



# ADVOCACY FOR CERVICAL CANCER PREVENTION AND CONTROL IN AFRICA

**Facilitator Manual**



**World Health Organization**  
Regional Office for Africa

**ADVOCACY FOR CERVICAL  
CANCER PREVENTION AND  
CONTROL IN AFRICA**

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## ADVOCACY FOR CERVICAL CANCER PREVENTION AND CONTROL IN AFRICA : FACILITATOR MANUAL

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# PREFACE

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**W**omen's cancers are highly prevalent, specifically breast and cervical cancer. It is estimated that more than 266,000 women die of cervical cancer each year, and 87% of these deaths are happening in less developed regions of the world such as the WHO African region. This is a major economic and social burden from cancer directly affecting Africa. If nothing is done, the number of deaths will reach 416,000 in 2035.

Cervical cancer is the most common cancer and the leading cause of cancer mortality among women in developing countries. In sub-Saharan Africa, 34.8 new cases of cervical cancer are diagnosed per 100,000 women annually and 22.5 per 100,000 women die from the disease.

In many countries, several issues and challenges exist when developing strategies for cervical cancer prevention and control – lack of cancer policies, strategies and programmes; lack of recent and comprehensive data; heavy economic and psychosocial burden of the disease; insufficiency or lack of information and skills; high cost of immunization against HPV; unavailability of secondary prevention; unaffordability of therapeutic resources and neglect of palliative care; geographical inaccessibility of tertiary prevention; and lack of collaboration and coordination of interventions.

The burden of cervical cancer can be reduced by implementing evidence-based strategies in the areas of prevention, early detection, and management including diagnosis and treatment. The awareness that cervical cancer is a preventable and controllable disease has started to become established in the Region and need to be strengthened.

This work, presented through a series of books on a country capacity baseline report, advocacy, Information, Education and Communication, policies and strategic plans, Visual inspection and cryotherapy practice pursued in relation to cervical cancer.

I would like to thank my colleagues, the scientists and all our partners particularly the Bill and Melinda Gates Foundation, whose efforts contributed to create this invaluable work. We believe this book will serve as a comprehensive resource for many years to come.

**Dr Tshidi Moeti**  
WHO Regional Director for Africa



# FOREWORD

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**N**on communicable diseases (NCDs) are the leading cause of global death and disability, creating significant health and economic burdens on individuals, societies and health systems. Cancers, in particular, caused some 8.2 million deaths of the 38 million deaths due to NCDs in 2012.

Cervical cancer is the most common cancer and the leading cause of cancer mortality among women in developing countries. In sub-Saharan Africa, 34.8 new cases of cervical cancer are diagnosed per 100 000 women annually, and 22.5 per 100 000 women die from the disease. These figures compare with 6.6 and 2.5 per 100 000 women, respectively, in North America.

The major risk factor associated with cervical cancer is Human Papilloma Virus (HPV) infection which generally occurs in adolescence after the first acts of sexual intercourse. In Africa, HPV infection prevalence is estimated at 21.3%, with significant variations from region to region: 33.6% in East Africa, 21.5% in West Africa and 21% in Southern Africa. Other major risk factors include tobacco use, and lack of screening and adequate treatment of precancerous lesions. HPV and human immunodeficiency virus (HIV) co-infection accelerates progression towards cancer.

Cervical cancer is preventable and treatable if detected early. WHO recommends a comprehensive approach to cervical cancer prevention and control interventions that span across primary secondary and tertiary prevention.

In Africa, several issues and challenges exist when dealing with cervical cancer prevention and control – Lack of cervical cancer control policy, strategies and programmes; Lack of recent and comprehensive data; Heavy economic and psychosocial burden of the disease; Insufficiency or lack of information and skills; High cost of immunization against HPV; Unavailability of secondary prevention; Unaffordability of therapeutic resources and neglect of palliative care; Geographical inaccessibility of tertiary prevention; and lack of collaboration and coordination of interventions.

These issue bring into focus the need to develop/adapt tools to support countries develop and implement effective advocacy for cervical cancer prevention and control.



# ACKNOWLEDGEMENTS AND TOOLKIT DEVELOPMENT PROCESSES

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**T**he advocacy manual for cervical cancer prevention and control in Africa was drafted by Benda N. Kithaka (Women for Cancer Early Detection and Treatment), Jean-Marie Dangou, Prebo Barango and Mary -Anne Land (World Health Organization).

Contributions to the toolkit were made by a number of colleagues within and external to the WHO. We gratefully acknowledge the inputs from the following experts, Abinya Othieno (University of Nairobi), Mary Wangai (MoH-Kenya), Kwanele Asante-Shongwe, (African Cancer Advocacy Consortium), Lillian Kocholla (MoH Kenya), Zipporah Ali, (Kenya Hospices and Palliative Care Association), Nelly Mugo (Kenya Medical Research Institute), May Maloba (Kenya Medical Research Institute), Anne Korir (Kenya Medical Research Institute), Joseph Omach (Childhood Cancer Initiative), David Makumi (Aga Khan University Hospital - Kenya ), Alice Musibi (Aga Khan University Hospital - Kenya), Lucy Muchiri (University of Nairobi), Jennifer Smith (University of North Carolina), Catherine Wachira (Woman for Cancer Early Detection and Treatment), Miriam Mutebi (Groote Schuur Hospital–South Africa), Salomé Meyer (Cancer Alliance – South Africa).

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WHO thanks the participants of the Experts Meeting to Finalize Cervical Cancer Prevention and Control Toolkits 13-15 April 2015, Brazzaville, Congo Republic, for their review and feedback.

WHO also wishes to express sincere gratitude to the Bill and Melinda Gates Foundation for providing the funding for this toolkit, as part of the Reducing Cervical Cancer Burden in Selected High - Burden Countries in the African Region programme grant.

This toolkit was informed by evidence and experience of advocacy work related to cervical cancer prevention and control in Africa, and globally and is in line with the WHO – Comprehensive Cervical Cancer Control: A guide to essential practice (second edition - 2014). Available tools to support the development and implementation of cervical cancer advocacy within Africa were also identified through a thorough review process.



## Why cervical cancer?

*(Adapted from the WHO guidelines for Comprehensive Cervical Cancer Control)<sup>1</sup> .*

- Cervical cancer is a largely preventable disease, but worldwide it is one of the leading causes of cancer death in women.
- Worldwide, 266,000 women die of cervical cancer each year.
- It is the leading cause of cancer deaths in Eastern and Central Africa.
- The majority of these deaths can be prevented through universal access to comprehensive cervical cancer prevention and control programmes, which have the potential to reach all girls through human papillomavirus (HPV) vaccination and all women with screening and treatment for pre-cancer.
- We know what causes cervical cancer: almost all cases are caused by a persistent (very long-lasting) infection with one or more of the “high-risk” (or oncogenic) types of HPV.
- We understand the natural history of HPV infection and the very slow progression of the disease in immune competent women, from normal (healthy) to pre-cancer, to invasive cancer, which is potentially fatal.
- The 10-20 year lag between pre-cancer and cancer offers ample opportunity to screen, detect and treat pre-cancer and avoid its progression to cancer. However, immunocompromised women (e.g. those living with HIV) progress more frequently and more quickly to pre-cancer and cancer.
- WHO recommends a comprehensive approach, taking into consideration the natural history of the disease, to have interventions directed at various sub-groups of the population.
- There are several available and affordable tests that can effectively detect pre-cancer, as well as several affordable treatment options.
- HPV vaccines are now available; if given to all girls before they are sexually active, they can prevent a large portion of cervical cancer.
- Until there is universal access to cervical cancer prevention and control programmes, which will require addressing present inequities, the large disparities in incidence rates and mortality rates that exist in different settings will continue to be ample evidence of lack of comprehensive and effective services.

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<sup>1</sup> WHO Comprehensive Cervical Cancer Control, 2014 Geneva, Switzerland.

## Why this Toolkit ?

In order to reverse the growing burden of cervical cancer in the Region, there is a need to develop an advocacy plan that is aimed at generating support among key government officials, and agencies for cervical cancer prevention, ensure informed and active participation among girls, their families and community collaborators and enable health staff to effectively raise awareness about cervical cancer prevention within their communities.

This toolkit will be shared with all stakeholders and used for better advocacy to obtain Ministers of Health engagement to participate in projects and programs that aim to reduce cervical cancer burden and improve women's health in the WHO African Region.

The Advocacy toolkit includes programmatic matters, primary, secondary and tertiary preventions as well as screening, early diagnosis, curative therapy and palliative care and will serve to guide relevant stakeholders on effective advocacy for cervical cancer prevention and control in Africa.

## What is Advocacy ?

Advocacy is about making the case for change, about influencing people and organizations in relation to a particular issue or cause. Effective advocacy is needed to convince decision-makers that :

- Cervical cancer prevention and control merit increased investment in resources, planning and funding at the national and local level.
- Decisive action carries substantial, cost-effective benefits.

## Who should advocate for cervical cancer prevention and control ?

Anyone can be an advocate for cervical cancer prevention and control. You may work in a government ministry, in a professional or nongovernment organization, be a health care professional, a journalist, a member of a consumer or patient group, or simply a concerned individual.

The most successful advocacy campaigns involve a diverse range of individuals, groups and organizations coming together to champion the issue.

## How to use this toolkit ?

This toolkit is a guide and practical tool for all advocates, regardless of experience.

One can work through each section of the toolkit to develop an advocacy initiative and plan or use independent sections to strengthen current advocacy programmes.

