Evidence of Support for Improved Cervical Cancer Prevention in Developing Countries
About the dossier

This dossier compiles messages from leaders in the countries most affected by cervical cancer.

Cervical cancer is a huge problem worldwide, with about 270,000 deaths every year. Most of those deaths occur in Africa, Asia, and Latin America. The letters, video messages, editorials, and declarations in this dossier express support for improved cervical cancer prevention—screening and vaccination—for women throughout the developing world.

In addition to the documents, the dossier includes the names of over 1,200 individuals, representing nearly 700 organizations, who signed an online Global Call to Stop Cervical Cancer in 2007 and 2008.

This evidence was compiled by Cervical Cancer Action (CCA), PATH, and the International Union Against Cancer (UICC). It may be freely shared for educational and noncommercial purposes.


PATH, a founding member of CCA, is an international nonprofit organization that creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. For more information, please visit www.path.org.

The International Union Against Cancer is the leading international, non-governmental organization dedicated exclusively to the global control of cancer. Its vision is that of a dynamic, global community of connected cancer control organizations, professionals and volunteers working together to eliminate cancer as a major life-threatening disease for future generations. Its mission is to connect, mobilize and support cancer organizations and individuals with the knowledge and skills they need to be effective. UICC also has produced a “special edition” of the dossier of support, focusing on letters from UICC members, and has created French and Spanish versions. For more information, please visit www.uicc.org/cervicalcancer.

Special thanks to Princess Nikky Onyeri for help gathering letters from leaders in Africa.

For more information about cervical cancer, visit RHO Cervical Cancer at www.rho.org.
We understand that Cervical Cancer Action is gathering evidence of the impact of the HPV vaccine and screening programs to protect girls and older women from this terrible disease. In India, we are encouraged that health providers, the呵呵呵

**Uganda: Op-ed by Parliamentarian Sarah Nyombi**

**India: Letter from Parliamentarian Shabana Azmi**

**Peru: Statement by Minister of Health Hernán Garrido-Lecca**

**Global: Letter from Dr. Jane Schaller International Pediatric Association**

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Cervical Cancer: Every Woman has the Right to Prevention

Each year 500,000 women are diagnosed with cervical cancer globally, of whom nearly 80% live in low-income countries where access to routine healthcare is limited. 250,000 of these will lose their lives to the disease. In Uganda, over 80% of women with cervical cancer are diagnosed with advanced disease. They occupy almost one-third of gynaecological beds at Mulago National Hospital, and account for over 40% of radiotherapy patients. Cancer patients are stigmatised in society. They often do not go to health facilities, but stay home and die painfully.

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

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

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

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

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

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

Project implementers are working closely with all stakeholders to ensure their support and participation in HPV vaccine introduction. It is our hope that this project will pave the way for national roll-out of the HPV vaccine. This dream will not be realised, however, unless the vaccine is made available at an affordable price. Without broad access to HPV vaccines and effective low-cost screening tools, it is projected that by 2050 more than a million women will suffer cervical cancer annually.

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

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

Honourable Sarah Nyombi, on behalf of Uganda Parliamentarians
Dear Colleagues,

The burden of cervical cancer is high in our country – cancer wards are full, yet we know that many women still suffer alone, far from any help our health system can offer. When these women pass away, the loss is community-wide. Although our country has been committed to end this disease for some time, we have not had the appropriate tools, until now.

Today, vaccines for girls, and new and improved screening and treatment for all women, provide the opportunity to realize our commitment. News stories about the new vaccines have spurred widespread interest in cervical cancer in our country – health providers, the media, NGOs and others are all talking about it. We see potential for new partnerships between sectors (health and education) and NGOs (women health, cancer, youth, HIV) focusing on this issue.

We are not naïve about the challenges of improving vaccination and screening in our country, but we share your commitment to find new ways to make this vaccine work for the girls and women of our country. We extend our hope that the WHO, the GAVI Alliance, and others also will do their part so that these vaccines and screening technologies can become accessible in our country as quickly as possible.

