# HIFA project: Understanding information needs to improve uptake of cervical cancer screening and treatment

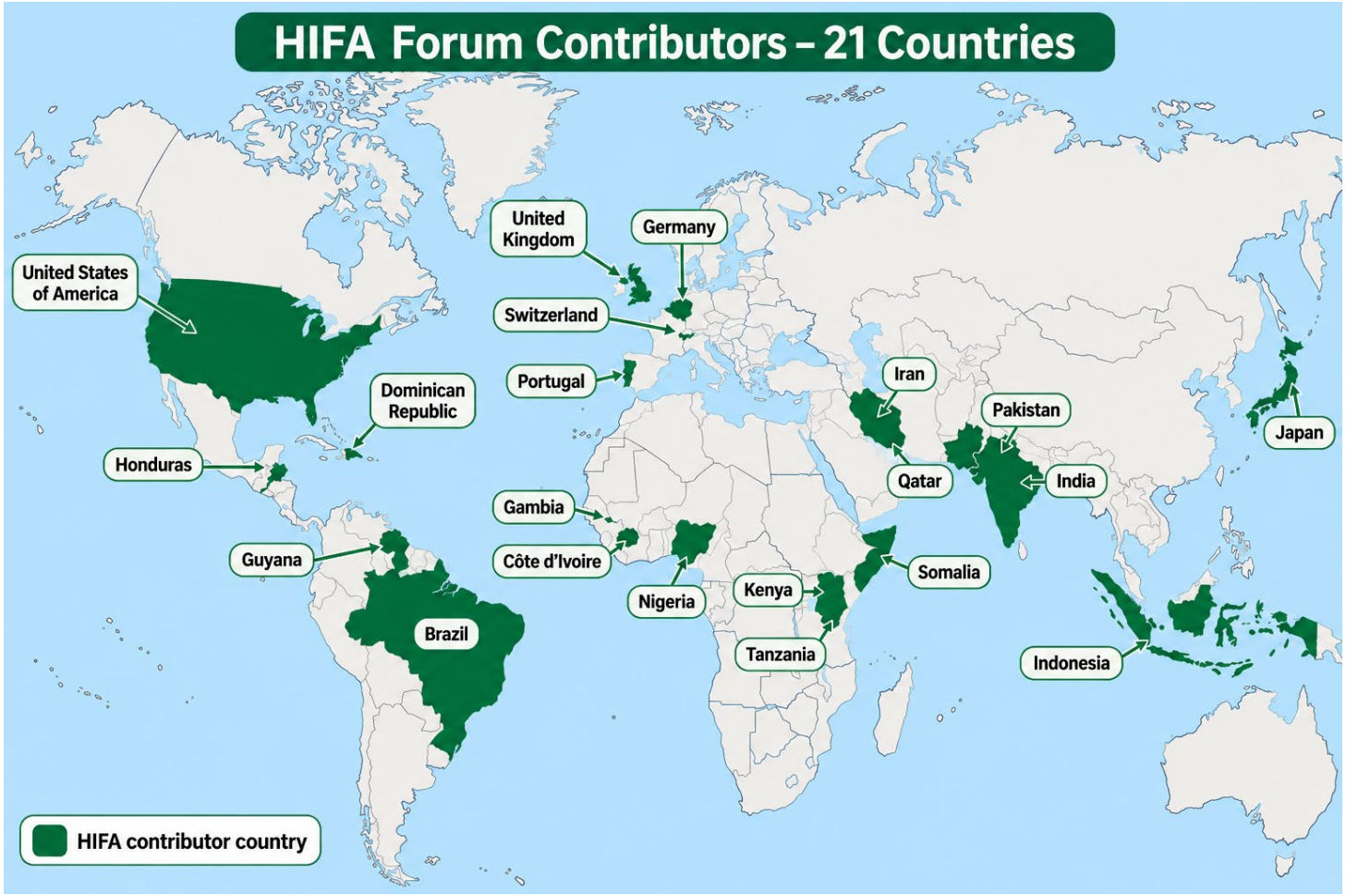
www.hifa.org/cervicalcancer

**Aim:** Report to help inform future WHO advocacy and knowledge products on cervical cancer screening and treatment, December 2026

**Working group** representing WHO (GCM-NCDs, CCEI) and HIFA

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**150** messages from **31** different participants in **21** countries



# Q1: How do people in your community perceive cervical cancer?

- “90% of women have **never heard** of cervical cancer”
- Many women prefer to go to **traditional healers**
- Cancer = inevitable **death**

**Patient advocate (Singapore):**
“Cancer, especially gynae cancer, is perceived as a death sentence”

# Q2: What questions do people ask about cervical cancer screening and treatment?

- Will screening be **painful**?
- Will it affect my ability to have **children**?
- Will the screening test itself *cause* cancer?
- What is **the point of screening if I have no symptoms**?

**Patient advocate (India):**
"In the remote villages where I work, many women feel that if they don't have any symptoms, then they do not need to be screened"

## Q3: What inaccurate, misleading or confusing information about cervical cancer have you come across in your setting? Can you share an example?

- HPV vaccination causes **infertility**
- An abnormal result indicates **infidelity**

**Primary healthcare professional (Dominican Republic):**
“Some women fear that an abnormal result will be read as proof of a partner’s infidelity.”

# Q4: Examples where information or misinformation influenced decisions about cervical cancer screening or treatment

Misinformation discourages women from attending screening.

Lack of trust in health services leads to delays in presentation of established disease

**Health professional (Nigeria):**
“Consequently, an estimated 90% of cervical cancer patients present at late, advanced stages (Stage III or IV), where mortality rates are high.”

**Patient advocate (India):**
“In the villages where I work, awareness sessions have spread like wildfire, and women are coming in large numbers for screening and treatment.”

# Q5: What sources of information about cervical cancer do people in your setting rely on most?

The contributions identify a **wide range of sources**: word of mouth, community health workers and awareness sessions, traditional healers, radio and television, newspapers, social media, posters and school education. Most spread misinformation.

**Primary healthcare (Dominican Republic):**
“As for where these beliefs come from — I don’t think anyone is spreading them on purpose. They take hold mostly because no one has ever sat down and explained things”

**Midwife (Somalia):**
“Community awareness sessions and engagement with community leaders can help women access reliable information and feel more comfortable asking questions about cervical cancer.”

# Q6: What could be done to help people find, understand and use reliable information about cervical cancer? (1/2)

**Youth leader (Nigeria):**
“Empower younger populations with accurate, age-appropriate health information, particularly on HPV infection, HPV vaccination, cervical cancer prevention and healthy behaviours.”

**Patient advocate (India):**
“The only successful [method] is having treated survivors talk to and motivate local village women!”

# Q6: What could be done to help people find, understand and use reliable information about cervical cancer? (2/2)

**Primary care professional (Dominican Republic):**
“Reliable cervical cancer information travels best through a trusted local messenger attached to the care women already reach.”

**Statement from International Pharmaceutical Federation (Netherlands):**
“Pharmacists, particularly those working in community settings, can play an important role in improving access to reliable information and supporting people throughout the cervical cancer prevention and care pathway.”

# Questions to explore further?

1. How can we better promote reproductive health education in schools?

2. What can be done to address basic misconceptions (eg “If I feel well, I do not need screening”)

3. How can women with lived experience help shape the way forward?

**4. Your suggestions please…**

**Next steps**

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