

# The United Nations Global Joint Programme on Cervical Cancer

**End cervical cancer:  
A preventable public health challenge.**

19–20 September 2017

IAEA Scientific Forum

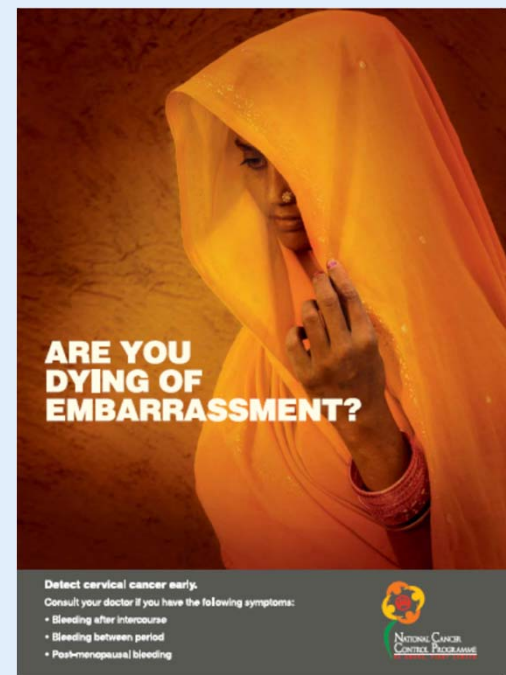
**Nuclear Techniques  
in Human Health**

*Prevention, Diagnosis, Treatment*

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Geneva.

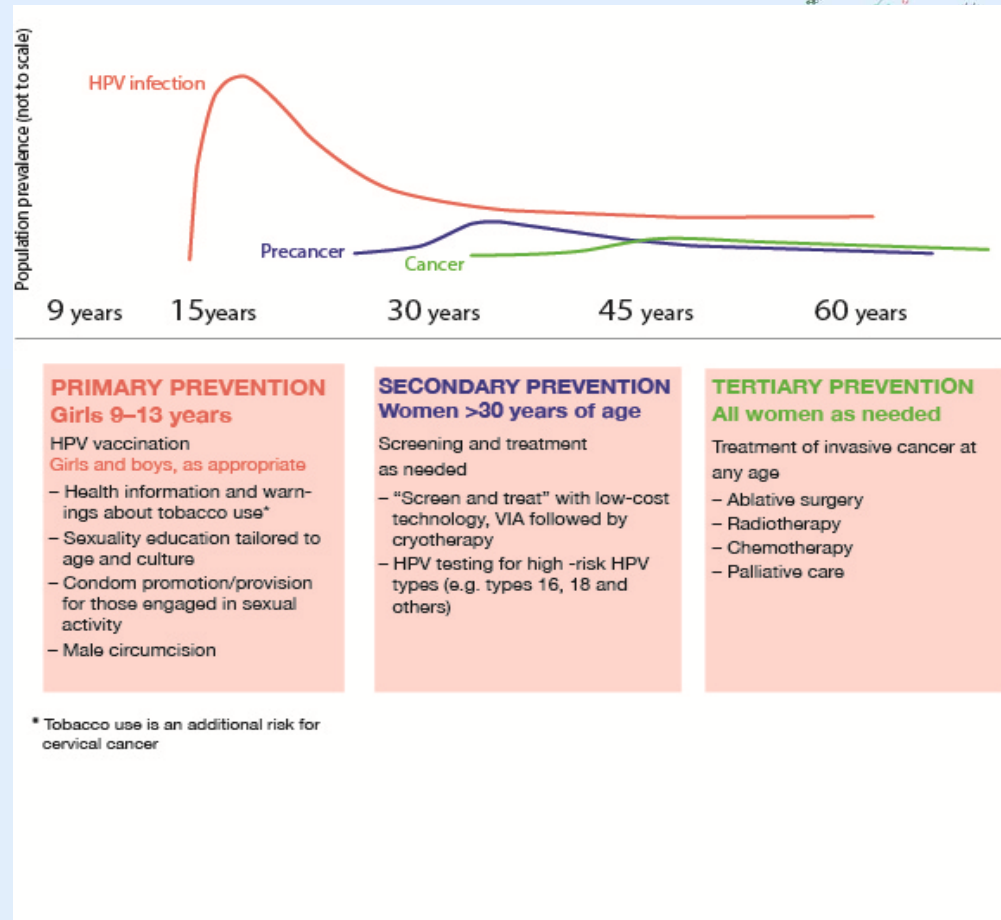
# What is cervical cancer? Who is affected?

