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Wittet, S; Aylward, J; Cowal, S; Drope, J; Franca, E; Goltz, S; Kuo, T; Larson, H; Luciani, S; Mugisha, E; +2 more... Schocken, C; Torode, J; (2017) Advocacy, communication, and partnerships: Mobilizing for effective, widespread cervical cancer prevention. International journal of gynaecology and obstetrics, 138 Su. pp. 57-62. ISSN 0020-7292 DOI: https://doi.org/10.1002/ijgo.12189

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DOI: 10.1002/ijgo.12189

SUPPLEMENT ARTICLE

WILEY International Journal of GYNECOLOGY OBSTETRICS

Advocacy, communication, and partnerships: Mobilizing for effective, widespread cervical cancer prevention

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Abstract

Both human papillomavirus (HPV) vaccination and screening/treatment are relatively simple and inexpensive to implement at all resource levels, and cervical cancer screening has been acknowledged as a "best buy" by the WHO. However, coverage with these interventions is low where they are needed most. Failure to launch or expand cervical cancer prevention programs is by and large due to the absence of dedicated funding, along with a lack of recognition of the urgent need to update policies that can hinder access to services. Clear and sustained communication, robust advocacy, and strategic partnerships are needed to inspire national governments and international bodies to action, including identifying and allocating sustainable program resources. There is significant momentum for expanding coverage of HPV vaccination and screening/preventive treatment in low-resource settings as evidenced by new global partnerships espousing this goal, and the participation of groups that previously had not focused on this critical health issue.

KEYWORDS

Advocacy; Cervical cancer; Communication; Human papillomavirus; Partnership

1 | INTRODUCTION

People fear cancer, and with good cause. Even individuals who cannot explain cervical cancer often are familiar with the symptoms; they have known women—their mothers, grandmothers, and neighbors—who have suffered, and died, from the disease. In our experience working for prevention of cervical cancer, once families understand that there are safe, effective vaccines to prevent infection and rapid, well-established precancer screening and treatment methods to prevent progression to invasive cancer, they take advantage of those services.

The global health community now finds itself at a historic juncture. If we can foster sufficient political will, forge links with global health initiatives, and ensure that decision-makers and the public have accurate and realistic expectations of the services, elimination of cervical cancer is within reach. Clear and sustained communication, robust advocacy, and strategic partnerships are needed to inspire national governments and international bodies to action, including identifying and allocating sustainable program resources.

Guidelines, conceptual frameworks, manuals, and lists of best practices in advocacy and communication abound on the internet, including some specifically on cervical cancer.[1–5] Generally, there is consensus that such activities are crucial to program success; for example, a review of 10 important public health achievements of the previous century (e.g. reducing traffic fatalities through use of seat belts) concluded that they had been significantly influenced through public health policy initiatives, a subset of advocacy and

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communication work.[6] A literature review in 2012 identified several important elements of successful advocacy programs including working with networks, recruiting champions, using appropriate and local evidence, investing in strong communications products, and monitoring and evaluation.[7] However, there is a dearth of evidence quantifying the impact of these interventions, in part because they are notoriously difficult to evaluate.[7–9]

As has been made clear in the preceding articles in this Supplement, there is persuasive, high-level evidence in support of effective cervical cancer prevention programs. Some of this information is relatively new, so concerted effort is necessary to ensure that program managers and service providers are aware of current recommendations. However, the scarcity of effective services in low- and middle-income countries is not primarily a result of lack of understanding of the disease or how it can be prevented. Rather, failure to launch or expand prevention programs over the past decade is by and large due to the absence of dedicated funding, along with a lack of recognition of the urgent need to update policies and practices that can hinder access to services.[10] This is the case even though both vaccination and screening/preventive treatment are relatively simple and inexpensive to organize and implement at all resource levels, and cervical cancer screening has been acknowledged as a highly cost-effective intervention or "best buy" by the WHO.[11]

National immunization programs in 74 countries offer human papillomavirus (HPV) vaccination, including countries in Africa, Asia, and Latin America. That said, only an estimated 3% of eligible girls have been vaccinated in low-income countries and many ministries of health have not yet added the vaccine to their routine immunization program.[12]

There are no reliable statistics on global screening coverage, but population-based surveys from several low-income countries in Southern Africa reveal that screening ranges from just 3%–23%.[13] Clearly, much remains to be done to achieve universal coverage with both interventions.

