

DR HARSHAD SANGHVI, JHPIEGO, USA CERVICAL CANCER PREVENTION

Emeritus Senior Medical Advisor, Jhpiego, Baltimore

Former Vice President, Technical Leadership and Innovation, and Chief Medical Officer Jhpiego ,

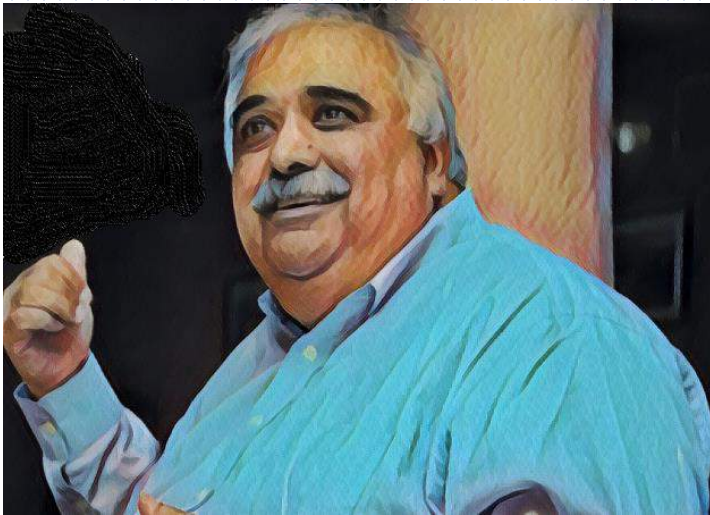
Former chair, Department of Obstetrics and Gynecology, University Of Nairobi

His team developed the single visit approach for cervical cancer prevention, now practiced in 30 countries.

In 2009, received the Global Health Council's Best Practices Award for his work in preventing postpartum hemorrhage at homebirth, now practiced in 45 countries.

Awarded the prestigious Honorary Fellowship of the Indian College of Obstetrics and Gynecology following his work with the Federation of Obstetrics and Gynecology Societies of India in expanding EMOC.

Conceptualized, developed and deployed a low-cost cryotherapy device, ePartogram, bloodless hemoglobin test, and novel personal protection Equipment



Dr Harshad Sanghvi, Jhpiego, USA



CERVICAL CANCER: THE ONLY VACCINE PREVENTABLE CANCER

HARSHAD SANGHVI

29 SEPTEMBER 2021, IBADAN

IN HONOR OF PROFESSOR OLADAPO
ALABI LADIPO

CERVICAL CANCER IN AFRICA: THE KNOWLEDGE

- Cytology screening introduced in 1920, and simplified in 1957 has eliminated most Invasive cancer in developed world, but has not reached more than 5% of women in SSA
- No significant advances have occurred In cervical cancer treatment and access to radical surgery and radiotherapy is severely limited , costly and ineffective in late cases
- Effective prevention solutions have existed since 1990
 - Screening with VIA first proven effective in Zimbabwe in 1996, followed by many confirmatory studies worldwide : More women in Thailand get screened by VIA and SVA than in whole of Africa
 - Highly sensitive and specific HPV testing has been available for 10 years
 - Novel cryotherapy (Cryopop) and thermal ablation devices are now available
 - **A near 100% effective vaccine has been available for nearly 15 years but most African countries are just barely starting to consider pilots.**
- We have discussed cervical cancer in many major meetings since 1980: but promised commitments and actions have not occurred in many nations

We have an abundance of KNOWLEDGE but a dearth of UNDERSTANDING, *Malcolm Gladwell*

Early advances in preventing cervical cancer




**Workshop Highlights:
Alternatives for
Cervical Cancer Screening
and Treatment in
Low-Resource Settings**
21-22 May 1997

