Unitaid's Investments in Cervical Cancer

Global Investments in Cervical Cancer
TogetHER Webinar Series

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Strategies to prevent deaths from invasive cervical cancer

Primary prevention	Secondary prevention	Tertiary prevention
▪ Vaccination	▪ Screen and treat pre-cancer lesions	▪ Surgery ▪ Radiotherapy ▪ Chemotherapy

⚠ Low yield and complex method

Visual inspection

⚠ Ill-adapted treatment devices

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Unitaid investments in cervical cancer

- Unitaid is the largest funder of **innovative tools** to **find and treat precancerous** lesions in women living in low-resource settings.
- Current **investments of US$ 60m by 2022** cover a diverse geography and a mix of implementing partners (WHO, Clinton Health Access Initiative, Expertise France, Jhpiego and Union for International Cancer Control).
  - Country scope: Burkina Faso, Cote d'Ivoire, Guatemala, India, Kenya, Malawi, Nigeria, Philippines, Rwanda, Senegal, South Africa, Uganda, Zambia, Zimbabwe
- We are on target to **reach 1 million women in 3 years** with ~ 100,000 lives saved over 8 years.

Screening

Molecular tests

Self collection kit

New imaging tools

Treatment

Thermal ablation

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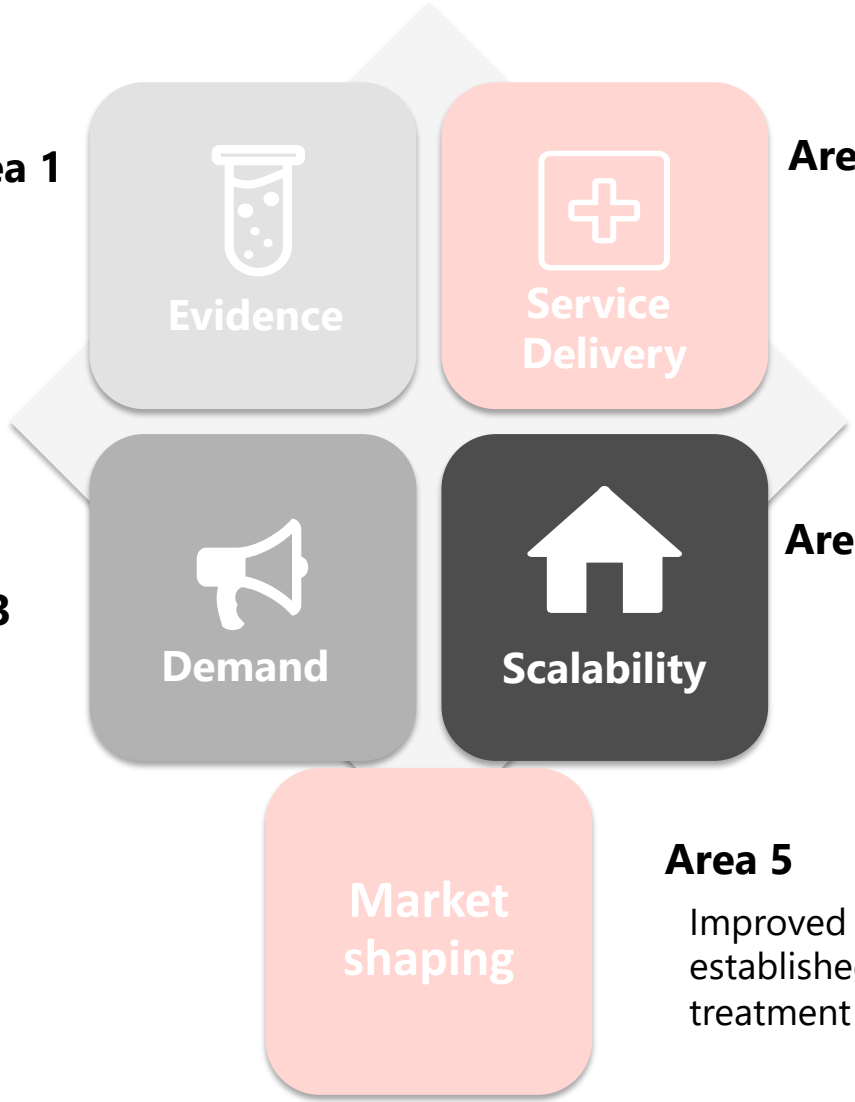
Cervical Cancer investment areas of work



Area 1

Evidence generation on benefits, harms and cost-effectiveness of different screening and treatment tools and algorithms

Area 2

Service delivery models for screening and linkage to treatment adapted to country context

Area 3

Community engagement and demand generation for cervical cancer screening and treatment

Area 4

Advocacy, health financing, health system preparedness for cervical cancer screening and treatment paving the way for **scalability**

Area 5

Improved **affordability** of screening tools and established **sustainable supply** of affordable handheld treatment devices

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Operational considerations: HPV testing and thermal ablation/LEEP devices

- **Cost**
  - Unitaid-CHAI reached agreements with suppliers of thermal ablation devices and HPV tests, securing lower prices than targeted:
    - HPV testing prices coming **down by a third**: US$ 9.00 (median EXW price)
    - Thermal Ablation devices are now available for less than US$900, representing an **average price reduction of 50%**
  - Thermal ablation offers the potential to significantly decrease cost-per-treatment offered to women screened for precancerous lesions relative to cryotherapy, in addition to significant programmatic benefits.
    - Treating a woman with thermal ablation can be **up to ten times cheaper** than cryotherapy

- **Deployment**
  - HPV testing – **technology selection** and integration in national diagnostic networks:
    - Same visit screen and treat – use of point of care technologies
    - Centralized, high throughput technologies at lower price, but no same visit result return
  - Thermal ablation and LEEP devices and auxiliary equipment **quantification and procurement**
  - **Post-market surveillance** for TA/LEEP devices – continuous product and service improvement

Moving forward

- We need to make the **response affordable, m**aking this an incremental investment, centered around the needs of a person**:**
  - Create efficiencies across diseases and integrate responses, leveraging systems in place for HIV and TB in the interest of addressing diverse health needs. Diagnostics systems for HIV and TB can integrate HPV testing; the same woman coming for HIV care can be screened for cervical cancer.
  - Further work on the pricing/affordability of key products.

- We need to understand and build the **health financing for cervical cancer**.
  - With COVID affecting economies, the health gains in HIV, TB and malaria responses have already been affected, and the trend of flattening budgets observed before COVID will probably continue if not even worsen in the years to come.

- We need to **resolve the demand side** and reach the most vulnerable women.
  - The same issues that increase vulnerability to HIV increase the vulnerability to HPV and cervical cancer – especially the gender-based violence.
  - Reaching women from general population.

- Finally, we need to **move forward in the COVID-19 pandemic reality.**
  - Restart the secondary prevention services
  - Innovation allows for remote or shorter visits: self-sampling – in communities or clinics; mHealth solutions to reach women; thermal ablation shortens the procedure time, etc.

Thank you