Cervical Cancer is the fourth most common cancer among women globally.\textsuperscript{1} In 2020, an estimated 604,000 women were diagnosed with cervical cancer worldwide and about 342,000 women died from the disease.\textsuperscript{2} Approximately 84% of all cervical cancers and 88% of all deaths caused by cervical cancer occurred in lower-resource countries (i.e., those with HDI <0·80) such as Nepal due to limited access and implementation of public health services including screening and treatment for the disease.\textsuperscript{3} In Nepal, cervical cancer is the first most common cancer among women. As per GLOBOCAN 2020, the incidence rate of the cervical cancer is 16.4 per 100,000 women and the mortality rate is 11.4 per 100,000 women in Nepal.\textsuperscript{4} The incidence rate must be less than 4 per 100,000 women to eliminate the cervical cancer as a public health problem.\textsuperscript{5}

Nepal has committed to address different reproductive health morbidities including cervical cancer as reproductive health rights in the Right to safe motherhood and reproductive health act 2018 and its subsequent regulation 2020.\textsuperscript{6,7} Likewise, the public health service act 2018 and regulation 2020 has also included cervical cancer screening, counselling, and referral service in the basic health service.\textsuperscript{8,9} Moreover, Nepal has committed the target of sustainable development goal to screen at least 90% of the women aged 30-49 years by 2030 for cervical cancer.\textsuperscript{10} Nepal has put many efforts to address the cervical cancers such as the development of the cervical cancers screening and prevention guideline 2010 including the training of the health workers for the screening and management of the cervical cancer. Despite of the approaches, Nepal is yet to expand the HPV vaccination program through-out the country, expansion of the high-performance screening test and management including the treatment of the precancerous lesion or cancer to meet the global elimination as well as SDG target.

World Health Organization (WHO) launched global strategy to accelerate the elimination of cervical cancer as a public health problem 2021-2030. The strategy proposes 90-70-90 targets by 2030 to get on the path to eliminate cervical cancer i.e., 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 and 90% of women identified with cervical disease receive

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\textsuperscript{5} Regional implementation framework for elimination of cervical cancer as a public health problem: 2021–2030. New Delhi: World Health Organization, Regional Office for South-East Asia; 2021. Licence: CC BY-NC-SA 3.0 IGO.

\textsuperscript{6} Right to Safe Motherhood and Reproductive health act 2018

\textsuperscript{7} Right to Safe Motherhood and Reproductive health regulation 2020

\textsuperscript{8} Public health service act 2018

\textsuperscript{9} Public health service regulation 2020

treatment (90% of women with precancer treated, and 90% of women with invasive cancer managed).\textsuperscript{11}

WHO guideline for screening and treatment of cervical pre-cancer lesions for cervical cancer prevention, second edition recommends using HPV DNA detection as the primary screening test rather than VIA or cytology in screening and treatment approaches among both the general population of women and women living with HIV.\textsuperscript{12} HPV testing, because of its high sensitivity, offers a great opportunity to improve the effectiveness of cervical cancer screening. HPV testing is more cost-effective than VIA or Pap smears, although it may require higher up-front costs for supplies and equipment.\textsuperscript{13} However, the guideline suggests continuing the existing program with quality-assured cytology as the primary screening test until the HPV DNA testing is operational. Additionally, this guideline also recommends that the existing program using VIA as the primary screening test should transition rapidly because of the inherent challenges with quality assurance.

In this regard, Family Welfare Division (FWD) is beginning to introduce HPV DNA testing at 7 different districts (Mahottari, Rautahat, Sarlahi, Sunsari, Udaypur, Palpa and Lalitpur) from four different provinces (Province 1, Madhesh, Bagmati and Lumbini) from the fiscal year 2079/80 and plans for the expansion as resources permits.

\section*{2. Objective}
The overall objective is to support the implementation of the HPV DNA screening for cervical cancer.

\textbf{Specific objectives:}

\begin{itemize}
  \item i. To develop the standard operating procedure for HPV DNA screening for cervical cancer
  \item ii. To develop the orientation package of Standard operating Procedure for HPV DNA screening
\end{itemize}

\section*{3. Activities}
Following activities will be conducted by the implementing partner in the stipulated period:

\textbf{Activity 1: Development of the Standard Operating Procedure for HPV DNA screening for cervical cancer}

\subsection*{1.1 Review the existing national and international literatures along with WHO strategies and frameworks on HPV DNA screening for cervical cancer.}


as suggested by Family Welfare Division and WHO considering the feasibility and context of Nepal.

- The SOP must outline the content as (but not limited to): i. background and rationale, objectives ii. Screening coverage goals and strategies, iii. Supply chain management, iv. procedures of sample collection and transfer to the laboratory, v. Operational aspects of an HPV Laboratory, vi. Management of HPV test results, vii. Communicating results about HPV testing, viii. Follow-up, Treatment, and referral and ix. Information systems and monitoring

Activity 2: Development of the orientation package:

2.1 Draft the orientation package aligning with the HPV DNA screening SOP in close consultation with FWD and WHO. The orientation package must include different orientation session for different health worker such as health managers, lab technical expertise, health service providers, FCHV and more as required in consultation with FWD and WHO.

