

Pooled Procurement to Expand Access to Cervical Cancer Screening in Low- and Middle-Income Countries

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Background

Cervical cancer is highly preventable and treatable when detected early. With cervical cancer incidence and mortality reaching over 662,000 newly diagnosed cases and almost 349,000 deaths in 2022, it is clear that an insufficient number of women are able to access effective screening and treatment services, especially in the low- and middle-income countries (LMICs) that account for 90% of cervical cancer deaths.¹

In 2020, the World Health Organization (WHO) launched its Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem in November 2020,² setting specific access targets for three key interventions:

1. Vaccinating 90% of girls against cervical cancer-causing strains of the human papillomavirus (HPV) by age 15;
2. Screening 70% of women at ages 35 and 45 for pre-cancerous cervical lesions with a high-performance test; and
3. Ensuring that 90% of those women in need receive treatment for cervical disease.

The second of these targets - greatly expanding access to high-performance cervical cancer diagnostics - warrants special attention. Cervical cancer screening in most LMIC settings is implemented using visual screening tests including cytology (Pap test) or visual inspection with acetic acid (VIA) or Lugol's iodine (VILLI), subjective methods whose effectiveness is limited by low sensitivity, leading to high false-negative rates among those screened.³ In addition, these tests also require physical screening at a health facility by a trained health worker, making them operationally challenging to perform at

scale. Overdependence on these methods presents a significant barrier to achieving WHO targets, which will require an estimated 1.5 billion women being screened for the first time in their lives.⁴

The WHO's elimination strategy reflects a significant technological shift in cervical cancer screening by emphasizing the use of "high-performance tests," including molecular tests for high-risk strains of HPV known to cause >99% of cervical cancers.⁵ Transitioning cervical cancer screening programs in LMICs from visual methods (cytology and visual inspection) to HPV molecular testing is a critical step toward screening women at population scale, making the 70% screening goal more attainable.

Pooled procurement has been an effective means of reducing the cost of global health commodities.

Recognized as the gold standard of cervical screening, HPV testing is highly accurate but also more expensive than traditional screening approaches, particularly at the individual level. However, when costs are applied at the population level, HPV testing represents a more cost-effective and impactful option than VIA/VILLI or cytology due to its enhanced accuracy, longer recommended screening intervals, and accompanying reduction of staff time and infrastructure costs - especially when utilizing vaginal self-sampling as the means of collection.⁶ HPV testing through self-sampling has been shown to be an effective and popular screening approach for women in multiple low-resource contexts, as samples can be collected by the woman herself in a private setting and time of her choice.⁷

Box 1. HPV Diagnostics and Pooled Procurement: An Element But Not a Standalone Access Solution

HPV diagnostics offer the potential to more accurately and effectively provide critical information for health providers on whether to progress clients toward necessary care. A positive test indicates the presence of high-risk HPV sub-types (primarily HPV 16/18, and others) which can signify the need for a more comprehensive visual assessment for triage and the need for additional follow-up, including ablation of cervical lesions. Diagnosis in absence of effective triage or treatment represents a health system failure, which can be exacerbated by inadequate systems to register and follow-up with patients in need of additional care.

Thus, potential cost reductions for and sustainable supply of HPV diagnostics are only elements of a successful cervical cancer prevention continuum. Stakeholders from across categories engaged in this project repeatedly cited the ethical imperative of providing timely and appropriate referral services for eligible women, regardless of how inexpensive a diagnostic may become.

While the thrust of this project focused heavily on the use of pooled procurement mechanisms to reduce HPV diagnostic costs, TogetHER for Health seeks to underscore that the respective achievement of WHO's cervical cancer screening and treatment goals must be undertaken in a coordinated, reinforcing manner ensuring that effective diagnosis is a step toward lifesaving prevention, treatment, and care services.

