REGIONAL MEETING ON ELIMINATION OF CERVICAL CANCER IN THE WESTERN PACIFIC

24–25 June 2019
Manila, Philippines
Regional Meeting on Elimination of Cervical Cancer in the Western Pacific
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MEETING REPORT

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The views expressed in this report are those of the participants of the Regional Meeting on Elimination of Cervical Cancer in the Western Pacific and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Regional Meeting on Elimination of Cervical Cancer in the Western Pacific in Manila, Philippines from 24 to 25 June 2019.
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Key words

Capacity building / Regional health planning / Neoplasms – prevention and control/
Uterine cervical neoplasms - prevention and control
SUMMARY

Cervical cancer is the fourth most common cancer among women globally, with an estimated 570,000 new cases and 311,000 deaths in 2018. Of those, an estimated 142,300 new cases and 63,700 deaths occurred in the Western Pacific Region. Nearly 90% of these deaths in the Region were in low- and middle-income countries (LMICs), reflecting significant disparities in access to health care and health services across countries.

Recognizing the urgency for reducing cervical cancer morbidity and mortality, the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, made a global call for action towards elimination of cervical cancer at the Seventy-first World Health Assembly in May 2018 and requested that all WHO regions organize regional stakeholder consultations with participation from ministries of health, United Nations agencies, civil society and implementing partners.

The Regional Meeting on Elimination of Cervical Cancer in the Western Pacific was held in Manila, Philippines from 24 to 25 June 2019. Thirty-seven participants represented 20 countries and areas at the meeting.

The two-day meeting served as a platform for rich exchanges among the participating countries and experts on matters related to elimination of cervical cancer. Presentations were given on global and regional updates on cervical cancer control, and the draft global strategy towards elimination of cervical cancer as a public health problem was also introduced. In order to achieve elimination within a century, the following targets were proposed for 2030:

- 90% of girls are fully vaccinated with the human papillomavirus (HPV) vaccine by 15 years of age
- 70% of women are screened with a high-precision test at 35 and 45 years of age
- 90% of women identified with cervical disease receive treatment and care
  - 90% of women screened positive are treated for precancer lesions
  - 90% of invasive cancer cases are managed.

Countries reviewed the 90-70-90 targets in the draft global strategy and provided feedback during the group work on: reducing inequities of cervical cancer; monitoring, surveillance and validation; innovation and research; and costing, financing and investment cases. Country experiences were also presented for participants to share current situations and major challenges, as well as practical methods to address challenges in accelerating actions towards the elimination of cervical cancer.

Member States anticipated different challenges across countries in the Western Pacific Region given that the available resources and geographical distribution of cervical cancer differ widely. However, participants agreed that greater efforts to enhance health information and record tracking are needed for effective implementation, as well as proper costing studies to estimate the level of investments required by governments to achieve the 90-70-90 targets. Integration with other technical programmes is crucial for reaching out to a large population and accounting for individual needs.

The draft global strategy will be revised based on the feedback from the consultations in all six WHO regions. The document will be introduced during the session of the Regional Committee for the Western Pacific in October 2019 and submitted for consideration by the WHO Executive Board at its session in January 2020 and endorsement at the Seventy-third World Health Assembly in May 2020.
1. INTRODUCTION

3.1 Background

Cervical cancer is the fourth most common cancer among women globally, with an estimated 570,000 new cases and 311,000 deaths in 2018. Of those, an estimated 142,300 new cases and 63,700 deaths occurred in the Western Pacific Region. Nearly 90% of these deaths in the Region were in low- and middle-income countries (LMICs), reflecting significant disparities in access to health and health services across countries. Within countries, women from the poorest income quintile, those with lower education levels, those in rural areas, and those facing adverse gender norms – amongst other intersecting social factors – are generally more likely to develop advanced disease and die from cervical cancer.

This contrasts with the fact that there are proven strategies to address the cervical cancer burden, ranging from human papillomavirus (HPV) vaccination, screening and treatment of precancerous lesions, early detection and prompt treatment of invasive cancers, to palliative care. These interventions are embedded in the targets and indicators of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013–2020, which aligns with the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases 2014–2020, and each of these plans is supported by cost-effectiveness recommendations and WHO technical guidance. These tools offer the potential to eliminate cervical cancer as a public health problem.

Recognizing the urgency for reducing cervical cancer morbidity and mortality, the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, made a global call for action towards elimination of cervical cancer at the Seventy-first World Health Assembly in May 2018. Elimination of cervical cancer is also a priority under the WHO Thirteenth General Programme of Work. Working towards elimination will contribute to the realization of the 2030 Sustainable Development Goals and the United Nations Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030), the global health sector strategies (2016–2021) on HIV, hepatitis and sexually transmitted infections (STIs), and health systems strengthening for social protection and universal health coverage.

Over recent months and building on years of normative guidance on cervical cancer, WHO has been working with partners to develop a draft global strategy towards elimination of cervical cancer. To build on this momentum, Dr Tedros requested that all WHO regions organize regional stakeholder consultations with participation from ministries of health, United Nations agencies, civil society and implementing partners. Results of these consultations will be discussed during the session of the Regional Committee for the Western Pacific in October 2019 and prepared for final submission to the 146th session of the WHO Executive Board in January 2020 and for endorsement at the Seventy-third World Health Assembly in May 2020.

In the Western Pacific Region, strengthening national capacity for effective cancer prevention and control is an area of priority. Cervical cancer was a particular focus of the fifth Leadership Workshop for Cancer Control (CanLEAD), an annual workshop organized by WHO in collaboration with the National Cancer Center of the Republic of Korea. Participating countries were recommended to revisit and fulfill the commitments made by Member States in global and regional action plans for the prevention and control of noncommunicable diseases (NCDs), especially on vaccination against HPV and cervical cancer screening with timely treatment.
The Regional Meeting on Elimination of Cervical Cancer in the Western Pacific served as a platform for participating countries and experts to exchange their knowledge and experiences in cervical cancer control and to identify next steps to take in accelerating actions towards its elimination.

1.2 Meeting objectives

The objectives of the meeting were:

1) to assess progress on and identify gaps for cervical cancer control in the Western Pacific Region;
2) to discuss with experts and partners about innovative ways of mobilizing resources to accelerate action towards elimination of cervical cancer; and
3) to review what implications the draft global strategy on elimination of cervical cancer has for setting national priorities and timelines.

1.3 Meeting organization

From each country, two national focal points were invited from the relevant areas: (cervical) cancer control; reproductive, maternal, newborn, child and adolescent health; HIV, hepatitis and STIs; and Expanded Programme on Immunization (EPI), if it covers HPV vaccination.

Thirty-seven participants represented 20 countries and areas at the meeting: Australia, Brunei Darussalam, Cambodia, China, Fiji, Hong Kong SAR (China), Japan, Lao People’s Democratic Republic, Macao SAR (China), Malaysia, Micronesia (Federated States of), Mongolia, Palau, Papua New Guinea, Philippines, Singapore, Solomon Islands, Tonga, Vanuatu and Viet Nam. Also in attendance were five temporary advisers from Australia, China, Japan, the United States of America and the Republic of Korea; three observers; six staff from WHO headquarters; and seven staff from the WHO Regional Office for the Western Pacific.

Temporary advisers and staff members from the WHO Regional Office for the Western Pacific and headquarters provided secretariat support for the meeting. A list of participants, temporary advisers, observers and Secretariat members is available in Annex 1.

