MEETING REPORT

MEMBER STATES CONSULTATION ON THE DRAFT
STRATEGIC FRAMEWORK FOR THE
COMPREHENSIVE PREVENTION AND CONTROL OF
CERVICAL CANCER IN WPR 2023-2030

28–29 June 2022
Virtual meeting
MEMBER STATES CONSULTATION ON THE DRAFT STRATEGIC FRAMEWORK FOR THE COMPREHENSIVE PREVENTION AND CONTROL OF CERVICAL CANCER IN THE WESTERN PACIFIC REGION 2023-2030

28 to 29 June 2022 | Virtual Meeting
Manila, Philippines
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DRAFT STRATEGIC FRAMEWORK FOR THE COMPREHENSIVE
PREVENTION AND CONTROL OF CERVICAL CANCER
IN THE WESTERN PACIFIC REGION 2023–2030

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Virtual Meeting

Manila, Philippines
28-29 June 2022

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

November 2022
The views expressed in this report are those of the participants of the Member States Consultation on the Draft Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2023–2030 and do not necessarily reflect the policies of the conveners.
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Keywords:

Papillomavirus Vaccines / Regional Health Planning / Uterine Cervical Neoplasms – prevention and control
SUMMARY

Cervical cancer is the fourth most common cancer among women globally, with an estimated 604,000 new cases and 342,000 deaths in 2020. The Western Pacific Region accounts for a fourth of the global cervical cancer burden, with approximately 145,700 women diagnosed with cervical cancer and 74,900 deaths from the disease in 2020. Among these deaths, nearly 90% occurred in lower-middle-income countries (LMICs).

The majority of cervical cancers are caused by the human papillomavirus (HPV), which is a common virus that can be transmitted from one person to another during sexual activity. HPV has many types. While some cause changes to a woman’s cervix leading to cervical cancer, others cause skin or genital warts. Other risk factors include smoking, early marriage, early age at first sexual practice, intake of birth control pills for more than 5 years, multiparity, having multiple sexual partners and HIV.

Cervical cancer takes its toll on women’s work productivity, fertility, body image and sexuality, apart from incurring overwhelming medical costs and making them prey to social discrimination. Women living in LMICs face considerable challenges in accessing cervical cancer screening and treatment programmes owing to factors such as weak health systems, exorbitant costs related to screening, lack of awareness about existing health programmes, the stigma associated with the disease and inadequate funding. This leads to late diagnosis of disease and impovershens women, owing to high out-of-pocket expenditure on treatment, making them vulnerable to extreme mental stress and an array of mental health issues. The lack of well-established health insurance in LMICs also plays a significant role in pushing women and households into poverty.

Strong political will, effective governance, formulating national public health prevention strategies and working with all stakeholders beyond the health sector are all necessary to combat the growing threat of cervical cancer in LMICs and middle-income countries (MICs). There is an urgent need to invest in cervical cancer prevention and early detection and prevent unprecedented preventable deaths. The coronavirus disease (COVID-19) pandemic brought to the fore the urgency of accelerated action for the prevention and control of cervical cancer. Furthermore, Member States in the Region have been calling for a new systematic, strategic and systems-oriented approach to address the elimination of cervical cancer as a public health problem, as articulated in the 2019 regional vision paper, For the Future: Towards the Healthiest and Safest Region. During the seventy-second session of the Regional Committee in October 2021, Member States recognized the importance and worthiness of accommodating cervical cancer as an agenda item. 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 the elimination of cervical cancer as a public health problem within the 21st century. WHO convened the Member States Consultation on the Draft Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2023–2030 and received inputs from Member States on the draft framework based on their knowledge and expertise.

The meeting participants were requested to share their insights and knowledge about the Strategic Framework’s guiding principles and three thematic areas, namely: 1) accelerating HPV vaccination and screening and treatment of precancers – overcoming challenges and gaps;
2) Treatment of invasive cancer and monitoring and surveillance across the pillars; and 3) Advocacy, stakeholder and community engagement and financing, sustainability and scaling up. Following the thematic small group discussions, four plenary discussions focussed on a cancer-free future by committing to eliminate cervical cancer, creating platforms for the future of cervical cancer through regional cooperation and WHO support, ensuring a continuum of care by leveraging existing platforms for better integration of cervical cancer services, especially focussing on meeting the health needs and rights of diverse groups of women, e.g. women living with HIV, and working for the future to secure a cervical cancer-free future by discussing the ways forward.

The Member States concluded that the Strategic Framework needs to be tailored to the regional context to help them prioritize their own action plans for domestic response to accelerate cervical cancer elimination. Due consideration needs to be given to regional diversity while formulating this document. Member State representatives from Pacific island countries (PICs) unanimously agreed on the content of the draft document and suggested including cultural considerations. They strongly propagated the need to include the opinions of all stakeholders in the community, include a one-dose HPV vaccine in the national immunization programmes or national cancer control programmes, enable sustainable financing mechanisms and engage media to build public support. It was also suggested to undertake meticulous health system strengthening by undertaking capacity-building programmes wherein regular mentoring is given to health professionals and create patient support groups and disease forums for educating the people regarding this disease. The most common recommendation for the future is to increase accessibility to vaccination, screening and health care in LMICs and MICs and maintain trust and accountability at all levels.