Despite numerous advantages, transitioning national cervical cancer screening programs to HPV testing from visual methods represents a significant global health challenge requiring investments in necessary infrastructure, purchase and installation of viral testing platforms chosen from a variety of different suppliers, the implementation of effective laboratory networks, and training for clinicians and laboratory personnel. Such a transition will likely also necessitate building awareness of HPV testing in contexts in which the technology is newly introduced and generating demand to ensure uptake.

These foundational efforts must all be taken into account before factoring in possibly the most significant long-term financial need: the cost of individual tests. The prices and configurations of test kits, sample collection kits, and transport medium all carry prices that vary by supplier, creating a unique and often fragmented diagnostic context from country to country.

In some cases, cervical cancer prevention programs can take advantage of existing national viral testing infrastructure and capacity developed to address other key global health priorities in LMICs – including HIV/AIDS, tuberculosis, and COVID-19 – for HPV diagnostics and draw on years of experience and systems

strengthening to best deliver these services. An analysis by the Clinton Health Access Initiative highlighted negotiated per-unit prices for HPV tests as low as \$6.24 for platforms with high levels of existing capacity in specific LMICs.⁸ However, the availability of negotiated prices varies by country and taking advantage of such reductions hinges on the footprint of that supplier's testing platform in that specific country.

Reducing the cost of HPV testing for LMICs at much more ambitious scale is essential to achieving and sustaining the WHO's elimination goals. Pooled procurement has been an effective means of reducing the cost of other global health commodities. The WHO defines pooled procurement as "a formal arrangement where financial and other resources are combined across different purchasing authorities, to create a single entity for procuring health products on behalf of individual purchasing authorities."⁹ Such a mechanism can leverage bulk purchasing power that allows for the negotiation of lower per-item prices.

Pooled procurement has gained traction and attention as a pathway to lowering prices and increasing access to essential vaccines, medicines, diagnostics, and medical devices, especially in lower- and middle-income countries. Gavi, the Vaccine Alliance, has utilized

UNICEF's pooled procurement mechanism to purchase millions of vaccines protecting against preventable diseases in eligible LMICs, including vaccines against HPV. The Global Fund to Fight AIDS, Tuberculosis, and Malaria's Pooled Procurement Mechanism (PPM) has been key in reducing the costs of both rapid tuberculosis tests¹⁰ and HIV tests in high-burden countries¹¹ Regional efforts, as discussed below, have leveraged multi-country purchasing to facilitate cost savings for health commodities across numerous health areas.

TogetHER for Health implemented a research project to better understand how pooled procurement mechanisms might play a role in ensuring wider availability of cervical cancer screening in support of the WHO's elimination agenda. The project consisted of a literature review and semi-structured interviews with various stakeholders with relevant experience and/or perspectives related to the use of pooled procurement to reduce the cost of HPV diagnostics and related consumables in LMICs.

A total of 20 interviewees were drawn from a list of relevant stakeholders meeting one or more of the following criteria: experience with pooled procurement mechanisms, experience with HPV diagnostics, experience with procurement or manufacturing of diagnostics, or experience with cervical cancer screening programs in LMICs. Participants were broadly classified into organizations representing three categories across both the public and private sector:

- **Purchasers** – Organizations that facilitate the procurement of health commodities for use by programs in low-resource settings;
- **Suppliers** - Commercial manufacturers/marketers of HPV diagnostics, and;
- **Implementers** – Organizations managing programs in which commodities are made accessible to individuals in low-resource settings.

Interview participants were assured that interview data would be collated to establish common themes and quotes would be unattributed to facilitate open and earnest responses.

This resulting white paper provides a brief background on key elements identified for the successful implementation of pooled procurement for global health programming, the benefits and constraints of pooled procurement to reduce costs, and a stakeholder-informed analysis of where opportunities may lie for the use of such mechanisms to enhance global access to HPV diagnostics for cervical cancer prevention. The information presented below is pulled from the global literature on this topic and supplemented with insights from participants.

