Overview of challenges at the level of policy and implementation

Silvia de Sanjosé

Cancer Epidemiology Research Programme | Institut Català d'Oncologia | IDIBELL, CIBERESP
http://icoepi.net
http://www.ipvsoc.org/

Challenges on HPV related burden

- Do we know which **interventions** are relevant?
  - Vaccination: age, gender, delivery
  - Screening: VIA?, HPV? Pap?
- Are we sending the **right message** for policy?
  - Is burden the most relevant?
  - Cost-effectiveness?

Country income grouping

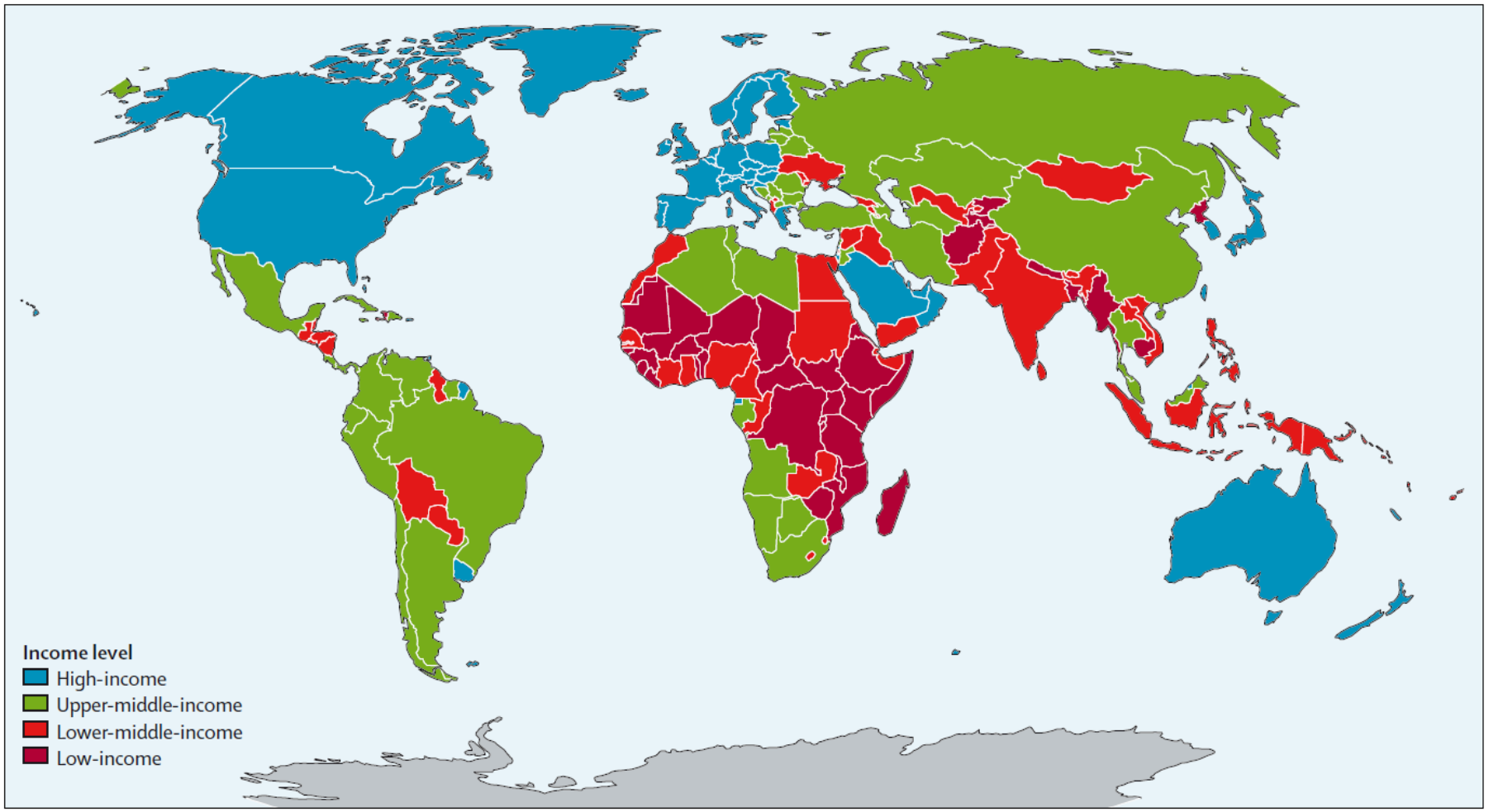

Figure 2: **Country income groupings in 2013**
Data are based on World Bank income groupings.

