



Cervical Cancer and HIV: The intimate connection

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Since 1997, over 33 000 women have died of cervical cancer in South Africa. This translates into roughly 3 000 per year. In addition, approximately 7000 women develop the disease every year. In 2000, a national cervical cancer screening policy was developed and put into place. The system uses a screening method to prevent the precancerous lesions from developing into cervical cancer through early detection and treatment. Screening takes place through pap smears with three free pap smears being offered to women in the public service at the ages of 30, 40 and 50. This policy was viewed as the most rational approach to ensure widest coverage to all women in South Africa. Statistics suggest since its implementation, less than 20% of women have used this service.

At present, there are approximately, 5.7 million people living with HIV/AIDS in South Africa, of which 60% are women. Researchers have identified an increase in morbidity and mortality due to the cancer of the cervix which has been associated with the emergence of HIV/AIDS. Cervical cancer is now regarded as an AIDS defining illness.

As the national cervical cancer screening policy was established before the link between cervical cancer and HIV and AIDS was firmly established, there is currently a gap in the cervical screening policy. While the need for cervical cancer services is addressed in the HIV/AIDS/STI National Strategic Plan, it is not clearly articulated or completely integrated within the broad range of services that would constitute an effective response to these twin diseases.

The link between Cervical Cancer and HIV and AIDS

Researchers suggest that as women are living longer due to access to HAART, they are at an increased risk of contracting cervical cancer. While access to antiretroviral therapy is beginning to reduce AIDS mortality worldwide, gynaecologic oncologists warn that women being treated for AIDS could end up dying of cervical cancer unless they have access to appropriate screening and treatment. Health workers are finding that many women diagnosed with HIV and AIDS commonly show cervical abnormalities. Some NGO HIV and AIDS providers have noted high incidences of women who are HIV positive and diagnosed with cervical cancer; some have precancerous lesions and others die of cervical cancer.

The link between HIV and AIDS and Cervical Cancer

Both Cervical cancer and HIV are sexually transmitted diseases with no immediate visible symptoms. Cervical cancer originates from a sexually transmitted disease named Human Papilloma virus (HPV) which silently grows in the cervix and later develops to invasive cervical cancer. A difference between HIV/AIDS positive and HIV negative women is that HIV positive women commonly show invasive cancer ten years earlier than women who are HIV negative. It has been observed that the incidences of HPV related cell changes are related to the functioning of the immune system. Thus, when the immune function declines or CD 4 count lowers in HIV positive women the HPV cell changes increases. However, research has produced conflicting data regarding the influence of a CD 4 cell count and antiretroviral therapy on HPV infection and development of cell changes. Some findings indicate that as much as the ARV therapy allows HIV positive people to live longer it also allows more time for the HPV related diseases to develop, while other studies suggest that ARV therapy has at most, a minimal impact on HPV related disease progression.

Social factors that impact on cervical cancer and HIV

There are a variety of factors that make women vulnerable to contracting both HIV and Cervical Cancer. It has been noted for example, that cervical cancer is a disease of poverty and inequity and is more prevalent in developing countries than in richer countries. In addition, the high rate of violence against women and girls has resulted in greater vulnerability to contracting these diseases. Jewkes et al, states that 40% young girls experienced some form of sexual contact abuse before the age of eighteen (2001).

Current Policy Interventions

Current treatment programmes including PMTCT and HAART contributes towards the decrease of HIV/AIDS in South Africa but HIV/AIDS positive women continue to experience morbidity and even die of cervical cancer. The cervical cancer screening programme is not well implemented in South Africa, largely due to inadequate resources. Treatment for those with lesions is also not accessible with South Africa having less than 50% of the radiation equipment necessary.

HPV Vaccine or Cervical Cancer Screening?

South Africa launched two vaccines for the prevention of HPV, namely Cervarix and Gardasil and these are available in the private sector. These vaccines have a protective benefit for young girls and young women aged between 9-26 years. However, the effectiveness and safety of the vaccine on HIV positive women is not yet known as trials are reported to be in progress. There are more than 100 HPV types and the available vaccines prevent HPV strains 6,11,16 and18. These are the strains currently prevalent in South Africa. Safety of pregnant women with regard to the HPV vaccine is also unknown. Despite this, the HPV vaccines have proven to be cost effective, despite the high costs of the vaccine especially in developing countries.

