



REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE

WPR/RC73/6

Seventy-third session
Manila, Philippines
24–28 October 2022

3 September 2022

ORIGINAL: ENGLISH

Provisional agenda item 10

CERVICAL CANCER

One quarter of the global burden of cervical cancer is in the Western Pacific Region – a huge toll in deaths and illness with staggering economic and social costs. This burden is largely avoidable. Early detection and appropriate treatment can prevent disease progression and improve survival, while vaccinating young girls can protect future generations of women from cervical cancer. Implementation of cost-effective interventions can generate substantial societal and economic returns. For every dollar invested, an estimated US\$ 3.20 will be returned to the economy through increased participation of women in the workforce alone; the figure increases exponentially when all benefits of women's improved health on families and societies are considered.

The comprehensive prevention and control of cervical cancer depends on addressing challenges in three strategic areas: the slow uptake of human papillomavirus vaccination, inadequate screening services and the increasing number of untreated women. To improve outcomes, Member States can harness innovations such as single dose vaccination schedules, emerging technologies to expand screening coverage and new treatment referral systems. The proposed framework focuses on system development and universal health coverage with sustainable approaches tailored to country contexts and aligned with global targets and the Region's vision for health.

The Regional Committee for the Western Pacific is requested to consider for endorsement the draft *Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2023–2030*.

1. CURRENT SITUATION

Nearly nine out of 10 deaths worldwide from cervical cancer occur in low- and middle-income countries. Cervical cancer is the sixth most diagnosed cancer and the eighth most common cause of cancer death for women in the Western Pacific Region, which accounts for one fourth of the global cervical cancer burden.

In 2020, the age-standardized incidence rate for cervical cancer – a figure that allows the comparison of populations across the life course in different countries – was an estimated 13.3 per 100 000 women worldwide. Figures vary greatly among the 37 countries and areas in the Western Pacific Region, from 5.6 in Australia and New Zealand to 29.2 in Papua New Guinea and 29.8 in Fiji. These figures have translated into unacceptably high estimated age-standardized mortality rates of 20.7 per 100 000 women in Fiji, 19.1 in Papua New Guinea and 16.4 in Solomon Islands in 2020, compared to rates of 1.6 in Australia and New Zealand and a global average of 7.3 per 100 000 women.

Against this backdrop, WHO launched the *Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem* in November 2020. Without further interventions, cervical cancer cases and deaths will continue to increase in the Western Pacific Region. To ensure the elimination of cervical cancer in the Region, tailored programmes must be developed and implemented to achieve the global targets by 2030: 90% of girls below 15 years of age are vaccinated against human papillomavirus (HPV); 70% of women aged 35–45 years are screened; and 90% of women diagnosed with cervical cancer are treated.

This is in line with the vision articulated in *For the Future: Towards the Healthiest and Safest Region* to make the Western Pacific the world's healthiest and safest region by acting today to address the challenges of tomorrow. Cancer prevention and control are part of the *For the Future* thematic priorities on noncommunicable diseases and ageing, and reaching the unreached.

Eliminating cervical cancer in the Region requires accelerated action in prevention, screening and management. Primary prevention through HPV vaccination is a cornerstone for cervical cancer elimination, but coverage has been low. Only four out of 37 countries and areas in the Region have national HPV immunization programmes with extensive coverage. In all, 22 countries have nationally organized cervical cancer screening programmes, with three countries using HPV molecular testing as a screening method. Pap smear and visual inspection with acetic acid continue to be the primary screening tests in most countries. Still, screening participation rates have been low, with only four countries achieving or getting close to 70% coverage. Effective communication methods and delivery

strategies aimed at encouraging women from developing countries are needed to increase screening uptake.

The draft Regional Framework should be read alongside other regional frameworks, such as the [Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030](#) as well as new frameworks on reaching the unreached, noncommunicable diseases and mental health, which are also being considered for endorsement by the Regional Committee this year.

