

Cervical Cancer Advocacy handbook

A handbook to support and
inspire cancer advocates



Introduction

Cervical cancer is a preventable disease and it is also curable if detected early and managed effectively. Yet, it is the fourth most common form of cancer among women globally, with one life lost every two minutes to cervical cancer. In 2022, nearly 94% of cervical cancer deaths occurred in low-resource settings, highlighting global inequities in access to public health services and implementation of cervical cancer programmes. Regional differences in the cervical cancer burden are influenced by social and economic determinants including sex, gender bias, poverty, and risk factors such as HIV. Women living with HIV are six times more likely to develop cervical cancer compared to the general population¹.

In 2020, the World Health Organization (WHO) adopted the [Global Strategy to accelerate the elimination of cervical cancer as a public health problem](#) (referred to as WHO Global Strategy in this handbook). The strategy provides guidance and recommendations for evidence-based interventions across three targets: 90% of girls vaccinated with the HPV vaccine by 15 years of age, 70% of women screened with a high-performance test by 35 years of age and again by 45 years of age, and 90% of women identified with cervical precancer or invasive cancer receiving treatment. Mathematical modelling estimates that achieving and sustaining the 90:70:90 targets will avert 74 million new cases of cervical cancer and 62 million deaths in 78 low- and middle-income countries by 2030.



What is cancer control advocacy?

Cancer control advocacy is the strategic process of influencing governments, decision makers and other key parties to develop commitments, plans and policies, and allocate the resources needed to reduce diagnoses of and deaths caused by cervical cancer.

1. Global strategy to accelerate the elimination of cervical cancer as a public health problem. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.



The Global Strategy for cervical cancer elimination proposes:

- A vision of a world where cervical cancer is eliminated as a public health problem.
- All countries must reach and maintain an incidence rate below 4 per 100,000 women.
- To achieve that goal, all countries must meet the 90-70-90 targets by 2030.

To support the below targets, advocacy efforts should also consider cross-cutting issues or opportunities to help strengthen national health systems for cancer. These efforts can include areas such as comprehensive cancer surveillance, the development of national cancer control plans, and the establishment of supportive policy frameworks for cervical cancer. Ensuring sustainable funding for equitable access to care and the active inclusion of individuals with lived experience are critical issues to address through advocacy efforts.



Executive summary

The Cervical Cancer Advocacy handbook is a practical guide designed to support and inspire civil society organisations (CSOs) and advocacy coalitions in advancing cervical cancer prevention, screening, and treatment, aligned with the WHO Global Strategy. It complements [UICC's advocacy toolkit](#), which provides guidance on developing comprehensive advocacy strategies and includes practical exercises. It is recommended to use these resources together to create a complete advocacy framework for cervical cancer elimination.

This second version of the handbook builds upon the 2021 iteration developed as part of the Unitaid-funded SUCCESS project, which was led by Expertise France and implemented in partnership with Jhpiego. This updated version aligns with the recommendations, guidelines and resources released since 2021 to support implementation of the WHO Global Strategy.

Civil society organisations play a vital role in translating global strategies into local action, ensuring the long-term sustainability of investments and advocating for policies that expand access to essential services. Such organisations also help amplify the voices of underserved and hard-to-reach populations, address local challenges, and increase the reach and impact of services through effective community mobilisation and awareness raising efforts.

While progress has been made, cervical cancer remains a significant public health challenge, particularly in low- and middle-income settings. Advocacy wins, such as the adoption of new legislation, supportive policies, and increased health financing, are crucial for accelerating elimination efforts, but government accountability and sustained implementation are equally important. Through strategic and coordinated advocacy, civil society can play a transformative role in achieving the three pillars of elimination, ultimately reducing cervical cancer mortality and ensuring long-term impact.

A [2023 landscaping study](#) found that 97% of CSOs involved in HPV vaccination and cervical cancer elimination also participated in related advocacy efforts, as well as community mobilisation, service delivery or awareness-raising. The study highlighted CSOs' deep understanding of local needs, including challenges, perceptions and opportunities, making them trusted voices in their communities. It also identified key needs that, if addressed, would enhance their role in supporting elimination targets. This handbook seeks to address some of these needs by providing key messages, actionable recommendations, and adaptable resources to help shape effective advocacy strategies aligned with the WHO Global Strategy, and tailored to diverse health systems and resource settings.

The handbook is divided into the following sections:

Section 1: highlights the importance of building coalitions, exploring the key partners and competencies needed within the coalition, and as part of a broader alliance, to inform advocacy strategies and mobilise action.

Section 2: focuses on key planning steps for developing a national advocacy strategy. It outlines the WHO Global Strategy targets, a tool for assessing the national socio-political context, and guidance on choosing effective advocacy approaches. It also features successful advocacy efforts by CSOs and emphasises the importance of including the voices of people with lived experience.

Section 3: provides guidance on how to develop advocacy messaging, together with an illustrative example of a successful advocacy campaign urging government action for cervical cancer elimination. It also signposts additional resources to support monitoring, evaluation & learning.



Translating the WHO Global Strategy into effective national advocacy requires a comprehensive understanding of the local or national context including disease burden, trends, existing strategies, and advocacy opportunities. To that end, the handbook is intended to:

1. Equip advocates with the knowledge and resources necessary to effectively raise awareness with political actors and position cervical cancer as a national and global health priority.
2. Offer ideas regarding whom to engage in advocacy efforts as coalition members and supporters, including policymakers, healthcare professionals, communities, and individuals affected by cervical cancer.
3. Provide guidance on how to focus advocacy efforts to support cervical cancer prevention, screening, treatment, and supportive care, based on the national context.
4. Highlight successful advocacy campaigns and initiatives from around the world to inspire and inform advocacy efforts.



This handbook serves as a comprehensive guide to support civil society organisations or coalitions to affect change in their national context through advocacy in line with the recommendations of the WHO Global Strategy for cervical cancer elimination. The handbook is part of a portfolio of UICC resources available. Complementary materials include:

- An [advocacy toolkit](#) intended for cancer advocates to access step-by-step guidance and exercises to design and implement effective advocacy strategies, and monitor their progress.
- UICC's annual [cohort-based course 'Advocacy for improved cancer control'](#) to support members in developing skills to advocate for cancer services, legislation and policies in their country.
- UICC's [online self-paced foundational course](#), providing an introduction to the WHO Cervical Cancer Elimination Initiative and the WHO Global Strategy targets.
- Cervical cancer infographics, social media messages, relevant documents and other [resources made available on the resources for cervical cancer elimination page](#).
- The [Advocacy in action: Cancer control stories from UICC members](#) illustrating how common advocacy principles can be applied across different contexts and showcasing the potential impact that can be achieved through advocacy efforts.

A broader collection of resources to support national advocacy for cervical cancer elimination can be found on [page 36](#).

Coalition building



Coalition building is essential for effective advocacy. It allows diverse organisations to unite their voices, resources, and expertise towards the common goal of eliminating cervical cancer in their context. By forming coalitions, advocacy groups can amplify their impact, pool together their strengths, and reach broader audiences.

The following checklist suggests key groups CSOs can engage in cervical cancer advocacy, ensuring diverse expertise. The coalition will be formed of the most relevant and active members, guided by a formal structure and a long-term commitment. Other groups and individuals may support the coalition as part of a broader alliance. These partners amplify the coalition's influence, enhance the advocacy strategy, and expand the network, creating more opportunities and greater impact.

When forming a coalition, refer to [UICC's coalition building toolkit](#) for further information and exercises to guide the process. Coalition members should also conduct a [self-evaluation](#) to identify strengths and skills, understand the respective roles organisations may play in the coalition, and identify key issues the coalition may wish to address.





