Below are the first 164 messages of ouir discussion, in full. Supported by the World Health Organization. www.hifa.org/cervicalcancer

***Cervical cancer (1) Introduction: Diya Banerjee Sur, India - Awareness and screening for HPV in remote villages of India**

11 October, 2026

[*Note from HIFA moderator (NPW): Thank you Diya for this valuable conrtibution. This is the first message relating to our upcoming HIFA discussion on cervical cancer in collaboration with WHO. The discussion starts officially on 19 October but early contributions are welcome and will be included in our synthesis. www.hifa.org/cervicalcancer]

Hello fellow HIFA members,

I am Diya Banerjee Sur from India.

'Diya Banerjee Sur is a Consultant, clinical trial head and patient advocate, at Kolkata Gynaecologial Oncology Trials and Research Group India. I am an Empathy Design Leader in Healthcare and health sciences with more than 25+ years of experience in global institutions like Oracle HSGBU, entrepreneur in Smartnirvana working with healthcare giants like Roche, GSK, AZ, Novartis and presently serving as a consultant in GCIG outfit for a clinical trial KOLGOTRG making lives of women better with a program called The Empathy Study. An advisor in Lancet Commission working on global health policies. Advisory in GCIG OCC, AIIMS Delhi on patient studies. IRB member in TATA MEDICAL CENTER, Kolkata Professional interestes: Mission to spread awareness and screen for HPV in remote villages of India. The mission started in 2023, has gained tremendous momentum, and has reached 1000+ women (https://youtu.be/szQ-q0khSkE?si=XfXcGVMvmiTtEL_e). Interested in policy making, advocacy, and empathy studies. Email address: banerjee.diya@gmail.com'

A little bit about my work on cervical cancer in remote villages of India:

My story…. “Lived” Experience and the creation of a pillar of women empowerment for remote villages women in Sundarbans (Patharpratima block) – West Bengal – India

Witness my journey by noted film makers on social causes – Greenhub https://youtu.be/szQ-q0khSkE

https://www.youtube.com/watch?v=qxpK1-ozkpU

Testimonials for village women - https://youtu.be/1m-43Fab0u4?si=rpa30CNX9MNLApBu

Women empowered - https://youtu.be/CdqeoReP9AU?si=50KBsAn5DfMQiy7s

Being a cancer survivor, the first realization was to extend healthcare privileges to women in remote villages of Sundarbans.

The mission to make remote village women like the ones in Sundarbans cancer free, our mission started back in 2023.

Nature Mates NGO together with the support of Chittaranajan Cancer Institute and Tata Medical Centre, Kolkata has achieved to sensitize and screen for HPV for more than 1000+ women over 20 cancer awareness and treatment camps in remote villages of Sundarbans. These villages lack basic medical or screening access making the mission even more necessary.

More than 15% of women in the cohort were detected with HPV+ and treated.

We continue our mission to reach and cover the entire population in these Indian villages. The local women are empowered and trained to run these camps for awareness, sensitization, data collection, HPV testing and follow-ups.

To maximize reach and impact 20,000+ families, we empower local women to conduct awareness and train ASHA/local health workers to create cancer awareness and monitor them as part of the Non-Communicable Disease program with local health system support. It's the first of its kind in India!

Following are my learnings and answers to the HIFA questions, provided inline:

1. In your experience, how is cervical cancer generally perceived in your community, workplace, or professional setting? What concerns, beliefs, or attitudes stand out to you most?

Diya: In the remote villages of India where I work with the local women, about 90% are unaware of cervical cancer, and those who have heard of it do not understand the gravity of the disease. Also cancer is generally perceived in village populations as a death threat while many feel that if they don't have any symptoms, then they are safe. Very little is known about treatments and survival statistics, so my mission on working with this population has been to spread the information, screen, treat, and break myths.

2. What questions about cervical cancer screening or treatment do people most often ask you?

Diya:

"Will it disrupt sex life?" "Does HPV positive mean cancer?"

3. Have you encountered any information, beliefs, or messages about cervical cancer, screening or treatment that you consider inaccurate, misleading, or confusing?

Diya: Myth/belief in villages of India: The HPV vaccine can destroy the reproductive capabilities of a girl child.

4. Can you share an example where information or misinformation influenced someone's decision to seek (or avoid) screening?

Diya: In the villages where I work, awareness sessions have spread like wildfire, and women are coming in large numbers for screening and treatment.

On the contrary, due to the wrong belief about the HPV vaccine, girls of that age are refusing to take the vaccine.

5. What sources of cervical cancer information do you or people in your setting rely on most? Which sources are especially helpful, and where do you see important gaps or weaknesses?

Diya: The best tried and tested sources are word-of-mouth, awareness sessions by locals, miking, radio, posters, school education.

6. Can you suggest one recommendation to help ensure that every person has access to reliable information on cervical cancer?

Diya: Information dissemination depends on population dynamics like urban vs rural, literate vs illiterate, social status etc.

The best medium in today's world is, of course, social media through informative reels, since the internet reaches every household even in India.

Thanks and Regards!

Diya +917337577790' India

HIFA profile: Diya Banerjee Sur is a Consultant, clinical trial head and patient advocate, at Kolkata Gynaecologial Oncology Trials and Research Group India. I am an Empathy Design Leader in Healthcare and health sciences with more than 25+ years of experience in global institutions like Oracle HSGBU, entrepreneur in Smartnirvana working with healthcare giants like Roche, GSK, AZ, Novartis and presently serving as a consultant in GCIG outfit for a clinical trial KOLGOTRG making lives of women better with a program called The Empathy Study. An advisor in Lancet Commission working on global health policies. Advisory in GCIG OCC, AIIMS Delhi on patient studies. IRB member in TATA MEDICAL CENTER, Kolkata Professional interestes: Mission to spread awareness and screen for HPV in remote villages of India. The mission started in 2023, has gained tremendous momentum, and has reached 1000+ women (https://youtu.be/szQ-q0khSkE?si=XfXcGVMvmiTtEL_e). Interested in policy making, advocacy, and empathy studies. Email address: banerjee.diya AT gmail.com

***Cervical cancer (2) Please forward this message :-)**

12 October, 2026

Dear HIFA colleagues,

We are excited about the upcoming discussion here on HIFA: Understanding information needs for improving uptake of cervical cancer screening and treatment, 19 October to 30 November 2026.

This project is a collaboration between HIFA, the WHO Global Coordination Mechanism on NCDs, and the WHO Cervical Cancer Elimination Initiative. You can read more about it here.
www.hifa.org/cervicalcancer

PLEASE HELP US TO PUBLICISE THE DISCUSSION by forwarding this email to at least one contact you may have with an interest in this topic. This includes not only specialists but also primary health workers, patient advocates, people wih lived experience, policymakers and health information professionals. The more new members we enrol, the more vibrant and productive our discussion will be. Our collective inputs will be synthesised in a report to help inform future advocacy and knowledge products on cervical cancer screening and treatment.

Everyone is welcome to join here: www.hifa.org/joinhifa

About HIFA: HIFA is a global campaign working to save lives and reduce suffering by improving the availability and use of reliable healthcare information and protecting people from misinformation. Our goal is universal access to reliable healthcare information: a world where every person, every health worker and every policymaker has access to the information they need to protect their own health and the health of others. Our mission is to strengthen the global evidence ecosystem by bringing together more than 20,000 health professionals, publishers, librarians, researchers, policymakers and patient advocates in 180 countries, interacting on five global forums in four languages. HIFA is administered by the Global Healthcare Information Network, a non-State actor in official relations with WHO.

With thanks and best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (3) Introduction: Anu Oommen, India - HPV testing**

13 October, 2026

Hi,

I am a public health physician working at a non profit healthcare organisation, Christian Medical College, Vellore, India.

I have been involved in implementation research on how to enable access to HPV testing using self-collection to disadvantaged communities, especially tribal populations.

Ensuring that the right messages are disseminated is vital for uptake of new interventions especially when connected to potentially stigmatising and feared conditions, and I am highly interested in codesigned approaches.

Anu Oommen

Dr. Anu Mary Oommen (MD, MA, PhD)
Professor, Department of Community Medicine,
Adjunct faculty, Centre for Public Health,
Christian Medical College Vellore,
Bagayam, Vellore, Tamil Nadu, 632002, India
email: anuoommen@cmcvellore.ac.in
T: +91 416 228 4207

HIFA profile: Anu Mary Oommen is a Doctor at Christian Medical College Vellore, India. Professional interests: Cervical cancer, ncd screening. anuoommen AT cmcvellore.ac.in

***Cervical cancer (4) Introduction: Mark Lodge, United Kingdom - Barriers that prevent uptake of screening and timely treatment**

13 October, 2026

Hi,

I am the immediate past Chair of the UK & Ireland Global Cancer Network, an independent not for profit NGO dedicated to acting as a liaison post, advocate and catalyst for innovative global cancer programmes. I am based in Oxford UK.

My interest in cervical cancer developed in 2017 while I was lead author drafting the Commonwealth policy paper on Commonwealth Collective Action on Cancer. I am currently a member of the Lancet Oncology Commission on Cancer in the Commonwealth.

There are two sorts of barriers that prevent uptake of screening and the timely treatment of cervical cancers. The first sort are external and societal. These include geographical distance; financial status; lack of opportunity; reduced access to care and insufficient or inefficient workforces. The second sort

are internal and individual. These include having a low level of health literacy; a lack of knowledge and awareness about cervical cancer; a personal belief system affected by stigma and superstition; a dislike, fear or distrust of medical procedures and health care professionals; all of which increase the vulnerability to accepting misinformation.

We will need to overcome both sorts of barriers if we are to eliminate cervical cancer as a common cause of death for women.

Mark Lodge
Email: mlodge@canet.org

Mark Lodge
Commissioning Editor, Cancer Control 2026
Co-Chair, UK and Ireland Global Cancer Network
Prama House
267 Banbury Road
Oxford OX 2 7HT UK
Email mlodge@canet.org
URL https://www.ukgcn.org ; www.cancercontrol.info

HIFA profile: Mark Lodge is the Commissioning Editor for the annual Cancer Control [https://www.cancercontrol.info/] and the immediate past Chair of the UK and Ireland Global Cancer Network (https://www.ukgcn.org/). He serves on the Lancet Oncology Commission on Cancer in the Commonwealth and is a member of the UK Working Group on NCDs. Previously he was the UK Director of the International Network for Cancer Treatment and Research. He lives in Oxford, UK. He is a member of the HIFA working group on cervical cancer.
https://www.hifa.org/support/members/mark mlodge AT canet.org

***Cervical cancer (5) Introduction: Cherian Varghese, India - Strengthening information and guidance on cervical cancer treatment**

15 October, 2026

[*Note from HIFA moderator (NPW): Thank you Dr Cherian. All: our discussion on cervical cancer starts officially on 19 October. Over the coming days we welcome introductions from working group members and others with an interest in this topic. www.hifa.org/cervicalcancer]

Please find my intro for the cervical cancer project working group.

Dr Cherian Varghese is a global public health professional with more than two decades of experience at the World Health Organization, where he contributed to major global initiatives in cancer control. He was part of the cervical cancer elimination initiative from its inception, drawing on his earlier clinical background as a radiation oncologist and his training as a cancer epidemiologist.

His current work focuses on strengthening information and guidance on cervical cancer treatment, improving health-system responses, and enhancing engagement with care pathways in resource-limited settings. He remains actively involved in academic and capacity-building efforts as an Adjunct Professor at the Prasanna School of Public Health, Manipal Academy of Higher Education in India, and as a Docent at Tampere University in Finland.

https://ncdsolutions.in/about

HIFA profile: Cherian Varghese is a distinguished public health professional and academic leader with extensive expertise in chronic disease epidemiology, prevention and control of Noncommunicable Diseases (NCDs), and health system strengthening. With over two decades of experience at the World Health Organization (WHO), he held key leadership positions at country, regional, and headquarters levels, providing strategic guidance and program management for global health initiatives. He is a member of the HIFA working group on Improving uptake of cervical cancer screening and treatment. https://www.hifa.org/support/members/cherian E: cherian.varghese AT manipal.edu

***Cervical cancer (6) Introduction: Emily Suzuki - Examples of information that influence people's decisions to seek cervical cancer screening and treatment**

15 October, 2026

Hello, my name is Emily Suzuki, and I support the Cervical Cancer Elimination Initiative at the World Health Organization.

My interest in cervical cancer began in 2023, when I worked on issues related to the HPV vaccination lawsuits in Japan while working at the Ministry of Health, Labour and Welfare. I am currently supporting the Cervical Cancer Elimination Initiative, with a particular focus on screening and treatment.

I am especially interested in learning about examples of information that influence people's decisions to seek cervical cancer screening and treatment.

I look forward to our discussion. [www.hifa.org/cervicalcancer]

HIFA profile: Emily Suzuki is a medical doctor and attorney currently serving as a Technical Officer at the World Health Organization. She provides country-level support for cervical cancer elimination, with a focus on scaling up screening and treatment programmes. Her work includes technical assistance on programme design, procurement, and implementation across diverse health system settings. Before joining WHO, she worked at Japan's Ministry of Health, Labour and Welfare, where she led litigation related to vaccination and contributed to evidence-based immunization policies. She is highly motivated to advance public health through effective health policy and programme implementation. She is a member of the HIFA working group on cervical cancer. https://www.hifa.org/support/members/emily-0 Email: esuzuki AT who.int

***Cervical cancer (8) Six guiding questions for our discussion**

18 October, 2026

Welcome to our new members who have joined us in the past few days to discuss cervical cancer in collaboraton with WHO!

Our iscussion starts tomorrow Monday 19 October, here on HIFA, and will continue through to 30 November.

The project working group proposes the following guiding questions:

1. How do people in your community or workplace generally perceive cervical cancer? Please describe the common concerns, beliefs, or attitudes you notice.

2. What questions do people commonly ask about cervical cancer screening and treatment?

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

4. Can you share an example where information or misinformation influenced someone's decision to seek or avoid cervical cancer screening or treatment?

5. What sources of information about cervical cancer do people in your setting rely on most? Which sources are helpful, and where do you see gaps or weaknesses?

6. What could be done to help people find, understand and use reliable information about cervical cancer?

We invite you to comment on any of the above, or indeed on any aspect of cervical cancer screening and treatment. We are especially keen to learn from your personal experience.

To contribute, simply send an email to: hifa@hifaforums.org

You can also follow the discussion on our RSS feed: www.hifa.org/read

The discussion will be synthesised in a report to help inform future advocacy and knowledge products on cervical cancer screening and treatment.

Further information: www.hifa.org/cervicalcancer

Please forward this message to anyone who may like to join us: www.hifa.org/joinhifa

With thanks,

Neil

Improving uptake of cervical cancer screening and treatment: Project working group (see Members tab): https://www.hifa.org/projects/improving-uptake-cervical-cancer-screening...

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (9) Q1: How do people in your community or workplace generally perceive cervical cancer?**

18 October, 2026

Dear HIFA colleagues,

Welcome again to our discussion on information needs for improving uptake of cervical cancer screening and treatment, in collaboration with WHO.

Q1. How do people in your community or workplace generally perceive cervical cancer? Please describe the common concerns, beliefs, or attitudes you notice.

In relation to this question I would like to share a paper from Ethiopia:

Communities' perceptions towards cervical cancer and its screening in Wolaita zone, southern Ethiopia: A qualitative study

Birhanu Wondimeneh Demissie et al. PLOS One. Published: January 7, 2022

https://doi.org/10.1371/journal.pone.0262142

Findings: A total of fifty-nine participants participated in both focus group discussions (three with men and six with women) and in-depth interviews (IDIs). Most participants have not heard about cervical cancer but know cancer in general. Participants mentioned that the disease usually relates to many births and unprotected sexual intercourse but none mentioned HPV infection. Most of the participants perceive that cervical cancer is incurable and assume that it could be prevented but they think they are not vulnerable to the disease and screening is not necessary.

Conclusion: This study indicates that rural communities in the zone had limited knowledge about cervical cancer and even less about risk factors, screening, treatment and prevention. There is a great need for cancer education and prevention in Ethiopia.

Below are some selected quotes forom the participants:

"How do we go to the health facility when the disease does not show any symptoms; we have to be sick to be seen by a health professional" (35 years old female, Boloso Sore). One FGD participant mentioned that "what is the point of screening? After all, cancer is a killer; better off not knowing cancer will kill you" (34 years old male, Sodo Zuria).

"What do inserting metals do in a woman who did not show any symptoms of diseases; perhaps the metal will cause another disease condition that was not there in the first place" (29 years old female, Sodo Zuria).

"The moment she instructed me to put off my clothes and lie on a high bed. I was scared! I told her that I felt better and got drugs for what I came for, and then I left the room. When I told my friends how they do the screening, they stated they would never get that kind of screening. The service should not be that way; we should be served for what we go for" (40 years old female, Boloso Sore).

"If we go to prevention without any symptoms, what is the point? People might assume [those seeing us visiting the screening room] as we have cancer. The other issue is that if people know that we have cancer, we will be stigmatized, so better not to get known or get treatment" (42 years old female, Boloso Sore).

COMMENT (NPW): Do the above observations resonate with your experience? Are people in your community or country aware of cervical cancer? Are they interested in the possibility of preventing the disease?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (10) Introduction: Amal Abdikarim Yusuf, Somalia - Raising awareness about cervical and breast cancer**

19 October, 2026

Dear HIFA team and members

Thank you for the warm welcome to HIFA,

I am happy to be part of this community and look forward for learning from others and sharing my own experiences.

My name is Amal Abdikarim Yusuf.

I am a midwife at Magaalo Cad MCH Berbera

I hold bachelor of science in Midwifery from university of Burao where I studied for five years, and graduated with 2023.

Through my work, I have developed a strong interest in maternal and newborn health, women's health, reproductive health, and community health education.

I am also interested in raising awareness about cervical and breast cancer, promoting early detection and reliable health information.

I believe that access to the right health information can make a real difference in people's lives, especially for women and families in underserved communities.

In my work I value the importance of sharing health information in ways that people can understand and apply in their daily lives.

Thank you again for welcoming me and I look forward to connecting and learning from the HIFA community.

Amal abdikarim yusuf
Midwife
Berbera
Amalyusuf2000@gmail.com

HIFA profile: Amal Abdikarim Yusuf is a Health worker based in Somalia. Professional interests: Maternal and newborn health, women's health, cervical and breast cancer awareness, cancer prevention and early detection, reproductive health, community health education, HPV vaccination, and improving access to healthcare services for underserved communities. Email address: Amalyusuf2000 AT gmail.com

***Cervical cancer (11) Q1: How do people in your community or workplace generally perceive cervical cancer? (2) Misconceptions about screening**

19 October, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-9-q1-how-do-people-your...

Q1. How do people in your community or workplace generally perceive cervical cancer? Please describe the common concerns, beliefs, or attitudes you notice.

I previoulsy shared a paper from Ethiopia 'Communities' perceptions towards cervical cancer and its screening in Wolaita zone, southern Ethiopia: A qualitative study'

There were a few comments from participants:

1. "How do we go to the health facility when the disease does not show any symptoms; we have to be sick to be seen by a health professional" (35 years old female, Boloso Sore)

2. "what is the point of screening? After all, cancer is a killer; better off not knowing cancer will kill you" (34 years old male, Sodo Zuria).

3. "If we go to prevention without any symptoms, what is the point? People might assume [those seeing us visiting the screening room] as we have cancer. The other issue is that if people know that we have cancer, we will be stigmatized, so better not to get known or get treatment" (42 years old female, Boloso Sore).

For me, these comments say a lot. They indicate the perspectives of patients are often very different to what we may assume.

I think particularly interesting is the attitude toward screening. Whereas the biomedical model proposes screening as a rational way to prevent serious disease, or to detect serious disease early so that it may be easily treated, some patients do not recognise this. Indeed some patients the need for a health visit if they are sick. Another misconception is that cancer necessarily is a death sentence.

How common are these misconceptions in your experience?

Are you aware of any approaches that can be used to explain the benefits of screening and thereby improve uptake? What is currently being used for this purpose: posters? patient education leaflets? social and mainstream media?

If people don't understand the benefits of screening, they will clearly not take advantage of it and many of them will die unnecessarily.

I look forward to read your comments. Please email to: hifa@hifaforums.org

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (12) Q1: How do people in your community or workplace generally perceive cervical cancer? (3)**

19 October, 2026

Yesterday I circulated a paper relevant to Q1 from Ethiopia.

Please may I ask for your help to identify papers from other countries, relevant to Q1?

For comparison, I found this interesting paper from India:

CITATION: Knowledge, attitudes, practices, and sociocultural factors influencing cervical cancer screening and vaccination among women in rural communities of Gujarat: A mixed-methods study

J Family Med Prim Care. 2024 Sep 11;13(9):3988–3994. doi: 10.4103/jfmpc.jfmpc_505_24

ABSTRACT

Background: Cervical cancer is a leading cause of cancer mortality among women in India. Screening can help in early detection and improve outcomes. However, uptake remains low, especially in rural areas. Understanding multidimensional factors influencing screening in local contexts is essential to promote equitable access. This study examined knowledge, attitudes, practices, and sociocultural factors associated with cervical cancer screening and vaccination in rural India.

Methods: A mixed methods study was conducted among 400 women aged 18–60 years in rural Maharashtra...

Results: Quantitative results showed poor knowledge (17% had good knowledge) and positive attitudes (64%) but low screening uptake (9%). Qualitative findings revealed limited awareness, stigma around gynecological exams, gender inequities, fear, fatalism, and low prioritization of self-care as screening barriers.

Conclusion: Multifaceted strategies addressing knowledge gaps, gender roles, stigma, and access are required to improve cervical cancer screening in marginalized rural communities. Mixed methods provide comprehensive evidence for designing context-specific interventions.

COMMENT (NPW): A weakness of the above paper is that we don't know what is menat by 'good knowledge'. The authors define this as scoring 60% on a knowledge test but we do not know the level of the questions asked.

It would be interesting to compare the perceptions of these women with those in the Ethiopia study. For example, there was a lack of awareness about the potential of screening to prevent disease in the Ethiopia study, but this was not identified as an issue in the India study.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (13) Introduction: Claire Kimilu, Kenya - WHO Cervical Cancer Elimination Initiative**

19 October, 2026

Hello everyone,

My name is Claire Kimilu, and I currently support the World Health Organization's Cervical Cancer Elimination Initiative.

Through my work, I have had the privilege of meeting and learning from advocates, colleagues and partners across different countries, including those working to expand access to cervical cancer

screening and treatment services. One thing these experiences have continually reminded me of is just how much we can learn from the people and communities closest to the challenges we are trying to address.

One of my interests in global health is how we can better bridge global policies and priorities with the realities of people's everyday lives. I think a big part of that starts with listening, being curious and recognizing just how much we can learn from one another.

I'm really looking forward to hearing the different perspectives and experiences shared through this discussion, particularly around what helps women access reliable information, screening and treatment, and what challenges may stand in their way. Whether you have personal experiences to share, work in this area, or are simply interested in learning more, I hope you'll feel encouraged to join the conversation.

Looking forward to learning from you all!
Claire

HIFA profile: Claire Kimilu supports the World Health Organization's Cervical Cancer Elimination Initiative, contributing to programme coordination, partner engagement, and global advocacy to accelerate progress toward the elimination targets. Her work includes supporting country implementation, strengthening engagement with initiative partners, and advancing advocacy and communications that highlight country progress and priorities while elevating the experiences of women and communities affected by cervical cancer.
https://www.hifa.org/support/members/claire-0 kimiluc AT who.int

***Cervical cancer (14) Q4: Can you share an example where information or misinformation influenced someone's decision to seek or avoid cervical cancer screening or treatment? (1) Pain during colposcopic biopsy**

19 October, 2026

Hi

I would like to share one example related to

q 4. Can you share an example where information or misinformation influenced someone's decision to seek or avoid cervical cancer screening or treatment? [*see note below]

We have seen that those who undergo follow-up procedures like colposcopic biopsy have pain during the procedure. When others hear this information, they get worried about either screening or attending follow-up.

Dr. Anu Mary Oommen (MD, MA, PhD)
Professor, Department of Community Medicine,
Adjunct faculty, Centre for Public Health,
Christian Medical College Vellore,
Bagayam, Vellore, Tamil Nadu, 632002, India
email: anuoommen@cmcvellore.ac.in

HIFA profile: Anu Mary Oommen is a Doctor at Christian Medical College Vellore, India. Professional interests: Cervical cancer, ncd screening. anuoommen AT cmcvellore.ac.in

[*Note from HIFA moderator (NPW): Thank you Dr Oommen. I confirm we welcome responses to any of the six questions at any time during this discussion. Here again are the six questions:

Q1. How do people in your community or workplace generally perceive cervical cancer? Please describe the common concerns, beliefs, or attitudes you notice.
Q2. What questions do people commonly ask about cervical cancer screening and treatment?
Q3. What inaccurate, misleading or confusing information about cervical cancer have you come across in your setting? Can you share an example?
Q4. Can you share an example where information or misinformation influenced someone's decision to seek or avoid cervical cancer screening or treatment?
Q5. What sources of information about cervical cancer do people in your setting rely on most? Which sources are helpful, and where do you see gaps or weaknesses?
Q6. What could be done to help people find, understand and use reliable information about cervical cancer?
www.hifa.org/cervicalcancer
Email contributions to: hifa@hifaforums.org]

***Cervical cancer (15) Q1: How do people in your community or workplace generally perceive cervical cancer? (4) Health literacy**

19 October, 2026

When considering some of the barriers to Screening I think that we will find that there is a deep, foundational need for the Education sector to play its part.

We shouldn't expect too much (my eldest son is a teacher and he won't thank me for adding to his workload) but a basic level of taught health literacy that ensures young people understand the purpose of Screening, and its part in the Prevention/ Detection/ Diagnosis/ Treatment/ Palliative Care continuum, would be a great help.

If Education is meant to prepare a child for an adult life that includes NCDs such as cervical cancer, then shouldn't health literacy be somewhere in the mix?

Kind regards,
Mark

HIFA profile: Mark Lodge is the Commissioning Editor for the annual Cancer Control [https://www.cancercontrol.info/] and the immediate past Chair of the UK and Ireland Global Cancer Network (https://www.ukgcn.org/). He serves on the Lancet Oncology Commission on Cancer in the Commonwealth and is a member of the UK Working Group on NCDs. Previously he was the UK Director of the International Network for Cancer Treatment and Research. He lives in Oxford, UK. He is a member of the HIFA working group on cervical cancer.
https://www.hifa.org/support/members/mark mlodge AT canet.org

***Cervical cancer (16) Q1: perceptions, proactive care, and the barriers that remain (5) Experience from rural Dominican Republic**

20 October, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-9-q1-how-do-people-your...]

Dear Neil, and colleagues,

Thank you for opening this discussion. I write from Somos Amigos Medical Missions, a free primary-care and dental clinic serving 32 rural mountain communities in the Dominican Republic, with patients who are Spanish-speaking and, many of them, Haitian. Screening for cervical cancer is part

of our routine care. It is the second most common cancer among Dominican women, with over 1,000 new cases and more than 700 deaths each year (ICO/IARC Information Centre on HPV and Cancer), and I offer what we see from the ground, taking your questions together.

Much of the Ethiopian picture you shared definitely resonates: the partial understanding, the fear of the exam itself, the stigma. Some younger women are reluctant to have a Pap for fear it will somehow leave them "marked," no longer a virgin; some fear that an abnormal result will be read as proof of a partner's infidelity. Among our Haitian patients these barriers run deeper still — misconceptions are more entrenched and access to reliable information scarcer — and, as I will come to, their obstacles are not only ones of belief.

Where our experience diverges from that study is in what happens next. We do not wait for symptoms, nor for worried women to come to us. We offer Pap testing with HPV co-testing at every clinic day, keep track of who is due, and actively encourage women in. A physician performs the test; specimens go to a laboratory in Santiago; a physician reviews and communicates every result. When a woman needs follow-up — a biopsy, treatment, further examination — we provide it or refer her, most often to an NGO clinic in the city, and we cover all costs. We monitor every step. For most of our patients that proactive, trusted, end-to-end care is what overcomes the fear: a woman reluctant to be "marked" is reassured not by a poster but by a clinician she trusts, in her own language, over the years. In our experience, it is this proactive care, and the trust built over years, that keeps misinformation from deciding whether a woman is screened.

But I must be candid about the women for whom it is not enough. Most of our Haitian patients are undocumented. When one needs that follow-up care in the city, we would fund it as readily as for anyone — but reaching the city is itself a danger, because transporting an undocumented person is unlawful here, and the risk of the journey can outweigh the care waiting at the end of it. For these women the barrier is not cost, which we can remove, nor information, which we can provide, but a legal and structural one that a clinic cannot. It is the hardest gap we face with these patients, and the one I most wish a discussion like this could help address: the women most exposed to cervical cancer are sometimes the ones a referral can least reach.

One honest note on prevention. We tried to establish health education for school-aged girls — as we do successfully for oral health through our local school — but found few takers on the women's-health side. Reaching adolescents before fear and rumour take hold remains, for us, an unsolved problem. It matters all the more now that the Dominican Republic has added the nonavalent HPV vaccine to its national schedule (since March 2026, free for girls and boys aged 9 to 14) — a strong foundation for the next generation, if uptake can be achieved.

If I could offer one recommendation, it is that reliable cervical-cancer information travels best through a trusted local messenger attached to the care women already reach — and that, for the most marginalised, undocumented migrant women among them, it be matched by attention to the structural barriers that information and funding alone cannot overcome.

With best wishes,

Frank Brightwell
Founder and Executive Director
Somos Amigos Medical Missions
El Naranjito, San José de las Matas, Dominican Republic

HIFA profile: Frank Brightwell is Executive Director at Somos Amigos Medical Missions, in the United States. Email: frank AT somosamigos.org

***Cervical cancer (17) Improving medical records and health data in Africa**

20 October, 2026

[Note: The message below is forwarded from our sister forum HIFA-French. Our discussion on cervical cancer is open on HIFA-French, HIFA-Portuguese and HIFA-Spanish. To join any of these forums please go to www.hifa.org/join

With thanks, Neil]

[English translation by Google - Original message below]

Dear colleagues,

As an information management professional and specialist in archives, I would like to shed light on an aspect that I consider essential in the fight against cervical cancer: the proper management, preservation, and accessibility of health data — particularly within the African context.

In our hospitals and health centers, information regarding patients, screenings, diagnoses, and treatments constitutes a valuable resource. Yet, the management of this information often faces several challenges: medical records that remain largely paper-based, insufficient digitization, a lack of interoperability between IT systems, and the absence of appropriate mechanisms to ensure that information is preserved and retrievable over time.

These obstacles can hinder patient follow-up, the continuity of care, and the use of data for research. Conversely, well-organized, secure medical records that are easily accessible to authorized professionals not only improve patient care but also provide a better understanding of how the disease progresses and help evaluate the effectiveness of screening programs.

In my view, it is crucial to strengthen the capacity of healthcare facilities in both physical and digital archiving, to establish clear policies for the retention of medical records, and to guarantee the confidentiality of personal information. We must also ensure that data is reliable, structured, and actionable, all while upholding patients' rights.

Finally, effective health data management can help better inform the public. Reliable, well-documented data enables researchers and health authorities to develop resources tailored to local realities, dispel misconceptions, and build greater trust in healthcare services.

The fight against cervical cancer does not depend solely on access to screening and treatment; it also relies on our ability to preserve, organize, and leverage the information that enables better decision-making. In the African context, investing in the archiving and governance of health data should therefore be viewed as a key driver for improving healthcare and public health.

Best regards,

Dosso Djibril

Professor of Documentation

Specialist in Physical and Electronic Records Management

President of the Association for the Promotion of Information and Documentation Sciences in Côte d'Ivoire (APSID-CI)

***Cervical cancer (18) Q1: How do people in your community or workplace generally perceive cervical cancer? (6) Health literacy (2)**

20 October, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-15-q1-how-do-people-you...]

Mark,

I agree with you about the possible role of formal NCD and cancer education in schools. A few colleagues and myself have been invited to give lectures on NCDs to year 7, 8, and 9 students. I also provide lectures on NCDs, health self management, and climate change to a primary school in Kenya. We have also supplied the portable laptop and projector for displaying the presentations.

The school provides the premises, teachers, facilities and curriculum for education. More specialised experts provide the lectures which the teachers can teach around according to their own style of teaching.

Richard

HIFA profile: Richard Fitton is a retired family doctor - GP. Professional interests: Health literacy, patient partnership of trust and implementation of healthcare with professionals, family and public involvement in the prevention of modern lifestyle diseases, patients using access to professional records to overcome confidentiality barriers to care, patients as part of the policing of the use of their patient data Email address: richardpeterfitton7 AT gmail.com

***Cervical cancer (19) Q6 What could be done to help people find, understand and use reliable information about cervical cancer?**

20 October, 2026

[www.hifa.org/cervicalcancer]

Hi HIFA Team and members

As midwife, I believe that improving access to reliable health information is essential for preventing cervical cancer and encouraging early detection.

In my view, community health education should be provided in simple, understandable to appropriate language.

Midwives and other health frontline health workers can play and importance role of screening, HPV vaccination and seeking appropriate medical advice.

Community awareness session, antenatal and postnatal health education and engagement with community leaders can help women access reliable information and feel more comfortable asking questions about cervical cancer.

It is also important to address fear, stigma and misinformation with respectful, culturally appropriate communication.

Women should understand that screening is preventable health measure and that early detection can improve treatments outcomes.

I believe that strengthening health education could help improve awareness and access to appropriate services.

HIFA profile: Amal Abdikarim Yusuf is a Health worker based in Somalia. Professional interests: Maternal and newborn health, women's health, cervical and breast cancer awareness, cancer prevention and early detection, reproductive health, community health education, HPV vaccination, and improving access to healthcare services for underserved communities. Email address: Amalyusuf2000 AT gmail.com

***Cervical cancer (20) WHO Evidence-informed guidance for the implementation of HPV-based cervical cancer screening programmes**

20 October, 2026

Dear HIFA colleagues,

As we celebrate World Evidence-Based Healthcare Day today, here is an overview for a recent WHO publication (July 2026), which can be freely downloaded here: https://www.who.int/publications/i/item/9789240124172

"This guidance supports countries in implementing human papillomavirus (HPV) DNA-based cervical cancer screening programmes in line with WHO recommendations and the Global Strategy to eliminate cervical cancer as a public health problem. It addresses the challenges of transitioning from visual inspection with acetic acid or cytology-based screening to HPV-based screening by presenting evidence-informed implementation strategies that strengthen programme adoption, service delivery, sustainability and scale-up. Developed through systematic reviews, qualitative interviews with programme stakeholders, evidence from multinational implementation initiatives and WHO consultations, the guidance applies implementation science and systems thinking to identify practical approaches for different health system contexts.

"The document organizes implementation strategies across health system, health-care provider and community levels, focusing on four key implementation outcomes: adoption of WHO recommendations, uptake of screening and treatment services, retention of women who screen positive throughout the continuum of care, and long-term sustainability and expansion of programmes. It also considers implementation for women living with HIV and provides indicators together with a planning and documentation tool to support the selection, monitoring and evaluation of implementation strategies. By facilitating systematic documentation of implementation experiences, the guidance aims to strengthen the evidence base for implementation research and accelerate progress towards equitable, effective and sustainable HPV-based cervical cancer screening programmes."

==

Were you involved in the development of this guidance or have you used it in your work? We invite your comments. Email: hifa@hifaforums.org

What other guidance is available from WHO? This morning I discovered the Cervical cancer elimination initiative knowledge repository which would appear to collate all these documents but when I tried the URL I received a 'This site can't be reached': https://cceirepository.who.int/ Please can our colleagues at WHO help?

Many thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (21) Q1: How do people in your community or workplace generally perceive cervical cancer? (7) Stigma**

20 October, 2026

Thanks to Anu Mary Oommen (India), Mark Lodge (UK), Frank Brightwell (Dominican Republic) and others who have highlighted the role of stigma. I invite us to explore this and how it can be addressed.

Here is a recent paper on the topic. The authors are US-based but the perspective is global.

CITATION: Cervical cancer stigma – A silent barrier to the elimination of cervical cancer

Cancer. 2025 Feb 28;131(5):e35776. doi: 10.1002/cncr.35776

https://pmc.ncbi.nlm.nih.gov/articles/PMC11869935/

'Stigma presents a unique and underexplored barrier to cervical cancer control. Novel methods to reduce stigma can be employed to reduce the global burden of this disease...

'Stigma, a powerful social process involving negative labeling and stereotyping of certain human characteristics as socially undesirable, remains a significant but often overlooked barrier to cervical cancer prevention efforts. 6 Although the understanding that the HPV infection acquired through sexual contact was the cause of cervical cancer was a major scientific breakthrough, this discovery also linked stigma surrounding the female reproductive tract, sexual contact, and promiscuity to cancer prevention efforts...

'Although the understanding that the HPV infection acquired through sexual contact was the cause of cervical cancer was a major scientific breakthrough, this discovery also linked stigma surrounding the female reproductive tract, sexual contact, and promiscuity to cancer prevention efforts..

'In conclusion, cervical cancer stigma represents a silent yet pervasive barrier to the elimination of cervical cancer. The impact of stigma influences women at risk for and living with cervical cancer across the globe, regardless of geographic location, socioeconomic status, or other factors. Urgent action is needed to address this complex and multifaceted challenge and create supportive environments for affected individuals. Innovative, collective efforts can alleviate the burden of cervical cancer stigma and assist in the achievement of WHO's cervical cancer elimination goals.'

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (22) Cervical cancer screening: Our telemedicine experience in Mongolia**

20 October, 2026

Dear Neil, dear HIFA colleagues,

Thank you for launching this important initiative together with the WHO Cervical Cancer Elimination Initiative and the WHO Global Coordination Mechanism on Noncommunicable Diseases.

I would like to share some practical experience from a cervical cancer screening project in Mongolia, in which our German company, Klughammer GmbH, was involved in cooperation with the Millennium Challenge Corporation (MCC), known to us at the time as the Millennium Challenge Account (MCA).

FROM RESEARCH FINDINGS TO TELEMEDICINE IMPLEMENTATION

In 2010, a study entitled “Report on Health Seeking Behavior with regard to Cervical Cancer Screening in Ulaanbaatar”, funded by the Millennium Challenge Account-Mongolia Health Project, identified several important barriers to cervical cancer screening.

These included:

Limited knowledge among women about cervical cancer, screening procedures and the benefits of early detection.
Difficult access to specialised diagnostic services, particularly for women in rural areas.
Insufficient diagnostic capacity and qualified personnel at local healthcare facilities.
Delays in diagnosis and referral to specialised centres.
Inadequate communication and coordination between different levels of healthcare.

The study also highlighted that many women sought medical attention only after developing symptoms, rather than participating in preventive screening.

OUR PRACTICAL EXPERIENCE IN MONGOLIA

In 2015, we participated in a cervical cancer screening project in Mongolia in cooperation with MCC/MCA.

Our contribution was the provision of CampusMedicus, a telemedicine collaboration platform developed by Klughammer GmbH and the predecessor of our current Case.io platform.

Microscopic and macroscopic images from cervical cancer screening examinations across Mongolia were uploaded to CampusMedicus, where they could be reviewed and assessed by medical specialists.

The platform supported structured medical case documentation, image sharing, specialist consultation and the recording of diagnostic assessments.

This enabled geographically separated healthcare professionals to collaborate asynchronously, without requiring every medical case to be discussed through a live video consultation.

We still have screenshots documenting actual screening cases, including uploaded microscopy images and completed diagnostic reviews.

WHY THIS EXPERIENCE MAY BE RELEVANT TO THE CURRENT HIFA DISCUSSION

One important lesson from our experience is that providing reliable information to women is essential, but information alone is not sufficient.

Women also need access to functioning screening services, appropriate diagnostic expertise, clear referral pathways and reliable follow-up.

Digital health platforms can help connect these elements, particularly in countries where specialists are concentrated in major cities and patients live far from specialised healthcare facilities.

