

April 24, 2017

The Honorable Wade Warren
Acting Administrator
U.S. Agency for International Development
1300 Pennsylvania Avenue, NW
Washington, DC 20523-1000

Dear Acting Administrator Warren:

U.S. global health assistance programs have delivered dramatic results, saved millions of lives and contributed to a healthier, more stable and prosperous world. We the undersigned organizations, all committed to strengthening U.S. global health assistance, request USAID to help end deaths from cervical cancer by strongly considering integration of cervical cancer prevention and treatment into USAID's existing global health programs and platforms.

Cervical cancer, a disease that is both preventable and treatable, kills 266,000 women every year, as many as die during pregnancy and childbirth, and mostly in low- and middle-income countries. It is the most common cancer among women in 38 low- and middle-income countries.

The efforts of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to incorporate cervical cancer prevention and treatment into its programs for women and girls have had an enormous positive impact, but the United States can do more. Given the global burden of cervical cancer, the potential impact is great, while the cost can be minimal. For example, as little as \$25 can provide a woman with life-saving screening for and treatment of precancerous cervical lesions, which can easily be integrated into existing interventions in reproductive health, family planning and maternal health. Vaccination against human papillomavirus (HPV), which prevents most cervical cancers, can be provided for a cost per girl of \$14.13 (cost of vaccine and delivery). Vaccination also provides a platform for delivering other adolescent health information and services.

Using USAID funds for HPV vaccination and cervical cancer screening and treatment would also protect the U.S. investments in maternal health and in treatment for people living with HIV, since HIV-positive women are five times more likely to develop cervical cancer than their HIV-negative peers, and have a lower rate of survival from invasive cervical cancer. It makes no sense to save a woman from complications of AIDS, childbirth, or other health challenges addressed by U.S. global health programs, only to let her die from cervical cancer.

We respectfully request that USAID strongly consider clarifying to its Assistant Administrators and Mission Directors that programs to prevent and treat cervical cancer are eligible for USAID funds in accordance with the expressed priorities and policies in the sub-Saharan African countries in which USAID operates.

We look forward to working with you to take this step to protect women's health, and further advancing the progress in global health and economic development that this country's generosity has helped make possible. If you need additional information, or if you would like to meet with us to discuss this requests, please contact Jennie Aylward at Pink Ribbon Red Ribbon (jaylward@pinkribbonredribbon.org, 202-487-5078) or Paul Holmes at American Cancer Society Cancer Action Network (paul.holmes@cancer.org, 202-585-3267).

Sincerely,

American Academy of Pediatrics
American Cancer Society Cancer Action Network
American Congress of Obstetricians and Gynecologists
American Society for Clinical Pathology
AVAC
Bristol-Myers Squibb Foundation
Center for Health and Gender Equity
Cervical Cancer-Free Coalition
Christian Connections for International Health
CureCervicalCancer
Elizabeth Glaser Pediatric AIDS Foundation
FHI 360
Global Health Council
Global Initiative Against HPV and Cervical Cancer (GIAHC)
Global Oncology
GlaxoSmithKline
IMA World Health
Jhpiego – an affiliate of Johns Hopkins University
Management Sciences for Health
MobileODT
PATH
Pink Ribbon Red Ribbon
Project Concern International
Population Services International
RTI International
University of Texas MD Anderson Cancer Center
Varian
Young Professionals Chronic Disease Network

cc: Jennifer Adams, Ph.D, DAA/GH
Irene Koek, DAA/GH