-
- Patient groups and survivors:** A key element of any advocacy strategy is including people with lived experience. Their voices offer valuable insights into the personal impact of cervical cancer and help shape policies that reflect the realities and priorities of those directly affected. Meaningfully engaging people with lived experience in the developing and implementing cancer policies is essential to upholding the right to health and ensuring access to quality cancer care.
 - Non-governmental organisations working on cervical cancer, patient support or women's cancers:** Such organisations have a vital role to play in providing cervical cancer services and can provide data, information and testimonies to inform advocacy efforts. They can also contribute skills in organising advocacy efforts and mobilising target audiences.
 - Non-governmental organisations working on women's rights and adolescents:** Such organisations can bring their experience and expertise on advocating for the health and rights of women and adolescent girls and contribute to dispelling myths and misinformation related to the HPV vaccination.
 - Non-governmental organisations working on sexual and reproductive health and family planning, maternal and child health:** Effective synergies can be explored with those working in this field, both for advocacy mobilisation at the national level, and for the organisation of awareness-raising campaigns in rural and urban areas.
 - HIV community, including non-governmental organisations, patient groups, and individual advocates:** The HIV community draws on a wealth of experience and expertise from dedicated advocates worldwide. Their support, guidance and lived experiences offer invaluable insights for the coalition. Given the link between HIV and cervical cancer, this presents a unique opportunity to adopt integrated approaches that address shared challenges and enhance collective impact.
 - Youth leadership groups:** These groups represent the target population for the HPV vaccine. Including them ensures the engagement of young voices to drive awareness, challenge misinformation, and advocate for policies that promote access to the HPV vaccine. They can also support HPV vaccination efforts with messages adapted to the intended audience.
 - Gender equality groups:** These groups have expertise in engaging different subgroups of women and can provide helpful insights into the factors that ease or hinder vaccination programmes and women's uptake of cervical cancer screening and follow-up care. They can, for example, 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 men and boy's health:** Including such organisations in cervical cancer advocacy increases understanding of the long-term impact of cervical cancer on families and society, and engages male allies to support community-wide access to prevention, screening and treatment.
-
- **Immunisation community:** National immunisation programme managers, and local or international NGOs focused on vaccination, can strengthen HPV vaccination advocacy efforts, improve access and integrate cervical cancer prevention into broader immunisation efforts.
-
- **Organisations that support people with disabilities:** These groups can support equitable access to HPV vaccination, cervical cancer screening and treatment. They can help address barriers faced by people with disabilities, advocate for inclusive healthcare policies, and promote awareness campaigns that consider diverse needs, supporting equitable access for all women and girls.
-
- **Associations of midwives:** These groups play a key role in cervical cancer advocacy by promoting HPV vaccination, raising awareness of screening among the target population, and integrating prevention into maternal healthcare. Their trusted position in communities helps expand outreach, influence policies, and improve access to services.
-
- **Public health experts:** Academics, public health policy specialists and experienced health advocates can support the coalition and address any knowledge gaps, including how the health system can be improved to reach vaccination targets and facilitate timely screening and treatment for cervical cancer. These individuals likely serve as advisors on national health issues to governments and parliament, providing an opportunity to expand the coalition's influence and its network to key decision makers.
-
- **Legal advocacy groups in human and health rights:** Under a human rights-based framework, legal experts can provide advice on whether patient rights are being upheld and safeguarding the health of people affected by cancer. Legal experts can advise on what strategies can be explored for cervical cancer elimination at a national level.
-
- **Current and former parliamentarians:** These individuals bring a wealth of understanding of national budget cycles, established connections with Members of Parliament (MPs) and parliament staff, and may have influence to persuade existing MPs to champion cervical cancer issues in the country.
-



-
- **Researchers and academic institutes:** Advocacy groups and academic institutions can form collaborative partnerships, with researchers gaining critical insights into their work, and in turn, providing evidence-based data for advocates and policy recommendations. This could include National Cancer Centres, universities and laboratories. These collaborations enable joint research initiatives, where academic expertise supports civil society in conducting robust studies that strengthen advocacy strategies. Implementation research helps identify and overcome barriers to scaling proven strategies, such as HPV vaccination and cervical cancer screening, ensuring their adoption and long-term sustainability, especially in resource-limited and diverse populations.
 - **Medical professionals and associations:** Contributions from these groups can take different forms, such as informing the development of advocacy messaging with knowledge on clinical guidelines, current gaps in the health system, and supporting solutions.
 - **Religious and community leaders:** Due to their influence within the community, cervical cancer advocates should engage these individuals, which includes traditional leaders, to ensure that they convey accurate messages and harness their leadership position to increase vaccine and screening uptake.
 - **Parents groups and school teachers:** Improved awareness of HPV vaccines and cervical cancer screening among parents and teachers can increase vaccine uptake and reduce the risk of future HPV infection and cervical cancer. Trusted community figures play a pivotal role in educating and influencing families, and create pathways for effective outreach in schools, churches, and other community networks.
 - **Media:** Including media, such as journalists, news outlets, digital platforms, and social influencers, amplifies awareness, shapes public opinion, and drives action by highlighting the importance of prevention, the long-term societal impact, and the need for equitable access to treatment. Media professionals can be an influential force when communicating advocacy messages.
-

**Idea**

Advocate for integrated approaches to increase HPV vaccine and screening uptake through a mother-daughter programme. [Learn more about such programmes here.](#)

Advocacy for cervical cancer elimination



Once the coalition is formed, the critical question to address is: *What do we want to change?* To answer this, the coalition must assess the country's progress towards the WHO cervical cancer elimination targets, review data on cervical cancer mortality, and understand the socio-political context. This will help pinpoint the key issues the coalition aims to address.

To effectively tackle the identified issues, it is essential to understand its root causes. The advocacy problem tree is a useful tool for mapping out underlying factors and their impacts. This tool, along with other practical templates and guidance for building an advocacy strategy, can be found in UICC's Advocacy toolkit. The toolkit supports coalitions to develop advocacy goals and objectives, map key partners, craft messages and determine activities that are context-specific and resource-sensitive. This planning process is essential to optimise available resources, address unique barriers, minimise risks and maximise opportunities.



Advocacy for cervical cancer elimination

Data and findings on cervical cancer globally and nationally can be gathered from various resources including evidence-based publications, such as the [National NCD or Cancer Plan](#) (if they exist), or platforms like [Globocan](#), [WHO's Global Health Observatory](#) and [VIEW-hub by International Vaccine Access Center \(IVAC\)](#). These resources provide interactive global and national cancer data to inform cancer control and research. In cases where data is lacking, it will be important to gather the necessary information or collaborate with NGOs, hospitals, research groups or universities to build the evidence base.



Resources

[canSCREEN](#) and [CanScreen5](#) support the collection and use of cancer screening data, and the overall development of cancer surveillance frameworks. They help standardise data collection, track programme performance, identify gaps, and inform evidence-based policies, enabling countries to build robust, data-driven cancer control strategies.

The following section outlines the WHO Global Strategy targets and offers a tool to align possible advocacy goals to the current socio-political context of a country. It is important to ensure that strategies or guidelines are adapted to the specific challenges faced in each country, for example, in a country with limited resources for cervical cancer elimination.

To respond to the WHO Global Strategy targets, it is also important to consider advocacy asks that could support all three targets, such as the establishment of national cancer registries, vaccination and screening registries, cervical cancer control planning, patient navigation programmes, health financing, and the [engagement of people with lived experience to inform policies, services and health systems](#).

For example, coalitions can advocate for the Ministry of Health to create a [Cervical Cancer Plan that includes specific policies aligned with the WHO Global Strategy](#). This plan could then support and inform the development of a National Cancer Control Plan (NCCP), if one does not already exist. The [International Cancer Control Partnership \(ICCP\)](#) is an online resource for cancer planners and provides technical assistance for countries to develop, implement and monitor NCCPs, and includes several cervical cancer plans for reference. Tailored tools can support the successful implementation of programmes to overcome potential barriers.

Understanding the Global Strategy targets

To achieve the vision of a world where cervical cancer is eliminated as a public health problem, all countries must reach and sustain an incidence rate below 4 per 100,000 women. To do that, countries must meet the 90-70-90 targets by 2030 to eliminate cervical cancer within the next century.

For more information, check out UICC's [online self-paced foundational course](#) on the WHO Cervical Cancer Elimination Initiative and the Global Strategy.