In this context, telemedicine should not be understood solely as video consultations. Asynchronous medical collaboration, including the exchange of diagnostic images, medical records and specialist opinions, can be equally important.

We believe that the combination of patient education, accessible screening services and coordinated telemedical support deserves greater attention in strategies to improve cervical cancer screening and treatment.

POTENTIAL CONTRIBUTION TO THE HIFA PROJECT

As President of One World Medical Network e.V. (OWMN), a member of HIFA I would be pleased to contribute our experience to the ongoing discussion.

We would also be happy to share examples from the original CampusMedicus implementation and discuss how similar approaches could support cervical cancer screening programmes today.

I would be particularly interested to learn whether experiences from earlier telemedicine implementations could contribute to the planned HIFA/WHO report or subsequent activities.

Thank you again for bringing together this important international discussion.

Kind regards,

Anna Schmaus-Klughammer

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HIFA profile: Anna E Schmaus-Klughammer is president of the association "One World Medical Network". The goal of the association is to improve medical care in LMICs (Low and Middle Income Countries).Our activities start from building primary and specialized health care facilities and continue to organize national cancer screening with connections to national and international expert doctors using telemedicine networks. Training of medical personnel is also an important part of the

work of the association.
One World Medical Network e.V., Ulrichsbergerstrasse 17, Deggendorf in Germany.
info@owmn.org www.owmn.org

***Cervical cancer (23) Q6 What could be done to help people find, understand and use reliable information about cervical cancer? (2) Community awareness and women's groups**

20 October, 2026

Dear Amal Abdikarim Yusuf,

Thank you for sharing your experience as a midwife in Somalia.

You said: "Community awareness session, antenatal and postnatal health education and engagement with community leaders can help women access reliable information and feel more comfortable asking questions about cervical cancer."

Your message reminded me of the participatory women's groups that Anthony Costello and others have researched over the past 20 years. I believe they have been effective across many aspects of health including reduction in neonatal mortality.

I suspect they could also be an efective way to explore and address issues around stigma, which we have learned are important with regards to cervical cancer screening. They should also be very helpful in countering misinformation and misperceptions.

A related thought is to see efforts to improve uptake of cervical cancer screening in the context of wider women's health issues, rather than dealing with cervical cancer alone.

I look forward to hear more about your methods, including and especially the 'community awareness sessions'.

With thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (24) WHO Global strategy to accelerate the elimination of cervical cancer as a public health problem**

20 October, 2026

This strategy was published in 2020 and can be downloaded here:

https://www.who.int/publications/i/item/9789240014107

'This global strategy to eliminate cervical cancer proposes:

a vision of a world where cervical cancer is eliminated as a public health problem;

a threshold of 4 per 100 000 women-years for elimination as a public health problem;

the following 90–70–90 targets that must be met by 2030 for countries to be on the path towards cervical cancer elimination:

90% of girls fully vaccinated with HPV vaccine by age 15 years

70% of women are screened with a high-performance test by 35 years of age and again by 45 years of age

90% of women identified with cervical disease receive treatment (90% of women with precancer treated, and 90% of women with invasive cancer managed).'

The following three extracts are especially relevant to our discussion:

1. 'A robust understanding of the social, cultural, societal and structural barriers to the uptake of services is crucial. Such knowledge will inform the development of context-specific and culturally appropriate demand creation strategies and the design of acceptable, accessible service delivery platforms. Local communities, especially women, must be engaged and empowered to lead the development of these critical programmes, serve as allies, counter misinformation or stigmatization, and support those needing more complex treatment. Increasing health literacy, knowledge of rights and awareness of cervical cancer prevention and control will help to mobilize, empower and engage communities and civil society, and women in their diversity.

COMMENT (NPW): This resonates with the objective of our HIFA discussion: 'Insights from the discussion will be brought together in a report and help shape future advocacy and knowledge products that support efforts to improve uptake of cervical cancer screening and treatment to accelerate progress towards the 2030 elimination targets'. However, 'a robust understanding of the social, cultural, societal and structural barriers' requires a comprehensive and holistic approach, for which a 6-week discussion on HIFA can only be a small part. As the global strategy says, 'local communities, especially women, must be engaged and empowered', which goes way beyond an informal online discussion. We invite HIFA members not only to share experience, but also to point us to previous research and work on this topic.

2. 'Reduce cancer stigmatization: Patient awareness, health literacy and education initiatives, especially through survivor groups, contribute to addressing stigmatization associated with cancer.'

COMMENT (NPW): Indeed cervical cancer survivors can play a uniquely powerful role in educating other women about screening, diagnosis and treatment because they speak from lived experience. They can help dispel myths, reduce fear and normalise discussions about cervical cancer. They can provide peer support, helping newly diagnosed women navigate the healthcare system, understand treatment options, cope emotionally, and adjust to life during and after treatment.

3. 'Media platforms, opinion leaders, influencers, traditional and faith leaders, and patient advocates should be deployed strategically in order to increase access to information. The WHO guidance on community mobilization, education and counselling for cervical cancer prevention and treatment can be used to improve health literacy'

COMMENT (NPW): This WHO guidance is actually a chapter in a 2014 WHO publication called 'Comprehensive cervical cancer control: a guide to essential practice, 2nd edition.' Geneva: World Health Organization; 2014

https://iris.who.int/items/30e47177-9f70-4e73-b130-2cfe0fd374fa

The guidance is a lot more than improving health literacy. Indeed the term 'health literacy' is not mentioned in the publication. Here is the introduction to the chapter:

'This chapter addresses the need to include outreach, community mobilization, health education and counselling in effective cervical cancer prevention and control programmes. The goal of these strategies is to motivate women and families to seek preventive services, including early detection and treatment of cervical pre-cancer and vaccination of girls, and ultimately to enable people to increase control over and improve their health.

'This chapter consists of five main sections. Section 3.1, Increasing the use of cervical cancer prevention and control services, serves as an introduction to the subject of this chapter, with a focus on the central role of health-care providers. The remaining

sections, on Outreach (section 3.2), Community mobilization (section 3.3), Preventive health education (section 3.4) and Counselling (section 3.5), provide information on the most effective approaches and key messages for each of these efforts, including

helpful resources for implementing them. The transmission of consistent messages requires good communication skills and the use of nontechnical language appropriate to the target population.'

I shall take a closer look at this chapter in the coming days.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (24) Community awareness and women's groups (2)**

21 October, 2026

Dear Neil

Thank you for your thoughtful response and for highlighting the potential of participatory women's groups in addressing cervical cancer stigma and misinformation.

As a midwife working in maternal and community health services in Somalia, I believe that existing maternal health services can provide valuable opportunities to improve women's awareness of cervical cancer.

In Somalia, it is particularly important to communicate sensitively about women's reproductive health, respect cultural values and protect confidentiality.

Women should also receive clear information about where to access appropriate screening and follow-up services as awareness alone cannot overcome barriers to healthcare access.

I find your suggestion of addressing cervical cancer within the broader context of women's health especially valuable. Linking these discussions with maternal health, family planning, reproductive

health and general health education could help make the information more accessible and acceptable to women.

I would welcome further learning and collaboration on evidence-based approaches to community mobilisation and participatory women's groups, particularly those that could be adapted to the Somali context.

HIFA profile: Amal Abdikarim Yusuf is a Health worker based in Somalia. Professional interests: Maternal and newborn health, women's health, cervical and breast cancer awareness, cancer prevention and early detection, reproductive health, community health education, HPV vaccination, and improving access to healthcare services for underserved communities. Email address: Amalyusuf2000@gmail.com

Cervical cancer (26) Introduction: Claire Kimilu, Kenya - WHO Cervical Cancer Elimination (2) Thanks to contributors

21 October, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-13-introduction-claire-...]

Dear Claire and all,

Many thanks for your warm introduction and, on behalf of HIFA, it's great to be working with you on this project. www.hifa.org/cervicalcancer

I share your interest in 'how we can better bridge global policies and priorities with the realities of people's everyday lives' and the need to start 'with listening, being curious and recognizing just how much we can learn from one another'. I hope that HIFA can continue to play a small part in bringing people together in this way.

And I echo your words: "I'm really looking forward to hearing the different perspectives and experiences shared through this discussion, particularly around what helps women access reliable information, screening and treatment, and what challenges may stand in their way. Whether you have personal experiences to share, work in this area, or are simply interested in learning more, I hope you'll feel encouraged to join the conversation."

Thanks to all those who have already contributed. We have already heard from Dominican Republic, India (X4), Indonesia, Kenya, Somalia, as well as Germany, Switzerland, UK, and US. Each message helps us collectively to build a picture. Insights from the discussion will be brought together in a report to help shape future advocacy and knowledge products that support efforts to improve uptake of cervical cancer screening and treatment to accelerate progress towards the 2030 elimination targets.

Two useful URLs:

You can review all HIFA messages on our RSS feed here: www.hifa.org/read

Please spread the word and invite your colleagues to join us: www.hifa.org/joinhifa

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four

languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (27) Experience from rural Dominican Republic (2)**

21 October, 2026

Dear Frank and all,

Thank you for your valuable and interesting contributions to the discussion so far.

You said: "If I could offer one recommendation, it is that reliable cervical-cancer information travels best through a trusted local messenger attached to the care women already reach"

This point comes through repeatedly among those involved in health education and patient engagement. The availability of trusted, familiar health workers in your clinics in Dominican Republic provide a foundation for this. Could you say something about how such health workers are supported to provide health education? Is this typically part of the clinician encounter and/or do you also have in-house or outreach education activities?

I note that you "tried to establish health education for school-aged girls... but found few takers on the women's-health side". You may be interested to check out a HIFA supporting organisation called Children for Health www.hifa.org/support/supporting-organisations/children-health

Many thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (28) Introduction: iya Banerjee Sur, India - Awareness and screening for HPV in remote villages of India (2)**

21 October, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-1-introduction-iya-bane...

Dear Diya,

Thank you again for your early message on 11 October, representing the first message in our discussion. I enjoyed watching the YouTube videos you shared.

https://www.hifa.org/dgroups-rss/cervical-cancer-1-introduction-iya-bane...

You mentioned, "Being a cancer survivor, the first realization was to extend healthcare privileges to women in remote villages of Sundarbans." Your work is inspiring and I look forward to learning more.

I was interested to see the videos you kindly provided. They gave a picture of dedicated volunteers working with you and village women enthusiastic to care for their health and prevent disease.

You note that you have reached 20,000+ families, 'empowering local women to conduct awareness and train ASHA/local health workers to create cancer awareness and monitor them as part of the

Non-Communicable Disease program with local health system support. It's the first of its kind in India!'

I hope that others can learn from your experience. Perhaps other places in Kolkata, or you could share internationally through a publication?

Do other HIFA members in other countries have comparable experience? Please email: hifa@hifaforums.org

"In the villages where I work, awareness sessions have spread like wildfire, and women are coming in large numbers for screening and treatment."

It is very encouraging that there is such good uptake for screening.

You mention that 'about 90% are unaware of cervical cancer [and] cancer is generally perceived in village populations as a death threat while many feel that if they don't have any symptoms, then they are safe'.

Nevertheless you have been successful in encouraging many women to come forward for screening. On the other hand perhaps there are some women who are reluctant to come forward. Have you had conversations with them and what did you learn? Roughly what percentage of women are reluctant and how are you able to reassure them?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (28) CORRECTION Introduction: Diya Banerjee Sur, India - Awareness and screening for HPV in remote villages of India (2)**

21 October, 2026

The version I sent a few minutes ago had an erroneous URL. Please refer to this version. Thanks, NPW

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-1-introduction-iya-bane...

Dear Diya,

Thank you again for your early message on 11 October, representing the first message in our discussion. I enjoyed watching the YouTube videos you shared.

You mentioned, "Being a cancer survivor, the first realization was to extend healthcare privileges to women in remote villages of Sundarbans." Your work is inspiring and I look forward to learning more.

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Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (29) Q5: What sources of information about cervical cancer do people in your setting rely on most? (1) India**

21 October, 2026

Hi,
Please find my submission

Q5. What sources of information about cervical cancer do people in your setting rely on most? Which sources are helpful, and where do you see gaps or weaknesses?

In India, people draw health information from a wide range of sources. Newspapers and magazines continue to play a major role, with articles written either by doctors or by reporters who compile information from various places. At the same time, social media has penetrated deeply into communities. This has created a new challenge: information spreads rapidly, but so does misinformation. Without adequate filters, inaccurate messages can appear suddenly, circulate widely, and reinforce misconceptions.

Regulation of health information is often suggested, but in practice it is extremely difficult to implement at scale.

A more realistic and effective approach is for Ministries of Health to maintain a strong, active presence across print media, electronic platforms, and social media spaces. They should consistently share science-based, evidence-driven, and context-appropriate messages on cervical cancer screening and related topics.

Truthful, timely, and audience-specific communication is one of the strongest counter-strategies we have against misinformation. When credible information is available, accessible, and repeated across trusted channels, communities are better equipped to make informed decisions.

Thanks
Cherian

HIFA profile: Cherian Varghese is a distinguished public health professional and academic leader with extensive expertise in chronic disease epidemiology, prevention and control of Noncommunicable Diseases (NCDs), and health system strengthening. With over two decades of experience at the World Health Organization (WHO), he held key leadership positions at country, regional, and headquarters levels, providing strategic guidance and program management for global health initiatives. He is a member of the HIFA working group on Improving uptake of cervical cancer screening and treatment. https://www.hifa.org/support/members/cherian E: cherian.varghese AT manipal.edu

***Cervical cancer (30) Misinformation about HPV vaccine (1) 'Girls who are vaccinated lose the ability to reproduce'**

22 October, 2026

Thanks, Neil, for pointing out this very disturbing rumour circulating here in rural India: the belief that getting the vaccine destroys girls' reproductive ability.

To give a background,

Here in rural India we have a network of local village women health workers, locally called 'Asha' workers. Each of them is responsible for the health of a cluster of 100+ women. They monitor health and conduct awareness campaigns.

My program on HPV and breast cancer awareness, screening and treatment which works closely with the 'asha' workers, has reached over 20,000 women regarding HPV awareness. Recently, since the central government started the HPV vaccine program, I heard this wrong rumour circulating through one of the health workers: 'Girls who are vaccinated lose the ability to reproduce.' This rumour has fueled vaccine hesitancy among the locals.

After probing it seems this is a baseless somewhat anti-establishment rumour coupled with the fear about vaccines, similar to what we saw with the COVID vaccine.

I believe there is a big gap in knowledge dissemination regarding the vaccine, its benefits and HPV in general.

I would also welcome suggestions to counter this rumor.

Thanks and Regards!

Diya
India

HIFA profile: Diya Banerjee Sur is a Consultant, clinical trial head and patient advocate, at Kolkata Gynaecologial Oncology Trials and Research Group India. I am an Empathy Design Leader in Healthcare and health sciences with more than 25+ years of experience in global institutions like Oracle HSGBU, entrepreneur in Smartnirvana working with healthcare giants like Roche, GSK, AZ, Novartis and presently serving as a consultant in GCIG outfit for a clinical trial KOLGOTRG making lives of women better with a program called The Empathy Study. An advisor in Lancet Commission working on global health policies. Advisory in GCIG OCC, AIIMS Delhi on patient studies. IRB member in TATA MEDICAL CENTER, Kolkata Professional interestes: Mission to spread awareness and screen for HPV in remote villages of India. The mission started in 2023, has gained tremendous momentum, and has reached 1000+ women (https://youtu.be/szQ-q0khSkE?si=XfXcGVMvmiTtEL_e). Interested in policy making, advocacy, and empathy studies. Email address: banerjee.diya AT gmail.com

***Cervical cancer (31) Misinformation about HPV vaccine (2) Experience from rural Dominican Republic (3)**

22 October, 2026

Hello Frank - this is Diya from India. I run a HPV campaign in rural India and we get a lot of negative rumors about HPV and vaccines, I would love to know more about similar challenging rumors and how to counter them from your region in the Dominican Republic.

Thanks and Regards!
Diya
India

HIFA profile: Diya Banerjee Sur is a Consultant, clinical trial head and patient advocate, at Kolkata Gynaecologial Oncology Trials and Research Group India. I am an Empathy Design Leader in Healthcare and health sciences with more than 25+ years of experience in global institutions like Oracle HSGBU, entrepreneur in Smartnirvana working with healthcare giants like Roche, GSK, AZ, Novartis and presently serving as a consultant in GCIG outfit for a clinical trial KOLGOTRG making lives of women better with a program called The Empathy Study. An advisor in Lancet Commission working on global health policies. Advisory in GCIG OCC, AIIMS Delhi on patient studies. IRB member in TATA MEDICAL CENTER, Kolkata Professional interestes: Mission to spread awareness and screen for HPV in remote villages of India. The mission started in 2023, has gained tremendous momentum, and has reached 1000+ women (https://youtu.be/szQ-q0khSkE?si=XfXcGVMvmiTtEL_e). Interested in policy making, advocacy, and empathy studies. Email address: banerjee.diya AT gmail.com

***Cervical cancer (32) Awareness and screening for HPV in remote villages of India (3) The central role of cancer survivors**

22 October, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-28-correction-introduct...

Thanks, Neil, for all the appreciation and encouragement!

'Nevertheless you have been successful in encouraging many women to come forward for screening. On the other hand perhaps there are some women who are reluctant to come forward. Have you had conversations with them and what did you learn? Roughly what percentage of women are reluctant and how are you able to reassure them?'

What you stated above is a stark truth that we frequently encounter. The only counter that has made the program successful is having treated survivors talk to and motivate local village women to join this mission!

This is the only method which reassures the reluctant women to get checked and treated but it's true that I can't vouch for the whole population as much as I would like! I would say roughly 30% are reluctant (which is a huge success from 90% when we started). Their only excuse is, "We are fine and don't need any screening," or "Any screening intervention might lead to cancer," or similar statements. Additionally, the whole myth of CANCER being a deadly sentence, coupled with fear, largely controls their decisions in most cases.

Thanks and Regards!
Diya
India

HIFA profile: Diya Banerjee Sur is a Consultant, clinical trial head and patient advocate, at Kolkata Gynaecologial Oncology Trials and Research Group India. I am an Empathy Design Leader in Healthcare and health sciences with more than 25+ years of experience in global institutions like Oracle HSGBU, entrepreneur in Smartnirvana working with healthcare giants like Roche, GSK, AZ, Novartis and presently serving as a consultant in GCIG outfit for a clinical trial KOLGOTRG making lives of women better with a program called The Empathy Study. An advisor in Lancet Commission working on global health policies. Advisory in GCIG OCC, AIIMS Delhi on patient studies. IRB member in TATA MEDICAL CENTER, Kolkata Professional interestes: Mission to spread awareness and screen for HPV in remote villages of India. The mission started in 2023, has gained tremendous momentum, and has reached 1000+ women (https://youtu.be/szQ-q0khSkE?si=XfXcGVMvmiTtEL_e). Interested in policy making, advocacy, and empathy studies. Email address: banerjee.diya AT gmail.com

***Cervical cancer (33) Awareness and screening for HPV in remote villages of India (4) Stigma (2)**

22 October, 2026

Reduce cancer stigmatization: Patient awareness, health literacy and education initiatives, especially through survivor groups, contribute to addressing the stigmatization associated with cancer.

A few learnings from rural India through my H.O.P.E program:

Through the program, we empowered a strong group of local village women with minimal literacy. These women have been educated, screened, and treated for HPV-positive cases so they can spread awareness, conduct screening/awareness camps, disseminate information, break myths and rumors and create a band of strong community of women with accurate knowledge about women's cancers.

The above actions reduce cancer stigmatization, make patients aware, and spread health literacy and education initiatives, especially through survivor groups.

Thanks and Regards!
Diya
India

HIFA profile: Diya Banerjee Sur is a Consultant, clinical trial head and patient advocate, at Kolkata Gynaecologial Oncology Trials and Research Group India. I am an Empathy Design Leader in Healthcare and health sciences with more than 25+ years of experience in global institutions like Oracle HSGBU, entrepreneur in Smartnirvana working with healthcare giants like Roche, GSK, AZ, Novartis and presently serving as a consultant in GCIG outfit for a clinical trial KOLGOTRG making

lives of women better with a program called The Empathy Study. An advisor in Lancet Commission working on global health policies. Advisory in GCIG OCC, AIIMS Delhi on patient studies. IRB member in TATA MEDICAL CENTER, Kolkata Professional interestes: Mission to spread awareness and screen for HPV in remote villages of India. The mission started in 2023, has gained tremendous momentum, and has reached 1000+ women (https://youtu.be/szQ-q0khSkE?si=XfXcGVMvmiTtEL_e). Interested in policy making, advocacy, and empathy studies. Email address: banerjee.diya AT gmail.com

***Cervical cancer (34) Thank you for your messages so far**

22 October, 2026

Dear HIFA colleagues,

Thank you for your messages so far. We have exchanged 34 messages from 11 individual participants from Côte d'Ivoire, Dominican Republic, Ethiopia, Germany, India, Kenya, Mongolia, Somalia, Switzerland, United Kingdom and United States. We have heard diverse perspectives from public health, clinical care, cancer advocacy, midwifery, health information management and digital health, providing an international and multidisciplinary perspective on improving access to reliable information about cervical cancer screening and treatment.

The discussion highlights how limited awareness, misconceptions, fear and stigma can discourage women from seeking screening and treatment. Examples include beliefs that cervical cancer is inevitably fatal, that screening is unnecessary in the absence of symptoms, that HPV vaccination can affect fertility, and that screening or follow-up procedures may be painful or threaten perceptions of sexual respectability. Participants also emphasise wider structural barriers, including geographical distance, financial constraints, shortages of trained personnel, inadequate referral pathways and legal obstacles affecting marginalised populations. Proposed approaches include culturally appropriate health education in local languages; engaging trusted healthcare workers, community leaders, women's groups and cancer survivors; introducing health literacy education in schools; and using community outreach, social media and other accessible communication channels.

Contributions from India and the Dominican Republic illustrate the value of community-led awareness and proactive follow-up, while experiences from Mongolia highlight the potential of telemedicine to connect healthcare workers with specialist expertise. The discussion reinforces a central message: reliable information is essential, combined with accessible, trusted and well-coordinated screening, diagnosis, treatment and follow-up services.

To read all contributions see: www.hifa.org/read

We invite you to comment on any aspect of cervical cancer. Here are the six guiding questions:

1. How do people in your community or workplace generally perceive cervical cancer? Please describe the common concerns, beliefs, or attitudes you notice.

2. What questions do people commonly ask about cervical cancer screening and treatment?

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

4. Can you share an example where information or misinformation influenced someone's decision to seek or avoid cervical cancer screening or treatment?

5. What sources of information about cervical cancer do people in your setting rely on most? Which sources are helpful, and where do you see gaps or weaknesses?

6. What could be done to help people find, understand and use reliable information about cervical cancer?

We especially welcome sharing of personal experience, whether as a patient or health professional, that might help our understanding of these issues.

Please email your comments to: hifa@hifaforums.org

www.hifa.org/cervicalcancer

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (35) Community awareness and women's groups (3)**

22 October, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-24-community-awareness-...]

Dear Amal,

Thank you for describing your work in Somalia.

You said: "I would welcome further learning and collaboration on evidence-based approaches to community mobilisation and participatory women's groups, particularly those that could be adapted to the Somali context."

Yes, it would be really good to hear from other HIFA members in other countries about such experience. Can anyone comment on this, or perhaps other approaches to empower and engage women?

I was impressed today by the message from HIFA member Diya Banerjee Sur, who said: "The only counter that has made the program successful is having treated survivors talk to and motivate local village women to join this mission! This is the only method which reassures the reluctant women to get checked and treated"

Indeed a women's group led by a cancer survivor would seem to be a very powerful approach. Such a person could be a regular member of the group or could be invited to speak with the group for a special session on cervical cancer screening and treatment.

It may be useful for such sessions to have visual aids of some kind? Also, perhaps to have simple written guidance for facilitators of such sessions? Is there such guidance that could be used?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four

languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (36) Q5: What sources of information about cervical cancer do people in your setting rely on most? (2) India (2)**

22 October, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-29-q5-what-sources-info...

Dear Cherian,

Thank you for your observations from India.

"In India, people draw health information from a wide range of sources. Newspapers and magazines continue to play a major role, with articles written either by doctors or by reporters who compile information from various places. At the same time, social media has penetrated deeply into communities. This has created a new challenge: information spreads rapidly, but so does misinformation."

Yes, 20 years ago when HIFA was launched, many believed that the internet would enable universal access to reliable healthcare information. Twenty years later and we find that misinformation spreads ever faster thanks to the internet and social media.

Also, as you say, many people do not have regular access to the internet and rely on mainstream media: newspapers, television, radio.

A question to you and others: To what extent are the mainstream media responsible for misinformation?

For example, we have heard from Diya (India) about the false belief that HPV vaccination causes infertility. Is this misinformation coming from (or being amplified by) mainstream media or other sources?

In the later part of your message youu say: "A more realistic and effective approach is for Ministries of Health to maintain a strong, active presence across print media, electronic platforms, and social media spaces. They should consistently share science-based, evidence-driven, and context-appropriate messages on cervical cancer screening and related topics. Truthful, timely, and audience-specific communication is one of the strongest counter-strategies we have against misinformation. When credible information is available, accessible, and repeated across trusted channels, communities are better equipped to make informed decisions."

This aligns with what many of us have been saying on HIFA. The surest way to address misinformation is arguably not to keep fighting it, but to make progressive in a positive direction: to accelerate the availability and use of reliable healthcare information. This in turn needs a holistic, whole-systems approach as described on the HIFA website: www.hifa.org/ecosystem

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by

Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (37) Experience from rural Dominican Republic (4) Personal health records**

22 October, 2026

Frank, thank you for your comments about the usefulness of patient data in both paper and digital format. My family practice implemented its first simple administrative digital patient record in place for 7,500 patients in 1985. I moved to another practice in 1993 in order to accelerate the use of digital records, and to give patients copies of their records. We were quite rightly obliged to run parallel paper and digital records for clinical and legal reasons. Staff training in the use of the digital systems takes time and I would recommend Pontefract and Wilson's paper:

Using electronic patient records: defining learning outcomes for undergraduate education *S K Pontefract, K Wilson
PMID: 30670000 PMCID PMC6341543
https://pmc.ncbi.nlm.nih.gov/articles/PMC6341543/
DOI: 10.1186/s12909-019-1466-5 <https://doi.org/10.1186/s12909-019-1466-5>

Abstract

Background: Healthcare professionals are required to access, interpret and generate patient data in the digital environment, and use this information to deliver and optimise patient care. Healthcare students are rarely exposed to the technology, or given the opportunity to use this during their training, which can impact on the digital competence of the graduating workforce. In this study we set out to develop and define domains of competence and associated learning outcomes needed by healthcare graduates to commence working in a digital healthcare environment.

I would also recommend working with patients throughout the planning, commissioning, implementation, and auditing phases of the instantiation of digital records. Medical records soon come up against the needs for patient access, the search for and management of errors and omissions in records, and for the management of very sensitive data that patients do not want to be shared under any circumstances.

As a Data Protection Officer, I recommended compulsory testing and certification of personnel's data handling knowledge, skills, and attitudes before they could access and process personal digital health data. A stitch in time saves nine.

Richard Fitton

HIFA profile: Richard Fitton is a retired family doctor - GP. Professional interests: Health literacy, patient partnership of trust and implementation of healthcare with professionals, family and public involvement in the prevention of modern lifestyle diseases, patients using access to professional records to overcome confidentiality barriers to care, patients as part of the policing of the use of their patient data Email address: richardpeterfitton7 AT gmail.com

***Cervical cancer (38) Improving medical records and health data (3)**

22 October, 2026

?Dear Richard,

Thank you — this is exactly the kind of hard-won, practical counsel I had hoped this conversation might surface, and I am grateful you took the time. The parallel-records caution, your point that staff training is the real work, and your insistence on involving patients from the outset all ring true, and I will read the Pontefract and Wilson paper with interest.

Your advice is especially timely for us. Somos Amigos runs a free primary-care and dental clinic serving 32 rural communities in the Dominican Republic, and we are weighing an electronic record now — made more pressing by a significant increase in patient numbers we expect soon. We have relied on paper so far, and we feel its limits most in exactly the places you name: continuity of care, finding and correcting errors, and keeping track of who is due for follow-up.

What we are looking for may be a little unusual, and I would value your thoughts. Because we are a full dental clinic as well as a medical one, we would like a record that carries both medical and dental components, and that can also accommodate laboratory and pharmacy modules — ideally in one integrated system rather than several that do not speak to one another. If you know of systems that manage that combination, particularly ones suited to low-resource settings, I would be most grateful for any leads.

Thank you again for your generosity in writing, and for the reminder that a stitch in time saves nine — we would far rather get this right at the outset than unpick it later.

With best wishes,
fb

Frank Brightwell
Founder and Executive Director
Somos Amigos Medical Missions
Candid Profile

HIFA profile: Frank Brightwell is Executive Director at Somos Amigos Medical Missions, in the United States. Email: frank AT somosamigos.org

***Cervical cancer (39) Awareness and screening for HPV in remote villages of India (5) Stigma (3)**

22 October, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-33-awareness-and-screen...]

Hello Neil,

This very program will be presented at the HPV WPCA Summit Europe in Athens, Greece on October 24, 2026. I have also submitted the data analyzed from the study to journals; I am awaiting finalisation. [*see note below]

Thanks and Regards!
Diya
India

HIFA profile: Diya Banerjee Sur is a Consultant, clinical trial head and patient advocate, at Kolkata Gynaecologial Oncology Trials and Research Group India. I am an Empathy Design Leader in Healthcare and health sciences with more than 25+ years of experience in global institutions like Oracle HSGBU, entrepreneur in Smartnirvana working with healthcare giants like Roche, GSK, AZ, Novartis and presently serving as a consultant in GCIG outfit for a clinical trial KOLGOTRG making lives of women better with a program called The Empathy Study. An advisor in Lancet Commission

working on global health policies. Advisory in GCIG OCC, AIIMS Delhi on patient studies. IRB member in TATA MEDICAL CENTER, Kolkata Professional interestes: Mission to spread awareness and screen for HPV in remote villages of India. The mission started in 2023, has gained tremendous momentum, and has reached 1000+ women (https://youtu.be/szQ-q0khSkE?si=XfXcGVMvmiTtEL_e). Interested in policy making, advocacy, and empathy studies. Email address: banerjee.diya AT gmail.com

[*Note from HIFA moderator (NPW): Thank you Diya, this is exciting that there is an HPV summit in Athens starting in 2 days time! Will you be presenting in person? It would be wonderful if you can tell delegates about this discussion and invite them to join. www.hifa.org/joinhifa I can provide a PPT slide if this would be helpful.]

***Cervical cancer (40) WHO Comprehensive Cervical Cancer Control: Community mobilization, education and counselling**

22 October, 2026

As previously noted, the 2014 publication WHO Comprehensive Cervical Cancer Control includes a chapter on Community mobilization, education and counselling, which is especially relevant to our discussion.

The full publication is freely available here:
https://iris.who.int/server/api/core/bitstreams/98beead0-4aca-431a-88a9-...

The key points are listed as follows:

- Outreach, community mobilization, health education and counselling are essential components of an effective cervical cancer prevention and control programme to ensure high vaccination coverage, high screening coverage and high adherence to treatment.

- Outreach strategies must reach and engage young girls and women who would most benefit from vaccination and screening, respectively, as well as men and boys and leaders in the community, and key stakeholders.

- Community mobilization and health education are essential tools for overcoming common challenges that impede access to and utilization of preventive care; these common barriers include social taboos, language barriers, lack of information and

lack of transportation to service sites.

- Health education ensures that women, their families and the community at large understand that cervical cancer is preventable.

- Health education messages about cervical cancer should reflect the national policy and should be culturally appropriate and consistent at all levels of the health system.

- Health-care facilities should have a private room that can be used to provide individual women with information and counselling, if appropriate, to help them make the best choices for their health.

- Health-care providers should be trained to discuss sexuality in a nonjudgemental way and to address issues related to cervical cancer and human papillomavirus (HPV) while protecting patient

privacy and confidentiality.

- It is critical that educational messages emphasize that women with abnormal screening results must return for follow-up.

'This chapter consists of five main sections. Section 3.1, Increasing the use of cervical cancer prevention and control services, serves as an introduction to the subject of this chapter, with a focus on the central role of health-care providers. The remaining sections, on Outreach (section 3.2), Community mobilization (section 3.3), Preventive health education (section 3.4) and Counselling (section 3.5), provide information on the most effective approaches and key messages for each of these efforts, including helpful resources for implementing them. The transmission of consistent messages requires good communication skills and the use of nontechnical language appropriate to the target population.'

Section 3.1: Increasing the use of cervical cancer prevention and control services. This section is 2 pages. It talks about the role of the healthcare provider and 'characteristics and communication skills of an effective health educator' but I think it lacks practical how-to information. This may come in later sections which we shall look at next.

Looking at the Preface, it says: 'This publication, Comprehensive cervical cancer control: a guide to essential practice (C4GEP), gives a broad vision of what a comprehensive approach to cervical cancer prevention and control means'. We shall learn in due course if it also provides practical guidance for individual healthcare providers. If not, does WHO (or other organisations) publish practical guidance in this area? Please let us know.

We would also be interested to hear from anyone involved in developing this publication back in 2014, and anyone who has used it. Your insights and feedback would be very welcome.

Many thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (41) WHO Comprehensive Cervical Cancer Control: Community mobilization, education and counselling (2) Outreach activities**

23 October, 2026

Dear HIFA colleagues,

Below are extracts from the WHO Publication I mentioned yestereday. These extracts refer to outreach activities, defined as 'efforts made beyond the walls of the health-care facility to reach target populations with the goals of increasing knowledge about specific health issues (cervical cancer prevention is one example) and improving access to health services....'

The full publication is available here: https://iris.who.int/server/api/core/bitstreams/98beead0-4aca-431a-88a9-...

The section on outreach is on pages 86-88.

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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.

Vulnerable groups: ... Special efforts need to be made to reach the most vulnerable populations...

Community leaders and champions: Engaging community leaders can greatly facilitate outreach efforts. A few strong leaders who become champions of the cause can bring in community support that will ensure a successful programme...

Men: As with other aspects of women's reproductive health, it is crucial to reach and involve men...

Once the target populations have been defined, an outreach plan can include:

• community health workers and peer-to-peer communication strategies to provide information and motivate populations to seek services;

• mobile screening units and/or vaccine brigades to bring services to communities;

• posters, pamphlets, radio, television and internet-based social media to reach all segments of the target populations, as well as people who can influence them

==

The section doesn't mention cancer survivors, whose importance has been highlighted by Diya (India): https://www.hifa.org/dgroups-rss/cervical-cancer-32-awareness-and-screen...

I searched the publication for 'survivors' and found no reference (it's possible that a different term was used). Perhaps their role could be recognised in future editions/publications.

HIFA colleagues: Do you have any experience with outreach activities in relation to cervical cancer? What did you do? What worked well and not so well? What could be done to support outreach activities in the future?

Many thanks for your contributions. Please email: hifa@hifaforums.org

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (42) Introduction: Narsimha Dichpally, India - Patient advocacy**

23 October, 2026

Respected Sir/Madam,

Greetings from Narsimha Raju Dichpally, India

I will introduce myself,

First Vice District Governor 2026-27, Lions Clubs International – District 320D, India
Head of Operations, Lions Pavani Hospice, Hyderabad, Blue Circle Voices Founding Member - IDF,

Lion Narsimha Raju Dichpally is a distinguished professional with dual Master's degrees in Business Administration and Computer Applications, and over 15 years of dedicated service in healthcare advocacy. As Head of Operations at Lions Pavani Hospice, he leads compassionate care initiatives for third- and fourth-stage cancer patients, focusing on pain relief, dignity, and emotional support.

A global voice for patient advocacy, he has worked extensively on diabetes, cardiac, and cancer awareness through the GCDiabetes Forum, International Diabetes Federation, and World Health Organization. His efforts have influenced public health policy and inspired communities across Asia.

An accomplished Lions leader since 2008, Lion Narsimha Raju has held key roles including Cabinet Secretary, GST and GMT Coordinator, and faculty for SLLI, FDI, and LCIP programs. His leadership has earned multiple International President Medals, Global Action Team Awards, and national recognition for environmental and humanitarian initiatives.

Driven by empathy and purpose, he continues to champion the Gift of Life through organ donation, disease prevention, and hospice care — embodying the Lions' motto of "Service with Impact."

This is for your kind information, Proud to associated with you .

Please acknowledge after receiving this email..

Thanking you,

With Regards,

Narsimha Raju Dichpally

BCV Founding Member - IDF

Vice District Governor - Lions Clubs Internaional 320D, India

Patient Advacate NCDS

HIFA profile: Narsimha Raju Dichpally is a Patient Advocate, BCV Founding Member IDF Lions Clubs International, Head Operations International Diabetes Federation, Lions Clubs Internationa lLions Pavani Hospice for cancer patients, India. Professional interests: Working on Non Communicable Diseases from more than decade as a Passionate volunteer and a Patient Advocate working with Global patient Affairs closely. lionnarsimharajumjf@yahoo.in

***Cervical cancer (43) Persons with lived experience**

24 October, 2026

Hi everyone

Great to be part of this interesting discussion

This (lack of utilisation of persons with lived experience) has been a blind spot in a a lot of literature or guidelines on cancer prevention and screening. The role of lived experience definitely needs to be highlighted or emphasised in future editions.

As Diya Sur said, cancer, especially gynae cancers are still seen as a death sentence (outcomes are still poor in Low and Middle Income Countries). It is further complicated by social and cultural norms where talking about reproductive organs is still taboo. Women are discouraged from even mentioning these organs or describing their symptoms.

A person with lived experience of cancer brings hope and changes the perception of cancer being a death sentence. When she talks of the linkage between early diagnosis and better outcomes, it resonates.

In many instances where persons with lived experience play a role as patient navigator after a screening or a diagnosis, they are often able to convince the woman and their family to go ahead with treatment.

If treatment requires them to leave their family and travel to a tertiary care centre, counselling will need to extend to the husband and his family as well.

One other aspect we must be able to address is the impact of cervical cancer on their reproductive health, especially in younger women. Loss of ability to bear children has social consequences which seem worse than death

Aparna Mittal

Founder and CEO

PatientsEngage

www.patientsengage.com

HIFA profile: Aparna Mittal is a Patient Advocate and Founder/ CEO, PatientsEngage Health Foundation, India and Singapore. Professional interests: Building Health Literacy and an Informed Community, Advocating for persons with lived experience to be part of shared decision making as well as policy making. Email address: aparna.mittal AT patientsengage.com

***Cervical cancer (44) Introduction: Narsimha Dichpally, India - Patient advocacy (2) Availability and quality of care for people living with advanced cervical cancer**

24 October, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-42-introduction-narsimh...

Dear Narsimha Dichpally,

Thank you for your introduction message. I note that you are Head of Operations at Lions Pavani Hospice, where you lead compassionate care initiatives for third- and fourth-stage cancer patients, focusing on pain relief, dignity, and emotional support.

Care for those with life-limiting illness due to advanced cervical cancer is a critical part of treatment services. Unfortunately, many people, especially in LMICs, are already at an advanced stage when they are first diagnosed.

Please would you like to inform us about the availability and quality of care for people living with advanced cervical cancer in India?

I would like to ask the same question to HIFA members working in other countries.

Many thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (45) Summary of week 1**

24 October, 2026

Dear HIFA

Thank you to all our contributors in our first week. We have exchanged 43 messages from 13 individual participants representing 11 countries (Côte d'Ivoire, Dominican Republic, Ethiopia, Germany, India, Kenya, Mongolia, Somalia, Switzerland, the United Kingdom, and the United States). Participants included public health specialists, clinicians, midwives, cancer advocates, health information professionals, patient advocates, researchers and WHO staff, providing a diverse and multidisciplinary perspective on cervical cancer screening, treatment and health information needs.

