

Background

In line with the UNAIDS Strategy 2016-2021 and the Draft Global Strategy Towards the Elimination of Cervical Cancer as a Public Health Problem, the following set of questions/indicators related to cervical cancer are presented for consideration, to be included in the gender assessments (GA).^{1,2,3}

Some of the questions are already incorporated in the Gender Assessment Tool (GAT) while others are recommended to be added, considering that all of them could be used or adapted to fit the country context. The questions are presented in line with the stages and steps of the GAT. Also, potential data sources are suggested, taking into account the combination of different sources and methods, including to record people's experiences, opinions and attitudes on cervical cancer, HPV and HIV.

Using a gender, equity and rights lens in data generation and analysis on cervical cancer, HPV and HIV is of critical importance. Consider that: (Michelle Remme, 2019)⁴

- **Gender** is a determinant of all health conditions and experiences, but its role in sexual and reproductive health is central.
- **Equity** is the cornerstone of Universal Health Coverage (UHC) and the "leave no one behind principle."
- **Rights** are the normative foundation that should underpin people-centred sexual and reproductive health and rights, health systems and UHC.

It is expected that this preliminary version will be improved with inputs and lessons learned from the field-based organizations involved in the implementation of the UNAIDS gender assessments and/or other opportunities that may arise at country or regional level.

1. Key data on cervical cancer, HPV and HIV

This first set includes indicators on cervical cancer incidence, burden of cervical cancer, screening, treatment and care and financial risk protection for cervical cancer services.

Indicator

Crude incidence rates of cervical cancer (incidence and mortality)	Burden of cervical HPV infection (# and %)
Burden of cervical cancer (incidence and mortality)	HPV prevalence in women with normal cytology HPV 16/18 prevalence: Normal cytology Low-grade cervical lesions High-grade cervical lesions Cervical cancer
Annual number of new cases/deaths	Treatment and care
Crude rate	% of women screened positive who receive treatment for precancer lesions
Age-standardized rate of cervical cancer	% of invasive cancer cases managed
Cumulative risk 0-74 years (%)	Financial risk protection for cervical cancer services
Ranking of cervical cancer (all years)	Cervical cancer and HPV vaccination in Universal Health Coverage Package*
Ranking of cervical cancer (15-44 years)	**Risk of impoverishing expenditure for cervical cancer and HPV care (% of women at risk)

Source: Global Cancer Observatory⁵, HPV Information Centre⁶, *The Lancet⁷**Adapted from The World Bank⁸

1 Director of Development Connections
2 Chair of Indonesian PLHIV Network
3 Independent Adviser, Gender Equality & Human Rights

2. Questions/indicators related to cervical cancer to be considered when implementing the UNAIDS Gender Assessment Tool

UNAIDS Gender Assessment Tool
Towards a gender-transformative HIV response



To better understand how the following indicators/questions fit into the UNAIDS GAT, see the full document at: UNAIDS Gender Assessment Tool — Towards a gender-transformative HIV response. Geneva, 2019.

Legend: **INC**=Included in the GAT, **TBA**=To be added

Stage/Step	Question/Indicator	Data source
Stage 2. Knowing the national HIV epidemic and context		
Step 7. HIV prevalence and incidence and behavioural information	Does the country have data on HPV among people living with HIV and cervical cancer among women living with HIV (WLHIV)? (TBA)	STIs Surveillance reports that may use one or more sources of data: a) notifiable disease reporting from local and national programs, b) projects that monitor STI positivity and prevalence in various settings and population groups; c) national surveys and other data collection systems. Data on cervical cancer among WLHIV available at AIDSInfo-GAM
	Do the country's policies and programmes link preventing, screening and treating HPV, cervical cancer and HIV programmes? (TBA) Is HPV a part of the vaccination package? Is HPV part of adolescent friendly health services offered?	Policy/Programme documents