Target 1

Primary prevention:
HPV vaccination



Goal:

Goal: 90% of girls are fully vaccinated with HPV vaccine by age 15 years

Target 2

Secondary prevention:
screening



Goal:

Goal: 70% of women are screened with a high-performance test by 35 years of age and again by 45 years of age

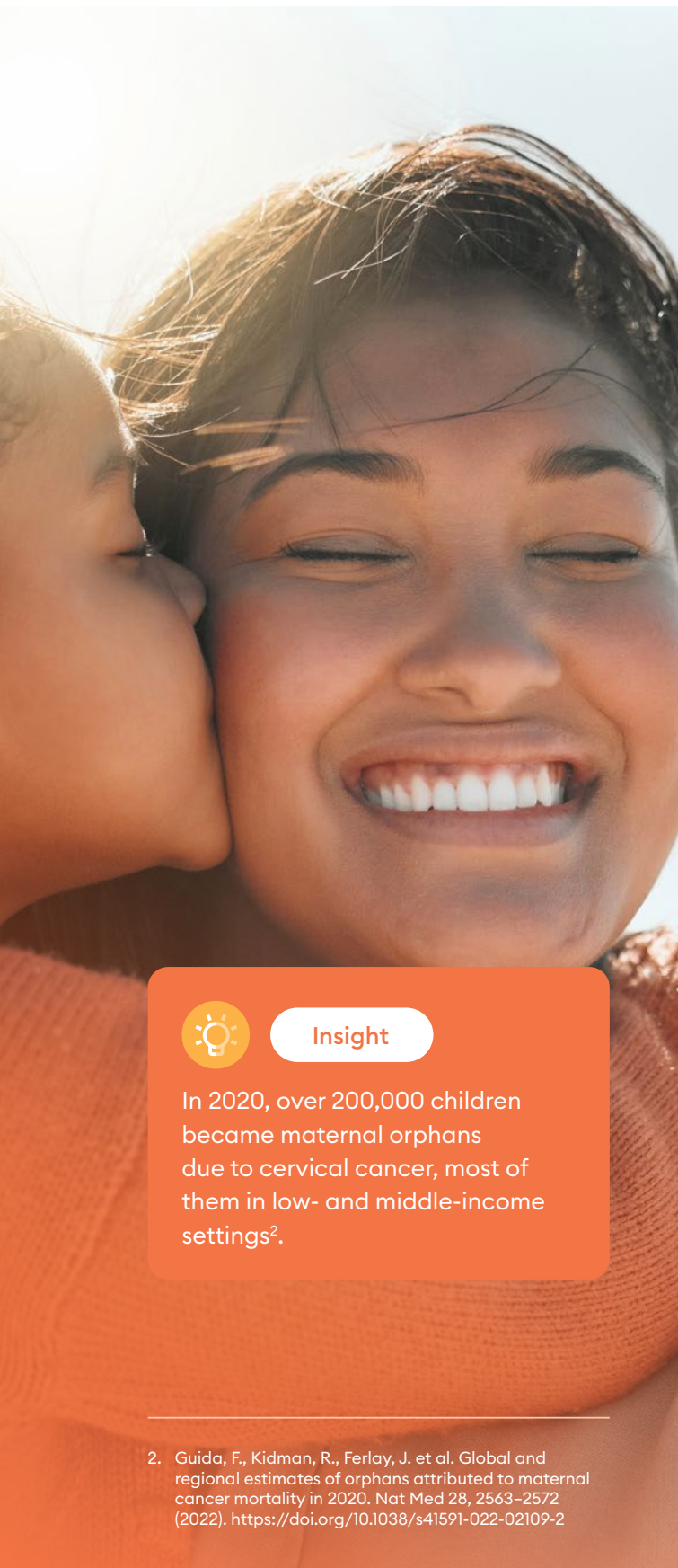
Target 3

Invasive cancer
treatment and
palliative care



Goal:

Goal: 90% of women identified with cervical disease receive treatment (90% of women with precancer treated, and 90% of women with invasive cancer managed)



Insight

In 2020, over 200,000 children became maternal orphans due to cervical cancer, most of them in low- and middle-income settings².

2. Guida, F., Kidman, R., Ferlay, J. et al. Global and regional estimates of orphans attributed to maternal cancer mortality in 2020. Nat Med 28, 2563–2572 (2022). <https://doi.org/10.1038/s41591-022-02109-2>

Mapping the context

Assessing the level of political will is a crucial step in strategy development. Advocacy messages and key partnerships should be designed to leverage existing political support or generate new momentum. Depending on the country's socio-political landscape, certain advocacy angles may be more compelling. Potential approaches include framing cervical cancer interventions around women's health, human rights, gender equity, or cost-effectiveness based on local disease burden. Another compelling approach could be to emphasise the potential [return on investment from investing in cervical cancer control efforts](#).

The scenarios on the next page can help assess the country's current progress and identify the most relevant advocacy angle.



Resource

A scorecard developed by [Economist Impact](#) includes a set of indicators across five domains in breast and cervical cancer. The scoring criteria can be helpful in determining where to focus advocacy efforts.

Mapping the context

High Political Will

Implementation

If there is high political will to invest in cervical cancer, or related areas such as sexual and reproductive health or HIV, but progress is slow, it would be useful to focus on a few high-impact interventions. This could include introducing an HPV vaccination programme or improving existing legal and policy frameworks on cervical cancer.

In this context, the advocacy priority might be to emphasise the cost-effectiveness of recommended interventions and map possible available resources or identify specific opportunities for legal or policy reform that will help to ensure timely and equitable care, supported by policy briefs. This context could also be an opportunity to highlight progress achieved in countries implementing evidence-based recommendations and champion effective cervical cancer elimination programmes.

Sustaining momentum

If there is high political will to invest in cervical cancer programmes and robust progress achieved in recent years, it will be important to keep the momentum going and support decision makers to improve effectiveness of interventions and continued funding.

In this context, the advocacy priority might be to celebrate the progress and keep cervical cancer on the public agenda, acknowledging policy advancements, public commitments and milestones achievements. Advocating for robust data collection systems and a comprehensive cancer surveillance framework, including population-based cancer registries, can help to inform evidence-based and effective policy decisions and identify disparities in cervical cancer care to ensure equitable access³. Advocates can also collaborate with decision makers on sustainable financing for cervical cancer in the context of universal health coverage.

Slow Progress

National drive

If there is low political will to invest in cervical cancer programmes, a national drive will be needed to inject a sense of urgency. Increasing public awareness and leveraging the support of influential individuals or groups in this context will help to encourage commitments from government.

In this context, the advocacy priority might be to increase awareness of the national impact of cervical cancer, comparing progress across the region to emphasise the urgent need for improved national outcomes. Positioning cervical cancer within the broader context of women's health could help prioritise it through an integrated approach. Alternatively, highlighting the opportunity for elimination, the link between HIV and increased cervical cancer risk, or the social impact of inaction could strengthen the case for change. In low and middle-income countries, where premature cervical cancer deaths result in maternal orphans and perpetuate social and economic hardship, highlighting these consequences can draw attention.

Leverage progress

If there is low political will to invest in cervical cancer programmes, for example as a result of a recent government turnover or priority shift, but promising progress achieved in recent years, it will be important to document progress and results achieved. It will also be important, as per the section on 'national drive', to highlight the impact and cost of inaction.

In this context, the advocacy priority may be to document progress to date in order to demonstrate the benefits of the successful cervical cancer programmes to the broader healthcare system and make a case to safeguard the progress made in women's health. To inspire continued investment, advocates may also demonstrate the contribution the country is making to regional targets and position it as a success model in the region.

Promising Progress

Low Political will

Developing your advocacy goal

Now the problem tree is completed and the key issue identified according to the national context, the coalition can use its findings to define a clear, overarching advocacy goal. The following section, structured around the WHO Global Strategy targets, provides illustrative examples of advocacy actions, along with real-life cervical cancer advocacy wins from UICC members.

-
3. Piñeros M, Saraiya M, Baussano I, Bonjour M, Chao A, Bray F. The role and utility of population-based cancer registries in cervical cancer surveillance and control. *Prev Med*. 2021.



