



SAVING WOMEN'S LIVES:
Accelerating Action to Eliminate
Cervical Cancer Globally

THE NEED

NO WOMAN HAS TO DIE FROM CERVICAL CANCER

Death from cervical cancer is preventable with vaccination and screening and treatment. Due to a lack of resources, women in low- and middle-income countries (LMICs) are not screened or treated as early or as frequently as other parts of the world. As a result, cervical cancer remains the primary cause of cancer-

related deaths among women in many LMICs.¹ LMICs have a gross national income, a measure of a country's wealth, of \$995 or less per year for low-income countries and between \$996-\$3,895 for lower middle-income countries. Very often, these countries lack the resources to provide needed health services to patients.



THERE IS A STARK DIFFERENCE BETWEEN THE NUMBER OF CERVICAL CANCER DEATHS EACH YEAR IN THE U.S. AND LMICs

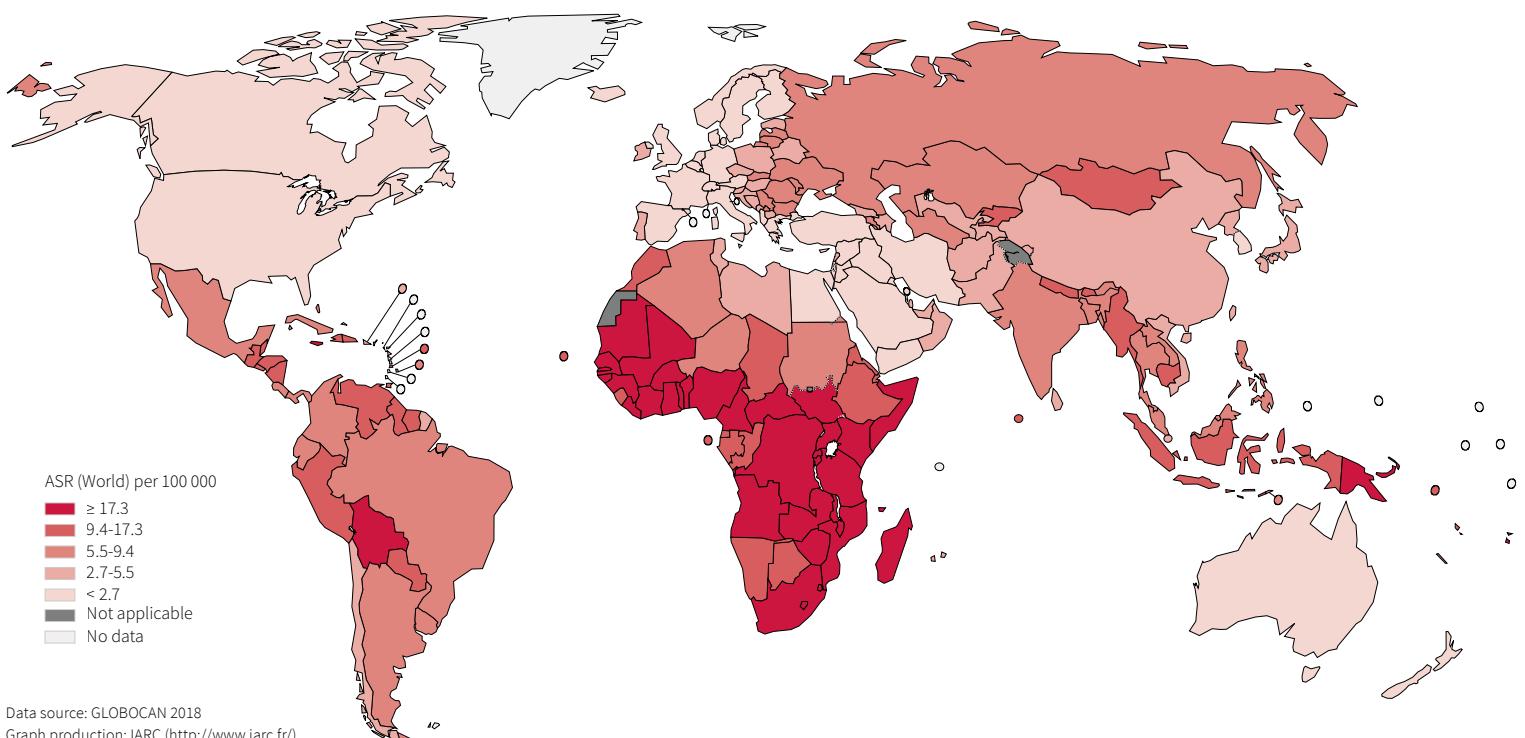


90%

of all cervical cancer deaths globally occur in LMICs.

