

# Narrative and Key Messaging

Updated August 2020

This document provides a common set of core messages that can be used by advocates and tailored, as needed, to drive accurate, consistent positioning and clearly communicate around the urgent action needed to support implementation of the WHO global strategy and end cervical cancer. Note: We recommend tailoring content throughout to the local context. However, where information is not available, we suggest using a similar/equivalent data point to support the ask and adapt where necessary.

## TIPS

Potential use cases include, but are not limited to:

- Talking points for conversations with key decision-makers, new partners or media
- A foundation from which to reference and pull from for cervical cancer-related communications, including leadership remarks, media outreach, social media posts, blog posts and infographics/infograms

## Central Narrative

### Uniting to End Cervical Cancer: 1 Goal. 3 Strategies

As the fourth most common cancer among women, cervical cancer kills more than 300,000 women every year.<sup>i</sup> Even more concerning, significant disparities exist: over 90 percent of these deaths are in low- and middle-income countries (LMICs), robbing families of mothers, daughters, sisters, and grandmothers, impacting their communities and threatening the social and economic fabric of society.<sup>ii</sup> Yet, cervical cancer is preventable and one of the most successfully treatable forms of cancer when detected early and managed effectively.

Against this backdrop, in 2018 the WHO Director-General called for the elimination of cervical cancer, sparking a series of consultations that led to the development of the WHO's global strategy to achieve one goal: accelerate the elimination of cervical cancer as a public health problem. With three key initiatives and clear 2030 targets—an increase of HPV vaccination to 90 percent, twice-lifetime cervical screening to 70 percent, and treatment of pre-invasive lesions and invasive cancer to 90 percent—this global call-to-action provides a roadmap to eliminate cervical cancer within the lifetime of today's youngest girls.<sup>iii</sup>

Achieving this vision and each of the elimination targets will require a whole-of-society and multisectoral approach to ensure health systems prioritize women and girls, leveraging natural points of integration—including sexual and reproductive health and rights (SHRH), HIV/AIDS, non-communicable diseases (NCDs), and maternal health. Individuals, families, communities, religious institutions, civil society, and government agencies at all levels have a role to play in championing greater awareness, education, and social support. In **[INSERT COUNTRY], [INSERT KEY ACTIONS BASED ON KEY ISSUES OR GREATEST CHALLENGES FACED IN COUNTRY – E.G., EDUCATION, AWARENESS, STIGMA, ACCESS, ETC.]**

Vaccination commitments—including GAVI’s funding replenishment in June 2020 and HPV vaccine manufacturers’ pledge to provide doses for 84 million girls—are helping to keep cervical cancer elimination a priority, but there needs to be additional attention paid to screening and treatment targets. At this critical juncture, we must empower women and rally our neighbors, community leaders, and governments worldwide to take action and save millions of lives. In [INSERT COUNTRY], [INSERT CONTEXT FOR URGENCY IN COUNTRY – E.G., VACCINATION/SCREENING/TREATMENT TO-DATE IN COMPARISON TO TARGETS/COUNTRY-LEVEL COMMITMENT, IF AVAILABLE]. [INSERT COUNTRY/REGIONAL-SPECIFIC CERVICAL CANCER COMMITMENTS, AS AVAILABLE – E.G., PAHO COMMITMENT].

Together, we can end cervical cancer.

## Key Messaging per Target

### HPV Vaccination

Almost all cervical cancers are caused by an HPV infection. HPV vaccine is safe and the most cost-effective tool against cervical cancer, protecting against at least 70 percent of all cervical cancers.<sup>iv</sup> We must increase awareness and education, address cultural sensitivities, and ensure it is included in routine immunization programs to protect all girls from the risk of long-term HPV infection. As cohorts of vaccinated girls mature and are protected from HPV, this will relieve the pressure on treatment services.

- Vaccination is a key component of national elimination strategies, but misinformation and unequal availability and affordability globally has slowed uptake, significantly limiting access for many girls living in low- and middle-income countries (LMICs).
- Globally, only 15 percent of vaccine age-eligible girls are fully vaccinated (have received all doses) against HPV—and the girls most at risk of developing cervical cancer as women often have the least access to this life-saving protection.<sup>v</sup>
  - In [INSERT COUNTRY], [INSERT NUMBER] percent of vaccine age-eligible girls are fully vaccinated against HPV.
- Individual and community support, paired with country-led funding, demand, and normalization, will be crucial in shaping an environment supportive of HPV vaccination for cervical cancer prevention and to achieve the WHO 2030 target of having at least 90 percent of girls fully vaccinated by the age of 15.
- Since the start of GAVI’s support of national HPV programming, 18 of the 27 countries approved for GAVI support have successfully introduced HPV vaccine.<sup>vi</sup> Following its historic funding replenishment in June 2020 and vaccine manufacturers’ pledge to provide doses of HPV vaccine for 84 million girls, countries are well-positioned to introduce and/or scale the vaccine in the coming years.
- If we do not act now to reach the 2030 vaccination target in all countries, a whole generation of girls will remain at risk of cervical cancer.

## Screening and Treatment of Precancerous Lesions

The goal of cervical cancer screening is to find pre-cancerous lesions that are likely to progress to cancer and to remove or treat them before they do. Screening can also find cervical cancer at an early stage when it is easier to treat. To bring down incidence in the next decades we need to prevent the development of cervical cancer. But for too many women, these services remain out of reach.

