TogetHER Cervical Cancer Grants Program
Request for Proposals - September 2021

Expanding Access and Uptake of Improved Technologies for Cervical Cancer Prevention

Background

In 2020, cervical cancer killed an estimated 342,000 women worldwide, 90% of whom resided in low- and middle-income countries (LMICs).[1] In spite of its increasing burden, the disease is largely preventable and treatable, if detected and treated early. In many low-resource settings, access to preventive health 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.[2] 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 again by age 45 for precancerous cervical lesions; 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 LMICs where access to prevention is limited. To increase demand for cervical cancer prevention services and to facilitate wider adoption of new technologies to meet this demand, TogetHER for Health is pleased to launch this call for proposals.

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 small, highly targeted grants that address demand and supply barriers which prevent access to the life-saving services to prevent cervical cancer, including primary and secondary prevention. Efforts supported by the Program should be catalytic, improving the lives of girls and women directly served with the allocated funds and

[1] The Global Cancer Observatory. Cervix Uteri Fact Sheet. https://gco.iarc.fr/today/data/factsheets/cancers/23-Cervix-uteri-fact-sheet.pdf. Updated January 2021. Accessed September 1, 2021.
[2] World Health Organization (2020). Global strategy to accelerate the elimination of cervical cancer as a public health problem. Published November 17, 2020. Accessed September 1, 2021.

triggering health system wide improvements, (e.g., policy change, regulatory approval, development of tools and strategies that can be adapted across the health system).

The Cervical Cancer Grant Program's inaugural round of funding (2019-2020) focused exclusively on the adoption of new technologies to increased access to the early detection and treatment of cervical pre-cancer. In this second round of funding, TogetHER will continue this focus, and add a second track of funding focused on demand-side interventions.

- *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.

Track 1: Problem Statement: Demand-Side Interventions

Informed demand for cervical cancer prevention services across the cascade of care remains suboptimal. Proposals that submit to this track will outline promising interventions and strategies to address demand constraints across one or more of these areas:

Primary Prevention (Vaccination): Cervical cancer, and other HPV-related cancers, are caused by persistent infection with certain types of human papillomavirus (HPV). The HPV vaccine offers complete protection against 70%-90% of cervical cancer-causing HPV types and is recognized as a safe and highly effective vaccine.[3] While vaccination for HPV is a proven prevention measure, of the 118 million women who have received the HPV vaccine as of 2017, only 1% live in LMIC settings.[4]

Demand-side barriers to vaccine scale-up include vaccine hesitancy and/or low motivation for vaccine due to multiple factors (e.g., perceived risk of disease, low confidence in vaccine effectiveness, safety concerns with vaccines or their administration) and the social norms surrounding vaccines (e.g., strength of recommendation by providers or others, vaccine myths and misinformation). As efforts to increase access to HPV vaccination in LMICs accelerate, concerns regarding acceptability need to be addressed, especially among parents of girls who qualify for vaccination.[5] Effective communication strategies are needed to address these barriers in a meaningful and sustainable way.

Secondary Prevention (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]

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

[4] Sigfrid L, Murphy G, Haldane V, Chuah FL, Ong SE, et al. Integrating cervical cancer with HIV healthcare services: A systematic review. *PLoS One*. 2017; 12(7):e0181156.

[5] 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.

[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.

There is a need for human-centered, evidence-based social and behavioral communication strategies to address common barriers for improved uptake of prevention services. In addition, effective strategies to understand the consumer journey and effectively promote integrated services (HIV/cervical cancer/family planning) among women across the life course is a priority.

Secondary Prevention (Preventive Treatment): For women identified with pre-cancer lesions, preventive 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 preventive treatment as a critical step to prevention of this disease and identify ways to increase treatment rates among screen-positive women.

Track 2: Problem Statement: Supply-Side Interventions

Inequalities and inequities influence access along the pathway to HPV vaccination, cervical cancer screening and further care in 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:

Primary Prevention (Vaccination): HPV vaccination coverage for girls in LMICs remains unacceptably low. While key demand challenges remain (detailed above), adequate vaccine supply remains a critical challenge. There are global supply shortages, which have been further exacerbated by the COVID-19 pandemic. Routine delivery models that use a mix of health facilities, school-based programs, and community outreach are showing promise, but questions remain about how to sustainably and cost-effectively reach adolescents. In addition, the COVID-19 pandemic has disrupted immunization programs in almost all contexts, precipitating a 20% reduction in global immunization rates globally (as of August 2020).[8]

Secondary Prevention (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[9].

