commitment that access to new technology should follow disease not wealth. We are anticipating that the leadership of multilateral organisations, governments, and industries will work to reduce the cost of the HPV vaccine, along with new screening technologies to increase access to all women as quickly as possible.

As an organisation, we are anxious to work in partnership with the global community to make these new tools available appropriately and effectively to those young women that need them most.

Yours sincerely

Tony Falconer FRCOG
Senior Vice President – International
20 July 2007

Princess Nikky
The Princess Nikky Breast Cancer Foundation

Dear Princess Nikky

On behalf of the American Cancer Society, I send congratulations for your upcoming meeting, "Stop Cervical Cancer in Africa." Together we can work to eliminate this disease that kills so many women in Africa and across the globe.

All good wishes for a wonderful meeting!

Sincerely,

Johanna Ralston
Vice President, Global Strategies and Managing Director of International Affairs

International Affairs Department, 30 Speen Street, Framingham MA 01701 johanna.ralston@cancer.org
May 12, 2008

Dear Cervical Cancer Action:

On behalf of the American Cancer Society’s more than three million staff and volunteers nationwide, I am pleased to offer our strong support for rapid global access to cervical cancer prevention, early detection, and treatment technologies. As the second most common cause of cancer death in women, we at the Society know that cervical cancer poses a significant cancer burden worldwide, and that it is even more of a threat in the developing world, where the disease is often the most common cancer in women.

The greatest burden of cervical cancer is found in underserved, resource-poor populations of women in whom at least 80 percent of all incidences of cervical cancer and related mortality occur. About 510,000 cases of cervical cancer are reported annually: 68,000 in Africa, 77,000 in Latin America, and 245,000 in Asia; and approximately 288,000 women worldwide die each year from this disease. Successful global implementation of safe, effective, and affordable vaccines and screening technologies offers an unprecedented opportunity to prevent millions of deaths and dramatically reduce the world’s cancer burden.

Ensuring widespread coverage by human papillomavirus (HPV) vaccination and screening programs will depend on affordability, health priorities, the socio-cultural environment, and the logistical capacity and commitment of national and international health organizations. Historically, there has been limited success in overcoming the logistic and economic challenges of integrating new vaccines and screening tests into the health care systems of low-resource countries. Each country will have to determine whether cervical cancer prevention, early detection, and treatment programs are affordable for their population given the burden of cervical cancer, and the relative importance of cervical cancer control compared with other disease control priorities. The American Cancer Society believes that these decisions should be made under the most optimal conditions of affordability and local and international guidance related to cost-effective program implementation.

It may require many years or even decades to implement effective, affordable, and acceptable cervical cancer prevention, early detection, and treatment programs in developing countries. The American Cancer Society is committed to working with and through Cervical Cancer Action to see that access to new technologies is achieved as widely and rapidly as possible.

Sincerely,

John R. Seffrin, PhD
May 27, 2008

Isabel Mortara
Executive Director
International Union Against Cancer (UICC)
62 route de Frontenex
Geneve 1207 Switzerland

Dear Ms. Mortara:

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 50 years. But in developing countries, where the vast majority of women never have a pap smear, the incidence and death rates from cervical cancer continues 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 cells 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,

Nancy E. Davidson, MD
President

Allen S. Lichter, MD
Chief Executive Officer

cc: Jacek Jassem, MD, PhD, Chair, ASCO International Affairs Committee
Tony Mok, MD, Chair-elect, ASCO International Affairs Committee
Eduardo Cazap, MD, Past-chair, ASCO International Affairs Committee
World Health Organization  
Avenue Appia 20  
CH - 1211 Geneva 27  
Switzerland  

To whom it may concern:  

_Jhpiego_ would 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.  

Cervical cancer is one of the most common female cancers and many women in developing countries 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 soon to be available HPV tests could make precancer screening a reality even in the most remote settings. Better screening and access to practical but effective treatment such as cryotherapy in a single visit approach (SVA) will result in lives saved in the next few years.  

When HPV vaccines are given in combination with effective screening programs cervical cancer can be prevented and lives saved for decades to come. It is also important to note that programs designed to protect adolescent girls through vaccination have the potential to also offer additional needed health interventions to that underserved population.  

_Jhpiego_ 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,  

Leslie Mancuso, PhD, RN, FAAN  
President and CEO  

innovating to save lives | www.jhpiego.org
Statement on Behalf of Dr. Leslie Mancuso, President and CEO, JHPIEGO

On behalf of Dr. Leslie Mancuso, President and CEO of JHPIEGO, I extend sincere greetings from our 400 employees worldwide. JHPIEGO, an affiliate of The Johns Hopkins University in Baltimore, Maryland, USA, is honored to participate in this landmark event to raise awareness about cervical cancer in Africa.

We know that cancer of the cervix is the second most common cancer in women worldwide, accounting for about 500,000 new cases and more than 250,000 deaths each year. We know that it disproportionately affects the poorest and most vulnerable women, often in the prime of life. At least 80% of cases occur in developing countries, where cervical cancer is the most common cause of cancer deaths in women. We recognize that women with HIV/AIDS are at increased risk of developing cervical cancer. We also know, most importantly, that this devastating disease is entirely preventable.

Despite the statistics, we have reason to be hopeful. The recent introduction of HPV vaccine and a DNA test for HPV screening open up new options for primary prevention of cervical cancer. Integrating these new technologies with the single visit screen and treat approach, pioneered by JHPIEGO, presents a powerful combination in the fight against cervical cancer, especially in low resource countries. It is my hope that we will soon live in a world where death from cervical cancer is a thing of the past.

JHPIEGO is proud to have been at the forefront of cervical cancer prevention for more than a decade, and to have partnered with so many exceptional organizations and individuals working to prevent cervical cancer. Our long-term commitment includes improving access to care, research to practice through innovation, capacity building, and advocating on regional and global levels. We know that much remains to be done, and meetings such as this one are important opportunities to raise awareness and work toward solutions. You are all potential champions for cervical cancer prevention; together we must make the commitment to helping women survive. I wish you a very successful meeting.

Prof. Emmanuel O. Otolorin, FRCOG
Country Director

Plot 820/821 Labour House, Central Business District, Abuja, FCT, Nigeria.
Mobile: 234-803-968-5502
June 24, 2008

International Union Against Cancer
62 route de Frontenex
1207 Geneva, Switzerland

To Our International Union Against Cancer (UICC) Colleagues:

On behalf of the Oncology Nursing Society (ONS) and its more than 37,000 oncology nurses and other health professionals, who are dedicated to ensuring and advancing access to quality cancer care, we are writing to express our support for efforts we understand UICC has underway to improve global cervical cancer prevention. ONS has consistently supported advocating for domestic and international policies and programs that seek to enhance and expand prevention and early detection of cancer. To that end, we commend you for recognizing the global public health imperative for renewed and expanded efforts to reduce and prevent the second most common cause of death from cancer in women worldwide.

As you know, since its inception in 1941, the Pap smear has reduced cervical cancer deaths by 70% among American women. While the incidence of cervical cancer is relatively low in the U.S., ONS has concerns that 85% of all cervical cancer cases occur in developing countries, where it is the most common cause of death. Infection with the human papillomavirus (HPV) is the most significant risk factor for developing cervical cancer. As such, preventing HPV infection among women and girls can reduce cervical cancer incidence and save hundreds of thousands of lives across the globe. Moreover, when detected at an early stage through the Pap smear, cervical cancer can be treated effectively. ONS believes that availability of the Pap smear and the recent development of new screening and vaccination technologies – including the HPV vaccine – together offer an unprecedented opportunity to reduce the incidence and mortality of this highly preventable disease, particularly in developing countries.

