

Written Testimony by Jennifer S. Smith, Director and Traci L. Baird, Associate Director  
Cervical Cancer-Free Coalition  
to the  
Senate Appropriations Committee's subcommittee on State and Foreign Operations Appropriations  
Subcommittee on State, Foreign Operations, and Related Programs  
For Fiscal Year 2018

June 1, 2017

We thank the Chairman and the Subcommittee on State, Foreign Operations, and Related Programs for this opportunity to testify on appropriations for foreign aid and operations in FY 2018. Our testimony relates to the opportunity and need to ensure focus and resources to eliminate cervical cancer.

Cervical cancer currently claims 266,000 lives per year around the world, primarily in low- and middle-income countries (LMICs), where nine out of every ten deaths from cervical cancer occur<sup>i</sup>. The World Health Organization reports: "Cervical cancer is the most common cancer among women in 45 countries of the world, and it kills more women than any other form of cancer in 55 countries."<sup>ii</sup> These deaths are almost entirely preventable with the implementation of current evidence-based strategies: vaccination against human papillomavirus (HPV), regular screening, and treatment of precancerous lesions.

According to the Office of the United Nations High Commissioner for Human Rights and the World Health Organization, the right to health includes the right to prevention, treatment and control of diseases.<sup>iii</sup> We believe that women all over the world have the right to health and the right to benefit from advances in science and medicine, and that the United States should support efforts to decrease inequalities in health as a basic human right.

Addressing this preventable cancer is also in the United States' best interest, because ensuring that women are healthy and able to care for their families and participate in their communities and local economy is a cornerstone of global security. As noted by the 121 retired 3- and 4-star Generals who wrote to House and Senate leadership on February 27<sup>th</sup>, 2017, "development agencies are critical to preventing conflict"<sup>iv</sup>. Investing in women and girls – including saving their lives and protecting their health – enables economies to develop and countries to increase their stability. Countries receiving support for HIV/AIDS programs through PEPFAR, which has recently incorporated efforts to address cervical cancer given that HIV positive women have a notably higher risk of cervical cancer, have been shown to have decreased their national political instability by 40%, compared to a reduction of 3% in countries without PEPFAR funding.<sup>v</sup> Following a recent visit to Namibia, former President George W. Bush noted the need to provide cervical cancer programs alongside HIV programs, and the potential to end cervical cancer in Africa.<sup>vi</sup>

The Cervical Cancer Free Coalition supports international country-based and US state-based policy coalitions working to increase HPV vaccination, to increase cervical cancer screening to recommended levels, and to ensure continuity to treatment for women with positive screening results. By fostering partnerships with researchers, advocates, policymakers, cervical cancer survivors, healthcare providers, and others, strategies to prevent and treat cervical cancer can be developed to be appropriate to the context and population of each setting. Equally important is facilitating mutual learning across settings to advance the collective knowledge of effective implementation strategies for prevention programs.

We believe that we can achieve a cervical-cancer free world. The HPV vaccine to prevent cervical cancer to girls and young women costs less than \$5 per dose in many less-developed countries. Screening programs to increase early detection and treatment of pre-cancerous lesions have been shown by health economists to be highly cost effective.<sup>vii</sup> Cervical cancer programs complement ongoing efforts in health, including those focusing on HIV/AIDS, maternal health, and immunization. The U.S. government and its global partners have committed to invest in women and girls in many ways; we can enhance that investment by ensuring that cervical cancer does not claim the very lives we protect through other public health programs.

We are concerned that the recently proposed dramatic reductions in the foreign aid budget will significantly reduce the already limited funding that aid agencies and international partners can use to address cervical cancer. With the tools we have for education, vaccination, screening and treatment, we should be doing more to integrate cervical cancer into women's health programs, not less. We ask that your Committee recognize the threat to women from cancer as part of your deliberations regarding funding allocations for foreign aid.

We also respectfully request statutory language in the appropriations bill that focuses the U.S. government's attention on cervical cancer, a preventable cause of too many deaths among women in low- and middle-income countries. Our requested statutory language is as follows:

“Within 180 days of enactment of this Act, the Secretary of State shall submit to the Committees on Appropriations a report on the impact of cervical cancer in priority high-prevalence, lower-income countries, together with a plan to scale up cervical cancer vaccination for girls and screening and treatment services for women in those countries.”

We appreciate that the Committee has many competing priorities. We thank you for your consideration of the issue of cervical cancer and the proposed language to include cervical cancer interventions in programs going forward. HPV vaccination, cancer screening, and treatment of precancerous lesions are strategies that save lives and offer the world the opportunity to eliminate a preventable type of cancer.

Thank you.

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<sup>i</sup> <http://globocan.iarc.fr/old/FactSheets/cancers/cervix-new.asp>

<sup>ii</sup> World Health Organization. 2014. Comprehensive cervical cancer control: a guide to essential practice – 2nd ed.

<sup>iii</sup> <http://www.ohchr.org/Documents/Publications/Factsheet31.pdf>

<sup>iv</sup> [http://www.usglc.org/downloads/2017/02/FY18\\_International\\_Affairs\\_Budget\\_House\\_Senate.pdf](http://www.usglc.org/downloads/2017/02/FY18_International_Affairs_Budget_House_Senate.pdf)

<sup>v</sup> <https://bipartisanpolicy.org/library/the-case-for-strategic-health-diplomacy-a-study-of-pepfar/>

<sup>vi</sup> [https://www.washingtonpost.com/opinions/george-w-bush-pepfar-saves-millions-of-lives-in-africa-keep-it-fully-funded/2017/04/07/2089fa46-1ba7-11e7-9887-1a5314b56a08\\_story.html?tid=ss\\_tw&utm\\_term=.95686cd4c4f0](https://www.washingtonpost.com/opinions/george-w-bush-pepfar-saves-millions-of-lives-in-africa-keep-it-fully-funded/2017/04/07/2089fa46-1ba7-11e7-9887-1a5314b56a08_story.html?tid=ss_tw&utm_term=.95686cd4c4f0)

<sup>vii</sup> <http://www.bmj.com/content/344/bmj.e614>