

**UNAIDS PROGRAMME COORDINATING BOARD WORKING GROUP**  
**THEMATIC SEGMENT on CERVICAL CANCER and HIV**

***Cervical Cancer and HIV - addressing linkages and common inequalities to save women's lives***

At its 45<sup>th</sup> meeting, the UNAIDS Programme Coordinating Board (PCB) agreed that the theme for its 46<sup>th</sup> meeting will be “*Cervical Cancer and HIV - addressing linkages and common inequalities to save women's lives*”.

The thematic segment provides an opportunity to:

- Review evidence of and justification for addressing the bidirectional links (epidemiological, biological, clinical, behavioural, social) between Human Papillomavirus (HPV)/cervical cancer (CC) and HIV across the lifecycle; review knowledge gaps and ways to bridge those;
- Review evidence-based effective strategies and interventions, among those with the engagement of communities, for the prevention, treatment and care interventions for HPV-infection and CC and to improve universal health coverage (UHC) across the lifecycle, including for adolescent girls and women living with, affected by and at risk of HIV;
- Review HIV and CC related health disparities, gender, socio-economic, and other inequalities across and within regions and countries, as well as stigma and discrimination, and ways of addressing those;
- Present innovations and low-cost technologies to widen access to primary and secondary prevention, treatment and care of CC, and addressing social and other determinants and inequalities with a special focus on the most vulnerable women and girls, and ways of their integration with HIV programmes;
- Review relevant global (and to certain extent, country level) commitments for ending the AIDS and CC epidemics, targets and the current state of and gaps in reaching those, and propose how new global strategies could contribute to and improve HIV-HPV/CC integrated policies, programmes and approaches, and reaching UHC.

**MEETING SUMMARY: FIRST MEETING OF THE WORKING GROUP**

DATE: Tuesday 10 March 2020

**MEETING AGENDA**

1. Welcome and introduction
  2. Presentation of the draft outline of the Background Note for the thematic segment
  3. Discussion on the draft outline of the Background Note
  4. Way forward
  5. Any other business
- .....

## SUMMARY

### 1. WELCOME AND INTRODUCTION

Mr. Morten Ussing, Chief of Governance and Multilateral Affairs, UNAIDS Secretariat, welcomed the PCB Working Group to its first meeting for the preparation of the Thematic Segment of the 46<sup>th</sup> PCB on *Cervical Cancer and HIV - addressing linkages and common inequalities to save women's lives*.

The Secretariat explained that the thematic segment working group is a mechanism established to provide an opportunity to PCB constituencies and stakeholders to shape the thematic segment agenda and the background note. The working group helps make the thematic segment stronger and richer and ensures ownership by the PCB members.

The Secretariat said that the working group usually has three meetings. The first two meetings will focus on the content and structure of the background note. At the second meeting, the agenda for the thematic day will also be discussed and working group members have an opportunity to suggest speakers. The third meeting will focus on finalising the agenda and the format for the day.

Mr. Ussing also recalled the process to select themes for the thematic segments. He explained that a call to propose themes for the PCB meetings of the following year goes out to PCB members in late summer/early autumn. The PCB Bureau then considers the proposals, and finally the PCB discusses the proposals at its December meeting and decides on the themes for the subsequent year.

### 2. PRESENTATION OF THE DRAFT OUTLINE OF THE BACKGROUND NOTE FOR THE THEMATIC SEGMENT

Ms. Ani Shakarishvili, Special Adviser, Fast Track Implementation Department, introduced the draft annotated outline of the Background Note.

Ms. Shakarishvili thanked the Cosponsors who had contributed to the development of the draft outline. She explained that the outline tries to demonstrate the intersections between HPV and HIV infection, and cervical cancer and HIV. It provides an inventory of current knowledge on the subject and makes the case for why it is important to address the interlinkages. She explained that the background note will highlight how cervical cancer impacts women and girls living with HIV, giving evidence on the risk factors including higher risk of infection among these target populations. The background note will also elaborate on the commonalities between HIV and cervical cancer from biomedical, gender, socioeconomic and health inequities perspectives.