The meeting was composed of eight sessions. These were designed to identify bottlenecks to progress in cervical cancer control in countries by reviewing the draft global strategy towards elimination of cervical cancer as a public health problem. The sessions included a mix of didactic presentations, sharing of global and regional progress, and interactive group work. A full outline of the programme is included in Annex 2. A workbook (Annex 3) was also developed to support the sessions and guide the group work.

2. PROCEEDINGS

2.1 Opening ceremony

Dr Hai-Rim Shin, Director of the Division of NCDs and Health through the Life-Course, WHO Regional Office for the Western Pacific, welcomed the participants on behalf of the WHO Regional Director for the Western Pacific, Dr Takeshi Kasai. Dr Shin highlighted how the cancer burden is rising globally, yet cervical cancer is one of few cancers that can be prevented.
2.2 Global and regional updates on cervical cancer control

Cervical cancer is estimated to have affected 570,000 women and caused 311,000 deaths globally in 2018. Approximately 25% and 20% of the global incidence and mortality, respectively, occur in the Western Pacific Region, and its burden is heavier in LMICs. The age-standardized rates (ASR) per 100,000 population in the Region are 10.7 for incidence and 4.3 for mortality, which is slightly lower than the global burden of 13.1 for incidence and 6.9 for mortality. The global strategy envisions a world without cervical cancer and proposes an approach that will capacitate countries to reach the 2030 global targets for key interventions, which, in turn, will lead to elimination of cervical cancer as a public health problem within the 21st century.

The proposed global targets for 2030 are:

- 90% of girls fully vaccinated with the HPV vaccine by 15 years of age
- 70% of women are screened with a high-precision test at 35 and 45 years of age
- 90% of women identified with cervical disease receive treatment and care
  - 90% of women screened positive treated for precancer lesions
  - 90% of invasive cancer cases managed.

The strategy establishes that cervical cancer should no longer be considered a public health problem in a country when the ASR cervical cancer incidence falls below 4 per 100,000 woman-years. While trajectories towards elimination vary across countries depending on the baseline incidence rate in each country, all countries will need to reduce their cancer burden to meet the proposed targets by 2030 and achieve elimination within the century. This will only be feasible with intensive screening and HPV vaccination, and proper and timely management and care of patients who are identified to have cervical disease. While most countries in the Western Pacific Region have a national cervical cancer screening programme in place, access to HPV vaccination and timely diagnosis and treatment remains a challenge in many countries and areas.

Reducing the burden of cervical cancer will contribute to the 2030 Sustainable Development Goals, especially target 3.4 to reduce by one third premature mortality from NCDs. In order to assess the current situation and monitor progress, cancer registries and relevant data – including screening and treatment data – are crucial. Availability of quality data is limited and remains a challenge in many countries in the Region and therefore needs to be strengthened. The draft global strategy will be finalized following consultations with Member States and through working group meetings, and it will be submitted to the 146th session of the WHO Executive Board in January 2020 and the Seventy-third World Health Assembly in May 2020.

2.3 Achieving 90% coverage of HPV vaccination

Virtually all cervical cancer cases are attributable to HPV infection. While most sexually active women and men become infected with HPV through sexual contact, 90% of HPV infection clears up without any treatment. Persistent infection from specific types of HPV – most frequently types 16 and 18 – may lead to precancerous lesions, which can progress to invasive cervical cancer. WHO’s guide to comprehensive cervical cancer control proposes three tiers of prevention: primary prevention through HPV vaccination and healthy sexuality education to reduce the risk of HPV infection; secondary prevention through screening and treatment of precancerous lesions to intercept the progress from precancer to invasive cancer; and tertiary prevention through treatment of invasive cancer, including palliative care, to decrease the associated mortality.
WHO recommends that all countries implement a nationwide HPV vaccination programme targeting girls aged 9 to 14 years with two doses and girls aged 15 years and older or immunocompromised persons with three doses. There are three licensed and WHO-prequalified vaccines with good safety, efficacy and effectiveness profiles. All three vaccines protect against HPV types 16 and 18, which cause more than 70% of cervical cancer cases; optimal benefit can be gained if the vaccinations are administered before first sexual activity prior to exposure to HPV. A cost-effectiveness analysis of HPV vaccine introduction in 172 countries indicated it was highly cost-effective in nearly all countries. However, bottlenecks to achieving 90% coverage of HPV vaccination included limited supply and affordability of the vaccines, and low vaccine coverage following introduction due to unsustainable delivery, insufficient communication and vaccine hesitancy-related factors.

Australia is one of the few countries with a long history of successful HPV vaccination programmes. The national HPV vaccination programme began in 2007, and currently both girls and boys aged 12–13 years receive two doses of the HPV vaccine through school-based programmes free of charge, with catch-up of children aged up to 19 years supported by general practice and primary health care (PHC) clinics. Vaccination records are sent to the National Register, which sends out reminders and completion statements to parents, while monitoring programme data to improve coverage. The national vaccine coverage by age 15 was over 80% for both females and males in 2017. High-profile and public champions of the vaccine and strong leadership supported pro-vaccine messages in media and communities. These efforts resulted in earning the public’s trust through robust public health infrastructure and local expertise. There have been dramatic declines in HPV infection, genital warts and precancerous lesions; with its current high vaccination and screening coverage, Australia is projected to reach the elimination threshold within the next 20 years.

In the Federated States of Micronesia, a school-based HPV vaccination programme was started in three out of four states in 2009 and became nationwide in 2016. The programme targets all girls in 5th grade aged 10–11 years (national school enrolment rate is 97%). The vaccination coverage in the first year of nationwide introduction was 76% for the first dose and 70% for the second dose, which in 2018 increased to 88% for the first dose but decreased to 63% for the second dose. Conducting regular HPV vaccination activities in the remote outer and lagoon islands is a challenge due to limited operational resources and transportation availability. There are plans to conduct a nationwide needs assessment on the HPV vaccination programme with partners, including WHO, to enhance the country’s activities; it is also seeking to improve the HPV vaccination registry for better coverage monitoring.

During the first group work, participants had an opportunity to review the draft global strategy and discuss the first proposed 2030 global target: achieving 90% coverage of HPV vaccination. While there was consensus that the global target is ambitious, participants identified key areas that need to be addressed to achieve it. These include: a stepwise approach and goals towards the target for individual countries in the Region; a collective mechanism to negotiate and secure the price of HPV vaccines; and a well-planned advocacy and communications strategy to disseminate accurate information about the vaccines and respond to potential safety concerns.

2.4 Achieving 70% coverage for screening and 90% treatment of precancer lesions

WHO recommends cervical cancer screening to be performed at least once for every woman older than age 30, with particular priority for women aged 30–49 years. The current recommendation includes three screening methods: HPV DNA testing; visual inspection with acetic acid (VIA); and cytology, including Pap smear. HPV self-sampling has been newly added to the WHO recommendation and should be made available as an additional approach for sampling specimens from women aged 30–60.
years. Based on severity of the precancer lesions, a range of treatment methods is recommended, including cryotherapy, thermal ablation, loop electrosurgical excision procedure (LEEP)/large loop excision of the transformation zone (LLETZ), and cold knife conization. An increased number of visits and complex screening and treatment algorithms could lead to failure of the screening and treatment services. Therefore, to increase screening and treatment coverage, it is recommended that countries utilize currently available resources. Depending on the varying situations and resources within each country, different algorithms and screening and treatment modalities can be used, but it is important to study their impact. Where resources permit, it is essential to accelerate availability of products in the pipeline and innovation in service delivery, as well as provision of rapid point-of-care tests.