Estimated Rate of Cervical Cancer Deaths by Country, 2018

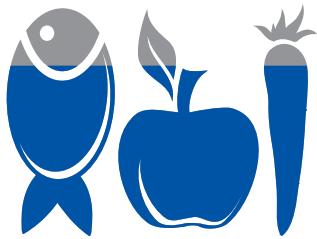
Cervical cancer is the leading cause of cancer death for women in 42 countries.²



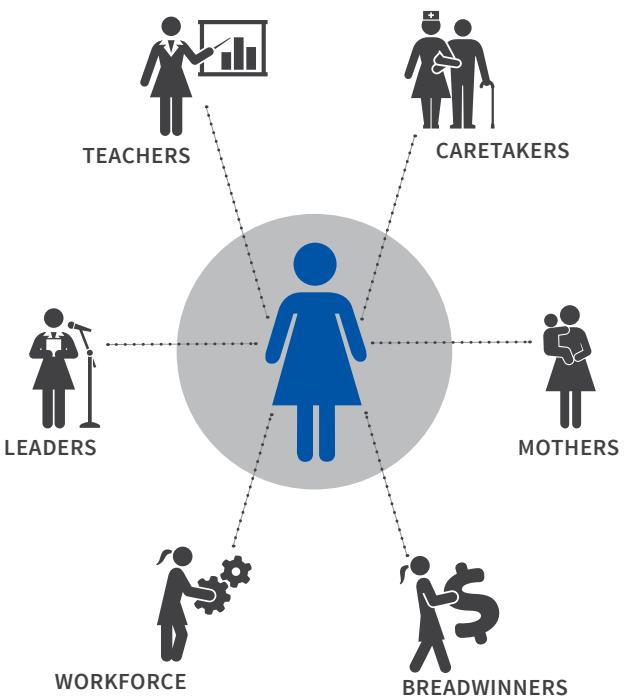
THE NEED

THE IMPACT OF LOSING WOMEN TO CERVICAL CANCER IS FELT COMMUNITYWIDE

Because women are essential to the development and well-being of families and communities, the economic impact of cervical cancer is devastating for communities. Beyond their role in caregiving, women are also critical players in food production and the economy.

