

## Call to Action - Towards the Elimination of Cervical Cancer in the Pacific Islands



**Delegates from the following countries and organisations met in Suva, Fiji on 5-6 December 2019 and agreed to the Call to Action below:**

Delegates from Papua New Guinea, Vanuatu, Solomon Islands, Kiribati, Federated States of Micronesia, Fiji and Samoa together with representatives of the Pacific Society for Reproductive Health, Papua New Guinea Obstetrics and Gynaecology Society, Fiji Obstetrics and Gynaecology Society, Papua New Guinea Institute of Medical Research, Cervical Cancer Prevention in the Pacific, The Pacific Community (SPC), VCS Foundation, Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Kirby Institute at the University of New South Wales, Family Planning Australia, Australian Cervical Cancer Foundation, Fiji Cancer Society, Fiji National University, University of Otago, National University of Samoa and Victoria University. Also present were representatives of the United Nations Population Fund and the United Nations Children's Fund.

### We agreed to the following principles:

1. We support the global target to achieve elimination of cervical cancer as a public health problem, noting the current high burden of cervical cancer in the Pacific and the current lack of adequate vaccination, screening and treatment.
2. In line with the World Health Organization (WHO) draft targets for 2030, in the Pacific our targets are:
  - a. 90% of girls are fully vaccinated against human papillomavirus (HPV) by 15 years of age.
  - b. 70% of women have had an HPV screening test between 30 - 39 years of age and a second HPV test between 40 - 49 years of age.
  - c. 90% of women identified with cervical pre-cancer and cancer have received appropriate treatment and care
3. We support the principles of equity in striving for the elimination of cervical cancer in the Pacific so that no woman or community is left behind.
4. We support the principle of meaningful collaboration between Pacific Island nations in planning, procurement and knowledge sharing.

### We are committed to the following actions:

5. Raising awareness of cervical cancer in the Pacific and its impact on families and communities and strengthening advocacy for elimination.

### Vaccination

6. Exploring funding options including public-private partnerships for ongoing HPV vaccination in the Pacific.

- Urging Pacific Island governments to include HPV vaccination against HPV onto existing immunization schedules.

Screening

- Urging Pacific Island governments to transition to the delivery of effective cervical cancer screening with HPV testing and pre-cancer treatment services.

Consideration should be given to self-collection of vaginal samples in order to facilitate scale up and acceptability.

Treatment:

- Urging cooperation between Pacific Island Governments to establish a treatment centre for cervical cancer, including radiotherapy, to act as a referral hub within the Pacific.

Workforce:

- Assisting Pacific Island governments and training agencies to develop an essential workforce for the delivery of HPV vaccination, cervical cancer screening and the management of cervical cancer.

Registry establishment:

- Assisting in establishing an adequate registry to record information about vaccination, screening and treatment for the prevention of cervical cancer; and with potential linkage to a cancer registry. This will facilitate follow-up of the young with incomplete vaccination and women through the screening pathway. It will also enable robust monitoring and evaluation of vaccination and screening program performance.

END

For more information, please email any of the following:

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**Editorial - Let's Celebrate A Successful Year**

*Dr Gunzee Gawin*

*President, PSRH*



Festive season's greetings to all you members of the PSRH Family. Since been elected as your President in July 2019, I have not shared some of my visions and discussed issues I perceive as important for our region. I hope to

do so in this edition of the newsletter and subsequent editions.

As I write this, our family of health workers in Samoa are inundated with the measles outbreak. The outbreak is the result of having low immunization coverage. Tonga and Fiji have survived the outbreak because of their very high immunization rate in the region. Such an outbreak takes a toll on the resources and staff. We offer our prayers and support to our families.

As your President, I would like to see our members taking up more leadership roles and responsibilities to lead your teams in ensuring reproductive health care is comprehensively delivered. I want to see midwives doing procedures where doctors are not readily available; procedures like simple vacuum lift-out and breech delivery (PNG and Solomon Islands) and simple ultrasound scan (Samoa). I know each country have your own legislations on workforce; however, we must find a common ground if we have to provide and effective, and safe reproductive health services in the region. We have to have enabling policies that are friendly to our clients rather than becoming a barrier between their survival and our defence.

Our workshops are very stimulating and motivating to the participants. The results in each of your country show that. In this juncture I would like to see our country database and statistics coordinated at our Secretariat level. I would want to see each country reps collect data for your countries in a monthly basis and send to the secretariat using a format to be provided by the

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Secretariat. Every time we seek donations and having such information will greatly enable us to show the investors and donors that their money is being put to good use.

I also want to see more collaborations and networking among the Pacific doctors and midwives as well as other reproductive health workers. Being overworked can lead to stress and many errors in our practice. At the same time, getting to experience work in a different environment for relief purposes enhances individual experience and is motivational. We should be readily available to cover for each other so those overworked can have few weeks break to rejuvenate and be back to work refreshed and full of energy. Such arrangements lead to knowledge and skills sharing and provides much needed relief to our colleagues. We shall work out a way forward with regards to this.