In low-resource countries, controlling the quality of screening and treatment programmes can be challenging. Commonly identified challenges in LMICs include: lack of coordination mechanisms; limited budget for cancer control; lack of qualified health-care professionals, medical supplies and technologies; and absence of population-based cancer registration and screening programmes. Other factors that could further cause delay in cervical cancer control include: lack of awareness due to low health literacy and limited information available; accessibility issues due to cultural, geographical and financial barriers; and limited availability of services. The Cambodian Society of Gynecology and Obstetrics and Japan Society of Obstetrics and Gynecology conducted a pilot project of HPV-based screening and treatment of precancer lesions between 2015 and 2018, and found that HPV testing can well be an affordable modality option with a potential for scale-up. Strengthening health systems and increasing service availability in low-resource settings remain critical before creating a demand through health education and awareness campaigns.

In China, where a large public demand exists for cervical cancer screening and treatment, large-scale studies have been conducted to identify appropriate modalities to reduce inequalities in service accessibility. HPV testing has been introduced and used at primary screening while VIA or visual inspection with Lugol’s iodine (VILI) remains an alternative in low-resource settings. Conventional treatment models usually require women to visit clinics three times from screening to treatment, which leads to decreased screening and treatment coverage. With the introduction of self-sampling HPV testing at home, screen-positive women can visit clinics only once to receive treatment. Thermal ablation uses a battery-powered portable device for treatment of cervical precancer lesions and is a newly added WHO recommendation. Self-sampling HPV test and thermal ablation were found to be highly acceptable in the pilot studies in China and were deemed a pragmatic cervical cancer control strategy, especially in resource-limited settings, to expand and improve the capacity for achieving the proposed global target.

In group work 2, participants reviewed the second proposed 2030 global target: achieving 70% coverage for screening with 90% treatment of precancer lesions. It was recognized that, given the varying situations and resources available in each country in the Western Pacific Region, countries will take different approaches rather than follow a standardized regional programme to strengthen national capacity and achieve the global targets. For Pacific island countries and areas, improvement and innovation in screening and treatment technologies are imperative for reaching populations spread out on multiple islands. For countries that have not yet started screening, experts recommended starting with pilot studies in limited locations or working with the private sector to understand implementation challenges and gather evidence for scale-up.
2.5 Achieving 90% treatment and care of cervical cancer cases

Late detection of cases is a major challenge in managing the burden of cervical cancer. In principle, cervical cancer is highly curable when the diagnosis is made early and high-quality treatment is available. In such circumstances, the age-adjusted five-year survival probability of cervical cancer cases is close to 90% for Stage I and II, more than 75% for Stage III and approximately 50% for Stage IV. While treatment of early-stage cervical cancer is identified as one of the cost-effective interventions in tackling the NCD burden, 60% of LMICs currently offer screening without being able to offer treatment. It is ethically imperative that screen-positive women have access to treatment contingent upon high screening targets. As cervical cancer can be highly symptomatic in later stages, integrated palliative care beyond pain control is also important. Access to palliative care is limited in the Western Pacific Region, with heterogeneity between and within countries. To achieve a stage-shift where more women are diagnosed earlier, a broad health systems approach should be taken linking different levels of care.

Linkage between screening and treatment is an essential component of a cancer control programme, although effective and timely treatment in resource-limited settings has been challenging. A cascade of care for cervical cancer can be complex, which contributes to patients being lost to follow-up. To ensure access to treatment services, a clear patient pathway with guidelines and capacity needs to be developed and incorporated into the national cancer control plan. The International Gynecologic Cancer Society (IGCS) Global Curriculum is an example of a successful partnership between academic institutions in low-resource and high-resource settings to create fellowships in LMICs. Through pairing of local mentees in low-resource settings and international mentors in high-resource settings, and with regular on-site visits, outreach training at PHC level and frequent tele-mentoring to assist in diagnosis and quality control, the partnership aims to expand and strengthen cancer control capacity, minimizing emigration of trained professionals and technicians.

The Lao People’s Democratic Republic recently started an opportunistic screening programme in all provinces targeting women aged 30–49 years, aiming to cover 40% of the target population and treat up to 40% of screen-positive cases. An HPV vaccination programme will commence later in 2019. While a national reproductive health policy includes screening services for female-specific cancers, more priority has been placed on reducing maternal mortality as it is estimated to exceed 200 per 100 000 live births in the country. There are currently no national guidelines, cancer registry nor civil registration. Many patients are diagnosed at later stages but have to be referred to neighbouring countries such as Thailand and Viet Nam for treatment, including radiotherapy. Next steps for the country are to develop national guidelines, start HPV vaccination, and improve data quality by integrating cervical cancer screening and treatment information into the existing health information system and developing a cancer registry.

In group work 3, participants reviewed the third proposed 2030 global target: achieving 90% of treatment and care of cervical cancer cases. Common challenges and areas for improvement were identified, including: high treatment costs; a weak referral system; low accessibility to treatment facilities and palliative care; and limited availability of quality data due to absence of cancer registry and/or any other surveillance system. In several countries in the Western Pacific Region, cancer treatment is provided either free of charge or at subsidized cost through universal health-care coverage. In other countries, presentation of symptoms indicates palliative care, as there is limited capacity for treatment within the country or even through intercountry referral. More technical support in infrastructure development and capacity-building, especially in surveillance, is needed to accelerate actions towards the global target.
2.6 Surveillance, research and financing

Having a cancer registry is a vital part of any cancer control programme. A registry establishes a continuous reporting system for cancer incidence, provides information for the investigation of cancer and its causes, and serves as an informational resource when planning and evaluating cancer prevention and control programmes. With strong political commitment and partnerships between stakeholders, the Republic of Korea successfully introduced a population-based cancer registry, which captures more than 98% of all cancer cases in the country. The Korea Central Cancer Registry sits within the National Cancer Center and collects all cancer cases from 11 regional cancer registries, which receive data from more than 200 hospitals around the country. The incidence data are then validated with the national health insurance service data and mortality data, and checked with medical records for any inconsistencies. The Korean cancer registry is planning to broaden data collection and include data on risk factors and socioeconomic status through linkages with other databases to investigate and better understand cancer etiology.

An economic evaluation of cervical cancer control programmes is imperative to determine the impact of scaling up towards elimination, the financial requirements to scale up by 2030 and the most cost-effective strategies to eliminate cervical cancer. Continuing the “steady state” of cervical cancer management will delay elimination and hence ultimately be costly. Frontloading is urgently needed to bend the curve and bring countries on the elimination pathway; however, securing sustainable financing sources may be challenging. In assisting countries to identify resources needed and map out the path to elimination target goals, WHO currently offers two validated costing tools: the One Health Tool and the Cervical Cancer Prevention and Control Costing Tool (C4P), both of which are available online. An investment case study needs to be conducted at the country level as solutions are different and need to be country-specific depending on infrastructure and economic development status.

2.7 Reducing inequities of cervical cancer

The burden of cervical cancer disproportionately affects people living in resource-limited settings and inequities also exist within countries. Of 1.5 million people living with HIV in the Western Pacific Region, 30% (0.45 million) are women who are at greater risks of HPV infection and cervical cancer. People with HIV are more than twice as likely to acquire HPV and 50% less likely to be able to clear HPV than people without HIV. Consequently, women living with HIV are at 4–5 times greater risk of developing cervical cancer. Incidence of HIV also almost doubles among individuals infected with prevalent HPV. WHO recommends that immunocompromised individuals, including those who are living with HIV, and females aged 15 years and older receive three doses of HPV vaccine. Screening should be performed in females who have initiated sexual activity as soon as they have tested positive for HIV through strong linkage between HIV testing and treatment facilities, regardless of age, and rescreened 12 months after precancer treatment or within three years after negative screening result. It is also noteworthy that transgender men with HIV who have retained female genitalia are at higher risk of reproductive cancers due to lower access to screening services. Screening and treatment of high-risk populations will contribute to overall elimination targets. Comprehensive sexual and reproductive health services can be provided through existing platforms and active linkage and integration to reduce the inequity in service delivery.

