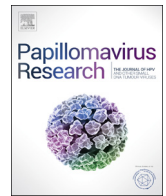




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## IPVS Policy Statement addressing the burden of HPV disease for Indigenous peoples

Beverley Lawton<sup>a</sup>, Margaret Heffernan<sup>b</sup>, George Wurtak<sup>c</sup>, Marc Steben<sup>d,e</sup>, Pema Lhaki<sup>f</sup>, Fiona Cram<sup>g</sup>, Magaly Blas<sup>h</sup>, Merylin Hibma<sup>i</sup>, Anna Adcock<sup>j</sup>, Kendall Stevenson<sup>j</sup>, Lisa Whop<sup>k</sup>, Julia Brotherton<sup>l,m</sup>, Suzanne M. Garland<sup>n,\*\*</sup>

<sup>a</sup> Centre for Women's Health Research Centre for Women's Health Research, Te Tātai Hauora O Hine Faculty of Health, Te Wāhanga Tātai Hauora Victoria University of Wellington, Te Whare Wānanga o te Ūpoko o te Ika a Māui, PO Box 600, Wellington, 6140, New Zealand

<sup>b</sup> School of Management, RMIT Business Level 8, Bldg 80, Rm 83, 445 Swanston Street, GPO Box 2476V, Melbourne, 3001, Victoria, Australia

<sup>c</sup> Consortium for Infectious Disease Control Director, Canadian HPV Prevention Network Co-Chair, International Indigenous HPV Alliance International Centre for Infectious Diseases Suite 1RC029, Richardson College for the Environment and Science Complex In the University of Winnipeg, 599 Portage Avenue, Winnipeg, Manitoba, Canada

<sup>d</sup> Médecin de Famille Groupe de médecine familiale La Cité du Parc Lafontaine, 1851 Sherbrooke est suite, 1110, Montréal, Canada

<sup>e</sup> Président Réseau Canadien de Prévention du VPH/ Chair Canadian Network for HPV Prevention Président, Communications Action Santé inc, Canada

<sup>f</sup> NFCC, Lalitpur, Nepal

<sup>g</sup> Katoa Ltd, PO Box 105611, Auckland City, Auckland, 1143, Aotearoa, New Zealand

<sup>h</sup> Universidad Peruana Cayetano Heredia, UPCH, Facultad de Salud Pública y Administración, Peru

<sup>i</sup> Department of Pathology Dunedin School of Medicine, University of Otago, 58 Hanover St P O Box 913, Dunedin Central, 5054, New Zealand

<sup>j</sup> Te Tātai Hauora o Hine the Centre for Women's Health Research at Victoria University of Wellington, New Zealand

<sup>k</sup> NHMRC, Early Career Research Fellow Wellbeing and Preventable Chronic Disease Division, Australia

<sup>l</sup>, VCS Population Health B Med (Hons), MPH (Hons), Grad Dip App Epi, FAFPHM, PhD, GAICDHonorary Principal Fellow Melbourne School of Population and Global Health University of Melbourne, Australia

<sup>m</sup> VCS Foundation Ltd, Level 6, 176 Wellington Parade, East Melbourne VIC, 3002, Australia

<sup>n</sup> Department of Obstetrics and Gynaecology, University of Melbourne, Director Centre Women's Infectious Diseases Research Honorary Research Fellow, Infection & Immunity, Murdoch Children's Research Institute, Parkville VIC, 3052, Australia

The International Papillomavirus Society (IPVS) supports best practice and evidence-based research, strategies, and policies to prevent HPV-related diseases worldwide.

With the recent call from the World Health Organization (WHO) to global entities to work towards the elimination of cervical cancer globally as a public health problem, a call supported by IPVS [1], it is vital that principles of equity are central to activity in all countries developing strategies to eliminate cervical cancer as a public health problem. This call for equity is outlined in the related IPVS Policy Statement 'Equity in cervical cancer prevention for all women'.

This statement recognises the unequal burden from cervical cancer and other HPV-related diseases that Indigenous peoples face in many areas of the world. With an estimated 370 million Indigenous peoples in 90 countries globally [2], it is paramount that the HPV research and practice community supports culturally appropriate best practices in research and policy to reduce this burden of disease. This statement outlines the origins of this burden, the fundamental requirement to

work with Indigenous peoples to reduce this burden, and makes recommendations for actions.

### 1. An inequitable disease burden

Health inequities for Indigenous peoples, including disparities in cervical cancer and other HPV-related diseases, are rooted in systemic disadvantage including reduced access to health care, culturally inappropriate models of health care, lack of support for Indigenous workforce capacity building, and, in many countries, trauma and disenfranchisement due to colonisation and ongoing dispossession from traditional land and practices [2–8].

