TogetHER Cervical Cancer Grants Program
Request for Proposals - January 2023

Background

Worldwide, there are an estimated 604,000 new cases of cervical cancer and more than 341,000 women die cervical cancer-related deaths each year, nearly 90% of whom resided in low- and middle-income countries (LMICs).[1] In sub-Saharan Africa, Central America and south-central Asia, cervical cancer is a leading cause of cancer-related deaths among women.[2]

Despite its increasing burden, cervical cancer is largely preventable and treatable, if detected and treated early. In many low-resource settings, access to health information and preventive services – including vaccination, screening, and pre-cancer treatment – are not routinely available, leaving girls and women vulnerable to this disease.

In November 2020, the World Health Organization (WHO) launched its Global Strategy to Accelerate the Elimination of Cervical Cancer.[3] The three pillars of this strategy – the first-ever global plan to eliminate a cancer – are as follows:

- Vaccinate 90% of girls against human papillomavirus (HPV) by 15 years of age;
- Screen 70% of women at ages 35 and 45 years, with a high-performance test; and
- Ensure that 90% of those women in need receive treatment for cervical disease.

Achieving these ambitious milestones will require significant scale-up of services, particularly in LMICs where access to routine preventive services and accurate information about HPV and cervical cancer remains limited.

TogetHER for Health is pleased to launch this call for proposal aimed at increasing informed demand for cervical cancer prevention services and supporting broader adoption of improved technologies related to vaccination, screening and preventative treatment for cervical cancer. TogetHER for Health is a global partnership focused on raising awareness and driving action to accelerate the global elimination of cervical cancer. TogetHER is fiscally sponsored by Panorama Global, a 501(c)(3) non-profit organization.

TogetHER's Cervical Cancer Grants Program provides highly targeted grants for organizations working to address demand and supply constraints related to vaccination, screening, and

[1] The Global Cancer Observatory. Cervix Uteri Fact Sheet. https://gco.iarc.fr/today/data/factsheets/cancers/23-Cervix-uteri-fact-sheet.pdf.
[2] Ibid.
[3] World Health Organization (2020). Global strategy to accelerate the elimination of cervical cancer as a public health problem. Published November 17, 2020. Accessed December 12, 2022.

preventive treatment for cervical cancer. Interventions supported by this program should be catalytic, improving the lives of girls and women directly served with the allocated funds and triggering health system wide improvements (e.g., policy change, regulatory approval, development of tools and strategies that can be adapted across the health system).

For the 2023-2024 cycle, the Cervical Cancer Grants Program will offer grants to improve both demand and supply of cervical cancer prevention services. Applicants will be required to submit their applications according to two tracks, as follows:

- *Track 1* aims to improve **demand-side interventions** to increase uptake of all cervical cancer prevention services.
- *Track 2* aims to support **supply-side interventions** to accelerate adoption of improved technologies in cervical cancer prevention.

A total of two awards (one applicant per track) will be awarded.

Track 1: Problem Statement: Demand-Side Interventions

Insufficient demand and access to accurate information about HPV, cervical cancer and the importance of vaccination, screening and treatment of pre-cancer remains a barrier in many countries worldwide. Applicants who submit to this track will outline promising interventions and strategies to address demand constraints in one or more of these areas across the continuum of care:

- **HPV Vaccination:** Cervical cancer, and other HPV-related cancers, are caused by persistent infection with certain types of human papillomavirus (HPV). HPV vaccines offer complete protection against 70%-90% of cervical cancer-causing HPV types and are recognized as safe and highly effective.[4]

  HPV vaccination coverage rates continue to lag behind other vaccine-preventable diseases due to both supply and demand-side factors. In addition, there remain significant inequities in global distribution of vaccine. As of 2020, only 38% of low- and lower middle-income countries have introduced the HPV vaccine into national immunization programs, compared to more than 89% of high-income countries.[5]

  The Covid-19 pandemic has further exacerbated this gap in coverage. Since the beginning of the pandemic, millions of eligible girls have missed out on HPV vaccinations due to school closures and resulting disruption of school-based vaccine campaigns, along with delays or postponements of new HPV vaccine campaigns.[6]

[4] Lei et al. HPV Vaccination and the Risk of Invasive Cervical Cancer. *N Engl J Med* 2020;383:1340-8. DOI: 10.1056/NEJMoa1917338.
[5] PATH. (2022). Global HPV Vaccine Introduction Overview. Accessed online December 15, 2022.
[6] WHO and UNICEF. (2021). Progress and Challenges with Achieving Universal Vaccination Coverage. Accessed December 14, 2022.