WHO recommends that cervical cancer control programmes be provided through a PHC approach. Other programmes such as family planning, antenatal care, STI services, counselling, behaviour change communication, and cervical and breast cancer screening can be integrated or linked to PHC services.
to increase access to prevention and care and improve quality of sexual and reproductive health services. Countries need to design integrated packages depending on where services will be delivered and develop training packages for health-care practitioners and community health workers. It is also important to monitor uptake and quality of these services. School is another setting in which a cervical cancer control programme may be integrated. HPV vaccination delivered through a school health programme can be an effective entry point for reaching adolescent girls and boys with a wider range of health information and services, including hygiene promotion, sexual and reproductive health education, deworming and other vaccination activities. With improvement in primary school attendance, opportunities are increasing. While more investment is needed to introduce integrated services, more data need to be documented and collected to support and improve implementation of the services.

During the last group work, participants reviewed the remaining sections of the draft global strategy. To address growing inequities of cervical cancer, countries agreed that this issue should be considered from the planning stage and involve multisectoral dialogues. Use of self-sampling was also discussed as a way to reach wider and high-risk populations. For monitoring, surveillance and validation of cervical cancer, many countries in the Region expressed the urgent need to establish or improve their cancer registry, including developing: a unique identifier and International Classification of Diseases for Oncology coding, a surveillance system for screening, and training for statisticians and epidemiologists to analyse and evaluate the data. Innovation and research are also much needed. Despite limited resources, research and innovation on HPV vaccines, screening and treatment modalities, and service delivery mechanisms have the potential to accelerate activities towards elimination. A costing, financing and investment case study thus needs to be conducted at the country level to identify sustainable financing mechanisms and to demonstrate how eliminating cervical cancer will yield a high return on investment in the future.

2.8 Way forward to achieving the 90-70-90 targets towards elimination of cervical cancer

In closing the meeting, Dr Nathalie Broutet acknowledged the rich discussions among participants and experts. The Region is diverse, and many challenges exist, but there are also a range of different systems that already exist. The global strategy will need to provide different algorithms that countries can choose from and adapt to their context. Dr Hai-Rim Shin thanked the participants for their active involvement and encouraged them to initiate conversations in their countries to identify gaps and actions to accelerate elimination. The importance of quality data and evidence-based policy was reiterated. WHO remains committed to providing the technical support countries need to achieve the elimination targets.

Participants completed a written evaluation of the workshop using a structured questionnaire (Annex 4). The overall impression of the workshop was positive. Participants valued the presentations, including introduction of the draft global strategy and the sharing of country experiences, as well as the interactive group work. WHO was requested to continue supporting Member States in strengthening and expanding their national capacities to reach the 90-70-90 targets, and that the Organization take the initiative in shaping the market for HPV vaccines and screening test kits.
3. CONCLUSIONS AND RECOMMENDATIONS

3.2 Conclusion

The two-day meeting served as a platform for rich exchanges among the participating countries and experts on matters related to elimination of cervical cancer. Presentations were given on global and regional updates on cervical cancer control, and the draft global strategy towards elimination of cervical cancer as a public health problem was also introduced. In order to achieve elimination within a century, the 90-70-90 targets were proposed to countries to achieve by 2030.

Countries were given opportunities to review the 90-70-90 targets in the draft global strategy and provide feedback during the group work on: reducing inequities of cervical cancer; monitoring, surveillance and validation; innovation and research; and costing, financing and investment cases. Country experiences were also presented for participants to share current situations and major challenges, as well as practical methods to address challenges in accelerating actions towards the elimination of cervical cancer.

Member States anticipated different challenges across countries in the Western Pacific Region given that the available resources and geographical distribution of cervical cancer differ widely. However, participants agreed that greater efforts to enhance health information and record tracking are needed for effective implementation, and proper costing studies are needed to estimate the level of investments required by governments to achieve the 90-70-90 targets. Integration with other technical programmes is crucial for reaching out to a large population and tailoring management to account for individual needs.

The draft global strategy towards elimination of cervical cancer will be revised based on the feedback received during the regional consultations in all six WHO regions. The document will be introduced during the session of the Regional Committee for the Western Pacific in October 2019 and submitted for consideration by the WHO Executive Board at its 146th session in January 2020 and for endorsement at the Seventy-third World Health Assembly in May 2020.

3.3 Recommendations

3.3.1 Recommendations for Member States

Member States are encouraged to consider the following:

1) Recall the commitments made by Member States on the Sustainable Development Goals, especially target 3.4 to reduce by one third premature mortality from NCDs by 2030, which also aligns with the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020.

2) Encourage and facilitate cross-sectoral collaboration between ministries and other relevant stakeholders for scaling up ongoing activities on cervical cancer prevention and control.

3) Organize national stakeholder meetings to identify priority actions and available resources to adapt and implement WHO recommendations on cervical cancer control, including HPV vaccination, screening and management, and to accelerate elimination of cervical cancer.

3.3.2 Recommendations for WHO

WHO is requested to consider the following:

1) Continue to provide support to Member States in accelerating actions towards elimination of cervical cancer as a public health problem.

2) Provide technical support for strengthening health systems for enhanced service delivery and
conducting investment case studies for sustainable financing, utilizing available WHO technical toolkits.

3) Continue to take an active role in exchanging information and knowledge among countries and strengthening collaboration with international partners.
ANNEXES

Annex 1. List of participants, temporary advisers, observers and Secretariat

Annex 2. Programme of activities

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Annex 4. Workshop evaluation
LIST OF PARTICIPANTS, TEMPORARY ADVISERS
OBSERVERS AND SECRETARIAT

PARTICIPANTS

Dr Alison LANG, Assistant Director, Immunisation Policy Section, Department of Health
Scarborough House, Atlantic Street, Woden, Canberra, Australia, Telephone: +61 2 62894467
E-mail: Alison.Lang@health.gov.au

Dr Hajah Roslin Haji SHARBAWI, Head of Maternal and Child Health Services, Ministry of Health
Jalan Menteri Besar, Bandar Seri Begawan, Brunei Darussalam, Telephone: +673 881 4720
Email: roslin.sharbawi@moh.gov.bn

Dr Sok King ONG, Head of NCD Prevention Unit, Ministry of Health, Jalan Menteri Besar
Bandar Seri Begawan, Brunei Darussalam, Telephone: +673 898 2348
Email: sokking.ong@moh.gov.bn

Dr CHHUN Loun, Chief of Noncommunicable Diseases Bureau, Preventive Medicine Department,
Ministry of Health, 80 Samdech Pennouth Blvd (289) SK Boeungkak 2
Toul kork District, Phnom Penh, Cambodia, Telephone: +855 1195 3124
Email: chhunloun@yahoo.com

Mr ORK Vichit, Deputy Director of National Maternal and Child Health Center, Manager of National
Immunization Program, Ministry of Health, National road No 6, Kien Khlang, Prek Leap, Chroy
Changva District, Phnom Penh, Cambodia, Telephone: +855 12 830548
E-mail: orkvichit@yahoo.com