ONS advocates – and stands ready to support – international efforts to increase access to cervical cancer screening, while also ensuring that all women and girls who wish to be immunized against HPV receive vaccination. ONS believes that such efforts must be reflective and respectful of each country’s culture and that the provision of cervical cancer screening and/or HPV immunization should be affordable and include informed consent, education on safer sexual practices, and explanation that vaccination is not a substitute for screening.

Please know that we stand ready to work with you and others in the international cancer control community to ensure that underserved and at-risk women and girls – particularly those in developing countries – have access to affordable and effective cervical cancer screening, awareness, education, and treatment services. Should you or your staff have any questions, please do not hesitate to contact us or our Health Policy Manager, Leslie Greenberg (lgreenberg@ons.org, 301/233-2203).

Sincerely,

Brenda Nevidjon, RN, MSN, FAAN
President

Paula Rieger, RN, MSN, AOCN, FAAN
Chief Executive Officer
Take HPV vaccines global to fight cervical cancer

DOROTHY SHAW AND JANE SCHALLER
From Wednesday's Globe and Mail
October 29, 2008 at 3:26 AM EDT

As Canadian women, mothers, physicians, and global-health advocates, we would like to draw attention to a great opportunity for the advancement of health in our time: the global elimination of cervical cancer.

Every two minutes of every day, a woman somewhere dies of cervical cancer. The vast majority of these women who die — hundreds of thousands of them every year — are poor women from poor countries who have limited or no access to screening and treatment facilities. These women suffer untold agony as their cancer progresses, and ultimately die untreated and without relief.

Cervical cancer is a disease that mirrors the disparities of the world today; 85 per cent of the deaths and most of the devastation of this terrible disease occur in Africa, Asia and Latin America.

Here in Canada, among women who fortunately have routine access to screening procedures, each year significant numbers will be newly diagnosed as having cervical cancer, with an estimated 1,300 new cases in 2008. Their disease is usually cured by early intervention, although in 2007, the deaths of 390 women in Canada were related to cervical cancer. The threat of cervical cancer hangs heavy over the heads of all women.

We now stand at a very special moment in health history. Based on science that merited the Nobel Prize for medicine this year, new vaccines are available to prevent infection with the virus that is the basic cause of cervical cancer, human papilloma virus (HPV). The virus is extraordinarily common in both women and men, and can lead to a variety of cancers, most commonly cervical cancer among women who are not screened and treated early on.

Now, for the first time, this potentially fatal infection can be prevented by immunization with the new powerful HPV vaccines. Indeed, the HPV vaccines might be considered to be the first effective vaccines against a form of cancer. The devastation and fear of cervical cancer have inspired many of us...
to work personally and professionally to see the end of this dreaded condition.

In 2007, the Canadian government adopted the policy that access to HPV vaccines is "critical" for Canadian girls. A countrywide scheme was devised to provide the vaccine to girls through schools of every province. Over the past year, further research and experience indicate the HPV vaccines are extraordinarily safe and do not encourage high-risk or early sexual behaviour among girls.

As with most new vaccines, the need for possible future booster doses has not been resolved yet, but this will become apparent and can be dealt with as years of experience accumulate.

Thinking beyond our borders, we encourage Canadians, our government and all citizens to play a role in ensuring global access to these new lifesaving technologies. Women and children throughout the world should have the means of prevention of infection with the HPV virus and cervical cancer, just as the women and children of Canada do.

Significant policy discussions during the coming weeks at key international institutions — the World Health Organization and the Global Alliance for Vaccines and Immunization — will influence whether HPV vaccine will become widely available for women and girls in the world's poorest countries.

The ultimate price per dose will be critical in making the HPV vaccine affordable, cost-effective, and a feasible addition to existing immunization programs. Noting that our government invests to protect our own women and children with this new technology, we ask that women and girls around the world are given access to this vaccine that will prevent death and untold suffering.

*Dr. Dorothy Shaw is president of the International Federation of Gynecology and Obstetrics; Dr. Jane Schaller is executive director of the International Pediatric Association.*

http://www.theglobeandmail.com/servlet/story/RTGAM.20081028.wcohpv29/BNStory/specialComment/home
International Women's Day is a time when we take stock of each year's progress on women's rights. This assessment takes place all over the world, involving both women and men, and usually reveals some progress. Sadly, it also suggests we still have a long way to go.

Women and young girls continue to lack sufficient access to health, education and wealth, particularly in the poorest countries. Socially unjust disparities between women in rich and poor countries are an additional grim reminder of how much remains to be done.

Increasingly, however, we are being provided with the tools to make a powerful and positive impact on women's health. New technologies offer the potential for major advances. Researchers are working hard to develop new technologies -- they have already developed mammograms and Pap tests, which are already a part of women's regular health checks in developed countries.

We also have the first vaccine to be developed specifically for women, a vaccine against the human papillomavirus (HPV), which causes most of the half a million cases of cervical cancer diagnosed each year. The first of two HPV vaccines is already licensed in 38 countries. This vaccine must be made available to women and young girls, especially in the poorest countries.

Studies show that it's more cost effective to invest in prevention than in treatment. Some diseases, such as cancer, cannot be successfully treated once they progress beyond a certain stage. Indicators show that insufficient progress has been made on women's health, particularly in developing countries. We also know that little progress has been made in recognizing a woman's right to sexual and reproductive health -- in part because women lack the means to protect themselves.

Rich countries' health systems offer Pap smears, which often detects HPV early enough to prevent progression to cervical cancer. But for most women in developing countries, Pap tests are out of reach or unavailable. The consequences for women's health are disastrous, especially in combination with the HIV/AIDS pandemic. As a result, cervical cancer mainly takes its toll in the poorest countries: Of the 270,000 cervical cancer deaths worldwide, 85 per cent are in developing countries.

New technologies, such as the HPV vaccine, should be made available, accessible and affordable for the developing world. We should not allow a repeat of the hepatitis B vaccine, which was readily available in the developed world for more than 18 years before being introduced in the poor countries with the world's highest incidence of liver cancer.

The recent experience of global health organizations, such as the GAVI Alliance, shows that new and innovative financing models can facilitate the introduction and affordability of new vaccines and technologies, with dramatic effects on the number of lives saved. The GAVI Alliance could potentially play a similar role to fund the introduction of the vaccine against HPV. If no such concerted effort is made and if current trends in women's health continue, there are projected to be more than a million new cases of HPV a year by 2050.

The international community must address this glaring inequity between women in poor countries and those living in developed countries. We know that mammograms and Pap smears have saved the lives of women in wealthy countries. We know that a global effort to make new life-saving vaccines widely available and affordable could similarly play an important role in curtailing millions of unnecessary deaths of women and girls in the poorest regions. This is a compelling case for action, and we need women power to drive it home.
Gro Harlem Bruntland has chosen to step down as Director General of the World Health Organization after a 5-year term and nine nominees from around the world are competing to take her place. Over the past 5 years, Bruntland has made great progress in WHO’s cancer policies. The Tobacco Free Initiative has been extremely successful in focusing international attention and resources on the prevention of tobacco-related disease and the International Agency for Research on Cancer (IARC; Lyon, France) has continued to coordinate and conduct research on the causes of cancer and the mechanisms of carcinogenesis. But how will such initiatives fare under Bruntland’s successor?

The nominees are: Peter Piot from Belgium, the Executive Director of UNAIDS; Joseph Williams, former Prime Minister of the Cook Islands and current member of parliament; Jong Wook Lee of South Korea, the Director of WHO’s Stop TB programme; Julio Frank Moro, the Secretary of Health for Mexico; Pascoal Mocumbi, the Prime Minister of Mozambique; Karam Karam, the former Minister of Health for Lebanon; Awa Marie Coll-Seck, the Minister of Health for Senegal; Ismail Sallam, Egypt’s former Minister of Health and Population; and Diamid Fareed, advisor to the Minister of Health and Quality of Life for Mauritius.