All discussions regarding the Strategic Framework at the Member States Consultation were recorded. The Member States were informed that prior to submission for endorsement, the final draft would be sent electronically to them for a final review. After receiving their final inputs, the draft Strategic Framework will be submitted to the seventy-third session of the Regional Committee for endorsement.
1. INTRODUCTION

1.1 Meeting organization

The Member States Consultation on the Draft Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2023–2030 was held via videoconference (virtually) from 28 to 29 June 2022. The meeting spanned two half-days, and its overall aim was to obtain feedback and build consensus among Member States on the draft Strategic Framework for cervical cancer prevention and control.

A total of 37 representatives from 19 Western Pacific countries and areas attended. Participants included the senior ministry of health officials overseeing cancer-related health services delivery, directors in charge of cervical cancer care, public health physicians and gynaecology oncologists, directors/managers in charge of laboratories and other relevant stakeholders. Observers included participants from the Pacific Community, the Department of Health Australia and the International Planned Parenthood Federation. Resource persons and staff from WHO headquarters, regional and country offices and the Daffodil Centre provided secretariat support.

A list of participants is available in Annex 1, and a programme of activities is in Annex 2.

1.2 Meeting objectives

The objectives of the consultation were:

(1) to review the key outcomes from the preliminary consultations with experts on cervical cancer elimination in the Western Pacific Region and define a cervical cancer care pathway, highlighting its central role in strengthening the continuum of care;

(2) to provide Member States with an opportunity to share insights and strategies to address key socioeconomic and demographic transitions in the Region, their impact on women’s health and cervical cancer, and new ways of working to respond to future challenges; and

(3) to obtain input from Member States on the strategic direction and main elements of the draft Strategic Framework.

2. PROCEEDINGS

2.1 Opening session

The opening session began with a welcome address by Dr Rolando Enrique Domingo, Coordinator, Management of Noncommunicable Diseases, WHO Regional Office for the Western Pacific Region, followed by opening remarks by Dr Huong Thi Giang Tran, Director, Division of Programmes for Disease Control, WHO Regional Office of the Western Pacific. She mentioned that cervical cancer is the fourth most common cancer in women globally, and in 2020, approximately 604 000 women were diagnosed with cervical cancer and about 342 000 deaths were reported.
It is a matter of great concern that the Western Pacific Region carries one fourth of the total burden of cervical cancer and that 90% of deaths occur in low-income countries (LICs) and lower-middle-income countries (LMICs). One woman dies of cervical cancer every 2 minutes, and hence it poses the biggest threat to the woman’s health. She encouraged the participants to give their valuable insights and recommendations for developing an action plan for prevention, screening and treatment of cervical cancer and hence empower women and girls to lead a healthy and productive life.

Dr Domingo welcomed the participants and officially opened Day 1 by announcing the theme, “Conquering cervical cancer in the Western Pacific Region”.

2.2 Cervical cancer – Western Pacific Regional update

Dr Elick A Narayan, Technical Officer, Cancer Control, WHO Regional Office of the Western Pacific, presented an update on cervical cancer in the Western Pacific Region. He began with an overview of the epidemiology of cervical cancer in the Western Pacific and the context, vision and strategy behind the draft Strategic Framework. He reiterated that the Western Pacific Region contributes one fourth of the global cervical cancer burden, and in 2020, approximately 145,747 women were newly diagnosed with cervical cancer in Region. It is a matter of serious concern that WHO projects an exponential increase in cervical cancer cases globally from 570,000 to 700,000 from 2018 to 2030 and an increase in deaths from 311,000 to 400,000 in the same period. With regards to cervical cancer screening, 89% of countries have a cervical cancer screening programme, 48% of countries have organized a population-based screening programme, 11% of countries use HPV testing as a screening method, and only 4% of countries have greater than 70% screening coverage. Dr Narayan stated that cancer registration coverage is low in Western Pacific Region countries, supplemented with poor health care financing and siloed health systems. Apart from this, there is inadequate and expensive HPV vaccination coverage, and women have poor access to cervical cancer screening and treatment.

It was also found that poor political commitment is an impediment to early screening and care, especially where cervical cancer is not considered a priority. The presentation highlighted the need for a tailored approach to prevent and control cervical cancer, keeping in view the geographical and cultural diversity of the Region. It was recommended that strong governmental support and buy-in are essential in promoting and implementing education, prevention, screening, diagnostic, treatment and palliative care capacity. In conclusion, Dr Narayan remarked that even though the global document is a great guide and provides a backbone for developing action plans, it is not “tailored to regional needs”, and hence, there is a need for the draft region-specific Strategic Framework.

2.3 SAGE Recommendations on HPV vaccine schedule optimization

A presentation on SAGE recommendations on HPV vaccine schedule optimization was given by Mr Paul Bloem, WHO/IVB HPV Vaccine Lead, WHO headquarters. Mr Bloem provided insights on the low HPV vaccination coverage (second dose) in Western Pacific and South-East Asian regions, amidst the COVID-19 pandemic and other sustainability challenges, along with the high dropout rate in girls aged 10–14 years at the global level. He presented the results of clinical trials conducted in Costa Rica, India, Kenya, Tanzania and Thailand. In Costa Rica,
the post-trial analysis concluded that women who received a single-dose HPV vaccine had the same vaccine efficacy as those who received two or three doses of the HPV vaccine. Similarly, in India, a 10-year follow-up on women who received single, double and triple doses of the HPV vaccine concluded that vaccine efficacy against persistent infection was similar in all the groups. Even the HPV 16 and 18 antibody titre was found to be stable in the past 10 years. SAGE recommends that one dose of vaccine needs to be administered to girls aged 9–20 years, and two doses of vaccine need to be administered to women older than 21 years and immunocompromised girls. It also recommends introducing HPV vaccination in boys and older females. He ended the presentation by stating that the WHO position paper is being updated and is expected by December 2022 and that the National Immunization Technical Advisory Group (NITAG) is invited to review evidence and advice on national programmes on HPV introduction.