Professor ZHAO Fang-Hui, Researcher, Cancer Hospital Chinese Academy of Medical Sciences, 17
South Panjyuan Lane, Chaoyang District, Beijing, China
Telephone: +86-10-8778-8900, E-mail: zhaofangh@cicams.ac.cn

Ms DAI Yue, Principal Staff Member, Division of Women’s Health, 14 Zichun Road, Haidian District,
Beijing, China, Telephone: +86-10-62030634, E-mail: manaobei@163.com

Dr Susana Nakalevu DELAI, Divisional Medical Officer, Western Health Services
Vidilo House, Old Hospital Road, Lautoka, Fiji, Telephone: +679 6660411/+679 9906951
E-mail: Susana.nakalevu@govnet.gov.fj

Dr Kelera Bavadraka SAKEMENI, Consultant, Obstetrics and Gynecology
Colonial War Memorial Hospital, Extension Road, Suva, Fiji, Telephone: +679 8343346
E-mail: kbavsaku@gmail.com

Dr LAU Cheong-Chi Andrew, Senior Medical Officer (Disease Prevention)
Department of Health, 18/F Wu Chung House, 213 Queen’s Road East, Wan Chai
Hong Kong, Telephone: +852 2961 8815, E-mail: smo_dp3@dh.gov.hk
Dr Yusuke SHIMIZU, Medical Technical Officer, Cancer and Disease Control Division
Ministry of Health, Labour and Welfare, 1-2-2 Kasumigaseki, Chiyoda-ku, Tokyo, Japan
Telephone: +81 03 3595 2192, E-mail: shimizu-yyusuke@mhlw.go.jp

Dr Keokedthong PHONGSAVAN, Deputy Head of OB-GYN Department, Setthathirath Hospital,
Ministry of Health, Simuang Road, Vientiane
Lao People’s Democratic Republic, Telephone: +856 20 55504932
E-mail: keotaphongsavan@gmail.com

Dr Chankham TENGBRIACHEU, Technical Officer, Statistics and Planning Division, Ministry of
Health, Simuang Road, Vientiane, Lao People’s Democratic Republic
Telephone: +856 21 452 520, E-mail: chankham.tbc1979@gmail.com

Dr LAM Chong, Chief, Center for Diseases Control and Prevention, Macao Health Bureau Services
7th Floor Building “Hot Line” No. 335-341, Alameda Dr Carlos d’Assumpcao, Macao SAR
Telephone: +853 628 31221, E-mail: lamc@ssm.gov.mo

Dr CHAN Im Kuan, Chief Physician, Estrada Marginal de Patane, 59 Avenida de Kwong Tung Tak Fok
Hoi Keng, Fa Un Hoi Keng Kok, 12-Andar-C Taipa, Macao SAR, Telephone: +853 28562922
E-mail: csfck@ssm.gov.mo

Dr MOHD Rokiah, Deputy Director, Family Health Development Division, Ministry of Health
Level 7 & 8 Block E10, Complex E, Federal Government Administrative Centre, Putrajaya, Malaysia
Telephone: +603 8883 4088, E-mail: drrokiah@moh.gov.my

Dr SAID Zakiah BT Mohd, Public Health Physician, Family Health Development Division
Ministry of Health, Level 7 & 8 Block E10, Complex E, Federal Government Administrative Centre
Putrajaya, Malaysia, Telephone: +013 335 7034, E-mail: drzakiahms@moh.gov.my

Mr Carter APAISAM, Immunization Program Manager, FSM Department of Health and Social Affairs
P.O. Box PS70, Palikir, Federated States of Micronesia, Telephone: +691 320-2619/2643/2872
E-mail: capaisam@fsmhealth.fm

Ms Janet FICHWEMANG, Maternal and Child Health Program Coordinator, Yap State Public Health Division, Department of Health Services, P.O. Box 148, Colonia Yap, Federated States of Micronesia
Telephone: +691-350-3446/2110/2115, E-mail: jfichwemang@fsmhealth.fm

Dr Bayarsaikhan LUVSANDORJ, Deputy Director, Planning Policy and Development
National Cancer Center of Mongolia, Nam Yan Ju Street, Bayanzurkh District, Ulaanbaatar, Mongolia
Telephone: +976-9909-6695, E-mail: bayarmongol@cancer-center.gov.mn

Dr Baigalmaa SUKHBAATAR, Researcher, Department of Health Promotion and Disease Prevention
National Center for Public Health, 13381 Peace Avenue 17, 3 khoroo Bayanzurkh District
Ulaanbaatar, Mongolia, Telephone: +99029011, Email: baigalmaa561@gmail.com

Ms Selma AUGUST, Breast and Cervical Cancer Coordinator, Palau Ministry of Health, P.O. Box 6027
One Meyuns Road, Koror, Palau, Telephone: +680 488 7252, E-mail: Selma.august@palauhealth.org

Dr Ma. Julalie DONESA, OB-Gyn Specialist, Ministry of Health, P.O. Box 6027, One Meyuns Road,
Koror, Palau, Telephone: +680 775 1755, E-mail: majulalieonesa@gmail.com

Dr Mathias BAURI, Program Officer for EPI, National Department of Health, AOPI Centre, Level 3,
Waigani Drive, P. O. Box 807, Waigani National Capital District, Papua New Guinea
Telephone: +301 3792, E-mail: mathiasbauri@gmail.com
Dr Edward J WARAMIN, Acting Manager for Population and Family Health Services  
National Department of Health, AOPI Centre, Level 3, Waigani Drive, P. O. Box 807, Waigani National Capital District, Papua New Guinea, Telephone: +675 3013706, Email: edwaramin@yahoo.com.au

Ms Dulce ELFA, Supervising Health Program Officer, Department of Health, 3/F Bldg. 14, DOH San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila, Philippines, Telephone: +639778263777, Email: dcelfa1971@gmail.com

Dr Clarito Urbina CAIRO, Jr., Permanent Plantilla Position, Department of Health, Bldg. 15, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila, Philippines, Telephone: +6327322493, Email: dokclar@yahoo.com

Ms Thevigha S, Assistant Director, Health Screening and Management, Health Promotion Board, 3 Second Hospital Avenue, Singapore, Telephone: +65 6435 3492, Email: thevigha_s@hpb.gov.sg

Ms Ranjani RAJENTHIRAN, Manager, Noncommunicable Diseases, Ministry of Health, College of Medicine Building, 16 College Road, Singapore, Telephone: +65 8189 0053, Email: ranjani_RAJENTHIRAN@moh.gov.sg

Mr Ivan GHEMU, Director, Policy and Planning, Ministry of Health and Medical Services, P.O. Box 349, Honiara, Solomon Islands, Telephone: +23205/7456790, Email: IGHemu@moh.gov.sb

Dr Divinal OGAOGA, Director, Reproductive and Child Health Division, Ministry of Health and Medical Services, P.O. Box 349, Honiara, Solomon Islands, Telephone: +21202, Email: dogaoga@moh.gov.sb

Dr Falahola FUKA, Senior Medical Officer, Ministry of Health, P.O. Box 59, Nuku’alofa, Tonga, Telephone: +674 1385, Email: falahola.fuka@gmail.com

Ms Atalua Fatafehi TEI, Supervising Public Health Sister, Ministry of Health, Pili, Maufanga, Tonga, Telephone: +676 23200, Email: ataluafutei@gmail.com

Mrs Lolyne Jeremiah ARRANHABATH, Acting Reproductive Health Coordinator, Ministry of Health, PMB 9009, Port Vila, Vanuatu, Telephone: +678 547 2680, Email: ljeremiah@vanuatu.gov.vu