- Cervical cancer is a preventable and curable disease that forms in tissues of the cervix (the organ connecting the uterus and vagina).
- Human papillomavirus (HPV), a sexually transmitted infection, is the cause of most cervical cancer.
- Over a quarter of a million women die of cervical cancer each year, with 90% of deaths occurring in low- and middle-income countries
  - In 2012, 528 000 new cases of cervical cancer were diagnosed, and 266 000 women died of the disease,
- Without urgent attention, deaths due to cervical cancer are projected to rise by almost 25% over the next 10 years.



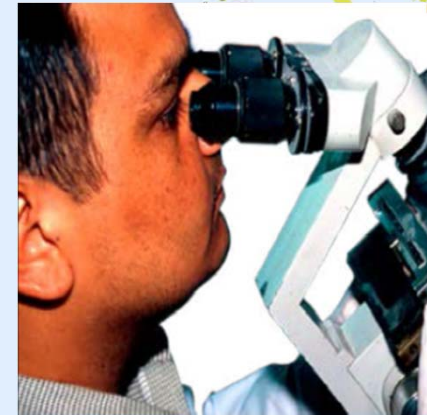
# The WHO comprehensive approach to cervical cancer prevention and control- Everyone has a role.

1. Actions across the life course
2. Introduction and scaling-up of HPV vaccination;
3. Introduction and expanding coverage of screening and treatment of precancerous lesions;
4. Prompt management of invasive cancers;
5. Access to palliative care;
6. Monitoring using a standard set of indicators and tools to end cervical cancer.



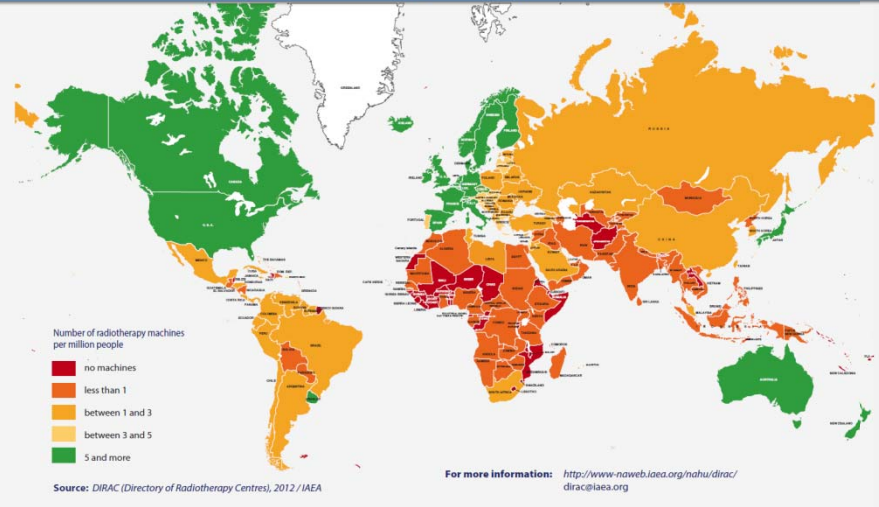
# Global snapshot –cervical cancer control

- **HPV vaccine introduction**
  - 70% of high income countries
  - 20% of middle income countries
  - 6% of low income countries
- **Screening**
  - 12% of countries have screening participation rate >70%
  - African region 40% of countries have coverage less than 10%
- **Invasive cancers**
  - Pathology services generally available in public sector
    - 98% of high-income countries compared to 35% in low-income countries
  - Treatment services available
    - 90% of high-income countries compared 30% of low-income countries.
    - 25% of countries reported having no public radiotherapy centers
    - Five year probability of surviving from cervical cancer – 13% in Uganda, compared to 79% in South Korea
- **Palliative care through primary care**
  - 66% of high income countries
  - 19% of low income countries

