

**EVERYBODY'S BUSINESS**

A series on bold actions to close the NCD funding gap

# Official Development Assistance for the Elimination of Cervical Cancer in Western Pacific



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## Key messages

- Overseas development aid should align with the needs and priorities of partner countries and capitalize on local knowledge through community engagement.
- International collaboration makes providing access to NCD prevention and treatment cost-effective and feasible for LMICs.
- When used to support domestic resource mobilization, the sustainability and ripple effects of ODA-supported programmatic work is amplified.

## Introduction

Noncommunicable diseases including mental health and neurological conditions (NCDs) are responsible for 74% of global deaths, and of those, 82% are occurring in low- and lower-middle-income countries (LLMICs). NCDs, while largely preventable, continue to increase in prevalence, impacting not only health but also our economies, aggravating poverty and inequalities while limiting growth, particularly for developing countries. NCDs are also holding back progress in interlinked areas across the 2030 Agenda - also referred to as the Sustainable Development Goals (SDGs).

Despite their increasing prevalence, NCDs are the most under-funded global health priority, when compared to their staggering disease burden. **Development assistance for health (DAH) allocations for NCDs are only roughly 2% of the total expenditure (US\$ 1.1 billion in 2021)**, with the majority of DAH financing (79%) still focused on the Millennium Development Goal health priorities.<sup>1</sup> Of the total DAH, the portion that is Official Development Assistance (ODA) for NCDs, only 34% comes from government institutions, with the remainder coming from WHO and private philanthropies.<sup>2</sup> For low- and middle-income countries (LMICs), funding from bilateral and multilateral donors is and will continue to be critical for NCD responses. There is under-explored potential for ODA, particularly from governments, to play a catalytic role in supporting national NCD responses.

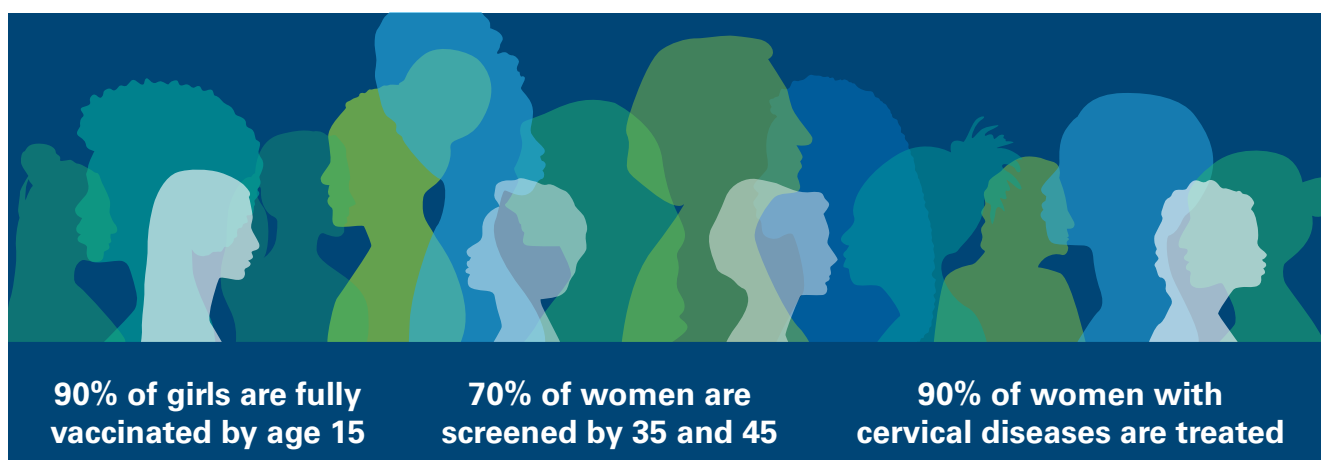
The Australian Government's investment in cervical cancer elimination is one example of NCDs being integrated into a country's international development priorities. From 2023–24, the Australian Government will provide \$4.77 billion in ODA, focusing its efforts geographically in Southeast Asia and the Pacific, while thematically prioritizing gender equality, local capacity-building, health, climate, and social protection systems.<sup>3</sup> The Australian Government's *Partnerships for a Healthy Region* initiative,<sup>4</sup> administered by the Department of Foreign Affairs and Trade (DFAT), will support the **Elimination Partnership in the Indo-Pacific for Cervical Cancer (EPICC) Consortium with a grant of US\$ 9.7 million (AU\$14.48 million)** for a four-year project cycle. It will leverage existing partnerships at the local, regional, and international levels to accelerate the elimination of cervical cancer in Southeast Asia and the Pacific, in line with the WHO's 2020 *Global strategy to accelerate the elimination of cervical cancer as a public health problem* (hereinafter "WHO Global Strategy").



