



PLAN OF ACTION FOR CERVICAL CANCER PREVENTION AND CONTROL 2018-2030



**Pan American
Health
Organization**



**World Health
Organization**
REGIONAL OFFICE FOR THE
Americas

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6	Introduction
8	Background
12	Situation analysis
17	Plan of action
18	Strategic lines of action
19	Improve cervical cancer program organization and governance, information systems, and cancer registries
21	Strengthen primary prevention through information, education, and HPV vaccination
23	Improve cervical cancer screening and precancer treatment through innovative strategies
27	Improve access to services for cancer diagnosis, treatment, rehabilitation, and palliative care
29	Implementation
30	Monitoring and evaluation
31	References
	Annex
37	A. Resolution
43	B. PAHO/WHO tools for cervical cancer prevention and control
44	C. Plan of Action Objectives and Indicators



INTRODUCTION

Cancer is the second leading cause of death in the Region of the Americas. In 11 countries, cervical cancer is the leading cause of cancer deaths and in 12 countries it is the second cause of cancer deaths among women.¹ Each year in the Americas an estimated 83,200 women are newly diagnosed and 35,680 women die from this disease, a significant proportion (52%) of them under 60 years of age (1).

1 Cervical cancer is the leading cause of cancer deaths among women in Belize, Bolivia, Dominican Republic, El Salvador, Guyana, Haiti, Honduras, Nicaragua, Paraguay, Suriname, and Venezuela. It is the second cause of cancer deaths among women in Brazil, Dominica, Ecuador, Grenada, Guatemala, Jamaica, Panama, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago.

Cervical cancer is caused by persistent infection with high-risk types of human papillomavirus (HPV), a sexually transmitted infection. Cervical cancer is preventable through HPV vaccination and also with screening and treatment of precancerous lesions. It can be effectively treated if diagnosed in its early stages. Health promotion and sexual health and HIV/STI prevention programs also contribute to cervical cancer prevention. The HPV vaccine has been introduced in national immunization programs since 2006; cervical cancer screening programs have been instituted in almost all the countries of the Region beginning in the 1970s; and services for treating cervical cancer have been established in almost all the countries. As a result, notable progress has been observed in preventing and controlling the disease, as reported to the 29th Pan American Sanitary Conference in 2017 in the final report of the Regional Strategy and Plan of Action on Cervical Cancer Prevention and Control (2).

Nonetheless, significant gaps and challenges persist in reducing incidence and mortality and paving the way toward the elimination of cervical cancer as a public health problem. This Plan sets forth a blueprint to guide Member States and the Pan American Sanitary Bureau (PASB) in strengthening their capacity for evidence-based, innovative, and effective strategies that will accelerate reductions in cervical cancer incidence and mortality.²

2 For the purpose of this Plan, Member States will identify priority populations based on their national context and epidemiological patterns of cervical cancer. They may include persons living under adverse social and economic circumstances, those residing in rural areas, medically underserved populations, indigenous and/or Afro-descendant populations, HIV-positive women and adolescents, sex workers, and/or migrants.



BACKGROUND

Unlike the situation with most other types of cancer, the cause of cervical cancer has been scientifically established and there are cost-effective tools available for its prevention and control (3). HPV 16 and 18 are among the most prevalent types, responsible for approximately 70% of all cervical cancer cases. Since HPV infection also causes other cancers (anus, oropharynx, penis, rectum, vagina, and vulva), prevention strategies will also contribute to the reduction of these other HPV-related cancers. Cervical cancer develops slowly over time, beginning with HPV infection, which in some cases persists and advances to precancerous lesions that can evolve into invasive cancer if undetected and untreated. People who are immunocompromised, such as those living with HIV, are more likely to have persistent HPV infection and more rapid progression to cancer.

Screening asymptomatic women for precancerous lesions using the Papanicolaou (Pap) test has led to an average reduction of approximately 2.6% per year in cervical cancer mortality, in countries with robust health systems (4). However, this approach has proven less effective in developing countries, mainly because of requirements for laboratory infrastructure, equipment, and logistic challenges associated with the screening process; as well as the performance of the Pap test itself, which has shown sensitivity of approximately 50% or less (5). New technologies and approaches, including HPV vaccines, HPV tests,³ and a “screen and treat” approach, have been developed and proven to effectively prevent cervical cancer (6, 7). The cost-effectiveness of prevention strategies has been well documented, showing that HPV vaccination coupled with screening is more cost-effective than either strategy alone (8-10). If implemented on a large scale, these new cost-effective interventions and approaches have the potential to accelerate reductions in cervical cancer mortality (9).