A former consultant in general medicine, Fareed believes that because of the variation in cancer incidence between different regions and countries, national cancer control programmes must be a priority or any health-care system.

We must acknowledge that countries are at different levels in policy formulation, priority setting, and action plans, but WHO’s policy and advocacy plan for cancer control needs to be strengthened as part of the non-communicable diseases programme”, he says.

Peter Piot, who has a strong scientific research background, believes that WHO should use the highest levels of scientific rigour to strengthen its evidence base—a premise that fits in well with the mission of the IARC.

“Policy advice needs to be based on evidence and practices of what works in the real world”, he writes in his vision statement. “WHO needs to provide information that helps governments and their people make and measure real progress.”

An important part of WHO’s cancer strategy is to establish and improve global cancer registries.

Karam helped to set up a national database of medical records in Lebanon and he believes such initiatives are crucial in the fight against cancer.

“It is very important to have comprehensive scientific databases influenced by directives”, he explains. “WHO should be involved in organising collaborations between health departments worldwide.”

Karam has strong views on the role of WHO in the global provision of oncology services. "WHO needs to be more forceful in spreading the word about policies, which need to be taken on board by societies and governments”, he adds.

Bruntland’s biggest achievement in terms of cancer prevention is the Tobacco Free Initiative but will it be a priority for the next Director General?

“The Tobacco Free Initiative is a good example of the leadership WHO should take in the promotion of game worldwide”, says Fareed. “Such initiatives need to be replicated in other areas where WHO’s stewardship can pay dividends.”

Karam agrees and believes the antitobacco message needs to be taken more seriously and adopted by many more countries.

“Prevention is extremely important and we should take this into consideration for other carcinogenic agents”, he adds.

The use of HPV vaccines to prevent cervical cancer is another global oncology initiative but the difficulty of implementing such vaccination programmes has meant that such schemes have yet to be realised.

“The HPV vaccine is one of the best achievements in technological research with the aim of preventing cancer,” explains Mocumbi. “The relation of HPV with cervical carcinoma is well demonstrated and the heavy burden of this disease requires bold steps to rectify the situation. I am very much in favour of making this a priority of women’s health needs.” Considering the difficulties of such programmes he added: “Although the prevalence of HPV types may differ between regions, a technical team could design successful vaccination programmes.”

Karam is also a supporter of HPV vaccination: “I think it is quite important to vaccinate against viral infections that lead to the development of cancer. With HPV, education of safe sexual practices is important but a vaccine would be more effective globally”, he says.

During her time at WHO, Bruntland implemented many successful policies and initiatives to tackle the increasing global incidence of cancer but despite these promising pre-election ambitions of the nominees it remains to be seen if the new Director General has the gravitas, determination, and foresight to continue her work.

Emma Wilkinson
Routine vaccination against human papillomavirus

Publication on January 22 of guidance from the European Centre for Disease Prevention and Control (ECDC) on the introduction of human papillomavirus (HPV) vaccines in EU countries follows similar recommendations in June, 2006, from the US Advisory Committee on Immunization Practices. The reason for vaccinating against HPV infection is to prevent cervical cancer, the primary cause of which is persistent infection of the genital tract by so-called high-risk HPV types. The virus is transmitted during sexual contact. The authors of the ECDC report are firmly of the opinion that vaccination against HPV is an effective preventive strategy against cervical cancer. That high-risk HPV types are also associated with other anogenital cancers and head and neck cancers in men and women provides another spur for vaccination. What is the evidence behind the latest recommendations, and what concerns remain over routine vaccination against HPV?

Since we last wrote on the topic in January, 2006, results of phase III trials of the quadrivalent Gardasil (Sanofi Pasteur MSD) and bivalent Cervarix (GlaxoSmithKline) vaccines have been reported. Gardasil has been licensed in the USA and both vaccines are licensed in Europe. The recommended immunisation schedule for both vaccines is three intramuscular doses over 6 months. The evidence of efficacy is compelling. In young women aged 16–24 years who received at least one dose of Gardasil or placebo, vaccine efficacy was 95% for prevention of high-grade cervical precancers related to HPV 16 or 18 after an average follow-up of 3 years. Among young women aged 15–25 years who received at least one dose of Cervarix or placebo, vaccine efficacy was 90% for the same efficacy endpoints as Gardasil after mean follow-up of 14.8 months.

Because the vaccines prevent new infections with high-risk HPV types, girls aged under 15 years who are not yet sexually active would be the prime target group for routine vaccination. Therefore vaccine trials have been done in such girls, the endpoints of which have been immunological because cervical smear testing would be unethical. Trials among girls (and a group of boys) aged 9–15 years given Gardasil found that there was an excellent immune response, with at least 91% seropositive for the vaccine HPV types at 18 months of follow-up.

Cost-effectiveness of a routine HPV vaccination strategy is a crucial issue. Estimates of cost-effectiveness vary considerably depending upon the assumptions made in the model and the characteristics of national health systems. The ECDC report sets the bar for cost-effectiveness of a health intervention at below €40 000 per quality-adjusted life year saved. On this basis, the report concludes—after reviewing the available data—that a strategy of vaccinating adolescent girls plus continuing cervical screening has a cost-effectiveness at least as good as that of “other preventative or therapeutic interventions commonly applied”. Additionally, the report concludes that, given available data, routine vaccination of boys would not ultimately prove cost effective.

Safety of the vaccines will be an important consideration for parents thinking about having their children immunised against HPV. The WHO advisory committee that reviewed safety data from trials and post-licensure surveillance for both HPV vaccines found no cause for concern. Pain, redness, and swelling at the injection site occurred in about 80% of study participants, and were significantly more common in the vaccine group than the placebo. Some mass sociogenic illnesses such as post-vaccination dizziness and syncope have been reported during adolescent vaccination campaigns in the USA; however, the WHO committee stated that these events were prevented by post-vaccination observation and encouraging good hydration. By the end of June, 2007, four deaths had been reported in the USA among girls who received Gardasil, but the Centers for Disease Control and Prevention concluded that none were caused by the vaccine. Data on the safety and efficacy of giving HPV vaccination at the same time as other immunisations are lacking, so it is wise not to do this until more research has been done.

Some parents will be concerned that vaccinating teenagers in some way condones sexual activity. This concern must be balanced against the fact that most sexually active people become HPV positive, whether or not they are virgins at the time of marriage.

We believe that there is solid evidence in favour of routine vaccination of adolescent girls against HPV, and that this policy should be supported by responsible governments. Because such a policy will take many years to have a public-health impact, cervical screening programmes must be continued for the foreseeable future.
Global: London Declaration on Cancer Control in Africa

London Declaration on Cancer Control in Africa

Presented during the Cancer Control in Africa meeting
May 10 & 11, 2007
London, UK.

Background
Over 130 leaders in all aspects of World Health and Cancer Control gathered in London for a 2 day meeting, chaired by Prof David Kerr, the Rt. Hon. Alan Milburn and Sir John Arbuthnott, to discuss how best to bring comprehensive cancer care to African countries. This meeting built on two previous international conferences, held in 2006, that addressed the issue of the cancer burden in all developing countries (The Cape Town Meeting organized by the International Atomic Energy Agency, IAEA and the World Cancer Congress in Washington DC organized by the International Union Against Cancer, UICC). There is a growing awareness of the magnitude of the cancer problem in the developing world and a sense of urgency regarding the need to take immediate action. Prof David Kerr, University of Oxford, has recently set up a new organisation, AfrOx, whose mission it to enable the delivery of comprehensive cancer care to African countries.