- Coverage of, access to, and support for the uptake of systematic screening and treatment of precancerous lesions remains low, resulting in too many women being diagnosed in advanced stages when prevention is no longer an option and treatment may be difficult.
- In LMICs, it is estimated that fewer than 20 percent of women have been screened for cervical cancer, compared with 60 percent in high-income countries.<sup>vii</sup>
  - In [INSERT COUNTRY] today, [INSERT NUMBER OF WOMEN, IF POSSIBLE] have been screened and/or treated for cervical cancer.
- By strengthening integrations across the health system—particularly with HIV/AIDS, non-communicable diseases (NCDs), and sexual and reproductive health and rights (SHRH)—we can improve referrals and enhance efficiencies at the community level, to facilitate timely treatment. Such innovations are needed to achieve the WHO 2030 target of having 70 percent of women screened with a high-performance test by the age of 35, and again by 45.
- If we do not act now to reach the 2030 screening and treatment target in all countries, women will continue to die from a preventable, treatable disease.

## Treatment & Palliative Care of Invasive Cancers

Access to timely, quality, and affordable treatment and palliative care can help slow the progression of invasive cervical cancers and protect the dignity and quality of life for women living with this disease. By showcasing the potential to effectively treat cervical cancer, we can better engage the next generation of women in preventative services.

- Nearly 90 percent of women who die from cervical cancer have poor access to quality, affordable prevention, screening, treatment, and care, and are too often faced with various social and cultural sensitivities about their disease, which severely impact their quality of life.<sup>viii</sup>
- [INSERT NUMBER] percent of cervical cancer deaths occur in [INSERT COUNTRY/REGION].
- As a global community, we must provide greater social support services for women and their families, and ensure health systems can provide appropriate and sufficient treatment and palliation to ensure comfort and dignity for those living with the disease.
- If we do not act now to reach the 2030 target of having at least 90 percent of women with identified cervical disease receive treatment in all countries, women with advanced cervical cancer will continue to endure extreme pain and suffer unnecessarily from social stigmas, all from a preventable disease.

## Key Recommendations

1. Pledge your commitment to implementing the WHO global strategy, including [INSERT COUNTRY-SPECIFIC COMMITMENT/ASK, AS AVAILABLE] and setting interim progress targets across vaccination, screening, and treatment, to monitor and report against in 2022.
2. Keep cervical cancer elimination high on the agenda; ensure its prevention is included in [INSERT COUNTRY'S] primary health care programs as part of universal health coverage (UHC) and a commitment to UN Sustainable Development Goals (SDGs), as well as in national cancer plans.
3. Ensure continuation of cervical cancer prevention, screening, and treatment services during and post-COVID-19, in response to WHO/GAVI guidance.

4. Foster targeted community action to identify and overcome barriers to accessing these services.

## COVID-19 Messaging

The COVID-19 pandemic and its far-reaching repercussions carry significant threats and long-term implications for women's and girls' health.

- While we are still learning about the direct and indirect impacts of the pandemic, the halting or interruption of critical women's health services and school-based programs—including access to and adoption of life-saving vaccinations, screenings, and treatments—threatens progress against cervical cancer elimination. Inaction will punish generations to come, with sweeping impacts on individuals, families, and communities.
- In [INSERT COUNTRY], [INSERT IMPACTS OF COVID-19 ON WOMEN AND GIRLS HEALTH SERVICES, IF AVAILABLE].
- Recovery of these services and programs will require a concerted effort to engage and reassure communities and to encourage uptake of services as they are restored, in safe and appropriate ways. Additionally, with limited resources, deeper integration, and innovation across systems will be critical to address women's and girls' health. No matter the challenge, we need to ensure women and girls continue to have access to safe, effective health care.
- Learning from the COVID-19 response for future preparedness is key to ensure essential cancer prevention, detection, and management services continue and do not negatively impact cancer outcomes for women worldwide.

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<sup>i</sup> Cervical cancer. (n.d.). Retrieved June 18, 2020, from <http://www.who.int/health-topics/cervical-cancer>

<sup>ii</sup> Cubie, H. A., & Campbell, C. (2020). Cervical cancer screening – The challenges of complete pathways of care in low-income countries: Focus on Malawi. *Women's Health*, 16, 174550652091480. doi:10.1177/1745506520914804

<sup>iii</sup> A Global Strategy for elimination of cervical cancer. (n.d.). Retrieved June 24, 2020, from <https://www.who.int/activities/a-global-strategy-for-elimination-of-cervical-cancer>

<sup>iv</sup> Human papillomavirus (HPV) and cervical cancer. (2019, January 24). Retrieved June 17, 2020, from [https://www.who.int/news-room/fact-sheets/detail/human-papillomavirus-\(hpv\)-and-cervical-cancer](https://www.who.int/news-room/fact-sheets/detail/human-papillomavirus-(hpv)-and-cervical-cancer)

<sup>v</sup> Progress and Challenges with Achieving Universal ... (2020, July 15). Retrieved August 13, 2020, from [https://www.who.int/immunization/monitoring\\_surveillance/who-immuniz.pdf?ua=1](https://www.who.int/immunization/monitoring_surveillance/who-immuniz.pdf?ua=1)

<sup>vi</sup> Human papillomavirus. (n.d.). Retrieved June 18, 2020, from <https://www.gavi.org/types-support/vaccine-support/human-papillomavirus>

<sup>vii</sup> Impact of HPV vaccination and cervical screening on ... (2020, February 22). Retrieved June 23, 2020, from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30068-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30068-4/fulltext)

<sup>viii</sup> Cervical Cancer. (2019, January 28). Retrieved June 17, 2020, from <https://www.who.int/reproductivehealth/publications/cancers/cervical-cancer-infographics/en/>