
Cervical cancer and HIV

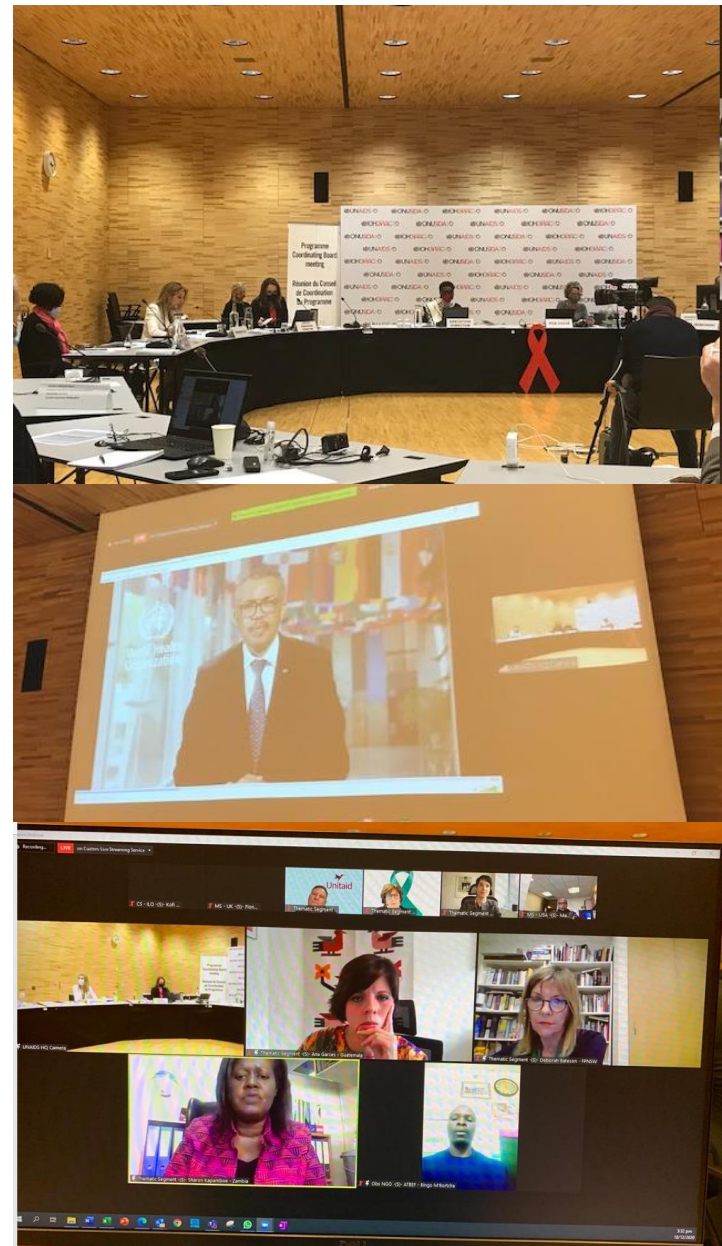
ADDRESSING LINKAGES AND COMMON INEQUALITIES TO SAVE WOMEN'S LIVES

Follow up to the Thematic Segment from the 47th PCB meeting of 18 December 2020



Overview

1. Key recommendations from the 47th PCB meeting thematic segment
2. Key developments since the thematic segment
3. Impact of the COVID-19 pandemic
4. Why addressing both cervical cancer and HIV matters
5. Ways forward



UNAIDS Programme Coordinating Board's 47th meeting Thematic Segment – 18 December 2020

Cervical cancer and HIV – addressing linkages and common inequalities to save women's lives



Key messages and recommendations

Integration of HIV and cervical cancer services is feasible and effective across the life-course – for example cervical cancer screening can be part of routine care for HIV and sexual and reproductive health and/or primary health care services.