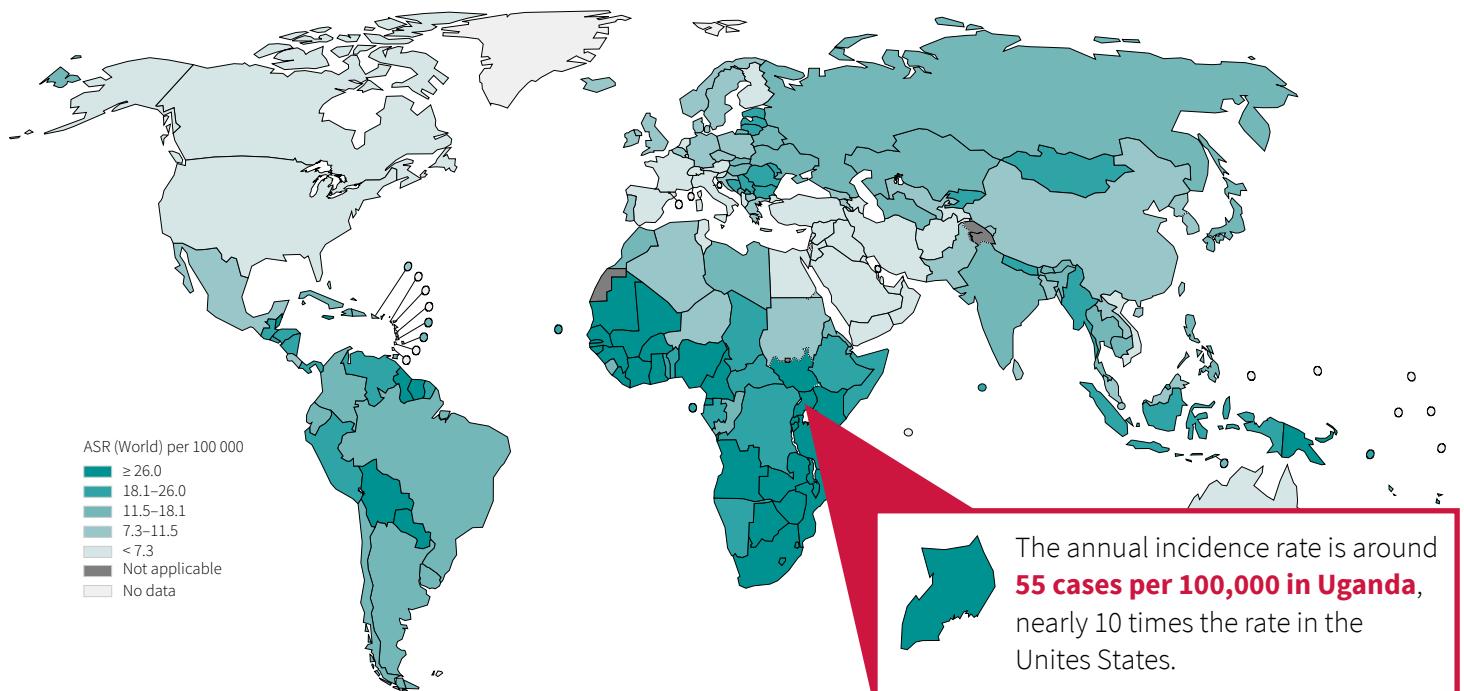


Women are responsible for roughly **75% of food production** in LMICs.³



Estimated Rate of Cervical Cancer Cases by Country, 2018

In 2018, there were an estimated 569,000 new cervical cancer cases, 85 percent of which occurred in LMICs. Cervical cancer is the leading cause of cancer among women in 28 countries.⁴

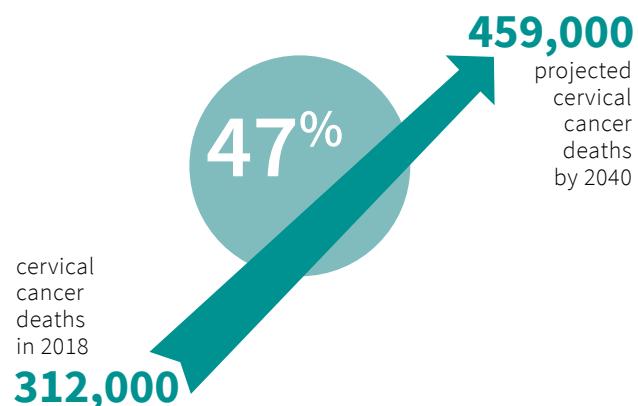


THE THREAT

UNLESS WE ACT, DEATHS FROM CERVICAL CANCER WILL RISE NEARLY 47 PERCENT BY 2040⁵

Since the 1990s, the U.S. has been the number one contributor to global maternal and child health efforts.⁶ As a result of those efforts, we have seen significant improvements. Maternal mortality around the world has fallen by more than 40 percent since 1990 – from 532,000 to 303,000 per year.⁷

More and more women are surviving threats like HIV/AIDS, malaria and childbirth because of proven interventions that the U.S. invests in, only to die from a preventable disease like cervical cancer.

