EXECUTIVE SUMMARY

Background
Cervical cancer is one of the most common cancers for women worldwide, with approximately 580,000 new cases in 2012. Roughly 85% of cervical cancer cases occur in less developed regions. Furthermore, there is an 18-fold difference in mortality rates for cervical cancer between developing and developed parts of the world. Many more women in developing countries are diagnosed late when treatment is more invasive and less effective than in early stages, which increases the likelihood of death, disability, and infertility. Most of these deaths occur in women at an age where they are leading productive lives, are contributing members to the workforce and economy, are attaining leadership positions, and are often simultaneously caring for their families. The death and suffering of many women could be averted with focused action on prevention, diagnosis, and access to cervical cancer treatment.

Many of the challenges surrounding cervical cancer prevention, diagnosis and treatment are rooted in gender-based inequalities and poverty. As such, cervical cancer prevention and control presents a unique opportunity to not only significantly reduce the burden of this disease, but to simultaneously improve women’s empowerment and participation in the economy. Effective cervical cancer control strategies exist all along the cervical cancer control continuum, including primary prevention, screening, treatment, and palliative care. Recent research has demonstrated the effectiveness of lower cost screening techniques, and ongoing research is exploring additional reduced-cost cervical cancer control options. The large number of interventions currently available and on the horizon means that the integration of these approaches into health systems is possible for economies of many different resource levels and can have substantial impact on public health, the workforce, and the broader economy.

The U.S. National Cancer Institute (NCI) partnered with the Cancer Hospital Chinese Academy of Medical Sciences (CICAMS) to hold the APEC Regional Workshop on Enabling Sustainable Economic Advancement for Women through Cervical Cancer Prevention and Control in Beijing, China on August 16, 2014. The meeting improved Asia-Pacific public health officials’ knowledge about state-of-the-science and best practices in cervical cancer prevention and control and recommendations for progress.

on addressing cervical cancer in APEC economies were developed. At the APEC Senior Officials Meeting 3 (SOM3) in the Philippines in August 2015, the cervical cancer recommendations were approved by the APEC Health Working Group. On August 23, 2016, NCI partnered with the Instituto Nacional de Enfermedades Neoplásicas (INEN) in 2016’s APEC host country Peru to hold a second workshop, which focused on developing strategies for implementation of the APEC cervical cancer recommendations through an APEC cervical cancer roadmap.

Objectives
APEC’s 21 members aim to create greater prosperity for the people of the region by promoting balanced, inclusive, sustainable, innovative and secure growth and by accelerating regional economic integration. APEC members are: Australia; Brunei Darussalam; Canada; Chile; China; Hong Kong; Indonesia; Japan; Republic of Korea; Malaysia; Mexico; New Zealand; Papua New Guinea; Peru; Philippines; Russia; Singapore; Chinese Taipei; Thailand; United States; Vietnam. The APEC Health Working Group works with partners to improve people’s health and well-being, aiming to promote trade, security, inclusive growth and development in the APEC region. The APEC Life Sciences Innovation Forum (LSIF) is APEC’s leading initiative on health and health sciences innovation and was formed in recognition of innovation’s critical role in growth and socio-economic development as healthy people produce healthy economies.

Overarching Aims of the Workshop
1. Jointly promote the policy recommendations from the APEC Cervical Cancer Workshop 2014 including development of a high-level policy statement;
2. Build consensus for the APEC Roadmap for Implementation of Cervical Cancer Prevention and Control;
3. Explore collaborative whole-of-government and whole-of-society initiatives for implementation within the Roadmap;
4. Identify tools and resources to assist with Roadmap implementation (e.g. toolkits, literature reviews, decision-making matrices, best-practice documents).

Format
The audience was comprised mainly of health policymakers, civil society, academic and private sector participants from the 21 APEC member economies who have an interest in addressing non-communicable diseases to improve human health and promote sustainable economic growth and development. In addition, participants from non-APEC Latin American countries attended to present information about successes, challenges, and lessons learned in cervical cancer prevention and control around the world.
The workshop included seven sessions ranging from approximately 1-1.5 hours. Each opened with brief panel presentations by 3-6 experts with targeted messages, followed by moderated discussions and active roundtable discussions which would then report back to the group. The following report is presented as an annotated agenda with key notes captured from each session. Where available, presenters’ slides are linked within the title of their presentation, via the APEC Meeting Documents Database (MDDB). The workshop provided simultaneous English-Spanish translation. A copy of the agenda is available [here](#).