Multisectoral approaches and partnerships can support to scale up services for HPV vaccination and cervical cancer screening, diagnosis and treatment for girls and women living with, or at risk of HIV

Common inequalities make girls and women vulnerable to HIV and cervical cancer, especially those from marginalized and vulnerable populations

Important to ensure **equitable access** to cervical cancer and HIV services for adolescent girls, young women, adult and older women, and key and vulnerable populations across the life-course

Scale up new innovations and technologies for cervical cancer screening, diagnosis and treatment and ensure affordability and access.

Community-driven approaches for demand creation to increase uptake of cervical cancer prevention, screening and treatment services, address stigma and discrimination and enhance advocacy and accountability.

Progress since the 47th PCB Thematic Segment

Global AIDS Strategy 2021-2026:

Strategic priority actions: Promote and intensify comprehensive, integrated health and social services, community engagement for peer support and addressing stigma and discrimination, including linkages between HIV services and support services for other communicable and noncommunicable diseases

2025 specific integration targets:

- 90% of women living with HIV have access to integrated or linked services for HIV treatment and cervical cancer
- 90% of women, adolescent girls and young women have access to sexual and reproductive health services, including for HPV and cervical cancer, that integrate HIV prevention, testing and treatment services



New WHO cervical cancer screening and treatment guidelines with specific recommendations for women living with HIV, as well as a Sub-section on cervical cancer to be included in the new Consolidated HIV Guidelines

WHO's IARC's new estimated age-standardized incidence rate of cervical cancer



Progress since the 47th PCB *(continued)*

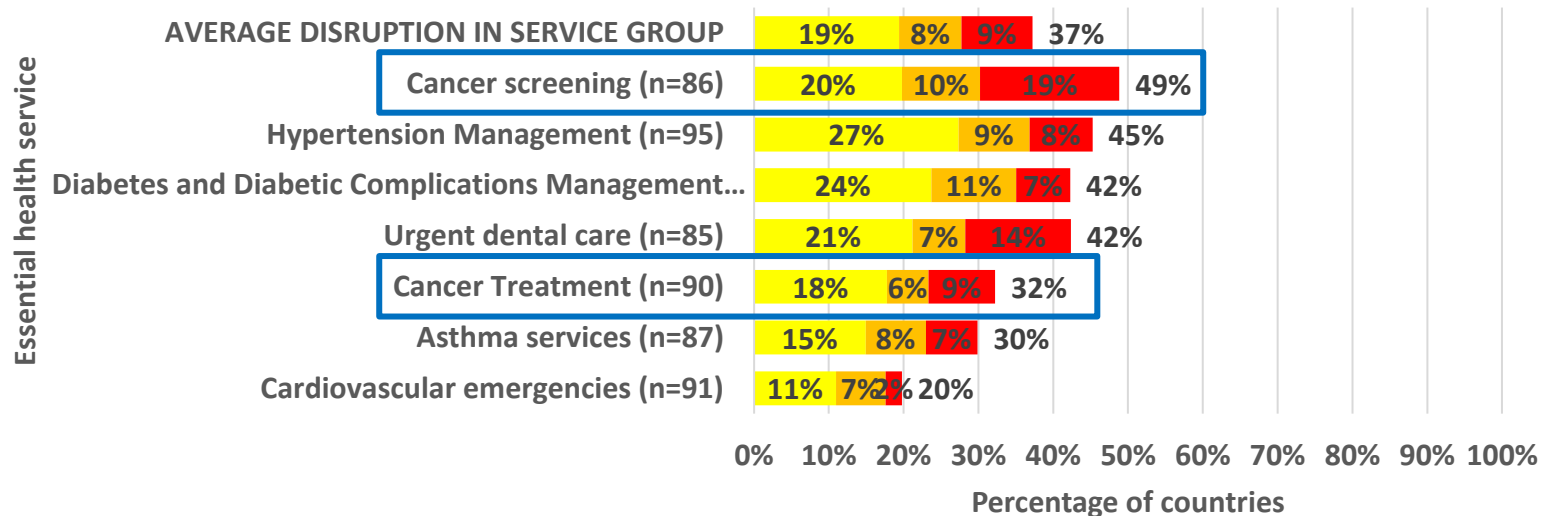
Investments into cervical cancer-HIV integration:

