Introduction

This brief is designed for civil society leaders seeking to expand access to cervical cancer prevention and control resources in their communities. These resources include HPV vaccines for young adolescents and established and new screening and early treatment technologies for adult women. Cervical cancer is particular among diseases in its relevance to a broad base of stakeholders—cancer advocates, vaccine program managers, individuals fighting for increased gender equity, health rights advocates, women’s health advocates, physicians, infectious disease experts and many more. These groups may or may not have worked together on other issues—and yet experience around the world is showing that successful coalition building across disciplines and professions is key to accelerating access to cervical cancer prevention and control resources. This document surveys some of these advances as a way to assist others in building new coalitions. It also provides links to other advocates and working in this field.
Why build a coalition?

Recent advances in knowledge and tools to prevent cervical cancer—including HPV vaccines for young adolescents and new, feasible approaches to screen and treat adult women in low-resource settings—provide the unprecedented opportunity to radically reduce suffering from this disease globally. However in this era of economic scarcity and accelerated medical advances, uptake of and funding for innovative approaches and technologies is by no means guaranteed. Expanding access to cervical cancer prevention resources requires strategic alliances, political will, and well-articulated arguments about the need to prioritize the health of women and girls. The best way to tackle this challenge is through a strong coalition. This often means developing innovative partnerships between government and civil society to drive successful advocacy, national policymaking and community-based programs.

International agencies and donors have an important role to play in the introduction of these life-saving resources. They are needed to provide strategic guidance, initial financing, and technical support for country-level delivery, including training, and, ultimately, sustainable public programs. But such support must complement, not replace, national commitment and momentum to make cervical cancer a disease of the past.

The engagement of diverse national stakeholders is essential. Strong coalitions have the potential to mobilize political will and financing, inform the policy process and enhance the impact of community-based programs. All of these elements are necessary for the rapid and equitable introduction of these important health technologies.

Steps to action

Step 1: Survey the landscape of cervical cancer prevention and control in your country.

In order to identify groups and individuals who can be allies in your effort, and to identify potential action steps, it is critical to map the current state of cervical cancer prevention in your country, including any efforts underway to improve current policies and programs. The following set of questions can guide this process:
### Understanding the National Landscape

Is cervical cancer a major national health problem?
- What are national and sub-national incidence and mortality rates?
- Are specific populations more at-risk?
- How do national rates compare to other countries in the region?

Is there a National Cancer Policy, Strategy or Plan in place?
- If there is a plan, does it include cervical cancer prevention?
- If not, is the government developing a new cancer plan or a national plan focused on cervical cancer prevention and control?

Are new resources and approaches in use?
- Are any government or NGO programs using new early detection and treatment modalities?
- What cervical cancer prevention and treatment services are available?
- What are the screening and treatment outcomes in the country?
- What is the awareness level of the disease among the population and health professionals?
- Are the two HPV vaccines registered in the country?
- If yes, who is currently accessing HPV vaccine and at what cost?
- Is HPV vaccine available at subsidized cost to those who cannot afford it?
- What is the average age of sexual debut?
- What is the average age of girls or women who are getting vaccinated against HPV?

Who is pushing for and tracking progress?
- Who is responsible for cervical cancer prevention and control at the Ministry of Health?
- Is there a National Cancer Registry tracking progress? If not, are there smaller registries at hospitals and/or clinics that offer screening?
- Do national and community leaders see cervical cancer as a problem?
- Have there been any international NGO or donor-funded programs to reduce cervical cancer in the past? Are these programs ongoing?
- Are national or sub-national cervical cancer advocacy or education efforts underway?

### Step 2: Identify allies & frame the issue

Cervical cancer prevention is a multi-faceted issue. After mapping the national landscape, you may identify natural allies—including some already working on the issue. It’s likely you will also find some groups that are unaware of the recent developments, but who could be enthusiastic about becoming engaged. Successful outreach requires framing cervical cancer prevention and control from a variety of perspectives. Human rights activists may view cervical cancer control through the lens of equitable distribution of life-saving interventions. Reproductive health NGOs may look at the delivery of HPV vaccines and screening as a means of reaching targeted populations for other important health interventions. Physicians and medical associations might be looking to improve health outcomes for their patients. Parliamentarians may engage in the issue as a means of reducing mortality in their district. Gathered together in a focused coalition, these members can contribute to a rich variety of perspectives, experience and urgency for action.
Step 3: Set short- and long-term goals

A coalition finds its strength and its voice through action. Identify stakeholders and action items that the coalition would like to target in the next three, six, twelve months and beyond. Decide how success will be measured and what the timeline for achieving each goal will be. To get started, it can help to consider the three main areas where other cervical cancer coalitions have had success:

- Building awareness
- Developing and advocating for clinical guidelines
- Influencing national planning processes

Building awareness

Many potential allies may be unaware of recent developments in cervical cancer prevention. Providing accurate, evidence-based information is the first step to garnering support. Some recent examples of awareness building activities driven by national coalitions include:

- In Uganda, over 100 parliamentarians sent a letter to the GAVI Alliance Board asking for support to quickly introduce the HPV vaccine in Uganda. Also, a local NGO in Uganda organized a rally and march in Kampala with over five hundred people. Speakers at the rally included key political leaders such as the Deputy Speaker of Parliament, who promised to include cervical cancer prevention in the next health budget. Another Ugandan NGO organized free cervical screening in a private room on the rally grounds, generating a lot of media attention for the issue.
- In South Africa, the Treatment Action Campaign, a group focused on the rights and care of HIV-positive people, has become a vocal advocate for HPV vaccine access in the country. They have engaged in a public
campaign to secure affordably priced vaccine for young South African women—and have emphasized the link between HPV, sexual and reproductive health and HIV.

