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Mobilizing stakeholders to drive the cervical cancer elimination agenda in Kenya: The national cervical cancer stakeholders' forum 2022

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ABSTRACT

Background: Kenya is among the nineteen countries in Sub-Saharan Africa with the highest burden of cervical cancer globally. The high burden of cervical cancer in developing countries reflects the absence of effective cervical cancer prevention programs with limited resources invested to provide comprehensive services.
Objective: We aimed to engage stakeholders in a structured consultative forum, to gain insights and forge effective partnerships to drive the cervical cancer elimination agenda in Kenya.
Methods: The National Cervical Cancer Stakeholders Consultative Forum was organized as a part of activities to commemorate the National Cervical Cancer Awareness Month on 19th January 2022 in Nairobi, Kenya. The overall goal of the meeting was to provide a forum to sensitize stakeholders on the National Cervical Cancer Prevention and Control Program (NCCP) with a view to strengthen partnerships, increase coordination for improved service delivery and to provide a forum for resource mobilisation and alignment of key stakeholders towards elimination of cervical cancer in Kenya. Nominal group technique was adopted for structured discussions, and the findings analysed to derive key themes.
Findings: Key challenges to primary and secondary prevention of cervical cancer were identified as low awareness, stigma and misinformation, high unmet need for treatment of early lesions, few health care providers with capacity to screen and treat, inadequate supplies, inefficient health information systems and poor referral pathways. Championing integration of cervical cancer screening and treatment services into routine health programs, strengthening policy implementation and robust monitoring and evaluation were identified as critical interventions.
Conclusion: The National Cervical Cancer Stakeholders Forum 2022 provided insights for enabling Kenya to progress on the 2030 elimination targets. Such forums can be useful in bringing all actors together to evaluate achievements and identify opportunities for more effective national cervical cancer prevention and control programs.

1. Introduction

Cervical cancer is preventable and treatable in all settings, yet, it is still a leading cause of death in many low and middle-income countries (LMIC) [1]. In 2020, there were an estimated 604,237 women diagnosed with the invasive form of cervical cancer globally, with an estimated 341,843 dying from the disease [2]. Approximately 90% of deaths were from LMIC, particularly in the Sub-Saharan African region [2,3]. The global burden of cervical cancer reflects significant global health inequities with limited access to vaccination, screening, and treatment services in LMIC. Until these disparities are addressed through scale-up of these services, effective cervical cancer control is impractical [4–6].

Cervical cancer has effective control approaches, including vaccination against human papillomavirus (HPV), screening with cost-effective modalities and treatment of both pre-cancerous lesions and early stage cancer [4,7–9]. While these strategies have been effective in reducing the burden in many high-income countries, resource constraints in many LMIC have hindered implementation of successful programs [5,10–13].

In 2020, the Global Strategy towards the Elimination of Cervical Cancer as a Public Health Problem was launched with three key interventions and targets for countries to achieve by 2030 [14]. The 2030 targets include: 90% of eligible girls fully vaccinated against HPV by 15 years of age, 70% of eligible women screened with a high-precision test at 35 years and at 45 years, and 90% of women identified with cervical disease receive treatment and care. In his call to eliminate cervical cancer, the Director General of the World Health Organization (WHO) requested countries to forge partnerships with all actors for coordinated action [15].

Kenya has a high burden of cervical cancer. It is the second leading cause of cancer, with an estimated 5, 236 cases reported in 2020 (19.7% of all new cancer cases in women) [2]. The country has clear policy

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guidance on both formation of multi-sectoral partnerships and early detection of cervical cancer [16,17]. In order to realize the targets to accelerate the elimination of cervical cancer as a public health problem, there is need to engage key stakeholders for alignment and resource mobilization towards a common goal. In January 2022, the National Cancer Control Program (NCCP), Ministry of Health, convened a stakeholders' consultative forum, with three objectives: First, sensitize stakeholders on the current status of the NCCP to enable deliberations and gain insights on existing opportunities, key interventions and strategies required from diverse stakeholders to improve cervical cancer control in Kenya; Second, share national strategic direction, policies and plans, highlighting progress made and key gaps in the ongoing efforts towards cervical cancer elimination in the country; third, create an opportunity for networking, shared commitment, resilient partnerships and synergy in resource mobilization among organizations working in the area of cervical cancer control for a harmonized and effective response. We present the findings and recommendations from the stakeholders' forum to inform implementation-focused policies and programs to advance the primary and secondary cervical cancer prevention agenda in Kenya.