Rather than summarizing the literature in depth, this paper seeks to provide a snapshot of the global cervical cancer advocacy and communication environment in 2017, with a special focus on networks and coalitions. The recommendations at the end of the paper suggest activities that ministries of health and nongovernmental organizations (NGOs) can undertake, and donors can support, to increase political will and public demand for expanded cervical cancer prevention services.

2 | CERVICAL CANCER POLICY AND COMMUNICATION CHALLENGES

In addition to challenges of funding and policy noted above, there are other significant barriers to tackle, such as resistance to new solutions. Over the past half-century, higher-income countries have significantly reduced the burden of cervical cancer by organizing population-level screening using cytology: the Papanicolaou (Pap) test. Unfortunately, experience with cytology in lower-resourced settings has been disappointing.[14] In spite of those failures, some medical providers and policy makers in these settings have been reluctant to abandon Pap for several reasons (familiarity, confidence, or profit), even when more promising strategies have been shown to be effective and more feasible, such as visual inspection with acetic acid (VIA) and HPV testing.

The successful global focus on protecting women from pregnancy-related health crises has provided a platform for advocating for cervical cancer screening in some instances, but in others, it may have resulted in lack of prioritization, because the movement has not always advocated for investment in women's survival later in life. Fortunately, this is changing—one only has to look at the dynamic role that Every Woman Every Child has taken in promoting cervical cancer prevention within the Global Strategy for Women's, Children's and Adolescent's Health.[15,16]

Behavioral challenges, such as hesitancy to be vaccinated, are not specific to cervical cancer and are shared by other health programs such as polio elimination and hepatitis B immunization. Misinformation on the internet, negative media reports, anti-vaccination activism, and distrust of the medical establishment contribute to such barriers.[17] Social stigma about cancer and reluctance to discuss reproductive health in general—along with, in some settings, lack of women's empowerment and/or a culture of machismo—create additional barriers to ensuring that all girls and women are protected no matter where they live.[18–20]

Finally, there is the challenge of "the ideal versus the real," or what is possible. This can manifest, for example, as a seemingly prudent strategy of waiting to invest in future, presumably better ("ideal") technologies, with an underlying assumption that those innovations will make programs more cost-effective. However, such delays may simply mean that women who could have been screened with current technologies remain untreated and at increased risk of advanced cancer and death.

3 | POSITIVE DEVELOPMENTS

Progress in several areas augurs well for improved access to cervical cancer prevention in the coming years. In 2012, Gavi, the Vaccine Alliance began supporting the introduction of HPV vaccination in the lowest-income countries in the world. In part, that decision was based on advocacy efforts, including documentation of demand for cervical cancer prevention in Africa, Asia, and Latin America.[21] Uptake has been impressive—country applications to Gavi for support for demonstration programs surpassed expectations, though the countries face challenges when they "graduate" and lose Gavi funding. Middle-income countries are not eligible for Gavi support, but the cost of HPV vaccines has been significantly reduced for Latin America through negotiations between the Pan American Health Organization Revolving Fund and vaccine manufacturers.

In the case of screening and preventive treatment, field studies have demonstrated the effectiveness of new options, including VIA, HPV testing (both cervical and vaginal-sampling, or self-sampling), and treatments such as cryotherapy and thermal coagulation (formerly termed cold coagulation).

There is support for prevention at very high levels. In 2016, former United Nations Secretary-General Ban Ki-moon called for the

elimination of cervical cancer by 2030.[22] At the Vatican, former US Vice President Joe Biden assured Pope Francis that cervical cancer in Africa is “fully preventable with basic education, screening and treatment, and vaccines.”[23] The Sustainable Development Goals adopted in September 2015 include a target relevant to cervical cancer—Sustainable Development Goal 3 seeks “to reduce by one-third premature mortality from non-communicable diseases,” also by 2030.[24,25] A new Joint Global Programme on Cervical Cancer Prevention and Control involves seven UN agencies, working initially in six countries. The program aims to increase global leadership across the UN, build on existing global and national initiatives, increase technical assistance, and stimulate funding to support countries in building and sustaining high-quality, national, comprehensive cervical cancer prevention and control programs.[26]

Regional and country offices of UN agencies, especially of the UNFPA and WHO, have actively supported governments that seek to introduce or improve the effectiveness of prevention services. For example, the WHO Regional Office for Africa is working with 10 Sub-Saharan countries to develop population-based screening and treatment.

