

March 30, 2021

Xavier Becerra
Secretary of Health and Human Services

Dear Secretary Becerra,

Congratulations on your confirmation as United States Secretary of Health and Human Services (HHS), from a coalition of organizations working collaboratively, both domestically and globally, to increase access to evidence-based cervical cancer vaccination, screening, and treatment services. We are proud to have collaborated with multiple HHS agencies – including the National Institutes of Health/National Cancer Institute (NIH/NCI) and the U.S. Centers for Disease Control and Prevention (CDC) to safeguard the lives of girls and women against HPV and cervical cancer.

Cervical cancer is highly preventable and treatable, when detected early. Human papillomavirus (HPV) vaccines are safe and protect against several HPV-related cancers, including cervical cancer. Access to regular cervical screening can identify cervical lesions that can be treated, and thus reduce the risk of invasive disease. Expanding access to these interventions can greatly reduce the number of women requiring treatment for invasive cervical disease or palliative care options.

Unfortunately, many women around the world, including women in the United States (notably from poor communities and communities of color), lack access to these life-saving interventions. This is unacceptable – and has deadly consequences. Cervical cancer causes women to suffer terribly and die during what should be their most productive years. Globally, 342,000 women – 90% of whom live in low- or middle-income countries – lost their lives to this preventable disease in 2020, with deaths continuing to rise each year.ⁱ As a global cancer community, we call on the U.S. Government to continue global leadership and commitment towards increasing equitable access to services for girls and women, here in the U.S. and around the world.

The American Cancer Society estimates that about 14,480 new cases of invasive cervical cancer will be diagnosed in the United States in 2021, and about 4,290 women will die of this preventable disease.ⁱⁱ Cervical cancer, like many diseases in our country, takes a disproportionate toll on people of color, and among women in rural, low-income communities. Inadequate sexual health education in many communities contributes to poor uptake of preventive health services, including HPV vaccine.ⁱⁱⁱ Lower rates of cervical screening have been documented among Hispanic and Black women, as compared to their white counterparts.^{iv} Lack of education and limited access to care have resulted in Black women, particularly in Southern states, as well as Hispanic, and Indigenous women in the United States being more likely to develop cervical cancer than white women.^v This cascade of inequities is killing women in our country, and urgently needs to be addressed through structural interventions to make information and services more readily available.

Secretary Becerra, your record positions you as a national champion of women's healthcare access, given your strong stance on the issue as Attorney General of California.^{vi} Your new role begins as momentum has emerged to not just control, but to actually eliminate cervical cancer as a threat to women's health everywhere. On November 17th of 2020, the World Health Organization (WHO) launched its Global Strategy to Accelerate the Elimination of Cervical Cancer.^{vii} The three pillars of this strategy – the first ever global plan to eliminate a cancer – are as follows:

- Vaccinating 90% of girls against human papillomavirus (HPV) by 15 years of age;
- Screening 70% of women at ages 35 and 45 for precancerous cervical lesions; and
- Ensuring that 90% of those women in need receive treatment for cervical disease.

Achieving these targets could reduce the number of new cervical cancer cases by more than 42% by 2045, averting 300,000 deaths by 2030 and 14 million deaths by 2070.^{viii}

The achievement of this unprecedented goal will require United States leadership in cervical cancer prevention and control both at home and abroad, and the prioritization of resources necessary to support life-saving programs. Current contributions by Health and Human Services include the following:

- The CDC’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides low-income, uninsured, and underserved women access to timely breast and cervical cancer screening and diagnostic services.^{ix} The Screen Out Cancer program supports mobile screening for cancer during the COVID-19 pandemic. The CDC also supports the Vaccines for Children program, which offers HPV vaccination, regardless of ability to pay, and the AMIGAS program focused on increasing cervical cancer screening among Hispanic women through bilingual community health workers.^x
- The U.S. Health Resources and Services Administration (HRSA) quality-of-care metrics and targets drive improvements in women’s health in the United States and the Women’s Preventive Services Guidelines helps to identify local services and screenings, including for cervical cancer.
- United States Government funding for innovative cervical cancer prevention and treatment tools through the NIH/NCI has been instrumental in delivering new, cost-effective tools that improve the ability of providers to protect women’s health.^{xi}
- Cervical cancer screening and preventive treatment of women living with HIV has been scaled up dramatically in twelve countries in Sub-Saharan Africa through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), of which Health and Human Services is an implementing agency.^{xii}

Secretary Becerra, we understand that addressing the COVID-19 pandemic will be the most urgent and critical task you will inherit. COVID-19 has disrupted efforts across all health areas here in the United States and abroad, and cervical cancer prevention and treatment programs have not been spared. Like other vaccines, HPV vaccination rates have fallen due to COVID-19 concerns, and lockdowns and social distancing policies designed to mitigate the risk from COVID-19 have led to many women forgoing cervical cancer screening.^{xiii,xiv} New modeling projects that for each year of delay in scaling up the three WHO elimination intervention targets, up to 326,000 additional women will die if catch-up vaccination and screening programs are not implemented.^{xv} We must work collectively to reverse these trends.

