



Twelfth Pacific Health Ministers Meeting

August 28-30, 2017



TWELFTH PACIFIC HEALTH MINISTERS MEETING

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1. BACKGROUND

The Framework for Pacific Regionalism (FPR) represents the Pacific Island Forum Leaders' commitment to regionalism as a means of achieving the region's key sustainable development challenges. The FPR supports this commitment by:

- (i) Articulating a more strategic approach to identifying priorities requiring regional action;
- (ii) Ensuring that regionalism has political ownership – in part by ensuring that Forum Leaders engage substantively in the setting of priorities; and that regional ministers are empowered to contextualize and articulate how best to advance those priorities in their respective sectors; and
- (iii) Calling on relevant stakeholders at all levels – including Council of Regional Organizations in the Pacific (CROP) agencies, civil society and the private sector, and bilateral and multilateral agencies – to mobilize and invest their collective efforts in support of Forum Leaders' priorities.

Through the FPR process, cervical cancer was one of five regional issues that were prioritized in 2015 using a series of criteria for regional action by the Forum Officials Committee (FOC) Specialist Sub-Committee on Regionalism (SSCR). The recommendation on cervical cancer highlighted the high incidence rate of cervical cancer among Pacific women, with approximately 1257 cases each year and up to 684 deaths. The Melanesian group of nations carries the highest burden of cervical cancer with rates comparable to Sub-Saharan countries. While cervical cancer prevention was regarded as highly important, the implementation of prevention and treatment programmes was insufficient, with only two of 21 countries and territories surveyed having achieved more than 40% coverage for cervical cancer screening. A review of the situation and the response to cervical cancer concluded that “current

practices to prevent cervical cancer in the Pacific region do not match the high burden of disease from cervical cancer”^{1,2} and that a “regional approach could strengthen political momentum for cervical cancer prevention and avoid risking [the] lives of many women in the Pacific”.

The SSCR noted that given the heavy burden of cervical cancer amongst Pacific women, as well as the fact that cervical cancer is mostly preventable – meaning that many Pacific women do not need to die from cervical cancer – this was further elevated to Forum Leaders as a priority for regional action. In their discussions, the Leaders noted the substantial burden that cervical cancer places on women and girls in the Pacific region, as well as the insufficient response to address it across the region. Leaders agreed that given the current regional prioritisation of noncommunicable diseases, developing a regional approach to address cervical cancer would require further consultation with relevant technical organisations and national authorities and the consideration of resource allocation for prevention and treatment.³

2. ACTION TAKEN

In December 2015 the CROP Health & Population Working Group deliberated on the Forum Leaders’ decisions and determined to set up a regional taskforce to further implement the initiative and to provide progress reports as required through the regional architecture.

The Pacific Community (SPC) leads the Taskforce,⁴ and the membership comprises representatives from the World Health Organization, United Nations Population Fund, Pacific Islands Forum Secretariat (PIFS), United Nations Children’s Fund (UNICEF), and the Asian Development Bank (ADB). The CROP Health & Population Working Group also oversees the Taskforce. The major activity conducted by the Regional Taskforce in 2016 was to produce the 2016 Situational Analysis and response of Cervical Cancer in the Pacific,⁵ as an update to various studies from 2013–2014 on the cervical cancer situation. The update was undertaken in conjunction with the Fiji National University, which carried out the technical work.

The Situational Analysis draws on earlier analyses and reports, supplementing them with information collected through a survey that was sent to region's health offices. The Analysis highlights the burden of cervical cancer across the region, as well as national responses that are currently in place for its prevention and treatment. The Taskforce discussed this work, and it was presented at the 2016 Heads of Health Meeting in Suva, Fiji. The purpose was to provide policy considerations in terms of prevention and treatment, and further operational research questions to better inform comprehensive

¹ J Obel et al. Mapping HPV vaccination and Cervical Cancer Screening Practice in the Pacific Region. *Asia Pacific Journal of Cancer Prevention*. 2015; 16-8: 3435–42.

² J Obel et al. A Systemic Review of Cervical Cancer Incidence and Mortality in the Pacific Region. *Asian Pacific Journal of cancer Prevention*. 2014; 15-21: 9433–7.

³ Pacific Islands Forum. 46th Pacific Islands Forum Communiqué. Port Moresby, Papua New Guinea, 2015 (http://www.forumsec.org/resources/uploads/embeds/file/2015_Forum_Communique_Full.pdf, accessed 20 June 2017).

⁴ The Australia Department of Foreign Affairs and Trade and the New Zealand Ministry of Foreign Affairs and Trade sit in as observers and contribute to Taskforce discussions as required.

⁵ Pacific Islands Forum Secretariat. Situational Analysis and Response of Cervical Cancer in the Pacific. Unpublished, 2016.

cervical cancer prevention and treatment programme development and implementation in Pacific island countries and areas (PICs).