Key Examples of Pooled Procurement for Global Health from Global and Regional Purchasers

While the primary overall purpose of pooled procurement for global health is increased availability of life-saving commodities, and thus measurable improvement in health outcomes, such an arrangement can provide benefits for multiple involved stakeholders:

- Suppliers receive a predictable revenue stream and increased visibility into demand for their products;
- Purchasers are provided better value for money, ideally reflected in end-user cost savings;
- Health programs in low-resource settings are provided with a greater and more consistent supply of commodities.

International donor-based models have played a crucial role in addressing global health challenges through pooled procurement strategies. Major global health funders - including the United Nations Children's Fund (UNICEF), the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), and the United States President's Emergency Plan for AIDS Relief (PEPFAR) - have leveraged their significant purchasing power to negotiate advantageous pricing that has benefited health programs in low-resource settings, donors, and even suppliers themselves by providing sustainable, predictable markets for their products.

A prominent example of a global pooled procurement mechanism for global health, UNICEF's Supply Division operates as a procurement agent for a wide range of

health-related commodities. UNICEF's Supply Division has a broad mandate that transcends specific disease areas, and collaborates with governments, NGOs, and other partners to streamline and pool procurement efforts to achieve economies of scale and ensure reliable supply chains for a vast range of health and non-health related commodities. Notably, UNICEF Supply offers HPV diagnostics at negotiated prices as a component of its Cervical Cancer Toolkit, although the list of diagnostics offered is limited to the four tests that have received WHO prequalification.¹²

The Global Fund utilizes pooled procurement to ensure access to medicines, diagnostics, and other commodities related to its three main diseases. The Global Fund aggregates demand as well as resources from multiple countries globally to negotiate bulk prices of health commodities via the Global Fund Pooled Procurement Mechanism.¹³ This model is intended for economies of scale, with a specific emphasis on country-led approaches that ensures interventions are tailored to local contexts. Procurement of diagnostics is currently undertaken through the Global Fund's relationship with the Partnership for Supply Chain Management (PFSCM), a nonprofit supply chain solutions provider and procurement services agent.¹⁴ Notably, the Global Fund has in recent funding rounds allowed countries to apply for support for integration of HIV-related co-morbidities, including cervical cancer prevention services, within country HIV programs.¹⁵ Further, in 2024 Global Fund launched an RFP

supporting the creation of a platform for integrated use of screening technologies for HIV, tuberculosis, and related co-morbidities – explicitly citing HPV.^{16, 17}

PEPFAR coordinates with diverse stakeholders to leverage financial resources appropriated by the United States government and ensure a consistent and affordable supply of critical HIV/AIDS related commodities. A request for proposals (RFP) issued in 2020 by PEPFAR implementing agency the United States Agency for International Development (USAID) sought to use PEPFAR's purchasing power to reduce the cost of diagnostic supplies, achieving a remarkable cost saving of \$93 million in HIV testing laboratory costs.¹⁸ Notably, PEPFAR is the largest global funder of cervical cancer screening in low- and lower middle-income countries through its Go Further partnership which currently operates in 12 countries in sub-Saharan Africa.¹⁹ While HPV DNA testing is explicitly listed as a preferred screening modality in PEPFAR guidance, population-level rollout of the technology has yet to be undertaken in Go Further programs.²⁰

Another notable international example is Gavi, the Vaccine Alliance, which operates as a public-private partnership leveraging financial support from donor countries, foundations, innovative financing mechanisms, and participating low- and middle-income governments, to then negotiate bulk purchases of vaccines - including HPV vaccines - through UNICEF.



Photo courtesy of Grounds for Health

In the case of HPV vaccines, Gavi negotiated per-dose prices of \$4.50, a substantial discount compared to HPV vaccine prices in high-income countries, which have been listed as high as \$240 per dose.²¹ Gavi is the largest supporter of HPV vaccination in low- and lower middle-income countries.