Finally, as of 2016, there are 11 active, global or regional, cervical-cancer-specific coalitions (Table 1) and too many nationally-focused partnerships to list, especially in wealthier countries. Many now see cervical cancer prevention as relatively “low hanging fruit” on the broader cancer control agenda. For many years, ministries of health and NGOs have conducted cancer prevention and control as vertical programs, separate from other, related health efforts. An important goal of the coalitions is to integrate cervical cancer prevention into existing programs that routinely impact women’s health—what they sometimes call “mainstreaming.” Pink Ribbon Red Ribbon is an example of a multisector partnership seeking, among other things, to integrate breast and cervical cancer screening into HIV/AIDs programs. Groups that have traditionally focused on maternal mortality or HIV/AIDS increasingly recognize that cervical cancer must be addressed along with other health challenges. Every Woman Every Child; the US President’s Emergency Plan for AIDS Relief (PEPFAR); UNAIDS; the World Bank; the Global Fund to Fight AIDS, Tuberculosis and Malaria; Women Deliver; and Rotary International have expanded their efforts in this area and, in some cases, are funding prevention programming. For example, the Global Fund recently awarded over US $600 000 to Zambia to expand screening services.

Advocating for scale-up of cervical cancer prevention services: The Uganda experience

By 2008, Ugandan Parliamentarian and midwife the Honorable Sarah Nyombi had seen too much cervical cancer among her constituents and family, so she decided to do something about it. Hearing that PATH, an international NGO, was implementing prevention studies in her country, Sarah looked for ways to collaborate. The NGO had funding to produce a video about cervical cancer in Africa, and Sarah agreed to be the lead on-camera personality, traveling to sites where HPV vaccination and screening/preventive treatment were being implemented on a pilot scale. The film was broadcast on BBC World in 2009, attracting attention globally and across the country.[27] Many of Ms Nyombi’s Parliamentary colleagues joined her, calling for attention to the problem, as did First Lady Janet Museveni. Together they wrote to Gavi requesting HPV vaccines.

In spite of this strong political advocacy, Uganda’s road to HPV vaccination scale-up has not been smooth. Following a successful application to Gavi in 2012, the vaccine offer was put on hold pending resolution of storage and delivery challenges. Finally, in late 2015, persistence paid off when the first Gavi-subsidized doses arrived in country. The Ministry of Health has vaccinated 53% of eligible girls since then and anticipates that coverage will rise significantly in the coming years.

Uganda was the first country in Africa to adopt a comprehensive cervical cancer prevention strategy, including plans for both vaccination and screening/preventive treatment. Unfortunately, rollout of screening and treatment services are lagging behind immunization, but the Ministry of Health and NGOs are working to build up these services. A regional screening and preventive treatment training center based at the Uganda Cancer Institute in Kampala is helping to expand the healthcare provider base throughout the country.[28]

4 | ADVOCACY, COMMUNICATION, AND PARTNERSHIPS

Advocacy and communication can be thought of as drivers for increasing the visibility of a health issue on the global level, while also stimulating national uptake and community demand. Both aim to change behaviors and the two terms can describe many different types of activities, focused on a variety of objectives. We identify the following as key advocacy and communication tasks: (1) building awareness about cervical cancer and how it can be prevented; (2) mobilizing investments in cervical cancer programming, including highlighting links with national health and development priorities; (3) updating policies to support services and scale-up; (4) responding to misinformation and addressing hesitancy to be vaccinated or screened; (5) creating individual and community demand for services; (6) reducing stigma associated with cervical cancer; and (7) encouraging partnerships and collaborative effort.

Partnerships are crucial for amplifying the advocacy and communication efforts of individual member organizations, as when one organization promotes the actions of another. Members also can combine technical and other resources to jointly pursue a common goal. Partnerships have been shown to be most effective when: “(1) their members construct a compelling framing of the issue, one that includes a shared understanding of the problem, a consensus on solutions and convincing reasons to act; and (2) they build a political coalition that includes individuals and organizations beyond their traditional base in

TABLE 1 Regional and global partnerships focused on cervical cancer prevention.