## Background

Cervical cancer is the fourth most common cancer globally among women, and while all countries are affected, LMICs have both a higher rate of incidence as well as mortality; nearly 90% of cervical cancer deaths in 2018 occurred in LMICs.<sup>5</sup> Cervical cancer is a major equity issue, since many LMICs lack screening programs, pathology services, chemotherapy, and cancer surgery in their public services. The WHO Global Strategy notes that less than 25% of low-income countries and less than 30% of middle-income countries have introduced the human papillomavirus (HPV) vaccine, which is effective at preventing most types of cervical cancer, into their national immunization schedules as of 2020.<sup>6</sup> The breakthrough in linking the virus with cervical cancer and the development of a corresponding vaccine has been able to put the global elimination of cervical cancer within reach.

### WHO GLOBAL STRATEGY 90-70-90 TARGETS



The WHO Global Strategy outlines the 90-70-90 targets for the path towards cervical cancer elimination: 90% of girls are fully vaccinated with the HPV vaccine by 15 years of age; 70% of women screened using a high-performance test by 35 years of age and again by 45; and 90% of women identified with cervical diseases are treated (90% of precancer cases and 90% of invasive cancer managed), which would result in over 62 million cervical cancer deaths avoided by 2120.<sup>7</sup> The strategy also outlines actions across the continuum of care, the role of partnerships and advocacy, and monitoring and evaluation guidance to facilitate implementation and progress. This strategy and the ambition to eliminate cervical cancer has continued to scale, marked by the first [Global Cervical Cancer Elimination Forum](#) hosted in Cartagena de Indias, Colombia in March 2024, where governments, donors, and other partners announced \$600 million in new funding for cervical cancer initiatives.

In Papua New Guinea (PNG), one country of focus within EPICC's work, the age-standardized rate for cervical cancer (per 100,000) is 29.2. This ranks PNG as third highest within the WHO Western Pacific Region. As a point of comparison, this rate of cervical cancer is 5.2 times higher than Australia's, emphasizing the disproportionate burden felt by LMICs.<sup>8</sup> The first field trials in the world to demonstrate the effectiveness, safety, acceptability, scalability, and cost-effectiveness of point-of-care HPV screen-and-treat initiatives were carried out in PNG from 2014-21, involving more than 5000 women in Eastern Highlands, Madang, and Western Highlands.<sup>9</sup> The approach was recommended as the primary national cervical screening strategy by the PNG National Department of Health and the PNG Obstetrics and Gynecology Society in December 2021. A philanthropic investment from the Minderoo Foundation Australia, with support from industry partners Cepheid and Copan and in-kind support from in-country health authorities and partners, has enabled HPV screen-and-treat to be scaled up in Western Highlands Province to 30,000 age-eligible women, as part of the Eliminate Cervical Cancer across the Western Pacific Program (ECCWP – the predecessor to EPICC). This program also introduced HPV vaccination and strengthened treatment services for cervical pre-cancer and cancer, and **aims to achieve all of the 90-70-90 WHO global elimination coverage targets within the province by 2025**. The Australian government-funded EPICC program will build on this robust foundation to introduce HPV screen-and-treat, HPV vaccination, and strengthened treatment services in New Ireland Province.



