



# Advocacy for cervical cancer elimination

A handbook to support and  
empower cancer advocates



A MEMBERSHIP ORGANISATION  
FIGHTING CANCER TOGETHER

# Executive summary

The global cancer community periodically achieves important advocacy wins that create the political attention that can be leveraged for national change. Achievements such as new legislation and supporting policies give renewed hope for the development of coordinated, effective advocacy strategies at different levels, from community to national and regional scale.

In conjunction with the momentum generated by the [Global Strategy to accelerate the elimination of cervical cancer as a public health problem](#) led by the World Health Organization (WHO), the cancer community needs to effect meaningful action in all regions and inspire those who are lagging behind to accelerate progress towards the elimination of cervical cancer. The unprecedented commitments of the Global Strategy represent a unique opportunity that countries should leverage to drive long-term, sustainable advocacy and benefit from the provision of tailored investments, adequate platforms and networks conducive to positive change.

The framework of the Global Strategy lies in three main areas of action; prevention through vaccination: screening and treatment of precancerous lesions; and treatment and palliative care for invasive cervical cancer. The objective is to offer an effective model to be applied in all regions and contexts, paving the way for coherent national action towards the elimination of cervical cancer. Translating the Global Strategy into effective national advocacy entails a high degree of understanding of national contexts as well as the formulation of adequate responses to pressing questions and long-term challenges.

These are the issues that this handbook seeks to address:

- How countries can raise the profile of cervical cancer and make an effective contribution to the implementation of the Global Strategy towards the elimination of cervical cancer as a public health problem?
- What can contribute to make advocacy for cervical cancer elimination effective?
- How existing advocacy efforts towards the elimination of cervical cancer might then become more so?

It provides an account of the central role that advocacy efforts led by civil society can play to advance cervical cancer awareness, vaccination, screening and treatment programmes, and it does so under the lens of coalition building, engagement of decision makers, advocacy messaging and framing, and routine monitoring and evaluation of in-country advocacy efforts.

The handbook aims to do this through examples of good practices contributed by cancer advocates and experts from every region of the world that are captured in relevant publications, reports and articles. Drawing on these examples, the handbook shows the diversity of ways in which the key elements of effective advocacy for cervical cancer elimination can be realised in practice.

The handbook is intended for in-country civil society organisations or coalitions and covers three main areas of action, which are illustrated in dedicated sections on coalition building, advocacy, and monitoring and evaluation.

## Section

1

Section 1 on coalition building presents success factors in building coalitions or alliances and the key stakeholders and competencies needed within the coalition to inform advocacy strategies and mobilise action at different levels. The section also presents a spotlight on the benefits resulting from the inclusion of patient groups.

## Section

2

Section 2 on advocacy focuses on a tool that can help cancer advocates identify barriers that stand in the way of cervical cancer elimination and adopt the most appropriate response to advance national level progress. The section also draws up a list of key dates to create momentum for cervical cancer elimination, advocacy angles around which advocacy efforts can be centred, alongside advocacy messages for cervical cancer elimination that can be used in specific contexts and stages of progress. Finally, this section shows how storytelling can have an impact in shaping public opinion and engaging key decision makers.

## Section

3

Section 3 focuses on the importance of using data and information to inform and improve advocacy efforts and the need to put in place a monitoring and evaluation strategy to periodically track progress and refine activities where appropriate. It provides a list of indicators that cancer advocates can use and adapt to their context.

The elements and structure have been informed by and respond to the needs of UICC member organisations and in-country civil society.



## Introduction

This handbook is a key product of the SUCCESS project, *Scale-Up Cervical Cancer Elimination with Secondary prevention Strategy*, which aims to accelerate progress on cervical cancer elimination by strengthening screening and focusing on secondary prevention, working to prevent the development of cancer in women who test positive for the human papilloma virus (HPV) and have precancerous lesions.

The project is led by [Expertise France](#) in collaboration with UICC and Jhpiego and includes implementation research alongside the provision of screening and treatment services.

UICC is providing a set of resources that are intended to support civil society to better design, plan and implement advocacy efforts on cervical cancer. The provision of these resources entails the following three-step approach, with general guidance for advocacy being accompanied by a specific focus on cervical cancer advocacy.



A **toolkit** intended for cancer advocates to access step-by-step guidance to design and implement effective advocacy strategies, and periodically monitor advocacy efforts with a view to improve their effectiveness and have greater impact.



A dedicated **handbook** on advocacy for cervical cancer elimination, with practical examples of advocacy messages, case studies and exercises. Drawing on the extensive guidance in the broader toolkit, the handbook applies these to the cervical cancer elimination agenda.



A **virtual course** with contributions from cancer advocates, cancer experts and professionals from all regions working in global health and development. The course is intended to further specific knowledge and skills on advocacy for cervical cancer elimination, offering concrete examples and suggestions to create momentum and accelerate progress on cervical cancer elimination.



## Section 1

### Coalition Building



The establishment of a dedicated coalition composed of different stakeholders that join forces to achieve a specific advocacy goal is a key factor that can lead to the achievement of remarkable advocacy wins.

Coalitions, in fact, represent an excellent example where organisations decide to pool their own resources and expertise, including time, knowledge, skills and financial availability, speaking with one voice and delivering as one to augment their advocacy power towards key decision makers. This is particularly important in those contexts where there is not enough high-level commitment to tackle achievable results, such as the elimination of cervical cancer.

In the following section, you will find recommendations stemming from good practices and success stories in the world of health and development, with a focus on practical examples relating to cervical cancer or, more broadly, women's and adolescents' health.

## Ensure the coalition brings both diversity and expertise

Cervical cancer elimination is an issue that can mobilise stakeholders from across sectors and outside of the cancer field. For instance, national efforts to eliminate cervical cancer may be coordinated at government level by different departments, including women's health and rights, sexual and reproductive health, vaccination programmes and a dedicated department dealing exclusively with cancer issues or noncommunicable diseases (NCDs) at large. At the same time, it is crucial that there is an understanding that each setting has a different socio-cultural context, which requires careful analysis for the most effective mix of stakeholders and their targets.

Moreover, advocacy efforts towards cervical cancer elimination may take different forms and, depending on country context, rely on different bodies and mechanisms. For instance, while in some countries cervical cancer efforts can be taken up by a dedicated coalition on cervical cancer, in others it can be spearheaded by cancer, women's and adolescents health and NCDs coalitions that can lay the foundation for long-term cervical cancer advocacy efforts.

While these are the individual angles through which cervical cancer can be addressed, it is at the same time helpful to take a broader and inclusive approach involving organisations that are reflective of the issue in its different facets and whose lives may be impacted by the diseases or the proposed policies.

When advocating for cervical cancer, for example, a broad-based pool of individuals and organisations focusing on women's rights, adolescents' rights, health, education, poverty or led by medical professionals, patient groups and public health experts, would all have something relevant to contribute and are all impacted by policies concerning cervical cancer.



### Spotlight on collective civil society efforts in Guatemala to achieve improvements in cervical cancer

Established in 2015 as part of a project focusing on improved screening uptake for cervical cancer, the national coalition was composed of civil society representatives from non-governmental organisations (NGOs), academia and media. While its original purpose was to advise government on cervical cancer issues as a result of the recognised expertise and experience in different workstreams such as cervical cancer and women's and adolescents' health and rights, the scope of the coalition gradually extended from pure advice, eventually flowing into expert contribution in informing national policies and the provision of direct support in designing awareness raising campaigns on cervical cancer screening in all the areas of the country.

