Overview

This brief is the first part of a five-part guide for countries seeking Global Fund funding to address cervical cancer.

Cervical cancer is a preventable disease, but it remains a significant threat to women lacking access to basic health services. An estimated 570,000 women were diagnosed with cervical cancer in 2018 and 311,000 women died from it, and women living with HIV are particularly vulnerable because of their compromised immune systems.

Women living with HIV are at least five times more likely to develop cervical cancer (an AIDS-defining illness) than their HIV-negative peers, and they have twice the risk for death from invasive cervical cancer within three years as women who do not have HIV. To address this risk, cervical cancer prevention services should be integrated into routine treatment services for women living with HIV. Antiretroviral therapy (ART) for HIV does not reduce a woman’s risk for cervical cancer. Engaging women and women’s groups to raise awareness of cervical cancer, and increasing access to prevention services, saves lives.

In 2018, the World Health Organization (WHO) Director General called for elimination of cervical cancer as a global public health issue. At the World Health Assembly in May 2020, WHO member countries plan to enact an elimination strategy that sets the following targets by 2030:

- 90% of girls fully vaccinated with the HPV vaccine by age 15.
- 70% of women are screened with a high-performance test by 35 and 45 years of age.
- 90% of women identified with cervical disease receive treatment (90% of women with pre-cancer treated; 90% of women with invasive cancer managed).
Global Fund Support
In 2015, the Global Fund Board adopted a policy on co-infections and co-morbidities that opened the door for grants to support cervical cancer activities within the context of HIV and AIDS programs. Since then, 15 Global Fund grants have supported HPV and cervical cancer prevention and integration of services into HIV programs.

The Global Fund welcomes proposals that incorporate the solutions outlined below. Please see Briefs #2-5 for recommendations on activities, supplies, and equipment to include in proposals.

Solutions
Nearly all cases of cervical cancer are caused by persistent infection with human papillomavirus (HPV), a sexually transmitted virus. The safe, effective HPV vaccine protects against cervical cancer.
See Brief #2: HPV Vaccination

Screening women with tests for HPV and visual inspection of the cervix allows health care providers to identify women with cervical precancer that can be treated, as well as women who may have invasive cervical cancer.
See Brief #3: Screening for HPV and Cervical Cancer

Appropriate, timely follow-up and treatment of women who screen positive for cervical precancer, using ablative or excisional methods, is a proven strategy for insuring precancers do not progress to cervical cancer. Women with cervical cancer also need pathways to care.
See Brief #4: Treatment for Cervical Precancer

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 community mobilization, advocacy, and engaging networks of women living with HIV are complements to investments in access to high-quality cervical cancer services.
See Brief #5: Community Mobilization, Advocacy, and Engaging Networks of Women Living with HIV
Further Reading

Guidance
- Global strategy towards eliminating cervical cancer as a public health problem. WHO (DRAFT: 16 December 2019)

Research
- Cervical Cancer and HIV. TogetHER for Health (2018)
- HPV, HIV and Cervical Cancer: Leveraging synergies to save women’s lives. UNAIDS (2016)