THE DELHI DECLARATION

The Delhi Declaration of the South Asia Meeting on *HPV Prevention & Control Landscape and the way forward*, New Delhi, India, December 13-15, 2022

The participants of the South Asia Meeting on *HPV Prevention and Control Landscape and the way forward* at New Delhi, India, this 15th day of December in the year two thousand and twenty-two

Expressing the need to accelerate the introduction and sustainability of HPV prevention and control programs in South Asian countries towards the elimination of Cervical Cancer;

Hereby make the following declarations:

I

HPV infection affects both women and men. In most LMICs, including all South Asian countries, over 90% of the reported cancers associated with HPV occur in women. Importantly, HPV-associated cancers are vaccine-preventable.

II

The Member States of the WHO have adopted a World Health Assembly resolution committing themselves to eliminate cervical cancer as a public health problem. Elimination is expected to be achieved when fewer than 4 cases of cervical cancer occur per 100 000 women years. To reach this threshold by the end of 21st century, WHO has set up the 90-70-90 targets to be achieved by 2030 and maintained:

- 90% of girls fully vaccinated with HPV vaccine by age 15;
- 70% of women are screened with a high-performance test by 35, and again by 45 years of age; and
- 90% of women identified with cervical disease receive treatment (90% of women with pre-cancer treated; 90% of women with invasive cancer managed).

Each country is required to meet these targets within next 8 years (by 2030) to stay on the path to elimination of cervical cancer.
These elimination targets align also with WHO-EMR and SEAR Strategic Plans July 2022.

III

Nine countries (Afghanistan, Bangladesh, Bhutan, India, Maldives, Myanmar, Nepal, Pakistan and Sri Lanka) share historical bonds and socio-cultural commonalities. These countries bear almost 25% of global burden of new cases and 27% of deaths. Cervical cancer ranks first among all cancers among women in Bhutan and Myanmar and second in all others except Pakistan (where it ranks third).

Four countries (Bhutan, Maldives, Myanmar and Sri Lanka) have already introduced the HPV vaccine in their National Immunization Programmes and others are in various stages of preparation for introduction.

Five countries (Afghanistan, Bangladesh, Myanmar, Nepal and Pakistan) are eligible for accessing Gavi support for procurement of HPV vaccine, whereas the other four need to self-finance. Cervical cancer screening has been initiated in all countries except Afghanistan; its coverage varies widely at present with no country reaching 10%.
Recognizing the above, attention is drawn to the following challenges and opportunities:

Challenges

1. There is a need to accelerate the rollout of vaccination along with screening, diagnosis, and treatment facilities as it will contribute strongly to reduce the risk for worsening global inequalities of access, acceptability, affordability of effective and efficient tools of cervical cancer elimination.

2. Vaccine delivery needs to be acceptable, available, and affordable. There is a need for high-quality formative studies to inform the HPV vaccine rollout strategies and frame appropriate communication strategies.

3. Following the adoption of the global strategy to accelerate the elimination of cervical cancer in November 2020 by WHO Member States, worldwide fast-track introduction and coverage of HPV vaccine is imperative to achieving its targets. Despite a better supply situation in the near future to meet global demand, access constraints at the individual country level are foreseen over the next 3 years. Timely delivery of vaccines, following a global surge in demand, is likely to test the resilience of manufacturers.

4. Even in some high-income countries, HPV vaccine uptake has been low, indicating the challenges of achieving 90% HPV coverage.

5. The current cost of vaccines is likely to be a major challenge for countries that will self-finance the vaccine.

6. Availability of cervical screening in a culturally sensitive manner shall be of paramount importance, backed by appropriate linkages for diagnosis and management of cervical disease. Screening rates currently remain low, and the methods and quality of screening remain uneven.

7. Scale and quality of treatment of cervical cancer, its linkage with screening across levels of health care remain sub-optimal in these countries.

8. Policymakers confront significant hurdles in measuring real disease burden as epidemiological data regarding HPV infection and cervical and other related cancers are inconsistent and incomplete, as reflected in wide range of estimates of illness burden.