2. Methods

2.1. Forum participants

We prepared a comprehensive list of stakeholders in cervical cancer control in Kenya and invited them to the National Cervical Cancer Stakeholders' Forum as part of the main events during the commemoration of the fourth National Cervical Cancer Awareness Month, 2022. Invited organizations included other Ministry of Health Departments, county governments, semi-autonomous state agencies, academic institutions, civil society, and development partners.

2.2. Organization and process

The forum was organized into two sessions. The first session included keynote speeches and presentation of status updates on the performance of the cervical cancer program in the previous year. Selected stakeholder representatives and the Director General of Health delivered speeches on the status of partnerships and collaboration in cervical cancer control in Kenya. Joint presentations by the NCCP and National Vaccines and Immunization Program (NVIP) teams provided context on national level perspectives highlighting achievements, challenges and progress made towards elimination of cervical cancer. The second session involved structured discussions using the Nominal Group Technique (NGT), centred on three key areas in cervical cancer control: Service delivery and capacity building (screening, diagnosis, and treatment); advocacy, communication/demand generation and resource mobilization; and quality assurance, monitoring, evaluation, and research. NGT is a qualitative approach to data collection that enables a structured discussion in a group setting to generate ideas on a selected topic [18]. It involves structured small group discussions, where participants were requested to respond to thematic questions asked by a moderator, and then prioritize the ideas or suggestions. This session was closed by a feed-back session, where each group shared their deliberations at a larger plenary with stakeholders from other groups given an opportunity to contribute to their findings. Finally, participants presented a brief set of prioritized recommendations per thematic area to inform policy direction for cervical cancer control in Kenya.

2.3. Data collection and management

Structured data collection templates were adopted by the three groups in documenting the proceedings from the NGT exercise. Each group was assigned two scribes, to document the proceedings on the provided templates by note-taking; the two versions were later compared and harmonized into one NGT report per group. Information collected from the written speeches as well as the NGT was first read and assigned descriptive codes by two independent persons before clustering into thematic categories. To focus the qualitative analysis, findings on each of the three selected topics were structured in the WHO health system building blocks format (service delivery, health workforce, health information systems, access to essential health products and technologies, financing, and leadership/governance) to make it easier to inform both policy and practice.

3. Findings

3.1. Forum participants

Sixty-two participants from 43 organizations working in the cervical cancer control space attended the forum (Table 1). Majority of these stakeholder organizations are regular partners in cervical cancer prevention and control, under the umbrella of the National STOP cervical cancer

Table 1
Participants at the national cervical cancer stakeholders' forum, 2022.

Category	Organization
National government agencies	National Cancer Control Program (NCCP)
	National Cancer Institute of Kenya (NCI- K)
	National Cancer Reference Laboratory (NCRL)
	Division of Community Health Services
	Kenyatta National Hospital (KNH)
	Ministry of Education (MOE)
Academic institutions	University of Nairobi
County level agencies	Council of Governors - Health Committee
	County Departments of Health for four counties
	County First Ladies Association (CFLA)
Professional societies	Oncology Nurses Chapter – Kenya
	Kenya Obstetrical and Gynaecological Society (KOGS)
	Kenya Society of Hematology and Oncology (KESHO)
	Kenya Association of Family Physicians (KAFP)
	Kenya Medical Association (KMA)
Local Civil society and other non-governmental organizations	Women for Cancer Early Detection & Treatment (Women 4 Cancer)
	Kenyan Network of Cancer Organizations (KENCO)
	Non-communicable Diseases Alliance Kenya (NCDAK)
	National Empowerment Network of People Living with HIV and AIDS in Kenya (NEPHAK)
	International Cancer Institute (ICI)
	Family Health Organization – Kenya
	Population Services Kenya
	Kenya Hospices and Palliative Care Association (KEHPCA)
	Center for International Health, Education and Biosecurity (CIHEB-Kenya)
	Christian Health Association of Kenya (CHAK)
	Catholic Health Commission of Kenya (CHCK) under KCCB
	Beyond Zero Campaign Secretariat
	Scope Impact Kenya
International agencies and Non-Governmental Organizations	Clinton Health Access Initiative (CHAI)
	UNAIDS
	WHO- Kenya Country Office
	US CDC
	USAID Kenya
	LVCT Health
	UNFPA – Kenya (United Nations Population Fund)
	World Vision Kenya
	JHPIEGO
	Pathfinder international
	Project – RISE
	Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)
	International Atomic Energy Agency National Liaison Officer (IAEA NLO)
Private sector	Roche Kenya
	BD Kenya

committee of the National Cervical Cancer Prevention, Screening and Early Diagnosis Technical Working Group.