The information is organized into twelve sections:

**Section 1: Background** describes what cervical cancer is, the causes including risk factors, and the key components of comprehensive cervical cancer prevention and control.

- Section 2 :** **Understanding Advocacy** describes in-depth what is advocacy and different types of advocacy to create a better understanding on the topic of what is advocacy, and how it relates to cervical cancer control and management.
- Section 3 :** **Key elements of a cervical cancer prevention and control advocacy** strategy provides guidance on identifying the problem, challenges, opportunities and solutions, including reviewing the political environment.
- Section 4 :** **Establishing goals and objectives** provides guidance on the development of the beginning of the advocacy plan.
- Section 5 :** **Mapping partners** identifies who should be involved and the value of seeking engagement from a diverse range of individuals, groups and organizations.
- Section 6 :** **Identifying the target audiences** highlights the two main audiences, decision makers and influencers, and highlights tactics and a practical guide on how to identify and engage with each target audience segment.
- Section 7 :** **Developing key messages** to influence the target audience provides guidance on how to create and tailor messages.
- Section 8 :** **Activities and Communication provides** guidance actions on selecting channels of communication.
- Section 9 :** **Engaging media** interest provides information on how best to communicate with the media.
- Section 10 :** **Monitoring and evaluation highlights** the importance of re-examining goals, processes and impact of the advocacy initiative.
- Section 11:** **Additional Advocacy Tools** provides additional useful hands-on tools to plan, implement and monitor cervical cancer advocacy.
- Section 12:** **Useful resources and key dates** for advocacy provides further ideas and tips for an effective advocacy initiative which may be adapted and adopted.



## Section 1 Background

(Adapted from the WHO guidelines for Comprehensive Cervical Cancer Control)<sup>2</sup>.

### Natural History of Cancer of the Cervix

#### **What is cancer ?**

Cancer is a term used for the malignant, autonomous and uncontrolled growth of cells and tissues. Such growth forms tumours, which may invade the tissues around the cancer and cause new growths similar to the original cancer in distant parts of the body, called metastases. As cancer grows, it destroys normal tissues and competes for nutrients and oxygen.

#### **What is cervical cancer ?**

Persistent infection with cancer-causing HPV types is the cause of most cervical cancer. 90% of cervical cancers are squamous cell cancers and initiate in the transformation zone of the ectocervix; the other 10% are adenocarcinomas, which arise in the glandular columnar layer of the endocervix.

Cervical cancer is preventable by:

1. Vaccinating girls (9-13 years old) against the human papilloma viruses that cause it
2. Screening for and treating precancerous lesions in women, since these lesions precede cancer by many years.

In addition, if detected early and treated, cervical cancer can still be cured.

#### **What is Cervical Pre-Cancer ?**

Cervical pre-cancer is a distinct change in the epithelial cells of the transformation zone of the cervix; the cells begin developing in an abnormal fashion in the presence of persistent or long-term HPV infection.

With the majority of other cancers, even if they have a precursor stage, it is too short to be noticed and not amenable to easy diagnosis and treatment. Cervical cancer is one of the very few cancers where a precursor stage (pre-cancer) lasts many years before becoming invasive cancer, providing ample opportunity for detection and treatment.

Unfortunately, although preventable, there are still large numbers of women who die of cervical cancer in many countries. This is because they lack access to services for prevention and treatment – a problem that may be caused by many factors, such as barriers that limit their access to services (e. g. hours of operation, distance, lack of transportation) as well as prevailing cultural and gender barriers. In most cases, though, the overarching cause is poverty.

<sup>2</sup> WHO Comprehensive Cervical Cancer Control, 2014 Geneva, Switzerland.

***HPV infection and cofactors that facilitate persistent infections.***

The primary cause of cervical pre-cancer and squamous cervical cancer is symptom-free, persistent or chronic infection with one or more of the high-risk (cancer-causing or oncogenic) types of HPV. HPV is the most common sexually transmitted viral infection <sup>3</sup>.

Of the more than 100 numbered types of HPV, most of them are not associated with cervical cancer. Seven out of ten (70%) of all cervical cancer cases reported throughout the world are caused by only two types of HPV: 16 and 18. Another four high-risk HPV types – 31, 33, 45 and 58 – are less commonly found to be associated with cervical cancer, with particular types being more prevalent than others in certain geographical areas.

Two low-risk types of HPV (6 and 11) do not cause cervical cancer but are the cause of most genital warts or condylomas.

Almost all women and men are infected with HPV shortly after initiating sexual activity. Penetration of the vagina by the penis does not have to occur because the virus can be transmitted by skin-to-skin contact of the genital areas near the penis and vagina.

As in women, HPV infections in men are also commonly without symptoms and most infections are short-lived. Men can develop cancer of the anus; this is most commonly associated with HPV type 16, and is more common in men who have sex with men. Similarly, as in women, HPV types 6 and 11 cause the majority of male genital warts.

In women, during puberty and pregnancy, the transformation zone on the ectocervix is enlarged. Exposure to HPV at these times may facilitate infection and may explain the association between squamous cell cervical cancer and early sexual activity, young age at first birth, and a history of multiple pregnancies. Behaviors that can also increase the risk of HPV infection (and thus cervical cancer) include having multiple partners, and having partners with multiple partners.

While infection with a high-risk HPV type is the underlying cause of almost all cases of cervical cancer, it is NOT the case that these infections almost always cause cancer. In fact, most women infected with high-risk HPV do not develop cancer because most infections, regardless of HPV type, are short-lived; the body eliminates them spontaneously in less than two years. Infection with high-risk HPV only persists (becomes chronic) in a small percentage of women, and only a small percentage of these chronic infections can progress to pre-cancer; of these, even fewer will progress to invasive cancer. Thus, it is estimated that no more than 2% of all women in low-resource countries will develop cervical cancer during their lifetimes.

The conditions (cofactors) that may lead HPV infection to persist and progress to cancer are not well understood, but the following risk factors probably play a role :

- HPV type – its oncogenicity or cancer-causing strength;
- Immune status – people who are immunocompromised, such as those living with HIV, are more likely to have persistent HPV infections and a more rapid progression to pre-cancer and cancer;
- Co-infection with other sexually transmitted agents, such as those that cause herpes simplex, chlamydia and gonorrhoea;
- Parity (number of babies born) and young age at first birth;
- Tobacco smoking;
- Use of oral contraceptives for over five years.

<sup>3</sup> WHO Guidance Note: Comprehensive Cervical Cancer Prevention and Control: A Healthier Future For Girls And Women. P 3

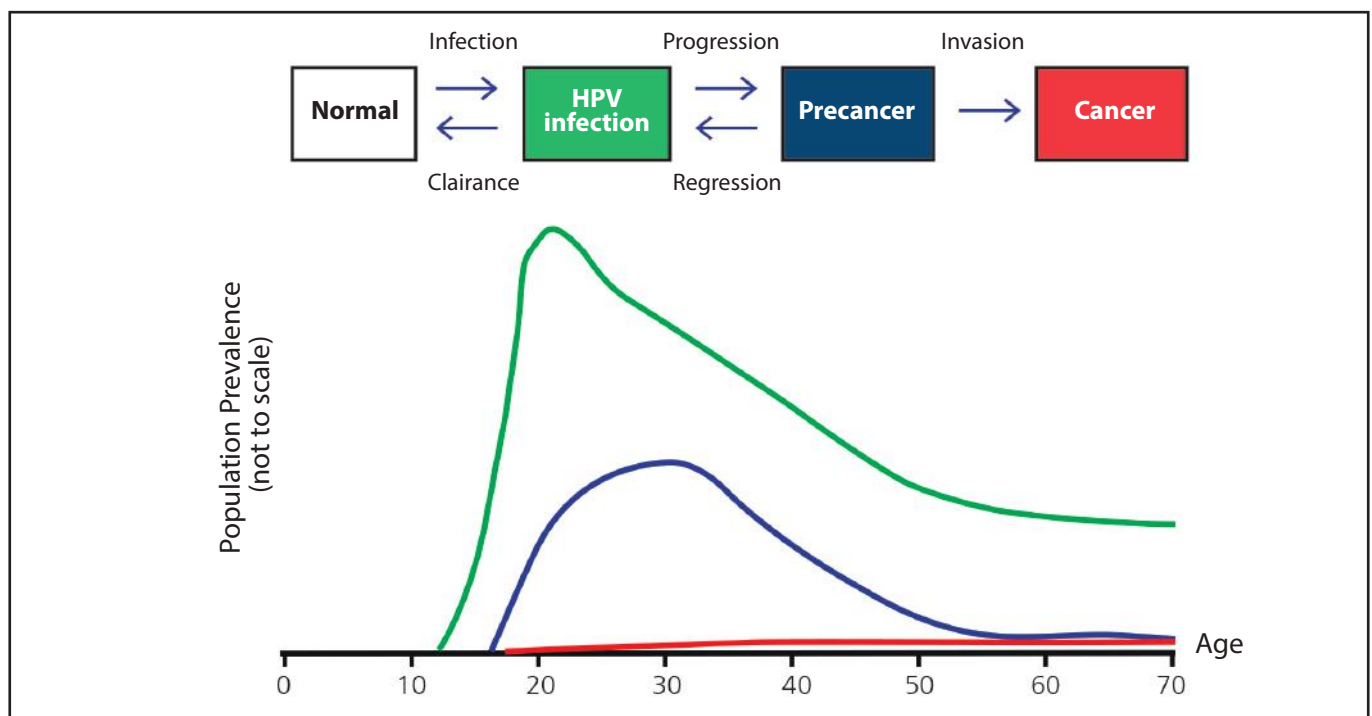
The last cofactor, use of oral contraceptives (OCs) for over five years, is the weakest. This was studied extensively by a WHO expert group, which concluded that the great benefits conferred by use of a very effective contraceptive method for preventing unplanned and unwanted pregnancies (with consequent prevention of morbidity and mortality associated with these pregnancies) far outweigh the extremely small potential for an increased risk of cervical cancer that may result from OC use. Thus, it is not in the woman's interest to discourage or prevent her from using OCs. All that is needed is for these women, like all other women, to be screened regularly for cervical cancer.