Here is a summary of the discussion so far, with a comment from me below. I used AI to assist with a first draft of this summary, which I then checked and edited for accuracy.

SUMMARY OF WEEK ONE

Several contributors reported that many women have little or no knowledge of cervical cancer and often regard cancer as a fatal disease rather than a preventable or treatable condition. In rural India, Diya Banerjee Sur noted that many women are unaware of cervical cancer, believe that absence of symptoms means there is no need for screening, and have limited understanding of treatment and survival. Similar findings were highlighted from studies in Ethiopia and India, where fear, fatalism, stigma, low awareness and misconceptions about screening were recurring themes.

The discussion identified common questions and concerns about screening and treatment. Women may ask whether screening will affect their sex life, whether a positive HPV test means cancer, whether screening is necessary without symptoms, whether screening procedures themselves can cause harm, and whether follow-up procedures are painful. Concerns about fertility, reproductive health and the social consequences of illness were also frequently mentioned.

Misinformation emerged as a major obstacle. A particularly influential rumour reported from India was the belief that HPV vaccination causes infertility. Contributors noted that misinformation can discourage uptake of both vaccination and screening, especially where understanding of HPV and cervical cancer is limited. Fear of pain during diagnostic procedures and misconceptions that cancer is inevitably fatal further influence decisions to avoid care.

Many participants stressed the importance of trusted local messengers. Examples included community health workers, ASHA workers, midwives, clinicians, community leaders and women who

have survived cancer. Several contributors argued that people with lived experience can help others to reduce fear, counter myths, explain the benefits of early diagnosis and treatment, and encourage screening uptake. Experience from rural India suggested that survivor-led advocacy has been particularly effective in overcoming reluctance to participate in screening.

Stigma was repeatedly identified as a barrier. Contributors described fears that screening might imply sexual activity or infidelity, concerns about discussing reproductive organs, embarrassment associated with examinations, and social stigma associated with a cancer diagnosis. WHO guidance and published literature cited in the discussion emphasise the need to address stigma as part of cervical cancer elimination efforts.

A broad range of strategies to improve access to reliable information were proposed. These included community awareness sessions, school-based education, participatory women's groups, social media campaigns, local-language communication, engagement of community leaders, peer education, outreach activities and counselling. Contributors emphasised that information should be culturally appropriate, non-technical and delivered through trusted channels.

Several contributors highlighted that information alone is insufficient. Women also need accessible, affordable and trusted services, effective referral pathways, follow-up mechanisms and functioning health systems. Experiences from the Dominican Republic illustrated the value of proactive screening programmes and trusted clinician-patient relationships, while examples from Mongolia demonstrated how telemedicine can strengthen diagnostic services and specialist support. Structural barriers such as poverty, distance from services, workforce shortages and legal obstacles affecting undocumented populations were also recognised.

Overall, the discussion so far suggests that improving uptake of cervical cancer screening and treatment requires a combination of reliable information, community engagement, improved health literacy, active countering of misinformation, survivor involvement, stigma reduction and accessible, well-coordinated health services. These elements are seen as essential for achieving WHO's cervical cancer elimination goals.

COMMENT (NPW): We have learned a great deal from HIFA members in India, thanks to Diya Banerjee Sur, Anu Mary Oommen, Cherian Varghese, Narsimha Raju Dichpally. We also have insights from Dominican Republic (Frank Brightwell) and Somalia (Amal Abdikarim Yusuf). It's important that we hear from other countries. Below are our six guiding questions:

1. How do people in your community or workplace generally perceive cervical cancer? Please describe the common concerns, beliefs, or attitudes you notice.

2. What questions do people commonly ask about cervical cancer screening and treatment?

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

4. Can you share an example where information or misinformation influenced someone's decision to seek or avoid cervical cancer screening or treatment?

5. What sources of information about cervical cancer do people in your setting rely on most? Which sources are helpful, and where do you see gaps or weaknesses?

6. What could be done to help people find, understand and use reliable information about cervical cancer?

Please consider any of the above questions (or indeed any aspect of cervical cancer) in relation to your personal/professional experience and/or your country.

To contribute send email to: hifa@hifaforums.org

To review previous messages: www.hifa.org/read

With thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (46) Q2: What questions do people commonly ask about cervical cancer screening and treatment?**

24 October, 2026

Dear HIFA colleages,

Welcome to week 2 of our in-depth exploration on Understanding information needs for improving uptake of cervical cancer screening and treatment.

I would like to introduce Question 2: "What questions do people commonly ask about cervical cancer screening and treatment?"

In week 1 we have already learned a little from India and Ethiopia:

From India:

“Will it disrupt sex life?”

"Does HPV positive mean cancer?"

Full message: https://www.hifa.org/dgroups-rss/cervical-cancer-1-introduction-iya-bane...

From Ethiopia (indirectly via a published paper):

“How do we go to the health facility when the disease does not show any symptoms; we have to be sick to be seen by a health professional”

“what is the point of screening?”

“What do inserting metals do in a woman who did not show any symptoms...?”

“If we go to prevention without any symptoms, what is the point?”

Full message: https://www.hifa.org/dgroups-rss/cervical-cancer-9-q1-how-do-people-your...

We also learned about concerns about pain during follow-up procedures, effects on sex life, fertility, and whether screening itself could lead to cancer.

We look forward to learn more from other countries.

Many thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (47) WHO Comprehensive Cervical Cancer Control (3) Community health workers**

24 October, 2026

Here are extracts from the WHO Comprehensive Cervical Cancer Control (pages 88-90). Full text: https://iris.who.int/items/30e47177-9f70-4e73-b130-2cfe0fd374fa

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Community mobilization is a process of engaging communities and generating support for all those in need of health services (for example, cervical cancer prevention and control), resulting in sustainable community ownership and participation...

Effective preventive care at health-care facilities requires not only setting up the service, but – equally important – engaging the community so that they understand and utilize it...

Health-care providers are often overburdened with caring for patients, which makes it difficult to get out into the community. Community health workers, volunteers and facility managers can be mobilized to provide community education and outreach...

Many health systems use trained community health workers (CHWs) to educate community members about prevention and to promote available health services. CHWs can serve as a bridge between health services and the community and are recognized worldwide as an essential part of any health-care team. Their peer-to-peer approach helps to gain the trust of families who can benefit from information and advice on both vaccination and screening programmes, addressing any fears or concerns that may be present.

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Can you add to the above? What does community mobilisation mean in your context? Are you a community health worker or do you support CHWs? What are the challenges and opportunities for CHWs in increasing uptake of cervical cancer screening and treatment?

Many thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to

reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (48) Q2: What questions do people commonly ask about cervical cancer screening and treatment? (2)**

26 October, 2026

Dear HIFA colleagues,

Many thanks to all those who contributed during Week 1 of our discussion.

A summary is available here: https://www.hifa.org/dgroups-rss/cervical-cancer-45-summary-week-1

We now move to our focus for Week 2:

Q2. What questions do people commonly ask about cervical cancer screening and treatment?

Several examples have already emerged:

Do I need screening if I feel healthy and have no symptoms?

Will screening be painful?

Can screening or treatment affect fertility or sex life?

Does a positive HPV test mean I have cancer?

If I am diagnosed with cervical cancer, can it be cured?

These are important questions, but there are likely many more.

For example:

What questions do women commonly ask before agreeing to screening?

What questions arise after receiving a screening result?

Are there differences between the questions asked by adolescents, young adults, older women, men, partners or family members?

Are there differences between different countries, or between groups within countries?

Which questions are most difficult for health workers to answer?

Which questions are most influenced by misinformation circulating online or within communities?

Are there questions that women are often reluctant or embarrassed to ask directly?

What questions are specific to particular cultural, religious or social contexts?

What questions do cervical cancer survivors most often hear from others?

Please share examples from your own experience, community, workplace, research or clinical practice. Identifying the most common questions people ask is an important step towards ensuring that everyone has access to the reliable, understandable and trusted information they need to protect their health.

We look forward to hearing your thoughts.

To review past messages: www.hifa.org/read

For an overview of the project and six questions: www.hifa.org/cervicalcancer

Many thanks,

Neil Pakenham-Walsh

HIFA Coordinator

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (49) Reflection on last week's cervical cancer discussion**

26 October, 2026

Dear HIFA Team

Reflecting on last week's discussion I learned that improving cervical cancer prevention requires more than providing information. Fear, stigma and misinformation can influence women's decision to seek screening and attend follow up appointments.

I was particularly reminded of the importance of trust between women and healthcare workers, culturally appropriate health education and ensuring that women can access further investigation and treatment when needed.

Another important lesson is the need to educate girls from an early age about their reproductive health. Girls should understand their bodies, know how to care for their reproductive health and feel safe and confident speaking up when they notice unusual symptoms or changes.

They should not feel ashamed or afraid to seek advice from trusted healthcare professionals. Early age appropriate education can help build health awareness, reduce stigma and encourage timely care.

I believe schools, families, midwives and other health workers all have an important role in educating young people about their health. Girls should learn about HPV, vaccination and cervical cancer prevention from an early age.

As a midwife these discussions have strengthened my understanding that effective cervical cancer prevention requires health education, trusted communication, accessible services and continuity of care.

Providing information is important, but women and girls also need support and access to appropriate healthcare services when they need them.

Thank you to everyone who shared their knowledge and experiences. I look forward to learning more from this week's discussion.

HIFA profile: Amal Abdikarim Yusuf is a Health worker based in Somalia. Professional interests: Maternal and newborn health, women's health, cervical and breast cancer awareness, cancer prevention and early detection, reproductive health, community health education, HPV vaccination, and improving access to healthcare services for underserved communities. Email address: Amalyusuf2000 AT gmail.com

***Cervical cancer (50) Q2: What questions do people commonly ask about cervical cancer screening and treatment? (3)**

27 October, 2026

Diya:

Will it disrupt sex life?"

Does HPV positive mean cancer?'

Will this bleed and be painful?

The questions are primarily asked by older adults with less education and awareness

The question which becomes tricky for health workers to answer is whether HPV positive leads to cancer or death!

All questions related to sex are uncomfortable in Indian culture to discuss openly - its a social stigma

Will I get totally cancer free?

Thanks and Regards!
Diya
India

HIFA profile: Diya Banerjee Sur is a Consultant, clinical trial head and patient advocate, at Kolkata Gynaecologial Oncology Trials and Research Group India. I am an Empathy Design Leader in Healthcare and health sciences with more than 25+ years of experience in global institutions like Oracle HSGBU, entrepreneur in Smartnirvana working with healthcare giants like Roche, GSK, AZ, Novartis and presently serving as a consultant in GCIG outfit for a clinical trial KOLGOTRG making lives of women better with a program called The Empathy Study. An advisor in Lancet Commission working on global health policies. Advisory in GCIG OCC, AIIMS Delhi on patient studies. IRB member in TATA MEDICAL CENTER, Kolkata Professional interestes: Mission to spread awareness and screen for HPV in remote villages of India. The mission started in 2023, has gained tremendous momentum, and has reached 1000+ women (https://youtu.be/szQ-q0khSkE?si=XfXcGVMvmiTtEL_e). Interested in policy making, advocacy, and empathy studies. Email address: banerjee.diya AT gmail.com

***Cervical cancer (51) Q2: What questions do people commonly ask about cervical cancer screening and treatment? (4)**

27 October, 2026

Dear HIFA colleagues,

Regarding Q2, I have identified three categories of questions that women may have at different stages along the screening and treatment continuum.

1. Questions that influence the decision to get screened

Why should I get screened for cervical cancer?
Should I get screened even if I have already received the HPV vaccine?
How much does cervical cancer screening cost?
Where can I get screened near my home?

2. Questions from women who have decided to get screened

What should I expect during the screening process?
Will the screening procedure be painful?
What do the screening results mean?

3. Questions from women who test positive

Does a positive screening result mean that I have cervical cancer?
What treatment options are available?
Can I still have children after treatment?

I would also like to share a useful slide from the Alliance for Cervical Cancer Prevention (ACCP) that addresses women's frequently asked questions about cervical cancer screening.

Women's Frequently Asked Questions About Cervical Cancer Screening – PowerPoint presentation
https://www.slideserve.com/heinz/women-s-frequently-asked-questions-abou...

I would like to learn more about the diverse questions and concerns that women commonly have before, during, and after cervical cancer screening. What questions do women most frequently ask, and are there important concerns or information needs that are often overlooked?

Kind regards,

Emily

HIFA profile: Emily Suzuki is a medical doctor and attorney currently serving as a Technical Officer at the World Health Organization. She provides country-level support for cervical cancer elimination, with a focus on scaling up screening and treatment programmes. Her work includes technical assistance on programme design, procurement, and implementation across diverse health system settings. Before joining WHO, she worked at Japan's Ministry of Health, Labour and Welfare, where she led litigation related to vaccination and contributed to evidence-based immunization policies. She is highly motivated to advance public health through effective health policy and programme implementation. She is a member of the HIFA working group on cervical cancer.
https://www.hifa.org/support/members/emily-0 esuzuki AT who.int

***Cervical cancer (52) Q2: What questions do people commonly ask about cervical cancer screening and treatment? (5)**

27 October, 2026

Screening is important
Promote HPV vaccine more forcefully specially in developing countries

Ghazanfar

HIFA profile: Ghazanfar Ali Sheikh is [retired] professor of pediatrics continental medical college, Lahore in Pakistan [now resident in United States]. Professional interests: pediatrics, infections, neonatal infections malnutrition, breast feeding, vaccinations. ghazanfar.sheikh AT yahoo.com

***Cervical cancer (52) Q2: What questions do people commonly ask about cervical cancer screening and treatment? (5)**

27 October, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-51-q2-what-questions-do...

Dear Emily,

Many thanks for your very helpful message. I was impressed with the comprehensiveness of the slide presentation you shared and I have copy-and-pasted the content below. Apparently the original source is the Alliance for Cervical Cancer Prevention (ACCP). However, there seems to be a problem with the URL [www.alliance-cxca.org] - it presents a page in Korean script and when I select English it shows publicity for gambling sites.

It's not clear how these questions were compiled and which populations were surveyed.

Women's Frequently Asked Questions About Cervical Cancer Screening: Helping Health Care Providers Anticipate and Answer Common Questions Original source: Alliance for Cervical Cancer Prevention (ACCP) www.alliance-cxca.org

Overview:

- Anticipating and clearly answering women's questions is important for improving their participation in testing and treatment programs.

- Women frequently have questions about:

- Why they should be tested

- What to expect during testing

- What the results mean

- What to expect during treatment

Important note about these FAQs:

- Program planners and service providers should:

- interview women and providers to learn about women's unique questions and concerns;

- tailor answers to programmatic realities.

- Questions and answers here are general and apply to any screening method.

What is cervical cancer?

- A major cause of death among women aged 40 to 60 in developing countries

- Occurs when cells in the cervix have abnormal, uncontrolled growth

I feel healthy—why should I be screened?

- Signs and symptoms before the development of cancer are not noticeable.

- Abnormal areas that are not yet cancer can be found through examination of the cervix and treated before cancer develops.

I am embarrassed—do I really need this exam?

- Women between ages 30 and 60, especially those who have not been tested in the past 3 to 5 years, are at highest risk of cervical cancer and should be tested.

- Being tested is a wise decision that protects your health.

Will the examination hurt?

- Some discomfort, stinging, and/or pressure may be felt (depending on the type of exam).

- Relaxing can ease discomfort.

Will I have privacy during the examination?

- Yes! Every client has the right to privacy, and only the clinician and his/her assistant will be there.

- The entry to the room should be closed, and no one should interrupt during the exam.

Is this a test for HIV/AIDS or other STIs?

- No. The test is only for detecting precancerous changes on the cervix.

- It is possible that the clinician will notice symptoms of a vaginal or cervical infection and then recommend treatment.

What does a negative test result mean?

- This is good!

- No abnormal signs were found

- Cervix is probably normal

What does a positive test result mean?

- You may have abnormal areas on your cervix that need treatment to prevent cancer.

- Additional tests may be needed, or immediate treatment may be offered.

Will this test tell me if I have cervical cancer?

- No. Test results might suggest a serious problem and further examination might be recommended to determine what is wrong.

What types of treatment would be recommended to me?

- If your test is positive, providers can give you details on the following treatment options, as applicable to the setting:

- Cryotherapy - Loop electrosurgical excision procedure (LEEP)

How effective are these treatments? -

Cryotherapy and LEEP are both effective for treating abnormal areas of the cervix that have not yet become a cancer.

- Thus, they are both effective at preventing cervical cancer.

- Depending on the size and location of the abnormal area, these treatments are between 75% and 95% effective in preventing cancer for 5 years after treatment.

What is cryotherapy? Does it hurt?

- A safe and effective way to treat cervical abnormalities by freezing and destroying abnormal tissue.

- Cramping, like menstrual cramping, may occur during treatment and possibly for the following few days.

- Medicine used for menstrual cramps can help. - Most women experience a watery discharge for about 2 to 4 weeks.

What is LEEP? Does it hurt?

- Another safe and effective way to treat cervical abnormalities.

- Uses a thin electric wire loop to remove the part of the cervix that contains the abnormal cells.

- Anesthesia (painkiller) is provided and the injection may be uncomfortable. - Causes some cramping that may continue for several days. - Bleeding can occur that may require additional treatment.

Cryotherapy: watery vaginal discharge lasting 2-4 weeks LEEP: discharge with bleeding for up to 6 weeks Take medicine to prevent infection Do not place anything in the vagina Abstain from sexual intercourse for up to 4-6 weeks Will treatment affect my daily life?

It is not possible to abstain from intercourse after treatment—what should I do?

- Abstain as long as possible.

- Use a male or female condom during every act of intercourse.

- Condoms keep the cervix clean and protect it from infection.

What if my partner does not want me to be tested or receive treatment?

- Explain why the visit is important to your health.

- Ask him to go with you to the health facility so that a health worker can explain the process and its importance.

If I receive treatment with cryotherapy or LEEP, can I still have children?

- Treatment helps ensures a healthy cervix.

- Treatment with cryotherapy or LEEP does not affect your ability to bear children.

Conclusion:

- Answering these questions for women helps them make informed decisions about whether to seek screening and treatment.

- Explaining why they benefit from being screened, what to expect, and implications of test results helps alleviate fear and misunderstanding.

For more information on cervical cancer prevention: - The Alliance for Cervical Cancer Prevention (ACCP) www.alliance-cxca.org - ACCP partner organizations: - EngenderHealth www.engenderhealth.org - International Agency for Research on Cancer (IARC) www.iarc.fr - JHPIEGO www.jhpiego.org - Pan American Health Organization (PAHO) www.paho.org - Program for Appropriate Technology in Health (PATH) www.path.org

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (53) Sabrina Zucchello, Switzerland - Union for International Cancer Control**

28 October, 2026

Hello everyone, I'm Sabrina Zucchello from UICC, the Union for International Cancer Control, based in Geneva. I work on our women's cancers portfolio, with a particular focus on supporting organisations and professionals working to advance cervical cancer elimination.

I'm very pleased to join this group and look forward to learning from the different experiences and perspectives shared here, and to contributing insights from UICC's work with the cancer community.

As a starting point, I wanted to share UICC's Cervical Cancer Advocacy Handbook <https://www.uicc.org/news-and-updates/resources/cervical-cancer-advocacy..., which may be relevant to some of the issues we will explore through this discussion. It was developed to support civil society organisations and advocacy coalitions in advancing cervical cancer prevention, screening and treatment, with practical guidance on coalition building, advocacy strategies and messaging.

I look forward to the discussion and to sharing other relevant resources and experiences along the way.

With kind regards,
Sabrina

Sabrina Zucchello
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HIFA profile: Sabrina Zucchello is Senior Manager at the Union for International Cancer Control (UICC), where she leads work on women's cancers, with a focus on strengthening the capacity of civil society organisations to advance breast and cervical cancer control. Her work spans programme development, grantmaking, capacity building, advocacy, communications and partnerships, including supporting the cancer community to align national and local action with global cervical cancer elimination targets. She has particular experience in developing advocacy and knowledge resources, convening multi-stakeholder dialogues and supporting civil society organisations to communicate effectively on cancer prevention, early detection and care. She is a member of the HIFA working group on cervical cancer.
https://www.hifa.org/support/members/sabrina E: zucchello AT uicc.org

***Cervical cancer (54) Q3: What inaccurate, misleading or confusing information about cervical cancer have you enountered in your setting?**

28 October, 2026

One of the barriers to cervical cancer prevention and care is the spread of misinformation. Understanding these information gaps is an important step towards addressing them.

What inaccurate, misleading, or confusing information about cervical cancer, HPV vaccination, screening, diagnosis, or treatment have you encountered in your setting? Please share one or two examples and explain why they may be harmful or misleading.

We have already heard about some misconceptions:

1. "There is no point going to the clinic if I do not have symptoms"

2. "If I am diagnosed with cancer, I will die. It is better not to know."

3. "HPV vaccination will destroy my ability to have children"

4. "A positive HPV test means I have cancer"

5. "Screening is painful, dangerous, or can cause cancer"

Are you aware of such misconceptions in your setting/country? Which misconceptions are most important? What is the origin of these misconceptions? How do they spread? How can they be addressed?

Can you identify other misconceptions about cervical cancer in your setting/country?

Please email your thoughts to: hifa@hifaforums.org

www.hifa.org/cervicalcancer

Many thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (54) Q3: What inaccurate, misleading or confusing information about cervical cancer have you come across in your setting? (2)**

28 October, 2026

Dear HIFA colleagues,

I have just reviewed this brief publication from Malawi, published by UNICEF, WHO and others in 2022.

Dispelling myths around cervical cancer screening

https://www.unicef.org/esa/media/11886/file/dispelling%20myths%20around%...

It includes findings from a study that corroborate what we have discussed on HIFA with two additional points:

1. 'Men are reluctant to allow women to be screened for cervical cancer, particularly if the health worker is male.'

It would be interesting to understand the reasons for men's reluctance. Can anyone help?

2. 'Moreover, many women are scared as they hear rumours that the screening is painful and dangerous involving large instruments that could cause infertility.'

This suggests that fear of infertility is related specifically to instrumentation. 'Sometimes, health workers brought with

them the speculums and the torches used during the procedures to dispel the rumours about the size of the instruments.'

The main success of the project was reported to be 'the sensitisation of the influential chiefs and other traditional leaders who mobilised the population and assisted in dispelling myths as well as the involvement of the HIV support groups'.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (56) Men are reluctant to allow women to be screened for cervical cancer**

29 October, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-54-q3-what-inaccurate-m...

"Men are reluctant to allow women to be screened for cervical cancer, particularly if the health worker is male. It would be interesting to understand the reasons for men's reluctance. Can anyone help?"

In India, this belief is deeply rooted in a strong patriarchal society and the cultural stigma surrounding women who need to be at home at all times with little interaction with outside men! Such behavior even in today's world in remote villages or sometimes in urban settings is considered adultery.

We counter this by involving only women advocates, doctors, and nurses who make women coming for screening comfortable by guiding them through the process. This also helps in breaking the fear of pain and bleeding thoughts associated with screening.

Thanks and Regards!

Diya
India

HIFA profile: Diya Banerjee Sur is a Consultant, clinical trial head and patient advocate, at Kolkata Gynaecologial Oncology Trials and Research Group India. I am an Empathy Design Leader in Healthcare and health sciences with more than 25+ years of experience in global institutions like Oracle HSGBU, entrepreneur in Smartnirvana working with healthcare giants like Roche, GSK, AZ, Novartis and presently serving as a consultant in GCIG outfit for a clinical trial KOLGOTRG making lives of women better with a program called The Empathy Study. An advisor in Lancet Commission working on global health policies. Advisory in GCIG OCC, AIIMS Delhi on patient studies. IRB member in TATA MEDICAL CENTER, Kolkata Professional interestes: Mission to spread awareness and screen for HPV in remote villages of India. The mission started in 2023, has gained tremendous momentum, and has reached 1000+ women (https://youtu.be/szQ-q0khSkE?si=XfXcGVMvmiTtEL_e). Interested in policy making, advocacy, and empathy studies. Email address: banerjee.diya AT gmail.com

***Cervical cancer (57) Introduction: Joshua Iorember Akaa, Nigeria - Youth Coalition Against Cancer**

30 October, 2026

Dear HIFA Community,

Greetings from Nigeria!

I am pleased to join Healthcare Information For All (HIFA), a global community committed to ensuring that everyone has access to reliable healthcare information to protect their health and make informed decisions. [*see note below]

My academic journey includes studying Human Physiology at Benue State University, Makurdi, Nigeria. I am currently pursuing a Postgraduate Diploma in Public Health (PGDPH) at the University of Abuja, Nigeria, further strengthening my knowledge and interest in public health practice, health promotion, disease prevention, and population health.

Additionally, I completed an intensive three-month training programme in the Design and Management of Cancer Clinical Trials course, Hosted by the University of Miami, Florida, USA, strengthening my understanding of clinical trial protocols, research processes, regulatory requirements, and funding considerations.

My experience includes serving as a Clinical Research Volunteer with Sickle Support and Health Access Initiative (SSHAI) and a Public Health Intern at Change Makers Consulting Limited. These roles form part of my continuing professional development and commitment to clinical research and public health practice.

I also serve as the Director of Research, Education and Innovation at the Youth Coalition Against Cancer (YOCAC), Nigerian Cancer Society, Federal Capital Territory, Abuja, Nigeria. Through this leadership role, I am interested in supporting research activities, advancing cancer education, promoting innovation, and encouraging collaboration to address public health challenges.

My areas of interest include infectious diseases, non-communicable diseases (NCDs), cancer prevention and awareness, clinical research, health literacy, and community-based health education. I am particularly passionate about translating scientific evidence into accessible, understandable, and actionable health information for individuals and communities, especially underserved populations.

As a HIFA member, I look forward to learning from healthcare professionals, researchers, health information specialists, and public health advocates across the world. I hope to contribute to discussions, exchange knowledge, explore collaborative research opportunities, and support initiatives that improve access to reliable healthcare information.

I am especially interested in bridging the gap between scientific research and community understanding, strengthening health literacy, and promoting equitable access to evidence-based health information in Nigeria and globally.

I believe that reliable healthcare information is fundamental to informed decision-making, stronger healthcare systems, and improved health outcomes.

Thank you for welcoming me into this community. I look forward to learning, contributing, and collaborating with fellow members.

Kind regards,

Joshua Iorember Akaa
Director of Research, Education and Innovation,
Youth Coalition Against Cancer,
Nigerian Cancer Society,

Federal Capital Territory, Abuja,
Nigeria.

HIFA profile: Joshua Iorember Akaa is Research, Education & Innovation Lead at Youth Coalition Against Cancer, Nigerian Cancer Society, Nigeria. Professional interests: Clinical Research, Epidemiology & Global Health akaajoshua2022 AT gmail.com

[*Note from HIFA moderator (NPW): Welcome Joshua. I am excited to read that you are Director of Research, Education and Innovation at the Youth Coalition Against Cancer. I see from your website that 'The Youth Coalition Against Cancer (YOCAC) is the official youth wing of the Nigerian Cancer Society (NCS). We are a dynamic, youth-led movement dedicated to reducing the cancer burden in Nigeria through awareness, prevention, advocacy, and support initiatives targeted at young people.' https://nigeriancancersociety.org/yocac I would like to invite you to invite all members of YOCAC and NCS to join us; www.hifa.org/joinhifa We look forward to learning from you about health education and information in Nigeria relating to cervical cancer and other cancers. We have noted that there are barriers to HPV vaccination in adolescent girls as well as reluctance among women (or their partners) to attend screening.]

***Cervical cancer (58) Educating girls about reproductive health and cervical cancer**

30 October, 2026

Dear Amal Yusuf,

Thank you so much for the valuable messages that you have sent to HIFA already. I list them below for other HIFA members to review.

We look forward to learning more from your experience as a midwife in Somalia.

Your contributions highlight the need for accessible health information, culturally sensitive communication, community engagement including women's groups, and accessible healthcare services to improve cervical cancer prevention and early detection.

I would like to open discussion on your latest contribution, which emphasises the need 'to educate girls from an early age about their reproductive health'. I invite you and other HIFA members to say more on this important topic.

We would be interested to hear about experiences about reproductive health education, not only in Somalia but in other countries. Which countries face the greatest challenges in this regard? What approaches have worked well, and what lessons can we share?

What do we know about the most effective ways to educate girls about reproductive health from an early age? What information should they receive, at what age, and how can we ensure that education is appropriate to their stage of development and cultural context?

What roles can schools, families, midwives and other health workers play? How can we help girls feel comfortable discussing reproductive health, asking questions and seeking advice when they are concerned about symptoms or changes in their bodies?

Here are the links to Amal's contributions to date:

Cervical cancer (49) Reflection on last week's cervical cancer discussion

https://www.hifa.org/dgroups-rss/cervical-cancer-49-reflection-last-week...

Cervical cancer (24) Community awareness and women's groups (2)

https://www.hifa.org/dgroups-rss/cervical-cancer-24-community-awareness-...

Cervical cancer (19) Q6 What could be done to help people find, understand and use reliable information about cervical cancer?

https://www.hifa.org/dgroups-rss/cervical-cancer-19-q6-what-could-be-don...

Cervical cancer (10) Introduction: Amal Abdikarim Yusuf, Somalia - Raising awareness about cervical and breast cancer

https://www.hifa.org/dgroups-rss/cervical-cancer-10-introduction-amal-ab...

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (59) Sabrina Zucchello, Switzerland - Union for International Cancer Control (2) Cervical Cancer Advocacy Handbook**

30 October, 2026

Dear Sabrina, Thank you very much for your introduction message.

"As a starting point, I wanted to share UICC's Cervical Cancer Advocacy Handbook [https://www.uicc.org/resources/cervical-cancer-advocacy-handbook] which may be relevant to some of the issues we will explore through this discussion. It was developed to support civil society organisations and advocacy coalitions in advancing cervical cancer prevention, screening and treatment, with practical guidance on coalition building, advocacy strategies and messaging."

Thank you, I have looked briefly at this publication. A summary of the contents:

'Section 1: highlights the importance of building coalitions, exploring the key partners and competencies needed within the coalition, and as part of a broader alliance, to inform

advocacy strategies and mobilise action.

'Section 2: focuses on key planning steps for developing a national advocacy strategy. It outlines the WHO Global Strategy targets, a tool for assessing the national socio-political context, and guidance on choosing effective advocacy approaches. It also features successful advocacy efforts by CSOs and emphasises the importance of including the voices of people with lived experience.

'Section 3: provides guidance on how to develop advocacy messaging, together with an illustrative example of a successful advocacy campaign urging government action for cervical cancer elimination. It also signposts additional resources to support monitoring, evaluation & learning'

The handbook complements the UICC Advocacy Toolkit:

https://www.uicc.org/sites/main/files/atoms/files/UICC_CAP_Toolkit_Advoc...

In addition to the Handbook and Toolkit, I imagine that many advocates and advocacy groups could benefit from the support and experience of others, whether locally, nationally or globally. With this in mind, is there a global discussion forum on cervical cancer, similar to HIFA?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (60) A Scoping Literature Review on Evidence-Based Strategies to Increase Cervical Cancer Screening**

30 October, 2026

Dear HIFA colleagues,

I found this literature review interesting. The authors found that 'clinic workflow re-design strategies showed the greatest promise in improving cervical cancer screening rates' while 'education strategies for patients had mixed results, and quality management strategies were not effective'.

CITATION: Bonuck KJ, Angier H, McCrimmon S, et al. A Scoping Literature Review on Evidence-Based Strategies to Increase Cervical Cancer Screening. Journal of Primary Care & Community Health. 2023;14. doi:10.1177/21501319231220994

https://journals.sagepub.com/doi/10.1177/21501319231220994

ABSTRACT: Previous reviews of strategies to increase cervical cancer screening are more than 10 years old, the U.S. continues to fall short of the Healthy People 2030 cervical cancer screening goal, and guidelines were revised in 2018, therefore an updated review of the existing literature is needed. We conducted a scoping review using electronic databases PubMed, Scopus, and Ovid Medline that included publication dates between 2012 and 2021 to answer the question, “Which strategies implemented in U.S. primary care settings have been most successful in increasing rates of cervical cancer screening since the 2012 US Preventative Services Task Force cervical cancer screening guidelines were published?” We mapped findings to pre-specified implementation strategy categories. After initially identifying 399 articles, we excluded 350 due to duplicates or not meeting review criteria, leaving 49 articles for full review. We excluded 37 of these during full-text review and identified 2 additional articles from the manual search of reference lists for a total of 14 studies for abstraction. Eleven articles reported on strategies resulting in increased cervical cancer screening, and 3 did not. Clinic workflow re-design strategies showed the greatest promise in improving cervical cancer screening rates, education strategies for patients had mixed results, and quality management strategies were not effective. These findings suggest clinical workflow re-structures and patient education strategies can increase cervical cancer screening in primary care settings. Results are particularly important in settings that care for underserved populations, as these settings may need additional implementation strategies to decrease cervical cancer screening disparities.

EXTRACTS FROM THE FULL TEXT

Several barriers to receipt of guideline-concordant care have been identified, including patient-level barriers due to lack of knowledge, fear of screening, problems with transportation or time-off, and lack of physician recommendations. System-level barriers also exist, including lack of funding for follow up care, healthcare personnel shortages, limited patient outreach, lack of equipment, and inconsistent compensation for screening.

Restructuring strategies varied from workflow changes that transferred responsibilities from clinicians to medical assistants, or incorporating the use HPV self-tests in the office or by mail, use of information technology to identify and track patients, and mailing reminders to targeted patients overdue or at high risk.

I haven't been able to find a globl literature review on this topic. If you are aware of any studies, please email hifa@hifaforums.org with your observations.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (61) Q1: How do people in your community or workplace generally perceive cervical cancer? (8) Low awareness of cervical cancer**

31 October, 2026

Dear HIFA colleagues,

I'm responding to Q1. 'How do people in your community or workplace generally perceive cervical cancer? Please describe the common concerns, beliefs, or attitudes you notice.'

Cervical Cancer is very little talked about openly, unlike other cancers, because there is still very little awareness about it.

Suspecting and detecting cervical cancer takes a very long time for women to seek care. In LMICs, there are several reasons for delay in seeking medical care:

- Very often, women don't have access to reliable healthcare information to understand cervical cancer screening and the seriousness of early symptoms and signs (e.g., abnormal bleeding after menopause)
- Women are embarrassed to seek medical advice for early symptoms because it requires them to confide in a female health worker, who may not be easily available; thus, a local healer plays a prominent role and may provide misinformation if not involved in the community health education group.
- The implications of having been diagnosed with cervical cancer carry stigma in the community if there is no awareness about its treatment.
- There are many myths and misinformation about the early symptoms of cervical cancer and care, which delays appropriate, timely treatment.
- Even if women can seek medical advice at primary health care facilities, the health provider may

not have updated evidence-based health care information or training to treat or refer timely to the appropriate speciality health facilities.
- Socioeconomic status, particularly in elderly women, plays a very important part in receiving timely care and rehabilitation.
- Women and men may not be aware of the benefits of human papillomavirus (HPV) vaccination in the prevention of cervical cancer, as various diseases are prevented with vaccines.

Best wishes

Dr. Meena Nathan Cherian, MBBS, MD (Anaesthesia)
(Former WHO Lead Emergency and Essential Surgical Care Program, Geneva, Switzerland).
Director, Global Health New Challenges: Geneva Foundation for Medical Education & Research, Switzerland. www.gfmer.ch/surgery/cancer.htm (NSA-WHO)
Senior Advisor Global Action International Society of Geriatric Oncology Permanent Committees - SIOG
Senior Advisor, International College of Surgeons-Global Affairs. https://icsglobal.org/ (NSA-WHO)
Adjunct Prof.The Chinese University of Hong Kong,Shenzhen,China.
https://med.cuhk.edu.cn/en/teacher/371
WHO-HIFA Essential Health Services; mHEALTH-INNOVATE. www.hifa.org (NSA-WHO).
Geneva, Switzerland. +41 763837253(m); cherianm15@gmail.com

HIFA profile: Dr Meena Nathan Cherian was a professor of anaesthesiology from Christian Medical College Hospital, Vellore, India. She trained, worked, and taught in several countries, USA (Johns Hopkins Hospital), Southeast Asia and Africa. She worked at the World Health Organization Headquarters, Geneva, Switzerland, as the Emergency and Essential Surgical Care Program Lead where she created the 'surgical care' program resulting in the first World Health Assembly Resolution on 'Emergency and Essential Surgical Care and Anaesthesia in the context of Universal Health Coverage'. Currently she works as the Director, Global Health New Challenges program, Geneva Foundation for Medical Education and Research, Geneva, Switzerland; Adjunct Prof. The Chinese University of Hong Kong, Shenzhen, China; Senior Advisor, Global Action, International Society of Geriatric Oncology, Switzerland; Member of the WHO-HIFA Working Group on Essential Health Services and COVID-19; and HIFA mHEALTH-INNOVATE Working Group. She is a member of the HIFA Steering Group. https://www.hifa.org/support/members/meena and Spotlight working group on Patient Safety and NCDs. cherianm15 AT gmail.com

***Cervical cancer (62) Q2: What questions do people commonly ask about cervical cancer screening and treatment? (6)**

31 October, 2026

Dear HIFA colleagues,

I'm responding to Q2: What questions do people commonly ask about cervical cancer screening and treatment?

In LMICs, talking openly about cervical cancer in the community is still not considered appropriate, as it is for other cancers.

There is hardly any evidence-based scientific information in simple language available through social media (messages, reels, infographics), educational advertisements (as for other cancers), and cervical cancer education materials integrated into the school education curriculum.

The process of 'cervical cancer screening' is not widely shared, so women have prior knowledge of the health facilities closest to their homes where they can discuss myths about HPV vaccines, what to expect in the screening examination and the length of time, what the cost is, what the consequences of a positive test will be, and what the treatment and the steps to follow up after treatment will be.

Best wishes

Dr. Meena Nathan Cherian, MBBS, MD (Anaesthesia)
(Former WHO Lead Emergency and Essential Surgical Care Program, Geneva, Switzerland).
Director, Global Health New Challenges: Geneva Foundation for Medical Education & Research, Switzerland. <http://www.gfmer.ch/surgery/cancer.htm> www.gfmer.ch/surgery/cancer.htm (NSA-WHO)
Senior Advisor Global Action International Society of Geriatric Oncology <https://siog.org/about-us/governance/leadership/permanent-committees/> Permanent Committees - SIOG
Senior Advisor, International College of Surgeons-Global Affairs. https://icsglobal.org/ (NSA-WHO)
Adjunct Prof.The Chinese University of Hong Kong,Shenzhen,China.
https://med.cuhk.edu.cn/en/teacher/371
WHO-HIFA Essential Health Services; mHEALTH-INNOVATE. www.hifa.org <http://www.hifa.org/> (NSA-WHO).
Geneva, Switzerland. <mailto:+41%20763837253> +41 763837253(m);
<mailto:cherianm15@gmail.com> cherianm15@gmail.com

HIFA profile: Dr Meena Nathan Cherian was a professor of anaesthesiology from Christian Medical College Hospital, Vellore, India. She trained, worked, and taught in several countries, USA (Johns Hopkins Hospital), Southeast Asia and Africa. She worked at the World Health Organization Headquarters, Geneva, Switzerland, as the Emergency and Essential Surgical Care Program Lead where she created the 'surgical care' program resulting in the first World Health Assembly Resolution on 'Emergency and Essential Surgical Care and Anaesthesia in the context of Universal Health Coverage'. Currently she works as the Director, Global Health New Challenges program, Geneva Foundation for Medical Education and Research, Geneva, Switzerland; Adjunct Prof. The Chinese University of Hong Kong, Shenzhen, China; Senior Advisor, Global Action, International Society of Geriatric Oncology, Switzerland; Member of the WHO-HIFA Working Group on Essential Health Services and COVID-19; and HIFA mHEALTH-INNOVATE Working Group. She is a member of the HIFA Steering Group. https://www.hifa.org/support/members/meena and Spotlight working group on Patient Safety and NCDs. cherianm15 AT gmail.com

***Cervical cancer (63) Q2: What questions do people commonly ask about cervical cancer screening and treatment? (7) Lack of reliable information on cervical cancer**

1 November, 2026

Hello Meena,

I strongly agree with your point: 'There is hardly any evidence-based scientific information in simple language available through social media (messages, reels, infographics), educational advertisements (as for other cancers), and cervical cancer education materials integrated into the school education curriculum.' This absence of information is also a chief cause for vaccine reluctance.