3.2. Main themes from the keynote addresses

The keynote speakers addressed various topics central to an effective cervical cancer control program in Kenya. A List of the twelve main themes from the speeches is shown in Table 2. The themes cover the disease burden, situational analysis, gaps and recommendations on how to improve the cervical cancer control program in Kenya. Importantly, the three prongs of the WHO elimination strategy are addressed. Emphasis is also put on the key determinants of successful program implementation: integration and forging broad-based partnerships.

3.3. Cervical cancer control performance, 2021

In 2021, 77% (1,657,782 out of the annual target of 2,152,964) eligible girls received the first dose of HPV vaccine, while 31% (667,450 of the targeted 2,152,964) received the second dose. Out of a target of 1,110,567 women eligible for cervical cancer screening in Kenya in 2021, 342,508 were screened, translating to coverage of 31%. Out of 10,983 positive cases identified using visual inspection with acetic acid (VIA), only 2,814 (26%) had evidence of receiving treatment by either cryotherapy, thermal ablation, or Large Loop Excision of the Transformation Zone (LLETZ) (Fig. 1).

Table 2
Main themes arising from various keynote speakers.

1. Civil society organizations active in cervical cancer control advocacy in Kenya require a unified voice in both creating awareness in the population, facilitating a national dialogue, and stimulating government investment in cervical cancer control.
2. Call to action by WHO to eliminate cervical cancer is achievable in the Kenyan context, it but requires concerted and sustained efforts from all actors.
3. Simple measures such as screening using visual inspection methods and provision of treatment devices for cervical disease on the same visit can improve care linkage, which was noted to be a major challenge for the Kenya cervical cancer program.
4. There is urgent need to address HPV vaccine hesitancy among parents and caregivers of eligible girls. HPV vaccination scale-up strategies proposed including a multi-sectoral approach involving line ministries and key stakeholders such as the Ministry of Education, with three main approaches being used: facility-based, school-based and a hybrid method with a mix of the two, depending on the specific county. Consideration for a community approach also should be considered, to reach girls who are out of school and who do not regularly interact with the health system.
5. Stigma and embarrassment around cervical cancer screening is a major driver of non-uptake of service by eligible women in Kenya. Innovative approaches are necessary to address this challenge in a sustainable way, including adoption of HPV self-sample collection.
6. Integration of cervical cancer screening into other health services offers the best strategy for efficiency and increasing uptake.
7. The STOP Cervical Cancer partnership under the National Cancer Prevention, Screening and Early Diagnosis Technical Working Group is a case example of effective collaboration.
8. All stakeholders need to focus on identifying and addressing gaps in cervical cancer prevention and control in all the counties in Kenya.
9. Kenya is committed to the achievement of the 90:70:90 targets by 2030 to set the country on the path to elimination of cervical cancer. The county specific annual screening targets to put Kenya on the path to elimination have been developed and shared with all counties, to ensure effective monitoring and evaluation, and forge data utilization in decision-making.
10. Proper implementation of policy documents is necessary, especially ensuring a robust monitoring, evaluation and learning mechanism.
11. It is important to continually track key indicators through a detailed monitoring and evaluation framework and utilize the findings to inform interventions in program improvement.
12. The existing policy framework for cervical cancer elimination outlines the roles of partners, civil society, and private sector among other key stakeholders in the cervical cancer elimination framework.

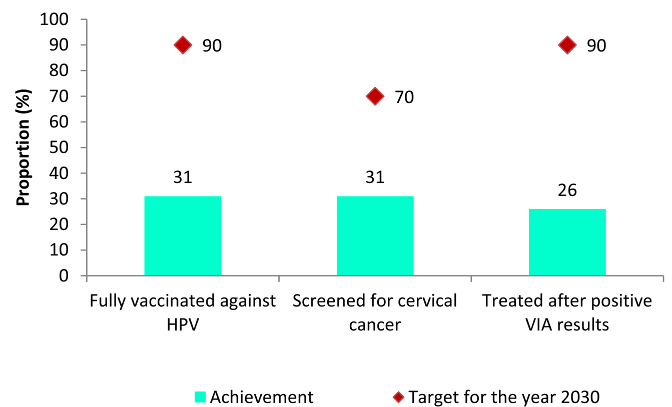

Fig. 1. Attainment of the targets for HPV vaccination, cervical cancer screening and treatment, Kenya, 2021

3.4. Findings from the nominal group technique discussions

Four key areas were discussed: HPV vaccination, cervical cancer early detection and treatment, awareness creation and advocacy and performance monitoring, evaluation, and research. Each discussion area was structured into three topics: challenges, opportunities, and necessary interventions. A summary of the NGT exercise is shown in Table 3**.** Most stakeholders felt that strengthening collaborations, integrating screening into other health services and utilizing high-quality program performance data for decision-making were key action areas.

