



CERVICAL CANCER GRANTS PROGRAM REQUEST FOR PROPOSALS 2024-2025

Despite its continuing rise in both incidence and mortality globally, cervical cancer is largely preventable and treatable through vaccination against the human papillomavirus (HPV) that causes almost all cervical cancers, screening/early detection, and timely treatment, when needed. In November 2020, the World Health Organization (WHO) launched its Global Strategy to Accelerate the Elimination of Cervical Cancer.¹ The three pillars of this strategy – the first-ever global plan to eliminate a cancer – are to:

- Vaccinate 90% of girls against 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 milestones will require significant scale-up of services, particularly in low- and middle-income countries (LMICs) where access to routine preventive services and accurate information about HPV and cervical cancer remains limited.

To address these global disparities, TogetHER for Health is pleased to launch its fourth global request for proposals aimed at increasing access and demand for cervical cancer prevention services in LMICs where the burden of disease is greatest.

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 preventive treatment for HPV and cervical cancer. Interventions supported by this program should be catalytic, improving the lives of individuals directly served with the allocated funds and triggering health system-wide improvements (e.g., policy change, regulatory approval, development of effective tools and strategies) to support cervical cancer elimination efforts.

For the 2024-2025 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 to either of 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 award per track) will be awarded. Rationale and specific components for each track are detailed below.

¹ World Health Organization (2020). Global strategy to accelerate the elimination of cervical cancer as a public health problem. Published November 17, 2020. Accessed April 1, 2024.

Track 1: Problem Statement: Demand-Side Interventions

For demand side interventions, lack of evidence-based information about the relationship between HPV and cervical cancer, and information regarding preventive measures for the disease remain barriers. Stigma related to HPV and cervical cancer can undermine public health efforts to educate and inform those at risk about effective prevention measures. Reaching those who are particularly marginalized and vulnerable to HPV and cervical cancer are a priority.

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:

- **Demand for HPV Vaccination:** Persistent infection with certain types of human papillomavirus (HPV) can cause cervical cancer as well as a variety of other cancers. HPV vaccines currently offer complete protection against 70%-90% of cervical cancer-causing HPV types and are recognized as safe and highly effective.² Despite a strong track of both safety and effectiveness, HPV vaccination coverage rates continue to lag behind vaccines against other preventable diseases, particularly in LMICs. Globally only 21% of eligible girls been immunized with the first dose of HPV.³

Demand-side barriers to vaccine scale-up include:

- Lack of information and education regarding the link between HPV and cervical cancer
- Vaccine hesitancy/low motivation for vaccine (e.g., low perceived risk of disease, low confidence in vaccine effectiveness, and/or safety concerns with vaccines or their administration)
- Social norms surrounding vaccines (e.g., strength of recommendation by providers or others trusted persons, vaccine-related myths and misinformation, vaccine hesitancy related COVID-19 vaccination and vaccines in general, stigma related to HPV).

As efforts to improve access to HPV vaccination in LMICs accelerate, it becomes increasingly important to develop and share accurate, culturally relevant and understandable information about HPV vaccines to parents and caretakers of girls who qualify for vaccination to address concerns regarding acceptability.⁴ Girls at risk for and those living with HIV are an important subpopulation to consider, as their risk for HPV infection and cervical cancer are much higher than the general population.⁵ Effective communication and behavior change strategies are needed to address these barriers in a meaningful and sustainable way.

- **Demand for 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.⁶ 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

² Lei et al. HPV Vaccination and the Risk of Invasive Cervical Cancer. *N Engl J Med* 2020;383:1340-8. DOI: 10.1056/NEJMoa1917338.

³ UNICEF. Immunization coverage. <https://www.who.int/news-room/fact-sheets/detail/immunization-coverage>. July 18, 2023.

⁴ 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.

⁵ World Health Organization. (2020). "WHO releases new estimates of the global burden of cervical cancer associated with HIV." <https://www.who.int/news/item/16-11-2020-who-releases-new-estimates-of-the-globalburden-of-cervical-cancer-associated-with-hiv>.

⁶ 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.

programs are opportunistic. Effective strategies to promote integrated services via maternal and child health, family planning, HIV, women's cancers and other reproductive health services targeted to girls and women across the life course are a priority.

- **Demand for 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.⁷ Effective communication strategies are needed to emphasize the benefits of pre-cancer treatment as a critical step to disease prevention and to identify effective ways to increase treatment rates among eligible, screen-positive women to improve health outcomes. Effectively communicating both the benefits and risks related to use of improved technologies is an important aspect of provider-patient communications.

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:

- **Availability of 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. Given mounting evidence that one dose of HPV vaccine provides comparable prevention to multidose regimens in most populations, transition to single-dose HPV vaccination regimens have the potential to greatly expand the number of children/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.
- **Availability of Cervical Cancer Screening:** Visual inspection with acetic acid or with Lugol's iodine (VIA/VILI), while frequently used to screen for cervical lesions in low-resource settings, has low to moderate sensitivity and specificity. Significant training and supervision are required to ensure adequate quality, limiting its ability for scale-up.⁸ Molecular testing for HPV offers significant benefits and is superior to VIA-based screening. However, HPV testing is not yet widely available, despite its robust evidence base and inclusion within the most recent WHO guidance.⁹ Many 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.¹⁰

⁷ Ibid.