Regional pools have also been proven to be successful in reducing costs. The Pan American Health Organization (PAHO), the regional arm of the WHO in the Americas, operates the Revolving Fund and Strategic Fund which facilitate collective purchasing of vaccines and medical supplies across the region. The PAHO Strategic Fund's focus is on lowering prices, increasing consistent and reliable access, and ensuring quality of health commodities through technical expertise, multilateral cooperation, and established partnerships. The Strategic Fund manages end-to-end procurement by working closely with individual member states in the region to identify demand, and then aggregating that demand to negotiate bulk prices. Uniquely, PAHO's Strategic Fund also offers flexible financing for low-income countries, and extensive technical assistance to aid in supply chain management. PAHO has demonstrated significant progress in the context of cervical cancer screening, offering a range of HPV diagnostics at negotiated prices alongside implementing programs and technical assistance.²²

Another regional example is represented by the Cooperation Council for the Arab States of the Gulf - more commonly known as the Gulf Cooperation Council (GCC) - which has implemented pooled procurement through its Gulf Unified Procurement Program. This program coordinates with ministries of health from each member state to identify demand and resources available, and then purchase health commodities as a single entity. Its primary goals are ensuring financial savings for member states, standardizing medicine and medical devices across the region, achieving drug security, and sustaining quality across the region.

On the African continent, pooled procurement for health commodities has been emphasized in two new initiatives. At the African Union Summit in February of 2024, the Africa Centres for Disease Control and Prevention announced a new pooled procurement

mechanism for Member States, with a stated goal of generating predictable demand for manufacturers on the continent, strengthening planning capabilities and solidifying a market worth at least \$50 billion.²³ An initiative organized by Africa's Small Island Developing States (SIDS) seeks to utilize pooled procurement to reduce the costs of medicines and medical projects while also harmonizing medical management systems. A secretariat launched in March of 2024 - which serves Cabo Verde, Comoros, Guinea-Bissau, Mauritius, Sao Tome & Principe and Seychelles - expected procurement of supplies to begin in July of 2024.²⁴

Pooled procurement mechanisms supporting improved health have proliferated in different contexts, guiding their introduction and their expansion into new health areas. Such experiences offer a wealth of information on the critical conditions under which pooled procurement mechanisms have both succeeded or struggled, informing the perspectives of relevant stakeholders from multiple sectors.

Stakeholder Perspectives on Pooled Procurement

Conversations with stakeholders raised many of the benefits of pooled procurement. Across sectors, stakeholders raised the substantial benefit of lower per-unit costs in expanding the health impact of programs limited by budget constraints. This increased access for LMICs was consistently cited as the key driver of the implementation of pooled procurement.

Suppliers agreed that large volume commitments support internal decisions to lower per-unit costs. In fact, most suppliers engaged during this project confirmed an eagerness to participate in pooled procurement mechanisms as opposed to smaller one-on-one arrangements due to high potential volumes. One representative of a supplier explained that pooled procurement can often mitigate perceived risks, commenting that "pooled procurement can remove barriers to access, especially if the forecasting, logistics, or economy isn't there." The general sentiment among this group was that collaboration among buyers can supplement conditions that instill confidence necessary for the supplier to lower prices.

One implementer commented that pooled procurement is particularly effective to address market failures and ease fragmentation in terms of access. Implementers added that beyond the lowered price, pooled procurement can address the issue of middle-man markups through simplification of supply chains by reducing the number of groups involved in negotiating prices and layers of intermediaries whose involvement can increase prices. One stakeholder underscored the importance of this point by noting that negotiated global health commodity prices often do not reach end users in LMICs.

Purchasers and implementers agreed that fragmented supply chains can lead to multiple inefficiencies, including duplicated efforts and lack of coordination. Consolidating purchasing power, streamlining procurement processes, and standardizing product specifications across entities promotes a more coordinated and efficient approach to procurement. One implementing stakeholder highlighted the benefit to programs represented by standardized offerings from suppliers and a clear price structure, ideally comparable across suppliers.