Advocacy for primary prevention (90% of girls vaccinated with HPV vaccine by age 15 years):

→ In a country with low political will and low progress (national drive stage), for example, where there is no national HPV immunisation programme. Advocacy efforts can focus on integrating HPV vaccination into national plans for girls 9-14 years using a single dose schedule. Establishing a law to include HPV vaccination into the national immunisation schedule can ensure long-term availability and government support. Advocacy may begin with awareness raising, which is key to addressing vaccine hesitancy, cultural barriers and stigma, with messaging centred on cervical cancer prevention rather than sexual health. Advocacy efforts should also highlight data on the long-term benefits, emphasising that HPV vaccination could prevent over 45 million deaths this century⁴. Where cancer and immunisation plans exist but lack coordination, uniting the cancer and vaccine communities can help align efforts, optimise resources, and strengthen cervical cancer elimination strategies.

→ In country with high political will and robust progress (sustaining momentum change), for example, where there is an existing HPV immunisation programme but low coverage rates. Advocacy efforts can focus on the need to review and invest in HPV programme re-design. In a country with an existing multi-dose immunisation schedule, advocacy efforts can focus on aligning the national programme with WHO's most recent recommendations to use a single-dose schedule, drawing on the evidence-base to showcase the efficacy and potential reach of a single-dose schedule⁵. For countries where a single-dose immunisation programme has already been adopted, advocacy efforts can focus on expanding coverage in hard-to-reach populations such as out-of-school girls or for a multi-age cohort to allow for catch up of girls previously not vaccinated. Conducting implementation research can help to understand low uptake of the vaccine, and generate data so that advocacy asks can be appropriately tailored.



Resource

[Conquering Cervical Cancer in the Commonwealth: Addressing Myths & Misconceptions](#)

4. Impact of HPV vaccination and cervical screening on cervical cancer elimination: a comparative modelling analysis in 78 low-income and lower-middle-income countries. Brisson, Marc et al. The Lancet, Volume 395, Issue 10224, 575 – 590.

5. World Health Organization (WHO), Human papillomavirus vaccines: WHO position paper, December 2022, Weekly Epidemiological Record, vol. 97, no. 50, 16 December 2022, pp. 645–672, <https://iris.who.int/handle/10665/365350>.

CSO spotlight: Malawi

In Malawi, a country with the second highest mortality rate linked to cervical cancer globally, CSOs played a crucial role in advocating for the successful rollout of the HPV vaccine by fostering strong partnerships with the government, healthcare providers, and communities. Leveraging grassroots connections and expertise in health advocacy, the [Women Coalition Against Cancer \(WOCACA\)](#) undertook a multi-pronged approach. They actively participated in policy dialogues and leveraged data to influence government strategies on HPV vaccination, providing technical input in the planning and implementation stages, including cold chain management and vaccine storage solutions. Recognising barriers to vaccine uptake, community mobilisation was key and the organisation also conducted awareness programmes, dispelling myths and educating communities about the benefits of HPV vaccination. After the vaccine programme was initiated, WOCACA continues to be actively involved in sensitisation, monitoring the vaccine distribution and administration, and providing real-time feedback to improve the process.

Gender-neutral HPV vaccination campaigns

Whilst focusing vaccination programmes on girls as the primary recipient, in line with the recommendations of the WHO Global Strategy, is seen to be the most cost-effective and high impact approach from a modelling perspective, countries may consider also vaccinating boys if resources allow and if it does not divert resources from vaccinating the primary target population.

A gender-neutral approach to HPV vaccination can play a role in accelerating cervical cancer elimination by increasing overall vaccination coverage. However, its value varies depending on the national context, and advocates need to consider a number of factors when determining whether a gender-neutral HPV vaccination (GNV) campaign is appropriate.

- **Reducing stigma:** a gender-neutral approach may help normalise vaccination and reduce stigma linked to HPV being perceived as a female-only virus.
- **Herd immunity:** if resources are available then vaccinating boys contributes to herd immunity, which can benefit populations with low female vaccination coverage. However, it is important to note that GNV approaches may reach boys within the same socio-demographic as girls vaccinated and therefore not extend overall reach or impact, or address issues of inequity.
- **Reduction of HPV-related cancers:** HPV causes multiple types of cancers beyond cervical cancer, including oropharyngeal, anal, and penile cancers, which makes immunisation beneficial for boys also, particularly in settings with high HPV-related disease burden.

- **Infrastructure and supply:** robust immunisation programmes can support GNV without compromising female coverage; however if supply and access is scarce, for example in a low-resource setting, or including boys in vaccination programmes will deprioritise access for girls, vaccinating girls should be the priority.

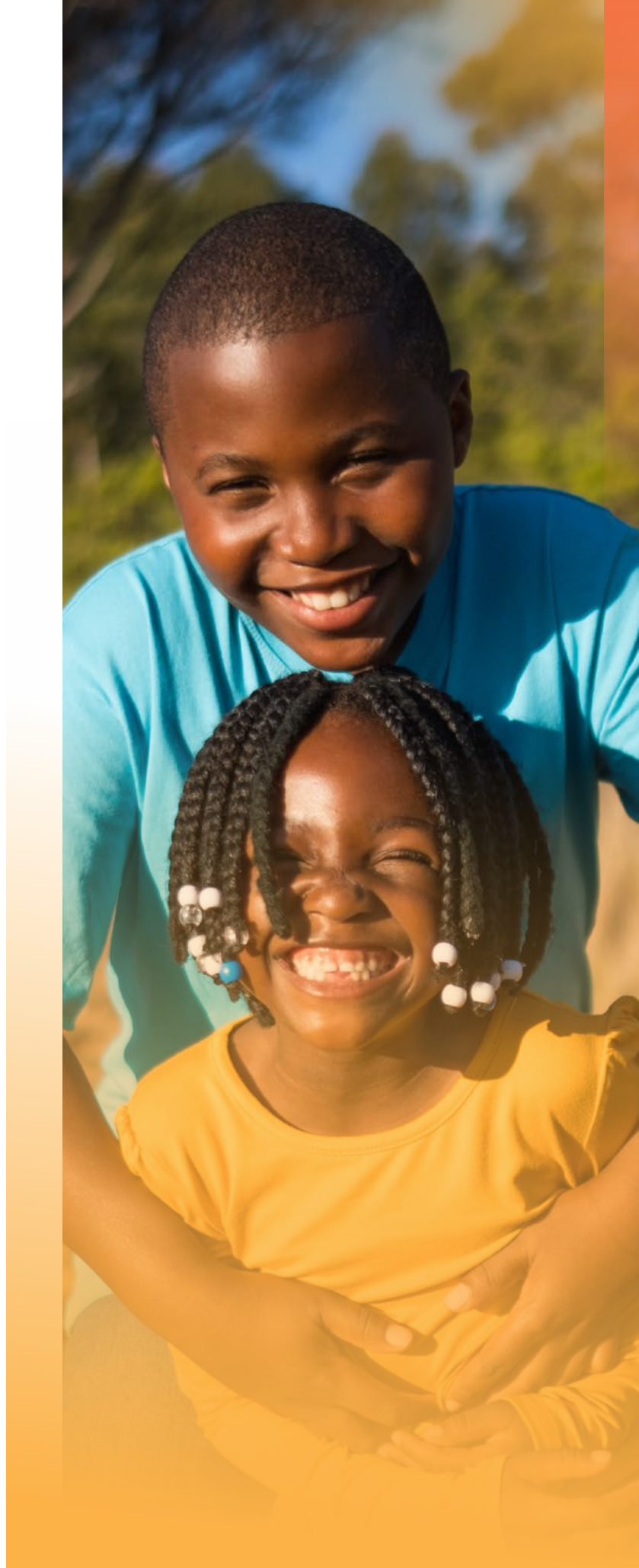
Single dose vaccination provides the opportunity for low-resource settings to introduce or extend programmes to boys and/or older cohorts of women and men. Modelling data shows that the most efficient strategy for HPV vaccination is single-dose for nine-year-old girls. The next best approach is expanding to multi-age cohort (MAC) vaccination for girls up to 20 years old, followed by MAC vaccination of women aged 21-25, and then vaccinating boys⁶. In high-income settings, providing HPV vaccines for boys is considered to be cost-effective⁷, though increasing coverage in girls is uniformly more effective and should be considered a priority⁸. In some cases, however, a gender-neutral approach may be seen as an effective route to increasing community acceptance or addressing stigma, even if it is not the most cost-effective.