Since adoption of the Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control in 2008 (11), Member States, with the collaboration of PASB, have strengthened their cervical cancer programs by introducing HPV vaccines and new approaches for screening, as well as improving the quality of cancer treatment, palliative care, and cancer registration. These commitments have been reinforced in three additional PAHO plans of action for the Region: in 2013, the Plan of Action for the Prevention and Control of Noncommunicable Diseases (Document CD52/7, Rev. 1), which includes actions to improve cervical cancer screening (12); in 2015, the Plan of Action on Immunization (Document CD54/7, Rev. 2), which includes HPV vaccination (13); and in 2016, the Plan of Action for the Prevention and Control of HIV and Sexually Transmitted Infections

3 There are a number of HPV tests available on the market, each with different characteristics. A summary of the various tests has been prepared to assist Member States in selecting the most suitable one(s) for their purposes. This summary is available on the PAHO website at: http://www.paho.org/hq/index.php?option=com_content&view=article&id=11925&Itemid=41948&lang=en.

(Document CD55/14), which addresses HPV infection (14). Additionally, in 2017 the Regional Gender Agenda defined governmental agreements for sexual and reproductive health rights and gender equality, among other issues (15). Recently, Member States reaffirmed their commitment to reduce morbidity, disabilities, and mortality from noncommunicable diseases, including cancer, in Goal 9 of the Sustainable Health Agenda for the Americas 2018-2030 (Document CSP29/6, Rev. 3).

Moreover, in 2017 the World Health Assembly adopted a resolution on cancer prevention and control in the context of an integrated approach, which, among other interventions, calls on Member States to develop and implement comprehensive cancer prevention and control plans with focus on cost-effective interventions, equity, and access (16). In addition, the WHO Global Strategy for Women's, Children's and Adolescents' Health (17) emphasizes adolescent health and access to quality sexual and reproductive health services, and the WHO Global Health Sector Strategy on Sexually Transmitted Infections (18) calls for the scaling up of effective STI interventions and services, all of which support cervical cancer prevention.

Recently, with a view to strengthening cervical cancer initiatives, the UN Joint Global Programme on Cervical Cancer Prevention and Control (19) was established to provide Member States with coordinated technical cooperation across relevant United Nations programs to improve cervical cancer initiatives. Furthermore, a new global elimination strategy for cervical cancer is in the process of being developed by WHO and other United Nations partners, to be presented to the 2019 World Health Assembly. These global and



regional plans, together with the present Plan, will contribute toward realization of the Sustainable Development Goals and, in particular, attainment of the following targets by 2030: 3.4, reduce by one-third premature mortality from noncommunicable diseases; 3.7, ensure universal access to sexual health care services; 3.8, achieve universal health coverage and 5.6, ensure universal access to sexual and reproductive health and reproductive rights (20).



SITUATION ANALYSIS

Cervical cancer rates vary widely in the Region, with large differences between lower and higher income countries. For example, the cervical cancer mortality rate is 12 times higher in Bolivia than in Canada (21/100,000 women vs. 1.7/100,000 women, respectively). Similar variations are noted within countries, sometimes with marked differences between less and more developed areas. For example, in Argentina the cervical cancer mortality rate is four times higher in the province of Jujuy (15/100,000) than in the city of Buenos Aires (4/100,000) (21). These differences have largely been attributed to variations in distribution of the determinants of health, particularly socioeconomic status, education, and income. HIV infection is also associated with poorer outcomes. Furthermore, race can be a factor:

indigenous and black women have a higher risk of developing invasive cervical cancer than the general population (22, 23). In terms of trends, steady declines in the incidence of cervical cancer since 2000 have only been observed in a few countries (Argentina, Brazil, Canada, Chile, Costa Rica, Mexico, and the United States) (24). Mortality is high and remains relatively unchanged in many countries of Latin America and the Caribbean (24).

Three prophylactic HPV vaccines with relatively similar effectiveness in preventing cervical cancer are currently available—namely, the bivalent, quadrivalent, and nonavalent vaccines (6). When HPV vaccines were first introduced, they were licensed and marketed using a three-dose schedule. However, the WHO Strategic Advisory Group of Experts (SAGE) recommended a two-dose schedule in 2014 and this change was approved the following year by the PAHO Technical Advisory Group on Immunization. To date, 35 countries and territories in the Region of the Americas have made HPV vaccines available in their national immunization programs, a level higher than in any other region of the world. Data on HPV vaccination coverage were not available for the majority of countries. Where figures were available, coverage varied widely. Coverage has been hampered in some countries by important public concerns about vaccine safety, following media coverage erroneously linking the HPV vaccine to adverse events (25).⁴ This situation underscores the need to ensure that health providers and the general public in all countries receive regular information and evidence on HPV vaccine safety and effectiveness from credible scientific sources. Reaching the estimated 37 million girls in the Region in the 9-14-year-old target population

⁴ As of June 2017, over 270 million doses of HPV vaccine had been distributed worldwide. The Global Advisory Committee on Vaccine Safety has been reviewing the safety data since 2006. Anaphylaxis and syncope have been identified. The risk of anaphylaxis has been characterized as approximately 1.7 cases per 1,000,000 doses. Syncope has been established as a common anxiety- or stress-related reaction to the injection.



been generated showing that HPV testing is feasible in settings where resources are limited; it detects more disease than the traditional Pap test, and using this strategy can lead to significant improvements in screening coverage and treatment rates (27–33). HPV testing can eliminate barriers related to accessing screening services, since the sample can be collected by the woman herself. HPV self-sampling has been implemented in a programmatic context in at least five countries of the Region (32, 33), and in the case of a demonstration site in Argentina it resulted in a fourfold increase in screening coverage (33).