⁸ WHO. 2021. WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention, second edition. Geneva: World Health Organization.

⁹ Ibid.

¹⁰ 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.

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. In addition, implementation research to determine provider and patient experience with these tools can greatly enhance its utility going forward.

- **Availability of 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 reliability.¹¹ 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.¹² Following this global endorsement, thermal ablation is becoming the standard of care for cervical pre-cancer across many settings. However, insights are 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. Activities that can demonstrate catalytic, systemic improvements for cervical cancer prevention will be prioritized.

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.

Program applicants should clearly state to which track they are applying.

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.

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
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¹¹ 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.

¹² WHO guidelines for the use of thermal ablation for cervical pre-cancer lesions. Geneva: World Health Organization; 2019.

<p>1) Improve demand-side interventions to increase uptake of cervical cancer prevention services.</p>	<ul style="list-style-type: none"> • Identification of knowledge gaps and development of innovative demand creation strategies for HPV vaccination, cervical cancer 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.
<p>2) Improve supply-side interventions to accelerate adoption of improved technologies in cervical cancer prevention.</p>	<ul style="list-style-type: none"> • Demonstration projects that reveal how provider behaviors may impede or facilitate adoption of HPV vaccination, screening and/or pre-cancer treatment and ways to improve uptake. • Identifying and testing promising approaches to incorporate training, supervision, and quality assurance activities for cervical cancer prevention services. • 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 increase demand for any cervical cancer preventive services, 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 this is not an exhaustive list of technologies to be considered. Applicants may present other technologies than those listed below.

Funding will not be provided for evaluation of established screening & treatment technologies (e.g., Pap Smear, VIA, or cryotherapy).

Table 2: Priority Technologies for Track 2 Funding

Primary Prevention – HPV Vaccine	Secondary Prevention – Cervical Screening	Secondary Prevention – Pre-Cancer Treatment
<ul style="list-style-type: none"> • HPV Vaccine, especially strategies to transition to a single-dose approach 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Strategies to support introduction or scale of thermal ablation • Strategies allowing LEEP/LEETZ procedures to be safely offered to more patients

Procurement

Procurement of products and consumables are permitted under this award, with the exception of HPV vaccines. Funds cannot be used to procure HPV vaccines.

Eligibility

This call is open to any non-profit organization with a demonstrated track record in cervical cancer prevention programming. This may include non-governmental organizations, academic institutions, and other non-profit entities. For-profit entities are not eligible to apply. Where multiple organizations receive the same proposal score, members of TogetHER for Health's [partner network](#) will be given preference for funding.

Geography

The Program limits funding to countries classified as low or middle-income countries, [based on the current World Bank classification](#). Programs undertaken in high-income countries are not eligible to apply.

Applicants should justify their selected geography based on:

- Epidemiological data demonstrating the burden of cervical cancer and/or the ability to reaching priority populations with their proposed intervention(s);
- Contextual factors that make the setting ideal for introduction of improved technologies; and
- Strong partnerships and/or demonstration of co-funding that will amplify the impact of the investment.

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.

Proposal Requirements

Proposals should be no more than 5 pages in length and should include each of the elements listed below:

1. **Problem Statement:** A detailed analysis and context of current supply or demand-side barriers to increase access and uptake of cervical cancer prevention measures.
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 project activities will improve existing supply or demand-side constraints outlined in the problem statement.
4. **Technical Approach:** A description of the activities to be funded, and a clear 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. **Budget:** A program budget is required. Budgets should not exceed \$30,000 USD and should be presented in USD. Budgets should include costs for: personnel, commodities/supplies, travel, meetings, other direct costs, and indirect costs. Please clearly show existing funding support and/or matching funds.
8. **Appendices:** Applicants wishing to provide more details regarding their proposed program can do so in the appendices. Applicants should also submit letters of support from local partners, including government partners, as applicable. These will not count towards the 5-page application limits. **In addition to supplemental information, appendices should include the following information:**
 - Name of institution and complete mailing address, including country
 - Confirmation of charitable status (e.g., NGO registration certificate, articles of incorporation, bylaws and/or other governing documents)
 - Name, title and email address for primary contact
 - Name, title, and email address for authorized signatory
 - Name, title and email address of financial contact
 - Communications: website address and any social media handles used

Questions

All questions should be submitted to info@togetherforhealth.org by 6:00 pm US Eastern time on Friday, April 19th, 2024. Replies to all submitted questions will be posted on the TogetHER website. Answers to all questions will be provided no later than Monday, April 22nd, 2024.

Proposal Deadline

All proposals should be submitted by email to info@togetherforhealth.org no later than **6:00 pm US Eastern time on Friday, May 10th, 2024**.

Successful applicants will be notified by **Friday, May 24th, 2024**, and will undergo a due diligence review pending formal awarding of the grant. Awards will be dispersed by July 1st, 2024.

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.