Cervical cancer, the most common HPV-related cancer, disproportionately affects Indigenous women who often have higher incidence and mortality rates than other women in their regions. In high-income countries such as Australia, New Zealand, Canada, and some regions of the USA, cervical cancer incidence rates are 2–3.5 times

\* Corresponding author.

E-mail addresses: [margaret.heffernan@rmit.edu.au](mailto:margaret.heffernan@rmit.edu.au) (M. Heffernan), [GWurtak@CIDCgroup.org](mailto:GWurtak@CIDCgroup.org) (G. Wurtak), [adjointcliniquedelacite@gmail.com](mailto:adjointcliniquedelacite@gmail.com) (M. Steben), [fionac@katoa.net.nz](mailto:fionac@katoa.net.nz) (F. Cram), [magaly.blas.b@upch.pe](mailto:magaly.blas.b@upch.pe) (M. Blas), [kendall.stevenson@vuw.ac.nz](mailto:kendall.stevenson@vuw.ac.nz) (K. Stevenson), [lisa.whop@menzies.edu.au](mailto:lisa.whop@menzies.edu.au) (L. Whop), [jbrother@vcs.org.au](mailto:jbrother@vcs.org.au) (J. Brotherton), [Suzanne.Garland@thewomens.org.au](mailto:Suzanne.Garland@thewomens.org.au), [SuzanneG@unimelb.edu.au](mailto:SuzanneG@unimelb.edu.au) (S.M. Garland).

URLs: <https://www.victoria.ac.nz/health> (B. Lawton), <https://www.nfcc.org.nz> (P. Lhaki), <https://www.katoa.net.nz> (F. Cram), <https://www.menzies.edu.au> (L. Whop), <https://www.vcs.org.au> (J. Brotherton).

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greater, and mortality rates 2.5 to 4 times greater among Indigenous populations than non-Indigenous populations [9–12].<sup>1</sup>

The true extent of the burden of HPV-related cancers among Indigenous peoples, especially in less-resourced regions such as Latin America, is largely unknown and may be substantially under-estimated due to insufficient data collection [2,13]. To answer the WHO call to eliminate cervical cancer, these inequities must be addressed [14].

## 2. Best practice and principles in reducing Indigenous health inequities

To achieve equitable health outcomes for Indigenous peoples, strategies are required that consider co-creation of methods and tools, that acknowledge the importance of shared data ownership, and include Indigenous “ways of being, doing, and knowing”, i.e., Indigenous beliefs, practices and knowledge systems; and determinants of ‘responsibility’, ‘relationships’ and ‘respect’ [15]. Indigenous leadership is key to developing prioritisation of research focus and methods leading to solutions that are acceptable, appropriate and sustainable, incorporating the WHO health rights platform and best practice principles [16–19].

## 3. Recommendations for action to reduce Indigenous HPV-related health burden

IPVS supports action by IPVS members and stakeholders (healthcare and research communities, research funding bodies, governments and policy makers) to:

- Acknowledge the fundamental right of Indigenous peoples to equal protection against, and treatment of, HPV-related diseases consistent with the United Nations Declaration on the Rights of Indigenous Peoples [18];
- Develop meaningful respectful partnerships with Indigenous researchers, leaders and communities to conduct work addressing data quality, policy, program and research development in relation to HPV-related disease and HPV Indigenous workforce capacity development;
- Ensure that HPV related issues affecting Indigenous people are presented at relevant forums.

## 4. Developed by the International Indigenous HPV Alliance (IIHpVA) members

Prof. Beverley Lawton, O.N.Z.M., NZ (IIHpVA Chair); Dr. Margaret Heffernan, O.A.M., Australia (Founding committee member); Dr. George Wurtak, Canada (Founding IIHpVA Chair); Dr. Marc Steben, Canada; Pema Lhaki, Nepal (Founding committee member); Dr. Fiona Cram, NZ (Founding committee member); Dr. Magaly Blas, Peru, Latin America (Founding committee member); A/Prof. Marilyn Hibma, NZ; Ms Anna Adcock, NZ; Dr. Kendall Stevenson, NZ; Dr. Lisa Whop, Australia; Prof. Julia Brotherton, IPVS policy committee; Prof. Suzanne Garland A.O., IPVS policy committee Chair, IPVS Vice-President.

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<sup>1</sup> Australia (incidence 2.5X, mortality 4X); New Zealand (incidence 2X, mortality 2.5X); Canada (incidence < 3.5X, mortality 4X); USA (incidence < 2X, mortality < 4X).