Mr Blaise RESEN, EPI Program Officer, Ministry of Health, PMB 9009, Port Vila, Vanuatu, Telephone: +678 560 1099, Email: bresen@vanuatu.gov.vu

Dr NGHIEM Thi Xuan Hanh, Senior Officer in Reproductive Health, Maternal and Child Health Department, Ministry of Health, 138-A Giang Vo Street, Hanoi, Viet Nam, Telephone: +84 904 138 938, Email: nghiemxuanhanh.bmte@gmail.com

Dr NGUYEN Thi Thi Tho, Head of Department of Noncommunicable Diseases, Prevention and Control National Institute of Hygiene and Epidemiology, No. 1 Yersin Street, Hai Ba Trung District, Hanoi, Viet Nam, Telephone: +844 9710791, Email: poemhnvn@yahoo.com
TEMPORARY ADVISERS

Dr Julia BROTHERTON, Medical Director, VCS Population Health, VCS Foundation
Level 6, 176 Wellington Parade, East Melbourne, Australia, Telephone: +61 3 8417 6819
E-mail: jbrother@vcs.org.au

Dr Noriko FUJITA, Director, Department of Global Network and Partnership
Bureau of International Cooperation, National Center for Global Health and Medicine
1-21-1 Toyama, Shinjyuku-ku, Tokyo, Japan, Telephone: +81 3 3202 7181
Email: norikof@it.ncm.go.jp

Dr Thomas RANDALL, Associate Professor, Harvard Medical School, 55 Fruit St., Founders 520 B
Boston, Massachusetts, United States of America, Telephone: +1 267 441 9103
Email: trandall@mgh.harvard.edu

Dr Young-Joo WON, Head, Division of Cancer Registration & Surveillance, National Cancer Center
(WHO Collaborating Centre for Cancer Control and Prevention), 323 Ilsan-ro, Ilsandong-gu, Goyang-si
Gyeonggi-do, Republic of Korea, Telephone: +82 31 920 2015, Email: astra67@ncc.re.kr

Professor QIAO Youlin, Professor, Department of Cancer Epidemiology, Chinese Academy of Medical
Sciences, Peking Union Medical College, Beijing, China, Telephone: +86 13910410711
Email: qiaoy@cicams.ac.cn

OBSERVERS

Mr Changfa XIA, Department of Cancer Epidemiology, Cancer Hospital, Chinese Academy of Medical
Sciences and Peking Union Medical College, Beijing, China, E-mail: xiacfa@163.com

Dr Margaret McADAM, Vanuatu Country Representative, Australian Cervical Cancer Foundation
Chairman of Hope for Health, Port Vila, Vanuatu, Telephone: +61419622326
E-mail: mmcadam64@gmail.com

Dr Xia WEI, Immunization Specialist, United Nations Children’s Fund, 9th Floor Q House
Convent Building, 38 Soi Convent, Bangrak, Bangkok, Thailand, E-mail: wxia@unicef.org
SECRETARIAT

Dr Hai-Rim SHIN, Director, Division of NCD and Health through the Life-Course
World Health Organization (WHO), Regional Office for the Western Pacific
United Nations Avenue corner Taft Avenue, Manila, Philippines
Telephone: +632 528 9980/9852, Email: shinh@who.int

Dr Naoko ISHIKAWA, Coordinator, HIV, Hepatitis and Sexually Transmitted Infections
Division of Communicable Diseases, WHO Regional Office for the Western Pacific
United Nations Avenue corner Taft Avenue, Manila, Philippines, Telephone: +632 528 9719
E-mail: ishikawan@who.int

Dr Howard SOBEL, Coordinator, Reproductive, Maternal, Newborn, Child and Adolescent Health
Division of NCD and Health Through the Life-Course, WHO Regional Office for the Western Pacific
United Nations Avenue corner Taft Avenue, Manila, Philippines, Telephone: +632 528 9868
E-mail: sobelh@who.int

Dr James HEFFELFINGER, Technical Officer, Expanded Programme of Immunization
Division of Communicable Diseases, WHO Regional Office for the Western Pacific
United Nations Avenue corner Taft Avenue, Manila, Philippines, Telephone: +632 528 9033
E-mail: heffelfingerj@who.int

Dr Warrick Junsuk KIM, Medical Officer, Noncommunicable Diseases and Health Promotion
Division of NCD and Health Through the Life-Course, WHO Regional Office for the Western Pacific
United Nations Avenue corner Taft Avenue, Manila, Philippines, Telephone: +632 528 9888
E-mail: kimw@who.int

Dr Anne BRINK, Medical Officer, HIV, Hepatitis and Sexually Transmitted Infections
Division of Communicable Diseases, WHO Regional Office for the Western Pacific, United Nations Avenue corner Taft Avenue, Manila, Philippines, Telephone: +632 528 9714, E-mail: brinka@who.int

Dr Saki NARITA, Consultant, Noncommunicable Diseases and Health Promotion
Division of NCD and Health Through the Life-Course, WHO Regional Office for the Western Pacific
United Nations Avenue corner Taft Avenue, Manila, Philippines, Telephone: +632 528 9083
E-mail: naritas@who.int

Dr Paul BLOEM, Technical Officer, Expanded Programme on Immunization
World Health Organization, 20 Avenue Appia, 1211, Geneva, Switzerland, Telephone: + 41 22 791 4256
E-mail: bloemp@who.int

Dr Nathalie Jean Nicole BROUTET, Medical Officer, Department of Reproductive Health and Research
World Health Organization, 20 Avenue Appia, 1211, Geneva, Switzerland, Telephone: + 41 22 791 3336
E-mail: brouettn@who.int

Dr Elena FIDAROVA, Technical Officer, Cancer Control
Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention
World Health Organization, 20 Avenue Appia, 1211, Geneva, Switzerland, Telephone: + 41 22 791 2351
E-mail: fidarovae@who.int

Dr Raymond HUTUBESSY, Technical Officer, Initiative for Vaccine Research team
Immunization, Vaccines and Biological Department, World Health Organization
20 Avenue Appia, 1211, Geneva, Switzerland, Telephone: + 41 22 791 3253
E-mail: hutubessyr@who.int
Dr Mary-Anne LAND, Technical Officer
Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention
World Health Organization, 20 Avenue Appia, 1211, Geneva, Switzerland, Telephone: +41 22 791 2693
E-mail: landm@who.int

Dr Richard FREEMAN, Consultant, Department of Reproductive Health and Research
World Health Organization, 20 Avenue Appia, 1211, Geneva, Switzerland, E-mail: freemanr@who.int
PROGRAMME OF ACTIVITIES

Monday, 24 June 2019

08:45-09:00 Registration

(1) Opening ceremony

09:00-09:30 Welcome address Dr Hai-Rim SHIN
Director, Division of NCD and Health through the Life-Course, WHO/Regional Office for the Western Pacific (WPRO)

Overview and objectives of the meeting
Self-introductions of participants Dr Warrick Junsuk KIM
Medical Officer, NCD and Health Promotion, WHO/WPRO

Group photo

(2) Global and regional updates on cervical cancer control

09:30-10:20 Regional updates on cervical cancer control Dr Saki NARITA
Consultant for Cancer Control, NCD and Health Promotion, WHO/WPRO

Global updates towards elimination of cervical cancer as a public health problem Dr Paul BLOEM
Technical Officer, Expanded Programme on Immunization, WHO/Headquarters (HQ)

10:20-10:50 Mobility break

(3) Achieving 90% coverage of HPV vaccination

10:50-12:00 HPV vaccination in the Western Pacific Region Dr James Dawson HEFFELFINGER
Medical Officer, Expanded Programme on Immunization, WHO/WPRO