- **Go Further** partnership: **PEPFAR COP21**: \$36 million, 2 million cervical cancer screenings among women living with HIV in 12 sub-Saharan African countries
- The **Global Fund** ongoing grants in 11 countries (\$3.5 million) and new allocations in 2021-2023 cycle for 21 countries (\$8.1 million)
- Support for affordable access to **screening and treatment technologies and innovations** for cervical cancer (HPV testing and thermal ablation devices), guidance, tools, costing data, community awareness and demand creation supported by **UNITAID**
- Introduction of **HPV vaccinations** in 2 countries, and 9 additional planned in 2021 with support from **WHO, UNICEF, Gavi**. Another 5+ Gavi applications for HPV expected in 2021. UNICEF pilot for integrating adolescent health and well-being with HPV vaccine roll-out.
- **UNFPA's** continued support to countries in **strengthening SRH and HIV prevention infrastructures** to deliver **cervical cancer prevention services** and supporting the GAVI led **HPV vaccine** roll out.



Impact of COVID-19 on HPV and cervical cancer services

Percentage of countries reporting disruptions in NCD services



■ 5% to 25% disrupted
 ■ 26% to 50% disrupted
 ■ More than 50% disrupted
 Source: WHO pulse survey, 2021

- Cervical cancer **screening rates declined** during COVID-19 due to restrictions and disruptions of services not deemed essential – cancer screening most disrupted NCD service during COVID-19
- **School closures** expected to affect HPV vaccination coverage rates
- **Supply disruptions** affect scale-up testing for HPV (same reagents and systems needed for COVID-19 testing)

Impact of COVID-19 on HPV and cervical cancer services (continued)



Mitigation strategies:

- WHO recommendations and guidelines for service-provision during the pandemic
- Catch-up vaccination (UNICEF, WHO) and screening programs (PEPFAR) with public outreach to rebuild confidence in services
- Acceleration of a roll-out of community-based HPV self-sampling – e.g., as triage test to avoid visits to health facilities for those testing negative
- Decentralization of screen and treat services to avoid overcrowding of hospitals
- Prioritization of women who missed screening appointments and/or those who have previously screened positive
- Prioritization of women living with HIV and others at higher risk when resuming services
- Improvements to HPV and cervical cancer programmes as part of COVID-19 recovery plans and funding, e.g. capacity building and roll-out innovations