Collaboration with government has come a long way and the remarkable strides achieved in Guatemala regarding increased awareness of the general population on screening for cervical cancer alongside increased cervical cancer screening coverage and uptake, wouldn't have been possible without the pivotal role played by civil society.

Today, the driving forces of this collective effort, Instancia por la Salud de las Mujeres (ISDM), collaborates closely with key decision makers and is keen to coordinate civil society efforts within the SUCCESS project to accelerate the progress achieved in the past years in Guatemala.



## Checklist of constituencies you may want to engage:

Regardless of the type of the coalition, the following checklist may help you to draw up a list of potential constituencies you may want to engage and can provide a few suggestions to ensure there is enough diversity and expertise to embark on the next stage of cervical cancer advocacy efforts.

### Constituency and Contribution

#### Active Groups

##### Patient groups

Any coalition in the world of health and development that omits to include and voice the needs of patients and those most in need is missing a key success factor of any advocacy strategy. More is included on the essential role of patient groups in the box below. It is worth noting that even if in some countries patient groups are not established, advocates should consider feeding the voices of patients into national advocacy efforts, including those of who have survived cervical cancer or avoided it through timely screening that detected a pre-cancerous lesion.

##### Non-governmental organisations working on cervical cancer, patient support and women's cancers

These organisations often have an incredible role to play in providing cervical cancer services and can inform advocacy with data, information, and testimonies from the ground. Knowledge and technical skills can include cancer more broadly, cervical cancer, HPV vaccination and screening. They can also bring key skills in organising advocacy events and mobilising target audiences.

##### Non-governmental organisations working on women's and adolescents' health and rights

These organisations may have a track record of advocacy on pressing issues that concern the health and rights of women and adolescent girls, driving national dialogue and calling on government for change.

##### Gender groups

These groups boast solid expertise in engaging different subgroups of women for screening purposes and can provide useful advice in ways to increase engagement and uptake of cervical cancer screening in these groups. They can also provide input on effective inclusion and engagement of men and adolescent boys in cervical cancer vaccination and screening activities.

##### Non-governmental organisations working on sexual and reproductive health and family planning

Effective synergies can be explored with those who work in this field, both for advocacy mobilisation at national level and organisation of awareness-raising campaigns in both rural and urban areas including also 'screen and treat' opportunities. For instance, linking cervical cancer screening to HIV services may prove cost-effective, leading to increased uptake of cervical cancer screening.

##### HIV community, including NGOs, patient groups, and individual advocates

The HIV/AIDS community draws on the experience and expertise of committed advocates from across the world. Their support, advice and experience can be a precious source of information at any stage of the coalition work.

### Constituency and Contribution

#### Leads

##### Public health experts

They know the issue extremely well and can be contacted to hold seminars and conferences to improve the coalition or address any existing gap in terms of knowledge, especially the existing health system can be improved to facilitate access to secondary prevention for cervical cancer. It is also likely that they provide advice to both government and parliament on health issues and their network can help the coalition to access key decision makers. Public health experts include scholars, public health policy specialists and experienced health advocates.

##### Human rights and health rights groups

Where cervical cancer advocacy is tackled under a human rights-based framework, legal experts can provide advice on whether patient rights are being upheld and what strategies can be explored to raise the issue nationally.

##### Former parliamentarians

They have a strong understanding of national budget cycles, with established connections with both current MPs and parliament staff. They can also persuade existing MPs, for instance those sitting on the Health and Budget Committees, to champion cervical cancer issues in the country.

##### Medical professionals and associations

Their contribution to coalitions can take different forms, any of which is invaluable. They can advise on issues pertaining to health system strengthening, helping the coalition to focus advocacy messaging on current gaps and supporting solutions to cervical cancer prevention. Medical associations can also share stories of carers and those diagnosed that help women and adolescent patients in their difficult journey.

##### Parent groups and school teachers

Improved parental and teachers' awareness of HPV vaccines and cervical cancer screening can increase uptake of vaccines, thereby reducing adolescents' later risk for HPV infection and cancer. They can open doors to reach children and adolescents in schools, churches, and other community groups.

##### Religious and traditional leaders

Because of their influence, cervical cancer advocates should reach out to them to ensure that they convey accurate messages on the issue and harness their power to increase vaccine and screening uptake.



## Spotlight on patient voices

Why is it important to include patient voices in a national cervical cancer coalition?

Cervical cancer patients or survivors are individuals who have or have had a close personal experience with this type of cancer. Due to their deep understanding of cervical cancer, with its impact and consequences, and the existing bottlenecks of national health systems, they may be eager to use their personal experience to help others facing the disease and improve the country response.

The inclusion of a collective patient perspective in advocacy and policy engagement can:

- **Foster a sense of urgency and purpose**

Because their perspectives are based on their own experiences and the insights gained through their networks, they are able to provide meaningful advice, injecting into the target decision makers a sense of urgency, purpose as well as the emotion of the personal experience.

- **Improve design and effectiveness of national cervical cancer advocacy strategies**

Input from patient group advocates can be extremely practical because they are most passionate about effecting change and can point to gaps and solutions that will impact the patient experience in a positive manner.

- **Translate policy and medical principles into language suitable for their community**

Drawing on their personal experience, patient groups can easily help translate national policies on cervical cancer and their supporting medical principles into terms that are accessible to people from all walks of life.

- **Improve community uptake of national cervical cancer campaigns**

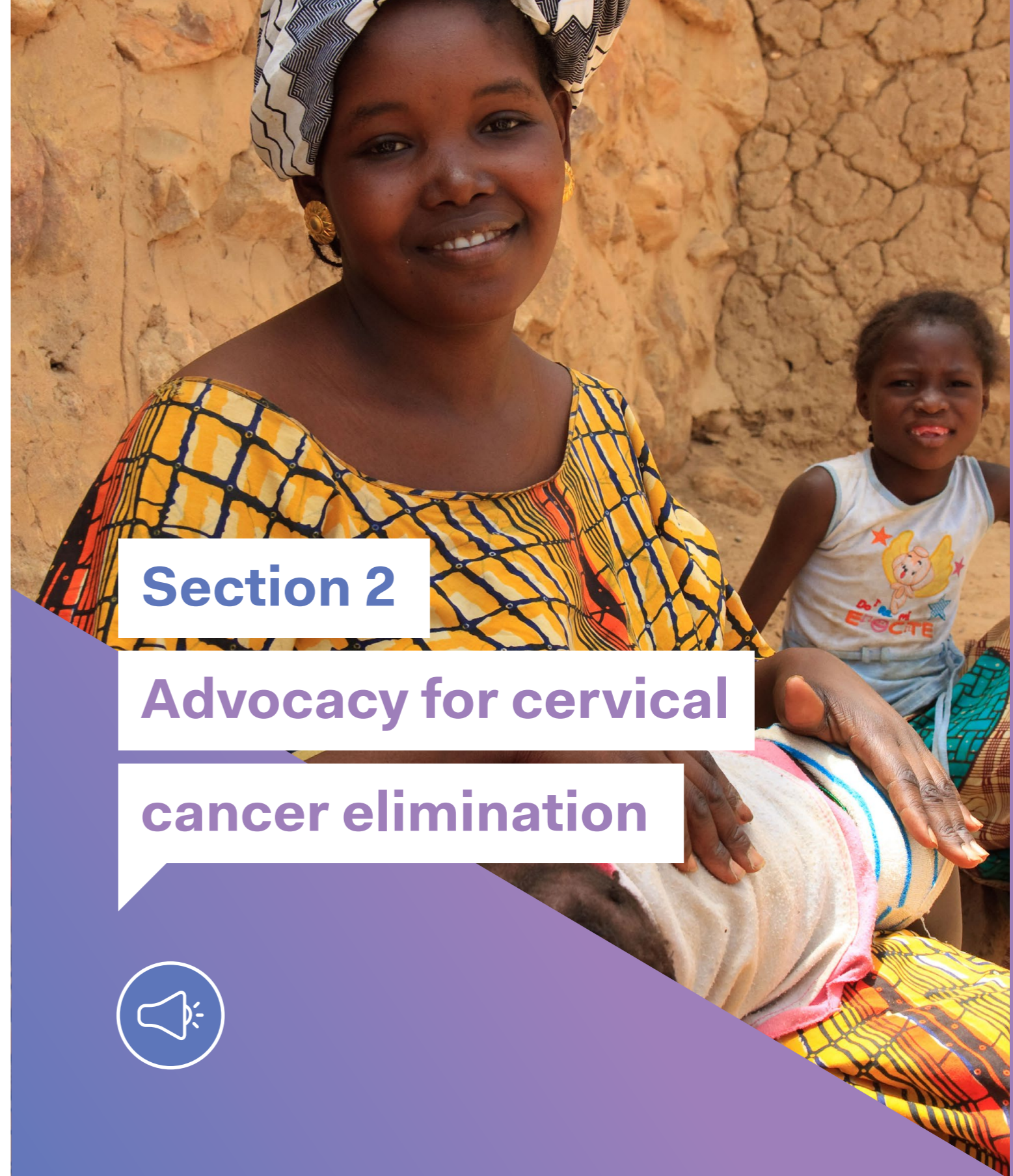
Patient group advocates can provide recommendations to ministries of health and other organisations that collaborate with national government to improve primary and secondary prevention campaigns for cervical cancer. Recommendations span numerous factors that can influence participation, behaviour and uptake, including culture, language, ethnicity or socio-economic barriers.