Ms. Shakarishvili also highlighted the reasons why this theme was timely, including in the context of the SDGs, declarations signed by Member States as well as the Global Strategy for the elimination of cervical cancer, which has passed the WHO Executive Board of February, and crosscutting issues they aim to tackle, including poverty reduction, gender inequalities, human rights, sexual and reproductive health and rights aspects. Thus, a multisectoral approach needs to be considered and elaborated, as reflected in the draft outline of the background note. The empowerment of women and girls, as well as the role of men and boys will be on the frontline. The linkages between HPV and HIV, and cervical cancer and HIV, will be stressed with clear definitions, concrete mapping of the most concerned regions needing a targeted approach. Moreover, the socio-economic determinants on these issues will be underlined, including health disparities, political and

legal aspects, cultural determinants, stigma and discrimination, and quality of life more generally.

Ms Shakarishvili explained that the fourth section of the outline focuses on interventions such as prevention, screening and diagnosis, treatment as well as new data systems. The fifth section includes good practices from countries, highlighting lessons learned from HIV, cancer, and sexual and reproductive health programmes. The outline also explores issues such as resource mobilization and involvement of communities at a national, regional, and international level. The final section discusses the way forward.

### **3. DISCUSSION ON THE DRAFT OUTLINE OF THE BACKGROUND NOTE ON CERVICAL CANCER AND HIV**

The PCB working group welcomed the draft outline of the Background Note. Specific comments included the following:

#### **Member States**

- Stressed the importance of promoting integrated approaches and improving service delivery by bringing services directly to women, without waiting for women to seek them.
- Highlighted the cost of vaccines for HPV and treatment of CC, noting the financial burden to cover both patients living with HIV and CC. Primary health care services should cover these but it is often not the case in low and middle income countries, where CC is becoming more wide spread.

#### **Cosponsors**

- Suggested simplifying the paper by consolidating the determinants section with the linkages section and combining integrated approaches with the strategies for integration.
- Highlighted the importance of focusing on the “implementability” and sustainability of actions, with HPV vaccination being the low hanging fruit.
- Suggested mentioning the UN Task Force on NCDs and joint programme on CC, as well as the Global Action Plan from SDG3. Also suggested looking at country level investment cases and an analysis of return on investment for investing in CC.
- Suggested that emphasis should be given to women’s rights and informed consent of women and girls in the context of treatment of invasive cancer and hysterectomy, as well as to the question of equity in access to screening and treatment.
- Suggested looking at self-testing as a way to diminish stigma.

#### **PCB NGO Delegation**

- Expressed concern over the exclusion of transgender men, who are at risk of CC and should be included in the background note.
- Highlighted the importance of looking at the structure of health services, with HIV on one side and SRH on the other, making it difficult for women to discuss CC screening with HIV service providers and HIV with primary care providers.
- Emphasized that screening, diagnosis, and treatment are a challenge in Africa, as well as the unavailability of information regarding a vaccine.
- Stressed the issue of stigma in the health sector for women living with HIV and the fact that some women with HIV cannot get surgery because doctors do not want to operate them.
- Highlighted the need for recurring testing for HPV, and related sustainability issues.

#### **4. WAY FORWARD**

The Secretariat thanked the members of the working group for their input and said that the comments would be taken into consideration when developing the first full draft of the background note. Working group members had until the 13<sup>th</sup> of March to provide further comments.

The Secretariat also asked the members to send any observations they may have on the TOR and to flag any overlapping meetings.

The Secretariat also informed the working group that, as usual, a call for submissions of best practice case studies would be send out to all PCB members and permanent missions soon. The Secretariat explained that the purpose of collecting case studies was to include practical examples into the background note and to inform the thematic discussions. Case studies received are compiled into a conference room paper which is published on the PCB website and available to participants. The case studies are used even more widely, for example as input for the Global Report. The Secretariat asked working group members to kindly reach out to their countries and constituencies to receive good practices.

Lastly, the Secretariat mentioned that the potential speakers would be considered during the next meeting of the working group, and that a draft agenda would be circulated for the next meeting.

#### **5. ANY OTHER BUSINESS**

There was no other business.

[End of document]