4. Discussion

4.1. Summary of key findings

Stakeholders identified the following as the critical actions for a successful program: effective multisectoral partnerships and collaboration among key stakeholders under the leadership of the Ministry of Health; integration with existing health programs, including routine immunization; and a robust monitoring, evaluation and learning framework to continuously track and improve the program.

4.2. HPV immunization

Multisectoral collaboration, including education and public administration agencies, was identified as a critical ingredient in scaling up HPV vaccination efforts. This is not only in keeping with the WHO call, but also driven by evidence. A study in Malaysia, where multisectoral collaboration in planning, monitoring and a communication strategy for HPV immunization that included a committee to monitor and respond to rumours enabled near universal immunization of targeted girls [19]. For effective management of stakeholders and efficient channelling of their individual strengths, clear roles and responsibilities in driving HPV vaccine uptake need to be assigned. In the Malaysian case, stakeholders were categorised as implementers, supporters, or influencers, giving an opportunity for creation of synergies. Leveraging on other routine immunization activities as well as integrating HPV vaccination in other activities involving the youth such as music festivals, drama and sporting activities could also improve uptake. Programs utilising both education and health facilities have shown better performance that those using either approach alone [20].

4.3. Early detection and treatment

Kenya has a shortage of human resources trained to diagnose and treat pre-invasive cervical disease limiting the scale up of quality cervical cancer screening programs. Therefore, the stakeholders identified a need for

Table 3
Summary of findings from the nominal group technique sessions, national cervical cancer stakeholder forum, Kenya, 2022.

A. Focus area: HPV vaccination

Challenges	Opportunities	Necessary interventions
• The low uptake was due to COVID-19 pandemic with prolonged closure of schools, insufficient/ lack of sustained media engagement, opposition by some religious groups, lack of defaulter tracing mechanisms and long distances to health facilities in arid and semi-arid areas. • Inadequate knowledge in the community • Healthcare worker industrial actions interrupting service delivery • Myths and misconceptions • Implementation Strategy (health facility only) • HPV vaccine – communication on the expanded target group needs to be done widely to avoid vaccines expiring & missed opportunities	• Integration of immunization services with other health services, particularly those affecting the young people. • Increase community and stakeholders' engagement • Use the community units to create/increase demand for the HPV vaccine. • Have defaulter tracing mechanisms in place. This can be done using the community units (CU) where they can get all the information from the facility HPV immunization register and trace those that have defaulted and those that are due for the vaccine. • Have the facilities call the guardians to remind them of their next appointment dates. • Strong media engagement to create awareness and correct the misinformation particularly about adverse effects in local languages. • Engage women leaders (the office of the county women representative and first ladies) to sustain awareness and demand for the vaccine.	• Strengthen the collaboration between Ministry of Health, Ministry of Education, Ministry of Interior & Religious Organizations • Collaboration between, NVIP, NCDs, NCCP, HIV/AIDS, School Health, Adolescent, and Community Health Programs. • Collaboration with health professional associations, women leaders. • Collaboration with institutions and organizations that will design and pilot interventions that would increase uptake of HPV vaccine. • Increase media, stakeholders, and cancer champions/survivors to create awareness and increase the uptake. • Periodic Intensification of Immunization Activities including HPV Vaccine. • Leverage on routine Immunization outreach activities: Covid-19 vaccinations, Measles, Rubella • 2nd dose – need to digitize the work flow; send text message reminders (similar to COVID-19 vaccine) • Access: make it free at all facilities (public/private/FBOs) • Expand catch-up age to 15–26 years