- **Demystify inaccurate information and address taboos**

By emphasising for example to community leaders, the importance of vaccine or screening uptake on women's and adolescents' health, being clear about the benefits that women and adolescents would receive, patient group advocates help to demystify the recurrent scepticism towards vaccines and address taboos on sexual and reproductive health with the aim to improve participation in screening and treatment campaigns.

- **Respond to growing requests by research and funding agencies**

Research and funding agencies are increasingly seeking patient perspectives in their clinical trials, cancer programmes and processes for grant applications across the world. The presence of patient group advocates in national cervical cancer advocacy coalitions adds an important perspective that coalitions may use to contribute to improve the effectiveness of advocacy at both community and national level.



## Section 2

# Advocacy for cervical cancer elimination



If the first steps have been taken to lay the foundations for the achievement of an advocacy goal by establishing a diverse, effective and knowledgeable cervical cancer coalition, it is time to focus on the advocacy strategies, messages and tactics that best illustrate the change that the coalition is aiming to bring about at both community and national level.

## Theory of Change

The Theory of Change is a tool that helps to identify how a goal can be achieved in a specific context and what activities coalition members should carry out to reach that specific goal. It can be effective in creating a shared understanding of what is required to achieve the anticipated change. For example, advocacy to secure early political commitment to cervical cancer elimination at a high-level may be a route to discussing policy changes that will lead to access to cervical cancer screening and treatment. The plan may have a number of components over a specified timeline and can be used as a basis for the monitoring and evaluation of medium- and long-term results.

It would be a good idea to use the first meetings of the coalition to ensure that everyone has a sound understanding of the *global strategy on elimination of cervical cancer*, before discussing the most important gaps that stand in the way of reduced mortality for cervical cancer. As a group discussing quick wins versus issues that require deeper engagement of government, counterparts can help structure the strategy. A self assessment of needs can also be a key tool to initiate a fruitful discussion about the gaps at both organisational and national health system level that need addressing. UICC would welcome the opportunity to suggest helpful resources to perform the assessment.

While anecdotal information can be conducive to participated discussion, it is strongly recommended to gather data and findings on cervical cancer in your country from scientific or evidence-based publications. Evidence-based advocacy is key to ensure engagement and develop credibility with a wide range of stakeholders, including public health experts, government members and medical associations, and to ensure that the issue is addressed from where the problem originates. For instance, if evidence proves that specific social and physical determinants of health such as social norms and attitudes are the main drivers of cervical cancer mortality in a given area, civil society advocacy and decision makers, action should focus on ways to address those determinants rather than tackling other factors that may not necessarily be the root causes of cervical cancer mortality in that given area.

The Theory of Change is a model that can help cancer advocates ensure that the advocacy framework alongside its objectives and supporting activities is centred around the achievement of the agreed-upon goals and fits the socio-cultural context of the country where advocacy is taking place. In this way, the activities are more likely to lead to the desired changes that advocacy efforts are designed to bring about. It is also important to underscore that a Theory of Change should be the result of an effective participatory process within coalitions or alliances, where individual members or stakeholders work together to inform and improve the model.



## The case of Guatemala: Overcoming a set of barriers

The table below outlines an example of a Theory of Change based on a recent scientific publication on "Barriers to cervical cancer screening in Guatemala: a quantitative analysis using data from the Guatemala Demographic and Health Surveys." (10) The publication found that:

- In the overall population, only 50.1% of Guatemalan women reported screening within the last three years. In the rural and indigenous populations, the percent of women reporting screening within the last three years was even lower (45.3% and 36.1% in the rural and indigenous populations, respectively).

- Across all populations, cost of screening was the most reported barrier, followed by distance from the facility that provides screening services, not wanting to go alone, and finally needing permission.
- Reported barriers to health care are significantly associated with no prior screening. These barriers need to be addressed to improve screening rates in Guatemala.
- Women who do not speak the same language as their local health providers are less likely to have had screening. In countries like Guatemala, where many languages are spoken, additional efforts should be made to reduce language barriers in healthcare settings.

Table 1: Theory of Change

What is the problem you are trying to solve?	Who is your key audience?	What is your entry point for reaching your key audience?	What steps are needed to bring about change?	What is the measurable effect of your work?	What are the wider benefits of your work?	What is the long-term change you see as your goal(s)?
Cervical screening rate is low, especially in rural areas	Women aged > 30 years living in rural areas	Community leaders to pave the way for open discussions on cervical cancer screening and treatment	National authorities to promote free of charge cervical cancer screening and treatment and support culturally tailored and language specific education programmes on secondary prevention of cervical cancer	Improved government commitment on secondary prevention of cervical cancer	More women aged >30 are screened and treated for cervical cancer	Reduced mortality for cervical cancer
	Healthcare workers operating in rural areas	Local health officials	Improve equipment and facilities for screening and treatment of precancerous lesions	Improved facilities and provision of equipment		
			Raise awareness among women > 30 years	Improved cervical cancer awareness among women > 30 years		



## The case of Ivory Coast: Accelerating efforts to integrate HIV and cervical cancer services

The publication on 'Cervical cancer screening uptake and correlates among HIV-infected women: a cross-sectional survey in Côte d'Ivoire, West Africa' (21) outlines a Theory of Change that is based on the following findings:

- Despite the increasing number of interventions aiming to integrate cervical cancer screening into HIV clinics in sub-Saharan Africa, women living with HIV (WLHIV) still have a high risk of developing cervical cancer.

- Lack of information and fear of being diagnosed with cervical cancer were the main reasons reported by WLHIV for not accessing cervical cancer screening.
- Results may mostly reflect the situation in urban settings where people are more educated and more exposed to cervical cancer awareness activities than in rural settings.

