

Leveraging Global Fund Resources for Cervical Cancer

INTRODUCTION

The Global Fund provides funding support, in three-year cycles, to eligible countries across the globe to fight HIV, tuberculosis (TB), and malaria. The next funding cycle, New Funding Model (NFM) 4 is currently ongoing with funds expected to be awarded for use between 2023 and 2025.

Cervical cancer screening and treatment services are typically underfunded in many low-and middle-income countries. The Global Fund NFM presents an opportunity for the integration of cervical cancer activities into countries' broader plans to combat HIV.

The objective of this brief is to share experiences and best practices from three countries (Malawi, Kenya, Zambia) where CHAI, with funding support from Unitaid, supported partner Governments to successfully integrate cervical cancer secondary prevention services into previous Global Fund NFM submissions.

NFM Submission Process / CHAI's role

In Zambia, cervical cancer activities were first integrated into NFM3 under the justification that cervical cancer is a co-morbidity to HIV. The Ministry of Health composed a proposal writing team made up of a wide range of individuals across public and private sectors. A small team was devoted to cervical cancer and wrote content to be included under the HIV co-morbidity section of the proposal. CHAI's cervical cancer team was invited by the National Cervical Cancer Coordinator to participate in the proposal writing process, which allowed CHAI to have a voice in the process.

In Malawi, cervical cancer activities were funded using Global Fund support in two funding cycles. During the first cycle, NFM2, cervical cancer was not originally included in the submission; however, funds were re-programmed during the implementation stage of the grant as a result of cost savings identified elsewhere by the Department of HIV/AIDS (DHA). CHAI managed to leverage the re-programmed funds after completing a landscape assessment which revealed that a large number of treatment devices (~140 Thermal Ablation [TA] devices and 30 Loop Electrical Excision Procedure [LEEP] devices) were sitting unused at health facilities or at the central store with a lack of trained staff to use them. The re-programmed funds were utilized to train providers on TA and LEEP which resulted in activation of new cervical pre-cancer treatment sites and decentralization of LEEP services.

Furthermore, this example of successful collaboration and use of funds contributed to the integration of cervical cancer in the NFM3 submission. At which time, cervical cancer was included in the initial budget submission with its own budget line, and ultimately awarded funding. In Malawi, Global Fund submissions have been coordinated between DHA, Reproductive Health Directorate (RHD) and PEPFAR. For NFM3, CHAI through our Health Financing team was part of the core team supporting the overall submission process, but in terms of cervical cancer integration CHAI primarily played an advocacy role working alongside RHD to help prioritize activities.

In Kenya the National Cancer Control Program (NCCP) program head and program officer for Pillar 1 (Prevention, Screening and Early Detection) represent the interest of the cervical cancer

screening program in Global Fund writing process, with technical support from CHAI both on the commodity forecast and narrative development. Following the scale up of cervical cancer activities in multiple countries supported by CHAI, the HIV program began to engage the NCCP more actively with the purpose of reaching women living with HIV (WLHIV) with the most recent prevention and screening guidelines. The two teams worked on identifying immediate needs for screening commodities and consumables for use in select Comprehensive Care Centers (CCCs) and CHAI played an advisory role in forecasting and quantifying the need under NFM 3. The secured funds were also applied towards facilitating health worker training in subnational units and increasing the capacity of health facilities that could provide screening services. The ongoing roll out of capacity building for cervical cancer screening and treatment services has resulted in continued integration of cervical cancer prevention activities into Global Fund applications, including in the current NFM4.

In all three countries, activities to be prioritized in the grant submission are aligned with what is outlined in national level strategic plans as well as guidelines for HIV prevention and cervical cancer prevention. Activities are also prioritized with support from partners who have a strong understanding of existing gaps in the space. For example, in Malawi, during previous two funding cycles, most of the budget was allocated to commodities and equipment. These items were prioritized by RHD as there are relatively fewer partners who make big investments on cervical cancer commodities.

Because the primary purpose of Global Fund NFM funding is to fight HIV, TB, and malaria the target population is usually focused on WLHIV; however, the benefits from the investment spill over to women in the general population.