Demand-side barriers to vaccine scale-up include vaccine hesitancy and/or low motivation for vaccine (e.g., perceived risk of disease, low confidence in vaccine effectiveness, and/or safety concerns with vaccines or their administration), as well as social norms surrounding vaccines (e.g., strength of recommendation by providers or others trusted persons, vaccine myths and misinformation, stigma related to HPV).

As efforts to improve access to HPV vaccination in LMICs accelerate, and new global suppliers enter the HPV vaccination market, it is increasingly important to develop and share accurate, culturally relevant and understandable information about the vaccines to parents and caretakers and others who may influence the decision to vaccinate a child. Concerns regarding acceptability need to be addressed, especially among parents and caretakers of girls who qualify for vaccination.[7] Effective communication and behavior change strategies are needed to address these barriers in a meaningful and sustainable way.

- **Cervical Screening:** Barriers related to cervical cancer screening often are similar across countries and cultural contexts. Common barriers include low awareness, fear of screening procedures and potential negative outcomes, privacy concerns, lack of spousal support, stigma, cost of accessing services, and fear of poor treatment by health care workers.[8] There is a need for patient-centered, evidence-based social and behavioral approaches to inform and educate women on the need for preventive measures like cervical screening, particularly in settings where screening programs are opportunistic. Effective strategies to promote integrated services (HIV/cervical cancer/family planning) for girls and women across the life course are also a priority.

- **Pre-Cancer Treatment:** For women identified with pre-cancerous lesions, timely treatment is critical to reduce risk of further disease. As with screening, common barriers associated with the uptake of preventive treatment include fear of the procedure and/or negative outcomes, lack of privacy, perceptions of poor attitudes or mistreatment by health workers, costs of preventive treatment, or lack of support by spouse or other family members.[9] Effective communication strategies are needed to emphasize the benefits of pre-cancer treatment as a critical step to disease prevention and identify effective ways to increase treatment rates among eligible, screen-positive women to improve health outcomes.

Track 2: Problem Statement: Supply-Side Interventions

Inequalities and inequities influence access along the pathway to HPV vaccination, cervical cancer screening and treatment across LMICs. Proposals that submit to this track will outline promising interventions and strategies to address supply-side barriers across one or more of these areas:

[7] Audrey S, Batista Ferrer H, Ferrie J, Evans K, Bell M, Yates J, et al. Impact and acceptability of self-consent procedures for the school-based human papillomavirus vaccine: a mixed-methods study protocol. BMJ Open. 2018;8(3):e021321.
[8] Lim JN, Ojo AA. Barriers to utilization of cervical cancer screening in Sub Sahara Africa: a systematic review. European journal of cancer care. 2017; 26(1):e12444.
[9] Ibid.

- **HPV Vaccination:** There are several recent positive developments in HPV vaccine supply. First, the global supply for HPV vaccines, once a major constraint in ensuring access in LMICs, is undergoing a rapid expansion due to the entry of new suppliers in the global market from China (Innovax) and India (Cervavac), which should serve to relieve both global supply constraints and reduce vaccine costs, particularly for LMIC markets. In 2022, the WHO's Strategic Advisory Group of Experts on Immunization (SAGE) concluded that a single dose of HPV vaccine provides protection comparable to two- or three-dose regimens. Transition to single-dose HPV vaccination can greatly expand the number of adolescents that can be immunized without expanding vaccine supply, while also removing the significant logistical and financial cost of administering follow-up doses. Nevertheless, making a transition to single dose regimens will require careful planning and monitoring across the health system.

- **Cervical Screening:** Visual inspection with acetic acid or with Lugol's iodine (VIA/VILI), while frequently used to screen for cervical lesions in low-resources settings, has low to moderate sensitivity and specificity. Significant training and supervision are required to ensure adequate quality, limiting its ability for scale-up.[10]

  Molecular testing for HPV offers significant benefits and is superior to VIA-based screening. However, it is not yet widely available, despite its robust evidence base and inclusion within the most recent WHO guidance.[11] Many national programs across LMICs lack the necessary resources, training and amenable policies to fully support the adoption and expansion to HPV testing as a primary screening method for cervical cancer. Operational questions remain around optimal service delivery models for HPV testing and treatment. Nevertheless, self-collection of cervical samples for HPV testing is a promising approach towards broadening screening coverage, with data showing that patient-collected samples are comparable in sensitivity to samples collected by health providers.[12]

  Other methods for improved screening include the use of automated visual evaluation (AVE)-based algorithms to identify pre-cancerous lesions using digital images of the cervix. This approach has been shown to be effective in recent demonstration projects both as a screening and quality assurance tool to assist providers in evaluating women for cervical abnormalities. Evidence generation for policy development and regulatory pathways is needed to facilitate broader use of these tools for screening.