We hope to share with you in matching the opportunity of technology with our collective vision and leadership.

Best regards,

Shabana Azmi
Piura.- Un total de 9 mil 463 niñas de Piura, Ucayali y Ayacucho serán vacunadas sin costo alguno contra el papiloma virus con el fin de prevenir el cáncer de cuello uterino, enfermedad considerada como la primera causa de muerte por cáncer en mujeres en Perú, así lo sostuvo el ministro de Salud, Hernán Garrido-Lecca, quien hoy lanzó la Campaña de Vacunación contra el Papiloma Virus.

En el frente de la Municipalidad de Piura, Garrido-Lecca, dijo que en estas regiones se vacunará a niñas del 5to grado de primaria a partir de los 9 años, con tres dosis de la vacuna contra el Virus del Papiloma Humano (VPH). Así en Piura se vacunará a 7200 niñas, en Ucayali 1215 y en Ayacucho 1148, todas pertenecientes a 580 instituciones educativas.

Asimismo, señaló que en la pasada Reunión de Ministros de Salud del Área Andina plantearon a sus pares la compra conjunta de la vacuna contra el papiloma virus. "Si(138,646),(537,663)juntamos esfuerzos entre los países y hacemos una compra conjunta podemos abaratar el costo de esta vacuna que bordea los 300 dólares", sostuvo.

Por su parte, la oficial de Programas del PATH, Jennifer Winkler, señaló que dicha estrategia de prevención se logra gracias a que en 2007, se suscribió el Memorando de Entendimiento entre el MINSA y el PATH para realizar el "Estudio de Estrategias para Vacunar contra Cáncer de Cuello Uterino en Perú" en zonas rurales y urbanas de pobreza.

Comentó que su institución da este apoyo debido a que esta enfermedad es un problema grave que mata a 270 mil mujeres a nivel mundial y en el Perú a más de 2600 cada año.

En tanto, el director Regional de Salud de Piura, Dr. Walter Vegas, sostuvo que la región le ha dado énfasis a este tema y tiene un programa de vacunación contra el papiloma virus.

Allá donde la vacunación se realiza el año pasado, la Región de Salud movilizará al personal de 122 establecimientos de salud que vacunarán en 527 instituciones educativas de Piura. La primera dosis será aplicada en mayo, la segunda en julio y la última en noviembre.

Culminada la ceremonia se premió a tres instituciones educativas que participaron del concurso de historietas sobre el papiloma virus.

Supervisión a hospitales

Garrido-Lecca arribó en la víspera a Piura, iniciando de inmediato la supervisión de la atención en el servicio de emergencia del Hospital Santa Rosa, en tanto a primera hora del día visitó los establecimientos de salud de Mórropón y Chulucanas donde supervisó la construcción de la tercera etapa del CLAS Chulucanas.

Luego se dirigió al puesto de salud Laynas donde, a pesar de que las horas de atencion del personal no son de estas, se llegó hasta las 8:30 a.m. y se llevó a cabo la vacunación de la niña contra la hepatitis B.

En horas de la tarde se llevará a cabo la supervisión de las jornadas de vacunación contra la hepatitis B en el ámbito regional.
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
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). Fulfilled 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 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
To whom it may concern:

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

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

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

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

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

Sincerely,

[Signature]

Ministre Courage E. K. Quashigah (Ref.
Hon. Minister)
Tanzania: The Association of Gynaecologists and Obstetricians of Tanzania

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

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Tanzania.
Tel.: 131207 / 9 ext. 1179
Fax: 151471 / 151577

Our Ref.: AGOTA/cancer/01/08

Date 5th March 2008

To: Cervical Cancer Action

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

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

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

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

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

[Signature]
Prof. Richard Lema
President AGOTA
Video statement by Ellen Johnson Sirleaf
President of Liberia

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

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

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

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

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

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

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

President Ellen Johnson Sirleaf
September 2007
DECLARATION of the MEETING
TOWARDS COMPREHENSIVE CERVICAL CANCER PREVENTION AND CONTROL
Mexico City 12-13 May, 2008

Recognizing that cervical cancer is one of the most common causes of death among women in Latin America and the Caribbean (LAC);

That 33,000 women die each year of cervical cancer in Latin America and the Caribbean.