Discussion of best practices

Evidence-based advocacy early-on in the process

An important piece of advice for countries trying to leverage Global Fund money for cervical cancer prevention is to engage Ministry of Health leadership and in-country Global Fund teams early-on to ensure that support for cervical cancer can be captured early in the funding cycle. It is also important to have relevant policy documents and evidence in place as Global Fund writing is based off published standards and the latest evidence that is country specific. Finally, having a clear strategy for integrating cervical cancer activities into services for WLHIV will enable countries access Global Funds grants.

Adopting a collaborative approach with key stakeholders

A key factor critical in facilitating successful integration of cervical cancer activities into past Global Fund grants in Malawi, Kenya and Zambia was coordination between the Government, its partners, and key actors responsible for the proposal writing process. In Zambia, the program manager of CHAI's cervical cancer program as well as a representative from the countries' Cervical Cancer Technical Working Group were a part of the small team composed to support the proposal writing process which ensured strong advocacy for inclusion of cervical cancer policies/activities in the grant submission. In Malawi, the DHA and RHD worked closely together throughout the submission process coordinating efforts from across all workstreams. A cervical cancer coordinator was assigned at DHA to ensure coordination and alignment between the two departments. In Kenya, CHAI closely coordinates with NCCP to provide support in the

development of proposals specific to cervical cancer prevention programs due to its deep involvement in all aspects of program support including commodity procurement, capacity building, and data and reporting.

Ongoing advocacy around cervical cancer screening especially for WLHIV

Continuous advocacy on importance of screening particularly for the cohort of interest to HIV programs is critical. Creating awareness within the HIV program about the progress the cervical cancer program has made from other funding sources and the complementarity if Global Fund invests in the program, as well as the overall benefit to WLHIV and the general population is critical for inclusion in funding proposals.

Opportunity to reprogram funds towards cervical cancer exists at a later stage

Even if cervical cancer is not included in the initial NFM submission processes, it is key to continue engaging with agencies and officials responsible for these funds as well as implementing partners as there may be opportunities to re-program funding throughout the cycle. For example, in Malawi, during NFM2 the RHD was informed by the Global Fund Program Implementation Unit about additional funding originally allocated for COVID-19 activities that could be repurposed for cervical cancer activities. In this instance RHD submitted a funding request and was able to secure funds for training providers and procuring additional HPV testing commodities.

Challenges

The main challenge encountered throughout the process has been related to the amount of funding allocated to cervical cancer activities. For example, in Malawi, during both funding cycles, the amount allocated towards cervical cancer was much lower than the requested amount. However, as cervical cancer secondary prevention programs become more established with their own costed strategies, it's possible that allocations in future funding cycles will increase.

Global Fund resources

As countries prepare to submit funding applications for NFM4 under one of the [three cycles](#) (20 March 2023, 30 May 2023, 21 August 2023), resources available under '[Application Guidance Materials](#)' on the Global Fund website may be useful. See some ready links below:

[Applicant handbook 2023-2025](#)

[Modular framework handbook 2023-2025](#)

[HIV information note 2023-2025](#)

[Information Note Resilient and Sustainable Systems for Health \(RSSH\)](#)

A list of priority areas (modules) and interventions have been outlined by Global Fund in the Modular framework. Please refer to the Appendix for a list relevant to cervical cancer screening and prevention activities.

Appendix

Modules, interventions and illustrative list of activities relevant to cervical cancer

Module	Intervention	Illustrative list of activities
Treatment, Care and Support	Integrated management of common co-infections and co-morbidities (adults and children)	Referrals of people living with HIV, women, and adolescents to HPV vaccine services, and screening, triage, and secondary preventive treatment of HPV and cervical cancer; with a focus on AGYW
Prevention Package for Sex Workers, their Clients and Other Sexual Partners	Sexual and reproductive health services, including STIs, hepatitis, post violence care for sex workers	Screening for cervical cancer and HPV
Prevention Package for People Who Use Drugs (PUD) (injecting and non-injecting) and their Sexual Partners	Sexual and reproductive health services, including STIs, hepatitis, post-violence care for PUD	Screening for cervical cancer and HPV
Prevention Package for Other Vulnerable Populations (OVP)	Sexual and reproductive health services, including STIs, hepatitis, post-violence care for OVP	Screening for cervical cancer and HPV
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	Sexual and reproductive health services, including STIs, hepatitis, post-violence care for AGYW and male sexual partners in high HIV incidence settings	Anal and cervical cancer screening and linkages