

August 19, 2021

Mr. Peter Sands
Executive Director
The Global Fund to Fight AIDS, Tuberculosis and Malaria
Global Health Campus
Chemin du Pommier 40
1218 Grand-Saconnex
Geneva, Switzerland

Dear Mr. Sands,

We are encouraged by the World Health Organization's recent publication of updated global guidelines for screening and treatment of pre-cancer lesions for cervical cancer prevention. These guidelines provide a clear mandate and scientific rationale for wide-scale adoption of human papilloma virus (HPV) testing as the recommended screening method for women worldwide, including women living with HIV, in lieu of cytology or visual inspection with acetic acid (VIA) screening. The guidelines specifically state:

Existing programmes with quality-assured cytology as the primary screening test should be continued until HPV DNA testing is operational; existing programmes using VIA as the primary screening test should transition rapidly because of the inherent challenges with quality assurance.

As you know, ensuring that 70% of all women receive screening for cervical cancer at ages 35 and 45 is a key pillar of the WHO's strategy to accelerate the global elimination of cervical cancer. Rapid global uptake of HPV testing will facilitate the achievement of this target through more accurate diagnosis and improved prioritization of cervical cancer treatment resources.

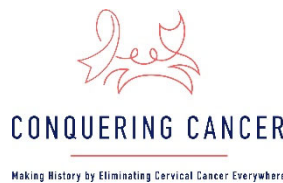
Our coalition of advocates for the global elimination of cervical cancer gratefully acknowledges the role played by the Global Fund to Fight AIDS, Tuberculosis and Malaria as supporters of the global elimination strategy and WHO's cervical cancer guideline development working group. The Global Fund's funding policy on co-infections and co-morbidities has enabled critical support for the integration of HIV treatment and cervical cancer services in Zambia, Malawi, and Tanzania, and provides flexibility for programs to do more to address these oft-linked threats to women's health.

Given the clear mandate to move to HPV testing for cervical cancer screening, we would like to understand your process and timeline for prioritizing HPV testing as the primary method for cervical cancer screening in Global Fund-supported programs. Committing to the broader use of HPV testing within your programs demonstrates a clear commitment to quality of care for women living with HIV.

The world has made clear its dedication to end cervical cancer everywhere. Bolstered by your leadership, together we can transform the ambition of cervical cancer elimination into reality. We know how to eliminate cervical cancer. It is now a matter of when this goal will be achieved.

Thank you again for your leadership and your commitment.

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| 1. TogetHER for Health | 14. Cervical Cancer Action for Elimination | 26. Housing Works |
| 2. AVAC | 15. Cervical Cancer Prevention and Training Centre in Catholic Hospital, Battor | 27. IAVI |
| 3. American Cancer Society | 16. Conquering Cancer | 28. Innovating Health International |
| 4. FHI 360 | 17. Elizabeth Glaser Pediatric AIDS Foundation | 29. International Association of Providers of AIDS Care |
| 5. Global Communities | 18. ENGAGe Teens | 30. John Snow International |
| 6. Jhpiego | 19. EngenderHealth | 31. KILELE Health Association |
| 7. PATH | 20. ESGO Prevention Committee | 32. Kizazi Chetu |
| 8. Pathfinder International | 21. Global Focus on Cancer | 33. Management Sciences for Health |
| 9. Population Services International | 22. Global Initiative Against HPV and Cervical Cancer (GIAHC) | 34. MSI Reproductive Choices |
| 10. Advocates for Youth | 23. Go Doc Go | 35. Scope |
| 11. AIDS Action Baltimore | 24. Grounds for Health | 36. Treatment Action Group |
| 12. American Medical Women's Association | 25. Haiti sans Cervical Cancer | 37. VCS Foundation |
| 13. BIO Ventures for Global Health | | 38. International Taskforce on Cervical Cancer Elimination in the Commonwealth |





CC: Donald Kaberuka, Chair of the Board
Roslyn Morauta, Vice-Chair of the Board
Marijke Wijnroks, Chief of Staff
Winnie Byanyima, Executive Director, UNAIDS