

MEMORANDUM**RELEASE IN FULL**

TO: Secretary Clinton

FROM: Melanne Vermeer, Ambassador-at-Large, Global Women's Issues
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RE: Partnership to Combat Cervical and Breast Cancer

DATE: June 23, 2011

The Department of State has been asked to join the George W. Bush Presidential Center, Susan G. Komen for the Cure, and UNAIDS in a public-private partnership—entitled the Pink Ribbon-Red Ribbon Partnership—to combat cervical and breast cancer in low- and middle-income countries in Africa and Latin America. The founding partners, including President George W. Bush and former First Lady Laura Bush, plan to announce this public-private partnership in September, prior to the UN High-Level Meeting on Non-Communicable Diseases (NCDs), which will take place during the UN General Assembly this fall. We recommend that the State Department join the partnership and that you participate in the launch event. Ambassador Eric Goosby is supportive of this partnership as well and would like to contribute his support through the PEPFAR platform.

The Pink Ribbon-Red Ribbon Partnership

The specific goals of the Pink Ribbon-Red Ribbon Partnership are to:

1. Reduce deaths from cervical cancer in Africa by 25% in five years in countries engaged in the initiative by rapidly scaling-up inexpensive screening and treatment, with an emphasis on countries in Sub-Saharan Africa;
2. Increase awareness of cervical and breast cancer prevention, diagnosis and treatment in African and Latin American countries by leveraging the rapid expansion of HIV, family planning and other health programs;
3. Increase cervical and breast cancer advanced diagnosis and treatment programs in African and Latin American countries by leveraging the rapid expansion of other health programs, including HIV where feasible;
4. Integrate service delivery of cervical cancer and breast cancer prevention, screening and treatment with existing platforms that reach women at higher risk, beginning with HIV programs in many countries; and
5. Create innovative models that can be scaled-up and used globally.

Background on Cervical and Breast Cancer

As you know, communicable diseases—particularly HIV, TB and malaria—remain the major killers in Africa. At the same time, there is growing recognition that non-communicable diseases, including women's cancers, are a significant, yet often neglected, health problem in low- and middle-income countries throughout the world.

Cervical cancer is the most common women's cancer in Africa and is the third most common cancer in women, affecting 529,000 women and killing 275,000 women each year. In some parts of Latin America, cervical cancer diagnoses and death rates rival those seen in Africa. More than 85% of the global burden of cervical cancer occurs in developing countries, where it accounts for 13% of all female cancers, yet fewer than 5 percent of women have access to screening even once in a lifetime.

The great tragedy is that it costs pennies to screen for cervical cancer using household vinegar and, if identified at an early stage, curative treatment using liquid nitrogen is relatively inexpensive. It is estimated that single screening and same-visit treatment in an African setting would reduce the incidence of cervical cancer by 26 percent and would produce a net cost-savings for the health sector. In some countries in Latin American where Pap smears are available, many women simply are not screened.

Human papillomavirus (HPV)—a sexually-transmitted disease—is the primary cause of cervical cancer, and two vaccines already have been developed to prevent the spread of HPV. These two vaccines, called Cervarix (GlaxoSmithKline) and Gardasil (Merck), protect against HPV types 16 and 18, which cause most cervical cancers. However, although widespread provision and use of these vaccines would prevent the virus from spreading and save women's lives, the price of the vaccine has proved to be prohibitive in the developing world.

Breast cancer is estimated to affect 1.4 million women and to kill 458,000 women each year globally. The incidence of breast cancer is increasing worldwide, including in Africa and Latin America. Communication and public awareness are urgently needed to provide correct information about the nature and causes of breast cancer and to identify and overcome myths about these women's health threats that too often lead to stigma and prevent women from accessing life-saving prevention, care and treatment programs. Breast self-exam can be taught at the community level. Mammography is becoming available in a few locations, and it is possible to develop centers of excellence for treatment in the next few years, laying a foundation for expansion as expertise and resources expand.