A theme that persisted in conversations with purchasing stakeholders regarded pooled procurement's role in reducing prices and generating demand, leading to "healthy competition, as well as a lot of innovation" by encouraging the entry of new suppliers to the market. Implementing stakeholders posited that this healthy competition and innovation happens as pooled procurement drives up demand, incentivizing new suppliers to produce competitively priced alternatives to existing products in order to vie for part of the market created by the procurement mechanism. On the other hand, another stakeholder noted that stipulations of participating in the mechanism may represent a significant barrier to the entry of new suppliers, mentioning the hypothetical requirement of WHO prequalification as one such potential barrier.

Critical Success Elements and Key Considerations for Successful Pooled Procurement

The benefits of successfully implemented pooled procurement mechanisms were widely touted.

Stakeholders also raised key elements that they saw as prerequisites for such impact to be realized, including:

Predictable, sustainable funding. One of the primary barriers to establishing a new international or regional pooled procurement mechanism or including it in an existing mechanism is the lack of funding from both donors and national governments. Predictable and ideally long-term financing is a prerequisite for volume commitments that provide suppliers with confidence to reduce prices. In the absence of price reductions, purchasers - including multilateral agencies and countries themselves - are unable to commit to certain volumes, unraveling the mutually beneficial relationship.

Present funding for cervical cancer remains insufficient and fragmented.²⁵ Stakeholders across sectors noted the difficulty and time-consuming nature of securing funding. Implementers especially noted that robust advocacy and awareness is a key means of building political pressure on funders to generate increases in funding, while stakeholders from across categories noted the important roles advocacy and awareness can play in raising cervical cancer's profile as a solvable public health problem in need of additional domestic and global resources.

One stakeholder raised the point that often decisionmakers are unfamiliar with existing negotiated discounts for global health commodities, speaking to a need to further disseminate information around reduced costs. The sustainability of pooled procurement mechanisms is contingent on their utilization, which provides assurance to donors and to manufacturers that the significant effort to design and implement such mechanisms will yield results. Low utilization can disincentivize donors from providing additional financial support to a mechanism and suppliers from committing larger product volumes.

Demand forecasting. Demand forecasting involves analyzing historical data, current market conditions, and other relevant factors such as procurement and supply chain logistics to predict demand for a specific product. In the context of HPV diagnostics, this might also involve taking inventory of the country's existing diagnostic infrastructure, often a mix of platforms produced by different manufacturers with differing capabilities

Box 2: Selected Conditions of Successful Pooled Procurement of Global Health Commodities

Condition	Importance for Stakeholder Categories		
	Suppliers	Procurement Organizations	Implementers
Sufficient longer-term funding	<ul style="list-style-type: none"> Incentive to participate in mechanism 	<ul style="list-style-type: none"> Leverage for negotiations with suppliers Incentivizes entry of new suppliers and innovation 	<ul style="list-style-type: none"> Supports predictable programming and consistent supply
Reliable demand forecasting	<ul style="list-style-type: none"> Provides assurance of market 	<ul style="list-style-type: none"> Supports country decision-making/planning 	<ul style="list-style-type: none"> Clearer understanding of community needs
Shared product standards across stakeholders	<ul style="list-style-type: none"> Reduces barriers to markets 	<ul style="list-style-type: none"> Speeds uptake of health interventions 	<ul style="list-style-type: none"> Speeds access at community level

and requirements, and its ability to absorb HPV testing volumes while sustaining prior programmatic commitments for other disease areas. Such market research will be critical to any country aiming to transition to HPV screening and diagnostics and will strengthen their negotiation power with manufacturers.

Forecasts are also a critical element of costed national cervical cancer control plans, aligning projections with national goals and identifying strengths, weaknesses, and gaps towards achieving national and subnational health goals. Forecasts are by nature inaccurate, but their utility is enhanced by transparent assumptions, open discussions between stakeholders on the most influential factors shaping their outputs, and the understanding that they must be revisited regularly to incorporate improvements.