One of our strategies that came out of the PSRH 2019 Biennial Conference in Port Moresby was to have a Cervical Cancer Prevention and Control policy for the region. We just concluded an exciting 2-day meeting in Suva on the 5<sup>th</sup> and 6<sup>th</sup> December that concluded with a Call to Action – towards the elimination of Cervical Cancer in the Pacific Islands. In that meeting, we agreed to support the global target to achieve elimination of cervical cancer as a public health problem, noting the disease burden in the Pacific. We have committed to several actions; a full detail is included in this edition.

Several strategies came out of the 2019 PSRH Biennial Conference in Port Moresby in July 2019. The Strategic Areas of focus are: (1) HIV/AIDS Prevention Programs, (2) Development of Palliative Care Services, (3) Provide platform for Audit and Research in the region, (4) Integrate Gender-based Violence (GBV) into UHC, (5) Invest in programs to increase skilled Workforce (Midwives and doctors), (6) Support the three zeros, (7) Cervical Cancer Prevention and Control Policy for the Region, (8) Assist Midwives entry into the ICM. In the Midwifery area, the Strategies set out include: (1)

We should try to have three (3) zeros achieved in our region. It is possible and we can do it. Remember: (1) Zero Maternal Deaths, (2) Zero Unmet needs in Family Planning, and (3) Zero Violence against Women and Girls.

In concluding, I want to take this moment to acknowledge the work our Secretariat puts into ensuring PSRH is alive and active. Sincere thank you to the team in Auckland under the leadership of our Head of Secretariat, Aiono Prof Alec Ekeroma and team. Without you, PSRH would not be a force in the region as it is now. THANK YOU.

On behalf of the Board and the Secretariat, I wish you a peaceful festive season and a promising 2020. God bless you all.



### **Pacific Midwives Meet**

*By MW Mary Sitaing,  
(Port Moresby General Hospital, Midwifery Vice-President)*



A meeting of Pacific Midwives and the International Confederation of Midwives, Auckland, New Zealand. The Pacific midwifery leaders were hosted by Auckland University of Technology (AUT) and Pasifika Midwives Aotearoa on 31 October to 5 November 2019, with New Zealand College of Midwives support. The purpose being to discuss strategies to enable Pacific midwifery representation at an international level and explore membership of the International Confederation of Midwives (ICM). Having the opportunity to strengthen relationships between our Pacific nations was important.

The purpose of this meeting was to discuss the lack of representation of Pacific nations in the International Confederation of Midwives (ICM) and to identify pathways for ensuring Pacific voices within ICM. This meeting came out of the South Pacific Nurses Forum in the Cook Islands in 2018 where in a meeting with Mary Kirk (Vice President ICM) the issue of membership of ICM was raised. In particular, how the Pacific could have representation and a voice at ICM. It was recognised there would need to be a unique and specific form of membership for the many nations of the Pacific to have a voice at ICM.

Membership of ICM is important for midwives in the Pacific as it is one of the ways to strengthen and sustain the workforce and to make a difference to outcomes for mothers, babies and their families.



This supports countries to meet the sustainable development goals particularly SDG 3, 5 and 10. This is in line with United Nations Secretary General's initiative of Every Woman Every Child and supported by the 2019 UNFPA State of the Pacific's Reproductive, Maternal, newborn child and adolescent health workforce report. This report recommends that in the Pacific particular attention is paid to midwives and that there is a regional midwifery strategy<sup>1</sup>. A key part of achieving this strategy would be for midwives to be supported in gaining recognition and a voice at the International Confederation of Midwives.



## Reflections

*By Dr Kara Okesene*

*(University of Auckland and Middlemore Hospital, New Zealand and Medical Vice President PSRH.)*



Fakaalofa lahi atu, Talofa lava, Kia Orana and warm Pacific greetings to you all.

Christmas is around the corner and I would like to take this opportunity to reflect on some of some of the PSRH events of 2019.

I would like to take this opportunity to thank the Head of PSRH Secretariat Aiono Professor Ekeroma and his team in the way he has guided and steered this PSRH ship through the good and as well as interesting times. Much have been achieved, and a lot more to be achieved. I would also like to take this opportunity to say thank you to our previous president Assistant Professor Pushpa Nusair for heading our PSRH ship for 2 years and congratulate our new President Dr Gunzee Gawin, elected at our 13<sup>th</sup> Biennial Scientific Meeting in Port Moresby, July 2019. New board members have been elected into the board during the PSRH Port Moresby meeting and other board members have moved on. There is continuing collaboration and working together despite the vast ocean that divides us. It's a blessing with technology like zoom that enables us to have zoom meetings to discuss issues and develop solutions. To set goals and achieve them.

Through this PSRH journey, I have learnt many lessons. There are many words that sum up the different talents and strengths of members. As I

watched colleagues, I could not help but admire their tenacity, passion, sacrifices, charity, loyalty and many more admirable characteristics especially in envisioning improvement in Sexual and Reproductive health in the Pacific region. It has not been easy, but the fruits of the work are evident in the many goals achieved over the years. All I can say is Malo everyone for all your hard work that has contributed to the success of this PSRH family journey.