-
6. Benard, Elodie et al. (2024). Prioritizing HPV vaccination strategies in 67 low- and lower-middle income countries (LMICs) based on efficiency at preventing cervical cancer: a modelling study. [Manuscript submitted for publication]
 7. Simms, K et al. (2020). Cost-effectiveness evaluation of HPV vaccination strategies accounting for secondary prevention in the context of cervical screening: A transmission-dynamic modelling study. *Vaccine*, 38(41), 6392-6403.
 8. Burger EA, Sy S, Nygård M, Kristiansen IS, Kim JJ. (2014) Prevention of HPV-related cancers in Norway: cost-effectiveness of expanding the HPV vaccination program to include pre-adolescent boys. *PLoS One*.

Single-dose gender-neutral HPV vaccination in Cameroon

In 2020, Cameroon introduced nationwide HPV vaccination for girls, in line with the WHO recommendations, through its Expanded Program on Immunization (EPI). The programme was met with resistance from some stakeholders, including religious institutions. Following a nationwide review showing low vaccine uptake and revised recommendations by the National Immunization Technical Advisory Group (NITAG), Cameroon expanded HPV vaccination in 2023 to include boys. This initiative aimed to increase vaccine coverage and reduce stigma associated with HPV vaccination. Alongside community engagement and periodic intensification of routine immunisation, the programme has shown promising results with a three-fold increase in girls' vaccination coverage in less than six months. [Find out more here.](#)

While Cameroon can serve as an example for countries considering a gender-neutral approach, prioritising girls remains the most efficient strategy for cervical cancer elimination. Advocates should assess local factors, including vaccination coverage, social attitudes, and resource availability, to determine the most effective strategy.



Advocacy for secondary prevention (70% of women screened with a high-performance test by 35 years of age and again by 45 years of age):

- In a country with high political will and robust progress (sustaining momentum stage), for example, where there is an established screening programme. Advocacy efforts can focus on ensuring government accountability for existing commitments and expanding access for hard-to-reach populations and women living with HIV. Advocacy organisations can generate data on barriers to screening, assess the community's interest in self-collection (self-sampling) methods to support screening uptake. Advocacy efforts may also promote the introduction of [mother-daughter programmes](#), integrating vaccination and screening to strengthen primary and secondary prevention. Another key focus area is the implementation of a harmonised digital screening registry, such as [canSCREEN](#); an example of a purpose-built platform designed to support population-level screening programmes. While paper-based registries are still widely used, digital registries permit full visibility of patient history to both healthcare providers and laboratory technicians, facilitating appropriate clinical recommendations along the continuum of care. They can also integrate with other platforms to facilitate direct communication with the participants through appointment reminders and screening invitations, improving overall engagement and follow-up care.

- In a country with low political will but promising progress (leverage progress stage), for example, where progress has been made towards the WHO cervical cancer elimination targets, but shifting health priorities have led to reduced investment in cancer programmes. Advocacy efforts may focus on re-prioritising cervical cancer screening by integrating it into women's health, rights, and sexual and reproductive health care programmes while also highlighting the cost of inaction and the financial return on investment. Although HPV testing is recommended by WHO as a more accurate and reliable method than cytology or visual inspection with acetic acid (VIA), it may be seen as too costly in some settings. Advocates can push for increased excise taxes to support health funding or promote cost-effective procurement mechanisms by seeking WHO country office support. Ultimately, strategies must balance resource availability whilst ensuring the most accurate diagnoses and sustainable implementation.



Idea

Check out the [Program Rose model](#) for community-based screening, enabled by mobile technology and self-collection. They have achieved 88% compliance to follow-up, including in hard-to-reach rural and religious communities.



Resource

A [guide to increase uptake of cancer screening in hard-to-reach populations and catch-up HPV vaccination](#), by the Swedish Cancer Society.

CSO spotlight: Guatemala

In Guatemala, [La Instancia por la Salud y Desarrollo de las Mujeres \(ISDM\)](#), has been instrumental in shaping policies, raising awareness, community mobilisation, and securing funding for primary and secondary cervical cancer prevention through advocacy and strategic partnerships. As a key member and coordinator of the Cervical Cancer Technical Working Group for many years, ISDM led the development of the National Cervical Cancer Plan 2023-2030, which includes high-precision screening, expanded access to HPV DNA testing, and recommendations for increased HPV vaccination coverage. Their advocacy efforts also helped secure funding for HPV testing in 10 departments through the reproductive health budget, supported by a 15% excise tax on alcoholic beverages. Additionally, through the Technical Working Group, ISDM collaborated with the PAHO Strategic Fund to identify cost-effective procurement mechanisms for screening tests. Their continued advocacy contributed to a new Cancer Care Law, which strengthens Guatemala's health system by improving cancer prevention, early detection, and treatment.



Idea

Excise taxes can be placed on products that harm public health, such as tobacco and alcohol. These taxes are considered win-win policies because they help prevent disease, save lives, and generate funds to support important health programmes, such as those for women's health. [Find out more here.](#)

Advocacy for treatment and palliative care (90% of women with precancer treated, and 90% of women with invasive cancer managed):

- In a country with high political will but slow progress (implementation stage), for example, where resource-adapted guidelines exist but health systems need strengthening. Advocacy efforts should emphasise the ethical necessity of providing treatment alongside screening. It is important to note that this target refers to both the treatment of pre-invasive lesions and invasive cancer, however their requirements differ significantly. Advocacy could therefore focus on building tailored infrastructure for each, ensuring timely and appropriate care once a diagnosis is made. This includes strengthening cancer registries, referral networks, and supportive care to improve access and adherence to treatment. Pre-invasive lesions require access to cryotherapy, thermal ablation or loop electrosurgical excision procedures (LEEP) with trained healthcare providers. Invasive cervical cancer management requires well-equipped facilities with qualified specialists, pathology and imaging services, and essential treatments like surgery, radiotherapy and chemotherapy. Advocacy efforts can support [training programmes for healthcare professionals](#) and address barriers to access. This may involve securing funding for treatment subsidies and supporting patient travel to specialised centres. Removing both patient- and system-related barriers is essential for improving treatment completion rates and long-term survivorship outcomes.



Idea

Check out [Rays of Hope](#), an initiative launched in 2022 by the International Atomic Energy Agency (IAEA) to increase access to radiotherapy for cancer patients in low- and middle-income settings.

- In a country with high political will and robust progress (sustaining momentum stage), for example, in a context with established HPV vaccination programmes, referral systems and accessible early-stage cervical cancer treatment. Advocacy efforts could focus on closing gaps in comprehensive and supportive care. Treatment guidelines should include end-of-life care and pain management, as well as the full range of supportive services for example, patient navigation, transport, lodging, translation, psychosocial and spiritual support. Very few low- and middle-income countries have structured palliative care programmes, highlighting the urgent need to expand these services. Strengthening palliative care not only benefits cervical cancer patients but can also be extended to other advanced cancers and debilitating diseases. Advocating for the inclusion of cervical cancer treatment, including integrated palliative care, in the universal health coverage (UHC) package is also important to reduce out of pocket payments and financial toxicity for families.

CSO spotlight: Burkina Faso

Recognising the need for a unified and strategic approach to cancer advocacy, civil society organisations in Burkina Faso came together to form the [Coalition Burkinabè Contre le Cancer \(COBUCAN\)](#), a coalition dedicated to driving policy change and improving access to services. By bringing together key partners, particularly community leaders, media and healthcare professionals, the coalition has played a critical role in ensuring cervical cancer remains a national priority. A significant achievement has been securing free radiotherapy for cervical cancer, made possible through sustained dialogue with the Ministry of Health. This advocacy milestone culminated in a presidential decree, removing the financial barrier to treatment for women. COBUCAN has played a key role in shaping national policy, contributing to the draft cervical cancer guidelines through its role in the Technical Working Group and ensuring civil society remains a key player in policy and decision-making. This influence is further demonstrated by the subsequent appointment of COBUCAN's President as Coordinator of the National Cancer Programme at the Ministry of Health, reinforcing the role of advocacy coalitions and their credibility in advancing cancer control.