JHPIEGO
CORPORATION

MEETING REPORT
29 March to 1 April 1998
Nairobi, Kenya

**Prevention and Control of
Cervical Cancer in the East and
Southern Africa Region**

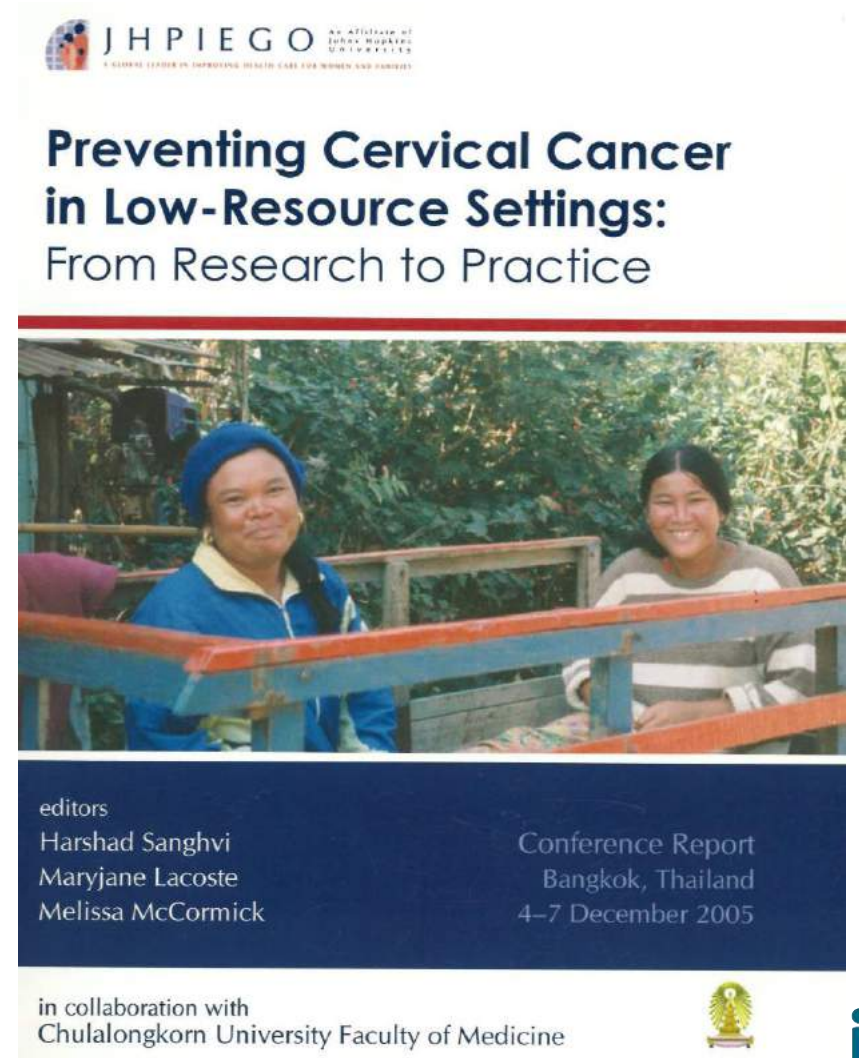
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AVSC International path Pathfinder INTERNATIONAL JHPIEGO CORPORATION


Blumenthal P, Sanghvi H : Atlas for unaided visual inspection of the cervix.
JHPIEGO Corporation 1997