- **Pre-Cancer Treatment:** While cryotherapy has been the standard treatment approach for pre-cancerous lesions globally, it poses several operational challenges that include limited supply of high-quality gas, cost of gas transport, and challenges with machine

[10] WHO. 2021. WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention, second edition. Geneva: World Health Organization.
[11] Ibid.
[12] Arbyn et al. Detecting cervical precancer and reaching underscreened women by using HPV testing on self-samples: updated meta-analyses. 2018; 363:k4823. doi: 10.1136/bmj.k4823.

reliability.[13] Thermal ablation was approved by the WHO in 2019 for use in treating pre-cancerous cervical lesions and appears to avoid the challenges inherent to cryotherapy.[14] Following this global endorsement, thermal ablation is becoming the standard of care for cervical pre-cancer across many settings. However, insights are still needed to facilitate its wider use in programmatic contexts at scale and to support wider adoption of this technology across LMIC settings.

Funding Opportunity

TogetHER for Health's Cervical Cancer Grants Program will provide highly targeted grants to address these demand and supply-side barriers and expand access to life-saving services to prevent and treat cervical cancer.

Grants will be made in two tracks:

- *Track 1* aims to improve **demand-side interventions** to increase uptake of all cervical cancer prevention services.
- *Track 2* aims to support **supply-side interventions** to accelerate adoption of improved technologies in cervical cancer prevention.

Each track will award a single grant not to exceed $30,000 USD and will be targeted to LMICs (as defined by the World Bank), and particularly those with high cervical cancer disease burden. Program applicants should clearly state to which track they are applying.

Activities supported by the grants program will generate evidence to:

1) increase demand & supply of cervical cancer services; and
2) speed the adoption of national policies, guidelines or strategies that support demand generation efforts or the adoption of new technologies.

Activities that can demonstrate catalytic, systemic improvements for cervical cancer prevention will be prioritized.

Given the limited grant size, funding from the Cervical Cancer Grants Program should be used to complement existing vaccination, or screening and treatment programs with a demonstrated track record of success. For example, funds from the grants program may facilitate the procurement of new technologies for use within existing program infrastructure, make staff time available for research or support targeted advocacy activities, in support of broader adoption of proven strategies.

Please note that this is not an exhaustive list of technologies to be considered, and applicants may consider other alternatives than those listed here.

[13] Maza M, Schocken C, Bergman K, Randall T, Cremer M. Cervical Precancer Treatment in Low- and Middle-Income Countries: A Technology Overview. J Glob Oncol. 2017; 3(4): 400-408.
[14] WHO guidelines for the use of thermal ablation for cervical pre-cancer lesions. Geneva: World Health Organization; 2019.

Illustrative Activities to be Funded by the Program

Table 1 gives an illustrative overview of the types of projects that could align with each track of the Program. The table is for example only and should not be considered comprehensive. Applicants are strongly encouraged to submit proposals to address local constraints with evidence-based, locally adaptable solutions. Applicants should also submit letters of support from local partners, including government partners, as applicable.

TogetHER will work with grantees to disseminate program findings in various forums to ensure maximum reach for key learnings. Note that all projects funded will be asked to share their key findings and lessons learned results via webinar, project reports and/or in other fora, as agreed upon by the applicants and TogetHER teams.

