Dear Nono Simelela, Gunilla Carlsson, and Shannon Hader

We thank you and applaud your consistent leadership as well as your openness in engaging the diversity of civil society in the global movement to eliminate cervical cancer as a public health concern. Cervical cancer is a disease that singularly summarizes the struggles of women and adolescent girls to access vital life-saving comprehensive sexual and reproductive health and rights. Furthermore, cervical cancer morbidity and mortality disparities, highlight the global divide in terms of who lives and dies from an entirely preventable and curable disease.

We highlight the key messages from the Civil Society Consultation of 17th May 2019 and the 4th Round Table on Cervical Cancer Elimination of 19th May 2019:

- Cervical cancer is preventable and curable but all approaches will need to combine biomedical factors with the social determinants of health to be effective at scale.
- The investment case to end cervical cancer must be informed by patient experiences, narratives and voices, which remain glaringly absent in current evidence and the draft Strategy.
- Nine in 10 women who die from cervical cancer are poor. Sexual and reproductive health and rights (SRHR) interventions must be tailored to women of all ages, from low-and-middle-income countries (LMICs), poor, marginalized communities, in the context of universal health coverage (UHC).
- Silence, stigma and discrimination are barriers to vaccination, screening, treatment and care - Addressing vaccine hesitancy and ensuring inclusive access to accurate health information is key.
- Integrated approaches linking cervical cancer prevention and control with existing SRHR and HIV programmes including rights-based, age and women friendly, comprehensive sexuality education and services in rural/urban areas, and across sectors are essential.
- Building on lessons learned from the HIV movement including resourcing, mobilizing and engaging civil society, communities, patients at all stages (design, implementation, monitoring, evaluation) underpinned by principles of social justice, women’s empowerment and SRHR will be important.

We take this opportunity to thank the organizers for the consultation and particularly to:
1. Celebrate the true collaboration evident at the Civil Society Consultation and the 4th Round Table.
2. Note the repeated calls for the resourcing, knowledge and capacity building, and meaningful inclusion of civil society, young, marginalized people in the consultation process leading to the Global Strategy.
3. Remind all partners that access to adequate, timely and quality services is a human right. In order to “leave no one behind,” in this Strategy and its implementation, deep and lasting partnerships with civil society are fundamental to ensure that all people will have access to essential, preventive, screening, treatment and care services irrespective of age, gender, sexual identity, race, ethnicity, physical ability, health status, occupation or other factors.
4. Promise that civil society engagement as patients/clients, thought leaders and service providers in this process and its outcomes, will consistently represent the priorities of the poorest and most left behind.
5. Partner with existing efforts, with integrity, consistency and purpose to make cervical cancer history.

Civil society learning, sharing and participation in the Brazzaville Regional Consultation, the Civil Society Consultation and the 4th Round table in Geneva has been invaluable for informed action. We call on the UN Joint Task Force (WHO, UN Women, UNFPA, IARC, IAEA, UNICEF and UNAIDS) to:
1. Proactively mandate/adequately resource civil society priorities, participation and decision making in all steps of the process, including national/regional/global consultations and platforms.
2. Integrate civil society and community perspectives systematically into normative guidance, including through increased investment in participatory action research and evaluation.
3. Develop and make civil society score cards critical to the monitoring of outcomes/lessons learning.

Signed by: Salomé Valencia, Global Doctors for Choice; Nadia Bezad, OPALS MAROC; Joan Chamungu, Tanzania Network of Women Living with HIV & Tanzania AIDS Forum; Rita Wahab, MENA ROSA; Sophie Dilmits, Women4GlobalFund (W4GF) & Salamander Trust, Meirinda Sebayang, Jaringan Indonesia Positif; Winny Obure, Teen Seed Africa; Dinys Luciano, Development Connections; Shakira Choonara, AU Youth Advisory Council; Ebony Johnson & Archana Patkar, Independent Advisers.