

TAC hosts press conference on HPV vaccine access with message of support from Annie Lennox

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Today, Tuesday 11 November, the Treatment Action Campaign hosted a press conference to draw attention to our recent global call for affordable access to HPV vaccines for developing countries.

- [You can learn more about our HPV vaccine access campaign by clicking here.](#)

The main speakers at today's press conference included TAC's Women's Rights Campaign Coordinator Nomfundo Eland; leading South African HIV scientist Dr. Linda-Gail Bekker from the Desmond Tutu HIV/AIDS Foundation; as well as TAC Policy researcher Nosisa Mhlathi. A video message of support from acclaimed singer/song writer and TAC Patron Annie Lennox was also broadcasted at the press conference.

The following press statement was released at today's press conference:

"Across the globe, approximately 490,000 women are diagnosed with cervical cancer every year. Roughly 80% of these cases are in the developing world. Generally, due to poor screening programmes and diagnostics, and inadequate screening coverage, cervical cancer is diagnosed at a late stage rendering the disease far more difficult to treat. Approximately 270,000 women die each year as a result of late diagnoses, 55,000 of them in Sub-Saharan Africa.

Cervical cancer is a rarity because, unlike most other cancers, nearly all cases of cervical cancer are caused by strains of a known disease: the human papillomavirus (HPV). There are over 250 known strains of HPV, though most strains pose no significant threat because of their relatively minor health impacts. However, two of the most prevalent strains, strains 16 and 18, are harmful, and account for approximately 70% of the global cervical cancer caseload. Two pharmaceutical companies, Merck and GlaxoSmithKline (GSK) have recently registered two vaccines in South Africa that protect against the virulent HPV strains 16 and 18. These are Gardasil and Cervarix, respectively.

At present, the cost of these vaccines makes them inaccessible to the majority of poor world citizens, who account for by far the greatest rates of cervical cancer mortality.

In South Africa, cervical cancer is the most commonly diagnosed form of cancer. Approximately 7,000 women develop cervical cancer each year; and approximately one in 26 women in South Africans will develop cervical cancer in her lifetime. The concerns for South Africa, however, extend much further than those of other developing countries due to the high national prevalence of HIV, which, according to surveys of women attending ante-natal clinics, is 28%. HPV infection rates amongst HIV-positive women are ten times greater than those among HIV-negative women. This is partly due to the compromised immunity of HIV-positive women.

More than 33,000 South African women have lost their lives due to cervical cancer since 1997, and between 1997 and 2006 the number of women dying each year from the disease increased by 41%. It is likely that cases of cervical cancer will begin to rise more rapidly in the coming years as HIV-positive women gain greater access to ARVs and life expectancy increases. The rising rates of cervical cancer are particularly alarming because it is a largely preventable

Institute of South Africa (CARISA), 51 - 60% of South African women have never had a pelvic examination. On average, only 23% of women have consistent and regular access to pelvic examinations which detect HPV. Of even greater concern is the fact that screening levels of are particularly low among the age cohort of women at greatest risk of developing cervical cancer (between ages 45 and 54).

Cost as a Barrier to Access to Vaccines

While 70% of cases of cervical cancer in the current generation of South African girls should be preventable, the cost of the vaccines which protect against HPV infection makes it inaccessible to the vast majority of those in need. In the private health care sector, the vaccines cost more than R2, 100 (£128) for the three required doses. This is well beyond the financial means of citizens who rely on the public health care system care (amounting to 86% of the total population). This is also beyond the means of many citizens who have access to private medical schemes as well.

A roll-out in the public health care sector attempting to target 80% of girls aged 9 ? 12 would need to reach 1,567,560 girls at present, and more than 520,000 per year in the future. At the current price, in order to provide Gardasil to these girls, the public sector would need more than R3.6 billion (£219M) for the initial vaccination effort and R1.2 billion (£73M) annually thereafter. By way of comparison, the total budget for the entire Department of Health in 2008 just exceeds R15 billion.

Both companies are willing to reduce prices for the South African public sector. But the question is, 'how substantial will this price reduction will be?? In a recent article in the Washington Post, Lance Armstrong and John Seffrin relayed that the Global Alliance for Vaccines and Immunization (GAVI) has managed to secure a price of only US\$0.30 per dose of the vaccine. While South Africa does not qualify for GAVI level price reductions, the GAVI price would reduce the cost of these initiatives to R18 million (£1.1M) and R4.5 million (£274,000), respectively. The Treatment Action Campaign is therefore advocating for a reduction in prices on these essential vaccines in order to protect the rights and reproductive futures of South Africa's girls and women " .

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