2.4 Guiding principles of the Strategic Framework

Professor Deborah Bateson, The Daffodil Centre, University of Sydney / Cancer Council NSW, Australia, presented the guiding principles of the Strategic Framework for the Comprehensive Prevention and Control of Cervical Cancer in the Western Pacific Region 2022–2023. They are:

1. **Culture and context sensitive.** Each country must assess the economic, political, geographic and cultural landscape of their country before developing the guidelines.

2. **Participatory and multi-stakeholder engagement.** Public opinion must be envisaged in a respectful manner and participation of people from multiple sectors must be encouraged with a view to promote multisectoral dialogue.

3. **Inclusive and innovative.** Novel and ground-breaking ideas and innovations must be incorporated so as to make it technologically and scientifically sounder and more relevant.

4. **Evidence based.** Countries must focus on strengthening their primary health care and utilizing the life course approach and this will also aid in promoting and strengthening universal health coverage.

5. **Progressive realization (of goals and outcomes).** Stepwise implementation of policies and guidelines needs to be made along with stringent monitoring and evaluation processes so as to keep a note of all barricades and constraints on the road to success or achievement of objectives.

6. **Equitable access (for all women and girls everywhere).** Utmost attention needs to be given to women and girls residing in remote and far-flung areas, victims of humanitarian crises and internally displaced females. More effort is needed to aid them in gaining access to health services.

7. **Collaborative.** Multisectoral collaborations need to be made along with fostering public-private partnerships wherein the health-care services reach everyone at the grassroots level in the community.

8. **Gender responsive.** The Strategic Framework needs to be receptive and sensitive to the needs of women and girls, as both of them are the pillars of a healthy society.

9. **Adaptive.** Variability and flexibility to the contextual factors affecting a country and its health systems need to be evaluated on a timely basis by the policy-makers and health administrators of a country. This Framework needs to be pliable as per the country’s needs, stakeholders’ concerns and geopolitical factors.
2.5 Synthesis of key recommendations from consultations with experts and Member States

This session was moderated by The Daffodil Centre Team, The University of Sydney/ Cancer Council NSW.

2.5.1 Recommendations for vaccination

HPV vaccination should be incorporated into national immunization programmes and cancer control plans. All barriers, including vaccine hesitancy and stigma, need to be addressed. One dose of the HPV vaccine is recommended, along with the development of effective communication strategies.

2.5.2 Recommendations for screening and precancer treatment

Cervical cancer screening should be mandated in all regional, national and local cancer plans and the screening age should be clearly established and communicated. Clinical services supporting screening are needed to treat HPV infections and precancerous lesions. A plan to transition to HPV-based screening and to leverage existing clinical and lab-based skills and infrastructure must be prepared. To meet the 70% screening target, there is a need to seek expert technical advice so as to ensure smooth screening, assessment and treatment pathways. Self-collection of HPV tests and integration with other service providers, such as STI/HIV management clinics and reproductive, maternal and child health clinics, can be considered. Capacity-building of nurses in visual assessment, ablative treatment, etc. can be undertaken where local services are not available. It is imperative to harness innovative technologies to enhance participation and support the quality of care.

2.5.3 Recommendations for treatment of invasive cancer for Pacific island countries (PICs)

In resource-constrained settings, it is prudent to undertake resource audits and gap analyses and to design feasible partnership arrangements to meet the needs of women. It is meaningful to undertake collaborative capacity-building initiatives with pathologists, radiologists and gynaecologists. Collaboration is needed to increase access to multidisciplinary treatments, including radiotherapy and chemotherapy, and to develop country-level plans to ensure universal accessibility of palliative care services. Accessible regional treatment hubs and centres for diagnostic and research excellence need to be created, and the services of faith-based organizations and traditional healers in PICs need to be leveraged.

2.5.4 Recommendations for health system and services strengthening

National multidisciplinary cervical cancer control steering committees should involve stakeholders from all disciplines and the community. Evolving health systems frameworks must integrate technical expertise with local knowledge to deliver optimal short-, medium- and long-term outcomes. Capacity-building of health professionals should not be limited to training but must include structured mentoring at regular intervals. There is a need to strengthen the
cancer registries and build the capacity of all health professionals in data and information management, and this must be embedded in all plans designed to implement the elimination strategy. It is necessary to develop quantifiable key health outcomes and explore public-private partnerships.