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At the time of writing in May 2024, Papua New Guinea has yet to include cervical cancer screening and treatment within its national health services. EPICC will work with the Government of PNG to continue building on initial work demonstrating cost-effectiveness and positive health outcomes of introducing screening and treatment programs, to build an investment case for national scaleup.<sup>10</sup> EPICC will support further services strengthening and capacity building in relation to training systems. EPICC, via its partnership with UICC, will also provide support to civil society to strengthen skills and knowledge. Civil society engagement is critical to ensure long-term sustainability of investments – informing policy processes, as well as increasing the reach and impact of services through demand generation and awareness-raising.

EPICC and partner governments will co-design the program to ensure the approach is responsive and sensitive to local contexts but will draw on **policy, planning, and modeling support from the EPICC team to implement a sustainable cervical cancer elimination plan**. This includes access to modelling using the Policy1-Cervix platform, which supported the development of the WHO strategic plan and global guidelines for cervical screening.<sup>11</sup> The platform has also supported country-level evaluations, including in PNG, for the evaluation of the impact and cost-effectiveness of self-collected HPV and same-day screen-and-treat (“self-collected HPV S&T”).

In both the global and local PNG evaluations, this was shown to be more effective and more cost-effective than a visual inspection (VIA) performed by a healthcare provider<sup>12</sup> in high-burden, low-resource settings. In the local PNG analysis performed by Nguyen and colleagues, it was estimated that PNG, **without** a cervical cancer screening program, would spend **approximately US\$0.4 – 0.8 million annually** on cervical cancer-related diagnosis and treatment.<sup>13</sup> Using WHO’s global strategy and **the implementation of a national screening program** that included estimates for testing, visual assessment for ablation, and precancer and cancer treatment, it was estimated that the total cost for twice-lifetime HPV S&T **would average to be US\$2.1 million annually**. These findings were consistent with other models for both effectiveness and cost-effectiveness, estimating that self-collected HPV S&T twice per lifetime alone could save 20,000 lives after 50 years with 70% screening coverage alone, demonstrating the benefits of investing in prevention and care.

The return on investment extends beyond the number of lives saved; globally, the WHO global strategy estimates that US\$3.20 will be returned to the economy for every dollar invested through 2050.<sup>14</sup> The **total figure increased to US\$26** once a comprehensive and holistic analysis was conducted,<sup>15</sup> taking into consideration the benefits women’s improved health has within households, communities, and societies **as a result of increased participation in the workforce and the generational effects of increased access to education, gender equality, and other developmental indicators have on health, well-being, and productivity**.

## Using ODA to support partnerships and action

Best practices in ODA emphasize aligning needs and priorities, capitalizing on local knowledge, and creating sustainable programs.

Australia's **Partnerships for a Healthy Region (PHR)** is an US\$413 million (AU\$ 620 million) initiative over five years (2023-28) and aims to support Southeast Asian and Pacific countries to deliver better health outcomes for all, by contributing to more resilient and equitable public health systems with greater capability to respond to health emergencies. To ensure the best possible understanding of the evolving health assistance needs of the region, the Australian Government undertook over 130 consultations on health priorities across the Pacific, Southeast Asia, and Australia. This included consulting with partner governments, regional and multilateral agencies, sovereign donors, representative groups (including organizations of people with disabilities), and health researchers.

Informed by these consultations, PHR has been framed to reflect the [consultations](#), partner needs, and Australia's development interests.

In line with requests from the region, the NCD priorities are:

- Support screening, detection, and early treatment, with particular emphasis on cervical cancer elimination, hypertension, and diabetes.
- Health promotion for prevention and treatment service awareness, with particular emphasis on tobacco, alcohol, and drug control; diet and physical exercise; and mental health and suicide prevention.<sup>16</sup>



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To ensure PHR interventions are catalytic and sustainable, partners, like the EPICC consortia, have a strong track record of delivering public health projects in Southeast Asia and the Pacific in line with partner governments' health priorities and are responding to the demand for activities from partner governments; are informed by robust analysis; have strong in-country networks and evidence of working with local actors; and have a sound consideration of gender equality, disability, and social inclusion with attention to addressing climate change and incorporating First Nations perspectives in overall approach and project development.