Table 2: Theory of Change

What is the problem you are trying to solve?	Who is your key audience?	What is your entry point for reaching your key audience?	What steps are needed to bring about change?	What is the measurable effect of your work?	What are the wider benefits of your work?	What is the long-term change you see as your goal(s)?
Women living with HIV (WLHIV) still have a high risk of developing cervical cancer	Women living with HIV (WLHIV)	Rural and urban health workers	Improve integration services for HIV and cervical cancer, especially in non-urban areas Improve equipment and facilities for integration of services	Improved government commitment to integrate HIV and cervical cancer services	More WLHIV are screened and treated for cervical cancer	Reduced mortality for cervical cancer
	Rural and urban areas clinics providing HIV treatment and care	Health officers	Improve awareness on cervical cancer screening and treatment among WLHIV	Improved equipment and facilities for integration of services		
				Improved awareness on cervical cancer screening and treatment among WLHIV		



A template of the Theory of Change can be accessed here.

## Advocacy angle

Cervical cancer advocacy strategies may focus on different aspects, namely primary prevention through increased uptake of HPV vaccines, secondary prevention through increased screening and treatment of precancerous lesions, supporting education and awareness-raising campaigns to sensitise target populations, to mention the most recurrent. All of these, however, need strong political will to ensure that a coherent and coordinated response to cervical cancer mortality is adopted both at national and community level and is part of a robust policy and legal framework.

Political will can be influenced by a number of factors, including what the national public opinion deems important as a priority for government to take action upon or cost-effectiveness of policy options, including return on investments in the short-term.

In the following section there is a list of suggestions that may help you identify the advocacy angle that resonates with the socio-political context of your country.

## Women's health

Women's health is a comprehensive platform where civil society coalitions from across health issues can join forces, finding common ground on both the short- and long-term advocacy objectives. Cervical cancer is a suitable platform where advocates focusing on sexual and reproductive health, HIV/AIDS, family planning, women's rights, education, poverty can pool experience, expertise and resources to bring about change.

The angle of advocacy strategies can be numerous, depending on ways national public opinion and key decision makers may react to advocacy messages. For instance, some countries have identified the fertility rate as a starting point to convey a message stating that for every woman who dies from cervical cancer, x number of children will remain orphans, undermining their future contribution to the society and economy of the country. This message is intended to both encourage action by swaying civil society and to create a sense of urgency for key decision makers to act immediately.

The coalition would require a strong contribution from cancer advocates at both community and national level, patient groups and health professionals to raise awareness among the general population, with a focus on women and adolescent girls.

## Human rights

Health equity is a concept widely used in global health advocacy, especially when we refer to the most vulnerable and marginalised populations, including women and adolescent girls, that do not access basic health services to which they are entitled. Health equity, in terms of universal access to health regardless of people's ability to pay, where they live or their legal status, is a human right. Therefore, the obligations towards national government emanating from health equity as a human right include the obligation to act in pursuit of health equity as a policy objective, and the obligation to approve measures to ensure health equity as a policy outcome.

In Uganda, a remarkable advocacy achievement was made building on an existing national law recognising health as a human right. Due to the high maternal mortality rate in the country and the lack of government commitment to elevate the issue to the top of the national agenda, health rights activists formed a civil society coalition and teamed up with a group of academics to file a petition to the constitutional court asking government to live up to the upholding of a human right recognised in the national legislation. In spite of preliminary losses, the coalition gained momentum, earning national and international media and encouraging the population to speak up. In 2015, the civil society coalition obtained a landmark victory as the Uganda's supreme court ruled that government could be held accountable for the shortcomings in providing decent maternal health services. In the wake of this remarkable achievement, the coalition drafted the Health Manifesto, a civil society position paper where ten steps to defeating preventable maternal deaths in Uganda were identified and presented to both civil society and political candidates.



## Cost-effectiveness of cervical cancer interventions

The global cancer community has often reported the position of national law and policymakers that view cancer as an extraordinarily difficult and expensive health challenge. As a result, they tend to focus instead on other health problems that national public opinion judges more important or that can yield tangible results in a relatively short period. Accurate information on the cost-effectiveness and impact of new approaches to cervical cancer elimination can provide a meaningful tool to help to overcome these barriers.

Together with breast cancer, cervical cancer is indeed the most common cancer diagnosed among women in LMICs. Today, we can accurately state that the cost of inaction is far greater than implementing policies as cost-effective and feasible interventions are publicly available. A screening programme with HPV testing is very cost-effective if high treatment rates of women with positive screening findings can be achieved. The same is true for HPV vaccination.

The coalition would require the contribution of public health experts, health professionals as well as of coalition members with a strong understanding of health economics. It would also be worth exploring collaborations with a global network of experts that may help translate research findings into evidence-based advocacy messages. It is important to bear in mind that most decision makers are generalists who are exposed on a daily basis to a wide variety of issues. Using simple language ensures that the content of your advocacy messages will be well understood by recipients.

## Budget advocacy

As health donor financing is gradually decreasing, pushing for increased health spending as a percentage of the total national budget, the role of civil society has recently become more prominent than ever in pushing national parliaments to assign adequate domestic resources to health as part of annual budget cycles.

A complementary approach to cost-effectiveness interventions, indeed, is advocating for increased budget allocation to cervical cancer, which entails a higher degree of interaction between a civil society coalition and key decision makers, including both chairpersons of the Health and Finance Committee and committee members as well as government representatives.

The coalition would require expertise from professionals who have a strong understanding of the national budget process, including former parliamentarians, and the ability to forge consensus within the Health and the Budget Parliamentary Committees through ad hoc advocacy messages. At the same time, cancer advocates and patient groups can mobilise the general population with advocacy campaigns aimed to generate awareness and push public opinion to their side.

Documented case studies on budget advocacy for health also include the following key success factors: engagement of parliamentarians from across party lines, targeting political bodies such as national fora of women parliamentarians or opinion leaders such as community and religious leaders to pave the way for increased awareness at community level and involvement of relevant local budget officials to assess what the financial needs are in different catchment areas to feed data and information in national budget advocacy.

Evidence also proved vital to budget advocacy success. Data and information can enable both advocates and decision makers to confidently articulate challenges and their suggested solutions, ask relevant questions and make a strong case for investing in cervical cancer.

## Advocacy messaging

Well-conceived and tailored advocacy messages help cervical cancer advocates to reach target stakeholders in a meaningful way. Advocacy messages should be:

- **Clear and understandable.**  
Advocacy messages should help everyone understand the current situation, the change needed, and what is the action required to accelerate progress.
- **Concise.**  
In a few words an advocacy message should outline an issue and ways to effectively respond to it.
- **Based on evidence.**  
Decision makers as well as the general population are increasingly eager for answers, suggestions and good practices based on science.

Clear, understandable and concise advocacy messages can build a bridge between advocates, decision makers and the general population. The result would be engaging key stakeholders in a way that could serve everyone's purpose.