Scope of the global problem
Cancer is a global problem accounting for 12.5% of all deaths worldwide, a greater percentage than is caused by HIV/AIDS, TB and malaria combined. By 2020 there are expected to be 15 million new cases of cancer every year, 70% of which will be in developing countries, where governments are least prepared to address the growing cancer burden and where survival rates are often less than half those of more developed countries.

Impending African Crisis
African countries will account for over a million new cancer cases a year and they are the least able of all developing countries to cope, having few cancer care services. Lack of resources and basic infrastructure mean that most Africans have no access to cancer screening, early diagnosis, treatment or palliative care. Life-saving radiotherapy is available in only 21 of Africa’s 53 countries, or to less than 20% of the population, and consequently cancer is a sentence to a painful and distressing death. At the same time, over one third of cancer deaths are due to preventable causes such as viral infection, poor nutrition and widespread tobacco use. Cancer in the developing world knows no age limits. It is estimated that 100,000 children die unnecessarily from cancer in the developing world each year. In Africa, on average 5% of childhood cancers are cured, compared to nearly an 80% cure rate in the developed world. In terms of cancer care, the disparities between the standard of care in developed and developing world countries couldn’t be greater. In addition, in many African countries the combined effects of cancer, poverty, deprivation and infectious diseases hinder the development of a sustainable population and consequently a sustainable future.

The only way to effectively prevent, detect and treat the rising number of cancers in the developing world is to develop broad and effective partnerships of research institutions, international organizations, NGOs, national governments in developed and developing countries and the pharmaceutical industry. Strong local and international leadership is essential.

The relevant organisations and individuals, with funds from government and private donors, must be brought together to develop achievable and sustainable national cancer plans that are evidence based, priority driven and resource appropriate for African countries, and we are committed to doing this.
Purpose
The purpose of this London Declaration is to raise awareness of the magnitude of the cancer burden in Africa and to call for immediate action to bring comprehensive cancer care to African countries.

It builds on the World Health Assembly Resolution on Cancer Prevention and Control (2005) and on previous Declarations from the International Atomic Energy Agency (Cape Town Declaration on Cancer Control in Africa, Dec 2006) and the International Union Against Cancer (World Cancer Declaration, July 2006).

We are calling on research institutions, international organisations, the pharmaceutical industry and national governments and civil society in developed and developing countries to unite and work together to enable the delivery of comprehensive cancer care to Africa. To establish cancer care programmes in African countries requires the integration of clinical and public health systems so as to be truly comprehensive. A comprehensive cancer control strategy must bring together prevention, early detection and diagnosis, treatment, palliative care and the investment needed to deliver these services in terms of trained staff, equipment, relevant drugs and information systems, as well as public education. Any cancer control strategy must be guided by the needs of the country. Our vision for cancer control in Africa is a model authored by the Member State, with technical, policy and financial support provided by inter-agency alliances and governments in the developed world. African governments must be the driving force behind implementing cancer control in their countries with support at every level provided by the international alliance. Only in this way can achievable and sustainable national cancer plans that are evidence based and resource appropriate for African countries be developed.

There are grounds for optimism. With concerted early action cancer in Africa is a disease that can be tackled.

There are a number of fundamental areas of cancer control that form the cornerstones of comprehensive cancer control programmes. The Six Essential Steps are:

Cancer surveillance/registries and national cancer plans
- Cancer surveillance programmes, including population based cancer registries, are required to collect and analyze data on the scale of the cancer burden in each country. They provide essential information on the incidence, prevalence, trends, mortality, and survival rates which is required to help develop a realistic and sustainable national cancer plan. In addition, they help to evaluate the impact of prevention, early detection/screening, treatment and palliative care programmes. Such programmes must be fully supported by the governments to ensure that they are complete and comprehensive.
- African countries must be supported and assisted in developing sustainable national cancer plans that are evidence based, priority driven and resource appropriate for African countries. It is essential that national cancer plans be integrated with wider development by African governments to ensure a balanced health system is put in place according to national priorities.

Prevention programmes
In 2002 in Sub-Saharan Africa, there were more than half a million cancer deaths and almost 40% of these deaths can be explained by chronic infection and tobacco usage.
- Vaccination programmes against Hepatitis B virus, which causes liver cancer, and human papilloma virus, which causes cervical cancer, are effective ways to reduce the growing cancer burden and should be made widely available.
Similarly, reducing tobacco consumption will also prevent many cancer related deaths. While lung cancer is on the increase in Africa, there is a real opportunity to avoid a lung cancer epidemic by implementing effective tobacco control now. Countries should be encouraged to implement the effective strategies identified in the WHO Framework Convention on Tobacco Control (FCTC). Simple steps such as implementing a ban on smoking in the workplace and in public places can be very effective.

**Early diagnosis and screening programmes**
Effective treatments exist for many cancers and the chances of surviving depend largely on how early the cancer is detected and on societal awareness of early signs and symptoms of cancer.
- National programmes to educate the public and healthcare professionals will result in earlier detection and better survival outcomes. Such programmes must be prioritized and driven by governments to ensure they are appropriate for the local population.
- Screening programmes to identify at risk individuals, bringing them to curative care earlier, will prevent a large number of deaths.

**Treatment**
It is thought that up to one third of cancers in the developing world are curable if treated early. In particular childhood cancers have a high cure rate.
- Effective treatment programmes need to be put in place.
- Access to radiotherapy facilities is essential for both treatment and palliation.

**Palliative care**
Palliative care is an essential part of the continuum of care of all adult and childhood cancer patients. For terminal cancers, palliative care is essential. Pain and symptom control, coupled with counseling and spiritual care, enables patients to die with dignity, preventing a painful and distressing death.
- Palliative care should be introduced as early as possible to produce effective pain and symptom control during disease progression, terminal and bereavement care.
- Palliative care must be introduced into health policies and be included in training at all levels.
- Accessibility of pain relieving medication, particularly morphine, is essential.

**Training and Research**
A major obstacle in the provision of adequate health care in Africa is the lack of trained health care professionals. The fundamental importance of having staff with appropriate training across the disciplines (clinical, management, logistics) cannot be overestimated, together with improved working conditions and increased job satisfaction.
- Established international cancer institutes and other training and health institutions have a major role. They should establish and implement mentoring and training programmes for African health professionals and scientists and help with capacity building partnerships with African institutions. The Global Health Workforce Alliance is currently coordinating an international effort on training of healthcare professionals.
- New local healthcare personnel must be trained so as to increase capacity and not drain the existing talent from other local needs in both the public and private sectors. This is necessary to ensure a long term sustainable workforce of healthcare professionals. African governments need to be helped to develop the much needed additional capacity.
- Training and research is a multilateral issue that links into employment and salary issues that must be addressed by the WHO, the IMF, the World Bank and other similar organisations. Sustained funding is necessary to ensure sustained employment.
The London Declaration is a call to action directed at all organizations: governments, international agencies, research bodies, global funders, the pharmaceutical industry, individual benefactors and NGOs.

