Before 2014

- NCD absent of the MDG agenda
- Cervical cancer addressed only under sexual and reproductive health
WHO Global reproductive health strategy
2004

Mission
To help people lead healthy sexual and reproductive lives

Vision statement
The attainment by all peoples of the highest possible level of sexual and reproductive health
Five core aspects of reproductive and sexual health and global context

- Improving antenatal, perinatal, postpartum, and newborn care
- Family planning including fertility services
- Eliminating unsafe abortion
- Combating STI including HIV, cervical cancer and other gynaecological morbidities
- Promoting sexual health

ICPD Programme of Action
Revised framework of the Millennium Development Goals (MDGs)
WHO Strategic Objectives
Vision expressed by the Director-General
UN SG's Global Strategy for Women's and Children's Health

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Global partnership for development
2013 evaluation of the MDGs: Gaps in sexual and reproductive health

- High unmet need for family planning: estimated 222 million women
- Uneven and slow progress on maternal mortality: 2.3% annual reduction (5.5% for MDG)
- High rates of unsafe abortion: 47,000 deaths annually
- High rates of teenage pregnancy and unsafe sex
- High rates of sexually transmitted infection: 448 million cases
- Gender inequality and human rights issues
- +/- 500,000 new cases of cervical cancer with 275,000 deaths
Addressing the needs: including cancer in the Global health agenda

MDG coming to an end in 2015 new agenda has to be defined.

Two processes in parallel:

- The development of the post-2015 agenda and the Sustainable Development Goals (SDGs)
- The UN Political Declaration on NCDs 2011
UN Political Declaration on NCDs 2011 = result of a promising debate

- **Problem:** NCD burden and its determinants (social, risk factors, weak health systems)

- **Solutions:**
  - Guiding principles: government approach, multiple stakeholders, cost-effectiveness of interventions.
  - Risk reduction strategies: **Education, Screening and Vaccination**
  - Health system strengthening
In 2014: UN Interagency Taskforce on NCDs
UN General Assembly NCD Review 2014

Possible elements for an outcome document: What we hear from Member States

- Reducing cervical cancer mortality
- Increase Cervical cancer screening coverage
- Develop national plans
- Reduce exposure to risk factors: HPV
- Enable health systems to respond: PHC > secondary > tertiary (radiotherapy surgery)
- Measure results: cancer registries
What is the role of WHO?

• WHO Mandate to Develop Norms and Standards

• WHO Member States rely on WHO for expertise and guidance through the development of international norms and guidelines and promoting their implementation
Women and health across the life course

Women live 6-8 years longer than men
But: >80 in 35 countries; 54 in the African Region
But: not necessarily in good health

Life expectancy at birth

I nfectious diseases

1) Full and continuous range of health care from birth to older age, particularly in adolescence when behaviours are shaped and in older age when chronic health problems emerge.
2) Policy action beyond the health sector – such as to improve road safety, access to education or health insurance coverage.

Lifestyle (physical inactivity, diet, tobacco, alcohol, drug use)
Environment: physical and sexual violence

Chronic diseases

Girls 0-9
Ado girls 10-19
Repro women 15-44
Adult women 20-59
Older women > 60

Productive role: 80% of health care in the home; 90% of AIDS care; but unremunerated, unsupported, unrecognized
A life course approach is different from looking at issues at different life stages because it considers these health pathways or trajectories.

These are built – or diminished – over the lifespan. A life course does not reflect a series of discrete steps, but rather an integrated continuum of exposures, experiences and interactions.
In 2012 WHO publication on comprehensive approach to cervical cancer prevention and control
Comprehensive approach: Programmatic interventions over the life course to prevent HPV infection and cervical cancer

**PRIMARY PREVENTION**

- **Girls 9-13 years**
  - HPV vaccination
  - From 10 years old and onward

Health education and services, for example:
- Sexual health education tailored to the age group
- Providing contraceptive counseling and services including condoms
- Prevent tobacco use and support cessation*