Building knowledge and empowering women and girls for breast self-awareness and help-seeking in developing countries utilizes many of the same techniques and entry points that are mobilized for HIV prevention, care, and treatment education.

The Role of the United States Government

This partnership is being formed at a critical time. Interest in preventing and treating non-communicable diseases, including women's cancers, is growing in advance of the UN High-

Level Meeting on Non-Communicable Diseases (NCDs) scheduled for this fall. Notably, the Global Alliance for Vaccines and Immunization (GAVI) has identified HPV as one of its priorities and recently announced that Merck has agreed to provide Gardasil, its HPV vaccine, to GAVI at a reduced price of US \$5 per dose—a 67% reduction in the current public price. This price offer is the first of its kind for developing countries. The Pink Ribbon-Red Ribbon Partnership hopes to capitalize on this momentum.

The partnership will include a wide range of partners and activities in the focus countries, including building awareness of breast and cervical cancer, working with private sector partners to lower prices for products (including HPV vaccine), and supporting governments in their efforts to develop and implement national plans to address breast and cervical cancer.

With respect to our specific role, the US could commit to continuing our work to scale up simple and cost-effective cervical cancer screening among the most high risk women, building on the successful integration of cervical cancer screening into PEPFAR treatment sites. Through PEPFAR funding (approximately \$6M USD in FY10), the US is currently supporting cervical cancer screening and treatment among HIV-positive women in over 225 clinical sites in twelve African countries, using a technique called visual inspection with acetic acid (VIA). VIA can be conducted in a few minutes at very low cost by trained community health workers and other providers, making it ideal for integration into other programs in low-resource settings. Through this partnership, we could work to rapidly implement and expand the use of VIA. With approximately \$6M additional USD, PEPFAR could expand to 550 clinical sites,¹ doubling the number of high-risk HIV-positive women who would be screened and treated for cervical cancer each year, thereby improving health outcomes for a population at the greatest risk of cervical cancer. We also would continue to integrate VIA services into HIV treatment and care platforms in Africa, with an emphasis on Sub-Saharan Africa, while laying the foundation for expansion of programs through other health care outlets, such as family planning and maternal health programs. Finally, in Latin America, initial integration of VIA services would take place through existing health programs and would include efforts to diagnose and treat breast cancer.

The Launch Event Prior the UN General Assembly NCD Summit

You have been asked to participate in the launch of the Pink Ribbon-Red Ribbon Partnership in September in New York, NY. This event will take place immediately prior to the UN High-Level Meeting on NCDs at the UN General Assembly, which is scheduled for

¹ African countries currently using USG/PEPFAR funding to support cervical cancer activities: Cote d'Ivoire, Ethiopia, Mozambique, Tanzania, Botswana, Zambia, South Africa, Lesotho, Nigeria, Kenya, Uganda, Rwanda.

PEPFAR countries with high HIV prevalence among women that are *not* currently supporting cervical cancer activities with PEPFAR funding: DRC, Cameroon, Angola, Namibia, Malawi, South Sudan, Swaziland, Zimbabwe.

September 19th-20th. President George W. Bush and former First Lady Laura Bush are scheduled to represent the Bush Institute at a planned launch event on September 15th, as are the leaders of the Susan G. Komen Foundation. Although a September 15th launch date may not work with your schedule, given your prior commitment to participate in the APEC conference in San Francisco, if you are interested in joining this launch event we will explore other date options with our potential partners—including a possible launch at CGI, which coincides with the UN High-Level Meeting on NCDs.

Your participation in this launch event would give the U.S. a significant deliverable to highlight at the UN High-Level Meeting on NCDs. Your participation in this partnership is also in keeping with your longstanding commitment to women's health, including access to prevention, screening, and treatment of women's cancers. Finally, your participation in the launch event would signal a bipartisan commitment to a critical and often overlooked women's health need in the developing world. Bipartisan support for women's health is particularly important with respect to the issue of cervical cancer, which has been subject to controversy in the U.S. because of the sexually-transmitted nature of HPV and widespread medical support for vaccinating girls before the onset of sexual activity.