The HPV vaccine is a primary prevention method that benefits young girls and young women (and possibly boys) who are not sexually exposed while cervical cancer screening is a secondary method that prevents and aims to treats cancer lesions. In South Africa a large number of women are sexually exposed and half of the HIV infected population is women, thus screening services needs to be improved and accessible.

We can't rely on the HPV vaccine only. The price reduction on the bivalent HPV vaccine - Cervarix is a promising factor but it still remains expensive for the targeted population. Both HPV vaccines and cervical cancer services needs to be accessible in South Africa. However, it is important that cervical cancer screening be improved, as women will still need to be screened.

Shortcomings of Current Policy Interventions

The government's current national cervical screening and HIV and AIDS policies have not sufficiently taken into account the various social and economic factors that impact on the spread of these twin diseases. The policy was also not developed within a sexual and reproductive health rights framework which leaves it with some significant gaps and omissions. For example, the existing national cervical cancer screening policy was formulated out of an HIV/AIDS and sexual violence context and did not cater for the implications of HPV on girls that are being sexually abused.

Some requirements for successful integration of cervical cancer and HIV/AIDS services

Funding: A commitment to taking concrete steps towards addressing cervical cancer is necessary for maximizing the effects of scaling up treatment in South Africa. Thus, in allocating the HIV/AIDS funding, it is critical that Sexual and reproductive health services are included in the basket of services that are funded.

Communication and Education: Women as well as health care workers need to be educated on the link between HIV and AIDS and Cervical Cancer. Women are also not aware of the current cervical cancer screening policy and as such fail to access their rights in this regard. Health workers also need training on how to conduct smears properly

Policy development: The existing cervical cancer screening policy is outdated and needs to be revisited. The current cervical screening policy should be expanded to include women who should be offered screening upon HIV positive diagnosis and then at regular intervals. Women and girls who have reported a history of sexual assault need to similarly be provided with screening at an appropriate time.

Conclusion

Sexual reproductive health issues can be viewed as controversial yet they are critical to addressing HIV/AIDS. There is a need for leadership and commitment on these issues. The HPV vaccine is a primary intervention for preventing cervical cancer and it is critical that this vaccine is made available within the public sector.

Policy Recommendations

- Despite the effectiveness of the HPV vaccine, most South African women are not able to access this vaccine due to its unaffordability and its availability only in the private sector. It caters for girls that are not sexually active and given that a large number of women and girls in South Africa are sexually active some of them already infected by HIV/AIDS. It is important that South Africa continue with the practice of cervical cancer screening with treatment of lesions and improved standards that incorporates the integration of cervical cancer screening services with HIV/AIDS.
- Education and awareness of the public about cervical cancer and the link with HIV/AIDS needs to take place.
- The provision of HPV vaccine to girls only can be less efficient when unprotected sex occur between a vaccinated girl and unvaccinated boy. HPV vaccination for boys should also be considered.
- A range of health system challenges need to be considered including laboratory and radiation services. Given the current human resource shortage in the public sector, consideration must be given to task shifting. The Department of Health could be responsible for HPV vaccination in schools and community health workers can do less complicated services like cervical cancer screening follow up.
- SRHR policies should be integrated with HIV/AIDS. The integration of these two services is very much needed as there is a strong relationship them. This needs to be matched to resources to provide integrated services.
- Partnerships with all stakeholders including the National Department of Health need to be forged to address redressing, monitoring and evaluation, policy and service provision

These findings will be presented as an oral abstract at the 4th South African Aids Conference 2009. They also contribute towards MA - Development Studies, University of the Western Cape, "DEVELOPMENT IN PROGRESS: A POLICY ANALYSIS OF NATIONAL CERVICAL CANCER SCREENING POLICY FACTORING IN HIV/AIDS"

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