Opportunities

1. Political will towards greater investment in the elimination of cervical cancer is available, and the moment is opportune to harness this in the region.

2. By 2024, a sufficient increase in the global production capacity of HPV vaccine is likely to result in a healthy HPV vaccine market. This outcome is subject to the success and timing of the clinical development programmes currently in advanced stages as well as achieving of augmentation of manufacturing capacities by HPV vaccine manufacturers.

3. Three HPV vaccines produced by companies with large-volume manufacturing capabilities - one in India (quadrivalent) and two in China (bivalent), are likely to become available soon. Several other vaccine development efforts are in progress in India, Thailand and other LMICs rendering greater access and affordability.

4. Studies done in India and other developing countries have shown the efficacy of a single-dose HPV vaccination schedule. The Strategic Advisory Group of Experts on Immunization, WHO (SAGE) has recommended the use of either single- or two-dose schedules. The potential widespread adoption of a one-dose schedule shall lead to higher supply flexibility in the short term. In the medium term, it can lead to supply and programmatic flexibility.

We commit ourselves to fully support the implementation of the Global Strategy to Accelerate the Elimination of Cervical Cancer in countries of South Asia.

As countries move from control to elimination of cervical cancer, the discourse centres mainly on the opportunities and challenges in scaling up vaccination, screening of pre-cancerous and cancerous lesions and treatment in low- and middle-income countries, and successfully achieving the 90-70-90 targets.

Within this context, in the coming months and years, we propose to:

1. Advocate for regional and national cervical cancer elimination strategies that align with global and regional initiatives, and do so by taking into account national capacities in order to ensure their implementation in every single country as well as a coordinated effort for regional synergy of political commitments;

2. Establish cooperative efforts and enhance south-south cooperation and learning in order to improve cervical cancer elimination capacity of countries and organizations including sustainable nationwide introduction of HPV vaccines that will be able to withstand the impact of current and future health emergencies;

3. Prioritise girls as primary vaccine beneficiaries in view of the resource constraints and high disease burden among women in most LMICs. Vaccination of boys and older age groups can be considered in the second phase - based on the coverage among girls, vaccine availability and financial implications;

4. Strengthen cervical cancer screening efforts for the under-screened and under-served women to reduce the incidence and mortality of cervical cancer by promoting investment for the development and advancement of simpler yet valid cervical cancer screening measures for resource-poor settings; training of human resources and establishing functional 'patient-navigation-system' for continuum of care;

5. Advocate for health system strengthening, including laboratory infrastructure and workforce training to implement and deliver concurrently at scale the quality and effective cervical cancer screening and treatment facilities;

6. Strengthen health information systems and establish registries by linking individuals with unique identification after vaccination, screening, treatment, and outcome. Analysis of reported data will enable evidence-based decision-making to identify and address country-specific needs and current inequities;

7. Endorse the establishment of a robust monitoring framework for the progress of HPV vaccine coverage and cervical cancer elimination activities;

8. Establish a responsive vaccine safety surveillance and crisis communication protocol, and maintain operational readiness;

9. Eliminate cervical cancer through primary and secondary level preventive interventions, along with continuum of care; palliative care; prevent and minimize social disruptions for cervical cancer patients; ensure and encourage political and sustainable financial commitments (through increased public funding for health) to enable and ensure equitable access to cervical cancer services; and

10. Work with stakeholders to achieve global targets of cervical cancer elimination through sharing knowledge, data and programme experience. Facilitate multi-sectoral partnerships to mobilise resources and collaborate on innovative service delivery to increase access and quality of care and improve health outcomes.

Acknowledging the diversity of efforts and institutional missions, this partnership will provide leadership and advocate and coordinate the efforts in and across various sectors and settings to improve the cervical cancer elimination efforts through strengthening primary and secondary preventive measures with equitable coverage in the South Asian countries.

This declaration reflects the shared goals of participants in the South Asia Meeting of New Delhi on* HPV Prevention Landscape and the way forward, *December 13-15, 2022.

The meeting was convened by The INCLEN Trust International, The Coalition to Strengthen the HPV Immunization Community (CHIC) and the HPV Prevention and Control Board.