### 2.5.5 Recommendations for advocacy, education, communication and community empowerment

Media should be engaged in building public support and upward pressure on policy-makers and political leaders. Innovative, collaborative, high-impact initiatives should be designed to reach, engage, inform and gain the support of people from diverse sectors. It is imperative to adopt a diverse mix of communication modalities to spotlight the value of cervical cancer elimination, correct the myths and misconceptions, and enhance the value of HPV vaccination and early screening. There is a need to intensify the use of social media platforms and develop compelling health stories on people living with cancer, survivors and their families, along with developing advocacy toolkits to enhance the confidence level of local advocates and champions. Advocacy must highlight the evidence that cervical cancer is a preventable disease and that resourcing and investing in prevention, screening and treatment approaches will have high returns in productivity, economic and health gains. Initiating a cervical cancer control programme can serve as a catalyst for addressing other cancers.

### 2.5.6 Recommendations for sustainable financing mechanisms

It is important to position cervical cancer elimination as an investment in the whole health system, society and broader economy with a positive, longer-term return on investment. Local data need to be generated to inform prioritization of the most sustainable, high-impact solutions and shape health financing design. Existing WHO costing and modelling tools can be used to assess national funding and the current scope of services, along with identifying opportunities and gaps for stepwise scaling up. It is recommended to unlock the financing opportunities and obtain new sources of funds from multiple, diversified resource streams apart from utilizing innovative and blended finance solutions to complement domestic funding. Collaborating with other Member States and the WHO Regional Office is encouraged to undertake market shaping interventions, i.e. pooled procurement, bulk purchasing and negotiations with common providers. Dr Domingo thanked Professor Bateson for her presentation. He then welcomed the participants from the Lao People’s Democratic Republic and the Philippines.

Following the presentations, the participants were divided into three groups for 45-minute thematic group discussions. Group A consisted of participants from Brunei Darussalam, Cambodia, China, Japan, Macao SAR (China), Malaysia, Mongolia, and temporary advisers. Group B consisted of participants from Australia, Brunei Darussalam, Cambodia, China, Japan, the Marshal Islands, New Caledonia, New Zealand, the Commonwealth of the Northern Mariana Islands, Solomon Islands, and temporary advisers. Group C had participants from Brunei Darussalam, Cambodia, China, Japan, Macao SAR (China), Malaysia, Mongolia, and temporary advisers.
2.6 Thematic small group discussion: Refining the guiding principles, key thematic action areas and pathways for action

Following the individual group discussions, each group presented key issues and recommendations. Cultural sensitivity was identified as being a vital factor affecting socio-cultural and geopolitical issues surrounding health outcomes. Multi-stakeholder engagement and collaboration beyond health (e.g. ministry of finance, local nongovernmental organizations) must be given due importance irrespective of their literacy levels, and their opinions must be respected. Innovations must be assessed for their feasibility, and where appropriate, they should be inclusive of all services and facilities with easy-to-use modes. Any guidelines and action plan recommendations must be weighed against available evidence (including policies for HPV vaccination), and the targets must be realistic to allow for the progressive realization of goals and outcomes. The Framework must take into consideration the needs of all women and girls, including trans-women and post-hysterectomy women, to ensure equitable access to services. Barriers to equitable access must be addressed. Family members, especially fathers and grandparents, must be encouraged and empowered to persuade their daughters and granddaughters to get immunized. Furthermore, the Framework must be adaptive and resilient to ensure a stepwise acceleration and adaptability in cases of natural disasters and future pandemics. Interdependent guiding principles like evidence based and innovations must be integrated. Discussions also focused on the HPV DNA test for screening and implementation of the single-dose HPV vaccine. It was suggested that HPV vaccine implementation should depend on a country’s readiness and resources and not be a compulsory component of their national cancer plans. Twinning through established partnerships and international medical societies must continue as it helps capacity-building for all members of the health team and provides long-term rehabilitation for patients. Suggestions were given for reframing some of the terminology used, e.g. "low-cost vaccine". Building trust and service integration was identified as a foundation for all the guiding principles.

2.7 Open discussion: A cervical cancer-free future: Committing to eliminate cervical cancer

Mr Christopher Bates of the Division of Pacific Technical Support moderated a panel discussion on the Strategic Framework’s guiding principles. He reiterated the guiding principles, touched upon social and technological innovations in PICs, and requested comments on guiding principle 3, i.e. inclusive and innovative. Dr Linda Bennet suggested that innovation is contradictory and community innovation is required. She continued to say that technological innovation use and its applicability should be assessed by asking all stakeholders if it is the best strategy and respecting their views and opinions. This approach would bring diversity. In PICs, communication is delivered using music, innovation and technology are not necessary, and innovation stems from the grassroots level. Dr Martina Reichhardt echoed the opinion that relevant stakeholder engagement is of utmost importance while making the Strategic Framework.

Ms Carmen Auste spoke on empowering local communities to decide on interventions that would work in their settings. She also spoke on the need to synchronize innovation with evidence-based technology. Dr Marion Saville spoke on emerging innovations while using simple tools like the self-collection of samples by women, which was supplemented by Professor Bateson. Dr Domingo underscored the importance of visual representation and its
link with people. Ms Auste commented that inclusive is linked to gender response, whereas innovative is linked to adaptive and evidence-based principles. She mentioned the precautionary principle of “Do No Harm” and expressed her desire to include this in the list of guiding principles. Dr Panisi Leanne agreed that “Do No Harm” and “adaptive” are important components, especially for resource-constrained settings where primarily the clinician decides the treatment option for the patients.