### **The development of pre-cancer**

After entering cervical epithelial cells, high-risk HPV infection interferes with their normal functions, leading to changes characteristic of pre-cancer (also called dysplasia).

**Figure 1** depicts the timeline of the progression from a normal (uninfected) cervix to HPV -infected cervix, to pre-cancer and invasive cancer. Note that changes occur in both directions because a large proportion of HPV-infected cells return to a normal state and a large proportion of cervical pre-cancers do not become cancer.

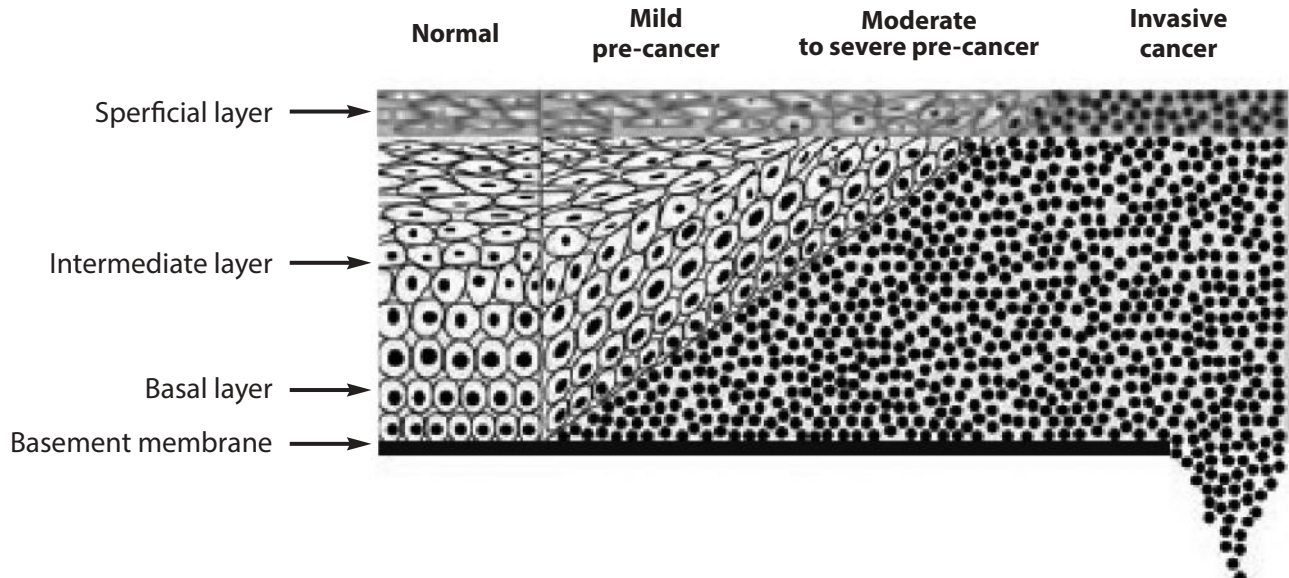
**Figure 1: The timeline and natural history of cervical pre-cancer and cancer development**



**Source :** reproduced by permission of the first author from Schiffman M, Castle PE. The promise of global cervical-cancer prevention. *N Engl J Med.* 2005;353(20):2101–4.

**Figure 2** illustrates normal cervical squamous epithelium on the left and progressively thicker layers of new abnormal small cells involving the epithelium in the large intermediate section.

**Figure 2 : Progress from normal epithelium to invasive cancer mild pre-cancer moderate to severe pre-cancer**



As this section in the middle involves more and more of the thickness of the normal epithelium, the epithelium is considered to have mild, then moderate, and finally severe pre-cancer. This sequence leads to invasive cancer if the abnormal cells invade the bottom layer of the epithelium (basement membrane), as shown on the right of the figure.

### ***Routes taken by invasive cancer through the body as it progresses***

There are four, usually sequential, routes through which invasive cancer progresses.

- I. **Within the cervix :** Spread occurs from a tiny focus of microinvasive cancer until it involves the entire cervix, which can enlarge to 8 cm or more in diameter. The cancer can be ulcerating, exophytic (growing outwards) or infiltrating (invading inwards).
- II. **To adjacent structures:** Direct spread in all directions is possible – downwards to the vagina, upwards into the uterus, sideways into the tissues supporting the uterus in the pelvis and the ureters, backwards to the rectum, and forwards to the bladder.
- III. **Lymphatic:** Spread to pelvic lymph nodes occurs in 15% of cases when the cancer is still confined to the cervix, and increases as the cancer spreads. Lymph-node metastases are at first confined to the pelvis and are later found in the chain of nodes along the aorta, eventually reaching the space above the collarbone (supraclavicular fossa). The lymph nodes, once invaded with cancer, are enlarged and, if close to the skin, can be palpated. For example, if the cancer has advanced into the lower third of the vagina, the groin nodes may become involved and will be palpably enlarged, and the supracervical nodes will also feel noticeably enlarged.

- IV. Distant metastases through the bloodstream and lymph channels: Cervical cancer cells may spread through the blood stream and lymphatic system to develop distant metastases in the liver, bone, lung and brain.

While invasive cancer initially remains confined within the pelvic area, many cases can still be cured with appropriate treatment. If left untreated, however, cervical cancer progresses in a predictable manner and will almost always lead to death.

***Cervical cancer and human immunodeficiency virus (HIV) infection***

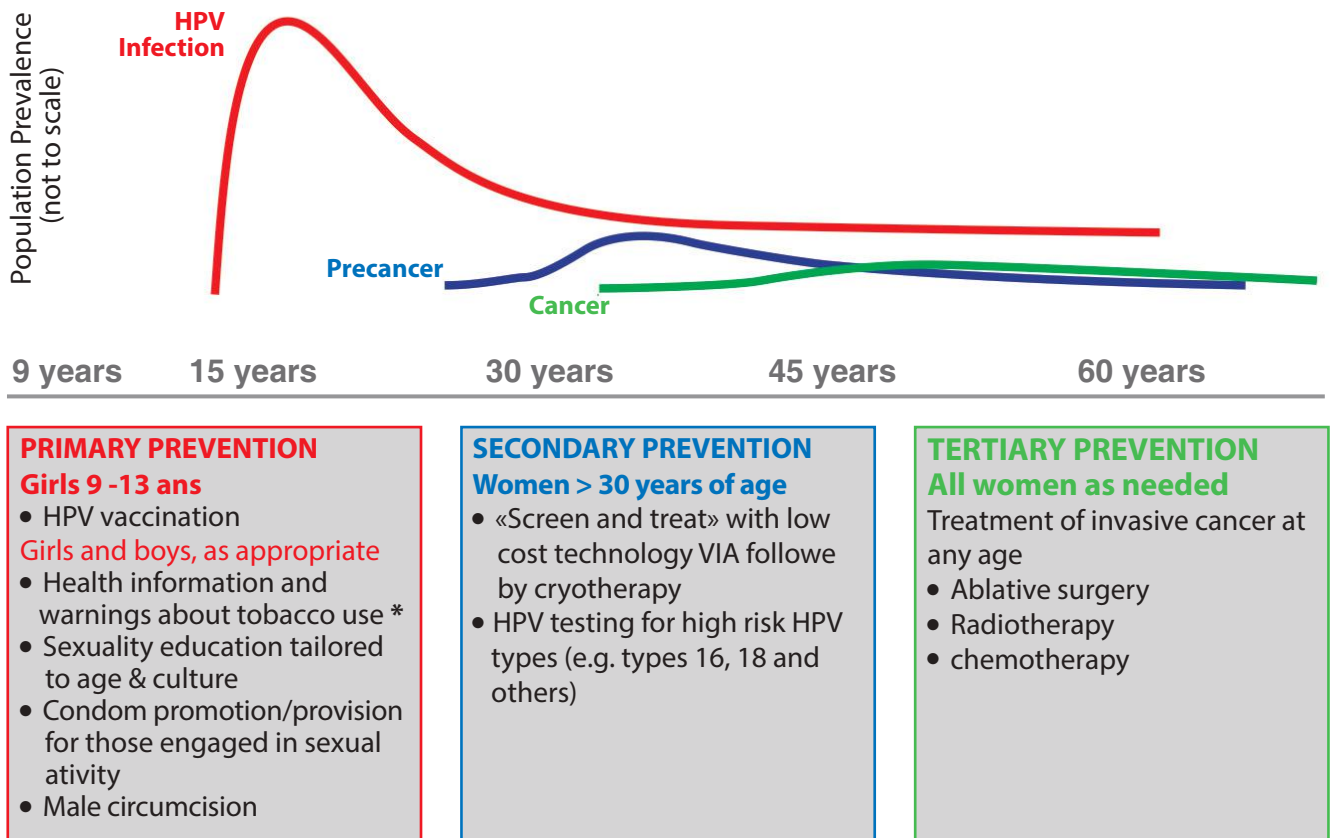
Cervical cancer is a defining illness of acquired immunodeficiency syndrome (AIDS) in patients with HIV. Women living with HIV and other immunocompromised women have a higher prevalence of HPV (the risk of infection increases with the degree of immunosuppression) and a higher prevalence of persistent HPV infection and infection with multiple high-risk HPV types. This increased susceptibility to HPV infection leads to :

- A greater risk of pre-cancer and cancer at younger ages, which increases with the degree of immunosuppression;
- An increased risk of developing invasive disease up to 10 years earlier than in women not infected with HIV; and
- More frequent presentation with advanced disease with smaller chance of survival for five years.