**Outcomes**
The workshop included a number of high-level speakers from multiple sectors and APEC economies. Attendees participated in roundtables to discuss ideas for moving the Roadmap for Implementation of the APEC Cervical Cancer Recommendations, including:

- Increased awareness of the policy recommendations from the APEC Cervical Cancer Workshop 2014;
- Development of a roadmap for implementing the cervical cancer recommendations in APEC economies that includes specific action steps regarding cervical cancer prevention and control;
- Engagement of economies that were unable to attend the 2014 workshop and non-APEC Latin American countries;
- Identification of tools to assist development of the recommendations (e.g. a web portal serving as a clearing-house for best practices, guidelines, and economic information on cervical cancer prevention and control interventions);
- Development of a strategy for engaging multiple sectors within the roadmap including national and regional government, private sector, civil society, and academia;
- Development of a high-level policy statement regarding cancer prevention and/or control to be adopted by APEC at the Heads of State level.

Details are within the following report.

**Next Steps**
There was broad agreement that an electronic hub of tools and resources would be helpful for economies, as well as a platform to continue cross-regional exchange of best practices, challenges, lessons learned and innovative strategies in cervical cancer prevention and control. A cervical cancer expert group of interested economies will be assembled to take the lead on the Roadmap draft finalization and its implementation.
REPORT

The following provides descriptions of the workshop sessions and key points from presentations and discussions.

Session 1
Workshop Master of Ceremonies: Dr. Lisa Stevens – Deputy Director, Center for Global Health, National Cancer Institute, National Institutes of Health, U.S. Department of Health and Human Services, USA

Welcome and opening remarks
- H.E. Prof. Patricia Garcia, Minister of Health, Peru
- Dr. Tatiana Vidaurre, Executive Director, Instituto Nacional de Enfermedades Neoplásicas, Peru
- Dr. Edward L. Trimble, Director, Center for Global Health, National Cancer Institute, USA
- Prof. You-Lin Qiao, Director, Department of Cancer Epidemiology, National Cancer Center, Chinese Academy of Medical Sciences, China

Keynote Address
The Minister of Health of Peru, Dr. Patricia Garcia, gave opening remarks and a keynote presentation on her research on self-collection of HPV tests in Peru.

HOPE: Improving Women’s Life Using Molecular Testing for Screening of Human Papillomavirus (HPV)
- New model of preventing cervical cancer: HOPE, based on: (1) empowering women community leaders through training workshops, (2) use of CareHPV self-test screening with facilities where samples can be dropped off for processing 24 hours a day and (3) monitoring of patients via text messages.
- Cultural adaptation for the acceptance and implementation of molecular tests for screening.
- The study will allow the use of new technologies to address the screening of cervical cancer.
- Empowerment of the population (trained community leaders) to bring screening programs to the highest risk populations.

Objectives and anticipated outcomes of workshop
- Dr. Lisa Stevens, Deputy Director, Center for Global Health, National Cancer Institute, USA

Session 2
Setting the Scene: Making the Value Proposition for HPV and Cervical Cancer Prevention and Control
Moderator: Dr. Leslie Mancuso, President and CEO, Jhpiego

This session presented the health and economic benefits of cervical cancer prevention and control. Points of emphasis included the positive effects of working with broader government and society of and
supporting social stability, women’s empowerment, and economic growth. In addition, there was a discussion on the cost of doing nothing, both economically and in terms of public health.

1. **Cost Effectiveness and Value** – Prof. Karen Canfell, Director, Cancer Research Division, Cancer Council New South Wales, Australia
   - The HPV vaccination is effective and cost-effective in developed and developing countries, and complements cervical cancer screening programs.
   - Australia experienced a reduction in HPV incidence; covering 70% of the target population.
   - Now is a good time for action on vaccination because we know a lot about the disease and are developing the political will.