Dr Sathiarani Vong stated that inclusive is not limited to gender, especially in view of marginalized populations. Mr Bates emphasized that guiding principles must have “acceptance by the community”. Dr Marion Saville said that the harms and benefits of HPV screening need to be told to the people if we believe in the principle of “Do No Harm”.

2.8 Country experience report: Vanuatu

Dr Tsogzolmaa Bayandorj presented an outline of Vanuatu demographics and a brief on cervical cancer epidemiology in Vanuatu. Cervical cancer is the second most frequent cancer among women in Vanuatu. Twenty-two women are diagnosed with cervical cancer and 19 die from the disease annually. Cervical cancer screening data from 2015 to 2020 found that, on average, 10% of women in Vanuatu tested positive for high-risk type HPV, and the prevalence of high-risk type HPV was 16% among women aged 30 years of age. A cervical cancer awareness programme is being led by IKKANA Foundation, a local nongovernmental organization, and a cancer registry is being piloted at Vila Central Hospital. HPV vaccination as part of the national immunization programme is being done as a first step to achieve high coverage of HPV vaccination.

2.9 Country experience report: Australia

Mr David Meredith presented on Australia’s experience with cervical cancer elimination. The current HPV vaccination rate in Australia is 80.5%. Ever since the HPV vaccine was rolled out in 2007 as part of the school and primary care immunization programme, there has been a 92% decline in the prevalence of infections. In December 2017, Australia became the second country in the world to start a national cervical cancer screening programme. The country is now transitioning from PAP smear tests to PCR HPV DNA tests. The screening participation rate is 62% in Australia, and there is participation of Aboriginal and culturally diverse people. The overall incidence rate of cervical cancer is 6.3 new cases per 100 000 population, but the rate is higher among Indigenous women and women residing in remote and rural areas. Australia’s universal health coverage (UHC) and survival rates are higher than the rest of the world. The goal is to lower the incidence rate to 4 per 100 000 by the year 2035 by adopting a comprehensive policy for vaccination, screening and treatment. Equal access and equity are given to women to encourage early detection and prevention, with a special focus on First Nations women, gender and culturally diverse people.

2.10 Country experience report: Mongolia

Dr Orolzodmma Bassankhuu presented Mongolia’s experience in cervical cancer control. The national cervical and breast cancer screening and diagnosis programme and the cancer registry were started in 2011. Between 2017 and 2021, a national programme on NCD prevention and
control was rolled out, which encompassed all the measures for reducing cervical cancer morbidity and mortality.

In 2016, Mongolia became a focus country for the WHO Cervical Cancer Elimination Initiative and developed national guidelines for cancer diagnosis and treatment. Voluntary HPV vaccination for girls aged 9–14 years was introduced. A law on immunization includes the HPV vaccine as a scheduled vaccine. Notably, cervical cancer screening coverage increased from 38.2% in 2018 to 42.5% in 2020. The Ministry of Health developed cervical cancer advocacy and a communication strategy and subsequently rolled out a national action plan for cancer prevention and control.

2.11 Implementation challenges for cervical cancer elimination in PICs and areas

Mr Christopher Bates presented on the implementation challenges for cervical cancer elimination in PICs and areas. He stated that anomalies in epidemiology, inconsistencies in referral systems, gaps in management structure, underutilization of health-care resources by the people and inadequate monitoring and evaluation strategies were a few of the challenges. He suggested that strategies need to be internally generated and that WHO products are useful assistance. He mentioned that in PICs, cervical cancer is rarely considered to be an NCD and is not part of the maternal and child health programme, the Expanded Programme on Immunization (EPI), health promotion, sexual and reproductive health programme and clinical speciality. Only five PICs have oncology units. Mr Bates stated that chemotherapy is inaccessible, radiation oncology is unavailable, and overseas referral is extremely expensive. Contextual factors such as geographical location, cultural sensitivity, the COVID-19 pandemic and sovereignty issues also pose threats and underscore the importance of vaccination and early detection.

At the end of the presentation, Dr Domingo summarized the proceedings of Day 1 and thanked everyone for the productive and constructive discussions. He reminded everyone of the Day 2 programme and officially closed the session.

The theme of Day 2 was “Ending suffering from cervical cancer – enabling a cervical cancer-free future”. Dr Domingo welcomed the participants and provided a recap of the Day 1 proceedings. The participants then joined their preassigned groups to discuss the first thematic area – “Accelerating HPV vaccination and screening and treatment of precancers – overcoming challenges and gaps” – and give their valuable insights and recommendations.

2.12 Thematic small group discussion: Accelerating HPV vaccination and screening and treatment of precancers – overcoming challenges and gaps

Each group presented their key points. Incorporation of HPV vaccination into national immunization schedules, school-based vaccination programmes, integration of primary and secondary prevention and treatment of cervical precancerous lesions into maternal and child health programmes, focussed communication strategies and barriers to vaccination were discussed. Cultural sensitivity should be considered, and an ethical and professional system for obtaining informed consent for HPV vaccination for minors should be developed. Vaccine costs and vaccine delivery-related logistics were also discussed. Platforms for patient tracing
should be developed to prevent loss to follow-up. Boys should also be included in the HPV vaccination initiative, and hard-to-reach populations must be given priority. Upskilling the health workforce is essential to eliminating cervical cancer. Special groups of women (e.g. women living with HIV) and vulnerable populations must be included in the cervical cancer elimination strategies. Twinning with established oncology facilities should be encouraged and collaborations established. Relevant and good-quality data play an important role in ensuring informed decision-making and future planning; thus, investing and developing cancer registries must be prioritized. To build confidence in getting the HPV vaccination, various modes must be engaged in advocacy, including traditional media, social media, government and nongovernmental agencies, civil societies and community leaders). It was agreed that single-dose vaccination is more cost-effective, and a request was made for WHO to support single-dose vaccine procurement.