Resource

To remain informed of the latest recommendations, refer to [WHO's guidelines for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention](#). Note that WHO recommendations for cervical cancer prevention strategies differ between the general population of women and women living with HIV.

Integrated approaches to accelerate progress toward the targets:

Accelerating progress toward cervical cancer elimination requires a comprehensive, integrated approach across the targets and across multiple sectors of the health system. The following section includes considerations of how to further support progress across the three targets.

Embedding prevention, screening and treatment into broader health and immunisation frameworks is key to bridging implementation challenges and building sustainable and effective health systems. The immunisation programme offers a natural entry point for integration, while linking cervical cancer screening with HIV programmes enables a dual approach. Utilising the infrastructure of HIV clinics and services can help channel funds efficiently, however, it is important to consider and address potential issues of stigma that may arise when combining services.

As outlined in [UICC's report on integrated approaches to women's cancers](#), cross-sectoral integration is essential for advancing women's health. This includes coordinated efforts between ministries, such as Health and Education, and alignment with existing health initiatives, including sexual and reproductive health services, HIV programmes, and immunisation strategies.

A strong cancer surveillance framework is vital for evidence-based interventions. This includes national screening, vaccination and cancer registries to track progress and guide policy decisions. If a cancer registry is not yet established, advocating for its implementation can generate valuable data and political will. The [Global Initiative for Cancer Registry Development \(GICR\)](#) is a key resource for capacity building in this area. Similarly, if a National Cervical Cancer Plan or Strategy is outdated or doesn't exist, advocacy can prioritise its development. The International Cancer Control Partnership (ICCP) maintains a [database](#) of national cancer control and NCD plans to help assess a country's status. Additionally, the Elimination Planning Tool (EPT) can be used to inform policy and advocacy efforts.



Resource

[The Cervical Cancer Elimination Planning Tool \(EPT\)](#), hosted by IARC is an interactive tool to help policymakers and key partners develop their cervical cancer elimination strategies. The tool allows users to select different scenarios for each available country and predicts the impact of those strategies, providing estimates on the incidence rate and deaths averted, projected elimination timelines, budget estimates, resource needs, and ROI. This tool supports evidence-based decision-making for cervical cancer elimination.

Advocacy for cervical cancer elimination

Sustained funding is critical to maintaining cervical cancer prevention, screening, and treatment programmes. UICC provides reports and case studies on financing for cervical cancer elimination, available on its [resources page](#). Advocacy efforts can also support pooled procurement approaches to reduce costs and expand access to HPV vaccines and diagnostic tools. The success of UNICEF's pooled procurement model through Gavi, the Vaccine Alliance, has demonstrated how collective purchasing can lower vaccine prices and improve availability in low-and middle-income countries. To support these efforts, TogetHER for Health published a [report on pooled procurement strategies for cervical cancer screening](#), providing valuable insights for decision makers and advocates working toward elimination.

Integral to all advocacy efforts is the expertise of people with lived experience. Engaging those affected by cervical cancer as active participants in shaping policies and health systems ensures that interventions are aligned with the needs of the population. The shift from the traditional understanding of patients as passive recipients of health care services to experts in their own health is critical to ensure equitable access to cancer care as part of the right to health.

Ultimately, an integrated, cross-sectoral advocacy strategy is essential to advancing cervical cancer elimination. Ensuring that health policy, resource allocation, and programme implementation are aligned will help achieve WHO's elimination targets and create lasting impact.



Resource

[WHO Framework for meaningful engagement of people living with NCDs, and mental health and neurological conditions](#)

CSO case study: Philippines

Cancer Coalition Philippines, a leading civil society coalition, has been instrumental in driving policy reforms and fostering partnerships for cervical cancer elimination as part of broader cancer control efforts. Through sustained advocacy, the coalition played a key role in securing the National Integrated Cancer Control Plan in 2018, and continues to influence policy as a member of the National Integrated Cancer Control Council (NICCA). Strategic stakeholder mapping has enabled the coalition to build alliances with medical associations, the Departments of Health and Education, the private sector, and international partners, strengthening its advocacy reach.

By organising key events such as the National Cancer Summit and media forums, the coalition has elevated discussions on expanding HPV vaccination and increasing cancer funding. The coalition actively identifies and engages ‘legislative champions’ – members of Congress and Government with lived experience of cancer as patients, survivors, family members or caregivers – who have been instrumental in securing government support for these initiatives.

Advocacy efforts were further strengthened through the submission and dissemination of key advocacy statements, including ‘Together, We Can Beat Cancer’ and ‘We Can Eliminate Cervical Cancer’. These statements were presented to legislators, government agencies, private sector leaders, and political decision-makers, and successfully influenced policy changes in the Philippines.

Key advocacy wins

- 1. School-based HPV vaccination and local policy action**
 - In partnership with the Departments of Health and Education and local government units, Quezon City launched a school-based HPV vaccination programme, supported by the country’s first local ordinance to advance cervical cancer elimination. As the most populous city in the Philippines, with a higher proportion of females under 15, Quezon City serves as a scalable model for nationwide implementation.
- 2. Increased cancer funding and expanded coverage**
 - The Cancer Assistance Fund budget was doubled, improving access to treatment for cancer patients, including those with cervical cancer.
 - The Philippine Health Insurance Corporation (PhilHealth – the national health insurance scheme created to deliver UHC) committed to expanding cervical cancer treatment coverage, integrating HPV DNA screening into its outpatient benefit package, and enhancing the Z-benefits package, which provides financial risk protection for patients facing high medical costs.
 - In a major policy shift benefiting cancer patients, PhilHealth removed the 45-day benefit limit, ensuring continuous care without restrictive caps.
- 3. National policy and framework development**
 - The Department of Health’s Cancer Control Division pledged to develop a National Framework for Cervical Cancer Control and Elimination, marking a significant step toward long-term policy action.

Advocacy for cervical cancer elimination

Beyond national policies, the coalition has driven localisation initiatives, supporting the development of facility-level patient navigation tools and expanding access to cancer support and palliative care services. Regional and local leaders have expressed interest in adopting similar models, further amplifying the coalition's impact.

A significant milestone was achieved in March 2024 when the Ministry of Health launched a nationwide cervical cancer screening programme backed by USD 1.5 million in funding. This initiative strengthens prevention efforts and ensures more women benefit from early detection and timely treatment.

Cancer Coalition Philippines leads impactful, evidence-based advocacy, influencing national policies, securing sustainable funding, and expanding access to life-saving cervical cancer prevention and treatment services. By aligning efforts across government agencies, healthcare providers, private sector, and civil society, the coalition is helping to create a scalable and sustainable model for cervical cancer elimination in the Philippines.



Developing advocacy messaging



Once advocacy goals and activities are established, developing clear and evidence-based messaging is essential to engage and influence key partners. Effective messaging should be tailored to the target audience, taking into account cultural context, religious beliefs and local languages to ensure accessibility and impact.

Advocacy messages can be used to serve two distinct purposes: influencing decision makers through policy advocacy and raising public awareness to drive community engagement.

Policy advocacy messaging should focus on political advocacy, emphasising evidence-based arguments, economic benefits, and policy solutions. Messaging should highlight the public health impact, cost-effectiveness, and alignment with national and global health commitments. For cervical cancer specifically, it is also important to emphasise that it is an entirely preventable cancer. Engaging policymakers requires concise, solution-oriented communication, often framed in terms of economic growth, health system efficiency, and long-term societal benefits. For example, policymakers may respond to messaging that demonstrates how investing in HPV vaccination, and cervical cancer screening and treatment reduces healthcare costs in the long-term while strengthening national health systems. For information on investment cases per region, check out available reports for [Africa](#), the [Eastern Mediterranean](#), [Asia Pacific](#). Engagement strategies for decision makers often include policy briefs, meetings with government officials, and collaboration with legislative champions.