Seminal publications : LANCET 1999, LANCET 2003



JHPIEGO AN AFFILIATE OF DUKAKI MORGENTHAU & CO. LLP
A GLOBAL LEADER IN IMPROVING HEALTH CARE FOR WOMEN AND CHILDREN


**Preventing Cervical Cancer
in Low-Resource Settings:
From Research to Practice**



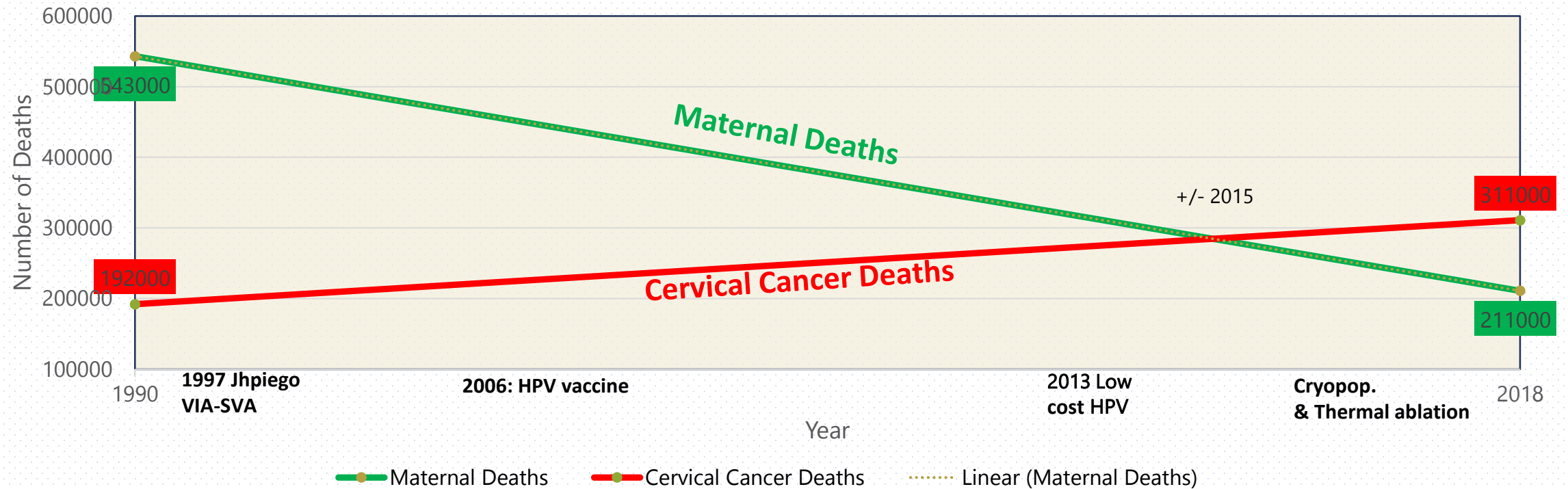
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Conference Report
Bangkok, Thailand
4-7 December 2005

in collaboration with
Chulalongkorn University Faculty of Medicine



SINCE 1990: **43%** DECLINE IN MATERNAL DEATHS
62% INCREASE IN CERVICAL CANCER DEATHS



Sources: Trends in Maternal Mortality: 1990 to 2013 Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division. *World Cancer Report 2014*, Lyon, International Agency for Research on Cancer, WHO, 2014.

UNDERSTANDING

- Every girl in Africa has a RIGHT to Cervical cancer prevention regardless of her education, country, tribe, social status
- Past commitments will only be honoured and planned actions implemented at scale if we are willing to Reimagine and reinvigorate our efforts.
- We have to demonstrate that women in Africa are not just valued for their childbearing function, but that society is eager, willing and able to protect them from a totally preventable condition.



We have to make a choice as a society that women's lives are worth saving
paraphrasing Mahmoud Fathalla

WHO CERVICAL CANCER ELIMINATION STRATEGY BY 2030

- **Vaccination:** 90% of girls fully vaccinated with the HPV vaccine by the age of 15;
- **Screening:** 70% of women screened using a high-performance test by the age of 35, and again by the age of 45;
- **Treatment:** 90% of women with pre-cancer treated and 90% of women with invasive cancer managed.



Summary of Total economic costs of a national response to Cervical cancer 2017-2021: Nigeria