Members and partners of Together for Health recommend the following actions from the Department of Health and Human Services under your leadership:

1. Recommit the United States Government to safeguarding access to women’s healthcare, including cervical cancer screening;
2. Commit the United States to achieving the targets set under the WHO Elimination Strategy, most notably by working to increase HPV vaccination rates nationally from the current 70% to 90%;^{xvi}
3. Roll back efforts to weaken the Affordable Care Act, while adding cervical cancer prevention services such as diagnostic testing and colposcopy to the Affordable Care Act’s essential health benefits mandate;
4. Sustain or increase investments in the Go Further program under PEPFAR to screen and treat women living with HIV for cervical cancer using HPV testing as the primary screening method;
5. Commit to ensuring that cervical cancer vaccination, screening, and treatment services are components of quality, rights-based, client-centered, integrated sexual and reproductive healthcare alongside contraceptive access and prevention, testing, and treatment for HIV, and other sexually transmitted infections;^{xvii} and
6. Provide U.S. Government support for NIH/NCI and CDC efforts necessary to improve and expand tools and strategies for cervical cancer control.

The United States has made tremendous contributions to women’s health – both domestically and internationally. Under your leadership, the Department of Health and Human Services has an opportunity to build on this legacy by making defining investments toward the elimination of cervical cancer forever. We look forward to working with you and your staff to make cervical cancer elimination a reality.

Sincerely,

- TogetHER for Health
- American Cancer Society
- Basic Health International
- PATH
- Pathfinder International
- Population Services International
- Project Concern International, A Global Communities Partner
- AVAC
- Engender Health
- Global Focus on Cancer
- GoDocGo
- Grounds for Health
- Haiti sans Cervical Cancer (HsCC)
- Human Rights Watch
- John Snow, Inc.
- Laura Crandall Brown Foundation
- The Lily Project
- MSI Reproductive Choices



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- ⁱ International Agency for Research on Cancer (2020). “[Cervix uteri fact sheet](#).” Accessed December 15, 2020.
- ⁱⁱ American Cancer Society. (2021) “[Key Statistics for Cervical Cancer](#).” Accessed January 29, 2021.
- ⁱⁱⁱ Human Rights Watch. (2020). “[US: Alabama Missing Ways to Improve Young People’s Health](#).” Published July 8, 2020.
- ^{iv} National Alliance for Hispanic Health. (2021) “[National Survey Finds Lag in Cervical Cancer Screening and Information for Hispanic and Black Women](#).” Press release, January 27, 2021.
- ^v National Cancer Institute (2021). [Cervix Uteri Cancer - Recent Trends in SEER Age-Adjusted Incidence Rates, 2000-2017](#). Surveillance, Epidemiology, and End Results Program Explorer tool. Accessed January 29, 2021.
- ^{vi} State of California Department of Justice. (2017) [Attorney General Xavier Becerra Files Amicus Brief To Defend Women’s Health and Medical Services](#). Press release, April 6, 2017.
- ^{vii} World Health Organization (2020). [Global strategy to accelerate the elimination of cervical cancer as a public health problem](#). Published November 17, 2020.
- ^{viii} Canfell, K, et al. (2020). [Mortality impact of achieving WHO cervical cancer elimination targets: a comparative modelling analysis in 78 low-income and lower-middle-income countries](#). *The Lancet*. 395:10224, P591-603.
- ^{ix} U.S. Centers for Disease Control and Prevention. (2021) [National Breast and Cervical Cancer Early Detection Program](#). Accessed January 28, 2021.
- ^x U.S. Centers for Disease Control and Prevention. (2019) [What CDC Is Doing About Gynecologic Cancers](#). Accessed January 28, 2021.
- ^{xi} Policy Cures Research (2020). [Sexual and Reproductive Health Research and Development: Understanding the Spectrum](#). Published August 13, 2020. In 2018, the U.S. NIH provided US\$ 21 million for research and development toward new cervical cancer prevention tools.
- ^{xii} Ibid. In FY2019, the Go Further Partnership – coordinated by PEPFAR and consisting of PEPFAR, the George W. Bush Institute, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and Merck – [provided US\\$ 30.6 million in funding](#) for cervical cancer screening of women living with HIV.
- ^{xiii} National Foundation for Infectious Disease. (2020). [Issue Brief: The Impact of COVID-19 on US Vaccination Rates](#). Accessed February 11, 2021.
- ^{xiv} Miller MJ, Xu L, Qin J, et al. [Impact of COVID-19 on Cervical Cancer Screening Rates Among Women Aged 21–65 Years in a Large Integrated Health Care System — Southern California, January 1–September 30, 2019, and January 1–September 30, 2020](#). *MMWR Morb Mortal Wkly Rep* 2021;70:109–113. DOI: <http://dx.doi.org/10.15585/mmwr.mm7004a1external icon>
- ^{xv} Cancer Control NSW (2020). “[Modelled impact of delays in elimination scale-up on cervical cancer deaths averted for 78 LMICs](#).” Presentation to HPV Prevention and Control Board Technical Meeting, November 12, 2020.
- ^{xvi} Elam-Evans LD, Yankey D, Singleton JA, et al. [National, Regional, State, and Selected Local Area Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2019](#). *MMWR Morb Mortal Wkly Rep* 2020;69:1109–1116. DOI: <http://dx.doi.org/10.15585/mmwr.mm6933a1external icon>
- ^{xvii} Integration Community of Practice (2020). [Global Call to Action for the Provision of Rights-Based, Client-centered Sexual and Reproductive Health During and After COVID-19](#). December 1, 2020.