When it comes to the development of advocacy messages on cervical cancer elimination, the WHO toolkit on 'Advocacy for Cervical Cancer Prevention and Control in Africa' (26) suggests adopting a three-fold approach based on:



**Challenge:** explaining with data why a country is lagging behind in the provision of primary and secondary prevention services for cervical cancer



**Action:** outlining precise, cost-effective interventions that may help the country to improve the health system and reach those women and adolescent girls regardless of their settings or socio-economic status



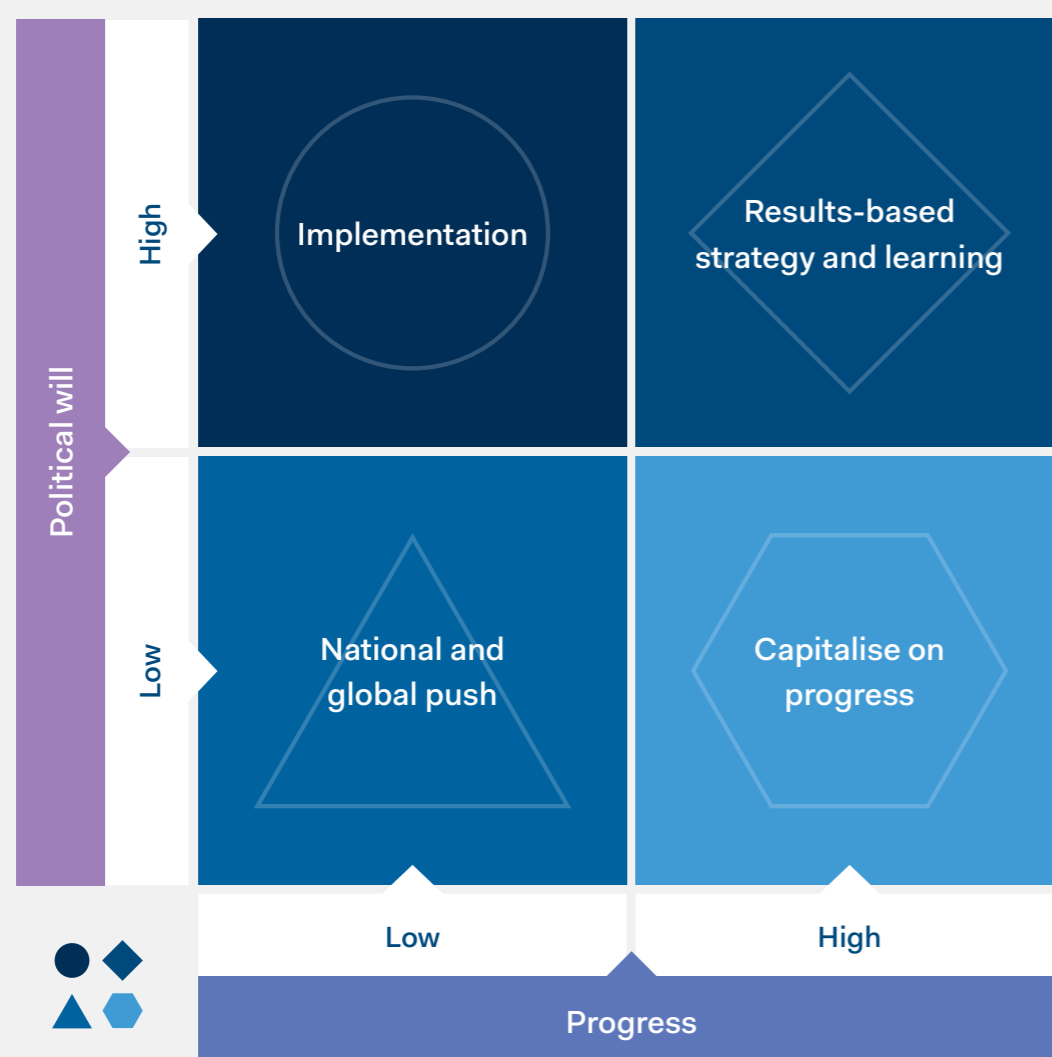
**Result:** showcasing the health and economic benefits that such interventions can produce.



An additional aspect to consider is the ability to adapt advocacy to the current country socio-political context, with messages being tailored to the level of commitment shown by decision makers alongside the level of progress achieved on the call for cervical cancer elimination.

The following matrix can help to identify where the country is in terms of progress on cervical cancer and identify the right messages that may inform advocacy efforts. Messages have been adapted from a UNAIDS publication (22).

Table 3: Advocacy messaging matrix



### National and global push (Getting started or reactivating)

If there is low political will to invest in cervical cancer screening and treatment programmes in the country and whether this has been the case for several years or is the result of a recent national priority shift, it is time to plan for a complementary global and national push to inject a sense of urgency, spurring commitment in government and parliament and encouraging support from public opinion.

Some key advocacy messages to be considered are as follows:

- Cervical cancer is preventable with the HPV vaccine, and it is curable if detected and treated early. (22)
- Political will is key to increase the coverage of cervical cancer screening services, especially for women living with HIV, to link eligible women to early treatment, and make the HPV vaccine accessible to all eligible girls (22)
- Women's access to prevention, treatment and care for cervical cancer is a human rights issue (22)
- Global and regional partnerships are essential to support governments in developing sustainable high-quality national comprehensive cervical cancer control programmes that will allow equitable access to cervical cancer services for women.



### Implementation

If there is high political will to invest in cervical cancer screening and treatment programmes in the country, however progress is slow, it would be useful to assess ways to improve existing legal and policy frameworks on cervical cancer and focus on a few interventions that can make a considerable difference, if appropriately implemented.

Some key advocacy messages to be considered are as follows:

- Global and regional partnerships are essential to support governments in implementing sustainable high-quality national comprehensive cervical cancer control programmes that will allow equitable access to cervical cancer services for women.
- National policies and programmes to reduce preventable deaths from cervical cancer should be coherent, comprehensive and coordinated across the country
- National programmes should cover the continuum of care and include:
  - Health and sexuality education
  - HPV vaccination for adolescent girls coupled with continuous information and counselling
  - Screening for all women at risk of developing cervical cancer, using HPV DNA testing where available
  - Effective treatment of precancerous lesions as part of a screen-and-treat approach
  - Where appropriate and possible, screening services should be integrated with HIV and sexual and reproductive health services (22)
- Strengthening capacity to improve the planning, delivery and monitoring and evaluation of national programmes on cervical cancer elimination is essential to help decision makers take evidence-informed decisions, adopt new technologies and generate demand.



### Results-based strategy and learning

If there is high political will to invest in cervical cancer screening and treatment programmes in the country and progress achieved in the last years has proven robust, it will be important to keep the momentum alive, and ensure continued funding and implementation of programmes. Assisting decision makers in determining the health system-level interventions that can be implemented to ensure improved effectiveness, coverage and integration with other screening programmes can be an effective first step.

Sustainable financing can be another important lens through which you can work collaboratively with decision makers in view of universal access to primary and secondary prevention for cervical cancer.

Some key advocacy messages to be considered, especially as regards cost-effective interventions, are as follows:

- Cervical cancer interventions are among the most cost-effective strategies against cancer. (18)
- Their favourable cost-effectiveness ratio arises from effective primary and/or secondary preventative strategies that effectively reduce the burden of disease at a relatively low cost. (18)
- Linking cervical cancer screening and HIV services can be a cost-effective way of improving and expanding cervical cancer screening and treatment (22)
- Political commitment for long-term financial support of national cervical cancer elimination programmes is essential to promote awareness and access to screening and treatment of precancerous lesions.



### Capitalise on progress (Investing in acceleration)

If there is low political will to invest in cervical cancer screening and treatment programmes as a result of a recent government turnover or priority shifting in domestic resources mobilisation, but progress achieved in the last years has proven promising and constitutes a good practice in the region, it will be important to document progress and results achieved and engage government to sign onto it. It will also be important to highlight what the cost of inaction may lead to, especially if it is expected to compromise the achievement of relevant progress.

Some key advocacy messages to be considered are as follows:

- Political commitment for long-term financial support of national cervical cancer elimination programmes is essential to promote awareness and access to screening and treatment of precancerous lesions
- The cost of inaction is far greater than action. More intense cervical cancer screening policies can be favourable among countries with high rates of cervical cancer and relatively low screening costs.



