

**BUILDING STRATEGIC ALLIANCES AND PARTNERSHIPS
FOR CERVICAL CANCER PREVENTION AND CONTROL
IN LATIN AMERICA AND THE CARIBBEAN:
A PAHO PERSPECTIVE**

UICC World Cancer Congress (July 8-12, 2006)

Dr. Roses Talking Notes during her presentation at the

Plenary: TRANSLATING KNOWLEDGE INTO ACTION ACROSS CULTURES

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[Washington DC, July 11, 2006] - Dr. Mirta Roses Periago, Director of the Pan American Health Organization delivered a presentation at the International Union Against Cancer (UICC) World Congress this Tuesday July 11, 2006, at the Convention Center, Washington DC, welcome all of the colleagues who have dedicated their lives to cancer control and ensuring the wellbeing of the people of the world.

Thought her presentation, Dr. Roses gave a sense of some of the strategies that the Pan American Health Organization, which “... I have the privilege to lead...”- she said- has used in our technical cooperation with countries for cervical cancer prevention and control, highlighting the strategic alliances and partnerships, as well as lessons learned.

Dr. Roses notes that “As we advance into the 21st Century, we find that the challenges posed by the non-communicable diseases present a grave threat to people worldwide. Globalization encourages the spread of chronic diseases to every corner of the world. We cannot overlook the fact that the countries most vulnerable to chronic diseases are the developing, low-income nations, which are also struggling to control infectious diseases.



According to the International Agency for Research on Cancer's Globocan database, approximately 6.7 million people in the world die from cancer each year. Of those, 2.9 million (43%) are women. Eighty percent of all cancer mortality occurs in developing countries, where inadequate resources for early detection and treatment, underdeveloped infrastructure, overloaded health service

providers, and lack of awareness threaten the successful prevention and management of the disease.

The information gap that exists between providers and the general population, and among providers, often exacerbates the problem.

Cervical cancer is the second most common type of cancer among women, and was responsible for over 270,000 deaths in 2002, approximately 80% of which occurred in developing countries. Even though cervical cancer is one of the few cancers that can be prevented from becoming invasive, if caught at an early stage, the incidence in Latin America and the Caribbean is about twice as high, and the mortality about three times as high, as in developed countries. This is an alarming situation for a preventable disease.

These numbers underscore the fact that the management of the problem requires greater effort for effective change, especially given its association with less educated and poorer groups of women at risk. Because of the multidimensional aspects of cancer control, strategic alliances and partnerships at the international, regional, and local levels are required for successful screening programs; currently, these programs face several challenges.

Health professionals and civil society must work together to exchange experiences about effective methods, particularly for low-resource settings, and to influence health policy decision makers to develop approaches that would improve services and encourage women to participate in screening. International organizations must also play a role in advocating, testing innovative approaches, and disseminating good practices across countries and regions.

The Vision of the Pan American Health Organization, Regional Office in the Americas of the World Health Organization (PAHO/WHO), is to be the major catalyst for ensuring



that all the peoples of the Americas enjoy optimal health and contribute to the well being of their families and communities. Its Mission is to **lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of the Americas.** In carrying out its Mission, the Organization applies values of equity, excellence, and solidarity, and strives to accommodate language and cultural differences. We seek to cooperate with countries as they address their unfinished agenda, protect their achievements, and face new challenges in the health arena.

Since 1999, PAHO/WHO has been working in partnership with the global Alliance for Cervical Cancer Prevention (ACCP) and local partners to influence health policies, assess screening and treatment technologies in low-resource settings, develop approaches to improve services, and test strategies to encourage women to participate in screening.

In collaboration with international, national, and local partners, the Organization has focused its efforts on advocating for cancer prevention in the following ways:

- Arranging meetings with Ministers of Health and senior health officials to persuade decision makers to prioritize cervical cancer prevention. In one sub-regional forum, the Caucus of the Ministers of Health of the Caribbean Community (CARICOM), a strategic plan for cervical cancer prevention was adopted for implementation. The placement of cervical cancer prevention on the political agenda of the Ministers empowered 18 countries in the Caribbean to nominate focal points and strengthen their programs;
- Synthesizing new knowledge into technical and informational materials for health professionals;
- Compiling women's stories about their experiences with prevention services to emphasize the human aspect of the problem;

- Using its subregional networks to build alliances between countries and international stakeholders in order to have a forum for the exchange of technical information, in collaboration with the International Union Against Cancer;
- Conducting programmatic assessments with the Ministries of Health in 10 countries, to offer technical support for program improvements; and
- Establishing demonstration projects in low-resource settings, such as in Peru, El Salvador, and Suriname in order to translate research on screening and treatment techniques into practice.