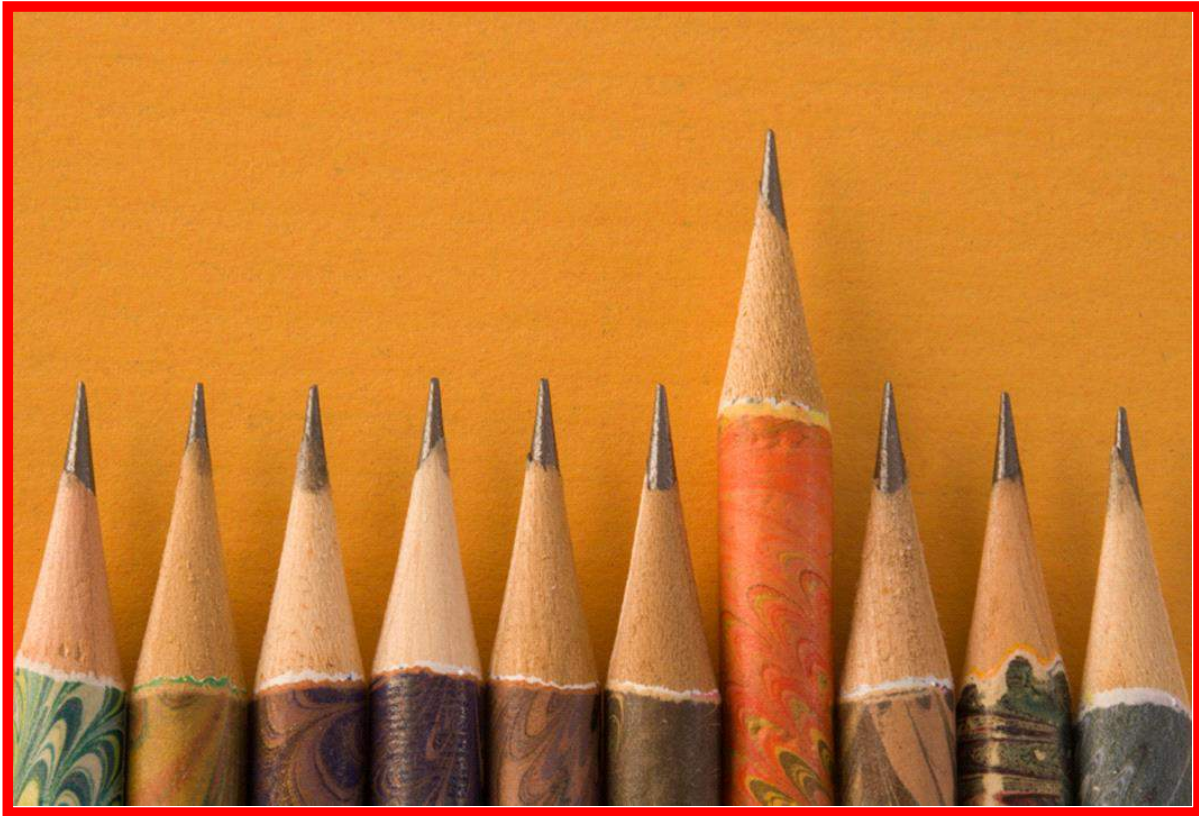
	Target	Cost in US \$
HPV vaccination (<i>current cover <2%</i>)	78% Coverage girls 9-13 (4.55M Girls)	67.7M
Screening and precancer treatment (<i>current coverage <10%</i>)	80% Coverage (24.87m Women Screened, 2.26m women treated for precancer)	2,102.3m
Cancer diagnosis, treatment and palliative care (<i>current coverage <10%</i>)	100% receive Pathology dx (634k), Surgery (31k) chemotherapy (154k) Radiotherapy (84K), Palliative care (7k)	138.6M
Program support costs		21.4M

The Way Forward

- ***Our first and perhaps the only priority should be to provide HPV vaccination to all girls once they reach 9 years***
- Invest in community education: Harness social media, and House to House outreach
- Promote a cancer prevention vaccine rather than a vaccine that prevents an STD.
- Hold National cervical cancer prevention week for vaccination camps and outreach
- Revive school-based health programs for HPV vaccination
- Harness service clubs eg Rotary, Lions, to adopt HPV vaccination clinics, schools, providers
- Incentivize professional associations to support vaccine programs through bulk purchasing and support to set up programs
- Identify and approach High networth individuals
- Encourage corporations to offer free vaccines to their staff
- Reward high achievers



Innovating to save *more* lives: Some BlueSky Thinking



- **An unprecedented Public Private partnership:** Each of the 1000 Gynecologists and half of all 50k general doctors adopt a girl's school and get all the 100 girls vaccinated every year
- As a country with the largest population in Africa, Nigeria should strive to **produce lower-cost vaccines**

Honoring Great Champions



Have a Healthy disregard for the impossible