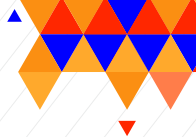
Stage/Step	Question/Indicator	Data source
Step 8. Social, cultural and economic factors	<p>Barriers to access social protection for women living with HIV affected or at risk of developing cervical cancer:^{9, 10} (TBA)</p> <ul style="list-style-type: none"> • Complicated procedures • Fear of stigma and discrimination • High out-of-pocket expenses • Lack of documentation that confers eligibility, such as national identity cards • Lack of information available on the programmes • Laws or policies that present obstacles to access. <p>Barriers to access information, HPV vaccination, screening, treatment and palliative care:^{11, 12} (TBA)</p> <p><i>Structural</i></p> <ul style="list-style-type: none"> • Cultural and societal values • Socioeconomic position, age, ethnicity, sexual orientation/identity, disability, religion, occupation (sex workers, beggars, seasonal labourers), etc. 	<p>Focus groups with WLHIV, PLHIV, community leaders, staff of key institutions, policy makers, and/or others.</p> <p>Individual interviews</p> <p>Policy/Programme documents</p> <p>AIDSInfo</p> <p>Hospital records for profile of those screened, treated, under care (to understand who is excluded).</p>



Stage/Step	Question/Indicator	Data source
<p>Step 8. Social, cultural and economic factors</p>	<p><i>Intermediary (TBA)</i></p> <ul style="list-style-type: none"> • Geographic location • Citizenship (refugees) • Health seeking behaviours • Psychosocial factors, level of knowledge on cervical cancer • Intimate partner violence (controlling behaviours preventing women's access to health services and the ability to make autonomous decisions about their own health)¹³ • Sexual violence against girls (children and adolescents). History of sexual abuse and likelihood to test positive for an incident high-risk HPV infection¹⁴ • Social Determinants of Human Papillomavirus Vaccine Uptake¹⁵ • Religious guilt and the cultural beliefs, shame and stigma. • Resistance (from parents, community leaders, etc.) against HPV vaccines due to false concerns (vaccination may increase teenage promiscuity, safety testing, misconceptions about the risk of HPV infection, etc.). • Acceptance and demand for these interventions (HPV vaccination, cervical cancer screening, treatment and palliative care) by both individual women and their communities <p><i>Institutional - Health System (TBA)</i></p> <ul style="list-style-type: none"> • Availability of accessible, safe health care facilities and trained providers, adequate equipment, infrastructure¹⁶ • Costs of HPV vaccine, cervical cancer screening, treatment and palliative care • Lack of or weak interprogrammatic coordination within the health sector • Lack of or weak intersectoral coordination (with education, social protection, judicial systems; community organizations, civil society groups, etc.) 	<p>Focus groups with WLHIV, PLHIV, community leaders, staff of key institutions, policy makers, and/or others.</p> <p>Individual interviews</p> <p>Policy/Programme documents</p> <p>AIDSInfo</p> <p>Hospital records for profile of those screened, treated, under care (to understand who is excluded).</p>

Stage/Step	Question/Indicator	Data source
<p>Step 9. Legal and political factors</p>	<p>Question 3. Are the existing laws and policies (identified above) implemented, and does this translate into equal access to services for women, girls, men, boys and key populations? If yes, what services are affected? Please check the applicable boxes. (INC - GAT, page 26)</p> <ul style="list-style-type: none"> • HPV vaccination for all girls aged 9 to 14 (TBA) • Information about HPV to boys and men (TBA) • Cervical cancer screening, treatment and palliative care (TBA) <p>Question 5. Have women living with HIV, including those from key and marginalized populations [women with disabilities (sight, hearing, intellectual, physical/motor), refugees, internally displaced people, migrants, out of school girls, LGBTI, ethnic minority groups, sex workers, injected drug users, etc.], reported any of the following discriminatory practices in health-care settings in the past 12 months? (INC - GAT, page 26) Please check the applicable boxes.</p> <ul style="list-style-type: none"> • HPV vaccination for all girls aged 9 to 14 • Cervical cancer screening, treatment and care (TBA) 	<p>Policy/Programme documents</p> <p>Stigma and Discrimination INDEX</p> <p>National/multi-country studies on Sexual and Reproductive Health and Rights (SRHR), Gender - based Violence (GBV)</p>