One purchasing stakeholder described it as the first step for the creation of a pooled procurement mechanism. Suppliers shared similar sentiments, highlighting the need for minimum volume as a basic condition to even consider participating. Suppliers also flagged that one of the biggest challenges when working with LMICs is inconsistent demand forecasts that can make planning extremely difficult. Stakeholders from across categories affirmed the need for demand forecasting to consider health system capacity in each participating geographic area, echoing the importance of accuracy.

Given the complexity of the necessary inputs and the effort required to produce effective analyses, demand forecasting in and of itself becomes a “barrier for countries,” as one implementer stakeholder noted.

Policy/regulatory considerations. Regulatory considerations play a key role in the success of pooled procurement mechanisms at multiple levels. At the multilateral level, the WHO’s prequalification process provides important quality assurance to purchasers and implementers alike, although the process can be lengthy and complex, exacerbated by what stakeholders characterized as insufficient staff capacity.²⁶ Only four HPV diagnostics have received WHO prequalification status since Cepheid’s Xpert HPV became the first such prequalified HPV test in 2017.²⁷

National regulatory approval in each country seeking to benefit from pooled procurement is also critical, but can likewise represent a barrier to more efficient and effective uptake. Harmonized regulatory processes at the regional level were raised as a potential means to accelerate access, although as one supplier noted, it can be difficult to build regulatory consensus between countries with differing market size, cultural and socioeconomic characteristics.

Beyond the regulatory environment, it is important to address other national-level policies that may function

Box 3– Perceived Stakeholder Benefits of Successful Pooled Procurement of Global Health Commodities

Category	Benefits
Suppliers	<ul style="list-style-type: none"> • Predictable revenue • Streamlined negotiation • More predictable demand • Volume purchase commitments • Simplified supply chain • Access to developing markets
Purchasing organizations	<ul style="list-style-type: none"> • Value for money • Expanded access • Wider health impact • Healthy competition between suppliers • Incentives for entry of new suppliers – including from LMICs • Sustained engagement of suppliers • Increased efficiencies in moving products to patients • Standardized offerings from suppliers • Clear price structure
Implementers	<ul style="list-style-type: none"> • Reduced risk of market failure • Value for money • Reduced risk of supply constraints • Improved program impact • Reduced logistical costs • Standardized offerings from suppliers • Clear price structure

as barriers to participation in a pooled procurement mechanism. For example, one stakeholder noted that trade policies may hinder the importation of medical supplies manufactured in other countries.

Finally, the inclusion parameters of pooled procurement mechanisms are often built around common country characteristics such as region, national income level, or disease burden, ensuring that reduced prices and high product volumes benefit countries most in need. However, such rigidity can also exclude nations who have recently graduated to a higher income level, smaller nations seeking commensurately smaller product volumes, and those with disease burdens below a certain threshold, forcing them into pricing structures similar to high-income countries. One stakeholder advocated for increased flexibility in mechanisms allowing countries access to a pool’s negotiated pricing and service terms by leveraging domestic funding.

Supply chain management. There are also significantly complex logistical factors to consider in terms of supply chain and storage. For instance, one supplier

stakeholder emphasized that for each country, it is “critical to understand storage logistics,” as challenges often arise when it comes to balancing inventories centrally and synchronizing procurement timelines and sales and distribution at subnational levels. From a buyer perspective they must work with countries and sub-national units individually to “work with pain points for supply chain management,” which can include issues in terms of data and information sharing and technological disparities. Markups along the supply chain from wholesalers and retailers can also reduce efficiencies gained through pooled procurement. Transparency on exactly where costs are being marked up along the value chain could ensure a better understanding of how best to safeguard cost savings.

