RESOLUTION
CD48.R10

REGIONAL STRATEGY AND PLAN OF ACTION FOR CERVICAL CANCER PREVENTION AND CONTROL

THE 48th DIRECTING COUNCIL,

Having considered the report of the Director, Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control (Document CD48/6);

Noting the World Health Assembly resolution on cancer prevention and control (WHA58.22, 2005), which urges governments to develop comprehensive cancer control programs and recommends the prioritization of cervical cancer prevention and control programs;

Recalling Resolution CD47.R9 (2006) of the 47th Directing Council on the Regional Strategy and Plan of Action on an Integrated Approach to the Prevention and Control of Chronic Diseases, which includes cancer as one of the priority chronic diseases;

Cognizant that there are an estimated 27,500 deaths in the Americas from cervical cancer, caused mainly by persistent infection with some genotypes of the human papilloma virus (HPV), and recognizing that although cervical cancer can be prevented and controlled through a comprehensive program of health education, screening, diagnosis, treatment, and palliative care, it continues to cause premature mortality and disproportionately affects women in the lower economic strata, revealing the existing health inequities in the Region;
Recognizing that current efforts and investments are not resulting in significant declines in the cervical cancer burden in most countries of Latin America and the Caribbean;

Recognizing that cost-effective HPV vaccines can become a component of a comprehensive cervical cancer prevention and control program;

Recognizing that the Pan American Health Organization, together with the Global Alliance for Cervical Cancer Prevention, has been assessing innovative approaches for cervical cancer screening and treatment of precancer lesions, and has generated new evidence and new knowledge on cost-effective strategies that can greatly improve cervical cancer prevention programs, particularly in low resource settings, and that PAHO has been supporting evidence-based decision-making by countries regarding HPV vaccine introduction;

Aware that the prevention and control of cervical cancer could contribute to the attainment of international development goals; and

Aware that more effort needs to be made to make the HPV vaccine more accessible to the poorest populations,

RESOLVES:

1. To urge Member States to:

   (a) approve the framework of the Regional Strategy and Plan of Action for Cervical Cancer Prevention and Control, designed to improve capacity for sustained implementation of comprehensive cervical cancer prevention and control programs, with the goal of reducing incidence and mortality;

   (b) actively support the implementation of the strategy and plan of action, linking them to the national public health agendas for cervical cancer prevention and control, and consider allocating sufficient resources for their implementation;

   (c) revitalize and upgrade cervical cancer prevention and control programs to effectively utilize new evidence-based technologies and approaches, particularly in settings where access is challenging and resources are constrained;

   (d) undertake age-appropriate social communications strategies to heighten awareness about risk factors for cervical cancer and its preventability among adolescents and women, and engage communities in cervical cancer prevention efforts, with a special focus on empowering women from disadvantaged and vulnerable groups, including indigenous women;
(e) develop and implement the actions recommended in this Regional Strategy and Plan of Action which are appropriate to the circumstances in their respective country and that address primary prevention, screening and precancer treatment, diagnosis and treatment of invasive cervical cancer, and palliative care;

(f) strengthen health systems based on primary health care so that effective cervical cancer prevention and control programs may be delivered in close proximity to communities and with an integrated approach to primary and secondary prevention;

(g) consider the future results of studies on factors that, according to the current state of knowledge, would limit the effectiveness of HPV vaccines, and studies on the distribution of the predominant types of HPV in the countries, through local and subregional research, for making evidence-based decisions for the introduction of these vaccines, taking into account the need for sustainability;

(h) whenever possible utilize the PAHO Revolving Fund for Vaccine Procurement, since it plays an instrumental role in the introduction of new vaccines in the Americas;

(i) establish and foster strategic partnerships with institutions in all appropriate sectors in order to mobilize financial, technical and other resources that will improve the effectiveness of cervical cancer prevention and control programs.

2. To request the Director to:

(a) provide technical assistance to Member States in an interprogrammatic manner in the revitalization of comprehensive cervical cancer prevention and control programs, incorporating new cost-effective technologies and approaches and to monitor the advancements and report periodically on achievements;

(b) raise awareness among policymakers and health professionals in order to increase political, financial and technical commitments to cervical cancer prevention and control programs;

(c) support access and equity in the use of new technologies (HPV screening tests, HPV vaccines) in the Americas;

(d) provide support for regional and subregional studies on the distribution of the predominant strains of HPV in the Region and promote broad dissemination of studies on factors related to the effectiveness of HPV vaccines;
(e) develop new partnerships or strengthen existing ones within the international community for resource mobilization, advocacy, and collaboration to improve cervical cancer prevention and control efforts in the Region.

*(Eighth meeting, 2 October 2008)*