It was suggested to encourage the self-collection of samples by women for cervical screening. A strong request was made for WHO to formulate a position paper in which there is a provision to administer the HPV vaccine free of cost to all women and girls and requesting assistance in drafting the cost plans and investments, along with the allocation of fiscal resources. Technical support was requested from WHO for undertaking screening uptake, monitoring the continuity of care along with support for HPV test consumables. All Member States and WHO were requested to operationalize the Strategic Framework.

2.13 Open forum discussion: Creating platforms for the future of cervical cancer - regional cooperation and WHO support

Dr Fabrizio D'Esposito moderated an open forum on creating platforms for the future of cervical cancer and urged participants to take advantage of the opportunity to state the support Member States expect from WHO. He spoke of the importance of supporting the establishment of cancer registries and formulating guidelines. Mr X-ner Luther emphasized the need for support to buy consumables for HPV testing. Mr Chris Golden mentioned that there were gaps in data collection in PICs. Dr Marion Saville spoke on the importance of establishing cancer registries to avoid incomplete data collection. Dr Hardeep Singh spoke about the HPV vaccination schedule for boys, girls, women, and women living with HIV. He added that adoption of the new vaccination schedule would not only save vaccine costs but also mitigate the operational cost of vaccination. Professor Yin Ling Woo recommended engaging with professional bodies. New innovations (e.g. self-testing for HPV) were appreciated, and recommendations for cross-disciplinary teams to help women living with HIV and cervical cancer were proposed. Dr Domingo recapitulated the session and opened the thematic small group discussion on the treatment of invasive cancer and monitoring and surveillance across the pillars.

2.14 Thematic small group discussion: Treatment of invasive cancer and monitoring and surveillance across the pillars

The groups unanimously agreed on recommendations to strengthen palliative care, develop pain management protocols, and integrate services at the primary care level. There is a need for holistic treatment that considers mental health, spiritual needs and psychosocial issues. Innovative technology (e.g. telemedicine) is important for building capacity in diagnostics, and online learning platforms can provide upskilling of health workers. Recommendations towards developing referral pathways for domestic and international referral must be considered by
Member States. Advocacy and community empowerment were also discussed. Community leaders and religious organizations can champion the drive towards cervical cancer prevention. It was suggested to plan and strengthen and integrate the health system, establish public-private partnerships, monitor and evaluate the HPV vaccination and cancer registry programme and build multidisciplinary teams for comprehensive cervical cancer treatment. Regional and subregional centres of excellence were also proposed. Monitoring and surveillance of programmes should be done regularly. WHO’s support was requested to make guidelines for equity and access to care and health services for women living with HIV.

2.15 Open forum: Ensuring continuum of care: leveraging existing platforms for better integration of cervical cancer services (Perspectives on meeting the health needs and rights of diverse groups of women, for example, women living with HIV)

Mr Christopher Bates moderated the open discussion. He urged participants to think outside the box and sought comments on "relationship versus partnership" in cancer care.

Dr Marion Saville mentioned that partnerships ideally work well when relationships are good. She stated that when goals are shared, complementary skills are developed and partnerships are fostered. Dr Bennett emphasized that traditional healers have good relationships with women. Dr Cherian Varghese emphasized the role of public-private partnerships in vaccination and the importance of early screening in women. Mr Bates spoke about the integration of partnerships and relationships and signified the role of leadership in developing human resources and wisely allocating resources.

Dr Eric Karkawer spoke of a lack of political will and commitment towards palliative care. He emphasized the importance of investing in cervical cancer prevention and screening and stated that the long-term economic and societal benefits for Member States were great. Dr Marion Saville advocated for activism, rights-based approaches and engagement with civil society and HIV/AIDS society in a way to give comprehensive care to patients. Dr Hardeep Singh spoke about the cost-effectiveness of the HPV vaccine. Mr X-ner Luther recommended countries undertake research and collect data on the outcomes achieved after vaccinations and screenings. Mr Bates reiterated that it is imperative to restore the continuum of care.

2.16 Thematic small group discussion: Advocacy, stakeholder and community engagement and financing, sustainability and scaling up

The groups discussed involving cancer survivors in advocacy and soliciting men’s participation in family planning and cervical cancer screening. They recommended promoting sustainable financing by means of levying taxes on liquor, tobacco and alcohol along with leveraging corporate cooperation in the form of socially responsible donations and hence fostering the concept of corporate social responsibility (CSR). The participants suggested developing unified messaging and toolkits and seeking assistance from traditional and social media, e.g. radio, TV, Facebook and Twitter, in clearing the misconceptions of people regarding cervical cancer and promoting the cause of early detection and prevention. It was recommended to motivate the local government to change the political will. Improved service delivery by involving political leaders of the ministry of education and other legislators in a way to introduce diversity in care, develop toolkits with different messages for different categories of stakeholders in the society and emphasize a value-based approach while providing health-care
services to the people. Discussions also focussed on community engagement in World Cancer Day celebrations and health promotion activities, ethical allocation of funds and development of a complementary financial plan to support the Framework.

