**Action Alert: Cervical Cancer and HIV**

**Prevention, Screening, Early Diagnosis and Treatment**

**Introduction**

On 6 May 2019 Women4GlobalFund (W4GF) gathered together local W4GF Advocates and global partners engaged with key institutions working to end cervical cancer (one of the three AIDS-defining cancers) for a webinar to explore how to scale up action. The webinar recording and slides presented are available on the W4GF website [here](#).

In addition to highlighting recent community recommendations, and community voices this Action Alert informs W4GF Advocates and partners how to get involved and advocate for effective policy, programmes and services around cervical cancer and HIV at the national, regional and global levels. This includes leveraging opportunities to ensure that funding requests submitted to the Global Fund in 2020 and beyond explore components of cervical cancer programming and community engagement. There is a disproportionate impact of cervical cancer on women and girls affected by HIV especially in lower- and middle-income countries.\(^1\) Cervical cancer is detected too late and women lack access to screening and treatment.

In May 2018, Dr Tedros, WHO Director General made a [global call for action](#) towards ending cervical cancer as a public health concern. The Cervical Cancer Elimination Initiative includes seven UN agencies WHO, International Atomic Energy Agency (IAEA), International Agency for Research on Cancer (IARC), UNAIDS, UNFPA, UNICEF and UN Women and an increasing number of partner organizations such as the Clinton Health Access Initiative and the Union for International Cancer Control (UICC), GAVI, UNITAID, USAID, the Global Fund, and the World Bank.

In April 2017 [Pink Ribbon Red Ribbon](#) and the Global Fund joined efforts to prevent cervical cancer by integrating Human Papillomavirus (HPV) screening and early treatment into HIV programmes. In the new agreement, the Global Fund uses efficiency savings from investments in HIV to expand efforts to integrate HPV screening and early treatment in countries where it already supports HIV programmes. All of this is done through the Global Fund’s broader policy on co-infections and co-morbidities of HIV, tuberculosis and malaria. Cervical cancer incidence overlaps with HIV: women living with HIV are five times more likely to develop cervical cancer, and more likely to develop it at a younger age.\(^2\)\(^3\)\(^4\)

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2. Pink Ribbon Red Ribbon is an innovative partnership to leverage public and private investments in global health to address cervical and breast cancer, in Sub-Saharan Africa and Latin America. Led by the George W. Bush Institute, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), Susan G. Komen for the Cure, and the Joint United Nations Programme on HIV/AIDS (UNAIDS)
Cervical cancer is the fourth most common cancer among women globally, with 570,000 women newly diagnosed and 311,000 women dying in 2018. Nearly 90% of deaths took place in low- and middle-income countries.²

**Countdown to World Health Assembly adoption of 2020-2030 global strategy**

Now is the time to build on the momentum and political will to end cervical cancer – and to make sure that the rights and needs of women and girls in all their diversity affected by HIV are really clear. An important starting point for engagement is to review WHO’s draft cervical cancer global strategy to accelerate an end to cervical cancer, with clear goals and targets for the period 2020–2030 accessible [here](https://www.who.int/cancer/cervical-cancer).

The 2030 targets and ‘elimination threshold’ are subject to revision depending on the outcomes of the modelling and the WHO approval process.

Advocate for the following in addition to [recommendations made by women living with HIV]:

- Ensure that documents speak to the realities of women and move away from medical and technical language. Make sure the links to HIV are clear.
- Advocate for HPV DNA tests which are now on the WHO essential medicines list.
- Request a comprehensive investment case for cervical cancer.
- Focus on a life-course approach that ensures childhood vaccines; sexual health education for all young people in/out of schools; screening and early detection; and diagnosis, treatment and palliative care.
- Ensure integration at primary health care level, aligning well with the push for social protection and UHC.

The 2020-2030 Global Strategy on Cervical cancer will be adopted at the World Health Assembly in May 2020. From May to August 2019 a series of regional consultations take place.

**Now is the time to convene civil society across health fields to build coalitions and joint campaigns around cervical cancer.**

**Now is the time to politically drive action at national levels and to partner with governments to share information on cervical cancer and the risks and opportunities to intervene.**

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² WHO, [Cervical Cancer](https://www.who.int/)
Call to Action: How can you get involved?

Convene civil society  Politically drive action  Share information

At the national level

- Advocate for your country to conduct a gender assessment which includes reviewing programmes on HIV and cervical cancer.
- Contact Gavi to find out more about what is happening in your country\(^6\) and request to partner with them, as a local community partner, with ability to provide linkages and support.
- Make use of your national networks and seize opportunities to share information about what is happening around cervical cancer.
- Engage with your governments and, if you have access, with Champions, including your First Lady etc. See more here.
- Request workshops to strengthen national plans in the next twelve months, as countries sign onto this global strategy and develop their own road map which may be presented at the 2020 World Cancer Congress in Oman.
- Prepare for the 2020 funding requests to the Global Fund and advocate for primary prevention programmes and cervical cancer services to be included and integrated with HIV. This should be based on your costed National Strategic Plan (NSP).

At the regional level

- Reach out to national contacts and request to participate in the WHO regional consultations taking place between May – August 2019. The next consultation takes place June 18-20 in the Eastern Mediterranean region.
- Propose a preparatory meeting to raise awareness of cervical cancer and HIV, and to bolster community perspectives and advocacy.
- Prepare a civil society statement to share ahead of the regional meetings to build support.
- Make sure your ministries of health are aware of all of this across departments linking non communicable diseases (NCDs), reproductive health and HIV.

At the global level

- Review the WHO Draft Global Strategy which is open until the May 30\(^{th}\). More details are available here.
- Find out more about how you can participate in the 2019 World Cancer Leaders’ Summit - Cancer and Universal Health Coverage (UHC) 15-17 October, Nur-Sultan (Astana), Kazakhstan. The SDG 2030: Target 3.4 is a 30% reduction in mortality from cervical cancer.
- Find out more about Treatment for All Building the capacity to Advocate by connecting with UICC.

For more information, please contact Sophie Dilitis, Global Coordinator, Women4GlobalFund (W4GF) – sophie@women4gf.org www.women4gf.org or https://www.facebook.com/women4globalfund/ W4GF is a dynamic and global platform of women and gender equality advocates who share a deep commitment to ensuring that Global Fund programmes are gender-transformative to meet the rights and specific priorities of women and girls in all our diversity.

\(^6\) GAVI priority countries include 2012-2016: Rwanda, Uganda, Honduras, Bolivia, Guyana , Sri Lanka, Tanzania, Zimbabwe, Ethiopia , Senegal and Malawi. And in 2017: Gambia, Mauritania, Cameroon, Kenya, Malawi, Cote d’Ivoire, Zambia, Solomon Islands , Lao PDR, Uzbekistan, Liberia, Sierra Leone, Mozambique, Myanmar, Togo and Cambodia.