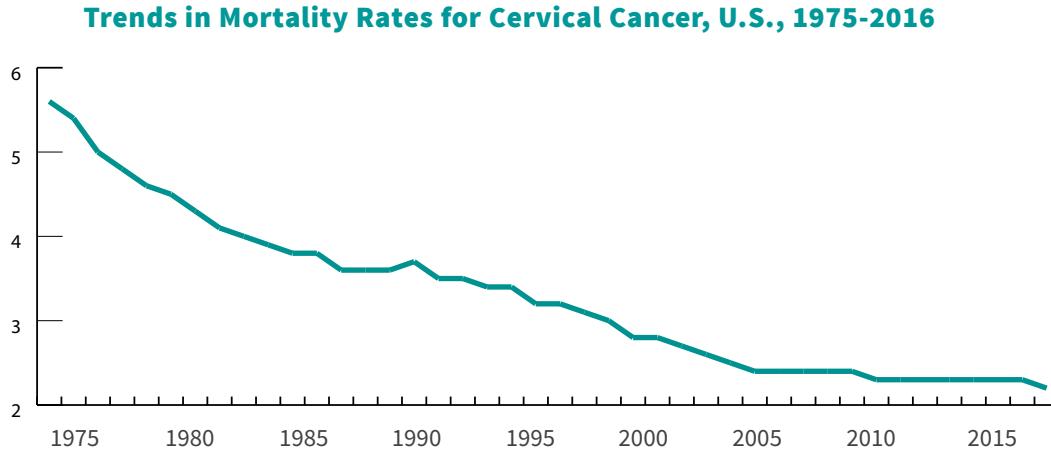


If we don't take action quickly, the work that's been done to save lives from these other major threats will be undone by the rapidly rising risk of cervical cancer deaths.

U.S. SUCCESS IN ADDRESSING THE NATIONAL CERVICAL CANCER THREAT



CERVICAL CANCER DEATH IN THE U.S. HAS DECREASED BY MORE THAN 50 PERCENT⁸



Rates are per 100,000 and age-adjusted to the 2000 US standard population.

Cervical cancer was once one of the most common causes of cancer death for American women. But over the past 30 years, the cervical cancer **death rate in the U.S. has decreased by more than 50 percent.**⁹



Although tremendous progress has been made in the U.S., we will continue to work to prevent the more than 4,000 deaths each year from cervical cancer. At the same time, it is our responsibility to use what we've learned to help **save more lives around the world.**

THE SOLUTION

We know what to do to save lives from cervical cancer and how to do it. Women need access to prevention and screening and treatment services. **Working together, we can make that happen.**

A LIFESAVING CANCER VACCINE EXISTS



Virtually all cervical cancers are caused by the human papillomavirus (HPV).



There is an effective vaccine that prevents most HPV-related cancers.¹⁰ The vaccine is effective against the HPV types that cause 70% of cervical cancers.¹⁰



The vaccine is safe. More than 270M doses have been administered worldwide since 2006 with no serious adverse impacts.¹¹



HPV vaccines are cost-effective. At \$4.50 per dose in many LMICs, HPV vaccination is one of the most cost-effective cancer prevention methods.¹²

SCREENING AND TREATMENT ARE ALSO CRITICAL

In addition to vaccination, women in LMICs need access to screening and treatment services. In a single visit to a health professional, such as a nurse or midwife, precancerous lesions can be found and easily removed from the cervix, helping save a woman from ever developing invasive cervical cancer.

While the lab-based Pap test is central to reducing incidence and mortality in high-income countries, it is not easily implemented in LMICs that lack the necessary laboratory capacity and supporting logistics. Instead, the World Health Organization recommends alternative, but very effective, screening and treatment methods specifically for LMICs. These screenings can be performed in low-resource settings by non-physician health care providers using very basic and affordable methods. With these simple methods, precancerous lesions can be found and removed.

With both vaccination and screening and treatment, virtually all death from cervical cancer can be eliminated.

Vaccination and screening and treatment programs in Africa, Asia and Latin America have shown that these procedures work in low-resource settings and have the potential to help reduce mortality significantly. **We can and must contribute toward the resources needed to implement these strategies across the globe.**

CALL TO ACTION

THE U.S. GOVERNMENT MUST FUND PROGRAMS TO ADDRESS CERVICAL CANCER GLOBALLY

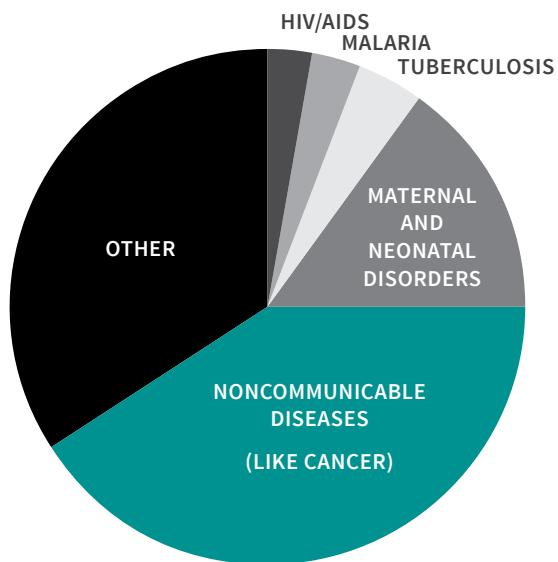
The U.S. government supports health programs in many LMICs to help save lives, promote economic development and advance health and income security. Unfortunately, current global health funding does not address some of the leading causes of death in LMICs.



