Agenda item 9: Accelerating the elimination of cervical cancer as a global public health problem

PATH statement at the 146th session of the World Health Organization Executive Board, 3-8 February 2020, Geneva, Switzerland

Thank you Chair and distinguished delegates for the chance to take the floor on this item, which is near and dear to PATH given our decades of work on the prevention, early detection, and treatment of cervical cancer. We applaud WHO’s leadership in moving this agenda forward and have been proud to partner with them in developing the strategy as part of various technical advisory groups. The strategy is strongly heading in the right direction, but the following are key to strengthening it:

1. As we have seen with the broader immunization agenda, the success of an initiative comes down to political will, technical capacity, and financing. All vaccines, including HPV vaccines, have robust cost/benefit and economic return modeling to support them as a WHO “best buy”. We call for this to be strongly reflected in the strategy and urge high-income member states to support other countries in deploying integrated national immunization and screening programs.

2. To ensure that high-burden countries can achieve coverage of the high-precision screening tests called for in the Elimination Strategy, we call for WHO’s endorsement of self-sampling for HPV testing, accelerated access to lower-cost point-of-care screening tests, and strategic procurement. Through Gavi, the Global Fund, and other multilateral organizations we have seen the power of pooled or jointly negotiated procurement to drive down the prices of life-saving commodities. Such mechanisms do not currently exist at scale for cervical precancer screening tests for adult unvaccinated women. We urge that the strategy include commitments from WHO and interested member states to explore the feasibility of creating one.

3. Lastly, we urge that efforts to prevent cervical cancer be accompanied by efforts to strengthen national health information systems. These systems can ensure screen-positive women are linked to treatment, robust surveillance, and cancer registries that can demonstrate impact.