**These criteria ensure that projects are in line with the needs and priorities of partner governments, are locally sensitive and culturally appropriate, and can be sustained by local actors going forward.**

EPICC, a collaboration between the Daffodil Centre (a joint venture between the University of Sydney and Cancer Council NSW), the Kirby Institute, the Australian Centre for the Prevention of Cervical Cancer, Family Planning Australia, Unitaid, and the National Centre for Immunisation Research and Surveillance, and the Ministries of Health of partner countries (PNG, Solomon Islands, Fiji, Malaysia, Vanuatu, the Philippines, Timor-Leste, Tuvalu, and Nauru). It is co-designed as part of the Australian Government's Partnerships for a Healthy Region (PHR) initiative to support improved, sustainable health outcomes and equity. EPICC aims to leverage regional partnerships and Australian leadership in cervical cancer control, in line with Australia's International Development Policy.<sup>17</sup>

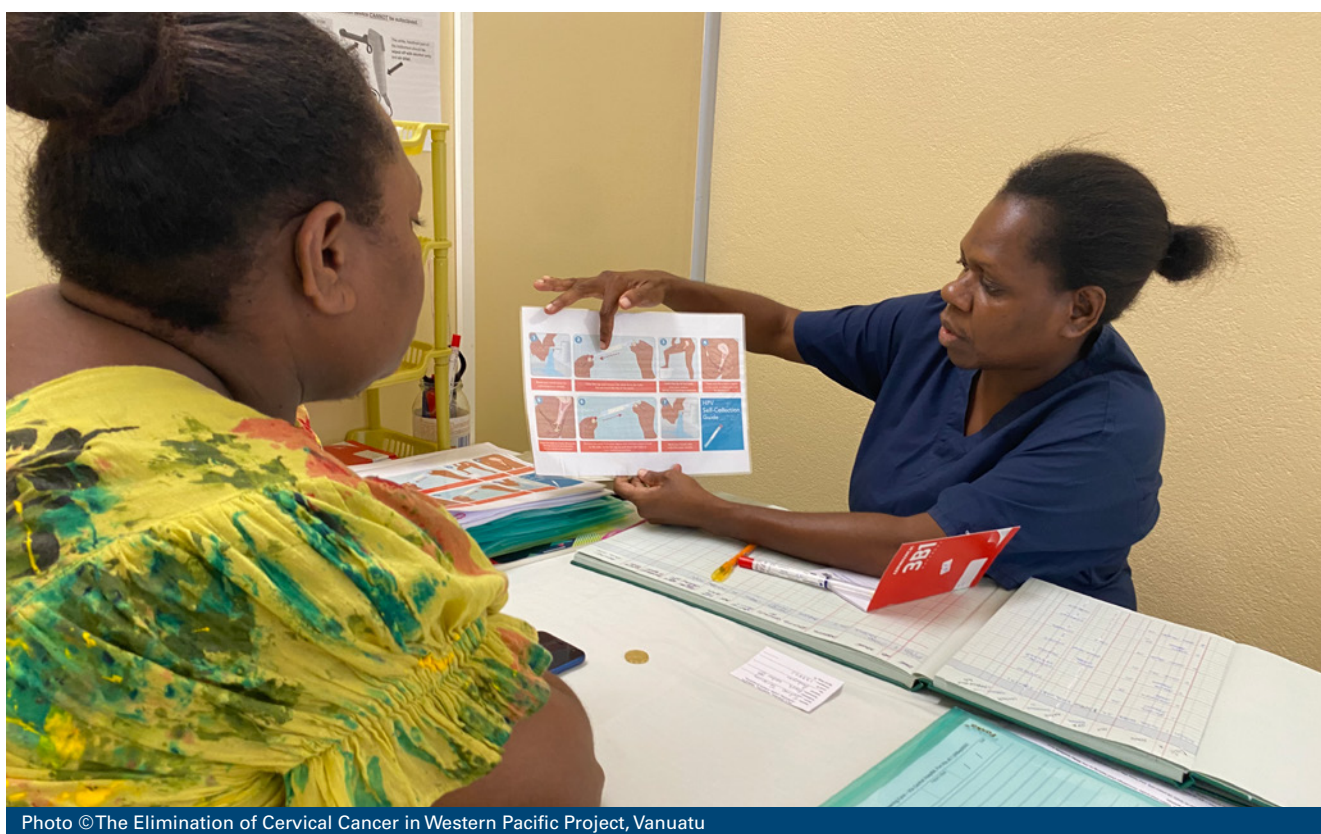


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Specific activities may differ between partner countries, relating to their specific needs, gaps, and readiness, and implementation plans co-designed with country partners will be submitted six months into the 36-month project.

In the project planning phase, EPICC partner countries are tiered according to needs analyses, sectors, and themes to end-of-program outcomes. This **framework is based on specific gating criteria, considered critical to the successful and sustainable implementation of tier-specific activities across the elimination pillars**. The EPICC program will co-develop structures and capacities with in-country partners to ensure that the work **will be able to be sustained beyond the duration of the DFAT funding**. This is done through the provision of technical assistance in developing elimination plans that consider national financing and capacity, but also include elements that go beyond service provision, and focus additionally on the establishment of improved health systems and structures and an appropriately trained workforce that is able to meet individual countries' needs.

## Potential impact

Primary beneficiaries will be age-eligible girls and women in partner countries, who will have access to a more resilient and equitable public health system for the prevention, detection, and treatment of cervical precancer and cancer. EPICC will build on existing investments and partnerships that will collectively reach **over 100,000 people** in PNG alone. The project also plans on **investing in local healthcare providers**, and training 25 people through a train-the-trainer approach, who will have access to new resources, organized systems, and expert support for their practice. Civil society groups representing women's interests, including those from the most disadvantaged social groups, will also benefit from the program, through specialized training and access to global networks and resources, empowering their voices and strengthening their leadership capacity.