2.17 Open forum discussion: Working for the future – securing a future free from cervical cancer

Dr Fabrizio D'Esposito moderated the open discussion on working for the future – securing a future free from cervical cancer. Dr Fabrizio mentioned that cost-effectiveness alone could not be a substitute for bringing sustainability to the programme. There is a need for prioritization, integration and development of human resources, along with procuring ways for sustainable financial management in relevance to contextual factors. Professor Fanghui Zhao emphasized that vaccine manufacturers need to make cost-effective vaccines so as to improve vaccine access by people. There is a need to explore the role of the corporate sector in empowering the community.

2.18 Closing session

In closing, Dr Domingo acknowledged the feedback received from the participants. In terms of the next steps, Member States were informed that the final draft of the Strategic Framework would be emailed to them for additional feedback in a few days.

Dr Huong Thi Giang Tran, Director, Division of Programmes for Disease Control, WHO Regional Office for the Western Pacific made an important comment on the role of “political commitment” in developing a sustainable health system. She thanked the participants from Member States for their insights on the development of this regional framework, and she hoped to have a very action-oriented framework using a systems approach and equity.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

There was an overall consensus on the scope, recommendations and direction of the draft Strategic Framework with suggestions for additional focus on adaptability, cultural sensitivity, multisectoral partnerships and collaborations, human resource development and considerations for regional diversity. Participants mentioned gaps and challenges that could possibly derail the cervical cancer elimination programmes. However, it was pointed out that the recommendation in the new Strategic Framework provides opportunities for harnessing opportunities and mitigate future disasters or pandemics. Advancing the cervical cancer elimination initiative requires a political and financial commitment, coordination, communication and advocacy, and community empowerment to ensure ownership and sustainability. The three pillars, namely, HPV vaccination, cervical cancer screening and precancer treatment, must be interlinked, coordinated and integrated with other service delivery platforms to ensure each Member State achieves the targets set for 2030.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to consider the following:

1) Work with WHO to improve the draft Strategic Framework, making it more relevant and practical at the country level by providing feedback.
2) Encourage and facilitate cross-sectoral collaboration between ministries and other relevant stakeholders for scaling up ongoing activities and aligning future activities on cervical cancer prevention to the Strategic Framework and accelerating the elimination of cervical cancer.
3) Back the agreed commitment on cervical cancer elimination with appropriate investments, community empowerment, proper monitoring and sustainable financing.

3.2.2 Recommendations for WHO

WHO is requested to consider the following:

1) Incorporate all relevant feedback from Member States, partners, stakeholders, civil society organizations and cervical cancer experts into the draft Strategic Framework.
2) Apply a gender, equity and inclusivity lens to the Strategic Framework and ensure word choices within the document are streamlined. Cultural sensitivity, especially for Pacific island countries and areas, must be considered.
3) Ensure that the recommendations within the Strategic Framework are evidence based and consider the regional diversity and resource availability within Member States, especially Pacific island countries and areas.
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Professor Deborah BATESON, Clinical Professor at University of Sydney, Adjunct Professor at UNSW; Medical Director, Family Planning NSW, Honorary Fellow of the Faculty of Sexual and Reproductive Health of the Royal College of Obstetricians and Gynaecologists, The Daffodil Centre, The University of Sydney, 153 Dowling Street, Woolloomooloo, NSW 2011, PO Box 572 Kings Cross NSW 1340, Australia, Telephone: +61 2 9334 1483, Email: deborah.bateson@sydney.edu.au ; deborahb@nswcc.org.au

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Ms Carmen AUSTE, Vice President at Cancer Coalition Philippines, Manila, Philippines, Email: menchauste@gmail.com

Associate Professor Eric KRAKAUER, Associate Professor of Medicine and of Global Health & Social Medicine at Harvard Medical School, Attending physician in the Division of Palliative Care, & Geriatric Medicine at Massachusetts General Hospital in Boston, USA, Honorary Chair of the Department of Palliative Care at the, University of Medicine & Pharmacy at Ho Chi Minh City, Viet Nam; Email: eric_krakauer@hms.harvard.edu

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Annex 2. Programme of activities