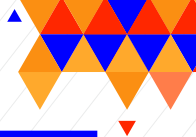




Stage/Step	Question/Indicator	Data source
Stage 3. Knowing your national HIV response		
Step 10. Gender equality in HIV policies and programmes	<p>Step 10.1 The overall HIV response Question 1.3 Are HPV vaccination and cervical cancer, screening, treatment and care for women living with HIV recommended in (please check the applicable boxes):</p> <ul style="list-style-type: none"> The national strategy, policy, plan or guideline for cancer, cervical cancer or the broader response to noncommunicable diseases? The national strategic plan governing the HIV response? The overall national vaccination package The national HIV treatment guidelines? (INC - GAT, page 28) <p>Question 2. Does the HIV response recognize, plan for, budget for and address gender, equity and rights issues related to any of the following (please check the applicable boxes):</p> <ul style="list-style-type: none"> Cervical cancer information, HPV vaccination, screening, treatment and palliative care. (TBA) <p>Question 4. What was the total expenditure on HIV in the last calendar year? Please provide a breakdown of domestic and international expenditure on HIV by category and funding source:</p> <ul style="list-style-type: none"> Cervical cancer information, screening, treatment and palliative care. (TBA) <p>Question 6. If the country has a national strategy or policy that guides the HIV response, does it include gender-transformative interventions, including those that address the intersections of gender-based violence and sexual and reproductive health and rights, including HPV vaccination, screening, treatment of pre-lesions, and care including surgery, chemotherapy and radiation? If yes, does the national strategy or policy guiding the HIV response include a dedicated budget for implementing gender-transformative interventions? (INC - GAT, page 29)</p>	<p>Policy/ Programme documents</p> <p>Technical reports</p>
	<p>Step 10.5 Awareness and knowledge of gender equality Question 2. Does the pre-service and in-service curriculum of health-care workers include gender training? If yes, which cross-cutting issues are addressed? Please check the appropriate boxes.</p> <ul style="list-style-type: none"> Cervical cancer primary prevention, screening, treatment and palliative care. (TBA) 	<p>Technical reports</p>

Stage/Step	Question/Indicator	Data source
Step 11. A comprehensive HIV response	<p>Step 11.1 HIV prevention Question 2: What is the trend over the past 5 -10 years in access to prevention options?</p> <ul style="list-style-type: none"> Proportion of women living with HIV 30 - 49 years old screened for cervical cancer. (INC - GAT, page 34) Human papillomavirus vaccination (INC - GAT, page 34) 	<p>Administrative data/Registries</p> <p>Households Surveys</p>
	<p>Step 11.3 Care and support Question 1. What underlying factors related to gender inequality influence or shape the use of and adherence to the following services among women, girls, men, boys and key populations should be considered and addressed?</p> <ul style="list-style-type: none"> Clinical care (including TB, cancer, cervical cancer prevention and screening for and treatment of cardiovascular disease). (INC - GAT, page 36) 	<p>Studies on SRHR- People Living with HIV (PLHIV), WLHIV</p> <p>Technical reports</p>





Stage/Step	Question/Indicator	Data source
Step 11.5 Sexual and reproductive health and rights	Question 2. Please indicate which of the following sexual and reproductive health and rights services are equally accessible to girls and young women, boys and young men and key populations (especially sex workers, transgender women and gay men and other men who have sex with men). <ul style="list-style-type: none"> • Cervical cancer and other cancers caused by HPV (anal, oropharyngeal, penile, vaginal, vulvar) screening, treatment and palliative care. [Cervical cancer (INC – GAT, page 40). • Other cancers caused by HPV (TBA)] • HPV vaccines (TBA) 	Studies on SRHR-PLHIV, WLHIV Technical reports
	Health facilities delivering integrated services: Cervical cancer and HPV screening with HIV services. (TBA)	AIDSInfo- NCPD Commitments
	Health facilities delivering integrated services: HIV testing and counselling with cervical cancer screening, treatment and care. (TBA)	*Currently data available only on cervical cancer, not on HPV

Stage/Step	Question/Indicator	Data source
Step 11.6 Violations of human rights in services and programmes	Question 1. Do services respect, promote and protect the rights of women, girls, men, boys and key populations? Are there indications that these rights have been violated? If so, please indicate the types of rights violated in each type of service. <ul style="list-style-type: none"> • Cervical cancer (TBA) 	Focus groups Individual interviews Studies on SRHR-PLHIV, WLHIV Technical reports