Global cervical cancer incidence and mortality

Fig. 1. Estimated age-standardized cervical cancer incidence, 2018

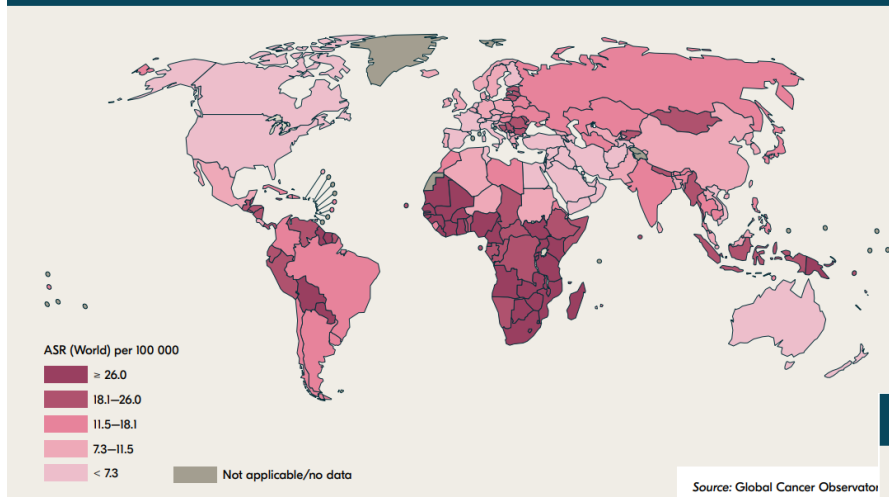
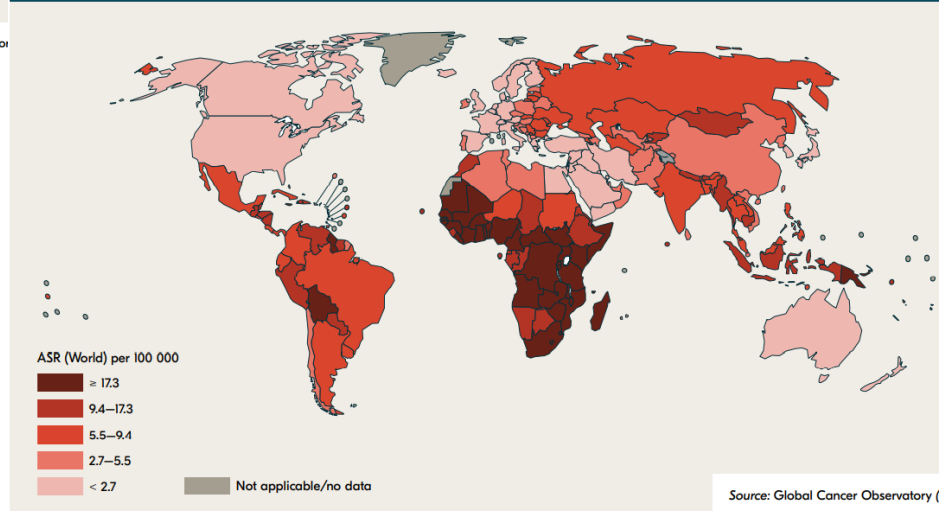
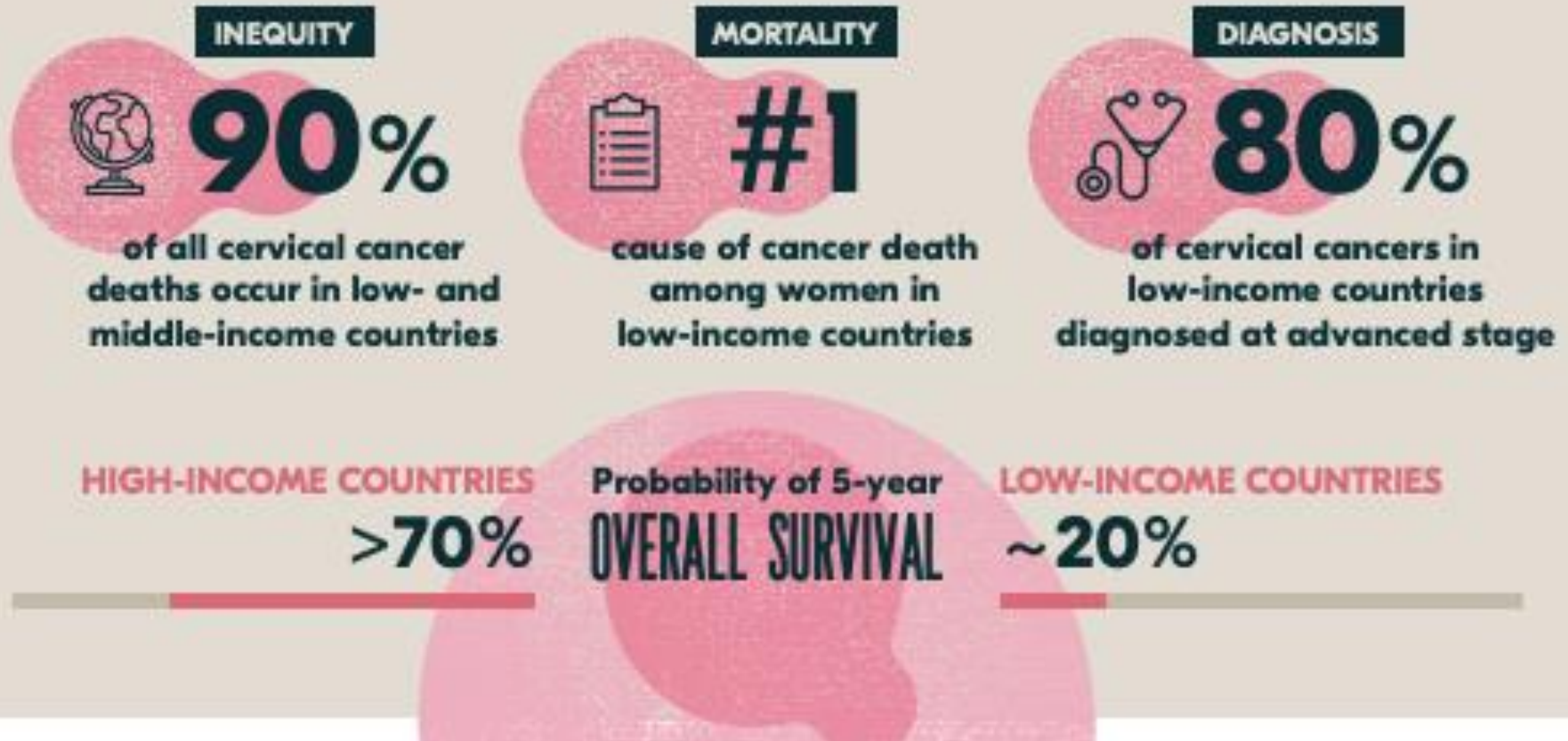