**Key Components of Comprehensive Cervical Cancer Prevention and Control**

A comprehensive Cervical Cancer Prevention and Control programme includes three interdependent components: primary, secondary and tertiary prevention presented in a diagrammatic format on Figure 3 below.

**Figure 3 : The WHO comprehensive approach to cervical cancer prevention and control: Overview of programmatic interventions over the life course to prevent HPV infection and cervical cancer<sup>6</sup>**



\* Tobacco use in an additional risk factor for cervical cancer.

**Source :** Adapted from WHO guidance note: comprehensive cervical cancer prevention and control: a healthier future for girls and women. Geneva: World Health Organization; 2013.

**Primary prevention : reduce the risk of HPV infection**

The public health goal is to reduce HPV infections, because persistent HPV infections can cause cervical cancer. Interventions include :

- Vaccinations for girls aged 9–13 years (or the age range referred to in national guidelines) before they initiate sexual activity;
- Healthy sexuality education for boys and girls, tailored as appropriate to age and culture, with the aim of reducing the risk of HPV transmission (along with other sexually transmitted infections, including HIV) – essential messages should include delay of sexual initiation, and reduction of high-risk sexual behaviors;
- Condom promotion or provision for those who are sexually active;
- Male circumcision where relevant and appropriate.

**Secondary prevention : screening for and treating pre-cancer**

The public health goal is to decrease the incidence and prevalence of cervical cancer and the associated mortality, by intercepting the progress from pre-cancer to invasive cancer. Interventions include :

- Counselling and information sharing;
- Screening for all women aged 30–49 years (or ages determined by national standards) to identify precancerous lesions, which are usually asymptomatic; It is very important that all women in the target age group are screened, irrespective of their HPV vaccination status, and treated if precancerous lesion is identified.
- Treatment of identified precancerous lesions before they progress to invasive cancer. Even for women who have received an HPV vaccination, it is important to continue screening and treatment when they reach the target age.

**Tertiary prevention : treatment of invasive cervical cancer**

The public health goal is to decrease the number of deaths due to cervical cancer. Interventions include:

- A referral mechanism from primary care providers to facilities that offer cancer diagnosis and treatment;
- Accurate and timely cancer diagnosis, by exploring the extent of invasion;
- Treatment appropriate to each stage, based on diagnosis:
  - Early cancer : If the cancer is limited to the cervix and areas around it (the pelvic area), treatment can result in cure. Provide the most appropriate available treatment and offer assistance with symptoms associated with cancer or its treatment.
  - Advanced cancer : If the cancer involves tissues beyond the cervix and pelvic area and/ or metastases, treatment can improve quality of life. Control symptoms and minimize suffering; provide the most effective available treatment and palliative care in tertiary facilities and at the community level, including access to opioids.
- Palliative care to relieve pain and suffering.



## Section 2 Understanding Advocacy

Advocacy is the process of pleading or arguing in favour of a cause, idea, group or policy. It includes many-sided and multilevel approaches to influence people to bring about desired change.

Advocacy work can focus on one specific issue, or address a range of issues with campaigns that span a specific period of time.

Cervical Cancer Advocacy taking conscious and concerted efforts to influence decision-makers, to create comprehensive policies and effective programmes for its control and management, and for governments to act in good time both at the national level and the community level.

### Policy Advocacy

Effective policy advocacy for cervical cancer involves careful planning for clarity in defining the issues to be addressed, identifying the correct stakeholders and proper implementation of the ensuing cervical cancer control programmes. It encompasses a wide range of activities that influence decision makers.

Policy advocacy can include traditional activities such as litigation, lobbying, and public education. It can also include capacity building, relationship building, forming networks, and leadership development. There are six distinct methods one can use in policy advocacy as outlined below:

1. **Political Advocacy** : the advocate seeks to impact public policy through lobbying. This can be at the local government or national government forum. This can be done by either serving on advisory committees for the government in policy formulation, or in sensitizing the leadership to take action towards cancer management.
2. **Community Outreach Advocacy** : This form of advocacy aims to reach out to the community in a manner that encourages a two-way dialogue. It involves identifying the needs of the community and advocating to have various stakeholders come together to formulate solutions that best meet these needs.
3. **Education Advocacy**: involves efforts to inform and educate the general public about cervical cancer in order for them to make informed decisions. Such information could be on topics of interest such as cervical cancer risk factors, signs & symptoms, prevention, treatment and palliation / patient care and survivorship issues.
4. **Fundraising Advocacy**: includes taking an active role in activities that raise money to support the various advocacy activities such as cancer research, support services, and patient education.
5. **Support Advocacy**: is all about providing support to cancer patients and their families. It involves provision of appropriate palliative care for patients, their families and care givers. It can be in the form of emotional, financial, nutritional and/or physical assistance.
6. **Research Advocacy**: The goal for research advocacy is to ensure high quality research that is sensitive to the priorities of communities and the patients.

Either of these forms of advocacy can be carried out on their own or a combination of the methods can be used to supplement and complement in advocating for comprehensive cervical cancer control and management in Africa.

## Section 3

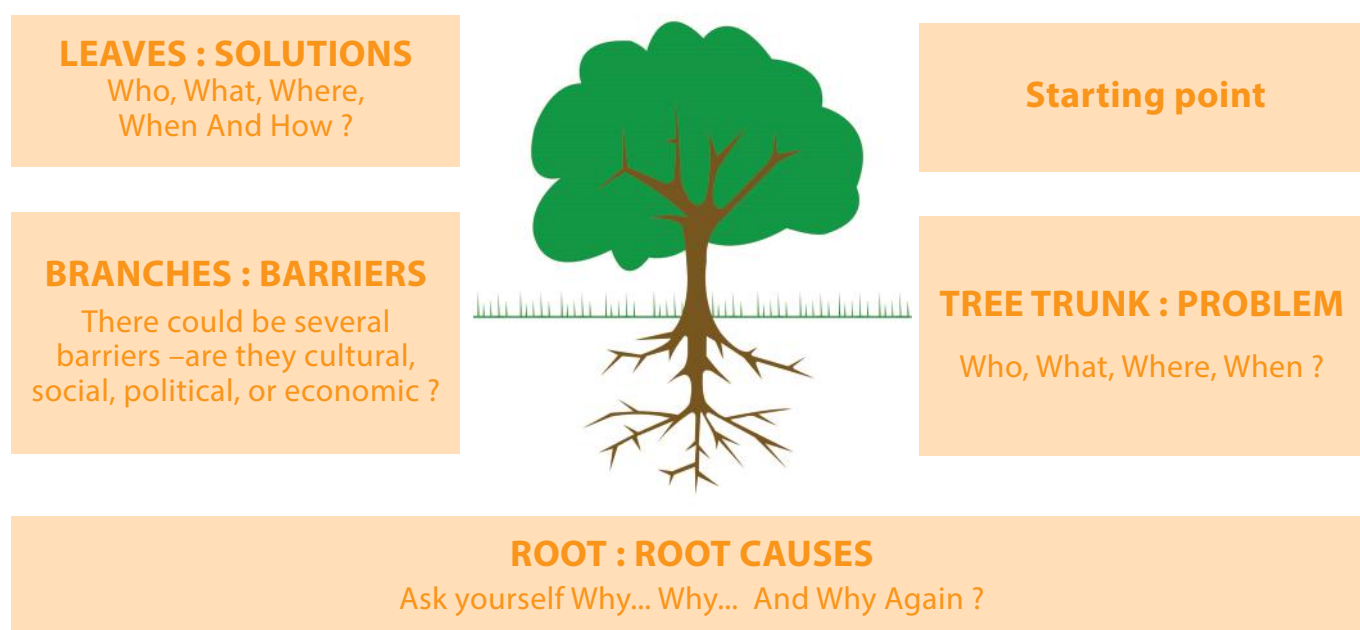
## Key elements for a cervical cancer prevention and control advocacy strategy

Understanding the rational and current action on cervical cancer prevention and control is an important starting point in coming up with a cervical cancer advocacy strategy. Therefore before developing your advocacy strategy, you need to consider the following points.

- Find out if your country has a cervical cancer prevention and control strategy, identify which sections of the policy are missing, not implemented or not working, and respond to the question of how advocacy work can support stronger or more effective action.
- If there is not a national cervical cancer prevention and control strategy, then you need to advocate for the government to develop and implement a comprehensive strategy.
- Ensure you complement the work done by others, identify individuals and organizations working in cervical cancer to develop a multifaceted approach. Think broad, partners will include a diverse range of individuals, and organizations.

Understanding the core situation of cervical cancer prevention and control in your country will help to identify issues for advocacy and partnerships for greater action. Using a “problem tree” as demonstrated in Figure 4 can be a helpful way of thinking through the specific problems, their root causes, barriers to solving them and policy-related solutions.