Country experience: National HPV vaccination programme in Australia Dr Julia BROTHERTON
The University of Melbourne
Melbourne, Australia

Country experience: Federated States of Micronesia Mr Carter APAISAM
Immunization Program Manager
Department of Health and Social Affairs
Pohnpei, FSM

12:00-13:00 Lunch Break

13:00-14:20 Groupwork (1): Achieving 90% coverage of HPV vaccination in the Western Pacific Region

14:20-14:50 Mobility break
(4) Achieving 70% coverage for screening and 90% treatment of precancer lesions

14:50-15:40 Accelerating screening and treatment coverage

Dr Nathalie BROUTET
Medical Officer, Human Reproduction Team, WHO/HQ

Screening and treatment programme in low- and middle-income countries

Dr Noriko FUJITA
National Center for Global Health and Medicine, Tokyo, Japan

Country experience: Rolling out screening and treatment programme in China

Professor You Lin QIAO
Peking Medical College
Beijing, China

15:40-17:00 Groupwork (2): Achieving 70% coverage for screening and 90% treatment of precancer lesions in the Western Pacific Region

17:30- Welcome reception

Tuesday, 25 June 2019

08:30-08:40 Recap of Day 1

Dr Mary-Anne LAND
Technical Officer, Management of NCDs, Disability, Violence and Injury Prevention WHO/HQ

(5) Achieving 90% treatment and care of cervical cancer cases

08:40-09:40 Improving access to cancer treatment and care

Dr Elena FIDAROVA
Technical Officer, Management of Noncommunicable Diseases, WHO/HQ

Effective and timely treatment in resource-limited settings

Dr Thomas RANDALL
Harvard Medical School
Boston, the United States of America

Country experience: Lao People’s Democratic Republic

Dr Keokedthong PHONGSAVAN
Deputy Head of OB-GYN Department
Setthathirath Hospital, Vientiane, Lao People’s Democratic Republic

09:40-10:10 Mobility break

10:10-11:20 Groupwork (3): Achieving 90% treatment and care of cervical cancer cases in the Western Pacific Region
(6) Surveillance, research and financing

11:20-12:00 Establishing and maintaining a national population-based cancer registry
Costing and sustainable financing for cervical cancer control

Dr Young-Joo WON
National Cancer Center
Goyang-si, Republic of Korea

Dr Raymond Hutubessy
Technical Officer, Initiative for Vaccine Research, WHO/HQ

12:00-13:00 Lunch Break

(7) Reducing inequities of cervical cancer

13:00-13:40 HIV and cervical cancer
Integrating cervical cancer prevention and control with other health interventions

Dr Naoko Ishikawa
Coordinator, HIV, Hepatitis and Sexually Transmitted Infections, WHO/WPRO

Dr Nathalie Brouet

13:40-14:50 Groupwork (4):
- Group 1: Inequities of cervical cancer
- Group 2: Monitoring, surveillance and validation
- Group 3: Innovation and research
- Group 4: Costing, financing, investment case

(8) Way forward to achieving the 90-70-90 targets towards elimination of cervical cancer

14:50-15:10 Summary and next steps

Dr Hai-Rim Shin

Dr Nathalie Brouet

Closing remarks

Dr Hai-Rim Shin
Regional Meeting on Elimination of Cervical Cancer in the Western Pacific

Participant’s Workbook

Manila, Philippines | 24-25 June 2019
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<th>Monday, 24 June</th>
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<td>Registration</td>
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<tr>
<td>09:00 – 09:30</td>
<td><strong>(1) Opening ceremony</strong></td>
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<td></td>
<td>- Welcome address</td>
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<td>- Introduction of workshop</td>
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<td><strong>Group photo</strong></td>
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<tr>
<td>09:30 – 10:20</td>
<td><strong>(2) Global and regional updates on cervical cancer control</strong></td>
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<td><strong>(3) Achieving 90% coverage of HPV vaccination</strong></td>
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<td>- HPV vaccination in the Western Pacific Region</td>
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<td>- Country experience: National HPV vaccination programme in Australia</td>
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<td>- Country experience: the Federated States of Micronesia</td>
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<td>12:00 – 13:00</td>
<td>Lunch break</td>
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<td><strong>Group work (1): Achieving 90% coverage of HPV vaccination in the Western Pacific Region</strong></td>
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<td><strong>(4) Achieving 70% coverage for screening and 90% treatment of precancer lesions</strong></td>
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<td>- Accelerating screening and treatment coverage</td>
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<td>15:40 – 17:00</td>
<td><strong>Group work (2): Achieving 70% coverage for screening and 90% treatment of precancer lesions in the Western Pacific Region</strong></td>
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<td>17:30 –</td>
<td>Welcome reception</td>
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<td>Time</td>
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<tr>
<td>08:30 – 09:40</td>
<td>Recap of Day 1</td>
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<td>(5) Achieving 90% treatment and care of cervical cancer cases</td>
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Background

Cervical cancer is the fourth most common cancer among women globally, with 570,000 new cases and 311,000 deaths in 2018. Of those, 142,300 new cases and 63,700 deaths occurred in the Western Pacific Region. Nearly 90% of these deaths were in low- and middle-income countries, reflecting significant disparities in access to health and health services across countries. Even within each country, women from the poorest income quintile, those with lesser education levels, those in rural areas and those facing adverse gender norms, amongst other intersecting social factors, are generally more likely to develop advanced disease and die from cervical cancer than those from more advantaged backgrounds.

There are proven strategies to address the cervical cancer burden, ranging from human papillomavirus (HPV) vaccination, screening and treatment of pre-cancerous lesions, early detection and prompt treatment of invasive cancers to palliative care. These interventions are embedded in the targets and indicators of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020, with which the Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases 2014-2020 aligns, and each is supported by cost-effectiveness recommendations and WHO technical guidance. These tools offer the potential to eliminate cervical cancer as a public health problem.

In the Western Pacific Region, strengthening national capacity for effective cancer prevention and control is an area of priority. Cervical cancer was a particular focus of the fifth Leadership Workshop for Cancer Control (CanLEAD), an annual workshop organized by WHO in collaboration with the National Cancer Center in the Republic of Korea. Participating countries were recommended to revisit and fulfil the commitments made by Member States on global and regional action plans for the prevention and control of NCDs, especially on vaccination against HPV and cervical cancer screening with timely treatment. To date, 13 (48%) of its Member States and six (10%) of areas in the Western Pacific Region have introduced HPV vaccine; two additional Member States will introduce HPV vaccine in 2019.
Recognizing the urgency for implementation, the WHO Director-General made a global call for action towards elimination of cervical cancer at the World Health Assembly in May 2018. The elimination of cervical cancer is also a priority under the Thirteenth WHO General Programme of Work. Working towards elimination will contribute to the realization of the 2030 Sustainable Development Goals and the United Nations Global Strategy for Women's Children's and Adolescents' Health (2016-2030), the Global Health sector strategies on HIV, Hepatitis and STI (2016-2021) and health systems strengthening for social protection and universal health coverage.

Over recent months and building on years of normative guidance on cervical cancer, WHO has been working with partners to develop a draft global strategy towards elimination of cervical cancer. To build on this momentum, the WHO Director-General has requested all WHO regions to organize a regional stakeholder consultation, with participation from Ministries of Health, UN agencies, civil society and implementing partners. This will allow for discussion during the Regional Committee in 2019 and for final submission to the Executive Board in January 2020 and endorsement at the World Health Assembly in May 2020.
Objectives

Through this meeting, participants are expected to:

1) assess progress on and identify gaps for cervical cancer control in the Western Pacific Region;
2) discuss with experts and partners about innovative ways of mobilizing resources to accelerate action towards elimination of cervical cancer; and
3) review what implications the draft Global Strategy on Elimination of Cervical Cancer has for setting national priorities and timelines.

