WHEN COLLABORATIONS LEAD, BREAKTHROUGHS FOLLOW
Since introduction in 2006, HPV vaccines have proven safe and effective in protecting against infection and preventing cervical cancer. Over the last few years, we have also seen a rise in cost-effective approaches to screening and treating cervical cancer precursors. Yet, the burden of HPV diseases continues to rise with an estimated 600,000 new cases of cervical cancer and over 340,000 deaths each year.
To respond to these life-threatening trends, the Sabin Vaccine Institute, is leading a transdisciplinary consortium to mobilize action across three pillars.

**PREVENTION**
Introducing and expanding HPV vaccination

**SCREENING**
Expanding provision and access to cervical cancer screening

**TREATMENT**
Improving access to treatment of precancerous lesions

The Global HPV Consortium will be guided by global goals, including WHO’s Immunization Agenda 2030 and Cervical Cancer Elimination Initiative

- 90% of girls fully vaccinated with the HPV vaccine by age 15
- 70% of women are screened with a high-performance test by 35 and 45 years of age.
- 90% of women with pre-cancer treated and with invasive cancer managed.
Who We Are

- We are a **unique and independent trans-disciplinary alliance**
- We are committed to sustaining engagement **across all levels of governance** and implementation (global, regional, national, sub-national, and local)
- We will ensure community-level stakeholders have a seat at the table so that **those closest to the problem are part of the solution**
- We will amplify the **voices of women, adolescents, young people, and marginalized communities** at the grassroots level.
- Our efforts are focused in **low- and middle- income countries and among vulnerable populations**, particularly where HPV vaccination (primary prevention) and cervical cancer screening and treatment (secondary prevention) are lagging.
Women living with HIV are 6X more likely to develop cervical cancer compared to women without HIV.
The Consortium partners will have an opportunity to contribute in a variety of ways:

**FINANCIAL PARTNERS**
Providing financial resources to sustain the Consortium and activities

**TECHNICAL & KNOWLEDGE PARTNERS**
Providing expertise and skills

**ADVOCACY PARTNERS**
Giving voice to the goals and work of the Consortium & supporting their networks
Cervical cancer is first and foremost a disease of inequity. Nine out of 10 cervical cancer deaths occur in low- and middle-income countries, many of which lack the resources for vaccination, screening, and treatment.

Source: Globocan 2020
Cervical cancer fells women in the prime of their lives, orphaning children and plunging families even deeper into poverty and hardship.

Age standardised mortality (per 100 000 women-years)

- 0 to <1.5 (8 countries)
- 1.5 to <3.0 (34 countries)
- 3.0 to <4.5 (21 countries)
- 4.5 to <6.0 (18 countries)
- 6.0 to <7.5 (14 countries)
- 7.5 to <9.0 (12 countries)
- 9.0 to <12.0 (19 countries)
- 12.0 to <15.0 (14 countries)
- 15.0 to <18.0 (9 countries)
- 18.0 to <21.0 (8 countries)
- 21.0 to <24.0 (7 countries)
- 24.0 to <27.0 (4 countries)
- 27.0 <30.0 (2 countries)
- 30.0 to 42.0 (15 countries)

Cervical cancer ranked in the top three cancers affecting women younger than 45 years in 146 (79%) of 185 countries assessed.

Source: Lancet Global Health, 2020
The global convening, hosted by Sabin and partners, launched the Global HPV Consortium in September 2023. The convening brought together stakeholders from across ecosystems — immunization, cancer control, non-communicable diseases and HIV/AIDS — to galvanize a trans-disciplinary approach and generate a strategic roadmap that promotes integrated services on the ground to prevent HPV and eliminate cervical cancer.
Every 90 seconds...
We lose a woman
A daughter; a sister; a wife; a mother to cervical cancer.

TOGETHER, WE MUST CHANGE THAT.