From my field work with HPV in remote villages in India, this is a stark truth, compounded by the fear and trauma associated with any discussion of cancer.

Thanks and Regards!

Diya
India

HIFA profile: Diya Banerjee Sur is a Consultant, clinical trial head and patient advocate, at Kolkata Gynaecologial Oncology Trials and Research Group India. I am an Empathy Design Leader in Healthcare and health sciences with more than 25+ years of experience in global institutions like Oracle HSGBU, entrepreneur in Smartnirvana working with healthcare giants like Roche, GSK, AZ, Novartis and presently serving as a consultant in GCIG outfit for a clinical trial KOLGOTRG making lives of women better with a program called The Empathy Study. An advisor in Lancet Commission working on global health policies. Advisory in GCIG OCC, AIIMS Delhi on patient studies. IRB member in TATA MEDICAL CENTER, Kolkata Professional interestes: Mission to spread awareness and screen for HPV in remote villages of India. The mission started in 2023, has gained tremendous momentum, and has reached 1000+ women (https://youtu.be/szQ-q0khSkE?si=XfXcGVMvmiTtEL_e). Interested in policy making, advocacy, and empathy studies. Email address: banerjee.diya AT gmail.com

***Cervical cancer (64) Save the date: WHO-HIFA Webinar on understanding information needs to improve uptake of cervical cancer screening and treatment, 19 November 2026**

1 November, 2026

Dear HIFA colleagues,

We are pleased to invite you for an upcoming webinar on understanding information needs to improve uptake of cervical cancer screening and treatment, an online event hosted as part of the ongoing joint initiative by the WHO Global Coordination Mechanism on NCDs (GCM/NCD), the WHO Cervical Cancer Elimination Initiative (CCEI) and Healthcare Information For All (HIFA)

Date: Thursday, 19 November 2026

Time: 13:00–14:00 Geneva time (CET)

Format: Online (Zoom)

The webinar is part of the six-week global online HIFA discussion to better understand the information needs, perceptions and misinformation that shape whether women are screened and treated for cervical cancer. The event will feature emerging themes from the first phase of the HIFA global forum, and offer space for additional input and exchange. Register and join to share your perspectives!

Register here: https://who.zoom.us/webinar/register/WN_j9pZp0reSjSQGAvi8rhwtg#/registra...

The HIFA forum discussion runs until 30 November.

Please share this invitation with your networks and invite them to register for the webinar and the ongoing HIFA forum discussion: www.hifa.org/join

A draft agenda is available here: https://www.hifa.org/sites/default/files/articles/webinar-understanding-...

Best wishes, Neil

WHO-HIFA Cervical cancer working group

www.hifa.org/cervicalcancer

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (65) Educating girls about reproductive health and cervical cancer (2)**

2 November, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-58-educating-girls-abou...]

Thank you Neil,

One of the major challenges facing girls and women in my community is the difficulty of openly discussing reproductive health.

In my communities, cultural and social expectations mean that women and girls may feel uncomfortable or embarrassed when discussing issues related to their reproductive organs and health.

Topics that should be considered normal health matters are sometimes treated as shameful or inappropriate for discussion.

Menstruation is one example, although it is a natural process, some girls and women still feel uncomfortable talking about their periods, describing menstrual pain or seeking medical advice when they experience difficulties, some may suffer in silence because they fear embarrassment, judgement or negative reactions from others.

This situation can affect their confidence in discussing other reproductive health concerns, including unusual symptoms, menstrual irregularities, and other changes in their bodies.

Some girls may not feel confident enough to ask questions, seek reliable information or approach healthcare workers when they experience symptoms that require attent.

I believe this silence is an important barrier to reproductive health education and access to healthcare.

I believe this approaches is helpful

1. starting education early to receive appropriate information about puberty, menstruation, personal hygiene, and changes in their bodies before and during adolescence.
2. mothers and other trusted female members can play an important role in creating safe spaces where girls feel comfortable asking questions without fear and embarrassment.
3. In my opinion, schools can provide culturally appropriate reproductive health education, helping girls understand their bodies and recognise when they need medical advice.
4. Also midwives and other healthcare workers can support girls and women through community education, respectful communication, and confidential non judgmental healthcare services.

They can also help to correct misinformation and encourage early healthcare seeking behavior.

I believe that reproductive health education is not simply about providing medical information. It is also about building confidence, trust and the ability of girls to speak about their health without fear.

Every girl should grow up understanding her body, recognising changes in her health and feeling confident enough to ask questions and seek help when necessary.

HIFA profile: Amal Abdikarim Yusuf is a Health worker based in Somalia. Professional interests: Maternal and newborn health, women's health, cervical and breast cancer awareness, cancer prevention and early detection, reproductive health, community health education, HPV vaccination, and improving access to healthcare services for underserved communities. Email address: Amalyusuf2000 AT gmail.com

***Cervical cancer (66) Mobile cervical cancer screening in Pune city, India**

2 November, 2026

I was reviewing some of the videos of International Agency for Research on Cancer: https://www.youtube.com/playlist?list=PLgDB39BFocs3_xaLXkvhwUOiB-eEQN-l8

There are more than 30 videos here describing a wide range of aspects, mainly targeted to health professionals.

One of these shows mobile cervical cancer screening in Pune city, India (2019). Women stand in line to be screened in a vehicle equipped for purpose. The vehicle has educational posters at the side, encouraging women to come forward.

https://www.youtube.com/watch?v=UkKDtg5_JTI&list=PLgDB39BFocs3_xaLXkvhwU...

The health professional in charge explains that many of these women cannot afford to take a day off to travel to the clinic. The cervix is screened by visual inspection with acetic acid 'following WHO guidelines'. Women who require colposcopy are called for follow-up at the clinic.

Question: Have you participated in cervical screening in any country? Rural or urban? What facilitites were used? What methods were used to encourage women to come forward? Please share your experience by email to: hifa@hifaforums.org

Many thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (67) Dr Partha Basu: Atlas of visual inspection of the cervix with acetic acid**

2 November, 2026

Watch the video:
https://www.youtube.com/watch?v=irWuMxJYRBk&list=PLgDB39BFocs3_xaLXkvhwU...

View the atlas https://screening.iarc.fr/atlasvia.php

'In this video, Dr Partha Basu, Head of the Screening Group at the International Agency for Research on Cancer (IARC), presents the Atlas of visual inspection of the cervix with acetic acid for screening,

triage, and assessment for treatment and explains important aspects of cervical cancer screening and assessment.

'The World Health Organization (WHO) formally launched the Global Strategy to Accelerate the Elimination of Cervical Cancer on 17 November 2020. IARC is supporting this WHO initiative by providing key evidence, technical materials, and updates for policy-makers, programme managers, and experts implementing the Global Strategy.

'This digital atlas is one such important publication that describes the use of visual inspection of the cervix with acetic acid (VIA) as a primary screening test or as a test to triage women who test positive for oncogenic human papillomavirus (HPV) types, and explains how application of dilute acetic acid to the cervix can help in determining eligibility for ablative treatment. The atlas, which is freely available on the IARC website, was also published on 17 November 2020 to mark the launch of the Global Strategy.'

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (69) Artificial intelligence for cervical cancer triage**

2 November, 2026

Watch the video:
https://www.youtube.com/watch?v=p3PSsRlFTkA&list=PLgDB39BFocs3_xaLXkvhwU...

==

"IARC's contribution to promoting early and clinical diagnosis of cervical cancer through the use of artificial intelligence.

This video presents an international project led by the International Agency for Research on Cancer (IARC) that explores how artificial intelligence (AI) can support cervical cancer prevention and public health. Launched in 2020, the project was developed in collaboration with the NSV company under a formal Memorandum of Understanding and spans the full pathway from prototype development to field evaluation.

The AI device and algorithm featured in this video are designed for point-of-care use following a positive test for human papillomavirus (HPV), as part of cervical cancer triage. By analysing medical images directly at the place where women receive care, the tool aims to support health-care providers in identifying those who may need further examination or treatment, without requiring colposcopist expertise. By enabling earlier and more accurate triage within HPV-based screening programmes, such tools have the potential to play a major role in accelerating progress towards the global elimination of cervical cancer.

A key strength of this initiative is its strong emphasis on real-world fieldwork. The algorithm was developed, tested, and refined using data collected in diverse health-care settings across India, Thailand, Zimbabwe, and the United States. Working across different countries and contexts helps

ensure that the tool is practical, reliable, and adaptable to the needs of a wide range of health systems.

At the same time, continued calibration and evaluation in additional countries and healthcare settings are essential to ensure that the tool performs consistently and can be safely and effectively generalised for global use."

==

Question: In the future, one can perhaps imagine health workers, including those working on mobile screening programmes (such as we have seen in Pune, India), taking clinical images of the cervix and being guided on next steps? This might reduce the number of wrong decisions taken at the time. To what extent are you aware of the use of AI currently, and what is its potential for the future?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (70) Q5: What sources of information about cervical cancer do people in your setting rely on most? (3) Prajakta Adsul et al: Systematic review on cervical cancer screening**

2 November, 2026

Dear HIFA colleagues,

Below is the citation and part abstract of a systematic review on cervical cancer screening, with a coment from me.

CITATION: Cancer Epidemiol. 2017 Aug:49:161-174. doi: 10.1016/j.canep.2017.06.008. Epub 2017 Jul 10.

Implementing community-based cervical cancer screening programs using visual inspection with acetic acid in India: A systematic review

Prajakta Adsul, Nitin Manjunath, Vijaya Srinivas, Anjali Arun, Purnima Madhivanan

PMID: 28704717 PMCID: PMC5571735 DOI: 10.1016/j.canep.2017.06.008

ABSTRACT

The objective of this review was to systematically appraise the existing published literature about community-based cervical cancer screening programs that have used visual inspection methods using acetic acid (VIA) in India... Three major themes were identified that facilitated implementation of screening programs in a community-based setting: standardized training that maintained competency of test providers; collaborations with community-based organizations that used health education for recruitment of participants; and employing the screen-and-treat method to reduce loss

to follow-up. Summarized evidence presented in this review could substantially influence future implementation and sustainment of cervical cancer screening programs at a national level.

COMMENT (NPW): It would be interesting to hear from the authors and I have invited them to comment. Do the findings of this systematic review resonate with experience in other countries? Are there other systematic reviews on this topic in the last 10 years?

I think it's notable that 'collaborations with community-based organizations that used health education for recruitment of participants' were effective. To me, this makes sense: it allows for more targeted and structured planning of activities. Can anyone share experience of CBOs providing health education for women? How can this be coordinated with others such as primary health workers?

In some countries, there is typically reliable health information available from the government (such as the NHS website for England), as well as patient organisations on specific topics (such as the Eve Appeal on gynaecological cancers). What is the situation in your country? To what extent do women have to rely on what the primary health worker tells them (which may be given in haste and misunderstood)? Are there opportunities for women to access reliable healthcare information?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (71) Q4 Can you share an example where information or misinformation influenced someone's decision to seek or avoid cervical cancer screening or treatment?**

2 November, 2026

Dear HIFA colleagues,

Q4: Can you share an example where information or misinformation influenced someone's decision to seek or avoid cervical cancer screening or treatment?

Examples and anecdotes from our own personal and professional experience are hugely valuable. They remind us of the human aspects of health care and the consequences of reliable information versus misinformation. If you would like to share an experience concerning you or others, please email: hifa@hifaforums.org Thank you, N

Here is an example from The Oncologist (2025/6):

https://academic.oup.com/oncolo/article/31/1/oyaf412/8379612

'A women explained [Zambia]: "I was told that the metal [speculum] for testing for the cancer is what brings the cancer … I refused at that time, I did not get tested"'

'Other women had heard that the examination was painful and that taking a biopsy would leave a permanent scar.'

And from the International Journal of Obstetrics and Gynecology (again from Zambi)

'Another woman had been led to believe that treatment involved inserting a hot iron bar into her vagina to burn away the cancer. She became so frightened that she began questioning whether she should continue with treatment.'

https://www.international-journal-of-gynecological-cancer.com/article/S1...

Here is another example:

'Nobomi [South Africa]consulted online sources when she experienced heavy bleeding and pain for more than 12 months. The online information seemed to indicate that her contraceptive could be the cause of her symptoms, resulting in a further delay of almost another year before she sought medical attention for a diagnosis [and was diagnosed with cervical cancer].'

Two other participants, Felicia and Fundiswa, reported receiving misleading information, this time from health care professionals after they screened positive for cervical cancer... Fundiswa was told by health care professionals that cervical cancer could be attributed to abortion...

https://journals.sagepub.com/doi/10.1177/00812463221148323

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (72) Educating girls about reproductive health and cervical cancer (3) Statutory guidance in England**

3 November, 2026

England's curriculum suggests teaching about menstruation from the age of eight.

Relationships Education, Relationships and Sex Education and Health Education guidance

"Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, and teachers July 2025

Developing bodies Curriculum content:

- About growth and other ways the body can change and develop, particularly during adolescence. This topic should include the human lifecycle, and puberty should be discussed as a stage in this process.

- The correct names of body parts, including the penis, vulva, vagina, testicles, scrotum, nipples. Pupils should understand that all of these parts of the body are private and have skills to understand and express their own boundaries around these body parts.

- The facts about the menstrual cycle, including physical and emotional changes, whilst the average age of the onset of menstruation is twelve, periods can start at eight, so covering this topic before girls' periods start will help them understand what to expect and avoid distress.

"Introduction

"1. Children and young people need knowledge and skills that will enable them to make informed and ethical decisions about their wellbeing, health and relationships. High quality, evidence-based teaching of relationships, sex and health education (RSHE) can help prepare pupils for the opportunities and responsibilities of adult life, and can promote their moral, social, mental and physical development. Effective teaching will support young people to cultivate positive characteristics including resilience, self-worth, self-respect, honesty, integrity, courage, kindness, and trustworthiness. Effective teaching will support prevention of harms by helping young people understand and identify when things are not right.

"2. The duties on schools in this area are set out in legislation. The Relationships Education, Relationships and Sex Education and Health Education (England) Regulations 2019, made under sections 34 and 35 of the Children and Social Work Act 2017, make relationships education compulsory for all pupils receiving primary education and relationships and sex education (RSE) compulsory for all pupils receiving secondary education. They also make health education compulsory in all schools except independent schools. Personal, social, health and economic education (PSHE) continues to be compulsory in independent schools. Parents have the right to request that their child be withdrawn from some or all of sex education delivered as part of statutory RSE.

"3. The subjects are part of the basic school curriculum, which allows schools flexibility in developing their planned programme, integrated within a broad and balanced curriculum. Key aspects of RSHE are in scope for Ofsted inspection, for example, through inspectors' consideration of pupils' personal development, behaviour and welfare, and spiritual, moral, social and cultural development.

"11. Pupil referral units (PRUs), alternative provision (AP) academies and free schools, and independent schools that provide AP, are required to make provision for relationships education, RSE and health education in the same way as mainstream schools; and they must have regard to this guidance in delivering their programme.

"All schools must have an up-to-date written policy for relationships education or, where they teach sex education, for RSE. Schools must proactively engage and consult parents when they develop and review their policy, ensuring parents understand that effective Listening and responding to the views of pupils and parents helps to ensure that RSHE meets pupils' needs and that topics are taught at the right time to support children to build positive relationships and avoid harms before they occur. Schools must provide a copy of their policy free of charge to anyone who asks for one and publish the policy on the school website. Schools may need to include new content in RSHE to respond to emerging needs or issues in the school but should be careful to inform parents of any shifts away from the policy and continue to share relevant materials on request."

HIFA profile: Richard Fitton is a retired family doctor - GP. Professional interests: Health literacy, patient partnership of trust and implementation of healthcare with professionals, family and public involvement in the prevention of modern lifestyle diseases, patients using access to professional records to overcome confidentiality barriers to care, patients as part of the policing of the use of their patient data Email address: richardpeterfitton7 AT gmail.com

***Cervical cancer (73) Educating girls about reproductive health and cervical cancer (4) Statutory guidance in England (2)**

3 November, 2026

Relationships_education_relationships_and_sex_education__RSE__and_health_education__for_intro_1_September_2026_.pdf https://share.google/mjovM9eamH9sJSU9p

I have quickly searched the English Government Relationships Education Relationships and sex Education curriculum and could find no mention of cervical screening and HPV vaccination, but it includes:

How the different sexually transmitted infections (STIs), including HIV, are transmitted. How risk can be reduced through safer sex (including through condom use). The use and availability of the HIV prevention drugs Pre-Exposure Prophylaxis (PrEP) and Post Exposure Prophylaxis (PEP) and how and where to access them. The importance of, and facts about, regular testing and the role of stigma 9. The prevalence of STIs, the short and long term impact they can have on those who contract them and key facts about treatment.

The facts and scientific evidence relating to vaccination and immunisation. The introduction of topics relating to vaccination and immunisation should be aligned with when vaccinations are offered to pupils.

The facts and scientific evidence relating to vaccination, immunisation and antimicrobial resistance. The introduction of topics relating to vaccination and immunisation should be aligned with when vaccinations are offered to pupils.

Developing bodies Curriculum content: 1. The main changes which take place in males and females, and the implications for emotional and physical health. 2. The facts about puberty, the changing adolescent body, including brain development. 3. About menstrual and gynaecological health, including: what is an average period; period problems such as premenstrual syndrome; heavy menstrual bleeding; endometriosis; and polycystic ovary syndrome (PCOS). When to seek help from healthcare professionals.

Schools should take steps to pro-actively engage parents and make sure they are aware of what is being taught in RSHE. These steps might include inviting parents into school to discuss the curriculum content and the importance of RSHE for wellbeing and safety, inviting them to discuss any concerns, and supporting parents in managing conversations with their children about RSHE topics. Schools must consult parents when developing and reviewing their RSE policies, in accordance with the section on developing a policy, above.

HIFA profile: Richard Fitton is a retired family doctor - GP. Professional interests: Health literacy, patient partnership of trust and implementation of healthcare with professionals, family and public involvement in the prevention of modern lifestyle diseases, patients using access to professional records to overcome confidentiality barriers to care, patients as part of the policing of the use of their patient data Email address: richardpeterfitton7 AT gmail.com

***Cervical cancer (74) Youth Coalition Against Cancer (2) World Cervical Cancer Elimination Day, 17 November 2026**

3 November, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-57-introduction-joshua-...]

Dear HIFA Team,

Greetings from the Youth Coalition Against Cancer (YOCAC), Federal Capital Territory (FCT), Nigerian Cancer Society, Nigeria.

My name is Joshua Akaa, and I serve as the Director of Research, Education and Innovation at YOCAC FCT. I am reaching out to explore a potential collaboration between HIFA (Healthcare Information For All) and YOCAC FCT as we prepare to commemorate World Cervical Cancer Elimination Day on 17 November 2026.

As part of our commitment to strengthening cancer awareness, education, advocacy and youth engagement, we are organising a Cervical Cancer Awareness Walk and an accompanying educational webinar to mark this important global health observance.

Our primary target populations are children, adolescents and young people. We recognise that empowering younger populations with accurate, age-appropriate health information, particularly on HPV infection, HPV vaccination, cervical cancer prevention and healthy behaviours, is essential to building a generation that is informed and actively involved in cancer prevention and control.

In view of HIFA's global commitment to improving access to reliable healthcare information, we believe that your organisation would be a valuable partner in this initiative.

We would particularly appreciate HIFA's support in the following areas:

1. Expert Speakers: We would be honoured to have HIFA recommend or facilitate access to qualified speakers, healthcare professionals, public health experts or researchers who could contribute to our webinar, particularly in HPV prevention, cervical cancer elimination, adolescent health and cancer education.

2. Knowledge and Educational Resources: Support in identifying and sharing credible educational materials, publications and evidence-based resources that can strengthen our awareness activities.

3. Knowledge Dissemination: Assistance in amplifying our event and its educational messages across relevant HIFA communities and professional networks.

4. Technical Collaboration: Opportunities for knowledge exchange, expert engagement and future collaborative initiatives focused on cancer education, health literacy and youth participation in public health.

5. Continued Partnership: We would welcome opportunities to develop a sustainable relationship with HIFA beyond this event, particularly in research, health information accessibility, capacity development and cancer advocacy.

We believe that collaboration between HIFA and YOCAC FCT would create an opportunity to connect global health knowledge with local youth-led action, ensuring that reliable information reaches communities where it is needed most.

We would be grateful to know whether HIFA would be interested in supporting this initiative and whether there are appropriate members, experts or partner organisations you could connect us with for the webinar.

We would be pleased to share further details about the proposed programme, audience, format and speaking arrangements.

Thank you for your continued commitment to making reliable healthcare information accessible to all. We look forward to the possibility of working together towards a future where young people are informed, empowered and actively engaged in cancer prevention and control.

Warm regards,

Joshua Iorember Akaa

Director, Research, Education and Innovation

Youth Coalition Against Cancer (YOCAC)

Nigerian Cancer Society, Federal Capital Territory (FCT)

Abuja, Nigeria.

HIFA profile: Joshua Iorember Akaa is Research, Education & Innovation Lead at Youth Coalition Against Cancer, Nigerian Cancer Society, Nigeria. Professional interests: Clinical Research, Epidemiology & Global Health akaajoshua2022 AT gmail.com

***Cervical cancer (75) How can women be encouraged to come for screening? (1) Building relationships in Dominican Republic**

4 November, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-66-mobile-cervical-canc...]

Dear Neil, and colleagues,

Yes — cervical cancer screening is a routine part of our work. I write from Somos Amigos Medical Missions, a free primary-care and dental clinic serving 32 rural mountain communities in the Dominican Republic, mostly Spanish-speaking but also many Creole-speaking Haitian patients. Ours is a rural, fixed-clinic setting rather than a mobile one, though our patients are scattered across those communities and travel to us.

On facilities and method: we offer liquid-based cervical cytology (ThinPrep, by Hologic) with HPV co-testing at every clinic day — a single sample serving both. A physician performs the test; specimens go to a laboratory in Santiago (a city two hours by car from us); and a physician reviews and communicates every result. When a woman needs follow-up — colposcopy, biopsy, treatment — we provide it or refer her to a specialist NGO clinic in the city, and we cover all costs. We monitor every step, so the referral holds.

On your central question — what brings women forward — our experience is that it is less a campaign than a relationship. Three things do most of the work:

- We do not wait for symptoms, or for worried women to come to us. We keep track of who is due and actively recall them, so screening is offered as a matter of routine rather than something a woman must think to request.

- The trust of a continuing relationship. Reassurance from a clinician a woman knows, explaining in her own language — that the examination will not harm her, that a positive HPV result is neither a verdict nor a sign of betrayal — does more to overcome fear than any poster. Seeing the same faces, year after year, is itself the encouragement.

- Removing the practical barriers. Women come forward more readily when they know the test is free, that follow-up will be provided and paid for, and that a referral will not leave them lost in the system. Cost, broken referrals, and unexplained results are what turn hesitation into avoidance; we try to remove each of them.

We are about to extend this: in January we will run a focused screening effort with a provider dedicated to gynecologic examinations for a block of time, to raise our capacity — scheduling screening as its own appointment and, where we can, on the same day as a general visit, so a woman need not travel twice.

The fears that keep women away in our setting will be familiar from this discussion — that the examination will leave a young woman “marked,” or that an abnormal result implies a partner’s infidelity. But to your question, the single most effective “method to encourage women to come forward” has been, simply, to be a place they already trust, that comes looking for them, and that removes the reasons not to come.

With best wishes,

Frank Brightwell

Founder and Executive Director

Somos Amigos Medical Missions

El Naranjito, San José de las Matas, Dominican Republic

HIFA profile: Frank Brightwell is Executive Director at Somos Amigos Medical Missions, in the United States. Email: frank AT somosamigos.org

***Cervical cancer (76) Men are reluctant to allow women to be screened for cervical cancer (2)**

4 November, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-56-men-are-reluctant-al...]

Dear Diya,

Thank you for explaining the reluctance of some men (in India) to allow women to be screened for cervical cancer, particularly if the health worker is male.

You said: "In India, this belief is deeply rooted in a strong patriarchal society and the cultural stigma surrounding women who need to be at home at all times with little interaction with outside men! Such behavior even in today's world in remote villages or sometimes in urban settings is considered adultery."

I would like to ask about the experience in other countries. How do men's attitudes and culture impact on a woman's ability to access cervical cancer screening and treamtnet, and access to other basic reproductive health services?

Diya, you said "We counter this by involving only women advocates, doctors, and nurses who make women coming for screening comfortable by guiding them through the process."

Having only female health workers for reproductive health services would seem to be appropriate for some communities. I consulted AI (Copilot) which suggested 'male gynaecologists likely make up well under half of the profession in India, perhaps around 20-40%'. This suggests that many women in India are happy to be seen by a male health professional. Acceptance by the woman (and their partner) is likely driven by education, exposure, socioeconomic status, and cultural attitudes, with urban women being on average more accepting than rural women.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (77) The role of traditional healers in prevention, screening and treatment of cervical cancer**

4 November, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-61-q1-how-do-people-you...]

Dear Meena,

Thank you for your comments. You note that women may often go first to a traditional healer from whom they may receive misinformation.

I would like to invite other HIFA members to comment on the role of traditional healers in prevention, screening and treatment of cervical cancer. There are likely both benefits and risks.

WHO recognises the importance of Traditional, Complementary and Integrative Medicine generally, but I couldn't find a reference to TCIM in the Global Strategy towards the Elimination of Cervical Cancer as a Public Health Problem. Nor in the other documentation associated with cervical cancer.

Incidentally, TCIM is absent from almost every disease and health area covered by WHO. Which makes me think it could be helpful if disease-specific planners and guideline developers would routinely consider the role (if any) of TCIM. Or, vice versa, that TCIM professionals prepare evidence-based papers on the role of TCIM for each WHO topic.

With this in mind I found this interesting paper:

CITATION: Arch Public Health. 2025 Feb 13;83:35. doi: 10.1186/s13690-025-01521-7

The role of traditional healers along the cancer care continuum in Sub-Saharan Africa: a scoping review

Elizabeth F Msoka et al.

ABSTRACT

Background: Traditional healers play a significant role in Sub-Saharan Africa's healthcare system, but little is known about their role across the cancer care continuum in this context. Given the prevalence of patients consulting healers, we aimed to elucidate their role and impact on cancer care delivery in Sub-Saharan Africa.

Methods: Following the PRISMA reporting standards, all research focused on the role of traditional healers in the cancer care continuum in sub-Saharan Africa was included in this scoping review. Data sources assessed include PubMed, Cochrane Library, Embase, and CINAHL Plus with Full Text, Scopus, Sociological Abstracts, African Journals Online, African Index Medicus, and Google Scholar. Studies that lacked perspectives on the healers' role, focused solely on the actual herbal medicines, were

written in non-English language, were not primary research, or the full-text was unavailable were excluded. Two reviewers performed screening and data extraction for each article, confirmed by a third reviewer.

Results: One thousand four hundred seventy-one studies were identified, with 1437 screened and 191 full-texts reviewed. Of those, 158 were excluded, and 33 (comprising of 1564 healers) were included for final data extraction and analysis. Five studies (64 healers) showed their role in prevention, eleven (454 healers) in diagnosis, twenty-seven (1524 healers) in treatment, and two (25 healers) in palliative care in Sub-Saharan Africa. While some desired increased collaboration with the biomedical system and referred patients, others lacked trust and remained hesitant to provide referrals.

Conclusion: Results showed that traditional healers play an important role in cancer treatment. This provides an opportunity to leverage the skills of traditional healers to improve cancer outcomes, in a way that recognizes and respects local culture. Future research focused on improving the collaboration between traditional healers and the biomedical healthcare system may lead to strengthening the referral system and early detection and treatment of cancer.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (78) Educating girls about reproductive health and cervical cancer (5)**

4 November, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-65-educating-girls-abou...]

Dear Amal Yusuf,

Thankyoo for your message. You note that: 'schools can provide culturally appropriate reproductive health education, helping girls understand their bodies and recognise when they need medical advice'

This would seem to be a critically important part of information and education on cervical cancer and other aspects of reproductive health.

If such information were included in the national curriculum, this would provide a foundation for Sustainable Development Goal 3.7:

'Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes'

https://www.who.int/data/gho/data/themes/topics/sdg-target-3_7-sexual-an...

Notably, sexual and reproductive health is the only area of health that specifically recognises "information" in the SDGs. And yet paradoxically, sexual and reproductive health information is severely constrained in many countries and settings.

I would like to ask all HIFA members: What is the status of sexual and reproductive health education and information in your country?

Afghanistan is an example where this is very limited. Would anyone like to comment on this or other countries?

This paper provides some insights from around the world:

Understanding Comprehensive Sexuality Education: A Worldwide Narrative Review

https://pmc.ncbi.nlm.nih.gov/articles/PMC11683015/

'This review underscores the need for CSE, especially given its critical role in preventive healthcare and overall well-being. In the Western world, Europe generally promotes CSE from a young age, which is linked to low rates of teenage pregnancies and STIs. The United States and Canada show variability, with Canada favoring a comprehensive approach. In Asia, CSE faces resistance due to conservative norms, limiting access to SRH information. Countries like Bangladesh, Mongolia, and Nepal have partial policies, while China and Pakistan emphasize abstinence and face sociopolitical barriers. In India, strong cultural taboos impede CSE, with bans in multiple states and limited adolescent-focused sexual and reproductive health education measures, especially for unmarried teens.'

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (79) The role of traditional healers in prevention, screening and treatment of cervical cancer (2)**

4 November, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-77-role-traditional-hea...]

Thanks Neil, for highlighting my comment on the role of traditional healers.

It is a well-known fact in LMICs that people (women) rely on the knowledge and healing power of traditional healers (TH).

The reasons could be they are closer to the community (live close to the homes/villages and women feel confident to confide about embarrassing health issues), have long time to listen to the ailments and cost less, communicate in a simple language the solutions to the medical problem and above all the community does not have access to reliable healthcare knowledge.

However, these TH often are not part of the health system and therefore, rarely updated with evidence-based scientific healthcare knowledge.

Thus, more and more health programs are working to include education of TH in their policies and plans (e.g. immunisation).

Best wishes

Dr. Meena Nathan Cherian, MBBS, MD (Anaesthesia)

(Former WHO Lead Emergency and Essential Surgical Care Program, Geneva, Switzerland).

Director, Global Health New Challenges: Geneva Foundation for Medical Education & Research, Switzerland. <http://www.gfmer.ch/surgery/cancer.htm> www.gfmer.ch/surgery/cancer.htm (NSA-WHO)

Senior Advisor Global Action International Society of Geriatric Oncology Permanent Committees - SIOG <https://siog.org/about-us/governance/leadership/permanent-committees/>

Senior Advisor, International College of Surgeons-Global Affairs. <https://icsglobal.org/> https://icsglobal.org/ (NSA-WHO)

Adjunct Prof.The Chinese University of Hong Kong,Shenzhen,China. <https://med.cuhk.edu.cn/en/teacher/371> https://med.cuhk.edu.cn/en/teacher/371

WHO-HIFA Essential Health Services; mHEALTH-INNOVATE. <http://www.hifa.org/> www.hifa.org (NSA-WHO).

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HIFA profile: Dr Meena Nathan Cherian was a professor of anaesthesiology from Christian Medical College Hospital, Vellore, India. She trained, worked, and taught in several countries, USA (Johns Hopkins Hospital), Southeast Asia and Africa. She worked at the World Health Organization Headquarters, Geneva, Switzerland, as the Emergency and Essential Surgical Care Program Lead where she created the 'surgical care' program resulting in the first World Health Assembly Resolution on 'Emergency and Essential Surgical Care and Anaesthesia in the context of Universal Health Coverage'. Currently she works as the Director, Global Health New Challenges program, Geneva Foundation for Medical Education and Research, Geneva, Switzerland; Adjunct Prof. The Chinese University of Hong Kong, Shenzhen, China; Senior Advisor, Global Action, International Society of Geriatric Oncology, Switzerland; Member of the WHO-HIFA Working Group on Essential Health Services and COVID-19; and HIFA mHEALTH-INNOVATE Working Group. She is a member of the HIFA Steering Group. https://www.hifa.org/support/members/meena and Spotlight working group on Patient Safety and NCDs. cherianm15 AT gmail.com

***Cervical cancer (80) Global, regional and national burden of cervical cancer in 1990–2023 with forecasts to 2050: a Global Burden of Disease study**

5 November, 2026

Global Health Now reports: 'Global cervical cancer cases could increase by ~20% and deaths by ~39% by 2050, per a modeling study published in Nature Medicine, which projects the highest incidence and mortality rates in sub-Saharan Africa.'

CITATION: Published: 02 November 2026

Global, regional and national burden of cervical cancer in 1990–2023 with forecasts to 2050: a Global Burden of Disease study

GBD 2023 Cervical Cancer Collaborators

Nature Medicine (2026)

ABSTRACT

Although highly preventable, cervical cancer remains one of the most common malignancies among women worldwide. As part of the Global Burden of Disease study, we estimated cervical cancer incidence, mortality and disability-adjusted life-years (DALYs) across 204 countries and territories from 1990 to 2023, with forecasts to 2050. In 2023, 887,000 new cases (95% uncertainty interval 682,000–1,170,000), 369,000 deaths (292,000–475,000) and 13.3 million DALYs (10.1–17.4) were estimated globally. Age-standardized incidence rate (ASIR) and age-standardized mortality rates (ASMR) were more than four and seven times higher in low- versus high-income countries. Between 1990 and 2023, global ASIR was largely stable (−0.4% (–26.6 to 34.7)), whereas ASMR changed by −17.5% (–36.2 to 13.4). All cervical cancer DALYs were attributable to human papillomavirus infection, with tobacco use contributing 5.9% (3.2–9.3) globally. By 2050, global ASIR and ASMR are forecast to change by −12.5% (–25.7 to 3.5) and −9.0% (–21.5 to 6.6) from 2024, yet absolute cases and deaths are forecast to rise by 20.2% (4.6–38.5) and 39.3% (23.6–57.3). ASIR and ASMR are forecast to remain highest in low-income countries. Intensified action is needed to accelerate progress.

COMMENTS (NPW): I would like to make two comments, on e general and one specific:

1. This paper is restricted-access, so most of us cannot read it. It's interesting to see a list of the 'GBD 2023 Cervical Cancer Collaborators'. There must be more than 500 people listed here. Which makes me ask: "Why did they decide to publish restricted-access rather than open access?" It would presumably have been highly affordable to pay the article processing charge for open access. A clue is that the research was funded by the Gates Foundation, which has famously refused to pay article processing charges. It would be interesting to see an analysis of the accessibility of Gates-funded research since their policy was introduced. And if a paper cannot be accessed, it cannot have maximum impact.

2. Global Health Now says the paper 'projects the highest incidence and mortality rates in sub-Saharan Africa'. This is an important finding, and yet it is not included in the abstract. Why?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (81) What more can we learn from your experience?**

6 November, 2026

Dear HIFA colleagues,

Thank you to everyone who has contributed your experience and expertise to this discussion on understanding information needs to improve uptake of cervical cancer screening and treatment. We are now approaching the end of week 3 in our 6-week discussion.

We have already learned a lot. We have exchanged 80 messages from 17 contributors in Côte d'Ivoire, Dominican Republic, Ethiopia, Germany, India, Kenya, Mongolia, Somalia, Switzerland, United Kingdom and United States.

We have at least partly addressed the six guiding questions, and more:

1. How do people in your community or workplace generally perceive cervical cancer? Please describe the common concerns, beliefs, or attitudes you notice.

2. What questions do people commonly ask about cervical cancer screening and treatment?

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

4. Can you share an example where information or misinformation influenced someone's decision to seek or avoid cervical cancer screening or treatment?

5. What sources of information about cervical cancer do people in your setting rely on most? Which sources are helpful, and where do you see gaps or weaknesses?

6. What could be done to help people find, understand and use reliable information about cervical cancer?

Members have highlighted the extent of limited awareness, fear and stigma surrounding cervical cancer. We have heard about misconceptions concerning screening, HPV vaccination, fertility and the meaning of a positive test result. Members have also described how information and misinformation can influence women's decisions to seek or avoid screening and treatment.

A few things that I found especially compelling:

1. The importance of cancer survivors as a trusted medium for reliable information, whether as part of women's groups or other community settings.

2. Similarly, the central role of trusted primary healthcare providers who are often known to women for routine health services

3. The importance of reproductive health education in schools and how this varies widely depending on country.

There are three areas where I would particularly welcome further contributions:

1. Reaching women who are least likely to receive reliable information

What approaches have you found effective in reaching women who are socially or economically marginalised, live in remote areas, have limited literacy, or face cultural barriers to discussing reproductive health? What has worked well, and what has not?

2. Learning from women's own experiences

Can you share examples of how women themselves – including cervical cancer survivors – have helped to shape health education, challenge misconceptions or encourage others to seek screening and treatment? How can their voices be better included in the design of information and awareness programmes?

3. Understanding the sources of misinformation and how it spreads in different communities

We have heard some examples of misinformation and would welcome other examples. Do we have an understanding of where this misinformation comes from? To what extent is it linked to mistrust in authorities and/or health workers? It's notable that in many high-income countries, health workers enjoy a high level of trust, but is this seen also in LMICs?

Insights from this discussion will be synthesised in a report to help inform future WHO advocacy and knowledge products on cervical cancer screening and treatment.

*** What more can we learn from your experience? We would particularly welcome contributions from countries and settings that have not yet been well represented in our discussion, and examples drawn from your personal or professional experience.

*** Please email your thoughts to: hifa@hifaforums.org

Many thanks again for sharing your knowledge and helping us build a better understanding of how reliable information can improve the uptake of cervical cancer screening and treatment.

With best wishes,

Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (81) What more can we learn from your experience?**

6 November, 2026

Dear HIFA colleagues,

Thank you to everyone who has contributed your experience and expertise to this discussion on understanding information needs to improve uptake of cervical cancer screening and treatment. We are now approaching the end of week 3 in our 6-week discussion.

We have already learned a lot. We have exchanged 80 messages from 17 contributors in Côte d'Ivoire, Dominican Republic, Ethiopia, Germany, India, Kenya, Mongolia, Somalia, Switzerland, United Kingdom and United States.

We have at least partly addressed the six guiding questions, and more:

1. How do people in your community or workplace generally perceive cervical cancer? Please describe the common concerns, beliefs, or attitudes you notice.

2. What questions do people commonly ask about cervical cancer screening and treatment?

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

4. Can you share an example where information or misinformation influenced someone's decision to seek or avoid cervical cancer screening or treatment?

5. What sources of information about cervical cancer do people in your setting rely on most? Which sources are helpful, and where do you see gaps or weaknesses?

6. What could be done to help people find, understand and use reliable information about cervical cancer?

Members have highlighted the extent of limited awareness, fear and stigma surrounding cervical cancer. We have heard about misconceptions concerning screening, HPV vaccination, fertility and the meaning of a positive test result. Members have also described how information and misinformation can influence women's decisions to seek or avoid screening and treatment.

A few things that I found especially compelling:

1. The importance of cancer survivors as a trusted medium for reliable information, whether as part of women's groups or other community settings.

2. Similarly, the central role of trusted primary healthcare providers who are often known to women for routine health services

3. The importance of reproductive health education in schools and how this varies widely depending on country.

There are three areas where I would particularly welcome further contributions:

1. Reaching women who are least likely to receive reliable information

What approaches have you found effective in reaching women who are socially or economically marginalised, live in remote areas, have limited literacy, or face cultural barriers to discussing reproductive health? What has worked well, and what has not?