Proposed targets by 2030 to achieve elimination of cervical cancer within a century are:

- 90% of girls fully vaccinated with the HPV vaccine by 15 years of age;
- 70% of women are screened with a high-precision test at 35 and 45 years of age;
  - 90% of women screened positive treated for precancer lesions
- 90% of women identified with cervical disease receive treatment and care.
  - 90% of invasive cancer cases managed
Session 1. Opening Ceremony
Session 2. Global and regional updates on cervical cancer control
Session 3. Achieving 90% coverage of HPV vaccination

90-70-90 TARGETS

90% of girls fully vaccinated with the HPV vaccine by 15 years of age
Group work 1. Achieving 90% coverage of HPV vaccination in the Western Pacific Region

Session objective:
To review and provide inputs on a section “Achieving 90% coverage of HPV vaccination”.

Instructions
1. Break up into groups
2. Appoint a facilitator and a rapporteur
3. Examine the section (Refer to Draft Global Strategy page 15)
4. Discuss and provide suggestions to improve the structure and the content
5. Use a template worksheet to consolidate inputs from group members (facilitator)
6. Type up the discussion in a soft copy of the template worksheet, save it in a USB and share it with the Secretariat (rapporteur)
7. Report back to the whole group (rapporteur)

Considerations for group work 1
• Is there broad agreement with the vision/goals? Any specifics that should be included?
• Are the proposed targets adequate? Feasible? Sustainable? Relevant?
• Is the proposed timeframe realistic to your country?
• What are the key challenges in achieving 90% coverage of HPV vaccination in the Western Pacific Region?
• What are the best ways to overcome these challenges?
• What are the priority actions to be undertaken?
Session 4. Achieving 70% coverage for screening and 90% treatment of precancer lesions

70% of women are screened with a high-precision test at 35 and 45 years of age
• 90% of women screened positive treated for precancer lesions
Group work 2. Achieving 70% coverage for screening and 90% treatment of precancer lesions in Western Pacific Region

Session objective:
To review and provide inputs on a section “Achieving 70% coverage for screening and 90% treatment of precancer lesions”.

Instructions
1. Break up into the same groups as group work 1
2. Appoint a facilitator and a rapporteur
3. Examine the section (Refer to Draft Global Strategy pages 16 and 17)
4. Discuss and provide suggestions to improve the structure and the content
5. Use a template worksheet to consolidate inputs from group members (facilitator)
6. Type up the discussion in a soft copy of the template worksheet, save it in a USB and share it with the Secretariat (rapporteur)
7. Report back to the whole group (rapporteur)

Considerations for group work 2
- Is there broad agreement with the vision/goals? Any specifics that should be included?
- Are the proposed targets adequate? Feasible? Sustainable? Relevant?
- Is the proposed timeframe realistic to your country?
- What are the key challenges in achieving 70% coverage for screening and 90% treatment of precancer lesions in the Western Pacific Region?
- What are the best ways to overcome these challenges?
- What are the priority actions to be undertaken?
Session 5. Achieving 90% treatment and care of cervical cancer cases

90% of women identified with cervical disease receive treatment and care

- 90% of invasive cancer cases managed
Group work 3. Achieving 90% treatment and care of cervical cancer cases in the Western Pacific Region

Session objective:
To review and provide inputs on a section “Achieving 90% treatment and care of cervical cancer cases”.

Instructions
1. Break up into the same groups as Day 1
2. Appoint a facilitator and a rapporteur
3. Examine the section (Refer to Draft Global Strategy page 18)
4. Discuss and provide suggestions to improve the structure and the content
5. Use a template worksheet to consolidate inputs from group members (facilitator)
6. Type up the discussion in a soft copy of the template worksheet, save it in a USB and share it with the Secretariat (rapporteur)
7. Report back to the whole group (rapporteur)

Considerations for group work 3
• Is there broad agreement with the vision/goals? Any specifics that should be included?
• Are the proposed targets adequate? Feasible? Sustainable? Relevant?
• Is the proposed timeframe realistic to your country?
• What are the key challenges in achieving 90% treatment and care of cervical cancer cases in the Western Pacific Region?
• What are the best ways to overcome these challenges?
• What are the priority actions to be undertaken?
Session 6. Surveillance, research and financing
Session 7. Reducing inequities of cervical cancer
Group work 4.

Session objective:
To review and provide inputs on a section “Growing inequities of cervical cancer”; “Monitoring, surveillance and validation”; “Innovation and research”; “Costing, financing, investment case”.

Instructions
1. Break up into new groups
2. Appoint a facilitator and a rapporteur
3. Examine the section your group is assigned (Refer to Draft Global Strategy page 8, 20, 22 or 24)
4. Discuss and provide suggestions to improve the structure and the content
5. Use a template worksheet to consolidate inputs from group members (facilitator)
6. Type up the discussion in a soft copy of the template worksheet, save it in a USB and share it with the Secretariat (rapporteur)
7. Report back to the whole group (rapporteur)

Considerations for group work 3
• **Group 1:** Reducing inequities of cervical cancer: Why is this strategy relevant to your country and to the Western Pacific Region? How could solving the problem in the Western Pacific Region contribute to the success in implementing the global strategy?
• **Group 2:** Monitoring, surveillance and validation: What are the best approaches to carry out the monitoring, surveillance and validation in the Western Pacific Region?
• **Group 3:** Innovation and research: In which areas are innovation and research needed the most in the Region? How do we promote this?
• **Group 4:** Costing, financing and investment: What are the financing and investment expectations from the government? What are the financing and investment expectations from partners? What are the financing mechanisms needed for successful implementation of the strategy in the Region?
Session 8. Way forward to achieving the 90-70-90 targets towards elimination of cervical cancer

...
ANNEX 4

Workshop evaluation

Thirty-seven participants overseeing (cervical) cancer control; reproductive, maternal, newborn, child and adolescent health; HIV, hepatitis and sexually transmitted infections; or expanded programme on immunization if the programme covers HPV vaccination, attended the meeting. The participants represented 20 countries in the Western Pacific Region: Australia, Brunei Darussalam, Cambodia, China, Fiji, Hong Kong SAR (China), Japan, Lao People’s Democratic Republic, Macao SAR (China), Malaysia, Micronesia (Federated States of), Mongolia, Palau, Papua New Guinea, Philippines, Singapore, Solomon Islands, Tonga, Vanuatu, and Viet Nam. The programme was evaluated using a questionnaire in which participants gave scores on a scale of 1 to 10 (10 being the highest, 1 being the lowest in terms of satisfaction) for operational arrangements and for the technical sessions. The distribution of the scores is provided below.

**QUESTIONNAIRE 1 – Overall impression**

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**QUESTIONNAIRE 2 - Technical sessions**

**Session 2: Global and regional updates on cervical cancer control**

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**Session 3: Achieving 90% HPV vaccination**

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**Session 4: Achieving 70% coverage for screening and 90% treatment for precancer lesions**

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**Session 5: Achieving 90% treatment and care of cervical cancer cases**

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**Session 6: Surveillance, research and financing**

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**Session 7: Reducing inequities of cervical cancer**

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**Session 8:** Way forward to achieving the 90-70-90 targets towards elimination of cervical cancer

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