### Advocacy messages to raise the awareness on cervical cancer

While it is fundamental to understand the existing socio-political scenario in a given country to conceive tailored advocacy efforts and produce supporting advocacy messages, there are several messages relating to the call for cervical cancer elimination that can be applied in any context regardless of progress and political will, especially those focusing on raising the awareness of the general population, health and development organisations as well as decision makers.

These messages have been identified and listed in the WHO toolkit on *Advocacy for Cervical Cancer Prevention and Control in Africa* at pp. 37-39 (26).

### Key dates to consider in advocacy efforts for cervical cancer

Advocacy efforts can achieve a higher impact when carried out in conjunction with key dates and events that generate national, regional and global interest. The UICC-led World Cancer Day (WCD) is a clear example of such an important date for the cancer community, which inspires collective action bringing together civil society, governments and the private sector around a shared purpose. The Map of Activities shown on the WCD website provides a wide array of activities held in support of WCD, with UICC members leveraging the opportunity to organise awareness-raising events, holding conferences, reaching marginalised areas of countries and providing mobile screening in communities. However, WCD is not the only event that calls on the cancer community to take action.

Table 4: Key dates for action

The table below offers a list of key dates around which advocacy activities for cervical cancer can be implemented.

Date 	Event 	Information 
January	Annual budget cycle	Targeted advocacy during key moments in the annual budget cycle may prove effective in securing increased financial and human resources for health. Cervical cancer advocates can prepare in advance of these dates to identify key decision makers, arrange supporting events and identify appropriate advocacy messages.
January	Cervical Cancer Awareness Month	January is Cervical Cancer Awareness Month, a suitable time to talk about how timely access to cervical cancer screening can prevent women dying from cancer.
4th February	World Cancer Day (WCD)	Each year, on WCD, hundreds of activities and events take place around the world, gathering communities, organisations and individuals in schools, businesses, hospitals, marketplaces, parks, community halls, places of worship - in the streets and online - acting as a powerful reminder that we all have a role to play in reducing the global impact of cancer.  More information can be accessed at <a href="http://worldcancerday.org">worldcancerday.org</a> where materials and resources are available in several languages, including EN, FR and SP.
4th March	HPV Awareness day	A campaign toolkit with information and suggested actions to be taken on HPV Awareness Day can be accessed at <a href="http://www.askabouthpv.org/campaign-toolkit">www.askabouthpv.org/campaign-toolkit</a> .  The toolkit is available in EN, FR and SP.
June three-day event	Women Deliver - every three years	Organised every three years, the global Women Deliver Conference convenes thousands of delegates to generate ideas and identify solutions to drive change for girls and women.  Link EN: <a href="http://www.womendeliver.org/conference">www.womendeliver.org/conference</a>
July four-day event	AIDS Conference - every other year	The Conference can be a strategic opportunity for the cancer and AIDS communities to come together and discuss how to leverage synergies and adopt an integrated approach to saving women's lives. More information on the upcoming convenings can be accessed at <a href="http://www.iasociety.org/Conferences">www.iasociety.org/Conferences</a> .
October three-day event	World Cancer Congress - every other year	The Congress provides numerous opportunities for the global cancer community to showcase progress, share knowledge and good practices and expand existing networks of cervical cancer advocates that are making a difference in their countries.  More information on the Congress can be accessed at <a href="http://www.worldcancercongress.org">www.worldcancercongress.org</a>
October one-day event	World Cancer Leaders' Summit - every other year	The Summit is a one-day high-level policy meeting dedicated exclusively to furthering global cancer control. The event brings together key decision makers from around the world and encourages timely debate on emerging issues related to cancer. Leaders, cancer experts, advocates and private sector can engage with each other, discussing ways to improve policies, partnership and collective action.  More information about the Summit can be accessed at <a href="http://www.uicc.org/what-we-do/convening/world-cancer-leaders-summit">www.uicc.org/what-we-do/convening/world-cancer-leaders-summit</a>
17th November	Annually	17th November 2020 marked the historic adoption and official global launch of the elimination strategy. This date will be harnessed annually to focus attention on the 2030 targets and celebrate national progress.



## Advocacy and storytelling

When it comes to identifying advocacy messages for cervical cancer it is important to remember that the ultimate beneficiaries of dedicated national policies will be women and adolescent girls who do not necessarily have a 'voice', who may live in remote areas of the country and may not be particularly aware of their rights, opportunities and life choices. Ensuring that their personal stories as well as their needs and concerns are integral to the advocacy efforts will give the coalition more credibility and authority with decision makers, at the same time encouraging people from different backgrounds to join the coalition and make a positive impact.

Advocacy, indeed, doesn't happen in a vacuum but should be constantly supported by community activities concerning awareness, education and support, which, in turn, should inform and shape advocacy messages and action with key decision makers.

Literature on cervical cancer advocacy is increasingly providing evidence as to how the knowledge of barriers and facilitators to cervical cancer screening, and supporting storytelling, can positively contribute to increased cervical cancer screening uptake. Evidence includes determining the factors that ease or stand in the way of women's journey through the various steps in the cervical cancer screening pathway.

For instance, in New Zealand, it was found that culturally tailored and language-specific education programmes are well received and improve cervical screening participation from Pacific women. The positive externality of these programmes was that the information learnt was then shared back home with other family members, including daughters, nieces and spouses. Information sharing was particularly strong when programmes were supported by cultural and church leaders. Understanding Pacific women's experiences was also instrumental in assisting policy makers to inform and adjust cervical cancer programmes and plans targeting marginalised populations.

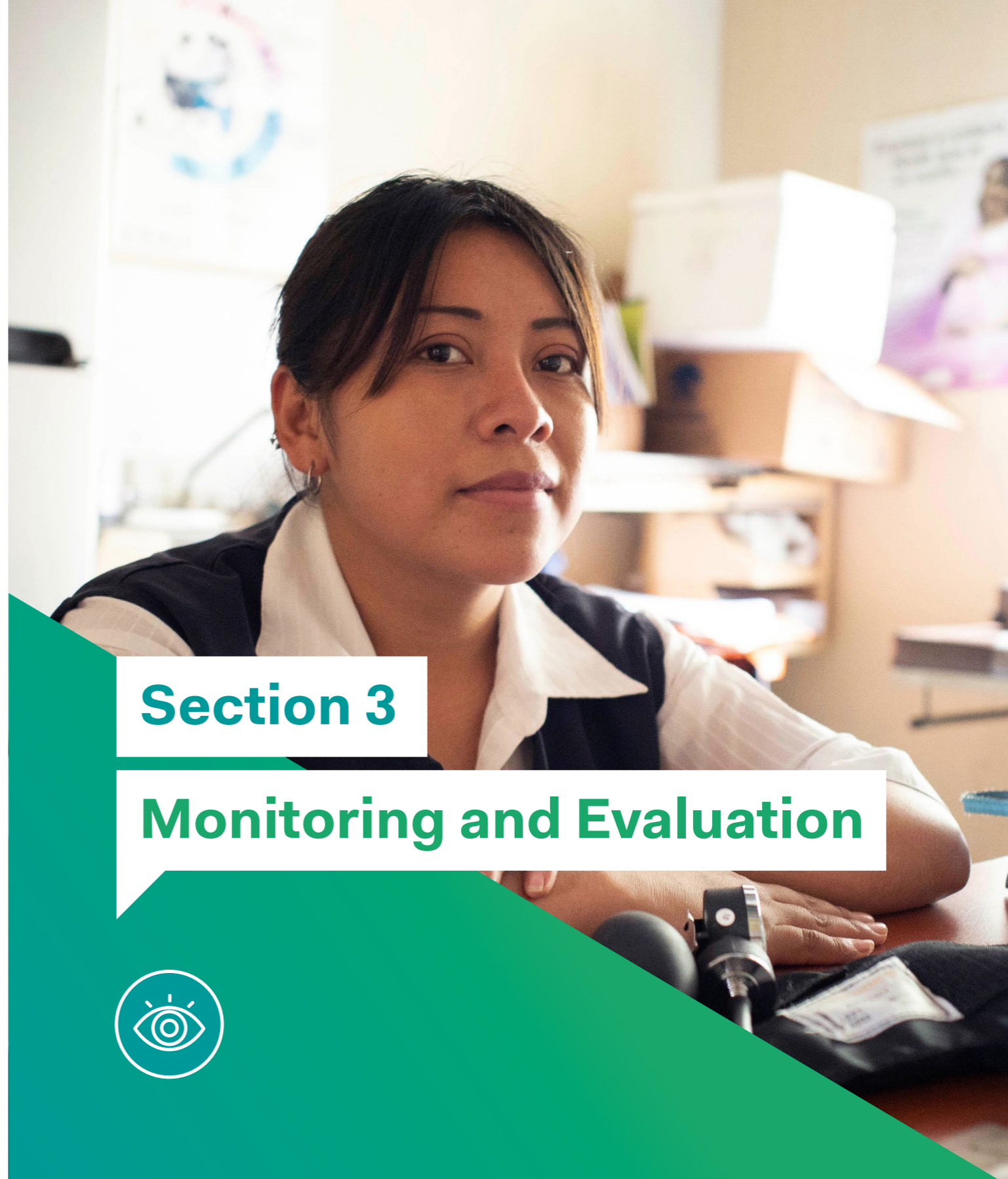
In the U.S., the production of cross-cultural and cross-generational storytelling videos on HPV interventions targeting Mexican or Cambodian American women proved more effective than traditional informational approaches, such as basic written and non-narrative information about HPV, in accepting the suggestions and recommendations of HPV vaccination. Video stories were produced with four mothers in their 40s with daughters in middle-, high-school and college. Videos were structured as follows: personal history, language barriers, health knowledge and health beliefs, health behaviour and parenting, and a final motivational part to learn more about HPV or get the HPV vaccine to protect their daughters.

