

Person-centred care approaches for preventing HPV-related cancers among people living with HIV

Webinar report

On 19 February 2024, IAS – the International AIDS Society – the World Health Organization (WHO) and Unitaïd convened a webinar to share the latest evidence and implementation guidance on the prevention and management of human papillomavirus (HPV)-related cancers, especially among people living with HIV. The webinar highlighted the role of civil society in cervical cancer elimination and shared key lessons learnt on the integration of HIV and cervical cancer screening and treatment programmes.

The event was attended by HIV community healthcare workers, clinicians, public health practitioners, implementers, community advocates, researchers and many others working towards preventing and managing HPV-related cancers, especially among people living with and affected by HIV. This webinar was a follow-up activity to the IAS- and Unitaïd-organized pre-meeting at IAS 2023, the 12th IAS Conference on HIV Science. Find out more about this past event and view related materials [here](#).



Updates in HPV-related WHO guidance, especially for people living with HIV

Meg Doherty (WHO, Switzerland) emphasized that people living with HIV have increased vulnerability to HPV-related cancer. This elevated vulnerability is manifested throughout the life course, beginning with an increased risk of acquiring HPV. People living with HIV have more rapid progression of high-risk HPV infection to precancer lesions and subsequently to cancer, and also reduced likelihood of regression of precancer lesions, and higher rates of recurrence following treatment. She shared progress in efforts to expand access to HPV vaccination, cervical precancer screening and treatment, but indicated that important geographic and socioeconomic inequities still exist, especially in access to screening and treatment of cervical precancerous lesions. In 2030, [WHO targets for cervical cancer elimination](#) include:

- 1) 90% of girls receive complete HPV vaccination by the age of 15;
- 2) 70% of women are screened using a high-performance test by the age of 35, and again by the age of 45;
- 3) 90% of women with cervical precancer are treated and 90% of women with invasive cancer are managed.

To support countries in implementing and scaling strategies to prevent HPV-related cancers, WHO has recommended a [one-dose HPV vaccine schedule](#) to increase access for all populations. WHO also recommends the use of HPV-DNA test as a primary screening test and has developed screening and treatment guidelines for cervical cancer prevention for the general population of women and for women living with HIV. Meg noted that there is an increase in the number of countries introducing HPV vaccination and adopting WHO's recommendations on cervical cancer screening and treatment into national guidelines including countries with the highest burden of cervical cancer. WHO continues to focus on supporting HPV vaccination, [integration of person-centred care for HIV and HPV-related cancers](#), improved monitoring of cervical cancer screening and treatment coverage, addressing knowledge gaps and strengthening links with communities.

The role of civil society in cervical cancer elimination in Africa

Benda N Kithaka (African Cervical Health Alliance, Kilele Health Association, Kenya), a civil society activist and advocate for policy change, shared the current priorities of the African Cervical Health Alliance (ACHA), a network of civil society organizations in Africa working together to eliminate cervical cancer in Africa through community action. Benda emphasized that social determinants of health play an important role in the impact of cervical cancer in Africa. To further efforts towards the elimination of cervical cancer, Benda highlighted the need for advocacy to change policies and for further research on person-centred care interventions. There is a need for improved infrastructure, integrated services, increased funding and prioritization of the cervical cancer elimination goals. Person-centred care and research interventions should prioritize addressing barriers to care, safeguarding cervical health and involvement of clients in shared decision making. ACHA also continues to foster passionate communities formed by people with lived experiences and provide accessible resources for a long-term solution to HIV and cervical cancer.



Building the investment case for cervical cancer elimination, including for people living with HIV

Karen Canfell (The Daffodil Centre, Cancer Council NSW and the University of NSW, Australia) presented the investment case to support the 90-70-90 WHO cervical cancer elimination targets by 2030. If the targets are achieved, modelling has shown that rates of cervical cancer will decrease significantly, and up to 63 million deaths could be averted over the course of the next century. She noted that evidence shows that primary HPV screening can be the most cost-effective option for the general population and for women living with HIV, and she emphasized the urgent need for increased access to affordable HPV testing. She noted the opportunity to leverage the increased capacity of molecular testing established in many countries due to the COVID-19 pandemic. Unitaid will publish a technology landscape, including details of which HPV screening tests are approved and have clinical validation to ensure quality and reliable testing.

Karen concluded by highlighting the importance of country engagement and leadership for modelling evidence to support the development of effective investment cases. She highlighted the example of the success of the Vanuatu clinic's data collection, which points to the possibility of cervical cancer elimination by 2050-2054, a powerful evidence tool in making an effective investment case.

The integration of cervical cancer screening and treatment in HIV services: Key lessons learnt

Helen Kelly (WHO, Switzerland) shared insights from a WHO-convened meeting held in May 2023, which documented different models of service delivery for cervical cancer screening and treatment for women living with HIV, including successes, challenges and lessons learnt. A wide variety of service delivery models were observed, including the integration of cervical cancer screening in HIV clinics, within maternal and child health and/or family planning services. The most widely used screening and treatment modalities reported included visual inspection with acetic acid and thermal ablation, however initial experiences with HPV-DNA-based screening were reported.