**Cancer Control in Africa – Speakers and Delegates**

- African Health Ministers or their representatives
- African doctors and health professionals
- Leading international oncologists
- Members of the UK parliament
- The World Health Organization
- The International Atomic Energy Agency (IAEA) and the Programme of Action for Cancer Therapy (PACT)
- International organisations and charities:
  - African Organisation for Research and Training in Cancer (AORTIC)
  - African Palliative Care Association (APCA)
  - American Cancer Society (ACS)
  - AXIOS International
  - Bill and Melinda Gates Foundation
  - Breakthrough Breast Cancer
  - Cancer Research UK (CR UK)
  - European Society for Medical Oncology (ESMO)
  - Global Health Workforce Alliance (GHWA)
  - Help the Hospices
  - International Agency for Research on Cancer (IARC)
  - International Network for Cancer Treatment and Research (INCTR)
  - International Union Against Cancer (UICC)
  - International Society of Paediatric Oncology (SIOP)
  - Medical Research Council (MRC)
  - National Cancer Institute, US (NCI)
  - National Cancer Research Institute, UK (NCRI)
  - Organisation of European Cancer Institutes (OECI)
  - Oxfam
  - Princess Nikky Breast Cancer Foundation
  - Tropical Health and Education Trust (THET)
  - UK Oncology Nursing Society (UKONS)

- The World Bank
- The African Development Bank
- The University of Oxford
- The Royal College of General Practitioners (RCGP)
- GlaxoSmithKline (GSK)
- Representatives from the pharmaceutical industry
CALL FOR EQUAL ACCESS TO CERVICAL CANCER TREATMENT FOR ALL WOMEN AND GIRLS

A comprehensive prevention strategy for reducing the threat of cervical cancer has been called for by the World Medical Association and the Medical Women’s International Association.

In a joint statement to mark international women’s day tomorrow (March 8), the two organisations demand action for women and girls around the world to have equal access to the highest quality prevention and treatment options for cervical cancer and say that such a strategy should include screening and vaccination.

Dr. Shelley Ross, Secretary-General of the Medical Women’s International Association, said: ‘Cervical cancer is the second most common cancer among women. But it is now preventable due to the availability of a vaccine against human papillomavirus (HPV)’.

She said that every year, cervical cancer affected 500,000 women and took the lives of a quarter million worldwide. Women in poor countries were the most affected, with 80 per cent of the deaths from cervical cancer due to extremely limited screening and treatment availability.

Dr. Ross added: ‘When reflecting back on major advances in women’s health in years to come, HPV vaccine will be listed as one of the major breakthroughs. It is urgent that governments across the world start prioritizing cervical cancer with sustainable political and financial commitments. Not doing so means losing lives. It means also not granting to women and girls in poor countries the right to equal access to life-saving technologies’.

Four of the common types of HPV could be prevented through vaccination although there was currently no treatment available which could cure an HPV infection. HPV vaccine therefore had the potential to substantially reduce the prevalence of cervical cancer, although not to eradicate it.

Dr. Jon Snaedal, President of the WMA, said ‘Medical associations have a key role to play in this strategy in making information on HPV vaccine available to physicians and to encourage physicians to alert their patients on this innovation’.

‘Cost must not be a barrier to making the vaccine available to women and girls worldwide. We are calling for a strong mobilisation of decision-makers, international organisations, international donor community and development partners, as well as medical associations, civil society and industry to act now for a change, to stop cervical cancer’.

End
FIGO COMMITTEE REPORT

HPV vaccination and screening to eliminate cervical cancer

FIGO Committee for the Ethical Aspects of Human Reproduction and Women’s Health

1. Introduction and background

1. Cervical cancer is the most common cause of death from cancer for women in low-income countries and is increased within high-income countries for women who have decreased access to health care.

2. Women have a right to the highest attainable standard of physical and mental health and to have their health rights addressed by their governments.

3. HPV subtypes 16 and 18 are the proximate cause of 70% of cervical cancer worldwide with regional patterns that include multiple other oncogenic subtypes.

4. HPV is a sexually communicable disease for which the burden of death and disability falls disproportionately on women.

5. Cervical cancer is now a virtually preventable disease through a combination of early vaccination and screening strategies to identify and treat preinvasive disease.

6. In order to be effective the present vaccines to HPV 16 and 18 must be given at an age before likely viral exposure.

7. Delay in vaccination roll out will result in additional generations being at risk for cervical cancer.

2. Recommendations

1. Education of both health professionals and communities about prevention of cervical cancer through both vaccination and screening strategies is an obligation of health professionals, in particular Obstetrician/Gynecologists.

2. The development and maintenance of screening strategies must be addressed for women regardless of vaccination strategy, due to the ongoing risk for unvaccinated women, women who were exposed prior to vaccination, or those with an uncovered oncogenic HPV subtype.

The FIGO Committee for the Ethical Aspects of Human Reproduction and Women’s Health considers the ethical aspects of issues that impact the discipline of Obstetrics, Gynecology, and Women’s Health. The following document represents the result of that carefully researched and considered discussion. This material is intended to provide material for consideration and debate about these ethical aspects of our discipline for member organizations and their constituent membership.

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3. Obstetrician/Gynecologists should advocate for youth-friendly approaches to vaccination and screening that include primary care, pediatrics and other health professionals and address the unique issues of privacy and confidentiality for this age.

4. Development of community/national/NGO/WHO partnerships is needed to create affordability for vaccination and screening programs to prevent cervical cancer.

5. Obstetrician/Gynecologists have an obligation to advocate for vaccination and screening and to assist in the creation of coalitions to address prevention of cervical cancer.

Lyon, June 2007
New Zealand Prime Minister Announces Funding For New HPV Vaccine Program

06 May 2008

New Zealand Prime Minister Helen Clark on Friday announced a new program that will provide about $128 million over five years to vaccinate girls ages 12 to 18 against cervical cancer, the New Zealand Herald reports. As of Sept. 1, all girls born in 1990 and 1991 can receive a vaccine from their family physician, practice nurse, or at a health clinic at no cost. Beginning in 2009, the vaccine will become a routine component of the immunization schedule for girls between the ages of 12 and 13. In addition to the $128 million in new funding, Clark said that the Ministry of Health will allocate $10 million in its baseline budget for the program.

New Zealand officials said the program, which will likely use Merck’s human papillomavirus vaccine Gardasil, aims to vaccinate 300,000 girls and is expected to save about 30 lives annually from cervical cancer. "We also expect to see a reduction in the number of abnormal [Pap test] results, which means that fewer women will have to go through the stress of receiving an abnormal ... result, as well as of the extra tests, diagnoses and invasive procedures which can follow," Clark, Health Minister David Cunliffe and Associate Health Minister Steve Chadwick said in a statement. According to the Herald, about 180 women in New Zealand are diagnosed with cervical cancer every year, and 60 die from it. However, incidence and death rates have declined since 1991, when mass screening for the disease began.

According to the Herald, Clark's Labour Party had initially decided against launching an HPV vaccine program. The "change of heart" by the government came in spite of opposition from some advocates who "expressed concern that vaccinating young girls was effectively accepting they were sexually active when they shouldn't be." Clark has said any opportunity to prevent a deadly cancer should be taken (Oliver, New Zealand Herald, 5/2).


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A Global Call for Informed Decisionmaking on HPV Vaccines

HPV vaccines are the first of several new preventive technologies aimed at adolescent girls - an entirely new market that poses a series of unique policy and finance challenges to developing country governments and donors. As a result, decisions about HPV introduction have been so closely linked to the eventual availability of AIDS vaccines and microbicides that the conversation has largely shifted away from talk of cost-effectiveness and public health benefits (e.g. herd immunity) that are the traditional hallmarks of the global vaccine discourse and assumed the "health as a human right" rhetoric more often associated with the AIDS debate. Thus, within global health circles the discussion is generally couched as a question of how - not whether, when or under what circumstances - to introduce, finance, and deliver HPV vaccines throughout the developing world.