In order to achieve program impact, screening coverage should reach at least 70% of the target population (7). In the Americas, only seven countries report this level of coverage, so there is great need for improvement. Under a business-as-usual scenario, it will be impossible to reach the estimated 32 million women in the Region between 30 and 49 years of age who need to be screened in order to make an impact on the disease burden.⁵ Several factors hinder better coverage: the majority of screening programs are not organized; they are mainly available in urban areas; and they are based on the Pap test, which has been shown to have low sensitivity, especially in limited resource settings, and requires multiple visits (24, 34–36). But screening alone is not sufficient to prevent cervical cancer. Follow-up treatment of women with abnormal screening results is required, but it has been reported to be very low in most countries of the Region and continues to be a challenge (26, 37).

⁵ The estimated total number of women in the Region of the Americas aged 30–49 who would benefit from cervical cancer screening. See: <https://esa.un.org/unpd/wpp/DataQuery/>.

will be a challenge, as will be monitoring and consistent reporting on HPV vaccination coverage.

With regard to cervical cancer screening, almost all Member States report that such services are available. The Pap smear remains the most common test, although challenges continue to impede the effectiveness of screening services in many countries, including difficulties integrating it into HIV/STI programs, poor quality testing, long delays in providing women with their results, low population coverage, and poor follow-up treatment (26). HPV testing, although it is a much more effective test to detect women at risk of developing cervical cancer, has not been widely incorporated into screening programs, with only nine Member States reporting that they have introduced this test. In these countries, relevant evidence has



PLAN OF ACTION

This Plan envisions a future with the elimination of cervical cancer as a public health problem as a result of universal access to sexual health and STI prevention services, HPV vaccines, effective screening and precancer treatment services, treatment of invasive cervical cancer, and palliative care. It foresees that all women and girls, regardless of age, race, ethnicity, socioeconomic status, HIV status, or disability will have timely access to quality cervical cancer prevention, care, and treatment so that they can live in good health throughout the life course and enjoy the health-related human rights.

The Plan is based on the recognition of Member States' diverse contexts, priorities, and needs, while adapting the global mandates and initiatives relevant to cervical cancer to the regional context; and involves cooperating with Member States on the implementation of comprehensive strategies to strengthen cervical cancer programs in the Region. It calls for facilitating dialogue; implementing existing PAHO/WHO cervical cancer tools and resources (Annex B); and promoting synergies and coordinating efforts with existing partner initiatives, including the RINC Cervical Cancer Prevention and Control Plan for South America (39).

The goal is to accelerate progress toward the elimination of cervical cancer as a public health problem in the Americas by reducing incidence and mortality rates by one-third by 2030. This goal is aligned with Target 3.4 of the Sustainable Development Goals.⁶

Treatment services for invasive cervical cancer are available in almost all the countries, although there are significant gaps in access. Access to palliative care also continues to be a challenge, with only 10 countries reporting that they offer palliative care services. The overall trend for opioid availability in Latin America and the Caribbean has been increasing, but it is still well below a level that is adequate to meet the needs of cancer patients (38). Far too many people continue to die in pain when very affordable and effective pain medication exists.

⁶ Sustainable Development target 3.4: By 2030, reduce by one-third premature mortality from noncommunicable diseases (cardiovascular diseases, cancer, diabetes, chronic respiratory diseases) through prevention and treatment and promote mental health and well-being.



STRATEGIC LINES OF ACTION

The Plan identifies the following four strategic lines of action:

1. Improve cervical cancer program organization and governance, information systems, and cancer registries;
2. Strengthen primary prevention through information, education, and HPV vaccination;
3. Improve cervical cancer screening and precancer treatment through innovative strategies; and
4. Improve access to services for cancer diagnosis, treatment, rehabilitation, and palliative care.