A similar intervention has been produced for select female Korean American college students aged 18-26 years using a “peer-paired” approach where storytellers and select participants were about the same age. It was found that meaningful conversations are more likely to occur as women are less shy about sharing their personal experiences, feelings and fears about the HPV vaccination experience.

Another example is a two-year project concerning a storytelling intervention to promote cervical cancer screening uptake among Malawian women living with HIV. The project entails the production of “culturally-grounded and human-centred storytelling narrative intervention videos” aimed to address sociocultural and individual factors that influence behaviours towards access to cervical cancer prevention.

The production of these videos, the response from select individuals as well as the positive results in terms of changed behaviours, increased awareness and information sharing are useful tools that can inform national level advocacy through campaigns targeting the general population with a view to shape the public opinion and create a sense of urgency for key decision makers to secure appropriate measures in terms of policies and funds.

Rolf Hansen, CEO of the Cancer Association of Namibia, has wide experience in advocacy for women’s cancers. He voices the notion that “when we make my story ours” it has the power to transcend and empower a community to become united in the cause. To improve the power and impact of advocacy activities through storytelling, he recommends gathering at the same table not only patients but also survivors, their families and their health carers. By cultivating a sense of understanding, needs and breaking stigmas surrounding women’s cancers we can then aim to provide a comprehensive view of what policy solutions and awareness-raising efforts are needed for primary, secondary and tertiary prevention of cervical cancer. Excerpts from discussions may take the form of audio recordings for radios or podcasts production and video recordings for both TVs and web platforms like YouTube.



## Section 3

# Monitoring and Evaluation



Monitoring and evaluating advocacy efforts for cervical cancer is a strategically useful exercise to assess progress against the expected results and short- and long-term objectives.

Though the importance of M&E is often included within relevant resources produced by advocacy experts, the real-world scenario in which cancer advocates operate does not necessarily allow for adequate time to carry out high-quality M&E analysis. For this reason, this section will help you define a M&E strategy and identify those indicators that truly reflect most closely the effectiveness of either collective or individual advocacy efforts.

### Measure progress, with key indicators

To ensure advocacy efforts are laying down the foundations to bring about the projected change, it is important to identify specific indicators and measure them from the outset, making data and information visible to the rest of the organisation or the coalition. They can be as aspirational as the call for cervical cancer elimination but should start with realistic, short-term targets. For example, a country with only 15% of women living with HIV being tested for early detection of cervical cancer should not be expected to reach 50% within one year. Similarly, a low interest in cervical cancer messaging from national media outlets can be countered by a sound media engagement strategy, but may yield a return only after some years.

### Start comprehensive, end up focused

While in the last stages of the analysis it is recommended to use a few major indicators at the outset, it would be helpful to consider drawing up a list of all the different indicators that can help to capture different aspects of the advocacy strategy. Later on, some weak options will be probably cast aside, or two or more indicators consolidated into one.

The following actions can be taken to draw an overview of the analysis that needs undertaking and assess the direction that the analysis can take based on the preliminary findings that may arise.

- Carry out a literature review both online and offline to access research results, case studies, suggested frameworks of action and advice from experienced practitioners.
- Survey good practices in advocacy and policy efforts for cancer control or HIV prevention, treatment and care and assess whether the information tracked down resonates with the context.
- Use analogies to gain a better understanding of the most appropriate activities to carry out. You can gather information about challenges and solutions to problems that don't necessarily seem applicable to cervical cancer. For instance, if in a given country research posits that the most difficult barrier that stands in the way of cervical cancer screening is poor access to information, you could usefully look into solutions adopted in communities by businesses or NGOs, to raise awareness on the most varied issues.

### Data, indicator and information

Data relating to the number of women screened for cervical cancer when presented in the raw tabular form may not be particularly significant. But, when this data is represented within the context of the total number of eligible women (i.e. aged 30-49) within the locality/region/catchment area, then it is more relevant and significant.

Likewise, data on number of media outlets reporting assumes more relevance when put in the context of the reach that each single outlet can boast. The formulation and use of an appropriate indicator is a useful tool to turn data into meaningful information.



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## Indicators

Indicators are measurable information used to determine if a project is being implemented as planned and achieving its intended results. Indicators can help to outline a list of changes occurred, but can also help identify further questions to be asked to assess how these changes happened.

The choice of indicators is instrumental in improving the effectiveness of your advocacy strategy, including data and information collection and analysis, monitoring, reporting and evaluation. Strong indicators can be quantitative or qualitative and should be reviewed and used for programme improvement throughout the programme's life cycle.

In Table 5, the two most common categories of indicators are explained.

- Process indicators, referring to the project activities and outputs. Together, they indicate whether the project is being implemented as planned and is meeting expectations.

- Outcome indicators measure whether the programme is achieving the expected results or changes in the short, intermediate, and long term. Because outcome indicators measure the changes that occur over time, indicators should be measured at least at baseline (before the programme/project begins) and at the end of the project.

This section will provide a wide set of indicators that are grounded in the world of advocacy for cervical cancer elimination. Focus will be placed on process and outcome indicators. Input indicators usually refer to the physical and non-physical resources a coalition may need to undertake advocacy efforts. Examples of these indicators may take the form of a checklist to ensure that funds are available to support communication and advocacy efforts, rent venues, facilitate meetings and their follow up, produce and distribute relevant informative materials or rely on skilled and experienced staff to coordinate engagement of targeted stakeholders.

It is expected that the following list of indicators is conducive to kickstart relevant thinking and analysis to inform M&E efforts.