2. **Health Economics of HPV vaccination** – Simon Godfrey, Director, Global HPV Policy Leader, Global Communications & Government Affairs, Vaccines, GlaxoSmithKline
   - Of the more than 100 known strains of HPV, types 16 and 18 are related to 70% of cervical cancers; the 2-valent and 4-valent vaccines today are aimed at protecting against infection with these strains. More recently, a 9-valent vaccine has become available to provide greater coverage.
   - Many countries, especially developed countries, have introduced vaccination into their strategies for prevention and control of cancer. 118,000 people were vaccinated between 2010-2014.
   - It is necessary to ensure immunization programs are effective and sustainable.

3. **The Value of Early Detection and Diagnosis** – Dr. Jose Jeronimo, Senior Advisor Women’s Cancers, PATH
   - Early detection targets pre-malignant lesions.
   - Cytology (Pap screening) may not be the best screening test because of its low sensitivity.
   - Changing paradigms to other available technologies might yield better results, with higher sensitivity and can help make self-testing available.
   - The self-test yields faster, accurate results and is easier to administer.
   - HPV testing is cost-effective, empowers women, is a better use of resources, and can potentially help surmount challenges in monitoring.

4. **The Value of Treatment of Cervical Pre-Cancer and Cancer** – Dr. Ricky Lu, Director, Reproductive Health and Family Planning, Jhpiego
   - Many countries are only providing care in medical establishments with treatment capacity and are unable to keep up with the demand for certified medical or non-medical personnel.
   - New technologies can help facilitate point-of-care treatment (e.g. Cryopen, cold coagulation, cryopop)
5. **Q&A and Discussion:**

- **Question from the audience:** Why has the recommendation for HPV vaccine been reduced to 2 from 3 doses? **Panel:** The vaccines are relatively new with much research still ongoing. Recent immunogenicity studies highly support the recommendation for two doses.
- **To ensure value,** screening programs should have adequate, effective follow-up and treatment for women who have positive results.
- **In addition,** to ensure value, consideration needs be given to treatment effectiveness, safety, cost, acceptance, and training.
- **The specific type of molecular test that being considered by a country for screening programs should be validated with scientific support and international authorizations.**

**Session 3**

**Toolkit Introduction – Improving Data for Decision-Making in Cervical Cancer Programmes (IDCCP) – Global Toolkit**

**Moderator:** Dr. Jennifer Drummond, Lead Technical Advisor – IDCCP, CDC Foundation, USA

This panel generated awareness of the IDCCP Toolkit’s availability, content and purpose, through an introduction to the toolkit’s development, current stage of implementation in several countries, and future vision. The over-arching goal was to communicate ways in which the toolkit supports the APEC roadmap, as well as ways in which the tools and guiding information can be used to address the recommendations from the 2014 APEC conference in China. The IDCCP Global Toolkit, which is intended to be formally launched at the World Cancer Congress Nov 1-3, 2016 in Paris, includes the following tools: (1) cervical cancer data systems assessment; (2) population-based survey modules for cervical cancer screening and treatment; (3) cervical cancer patient and program monitoring; (4) facility-based surveys for cervical cancer screening and treatment; and (5) cervical cancer prevention and control costing tool.

1. **Toolkit Development – Dr. Ricky Lu,** Director, Reproductive Health and Family Planning, Jhpiego
   - Epidemiology saves lives by using quality information in monitoring and evaluation of programs.
   - The tool developed has 5 components and aims to have a common language between countries.
   - What doesn’t get measured isn’t happening.
   - Emphasis was made on two of the toolkit components: cervical cancer patient and program monitoring (CCPPM) and facility-based surveys for cervical cancer screening and treatment.

2. **Case Studies: Lessons Learned – Bill Steiger,** Chief Program Officer, Pink Ribbon Red Ribbon
   - The gap between screening and treatment is the biggest and most tragic gap in cervical cancer systems.
• It is important to understand the need for quality data to design a strategy. It is key that the information system is integrated, creating a network.
• For strategic planning and advocacy, it is important to know the real costs to achieve the goals and not just assume prices in cost calculations.
• Evidence-based data for policy and economic decisions is necessary.
• There is a need for greater monitoring of women with positive test results.
• There is a need to increase technical standardization and use of patient identification numbers.
• Better communication and flexibility are needed to increase political involvement and decisions.