Now, a new coalition is formally adopting this charge. The Global Call to Stop Cervical Cancer, which was launched at the World YWCA International Women's Summit in Nairobi earlier today, "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." (See the press release for more details.) 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 availability of this impressively effective vaccine seems to have magically brought down the walls of global health silos, but ultimately the adoption and uptake questions should be based on an assessment of the vaccine’s own particular benefits (and costs) as an intervention in a given context, and not solely as a preparatory step for future products. One of the biggest hurdles - and current unknowns - is the price of the vaccines (set at $360 per course in the U.S.) and the costs and feasibility of programs to reach adolescents in developing countries. A recent study in the New England Journal of Medicine found that "for countries with a gross domestic product of less than $1,000 per capita, the per-dose cost may need to be as low as $1 to $2 to make vaccination both cost-effective and affordable." With that in mind, then, we need to be careful that we don’t put the cart before the horse - or in this case, the advocacy bandwagon before the cost-effectiveness analyses, impact evaluations and other operational research activities that can best inform policymakers as they weigh this important decision. So I propose that the Global Call call for one more thing, too: the systematic generation of practical, credible knowledge that should inform country-by-country decisionmaking about whether introducing HPV vaccines makes sense.
Conquering Cancer one Poke at a Time: Can the HPV Vaccine Eliminate Cervical Cancer Worldwide?

By Sheri Fink

Cervical cancer is an aggressive and ugly disease that kills more than a quarter of a million women worldwide each year. It is the second leading cause of cancer deaths in women worldwide and the top cause in many developing countries. Virtually all of the women who die share one thing in common—they’ve been infected with the human papilloma virus, known as HPV. Researchers recently reported that new HPV vaccines from the Merck and GlaxoSmithKline pharmaceutical companies were nearly 100% effective at preventing disease caused by the most dangerous strains of the virus in women who were not currently infected with those types.

Now, a year after the Merck vaccine Gardasil was approved for use in girls and young women in the U.S., it is already being actively sold in 52 countries, with widespread use in North America and Europe (the GSK vaccine, currently under FDA review, has been approved for use as Cervarix in Australia). However in developing countries, where more than 80% of cervical cancer deaths occur, HPV vaccines remain largely unavailable.

On June 4, 2007, the Global Health Program of the Council on Foreign Relations brought together pharmaceutical company representatives, government officials and other health experts to discuss ways to accelerate global access to HPV vaccines. CFR Senior Fellow for Global Health Laurie Garrett, who lost a close friend to cervical cancer last year, moderated the five hour meeting and organized it with Research Associate Kammerle Schneider and CFR Term Members Ella Gudwin of AmeriCares Foundation, Laura Efros of Merck & Co., Inc., and Kiersten Todt-Coon of Business Executives for National Security (BENS). The program was the second installment of a roundtable series developed with the Global Public Health Practice at McKinsey and Company.

A Dream Vaccine

Evidence for Gardasil’s efficacy, safety, and cost-effectiveness was so convincing that in 2006 the Advisory Committee on Immunization Practices, the Federal agency responsible for setting U.S. vaccination recommendations, quickly released guidelines calling for routine vaccination of 11 to 12 year old girls. Girls or women up to age 26 who have never been immunized against HPV and ideally have not yet been exposed to HPV through sexual contact are also encouraged to be vaccinated under the ACIP guidelines. The vaccine can be used in girls as young as age 9. Most States have passed legislation aimed at enhancing access to HPV vaccination. “I’ve never seen a vaccine elicit this much excitement and interest this early,” Dr. Mark Kane, former director of the Children’s Vaccine Program at the nonprofit global health organization PATH, said.

Many more years of study will be needed to answer important questions about both vaccines, such as whether immunization will confer life-long protection, whether booster shots will be required years after initial immunization, and to what extent the vaccines “cross protect” against other cancer-causing strains of the HPV virus. Women who get vaccinated will still need to undergo Pap testing, which detects precancerous lesions so they can be treated. While both vaccines protect against the forms of HPV that most commonly cause cancer, other strains of the virus exist that are capable of causing cancers, lesions or genital warts.

“We cannot say that cervical cancer will be history,” cautioned Dartmouth’s Dr. Diane Harper, who participated in testing both vaccines. “There will still be women who in the best of circumstances—after vaccination and continued Pap testing—will develop cervical cancer.”

Still, the overall picture is a very rosy one. Research suggests that HPV vaccines have the potential to prevent about 80% of all cervical cancer cases—potentially saving the lives of 224,000 women a year—plus many cases of HPV-related vulvar, vaginal and anal cancer. The vaccines may also prevent some head and neck cancers, and Gardasil is highly protective against genital warts. Preventing infection rather than merely screening for it will avert not only deaths but also costly and unpleasant treatment and monitoring of precancerous lesions. Because men transmit the virus to women, and HPV can cause penile cancer and other cancers and diseases in males, the vaccines are also being tested for their effectiveness in men and boys.
International Challenges

The greatest disease-reducing potential for HPV vaccines lies in the least developed nations. While women in wealthy countries such as the U.S. typically have access to Pap tests and medical procedures that help prevent lesions from progressing into deadly cancers, those services are largely unavailable to women in poor countries. As a result, death rates from cervical cancer in the poorest countries are more than three times that in wealthy nations. Because cervical cancer strikes relatively young women, it is the leading cause of years of life lost to cancer in the developing world, and it claims thousands of mothers every year, increasing the global burden of orphaned children.

However, the populations that could benefit the most from new medical technologies often must wait a long time to access them. "Historically new vaccines have reached those in developing countries ten to fifteen years after they’re available in developed countries,” said Dr. Mark Feinberg, Vice President of Medical Affairs and Policy at Merck. He said that HPV vaccines are a chance to prove that the world could do better.

That effort, though, faces significant challenges. At $96.75 per dose in the U.S. ($120.50 per dose for the private sector), Gardasil is the most expensive pediatric vaccine on the price list of the Centers for Disease Control and Prevention (CDC)—and immunization requires three doses. Rear Admiral Dr. Anne Schuchat, Director of the National Center for Immunization and Respiratory Diseases at the CDC, said the high price tag has presented an obstacle to introduction even in the U.S.

In Mexico, according to Dr. Roberto Tapia-Conyer, the country’s former Vice Secretary of Health, only people who can afford to pay around $240 in the private sector can obtain Gardasil. Although Mexico makes a higher public investment in vaccines than most countries, each dose of Gardasil would cost the country more than it invests in the entire panel of vaccines for a children under five.

Representatives of both Merck and GlaxoSmithKline have committed to offering their new products on a sliding scale to countries based on income. Merck’s commitment includes offering its new vaccines, including Gardasil, at dramatically lower prices at which the company will not profit in the lowest income countries.

However, neither company has yet revealed its price plan for different countries. Deborah Myers, director of External and Government Affairs and Public Partnerships for GlaxoSmithKline Biologicals, said her company first needs to know the extent of demand. “You can’t expect to get the same price for a million doses as you get for 100 million doses,” she said. “Unfortunately the economics in terms of production doesn’t work that way.”

Of course, that calculus also flows in the opposite direction—price is one of the top determinants of vaccine demand. No single global agency is responsible for ensuring equitable, worldwide access to new vaccines, and securing financing for vaccines meant for children over five years of age is particularly problematic. Thus far the GAVI Alliance, a partnership of public and private sector organizations that work to increase vaccination in poor countries, has yet to begin supporting HPV immunization efforts. That may be due in part to a recent surge in vaccine breakthroughs. Several significant products have hit the market within a short time span, including vaccines that protect against pneumococcal pneumonia and rotavirus infection, a major cause of diarrheal disease in young children.