The Taskforce made presentations to the SSCR in 2016 based on the Situational and Response Analysis, which highlighted the proposed policy recommendations. Based on the available data, the Analysis sets out a number of recommendations for national and regional level actions to support a reduction in the incidence and mortality rates of cervical cancer amongst women in the Pacific. Based on these recommendations, the SSCR then recommended to the Forum Leaders the regional policy option from the portfolio of recommendations for consideration in 2016. This policy option refers to the development of a regional bulk procurement programme for cervical cancer vaccine, as well as for screening and related equipment where possible.

In their consideration of this recommendation leaders noted the existing Vaccine Independence Initiative (VII), a bulk procurement programme managed by UNICEF, and urged members to consider participating in the programme. Leaders also requested that national cervical cancer prevention and control policies and programmes be dealt with at the ministerial level.⁶

Following the Forum Leaders' decision on this work, the Taskforce provided an update to the CROP Health & Population Working Group in December 2016 with the following key recommendations:

- Expand the Cervical Cancer Taskforce⁷ to continue to follow through on the cervical cancer initiative in relation to the bulk procurement programme initiatives for new vaccines and other commodities related to screening and testing.
- Develop a more comprehensive approach to cervical cancer prevention and treatment to include testing, screening, awareness and vaccination.
- Support donor commitment to this activity, particularly by ADB, which had identified a number of countries where they would support human papilloma virus (HPV) vaccine procurement.

The UNICEF-managed VII is a bulk procurement programme for the vaccines used in national routine immunizations. Thirteen countries in the region⁸ have signed up for the programme. The VII was established in PICs in 1995, and since then the mechanism has facilitated countries in financing their own vaccination programmes by offering purchasing power, flexible financing and quality products. In 2016, 95% of routine vaccines and vaccine supply costs were covered by countries themselves. This includes not only the cost of procuring vaccines, but also the costs of vaccine related devices, storage, freight, repacking, regional cold chain maintenance, regional buffer stock and administration.⁹

Countries can procure HPV vaccine through UNICEF procurement services in a timely, affordable and high quality manner. To ensure sustainability and an uninterrupted flow of supplies, procuring

⁶ Pacific Islands Forum. 47th Pacific Islands Forum Communiqué. Pohnpei, Federated States of Micronesia, 2016 (http://www.forumsec.org/resources/uploads/embeds/file/2016_Forum_Communique_Full_7Dec16.pdf, accessed 20 June 2017).

⁷ An expanded regional cervical cancer taskforce with new terms of reference and expanded membership.

⁸ The 13 countries are: Cook Islands, Fiji, Kiribati, Republic of Marshall Islands, Federated States of Micronesia, Nauru, Niue, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

⁹ UNICEF Pacific. UNICEF Vaccine Independence Initiative (VII). Presentation at the 5th Pacific Heads of Health Meeting, Suva, Fiji, April 2017.

HPV vaccines under the VII is the optimal regional mechanism. In that regard, country ceilings under the VII mechanism should be increased as shown in the Table 1 to accommodate the HPV vaccine:

Table 1. Recommended additional ceiling increased under the Vaccine Independence Initiative (VII)

	Current VII Ceiling Value	Additional increase needed for HPV vaccine
Cook Islands	\$20,000	\$15,000
Fiji	\$725,000	\$450,000
Kiribati	\$110,000	\$75,000
The Marshall Islands*	\$40,000	
Federated States of Micronesia*	\$80,000	
Nauru	\$30,000	\$9,000
Niue	\$10,000	\$1,500
Samoa	\$200,000	\$150,000
Solomon Islands	\$400,000	\$150,000
Tokelau	\$10,000	\$1,500
Tonga	\$90,000	\$70,000
Tuvalu	\$20,000	\$7,000
Vanuatu	\$175,000	\$200,000
Total	\$1,910,000	\$1,129,000

Source: UNICEF Pacific, Suva, Fiji, June 2017.

* Vaccines are procured through United States Centers for Disease Control and Prevention (CDC), hence real cost analysis cannot be included.

The absence of national policy guidelines on cervical cancer prevention and treatment is evident in the outcomes of the Situational Analysis. This has led to *ad hoc* and opportunistic cervical cancer screening and treatment for women in most PICs. The Taskforce, upon the request of countries, will develop a regional guidance document on comprehensive cervical cancer prevention and control which countries can adapt to suit their respective national contexts.

3. CONCLUSIONS

This information document endeavours to inform Pacific health ministers of the progress and status of implementation of the regional priority on cervical cancer prevention and control resulting from the FPR processes and the Forum Leaders' decisions. It also highlights the leaders' decision on a bulk procurement initiative for HPV vaccines through the existing VII as one of the regional approaches for cervical cancer prevention, to embark on comprehensive national programmes on cervical cancer prevention and control.

In conclusion, the Pacific health ministers are requested to:

- Note the work on cervical cancer that originated through processes under the Framework for Pacific Regionalism.
- Note the Forum Leaders' decision on cervical cancer made at the 2016 Forum Leaders Meeting in the Federated States of Micronesia in relation to the ministerial level role in the implementation of the leaders' decision.
- Consider the opportunity presented by the UNICEF-managed VII for bulk procurement of HPV vaccines.
- Agree to strengthen national programmes on cervical cancer prevention and control as guided by the national context.