Cost of establishment. The creation of a new pooled procurement mechanism requires substantial investment and coordination between multiple sectors. One implementing stakeholder expressed surprise at the extensive advocacy and logistical cost, noting that this may offset some of a mechanism’s downstream benefits. This high cost of establishment would likely be

reduced in the case that HPV diagnostics procurement was to be folded into a pre-existing mechanism.

Ethical considerations. Stakeholders, particularly implementers, emphasized the need for situating any procurement of diagnostics within a comprehensive screening and treatment protocol. Many highlighted the potential ethical challenges that arise when there is disproportionate scaling of diagnostic testing without the commensurate ability to treat abnormalities found and appropriately manage cases across the care continuum (see Box 1). Coordinating pooled procurement of HPV diagnostics with proportionate scale-up of treatment services could offer a balanced pathway toward the achievement of elimination goals.

Integrating existing infrastructure. To expand HPV diagnostics, programs must be able to map out the availability of testing platforms in use at a national and subnational level. Pooled procurement-fueled reductions in the per-unit cost may be offset if implementing those specific tests requires significant investments in new equipment and/or infrastructure. One implementing stakeholder explained that while they might be able

to access lower prices through certain international mechanisms, governments or purchasing entities will be less likely to participate if the products are not compatible with infrastructure already in place. Another stakeholder noted that due to the low number of HPV testing platforms that are currently WHO-prequalified, there is often a misalignment with pre-existing diagnostic infrastructure, creating a limitation on demand and, in turn, a disincentive for new manufacturers to embark on the WHO prequalification process.

Activities to support diagnostic network optimization (DNO) have become more widespread in LMICs where pre-existing capacity may be limited.²⁸ Such analyses seek to cost-effectively align diagnostic demand and capacity through the documentation of existing infrastructure, identification of optimal locations for instruments, and the redesign of referral networks to enhance impact and generate efficiencies. Pooled procurement of diagnostics could play a role in expanding the capabilities of such networks and reducing the cost of filling critical gaps.

Box 4 – Perceived Stakeholder Barriers to Successful Pooled Procurement of Global Health Commodities

Category	Challenges
Suppliers	<ul style="list-style-type: none"> • Insufficient funding/market to incentivize participation • Nebulous and sometimes insufficient demand • Other barriers constraining product uptake – insufficient facilities, misaligned platforms, need to train of staff
Purchasing organizations	<ul style="list-style-type: none"> • Significant political and financial resources needed for mechanism conceptualization and implementation • Insufficient funding pools • Funding stream not long-term • Protracted regulatory processes at multilateral level due to low capacity • Inconsistent regulatory approvals between countries/regions
Implementers	<ul style="list-style-type: none"> • Inconsistent platforms/infrastructure in different country settings • Need for supplemental support for training, logistics (supply chain, consumables) • Policy barriers to participate in pooled procurement

The Role of Pooled Procurement in Expanding Cervical Cancer Screening

Stakeholders emphasized the baseline requirements of sustainable, predictable funding, and accurate demand and market forecasting at the country level. The present lack of these conditions and organizational infrastructure does not support the establishment of a standalone pooled procurement mechanism specific to HPV diagnostics and related commodities. This increases the importance of exploring the wider inclusion of HPV diagnostics in existing mechanisms such as those coordinated by PAHO and UNICEF. It also underscores the continued importance of programs such as the Clinton Health Access Initiative currently negotiating cost reductions for HPV diagnostics for use in LMICs.

A substantial portion of documented funding for cervical cancer screening is embedded in programs focused on related conditions, especially programs focused on people living with HIV who bear a significantly higher risk of developing cervical cancer.²⁹ Positioning procurement of HPV diagnostics both within and beyond such vertical disease programs and ensuring their purchase for programs serving wider populations could be a major step toward achieving broader population-level access.