The Organization's strategic partnership with other influential organizations has resulted in increased recognition of cervical cancer as a regional public health problem. Greater attention is being paid to cervical cancer and several countries have implemented demonstration projects that have led to new knowledge and created synergies among partner organizations. National partnerships have been created among Ministries of Health, Cancer Societies, medical and other professional associations, and influential women's groups, which have influenced decision-making at the national and sub-national levels.

I wish to acknowledge the very generous financial contribution that the Bill and Melinda Gates Foundation has made to the Pan American Health Education Foundation, PAHEF, through the Alliance for Cervical Cancer Prevention, which has allowed PAHO/WHO to undertake these initiatives in Latin America and the Caribbean.

For those who may not be aware of it, PAHEF is a United States not-for-profit, independent, public, philanthropic organization that has PAHO/WHO as one of its primary partners.

PAHO/WHO's partnerships at the international and subregional levels have positively impacted the following areas in countries:

- Giving priority and allocating resources to cervical cancer prevention programs; resource mobilization (seed funding) to implement new strategies for cervical cancer prevention
- Information dissemination on the technical and managerial aspects of successful cervical cancer prevention programs;
- Carrying out critical needs assessments and strategic planning processes to improve their current programs; and

- Creation of new working relationships and partnerships across disciplines both within countries and between neighboring countries.

Local advocacy efforts were also beneficial and involved engaging local government authorities and decision makers for local policy changes, encouraging delivery of services at local health facilities, collaborating with women's groups to promote screening, and conducting outreach to encourage women to be screened.

For example, in collaboration with ACCP partners in a demonstration project in Peru, we reached out to community health services and providers, including traditional healers.

By engaging community groups, we highlighted the barriers preventing women from coming for screening and developed appropriate, culturally-bound strategies to overcome them.

In Suriname, the Organization worked with the Medical Mission, a non-governmental organization providing services to the relatively underserved interior of the country, as well as the Lobi Foundation, another NGO working in reproductive health, to deliver screening and treatment services.

Alliances with women's groups, including cancer survivor groups, are particularly important. As an example, in our Peru demonstration project, the Alianza Nueva Esperanza was helpful in supporting women newly diagnosed with cervical cancer.

Through demonstration projects, new knowledge has been gained on the use of alternative screening and treatment methods in low-resource settings. Specifically, the performance of Visual Inspection with Acetic Acid as a screening test, and cryotherapy as a treatment method in low-resource settings was assessed to be safe, feasible, and effective in El Salvador, Peru, and Suriname, as well as in other ACCP country sites.

Our Organization has learned a number of things from both the cooperation with our partners and the implementation of the projects:

- It is important to provide evidence-based information;

- There must be strategies to overcome resistance to change;
- Non-traditional and local partners, including women's groups and other community groups, should be included in the collaboration; and
- Sustained institutional partnerships are critical, especially for building national capacity.

Additionally,

- Long-term advocacy must be factored into programs to “keep the message alive”;
- Messages must be consistent – all the stakeholders must agree on the content of the messages, even though they may be delivered to different audiences through different methods;
- The momentum gained through advocacy and other strategies must be maintained; and
- The greater the number of stakeholders working synergistically towards the agreed, common goal of ensuring that cervical cancer remains a public health priority and that inequities acting as barriers to its prevention are removed, the greater the chances of achieving that goal.

WHO has recently issued a comprehensive guide to cervical cancer control, which is meant to serve as an operational planning guide for health professionals to successfully implement screening and treatment programs in their countries.

WHO has also just released a guide for planning cancer control programs, which will complement its other guidelines related to cancer prevention and control. These publications are available at the PAHO booth, which I encourage you to visit.

In the future, actions for cervical cancer prevention will also include prevention of HPV infection. The HPV vaccine, after years of research, is already available in some countries; in order to get these vaccines to communities, Ministries of Health in developing countries must have the evidence they need to justify allocating resources to this new vaccine, and plans must be made to integrate the new technologies into existing screening programs. It is imperative that the vaccine not be seen as a panacea.

Recognition of the burden that non-communicable diseases put on the entire world, particularly developing countries, and appropriate allocation of resources are important steps toward effective prevention. As important is the establishment and strengthening of strategic alliances and partnerships to ensure that available resources are effectively used and synergies are created for greater influence.

It is our common goal to make every effort to fight this preventable disease and to enhance the health of the women of the world, so they are better able to participate in the development, as well as the political, social, and economic fabric, of their countries.

In closing, I would like to acknowledge and congratulate Dr. Tabaré Vázquez, President of Uruguay, who the International Union Against Cancer has selected for the award of Outstanding Government Official in its Awards for Excellence in Global Cancer Control, 2006. This award is given to government officials whose support of national cancer control strategic planning efforts has raised the standard of health for their citizens. We are proud to have this recognition of one of the countries that PAHO/WHO serves.”