**Figure 4: Example Problem Tree to help think through the specific problems**



## Evaluating Issues for Advocacy

Key problems for cervical cancer prevention and control that can be addressed through advocacy include:

1. A comprehensive national policy or plan on cervical cancer prevention and control
2. Access to vaccination and/or screening services and treatment (including palliative care)
3. Cost of vaccination and/or screening and treatment (including palliative care)
4. Integration into family planning, maternal health HIV, vaccines and adolescent health programmes.
5. A functioning referral system that links screening services with the treatment of precancerous lesions and invasive cancer
6. A functioning monitoring system to track coverage HPV vaccination, screening and follow -up treatment
7. Development of a cancer research agenda
8. Awareness raising for women to be screened and treated, men to support partners, mothers, sisters to be screened and treated. Families to support girls aged 9-13 being vaccinated

## Setting Priorities on Advocacy Issues

The next step is to prioritize the issues you identified. The table below lists important criteria that you should consider when deciding which advocacy issues to pursue <sup>4</sup>.

**Table I : Evaluating Issues for advocacy**

	Issue 1	Issue 2	Issue 3
1. The nature of the policy change that is needed is clear, for an initiative to succeed; you must know what kind of policy change is needed. If your advocacy issue is not very specific, it will be harder to design a strong strategy	High Medium Low	High Medium Low	High Medium Low
2. Number of people in my community/country that will be affected by the issue, If a large proportion of people in your community will be affected; it is probably an important issue !	High Medium Low	High Medium Low	High Medium Low
3. Ability to base my work on lived experiences, If you are able to learn from the experience of those who suffer as a result of the issue that you have identified, and you can work in partnership with them, your work will have more legitimacy.	High Medium Low	High Medium Low	High Medium Low
4. Level of effort required, how much of your time, energy, and other resources will be needed ? (very little = high, moderate effort = medium, a lot = low)	High Medium Low	High Medium Low	High Medium Low
5. Potential for success, how likely is it that you will succeed? If success is unlikely (low), that is not a good issue!	High Medium Low	High Medium Low	High Medium Low
6. Estimated time required to succeed, the shorter the amount of time needed, the better! (Fewer than six months = high; 6-18 months = medium; two years of more = low).	High Medium Low	High Medium Low	High Medium Low
7. Level of public support for your issue, if the public is supportive, your chances for success are higher ! (Supportive = high, neutral = medium, opposed = low).	High Medium Low	High Medium Low	High Medium Low

<sup>4</sup> Straight to the point: setting advocacy priorities. Pathfinder International; 2011 (www.pathfinder.org)

8. Level of decision-makers support for your issue, if policy-makers are supportive, your chances for success also are high.	High Medium Low	High Medium Low	High Medium Low
9. Partners to support you in this kind of advocacy work, having strong partnerships are usually essential to success, especially for larger initiatives.	High Medium Low	High Medium Low	High Medium Low
10. Financial resources to support this kind of advocacy work, it is essential to be realistic about funding.	High Medium Low	High Medium Low	High Medium Low

Now, review the ratings (high, medium or low) that you gave each issue:

- If you gave an issue a lot of lows and mediums, it is probably not a good issue for advocacy at this point in time or for your particular attention.
- If you gave an issue a lot of highs and mediums, it is probably a better issue for advocacy

### Assessing the Political Environment for Advocacy

A comprehensive understanding of the opportunities that exist for influencing the policy process and the risks associated with them are a critical element for any successful advocacy initiative<sup>5</sup>. Table ii developed by Pathfinder International, offers a set of themes and questions to help you determine who you are trying to influence, what their interests are, other key actors and how best to exert influence

**Table II : Assessing the Political Environment for Advocacy**

#### Legal Situation

Are there any legal limitations placed on the political and advocacy activities of NGOs, citizens or the media? (yes/no)

Are there government policies, laws, or protocols addressing your issue? (yes/no)

Are there major policy/law/protocol reviews or initiatives planned or underway that are related to your issue? (yes/no)

#### Public Opinion and the Media

Overall, how does the public view your issue? (supportive, neutral or opposed)

Overall, how much does the public know about your issue? (informed or uninformed)

Do you know who the most influential journalists and media sources are? (yes/no)

Has news about your issue been featured in the media in the last two years? (yes/no)

#### Forming Alliances

Have successful advocacy efforts been conducted in recent years? (yes/no)

Have unsuccessful advocacy efforts been conducted in recent years? (yes/no)

Are other organizations/interest groups currently conducting advocacy or organizing in support of your issue? (yes/no)

Are there active alliances/coalitions that are currently addressing or have the potential to address our issue? (yes/no)

Do you know which specific NGOs or civil society groups are most widely consulted or have the greatest influence with policy-makers on your issue? (yes/no)

<sup>5</sup> Straight to the point: assessing the political environment for advocacy; 2011 (www.pathfinder.org)

**Opposition**

Are there influential actors insider the government who oppose your issue? (yes/no)  
 Are there influential actors outside the government who have public stances opposing your issue (e.g. community leaders/groups, health/legal professional associations)? (yes/no)

**Accessing Policy-makers**

Overall, how does the government view your issue? (yes/no)  
 Overall, how much does the government how about your issue? (yes/no)  
 Do you know who the influential policy-makers, agencies committees and or institutions inside the government who can affect your issues are? (yes/no)  
 Do you know about informal networks or ways of dealing with policy-makers, including accepted forms of political dialogue and proper protocol for approaching them? (yes/no)  
 Do you know what types of information or resources policy-makers usually seek when formulating their health policy decisions? (yes/no)  
 Are there any other major actors (individuals, groups etc.) that have influence with policy-makers or your issue? (yes/no)

\*Provide descriptions and additional information where available.

**Assessing your capability to advance your advocacy issue**

It is important that the advocate or organization planning on an advocacy programme carries out an in-depth analysis of their capabilities in order to match your capabilities and resources for best outputs on their advocacy issue.

A FFOM SWOT Analysis is an example of how you can access the internal and external drivers that may have a positive or negative impact on your advocacy agenda.

Table iii presents a standard FFOM SWOT Analysis template that can be used both on an individual or organizational level to assess the strengths, weaknesses, opportunities and threats. It contains questions that if responded to with all accuracy, will help you to identify areas of improvement even as you focus on your strengths, minimize your weaknesses, and take the greatest possible advantage of opportunities available whilst addressing the threats.

**Tableau III : FFOM (SWOT) Analysis Template**

<i>Strengths : (Internal characteristics of the organization / individual positive to achieving your objectives)</i>	<i>Weaknesses: (Negative internal characteristics of the organization / individual preventing the achievement of your objectives)</i>
<ol style="list-style-type: none"> <li>1. What makes you better than others (in addressing this issue)?</li> <li>2. What actions do you do well?</li> <li>3. What are your competences? What knowledge, skills and attitude do you have that can help you?</li> <li>4. What do other people say you do well?</li> <li>5. Why should you of all people be the one to address this advocacy issue?</li> </ol>	<ol style="list-style-type: none"> <li>1. What could you improve in order to achieve your objectives?</li> <li>2. In what ways are you not efficient?</li> <li>3. What don't you do well?</li> <li>4. Where are you incompetent? What knowledge, skills and attitude are you missing?</li> <li>5. What should you avoid doing?</li> <li>6. Is there any reason why shouldn't undertake this cause?</li> </ol>

<p><b>Opportunities:</b>  <i>(Characteristics of the external environment which may can help achieve your objectives)</i></p>	<p><b>Threats:</b>  <i>(Characteristics of the external environment which could prevent achievement of your objectives)</i></p>
<ol style="list-style-type: none"> <li>1. What real opportunities are present today?</li> <li>2. What is going on around you that seems to be useful?</li> <li>3. From which recurring tendencies can you profit and how?</li> <li>4. What could be done today that isn't being done?</li> <li>5. What is missing on the advocacy scene?</li> <li>6. Who can support you and how?</li> </ol>	<ol style="list-style-type: none"> <li>1. What are the negative tendencies in play today?</li> <li>2. What obstacles do you face in your mission right now?</li> <li>3. Who might cause you problems in the future and how?</li> <li>4. What is the competition doing that might cause difficulties for you?</li> </ol>

After the SWOT analysis exercise, try to identify and plan concrete activities to address any weaknesses and threats, and to make optimal use of the identified strengths and opportunities in your advocacy issue.



**Section 4****Establishing goals and objectives**

Effective advocacy initiatives start with clear goals and strong strategic communication in order to educate people about the need for action. Table iv, illustrates an advocacy goal framework.

**Table IV: Advocacy Goal Framework**

**GOALS**

This should be the ultimate goal that you want to achieve.

**OBJECTIVES**

Invest time deciding on clear, specific objectives that are incremental steps towards the long-term goal. The effectiveness of your work will depend on how well defined and specific they are. Your objectives should be SMART :

- Specific, progressive and integrated
- Measureable
- Ambitious but realistic and achievable
- Realistic and tailored to your own circumstances
- Time-bound







## Section 6

## Identifying the target audiences

Now you have identified the problem, causes, barriers and solutions, defined the issue for advocacy, examined the political environment, examined your potential strengths that you can leverage in addressing the advocacy issue, set goals and identified the partners whom can support your activities.

You then need to identify your target audience. Advocacy target audiences can be divided into two main audiences as shown in Table V.