Strategic Line of Action 1: Improve cervical cancer program organization and governance, information systems, and cancer registries

Better organization of cervical cancer programs favors higher coverage for vaccination and screening, and contributes to increased follow-up of women with abnormal screening test results, all of which lead to greater impact on cervical cancer incidence and mortality. The following actions are important for improving the organization of cervical cancer programs:

- a) Formulation/review and alignment of **national cervical cancer program strategies and plans**, with targets and milestones for 2030 in line with regional and global objectives for cervical and other HPV-related cancers, sexual and reproductive health, HIV/STIs, and health system plans.
- b) Development/review of national cervical cancer **policies** based on the most up-to-date scientific evidence, with specific mention

of HPV vaccination delivery strategies and target groups; screening method(s), including target groups and frequency; and referral mechanisms for diagnosis, treatment, and palliative care—all tailored to the needs of priority populations based on the local situation.

- c) Creation/strengthening of the **managerial structure** in the Ministry of Health to ensure implementation, monitoring, and attainment of the national program's goals and targets, with coordinating mechanisms to ensure effective interprogrammatic coordination between different programs, such as immunization, sexual and reproductive health, HIV/STI, and other HPV-related cancers, as well as multisectoral coordination and the active participation of women, relevant civil society organizations, and indigenous/Afro-descendant networks and communities.
- d) Strengthening of comprehensive **health information systems** that permit data generation and monitoring of cervical cancer programs across the continuum of prevention, care, and treatment services from a programmatic perspective, to include reporting on HPV vaccination coverage, cervical cancer screening coverage, and treatment rates with increased granularity of data by age group and equity variables, as well as the creation/strengthening of **population-based cancer registries** that generate regular up-to-date reports on incidence and mortality, including data on cervical and other HPV-related cancers.
- e) Sustained allocation of sufficient **financial resources** for information and education initiatives and HPV vaccination, screening, diagnosis, treatment, and palliative care.



Strategic Line of Action 2: Strengthen primary prevention through information, education, and HPV vaccination

Community mobilization, health education and information, and universal HPV vaccination are essential primary prevention strategies. Health information and education campaigns need to be strengthened, depending on the specific information needs of individuals and communities, by communicating up-to-date scientific information and messages about HPV, HPV vaccines, cervical cancer, and behavior changes that can reduce risks and prevent cervical cancer, presented in simple gender-sensitive, culturally appropriate, understandable language. Sustained HPV vaccination programs also need to be implemented, in accordance with global guidelines for target age and dose, with a view to achieving greater than 80% national coverage of HPV vaccines as part of national immunization



programs. To strengthen primary prevention efforts for cervical cancer, it will be necessary to:

- a) Develop/strengthen and implement gender-sensitive **HPV and cervical cancer prevention education and awareness-raising initiatives** to inform people—in particular, girls and boys and priority populations with higher HPV prevalence and in situations of vulnerability—about HPV infection, cervical and other HPV-related cancers, and their causes and natural history; provide education on sexual health, tailored to age and culture, with a view to reducing high-risk sexual behavior; point out the link between HIV and STI prevention and increased access and use of condoms; provide details on HPV vaccine effectiveness and safety; address misinformation and rumors that inhibit acceptance of HPV vaccination; promote screening for age-eligible women; increase awareness of signs and symptoms of cervical cancer; and address ignorance, fear, embarrassment, and stigma related to HPV and cervical cancer.
- b) Develop/review national **HPV vaccine guidelines** to ensure that they are based on the most recent scientific evidence, in alignment with WHO/PAHO recommendations and ethical

standards, and tailored to the needs of key populations and others in situations of vulnerability, depending on the local cervical cancer burden. The target age may vary in different settings; it should be determined based on the likelihood of reaching the largest group of people at highest risk prior to initiation of sexual activity.

- c) Begin/continue to implement **HPV vaccination strategies** with the aim of reaching greater than 80% national coverage with the recommended dose in the target female age group as set out in national guidelines, monitoring adverse events and coverage rates, and reporting annually on HPV vaccination coverage by age cohort as part of the routine immunization reporting mechanism.

Strategic Line of Action 3: Improve cervical cancer screening and precancer treatment through innovative strategies

Cervical cancer can be prevented by screening asymptomatic women in the target age group at risk of developing cervical cancer and providing treatment for all those detected with precancerous lesions. The aim is to screen the largest possible proportion of women targeted by the national guideline and ensure appropriate management for all those who have an abnormal test result. Strategies for successfully establishing this crucial link between screening and treatment include both the classical approach of “screen, diagnose, and treat” and also “screen and treat” or “screen, triage, and treat.” A number of effective screening tests are available, including HPV tests, visual inspection with acetic acid (VIA), and cytology. The options for treating precancerous lesions include cryotherapy, the loop electrosurgical excision procedure (LEEP), and cold knife conization, recommended by WHO (10). However, the HPV test, given its superior performance, followed by cryotherapy treatment with or without VIA triage, is

recommended over other screening tests and approaches whenever it is feasible (10). Regardless of the screening test, treatment method, or approach adopted, health services need to be organized to ensure high screening coverage in the target group, a high treatment rate for women with abnormal test results, and high quality in testing and treatment.