Fig. 2. Estimated age-standardized cervical cancer mortality, 2018



Cervical cancer – a disease of inequality



HPV, cervical cancer and HIV

Interlinked issues

Women with any HPV infection have 2x higher risk of acquiring HIV than women without HPV infection

Cervical cancer develops at least 2x as fast for women with untreated HIV infection - women living with HIV are generally more likely to develop cervical cancer at a younger age

Women living with HIV are at a 6x higher risk of developing invasive cervical cancer

Cervical cancer is an AIDS-defining illness and the most common cancer among women living with HIV globally

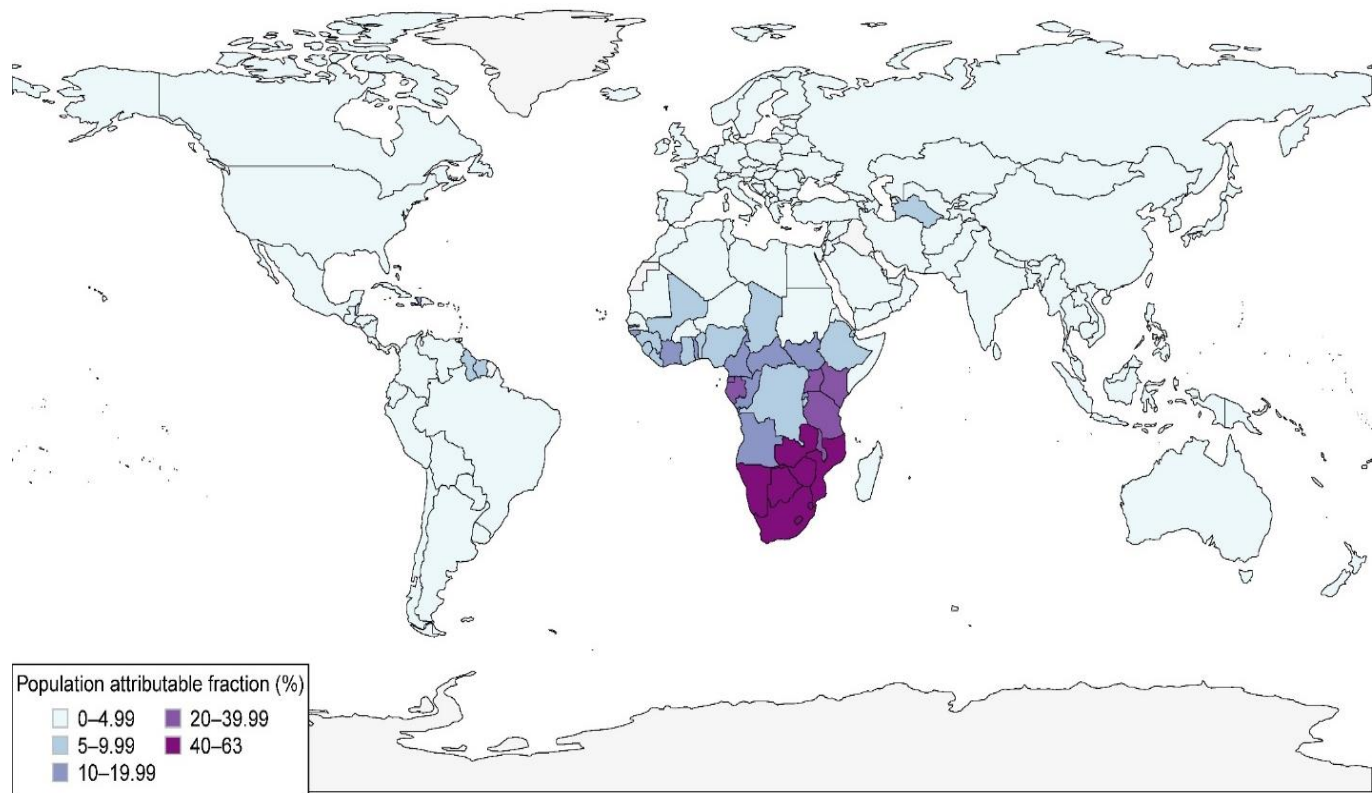


HPV, Cervical cancer and HIV (continued)

Cervical cancer population fraction attributable to HIV

The burden of cervical cancer is higher in countries and settings with high HIV prevalence

In nine countries in Southern Africa, over 40% of women diagnosed with cervical cancer are women living with HIV



Source: Stelzle D, Tanaka LF, Lee KK, et al. Estimates of the global burden of cervical cancer associated with HIV. Lancet Glob Health 2020; published online Nov 16, 2020

Global Strategy to accelerate the elimination of cervical cancer as a public health threat

THRESHOLD: Less than 4 cases per 100,000 women-years

2030 CONTROL TARGETS

90%

of girls fully vaccinated with HPV vaccine by 15 years of age

70%

of women screened with a high performance test by 35 and 45 years of age

90%

of women identified with cervical disease receive treatment and care

SDG 2030: Target 3.4 – 30% reduction in mortality from NCDs

Way forward

- **Integrate HIV and cervical cancer services** across the prevention and care continuum to maximize efficiency and impact
- **Rapidly scale up HPV vaccination** and ensure no girl or woman at risk of and living with HIV is left behind
- Make modern cervical cancer **screening, diagnosis and treatment technologies and innovations** available, accessible and affordable for women and adolescent girls living with and at risk of HIV and other populations living with HIV at risk of cervical cancer to reduce morbidity and mortality, and improve quality of life
- **Address underlying social and structural drivers** of vulnerability towards HIV and cervical cancer, and address stigma and discrimination
- **Engage, empower and strengthen capacity of communities** and organizations of women living with HIV and young women to promote awareness and increase demand for, access to and uptake of services, new technologies and innovations
- **Strengthen data collection, surveillance systems and research** in the HIV and cervical cancer responses to scale up evidence-informed integrated programmes and services
- Support innovative ways of mitigating and **responding to HPV and cervical cancer service disruptions due to COVID-19**

Thank you!