Participants in the meeting discussed the cost and infrastructure needs for HPV-DNA testing programmes, the opportunities for creating efficiencies and cost savings through the integration of laboratory and data collection systems, and the opportunities for implementing self-collection for HPV-DNA-based testing and community-based models of care. Challenges discussed included the retention of women within the cervical cancer screening-triage-treatment pathway, especially where same-day HPV-DNA test result is not possible and a second visit may be needed for the triage step. However, existing HIV infrastructure offers a platform to engage and retain individuals in the screening-triage-treatment pathway. An alignment of cervical cancer screening, triage and treatment visit schedules with corresponding ART visit schedules can help retain women in care. Meeting participants also highlighted the important role of civil society organizations in raising community awareness, facilitating women's access to cervical cancer screening and treatment to advance cervical cancer elimination.

Malawi's approach to cervical cancer secondary prevention: The model of HIV/CxCa services integration

Doreen Ali (Ministry of Health, Malawi) presented Malawi's integrated cervical cancer and HIV services prevention model. In Malawi, HIV prevalence is twice as high among women than men. Doreen showcased the establishment of a national Cervical Cancer Prevention programme. Since 2018, cervical cancer screening and treatment has been integrated into routine ART services, where every client in an ART clinic is offered cervical cancer screening information and services. These include same-room cervical cancer screening and treatment, integration of cervical cancer messages in routine client counselling, training for ART providers on cervical cancer screening and precancer treatment, and thermal ablation devices in ART clinics to ensure same-day treatment.

The integration has opened opportunities for financing from leveraged funding from Unitaid, PEPFAR and Global Fund investments. From 2019 to 2023, key achievements in Malawi included a notable increase in screening facilities, access to cervical cancer screening and precancerous lesion treatment coverage. Doreen outlined several challenges in the Cervical Cancer Prevention programme's integrated approach: inadequate funding; lack of awareness; cultural and societal factors, which affect rates of retention of women in care; and poor quality of tertiary care services.

Improving access to HPV testing

Maribel Almonte (WHO, Switzerland), an implementation scientist working for the Cervical Cancer Elimination Initiative, focused her comments on improving access to high-performance HPV testing. Approaches mentioned include: promoting simple screening algorithms to improve the efficiency of testing programmes; understanding barriers to care and improving communications; ensuring affordable supply of tests and treatment; increasing the capacity of laboratory and screening services; and integrating these services into primary healthcare.

In 2022, five new priorities were discussed for evidence assessment as part of the *Living recommendations and systematic reviews for the WHO Screening and Treatment Recommendations to Prevent Cervical Cancer*: HPV extended genotyping; HPV self-sampling; screening and treatment strategies for women living with HIV; using artificial intelligence (AI) for the visualization of the cervix; and HPV point-of-care testing. Two target product profiles (TPPs) have been developed for HPV laboratory testing and for HPV point-of-care testing and are [open for consultation](#). WHO continues to conduct private sector dialogues to strengthen the contribution and commitment of the private sector in increasing access to HPV tests. WHO will publish its evaluation of novel screening and treatment techniques, final HPV TPPs and details of the private sector communications soon.



Updates to anal cancer screening evidence

Andrew Grulich (The Kirby Institute, University of NSW, Australia) presented the latest research findings for anal cancer, highlighting the first-ever evidence that [treating anal cancer precursors reduces anal cancer risk](#). In the Anchor study conducted in the United States, high-resolution anoscopy (HRA) conducted every six months within a median follow-up of two years resulted in a 60% anal cancer incidence reduction. Recently, the first-ever set of guidelines for anal cancer screening was published: the [International Anal Neoplasia Society's consensus guidelines for anal cancer screening](#). It recommends that individuals with HIV, women with vulvar HSIL or cancer and solid organ transplant recipients be screened. For anal cancer screening, there is a need for high-specificity tests to reach populations as screening techniques like anal cytology and HRHPV have insufficient specificity. However, HRA infrastructure and the health system funding to develop this remain insufficient. CDC guidelines for anal cancer screening are expected to be published soon.

Reflections from lived experience advocate

Sally Agallo Kwenda (NCD Alliance, Kenya) shared her lived experience with cervical cancer. After her HIV diagnosis in 1999 and acquisition of HPV, Sally was diagnosed with stage two cervical cancer in 2007, followed by anal cancer. Since her treatment, Sally has been advocating for early screening in women with HIV and enjoys representing women with HIV and women affected by cervical or anal cancer. Sally emphasized the need for integrated health services for women living with HIV and improved treatment costs. She currently speaks out at various forums to share her story and encourage women to be screened for cervical cancer.

"We all deserve access to effective treatment for HIV, opportunistic co-infections and co-morbidities, but affordability is a concern. The total cost of treatments is doubling every few years and becoming more and more scary to clients. So, that's my area of focus in advocacy. I'm looking forward to a day when we'll not have to hear these terrifying stories of unaffordable treatment costs!" – Sally