That it is estimated that, if this trend continues, the number of deaths from cervical cancer will double by 2030.

That it primarily affects vulnerable populations such as poor women and indigenous populations.

Expressing concern for the high burden of this disease, with the highest mortality rates in the world and its economic impact in Latin America and Caribbean.

That now we know HPV causes virtually 100% of cervical cancers.

That today there are vaccines against HPV, which offer great hope towards the prevention of 70% of the infections by this virus.

That the primary limitation for its use is the high cost.

That vaccines against HPV do not replace screening programs, diagnostics and treatment.

That with the introduction of this vaccine we have an opportunity to strengthen prevention and comprehensive control through improving coverage and quality of screening, diagnostics, and treatment services.

The participants resolve to:

Promote the integration among programs responsible for immunization, cancer prevention and control, and adolescent and reproductive health with the goal of strengthening efforts toward the prevention and control of cervical cancer.

Take the opportunity with the introduction of the vaccine against HPV to strengthen sexual and reproductive education, training of personnel, as well as cancer screening services, diagnostics and treatment.

Continue considering immunization programs as a regional public good with high political priority.

Consider the introduction of a vaccine against HPV based on technical, programmatic and operational criteria of individual countries, taking into consideration the need to strengthen the cold chain, epidemiological surveillance systems, and the laboratory network in countries.

Work together and with PAHO’s Revolving Fund to obtain affordable prices for HPV vaccines so that all the countries in the region can introduce the vaccine in their national immunization programs as soon as possible.

Generate mechanisms and negotiating processes with high-level financing stakeholders at the national level, which will ensure the sustainability of vaccination programs, prevention and control of cervical cancer.

Country Participants

Argentina  Cuba  México
Barbados  Dominican Republic  Nicaragua
Brazil  Ecuador  Panamá
Canada  El Salvador  Paraguay
Chile  Guatemala  Peru
Colombia  Honduras  United States
Costa Rica  Jamaica  Venezuela
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
To Cervical Cancer Action

Ha Noi March 27, 2008

We understand that Cervical Cancer Action is gathering evidence of global and country-level support for improved cervical cancer prevention. By this letter we would like to express our strong support for comprehensive programs to protect girls and older women from this dangerous but preventive disease.

We know that about 85 percent of cervical cancer deaths occur in the developing world including Vietnam, 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 mortality.

We fully agree with you 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 are ready to work with the global community to make these new tools available appropriately and effectively to the girls and women who need them most.

My best wishes for our future cooperation. Thank you for your cooperation and support.

Yours sincerely,

Nguyen Duy Khe, MD, PhD.
Director
Department of Maternal and Child Health.

Cc: International Cooperation Department
LETTER OF SUPPORT TO IMPROVE CERVICAL CANCER PREVENTION WORLDWIDE

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

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

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

Signed

Hon. Mrs. Janet K Museveni

The First Lady's Office

State House Entebbe
To whom it may concern:

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

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

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

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

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

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

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

Sincerely,

Sabikat Kassim-Momodu
Honourable Commissioner
To: Cervical Cancer Action

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

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

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

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

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

Prof. Abdel Latif Ashmaig
President
The obstetrical and gynecological society of Sudan
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 Nikki Oyeyi, 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 Nikki 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 REEDED 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 Hanks
Chief Scientific Adviser to UNAIDS
Associate Director, Department of Evidence, Monitoring & Policy

Uniting the world against AIDS