Partnership	Website
1. Cervical Cancer Action	www.cervicalcanceraction.org
2. Cervical Cancer Prevention Initiative	www.cervicalcanceraction.org/Initiative
3. Cervical Cancer-Free Coalition	www.cervicalcancerfreecoalition.org/
4. European Cervical Cancer Association	www.ecca.info/
5. Forum of African First Ladies Against Breast and Cervical Cancer	No website
6. Global Coalition Against Cervical Cancer	solvecervicalcancer.org/
7. Global Initiative Against HPV and Cervical Cancer	www.giahc.org/
8. HPV Prevention and Control Board	www.uantwerpen.be/en/projects/hpv-prevention-control-board/
9. Pink Ribbon Red Ribbon	pinkribbonredribbon.org/
10. Princess Nikky Breast Cancer Foundation (despite its name, this group focuses significant energy on cervical cancer and organizes an annual, pan-African conference)	No website
11. United Nations Joint Global Programme on Cervical Cancer Prevention and Control	www.who.int/ncds/un-task-force/un-joint-action-cervical-cancer-leaflet.pdf

the health sector, a task that demands engagement in the politics of the issue, not just its technical aspects."[29] The Cervical Cancer Prevention Initiative is an example of a group that has framed challenges and necessary action comprehensively, and has consciously sought to expand the stakeholder base by embracing influential organizations that have not traditionally focused on cancer.[30,31] Some partnerships, like the HPV Prevention and Control Board focus primarily on technical issues,[32] while others, such as the Cervical Cancer Action coalition, are oriented toward advocacy.[33] Members can, and often should, represent a variety of constituent organizations, e.g. governments, multilateral organizations, professional associations, universities, NGOs, and cancer survivor and other community groups. To the extent possible, for maximum impact, they also should embrace multisectoral causes such as reproductive health and women's empowerment.

5 | NEXT STEPS

Based on experience with advocacy and communication programs to date, the authors propose the following interventions aimed at increasing access to prevention services.

1. Continue to expand partnerships, and use these networks to advocate globally, regionally, and nationally for resources to ensure equitable access to cervical cancer programs for all girls and women. Include professional societies and women's groups.
2. Speak with a unified voice to increase demand, articulating technically accurate, clear, and emotionally engaging messages. Develop audience-specific messages, including arguments expressly designed to appeal to policy makers. Sample materials are available online.[34]
3. Advocate for global and national targets for prevention coverage, building on targets proposed in a recent *Lancet* paper (in the near future to immunize 70% of girls aged 9–13 years against HPV and to screen 70% of women aged 30–49 years for cervical cancer at least once, with timely, affordable, and effective treatment of precancerous cervical lesions).[20] Demand levels of resources that will lead to elimination by 2030.
4. Work with ministry of health partners to include cervical cancer prevention in applications to the Global Fund and other funding mechanisms.
5. Increase awareness of the disease and the potential for prevention and elimination by providing evidence-based information about cervical cancer prevention and addressing misconceptions and misunderstandings. Encourage women and their families to seek screening and vaccination services and to follow up on treatment.
6. Organize outreach beyond the cancer community—to women's rights and reproductive health activists, for example. Work with advocates in the HIV/AIDS and reproductive health communities to broaden the message and reach. Consider recruiting highly visible and credible champions like women sports figures, musicians, actors, and leaders.
7. Build cervical cancer advocacy and communication capacity in low-income countries for both government and NGO staff.

Many groups agree that now is the time for action against cervical cancer. We know what to do and how to do it. Advocacy and communication interventions can help overcome barriers to increased access to prevention services, especially when implemented through strong partnerships speaking with a common voice. Scientific evidence about the promise of prevention must be "translated" for various audiences, ranging from national decision-makers, to service providers, to parents and school children. Policies must be adjusted based on changing circumstances and new opportunities. And, perhaps most importantly, resources must be mobilized to ensure that every girl and woman is protected against this eminently preventable disease.

AUTHOR CONTRIBUTIONS

SW led content development and writing of the article. JA, SC, JD, EF, SG, TK, HL, SL, CS, and JT provided conceptual input and reviewed

and edited article drafts. EM provided conceptual input and wrote content on Uganda. All authors approved the final draft of the paper.

ACKNOWLEDGMENTS

PATH's work in cervical cancer prevention is funded in part by the Bill & Melinda Gates Foundation (OPP1086544). The findings and conclusions contained within this publication are those of the authors and do not necessarily reflect positions or policies of the Bill & Melinda Gates Foundation. The funders had no role in the writing of the manuscript or in the decision to submit the paper for publication.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

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