3. **Toolkit Roll-Out and Future Vision Including Country Support** – Dr. Mona Saraiya, Associate Director, Office of International Cancer Control, Centers for Disease Control and Prevention, USA
   • The public health model in some countries has allowed 25 years of screening that has resulted in millions of diagnoses, treatment and lives saved.
   • This IDCCP toolkit is especially needed in low- and middle-income countries.
   • The next steps include training more countries so the tools become self-sustaining.
   • There is a strong need to develop additional tools to assist on data systems in countries with newly initiated cancer prevention and control programs. We expect more funds to develop similar tools for colon and breast cancer, as well as resources for tracking.

**Session 4**

**Panel and Roundtable – Establishing and Sustaining Political Will and Public Support for Cervical Cancer Prevention and Control**

Moderator: Dr. Elmer Huerta, Director, Cancer Preventorium, Washington Cancer Institute/MedStar Washington Hospital Center

The panel included targeted examples of countries establishing political will and public support to address cervical cancer prevention and control. Speakers discussed how they strategically engaged these two important constituencies, how they worked with multiple government agencies and non-government stakeholders to strengthen efforts, the keys to effectively building support, and lessons learned.

1. **Peru – Dr. Tatiana Vidaurre**, Head, Instituto Nacional de Enfermedades Neoplásicas, Peru
   • Plan Esperanza (The Hope Plan) is a cancer control plan in Peru that is based on scientific evidence and published in a policy white paper.
   • Peru is the only country in South America with a designated fund for prevention and comprehensive cancer care.
   • Communication strategies have been very important because they make the health system approachable and help empower people to own the process.
It is important to identify leaders to champion the issue as a national priority such as: ministers, congressmen, politicians, and civil society.

Collaborative networking in intellectual and scientific work is essential.

2. **Cervical Cancer Prevention and Control- The British Columbia Experience, Canada** – Dr. Malcolm Moore, President, British Columbia Cancer Agency, Canada
   - In British Columbia the main challenges are: the expansive size of the territory, no private practice, limited uptake of prevention strategies in the indigenous population, and greater need for comprehensive public awareness and combating science skeptics.
   - Following expert assistance, clinical guidelines are created and they are presented to policymakers. Fortunately, the government trusts clinicians and scientists and typically adopts the recommendations.

3. **HPV Vaccination Programme in Malaysia** – Datuk Dr Lokman Hakim Sulaiman, Head of Public Health Programme and Deputy Director General, Ministry of Health, Malaysia
   - In Malaysia, HPV vaccination became a key strategy due to low screening coverage, delay in seeking treatment, and support of vaccination by WHO.
   - There is a good relationship with the government, the program is cost-effective (saving 10X what it costs). Working with religious leaders has increased acceptance by public.
   - One challenge is getting the public to understand what the problem is and what the factors are. Media campaigns exist to provide public access to interactive information and conduct rumor surveillance.

4. **Innovative experience: Central America** – Dr. Francis Contreras, Vice Minister, Ministry of Health, Honduras
   - There is a strong need to convince the decision-makers on budget (ministries of finance) and the public health effectiveness argument is often unconvincing. More effective is addressing the impact on the budget of doing nothing combined with the human drama that the numbers represent.
   - Honduras underwent strategic planning for standardization of training resources, educational material, and evidence of success.
   - The laws were prompted, not by health officials, but by people impacted by cancer and by harnessing their passion. Personal testimony about cancer was instrumental to gaining support of the Minister and Congress.

5. **Q&A and Discussion:**
   - It is important to develop communication lines for specific target groups.
Many great achievements have not been from the health sector but rather stimulated by the voice of patients and in forming alliances.