**Table V : Advocacy Target Audiences**

Decision-Makers, legislators who have the power to make the change you are advocating for.	Influencers, the person or groups you can influence the decision-makers.
Government (ministries and parliament) <ul style="list-style-type: none"> <li>• Presidents and Prime Ministers</li> <li>• Health Ministers and their Deputies</li> <li>• Budgetary decision-makers</li> <li>• Ministers of related sectors</li> </ul> Donors / funding agencies Development partners  Private sector  Community leaders  NGOs   Men / Women household decision makers	Civil society <ul style="list-style-type: none"> <li>• Formal and informal organizations</li> <li>• NGOs</li> <li>• Faith based groups</li> </ul> Opinion leaders <ul style="list-style-type: none"> <li>• Community leaders</li> <li>• Business leaders</li> <li>• Authors</li> <li>• Activists</li> <li>• Faith based leaders</li> <li>• Media</li> </ul> Entertainment and sports personalities  Teachers, professors and researchers  Consumer groups <ul style="list-style-type: none"> <li>• patient organizations</li> <li>• support groups</li> <li>• groups of concerned family members</li> </ul> Health-care professionals <ul style="list-style-type: none"> <li>• health-care workers</li> <li>• nurses</li> <li>• doctors</li> <li>• volunteers</li> </ul>

The more specific your target audience, the more effective your communication will be. The table below highlights the target groups and WHO recommendations for vaccination, screening and treatment. This information should be used to identify and guide who will be the decision -makers for change and the influences to support the change.

**Table VI : WHO Target Groups for Cervical Cancer Prevention and Control**

**Young Adolescents (and their families) :** Research indicates that the HPV vaccines are most effective if provided to girls and/or women prior to the onset of sexual activity and exposure to HPV infection; therefore, the target population for the HPV vaccine, as recommended by WHO, is young adolescent girls aged 9–13 years. However, it is important to include boys in awareness and informational campaigns.

**Adult Women :** The greatest benefit from cervical screening can be gained by limiting the use of screening resources to women in the 30–49 age group, as recommended by WHO. This is because most women are infected with HPV in their teens and twenties and the virus normally takes 10–15 years to produce precancerous changes. Inclusion of family members and particularly male partners when conveying related health education messages is critical to ensuring acceptance of screening services.

**Vulnerable Groups :** Evidence shows that services tend to be used least by those most at risk. It is not enough to set up services and assume that girls and women who are at risk will arrive to make use of those services. Special efforts need to be made to reach the most vulnerable populations. These groups include:

- Girls who are hard to reach, especially those not attending formal education;
- Women who live far from services and have fewer resources;
- Migrant workers, refugees and other marginalized groups;
- Women and girls living with HIV and other immunosuppressed individuals who may require a more intensive screening schedule.

**Community leaders and champions:** Engaging community leaders can greatly facilitate efforts. A few strong leaders who become champions of the cause can bring in community support that will ensure a successful programme. Their contributions may include getting buy-in from local men, securing financial support for families in need, arranging transport to services or providing a venue for a talk or campaign event.

**Men:** As with other aspects of women’s reproductive health, it is crucial to reach and involve men. Men are often the “gatekeepers” of access to services for their wives and daughters, so their support (or, in extreme cases, their permission) may be needed if women are to attend services. Increasing men’s knowledge and understanding of women’s health issues helps them make better health decisions for themselves and for their partners and helps build stronger programmes. Information about HPV and cervical cancer can be given to men in clinical and community settings with messages about the importance of encouraging their partners to be screened and treated when necessary.

## Section 7

## Developing key messages to influence the target audience

A key message is the most important element in deciding how an audience perceives the issue. It should be :

- Clear, compelling, concise, consistent and convincing
- Simple and direct
- Frequently repeated and reinforced by a combination of sources.

Ideally, there should be one primary key message and two or three secondary messages.

- Consider your goals and objectives - what do you want to achieve?
- Consider your audience(s). What will motivate them to act? What benefit will action on cervical cancer prevention and control bring them? What attitudes will prevent them from acting?
- Consider cultural and political feelings and sensitivities. Connect to their value systems and political views. Combine the rational and logical with the emotional in order to appeal to people's heads, hearts and pockets.

A good model is often Challenge, Action Result :

- Challenge; package your advocacy issue and what you are doing to address it in a way that will appeal to your chosen target.
- Action; deliver your most important message to the target. What are you asking them to do in support of your advocacy goals?
- Result; share thoughts on why you think this specific action will lead to a positive result for those most affected by the advocacy issue.

WHO have developed a series of messages which can be incorporated into advocacy campaigns to inform and support actions

### WHO KEY MESSAGES

1. Cervical cancer is a disease that can be prevented.
2. There are tests to detect early changes in the cervix (known as pre-cancers) that may lead to cancer if not treated.
3. There are safe and effective treatments for these early changes.
4. All women aged 30-49 years should be screened for cervical cancer at least once.
5. There is a vaccine for girls that can help prevent cervical cancer.

Additional essential information around which you can model your advocacy messaging is provided below :

### Who is at risk

- Cervical cancer is a leading cause of cancer death in women.
- Women 30-49 years old are most at risk of cervical cancer.
- Any woman who has had sexual relations is at risk of developing cervical cancer.

### HPV Infection

- Cervical cancer is caused by infection with a virus called HPV. This virus is passed during sexual relations and is very common among men and women
- Almost all men and women will be exposed to HPV in their lifetime. Most HPV infections go away in a short time without treatment
- In some women, HPV infection continues and can slowly change the cells on the cervix. These changes are called pre-cancer. If not treated, they can develop into cancer of the cervix.

### Vaccination

- All girls should be vaccinated with the HPV vaccine at some time between the ages of 9 and 13.
- Vaccination prevents infection with the types of HPV that cause most cervical cancers.
- The HPV vaccines are safe and effective. Adverse reactions, when they occur, are usually minor.
- The HPV vaccine has no impact on girls' fertility and does not affect her capacity to become pregnant and have healthy children later in life.
- The HPV vaccine, to be most effective, should be administered in accordance with the number and timing of doses as advised in the manufactures instructions.
- Even after vaccination, all women aged 30-49 years will require cervical cancer screening.

### Screening and Treatment

- There are screening tests for cervical cancer that can detect early changes of the cervix (pre-cancer).
- The screening tests for cervical pre-cancer are simple, quick and do not hurt.
- If the screening test is positive, it means that there could be early changes (pre-cancer) that can be treated. A positive screening test outcome does not mean cancer.
- To prevent cervical cancer, all women with positive screening tests should receive treatment.
- Women should have a screening test at least once between ages 30 -49 years.
- It is important to follow the recommendation of the health care worker as to when to return for screening.
- Women living with HIV are at higher risk for cervical cancer. Screening for cervical pre-cancer and cancer should be done in women and girls who have initiated sexual activity as soon as the woman or girl has tested positive for HIV, regardless of age, these women and girls living with HIV should be re-screened 12 months after treatment for pre-cancer, or within three years after negative screening results.

### Signs and Symptoms

- Signs of cervical cancer include: foul-smelling vaginal discharge, vaginal bleeding, bleeding after sexual intercourse, or any bleeding after menopause. Women with these symptoms should seek medical care promptly.
- There are no signs or symptoms for the early changes of pre cancer. Screening is the only way to know if you have pre-cancer.

## Messaging specific to men

Men can play a very important role in the prevention and treatment of cervical cancer.

### Key messages for men include:

#### Men can:

1. Encourage their partners, sisters and mothers to be screening if they are 30-49 years of age
2. Encourage their partners, sisters and mothers to be treated if pre-cancer or cancer is detected
3. Encourage their daughters, sisters and female friends to get vaccinated with the HPV vaccine
4. Use condoms to prevent all sexually transmitted infections, including HIV/AIDS, as well as pregnancy (condoms offer some protection against HPV)
5. Reduce the number of sexual partners they have, and use condoms if they have more than one sexual partner.

Talking points, facts and figures can be useful to build on and support your key messages, for use by various spokes people. Connecting reality to lived experience through human stories can be very powerful. Where available, using relevant, up-to-date research is essential to demonstrating why cervical cancer prevention and control is needed in your country. Knowing the facts will allow you and other advocates to speak credibly and authoritatively, and will add considerable weight to your messages.

Facts and figures may include; the burden of cervical cancer in your country and region, cervical cancer prevention and control initiatives around your region or the world and their outcomes, economic costs related to disease and cost benefits of prevention and control measures.

It is also important to prepare for arguments and unexpected opposition.



## Section 8 Tactics, activities and communication

Activities should be designed to help achieve the objectives and goals of the advocacy initiative. Direct communication with decision-makers can be a powerful, cost-effective advocacy tool. Utilize email, phone calls, letters, petitions and mobile phone technology to contact policy makers. Activities may include:

- Documenting problems for policy makers
- Hosting policy dialogues and forums among key stakeholders
- Holding meetings with policy makers
- Mobilizing groups in support of policy change
- Launching public awareness campaigns

The advocacy activities will focus on delivering the messages to your target audiences. Most messages will need to be disseminated several times, using many channels to be heard and acted upon.