We have watched has MDGs changed to SDGs. Midwifery numbers have slowly increased in some countries, but others are still struggling. Research units have been established in the Solomon Islands. Research units in PNG have been strengthened. More research is coming out of the Pacific region with first authors as Indigenous Pacific. Successful Biennial Scientific meetings have been an opportunity to gain new knowledge, impart knowledge, meet colleagues, identify gaps, collaborate, present new evidence from research, inspire others and aspire to do more. Everyone has a common goal in mind and that is to "Improve Sexual and Reproductive Health" in the Pacific region, to improve the health of mothers and children and families.

I look forward to the many more positive events and gather evidence of health improvements due to the passion and hard work of many of our PSRH members. Their tireless efforts in their respective localities is evident in their drive to be catalysts for improvement of health for families in their respective Pacific regions. At the same time, bearing in mind our responsibility to our environment, as the impact of climate change can also affect our health.

Merry Christmas and a very Happy New Year everyone. I look forward to working together with you in the coming years to achieve our goals to "Improve Sexual and Reproductive Health" of our families and communities in the Pacific.



The PSRH Newsletter is now published as a section of the Pacific Journal of Reproductive Health

We have decided to bring out this pdf edition to emphasise the Call to Action statement for the Elimination of Cervical Cancer in the Pacific Islands

## Obituary

### Professor Bediako Apeawusu Amoa



**Dr Grace Karawiga, Prof Amoa and Dr Mary Bagita**

Professor Amoa arrived in Port Moresby as a young obstetrician/gynaecologist in 1986 and for the next 33 years, PNG became his home. His contribution to medical education, specialist training in obstetrics and gynaecology, and clinical services to women's and reproductive health in PNG is enormous and beyond measure. He was a great teacher, clinician, surgeon, mentor, advisor, and father-figure to all his students and meticulously caring all his patients.

In 33 years of humble service, hundreds of medical students have passed through the obstetrics and gynaecology division with Professor Amoa as teacher, and ALL specialist obstetricians/gynaecologists in this country have been trained by him. We have lost a great champion and an advocate for women's and reproductive health in PNG. We have lost our much-loved Professor. We have lost our father and papa blo O&G. Our sincerest condolences to his sons, Kwaku Amoa, Nana Afrifa Amoa, and Apeawusu Amoa and their families for sharing your father with us for 33 long years, the extended family in Ghana, and to our dearest Dr Grace Kariwiga. Words cannot adequately express our gratitude and loss. We share your pain deeply.

(from the PNGO&G Society FB page).



#### ***From the Secretariat Alec Ekeroma***

2019 has been a busy and rewarding year. The 13<sup>th</sup> PSRH conference in Port Moresby [was a huge success](#) as attested to by the President in this issue. There were many in leadership positions

who contributed to make that possible and the many volunteers on the ground made it happen.

The wealth of research being conducted in the region and presented at the conference is immensely satisfying. Compared to 2007, we have come a long way. All the health workers at the conference talked enthusiastically about research and clinical audit. All abstracts from the conference are published in the conference report and the last issue of the [Pacific Journal of Reproductive Health](#).

We have continued with our advocacy on increasing workforce capacity and cervical cancer elimination. The importance of the latter was presented to the Pacific Health Ministers meeting in Tahiti last October and we have followed through with an experts and leaders meeting in Suva on the 5-6 December. The result of that meeting is a consensus on the way forward through a [Call to Action statement](#). The importance of vaccination is highlighted by the tragic measles epidemic in Samoa. Preventable diseases that kill due to the lack or low rate of immunisation. Whereas we are counting the number of children dying from the measles epidemic, we have failed to count the number of mothers dying from cervical cancer – deaths prevented by vaccination. A registry will assist the counting.

Our workshops continue to be delivered around the region with assistance from MFAT (Counties Manukau DHB) and DFAT (Pacific Islands Programme, RACS) programmes. We look forward to the workshops in Tonga next June.

The Secretariat is operated by a small team of volunteers as we prefer that all funds donated go to programmes in the Pacific. We thank the many O&Gs in NZ who have donated \$4,000 to the measles fund that will assist Dr Okesene-Gafa's clinical mission to Samoa for two weeks. All donations to PSRH are tax exempt and we will email receipts to those with known email addresses.

This will be my last Newsletter. I am seeking someone to be the Chief Editor for the PJRH which has published our evidence, our talanoa and our stories for the last four years. I will also be advertising early next year for a Head of Secretariat (HOS) as I take on the role of Vice Chancellor of the National University of Samoa. I have been privileged to serve PSRH and reproductive health in the Pacific for 13 years as HOS, and it is time to pass the baton.

Wishing all our members and readers a Kerisimasi Manuia and a fulfilling New Year. Remember to visit [our website](#) and make a [donation](#).