To strengthen screening and precancer treatment services, it will be necessary to:

- a) Review/update national **screening and precancer treatment protocols** to ensure that they are based on the most recent scientific evidence, adhere to WHO recommendations and ethical standards, and are tailored to the needs of priority populations, including those living with HIV who need more frequent screening. The target age may vary in different settings and should be determined based on the likelihood of reaching the largest group of women, focusing on those between the ages of 30 and 49 and expanding to younger and older age groups as resources permit with a view to attaining maximal coverage.
- b) Assess health service capacity and needs with a view to **increasing equitable** access, screening coverage, and treatment rates through clinical outreach services as well as static health services, while tailoring the service delivery model to the needs of women living in vulnerable and disadvantaged communities. Consider ways to deliver screening and treatment services in fewer health service visits so as to reduce loss in follow-up care and maximize impact on cervical cancer mortality. Ensure that cervical cancer services are part of the essential benefits offered by health systems and services at the first level of care with a definite strategy for referrals to secondary and tertiary care.
- c) Strengthen **integrated service delivery** to better address women's health, sexual and reproductive health, HIV co-infection, and the prevention of cancer and other noncommunicable diseases. This approach includes offering and performing HIV testing and counseling in cervical cancer screening services and HPV testing in sexual health and HIV/STI prevention, care, and treatment services in order to provide more comprehensive, person-centered, and better integrated screening and management of sexual health services.
- d) Ensure that all **primary care providers are trained** and competent in carrying out the procedures for screening and precancer treatment, in assuring high-quality care for women, and in providing comprehensive care through multidisciplinary teams that include community health workers who have been trained to address the clinical, psychosocial, and gender needs of





women with persistent HPV infections or cervical precancerous lesions, as well as the elimination of stigma and discrimination in the health services.

- e) Assess infrastructure capacity and needs, including laboratory capacity to process screening tests in a timely and accurate manner, and **ensure provision of the necessary infrastructure, supplies**, and equipment, making use of the PAHO Strategic Fund as necessary, to enable timely screening and precancer treatment services, maximized coverage of the target population, reliable services, and minimal service interruptions as a result of a shortage of providers, malfunctioning equipment, stock out of supplies, etc.

Strategic Line of Action 4: Improve access to services for cancer diagnosis, treatment, rehabilitation, and palliative care

Accurate diagnosis and prompt and appropriate treatment, including rehabilitative care, pain relief, and palliative care, can reduce mortality and improve outcomes and quality of life for women with cervical cancer. Pathology services are essential in order to accurately analyze and guide the diagnosis, treatment, and management of the woman's health. Cervical cancer treatment options include surgery or radiation therapy with or without chemotherapy. The most effective treatment services are those that are: provided in an equitable, human-rights based, and sustainable manner; associated with accurate diagnosis and staging; treated according to evidence-based standards of care; and linked to rehabilitative services as well as palliative care. It is important to address barriers that limit access to safe, quality, effective, and affordable cancer services by working towards universal health access and coverage that include diagnosis,

treatment, rehabilitation, and palliative care. Cancer treatment can exert a significant psychosocial and financial impact on women and their families, a factor that should be taken into account when improving access and coverage of cervical cancer services.

To strengthen diagnosis, treatment, and palliative care services, it will be necessary to:

- a) Develop/update and implement evidence-based **protocols** for cervical cancer treatment and palliative care based on current scientific evidence.
- b) Improve **equitable** access to pathology, radiation therapy, surgery, chemotherapy, rehabilitation, and palliative care services by ensuring that they are part of universal coverage schemes; adapting service delivery approaches based on people- and community-centered care through integrated health service networks; and integrating palliative care into primary care and community- and home-based care.
- c) Ensure that there are sufficient numbers of **trained health care** workers in place—especially pathologists, oncology nurses, gynecologist-oncologists, radiologists, and medical physicists, among others—with the appropriate competencies and skills for cervical cancer control through appropriate human resources planning, recruitment, continuing education and training, deployment, and retention strategies, including career development opportunities.
- d) Strengthen the supply of quality-assured and essential **cancer diagnostics, medicines, and treatment technologies**, making use of the PAHO Strategic Fund as necessary, and strengthen supply chain management structures and processes (forecasting, procurement, warehousing, and distribution) as well as radiation protection policies and practices.



IMPLEMENTATION

Implementation of this Plan will first require the development of biennial work plans aligned with the PAHO biennial planning cycle. It will also require multisectoral, multiagency, intercountry, and interprogrammatic cooperation and collaboration. Key partners include the International Atomic Energy Agency (IAEA), the International Agency for Research on Cancer (IARC), and other United Nations partners; the South American Network of Cancer Institutes (RINC); the United States National Cancer Institute; NGOs, including the American Cancer Society, the Union for International Cancer Control, and Cervical Cancer Action; and other relevant sectors.



