



## **TogetHER Cervical Cancer Grants Program** *Call for Proposals: March 2019*

### **1. Summary**

Cervical cancer kills an estimated 311,000 women worldwide each year—90% of whom live in low- and middle-income countries.<sup>1</sup> Although cervical cancer is preventable with appropriate prevention, screening and treatment services, women often lack access to these life-saving services. Changing this reality will require that the global community address barriers in the market that have consistently limited adoption of new and established cervical cancer technologies.

TogetHER for Health is a global partnership focused on raising awareness and driving action on cervical cancer. TogetHER works with partners to integrate cervical cancer screening into HIV and reproductive health programs and works to foster the development and introduction of new diagnostic and treatment tools to reach more girls and women with greater impact, at an even lower cost. TogetHER is fiscally sponsored by Panorama Global, a 501(c)(3) non-profit organization.

The TogetHER Cervical Cancer Grants Program is a new initiative to provide small, highly-targeted grants to address barriers and strengthen the adoption of cervical cancer primary and secondary prevention technologies. The Program will generate evidence and lessons that address market barriers and speed wider product access and uptake.

Grants under this initial round of funding will not exceed \$25,000 and will be targeted in low- and middle-income countries with the highest burden of cervical cancer or the greatest opportunity for rapid adoption of new technologies.



A health worker delivers cervical cancer screening services in Kenya.

---

<sup>1</sup> The Global Cancer Observatory. Cervix Uteri Fact Sheet. <https://gco.iarc.fr/today/data/factsheets/cancers/23-Cervix-uteri-fact-sheet.pdf>. Updated February 2019. Accessed March 1, 2019.

## 2. Problem Statement

Cervical cancer is the fourth most common cancer among women with an estimated 570,000 new cases in 2018.<sup>2</sup> Women living with HIV are at particularly high risk. They are twice as likely as their HIV-negative peers to die from invasive cervical cancer within three years.<sup>3</sup> Although cervical cancer is preventable with appropriate prevention, screening and treatment services, women in low- and middle-income countries often lack access to these life-saving services.

- **Primary Prevention:** First introduced in the US in 2006, HPV vaccines currently available in low- and middle-income countries (LMIC) protect against 70% of HPV related cervical cancers.<sup>4</sup> HPV vaccination coverage in LMIC remains low.<sup>5</sup> National programs have struggled to identify the best way to deliver the vaccine to adolescent girls at low cost, and competing vaccination priorities limit political and programmatic support.<sup>6,7</sup> Community sensitization efforts have, in some cases, been inadequate to increase uptake and even contributed to misinformation and vaccine hesitancy.<sup>8</sup>
- **Secondary Prevention: screening:** Visual inspection with acetic acid (VIA), while frequently used to screen in low-resources settings, has low to moderate sensitivity and specificity. Significant training and supervision are required to ensure adequate quality, limiting scalability. HPV DNA testing offers significant benefits and is superior to VIA. However, it is not widely used, despite its robust evidence base and inclusion within WHO guidelines.<sup>9,10</sup> Many countries lack policies supporting its use, and limited funding for product introduction activities has also slowed uptake. Questions about cost, sample transport, batching, and processing time remain key adoption barriers. Automated Visual Evaluation (AVE) is a new tool that shows strong potential but has only recently demonstrated strong enough clinical evidence to warrant use within demonstration projects. Regulatory pathways for these screening technologies also remain time-consuming and expensive.

---

<sup>2</sup> World Health Organization. *Cervical Cancer*. <https://www.who.int/cancer/prevention/diagnosis-screening/cervical-cancer/en/>. Accessed February 11, 2019.

<sup>3</sup> Gebre R, Grover S, Xu M, Chuang L, Simonds H. Cervical cancer control in HIV-infected women: Past, present and future. *Gynecol Oncol Rep*. 2017; 101-108. doi: [10.1016/j.gore.2017.07.009](https://doi.org/10.1016/j.gore.2017.07.009)

<sup>4</sup> World Health Organization. Global Market Study: HPV. [https://www.who.int/immunization/programmes\\_systems/procurement/v3p/platform/module2/WHO HPV market study public\\_summary.pdf](https://www.who.int/immunization/programmes_systems/procurement/v3p/platform/module2/WHO HPV market study public_summary.pdf). Updated September 2018. Accessed January 30, 2019.

<sup>5</sup> Gallagher K, LaMontagne DS, Watson-Jones D. Status of HPV vaccine introduction and barriers to country uptake. *Vaccine*. 2018; 36(4761-4767).

<sup>6</sup> Gallagher K, LaMontagne DS, Watson-Jones D. Status of HPV vaccine introduction and barriers to country uptake. *Vaccine*. 2018; 36(4761-4767).

<sup>7</sup> Maza M, Schocken C, Bergman K, Randall T, Cermer M. Cervical Precancer Treatment in Low- and Middle-Income Countries: A Technology Overview. *J Glob Oncol*. 2017; 3(4): 400-408.

<sup>8</sup> Wigle J, Coast E, Watson-Jones D. Human papillomavirus (HPV) vaccine implementation in low and middle-income countries (LMICs): Health system experiences and prospects. *Vaccine*. 2013; 31(37): 3811-3817.