2. Learning from women's own experiences

Can you share examples of how women themselves – including cervical cancer survivors – have helped to shape health education, challenge misconceptions or encourage others to seek screening and treatment? How can their voices be better included in the design of information and awareness programmes?

3. Understanding the sources of misinformation and how it spreads in different communities

We have heard some examples of misinformation and would welcome other examples. Do we have an understanding of where this misinformation comes from? To what extent is it linked to mistrust in authorities and/or health workers? It's notable that in many high-income countries, health workers enjoy a high level of trust, but is this seen also in LMICs?

Insights from this discussion will be synthesised in a report to help inform future WHO advocacy and knowledge products on cervical cancer screening and treatment.

*** What more can we learn from your experience? We would particularly welcome contributions from countries and settings that have not yet been well represented in our discussion, and examples drawn from your personal or professional experience.

*** Please email your thoughts to: hifa@hifaforums.org

Many thanks again for sharing your knowledge and helping us build a better understanding of how reliable information can improve the uptake of cervical cancer screening and treatment.

With best wishes,

Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (82) Q4 Examples where information or misinformation influenced someone's decision to seek or avoid screening or treatment**

6 November, 2026

Dear HIFA colleagues,

We have had a few contriibutions on this question (below) but we would welcome more. Can you think of an example where you, a friend, or a patient revealed the impact of inforamtion on health behaviour?

==

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

In contrast: “On the contrary, due to the wrong belief about the HPV vaccine, girls of that age are refusing to take the vaccine.”

Dr Anu Mary Oommen (India): “We have seen that those who undergo follow-up procedures like colposcopic biopsy have pain during the procedure. When others hear this information, they get worried about either screening or attending follow-up.”

Frank Brightwell (Dominican Republic): “For most of our patients that proactive, trusted, end-to-end care is what overcomes the fear: a woman reluctant to be ‘marked’ is reassured not by a poster but by a clinician she trusts, in her own language, over the years.”

“In our experience, it is this proactive care, and the trust built over years, that keeps misinformation from deciding whether a woman is screened.”

==

Many thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (83) Q5: What sources of information about cervical cancer do people in your setting rely on most? (4)**

6 November, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-62-q2-what-questions-do...]

Dear Meena and all,

Thank you for your recent message.

"There is hardly any evidence-based scientific information in simple language available through social media (messages, reels, infographics), educational advertisements (as for other cancers), and cervical cancer education materials integrated into the school education curriculum."

I invite discussion on the role of social media in helping to meet the information needs of women regarding cervical cancer. WhatsApp and Facebook are probably the two most widely used social media platforms among women worldwide. All: How are women in your country using WhatsApp and Facebook to share health information and support one another? Are there examples of these platforms being used successfully to educate women about reproductive health, HPV vaccination and cervical cancer screening?

Conversely, are there examples where misinformation about cervical cancer is being spread?

On your second point, how are educational advertisements being used currently, and what is their role? A few days ago I shared a video of a mobile screening unit in Pune, India. The outside of the vehicle carried several posters showing information about cervical screening. https://www.hifa.org/dgroups-rss/cervical-cancer-66-mobile-cervical-canc... This would seem to be a good use of such posters? Women can read and learn before they decide. Posters can also be placed on the walls of clinics. This allows people to read privately and get answers to some of their questions. Having read the posters, they may have specific questions they can ask the nurse or doctor. The average length of a consultation in many countries is a small fraction of what is needed (in some cases less than 1 minute), and so anything that can complement the information provided by the health worker is important.

On the third point, this is an interesting topic. Some countries restrict reproductive health education of all kinds. I have learned that there is another element to consider: even where reproductive health education is included, the scope may be limited to puberty, menstruation, reproduction and sexually transmitted infections without ever being taught about HPV, cervical cancer, vaccination or screening. Can anyone share their experience on this topic?

Many thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to

reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (84) Cervical Cancer Advocacy Handbook (2) Discussion forum on cervical cancer**

6 November, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-59-sabrina-zucchello-sw...

Last week I wrote about the UICC's Cervical Cancer Advocacy Handbook, which was previously shared by Sabrina Zucchelo.

I noted: "Many advocates and advocacy groups could benefit from the support and experience of others, whether locally, nationally or globally. With this in mind, is there a global discussion forum on cervical cancer, similar to HIFA?" Can anyone help?

Many thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (85) The role of traditional healers in prevention, screening and treatment of cervical cancer (3) Non licensed medical practitioners**

6 November, 2026

Hi everyone

I came across this recent paper.
https://www.tandfonline.com/doi/full/10.1080/00856401.2026.2622296 [*see note below]

This is not directly on traditional healers. It looks at the role of non licensed medical practitioners in the community in Indian settings. However this brings forth the role of "Conviviality" as a feature of care. There may lessons that we can draw for working at a community level

As the author states:

"Conviviality, I argue, helps shift the focus from medical know-how and rational expertise to the affective dimensions of care that are crucial to the formation of trusting clinical relations. However, as discussed in the section above, conviviality in Daktars' clinics is always fragile, incomplete and unstable, and is susceptible to being undermined by countervailing tendencies of profit-making, stigma and violence. Its realisation, therefore, requires continual effort."

Would love to know if this resonates in other communities as well

Regards
Aparna
PatientsEngage
--

Aparna Mittal
Founder and CEO
PatientsEngage
www.patientsengage.com
INFORM || ENGAGE || EMPOWER

HIFA profile: Aparna Mittal is a Patient Advocate and Founder/ CEO, PatientsEngage Health Foundation, India and Singapore. Professional interests: Building Health Literacy and an Informed Community, Advocating for persons with lived experience to be part of shared decision making as well as policy making. Email address: aparna.mittal AT patientsengage.com

[Note from HIFA moderator (NPW): Thank you Aparna for this interesting paper. Here is the abstract: 'Clinical encounters in India are often marked by suspicion between patients and practitioners. Against this backdrop, this paper explores the affective environments of clinics run by unlicensed medical practitioners—or daktars (doctors)—in Delhi, outlining 'conviviality' as a feature of care in these settings. Dismissed as 'quacks' by elites, daktars are popular sources of healthcare for the city's poor, with whom they are entangled in neighbourly relations. Drawing on ethnographic research, the paper examines how conviviality in the clinic is shaped by material conditions and relational effort. It highlights how conviviality attenuates tensions underpinning clinical encounters, while acknowledging its limits. Analysing daktars' practices, it posits conviviality as both an affective outcome of their clinical work and the condition of possibility for emotions like trust to emerge. Moving beyond negative framings of 'mistrust' within clinical settings in India, the paper foregrounds conviviality as a key aspect of daktars' healthcare provision.']

***Cervical cancer (86) Discussion forum on cervical cancer (2) UICC Connect**

6 November, 2026

Hi Neil,

About a global forum of discussion on cervical cancer, UICC hosts an online platform, UICC Connect https://www.uicc.org/what-we-do/member-benefits/uicc-connect, that is a place for all cancer and advocacy related conversations, with a dedicated space for cervical cancer. Feel free to join the cervical cancer room: https://connect.uicc.org/rooms/cervical-cancer-room [*see note below]

With kind regards,
Sabrina

Sabrina Zucchello
Senior Manager, Women's Cancers
Union for International Cancer Control (UICC)
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Follow UICC on LinkedIn <https://www.linkedin.com/company/uicc> | Instagram <http://www.instagram.com/uicc_official/> | Facebook<https://www.facebook.com/uicc.org>

HIFA profile: Sabrina Zucchello is Senior Manager at the Union for International Cancer Control (UICC), where she leads work on women's cancers, with a focus on strengthening the capacity of civil society organisations to advance breast and cervical cancer control. Her work spans programme

development, grantmaking, capacity building, advocacy, communications and partnerships, including supporting the cancer community to align national and local action with global cervical cancer elimination targets. She has particular experience in developing advocacy and knowledge resources, convening multi-stakeholder dialogues and supporting civil society organisations to communicate effectively on cancer prevention, early detection and care. She is a member of the HIFA working group on cervical cancer. https://www.hifa.org/support/members/sabrina E: zucchello AT uicc.org

[*Note from HIFA moderator (NPW): Thank you Sabrina, I have now joined and look forward to interacting]

***Cervical cancer (87) Improving medical records and health data (7)**

6 November, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-38-improving-medical-re...]

Regarding medical records in general and electronic medical records (and use of AI with them) specifically, STAT News today highlights a study, "AI depends on medical records that don't always tell the full truth about women", and makes an interesting point about medical records. Medical records represent the patient's health history through the lens of the recording physician, including the physician's assumptions and biases, and may include misdiagnoses along the way. https://www.statnews.com/2026/11/06/women-medical-records-artificial-int... (The article is under access control so I can't access the whole article.)

From the Stat News email about the article: "Many of the women described trust-breaking encounters with health care providers and misdiagnoses, but these moments were rarely documented. The authors point to the story of a woman who lived with debilitating pelvic pain for more than a decade as a poignant example. Doctors at first dismissed her pain as related to obesity, pivoting to mental health after she lost weight. Notably, the turning point only came after her husband joined her for an appointment, and she was ultimately diagnosed with endometriosis. Her medical records chronicle this diagnostic odyssey, but they don't capture the frustration and disillusionment she experienced after years of having her pain downplayed. Hirsch and Silva write that such stories raise concerns about the use of AI to advance women's health.

'These tools are only as good as the data in the medical record,' they write. 'If a woman's symptoms are filtered through assumptions about her weight or mental health, and the true story of her pain is omitted, AI may learn and reproduce how the woman is framed in the record.'"

Best wishes,
Margaret

Margaret Winker, MD
eLearning Program Director
Trustee
World Association of Medical Editors
***
wame.org
WAME eLearning Program <https://wame.org/wame-elearning-program.php>
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www.facebook.com/WAMEmembers

HIFA profile: Margaret Winker is Trustee and Past President of the World Association of Medical Editors (WAME) and Director of the WAME eLearning Program. She is based in the US. Professional interests: WAME is a global association of editors of peer-reviewed medical journals who seek to foster cooperation and communication among editors, improve editorial standards, promote professionalism in medical editing through education, self-criticism, and self-regulation, and encourage research on the principles and practice of medical editing. margaretwinker AT gmail.com

***Cervical cancer (88) Educating girls about reproductive health and cervical cancer (6)**

6 November, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-65-educating-girls-abou...

Dear Amal,

It is wonderful to hear about your experience as a midwife in Somalia. Thank you so much for the six messages you have already shared with us.

In your last message you noted the following approaches are helpful:

"1. Starting education early to receive appropriate information about puberty, menstruation, personal hygiene, and changes in their bodies before and during adolescence.

2. Mothers and other trusted female members can play an important role in creating safe spaces where girls feel comfortable asking questions without fear and embarrassment.

3. In my opinion, schools can provide culturally appropriate reproductive health education, helping girls understand their bodies and recognise when they need medical advice.

4. Also midwives and other healthcare workers can support girls and women through community education, respectful communication, and confidential non judgmental healthcare services."

Please would you be able to say a bit more about the above? Can you describe health and education services in Somalia and especially your personal experience?

For example:

1 & 3. Is reproductive health education widely available? Do you have any personal experience of this or perhaps you know teachers who provide such education?

2. The importance of mothers and trusted female relatives and friends. This hasn't been highlighted in our discussion so far. Female relatives and friends are likely the most prevalent source of information (and possibly, inadvertenly, misinformation). Can you share any examples from your experience?

4. Can you share any examples of how midwives provide community education? I would imagine that most of the communication is in the context of clinical encounters, but perhaps some midwives are engaged in further activities, including outreach?

I would also encourage HIFA members in other countries to reflect on these questions and share your experience. We have heard from Dominican Republic, India, Somalia... To build a more complete picture we welcome inputs from other countries.

Please send email to: hifa@hifaforums.org

Thank you again for your generous sharing

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (89) Requesting your help please: 11 questions**

7 November, 2026

Dear HIFA colleagues,

I would like to highlight 11 questions that have emerged in our discussion so far. Many of these are as yet unanswered or only partly answered. Can you help to answer any of these, particularly in the context of a country you have worked in?

1. What practical guidance on cervical cancer is available for frontline health workers in your country?

2. What practical guidance on cervical cancer is available for women?

4. What are the challenges and opportunities for community health workers in increasing screening and treatment uptake?

5. What is the role of mainstream media? How to promote reliable information and protect from misinformation?

6. How do women's questions, knowledge and perspectives on cervical cancer differ between countries, age groups and cultural settings?

7. What is the experience in different countries around educating girls about reproductive health from an early age?

8. What is the role of community-based organisations in health education, and how can they coordinate with primary health workers?

9. How do men's attitudes, cultural beliefs and family relationships affect women's ability to access cervical cancer screening and treatment in your country?

10. How can traditional healers be incorporated into prevention, screening and treatment?

11. How can unlicensed practitioners (eg daktars in India) healers be incorporated into prevention, screening and treatment?

We are especially keen to hear from those with practical experience and expertise.

Please send your thoughts to hifa@hifaforums.org

Your experience will then contribute to our final report to help inform future WHO advocacy and knowledge products on cervical cancer screening and treatment.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (90) Our six guiding questions**

7 November, 2026

Dear HIFA colleagues,

I have just sent 11 questions for your consideration. These are in addition to the six guiding questions for our discussion as a whole:

1. How do people in your community or workplace generally perceive cervical cancer? Please describe the common concerns, beliefs, or attitudes you notice.

2. What questions do people commonly ask about cervical cancer screening and treatment?

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

4. Can you share an example where information or misinformation influenced someone's decision to seek or avoid cervical cancer screening or treatment?

5. What sources of information about cervical cancer do people in your setting rely on most? Which sources are helpful, and where do you see gaps or weaknesses?

6. What could be done to help people find, understand and use reliable information about cervical cancer?

If you are able to comment on any of the above, please send a brief email to: hifa@hifaforums.org

Your experience will contribute to our final report to help inform future WHO advocacy and knowledge products on cervical cancer screening and treatment.

Many thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (91) Educating girls about reproductive health and cervical cancer (7) Reproductive health education in Somalia**

8 November, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-88-educating-girls-abou...]

Dear Neil,

Thank you for your interest in my contributions and for giving me the opportunity to share more about reproductive health education for girls in Somalia.

As a midwife I would like to share some observations from my experience

1. Availability of reproductive health education for girls in Somalia

In my experience many Somali girls do not receive sufficient information about their reproductive health, their bodies, puberty and the physical changes they experience as they grow up.

There are several reasons for this.

First, girls often lack access to educational environments where they can learn about their bodies and understand the changes associated with puberty.

In the schools I have observed reproductive health education is not adequately provided.

Second, many girls do not receive sufficient information at home. Some mothers may themselves have limited knowledge about reproductive health and it is difficult to educate their daughters.

Another major barrier is cultural sensitivity and shame. Many girls feel embarrassed to ask questions about their bodies or discuss reproductive health.

Even when healthcare workers ask them questions about their health, they may find it difficult to respond openly or provide sufficient information.

Although technology and the internet have made health information more accessible, having access to information does not necessarily mean that girls feel comfortable discussing these subjects or seeking reliable guidance. Cultural expectations and the surrounding environment continue to influence their willingness to speak openly.

2. The role of mothers, female relatives and friends

Based on my observations, girls do not always feel comfortable discussing reproductive health with their families. Even when information is shared within the family these conversations may be limited because of embarrassment or lack of knowledge.

Some girls may first discuss their experiences with their female friends, particularly when they notice similar physical changes among their peers. Friends can provide emotional support, but the information they share may not always be accurate or complete.

Many girls also hide the physical and emotional changes they experience because they fear that these changes may be considered shameful.

3. The role of midwives and healthcare workers

As a midwife I believe that healthcare workers have an important responsibility to educate girls and young women about their reproductive health particularly adolescence and puberty.

In my work we make efforts to speak directly with adolescent girls and young women and provide information about their bodies physical development, menstrual health and personal hygiene.

During community outreach activities, whenever we have the opportunity to meet girls and women, we provide health education and encourage them to seek medical advice when they notice unusual changes.

We explain the importance of:

1. understanding the physical changes that occur during puberty

2. maintaining good menstrual and personal hygiene

3. recognising abnormal menstrual bleeding and menstrual irregularities

4. seeking medical attention when they experience unusual or persistent symptoms.

5. not hiding health concerns because of shame or fear

We also explain that prolonged or unusual vaginal bleeding should not be ignored and requires medical assessment. Similarly, severe menstrual pain should not automatically be considered normal. These symptoms can have different causes and should be evaluated by healthcare professionals.

Thank you for the opportunity to share my experiences and contribute to improving reproductive health education for girls in Somalia.

HIFA profile: Amal Abdikarim Yusuf is a Health worker based in Somalia. Professional interests: Maternal and newborn health, women's health, cervical and breast cancer awareness, cancer prevention and early detection, reproductive health, community health education, HPV vaccination, and improving access to healthcare services for underserved community. Email address: Amalyusuf2000 AT gmail.com

***Cervical cancer (92) Misinformation, stigma and misconceptions surrounding cervical cancer in Tanzania**

8 November, 2026

Dear HIFA Colleagues,

One of the most sensitive issues I would like to address here is the influence of misinformation and social stigma on cervical cancer prevention, particularly misconceptions surrounding HPV infection and HPV vaccination.

In Tanzanian society, reproductive health remains a sensitive subject in many families and communities since discussions about HPV can sometimes be misunderstood because the virus is associated with intimate contact which then consequently leads some people to mistakenly associate HPV infection with promiscuity or immoral sexual behavior thus creating unnecessary shame, fear and stigma among women diagnosed with HPV or cervical cancer in the society. Another concerning misconception is that the HPV vaccine can cause infertility or may negatively affect a girl's ability to have children in the future. Therefore, such beliefs can influence parents to refuse vaccination for their daughters, even despite the vaccine being a safe and effective method of preventing HPV-related cervical cancer.

I also believe that fear of screening procedures contributes significantly to delayed healthcare-seeking behavior. Some women may perceive cervical cancer screening as painful, embarrassing or

invasive and others even fear receiving a positive result and the possibility of being unable to afford or bare the subsequent treatment.

So these concerns should not be dismissed as "Simple ignorance" because they reflect deeper social, cultural, economic and informational challenges that healthcare professionals need to understand when engaging with communities and from a healthcare professional's perspective, particularly within the hospital environment, I believe we have an important responsibility to address these misconceptions through patient education, effective communication and evidence based counselling too.

In the light of this, I would recommend;

Integrating cervical cancer education into routine healthcare services, most especially the reproductive and maternal health clinics.

Engaging both Men and Women, parents, religious leaders and community influencers in awareness campaigns to encourage informed family and community decisions and essentially addressing HPV vaccination myths directly especially the concerns about infertility.

Creating a supportive and confidential screening environment where women can ask questions without fear of judgement.

Ultimately, I believe that fighting cervical cancer requires more than making screening and vaccination services available but rather we must also address the social beliefs, fears and misinformation that prevent people from accessing essential healthcare services.

HIFA profile: Gracia Didas is a Pharmacist at Cardinal Rugambwa Hospital, Tanzania, where she is chair of patient safety. Professional interests: Pharmaceutical Services, Patient Safety (Medication Safety), Mental health advocacy. She is a HIFA Country Representative. gracydyder AT gmail.com

***Cervical cancer (93) Cervical cancer in your country: India**

9 November, 2026

1. What is one thing about cervical cancer in your country that people in other countries might find surprising?

Diya: Considering India's population metrics, it's surprising that between 56% and 66.8% of women are completely unaware of cervical cancer despite national-level media dissemination and local health workers.

2. What is one thing you wish every girl knew about cervical cancer before reaching adulthood?

Diya: Vaccination safely covers one against cervical cancer which is mostly a sexually transmitted disease.

3. Is cervical cancer still regarded as a taboo subject in your country? If so, what are the consequences?

Diya: Yes — people don't mention the fact that it is sexually transmitted!! This results in less participation in screening, uncooperative partners, and fewer people taking the HPV vaccine.

4. Who do women trust most for information about cervical cancer, and where do they actually get their information?

Diya: Women trust local health workers, local HPV survivors/advocates, senior doctors, and community health workers. Information is provided and taught using pictures, graphical representations of organs, and HPV-related materials.

5. If you could change just one thing about cervical cancer prevention in your country, what would it be?

Diya: Change the linear health system that handles cervical cancer prevention, e.g., a top-down approach, and create a network of local women, advocates, health workers, tertiary healthcare centers, and primary centers to make it inclusive and impactful.

6. What could be done do to help improve understanding of cervical cancer in your country?

Diya: Same as above!!

Thanks and Regards!

Diya

India

HIFA profile: Diya Banerjee Sur is a Consultant, clinical trial head and patient advocate, at Kolkata Gynaecologial Oncology Trials and Research Group India. I am an Empathy Design Leader in Healthcare and health sciences with more than 25+ years of experience in global institutions like Oracle HSGBU, entrepreneur in Smartnirvana working with healthcare giants like Roche, GSK, AZ, Novartis and presently serving as a consultant in GCIG outfit for a clinical trial KOLGOTRG making lives of women better with a program called The Empathy Study. An advisor in Lancet Commission working on global health policies. Advisory in GCIG OCC, AIIMS Delhi on patient studies. IRB member in TATA MEDICAL CENTER, Kolkata Professional interestes: Mission to spread awareness and screen for HPV in remote villages of India. The mission started in 2023, has gained tremendous momentum, and has reached 1000+ women (https://youtu.be/szQ-q0khSkE?si=XfXcGVMvmiTtEL_e). Interested in policy making, advocacy, and empathy studies. Email address: banerjee.diya AT gmail.com

***Cervical cancer (94) Q1: How do people in your community or workplace generally perceive cervical cancer? (9)**

9 November, 2026

Dear HIFA colleagues,

Thank you for your contributions to the discussion so far. We are now at the beginning of our 4th week, moving towards our WHO-HIFA webinar on 19 November.

What have we learned so far? What more can we learn?

Let's start with Q1: How do people in the community or workplace generally perceive cervical cancer? What concerns, beliefs or attitudes stand out?

Here are a few extracts from our discussion:

Diya Banerjee Sur (India): “In the remote villages of India where I work with the local women, about 90% are unaware of cervical cancer, and those who have heard of it do not understand the gravity of the disease. Also cancer is generally perceived in village populations as a death threat while many

feel that if they don't have any symptoms, then they are safe... Men are reluctant to allow women to be screened for cervical cancer" Diya Banerjee Sur (India)

Neil Pakenham-Walsh, sharing research from Ethiopia: "What is the point of screening? After all, cancer is a killer; better off not knowing cancer will kill you" (34 years old male, Sodo Zuria).

Frank Brightwell (Dominican Republic): "Some younger women are reluctant to have a Pap for fear it will somehow leave them 'marked,' no longer a virgin; some fear that an abnormal result will be read as proof of a partner's infidelity."

We look forward to hear from other countries. Are women and men in your country aware of cervical cancer? Is it ever discussed? What do people in your country think about cervical cancer and cervical screening? What are their main concerns, beliefs or attitudes?

Please share your experience and expertise by email to: hifa@hifaforums.org

All inputs will be synthesised into a report to help inform future WHO advocacy.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (95) Lived experience**

9 November, 2026

We have heard several times in this discussion about the importance of lived experience, and especially the experience of cancer survivors - those who have previously been diagnosed with cervical cancer and have received treatment. Diya Banerjee (India) has pointed out that "Having cancer survivors talking to women is the best way to encourage them to be screened for cervical cancer".

I would like to invite comment from any HIFA members with lived experience. If you feel comfortable sharing, what lessons from your experience of cervical cancer would you like other women and health professionals to understand?

With thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (96) Q2. What questions do people commonly ask about cervical cancer screening and treatment?**

9 November, 2026

Dear HIFA colleagues,

On Question 2:

Diya Banerjee (India) has noted the following questions from women:

Will it disrupt sex life?"

Does HPV positive mean cancer?'

Will I get totally cancer-free?

Anu Mary Momen (India) noted that some women are concerned that cervical screening would be painful, having heard this from others.

Amal Abdikarim Yusuf (Somalia) noted that “Women should understand that screening is preventable health measure and that early detection can improve treatment outcomes”. This is especially interesting as it suggests that some of the most basic concepts that we may take for granted (that screening is a preventive measure, and that early disease is more treatable than advanced disease) are not understood by many women.

It might be difficult to recall specific questions that people have asked (as Diya has done). Perhaps it is more useful to ask this question in a different way:

Do people understand that cervical cancer screening can detect changes early, when treatment is more effective and lives can be saved?

What do people in your country generally know (or believe) about cervical cancer screening and treatment?

What do women in your community understand about cervical cancer screening? What might they find confusing or difficult to understand?

Please share your experience and expertise by email to: hifa@hifaforums.org

With thanks and best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (97) Cervical cancer in your country: Nigeria**

10 November, 2026

Dear HIFA Colleagues,

As the Healthcare Information For All (HIFA) Country Representative for Nigeria, I would like to submit the following insights regarding the cervical cancer prevention landscape in my country. These observations address our active discussion highlighting the structural realities, cultural barriers and policy developments within our healthcare system.

1. What is one thing about cervical cancer in your country that people in other countries might find surprising?

International observers are frequently surprised to learn that despite pervasive digital misinformation campaigns and historical public health trust deficits, Nigeria successfully orchestrated a massive, phased national rollout of the single-dose Human Papillomavirus (HPV) vaccine starting in late 2023. Backed by the National Primary Health Care Development Agency (NPHCDA) and global health partners, the country has vaccinated over 18 million adolescent girls aged 9–14, achieving approximately 76% coverage of the primary target population. This milestone underscores the capacity of sub-Saharan health systems to achieve immense scale when high-level political commitment aligns with localized community mobilization.

2. What is one thing you wish every girl knew about cervical cancer before reaching adulthood?

It is vital for every adolescent girl to understand that cervical cancer is almost entirely preventable through primary HPV vaccination, and that also acquiring HPV is a common medical occurrence rather than a source of moral shame. Equipping young women with the knowledge that early prevention completely shifts their long-term health trajectory can effectively demystify the disease and empower them to make proactive healthcare decisions long before adulthood.

3. Is cervical cancer still regarded as a taboo subject in your country? If so, what are the consequences?

Yes, across many conservative and rural Nigerian communities, cervical cancer remains heavily stigmatized due to its association with sexual transmission. This socio-cultural taboo drives profound clinical consequences: women routinely conceal initial symptoms out of fear of social ostracization, marital alienation, or accusations of infidelity. Consequently, an estimated 90% of cervical cancer patients present to tertiary healthcare facilities at late, advanced stages (Stage III or IV), where treatment options are severely limited and mortality rates are high.

4. Who do women trust most for information about cervical cancer, and where do they actually get their information?

While urban, literate populations increasingly turn to social media and digital channels for health information thus leaving them highly vulnerable to coordinated anti-vaccine rhetoric, the absolute arbiters of trust remain traditional rulers, healthcare professionals, and religious institutions (both Christian and Islamic). In practice, however, a gap persists: many women still rely on informal peer-to-peer networks, family members, or local marketplaces for health updates, where unverified medical misconceptions frequently eclipse empirical scientific guidance.

5. If you could change just one thing about cervical cancer prevention in your country, what would it be?

I would transition our national secondary prevention strategy away from an opportunistic, fragmented model and fully decentralize affordable "screen-and-treat" protocols directly into our rural Primary Healthcare Centers (PHCs). Our national screening coverage is critically low at just 7.8%. By integrating point-of-care high-performance HPV DNA testing paired with immediate thermal ablation at the grass-roots level, we can mitigate the systemic barriers of cost, travel distance, and severe loss-to-follow-up that currently restrict screening to affluent urban centers.

6. What could be done to help improve understanding of cervical cancer in your country?

We must systematically institutionalize reproductive health education within the junior secondary school curriculum and forge structured alliances with faith-based organizations. When community health advocates partner with religious leaders to discuss vaccine safety and screening openly from the pulpit and within mosques, it directly dismantles socio-cultural taboos, counters vaccine hesitancy, and normalizes life-saving, preventative healthcare-seeking behaviors across diverse populations.

I look forward to discussing how other member nations are addressing sub-national policy gaps, managing healthcare worker limitations, and refining communication strategies to meet the World Health Organization's 90-70-90 cervical cancer elimination targets.

Warm regards,

Nnamdi Umelo

HIFA Country Representative, Nigeria

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HIFA profile: Nnamdi Umelo is a 5th Year Medical Student at Usmanu Danfodiyo University, Sokoto, Nigeria. I have a strong interest in cancer research, public health, and global health policy. I believe that limited access to accurate, evidence based health information remains a major contributor to preventable illness and death, particularly in rural and underserved communities across Africa. I am passionate about health advocacy, promoting health literacy, and supporting equitable access to reliable healthcare information. Through HIFA, I hope to learn from a global network of professionals, contribute to discussions on improving access to health information, collaborate on research and advocacy initiatives, and apply the knowledge gained to strengthen health education and cancer awareness in my community and beyond. Nnamdi Umelo is a HIFA country representative for Nigeria. https://www.hifa.org/support/members/nnamdi nnamdiumelo799 AT gmail.com

***Cervical cancer (98) Cervical cancer in your country: Iran - Suggestion to introduce a questionnaire**

10 November, 2026

Dear Neil,

Thank you for this excellent initiative. I believe collecting country perspectives on cervical cancer is a valuable opportunity, particularly given HIFA's extensive network of more than 20,000 members across 180 countries.

I would like to suggest taking this initiative one step further by adopting a more structured approach, similar to the collaborative research activities conducted by the Global Surgery network. [*see note below]

For example, HIFA could develop a short, standardized questionnaire combining a few structured questions with open-ended questions to capture country-specific experiences, challenges, cultural barriers, and recommendations.

With such a large and geographically diverse membership, this approach could generate a unique international dataset suitable for a high-quality qualitative or mixed-methods research publication.

More importantly, participating HIFA members and Country Representatives could actively contribute as research collaborators and, where appropriate, co-authors of the resulting publication.

I believe this would offer several important benefits: generating scientific evidence from underrepresented countries, strengthening international collaboration, increasing member engagement, and producing a peer-reviewed publication with direct relevance to WHO's cervical cancer elimination strategy.

With a well-designed questionnaire and an appropriate qualitative analysis framework, this could become a highly impactful HIFA-led collaborative research initiative.

I would be happy to contribute to developing the questionnaire, study methodology, and subsequent scientific publication.

Thank you again for your leadership and for creating opportunities to amplify country-level voices.

Best regards,

Reza Assadi, MD, PhD

Epidemiologist

Mashhad, Iran

HIFA profile: Reza Assadi is an Epidemiologist at Mashhad University of Medical Sciences, Iran. Professional interests: Health information provider. Developer of electronic resources for health. Evidence-based specialist. Website specialist for health and related disciplines. assadi.reza AT gmail.com

[*Note from HIFA moderator (NPW): Thank you Reza for this suggestion - we shall certainly take this into consideration. In the meantime, Reza, we welcome your inputs on cervical cancer from an Iranian perspective. Here are the original guiding questions:

1. How do people in your community or workplace generally perceive cervical cancer? Please describe the common concerns, beliefs, or attitudes you notice.

2. What questions do people commonly ask about cervical cancer screening and treatment?

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

4. Can you share an example where information or misinformation influenced someone's decision to seek or avoid cervical cancer screening or treatment?

5. What sources of information about cervical cancer do people in your setting rely on most? Which sources are helpful, and where do you see gaps or weaknesses?

6. What could be done to help people find, understand and use reliable information about cervical cancer?

Please would you like to comment on any of the above? This could be from your general personal or professional experience, or from an epidemiological perspective.

Many thanks, Neil]

***Cervical cancer (99) Q3. What inaccurate, misleading or confusing information about cervical cancer have you encountered? (3)**

10 November, 2026

Dear HIFA colleagues,

Thank you for your contributions to the discussion so far. What have we learned? What more can we learn?

Q3. What inaccurate, misleading or confusing information about cervical cancer have you encountered?

We have heard from Dominican Republic, India, Nigeria, Somalia and South Africa. It would be great to have inputs from other countries. How do people in *your country* generally perceive cervical cancer? What concerns, beliefs or attitudes stand out? Email: hifa@hifaforums.org

I have selected the following quotes from our discussion so far, with thanks to our contributors:

Diya Banerjee Sur (India) "Myth/belief in villages of India: The HPV vaccine can destroy the reproductive capabilities of a girl child."

In a later message, Diya expanded on this: "Recently, since the central government started the HPV vaccine program, I heard this wrong rumour circulating through one of the health workers: 'Girls who are vaccinated lose the ability to reproduce.' This rumour has fueled vaccine hesitancy among the locals."

"After probing it seems this is a baseless somewhat anti-establishment rumour coupled with the fear about vaccines, similar to what we saw with the COVID vaccine."

Frank Brightwell (Dominican Republic): "Some younger women are reluctant to have a Pap for fear it will somehow leave them 'marked,' no longer a virgin; some fear that an abnormal result will be read as proof of a partner's infidelity."

Cherian Varghese (India): “At the same time, social media has penetrated deeply into communities. This has created a new challenge: information spreads rapidly, but so does misinformation. Without adequate filters, inaccurate messages can appear suddenly, circulate widely, and reinforce misconceptions.”

Meena Nathan Cherian (Switzerland), on traditional healers: “However, these TH often are not part of the health system and therefore, rarely updated with evidence-based scientific healthcare knowledge.”

Neil Pakenham-Walsh, sharing examples from research in Zambia:

“I was told that the metal [speculum] for testing for the cancer is what brings the cancer … I refused at that time, I did not get tested.”

“Other women had heard that the examination was painful and that taking a biopsy would leave a permanent scar.”

“Another woman had been led to believe that treatment involved inserting a hot iron bar into her vagina to burn away the cancer. She became so frightened that she began questioning whether she should continue with treatment.”

Neil Pakenham-Walsh, sharing a South African example:

“Nobomi [South Africa] consulted online sources when she experienced heavy bleeding and pain for more than 12 months. The online information seemed to indicate that her contraceptive could be the cause of her symptoms.”

What would you like to say on this question? Please email tour thoughts to: hifa@hifaforums.org

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (100) Q4. Examples where information or misinformation influenced someone's decision to seek or avoid screening or treatment (3)**

10 November, 2026

Dear HIFA colleagues,

Thank you for your contributions to the discussion so far. What have we learned so far? What more can we learn?

Let's reflect on Question 4. Can contributors share examples where information or misinformation influenced someone's decision to seek or avoid screening or treatment?

Here are some examples from our discussion, thanks again to our contributors:

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

“On the contrary, due to the wrong belief about the HPV vaccine, girls of that age are refusing to take the vaccine.”

Dr Anu Mary Oommen (India): “We have seen that those who undergo follow-up procedures like colposcopic biopsy have pain during the procedure. When others hear this information, they get worried about either screening or attending follow-up.”

Neil Pakenham-Walsh, sharing a Zambian woman's experience: “I was told that the metal [speculum] for testing for the cancer is what brings the cancer … I refused at that time, I did not get tested.”

Frank Brightwell (Dominican Republic): "A woman reluctant to be ‘marked’ is reassured not by a poster but by a clinician she trusts, in her own language, over the years.”

We look forward to learning more about this topic. Do you have anything you would like to share? Please email: hifa@hifaforums.org

With thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (101) Cervical cancer in your country: Uganda**

10 November, 2026

I have identified this recent paper which demonstrates the wide variety of women's perceptions in Uganda.

CITATION: Bulamba RM, et al. "Even with one Man, but with many women, you can get cervical cancer": Qualitative exploration of women's perceptions and experiences of cervical cancer screening in Uganda: A community-based study. PLOS Glob Public Health. 2026 Sep 18;6(9):e0007256. doi: 10.1371/journal.pgph.0007256. PMID: 42758761; PMCID: PMC13588353.

https://pmc.ncbi.nlm.nih.gov/articles/PMC13588353

ABSTRACT

Despite the availability of screening services in Uganda, uptake remains unacceptably low... we explored perceptions, attitudes, knowledge, and barriers to cervical cancer screening among women aged 25–65 years in the urban and rural areas of Wakiso District, Uganda... Participants in the focus group discussions linked cervical cancer to risky sexual behaviors, particularly involving multiple sexual partners or sexual intercourse with uncircumcised men, while some key informants said that some women believed that the disease was due to witchcraft. Concerns were also raised about family planning methods such as Intrauterine Devices (IUDs) and pills, which some participants believed to cause cervical cancer... Myths and misconceptions about cervical cancer screening, such as fears of removal of the cervix during screening, were prevalent...

Here are some quotes from women in the study:

“Some women get scared to go for cervical cancer screening especially when they get reports from other people that have been screened. There is a case of a woman who went for the screening but after the test she became even worse until she died. So when someone hears such they decide not to go for the test so people have different perceptions but they are mainly based on what they hear from those that go for the test. Others wait when they get so ill”[FGD Participant, aged 46-65 years]

"A woman who is about 50 years cannot allow a young doctor examine them because they consider them their children"

"I find that women do not want to get screened for cervical cancer because their cultures do not allow them to insert things in their underneath. Some women say they better go to traditional healers who just give them medicines without opening their legs widely, and they have the right medicines for their problems, and they get cured quickly"

"Some men refuse to allow their wives to go for cervical cancer screening, especially those who never went to school. They think that if she’s found with the cancer, it means he’s cheating"

“If I’m not feeling sick, why should I be screened?”

“Some women think the government wants to kill them like that. They say things that are weird… they think it’s something bad disguised as good”

“Doctor, what influenced me the most to go for cervical cancer screening was after I saw someone who died of it [cervical cancer]. That is when I decided to also go for the screening and see where I stand”

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (102) Cervical cancer in your country: Tanzania**

10 November, 2026

Here is a recent paper from Tanzania.

CITATION: Karen Grønlund Madsen et al. Barriers and facilitators for implementation of HPV-based cervical cancer screening in Tanzania: a qualitative study among healthcare providers, stakeholders, and Tanzanian women.

Global Health Action. Published online: 24 Apr 2025

https://www.tandfonline.com/doi/full/10.1080/16549716.2025.2491852

"Sometimes my friends, […] they are telling me not to go. […] [ed: They say] the further you know about your cervical cancer status, the more you are likely to be dead."

'Unavailability of clinic-based screening with a one-visit approach and overcoming of fear and misconceptions are very important struggles that need to be addressed at community and health system level in order to overcome the screening clients' largest barriers.'

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (103) Cervical cancer in your country: Honduras**

10 November, 2026

Dear all,

Cervical cancer continues to be a major health problem among women in Honduras. We hope that some measures taken will help improve medical care for patients with cervical cancer and also for other types of cancer that affect the general population.

According to the Human Papillomavirus and Related Cancers, Fact Sheet 2023,* an estimated 858 women are diagnosed with cervical cancer and 518 die from the disease each year in Honduras. Cervical cancer is the second most common cancer among Honduran women overall and among women aged 15–44 years. The report also highlights the central role of human papillomavirus (HPV) infection in cervical carcinogenesis, estimating that 53.5% of invasive cervical cancers are attributable to HPV types 16 and 18, which are targeted by current HPV vaccines.

According to the Cervical Cancer Country Profile, WHO,** Honduras has implemented important cervical cancer prevention measures, including a national HPV vaccination programme introduced in 2016 and a national cervical cancer screening programme. The WHO profile indicates that approximately 75% of women aged 30–49 years had been screened at least once for cervical cancer and 68% had been screened within the previous five years. The profile also notes that Honduras has a population-based cancer registry and is working toward the WHO cervical cancer elimination strategy through strengthened vaccination, screening, and treatment services.

***Bruni L, Albero G, Serrano B, Mena M, Collado JJ, Gómez D, et al. *Human Papillomavirus and Related Cancers, Fact Sheet 2023: Honduras*. Barcelona: ICO/IARC HPV Information Centre; 2023. Honduras: Human Papillomavirus and Related Cancers, Fact Sheet 2023

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<https://cdn.who.int/media/docs/default-source/country-profiles/cervical-...