6. **Parallel roundtable discussion notes (collated)**
   a. **What strategies have the economies at the table used to establish political will?**
      - Endorsement by the first ladies of the nation in different countries.
      - Activities of civil society.
      - Orders by Congress of the Dominican Republic to strengthen prevention activities
      - Strengthening comprehensive cancer centers.
      - Generating coalitions, strategic alliances such with cancer survivors, women's groups, etc.
      - Participation of civil society, NGOs, international organizations (UICC, WHO), companies (ACS), Professional Societies
      - Strengthening decentralization of oncology services.
      - Generate societal awareness in order to create a comprehensive cancer control plan based on evidence and to obtain financing
      - Identifying leaders, such as a credible celebrity, who can communicate messages.
      - Social mobilization: involving health professionals in other sectors' policies; building multi-sectoral coalitions.
      - Empowering professionals in their treatment capabilities; making an impact on awareness of the problem; noting what the cost benefits of prevention versus treatment.
      - Identifying a "champion" leader, building political awareness.
      - Prioritizing problems to identify realistic implementation.
      - In countries such as Colombia, they introduced new methods of screening for cervical cancer, and HPV Test/PCR, which are included in the new guidelines. In Singapore there is funding for the implementation of prevention programs in schools.
      - Identifying people to create passionate patient-driven messages/ survivorship testimony to politicians that also address the cost-benefit impact.
      - Identifying a model of integration into whole-of-society nationwide.
      - Using epidemiological data of countries to convince politicians of the cost-benefit of certain strategies.
      - Exercising citizenship; State funding for screening programs and inter-sectoral work.
   b. **What strategies have the economies at the table used to increase public support?**
      - Developing communication strategies and coalitions with non-profit organizations.
      - Reducing out-of-pocket spending for the neediest groups by providing sliding scale.
      - Involving groups of women volunteers and cancer survivors
• Involving religious leaders and other community leaders in social mobilization; forming a committee.
• Discussing reallocation of resources at technical meetings to find viable solutions.
• Health education: working collaboratively across sectors, particularly with the media.
• Raising cultural awareness: providing education, assertive primary prevention strategies such as HPV vaccine, and breaking myths/beliefs held in the population.
• Empowering the population through testimony of survivors
• Facilitating access to health services.

c. **What tools exist and would be useful for other economies looking to implement strategies to establish political will and public support for cervical cancer programs?**

• Communication tools such as TV, internet, social networks, and patient testimony.
• Availability of scientific evidence to rebut contradictory ideas such as opposition to HPV vaccines.
• IDCCP tools, technological tools, training in advocacy to policy makers.
• Training material from Superior Institute of Argentina Alberto Sabin
• Training and outreach to journalists from NCI
• Local and traditional tools available that can be improved and used.
• WHO guidelines and materials.
• Tools developed and used through programs like Pink Ribbon Red Ribbon
• Tool to design an appropriate advocacy plan.
• Health system strengthening tools.
• Tools on improvement of existing infrastructure.
• Information on getting necessary data such as incidence, vaccines, cost, accessibility.
• Information on creating a multidisciplinary environment.
• Strengthening the registration system, statistical data, and analysis.
• Planning strategies based on evidence.
• Tools to assess cost-benefit of strategies.
• Strengthen public support tools and counseling/screening at the primary care level.
• Tools and training to human resources and population.
• Technical documents, standard operating procedures, and economic evaluations.
• Tools for budgetary programs, which are evenly distributed, tangible, and comprehensive.
• Information on assertive communication including on optimization, improvement, and communications budgeting.
• Intervention studies on cost effectiveness, interventions in schools, using text messaging patient tracking on cell.
Session 5
Panel and Roundtable – Strengthening the Health Infrastructure and Capacity for Cervical Cancer Prevention and Control: Beyond “Bricks and Mortar”
Moderator: Dr. Leslie Mancuso, President and CEO, Jhpiego

There are a number of infrastructure building blocks that go into cervical cancer prevention and control that go beyond physical infrastructure or “bricks and mortar”. This panel included targeted examples of countries in building infrastructure and capacity to address challenges in cervical cancer prevention and control.