In addition to lowering the costs for diagnostics, there is a need to enhance training for health care workers, ensure quality assurance and quality control procedures, and other types of program support to ensure overall quality and improved patient outcomes. Pooled procurement is only one component of a complex access continuum that requires support and partnership. For such mechanisms to play a truly transformative role in achieving the WHO cervical cancer elimination goals, they must be implemented in such a way that ensures access to triage and treatment for women testing positive for HPV.

Steps Forward

This research underscores how even without pooled procurement as a stated goal, implementing elements of a successful pooled procurement mechanism would support the achievement of the WHO's goal of testing 70% of women with a high-performance cervical

cancer test. Efforts to accurately quantify country level demand and market forecasting for HPV diagnostics, the identification or establishment of more predictable and sustainable funding sources, and expanded efforts to raise awareness together represent means to accelerate the achievement of cervical cancer elimination goals, but coordination between such activities offers the possibility of greater impact.

Throughout our interviews, stakeholders across sectors consistently emphasized that forecasting serves as a crucial element to secure funding and negotiating with manufacturers. This estimation enables funding entities to envision the potential impact of their investments and equips organizational bodies with essential projections that strengthen their position and instill confidence with manufacturers, most effectively accomplished iteratively.

As more countries build national cervical cancer elimination plans, it is important that such plans build in flexibility to incorporate new screening methodologies. Further, it is critical that national-level cervical cancer control plans are costed to facilitate efforts to direct available resources – both external and domestic - for their support. Technical support for the creation of such plans has been made available via multilateral partnerships in addition to implementing organizations.³⁰

Dedicated, predictable funding for cervical cancer prevention remains critical, and explorations of sources of financing – including pooled funds for cervical cancer or global women's health more broadly and an expanded number of global funders – need to be undertaken. At the global and national levels, more effective promotion of existing funding streams eligible for cervical cancer prevention activities – such as the Global Fund – and wider inclusion of cervical cancer prevention commodities in procurement mechanisms could be critical to supporting wider scale-up of HPV testing. At the local level, continuing to build awareness of cervical cancer and cervical cancer prevention through community-based organizations, health workers, schools, and community leaders can generate critical demand that can drive country-level action when aggregated at the national level.



Photo courtesy of ROSE Foundation

Finally, every participant stakeholder emphasized the ongoing need for advocacy and awareness-raising for health needs such as cervical cancer prevention. Such activities generate demand for effective strategies and interventions and create political pressure to secure critical resources.

One Element of a Larger Landscape

While this research centered on pooled procurement as a means to address the issue of cost as a tool to expand access to HPV diagnostics in LMICs, the overarching conclusion is that optimal diagnostic price levels are just one element of a successfully scaled cervical cancer screening program. As noted, creating the prerequisite conditions for an effective pooled procurement mechanism for cervical cancer diagnostics – including sufficient, sustainable funding, improved demand forecasts, regulatory support – would each represent a benefit to efforts to eliminate this preventable cancer.

At the same time, the screening-to-treatment continuum is a complicated pathway requiring careful planning and adequate resources along the way. Beyond

procurement, establishing guidelines for when to test women, ensuring correlating access to effective ablative treatment and/or treatment for invasive cancer, and the creation of cancer registries ensuring proper follow-up number among the wider policy needs of a successful continuum of care.

Current programs expanding access to cervical cancer screening and treatment – including programs funded by Unitaid and incorporating price reductions negotiated by the Clinton Health Access Initiative – have shown great promise in different settings.³¹ Such activities provide critical evidence that the recommended technical approaches underpinning the WHO cervical cancer elimination agenda are feasible. Generating sufficient financial and political resources to scale such efforts – and increase the viability and potential effectiveness of a pooled mechanism for cervical cancer diagnostics – will continue to be a critical step in ending this preventable cancer throughout the world.

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TogetHER for Health is a global partnership igniting the movement to end cervical cancer everywhere around the world by driving awareness, supporting catalytic programs, and fighting for the political and financial resources needed to end this preventable disease.

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