Jackeline

HIFA-es Moderator

HIFA profile: Jackeline Alger, MD, PhD, is a parasitologist. Executive Director of the Antonio Vidal Institute for Infectious Diseases and Parasitology; Tegucigalpa, Honduras. HIFA Country Representative of the Year for the years 2015 and 2018. She is the lead moderator for HIFA-Spanish and HIFA Regional Coordinator for Country Representatives in the PAHO region https://www.hifa.org/support/members/jackeline Email jackelinealger AT gmail.com

Why did I join HIFA? https://www.youtube.com/watch?v=2NZ-U5Wv9FU

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knowledge - Join HIFA: www.hifa.org

***Cervical cancer (104) Cervical cancer in your country: Ghana**

10 November, 2026

Here is an interesting study from Ghana, which raises further issues for us to explore:

CITATION: David Ayangba Asakitogum et al. Ghanaian women beliefs on the causes, prevention and treatment of cervical cancer: A qualitative Study

International Journal of Africa Nursing Sciences

ABSTRACT

Objective: The choice of the sick to access health care services in Ghana or consult a health care provider depends on the individuals' beliefs about the disease and available services. This paper seeks to explore the health beliefs of cervical cancer survivors in Ghana.

Methods: We employed an exploratory qualitative approach in this study. We interviewed 12 participants to gain an in-depth understanding regarding the beliefs, causes, prevention and treatment of cervical cancer in Ghana. Data collection and analysis were done concurrently, and themes and subthemes were generated through content analysis. Verbatim quotes were used to support the findings.

Results: Three themes emerged. 1. Beliefs about the causes of cervical cancer, which include the choices of cloths and criminal abortions. 2. Beliefs on cervical cancer prevention; early education of the girl child on vagina hygiene and avoidance of highly processed food products. 3. Beliefs on cervical cancer treatment; participants believed that cervical cancer is one of the diseases not well managed in hospitals in Ghana.

Conclusions: Mistrust for orthodox cancer treatment is the leading rationale patients report late to the hospital in Ghana. Much is desired for public education on contemporary treatment and cure for cervical cancer disease.

It's notable that many believe that hospitals cannot successfully treat cervical cancer.

'The women expressed trust for their close friends, mistrust for hospital workers, and expressed that hospital treatment for cervical cancer is as deadly as cancer itself.'

“Yes, cancer is serious; those days when you hear that somebody has cancer, you are afraid…Because for cancer, there is no cure. The treatment (hospital) for it will even kill you…That is why I first went to my spiritual pastor before he contacted a professor and we went to the hospital for treatment”

'There is complete trust for herbalists or traditional healers and mistrust for hospital staff in Ghana when treating cervical cancer. The mistrust of hospital staff was due to a perceived lack of privacy and confidentiality in the healthcare systems'

The attitude towards hospitals can be understood by the fact that many patients have advanced disease by the time they get to hospital, and some of them will die while there. Consequently, the perception is that hospital treatment for cancer facilitates the early death of patients.

We have learned many examples of misinformation and false beliefs, from several countries: Dominican Republic, Ghana, India, Nigeria, Somalia and elsewhere. Each country appears to have its own pattern of belief, with some beliefs being ubiquitous.

Two questions we can ask:

1. Where do these beliefs originate and how do they spread? Is this all inadvertent misinformation or is there an element of deliberate disinformation?

2. Can we identify any examples where women changed their minds after receiving reliable information? Stories of successful communication, where a woman was reassured and subsequently attended screening or accepted treatment, could be valuable.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (105) Where do false beliefs originate? Can we identify examples where women changed their minds after receiving reliable information?**

10 November, 2026

We have learned many examples of misinformation and false beliefs, from several countries: Dominican Republic, Ghana, India, Nigeria, Somalia and elsewhere. Each country appears to have its own pattern of belief, with some beliefs being ubiquitous.

Two questions we can ask:

1. Where do these beliefs originate and how do they spread? Is this all indavertent misinformation or is there an element of deliberate disinformation.

2. Can we identify any examples where women changed their minds after receiving reliable information? Stories of successful communication, where a woman was reassured and subsequently attended screening or accepted treatment, could be valuable.

Best wishes, Neil

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***Cervical cancer (106) Q5: What sources of information about cervical cancer do people rely on? (5) Summary**

11 November, 2026

Dear HIFA colleagues,

Thank you for your contributions to the discussion so far. We are now at the beginning of our 4th week, moving towards our WHO-HIFA webinar on 19 November.

What have we learned so far? What more can we learn?

Q5 asked: What sources of information about cervical cancer do people rely on? Which are helpful, and where are the gaps or weaknesses?

Here are a few extracts from our discussion so far:

Diya Banerjee Sur (India): “The best tried and tested sources are word-of-mouth, awareness sessions by locals, miking, radio, posters, school education.”

Cherian Varghese (India): “In India, people draw health information from a wide range of sources. Newspapers and magazines continue to play a major role, with articles written either by doctors or by reporters who compile information from various places... At the same time, social media has penetrated deeply into communities. This has created a new challenge: information spreads rapidly, but so does misinformation..."

Amal Abdikarim Yusuf (Somalia): “Community awareness session, antenatal and postnatal health education and engagement with community leaders can help women access reliable information and feel more comfortable asking questions about cervical cancer.”

Dr Meena Nathan Cherian (Switzerland), on traditional healers: “It is a well-known fact in LMICs that people (women) rely on the knowledge and healing power of traditional healers (TH).”

Dosso Djibril (Côte d'Ivoire), on health information and records: “In our hospitals and health centers, information regarding patients, screenings, diagnoses, and treatments constitutes a valuable resource. Yet, the management of this information often faces several challenges: medical records that remain largely paper-based, insufficient digitization, a lack of interoperability between IT systems, and the absence of appropriate mechanisms to ensure that information is preserved and retrievable over time.”

We look forward to hear from other countries. What sources of information do people rely on in your country?

I note that we used the term 'rely' here, which can either mean mean 'use frequently' or 'trust and depend on'. These are not quite the same. Also, neither are indicative of the veracity of the information. People may rely heavily on sources that provide inaccurate or misleading information. We also use the term 'helpful' which again is ambiguous - it could mean helpful in terms of being

welcomed by the person (whether or not it is reliable), or it could mean helpful more objectively in terms of communicating reliable information.

So, perhaps another way of putting this question is: "Where do people in your country usually get their information about cervical cancer, and which sources do they trust most?" Also: "Are these sources reliable, or do they contribute to the spread of misinformation?"

(By the way, I was with friends yesterday evening and I was struck with how firmly they held to the belief that there is 'something wrong' with this year's flu vaccine because two people they know developed a bad cold after receiving it. I checked with the HNS website and our local pharmacist, which indicated there was no such adverse effect being reported. I shall go ahead and get my jab, but if I had been more credulous I may well have decided not to have it. Which in turn could have more serious health consequences.)

Please share your experience and expertise by email to: hifa@hifaforums.org

All inputs will be synthesised into a report to help inform future WHO advocacy.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (107) Q5: What sources of information about cervical cancer do people rely on? (6) Cervical cancr in older women**

11 November, 2026

Dear HIFA colleagues,

I'm responding to Q5: What sources of information about cervical cancer do people in your setting rely on most?

Overall longevity has increased globally, and it is estimated that by 2030, 1 in 6 people globally will be 60 years and older.

This era (from 2020 to 2030) is designated as the 'UN Decade of Healthy Ageing', which seeks to work on improving older people's lives by reducing health inequities.

Screening for cervical cancer is not mandatory after 65 years of age in most countries, which results in delayed detection and care and worse outcomes (compared to younger women).

This neglect of older women's health, particularly in LMICs, contributes to the growing burden of disease and socioeconomic determinants of health.

Hence, it is even more timely that we ensure that older women are part of cancer research, that supportive health systems include screening beyond 65 years of age, that they receive easy-to-understand, reliable healthcare information translated to meet local needs, and that primary healthcare facilities have trained health providers to detect, communicate, treat, refer, and follow up.

Even though women in LMICs have the highest rates of cervical cancer incidence and mortality, most often women, particularly older women, trust healthcare information by word of mouth or radio, television, relatives, friends, and local healers. Seeking advice from healthcare facilities is not their first choice for several reasons, such as socioeconomic status, distance and time to access care, stigma, or the attitude of healthcare providers (dismissive of frailty and old age for tolerating treatment).

Therefore, scientific evidence needs to be easy to understand, translated to the local context, and easily available at the point of care and in communities.

Best wishes

Dr. Meena Nathan Cherian, MBBS, MD (Anaesthesia)

(Former WHO Lead Emergency and Essential Surgical Care Program, Geneva, Switzerland).

Director, Global Health New Challenges: Geneva Foundation for Medical Education & Research, Switzerland. www.gfmer.ch/surgery/cancer.htm (NSA-WHO)

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HIFA profile: Dr Meena Nathan Cherian was a professor of anaesthesiology from Christian Medical College Hospital, Vellore, India. She trained, worked, and taught in several countries, USA (Johns Hopkins Hospital), Southeast Asia and Africa. She worked at the World Health Organization Headquarters, Geneva, Switzerland, as the Emergency and Essential Surgical Care Program Lead where she created the 'surgical care' program resulting in the first World Health Assembly Resolution on 'Emergency and Essential Surgical Care and Anaesthesia in the context of Universal Health Coverage'. Currently she works as the Director, Global Health New Challenges program, Geneva Foundation for Medical Education and Research, Geneva, Switzerland; Adjunct Prof. The Chinese University of Hong Kong, Shenzhen, China; Senior Advisor, Global Action, International Society of Geriatric Oncology, Switzerland; Member of the WHO-HIFA Working Group on Essential Health Services and COVID-19; and HIFA mHEALTH-INNOVATE Working Group. She is a member of the HIFA Steering Group. https://www.hifa.org/support/members/meena and Spotlight working group on Patient Safety and NCDs. cherianm15 AT gmail.com

***Cervical cancer (108) Q3. What inaccurate, misleading or confusing information about cervical cancer have you encountered? (4) The Cancer Misinformation Train: When Influencers Co-Opt Care**

11 November, 2026

Dear HIFA colleagues,

I'm forwarding an interesting HIFA group email sent on 10 Nov. 2025, which is relevant to our current thematic discussion, particularly Q3: What inaccurate, misleading, or confusing information about cervical cancer have you encountered in your setting?

This could be added to the report.

Best wishes

Dr. Meena Nathan Cherian, MBBS, MD (Anaesthesia)

(Former WHO Lead Emergency and Essential Surgical Care Program, Geneva, Switzerland).

Director, Global Health New Challenges: Geneva Foundation for Medical Education & Research, Switzerland. www.gfmer.ch/surgery/cancer.htm (NSA-WHO)

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HIFA profile: Dr Meena Nathan Cherian was a professor of anaesthesiology from Christian Medical College Hospital, Vellore, India. She trained, worked, and taught in several countries, USA (Johns Hopkins Hospital), Southeast Asia and Africa. She worked at the World Health Organization Headquarters, Geneva, Switzerland, as the Emergency and Essential Surgical Care Program Lead where she created the 'surgical care' program resulting in the first World Health Assembly Resolution on 'Emergency and Essential Surgical Care and Anaesthesia in the context of Universal Health Coverage'. Currently she works as the Director, Global Health New Challenges program, Geneva Foundation for Medical Education and Research, Geneva, Switzerland; Adjunct Prof. The Chinese University of Hong Kong, Shenzhen, China; Senior Advisor, Global Action, International Society of Geriatric Oncology, Switzerland; Member of the WHO-HIFA Working Group on Essential Health Services and COVID-19; and HIFA mHEALTH-INNOVATE Working Group. She is a member of the HIFA Steering Group. https://www.hifa.org/support/members/meena and Spotlight working group on Patient Safety and NCDs. cherianm15 AT gmail.com

Subject [hifa] Medscape: The Cancer Misinformation Train: When Influencers Co-Opt Care

Extracts below. Full text: https://www.medscape.com/viewarticle/cancer-misinformation-train-when-in...

The woman sitting across from Kathy Miller, MD, had arrived too late. Not late for her appointment — late for the kind of treatment that might have saved her life.

Months earlier, when her cancer was still confined, still beatable, she had chosen high dose vitamin C along with ivermectin and mebendazole — two drugs commonly used to treat parasites — after

discovering tips from people on social media who promised that Big Pharma was hiding the real cures.

Miller, a breast oncologist at Indiana University Health, Indianapolis, now faced the delicate task of explaining how far the disease had progressed without saying what hung in the air between them: You could have been cured...

A 2021 study, which assessed 200 of the most popular social media articles on Facebook and other sites, found that about one third contained misinformation and more than 30% contained harmful information. A more recent analysis reported even higher rates of cancer misinformation online, revealing that 81% of cancer cures promoted on TikTok were not evidence-based...

A 2018 analysis found that, among patients with curable cancers, use of alternative medicine instead of conventional cancer therapies was independently associated with 2.5-fold greater risk for dying. Among those with breast and colorectal cancers, the risk for dying was even higher — 5.7-fold for breast cancer and about 4.5-fold for colorectal cancer... ==

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (109) School health education as early access to reliable healthcare information: a new WASSCE guide from West Africa**

12 November, 2026

Dear HIFA colleagues,

HIFA reminds us that most health decisions are made on the basis of information people received in the past. For many young people in West Africa, one of the first and most formal sources of health information is the school classroom.

As a medical doctor and a secondary school science teacher for over fifteen years, in Nigeria and The Gambia, I have seen how much this matters. Many students can recite facts for the examination, yet leave school unsure how to act when a family member has a fever or a child has diarrhoea. I have also seen how easily young people are persuaded by unverified remedies and misleading health advertisements.

With this in mind, I have written Health Science Made Simple and Easy, a study guide for senior secondary students preparing for the WASSCE in The Gambia, Nigeria, Ghana, Sierra Leone and Liberia. It aims to give students accurate, up-to-date health knowledge at the right technical level, with local examples, and a chapter that teaches them to recognise quackery, nostrums and misleading health claims. The book was reviewed by doctors and teachers before publication and is priced so that students can afford it.

I would be grateful for colleagues' experiences and views on two questions:
1. How can school curricula and textbooks better prepare young people to tell reliable health information from misinformation?
2. What has worked in your countries to make reliable health learning materials affordable and available to secondary school students?

If it is of interest, the book is being introduced at a free online session on Saturday 14 November 2026, at 4:00 PM GMT: https://tinyurl.com/HSMSE-Launch

Declaration of interest: I am the author of the book mentioned above.

With warm regards,

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"Empowering Minds, Inspiring Futures: Quality Education for All - Education Without Limits."

HIFA profile: Chigozie Michael Nwalozie is a doctor with EasyLearn Academy Global [ELAG], The Gambia. easylearnacademy888 AT gmail.com

***Cervical cancer (110) Cervical cancer in your country: Indonesia (1) Women believe screening is necessary only when symptoms appear**

12 November, 2026

One finding from Indonesia that may surprise colleagues is that free, geographically accessible cervical cancer screening can still remain underused.

A qualitative study published in 2026 explored screening implementation in Banda Aceh through interviews with 25 health-service and community stakeholders. Despite free screening and good geographic access, participants reported that some women believed screening was necessary only when symptoms appeared. Shame, fear, lack of spousal support, and limitations in staffing and examination facilities were also identified as barriers. [*see note below]

This was a local study of stakeholders' perspectives, so its findings should not be generalized to all Indonesian women. Nevertheless, it highlights an important challenge: making services available does not automatically mean women understand when and why to use them.

The national context makes this particularly concerning. In November 2024, WHO and UNFPA reported that approximately 70% of cervical cancers in Indonesia were diagnosed at an advanced stage.

For me, the implication for HIFA is that access to screening and access to understandable, trusted health information must advance together. Women need clear explanations that screening is intended for people without symptoms, alongside respectful services that address privacy, fear, and practical barriers.

References:

Yolanda F, Dewi TP, Nainggolan SI, et al. Multi-stakeholder perspectives on cervical cancer screening implementation in Indonesia: A qualitative study of cervical screening barriers in Banda Aceh. Narra J. 2026;6(1):e3022. DOI: 10.52225/narra.v6i1.3022.

World Health Organization and United Nations Population Fund. WHO, UNFPA commend Indonesia's efforts to eliminate cervical cancer, urge streamlined vaccine strategy and enhanced screening. Joint news release, 15 November 2024.

HIFA profile: Jum'atil Fajar is Medical Care Director at RSUD, the Dr. H Soemarno Sosroatmodjo Hospital, in Indonesia. Professional interests: helping health professional to access up to date health and medical information to improve services. Jum'atil is a HIFA and CHIFA Country Representative. jumatil AT gmail.com

[*Note from HIFA moderator (NPW): Thank you for your input Jumatil and for all you do as HIFA country representative in Indonesia. For the benefit of others, here is the citation and URL to the paper you reference:
Febrina Yolanda et al. Multi-stakeholder perspectives on cervical cancer screening implementation in Indonesia: A qualitative study of cervical screening barriers in Banda Aceh. Narra J 2026; 6(1): e3022-
http://doi.org/10.52225/narra.v6i1.3022
https://narraj.org/main/article/view/3022]

***Cervical cancer (111) Cervical cancer in your country: Indonesia (2) HPV vaccination, informed choices and community values**

12 November, 2026

One thing I would want every girl in Indonesia to understand before adulthood is that HPV vaccination should go hand in hand with responsible decisions about sexual health.

HPV, which causes almost all cervical cancers, is primarily transmitted through sexual contact. Girls who receive the vaccine should understand its benefits and limitations, rather than assume that vaccination makes all sexual activity risk-free.

In Indonesia, many communities place great importance on abstinence before marriage. I believe cervical cancer prevention messages should respect these cultural and religious values and recognise their role in encouraging people to avoid risky behaviour. My concern is that international health discussions sometimes give insufficient attention to the values that communities draw upon to guide responsible choices.

This reminds me of my experience practising as a general practitioner. Some patients wanted medication to control their blood pressure but were reluctant to change habits that contributed to their condition, such as physical inactivity or an unhealthy diet. Although the circumstances are different, the broader lesson is relevant: providing a medical intervention should be accompanied by helping people understand the behaviours that affect their health.

For HIFA, I would therefore encourage reliable, age-appropriate information that explains HPV vaccination while also supporting responsible behaviour and respecting local values. Such communication should be compassionate and avoid blaming women who develop HPV infection or cervical cancer. Girls deserve both access to effective prevention and the understanding they need to make informed choices.

HIFA profile: Jum'atil Fajar is Medical Care Director at RSUD, the Dr. H Soemarno Sosroatmodjo Hospital, in Indonesia. Professional interests: helping health professional to access up to date health and medical information to improve services. Jum'atil is a HIFA and CHIFA Country Representative. jumatil AT gmail.com

[*Note from HIFA moderator (NPW): Thank you for your input Jumatil and for all you do as HIFA country representative in Indonesia. For the benefit of others, here is the citation and URL to the paper you reference:
Febrina Yolanda et al. Multi-stakeholder perspectives on cervical cancer screening implementation in Indonesia: A qualitative study of cervical screening barriers in Banda Aceh. Narra J 2026; 6(1): e3022-
http://doi.org/10.52225/narra.v6i1.3022
https://narraj.org/main/article/view/3022]

***Cervical cancer (112) Cervical cancer in your country: Indonesia (3) Reluctance to undergo intimate examination**

12 November, 2026

I would like to share a local perspective from Kapuas District, Central Kalimantan, Indonesia.

In our experience, we have not observed a strong taboo surrounding discussion of cervical cancer itself. Cervical screening using visual inspection with acetic acid, known as VIA, has been actively promoted for many years.

However, some women remain reluctant to undergo an intimate examination that requires exposing their genital area to a healthcare professional. Embarrassment was also identified as a barrier during a recent local health programme review. This suggests that willingness to discuss cervical cancer and willingness to undergo a pelvic examination are distinct issues.

HPV self-sampling has recently been introduced in our district. We hope that allowing women to collect their own samples will help address concerns about privacy and embarrassment. However, implementation is still at an early stage, and we cannot yet report its effect on screening participation.

For HIFA, our experience highlights the importance of explaining both why screening matters and what the procedure involves. Clear instructions, respectful communication, and attention to women's privacy and comfort should accompany the introduction of new screening options.

These observations reflect our local experience in Kapuas and should not be taken as representative of Indonesia as a whole.

Source: Local health programme review discussion, Kapuas District Health Office, recording dated 10 November 2026.

HIFA profile: Jum'atil Fajar is Medical Care Director at RSUD, the Dr. H Soemarno Sosroatmodjo Hospital, in Indonesia. Professional interests: helping health professional to access up to date health and medical information to improve services. Jum'atil is a HIFA and CHIFA Country Representative. jumatil AT gmail.com

***Cervical cancer (113) Cervical cancer in your country: Indonesia (4) Protecting women from secondhand smoke**

12 November, 2026

If I could change one thing about cervical cancer prevention in Indonesia, I would strengthen efforts to protect women from tobacco smoke.

Persistent infection with high-risk HPV is the main cause of cervical cancer. Smoking is an established risk factor, and secondhand smoke exposure is also associated with increased cervical cancer risk.

Reducing tobacco smoke exposure therefore deserves attention alongside HPV vaccination, screening, and treatment of precancerous lesions.

Tobacco smoke exposure remains widespread in Indonesia. The 2021 Global Adult Tobacco Survey found that 64.7% of men and 2.3% of women aged 15 and older smoked tobacco. Despite the low smoking prevalence among women, 55.0% of women in this age group were exposed to tobacco smoke at home at least monthly. These figures highlight the importance of protecting women from smoke produced by other people, including husbands and other household members.

Although I do not have direct experience with cervical cancer survivors, I have observed that the husbands of breast cancer survivors in our district are often heavy smokers. This is a personal observation rather than a systematic finding, and it cannot establish that smoking caused these women's cancers. It has nevertheless reinforced my concern about women's exposure to tobacco smoke.

In Kapuas District, Central Kalimantan, we are working to strengthen the implementation of smoke-free areas to reduce tobacco-related harm. I would also like these efforts to encourage smoke-free homes and support smokers to quit.

For HIFA, an important contribution would be clear, reliable information that helps families understand the risks of secondhand smoke and the practical steps they can take to protect women's health.

References:

National Cancer Institute. Cervical Cancer Causes, Risk Factors, and Prevention. Updated 2 August 2024. This source identifies persistent high-risk HPV infection as the main cause of cervical cancer and lists smoking and secondhand smoke exposure among the factors that increase risk.

Ministry of Health, Republic of Indonesia, with support from the World Health Organization and the US Centers for Disease Control and Prevention. Global Adult Tobacco Survey: Indonesia 2021 Fact Sheet. Published 17 May 2022. The survey reports that 64.7% of men and 2.3% of women aged 15 and older smoked tobacco, while 55.0% of women were exposed to tobacco smoke at home at least monthly.

HIFA profile: Jum'atil Fajar is Medical Care Director at RSUD, the Dr. H Soemarno Sosroatmodjo Hospital, in Indonesia. Professional interests: helping health professional to access up to date health and medical information to improve services. Jum'atil is a HIFA and CHIFA Country Representative. jumatil AT gmail.com

***Cervical cancer (114) Cervical cancer in your country: Indonesia (5) Making Cervical Cancer Education Accessible: Lessons from Know Your Lemons**

12 November, 2026

Drawing on my experience as a Know Your Lemons educator [*] promoting breast cancer early detection, I have found that culturally sensitive visual materials can help people engage with subjects they may otherwise feel uncomfortable discussing.

Using lemons to represent breasts makes it easier to explain breast changes without displaying images that some audiences may consider inappropriate. In my experience, this opens opportunities for education across different settings and groups.

I believe cervical cancer education could benefit from a similar approach: accessible visual materials that respect local sensitivities while communicating accurate health information.

Standardised educational materials are also important. They help educators communicate essential messages consistently and explain what people can do next. Materials should be adaptable to local languages and different levels of literacy, while preserving the accuracy of the core information.

For HPV self-sampling, distributing collection kits should be accompanied by education. Women need to understand why screening matters, its potential benefits for themselves and their families, how to collect and return a sample, how they will receive their results, and what follow-up may be needed if the result is positive.

Education should reach people across occupations and social backgrounds. Through Know Your Lemons, I have been able to engage office employees and cleaning staff, members of the Dharma Wanita women's association, and women working in nutrition service units known as SPPG.

I would like cervical cancer education to achieve the same inclusive reach. For HIFA, the opportunity is to support accurate, culturally appropriate educational materials that help people understand prevention and navigate the services available to them.

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[*Note from HIFA moderator (NPW): Thank you Jumatil. Know your Lemons is a global campaign for breast cancer education and early detection. https://knowyourlemons.org]

***Cervical cancer (115) Register today! WHO-HIFA webinar: Understanding information needs to improve uptake of cervical cancer screening and treatment, 19 November, 13:00–14:00 CET**

12 November, 2026

Dear HIFA colleagues,

On behalf of HIFA and WHO, I am very happy to invite you to an upcoming webinar on understanding information needs to improve uptake of cervical cancer screening and treatment. This wis an interactive online event hosted as part of the ongoing joint initiative by the WHO Global Coordination Mechanism on NCDs (GCM/NCD), the WHO Cervical Cancer Elimination Initiative (CCEI) and Healthcare Information For All (HIFA).

Date: Thursday, 19 November 2026

Time: 13:00–14:00 CET

Format: Online (Zoom)

The webinar is part of our ongoing six-week global online discussion to better understand the information needs, perceptions and misinformation that shape whether women are screened and treated for cervical cancer. The event will feature emerging themes from the first four weeks of our discussion here on the HIFA global forum, and offer space for additional input and exchange.

Register here: https://who.zoom.us/webinar/register/WN_j9pZp0reSjSQGAvi8rhwtg#/registra...

Please feel free to share this invitation with your networks.

Best wishes, Neil

Project overview: https://www.hifa.org/cervicalcancer

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (116) HPV vaccination, informed choices and community values (2) Helping men and boys understand their responsibilities**

12 November, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-111-cervical-cancer-you...]

In the US, when HPV vaccines first became available there was a lot of debate about whether young men should get HPV vaccine, not only because it is associated with other cancers such as throat cancer, but also because it can help protect their partners from HPV and cervical and other cancers in the future. The US CDC recommends it for both girls and boys. (My sons chose to have the vaccine, while many of their friends did not.) While HPV vaccine for boys is not the discussion here, the fact is that the perceived responsibility for decisions regarding sexual health nearly always seem to fall to the girl or woman, regardless of the country or culture. Without sidetracking HIFA's very important discussion regarding cervical cancer, I'm interested in whether there are educational efforts to help men and boys understand their responsibilities in sexual health and decisions. Teaching girls about them is essential, but they're only half the equation. Ultimately, society adopting the belief that men fully share the responsibility for sexual decisions and their consequences will require a shift in cultural assumptions that have existed for centuries, but one needs to start somewhere. The US has just begun to do so, but there's a long way to go.

Best wishes,

Margaret Winker

Margaret Winker, MD

eLearning Program Director

Trustee

World Association of Medical Editors

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***Cervical cancer (117) How family relationships shape screening behaviour in Dominican Republic**

12 November, 2026

Dear Neil, and colleagues,

Thank you for quoting our two Dominican examples — the fear of being "marked," and the fear that a result implies a partner's infidelity. May I expand on the second, because it bears directly on your Question 9, on how men's attitudes and family relationships affect women's access — and because I notice the same dynamic has now surfaced from Uganda and Nigeria.

In our setting the dynamic differs between the two communities we serve. Among our Dominican patients it tends to be quiet — less a husband forbidding his wife to attend than a woman anticipating what a finding might mean at home: whether an abnormal or HPV-positive result will be read as proof of betrayal, his or hers, and what conflict might follow. Among our Haitian patients the male role is more overt — closer to the prohibition described from Uganda and Nigeria, where a husband's permission can effectively decide whether a woman is screened at all. In both, though, the barrier is not only knowledge; it is the relationship the knowledge lives inside. The Uganda testimony you shared — "if she's found with the cancer, it means he's cheating" — would be recognised by our Haitian families in particular.

As for where these beliefs come from — I don't think anyone is spreading them on purpose. They pass from woman to woman, and through families, and they take hold mostly because no one has ever sat down and explained things plainly. And because this is a cancer tied to a sexually transmitted infection, shame and blame attach to it easily. A woman hears half of the truth — "it comes from sex" — and fills in the rest herself, until it becomes "so a positive result must mean someone strayed."

As to whether reliable information changes minds — it does, but rarely in a single conversation. What moves a reluctant woman is not a leaflet but a clinician she already trusts, explaining in her own language that the examination will not alter her body, and that HPV is so common, and can lie silent for so many years, that a positive result is no evidence of recent betrayal. Said once, by a stranger, this reassures no one; said over years, by someone she knows, it changes behaviour. Continuity is the intervention.

With best wishes,

Frank Brightwell

Founder and Executive Director

Somos Amigos Medical Missions

El Naranjito, San José de las Matas, Dominican Republic

HIFA profile: Frank Brightwell is Executive Director at Somos Amigos Medical Missions, in the United States. Email: frank AT somosamigos.org

***Cervical cancer (118) Cervical cancer in your country: Cabo Verde**

13 November, 2026

The messsage below is a translation of a post on HIFA-Portuguese on November 11. For the original message and more information on the HIFA-Portuguese forum see: https://www.hifa.org/forums/hifa-portuguese (We also have forums in French and Spanish)

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Acknowledgments to Prof. Shabir Moosa and AfroPHC:

Cabo Verde steps up efforts to eliminate cervical cancer

Source: Press release from the WHO Regional Office for Africa, November 10, 2026

https://www.afro.who.int/countries/cabo-verde/news/cabo-verde-steps-effo...

The WHO reports that the Ministry of Health of Cabo Verde, with technical assistance from the WHO and funding from the Spanish Agency for International Development Cooperation (AECID), is supporting a National Acceleration Plan to eliminate cervical cancer. In October 2026, a WHO mission conducted 12 field visits and consulted with approximately 60 individuals. A pilot project on the island of Boa Vista—scheduled to begin in 2027 and covering about 1,500 women—aims to increase uptake of HPV screening and establish a continuum of care, spanning from screening to diagnosis and treatment. A representative from the Ministry stated that the country has surpassed its 90% HPV vaccination coverage target for girls and has also included boys in its vaccination strategy. EXCERPTS

Praia, Cabo Verde – Cabo Verde is intensifying its efforts to accelerate the elimination of cervical cancer as a public health problem, through an initiative led by the Ministry of Health, with technical assistance from the World Health Organization (WHO) and financial support from the Government of Spain, via the Spanish Agency for International Development Cooperation (AECID)...

The initiative aims to support the development of a National Acceleration Plan to consolidate progress already made, strengthen the capacity of health services, and transform international commitments into concrete, sustainable interventions. It also includes strengthening technical capacity, updating clinical protocols, providing additional equipment and supplies, and developing a communication and awareness-raising strategy...

On the island of Boa Vista—selected for the implementation of the pilot project—visits were conducted to the Health Center, the laboratory, the Maternal and Child Health Service, and a private clinic. These visits allowed for a more in-depth analysis of the conditions required to implement an organized screening pilot project. Discussions with community associations and other local stakeholders also highlighted the importance of community engagement in raising awareness among women and mobilizing them to participate...

The project aims to increase uptake of human papillomavirus (HPV) screening by strengthening mechanisms for identifying and inviting women to participate. It also seeks to establish a care pathway that ensures continuity—from screening to diagnosis and, when necessary, treatment...

Key needs identified include: improving the availability and use of data for decision-making, defining effective strategies to encourage women's participation in screening, and establishing clear workflows for follow-up, referral, and monitoring...

Dr. Risete Gomes, head of the health sector in Boa Vista, emphasized the importance of ensuring clear, consistent, and standardized communication between healthcare professionals and the women they serve, in order to improve understanding of the screening program, its benefits, and the necessity of follow-up care. She also underscored the need to strengthen training for healthcare teams, viewing this as essential for ensuring service quality and the sustainable implementation of the project...

Dr. Heidy Teixeira, representing the Minister of Health, reaffirmed Cape Verde's commitment to aligning its national response with the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem. She further noted that the target of 90% HPV vaccination coverage among girls has been surpassed, and that boys have now been included in the national vaccination strategy.

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HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (119) Q6: What could be done to help people find, understand and use reliable information about cervical cancer? (3) Summary**

13 November, 2026

Dear HIFA colleagues,

Thank you for your contributions to the discussion so far and approaching our WHO-HIFA webinar on 19 November. https://www.hifa.org/news/register-our-webinar-cervical-cancer-collabora...

What have we learned so far? What more can we learn?

We turn our attention to the most important question of all: Q6. What could be done to help people find, understand and use reliable information about cervical cancer?

Here are a few suggestions from our discussion so far. Would you like to add to this?

Amal Abdikarim Yusuf (Somalia): "In Somalia, it is particularly important to communicate sensitively about women's reproductive health, respect cultural values and protect confidentiality... community health education should be provided in simple, understandable to appropriate language... Girls should understand their bodies, know how to care for their reproductive health and feel safe and confident speaking up when they notice unusual symptoms or changes."

Diya Banerjee Sur (India): “The only counter that has made the program successful is having treated survivors talk to and motivate local village women to join this mission!”

Frank Brightwell (Dominican Republic): “If I could offer one recommendation, it is that reliable cervical-cancer information travels best through a trusted local messenger attached to the care women already reach.”

Joshua Iorember Akaa (Nigeria): Empowering younger populations with accurate, age-appropriate health information, particularly on HPV infection, HPV vaccination, cervical cancer prevention and healthy behaviours, is essential.

We are very keen to hear more about *your* personal and/or professional experience, wherever you are in the world. What do you think is most important to help people find, understand and use reliable information about cervical cancer? How to protect people from misinformation and misconceptions? Your inputs will be synthesised into a report to inform future WHO advocacy and knowledge products.

We look forward to hear your thoughts. Email: hifa@hifaforums.org

Many thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (120) The role of pharmacists in improving cervical cancer information, prevention and care**

13 November, 2026

Dear Neil and HIFA colleagues,

On behalf of the International Pharmaceutical Federation (FIP), please find below our contribution to the global discussion on cervical cancer information.

We hope this input will be useful to the discussion, particularly in highlighting the role pharmacists can play across the cervical cancer prevention and care pathway.

The role of pharmacists in improving cervical cancer information, prevention and care

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. As accessible and trusted healthcare professionals, they are well placed to promote health literacy, address misconceptions and provide evidence-based advice in a person-centred and non-judgemental manner.

Information, health literacy and addressing misinformation

Pharmacists can help people understand the link between human papillomavirus (HPV) and cervical cancer, the importance of prevention, and the distinction between HPV infection, a positive HPV test and cervical cancer. They can address common concerns and misconceptions, including those

relating to HPV transmission, vaccine safety and effectiveness, and the need for screening even in the absence of symptoms. Through accessible and personalised conversations, pharmacists can help build confidence in evidence-based prevention and encourage informed health decisions.

Prevention and vaccination

Pharmacists can contribute to HPV prevention by raising awareness, explaining the benefits and safety of vaccination, addressing vaccine hesitancy and supporting vaccination uptake. Depending on national regulations and professional scope of practice, their contribution may also include vaccine administration and participation in immunisation programmes. Engaging pharmacists in these efforts can help extend the reach of vaccination information and services, particularly through community-based settings.

Screening, early detection and referral

Pharmacists can support cervical cancer screening by informing people about its importance, explaining available screening options and encouraging participation in organised national programmes. They can also signpost and refer individuals to appropriate screening services and help address practical or informational barriers to access. In settings where programmes allow, pharmacies may have a more direct role, for example in the distribution of HPV self-sampling kits and provision of guidance on their use, as demonstrated by an implementation programme in Catalonia, Spain.[1]

Monitoring, management and continuity of care

For people with a positive HPV test, abnormal screening results or a cervical cancer diagnosis, pharmacists can help reinforce the importance of appropriate follow-up and referral. Within their professional scope, they can also contribute to treatment support through medication counselling, adherence support, monitoring for adverse effects and helping people navigate their care pathways. Collaboration with other healthcare professionals is essential to ensure coordinated, continuous and person-centred care.

FIP's contribution

The International Pharmaceutical Federation (FIP) supports the development of pharmacists' knowledge and skills in HPV prevention and communication. In 2025, FIP developed a three-part CPD Bites series, Improving HPV-related cancers and diseases education among pharmacists, covering HPV and HPV-related diseases; HPV vaccination mechanisms, effectiveness and safety; and identifying at-risk populations and overcoming barriers to vaccination.

FIP also developed a Communication Guide on HPV-related cancers and diseases education among pharmacists, providing practical, evidence-based guidance to help pharmacists initiate conversations, address common concerns, promote HPV vaccination and raise awareness of cervical cancer.

These resources demonstrate FIP's commitment to equipping pharmacists to contribute to HPV-related cancer prevention and health literacy. Further opportunities include strengthening collaboration between pharmacy organisations, screening programmes, public health authorities and patient organisations, and generating more evidence on the contribution of pharmacy services to screening participation and follow-up.

Relevant FIP resources:

Improving HPV-related cancers and diseases education among pharmacists (2025)

Communication guide on HPV Vaccine and HPV-related diseases

Cancer care: A handbook for pharmacists (2022)

FIP knowledge and skills reference guide for professional development in cancer care (2022)

The FIP Montreal Declaration on non-communicable diseases (NCDs) (2026)

FIP work on cancer: https://ncd.fip.org/cancer/

[1] Peremiquel-Trillas P, Roura E, Rangel-Sarmiento V, et al. Building the foundations for an organized population-based cervical cancer screening program with primary HPV self-sampling in Catalonia, Spain: findings from a pilot implementation study. Front Med (Lausanne). 2025;12:1580665. Published 2025 Aug 4. doi:10.3389/fmed.2025.1580665

Best wishes,

Inês Nunes da Cunha and Dalia Bajis

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The International Pharmaceutical Federation (FIP) is the global federation of 158 national organisations of pharmacists and pharmaceutical scientists, representing over 5.5 million pharmacists, pharmaceutical scientists and pharmacy educators worldwide. More info please visit www.fip.org

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***Cervical cancer (121) Youth Coalition Against Cancer (3) World Cervical Cancer Elimination Day, 17 November 2026 (2)**

14 November, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-74-youth-coalition-agai...

Dear Joshua,

Many thanks for your message and your plans for a Cervical Cancer Awareness Walk and an educational webinar to mark World Cervical Cancer Elimination Day on 17 November 2026. Would you like to share details of the webinar?

"We look forward to the possibility of working together towards a future where young people are informed, empowered and actively engaged in cancer prevention and control."

Yes we look forward to working with you and the Youth Coalition Against Cancer (YOCAC). In the first instance, please spread the word about the HIFA forum and invite your network to join (free): www.hifa.org/joinhifa

The voice of youth is especially important.

I would also like to invite Youth Coalition Against Cancer to consider becoming a HIFA supporting organisation. This represents an endorsement of the HIFA vision: a world where every person has access to the reliable healthcare information they need to protect their own health and the health of others. https://www.hifa.org/support/supporting-organisations Each SO has a profile on the HIFA website.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (122) Misinformation, stigma and misconceptions surrounding cervical cancer in Tanzania (2)**

14 November, 2026

Dear Grace,

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-92-misinformation-stigm...

Thank you so much for sharing your experience from Tanzania.

You note the importance of "Integrating cervical cancer education into routine healthcare services, most especially the reproductive and maternal health clinics."

This reminds me of the inputs from Frank Brightwell (Dominican Republic) and others on having trusted health workers that women see regularly.

What would you say are the most important things that women should know about cervical cancer?

I imagine this depends on context, but in populations where a majority of women do not attend for screening, perhaps the main thing is to encourage them to get screened and reassure them about any false beliefs they may have?

How can this best be achieved routinely in health care services?