Table 5: Examples of process and outcome indicators

	Process indicators	Outcome indicators
Web and social media outreach	<ul style="list-style-type: none"> <li>• A new website or web pages developed by the cervical cancer coalition</li> <li>• Number and frequency of electronic messages sent</li> <li>• Number of subscribers to newsletters</li> <li>• Number of media outlets reacting to the coalition newsletters</li> </ul>	<ul style="list-style-type: none"> <li>• Social media messages support desired behaviour targeted by the coalition (e.g. messages, conversations, or campaigns on social networking sites such as Twitter, Facebook or YouTube)</li> <li>• Media messages support expected goal(s) targeted by the coalition (television/radio/newspaper messages, blogs)</li> <li>• Increased online engagement on cervical cancer elimination</li> </ul>
Earned media	<ul style="list-style-type: none"> <li>• Number of outreach attempts to local or national media outlets</li> <li>• Number of press releases developed and distributed</li> <li>• Number of editorial meetings held with media representatives</li> </ul>	<ul style="list-style-type: none"> <li>• Number of op-eds, stories and articles successfully reported by media</li> <li>• Media representatives better understand the links between primary and secondary prevention of cervical cancer and expected results</li> <li>• The public narrative surrounding cervical cancer elimination includes language and messaging that support the goal(s)</li> </ul>

	Process indicators	Outcome indicators
Coalition building	<ul style="list-style-type: none"> <li>• Number of coalition members</li> <li>• Types of constituencies represented in the coalition</li> <li>• Number of coalition meetings held and attendance</li> </ul>	<ul style="list-style-type: none"> <li>• Coalition members have proper knowledge and skills to achieve the agreed-upon objectives of the coalition</li> <li>• The coalition is effective in the organisation of meetings and implementation of agreed activities</li> </ul>
Cervical cancer screening events	<ul style="list-style-type: none"> <li>• Number of eligible women contacted</li> <li>• Number of women screened</li> <li>• Number of community leaders supporting the event</li> <li>• Number of government or parliament representatives supporting the event</li> </ul>	<ul style="list-style-type: none"> <li>• Increased overall intention to be tested</li> <li>• Increased awareness of the importance of cervical cancer screening</li> <li>• Increased willingness of individuals to be tested</li> <li>• Improved screening delivery leads to higher acceptance among women</li> <li>• Increased support from local leaders and decision makers</li> </ul>
Awareness raising events or training on cervical cancer	<ul style="list-style-type: none"> <li>• Number of awareness-raising events or trainings held</li> <li>• Type of audience partaking in awareness-raising events or training held</li> <li>• Number of community leaders supporting the event</li> <li>• Number of government or parliament representatives supporting the event</li> </ul>	<ul style="list-style-type: none"> <li>• Increased knowledge of HPV infection</li> <li>• Increased knowledge of cervical cancer, including symptoms and consequences</li> <li>• Increased support from local leaders and decision makers</li> </ul>
Policy briefings on cervical cancer	<ul style="list-style-type: none"> <li>• Number of policy briefings produced</li> <li>• Number of organisations signing on the policy briefings</li> </ul>	<ul style="list-style-type: none"> <li>• Increased breadth of partners in support of cancer control</li> <li>• Increased media coverage of policy briefings, with key suggested interventions highlighted</li> <li>• Increased awareness of the coalition messages and policy briefs among public and key policy stakeholders</li> </ul>
Relationship building with key decision makers	<ul style="list-style-type: none"> <li>• Number of meetings or briefings held with MOH staff</li> <li>• Number of meetings or briefings held with Health Committee in parliament</li> <li>• Number of policymakers and lawmakers contacted</li> <li>• Number of policymakers and lawmakers engaged</li> </ul>	<ul style="list-style-type: none"> <li>• The population or issue(s) targeted by the coalition are perceived as a priority among decision makers</li> <li>• Cervical cancer receives greater attention from key decision makers in government and parliament</li> <li>• Individuals such as decision makers, media and other organisations report increased awareness of cervical cancer</li> <li>• Overall public funding (federal, state or local government) for cervical cancer elimination has increased</li> <li>• Existing domestic resources are directed toward evidence-based strategies on cervical cancer elimination</li> <li>• New public resources are committed to evidence-based strategies in the target issue area/system</li> </ul>

## Exercise

Based on the above indicators, the table below provides an opportunity to practice developing indicators for a set of advocacy activities relating to cervical cancer elimination. More specifically, the table uses key events to raise the profile of cervical cancer, suggesting key activities to be organised and key stakeholders that needs targeting.

Using the examples and ideas shared above as a basis, please suggest input, process and outcome indicators that would help to monitor progress against these advocacy efforts. If there are some other indicators that can better track progress, please draft them and elaborate accordingly.

January – Cervical Cancer Awareness Month	
1. Launch of the national coalition focusing on cervical cancer elimination and a supporting advocacy campaign	Process indicator:
	Outcome indicator:
2. Radio and TV appearances to create momentum and earn additional media	Process indicator:
	Outcome indicator:
3. Launch of digital campaign with documentary video, picture stories of a) women diagnosed with cervical cancer, b) families of women diagnosed with cervical cancer, c) caregivers and d) organisations working in communities to raise awareness and screen women	Process indicator:
	Outcome indicator:
4th February	
World Cancer Day (WCD) Awareness-raising event organised at parliament, discussing urgent action to be taken to eliminate cervical cancer with MoH, parliament, national cancer institute, cancer patients and coalition members	Process indicator:
	Outcome indicator:
February	
1. Screening event held in catchment area 1, with support from local leaders and officials	Process indicator:
	Outcome indicator:
2. Screening event held in catchment area 2, with support from local leaders and officials	
3. Screening event held in catchment area 3, with support from local leaders and officials	

4th March	
1. HPV Awareness day	Process indicator:
	Outcome indicator:
2. Briefing with the Minister of Health and their staff, Chairpersons of the Health and Budget Committees and national cancer institute representatives to discuss cost-effective interventions on cervical cancer and agree on a joint outcome document outlining next steps for action	
April	
1. Screening event held in catchment area 1, with support from local leaders and officials	Process indicator:
	Outcome indicator:
2. Screening event held in catchment area 2, with support from local leaders and officials	
3. Screening event held in catchment area 3, with support from local leaders and officials	
May	
Weekly briefing events with government and parliament representatives, opinion leaders, political parties, and media.	Process indicator:
	Outcome indicator:
June	
Opinion-editorial article focusing on the preliminary results achieved in the first months of action	Process indicator:
	Outcome indicator:
July	
Monitoring the advocacy efforts of the coalition, tracking and analysing the indicators identified for the above illustrated activities and outlining the way forward for the next six months.	



Some recommendations can be drawn from this exercise to help the work and achieve the advocacy goals of the coalition.

- Initially plan activities for the short to medium term or first wave of advocacy, and then make further plans in response to the developing scenario.
- Multiple activities and persistence over a significant period are usually needed to allow for the interaction necessary to reach the intended goals.
- Advocacy should start as early as possible, even during the preliminary stage of coalition building.

It is worth recalling that periodically reflecting on the lessons learned and the preliminary results of your efforts is a critical component of M&E. Such an approach may be conducive to outlining an objective assessment of the advocacy performance with the aim to improve both individual and collective capacity and refine action plans for the better.

The following questions may be useful for example in reviewing advocacy activities, or coalition meetings to assess how they could be improved.

What worked well?

What did not work as planned?

What can be improved?

What are the lessons that we have learned and can guide use for future activities?

What activities had better results than you had hoped?

What disappointed participants/stakeholders/key decision makers?

What advocacy messages resonated with whom?



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