<sup>9</sup> Hu L, Bell D, Xue S, et al. An Observational Study of Deep Learning and Automated Evaluation of Cervical Images for Cancer Screening. *JNCI J Natl Cancer Inst*. 2019; 111(9): djy225. doi:10.1093/jnci/djy225

<sup>10</sup> Kelly H, Mayaud P, Segondy M, Pant Pai N, Peeling R. A systematic review and meta-analysis of studies evaluating the performance of point-of-care tests for human papillomavirus screening. *Sex Transm Infect*. 2017; 93(S36-S45): doi:10.1136/sextrans-2016-053070

- **Secondary Prevention: treatment:** While cryotherapy has been the standard treatment approach for pre-cancerous lesions in many LMIC, it poses several operational challenges including limited supply of high-quality gas, cost of gas transport, and challenges with machine reliability.<sup>11</sup> Using thermal coagulation as an alternative appears to avoid these challenges. However, more work is needed to understand its use in programmatic contexts, including identifying training needs and potential operational challenges. National policies must also change to support its widespread use.

Reducing cervical cancer deaths will require that the global community identify and address these and other barriers that consistently limit women’s access to new and emerging prevention, screening and treatment services.

### 3. Funding Opportunity

The TogetHER Cervical Cancer Grants Program will provide small, highly-targeted grants (not to exceed \$25K) to strengthen the adoption of cervical cancer primary and secondary prevention technologies by generating key learnings that directly inform introduction or scale-up planning. Activities supported by the Program will generate findings/learnings to 1) *increase demand & supply of cervical cancer technologies; and 2) speed the adoption of national policies supportive of new technologies.*

Given its limited grant size, 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. Table 1 outlines projects which may align with the Program’s goals. This list is not comprehensive and partners are encouraged to submit proposals to address issues where they see the greatest need for market intervention. Final funding decisions will be directly influenced by the market issues identified and explored in submitted proposals.

**Table 1: Potential Projects**

Market Function	Potential Project Description
Supply and Demand	<p>Demonstration projects that reveal how provider or client attitudes/behaviors may slow or facilitate adoption of new secondary prevention technologies.</p> <p>Feasibility assessments to identify promising approaches for training, supply chain &amp; logistics, or quality assurance for new or re-emerging diagnostic and treatment technologies</p>

<sup>11</sup> 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.

	<p>Development of innovative demand creation strategies for screen &amp; treat services at community level</p> <p>Assessment of models to engage communities in vaccine education and build vaccine confidence.</p>
<b>Supporting Environment</b>	<p>Mapping key opinion leaders and decision makers, identifying concerns and developing targeted advocacy strategies to speed policy adoption</p> <p>Strategic advocacy activities to address known policy adoption barriers, including prioritization of HPV vaccination within EPI strategies.</p> <p>Targeted activities to support the roll out of new national guidelines.</p>

TogetHER will work with grantees to disseminate program findings in various forums to ensure maximum reach for key learnings.

**4. Product Selection and Procurement**

The priority products for investigation under the Program are:

- Prevention
  - HPV vaccine (*\*Please note that the Program will not support procurement of vaccine*)
- Screening
  - Automated Visual Evaluation of cervical cancer images
  - Molecular tests for detection and/or genotyping of HPV DNA (e.g. CareHPV & GeneXpert)
- Treatment
  - Thermal coagulation/thermal ablation
  - LEEP innovations that would allow the procedure to be safely offered closer to patients

Funding for evaluation of established screening & treatment technologies (e.g. VIA, cryotherapy) will not be supported. TogetHER will work with manufacturers to establish preferential pricing schemes for grant recipients and TogetHER partners.

**5. Geography**

The Program does not have a geographical restriction. However, applicants should justify their selected geography based on:

- Epidemiological data that demonstrate the burden of cervical cancer
- Contextual/market factors that make the setting ideal for rapid technology introduction

- Strong partnerships or co-funding that will amplify the impact of the investment

## 6. Eligibility

This call is open to non-governmental organizations working within cervical cancer prevention. Where multiple organizations receive the same proposal score, TogetHER for Health members will be given preference for funding.

No more than one application may be submitted by a single organization.

## 7. Budget and Award Period

The maximum budget for this award is \$25,000 USD for an implementation period of 6-24 months.

## 8. Proposals

Proposals should be no more than 3 pages in length, plus relevant appendices. The proposal and appendices should include the following:

### Proposal

- *Problem Statement:* A detailed analysis of current market failures for the relevant prevention, screening or treatment technology.
- *Geography:* A description of the rationale for selection of the intended geography
- *Theory of Change:* A high-level theory of change for how the project activities will speed product adoption
- *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.
- *Evaluation:* A description of how the project's outputs and outcomes will be measured, including relevant indicators. All funded projects will be required to measure key outcomes. While quantitative outcomes will be encouraged, qualitative methods may be used where appropriate.
- *Technical Expertise:* An overview of the organization's experience in cervical cancer, including qualifications of relevant team members

### Appendices

- *Project Workplan:* A Gantt chart detailing project activities
- *Project Budget:* A summary budget for the full implementation period, accompanied by a one-page budget narrative. The following budget categories should be used:
  - *Personnel*
  - *Travel*

- *Commodities*
- *Monitoring & Evaluation*
- *Communications Materials*
- *Training/Meetings*
- *Other direct costs*
- *Fees*

## **9. Questions**

All questions should be submitted to [info@togetherforhealth.org](mailto:info@togetherforhealth.org) by 6pm EST on Friday, April 5<sup>th</sup>. 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 Wednesday, April 10<sup>th</sup>.

## **10. Timeline**

**All proposals should be submitted by email to [info@togetherforhealth.org](mailto:info@togetherforhealth.org) no later than 6pm EST on Monday, April 29<sup>th</sup>, 2019.**

Successful applicants will be notified by Monday, May 20<sup>th</sup>, 2019.

## **11. 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.