More than 40 percent of deaths in LMICs are from chronic diseases, such as cancer.

Despite this reality, U.S. global health funding falls far short in addressing the problem. In fact, less than one-half of 1 percent of U.S. global health funding addresses cervical cancer.

Cause of Premature Death in LMICs¹³



Vaccination and screening and treatment are proven strategies to accelerate the elimination of death from cervical cancer. U.S. assistance to help end cervical cancer deaths would help address this disparity between the causes of death and the priorities of current global health funding.

END NOTES

1. GLOBOCAN 2018 Graph production: IARC (<http://gco.iarc.fr/today>) World Health Organization.
2. GLOBOCAN 2018 Graph production: IARC (<http://gco.iarc.fr/today>) World Health Organization.
3. Vivien D Tsu & Carol E Levin (2008) Making the case for cervical cancer prevention: what about equity?, *Reproductive Health Matters*, 16:32, 104-112. [tandfonline.com/doi/10.1016/S0968-8080%2808%2932411-2](http://doi.org/10.1016/S0968-8080%2808%2932411-2).
4. GLOBOCAN 2018 Graph production: IARC (<http://gco.iarc.fr/today>) World Health Organization.
5. GLOBOCAN 2018 Graph production: IARC (<http://gco.iarc.fr/today>) World Health Organization.
6. Institute for Health Metrics and Evaluation. <http://ihmeuw.org/4n0l>.
7. Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2015.
8. American Cancer Society. Cancer Statistics Center. cancerstatisticscenter.cancer.org/?_ga=2.20677183.628185589.1543353835-1537081149.1539889016#/cancer-site/Cervix.
9. White A, Thompson TD, White MC, et al. Cancer Screening Test Use — United States, 2015. *MMWR Morb Mortal Wkly Rep* 2017;66:201–206. cdc.gov/mmwr/volumes/66/wr-mm6608a1.htm.



IT'S TIME TO TAKE ACTION

The American Cancer Society Cancer Action Network (ACS CAN) calls on Congress to join the global movement by dedicating a portion of U.S. global health funding to reverse the trend and help accelerate the elimination of death from cervical cancer. Funds should be used to:

- Scale-up vaccination and screening and treatment services for girls and women, beginning in LMICs.
- Continue innovation and sharing of proven strategies to strengthen and expand current programs, especially in LMICs.
- Track progress indicators, monitoring and evaluation.

**With U.S. investment, we can accelerate the elimination of cervical cancer death globally, saving hundreds of thousands of lives.
It's time to take action.**

**VISIT FIGHTCANCER.ORG/GLOBALCERVICAL
FOR MORE INFORMATION OR TO GET INVOLVED.**



END NOTES

10. World Health Organization. Global Advisory Committee on Vaccine Safety. Statement on Safety of HPV Vaccines. December 17, 2015. who.int/vaccine_safety/committee/GACVS HPV_statement_17Dec2015.pdf.
11. World Health Organization. Weekly epidemiological record, 14 July 2017, vol. 92, 28 (pp. 393–404). who.int/wer/2017/wer9228/en.
12. Gelband, H., P. Jha, R. Sankaranarayanan, and S. Horton, editors. 2015. Cancer. Disease Control Priorities, third edition, volume 3. Washington, DC: World Bank. doi:10.1596/978-1-4648-0349-9. License: Creative Commons Attribution CC BY 3.0 IGO openknowledge.worldbank.org/bitstream/handle/10986/22552/9781464803499.pdf?sequence=3&isAllowed=y.
13. Institute for Health Metrics and Evaluation. Global Burden of Disease Study 2017. <http://ghdx.healthdata.org/gbd-2017>.
14. Kaiser Family Foundation. Breaking Down the U.S. Global Health Budget by Program Area. Published: Aug 31, 2018. kff.org/global-health-policy/fact-sheet/breaking-down-the-u-s-global-health-budget-by-programarea/#Overview.



fightcancer.org/GlobalCervical