Developing advocacy messaging

In contrast, public awareness messaging might focus on inclusive, community-driven engagement, ensuring that women and girls – particularly those in remote areas with limited healthcare access or awareness of their rights – have access to the information and services they need. Messaging should address barriers such as stigma, misinformation, and lack of access while encouraging communities to advocate for their health. While some settings may respond to messaging about health as a human right, others may connect more strongly with messaging focused on protecting their daughters' futures. Awareness raising initiatives and community engagement can strengthen advocacy impact by ensuring that the voices and concerns of women and girls shape discussions with decision makers.

Strengthening advocacy efforts also requires engagement with key influencers, including religious and traditional leaders, who can help build trust and increase pressure on policymakers. In settings where men play a prominent role in women's healthcare decisions, coalition efforts should involve gender equality groups, male health advocates, and community leaders to help address barriers and improve access to services. A systematic review in Eastern Mediterranean and Arab countries found that cervical cancer screening uptake was just 18.2%, with fear, stigma and lack of information identified as major barriers⁹. This highlights the need for context-specific advocacy strategies that challenge misconceptions and engage communities to improve access to services.

Aligning messaging with audiences is essential to enhancing political commitment and advancing progress towards cervical cancer elimination. Combining evidence-based arguments for decision makers with culturally relevant public engagement ensures that policies are both effective and responsive to community needs.



The following four-fold approach can be adopted to develop robust advocacy messages:

- **Define the challenge:** outline the national context in relation to the Global Strategy targets.
- **Tell a story:** bring it to life by including the voices and experiences of those with lived cancer experience.
- **Outline the action:** detail precise, cost-effective and locally relevant interventions that can help improve the health systems and promote equitable access.
- **Show the result:** showcase the health and economic benefits of such interventions.

9. Ahmed, H.A.A., Abbas, M.H., Hussein, H.A. et al. Cervical cancer screening uptake in Arab countries: a systematic review with meta-analysis. BMC Cancer 24, 1438 (2024). <https://doi.org/10.1186/s12885-024-13204-7>

Developing advocacy messaging

Advocacy efforts can achieve a higher impact when organised around key dates and events that generate national, regional and global interest. Such dates include international awareness days, the national annual budget cycle, WHO regional meetings, and relevant conferences or United Nations High-Level Meetings. In addition, the following opportunities can also be leveraged:



World Cancer Day, 4 February, inspires collective action bringing together civil society, governments and the private sector around a shared purpose.



World Cancer Congress, every other year, provides opportunities for the global cancer community to showcase progress, share knowledge and good practices, and expand networks.



Cervical Cancer Awareness Month, in January, is an opportunity to raise awareness about cervical health. UICC has ready-to-use social media cards and messages [available here](#).



Cervical Cancer Elimination Day of Action, 17 November, is the anniversary of the launch of the Global Strategy, and can be used to raise awareness on the strategy and its targets.



International HPV Awareness Day, 4 March, is an opportunity to raise awareness and advocate for HPV vaccination in line with the annual campaign theme.





This list is not exhaustive; there are a number of international and local days that can be leveraged, such as International Women's Day on 8 March, and World Immunization Week and African Vaccination Week, both the last week of April, which can be leveraged to advocate for meeting the WHO Global Strategy targets.

Media and social media are powerful tools for influencing decision makers, shaping public opinion and driving demand for services. A well-designed advocacy strategy which includes media engagement can amplify key messages, counter misinformation, and reduce stigma, as evidenced in the HIV field. Engaging journalists, broadcasters, and digital influencers early ensures accurate reporting and fosters long-term partnerships. Training media professionals on cervical cancer elimination can help avoid stigmatising narratives and promote informed discussions. Timing is also crucial; leveraging health awareness days or policy windows can maximise impact. [UICC's Advocacy toolkit](#) offers guidance on effectively engaging media to support advocacy goals and developing advocacy messages.



Illustrative example

In August 2024, the [Cancer Society of New Zealand](#), alongside key partners Hei Āhuru Mōwai, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, and Te Tātai Hauora o Hine (National Centre for Women's Health Research Aotearoa), released an Open Letter urging the Health Minister to take action toward eliminating cervical cancer.

Building on this momentum, in November 2024, they launched the second phase of the campaign inviting New Zealanders to 'help write the book on defeating cervical cancer', highlighting the voices of people with lived experience. As part of this effort, they prepared a comprehensive Briefing outlining the urgent need for Government action.

The Briefing serves as a strong example of how to apply the recommendations and actions from this handbook. It acknowledges recent progress while emphasising the need for equitable coverage, using data to highlight persistent disparities in cervical screening and HPV vaccination rates by ethnicity. It also addresses key barriers to access, such as free funding for screening being inadequate and not guaranteed, which creates confusion among service providers. It also explores opportunities for improvement, including switching to a single-dose HPV vaccination schedule.

Benchmarking New Zealand's progress against Australia – on track to become the first country to eliminate cervical cancer – the Briefing underscores the critical need for a dedicated national strategy for cervical cancer elimination and dedicated, sustained funding to achieve similar success.

The next page features an illustrative excerpt from the [Briefing](#) and [The Book That Ended Cancer](#). For full access to the Briefing and campaign details, click on the links provided.



Define the challenge

For the first time, the World Health Organization (WHO) has set an ambitious goal to eliminate a cancer as a public health problem. Aotearoa New Zealand (NZ) committed to this goal in 2020. Four years on, NZ has made some great strides but is still far from meeting the 2030 targets required to put it on the path to elimination. Every year, approximately 175 people in NZ are diagnosed with cervical cancer and 55 people die from it¹⁰. Recent research showed health system costs for colposcopy and colposcopy-directed treatments for cervical cancer in NZ were \$49 million during 2019-2022¹¹.

Show the result

Elimination is possible because almost all cases of cervical cancer are caused by HPV. We have the tools now to prevent cervical cancer through HPV vaccination, HPV primary screening and treatment of abnormal cervical cell changes. If all women and people with a cervix can access these, cervical cancer will be eliminated in NZ within the lifetime of today's children.

Outline the action

Elimination of cervical cancer as a public health problem is defined by WHO as fewer than four cases per 100 000 women-years. To get there, the WHO set three targets that countries must meet by 2030 to be on the path to eliminate cervical cancer. NGOs, researchers and the public are calling on the Government to take action now to set NZ on the path to eliminate cervical cancer and help create a future where almost no one dies from this now preventable cancer.

This action includes:

- A fully funded, equitable Aotearoa Cervical Cancer Elimination Strategy
- Extending free cervical screening to all who are eligible
- Urgently increasing access to HPV vaccination among school children to reach uptake of 90%

Tell a story

She stood alone, her mother lost to the Cancer.

All across the motu (country), lives were being lost to the silent assassin.

The tragedy, she knew, was the deaths could now be prevented, and the Cancer defeated forever.

All it would take is for the Leaders to act.

The end was in sight but she knew she could not reach it alone.

For the Leaders to hear her, she would need the people to come together and lend their voices.

She called out to the land: "Who will help me? Who will help end this Cancer?"

There was silence

Don't let this be the end. Lend your voice to [this story](#) and help turn the page on cervical cancer.

10. Te Whatu Ora. <https://www.tewhatauora.govt.nz/for-health-professionals/data-and-statistics/cancer/data-web-tool>. 2024. Cancer web tool.

11. Sapere. Economic Burden of HPV-related Cancers Final report [Internet]. Wellington; 2024 Jul. Available from: www.thinkSapere.com

Monitoring, Evaluation & Learning



A well-structured monitoring, evaluation and learning (MEL) framework is essential for tracking progress, measuring impact, and ensuring the sustainability of an advocacy strategy.

At its core, MEL helps organisations and coalitions assess whether they are achieving their advocacy goals and understand the factors that are driving, or hindering, change at the national level.

