

Op-Ed Template

Updated August 2020

This document provides a pre-written opinion piece that advocates can tailor with relevant statistics and/or anecdotes based on regional or local contexts to be pitched for placement in a regional or local news outlet in an effort to raise awareness of and spark dialogue around cervical cancer elimination, including implementation of the WHO global strategy.

TIPS

- It is recommended to explore publication in Fall 2020, if possible, to capitalize on the timeliness of the adoption of the WHO global strategy and its anticipated “launch” during the re-convening of the World Health Assembly in November.
- Consider prioritizing one outlet for publication to focus initial outreach. Without sharing the full piece, gauge interest in the topic with the prioritized outlet. If they confirm interest, be sure to review all outlet editorial guidelines (e.g., word count, formatting, etc.) before submitting the piece for review. If they decline, consider their feedback and move to the next outlet on your priority outreach list.

Uniting to End Cervical Cancer in [Insert Country]: An Opportunity We Cannot Afford To Ignore

The COVID-19 pandemic continues to unveil long-standing disparities as it pushes global health systems – and economies – to their limit. While more men appear to be succumbing to the disease, COVID-19 has disproportionately impacted women and girlsⁱ in terms of barriers that have interrupted access to safe, effective healthcare. This is particularly true for those at risk of or who have cervical cancer.

The WHO's recently adopted *Global Strategy towards the Elimination of Cervical Cancer as a Public Health Problem* seeks to end cervical cancer within the lifetime of today's youngest girls.ⁱⁱ With its three pillars for action and clear 2030 targets—an increase of HPV vaccination to 90%, twice-lifetime cervical screening to 70%, and treatment of pre-invasive lesions and invasive cancer to 90%—it provides the guidance for all countries to accelerate towards the finish line: elimination.

Further, it provides the opportunity to engage communities on women's and girls' health with potential to construct inclusive COVID-19 responses, driving progress toward health equity. More than ever, we must commit to its implementation to ensure the dignity, health, and livelihood of women, girls, and their communities for generations to come.

Strategy #1: Investing in HPV Vaccination

HPV vaccination is one of the most cost-effective prevention tools, protecting against at least 70% of all cervical cancers.ⁱⁱⁱ Yet, globally, only 15% of vaccine age-eligible girls are fully vaccinated against HPV.^{iv} In [INSERT COUNTRY OF PUBLICATION], [INSERT LOCAL VACCINATION STATS].

The HPV vaccine is considered a global health “best buy”, but funding is only part of the solution. It must be paired with increased awareness and education, a coordinated response around cultural

sensitivities, and inclusion in immunization programs. This is our chance to protect the future of our girls in [country].

Strategy #2: Expanding the Screening and Treatment of Precancerous Lesions

When early detection, diagnosis, and prompt treatment of precancerous lesions remain out of reach, women are diagnosed at advanced stages when treatment may be difficult. It is estimated that fewer than 20% of women have been screened for cervical cancer. In high-income countries, this number is closer to 60%.^v [INSERT LOCAL SCREENING/TREATMENT STATS]

We must start by merging preventative and treatment services for HIV/AIDS, NCDs, and sexual and reproductive health and rights (SHRH) to maximize efficiencies and improve referral systems. This will not only ensure timely treatment; it will help strengthen capacity across the health system to improve outcomes across the board. Why should our women and mothers survive a HIV diagnosis, only to die from cervical cancer?

Strategy #3: Connecting Women to Treatment and Palliative Care

The majority of women who die from cervical cancer (90%) have poor access to quality diagnosis treatment and care.^{vi} And, often they face social and cultural sensitivities about their disease, denying them the dignity and respect they deserve, with the threat of catastrophic expenditure and a push into poverty that a cancer diagnosis often brings.^{vii} [INSERT LOCAL STIGMA/QUALITY OF LIFE STATS]

Achieving the WHO targets will require a reimagining of our health systems to ensure they are capable of providing greater social support services for women and their families, as well as appropriate and sufficient treatment and palliation. Our women deserve dignity and comfort.

Uniting to End Cervical Cancer

While COVID-19 has turned the world on its head, it has also provided a moment for us to reconsider investment in the health of our communities. Cervical cancer elimination is a great place to start. An investment in the WHO's strategy stands to unlock the economic potential of 250 million women and girls and add \$28 billion to the world's economy by 2050.^{viii}

Women and girls deserve access to prevention and treatment services to help mitigate the impact of cervical cancer, even during the most challenging of circumstances. The choice to invest is both moral and economic, and millions around the world are counting on us to make it. This is the first time in history that we have the tools and knowledge at our fingertips to achieve elimination of a cancer. We want to be a part of the solution.

ⁱ UN Secretary-General's policy brief: The impact of COVID-19 on women: Digital library: Publications. (2020, April 9). Retrieved July 08, 2020, from <https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women>

ⁱⁱ A Global Strategy for elimination of cervical cancer. (n.d.). Retrieved June 24, 2020, from <https://www.who.int/activities/a-global-strategy-for-elimination-of-cervical-cancer>

ⁱⁱⁱ Human papillomavirus (HPV) and cervical cancer. (2019, January 24). Retrieved June 17, 2020, from [https://www.who.int/news-room/fact-sheets/detail/human-papillomavirus-\(hpv\)-and-cervical-cancer](https://www.who.int/news-room/fact-sheets/detail/human-papillomavirus-(hpv)-and-cervical-cancer)

^{iv} Progress and Challenges with Achieving Universal ... (2020, July 15). Retrieved August 13, 2020, from https://www.who.int/immunization/monitoring_surveillance/who-immuniz.pdf?ua=1

^v Impact of HPV vaccination and cervical screening on ... (2020, February 22). Retrieved June 23, 2020, from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30068-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30068-4/fulltext)

^{vi} Cervical Cancer. (2019, January 28). Retrieved June 17, 2020, from <https://www.who.int/reproductivehealth/publications/cancers/cervical-cancer-infographics/en/>

^{vii} J. Ferlay, I., M. Kimman, S., P. Pisani, D., M. Azzani, A., O. O'Donnell, E., S. Arrossi, E., . . . M. Kimman, R. (1970, January 01). Catastrophic health expenditure and 12-month mortality associated with cancer in Southeast Asia: Results from a longitudinal study in eight countries. Retrieved August 13, 2020, from <https://link.springer.com/article/10.1186/s12916-015-0433-1>

^{viii} Draft: Global Strategy Towards Eliminating Cervical Cancer as a Public Health Problem, 2020, pp. 15.