1. **Workforce Capacity** – Dr. Carlos Santos Ortiz, Chairman, Cancer Control Division, Instituto Nacional de Enfermedades Neoplásicas, Peru
   - There are many steps in cervical cancer control and if any of them fail, the program is ineffective. There is no single recipe, and countries must prioritize interventions according to local conditions.
   - The alternative that Peru is using: Visual Inspection with Acetic Acid (VIA).
   - Strengthen capacities by empowering trainers in Centers of Excellence.
   - Appreciate value of Centers of Excellence - they bring together experts of different levels and positions to create appropriate methodologies.
   - Adapt to challenges and regulations for screening and increase access to services.

2. **Health Information Systems, Guidelines and National Algorithms** – Dr. Jose Jeronimo, Senior Advisor Women’s Cancers, PATH
   - There is confusion among the medical community due to new technologies - molecular HPV testing, VIA, cryotherapy. It is therefore necessary to develop national algorithms.
   - Health systems allow you to better track impact.
   - The model SIVIPCAN information system allows information to be available nationwide.

3. **Prevention infrastructure** – Simon Godfrey, Director, Global HPV Policy Leader, Global Communications & Government Affairs, Vaccines, GlaxoSmithKline
   - Vaccines without vaccination is pointless
   - 5 Lessons:
     - Expect the unexpected – change is constant
     - Nothing ever goes to plan – build in flexibility and contingency plans
     - Trust is everything – be trustworthy and trust in your partners
     - Failure happens – Fail, but fail fast and share your lessons
     - Collect the data – Evidence is essential. If you don’t collect data, no lessons will be learned
4. **Screening Infrastructure** – Dr. Suleeporn Sangrajrang, Deputy Director, National Cancer Institute Thailand
   - In Thailand the majority population is covered by a scheme of Universal Health, including a national screening program for cervical cancer for women 30-60 years doing a Pap or HPV molecular test every 5 years.
   - There are barriers in the system, despite having an information system; follow up with patients is insufficient. Being sensitive to patients’ needs also needs improvement.
   - It is important to share experiences and mitigate rumors about new strategies, such as vaccination.

5. **Research and Evaluation Capacity** – Prof. You-Lin Qiao, Director, Department of Cancer Epidemiology, National Cancer Center, Chinese Academy of Medical Sciences, China
   - Recent studies in China on screening for cervical cancer tested the sensitivity and specificity of the various types of screening such as: self-sampling HPV, ThinPrep, colposcopy, VIA. The results showed HPV is the most accurate (both more specific and sensitive).
   - The careHPV study has begun in rural areas of China.
   - One of the HPV vaccines was recently yet approved.
   - China seeks to implement a control program for cervical cancer screening and vaccination.

6. **Building Capacity to Translate Knowledge to Practice and Improve Monitoring and Evaluation** – Silvana Luciani, Senior Advisor, Cancer Prevention and Control, Pan American Health Organization, World Health Organization
   - WHO and PAHO support three critical things in cervical cancer: 1) Translating knowledge – synthesizing evidence into policy and practice recommendations and guidelines; 2) Monitoring of programs – screening coverage, treatment rate, quality; and 3) Program implementation – health systems barriers, implementation of new technology, awareness and demand.
   - It is critical to take into account innovations and new techniques in the prevention and control of cancer.
   - Integrated databases are needed to measure and perform monitoring of ongoing cases.
   - Creation of a central hub for communication to share the experiences of local implementation would be helpful.
   - Social media is essential to create opportunities with decision makers and promote strategies for prevention and control of cancer.

7. **Parallel roundtable discussion notes (collated)**
a. **How can the Roadmap be used to support capacity building in the areas mentioned (workforce, health information systems, translation of evidence to practice, research and evaluation)? What tools exist that can be distributed?**

- Information on vaccine effectiveness.
- Tools on cancer registries.
- Information on HPV self-testing.
- Guidelines and standards in cancer prevention and treatment for the formation of multidisciplinary human resources (health professionals, community leaders, civil society)
- University education that includes screening; training screening and testing professionals on vaccination programs; educational packages through schools of excellence.
- Communication systems.
- Roadmap as a guiding document in programs for prevention and control of cervical cancer in APEC economies
- Mentorship and technical assistance from experts in the region.
- Resources on developing public health campaigns.
- Understanding the barriers to the implementation of programs and design solutions.
- Information on replicating the experience of Centers of Excellence in the region.
- Technical document 43 from IARC.
- Tools for physical and electronic monitoring for cervical dysplasia.
- Cancer registry systems such as CanReg5
- Advocacy tools from UICC.