Advocacy is not a linear process; it requires consistent effort, adaptability, and perseverance to navigate challenges and sustain momentum toward achieving long-term goals. By establishing clear indicators and activities, an MEL framework provides a structured approach to evaluate success, refine strategies, and make necessary adjustments to maximise impact over time.

To support CSOs in optimising the impact of their organisations, UICC's [Essentials of leadership and management for CSOs in cancer control](#) online course provides learning across key areas of leadership and management, including modules on strategic communication, fundraising, and monitoring, evaluation and learning.



10-point advocacy action plan

Achieving the cervical cancer elimination targets requires collaborative efforts across the cancer community, and beyond. Civil society plays a pivotal role in driving change by influencing policy, securing resources, and holding governments accountable for commitments. By following a strategic, well-coordinated approach, CSOs can build momentum for stronger health policies, enhanced resources, and ultimately, better outcomes for those at risk of or affected by cervical cancer.

By applying the following 10-point action plan, supported by UICC's toolkits, organisations and advocates can structure their efforts for maximum impact. These steps provide a structured approach to driving meaningful change towards the WHO Global Strategy targets. The following steps however do not necessarily have to be addressed in a specific order, but it is important to thoroughly understand them in order to identify the most pertinent objectives and effective action.



1

Form or join a coalition



2

Identify the advocacy issue



3

Develop the advocacy goal



4

Set the advocacy objectives



5

Map decision makers and influencers



6

Craft compelling messages



7

Determine the activities and milestones



8

Analyse resource needs



9

Develop a fundraising strategy



10

Apply a monitoring, evaluation and learning (MEL) framework

Resources

The [WHO Global strategy to accelerate the elimination of cervical cancer as a public health problem](#) proposes a vision for the elimination of cervical cancer and outlines the 90-70-90 targets.

The [WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention](#) provides updated recommendations to prevent cervical cancer.

[WHO's framework for strengthening and scaling up services for the management of invasive cervical cancer](#) provides guidance for countries in reaching the treatment target.

[WHO's framework for meaningful engagement](#) supports WHO and Member States to co-create and enhance policies, programmes and services with people with lived experience.

The Global Cancer Observatory ([Globocan](#)) and [VIEW-hub](#) by IVAC are interactive web-based platforms presenting global cancer statistics to inform cancer control and research. VIEW-hub is specific to HPV vaccination.

The International Cancer Control Partnership (ICCP) hosts a [database](#) where users can search for and access country profiles, National Cancer Control Plans and NCD plans.

The [Global Initiative for Cancer Registry Development \(GICR\)](#) is a key resource for capacity building for cancer registry implementation.

[canSCREEN](#) and [CanScreen5](#) support the development of cancer surveillance frameworks by standardizing data collection, tracking performance, identifying gaps, and informing evidence-based policies for effective cancer control.

The World Health Organisation's '[Best Buys](#)' provides policymakers with a list of recommended interventions to address noncommunicable diseases.

WHO's [Target product profiles for HPV screening tests to detect cervical pre-cancer and cancer](#) can help inform policy decisions and advocacy efforts.

UICC's [advocacy toolkit](#) is intended for cancer advocates to access step-by-step guidance to design and implement effective advocacy strategies, and monitor their progress.

UICC's [coalition building toolkit](#) supports cancer advocates to map coalition members, shape a shared agenda, and determine a coalition governance structure and communication channels.

UICC's cervical cancer infographics, social media messages, relevant documents and other resources made available on the [resources for cervical cancer elimination page](#).

UICC's [online learning offer](#) provides UICC members with access to specialised knowledge and expertise by internationally recognised leaders in their field on priority topics in cancer control.

UICC's [report on engaging the cancer community for cervical cancer elimination](#) highlights current and potential engagement of CSOs in HPV vaccination, identifies barriers and facilitators, and outlines key support needs for future learning and development opportunities.

UICC's resource on [Conquering Cervical Cancer in the Commonwealth: Addressing Myths & Misconceptions](#) supports the development of evidence-based messages to counter myths and misconceptions.

UICC's [report on integrated approaches to women's cancers](#) highlights best practices, case studies, and opportunities to advance health for women.

Resources

The [Lancet Commission on women, power and cancer](#) and its related [course, hosted by UICC](#), on the influence of gender dynamics in cancer prevention, treatment, and care, and how to advocate for change.

The [Cervical Cancer Elimination Planning Tool \(EPT\)](#), hosted by IARC, creates tailored cervical cancer strategies, and calculates costs and estimated return on investment.

[IARC's learning platform](#) offers freely accessible learning and training resources to support the professional development of cancer researchers and health professionals.

An [implementation roadmap](#) for accelerating cervical cancer elimination in Africa by 2030, launched by the Africa Centres for Disease Control and Prevention (AfricaCDC)

[Country profiles](#) developed by ThinkWell provide insights for CSOs and decision makers to inform evidence-based policy dialogues and engage in health financing advocacy.

Reports on investment cases are available for a number of regions: [Africa](#), the [Eastern Mediterranean](#), and [Asia Pacific](#).

PATH's [article on HPV vaccine cost-effectiveness](#), including studies from [Mongolia](#), [the Philippines](#), [Mozambique](#), [Kenya](#), and [Burkina Faso](#).

PATH created a series of briefs on the [cost and operational context of HPV vaccination programmes](#), including [country-specific](#) briefs for Ethiopia, Guyana, Rwanda, Senegal, Sri Lanka, and Uganda.

A [toolbox by TechNet](#), the global immunisation network, to support the national introduction of the HPV vaccine from decision-making and Gavi applications through to monitoring and evaluation.

A [report](#) by TogetHER for Health on pooled procurement strategies to support decision makers and advocates for cervical cancer elimination.

PATH's [HPV vaccine cost calculator](#) helps country-level policymakers compare products and estimate immunisation programme costs for different HPV vaccines.

The [Single-Dose HPV Vaccine Evaluation Consortium](#), coordinated by PATH, gathers the latest evidence on single-dose vaccination and provides resources for advocates including a [policy brief](#) and [FAQs](#) in multiple languages.

A [guide](#) by the Swedish Cancer Society to increase uptake of cancer screening in hard-to-reach populations and catch-up HPV vaccination.

The [L'Initiative Toolkit](#) provides self-training resources to support updating national strategic plans, writing funding requests, and conducting studies to support evidence-based advocacy, with a focus on integration with HIV and AIDS efforts.

[Unitaid's technology landscape report](#) on screening and treatment of precancerous lesions for secondary prevention of cervical cancer.

Acknowledgements



UICC would like to thank the Working Group for their input and support in developing the Cervical Cancer Advocacy handbook: Meenu Anand, American Cancer Society; Fanette Caudron, Swedish Cancer Society; Jen Denofrio, Gates Foundation; Ibtihal Fadhil, NCD Alliance Eastern Mediterranean; Sharon Kapambwe, World Health Organization; Mirna Montenegro, La Instancia por la Salud y Desarrollo de las Mujeres (ISDM); Carol Naidu, Fiji Cancer Society; Annet Nakagada, Ananda Centre for Cancer Research; Hope Randall, PATH; Natalie Varney-Hopkins, Cancer Research UK (CRUK); Cecile Yougbaré, Médecins du Monde.

UICC also acknowledges the contributions of the various organisations who have shared their experience in advocacy for cervical cancer elimination to provide illustrative examples: Cancer Coalition Philippines, Philippines; Cancer Society of New Zealand, New Zealand; Coalition Burkinabè Contre le Cancer (COBUCAN), Burkina Faso; ISDM, Guatemala; and Women Coalition Against Cancer (WOCACA), Malawi. UICC also expresses its gratitude to UICC members working in cervical cancer, the Cancer Advocates programme, and the Patient Group Mentoring programme who engaged in the consultation process to review and provide input to the Cervical Cancer Advocacy handbook.

This work was made possible through the support of UICC's partners in cervical cancer including: Expertise France, MD Anderson, Swedish Cancer Society and Hologic.





For additional information,
please contact

info@uicc.org



Union for
International
Cancer Control

T +41 22 809 1811
info@uicc.org

31-33 Avenue Giuseppe Motta
1202 Geneva, Switzerland

uicc.org