Ambassador Samantha Power Administrator, United States Agency for International Development

Dear Administrator Power.

Congratulations on your confirmation as Administrator for the United States Agency for International Development (USAID), from a coalition of organizations working collaboratively across the globe to increase access to evidence-based cervical cancer vaccination, screening, and treatment. We are proud to have collaborated with USAID and other U.S. agencies to safeguard the lives of girls and women against Human papillomavirus (HPV) and cervical cancer.

Cervical cancer is highly preventable and treatable, when detected early. 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 or palliative care options for invasive cervical disease.

Cervical cancer causes women to suffer terribly and die during what should be their most productive years. Globally, 342,000 women – over 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. This terrible – and preventable – disease undermines progress in global development by killing women in their prime. These women are mothers, aunts, civic leaders, and entrepreneurs who represent the backbone of their communities.

Ambassador Power, your accomplishments position you as a champion for U.S. leadership in global health, from your support for the Sustainable Development Goals to your role advising former President Obama on multilateral affairs and human rights. Your tenure as USAID Administrator coincides with the beginning of an exciting era in global health. On November 17th of 2020, the World Health Organization (WHO) launched its Global Strategy to Accelerate the Elimination of Cervical Cancer.<sup>ii</sup>

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.<sup>iii</sup> For every dollar invested in cervical cancer prevention and treatment, at least \$3.20 will be returned to the global economy through 2050.<sup>iv</sup>

Contributions by USAID include the following:

- The United States Government, through USAID's Global Health Programs account, is one of the largest funders of Gavi, the Vaccine Alliance, which has provided almost 4 million women and girls in low-income countries with access to the HPV vaccine.
- Investments in collaboration and science through the Partnerships for Enhanced Engagement in Research (PEER) mechanism jointly sponsored by the National Academy of Sciences and USAID are critical to inform our understanding of effective, integrated service delivery models, and thus improve women's health.<sup>vi</sup>

- Cervical cancer screening and treatment of women living with HIV has been scaled up dramatically in eight countries in Sub-Saharan Africa through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), of which USAID is an implementing agency.<sup>vii</sup>
- USAID support has been instrumental in demonstrating the health benefits and cost-effectiveness of integrating cervical cancer screening with voluntary family planning and HIV prevention services. viii

The coalition of organizations represented here urges USAID to continue its support for HPV vaccines and cervical cancer efforts globally. Cervical cancer elimination will only be possible with United States leadership at the global level, and the prioritization of resources necessary to support life-saving programs.

COVID-19 has disrupted efforts across all health areas, 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. 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. We must work collectively to reverse these trends.

A successful global response to COVID-19 holds opportunities to improve health outcomes more broadly in USAID-supported programs. An increased emphasis on self-sampling and HPV DNA testing as the primary screening test provides an opportunity to screen women at scale, without requiring physical visits to clinics for the vast majority of women. Viral testing technology scaled globally for COVID-19 will also be applicable for HPV DNA testing, which is more accurate and less invasive than conventional screening methods. Collaboration with COVAX and other international groups fighting for expedited access to COVID-19 vaccines could provide a platform to reach adolescent girls with catchup HPV immunization programs. xii

Members and partners of TogetHER for Health recommend the following actions from USAID under your leadership:

- 1. Support the World Health Organization's cervical cancer elimination strategy;
- 2. Work quickly with USAID regional teams to implement rollback of the so-called global gag rule at the country level, freeing resources for organizations dedicated to providing women's health without onerous ideological limitations that put women's lives at risk;
- 3. Sustain or increase investments in Gavi, the Vaccine Alliance, enabling millions of young women and girls to receive the HPV vaccine to prevent cervical cancer later in life;
- 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. Initiate a commitment to ensuring that HPV 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; xiii
- 6. Utilize COVID-19 mitigation investments to improve global health infrastructure and lab capacity more broadly.

The United States has made tremendous contributions to global women's health. Under your leadership, USAID can 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







































CC: Antony Blinken, Secretary of State

Linda Thomas-Greenfield, U.S. Ambassador to the United Nations

Natasha Billimoria, Deputy Assistant Administrator for Global Health, USAID

Michele Sumilas, Acting USAID Chief of Staff and Assistant to the Administrator of the Bureau for Policy, Planning, and Learning

Kerry Pelzman, Acting Assistant Administrator in the Bureau for Global Health, USAID

<sup>&</sup>lt;sup>i</sup> International Agency for Research on Cancer (2020). "Cervix uteri fact sheet." Accessed December 15, 2020.

<sup>&</sup>lt;sup>ii</sup> World Health Organization (2020). *Global strategy to accelerate the elimination of cervical cancer as a public health problem*. Published November 17, 2020.

iii 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.

- vii 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 <u>provided US\$ 30.6 million in funding</u> for cervical cancer screening of women living with HIV.
- viii Hewett, P. C., Nalubamba, M., Bozzani, F., Digitale, J., Vu, L., Yam, E., & Nambao, M. (2016). Randomized evaluation and cost-effectiveness of HIV and sexual and reproductive health service referral and linkage models in Zambia. *BMC public health*, 16, 785. https://doi.org/10.1186/s12889-016-3450-x
- ix UNICEF (2020). "Interruption of vaccination programs, and strategies to close the immunity gap." Presentation to HPV Prevention and Control Board Technical Meeting, November 12, 2020.

iv Cervical Cancer Action for Elimination (2020). "Cervical Cancer Elimination." Accessed December 10, 2020.

Gavi, the Vaccine Alliance. (2020) "Human papillomavirus vaccine support." Accessed February 11, 2021.

vi United States Agency for International Development (2019). <u>USAID Announces \$12 Million for the Prevention of Cervical Cancer in Sub-Saharan Africa</u>. Accessed December 9, 2020.

<sup>&</sup>lt;sup>x</sup> World Health Organization. "WHO and UNICEF warn of a decline in vaccinations during COVID-19." July 15, 2020.

xi 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.

xii World Health Organization (2020). "Closing Immunization Gaps Caused by COVID." Draft presentation, August 11, 2020.

xiii Integration Community of Practice (2020). <u>Global Call to Action for the Provision of Rights-Based, Client-centered Sexual and Reproductive Health During and After COVID-19</u>. December 1, 2020.