FACTS
Cervical cancer kills approximately 275,000 women each year, about 88% of whom live in developing countries with 53,000 deaths in Africa, 31,700 in Latin America and the Caribbean and 159,800 in Asia¹.

Virtually all deaths from cervical cancer are caused by infection with human papillomavirus (HPV). Transmitted through skin-to-skin contact, it is a common infection and most adults are exposed to the virus within a few years of becoming sexually active. A percentage of women develop persistent infections that progress to pre-cancer and, if not treated, invasive cancer.

Effective early screening and treatment, mainly using cytology-based (Pap) testing, has resulted in a steady drop in cervical cancer incidence and mortality in high-resource settings like the US and Europe. However, quality cytology has proven to be difficult to establish or sustain in lower-resource settings². Fortunately, new options are now proving effective for cervical cancer screening and treatment in those areas.

A GLOBAL SOLUTION
The cervical cancer burden in low- and middle-income countries can be significantly reduced through practical interventions that can be tailored to the resource setting and population-based need. These include new alternatives to Pap screening such as visual inspection strategies and HPV DNA testing, along with cryotherapy for treatment of precancer.

Of equal importance is increasing awareness among policy makers, the public, and health professionals that solutions to cervical cancer prevention are at hand in all resource settings.

MEETING THE CHALLENGE
Achieving equity in cervical cancer early detection and treatment is a priority. Cervical cancer rates in wealthier nations plummeted once Pap testing was introduced broadly - and rates continue to be low. With the strong evidence base for use of VIA and cryotherapy, the tools are at hand to reduce cervical precancer and cancer. What is needed is the political will and resources to expand use of these tools in lower-resourced communities. Creating service models that can function in rural areas and be scaled up nationally will ensure that all eligible women have equitable access.

AGE SPECIFIC CERVICAL CANCER MORTALITY RATES IN 2008

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Mortality Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>45-54</td>
<td>7.6</td>
</tr>
<tr>
<td>55-64</td>
<td>8.8</td>
</tr>
<tr>
<td>65+</td>
<td>11.5</td>
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The Political Declaration of the United Nations High-Level Meeting on the Prevention and Control of NCDs adopted unanimously in September 2011 by 193 Member States, contains commitments that are aligned with the targets of the World Cancer Declaration.

The Political Declaration promotes increased access to cost-effective cancer screening programmes.

Each year there are about 275,000 cervical cancer deaths worldwide, with 88% in low- and middle-income countries. These deaths are avoidable and represent a failure to provide basic preventive care to women.
THAILAND: SHOWING LEADERSHIP IN THE PROVISION OF CERVICAL CANCER SCREENING

Thailand has implemented Pap testing for many years, with success in cities like Bangkok. Over the past decade, the country also became well-known as a proving ground for VIA, especially in the relatively poor region of “Isaan” (in the north-east, near Lao PDR). Successful demonstration projects there resulted in health policy change and in an expanded, VIA-based screening and treatment (or referral) programme reaching 17 of the 75 provinces in the country. Ministry of Health policy now states that all eligible women should be screened with either a Pap smear or VIA and the National Health Insurance system has approved VIA screening as an allowable/reimburseable health care cost. Local health officials see screening, with treatment soon thereafter in a convenient location, (the “screen-and-treat” approach) as a desired, cost-effective alternative to the long-term costs associated with undiagnosed and untreated cervical cancer (for which they now are financially responsible). In addition to country expansion, Thailand has been an active regional advocate, providing both leadership and a model programme for neighbouring countries to adapt to local circumstances.