2. ISSUES

2.1 Cervical cancer is preventable, but vaccination rates remain low.

Progress towards primary prevention with HPV vaccination, which is vital to eliminate cervical cancer, has been slow. Countries must greatly scale up HPV vaccination reach, uptake and coverage to prevent infection with the virus that causes cervical cancer later in life. This could be achieved by integrating HPV vaccination into national immunization programmes, introducing the single dose vaccine schedule recently recommended by the [WHO Strategic Advisory Group of Experts on Immunization](#) and using school-based approaches. Programme interventions will also benefit from improved communication strategies and stronger public–private partnerships.

2.2 Screening and early treatment remains a challenge.

Although screening remains an effective strategy for secondary prevention of cervical cancer, many women encounter considerable barriers to screening and treatment services, especially in low- and middle-income countries. Geographic disparities persist, as primary care facilities often lack funding, infrastructure and manpower to operate screening services. Financial constraints pose a significant obstacle to pap smear or HPV test uptake for women in the Region, which is exacerbated for women living in geographically isolated areas. Poor knowledge of cervical cancer screening, fatalistic attitudes and stigma associated with cancer also contribute to low uptake of screening. The lack of clear referral pathways for cancer care further complicates access to screening and treatment, also leading to failed follow-ups among those diagnosed with cervical cancer.

Responding to these issues will require strengthening health systems and national institutional capacities. Plans to transition over time from improved screening using visual inspection with acetic acid to HPV testing are vital to ensuring cost-effective and high-precision testing to save more lives. Cultures and geographic landscapes must be considered in the process of developing and implementing national cervical cancer elimination strategies. Public–private partnerships can address resource

limitations and potentially extend to training primary care practitioners to perform cervical cancer screening. In resource-limited settings, the single visit approach and lower cost of visual inspection with acetic acid screening increases uptake and encourages the sustained commitment of policy-makers to high-coverage national cancer screening programmes.

2.3 Availability of cervical cancer treatment is variable.

Cervical cancer is curable if diagnosed and appropriately treated at an early stage. But capacities to treat the condition vary greatly across the Western Pacific Region. To improve survival rates, treatment guidelines must be set and essential services accessible at the appropriate level of care and through referral. Treatment availability is particularly challenging for small island nations and less-developed economies. By developing regional centres of excellence, supported by WHO and development partners, countries and areas will be better able to manage patients and train the health workforce. Subregional networks and clear referral pathways must also form part of the system.

Countries are at different stages of development and epidemiology regarding cervical cancer. Member States have competing priorities – cardiovascular disease, diabetes, respiratory diseases and communicable diseases – that may decelerate or distract from cervical cancer elimination efforts. The Regional Framework offers guidance to prevent such scenarios through recommendations on health system maintenance, strengthening and integration. It also provides guidance on sustaining specific functions for cervical cancer beyond 2030. These include regular policy reviews, cancer registries for monitoring and surveillance, and assurance of quality service delivery. Implementation research, innovation and whole-of-society approaches must be championed to make solutions more sustainable. Costs may be reduced through new dosing schedules and integration with existing programmes, such as HIV, sexually transmitted infections, hepatitis, and maternal and child health.

The COVID-19 pandemic has had a profound impact on cervical cancer prevention and management. As countries emerge from lockdowns, the restoration of services has been slow and selective in many cases. On the other hand, the pandemic response catalysed innovations and adaptations in health systems, provided an opening to expand HPV testing capacity, and increased capacity for molecular testing to detect the coronavirus and other pathogens – all of which can be harnessed to strengthen cervical cancer prevention and management. The pandemic response also provided an impetus for introducing technology-based solutions, increasing multisectoral engagement and sharing resources for overall health systems strengthening. The Regional Framework offers guidance for Member States to scale up these approaches towards the elimination of cervical cancer, harnessing the momentum to restore and improve integrated services for the post-pandemic “new future”.

3. ACTIONS PROPOSED

The Regional Committee is requested to consider for endorsement the draft *Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2023–2030*.