Another thought is your point about 'integration'. Education and information about cervical cancer is part of a package of reproductive health education. In schools, we have seen that cervical cancer is not included, even where reproductive health education exists. When we talk about 'reproductive and maternal health clinics', we presumably mean 'family planning' and 'antenatal and postnatal' clinics? Routine questions about cervical cancer screening would seem to fit particularly well in family planning clinics?

Many women may not have access to such specialised clinics, and may rely on community health workers or other primary health worker. How can they be supported to deliver basic reproductive health education, including informaiton on cervical screening?

I would welcome further inputs, from those who administer to women's health needs and/or provide reproductive health education on a regular basis. Please tell us about your experience and your approach. How could your work be better supported?

Best wisehs, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (93) Cervical cancer in your country: India (2) Awareness of cervical cancer**

15 November, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-93-cervical-cancer-your...

Diya, thank you for your message. You said: "Considering India's population metrics, it's surprising that between 56% and 66.8% of women are completely unaware of cervical cancer despite national-level media dissemination and local health workers."

I found two relevant studies, both from southern India. The citations and abstracts are below, followed by a comment from me. Please do you have the link for the study you mentioned?

CITATION: Awareness, attitude, and practice towards cancer cervix prevention among rural women in southern India: A community-based study

Supriti Ghosh et al.

https://doi.org/10.1016/j.cegh.2024.101546

ABSTRACT

Problem considered: Cervical cancer is a major public health problem among women worldwide and it is the second most common cancer among women in India. The present study was conducted to assess awareness, attitudes, and practices towards cervical cancer and its prevention among rural women in southern India.

Methods: This community-based study was carried out from January to December 2017 among 1100 married women aged 20–65 years residing in southern Karnataka, India. A household survey was

undertaken, and eligible women were interviewed using a pre-designed questionnaire. The socio-demographic details of the women and their awareness, attitude, and practices towards cervical cancer prevention and screening were documented. The association of women's knowledge adequacy with their socio-demographic factors was evaluated and is expressed as odds ratios with 95% confidence intervals.

Results: About 67% of the participants had heard the term “cervical cancer” earlier and 47.9% of them were aware that cervical cancer is preventable. Poor genital hygiene (41.4%) and early age at sexual intercourse (35.4%) were the commonly quoted risk factors for cervical cancer. Only 35.7% of participants had adequate awareness regarding cervical cancer screening and it was significantly associated with their age, education level, employment, and socio-economic status. The majority (99%) of women had a favorable attitude toward cervical cancer screening though it failed to translate into practices.

Conclusions: Despite a favorable attitude, awareness and practice towards cervical cancer prevention were suboptimal. Periodic awareness programs and ensuring access to cervical cancer screening are crucial in this context.

CITATION: Awareness of Cervical Cancer, Willingness, and Barriers to Cervical Cancer Screening among Women in Madurai: A Cross-Sectional Study in South India

Trupti Bodhare et al.

PMID: 42345151 PMCID: PMC13729692 DOI: 10.31557/APJCP.2026.27.6.2053

ABSTRACT

Objectives: This study aims to investigate rural women's knowledge and attitudes towards cervical cancer, their willingness to participate in cervical cancer screening, and the perceived obstacles to screening.

Methodology: A community-based cross-sectional study was conducted in Madurai district, Tamil Nadu, India, from February to July 2024, involving 350 women aged 25 to 65 years. Utilizing multistage random sampling, the study employed face-to-face interviews with a semi-structured questionnaire focused on knowledge and attitudes towards cervical cancer, as well as barriers to screening services. Data were analyzed using R programming (version 4.4.3).

Results: Participants had a mean age of 33.83 ± 7.56 years, with 29.1% being illiterate. Only 15.7% had undergone cervical cancer screening. Approximately 68.3% and 66.8% expressed willingness to undergo cervical cancer screening if it were free or recommended by a doctor, respectively. Major barriers to screening included fear of falling sick after screening (65.1%), lack of awareness (64.3%), and the belief that screening is unnecessary at their age (64%). Women aged 35-44 years (3.21 ± 0.49, $p = 0.05$, $\beta = -0.542$), those who were non-working (3.14 ± 0.50, $p = 0.02$, $\beta = -0.739$), illiterate (3.21 ± 0.57, $p = 0.04$, $\beta = -1.093$), of lower socioeconomic class (3.09 ± 0.52, $p = 0.05$, $\beta = -0.883$), and those who had never undergone cervical cancer screening (3.07 ± 0.52, $p = 0.02$, $\beta = -0.677$) had significantly lower mean knowledge scores.

Conclusion: The research highlights significant gaps in awareness and screening among rural women in Madurai, despite a positive attitude towards screening. Low participation rates stem from educational and socioeconomic barriers. The study's regional focus may limit broader applicability, and social desirability bias may be a concern due to the use of interviewer-administered

questionnaires. Enhancing the Makkalai Thedi Maruthuvam program in Tamil Nadu with targeted education and community involvement could boost awareness and screening rates.

==

COMMENT (NPW): The above studies look at women aged 20–65 years and 25–65 years, respectively. This is perhaps appropriate in relation to cervical screening. But it would also be important to assess knowledge among adolescent girls in relation to HPV vaccination.

Women in the first study believed that poor genital hygiene and early age at sexual intercourse were risk factors for cervical cancer. Poor genital hygiene is a recognised co-factor but not a direct cause and the relations are complex. We can assume that the women were invited to check a list that included poor genital hygiene and early age at sexual intercourse, rather than offer these spontaneously. The results section shows a very low awareness of smoking as a risk factor, even though studies have shown that smoking doubles or triples the risk of cancer.

The second study illustrates an important misconception: two-thirds of women had a fear of falling sick after screening.

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (124) Cervical cancer in your country: India (3) HPV**

15 November, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-93-cervical-cancer-your...

Dear Diya,

I would like to explore another point you made in your message above.

In response to the question "Is cervical cancer still regarded as a taboo subject in your country?" you said "Yes — people don't mention the fact that it is sexually transmitted. This results in less participation in screening, uncooperative partners, and fewer people taking the HPV vaccine."

I can see this is a sensitive and delicate area of counselling. My understanding is that HPV is sexually transmitted but that most women (around 80%) in the general population will have HPV at some point in their lives, and the prevalence of the high-risk types 16 and 18 in the general population in India is about 5%. https://hpvcentre.net/statistics/reports/IND_FS.pdf

A person can easily get the virus even if they have only ever had one lifetime sexual partner. Perhaps most importantly, HPV does not imply infidelity or promiscuity.

These are sensitive issues to discuss in a busy clinic. I would be interested to hear how you and others provide information and reassurance? In addition to words, perhaps this could be supplemented by a simple leaflet to help prevent misconceptions?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (125) Cervical cancer in your country: Nigeria (2) The role of faith leaders**

15 November, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-97-cervical-cancer-your...

Dear Nnamdi,

You noted: "We must systematically institutionalize reproductive health education within the junior secondary school curriculum and forge structured alliances with faith-based organizations. When community health advocates partner with religious leaders to discuss vaccine safety and screening openly from the pulpit and within mosques, it directly dismantles socio-cultural taboos, counters vaccine hesitancy, and normalizes life-saving, preventative healthcare-seeking behaviors across diverse populations."

Your point about reproductive health education aligns with many other contributors to this discussion. And yet reproductive health education is very uneven between and within countries. Can anyone suggest ways forward to bring this into the mainstream?

Also, you mention faith leaders, who are repeatedly cited across many areas of health. Can we explore this a little more? What are the positive and negative aspects? Positively, faith leaders are in a special position to provide reliable healthcare information, ideally in collaboration with local health services. But it is possible (?) that a few faith leaders may be unhelpful or even inadvertently harmful.

For example, 'Christian believers of the apostolic faith typically use holy water for disease prevention and as complementary medicine for treatment of cancer. Participants identified prophets and church leaders who protect them with prayers, believing that their faith will keep them from diseases such as cancer of the cervix' https://pmc.ncbi.nlm.nih.gov/articles/PMC9900302/

I look forward to hear more about the role of faith leaders in cervical cancer screening and treatment. All: Please share your experience: hifa@hifaforums.org

With thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (126) Cervical cancer in your country: Iran (2) Suggestion to introduce a questionnaire (2)**

15 November, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-98-cervical-cancer-your...

Dear Dr Reza Assadi,

Thank you for your message suggesting we introduce a 'standardized questionnaire to capture country-specific experiences, challenges, cultural barriers, and recommendations'.

I agree this could be helpful and we can consider it for future projects.

There are at least three approaches to generating discusssion around a topic:

1. collection of people's responses to a questionnaire (as you have suggested)

2. asynchronous exchanges across a community of practice (such as this HIFA forum discussion)

2. synchronous exchange in a webinar (such as we are holding on 19 November: https://www.hifa.org/news/register-our-webinar-cervical-cancer-collabora... }

Each of the above have their own strengths and weaknesses. We have chosen to use the approach of the HIFA forum plus webinar, based on previous experience that HIFA forum discussions in the weeks preceding a webinar (or an in-person conference) can be very effective. I think there is a role for questionnaires too. These might also synergise with our forum, whereby HIFA members could have a role in the selection of topic and development of the questionnaire, and discuss the implication of the findings after the questionnaire is completed.

Thanks again and best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (127) Cervical cancer in the Commonwealth**

15 November, 2026

Dear HIFA,

On Wednesday 4 November cervical cancer featured predominantly at the inaugural First Wives and Spouses Forum at the Commonwealth Heads of Government Meeting in Antigua. The Forum lasted around 90 minutes, was streamed live and can currently be viewed online at https://www.facebook.com/61584312295508/posts/chogm-2026-spouses-partner....

It is well worth watching as the speakers, which included the First Ladies of Antigua & Barbuda and of Sierra Leone and Dr. Kamaria De Castro (Chief Medical Officer of Antigua and Barbuda), did not mince their words. To quote Dr Rhonda Sealey Thomas. Assistant Director of the Pan American Health Organization "...the fact that we have women in the Commonwealth who are still dying of cervical cancer, and we have a clear pathway, is a human rights violation."

A core purpose of the First Wives and Spouses Forum at CHOGM 2026 was to launch the Lancet Oncology Commission on Cancer in the Commonwealth. For the next forty days HIFA members can

download the published Commission for free at Cancer in the Commonwealth: a Lancet Oncology Commission - ScienceDirect. [*see note below]

The Commission is a landmark document running to 25,000 words. Section 12: Education and professional development is most pertinent to our current discussion on strengthening access to information and overcoming stigma.

Regards,
Mark

Mark Lodge
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HIFA profile: Mark Lodge is the Commissioning Editor for the annual Cancer Control [https://www.cancercontrol.info/] and the immediate past Chair of the UK and Ireland Global Cancer Network (https://www.ukgcn.org/). He serves on the Lancet Oncology Commission on Cancer in the Commonwealth and is a member of the UK Working Group on NCDs. Previously he was the UK Director of the International Network for Cancer Treatment and Research. He lives in Oxford, UK. He is a member of the HIFA working group on cervical cancer.
https://www.hifa.org/support/members/mark mlodge AT canet.org

[*Note from HIFA moderator (NPW): Thank you Mark. Here is the link to the Lancet Commission: https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(26)00396-7/abstract The full text is accessible after free registration.]

***Cervical cancer (128) Cervical cancer in the Commonwealth (2)**

15 November, 2026

Our thanks to Mark for alerting us to the Lancet Oncology Commission on Cancer in the Commonwealth. Below are selected extracts.

Section 11: Patient and public engagement

Patient engagement requires active involvement of patients at every stage of their health-care journey, from initial diagnosis to survivorship...

Patient advocacy empowers individuals and communities to inform and influence cancer care policies, shape research, improve access to care, promote patient-centred approaches to care, and help reduce care disparities...

Patient navigation for cancer control — evidence-informed effective interventions to assist patients with cancer to overcome barriers in accessing health care and social services — is another area that is highly cost-effective and leads to higher treatment completion rate, improved quality of care, patient satisfaction, dignity, and outcomes...

Peer support systems, often referred to as buddy systems, are a further novel approach enabling patient engagement in decision making and have proved invaluable in enhancing patient care...

We propose four actions related to patient and public engagement in the Commonwealth. First, institutionalise patient and civil society representation in cancer policy making at national and sub-national levels mandated through NCCP governance arrangements to ensure legitimate advocacy. Second, embed shared decision making as a standard of care in oncology, by incorporating it in national clinical guidelines supported by cultural adaptation and for use in training for oncology, primary care, and palliative care teams. Third, establish cancer patient navigation as an essential element of cancer services across diagnosis, treatment, survivorship, and palliative care. Finally, integrate structured peer support and buddy programmes as a standard component of psychosocial and survivorship care for cancer.

Section 12: Education and professional development

Education and development must address preservice education, recruitment and retention, and continuing professional development of health professions and health literacy of all stakeholders involved in cancer control...

Health literacy, the ability to acquire, internalise and use information to make appropriate decisions about one's own health care or of cared ones is vital for shared decision making... Health literacy of people living with cancer and their carers helps to improve their understanding of the illness, participation in cancer screenings, and adherence to complex multimodal therapies...

Public education underpins health literacy that helps to improve success of prevention initiatives aimed at risk reduction (eg, tobacco use) and vaccine uptake (eg, HPV), participation in population-based screening programmes, awareness of early symptoms of cancer, early detection, effectiveness of treatment, and defeating the stigma of cancer. Health literacy should not be confined to an understanding of disease but also familiarity of health system, shared decision making, and the optimal ways to facilitate interaction between patients, and public and health professions...

Raising the level of population health literacy should be a priority for Commonwealth policy makers...

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (129) HPV (2)**

15 November, 2026

[Re: *Cervical cancer (124) Cervical cancer in your country: India (3) HPV]

Dear Neil,

I would like to mention the following after reading the sentence "A person can easily get the virus even if they have only ever had one lifetime sexual partner. Perhaps most importantly, HPV does not imply infidelity or promiscuity.

When we say that a woman can acquire HPV even if she has had only one sexual partner in her lifetime, we should explain that her partner may have had previous sexual partners before their relationship.

For example, a woman may have had sexual contact only with her husband, while her husband may have acquired HPV in an earlier relationship and transmitted it to her without knowing that he carried the virus.

However, this does not mean that a positive HPV test provides evidence of her husband's infidelity. HPV can remain undetected for many years, and it is generally impossible to determine when or from whom the infection was acquired.

I believe this distinction is particularly important in international health communication, especially in societies where women are expected to have only one lifetime sexual partner and where an HPV diagnosis could lead to misunderstandings or accusations within a marriage.

Best
Anna

Anna E. Schmaus-Klughammer (LLB hons)
Vorstand / President
Former Member of the Scientific Staff - Hochschule Deggendorf

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HIFA profile: Anna E Schmaus-Klughammer is president of the association "One World Medical Network". The goal of the association is to improve medical care in LMICs (Low and Middle Income Countries).Our activities start from building primary and specialized health care facilities and continue to organize national cancer screening with connections to national and international expert doctors using telemedicine networks. Training of medical personnel is also an important part of the work of the association.
One World Medical Network e.V., Ulrichsbergerstrasse 17, Deggendorf in Germany.
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***Cervical cancer (130) Educating girls about reproductive health and cervical cancer (8) Summary and next steps**

15 November, 2026

Dear HIFA colleagues,

Our discussion has demonstrated strong support for educating girls about reproductive health from an early age. Participants have suggested that schools should provide culturally appropriate reproductive health education. We also acknowledged an important gap: even where reproductive health education is included in school curricula, it may not address HPV, cervical cancer, vaccination or screening.

The discussion identified a number of questions that would benefit from further contributions and practical follow-u:

1. Availability: How widely is reproductive health education actually provided in schools in different countries? Where is it absent or restricted?

2. In which countries is education restricted? What are the drivers and barriers to the inclusion of reproductive health education? Do we have examples of restrictions being lifted?

3. What evidence could be presented to policymakers to introduce reproductive health education? How can we best demonstrate a positive impact on health outcomes?

4. How can this education be made culturally appropriate, while ensuring that important information is not omitted because the subject is considered sensitive?

5. Who provides the education? What roles should teachers, parents, mothers, female relatives, midwives and other health workers play? How can they work together?

6. What works in practice? Which approaches have been successful in helping girls feel comfortable asking questions, understanding their bodies and seeking reliable advice?

Our discussion has not yet established a comparative picture of what works, what is missing, and what could be adopted elsewhere. We invite members to share your thoughts on any of the above to: hifa@hifaforums.org

***HIFA has a sister forum CHIFA which covers global child health. I shall copy this message to CHIFA members for further exploration.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (131) Cervical cancer in your country: Croatia**

16 November, 2026

Dear HIFA colleagues,

Thank you for raising these important questions, interesting discussion to follow. I would like to share some perspectives and concrete data from Croatia, drawing on national public health statistics and our experience with cervical cancer prevention.

1. What practical guidance on cervical cancer is available for frontline health workers in your country?
In Croatia, healthcare professionals have access to national recommendations and educational materials developed by the Croatian Institute of Public Health (CIPH), the Ministry of Health, but also by professional medical societies. These cover HPV vaccination, Pap and HPV testing, diagnostic follow-up and referral pathways. Primary care gynaecologists play a central role, supported by family physicians, nurses, and school medicine specialists. According to national statistics, 297 women were diagnosed with cervical cancer in 2023, while 98 women died from the disease in 2024. Croatia introduced a national organised screening programme in 2012, but its original population-based implementation was suspended in 2016 - so screening subsequently relied predominantly on opportunistic examinations. A reorganised screening pilot in one Croatian county screened 2409

women between April 2023 and March 2025, identifying abnormal cervical cytology in 8.6%, HPV positivity in 6.4% of those tested and three confirmed cervical cancers. So this shows how important it is!

2. What practical guidance on cervical cancer is available for women in your country?
Women can access publicly funded preventive gynaecological services and educational information through CIPH, county public health institutes, and the national website 'Neću rak!' (https://necurak.hzjz.hr/), which means 'I don't want cancer!'. Public awareness campaigns are also organised during European Cervical Cancer Prevention Week and Croatia's national Cervical Cancer Prevention Day ('Dan mimoza'). According to the OECD/European Commission's EU Country Cancer Profile, 78% of eligible women reported cervical screening participation in 2019 in Croatia. Still, significant educational inequalities persist: only 33% of women with lower educational attainment reported a cervical smear within the previous three years, compared with 80% among women with higher education. This definitely highlights the importance of improving health literacy and reaching populations less likely to participate in preventive programmes.

3. How can traditional healers be incorporated into prevention, screening and treatment?
Traditional healers do not have an established role in cervical cancer prevention or treatment in Croatia, where healthcare is delivered through a regulated medical system. Nevertheless, in countries where traditional healers are trusted community figures, they could contribute to awareness-raising, addressing misconceptions, promoting HPV vaccination, and also encouraging screening participation. Their role should be limited to education and referral, while screening, diagnosis and treatment must remain the responsibility of qualified healthcare professionals. Traditional remedies should never substitute for evidence-based cancer treatment.

4. How can unlicensed practitioners be incorporated into prevention, screening and treatment?
In Croatia, unlicensed practitioners cannot independently perform medical screening, diagnostic procedures or cancer treatment. However, appropriately trained community volunteers, patient advocates and civil society organisations can indeed contribute through health education, community outreach, reducing stigma, as well as helping women navigate healthcare services. Considering the substantial inequalities in screening participation, involving trusted community representatives could be especially valuable for reaching underserved populations. Such involvement should always be coordinated with licensed healthcare professionals, with clear boundaries regarding clinical responsibilities.

5. To what extent do school-age girls have reproductive health education in your country?
Reproductive and sexual health education in Croatia is incorporated into Biology and the cross-curricular Health Education framework rather than delivered uniformly as a standalone subject. Students receive information about puberty, reproductive health, sexually transmitted infections, contraception and disease prevention, although the depth of implementation varies between schools. HPV vaccination has been part of the national programme since the 2015/2016 school year and is offered free of charge to girls and boys, with school-based invitations primarily targeting pupils in grades 5-8. In 2024, 54.8% of girls and 38.9% of boys had received at least one HPV vaccine dose by their 15th birthday, compared with 51.1% and 34.3%, respectively, in 2023. Although coverage is improving, it remains below the WHO target of vaccinating 90% of girls by age 15.

6. What could be done to help people find, understand and use reliable information about cervical cancer?
From the Croatian perspective, the main challenge is not necessarily the absence of reliable information, but ensuring that it reaches people in an understandable and actionable form. Although

authoritative resources such as CIPH and 'Neću rak!' are available, many differences in screening participation according to educational attainment suggest that providing information alone is insufficient. I believe we should focus on three interconnected aspects: improving the accessibility of information, strengthening health literacy and facilitating informed action. This includes using plain language, visual materials, short videos and multilingual resources. Healthcare professionals (especially nurses, family physicians, gynaecologists and school medicine specialists) should be encouraged to communicate proactively about HPV vaccination and cervical screening during routine encounters, rather than waiting for patients to seek information themselves. Equally important is addressing misinformation concerning HPV vaccination and its safety. Public health institutions should collaborate more closely with schools, patient organisations, community representatives and digital media platforms to disseminate consistent, evidence-based messages. And information should be accompanied by practical support: knowing that cervical screening is important is of limited value if women face difficulties arranging appointments or understanding test results. So improving access to reliable information must go hand in hand with strengthening patient navigation and the organisation of preventive services.

Best wishes,
Tomislav Meštrović

Global HIFA CR Coordinator and HIFA Country Representative to Croatia

HIFA profile: Tomislav Mestrovic is a medical doctor and a clinical microbiologist with a PhD in biomedical sciences, and an Assistant Professor at Croatia's youngest public university, University North. He is also passionately invested in global health communication, health literacy, science journalism and science diplomacy. Tomislav was appointed by the Ministry of Science and Education of the Republic of Croatia as a Managing Committee Member to COST Action on evidence-based medicine run by the European Union. He holds several positions in international societies that resulted in many volunteering initiatives. Tomislav is currently the Global Coordinator for HIFA country representatives. https://www.hifa.org/support/members/tomislav tomislav.mestrovic AT gmail.com

***Cervical cancer (132) What 30 years of the NCCC taught me about patient support - The role of patient and survivor networks**

16 November, 2026

Randi and I co-founded the National Cervical Cancer Coalition in 1996.

People affected by cervical cancer and HPV were looking for reliable information and someone who understood what they were going through. We wanted them to have a place to turn.

In this 30th-anniversary conversation, I look back on what grew out of that need. One effort I'm especially proud of is Phone Pals, which connected patients with others who had been through a similar experience. Sometimes talking to someone who's been there makes it easier to ask the questions you didn't know how to bring up at an appointment.

For this WHO/HIFA discussion, I'd like to hear what others have seen work.

How can patient and survivor networks help women get reliable answers after an abnormal screening result and know where to turn next?

**Watch the anniversary conversation:
https://www.youtube.com/watch?v=4lsEoHr1-IE

Alan Kaye
Co-founder, National Cervical Cancer Coalition

And Advisor/Past Ambassador ;
Global Initiative Agsinst HPV & Cervical Csncer (GIAhCC)

***Cervical cancer (133) From the Comedy Store to Malawi: A cervical cancer prevention chronology**

16 November, 2026

From the Comedy Store to Malawi: A cervical cancer prevention chronology

The Comedy Store, West Hollywood. Part of my volunteer work in cervical cancer prevention began with a fundraiser at the Comedy Store on Sunset Boulevard. I helped bring people together and raise money to support Project HOPE's work in Malawi, including equipment for clinics that could screen women and treat precancerous changes.

Malawi, 1999–2002: Making screening possible. Malawi's national strategy dates the Project HOPE screening and early-treatment pilot to these years. One story I heard secondhand has stayed with me: women gathering water for their families by a river were talking about wanting to go into town for a cervical cancer "see and treat" program. I wasn't there. What struck me was that the women already wanted to be screened. They still had to make the trip, often on foot. In our advocacy work, I came to understand how much the permission and support of local chiefs could matter in whether women could go. And if a woman could make that trip once, offering screening and treatment in the same visit, when medically appropriate, could spare her a second journey. [Malawi's national cervical cancer strategy](https://www.iccp-portal.org/sites/default/files/plans/National_Cervical_...)

2007: Making the case for worldwide vaccine access. Sarina Araujo and I co-wrote an article published by the Immunization Action Coalition as [Report #86](https://www.immunize.org/wp-content/uploads/reports/report086.pdf). I argued that affordable access to HPV vaccination around the world could prevent more than 200,000 cervical cancer deaths over time. We had a new tool for prevention. The challenge was getting it to the people who needed it.

2019–2025: Malawi takes HPV vaccination nationwide. Malawi introduced HPV vaccination into its national immunization program in 2019. In October 2025, a nationwide catch-up campaign reached about 2.27 million girls ages 9 to 18, or 91% of the target group, across all 29 districts. Teams went to places such as markets, bus stations and water points to reach girls who were out of school. [PATH on the 2019 rollout](https://www.path.org/our-impact/resources/identifying-strategies-to-reac...) · [WHO on the 2025 campaign](https://www.afro.who.int/countries/malawi/photo-story/mountains-islands-...)

When I think back to that night on Sunset Boulevard and to the story I heard from Malawi, I'm struck by what people can do when they stay with a cause. I'm proud I could play a part in the earlier work. And I'm heartened by what Malawi's health workers, communities and partners have accomplished on a national scale. The work continues for women who still need screening and treatment.

Alan Kaye
Co-founder, National Cervical Cancer Coalition

And Advisor/Past Ambassador ;
Global Initiative Agsinst HPV & Cervical Cancer (GIAhCC)

***Cervical cancer (134) Lady Ganga: How one woman started a conversation about cervical cancer**

16 November, 2026

By Alan Kaye
1st Executive Producer
Of the Lady Ganga Film:

Subject: Lady Ganga: How one woman started a conversation about cervical cancer

I met Michele Baldwin and her mother, Ruth, at the National Cervical Cancer Coalition offices. Michele had been diagnosed with advanced cervical cancer. She wanted more people to know what screening and HPV vaccination could do, and she decided to paddleboard down the Ganges in India to get people talking about it.

I helped bring her story to the screen as an executive producer of Lady Ganga: Nilza's Story. What stays with me is that Michele was willing to talk openly about a disease many people felt uncomfortable discussing. The film also follows Nilza's story, showing how that conversation reached another woman far from where it began.

Have you seen a patient's story help someone feel comfortable asking about cervical screening? What helped them take the next step?

Watch the short film: https://www.youtube.com/watch?v=u5yMCzx0ctU

Alan Kaye
Co-founder, National Cervical Cancer Coalition

***Cervical cancer (135) Two short films shared by Alan Kaye**

16 November, 2026

Dear Alan,

Thank you for your powerful messages and the two short films.

In the first you are interviewed by Fred Wyand of the American Sexual Health Association. I noted your words: "Cervical cancer had a stigma. It was associated with the HPV virus. People thought, a person who had the HPV virus was a terrible person, they were doing things they shouldn't be doing. They have nowhere to turn" In some cases women felt they couldn't even talk to their husband. I liked the description of HPV as 'the common cold of sex', meaning that the vast majority of people have HPV infection at some point in their lives. Do you have a sense that stigma is decreasing in the US? https://www.youtube.com/watch?v=4lsEoHr1-IE

The second film shows the remarkable stoy of Michele Baldwin, an American woman with advanced cevical cancer, who did an epic journey down the Ganges on a paddleboard to raise awareness of the disease. It was remarkable to see how the film was shown to local women in India - after this almost every woman in the village set off together to a cervical sceening camp 3 hours away. There was a wonderful sense of joy and solidarity as they sang songs on the way to the camp. At least one of them, Nilza, was found to have a precancerous lesion which was treated on the spot - a live saved thanks to the actions of Michele. https://www.youtube.com/watch?v=u5yMCzx0ctU

Michele died a few weeks after returning from India. Her daughter reflects: If she had known the risks of ignoring checkups she would be here today and I would have my mother. If no kids lost their mum from HPV the world would be amazing, because it's preventable.

I look forward to learning more about your work.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (136) World Cervical Cancer Elimination Day, 17 November 2026 (3) WHO-HIFA webinar 19 November**

16 November, 2026

17 November is World Cervical Cancer Elimination Day!

From: https://www.who.int/campaigns/world-cervical-cancer-elimination-day/2026

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Together We Can Eliminate Cervical Cancer

World Cervical Cancer Elimination Day carries forward a historic global commitment.

On 17 November 2020, 194 countries adopted the WHO Global Strategy to accelerate the elimination of cervical cancer as a public health problem marking the first time the world had committed to eliminate a cancer.

In 2025, WHO Member States established 17 November as World Cervical Cancer Elimination Day, the first official world health day dedicated to eliminating a cancer.

The case for action is clear: we have the tools to prevent cervical cancer, detect it early and treat it.

Women should not continue to die from a disease that can be prevented, detected early, and treated when effective tools are available.

What matters now is taking what we know works to scale and ensuring it reaches women and girls everywhere.

WHO and Healthcare Information For All are inviting people around the world to share how information, misinformation and perceptions influence these decisions. Insights will be brought together in a report and shared through a webinar in November.

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Register for our webinar on cervical cancer in collaboration with WHO! 19 November, 13:00-14:00 CET

https://www.hifa.org/news/register-our-webinar-cervical-cancer-collabora...

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (137) From fighting misinformation to ensuring access to relevant, reliable and trusted information**

16 November, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-117-how-family-relation...

Throughout this discussion we have seen how false beliefs about HPV and cervical cancer have fuelled stigma, fear and avoidance of cervical screening, with potentially devastating impact on individual women and their families and communities.

In a HIFA message a few days ago I asked:

"Where do these false beliefs originate and how do they spread? Is this all indavertent misinformation or is there an element of deliberate disinformation."

I think Frank Brightwell (Dominican Republic) made a really important observation:

"As for where these beliefs come from — I don't think anyone is spreading them on purpose. They pass from woman to woman, and through families, and they take hold mostly because no one has ever sat down and explained things plainly. And because this is a cancer tied to a sexually transmitted infection, shame and blame attach to it easily. A woman hears half of the truth — "it comes from sex" — and fills in the rest herself, until it becomes "so a positive result must mean someone strayed.""

To address the problem of misinformation, it seems that more than 90% of the global community's efforts are focused on 'fighting' it: prebunking, debunking etc. Rather than focusing primarily on 'fighting misinformation', the emphasis should be on ensuring that everyone has access to relevant, reliable and trusted information in the first place – information that meets their needs, is easy to understand and enables them to make informed decisions.

Frank then makes a further important comment about how to convey reliable information:

"As to whether reliable information changes minds — it does, but rarely in a single conversation. What moves a reluctant woman is not a leaflet but a clinician she already trusts, explaining in her own language that the examination will not alter her body, and that HPV is so common, and can lie silent for so many years, that a positive result is no evidence of recent betrayal"

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (138) Cervical cancer in your country: Indonesia (6) Smoking and cervical cancer**

16 November, 2026

Dear Jum'atil,

Thank you for describing the situation in Indonesia and raising awareness about the danger of secondhand smoke.

I would like to highlight the even greater risks of direct smoking. According to the latest WHO global estimates, approximately 116 million women aged 15 and over smoke cigarettes worldwide (2024 estimate). That is about 1 in 20 women. (40% of them live in Europe)

Women who smoke have double to triple the risk of cervical cancer as compared to those who do not smoke.

Women with HPV who smoke are more likely to develop CIN3, which is a precursor of cervical cancer.

It would be helpful to know how many female smokers know that smoking increases their risk of cervical cancer. I could not find a recent study on this, but I suspect that only a small number are aware.

The HIFA vision is a world where every person has access to the reliable healthcare information they need to protect their own health and the health of others. Girls and women need reliable healthcare information on smoking and cervical cancer to make informed choices.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (139) The role of pharmacists in improving cervical cancer information, prevention and care (2)**

16 November, 2026

Dear Inês and Dalia,

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-120-role-pharmacists-im...

Thank you for your wonderful contribution to our discussion on behalf of the International Pharmaceutical Federation.

You highlight the important role pharmacists, particularly community pharmacists, can play in cervical cancer prevention and care. Pharmacists are among the most accessible and trusted health professionals in many communities. Their role extends well beyond dispensing medicines to providing information, encouraging prevention and helping people navigate services.

I would like to ask HIFA members: What role do pharmacists play in cervical cancer education and prevention in your country?

Please email: hifa@hifaforums.org

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (140) Lived experience (2) How healthcare is delivered**

17 November, 2026

As a cervical cancer survivor, one of the most important lessons from my experience is that how healthcare is delivered matters just as much as the care itself.

Cervical screening, examinations and treatment can be deeply intrusive, uncomfortable and emotionally overwhelming. I found that my level of comfort often depended on the healthcare provider. Those who explained procedures step by step, used simple language and approached examinations with sensitivity and compassion made an enormous difference. They made me feel like a human being, not just another patient.

I also remember the opposite. In 2012, shortly after being diagnosed with cervical cancer, I sought a second medical opinion. Following what felt like an extremely brief examination, the doctor simply declared, "Nothing can be done for you." I left that consultation in tears, feeling utterly lost and at one of the lowest points in my life. In that moment, it felt as though my life had already ended. Fourteen years later, I still remember those words and how they made me feel.

Healthcare professionals may see dozens of patients in a day, but for the patient, a single interaction can leave a lasting impression. Compassion does not mean offering false hope. It means communicating even the most difficult truths with dignity, empathy and respect.

As we advocate for increased cervical cancer screening, we must look beyond the numbers and consider women's experiences of care. Do they feel safe, respected, informed and heard?

Because the way a woman is treated can influence not only her willingness to return for care, but also her trust in the healthcare system and her willingness to encourage other women to seek services. [*see note below]

Kind regards, Diana

HIFA profile: Diana Gittens is a cervical cancer survivor, trainer and health advocate from Guyana with extensive experience in cervical cancer prevention, noncommunicable diseases (NCDs), sexual and reproductive health and rights (SRHR), and people-centred health advocacy. Her advocacy is strongly informed by her lived experience of cervical cancer and has included extensive work at the national and regional levels. She is passionate about amplifying the voices of people with lived experience and ensuring their perspectives meaningfully inform health policies, programmes and services.

Diana is a member of the Healthy Caribbean Coalition’s People Living with NCDs (PLWNCDs) Advisory Group and Cancer Research UK’s International Cancer Prevention Advisory Group. She previously served on the NCD Alliance’s Our Views, Our Voices Global Advisory Committee and has contributed to regional and global initiatives aimed at strengthening the meaningful involvement of people living

with NCDs. Her work reflects a strong commitment to improving access to accurate health information, strengthening health literacy, and ensuring that communities—particularly people directly affected by NCDs—are active participants in shaping the responses intended to serve them.

Diana is a member of the HIFA working group on Improving uptake of cervical cancer screening and treatment https://www.hifa.org/support/members/diana diana_gittens AT yahoo.com

[*Note from HIFA moderator (NPW): Thank you so much for sharing your experience, Diana. Your contribution brings an invaluable patient perspective to this discussion and will help and encourage others facing similar challenges. We look forward to explore these issues further at our webinar with WHO on November 19 at 13:00 CET Geneva. All: Please register here: https://www.hifa.org/news/register-our-webinar-cervical-cancer-collabora...]

***Cervical cancer (141) Cervical cancer in your country: India (3)**

17 November, 2026

1. What practical guidance on cervical cancer is available for frontline health workers in your country?

In India, we have guideline books/ posters translated into local languages. Primary hospitals involved in Cervical cancer prevention take training of local health workers and refresher courses every quarter.

2. What practical guidance on cervical cancer is available for women in your country?

Presently, only local healthcare workers are spreading awareness, along with some local radio and TV programs.

3. How can traditional healers be incorporated into prevention, screening and treatment?

Sadly in most cases due to negligible awareness of cancer, distance to proper care facility, women prefer traditional and unlicensed practitioners as the first point of reference and fall into the trap and reach a oncologist very late in the process.

Together with local health workers, such traditional and unlicensed practitioners need to be brought under the umbrella of awareness and training session so that they don't take matters in their own hands and understand early warning signs for expert referral.

5. To what extent do school-age girls have reproductive health education in your country?

This is absolutely necessary to bust social stigma and rumors, and to help girls understand their bodies and receive sexual education for better protection.

6. What could be done to help people find, understand and use reliable information about cervical cancer?

A country wide sustained campaign involving local authorities, health workers, NGOs, schools, influential individuals with a proper/seamless network for access to awareness, screening and treatment.

Thanks and Regards!

Diya
India

HIFA profile: Diya Banerjee Sur is a Consultant, clinical trial head and patient advocate, at Kolkata Gynaecologial Oncology Trials and Research Group India. I am an Empathy Design Leader in Healthcare and health sciences with more than 25+ years of experience in global institutions like Oracle HSGBU, entrepreneur in Smartnirvana working with healthcare giants like Roche, GSK, AZ, Novartis and presently serving as a consultant in GCIG outfit for a clinical trial KOLGOTRG making lives of women better with a program called The Empathy Study. An advisor in Lancet Commission working on global health policies. Advisory in GCIG OCC, AIIMS Delhi on patient studies. IRB member in TATA MEDICAL CENTER, Kolkata Professional interestes: Mission to spread awareness and screen for HPV in remote villages of India. The mission started in 2023, has gained tremendous momentum, and has reached 1000+ women (https://youtu.be/szQ-q0khSkE?si=XfXcGVMvmiTtEL_e). Interested in policy making, advocacy, and empathy studies. Email address: banerjee.diya AT gmail.com

***Cervical cancer (142) Cervical cancer in your country: Qatar (1) Implementing an organized, invitation-based approach to screening**

17 November, 2026

Dear HIFA Team,

In our setting, cervical cancer can still be associated with fear, embarrassment, and stigma. Cervical cancer and HPV can carry stigma because of misconceptions about their association with sexual behavior, which may discourage some women from discussing HPV or accessing screening.

Other misconceptions include believing that screening is unnecessary without symptoms, that HPV means cancer, or that vaccinated women no longer need screening.

Women commonly ask about screening eligibility, the procedure, HPV and abnormal results, vaccination, and follow-up.

They obtain information mainly from healthcare professionals, official health sources, family, social media, and the internet, where misinformation can influence screening decisions.

A key priority is to transition cervical cancer screening from an opportunistic model to an organized, invitation-based approach. Strengthening invitation and recall systems, establishing clear screening pathways, improving access, and introducing home-based HPV self-sampling where appropriate could improve screening participation.

For younger generations, strengthening HPV vaccination awareness and uptake is also essential for long-term cervical cancer prevention, alongside education to address misconceptions and stigma.

Our goal is to make cervical cancer prevention and screening easy to understand, easy to access, and easy to complete.

Thank you for opening this important discussion and giving us the opportunity to share experiences and perspectives from around the world. It is valuable to learn from one another and strengthen our collective efforts in cervical cancer prevention and screening.

Kind regards,
Areen Alnawafleh.

HIFA profile: Areen Al-Nawafleh is a Screening Programs Coordinator at Primary health care corporation, Qatar. Areen.nawafleh AT yahoo.com

***Cervical cancer (143) Summary and invitation to convene for a 1-hour WHO-HIFA webinar on November 19**

17 November, 2026

Dear HIFA colleagues,

Thank you again to all who have contributed so far. Please continue to share your experience by email to hifa@hifaforums.org to ensure that we have perspectives from every country for our final report, which will help inform future advocacy and knowledge products by WHO.

This HIFA discussion, held in collaboration with WHO, explores how information shapes women's access to cervical cancer screening and treatment. To date, 31 contributors from 21 countries worldwide have described widespread gaps in awareness, alongside fear, stigma, and misconceptions about HPV vaccination and screening procedures. We have seen how these beliefs can discourage vaccination, screening and follow-up. Trusted health workers, cancer survivors, community groups and reproductive health education can build confidence and encourage uptake.