B. Focus area: screening, diagnosis and treatment

Challenges	Opportunities	Necessary interventions
• Stigma and misinformation • High levels of screening not linked to treatment access can hinder future screening efforts • Pathology – few pathologists; biopsies not available or samples get misplaced • Sub-optimal data capture & utilization for follow-up for treatment • Gap in mentorship and continuous supervision needed to sustain skills • Referral pathways not clear (patient & samples) – needs a comprehensive directory to inform all HCWs • Inadequate supplies – gloves, speculums • Few facilties offering treatment • Sustainability – partner support is limited • Very low financing – not comparable to HIV, malaria, etc. despite public health impact	• Strong policy guidance is in place • Ongoing training and mentorship in 25 out of the 47 counties • Provision of treatment devices • Capacity building – partnership with international organizations • Single visit approach (SVA) – reduces LTFU where available • HPV vaccine availability at screening centers– a great opportunity for integration • Decentralization of cancer treatment – more regional centres • Political goodwill • Use of Community strategy - for awareness & screening, especially self-sample collection for HPV testing	• Advocacy, work with civil society • Create more awareness in the community • Periodic data review meetings at all levels of care (national/county/sub-county/health facility) • Avail more trainings & establish mentorship programs on screening and treatment • Leverage on community health strategy structures • MOH to leverage on and harmonize partner support at county level – coordination, avoid duplication and use resources efficiently • Boost screening and treatment infrastructure • Proper placement/deployment of trained HCWs • Resource mobilization beyond MOH – engage more partners • Sustainability - UHC & NHIF packages to be harmonized to improve access • Train tutors in medical training colleges as trainers to support pre-service HCW training • Strengthen partnerships & collaborations • Political goodwill

C. Focus area: advocacy, communication/demand generation & resource mobilization

Challenges	Opportunities	Necessary interventions
• The elderly people are often left out in communication. • Messages for the PLWDs and vulnerable groups are not available. • The other schooling systems in Kenya apart from the National Education System are left out in communication and implementation.	Advocacy • Development of cancer communication strategy. • Development of the advocacy guide on cervical cancer (Endorsed by the First lady of the Republic) • Various advocacy programs available. Communication • The unified approach through CSO e.g KENCO in developing key messages. • Commemoration of cancer awareness days. • Translation of key messages to local dialects. Resource Mobilization • Media engagement to support cancer communication e.g media council, TSC, Sport organisations and Kenya film schools. • Include insurance companies and private sector institutions	• Identification of cervical cancer elimination champions. • Translation of the cervical cancer cancer messages into braille. • Inclusion of cervical cancer screening into SOPs on family planning. • Development and dissemination of cancer messages to vulnerable groups, elderly, PLWDs and street families. • Consider enforcing proof of full HPV vaccination before admission to the next class for eligible girls.

D. Focus area: performance monitoring, data management, M&E and research and quality assurance

Challenges	Opportunities	Necessary interventions
• Poor data capture & quality • Under reporting • Poor utilization of screening and treatment registers and delayed upload of data into KHIS. • Available data tools in the counties have not been fully distributed to the health facilities. • Lack of follow up on clients screening positive since majority may not be treated at the primary screening site. • Poor co-ordination among M&E collaborators.	Data Management • Revised MOH cancer data tools and updated on KHIS. • Finalization of distribution of data tools to the counties and facilities. • Training of the health records and information officers. Perfomance Monitoring • Creation of targets on screening & treatment. • Periodic DQAs and support supervision. M&E and Research • Provision of elaborate guidelines and protocols/policies. • Political goodwill.	• Refine research agenda, make it Kenya-centric. • Development of research standards. • Data utilization at the county level and creation of vaccination and screening targets. • Ensure visibility of the exisiting National Oncology dashboard,utilize it to track the 90:70:90 targets. • Create channels that enable efficient documentation of referrals/outcomes. • Set data quality standards. • Political goodwill. • Funding. • Ownership of both data and processes by the counties • Collaboration between stakeholders. • Involvement of M&E officers in data collection, utilization and quality improvement teams. • Ensure quality data to guide the decision making process.

Abbreviations: NVIP: National Vaccination and Immunization Program; NCD: Non-communicable Diseases; NCCP: National Cancer Control Program; CSO: Civil Society Organizations; KENCO: Kenya Network of Cancer Organizations; FBO: Faith-Based Organizations; HCWs: Health Care Workers; KHIS: Kenya Health Information System; MOH: Ministry of Health; HPV: Human Papilloma Virus; DQA: Data Quality Audits; M&E: Monitoring and Evaluation; PLWD: People Living With Disabilities; LTFU: Loss to Follow-up; SOP: Standard Operating Procedures; SVA: Single Visit Approach; TSC: Teacher Service Commission; UHC: Universal Health Coverage; NHIF: National Health Insurance Fund; CU: Community Units

adequate resource mobilization for sustained capacity building, mentorship, provision of treatment devices and improvement of infrastructure for screening, diagnosis, and treatment of cervical cancer. With realities of the COVID-19 disruptions, adoption of an innovative virtual training and tele-mentoring platform was identified as a cost-effective intervention. Such an intervention in Mozambique, using Project ECHO model, widened the reach of the training and enabled engagement with a greater number of participants [21]. A similar blended approach could be considered leveraging on the available e-learning platforms with fewer days dedicated for on-site skills-based training. In tandem with the capacity building efforts to enable implementation of the Single-Visit-Approach (SVA), the program needs to expand availability and access to treatment modalities such as thermal ablation, LLETZ and colposcopy. SVA has been identified as a vital component of an effective fail-safe mechanism [22].