MONITORING AND EVALUATION

Monitoring and evaluation of this Plan will be aligned with the Organization's results-based management framework and its performance monitoring and assessment processes. A series of progress reports will be submitted to the PAHO Governing Bodies: the first in 2022, the second in 2026, and a final report in 2031.

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RESOLUTION | CD56.R9

PLAN OF ACTION FOR CERVICAL CANCER PREVENTION AND CONTROL 2018-2030

THE 56th DIRECTING COUNCIL,

Having examined the *Plan of Action for Cervical Cancer Prevention and Control 2018-2030* (Document CD56/9);

Considering that the Plan is aligned with the World Health Organization resolution on Cancer Prevention and Control in the Context of an Integrated Approach (Resolution WHA70.12), the WHO Global Health Sector Strategy on Sexually Transmitted Infections 2016-2021, the UN Joint Global Programme on Cervical Cancer Prevention and Control, the new WHO Global Strategy to Eliminate Cervical Cancer, and the Sustainable Development Goals (SDGs), and that this plan of action provides a clear long-term plan to reduce the cervical cancer burden in the Americas by 2030;



Cognizant of the impact that this disease has on women, their families, and their communities throughout the Americas, especially among priority populations in situations of vulnerability;

Acknowledging the need to decrease and eliminate the scourge of this disease, which is preventable through HPV vaccination, screening, and precancer treatment, and curable if detected at early stages of disease;

Aware of the cost-effective and affordable interventions that are available to reduce cervical cancer incidence and mortality and the urgent action that is required to implement these interventions on a population-based scale, seeking to ensure equitable access to cervical cancer primary, secondary, and tertiary prevention,

RESOLVES:

To approve the *Plan of Action for Cervical Cancer Prevention and Control 2018-2030* (Document CD56/9).

To urge Member States, as appropriate and taking into account their national context and needs, to:

- a) prioritize the prevention and control of cervical cancer in the national public health agenda;
- b) formulate, review, and align national comprehensive cervical cancer strategies and plans with related global and regional strategies, plans, and targets, and regularly report on progress in this area;
- c) strengthen governance, organization, and access to health services to ensure that comprehensive cervical cancer services are integrated across the relevant levels of care and that high coverage of HPV vaccination, screening, precancer treatment, and invasive cancer treatment is achieved;
- d) strengthen cancer registries and information systems to monitor the coverage of HPV vaccination, coverage of screening, and treatment rates, and report regularly on these indicators;
- e) implement high-impact interventions on a population-based scale along the continuum of health education and promotion, HPV vaccination, cervical cancer screening and diagnosis, and treatment for precancer and invasive cancer, with interventions tailored to the needs of priority populations in situations of vulnerability;
- f) facilitate the empowerment and engagement of civil society organizations to provide a multisectoral approach to comprehensive cervical cancer prevention and control;



- g) increase and optimize public financing with equity and efficiency for a sustainable response to cervical cancer, and progressively integrate prevention, screening, and treatment interventions into comprehensive, quality, and universal health services;
- h) expand health services according to need and with a people-centered approach, noting that in most cases public expenditure of 6% of GDP for the health sector is a useful benchmark;
- i) secure the uninterrupted supply of quality-assured and affordable HPV vaccines, screening tests, and evidence-based technologies for precancer and invasive cancer treatment, as well as palliative care medicines and other strategic commodities related to cervical cancer, while strengthening supply chain management structures and processes, including forecasting, procurement, warehousing, and distribution;

- j) strengthen the technical capacity and competencies of the national health workforce, particularly at the primary level of care, to address cervical cancer prevention.

To request the Director to:

- a) support implementation of this Plan of Action through a coordinated and interprogrammatic approach to technical cooperation for comprehensive cervical cancer prevention and control;
- b) provide technical support to Member States to strengthen cervical cancer program coverage, quality, and effectiveness in coordination with the cervical cancer prevention and control plan for South America of the Network of National Cancer Institutes and Institutions (RINC);
- c) provide support for cancer registration and information systems in order to build country capacity to generate quality, complete, and up-to-date information, and regularly report on HPV vaccination coverage, screening coverage, treatment rates, and cervical cancer incidence and mortality;
- d) provide technical support to Member States for the development and review of policies, norms, and guidelines for high-impact interventions along the continuum of cervical cancer prevention, screening, and diagnosis, and treatment of precancer and invasive cancer, based on the latest WHO recommendations, while seeking to ensure quality and equity;
- e) advocate for the empowerment of people and communities and their meaningful, effective, and sustainable engagement in the development and delivery of services for HPV vaccination and cervical cancer screening, treatment, and palliative care;



- f) support capacity-building in the national health workforce, particularly at the primary care level, to provide good quality, accessible, equitable, and people-centered care in the health services;
- g) provide support to Member States through the PAHO Regional Revolving Fund for Strategic Public Health Supplies or the PAHO Revolving Fund for Vaccine Procurement to improve the processes of procurement and supply management and distribution in order to ensure uninterrupted access to quality-assured and affordable HPV vaccines, HPV tests, and essential medicines for cancer and for palliative care in alignment with WHO prequalification;
- h) mobilize resources, adhering to the rules and procedures of the Framework of Engagement with non-State Actors, to support Member States to increase investments in comprehensive cervical cancer prevention and control.