Anticipate the obstacles to effective communication. There are three key experiences which affect communication efficacy:

- 1. Selective Attention :** in any communication interaction, it is not possible to be totally attentive all the time. It is natural for audiences to tune in and out. A message, however, which confirms what one already believes, is usually attended to more earnestly than a message which disturbs one's existing beliefs and values. Understanding existing attitudes is crucial for effective communication.
- 2. Selective Perception :** is the tendency to interpret symbols and messages from their own perspectives, influenced by culture, tradition, language, social habits and educational level among others. The more that is known about existing beliefs and attitudes the better communications can be planned. Every effort must be made to ensure that what is intended in a communication is what is perceived.
- 3. Selective Retention :** is the tendency to simply forget either the big picture message or the calls for action within the message. As a consequence, an effective communication strategy will attempt to ensure constant repetition of messages.

Communication interventions and actions need to be carried out in a massive, repetitive, intense and persistent fashion. This communication approach is an effective method for combating the tribulations of selective attention, perception and retention.

### ***Actively engaging diverse audiences***

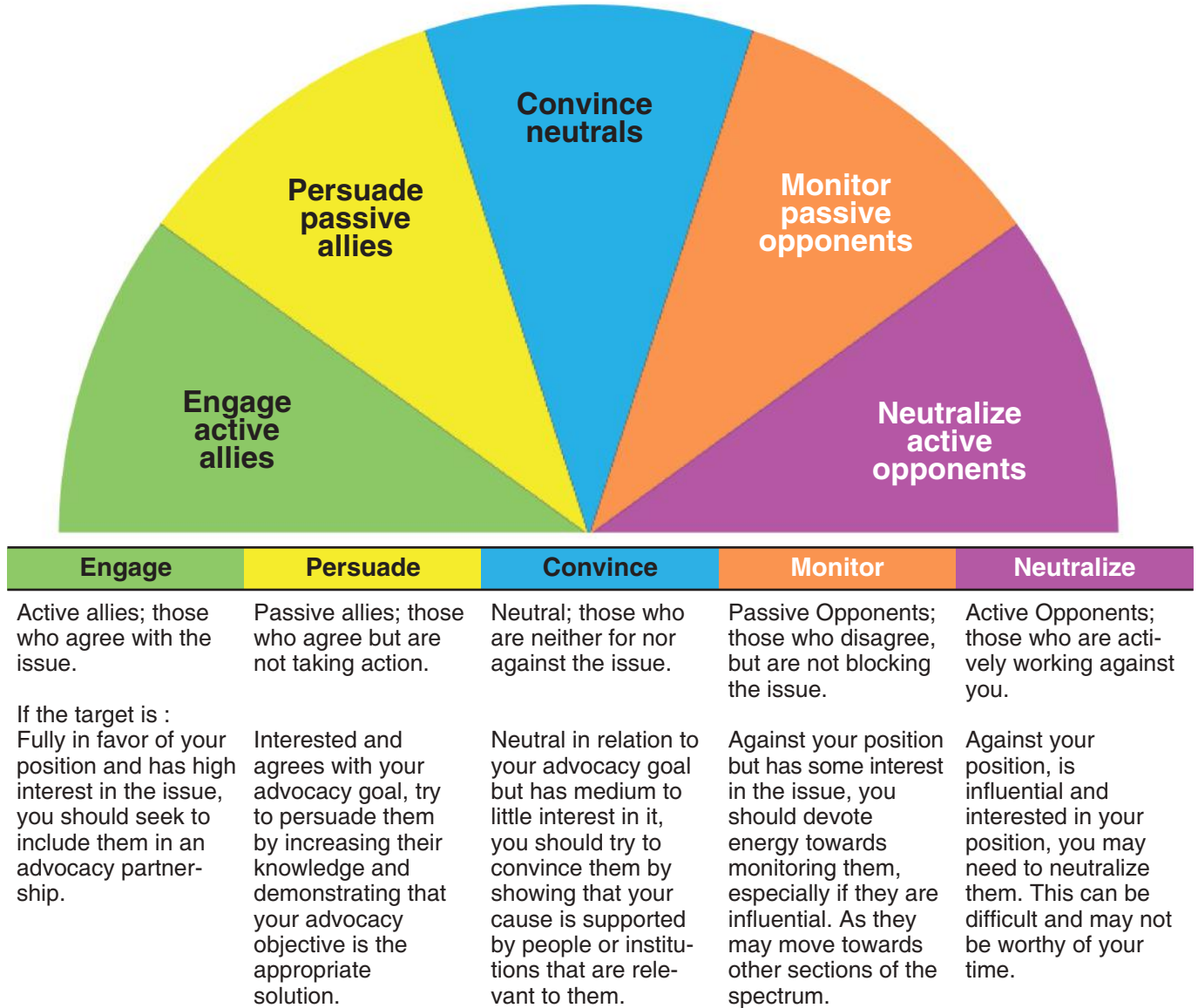
Successful advocacy often involves engaging these different audiences with relevant messaging to elicit the desired action in a timely manner. It's all centered on identifying which groups and key individuals you should reach out to and collaborate with or which groups to move from one viewpoint to another.

Anticipating the communication approach which will be most effective for making the case to the

target audiences will also increase the effectiveness of communications. Using the Spectrum of Allies on Figure 6, with its ensuing table of questions, you can brainstorm tactics for your campaign to include areas such as :

- What you can do to build support from specific groups and individuals across the Spectrum
- How passive allies can become active
- How opponents can at least become passive, or even neutral.

**Figure 6: Spectrum-of –allies<sup>6</sup> to build communication strategy**



Convincing your audience can depend on the messenger as much as the message. Some of the questions to ask yourself as you craft tactics for the various groups are :

1. Where do others stand on your issue?
2. What are your aims with each of these individuals and groups?
3. Are your tactics consistent with these aims?

<sup>6</sup> Martin Oppenheimer and George Lakey; A Manual for Direct Action. Quadrangle Books, 1965

## Section 9 Engaging media interest

*(Adapted from WHO chronic disease handbook: Stop the Global Epidemic of Chronic Disease; A Guide to Successful Advocacy, drafted by Richard Bunting)*

Working with the media is a key element of successful advocacy because it is a cost-effective, powerful method of communicating messages to a target audience. Advocates can provide the media with well-researched and interesting stories, while from an advocacy perspective media coverage can;

- Raise awareness and inform public, persuading and motivating people
- Add credibility to the messages

Journalists are interested by stories that are real-life or human-interest pieces, involve celebrities, politicians, local people, businesses or schools. When producing a story the following will need to be decided;

- What do you want to achieve?
- Who do you want to target?
- What is your message?
- What would be a good news “hook”?
- How to communicate or “sell” the story to the news desk
- How to follow-up and sustain momentum

Methods of communication the story include;

- Sending a press release, information note or letter to the editor about what you are doing
- Letting media know that you are interested in doing interviews
- Issuing invitations to events you are hosting



## Section 10 Monitoring and evaluation

For many advocates, time is limited and resources are few, making it difficult to monitor and evaluate advocacy work. Doing so, however, allows the assessment of the process, impact and modifications required to increase influence. It is crucial that evaluation occurs periodically, this will ensure effective activities are strengthened and unsuccessful activities are revised.

Evaluating process can be achieved by using Table VI.

**Table VII : Sample process evaluation questions for Quality, Delivery, Use, Reach, Recruitment and Context.**

	Possible Question	Information Needed
<b>Quality</b>	1. To what extent was the initiative implemented consistently with the underlying objective?	1. What constitutes high-quality delivery for each component of the initiative?
<b>Delivery</b>	2. To what extent were all of the intended units or components provided? 3. To what extent were all materials designed for use? 4. To what extent was all of the intended content covered? 5. To what extent were all intended methods, strategies, and/or activities used?	2. How many components are in the initiative? 3. What specific materials were supposed to be used and when? 4. What specific content should be included? 5. What specific methods, strategies, and/or activities should be used in which sessions?
<b>Use</b>	6. To what extent were participants present at activities engaged in activities 7. How did participants react to specific aspects of the activities/messages 8. To what extent did participants engaged in recommended follow-up behavior?	6. What participant behaviors indicate being engaged? 7. With what specific aspects of the activities/messages do we want to assess participant reaction or satisfaction? 8. What are the expected follow-up behaviors?
<b>Reach</b>	9. What proportion of the target audience participate/attend in activity?	9. What is the number of people in the target audience?
<b>Recruitment</b>	10. What planned and actual recruitment procedures were used to attract individuals, groups and or organizations? 11. What were the barriers to recruiting individuals, groups and organizations? 12. What were the barriers to maintaining involvement?	10. What mechanisms should be in place to document recruitment? 11. How will barriers to participation be identified and documented? 12. What mechanisms should be in place to identify and document barriers encountered in maintaining involvement?
<b>Context</b>	13. What factors could potentially affect either the initiative implementation or the outcome?	13. What approaches will be used to identify and systematically assess factors that could affect the initiative? How will these be monitored ?

The indicators defined in Section 4 [Goals & Objectives], can be used to monitor impact and additional indicators may become apparent as the advocacy programme develops.



## Section 11 Additional advocacy tools

### Advocacy Implementation Plan Tool

It is useful to say up front why you have an interest in your advocacy area, and what you hope to achieve by addressing this issue. This acts as a reference and reminder as you go about implementing your advocacy plan. It also acts as your roadmap to guide the process, and ensures you have proper milestones to track performance.

In a nutshell, an advocacy implementation plan will :

- Help you achieve your overall organizational objectives
- Guide you on how you engage effectively with stakeholders
- Give you measures to demonstrate the success of your work
- Showcase your work, thus ensuring that people understand what you do and why
- Point out any deviations in implementation and allow you to change tactics and activities where necessary in order to align to the objectives.