Development Connections. 4005 Wisconsin Avenue. NW #5426. Washington DC 20016. USA.
www.dvcn.org

Indonesian PLHIV Network. Jl. Menteng Atas Selatan I No.34A South Jakarta, Indonesia.
www.jaringanindonesiapositif.com

Archana Patkar. 21, Golf Links, Pali Hill, Khar Mumbai 400052, India

References

- UNAIDS 2016-2021 Strategy. Geneva. https://www.unaids.org/sites/default/files/media_asset/20151027_UNAIDS_PCB37_15_18_EN_rev1.pdf
- WHO. Draft Global Strategy Towards the Elimination of Cervical Cancer as a Public Health Problem. Geneva. <https://www.who.int/cancer/cervical-cancer/cervical-cancer-elimination-strategy>
- UNAIDS Gender Assessment Tool — Towards a gender-transformative HIV response. Geneva, 2019. <https://www.unaids.org/en/resources/documents/2019/unaid-gender-assessment-tool>
- Michelle Remme. Using a gender, equity and rights lens in monitoring SRH in UHC. Technical Consultative Meeting on Guidance for Integrating Sexual and Reproductive Health and Rights within National UHC Plans. World Health Organization. 15 May-16 May 2019. Geneva.
- Globocan. <http://gco.iarc.fr>
- HPV Information Center. <https://www.hpvcentre.net>
- Ann M Stars, Alex C Ezeh, Gary Barker, Alaka Basu, Jane T Bertrand, Robert Blum, et al. Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission. THE LANCET COMMISSIONS | VOLUME 391, ISSUE 10140, P2642-2692, JUNE 30, 2018
- The World Bank. DataBank Risk of impoverishing expenditure for surgical care (% of people at risk). The Program in Global Surgery and Social Change (PGSSC) at Harvard Medical School. <https://data.worldbank.org/indicator/SH.SGR.IRSK.ZS>
- Williams-Brennan L1, Gastaldo D, Cole DC, Paszat L. Social determinants of health associated with cervical cancer screening among women living in developing countries: a scoping review. Arch Gynecol Obstet. 2012 Dec;286(6):1487-505. doi: 10.1007/s00404-012-2575-0. Epub 2012 Sep 26.
- Bynum, S. A., Wigfall, L. T., Brandt, H. M., Julious, C. H., Glover, S. H., & Hébert, J. R. (2016). Social and Structural Determinants of Cervical Health among Women Engaged in HIV Care. AIDS and behavior, 20(9), 2101–2109. doi:10.1007/s10461-016-1345-6
- Soneji, S., & Fukui, N. (2013). Socioeconomic determinants of cervical cancer screening in Latin America. Revista panamericana de salud publica = Pan American journal of public health, 33(3), 174–182.
- ANNEKATHRYN GOODMAN and NAWAL NOUR. Cervical Cancer Screening: The Complex Interplay of Medical Infrastructure, Society, and Culture. The Oncologist 2014;19:315–317 www.TheOncologist.com
- Garcia-Moreno C et al. WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses. Geneva: World Health Organization, 2005.
- Wingood, G. M., Seth, P., DiClemente, R. J., & Robinson, L. S. (2009). Association of sexual abuse with incident high-risk human papillomavirus infection among young African-American women. Sexually transmitted diseases, 36(12), 784–786. doi:10.1097/OLQ.0b013e3181b3567e
- Maness SB, Thompson EL. Social Determinants of Human Papillomavirus Vaccine Uptake: An Assessment of Publicly Available Data. Public Health Rep. 2019 May/Jun;134(3):264-273. doi: 10.1177/0033354919838219. Epub 2019 Apr 5.
- LaVigne, A. W., Triedman, S. A., Randall, T. C., Trimble, E. L., & Viswanathan, A. N. (2017). Cervical cancer in low and middle income countries: Addressing barriers to radiotherapy delivery. Gynecologic oncology reports, 22, 16–20. doi:10.1016/j.gore.2017.08.004

