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Cervical Cancer Brief #5 for Global Fund programs
February 2020

Community Mobilization, Advocacy, and Engaging Networks of Women Living with HIV

This brief is the fifth part of a five-part guide for countries seeking Global Fund funding to address cervical cancer. For an explanation of the value of cervical cancer prevention among women living with and vulnerable to HIV, please see “Brief #1: Overview.”

Cervical cancer prevention and treatment programs can only be successful if women are aware of the benefits of and availability of effective cervical cancer services, and empowered to demand and seek those services; and health care workers and policymakers collaborate with communities to prioritize cervical cancer service. Investments in demand generation, advocacy, and engaging networks of women living with HIV are complements to investments in access to high-quality cervical cancer services.

TogetHER thanks the following partners for their assistance on this series of briefs:

- Basic Health International (BHI)
- FHI360
- Global Good
- Jhpiego
- PATH
- Pathfinder International
- Population Services International (PSI)
- Project Concern International (PCI)

Community Mobilization and Related Activities

The World Health Organization (WHO) [describes](#) outreach, community mobilization, health education, and counseling as “essential” to ensure high coverage with HPV vaccination and screening, and UNAIDS [notes](#) that “community outreach and mobilization lessons from the HIV experience are highly relevant to HPV services.”

Health care providers (including community health workers) can be trained to educate and raise awareness among women, families, and communities on HPV, cervical cancer, and prevention options.

Culturally sensitive community mobilization activities can overcome social taboos, stigma, myths, and misconceptions that prevent women and girls from receiving cervical cancer preventions services. WHO [notes](#) that in addition to addressing those social reasons that women and girls do not access services, community mobilization should also involve working with communities to overcome logistical obstacles like lack of time or affordable transportation to reach the service facility.

WHO recommends outreach not only to women and girls who would most benefit from—respectively—screening and vaccination, but also to men, and particularly to community leaders. Women and girls living with HIV need an extra HPV vaccine dose and a more intensive vaccine schedule (*see Briefs #2 and 3*), so WHO calls for extra efforts to reach them and other vulnerable populations.

Examples of community mobilization activities:

- Radio and social media messages supporting vaccination, screening, and treatment
- Engagement with women’s groups, religious groups, and youth groups on cervical cancer prevention
- Door-to-door cervical cancer educational outreach campaigns by community health workers
- Peer education on vaccination, screening, and treatment
- Integration of cervical cancer education into health talks at HIV clinics; antenatal care, obstetric and gynecology clinics; and other clinics providing health services for women

The non-governmental organization PATH published lessons learned on community sensitization and mobilization for cervical cancer prevention programs, [including](#) the importance of “consistent messages repeated in a wide variety of materials and reinforced by interpersonal contact as well as via mass and local media channels.” This is reinforced in [UNFPA’s guidance](#) on community mobilization around cervical cancer.

In budgeting, countries might consider the wages of the personnel hired for activities related to demand generation, costs of training and transporting those personnel, printing and distribution costs for educational materials, costs associated with outreach via traditional and social media, and costs of monitoring and evaluation (M&E) activities.

Advocacy

Advocacy can help ensure sustained government commitment to and investment in cervical cancer programs. There are a large number of health issues that demand attention, and advocates’ role is to educate governmental decision-makers at all levels about the burden of cervical cancer and how it can be addressed with safe and effective prevention tools. Advocates can persuade decision-makers to invest in those tools.

Examples of advocacy goals:

- Revision of national cervical cancer guidelines
- Integration of cervical cancer into national HIV and reproductive health guidelines
- Increased funding for cervical cancer programs
- Better integration of cervical cancer with HIV programs

Women who have been successfully treated for cervical precancer/cancer are natural advocates, and so are advocates for women's health. HIV and AIDS advocates can convey the particular vulnerability to cervical precancer and cancer among women living with HIV. In many countries, women's groups and networks of women living with HIV have been particularly effective advocates.

High-level champions can be influential in shaping a country's health priorities. Entertainers, such as musicians, can get audiences with high-level decision-makers. Ministers of Health can be key advocates, as can First Ladies. For example, Her Excellency Mrs. Roman Tesfaye, former First Lady of Ethiopia, was instrumental in launching her country's first National Cancer-Control Plan in 2015, and described a vision of eliminating cervical cancer in Ethiopia. As President of the Organization of African First Ladies (OAFLA), Her Excellency Mrs. Sika Bella Kaboré, First Lady of Burkina Faso, called cancer a public health emergency, and broadened OAFLA's mission to include addressing cervical cancer.

Examples of advocacy activities:

- Create educational and persuasive materials targeted to decision-makers
- Hold meetings with decision-makers at all levels, from district to national level
- Arrange opportunities (meetings, rallies, conferences, etc.) for high-level supporters to present messages that will reach policymakers
- Give testimony in front of policymaking bodies

Together for Health provides many [resources](#) for cervical cancer advocates, including stories of women affected by cervical cancer, case studies of successful cervical cancer programs, and fact sheets. We also produce an annual [report](#) on cervical cancer investments in low- and lower-middle-income countries. [UNFPA's cervical cancer guidance](#) also has brief recommendations for planning advocacy around cervical cancer.

Engaging Networks of Women Living with HIV

WHO's draft strategy for the global elimination of cervical cancer states that civil society members at high risk for the disease can be particularly strong advocates for access to prevention and treatment tools, and can "increase awareness of cervical cancer prevention and control within their communities." This is an advantage of engaging women living with HIV, who experience higher rates of cervical cancer than HIV-negative women, and are more likely to die from it.

Many countries have associations of women living with HIV and AIDS, whose members' voices could help raise cervical cancer as a priority, and provide input into program policies and practices that best serve their needs. There are also regional and global networks, like the International Community of Women Living with HIV (ICW), with members worldwide whom countries can approach to request insight and support.

Examples of activities:

- Present cervical cancer educational programs to networks of women living with HIV
- Conduct outreach to women living with HIV
- Integrate cervical cancer services into programs for women living with HIV

Further Reading

Guidance

- [Comprehensive cervical cancer control: a guide to essential practice](#). WHO (2014)
- [Comprehensive Cervical Cancer Prevention and Control Programme Guidance for Countries](#). UNFPA (2012)
- [Human papillomavirus vaccines](#). WHO position paper (2017)

Research

- Bloem, Paul. [HPV Vaccines Uptake and Barriers](#). (2019)
- Ghebre, Rahel G. et al. [Cervical cancer control in HIV-infected women: Past, present and future](#). Gynecologic Oncology Reports 21 (2017)
- [HPV Vaccine Lessons Learnt](#). London School of Tropical Hygiene and PATH (2016)
- [HPV, HIV, and Cervical Cancer: Leveraging synergies to save women's lives](#). UNAIDS (2016)
- Lockett, Rebecca, and Sarah Feldman. [Impact of 2-, 4- and 9-valent HPV vaccines on morbidity and mortality from cervical cancer](#). Human Vaccines & Immunotherapeutics 12:6 (2016)