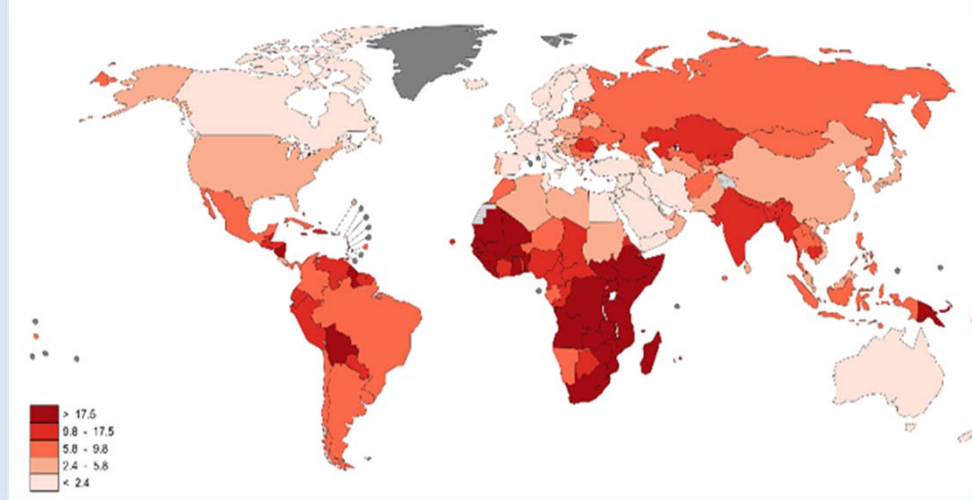


# Radiotherapy is the mainstay of treatment for invasive cervical cancer- Mortality from the disease reflects this.

Number of Radiotherapy Machines per Million People



▲ Estimated Cervical Cancer Mortality Worldwide in 2012



# Challenges

## HPV vaccination

High cost in middle income countries

Social and logistical challenges

Misconceptions

Low prioritization

## Screening and treatment of precancer

Lack of national plan and coordination

Systems for monitoring coverage and referral

Limitations in test and treatment

Implementation research

## Treatment of invasive cancers

Lack of diagnostic capacity

Poor access to radiotherapy and surgery

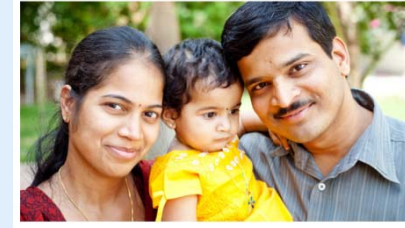
No financial protection

Lack of palliative care

Global disparity in survival

# Objectives of the UNGJP on Ca Cx

- Obj. 1** To develop a national comprehensive cervical cancer control plan/strategy (NCCCP) through multisectoral participation with linkage to relevant national plans
- Obj. 2** To increase HPV immunization coverage of adolescent girls
- Obj. 3** To increase coverage of screening and treatment for cervical pre-cancer
- Obj. 4** To increase the capacity of health systems to diagnose and treat cervical cancer, including provision of palliative care
- Obj. 5** To develop and implement a monitoring and evaluation system.



Research

Gender and equity

Advocacy

HIV

# How will the UNGJP on Ca Cx help countries?

Intervention	Activities	Outputs	Outcomes	Impact
Administrative mobilization and public advocacy	Inception mission to complete a situational analysis to understand the current status. Activities to put CaCx on	A comprehensive National Cervical Cancer Control and Prevention Plan with domestic budgetary allocation	Political commitment and funding	A reduction in cervical cancer deaths, contributing to achieving the 2030 Agenda.
Technical assistance	Activities to build community engagement and build capacity of countries to vaccinate, screen and treat women	Trained professional, with access to resources for immunization, rapid testing and treatment	Increased HPV immunization. Increased screening and	
Innovation	Activities to build capacity for innovated solutions	Technologies to aid screening and treatment, follow-up monitoring and increasing public	Increased HPV testing and triaging to identify and treat preancer. Increased diagnosis and treatment	
Synergy and coordination	Activities to bring all partners to together and build upon work avoiding duplication	Stronger well-resourced programmes of work and partnerships	Increased reach of all programmes	



# Country inception missions

- Introduce/scale up HPV vaccination
- Improve screening coverage
- Reduce delay in diagnosis and treatment
  - expand treatment capacity
- Strengthen surveillance systems
- Bolivia and Tanzania missions upcoming

## MOROCCO

UN Joint Global Programme Inception Mission  
Rabat, 20 November-01 December 2016

## MYANMAR

UN Joint Global Programme Inception Mission  
Nay Pyi Taw, 6-9 March 2017

## MONGOLIA

UN Joint Global Programme Inception Mission  
Ulaanbaatar, 6-8 June 2017



**Thank you**

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