PAHO/WHO TOOLS FOR CERVICAL CANCER PREVENTION AND CONTROL

Comprehensive cervical cancer control: a guide to essential practice. WHO; 2014.

Available in English, Spanish, and Portuguese on the PAHO website: http://apps.who.int/iris/bitstream/handle/10665/144785/9789241548953_eng.pdf;jsessionid=A5E7480B867101AEBC6C5B1C35068450?sequence=1

Guidelines for screening and treatment of precancerous lesions for cervical cancer prevention. WHO, 2013

Available in English and Spanish on the WHO website: http://apps.who.int/iris/bitstream/handle/10665/94830/9789241548694_eng.pdf?sequence=1

Monitoring national cervical cancer prevention and control programmes. WHO, 2013

Available in English and Spanish on the WHO website: http://apps.who.int/iris/bitstream/handle/10665/79316/9789241505260_eng.pdf?sequence=1

Series of factsheets on HPV and cervical cancer. PAHO, 2015

Available in English, Spanish, and Portuguese on the PAHO website: https://www.paho.org/hq/index.php?option=com_content&view=article&id=11568&Itemid=40592&lang=en

Integrating HPV testing in cervical cancer screening programs: a manual for program managers. PAHO, 2016

Available in English and Spanish on the PAHO website: http://www.paho.org/hq/index.php?option=com_content&view=article&id=12428&Itemid=40602&lang=en

PAHO Virtual Public Health Campus. Course on comprehensive cancer control. PAHO, 2018

Available in English and in Spanish on the campus website: <https://mooc.campusvirtualsp.org/course/view.php?id=32>

PLAN OF ACTION OBJECTIVES AND INDICATORS

The following tables summarize the overall goal, specific objectives and related indicators for this Plan of Action.

GOAL	IMPACT INDICATOR	BASELINE (2012 LATEST YEAR AVAILABLE)	TARGET (2030)
Reduce cervical cancer incidence and mortality in the Americas by one-third, by 2030	Cervical cancer incidence rate ^a	14.9/100,000 women ^a	10.0/100,000 women
	Cervical cancer mortality rate ^a	5.8/100,000 women ^a	3.9/100,000 women

a. Source: International Agency for Research on Cancer. Estimated cancer incidence, mortality, and prevalence worldwide, 2012 [cited Jan 4 2018]. Available from: http://globocan.iarc.fr/Pages/fact_sheets_population.aspx

Strategic Line of Action 1: Improve cervical cancer program organization and governance, information systems, and cancer registries

OBJECTIVE	INDICATOR	BASELINE (2017)	TARGET (2030)
1.1 Develop and update comprehensive national cervical cancer plans aimed at reducing cervical cancer incidence and mortality in alignment with related global and regional plans	1.1.1 Number of countries and territories with current comprehensive cervical cancer plans ^a	10	25
1.2 Improve monitoring and evaluation of cervical cancer programs, including screening coverage, treatment rates, and cervical cancer incidence and mortality	1.2.1 Number of countries and territories producing routine monitoring reports on their cervical cancer program ^b	9	25
	1.2.2 Number of countries and territories with population-based cancer registries and published incidence and mortality statistics ^c	11	19

a. Source: PAHO. NCD Country Capacity Survey, 2017.

b. Source: Literature and desk review of national cervical cancer program reports.

c. Source: IARC. Cancer Incidence in Five Continents, 2017.

Strategic Line of Action 2: Strengthen primary prevention through information, education, and HPV vaccination

OBJECTIVE	INDICATOR	BASELINE	TARGET (2030)
2.1 Develop and implement national education and information campaigns for HPV and cervical cancer prevention	2.1.1 Number of countries and territories with ongoing HPV and cervical cancer education and information campaigns ^a	9 (2017)	25
2.2 Implement HPV vaccination in a sustainable manner as part of national immunization programs	2.2.1 Number of countries and territories with greater than 80% HPV vaccine coverage in the target female age group according to national guidelines ^b	2 ^c (2016)	15

a. Source: Literature and desk review of national cervical cancer program reports.

b. Source: WHO. Human papillomavirus vaccines: WHO position paper. May 2017.

c. Source: WHO, Joint Reporting Form, July 2017.