4.4. Awareness and advocacy

The need for advocacy and awareness to generate demand for cervical cancer vaccination and screening, to counter stigma, misinformation and misconceptions as well as get political buy-in, cannot be overemphasized. Stigma is a major driver of non-uptake of cervical cancer screening [23–25]. Various interventions were discussed by the stakeholders including rolling-out self-sample collection for HPV and using the community strategy to engage eligible women and households (with targeted girls) for HPV vaccination. These interventions have demonstrated success. In Western Kenya, adoption of patient-centred HPV testing via self-collection and peer-to-peer outreach and education with stigma-reducing messaging increased demand for screening and treatment services, while in Zimbabwe, integration into community outreaches had a similar outcome [26,27].

4.5. Health information systems

The stakeholders identified several gaps in the health information system for cervical cancer control, including inefficiency of the paper-based surveillance system, low reporting rates, low utilization of data to generate information for decision making and poor coordination of monitoring and evaluation activities. A robust, electronic health information system capturing screening, diagnostic, and treatment data is an essential component of a well-organized program. Linking such a system to an established population database enables the establishment of invitations, a call-recall system, and the linkage between the different levels of service delivery - allowing tracking of the screen-positive women, and those requiring treatment. Creation of an integrated Electronic Medical Records system and linking that database with the already existing computerized databases would enable estimation of some of the key program indicators, and allow for tracking of the women requiring treatment. An effective health information system is critical for a successful cervical cancer control program [28].

We also identified action areas that were similar across all the thematic areas, where intervention would require synergy and collaboration. Integration with existing services and systems was applicable in all the action areas, from health services to health information systems. Data for decision-making was also identified to be valuable across all the themes, as was advocacy and resource mobilization. These interventions were noted to be not only applicable but necessary across the entire cervical cancer control continuum from HPV vaccination to treatment.

4.6. Strengths and limitations

A strength of this study is that it is the first, to our knowledge, to share the findings of a national stakeholders' forum in Kenya where structured discussions using nominal group techniques was employed to gain insights to improve the program. In addition, the diverse group of participants and stakeholders provided objectivity in responses provided. This provided a unique perspective on the relationships of various facets of the screening program with further insights on the implementers and influencers' experiences. A limitation of our methods inherent in the qualitative nature of the evaluation is the lack of quantitative measures across the thematic areas.

4.7. Conclusion and recommendations

Forging multi-stakeholder partnerships and collaborations is a critical step towards achieving the cervical cancer elimination 2030 goals. Creating opportunities for regular stakeholder consultation and deliberations can ensure joint review of progress, program gap analysis, identification of barriers to success and co-creation of solutions. We demonstrated that a well-structured stakeholder forum can inform improvement of national cervical cancer control programs. While disparities exist, success stories in cervical cancer control interventions have been reported by countries with varying economic contexts [29]. Regular stakeholder engagements can drive similar success, especially in LMIC. Ensuring wide representation and a framework for a structured discussion are the main best practices for such forums.

Author's contributions

VM conceived the idea, created data collection tools and oversaw data collection; JB supported data collection and thematic analysis; MN and MT reviewed the manuscript and provided guidance on interpretation and discussion of the main emerging issues. All the authors have read and approved the final version of the manuscript.

Disclosure statement

The authors report no conflicts of interest.

Ethics and consent

The stakeholder engagement was part of the programmatic interventions outlined in the national cancer control plan; therefore, it did not require ethical clearance. Oral consent was obtained from the invited stakeholders to allow publication of the forum proceedings.

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None.

Paper context

What was already known

Cervical cancer is a preventable cancer, currently subject to a global elimination effort. The WHO has called on countries to create effective partnerships for cervical cancer control.

What this study adds

We have demonstrated how a wide representation of stakeholders can be engaged to contribute to national cervical cancer control programs.

Action needed

Countries need to provide a structured stakeholder engagement framework, in order to realize the cervical cancer elimination goals.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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