Disease Control Priorities 3rd

- Essential package of cost-effective measures

Potentially cost-effective measures on cancer control

- **Prevention of tobacco-related cancer and**
- **Virus-related liver and cervical cancers;**
- **Diagnosis and treatment of early breast cancer, cervical cancer, and selected childhood cancers;**
- **Widespread availability of palliative care, including opioids.**

Gelband et al. Lancet 2015

Proposed interventions concerning HPV related diseases

HPV vaccination school based

- Opportunistic screening for cervical cancer (VIA/HPV test)
- Early treatment of cancer
- Palliative care

	Low-income countries (US$)	Lower-middle-income countries (US$)	Upper-middle-income countries (US$)
Comprehensive tobacco control measures	0·05	0·07	1·06
Palliative care and pain control	0·05	0·06	0·06
Hepatitis B virus vaccination	0·08	0·04	0·04
Promote early diagnosis and treat early-stage breast cancer	0·43	0·43	1·29
Human papillomavirus vaccination	0·23	0·23	0·40
Screen and treat precancerous lesions and early-stage cervical cancer	0·26	0·29	0·87
Treat selected childhood cancers	0·03	0·03	0·09
Subtotal costs	1·13	1·15	3·81
Ancillary services (50% of subtotal)	0·57	0·58	1·91
Total costs	1·70	1·73	5·72

Calculations based on *Cancer* volume of *Disease Control Priorities,* 3rd edition (DCP-3), and Horton and Gauvreau.[59] Demographic and epidemiological information from Nigeria, India, and Brazil is used to model costs for low-income (mainly in sub-Saharan Africa), lower-middle-income, and upper-middle-income countries, respectively.[59] However, country-specific planning will need country-specific estimates.

Table 4: **Estimated marginal costs of essential interventions from the DCP-3 cancer package for low-income, lower-middle-income, and upper-middle-income countries per capita in 2012**

Decreasing inequalities (Convergence)

- There is an enormous economic payoff from investing in health.
- To reach equal levels of health we need aggressive scale up of existing and new health tools.
- Finance can be expected from the in itself economic growth of low- and middle-income countries
- It is essential to fund the development and delivery of new health technologies

Jamison D et al. 2015

Proposals for investment

- International action on NCDs and injuries should focus on:
  - providing technical assistance on fiscal policies,
  - regional cooperation on tobacco (through taxes!)
  - funding policy
  - implementation research on scaling-up of interventions to tackle NCDs

Jamison D et al. 2015

- Progressive universalism, a pathway to universal health coverage (UHC)

Delivery of DCP3rd

- National policies, regulation or information
- Primary health care clinics/ outreach
- First level hospitals
- Specialized cancer center or unit

National program guidelines (PATH)

- Guidelines, endorsed and promoted by local medical professional organizations and especially OBGYNs, provide valuable technical and political support for program planners.
- Such guidelines can help designers to match screening modalities with specific situations most appropriately. For example, they may endorse cytology (Pap) in areas where the infrastructure supports it (perhaps the capital city) and promote VIA or HPV testing in other areas. The Strategic Plan for Cervical Cancer Prevention and Control in Uganda is a good example.

To be discussed

- How can we measure the impact of scattered research?
- Vaccine data more likely to be accountable than screening interventions
- Should we “give up” on screening? If not, a global/regional planning could be set up.

AFRICAN NETWORK

When considering 2014 African collaborations only, most countrie have a weighted collaboration score below 1. The collaboration network withint the continent is dominated by South Africa, although there are some regional groups.