Table 1: Illustrative Projects Under the Cervical Cancer Grants Program

Track	Potential Projects to Be Funded
1) Improve **demand-side interventions** to increase uptake of cervical cancer prevention services.	• Identification of knowledge gaps and development of innovative demand creation strategies for HPV vaccination, screening and/or treatment services at the community level. • Development and evaluation of communications toolkit for underserved or hard to reach populations to improve knowledge, attitudes and behaviors for cervical cancer prevention. • Development and assessment of an integrated communications campaign to reach underserved girls and women and/or those who are otherwise hard to reach. • Assessment of models to engage communities in HPV vaccine awareness and education to address vaccine hesitancy.
2) Improve **supply-side interventions** to accelerate adoption of improved technologies in cervical cancer prevention.	• Demonstration projects that reveal how provider behaviors may impede or facilitate adoption of HPV vaccination, screening and/or pre-cancer treatment. • Identifying and testing promising approaches to incorporate training, supervision and quality assurance activities for improved diagnostic and pre-cancer treatment. • Strategic advocacy and policy activities to incorporate HPV vaccination into national vaccination schedules, and/or transition of HPV vaccination schedules to a single dose approach. • Evaluation of community-based approaches to incorporate HPV testing and use of self-sampling to reach more women for screening.

Product Considerations

Track 1 will support efforts to increased demand for any cervical cancer service, regardless of the technology in use. However, under Track 2, several products are prioritized under this RFP, as outlined in Table 2. Please note that Track 2 will not provide funding for evaluation of established screening & treatment technologies (e.g., Pap Smear, VIA, or cryotherapy).

Table 2: Priority Improved Technologies for Track 2 Funding

Primary Prevention - Vaccine	Secondary Prevention – Cervical Screening	Secondary Prevention – Pre-Cancer Treatment
• HPV Vaccine, especially strategies to transition to a single-dose approach	• Automated visual evaluation of cervical images • Molecular tests for detection, including HPV DNA and/or mRNA • HPV self-sampling devices to promote self-care, greater privacy, and autonomy for women	• Strategies to support introduction or scale of thermal ablation • Strategies allowing LEEP/LEETZ procedures to be safely offered to more patients

Geography

The Program limits funding to countries classified as low or middle-income countries, based on the World Bank definition. Applicants should justify their selected geography based on:

- Epidemiological data demonstrating the burden of cervical cancer;
- Contextual factors that make the setting ideal for rapid technology introduction; and
- Strong partnerships and/or demonstration of co-funding that will amplify the impact of the investment.

Eligibility

This call is open to any non-profit organizations with a demonstrated track record in cervical cancer prevention programming. Where multiple organizations receive the same proposal score, members of TogetHER for Health's partner network will be given preference for funding.

Organizations may submit no more than one application per Track. However, no organization will receive more than one award in total.

Budget and Award Period

The maximum budget under each track of this award is $30,000 USD. The implementation period is for a maximum of 12 months.

Procurement

Procurement of technologies is permitted under this award, with the exception of HPV vaccine**.** Funds cannot be used to procure HPV vaccines. TogetHER will work with manufacturers to establish preferential pricing schemes for grant recipients and TogetHER partners.

Proposal Requirements
Proposals should be no more than 4 pages in length and should include each of the elements below. Appendices may also be included. Information included in the appendices is supplemental and are not included in the 4-page limit.

The proposal should include the following:

1. **Problem Statement:** A detailed analysis of current supply or demand-side barriers to increase access and uptake of cervical cancer prevention.
2. **Geography:** A description of the rationale for selection of the intended geography.
3. **Theory of Change**: A high-level theory of change for how the project activities will speed product adoption.
4. **Technical Approach:** A description of the activities to be funded, and an indication to which track you are applying. Project activities should also provide a detailed description of the existing investment that the Cervical Cancer Grants Program will complement. The technical approach should include a description of how project findings will be disseminated to key stakeholders.
5. **Evaluation:** A description of how the project's outputs and outcomes will be measured, including relevant indicators. All funded projects will be required to identify key outputs/outcomes and how they will be measured. While quantitative outcomes are encouraged, qualitative methods may be used, as appropriate.
6. **Technical Expertise:** An overview of the organization's experience in cervical cancer, including qualifications of relevant team members.
7. **Project Budget:** A program budget should include costs broken down by standard categories, including personnel, commodities/supplies, travel, meetings, other direct costs, and indirect costs. Please clearly show co-funding.

Questions
All questions should be submitted to info@togetherforhealth.org by 6:00 pm US Eastern time on **Monday, January 23rd**.

Replies to all submitted questions will be posted on the TogetHER website. Answers to all questions will be provided no later than **Friday, January 27th**.

Proposal Deadline
All proposals should be submitted by email to **info@togetherforhealth.org** no later than **Friday, February 3rd**.

Successful applicants will be notified by **Wednesday, March 8th**.

RFP Conditions
This RFP is not an offer to contract or award grant funds. TogetHER for Health and Panorama Global assume no responsibility for the costs incurred to respond to this RFP.