Strategic Line of Action 3: Improve cervical cancer screening and precancer treatment through innovative strategies

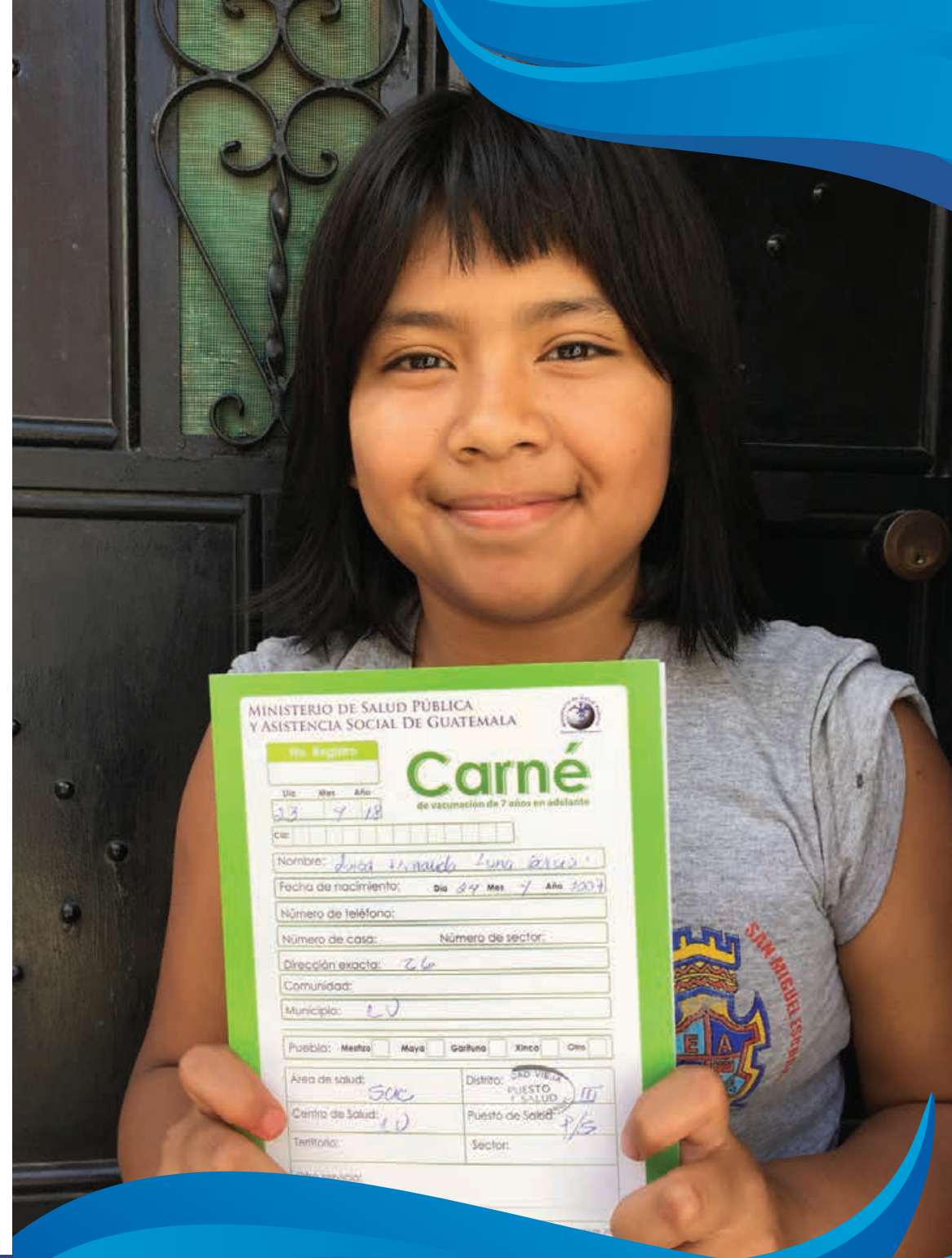
OBJECTIVE	INDICATOR	BASELINE (2017)	TARGET (2030)
3.1 Increase equitable access to and coverage of cervical cancer screening and precancer treatment	3.1.1 Number of countries and territories with at least 70% screening coverage among women aged 30-49 or according to national policies for screening by age group ^a	7	20
	3.1.2 Number of countries and territories with a treatment rate of at least 70% among women with abnormal screening test results ^b	No data available	10

a. Source: PAHO. NCD Country Capacity Survey, 2017.

b. Source: Literature and desk review of national cervical cancer program reports

Strategic Line of Action 4: Improve access to services for cancer diagnosis, treatment, rehabilitation, and palliative care

OBJECTIVE	INDICATOR	BASELINE (2017)	TARGET (2030)
4.1 Increase equitable access to cancer treatment and palliative care services	4.1.1 Number of countries and territories with publically available cancer treatment services	27	30
	4.1.2 Number of countries and territories utilizing the PAHO Strategic Fund for essential cancer medicines	3	15
	4.1.3 Number of countries and territories with palliative care services included in primary care	10	20





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