<table>
<thead>
<tr>
<th>Time (Manila)</th>
<th>Activities</th>
<th>Speaker/Moderator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1: (Tuesday, 28 June 2022) Conquering cervical cancer in the Western Pacific Region</td>
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<tr>
<td>08:00 – 08:30</td>
<td>Registration</td>
<td>Consultation link opens</td>
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</tbody>
</table>
| 08:30 – 09:00  | Opening Session                                  | Dr Huong Thi Giang Tran  
Division of Programmes for Disease Control  
WHO Regional Office for the Western Pacific |
|                | Welcome remarks and Introductions                | Dr Rolando Enrique Domingo  
Coordinator, Management of Noncommunicable Diseases  
Division of Programmes for Disease Control  
WHO Regional Office for the Western Pacific |
|                | Introduction of participants and meeting overview (objectives, modalities and agenda) |                                                                                  |
|                | Virtual Group photo                              | WHO Secretariat                                                                 |
|                | Moderator for the day                            | Dr Elick Ashwin Narayan                                                        |
| 09:00 – 10:00  | SESSION 1  
Cervical Cancer – Regional Update              | Dr Elick Ashwin Narayan  
Technical Coordinator, Cancer Control  
Management of Noncommunicable Diseases  
Division of Programmes for Disease Control  
WHO Regional Office for the Western Pacific |
|                | Human Papillomavirus (HPV) Vaccination – SAGE Recommendations | Mr Paul Bloem  
Technical Officer – EPI  
World Health Organization Headquarters, Geneva |
<p>|                | Toward Cervical Cancer Elimination – Working together to reach the 2030 targets | The Daffodil Center Team                                                        |</p>
<table>
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<th>Activities</th>
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<tr>
<td></td>
<td>Synthesis of key recommendations from initial consultations with experts and Member States</td>
<td>The University of Sydney / Cancer Council NSW</td>
</tr>
<tr>
<td>10:00 – 10:15</td>
<td><strong>BREAK</strong></td>
<td></td>
</tr>
<tr>
<td>10:15 – 11:00</td>
<td><strong>SESSION 2</strong>&lt;br&gt;Thematic small group discussions 1:&lt;br&gt;Refining the guiding principles, key thematic action areas and pathways for action</td>
<td>assigned moderators / rapporteurs</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td><strong>Plenary Discussion: A cervical cancer – free future: Committing to eliminate cervical cancer</strong>&lt;br&gt;Report back from thematic small groups</td>
<td>Moderator</td>
</tr>
<tr>
<td>11:30 – 12:00</td>
<td><strong>Open Forum</strong></td>
<td>WHO Secretariat&lt;br&gt;Mr Chris Bates</td>
</tr>
<tr>
<td>12:00 – 12:40</td>
<td><strong>Country experience reports</strong>&lt;br&gt;(10 minutes each)</td>
<td>Australia&lt;br&gt;Vanuatu&lt;br&gt;DPS&lt;br&gt;TBA</td>
</tr>
<tr>
<td>12:40 – 13:00</td>
<td><strong>Synthesis and overview of Day 2</strong></td>
<td>Dr Rolando Enrique Domingo</td>
</tr>
</tbody>
</table>

**Day 2: (Wednesday, 29 June 2022) Ending suffering from cervical cancer – enabling a cervical cancer free future**

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<th>Time (Manila)</th>
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<tr>
<td>08:00 – 08:30</td>
<td>Consultation link opens</td>
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<tr>
<td>08:30 – 08:40</td>
<td><strong>Opening Session</strong>&lt;br&gt;Recapitulation of Day 1 – Slides from Day 1 as reminder for recommendations</td>
<td>Dr Rolando Enrique Domingo&lt;br&gt;Moderator for the day</td>
</tr>
<tr>
<td>08:40 – 09:25</td>
<td><strong>Thematic Small Group Discussion 2:</strong>&lt;br&gt;Accelerating HPV Vaccination and Screening and Treatment of Precancers – overcoming challenges and gaps</td>
<td>Assigned moderator / rapporteur</td>
</tr>
<tr>
<td>09:25 – 09:55</td>
<td><strong>Plenary Discussion:</strong> Report back from small groups</td>
<td>Moderator</td>
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<tr>
<td>Time</td>
<td>Event</td>
<td>Organizer</td>
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<tr>
<td>09:55 – 10:20</td>
<td>Open Forum Discussion – Creating Platforms for the Future of cervical cancer</td>
<td>WHO Secretariat</td>
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<td></td>
<td>Regional cooperation and WHO support</td>
<td>Dr Fabrizio D'Esposito</td>
</tr>
<tr>
<td>10:20 – 10:30</td>
<td><strong>BREAK</strong></td>
<td></td>
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<tr>
<td>10:30 – 11:15</td>
<td><strong>SESSION 2</strong> Small Group Discussion 3: Treatment of invasive cancer and monitoring and surveillance across the pillars</td>
<td>Assigned moderator / rapporteur</td>
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<tr>
<td>11:15 – 11:45</td>
<td><strong>Plenary Discussion</strong>: Report back from small group discussions</td>
<td>Moderator</td>
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<tr>
<td>11:45 – 12:10</td>
<td>Open Forum Discussion: Ensuring continuum of care: leveraging existing platforms for better integration of cervical cancer services</td>
<td>WHO Secretariat</td>
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<td></td>
<td><em>Perspectives on meeting the health needs and rights of diverse group of women</em></td>
<td>Mr Chris Bates</td>
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<td><em>(Example: Women living with HIV)</em></td>
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<tr>
<td>12:10 – 12:20</td>
<td><strong>BREAK</strong></td>
<td></td>
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<tr>
<td>12:20 – 13:05</td>
<td><strong>SESSION 3</strong> Small Group Discussion 4: Advocacy, stakeholder and community engagement and financing, sustainability and scaling up</td>
<td>Assigned moderator / rapporteur</td>
</tr>
<tr>
<td>13:05 – 13:35</td>
<td><strong>Plenary Discussion</strong>: Report back from small group discussions</td>
<td>Moderator</td>
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<td></td>
<td><em>The way forward</em></td>
<td>Dr Fabrizio D'Esposito</td>
</tr>
<tr>
<td>13:50 – 14:00</td>
<td><strong>Synthesis and closing</strong></td>
<td>Dr Rolando Enrique Domingo</td>
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