“In a real sense these vaccines are competing with each other for scarce resources,” said Mark Kane. PATH is leading an effort to develop a strong “investment case” for HPV vaccines, and GAVI officials have expressed an interest in reviewing the case for financing. However, even if measures such as GAVI support and significant manufacturer price reductions made the HPV vaccines affordable for girls in developing countries, there’s no guarantee the vaccines would be accessible. Poor health infrastructure, low per-capita health expenditures and a high burden of other diseases mean that other health priorities may well trump delivery of HPV vaccines. Most adolescent girls have little contact with health personnel that could administer the necessary three doses of the vaccine. In some countries where women have a lower social status, their health needs are not prioritized, and in places where women are already commonly blamed for sexually transmitted diseases, administering a vaccine exclusively to females could exacerbate their stigmatization. Some religious and political leaders might oppose the vaccine as, in recent years, they have blocked polio immunization campaigns, claiming that the vaccines contained poisons that would sterilize girls.

The Way Forward

Still, participants in the CFR meeting were optimistic about overcoming these obstacles to HPV vaccination in low and middle income countries. Moreover, they viewed HPV vaccination as a promising means to reach pre-teen females for a range of previously overlooked health and education interventions.

In recent years, donors, government agencies and nonprofit health organizations have partnered with for-profit pharmaceutical companies, creating incentives for them to promote the diffusion of lifesaving new technologies in the developing world. According to Feinberg, Merck recently sought WHO prequalification for Gardasil—an important step toward expanding access; Merck is also collaborating with the nonprofit organization PATH in India, Peru and Vietnam to
evaluate the effectiveness of different vaccination strategies and alternative dosing schedules. Likewise, GSK is working with PATH in Uganda and India on pilot HPV vaccine introduction and is testing alternate financing and delivery channels for its vaccine in the Philippines.

Many developing countries have extensive experience in carrying out mass vaccination campaigns, which has led to considerable progress toward eradicating polio and reducing measles mortality in recent years. The relatively new hepatitis B vaccine has been successfully introduced for routine use in many poor countries, offering lessons and a potential model for the introduction of HPV vaccines. Furthermore, promoting HPV vaccination would logically fall within the purview of advocacy communities working in the areas of reproductive health, adolescent health, women’s rights, cancer prevention, and HIV prevention (people living with HIV are prone to more severe disease caused by HPV). Several roundtable participants felt that the President’s Emergency Plan for AIDS Relief, or PEPFAR, ought to fund HPV vaccination in the countries it targets, particularly in light of recent White House requests for a doubling of the PEPFAR budget, and expanded emphasis on youth infection prevention efforts.

Meeting participants also suggested that the vaccines be marketed in the least controversial way possible, emphasizing cancer prevention. Immunizing boys in addition to girls could increase acceptability, as could the establishment of several high profile demonstration projects. So, too, could approving the vaccines for use in older women, particularly if ongoing research confirms a trend suggesting that immunization protects women who have been exposed to (but are not currently infected with) the most dangerous strains of HPV.

A graduated pricing scale within countries could also promote access, according to GSK’s Myers. “We believe that every country no matter what income segment they’re in has a private market, a group of people that has disposable income and an ability to pay,” Myers said. “You have a price for the private market, a price for the public market, and a price in between.”

Mexico’s Tapia-Conyer said that countries should not wait until they can afford to provide HPV vaccines to their entire populations before beginning to purchase the products. Instead, countries should adopt a “tiered approach,” targeting their highest risk or most socially vulnerable populations first, such as female members of Mexico’s indigenous populations. He argued that individuals have a social right to vaccination that should be guaranteed by governments—which can and should invest more in healthcare. Mexico raised the percentage of its health budget devoted to public health activities like disease surveillance, health education, and vaccinations from 4% in 2000 to 32% at the end of last year. “There’s room for governments to … invest more in vaccines,” Tapia-Conyer said. He also stressed that developing countries are not monolithic, and distinct vaccine promotion strategies should be developed, financed and promoted for different world regions, led by interested multi-lateral agencies or foundations.

**Leveraging HPV Vaccination**

Developing the infrastructure needed to reach adolescents will be critical not only for the current immunization effort, but also for the introduction of future products, particularly a hoped-for AIDS vaccine. Experts with the International AIDS Vaccine Initiative (IAVI) have experience analyzing vaccine-related policy issues and conducting advocacy. The group is now partnering with PATH to explore potential HPV vaccine delivery options, including school-based programs, child health days and coordination with existing AIDS programs.

“We feel we can learn from HPV vaccines and disseminate those lessons because there’s a lot in common (with AIDS vaccines),” said Dr. Robert Hecht, senior vice president of public policy at IAVI. “Sexuality and stigma are major factors for both infections and vaccines.”

Judith Bruce, senior associate in the poverty, gender and youth program at the Population Council, said that multipurpose girls’ clubs should be established to help capture socially isolated groups, such as out of school and married girls, who are at high risk of infection with HPV and other sexually transmitted diseases. Platforms like this could be used to offer not only the HPV vaccine, but also other adolescent services, from AIDS prevention information to issuance of national ID cards and savings accounts. Many meeting participants felt that campaigns that increase awareness of cervical cancer should also be leveraged to enhance cervical cancer screening programs in developing countries.

Ultimately, HPV vaccines represent a major test for the global health field. “We view HPV vaccines as a tremendous opportunity, but one we can not take for granted,” said IAVI’s Hecht. “We could also blow it here. We need to make sure that doesn’t happen.” If governments, industry, advocates and charitable organizations succeed in promoting access to HPV vaccines among the world’s poor, that could catalyze a range of health and social interventions for adolescents. However failure would cast doubt on future initiatives to bring lifesaving new technologies to the developing world. It would signal the pharmaceutical industry that medicines and vaccines will not be taken up readily in poorer countries. Likewise, it would send a message to developing countries that equitable access to medical breakthroughs is not a serious goal for the now multi-billion dollar global health enterprise.
Call For Equal Access To Cervical Cancer Treatment For All Women And Girls

07 Mar 2008

A comprehensive prevention strategy for reducing the threat of cervical cancer has been called for by the World Medical Association and the Medical Women's International Association.

In a joint statement to mark international women's day tomorrow, the two organisations demand action for women and girls around the world to have equal access to the highest quality prevention and treatment options for cervical cancer and say that such a strategy should include screening and vaccination.

Dr. Shelley Ross, Secretary-General of the Medical Women's International Association, said: 'Cervical cancer is the second most common cancer among women. But it is now preventable due to the availability of a vaccine against human papillomavirus (HPV)'.

She said that every year cervical cancer affected 500,000 women and took the lives of a quarter million women worldwide. Women in poor countries were the most affected, with 80 per cent of the deaths from cervical cancer due to extremely limited screening and treatment availability.

Dr. Ross added: 'When reflecting back on major advances in women's health in years to come, HPV vaccine will be listed as one of the major breakthroughs. It is urgent that governments across the world start prioritizing cervical cancer with sustainable political and financial commitments. Not doing so means losing lives. It means also not granting to women and girls in poor countries the right to equal access to life-saving technologies'.

Four of the common types of HPV could be prevented through vaccination although there was currently no treatment available which could cure an HPV infection. HPV vaccine therefore had the potential to substantially reduce the prevalence of cervical cancer, although not to eradicate it.

Dr. Jon Snaedal, President of the WMA, said 'Medical associations have a key role to play in this strategy in making information on HPV vaccine available to physicians and to encourage physicians to alert their patients on this innovation'.

'Cost must not be a barrier to making the vaccine available to women and girls worldwide. We are calling for a strong mobilisation of decision-makers, international organisations, international donor community and development partners, as well as medical associations, civil society and industry to act now for a change, to stop cervical cancer'.