**SECONDARY PREVENTION**

- **Women > 30 years of age**
  - Screening and treatment
    - “screen and treat” with low cost technology VIA followed by cryotherapy
    - HPV testing for high risk HPV types (e.g. types 16, 18 and others)

**TERTIARY PREVENTION**

- **All women as needed**
  - Treatment of invasive cancer at any age – Palliative care
    - Ablative surgery
    - Radiotherapy
    - Chemotherapy
So, 2014: the new C4-GEP

- Chapter 1: Epi, Nat Hist, AnaPath
- Chapter 2: Programmatic issues
- Chapter 3: Heath Education
- Chapter 4: HPV Vaccination
- Chapter 5: Screen and Treat strat. of pre-cancer
- Chapter 6: Diagnosis and Tx of inv cancer
- Chapter 7: Palliative care
Screen and treat strategies to prevent cervical cancer

Single tests
- HPV
- VIA
- Cytology

Treatments for CIN
- Cryotherapy
- LEEP
- Cold knife conisation

Sequence of tests followed by treatment
FLOWCHARTS FOR SCREEN AND TREAT STRATEGIES WITH VIA

VIA

Negative
- Rescreen every 3 to 5 years
  - HIV+ rescreen within 3 years

Positive
- Eligible for cryotherapy, treat with cryotherapy
- If not eligible for cryotherapy, treat with LEEP
- Post-treatment follow-up at 1 year

Suspicious for cancer
- Refer to appropriate diagnosis and treatment
FLOWCHARTS FOR SCREEN AND TREAT STRATEGIES WITH HPV alone – VIA used to determine eligibility for cryotherapy

HPV

- Negative
  - Rescreen after a minimum of 5 years
  - HIV+ rescreen within 3 years

- Positive
  - Visual inspection with acetic acid
  - Eligible for cryotherapy, treat with cryotherapy
  - Not eligible for cryotherapy, treat with LEEP
  - Suspicious for cancer
  - Refer to appropriate diagnosis and treatment

Post-treatment follow-up at 1 year
FLOWCHARTS FOR SCREEN AND TREAT STRATEGIES WITH HPV or cytology followed by colposcopy with or without biopsy

HPV or cytology

- HPV negative or normal cytology
  - Rescreen every 3 to 5 years (cyto)
  - Rescreen after a minimum of 5 years (HPV)
  - HIV+ rescreen within 3 years

- HPV+ or abnormal cytology
  - Colposcopy
    - Colposcopy positive
      - Biopsy
        - If CIN 2-3, treat according to recommendations
          - If CIN 1 or less, rescreen every 5 years or more (HIV+ rescreen before 3 years)
    - Eligible for cryotherapy, treat with cryotherapy or LEEP
      - Not eligible for cryotherapy, treat with LEEP
        - Post-treatment follow-up at 1 year
    - Colposcopy negative
      - Rescreen within 3 years
        - HIV+ rescreen within 3 years
    - Suspicious for cancer
      - Refer to appropriate diagnosis and treatment

World Health Organization
The issue

Overcoming the transfer and application of knowledge gap

To take evidence into practice
WHO agenda: UNIVERSAL HEALTH COVERAGE – 3 DIMENSIONS

All people receive the services they need of adequate quality without incurring financial hardship
Challenges for services

Proposed linkages

Existing services:
- Primary health care (PHC) services

Family planning services
- Antenatal care (ANC)
- STI services
- Cervical / breast cancer screening
- VCT/PITC
- BCC

Expected outcome:
- Increased access to prevention and care
- Improved quality of sexual and reproductive health services

voluntary counselling and testing (VCT); provider-initiated testing and counselling (PITC); behaviour change communication (BCC):
A process to introduce and adapt guidelines and tools

Introduction and orientation (sub-regional level)

- National policies
- Practices
- Epidemiological data
- Resources

Situation Analysis

- Introduction and Adaptation (country level)

- Stakeholders and trainers

Implementation plan

- Key interventions
- Monitoring and evaluation

Scaling-up

Partners

Advocacy and Adoption

World Health Organization
Comprehensive approach to Cervical Cancer Prevention and Control

http://www.who.int/reproductivehealth/topics/cancers/en/index.html