**Sujet de plaidoyer :** *(Notez ici le sujet de plaidoyer que vous souhaitez aborder)*

**But du plaidoyer :** *(Notez ici le but du plaidoyer. Posez-vous la question : A quoi ressemblerait la réussite une fois que vous aurez abordé le sujet ?)*

**Objectifs du plaidoyer: 1.** *(Notez ici votre objectif PRINCIPAL du plaidoyer)*

**2.** *(Notez ici votre objectif secondaire de plaidoyer)*

Activité	Ressources nécessaires	Personne(s) responsable(s)	Délai

## Communication Message Refining Tool

Below is a set of questions that one can use to refine their advocacy message in order to ensure that the message will deliver the intended meaning, and elicit the desired response from the audience.

It can also be used to brainstorm the various elements of the programme when the organization is designing new IEC Materials in order to ensure that all communication meets programme objectives.

Once the brainstorming exercise is completed, the team can then come up with a one page communications plan document that gives the creative team the background situation of the work/activity

Topic Area	- Defining Question
<b>Audience</b>	<ul style="list-style-type: none"> <li>- Who is it that you want to reach</li> <li>- Why is it necessary that you reach them?</li> </ul>
<b>Communication Objective</b>	- How do you want your intended audiences to think, feel, act, and engage with you and each other, after they hear, watch, or experience the message?
<b>Messaging Hurdles</b>	- What beliefs, cultural practices, peer pressure, misinformation, etc. might prevent or negatively influence the way your audience perceives the message, stopping you from achieving the desired objective?
<b>Key Message / Promise</b>	- Select one single promise/benefit that the audience will experience upon seeing, hearing, or reading the objectives that you have set.
<b>Support statement / the reason</b>	<ul style="list-style-type: none"> <li>- What is the reason to believe?</li> <li>- Include the reasons the key promise/benefit outweighs the obstacles and the reasons that what you are promising or promoting is beneficial. These often become the support messages to re-enforce the Reason to Believe</li> </ul>
<b>Communication Tone</b>	- How should the message come out / be delivered to the audience? Should it be authoritative, light, emotional, entertaining, and / or educative?
<b>Media Channels</b>	<ul style="list-style-type: none"> <li>- What channels of communication will the message use, or what form will the message take?</li> <li>- Mass media, or Targeted? Audio e.g. Radio? or Visual, e.g. Television? Printed e.g. Newsletter? Or Digital e.g. Internet? Poster?</li> <li>- Or is it a combination of two or more of the above?</li> </ul>
<b>Messaging Delivery Openings</b>	<ul style="list-style-type: none"> <li>- What is the best timings / places / period / locations opportunities that exist for reaching the audience?</li> <li>- Are they confined to one time / space all the time?</li> <li>- What other touch points exist that you can reach the same audience efficiently</li> </ul>
<b>Message Delivery influencers</b>	- Language of delivery, regulatory considerations, education level and lifestyle demographics of the target audiences and any other thing that might affect the way the message is delivered and the way it is received.

## Resource Mapping Tool Form

In planning advocacy activities, one needs to have a realistic approach. This means you need to take into account available resources and existing services in your country. Based on what already exists, it is then possible to reinforce means needed to achieve selected advocacy goals and objectives. The following list will help you appraise what is analyzed and what is needed in order to plan your advocacy approach appropriately.

### Type of Resources

<b>Information &amp; Communication</b>	<b>What channels can one use for passing on information</b> <ul style="list-style-type: none"> <li>• Media</li> <li>• Local Administrators</li> <li>• Community Health Workers</li> <li>• Civil Society</li> <li>• Religious Leaders</li> </ul>
<b>Community Awareness &amp; Education</b>	<b>What forums exist where you can best reach your target audience</b> <ul style="list-style-type: none"> <li>• School</li> <li>• Family</li> <li>• Volunteers</li> <li>• Religious Institutions</li> <li>• Local health clinics</li> </ul>
<b>Legislation And Regulation</b>	<b>What policies currently exist that can further or hinder my efficiency</b> <ul style="list-style-type: none"> <li>• Laws and decrees creating regulatory framework</li> <li>• Implementation of said regulatory framework</li> <li>• Current bills being debated in parliament that could be passed into laws etc.</li> </ul>
<b>Financial</b>	<b>What budgets are required to make my work possible? What financial sources can I tap into to increase my budgetary capacities</b> <ul style="list-style-type: none"> <li>• Government</li> <li>• Private sector</li> <li>• Multinational cooperation</li> <li>• Non-governmental organizations</li> <li>• International cooperation</li> </ul>
<b>Human Resources</b>	<b>What is currently available in terms of human resources and what are the requirements to make my advocacy work realistic and achievable?</b> <ul style="list-style-type: none"> <li>• General practitioners / Oncology Doctors</li> <li>• Specialists</li> <li>• Nurses</li> <li>• Laboratory Technicians</li> </ul>
<b>Health Care Infrastructure</b>	<b>What exists in terms of</b> <ul style="list-style-type: none"> <li>• Infrastructure</li> <li>• Services</li> <li>• Materials</li> <li>• Personnel</li> </ul>

## Programme Fundraising Strategy Planning

A fundraising strategy is a part of the wider implementation plan for your advocacy programme. It need not be a long or complicated document, a one to two page summary is often more useful than a lengthy document.

The basic elements of your fundraising plan center around programme needs, sources of funds and timelines in which they are needed. Working through the questions below will help you develop your own simple strategy. It should include the following information:

### Determining your needs :

1. What funding is needed:
  - a. How much? For what? By when?
  - b. What kinds of costs do we need to fundraise for in the next 12 months?
2. Where will the funds come from?
  - a. Which funders might potentially support our work?
  - b. Which individual funders do we plan to approach for each activity: what are their deadlines; processes; priorities?
  - c. What activities do we need to undertake?
  - d. What resources will we need?
3. What activities need to happen to raise funds
  - a. What opportunities do we have to promote our advocacy issue to funders?
  - b. How might we improve our profile?
  - c. Do we have a clear case for support that outlines what we need (and why) to potential funders?

### Sustainability

4. What happens when funding comes to an end?
  - a. Are there other funding/finance options to deliver our advocacy activity?
  - b. Do we need to improve our financial reporting systems to be able to understand our costs better, or to be able to report on grants?
  - c. Can we monitor the impact of our activity and demonstrate our success to potential funders?

## Checklist for a Successful Advocacy Campaign

In coming up with a successful advocacy plan, there are four phases that are critical in planning for success from the onset. This checklist will walk you through the four phases of planning with specific considerations to help you adequately prepare for the success of your advocacy programme. The four phases are outlined below in an easy to follow **e , a , c, d** format:

### Phase 1: Assessment

- a. Evaluate: Where are you starting from?
- b. Assess: What are the political and resource realities that you face?
- c. Clarify: Do you have clear deliverables?
- d. Determine: What will be your critical success factors?

### Phase 2: Targeting

- a. Evaluate: what is the issue? Who is with you? Who is against you?
- b. Assess: What are the issues for each of these stakeholders?
- c. Clarify: Which stakeholder / stakeholder groups do you need support from?

- d. Determine: What pressure points will you engage to get the best results from each of these stakeholders?

### **Phase 3: Planning**

- a. Evaluate: What are the resources at hand?
- b. Assess: How best can you apply these for a successful advocacy campaign?
- c. Clarify: Have you set S.M.A.R.T. goals – are they Specific, Measurable, Actionable, Realistic, and Timely
- d. Determine: What are your expected outputs and key milestones that will indicate that you are in the right direction? Have you explored all possible risks?

### **Phase 4: Execution**

- a. Evaluate: Are you ready to move into action?
- b. Assess: Do you have the right people and structures?
- c. Clarify: What tasks must be done and by whom, at each stage of the advocacy plan?
- d. Determine: Are you tracking and monitoring your set milestones? Does anything need to change as we go along?



**Section 12****Useful resources and key dates for advocacy action**

WHO Comprehensive Cervical Cancer Control – A guide to Essential Practice (2014);  
<http://www.who.int/reproductivehealth/publications/cancers/cervical-cancer-guide/en/>

WHO Comprehensive cervical cancer prevention and control - a healthier future for girls and women: WHO guidance note  
<http://www.who.int/reproductivehealth/publications/cancers/9789241505147/en/>

Aortic Africa: [www.aortic-africa.org/images/uploads/AdvocacyToolkit\(Web\).pdf](http://www.aortic-africa.org/images/uploads/AdvocacyToolkit(Web).pdf)

CDC: [www.cdc.gov/cancer/nbccedp/pdf/toolkit/NBCCEDP\\_Toolkit.pdf](http://www.cdc.gov/cancer/nbccedp/pdf/toolkit/NBCCEDP_Toolkit.pdf)

International Agency for Research on Cancer (IARC): [www.iarc.fr](http://www.iarc.fr)

Jhpiego: [www.Jhpiego.org](http://www.Jhpiego.org)

PATH: [www.path.org](http://www.path.org)

Union for International Cancer Control:  
[www.uicc.org/sites/main/files/private/Advocacy%20Toolkit%202012.pdf](http://www.uicc.org/sites/main/files/private/Advocacy%20Toolkit%202012.pdf)

WHO Stop the Global Epidemic of Chronic Disease:  
[www.who.int/chp/advocacy/chp.manual.EN-webfinal.pdf](http://www.who.int/chp/advocacy/chp.manual.EN-webfinal.pdf)

**Key Dates**

**Cervical Health Awareness Month - January**  
**World Cancer Day – 4 February**





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