The World Medical Association is the independent confederation of national medical associations from more than 80 countries and represents more than eight million physicians. Acting on behalf of patients and physicians, the WMA endeavours to achieve the highest possible standards of medical care, ethics, education and health-related human rights for all people.

World Medical Association

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HPV infection rates similar in men and women

Fri Oct 10, 2008 5:43pm EDT

By David Douglas

NEW YORK (Reuters Health) - Although men are at high risk of acquiring human papillomavirus (HPV) infections, most last no more than a year, about the same time this sexually transmitted disease persists in women, researchers report in The Journal of Infectious Diseases.

HPV has long been known as a cause of genital warts, but in recent years most reports have focused on its association with cervical cancer. In 2006, an HPV vaccine (Gardasil) designed to prevent cervical cancer was approved for use and a report released yesterday indicates that roughly one quarter of adolescent girls in the U.S. were vaccinated in 2007.

Because male-to-female transmission of HPV influences the risk of cancer in women, Dr. Anna R. Giuliano of the H. Lee Moffitt Cancer Center and Research Institute in Tampa, Florida, and colleagues and sought out more information on the matter.

The team conducted a forward-looking study of 290 men from southern Arizona, ages 18-44 years, who were recruited by a variety of means including college posters, encounters at health clinics, and radio and newspaper advertisements.

The participants were examined at the start of the study and every 6 months thereafter. On average, the subjects were followed for 15.5 months.

Upon entering the study, 30 percent of men were infected with HPV. The 12-month rate of new infection was 29.2 percent.

Over the entire study period, roughly half of men were infected with HPV and nearly a third of the HPV types found are known to cause cancer. About 75 percent of the infections cleared within a year of detection.

The HPV vaccine is currently being tested internationally in men.

"Should we show that HPV prevention vaccines...are effective in men we can potentially reduce a proportion of infections acquired by men," which in turn could reduce the risk in their sexual partners, Giuliano concluded.

SOURCE: Journal of Infectious Diseases, September 15, 2008.
We received another request to post about the **Global Call to STOP Cervical Cancer**. I will keep it brief as other bloggers have also just posted about this (links at the end of the post). They have a great coalition lined up, but unfortunately I had a difficult time finding information on cervical cancer itself (2 links deep on the site, see Discovery Health for facts and information). One of the facts that is the driving force of this coalition is worth sharing with others:

“Cervical cancer, caused by the human papillomavirus (HPV), strikes more than 500,000 women every year and causes more than a quarter million deaths annually. **Approximately 80% of these deaths occur in developing countries**, making cervical cancer the most common cause of cancer-related death for women in the developing world.” For an interesting project related to this, see this research conducted by Haas Business school students on a self-diagnostic technology by Roche in South Africa for women living in rural areas.
Our Vote to End Cervical Cancer

By Lance Armstrong and John Seffrin
Thursday, October 30, 2008; 12:00 AM

Preventing, treating and defeating cancer are among the greatest scientific challenges and personal triumphs of our time. And right now, we have the power to save our mothers, sisters and daughters from a type of cancer that claims a life every two minutes globally.

Cervical cancer progresses over decades, attacking women who might never know they are sick until it is too late. It often hits women in their prime, when they're raising children, working hard and fully engaged in family, community and economic life, making these unnecessary deaths especially tragic.

Cervical cancer is unique among cancers because we know one of the main causes for it: certain strains of the human papilloma virus (HPV). We also know how to prevent it. There are now vaccines available that, when given to girls before they become sexually active, will later protect them from the potentially deadly strains of HPV.

In the United States and other wealthy countries, HPV vaccines, along with screening and early detection technologies, have become the standard. Yet cervical cancer remains the number one cause of cancer death among women in the developing world, because they do not have access to these technologies.

It's hard to stop all HPV strains from spreading, but we can stop certain ones from killing.

Today in Geneva, the Board of the Global Alliance for Vaccines and Immunization (GAVI), which includes a U.S. representative, will decide whether to commit to making HPV vaccines available to girls in the 72 poorest countries. GAVI is an international alliance of governments, international agencies and nongovernmental organizations that helps bring needed vaccines to countries that can't otherwise afford them. Once GAVI commits to a vaccine, it works with leaders in the public and private sectors to deliver its promise. But without a GAVI commitment, this lifesaving vaccine will remain the privilege of the few, rather than being deployed on the front lines of this terrible disease.

We have the data to prove that providing HPV vaccines to the poorest regions of the world is feasible, affordable and necessary. GAVI calculates that the cost of HPV vaccine at $10 per dose is possible, and in all likelihood, far less. The purchase price for GAVI-eligible countries will be $.30 per dose, which even the poorest of countries can pay. The difference will be covered through international financing and dramatic discounts from the pharmaceutical companies that
make the vaccine. This combination of need, and a simple, affordable solution, makes the path forward clear.

To be sure, no new innovation or technology is without some controversy, and the HPV vaccine is no exception. Some concerns have been raised over the impact the vaccine may have on sexual behavior; however, there is no evidence that the introduction of this or any other effective vaccine leads to changes in human behavior, including sexual activity.

At the same time, we recognize that HPV vaccine alone is not enough to eradicate cervical cancer in the coming decades. We need to bring simple new screening technologies to women for whom the vaccine is not appropriate. Vaccines are most effective when they are given to girls before they become sexually active and contract the virus. For all other women, screening tools, as well as treatments for both precancerous cervical abnormalities and cancer itself, must be made more widely available. In places where screening and treatment may always be out of reach, vaccination is paramount.

Indeed, it is one of the miracles of our young century that cervical cancer prevention now comes in a vial. The HPV vaccine is built on Nobel-recognized science. It is effective. It is safe. It is affordable. And it is needed most in the places where it is hardest to get it.

The United States has another opportunity to show our belief and leadership in the powers of innovation and technology, by this commitment to improve lives of families, communities and nations. We urge our delegation to GAVI to vote "yes" on the commitment today in Geneva.

*Lance Armstrong is a champion cyclist, cancer survivor and chairman of the Lance Armstrong Foundation. John Seffrin is chief executive officer of the American Cancer Society.*

http://www.washingtonpost.com/wp-dyn/content/article/2008/10/29/AR2008102903476_pf.html
Cervical cancer vaccines may be a victim of cultural concerns. The notable absence of the cervical cancer vaccine on the UAE's vaccination schedules has led physicians to suggest that politics and public health don't mix.

Neither Merck's Gardasil or its rival Cervarix, manufactured by GlaxoSmithKline, has been picked up by local health authorities, and the agencies have been accused of dragging their heels over the issue.

Both vaccines immunise patients against strains of the human papillomavirus linked to cervical cancer.

Dr Wissam Haddadin, medical advisor and franchise manager for Merck Gulf, said the current uptake rates were a work in progress, hinting that health authorities were stalling until public awareness campaigns were more established."

"She admitted there was no time frame for adding the vaccine to national schedules but said it was definitely "being looked at seriously".

Commenting on the region's lacklustre results, Dr Gertrud Koster, consultant obstetrician at Dubai London Clinic, said she was disappointed with the tepid reaction to the vaccine. "Imagine that you had a vaccination against AIDS - we would probably just vaccinate everybody immediately."

Physicians have speculated that time lag might be attributable to the perceived association between HPV and premarital sex.

"It does raise certain issues of morality and so on but we have to bear in mind that...even with strong family values people do stray from time to time," said Dr David W Saxton, medical director and chief of obstetrics, Al Corniche Hospital, Abu Dhabi.

"This is a major breakthrough medically in the management of quite a serious disease [but] it comes down to the culture and we have to move with whatever is acceptable to the community."