

Rt. Hon. Helen Clark, Keynote Address at Launch of the Global HPV Consortium aimed at preventing and eliminating cervical cancer. Kuala Lumpur, 5 September 2023

Ministers, Distinguished Guests, Ladies and Gentlemen

Good morning.

To our Malaysian hosts and colleagues, Selamat Pagi. (Suh-le-mat Pa (as in papa) Gee (as in guitar)).

It is exciting to be here, and to be a part of the first steps that are being taken to create and establish the Global HPV Consortium.

I'm certain that all of us gathered at this starting line are here with a sense of hope, possibility, and realism.

As we will hear today, there are 342,000 reasons why HPV prevention and cervical cancer elimination is an urgent and powerful call to action.

Those reasons are the 342,000 women who tragically died of cervical cancer in 2022.

Add to those the estimated [311,000 women who died of the disease in 2018](#). Or every year since then...these numbers add up to more than 1.5 million deaths of women over the last five years.

That's a stunning number of women who are dying of a cancer we can prevent.

Without decisive action, another 1.5 million women will die over the next five years too.

I first became engaged with the challenge of preventing women dying of cervical cancer when I was New Zealand's Health Minister in 1989 and 1990. It fell to me to implement the recommendations of the Committee of Inquiry into the treatment of cervical cancer at Auckland's National Women's Hospital. The report of the Inquiry released in 1988 found that there had been a failure to treat a number of women with carcinoma in situ adequately. Women died and suffered agonising treatment as their cancer progressed.

One of the recommendations from the Inquiry was to establish a nationwide cervical cancer screening programme, which began on my watch in 1990.

Years later when I was Prime Minister, HPV vaccines became available, and I was proud to announce their introduction in New Zealand which began in 2008.

As a lifelong advocate for women's health and empowerment, the prospect of ending deaths from cervical cancer which we can prevent is very exciting. We can save the lives of many women and also prevent the trauma of deaths from cervical cancer on families.

We could, for example, prevent the anguish of the estimated 210,000 children orphaned because their mothers die young from cervical cancer.

We could also protect the economic stability of women and families which is destroyed by cervical cancer as it tends to strike younger than other cancers, often killing women during their prime earning years.

But, as everyone gathered here understands so well, we face enormous challenges as we attempt to prevent HPV and eliminate cervical cancer.

Like many diseases, cervical cancer does not strike evenly.

Almost ninety per cent of the incidence of and deaths from cervical cancer occur in low- and middle-income countries, exacerbating global health disparities and meaning that prevention efforts must include sustainable financing and equitable distribution of effort.

After three years of COVID-19, health funding and resources in many countries are under greater pressure, and often are dedicated to catching up after delays to and disruption of services during the pandemic.

We also face increasing disinformation and distraction from sources which are easily accessible and which crowd the information space with confusing and conflicting messaging.

This increases the difficulties we face in building trust and establishing the facts on many topics, particularly when it comes to vaccines.

In New Zealand, we have free HPV vaccines for all young people aged 9 to 26 and a school-based immunisation program, but the vaccination rate appears to fall somewhat short of the 75 per cent target set. Achieving widespread prevention of cervical cancer is not an easy task.

In May 2018, the Director-General of the World Health Organization, Dr Tedros, announced a global call for action to eliminate cervical cancer as a public health problem.

In 2020, the World Health Assembly adopted a global strategy to accelerate the elimination of cervical cancer. This included the 90-70-90 targets we are all familiar with – achieving ninety per cent of girls fully vaccinated against HPV by the age of fifteen, seventy per cent of women screened by the age of 35, and ninety per cent of women diagnosed with cervical cancer having that disease treated and managed.

Meanwhile, the numbers of women diagnosed with and dying of cervical cancer continue to increase.

So here we are, gathered in Kuala Lumpur, with the aim of making HPV prevention and cervical cancer elimination a reality.



I believe that we can do this, and that we can create a new paradigm for action along the way.

As the Board Chair of the Partnership for Maternal, Newborn and Child Health (PMNCH), I know how vital collaboration is for driving change and getting results.

PMNCH itself has a large network of nearly 1400 partners in 192 countries across ten constituencies, and it synthesises relevant evidence on women's, children's, and adolescents' health needs from the community level up.

We activate our partners around advocacy and commitments to addressing challenges to the health and wellbeing of women, children, and adolescents.

We also hold those who make commitments accountable.

We believe that now is the time for countries with large adolescent and youth populations to be investing in them. The world has its largest ever adolescent and youth population – 1.8 billion young people with huge potential to contribute



One of the investments we are calling for is in HPV prevention, and recent evidence demonstrates important economic returns from investing in the HPV vaccine.

In Viet Nam, for example, every dollar invested in cervical cancer prevention programmes is estimated to yield returns of up to twenty dollars in economic and social benefits.

A number of countries have also successfully supported initiatives integrating cervical cancer screening into existing health services, especially those for family planning and HIV/AIDS.

Now, imagine what this Global HPV Consortium will be able to do as it connects adolescent networks with different groups with HPV expertise around the globe.

Gathered here in Kuala Lumpur today are government leaders, immunisation organizations, supply chain providers, women's advocacy groups, and philanthropic and civil society organisations - all joining hands to build momentum and make plans together for one purpose: cervical cancer prevention.



We see advocates for gender equity and for adolescents and for cancer prevention working shoulder to shoulder with traditional health and immunisation supporters.

We will hear from survivors of cervical cancer too. They will tell us of their harrowing journeys. We have journalists who will tell about how we can best communicate the lifesaving benefits of the HPV vaccine and the importance also of screening and treatment to prevent deaths.

Reaching beyond traditional boundaries, we can build connections and develop action plans which will eliminate cervical cancer.

We have the possibility of actually eliminating a cancer – that would be a first.

As the first woman to be elected Prime Minister of New Zealand and the first woman to be Administrator of the United Nations Development Program and Chair of the United Nations Development Group, I know that firsts are celebrated precisely because they are not business as usual.



We know that business as usual is not solving the problem of cervical cancer.

Business as usual is not about change.

We are here today to accelerate change which will lead to the elimination of cervical cancer.

Thank you for joining this launch of the Global HPV Consortium.