Molecular testing for HPV offers significant benefits and is superior to VIA-based screening; however, it is not widely used, despite its robust evidence base and inclusion within WHO guidelines.[10] The majority of national programs across LMICs lack policies supporting its use, and limited funding for product introduction activities has also slowed uptake of HPV testing. Basic questions surrounding cost of equipment and consumables, batching and processing of

[7] Ibid.
[8] https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2020. Accessed September 1, 2021.
[9] WHO. 2021. WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention, second edition. Geneva: World Health Organization.
[10] Ibid.

samples, and timely communications of results and follow up currently limit the use of this technology. However, 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 providers.[11]

Automated Visual Evaluation (AVE) – the use of algorithms to identify pre-cancerous lesions from digital images of the cervix – is a relatively new and potentially impactful approach that has only recently demonstrated sufficient clinical evidence to warrant use within demonstration projects. Evidence generation for policy development is urgently needed, and regulatory pathways remain opaque, time-consuming, and expensive.

Secondary Prevention (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.[12] The COVID-19 pandemic has made the reliable provision of compressed gas more difficult than ever. 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.[13] Previous efforts under the Cervical Cancer Grants Program generated important evidence about the acceptability of this technology in two countries (Botswana and Nicaragua) and supported its integration into national guidelines to drive broader uptake. However, insights are still needed to facilitate its wider use in programmatic contexts at scale and to support wider adoption across LMIC settings.

Funding Opportunity

TogetHER for Health's Cervical Cancer Grants Program will provide small, highly targeted grants to address these demand and supply-side barriers and expand access to life-saving services to prevent and treat cervical cancer. These grants will be made in two tracks, as detailed above:

- *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 $25,000 USD and will be targeted to LMICs, particularly those with high cervical cancer disease burden. Program applicants should clearly state to which track they are applying.

Activities supported by the 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

[11] 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.
[12] 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.
[13] WHO guidelines for the use of thermal ablation for cervical pre-cancer lesions. Geneva: World Health Organization; 2019.

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 funding for vaccination, or screening and treatment programs. For example, the 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.

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.

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 all 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 of communications toolkit that offers key prevention messages by target audiences to address identified gaps in knowledge, or attitudes and behaviors that limit uptake of preventive services for cervical cancer. • Assessment of models to engage communities in HPV vaccine awareness and education to address vaccine hesitancy.
2) Implement **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 new secondary prevention technologies. • Identifying and testing promising approaches to incorporate training, supervision and quality assurance activities for improved diagnostic and treatment technologies. • Strategic advocacy activities to address known policy adoption barriers, including prioritization of HPV vaccination within national EPI strategies.

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	Secondary Prevention (Screening)	Secondary Prevention (preventive treatment)
• HPV Vaccine	• Automated visual evaluation of cervical images • Molecular tests for detection and/or genotyping of HPV DNA (e.g., CareHPV, GeneXpert) • 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 does not have a geographical restriction. However, 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 non-governmental organizations currently working in cervical cancer prevention. Where multiple organizations receive the same proposal score, TogetHER for Health members 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 $25,000 USD. The implementation period is for a maximum of 12 months.

Procurement

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

Proposal Requirements

Proposals should be no more than 3 pages in length, plus relevant appendices. The proposal and appendices 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. This should include a detailed description of the existing investment that the Cervical Cancer Grants Program will complement. This should include a description of how key 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.

Questions

All questions should be submitted to **info@togetherforhealth.org** by 6pm EST on Friday, Oct 8th. Replies to all submitted questions will be posted on the TogetHER website and circulated via email, upon request. Answers to all questions will be provided no later than Friday, October 15th.

Proposal Deadline

All proposals should be submitted by email to **info@togetherforhealth.org** no later than **6pm EST on Friday, October 29th.**

Successful applicants will be notified by **Monday, November 22nd.**

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.