

# Advancing Universal Health Coverage through Cervical Cancer Prevention & Family Planning Integration: A Call to Action

This past November, the global community gathered in Nairobi at the International Conference on Population & Development to reaffirm commitments to the bold Program of Action first committed to in Cairo 25 years ago.<sup>i</sup> Since 1994, great strides have been made toward women's empowerment, gender equality and the universal right to reproductive healthcare. The global health community significantly expanded access to contraception, substantially reduced maternal mortality and improved child survival.

**However, much work remains to ensure that women and girls have universal access to sexual and reproductive health (SRH) services as part of universal health coverage (UHC)—particularly over their full life course.** A critically under addressed issue is the prevention and treatment of cancers that affect women's sexual health. **In 2018, 311,000 women died from cervical cancer, outpacing deaths from maternal mortality.**<sup>ii,iii</sup> These women are often in the prime of their lives, and their deaths deprive their families and communities of their important contributions. Over 90% of deaths from cervical cancer occur in low- and middle-income countries.

Yet [cervical cancer is entirely preventable](#).<sup>iv</sup> In 2018, Dr. Tedros Ghebreyesus, Director General of the World Health Organization, issued a [call to action to eliminate cervical cancer as a public health threat](#).<sup>v</sup> A global strategy to answer this call is on the agenda for approval at the 2020 World Health Assembly. We have evidence-based, cost-effective tools to successfully eliminate this disease, including HPV vaccination, pre-cancer screening and preventive therapy. However, access to these interventions is extremely limited at primary healthcare facilities, there are critical gaps in awareness about HPV and cervical cancer, and sustained financing is lacking. If the global community is to ensure universal health coverage for women and girls across the life course, we must dramatically expand access to cervical cancer prevention and treatment in low-resource settings.



The integration of cervical cancer prevention into other health services is a winning opportunity to provide more comprehensive health care for women and girls, and reduce both the incidence and impact of this highly preventable disease. **A key area of intervention is to advance the integration of cervical cancer services within SRH services, including family planning (FP).** [Early programmatic experiences](#) indicate significant promise for integration of these two services.<sup>vi</sup> The implementation of integrated services between 2012 and 2017 in Kenya, Nigeria, Tanzania and Uganda resulted in increased use of both services, including increased voluntary uptake of long-acting, reversible contraceptive methods, and treatment of nearly 50,000 women with cervical pre-cancer. Similar [efforts to integrate cervical cancer screening into HIV programs](#) in sub-Saharan Africa have also demonstrated significant impact, with over 550,000 women living with HIV screened since May 2018. Eighty-six percent of these women were screened for the first time.<sup>vii</sup>

Integration of cervical cancer and other SRH services also reaches beyond the benefits to individual women. By integrating services, we move healthcare delivery toward the promise of comprehensive primary healthcare. The [Astana Declaration](#), issued in October 2018, prioritizes disease prevention and health promotion over the life course of individuals.<sup>viii</sup> **By integrating services, we can better ensure health for all women, before, during and after her childbearing years—a concrete step toward comprehensive primary healthcare and ultimately, universal health coverage.**

Now is a critical time to advance the promise of integration. Recent findings from the [ECHO trial](#) are accelerating the provision of comprehensive, integrated family planning/HIV services and care for women and girls, but this movement must include cervical cancer prevention and treatment.<sup>ix</sup> No woman or girl should present for SRH services without receiving the offer of effective cervical cancer prevention and treatment services.

**We call on global and national policy makers to:**

- Support the World Health Organization’s Cervical Cancer Elimination Strategy.
- Commit to timely development of cervical cancer guidelines for the use of evidence-based tools and strategies that will facilitate integration. This is particularly important for new cervical cancer technologies that are shown to improve health outcomes for women and girls while reducing the time and resources required for cervical cancer screening.
- Include comprehensive SRH services, including cervical cancer prevention, in universal health coverage and national health insurance schemes. Reflect these services in plans for the provision of comprehensive primary healthcare.

**We call on multilateral institutions and technical partners to:**

- Collect robust impact and cost data on integrated programs and services to identify the highest impact and most cost-effective models of integration.
- Develop standardized outcome indicators for SRH/cervical cancer integration programs and commit to their consistent measurement.
- Document and share best practices in the integration of sexual health and cervical cancer prevention services, including supportive policies, effective demand generation strategies, and interventions that reduce provider burden and assure program quality.

**We call on financial contributors to:**

- Fund programs that evaluate approaches to integration, so as to identify models that generate high impact, are cost effective, and can reach specific populations in variable contexts. These evaluations should identify sustainable models for the inclusion of integrated services within national plans for UHC.

**We call on advocates to:**

- Broaden efforts to increase political will for SRH programs that encompass the life course and the full span of risk among girls and women. This includes the increased risk of HPV-related cancers, including cervical cancer, among women 30 years and older.
- Call upon policy makers to make a national commitment to eliminate cervical cancer under the World Health Organization’s Cervical Cancer Elimination Strategy.



---

<sup>i</sup> The Nairobi Summit on ICPD25. Nairobi Statement on ICPD25: Accelerating the Promise.

[nairobisummiticpd.org/content/icpd25-commitments](https://nairobisummiticpd.org/content/icpd25-commitments)

Published 2019. Accessed February 10, 2020.

<sup>ii</sup> Arbyn M, Weiderpass E, Bruni L, de Sajose S, Saraiya M, Ferlay J, Bray F. Estimates of incidence and mortality of cervical cancer in 2018: a worldwide analysis. *The Lancet*. 2019; doi.org/10.1016/S2214-109X (19): 30482-6

<sup>iii</sup> World Health Organization. Maternal Mortality: Key Facts. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>. Published September 19 2019. Accessed February 10, 2020.

<sup>iv</sup> Brisson M, Kim J, Canfell K, Drolet M, Gingras G, Burger E, et al. Impact of HPV vaccination and cervical screening on cervical cancer elimination: a comparative modeling analysis in 78 low-income and lower-middle-income countries. *The Lancet*. 2020; doi.org/10.1016/S0140-6736(20): 30068-4

<sup>v</sup> World Health Organization. WHO Director-General calls for all countries to take action to help end the suffering caused by cervical cancer. <https://www.who.int/reproductivehealth/call-to-action-elimination-cervical-cancer/en/>. Published May 19 2018. Accessed February 10, 2020.

<sup>vi</sup> White H, Meglioli A, Chowdhury R, Nuccio O. Integrating cervical cancer screening and preventive treatment with family planning and HIV-related services. *Int J Gynecol Obstet*. 2017; 138(Suppl. 1): 41-46.

<sup>vii</sup> George W. Bush Presidential Centre. Saving women's lives from cervical cancer in sub-Saharan Africa.

Bushcenter.org. <https://www.bushcenter.org/explore-our-work/taking-action/partnership-to-end-aids-and-cervical-cancer.html>. Published 2019. Accessed February 10, 2020.

<sup>viii</sup> World Health Organization. Declaration on Primary Health Care: Astana, 2018. <https://www.who.int/primary-health/conference-phc/declaration>. Published 2020. Accessed February 10, 2020.

<sup>ix</sup> Evidence for Contraceptive Options and HIV Outcomes Trial Consortium. HIV incidence among women using intramuscular depot medroxyprogesterone acetate, a copper intrauterine device or a levonorgestrel implant for contraception: a randomized, multicenter, open-label trial. *The Lancet*. 2019; (394): 303-313.