b. **What tools should be created if they do not yet exist?**

- National cancer registry information on Peru and the region.
- Develop greater number of training guides.
- Information on capacity building programs and training to improve human resources and specialized capacity.
- Guidelines to address problems associated with cultural barriers to screening.
- Tools to educate parents and teachers before starting with vaccination programs.
- Optimization of mass communication strategies (radio, TV, press).
- Software-based, interconnected, and integrated information to improve monitoring, system monitoring coverage.
- Functional networks of searchable oncology systems.
- Permanent working group for APEC.
• Guide to application of algorithms that are critical to national cancer screening programs.
• Optimization of the mass audiovisual media (social networks).
• Training committee to monitor strategies and ongoing process.
• Implementation of science through research.
• Mechanisms for obtaining medications, HPV test materials, and control programs for cervical cancer.
• Strategic plan for monitoring patients with abnormal results.
• Electronic exchange for both assets and liabilities records.
• Training in pathology for the various stages of the disease.
• Tools to record the test results of DNA/HPV.
• Statistical tools to identify survivors.
• Tools for identifying and debunking myths.
• Human resource tools (i.e. - how many people are needed) to move from a pilot to a large-scale intervention.

C. **What is the best way to improve/enhance information exchange between economies?**

• Organize international academic activities to share lessons learned.
• Create organized electronic hub using the web; free exchange database and experiences of other countries, by creating a clearinghouse of information linked to cervical cancer working group of APEC.
• Create communication platform.
• Ensure representation of all economies
• Make information accessible in different regions.
• In-person and/or virtual meetings for evaluation of ongoing projects, objectives and goals.
• Perform virtual seminars (webinars)
• Create post events and network events and include other countries.

Session 6
**Presentations – Innovative Financing and Access for Cervical Cancer Prevention and Control**
Moderator: **Dr. Edward L. Trimble** – Director, Center for Global Health, National Cancer Institute, USA

The panel included targeted examples of innovative financing and access models used to address cervical cancer prevention and control. Speakers discussed how they worked with multiple government agencies and non-government stakeholders to strengthen efforts, the keys to effectively developing sustainable financing and access, and lessons learned.
1. **Innovative Financing and Access and the Private Sector** – Dr. Julia Spencer, Executive Director, Vaccine Policy and Government Relations, Merck
   - In order to achieve behavior change society must work in partnership with all organizations of the health system: NGOs, civil society and other organizations and build a sustainable program.
   - Funding for cancer prevention and control should be predictable, stable, timely, achievable, and transparent enough for all program activities.
   - Data on the implementation of the vaccination strategy should be collected, processed and subsequently disseminated to reinforce the impact of vaccination on the population.

2. **Innovative and sustainable financing in Peru** – Dr. Tatiana Vidaurre, Executive Director, Instituto Nacional de Enfermedades Neoplásicas, Peru
   - Plan Esperanza (The Hope Plan) is a model of comprehensive cancer care ranging from prevention to treatment, and is based on the multi-causal cancer theoretical model. To be successfully implemented it requires a stable economy, growth, poverty reduction, allowing for sustainability and financial protection.
   - Results-based budgeting (RBB) allows monitoring and evaluation of the quality of spending.
   - National attention to the decentralization of cancer services, allows the implementation of technology and equipment; and the transfer of knowledge at different levels of care through schools of excellence.

Session 7
*Panel and Roundtable – Building Coalitions to Overcome Obstacles to Cervical Cancer Prevention and Control*
Moderator: Caroline Slade, Senior Regional Global Health Manager, BD

The panel included targeted examples of coalitions formed to address cervical cancer prevention and control. Speakers discussed how they initially engaged different groups and how they maintain cohesion, the value different stakeholders bring, how planning is carried out and decisions are made (including how evidence is incorporated into decision-making), and keys to effective communication.