You can review all messages on our RSS feed here: www.hifa.org/read

Please also register for our WHO-HIFA webinar on November 19 at 13:00-14:00 CET Geneva. This will include a short keynote from WHO; a short presentation by me of the main findings of our discussion; a brief presentation from a cervical cancer survivor and, most important, an interactive discussion where all participants have the chance to take the microphone to ask questions and make comments. Register here:
https://who.zoom.us/webinar/register/WN_j9pZp0reSjSQGAvi8rhwtg#/registra...

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (144) World Cervical Cancer Elimination Day, 17 November 2026 (4)**

17 November, 2026

TOGETHER, WE CAN ELIMINATE CERVICAL CANCER

Ending cervical cancer requires more than knowing it exists. It means understanding it, challenging the myths and stigma surrounding it, encouraging vaccination and screening, and ensuring women have access to timely care and proper follow-up.

Young people also have a role to play. Through conversations, education and community engagement, we can help more people make informed decisions about their health.

As we mark World Cervical Cancer Elimination Day, let's take the message beyond today. Talk about it, share the right information, encourage someone to get screened and be part of the change.

The 90-70-90 targets are achievable, but we all have a part to play.

#CervicalCancerEliminationDay #HPVAwareness #CancerPrevention #YouthInvolvement #YOCAC #NigerianCancerSociety*

TOGETHER, WE CAN ELIMINATE CERVICAL CANCER.*

HIFA profile: Joshua Iorember Akaa is Research, Education & Innovation Lead at Youth Coalition Against Cancer, Nigerian Cancer Society, Nigeria. Professional interests: Clinical Research, Epidemiology & Global Health akaajoshua2022 AT gmail.com

***Cervical cancer (145) Reproductive health education and the role of faith leaders**

18 November, 2026

Dear Dr Neil,

Thank you for raising these important questions. I believe there are practical ways we can address both issues without necessarily creating complicated or expensive programmes.

1. How can we make reproductive health education more accessible?

I believe we should start by strengthening what already exists.

Schools should include regular, age-appropriate lessons on puberty, menstrual hygiene, reproductive health, consent and the prevention of sexually transmitted infections.

Teachers should receive simple training and reliable educational materials so they can confidently discuss these subjects.

Parents should be involved through occasional school meetings to explain what children are learning and address their concerns.

Healthcare workers can visit schools periodically to answer questions that teachers may not be comfortable addressing.

Radio programmes, community meetings and youth organisations can also help reach adolescents who are not in school.

The important thing is to make reproductive health education a continuous process rather than a one-time awareness campaign.

2. What positive roles can faith leaders play?

Faith leaders have something valuable: the trust of their communities.

This influence can be used positively in several ways:

* Pastors and imams can dedicate occasional sermons to health topics such as HPV vaccination and cervical cancer prevention.
* Religious institutions can invite healthcare professionals to give short health talks.
* Religious leaders can encourage women to attend cervical cancer screening and parents to accept HPV vaccination for eligible girls.
* Churches and mosques can help direct people to nearby health facilities.
* They can provide emotional, spiritual and practical support to patients undergoing cancer treatment.

A study by Kaaria and colleagues (2024) in Kenya found that religious leaders were generally willing to promote HPV vaccination among their congregations. This shows the potential of engaging them in preventive healthcare.

3. What negative roles can faith leaders play?

We must also acknowledge that religious influence can sometimes be harmful.

For example, the study shared by the moderator describes women who believed that holy water and prayers could protect them against cervical cancer.

Prayer and spiritual support are not necessarily problematic. The problem arises when people are made to believe that these practices can replace medical prevention, screening or treatment.

Other possible problems include:

*Discouraging vaccination because of misinformation.
*Suggesting that cancer is a punishment for wrongdoing.
*Encouraging patients to abandon hospital treatment.
*Promoting unproven remedies instead of medical assessment.

We should therefore encourage religious leaders to share accurate health information and refer people to qualified healthcare professionals.

4. What can we realistically do?

I would suggest starting with three simple activities:

1. Train religious leaders: Organise short meetings with pastors, imams and other community leaders to teach them the basics of HPV, cervical cancer, vaccination and screening.
2. Bring healthcare workers into religious institutions: Once every few months, invite a nurse, doctor or public health professional to give a short health talk during an existing church or mosque programme.
3. Create referral connections: Encourage religious leaders to direct women to nearby health facilities for screening and appropriate treatment rather than attempting to manage medical conditions themselves.

These activities do not require building new institutions or establishing expensive programmes. They require cooperation between people and organisations that already exist.

Ultimately, I believe we should not ask religious leaders to become healthcare professionals. We should encourage them to become reliable partners who help their communities access healthcare.

One question worth exploring is: Could we begin with a simple partnership between one healthcare facility, one church and one mosque, measure the results, and gradually expand the approach if it works?

I would be interested in hearing from HIFA members who have implemented similar initiatives in their communities.

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Kind regards,
Nnamdi Umelo
HIFA Country Representative, Nigeria

HIFA profile: Nnamdi Umelo is a 5th Year Medical Student at Usmanu Danfodiyo University, Sokoto, Nigeria. I have a strong interest in cancer research, public health, and global health policy. I believe that limited access to accurate, evidence based health information remains a major contributor to preventable illness and death, particularly in rural and underserved communities across Africa. I am passionate about health advocacy, promoting health literacy, and supporting equitable access to reliable healthcare information. Through HIFA, I hope to learn from a global network of professionals, contribute to discussions on improving access to health information, collaborate on research and advocacy initiatives, and apply the knowledge gained to strengthen health education and cancer awareness in my community and beyond. nnamdiumelo799 AT gmail.com

***Cervical cancer (146) Reproductive health education and the role of faith leaders (2)**

18 November, 2026

Dear Nnamdi,

Thank you for referring us to the Kenya study.

CITATION: Kaaria et al. Religious leaders' willingness to promote the uptake of human papillomavirus vaccine among their congregants in Mavoko Sub-County, Machakos County, Kenya

Pan African Medical Journal 2024

https://pmc.ncbi.nlm.nih.gov/articles/PMC11585127/

I had a look at the study and my interpretation is that most faith leaders had positive attitudes about HPV vaccine. For example 'A significant proportion (93.4%) disagreed with the statement that cervical cancer occurs due to immoral behavior' (which indicates that a minority do think it is linked with immoral behaviour). But in terms of willingness to promote HPV vaccine the authors write: 'female participants had the highest proportion of willingness to promote the HPV vaccine, 28(14.2%), followed by males, 31(15.7%)', which suggests that most respondents are unwilling to promote it.

Whether explicit or not, there appears to be a substantial level of false beliefs among faith leaders. Do you or others have thoughts on how to address this? Perhaps faith leaders who recognise fully the value of HPV vaccine in protecting lives can take their argument to meetings and conferences with their peers? This also depends on the policy of religious bodies. For example, Anglican churches are generally supportive of medical science and there is no central ban on HPV. That said, the church takes a neutral view and does not encourage its leaders to promote HPV vaccination.

The above study summarises what is known on the subject as follows:

- Religious leaders in some dominations and communities may express hesitancy or unwillingness to promote the HPV vaccine among their congregants due to concerns about perceived moral

implications associated with the vaccine;

- Cultural and religious beliefs may contribute to skepticism or resistance towards vaccination programs, including HPV vaccination, among certain religious groups;

- Lack of awareness about the efficacy and safety of the HPV vaccine, coupled with misconceptions about its purpose and potential side effects, can further deter religious leaders from actively promoting its uptake among their followers.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (147) Lived experience (3) How healthcare is delivered (2)**

18 November, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-140-lived-experience-2-...

Dear Diana,

Thank you for sharing your lived experience as a cervical cancer survivor and your point that how healthcare is delivered matters just as much as the care itself.

Perhaps the majority of health workers do things right, at least most of the time. You captured this so well: “They made me feel like a human being, not just another patient.”

But a single bad experience can be devastating. It can leave a lasting impression and (for some) may even undermine our trust in health professionals more broadly.

A question for all of us: What can be done to help health workers provide more compassionate and respectful care to women undergoing cervical cancer screening and treatment? Do you, or someone close to you, have experience of care? Was your experience positive or were there aspects that could have been better?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (148) Cervical cancer prevention House of Lords' Committee report**

18 November, 2026

Dear HIFA

Although the HIFA discussion may be focused on strengthening the early detection of cervical cancer the House of Lords's Committee report 'No time to lose: reversing the decline in childhood vaccination rates'

https://committees.parliament.uk/committee/830/childhood-vaccinations-co...

published today should also claim our attention.

It shows that even in a high income developed country setting there can be many holes in our approach to cancer control due to multifactorial causes. Cervical cancer is the lowest hanging fruit - the cancer we believe that we can 'eliminate' first – but it is still a complicated business and clear communication and having access to information is fundamental to achieving this goal.

Regards,
Mark

Mark Lodge
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Immediate Past Chair UK and Ireland Global Cancer Network
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HIFA profile: Mark Lodge is the Commissioning Editor for the annual Cancer Control [https://www.cancercontrol.info/] and the immediate past Chair of the UK and Ireland Global Cancer Network (https://www.ukgcn.org/). He serves on the Lancet Oncology Commission on Cancer in the Commonwealth and is a member of the UK Working Group on NCDs. Previously he was the UK Director of the International Network for Cancer Treatment and Research. He lives in Oxford, UK. He is a member of the HIFA working group on cervical cancer.
https://www.hifa.org/support/members/mark mlodge AT canet.org

***Cervical cancer (149) Children for Health: Sharing Knowledge, Saving Lives**

18 November, 2026

Dear HIFA colleagues,

In the context of our discussion on cervical cancer I would like to introduce you to the work of Children for Health. [https://www.childrenforhealth.org/]

At Children for Health, a UK-registered charity working to strengthen children's health literacy and agency, we believe that children should be recognised not simply as recipients of health information, but as active participants in understanding, discussing and communicating health messages.

Reproductive health education is an important foundation for lifelong health literacy. Girls need access to accurate, age-appropriate and culturally sensitive information about their bodies, menstruation, reproductive health, HPV vaccination and cervical cancer prevention. Equally important is creating environments where they feel comfortable asking questions, discussing concerns and challenging misinformation without fear or embarrassment.

The misconception that HPV vaccination causes infertility is a particularly important example. Scientific evidence does not support a causal association between HPV vaccination and infertility.

However, misinformation can influence parental attitudes, vaccination decisions and wider community perceptions. Addressing these concerns therefore requires more than simply providing factual information. We need to understand how misconceptions arise, who reinforces them, and which sources of information families trust.

The Children for Health approach

For over a decade, Children for Health has worked to make health education accessible, engaging and participatory, particularly in low- and middle-income countries. Our approach uses simple, evidence-informed health tools, stories, games and child-centred learning activities.

A central principle is that children learn about health, discuss what they have learned and, where appropriate, share health information with their peers, families and communities. This creates opportunities for health education to extend beyond the classroom.

The potential role of girls as health advocates

We see potential for girls to play a meaningful role in improving reproductive health literacy within their families and communities. For example, age-appropriate activities could help girls understand why HPV vaccination is recommended, recognise common misconceptions and initiate conversations with trusted adults.

However, child participation must be voluntary, safe and appropriate to the local context. Girls should not be expected to challenge deeply held community beliefs independently or take responsibility for adult healthcare decisions. Teachers, parents, health professionals and community leaders must remain central to creating supportive environments for these conversations.

Developing resources with children, not simply for them

An important consideration is understanding what girls themselves want and need to know. Their questions may differ considerably from those anticipated by adults, particularly in settings where reproductive health is rarely discussed openly.

We therefore see value in participatory approaches that involve girls, alongside teachers, parents and health professionals, in identifying priority questions, developing appropriate messages and testing educational resources before wider use.

The HIFA and CHIFA networks could make a valuable contribution by bringing together experiences from different countries to identify common misconceptions, information needs and culturally appropriate approaches. Children for Health would be open to exploring how these insights could inform the development of child-friendly posters, stories and participatory activities, where suitable partnerships and resources are available.

A research and learning perspective

Through CACH (Children for Health: Research & Learning Digest), our research and learning initiative, we are particularly interested in exploring the evidence around child participation, health literacy and children's potential contribution to wider community health.

This discussion raises several important questions. Can involving girls in reproductive health education improve their understanding and confidence? Can child-centred approaches contribute to more informed conversations within families? What methods are most effective in addressing misconceptions without reinforcing stigma? And how might these approaches complement existing HPV vaccination and cervical screening programmes?

These are questions that would benefit from further research, collaboration and learning across different settings.

Ultimately, cervical cancer prevention requires a combination of accurate information, accessible vaccination and screening services, and supportive social environments. We believe that meaningful child participation could contribute to this wider effort, particularly by strengthening health literacy from an early age.

We would welcome hearing from HIFA and CHIFA colleagues about their experiences of engaging girls in reproductive health education, the questions girls commonly raise, and approaches that have helped address misconceptions surrounding HPV vaccination.
--

Dr Lilanga Hasini Batawalage
CEO
Children for Health

HIFA profile: Lilanga Hasini Batawalage is CEO of Children for Health, United Kingdom. Professional interests: Public Health. Email address: lilanga AT childrenforhealth.org

***Cervical cancer (150) Our webinar today with WHO**

19 November, 2026

Dear HIFA colleagues,

Thank you to everyone who participated in our excellent webinar today, hosted by WHO! Thank you to Katia De Pinho Campos (Technical Lead, Global Coordination Mechanism on NCDs, WHO), Prebo Barango (Cross-Cutting Specialist NCDs and Special Initiatives, WHO), Ramya Kancharla (Stakeholder Engagement Specialist, GCM-NCDs, WHO), and Emily Suzuki (Technical Officer, Cervical Cancer, WHO) for all your wonderful inputs. It was great to hear from several HIFA members including: Diana Gittens (cervical cancer survivor, Guyana), Diya Banerjee (India), Amal Yusuf (Somalia), Frank Brightwell (Dominican Republic), Lilanga Batawalage (UK) and others. It's really amazing to see people live for the first time after several weeks of text-based interaction on the HIFA forum. It makes me determined to deliver more webinars to complement HIFA discussions in future, including through HIFA Projects (hifa.org/projects) and HIFA Spotlights (hifa.org/spotlights).

The meeting was recorded and will be made available as soon as possible, as well as a summary.

We now have 10 further days of discussion about cervical cancer on HIFA through to 30 November 30. All contributions will be integrated in our synthesis report to help inform future development of WHO advocacy and knowledge products.

I would like to invite you all to raise any further questions for the remainder of our discussion.

Here are a few questions that I would suggest for further exploration. Can you think of others?

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?

Looking forward to your reflections on the discussion so far, the webinar today, and/or further questions you would like to raise!

Many thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (151) Questions to address before we conclude on 30 November**

22 November, 2026

Dear all,

Thanks again to everyone who contributed to our webinar with WHO on 19 November. A summary will be available shortly.

Key outcomes included:

- HIFA forum findings (based on 150 messages from 31 different participants in 21 countries across 6 WHO regions) show that cervical cancer is often unknown, perceived as a death sentence, and surrounded by misinformation, including beliefs that screening causes infertility or proves infidelity.

- Survivors are identified as highly effective messengers for encouraging screening and debunking stigmas.

- Trust in local, known health workers is more critical than the mere availability of information; posters and general awareness are insufficient to overcome deep-seated taboos.

- Systemic gaps include inconclusive screening results without follow-up, lack of compassionate communication, and limited access to reliable information in LMICs.

We have one more week here on HIFA to explore unanswered questions. I suggested these:

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?

I think #2 is especially interesting. It implies that the whole premise of screening (to identify early disease so that it can be easily treated) is not widely understood.

Another issue emerged thanks to Frank Brightwell (Dominican Republic), who said “I don’t think anyone is spreading misinformation on purpose” – It happens because they do not have access to reliable information. Tom me, this suggests that the current emphasis of the global health commuity on 'combatting information' is at best inadequate, and at worst flawed. It implies that our efforts should instead focus on achieving universal access to reliable healthcare information: empowering people with the reliable healthcare information they need (and making it easier for them to differentiate between reliable information and misinformation).

Other questions that emerged:

• How to effectively reach older and marginalized women in LMICs who rely on word-of-mouth and may not visit clinics or use mainstream media.

• How to measure whether improved knowledge actually translates into behavior change and increased screening uptake.

Can you suggest further questions for us to explore?

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

Cervical cancer (152) Health science in secondary schools as a route to reliable healthcare information: an example from West Africa (2)

23 November, 2026

[Re: https://www.hifa.org/dgroups-rss/health-science-secondary-schools-route-...]

Hello!

Diya: Answers from India: Inline...

1. Do we give enough attention to secondary school students as carriers of reliable healthcare information into their homes and communities?

Ans: Not at all in India. For them, it's textbook education. I believe the only way to spread the word on better healthcare for both sexes is by starting early in school. Students can then carry this information home to spread the word or use it to develop self-assessment skills and greater awareness in low-resource settings.

Thanks and Regards!

Diya
+917337577790'
India

HIFA profile: Diya Banerjee Sur is a Consultant, clinical trial head and patient advocate, at Kolkata Gynaecologial Oncology Trials and Research Group India. I am an Empathy Design Leader in Healthcare and health sciences with more than 25+ years of experience in global institutions like Oracle HSGBU, entrepreneur in Smartnirvana working with healthcare giants like Roche, GSK, AZ, Novartis and presently serving as a consultant in GCIG outfit for a clinical trial KOLGOTRG making lives of women better with a program called The Empathy Study. An advisor in Lancet Commission working on global health policies. Advisory in GCIG OCC, AIIMS Delhi on patient studies. IRB member in TATA MEDICAL CENTER, Kolkata Professional interestes: Mission to spread awareness and screen for HPV in remote villages of India. The mission started in 2023, has gained tremendous momentum, and has reached 1000+ women (https://youtu.be/szQ-q0khSkE?si=XfXcGVMvmiTtEL_e). Interested in policy making, advocacy, and empathy studies. Email address: banerjee.diya AT gmail.com

***Cervical cancer (153) Practical ways forward**

23 November, 2026

Dear HIFA colleagues,

Our discussion has generated considerable insight into perceptions, stigma, misinformation and the importance of trusted sources of information. In our final 7 days I would like to propose that we address what works, for whom, and under what circumstances. This will bring a practical understanding of how to provide reliable information, who should provide it, which women are being missed, and what actually makes a difference to women's decisions and behaviour.

I think the central message so far is that providing reliable information is not simply a matter of producing accurate messages and making them available. It is about ensuring that the right information reaches the right women, through people they trust, in a form they can understand and act upon.

For adolescent girls, the key is to have comprehensive sexual and reproductive health education. How can this best be provided? How can teachers be supported to provide such education? What can be done to encourage countries with restrictive policies to recognise the health benefits of reproductive health education?

Reproductive health education - if provided effectively - has the potential to address many of the misunderstandings and false beliefs. Cervical cancer elimination targets state '90% of girls to be vaccinated against HPV, 70% of women to be screened with a high-performance test, and 90% of those who test positive to receive appropriate treatment by 2030'. To achieve these targets, there is a case to have parallel targets for their determinants. For example, can we estimate what percentage of the population believe that "there is no point in screening if I have no symptoms'. From our discussion it seems this is very common. Let's say 50% of the current population understand that screening detects early disease which can then be successfully treated. Can we set a target to increase this to 90%? How can we accelerate progress towards this target?

Whether a girl or woman lives or dies from cervical cancer is partly dependent on their access to and understanding of reliable healthcare information.

It is also dependent on the level of understanding and knowledge of health workers. Especially primary health workers. How can healthworkers be better supported to develop their professional knowledge and effectively provide reliable information for their patients?

The above are a few personal reflections, drawing from our discussion.

I look forward to read your thoughts on any of the above issues, or indeed any of our six guiding questions: www.hifa.org/cervicalcancer

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (154) Practical ways forward (2) Role of community health workers**

23 November, 2026

Following from my previous message (#153) I found this paper helpful.

CITATION: O'Donovan J et al. BMJ Glob Health. 2019 May 13;4(3):e001452. doi: 10.1136/bmjgh-2019-001452

The role of community health workers in cervical cancer screening in low-income and middle-income countries: a systematic scoping review of the literature

The authors conclude: 'From the limited number of studies available, the use of CHWs to assist in cervical cancer screening in LMICs appears largely feasible and acceptable. CHWs currently have an important role in cervical cancer screening mainly through community education, outreach, and awareness activities. Several gaps were also identified in the existing literature, including a need for a more studies to explore training and ongoing support for CHWs, as well as the financial implications of deploying CHWs to assist in cervical cancer screening. Finally, an important caveat is that CHWs cannot be seen as a silver bullet solution to address the burden of cervical cancer in LMICs. Although they may have a potentially important role in screening activities, it is essential that policy makers and governments ensure adequate provision of secondary and tertiary services for those women identified through screening activities as needing specialist management.'

COMMENT (NPW): My rapid reading of this paper suggests we are talking about CHWs who have received specific training in cervical cancer. So the paper shows what is possible (with additional resources) rather than what CHWs can do without such training. CHWs in LMICs typically have a vast range of health (and social) issues to deal with, and this will vary from context to context. Can anyone comment on 'baseline' training on reproductive health for CHWs, and does this training typically include cervical cancer? Or, is it possible that some CHWs themselves have minimal awareness of the disease?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (155) Our webinar with WHO (2) Summary and recording**

23 November, 2026

Dear HIFA colleagues,

I'm delighted to share with you a summary and recording of our webinar with WHO on 19 November, and a brief personal comment below. Thank you to Emily Suzuki and all the team at WHO for your very professional and kind support.

Here is the summary:

https://www.hifa.org/sites/default/files/articles/Summary_HIFA_Webinar_1...

Key outcomes:

• HIFA forum findings (based on 150 messages from 31 different participants in 21 countries across 6

WHO regions) show that cervical cancer is often unknown, perceived as a death sentence, and surrounded by misinformation, including beliefs that screening causes infertility or proves infidelity.

• Survivors are identified as highly effective messengers for encouraging screening and debunking stigmas.

• Trust in local, known health workers is more critical than the mere availability of information; posters and general awareness are insufficient to overcome deep-seated taboos.

• Systemic gaps include inconclusive screening results without follow-up, lack of compassionate communication, and limited access to reliable information in LMICs.

The main section of the summary is in four parts. Here is part 1:

1. Community Perceptions and Misinformation

• Awareness gaps: In some Indian contexts, up to 90% of women may have never heard of cervical cancer.

• Fatalism: Cancer is frequently viewed as an inevitable death sentence, particularly gynecological cancers.

• Screening misconceptions: Belief that screening is unnecessary without symptoms. Fear that screening is painful or may cause bleeding/affect sexual life. False belief that screening may itself cause cancer. Misconception that HPV vaccination causes infertility. Belief that abnormal results prove infidelity by either the woman or her partner.

• Cultural beliefs: In some Kenyan communities, cervical cancer is perceived as a result of being bewitched or cursed.

• Treatment fears: Beliefs exist that chemotherapy and radiation kill faster than the cancer itself.

• “I don’t think anyone is spreading misinformation on purpose” – It happens because they do not have access to reliable information

A recording of the webinar is also available here:

https://who.zoom.us/rec/share/7z_xCRO3JYZxbLEAflhjRpi5Vk23rfmjQsn14Zm1Uc...

We started with an address by Katia De Pinho Campus, technical lead on the WHO Global Coordination Mechanism for NCDs

At 5min15secs: Keynote from Prebo Barango, Cross-Cutting Specialist NCDs and Special Initiatives, WHO

At 14m22s: HIFA discussion highlights by Neil Pakenham-Walsh, HIFA Coordinator

At 23m15s: Lived experience by Diana Gittens, Guyana

At 31m7s: Interactive discussion, including contributions from several HIFA memmbers: Diya

Banerjee Sur, India; Frank Brightwell, Dominican Republic; Amal Yusuf, Somalia; Lilanga Batawalage, United Kingdom; Meena Cherian, Switzerland; Aparna Mittal, Singapore/India; and others.

COMMENT (NPW): For me, the event emphasised how the comnbination of a HIFA discussion and webinar can be really effective and bring special energy. It was wonderful to see and hear HIFA members who had previously shared their experience on the forum. This created a kind of solidarity that I felt was inspiring.

On behalf of HIFA, thank you to everyone involved. We welcome any comments and reflections.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (156) Cervical cancer in your country: India (4) The role of traditional healers in prevention, screening and treatment of cervical cancer (4)**

24 November, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-141-cervical-cancer-you...

Dear Diya and HIFA colleagues,

We asked: "How can traditional healers be incorporated into prevention, screening and treatment?"

Diya replied: "Sadly in most cases due to negligible awareness of cancer, distance to proper care facility, women prefer traditional and unlicensed practitioners as the first point of reference and fall into the trap and reach a oncologist very late in the process."

This confirms the most important disadvantage of traditional healers: They are likely to provide a treatment that is ineffective against cancer. And this can lead to long delays before the woman reaches a health professional, typically with advanced disease.

This raises questions:

1. How can women be made aware of what to do in case of symptoms such as vaginal bleeding? ie Visit a health professional rather than a traditional healer

2. How can traditional healers be made aware of what to do if a woman has vaginal bleeding? ie Encourage her to visit a health professional.

Diya has said that "traditional and unlicensed practitioners need to be brought under the umbrella of awareness and training session so that they don't take matters in their own hands and understand early warning signs for expert referral."

This would be ideal. I understand that India is a special case whereby there is cooperation and coordination between Ayurvedic and conventional health professionals. It would be interesting to know if this is improving the diagnostic pathway for women with cervical cancer.

Are HIFA members aware of training, awareness, integration of traditional healers in other countries?

What is the perspective of traditional healers theselves?

I found it very interesting to learn from our discussion so far that many women are unaware of the basic rationale for screening. I wonder if, similarly, there is a lack of awareness about the rationale for a traditional healer to refer to a conventional health professional. Such referral should not be seen as a failure by the traditional healer. It is an important part of protecting the patient. Traditional healers can play a valuable role in recognising warning signs, encouraging people to seek appropriate care, and supporting patients alongside conventional healthcare professionals.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (157) Cervical cancer in your country: Qatar (2) Implementing an organized, invitation-based approach to screening (2)**

24 November, 2026

Dear Areen,

https://www.hifa.org/dgroups-rss/cervical-cancer-142-cervical-cancer-you...

Thank you for sharing the situation in Qatar. We are grateful to learn from your experience as screening coordinator.

I think you made a very important point:

"A key priority is to transition cervical cancer screening from an opportunistic model to an organized, invitation-based approach. Strengthening invitation and recall systems, establishing clear screening pathways, improving access, and introducing home-based HPV self-sampling where appropriate could improve screening participation."

In many high-income countries it is standard for all women to be invited for screening. If this automatic invitation system did not exist, far fewer women would be screened and mortality rates would be higher.

In middle- and low-income countries this 'organised, invitation-based approach' is often absent. Encouragement for screening is more ad hoc, perhaps based on public health education posters, mobile screening units, or a prompt from the local primary health worker.

Is there guidance available for countries that are considering to set up an organised, invitation-based approach?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by

Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (158) Children for Health: Sharing Knowledge, Saving Lives (2)**

24 November, 2026

Re: https://www.hifa.org/dgroups-rss/cervical-cancer-149-children-health-sha...

Dear Lilanga,

Thank you for your recent message.

"We would welcome hearing from HIFA and CHIFA colleagues about their experiences of engaging girls in reproductive health education, the questions girls commonly raise, and approaches that have helped address misconceptions surrounding HPV vaccination."

We have learned that in some settings girls do not receive any reproductive health education, while in others they may receive it but without inclusion of cervical cancer/HPV.

It would be interesting to have a clear global picture.

Is there guidance available that encourages and supports policymakers to strengthen reproductive health education?

We have also learned of the importance of cervical cancer survivors, perhaps representing peer support groups. A short presentation by a survivor could have a huge lasting impact on girls.

Do other HIFA members have experience of reproductive health education in schools?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (159) Our webinar with WHO (4) Including boys in HPV vaccination programs**

24 November, 2026

[Re: https://www.hifa.org/dgroups-rss/cervical-cancer-155-our-webinar-who-2-s...]

Dear Neil,

Many Thanks for all the information, and the excellent Webinar on Cervical Cancer. [Summary: https://www.hifa.org/sites/default/files/articles/Summary_HIFA_Webinar_1...]

I would like to add that there would probably be great advantages in including boys in all the HPV vaccination programs. Although this would of course, add a certain amount to immediate costs in terms of vaccination supplies, it would have generally equitable costs in terms of organisation and promotion and it would reduce longer term costs as it might well reduce stigma, would reduce HPV infection and transmission and reduce cervical cancer in the future (as well as other genital e.g.

penile, cancers). These are the main reasons why HPV vaccine is now offered to boys as well as girls in the UK and increasingly in other countries.

I hope the consultation continues well and results in good feedback and action.

With best wishes,

Dr Elizabeth Goodburn, MB BCh FRCGP MSc PhD DRCOG

HIFA profile: Elizabeth Anne Goodburn is a retired UK GP and Technical Advisor for International Health. She has worked in Asian, Pacific & African countries. Professional interests: Health Systems development; Primary Health Care; Reproductive Health (family planning, sexual health & HIV/AIDs, safe motherhood); Child & Adolescent Health; Public Health in LDCs; Epidemiological & operational research; Evidence based care, audit & quality improvement; Health worker education and training; UK General Practice.

***Cervical cancer (160) Educating girls about reproductive health and cervical cancer (9)**

25 November, 2026

I would like to share an interesting message on our global child health forum CHIFA [www.hifa.org/chifa] from HIFA volunteer Rabia Khaji, Tanzania [https://www.hifa.org/support/members/rabia].

Her central question is: "How do we empower girls with health knowledge while simultaneously transforming the environments in which they are expected to exercise that knowledge?"

Text below. Read online: https://www.hifa.org/dgroups-rss/re-cervical-cancer-%E2%80%93-meaningful...

==

Dear Dr. Lilanga and HIFA/CHIFA colleagues,

Thank you for this thoughtful contribution and for introducing the valuable

work of Children for Health.

I particularly appreciate the emphasis on recognising children as active participants in health education rather than merely recipients of health information. This is an important shift in how we design and deliver public health interventions.

Reflecting from a community health and gender-responsive programming perspective in Tanzania, I believe this discussion also presents an opportunity to examine the wider social, cultural and structural determinants influencing reproductive health literacy and HPV vaccine acceptance.

Beyond providing accurate health information

While access to accurate, age-appropriate information is fundamental, knowledge alone does not necessarily translate into informed decision-making or service uptake.

In settings where reproductive health discussions remain sensitive, girls may understand the benefits of HPV vaccination but lack the autonomy, confidence or supportive environment necessary to act on that knowledge. Parents, caregivers, religious beliefs, community perceptions and household power dynamics can significantly influence vaccination decisions.

This raises an important question: How do we empower girls with health knowledge while simultaneously transforming the environments in which they are expected to exercise that knowledge?

Reaching those most likely to be left behind

School-based health education provides an important platform for reaching children. However, we must also consider girls who are out of school, living with disabilities, residing in remote communities or experiencing other forms of social and economic vulnerability.

How can we ensure that participatory health education does not inadvertently widen existing health information inequalities?

Community health workers, women-led organisations, youth networks, religious leaders and other trusted community structures could play a significant role in bridging these gaps.

Engaging boys, men and the wider community

Although cervical cancer directly affects people with a cervix, its prevention should not be treated exclusively as a women's and girls' responsibility.

Engaging boys, fathers and male caregivers in age-appropriate reproductive health education could help challenge harmful gender norms, reduce stigma and create more supportive environments for girls to access preventive health services.

Intergenerational dialogue could also provide opportunities to address misconceptions that are transmitted across generations.

Learning from other public health interventions

Drawing from my experience in tuberculosis and community health programming, misinformation, stigma and hesitancy are rarely addressed through factual information alone. They require trust, meaningful community engagement, consistent communication and responsiveness to people's lived realities.

As the global health community prepares for the introduction of new health technologies, including future TB vaccines, there is considerable value in learning from HPV vaccination experiences, particularly regarding community readiness, vaccine confidence and the role of trusted information sources.

Moving from participation to measurable impact

I would be interested in further exploring the following questions with colleagues:

- What evidence exists that child-centred health education influences parental attitudes and vaccination decisions?

- How can children meaningfully participate in identifying and addressing health misinformation without being burdened with responsibilities that belong to adults?

- How can we reach children who are excluded from formal education systems?

- How can community health systems institutionalise participatory health literacy approaches rather than relying on short-term, project-based interventions?

- Beyond measuring knowledge acquisition, how can we assess changes in confidence, family dialogue, community attitudes and actual vaccination uptake?

There is also an important opportunity for HIFA and CHIFA to facilitate cross-country learning, document community experiences and support the development of accessible, culturally responsive, evidence-informed and child-friendly health information resources.

Ultimately, I believe that meaningful child participation should not simply be viewed as a communication strategy, but as a rights-based approach to strengthening health literacy, agency and health equity.

However, we must ensure that empowering children is accompanied by empowering families, strengthening communities and making health systems more responsive and accessible.

I would welcome opportunities for further learning and collaboration with Children for Health and other colleagues working in this area, particularly in African and other resource-constrained settings.

Thank you once again for opening this important conversation.

Warm regards,

Rabia A. Khaji

CHIFA profile: Rabia Abeid Khaji is the Head of Monitoring and Evaluation and TB Portfolio at SHDEPHA+ in Tanzania. Her professional work is fundamentally centered on overcoming barriers to health information access, particularly for healthcare professionals and vulnerable communities in low-resource settings. Her experience includes: - Gender and Equity Focus: She recently led a comprehensive TB gender assessment for Tanzania and contributed to the national TB Gender Operational Plan, directly engaging with the challenges of equitable access to health information and publishing. - Community-Led Monitoring: She developed frameworks for Community-Led Monitoring (CLM) of TB services, empowering communities to identify and report service gaps—a process that deeply resonates with understanding end-user needs in the evidence ecosystem. - Research and Advocacy: She co-authored published operational research on TB and has extensive experience presenting findings at international conferences, such as the Union World Conference on Lung Health, International Aids Society etc. I understand the critical importance of disseminating research findings effectively to impact policy and practice. - Stakeholder Engagement: She serves on the boards of the Tanzania STOP TB Partnership and the Tanzania TB Community Network (TTCN), and is a member of the SMART4TB Afro Community Advisory Board. These roles require constant collaboration with diverse stakeholders, from policymakers to community health workers.

***Cervical cancer (161) Educating girls about reproductive health and cervical cancer (10) Reproductive health education for boys and parents**

25 November, 2026

For adolescent girls, the key is to have comprehensive sexual and reproductive health education. How can this best be provided? How can teachers be supported to provide such education? What can be done to encourage countries with restrictive policies to recognise the health benefits of reproductive health education?

Answer: It's true that just not girls, even boys have to have comprehensive sexual and reproductive health education but I too believe as is the societal system, I also believe parents need to be made aware so they can make informed decisions about their children.

Health education needs to be mandated in the school system, along with regular parent-teacher sessions. All health education materials should be part of the curriculum as practical knowledge for children, social media posts et al., would also enhance the impact.

Thanks and Regards!

Diya

India

HIFA profile: Diya Banerjee Sur is a Consultant, clinical trial head and patient advocate, at Kolkata Gynaecologial Oncology Trials and Research Group India. I am an Empathy Design Leader in Healthcare and health sciences with more than 25+ years of experience in global institutions like Oracle HSGBU, entrepreneur in Smartnirvana working with healthcare giants like Roche, GSK, AZ, Novartis and presently serving as a consultant in GCIG outfit for a clinical trial KOLGOTRG making lives of women better with a program called The Empathy Study. An advisor in Lancet Commission working on global health policies. Advisory in GCIG OCC, AIIMS Delhi on patient studies. IRB member in TATA MEDICAL CENTER, Kolkata Professional interestes: Mission to spread awareness and screen for HPV in remote villages of India. The mission started in 2023, has gained tremendous momentum, and has reached 1000+ women (https://youtu.be/szQ-q0khSkE?si=XfXcGVMvmiTtEL_e). Interested in policy making, advocacy, and empathy studies. Email address: banerjee.diya AT gmail.com

***Cervical cancer (162) La Famille Ideale: A game starting conversations on adolescent access to sexual and reproductive healthcare**

25 November, 2026

I came across this article today

La Famille Ideale ('The ideal family'): A game starting conversations on adolescent access to sexual and reproductive healthcare

https://www.msichoices.org/latest/la-famille-ideale-engaging-husbands-an...

'La Famille Ideale is a package of participatory tools for MSI community-based mobilisers, who help build community awareness and support for adolescent sexual and reproductive health and rights. The tools include a game and conversation-starting cards that aim to open up conversations and encourage support for adolescents in rural communities to be able to access contraception...'

It does not mention cervical cancer, but it prompts me to ask HIFA and CHIFA members. Are you aware of the use of games for reproductive health education? For adolescents or adults? La Famille Ideale is a board game, but there is also potential for video games to be educational?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

***Cervical cancer (163) Children for Health: Sharing Knowledge, Saving Lives (3)**

25 November, 2026

We are discussing reproductive health education and cervical cancer also on our sister forum for global child health: CHIFA www.hifa.org/chifa

I am forwarding this message on CHIFA today from Lilanga Hasini Batawalage, CEO of Children for Health and invite your reflections.

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Dear Neil and CHIFA colleagues,

Thank you, Neil, for raising these important questions.

The International Technical Guidance on Sexuality Education (2018), developed by UNESCO and other UN agencies, including WHO, provides an evidence-informed framework to support policymakers in strengthening age-appropriate, curriculum-based sexuality education.

The 2021 global status report on comprehensive sexuality education found that 85% of the 155 countries surveyed had relevant policies or legislation. However, this did not necessarily translate into comprehensive curriculum content or effective implementation. UNESCO's more recent 2026 publication examining sexuality education legislation and policies across 100 countries also provides useful insights into this area.

It would therefore be valuable to understand not only whether reproductive health education is included in national curricula, but also whether it specifically addresses HPV vaccination and cervical cancer prevention, and how effectively these topics are communicated to children.

At Children for Health, we are currently initiating a project in Eswatini to develop educational tools addressing bullying, sexual harassment, grooming and gang-related risks within the wider context of HIV prevention.

Through participatory resource development, we aim to explore how sensitive health and social issues can be communicated to children in meaningful, age-appropriate and culturally relevant ways.

We see potential to apply similar approaches to HPV and cervical cancer education and are open to exploring opportunities for collaboration.

Your suggestion of involving cervical cancer survivors is also interesting.

Integrating lived experiences into structured participatory learning could potentially strengthen understanding and empathy while addressing stigma, with appropriate safeguarding considerations.

From a CACH research and learning perspective, global mapping of policy, curriculum content and actual delivery of HPV and cervical cancer education would be a valuable area to explore.

Best wishes,

Lilanga

CHIFA profile: Lilanga Hasini Batawalage is CEO of Children for Health, United Kingdom. Professional interests: Public Health. Email address: lilanga AT childrenforhealth.org

***Cervical cancer (164) Meaningful Child Participation, Health Literacy and Vaccine Confidence**

25 November, 2026

I am forwarding an interesting message from Rabia A. Khaji, Tanzania, posted on our global child health forum CHIFA. www.hifa.org/chifa

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Dear Dr. Lilanga and HIFA/CHIFA colleagues,

Thank you for this thoughtful contribution and for introducing the valuable work of Children for Health.

I particularly appreciate the emphasis on recognising children as active participants in health education rather than merely recipients of health information. This is an important shift in how we design and deliver public health interventions.

Reflecting from a community health and gender-responsive programming perspective in Tanzania, I believe this discussion also presents an opportunity to examine the wider social, cultural and structural determinants influencing reproductive health literacy and HPV vaccine acceptance.

Beyond providing accurate health information

While access to accurate, age-appropriate information is fundamental, knowledge alone does not necessarily translate into informed decision-making or service uptake.

In settings where reproductive health discussions remain sensitive, girls may understand the benefits of HPV vaccination but lack the autonomy, confidence or supportive environment necessary to act on that knowledge. Parents, caregivers, religious beliefs, community perceptions and household power dynamics can significantly influence vaccination decisions.

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