- In Kenya, a group of women parliamentarians has become a strong voice in building public awareness about cervical cancer and calling for greater government leadership and investment in preventing and controlling the disease.
- In Tanzania, the Medical Women Association of Tanzania (MEWATA) has extended its successful breast cancer awareness campaign to cervical cancer, including training of health care professionals. Such efforts and lessons learned from reaching out to the communities and working with the media will support ongoing efforts to finalize both the National Strategy for Cervical Cancer and the National Cancer Control Strategy.
- In the Republic of Georgia, JSI’s Research and Training Institute initiated the Georgia Survive Project (Survive). This public-private partnership brings together several national ministries, the Tbilisi Municipality, international and national business, media outlets and cancer champions. Over the past several years, the project has successfully increased public awareness of cervical cancer, improved services, launched a HPV pilot project and expanded government commitment and funding for cervical cancer prevention.

**Developing and advocating for clinical guidelines**

Recent evidence demonstrates that a comprehensive approach that includes vaccine and expanded options for screening and treatment is the most effective form of prevention and control of cervical cancer. These newly validated approaches call for an update of international and national clinical guidelines, as well as an update of professional education tools, especially clinical training. Yet in most countries, national clinical guidelines for cervical cancer have not yet been updated. Several national and international medical associations, backed by coalitions, are spearheading important revisions to ensure that national norms integrate the latest international guidance and evidence.

- The International Federation of Obstetrics and Gynecology (FIGO) authored “New Global Guidance for Cervical Cancer Prevention and Control.” This is the first international guidance document that integrates vaccination, screening, treatment and care and recommends prevention and control strategies for all settings, with a strong emphasis on developing countries. FIGO is now working to disseminate the guidance to national member societies to inform their advocacy around national clinical guidelines. FIGO is also working with other medical associations such as the International Pediatric Association (IPA) to encourage collaboration among clinicians to prevent cervical cancer at the national and community levels.
- New national guidelines also are being developed in India and Uganda, among other countries.
Influencing national planning processes

Many countries have National Cancer Control Plans that are periodically updated and used to guide health policy and spending. Advocates can work together to ensure that cervical cancer is included in these plans. Where such plans do not yet exist, the coalition can initiate their drafting. The following examples highlight ways that cervical cancer advocates can formally engage in the national policymaking process.

- In Bolivia, a coalition of citizen advocates, physicians and NGO leaders worked closely with the Ministry of Health and Parliamentarians to establish a platform for engagement by the government in National Cancer Control Planning. The Bolivian coalition participated in the development of national policies and plans for cervical cancer prevention and informed decision-making with information about the burden of cervical cancer and new technologies and evidence of their impact in the Latin American region. The coalition supported the engagement of the government in an early pilot project to introduce the vaccine in underserved areas of the country. As a result of this collaboration, the Ministry of Health developed a new five-year strategic plan. This plan calls for an innovative approach to cervical cancer prevention and is supported by a vast group of NGOs and civil society leaders.

- In Tanzania, concerted efforts among key national and international stakeholders as well as mapping of activities and resources have led to the drafting of a National Strategy for Cervical Cancer including a costing analysis to secure a dedicated line in the national budget. This effort has also brought to the forefront the need to finalize the National Cancer Control Strategy. Key to these advances was effective leadership by the Minister of Health and Social Welfare, the setting up of task specific working groups and awareness-building campaigns by local civil society.

Step 4: Connect globally

Global advocacy and knowledge sharing can be an important source of support for national coalitions. Over the past several years, a number of efforts have been established to support advocates and practitioners working in cervical cancer—namely the Cervical Cancer Action coalition and the HPV Vaccine Community of Practice. Both strive to establish useful linkages that inform action and improve cervical cancer prevention. Both can be useful resources and places where national coalitions can link to global efforts.

- Since its launch in 2007, Cervical Cancer Action has supported national and global advocacy efforts and has disseminated the latest information and resources globally. Among its many activities, Cervical Cancer Action strives to increase international support for cervical cancer prevention in developing countries. To this end Cervical Cancer Action collected over 390 letters, op-eds and other evidence documenting developing world support for improved cervical cancer prevention. The dossier was presented to the GAVI Alliance and the World Health Organization to inform their
deliberations and support for global access to these new tools. To see the dossier, visit www.rho.org/CCAdossier.htm

- The HPV Vaccine Community of Practice creates an email-based discussion forum for clinical practitioners, advocates and policymakers to support the introduction of new resources and inform national decision-making.

**Resources for National Coalitions and Advocates**

- Cervical Cancer Action
- HPV Vaccine Community of Practice
- RHO.org
- UICC National Cancer Control Planning: www.uicc.org/resources/national-cancer-control-planning-nccp

**Cervical Cancer Action**

Cervical Cancer Action: A Global Coalition to Stop Cervical Cancer (CCA) was founded in 2007 to expedite the global availability, affordability, and accessibility of new and improved cervical cancer prevention technologies to women in developing countries.

For more information:
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