Championing the Fight Against Cervical Cancer in the Developing World

Investing in Women and Girls: Funding Opportunities for Cervical Cancer

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Track

Disclosure of interest:
EPIDEMIOLOGY: HPV and HIV Linkages

- Cervical cancer is one of the three AIDS-defining cancers and is the second most common cancer in women worldwide, with 528,000 new cases and 266,000 deaths occurring each year.

- More than 85% of these deaths occur in low- and middle-income countries.

- HIV increases the risk and persistence of HPV and increases the risk of its progression to squamous intraepithelial lesions, precancerous lesions and cervical cancer.

- Women with HIV are five times more likely than women without HIV to develop cervical cancer. HPV prevalence in women living with HIV in Africa is 56.6%.

- In the opposite direction, risk estimates range from a 2- to 4-fold increase of HIV infection following HPV infection.

Sources:
- WHO. “Human papillomavirus (HPV) and cervical cancer.” Available at: http://www.who.int/mediacentre/factsheets/fs380/en/.
DEMOGRAPHICS: HPV and HIV Linkages

HIV incidence in Africa
(UNAIDS 2010)

Cervical cancer incidence in Africa
(Globocan 2008, IARC)
GENDER INEQUALITY: HPV and HIV Linkages

• Cancer registry linkage studies have shown significant increase in cervical cancer, particularly where women live longer due to ART.

• This growing cancer burden undermines gender empowerment.

• Existing gender biases in power, resources, culture and the organization of health services restrain women with cancer from accessing essential healthcare, resulting in late diagnosis, which may lead to lower chances of survival and increased disability.
  • 80-90% of women in sub-Saharan Africa have never had a pelvic exam (http://www.pepfar.gov/partnerships/ppp/prn/index.htm)

• The social and economic costs of cancer seriously affect women, as victims or as caregivers.

- As new health technologies are introduced and countries consider broad health needs, the Global Fund expects to see an increase in the number of country requests for financing new health interventions that address the burden of HIV, TB, malaria and their co-infections and co-morbidities (COIM).

- Under its Policy on Co-infections and Co-morbidities, the Global Fund will consider financing a COIM intervention when there is sufficient evidence the intervention:
  - Is based on a strong investment case considering impact and cost within the context of existing programs.
  - Extends the life expectancy, prevents and/or reduces mortality and morbidity, of people living with HIV, TB and malaria by acting directly on HIV, TB or malaria.
  - Is an effective health intervention that prevents or treats a COIM that has a disproportionate impact on people living with HIV, TB or malaria.
  - Is aligned with national policy guidelines.
  - For HPV, this means facilitating access to screening and early treatment of cervical cancer for women living with HIV, and vice versa.
The burden of cancer of the cervix in Zambia is one of the highest in sub-Saharan Africa, with the HIV epidemic driving up cases.

In 2005, the Cervical Cancer Prevention Program in Zambia (CCPPZ) conducted a pilot study evaluating cervical cancer prevalence among HIV-positive women seeking care at University Teaching Hospital (UTH) in the capital Lusaka, Zambia. The investigation found evidence of cervical cancer in one-fifth of the women, with evidence of high-grade pre-cancerous lesions in one-third.

Given this burden, the Global Fund recently approved an allocation of savings (USD $625,000) to introduce cervical cancer screening for women, including women living with HIV, in 25 clinics in Zambia.

This initiative will also include an important aspect of mentorship to health clinic staff.
Global Fund Strategy 2017 – 2022
“Investing to End Epidemics”

Maximize Impact Against HIV, TB and Malaria

Build Resilient & Sustainable Systems for Health

Promote and Protect Human Rights & Gender Equality

Mobilize Increased Resources

Strategic Enablers

- Innovate and Differentiate along the Development Continuum
- Support Mutually Accountable Partnerships
Strategic Objective 2: Build Resilient and Sustainable Systems for Health

*Strengthening systems for health is critical to attain universal health coverage and to accelerate the end of the epidemics*

1. Strengthen community responses and systems
2. **Support reproductive, women’s, children’s, and adolescent health, and platforms for integrated service delivery**
3. Strengthen global and in-country procurement and supply chain systems
4. Leverage critical investments in human resources for health
5. Strengthen data systems for health and countries’ capacities for analysis and use
6. Strengthen and align to robust national health strategies and national disease-specific strategic plans
7. Strengthen financial management and oversight
“Investing to End Epidemics”

Strategic Objective 3: Promote and Protect Human Rights and Gender Equality

*Promoting and protecting human rights and gender equality is required to accelerate the end of the epidemics*

1. Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights
2. Invest to reduce health inequities including gender- and age-related disparities
3. Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services
4. Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes
5. Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes
Facilitating access to early cervical cancer screening and treatment through integrated service delivery

• The Global Fund supports primary and community-based models of service delivery to reach women and girls who most need them.

• Investments in strengthening antenatal care (ANC), postpartum care and sexual and reproductive health (SRH), as well as care for survivors of gender-based and intimate partner violence, will improve access to cervical cancer screening and treatment.
  • The cost of screening and treatment of cervical precancer is less than $25 per case, though the overall potential budget of cervical cancer screening program will depend on the screening technologies used.
  • Investments in strengthening systems for health (e.g., human resources, PSM, laboratory strengthening, etc.) to deliver cervical cancer screening and treatment will also be critical.

• Countries are encouraged to make use of the Global Fund’s next allocation for developing a comprehensive response to address all diseases and relevant health system issues.

• Leveraging opportunities for complementary financing to support integrated service delivery is critical.
Innovative partnerships are necessary to align investments for RMNCAH

MoU with UNICEF (signed April 2014)

Aim: To maximize availability of essential medicines and commodities
- Strengthen:
  - diagnosis and treatment for pneumonia, diarrhea to complement GF malaria inputs
  - ANC platform to complement GF inputs in HIV and malaria
- Jointly identify countries and integrate packages of care
- Support governments to revise national strategies to strengthen alignment and donor support

MoU with UNFPA (signed August 2014)

Aim: To improve sexual and reproductive health through universal and integrated SRH services, including HIV services
- Jointly identify countries to increase access to SRH commodities
- Mobilize additional funding to target barriers to delivery, including human resources; forecasting, procurement and supply chain management
- Establish joint M&E tools and modalities
Key opportunities for engagement at country level

• Engage in discussions about national health sector plan and disease strategies

• Advocate for the integration of cervical cancer programming in SRH and HIV policies

• Discuss how integration between SRH, including cervical cancer, and three diseases can be leveraged

• Reach out to Country Coordinating Mechanism (CCM) to learn about country dialogue process and preparation of Global Fund funding requests for HIV and RSSH

• Submit a funding request for HIV and/or RSSH to support cervical cancer programming