1. **Building Coalitions That Add Value** – Dr. Simon Sutcliffe, President, International Cancer Control Congress Association
   - One must first clearly establish the plan, the purpose, and importance of cancer prevention. Next, determine who the decision-makers are and how they are related.
   - Determine partners: scientists, professionals, professional associations, scientific associations, private sector, public sector and those who influence society.
• The conditions for a strategy to be effective are: government commitment, social mobilization, prioritization on the agenda, and a growing economy.

2. **Working across borders: Regional Collaboration on Cervical Cancer Prevention and Control** – Dr. Silvina Arrossi, Scientific Coordinator, National Program on Cervical Cancer Prevention, Ministry of Health and National Cancer Institute, Argentina
   • The voice of 12 South American countries collaborate in RINC, an initiative to address the problem of cancer in the region.
   • The 5 priority areas of work on cervical cancer are: HPV testing, Vaccine, VIA, access to diagnosis, and treatment.

3. **Diverse partnership across sectors: Pink Ribbon Red Ribbon** – Dr. Roxana Regalado, Instituto Nacional de Enfermedades Neoplásicas, Peru and Bill Steiger, Chief Program Officer, Pink Ribbon Red Ribbon co-presented.
   • The DICON is an organization responsible for proposing INEN standards, epidemiology, health information, research, and oncology education.
   • Monitoring and evaluation is through technical assistance, agreements, comprehensive cancer plan, etc., necessary to achieve the objectives.
   • Pink Ribbon Red Ribbon coordinates actions to prevent cancer in women and girls in regions where the disease burden is greater, mobilizing resources from governments, organizations, foundations and corporations.
   • Considerations for an alliance are: epidemiological data from the country, national commitment to cancer prevention, screening and treatment programs, identify leaders.

4. **Parallel roundtable discussion notes (collated)**
   a. **How can the Roadmap be used to support innovative financing and improved access?**
      **How can the Roadmap support coalition-building? What tools exist that can be distributed? What tools should be created?**
      • Tools on strengthening, empowerment of social sectors.
      • Improvement of molecular biology laboratories and technology transfer for studying DNA/HPV.
      • Primary prevention strategies such as immunizations and education.
      • Intercultural strategies.
      • Training human resources with multidisciplinary approach.
      • Information on Results-Based Budgeting (RBB).
      • Information on financing vaccines and testing for HPV.
      • HOPE model implementation plan.
• Information on creating a regulatory mechanism to ensure that the budget is properly distributed.
• International cooperative groups for the purchase of drugs and technologies.
• Components of sustainable financing
• Assessment of local economies and financing schemes.
• Micro-costing models (CISNET Tools)

b. What is the best way to enhance collaboration between economies?
• Coordinate actions with local and regional governments, strengthen strategic partnerships.
• Strengthen support groups among countries for the purchase of needed supplies.
• Create a revolving fund for technology transfer.
• Creation of mobile units and interactive networks.
• Ensure decentralization of budgets.
• Standardize drug pricing and technology according to each region and/or cooperative groups.
• Understand the reality of each country and consider the strengths and weaknesses to decide which areas need more support.
• Strengthen prevention efforts among economies and institutions via workshops; info sharing.
• Have specific goals and formal organization- RINC as a model.

c. What pilot projects could be undertaken between sectors or between economies?
• Develop a regional plan for cancer projects.
• Create a system of electronic medical records with the National Identification Document to improve coverage and avoid duplication of cases.
• Monitoring and evaluation of screening test using DNA/HPV
• Cancer preventoriums
• Interagency and international cooperation projects within workgroups.
• Pilot projects to demonstrate feasibility of DNA/HPV test.
• Create network projects for the prevention of cancer among regions.
• Mobile units for cancer prevention.
• Work with different sectors to establish coordinated guidelines for consideration and implementation by various sectors.

Closing
Dr. Tatiana Vidaurre and Dr. Edward L. Trimble gave closing remarks: Wrap-up of the day and call for consensus on Roadmap as we begin to plan for 2017 APEC in Vietnam. A reception hosted by Instituto Nacional de Enfermedades Neoplásicas followed the workshop and was open to all participants.