By the end of this funding program, EPICC expects to meet its three end-of-program-outcomes, in alignment with PHR's initiative:

- Australia's ODA initiatives contribute to the improved capacity of partner countries to equitably prevent and control cervical cancer, meeting the needs of women and girls in all their diversity, including socially disadvantaged groups.
- Australia contributes to partner countries' improved capabilities to deliver inclusive, quality-assured, and rights-based public health action.
- Australia's regional health assistance is flexible and responsive to and meets the needs of EPICC partner countries.

These health returns will also have significant economic gains. Investment in the three pillars of cervical cancer elimination – HPV vaccination, HPV S&T, and increasing access and capacity for cervical cancer treatment – has been shown to deliver better health outcomes and is cost-effective, delivering a substantial return on investment to countries. **In PNG, modelling has estimated that the HPV S&T intervention could save 23,000-29,000 lives over the next half-century and has an incremental cost-effectiveness ratio of \$460-650 per life-years saved, with 70% national coverage.** The elimination initiative is also expected to be foundational in terms of strengthening health services related to primary care, women's and reproductive health care, HIV services, and cancer treatment access more broadly.<sup>18</sup>

## Conclusion

The investment approach taken by the Australian Government and the PHR plays a major role in supporting partner countries in scaling service delivery, enhancing the capacity of local health providers and communities, and ensuring equitable health outcomes. EPICC's technical support, including health economic and population modelling, development of cost-effective and sustainable interventions, and policy and advocacy support to several Pacific and Southeast Asian countries demonstrates that governments' utilization of ODA in a strategic and targeted way can facilitate the removal of capacity and healthcare bottlenecks that would have otherwise been left in place without its catalytic impact.



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Edited by NCD Alliance, June 2024

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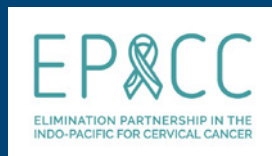
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