2.2 The focal person of implementing partner for this TOR will participate and facilitate all the meeting or workshops organized to finalize the package.

2.3 The implementing partner will incorporate all the feedbacks received from FWD, WHO and other relevant stakeholders and finalize the package.

4. Working Modalities

i. The HPV DNA SOP will be developed under the leadership of FWD with the technical and financial support from WHO Nepal.

ii. FWD will be supporting and coordinating with the relevant government stakeholders along with partners working on cervical cancer.

iii. The implementing partner will coordinate with the related experts to make the SOP technically strong.

iv. The implementing partner will support the FWD until the endorsement of SOP and further the until FWD provide the clearance of the completeness.

v. The implementation partner will be regularly coordinating and collaborating with FWD and WHO as well as the implementation province, districts and local level in regard to the term of reference and as required.

5. Implementing Partner’s team

The implementing partner will have the team members as below:
<table>
<thead>
<tr>
<th>Team</th>
<th>Qualification: Experience</th>
<th>No</th>
<th>Detail Task</th>
</tr>
</thead>
</table>
| **Team Leader**           |                                                                                           | 1  | 1. Lead the overall project for implementation of all activities including all the deliverables.  
|                           | Gynae Oncologist: i. At least 5 years of experience working as gynae oncologist           |    | 2. Draft and finalize the SOP for HPV DNA screening.  
|                           |                                             ii. Have experience in write up of the national guideline or SOPs for the Ministry of Health and Population |    | 3. Review and finalize all the deliverables including the inception and final reports as well as monitoring and supervision reports  
|                           |                                             iii. Good understanding of government health system including national policies and programs in federal structure |    | 4. Coordination with FWD, WHO and stakeholders as well as the technical/clinical experts at national level as required.  
|                           |                                                                                           |    | 5. Support FWD to facilitate the workshops and meetings organized to develop and finalize SOP.  
|                           |                                                                                           |    | 6. Lead the team to draft and finalize the orientation package of SOP.                                                                                                                                   |
| **Pathology expert**      | Pathologist: i. At least 5 years of experience in PCR testing.                            | 1  | 1. Provide the technical expertise and support team lead in drafting and finalizing SOP.  
|                           |                                             ii. Have experience in write up of the national guideline or SOPs for the Ministry of Health and Population.                                 |    | 2. Support team lead in facilitating the workshops and meetings to draft and finalize the SOP.  
|                           |                                             iii. Good understanding of government health system including national policies and programs in the federal structure |    | 3. Support team lead in coordinating with the technical experts as required.  
|                           |                                                                                           |    | 4. Support team in developing and finalizing the orientation package.                                                                                                                                     |
| **Project Coordinator**   | MPH or Masters in relevant health sciences i. At least 3 years of experience in cervical cancer or related programs  
|                           | i. At least 3 years of experience in cervical cancer or related programs                 | 1  | 1. Support the team lead in write up of the SOPs as per the national guidelines as per the feasibility in the national contexts in the required format of Ministry of Health and population as guided by FWD  
|                           | ii. Have experience in write up of the national guideline or SOPs for the government of Nepal.                          |    | 2. Review the national and international guidelines, policies, strategies to support team lead to provide the technical overview and draft the SOP.  
|                           | iii. Good understanding of government health system including national policies and programs in the federal structured  
|                           |                                                                                           |    | 3. Review the literature and research of the HPV DNA testing at the national and international level for evidence based public health intervention.  
|                           | iv. Has good knowledge in national international guidelines, policies and strategies related to cervical cancer  
|                           |                                                                                           |    | 4. Regular coordination between the implementing partner and FWD along with WHO in regard to the development of the overall project.  
|                           | v. Should have good writing in Nepali and English                                          |    |  

6. Time frame:
The time frame for this TOR will be from 1\textsuperscript{st} December 2022 to 28\textsuperscript{th} February 2023 as follows:

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Activity to be completed</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Development and Endorsement of HPV DNA SOP</td>
<td>Two months</td>
</tr>
<tr>
<td>2</td>
<td>Development of the orientation package</td>
<td>15 days</td>
</tr>
</tbody>
</table>

7. Expected Outputs
i. The SOP for HPV DNA screening for cervical cancer will be developed
ii. The orientation package of SOP for HPV DNA screening for cervical cancer will be developed

8. Deliverables
i. Endorsed HPV DNA SOP in Nepali and English language
ii. HPV DNA SOP orientation package
iii. Inception and Final report

9. Copyright
Copyright for the materials produced by the Implementing partner will remain with Family Welfare Division and WHO Nepal Country Office and includes the right to distribute the material or parts of it to other partners in Nepal and abroad.

10. Contact and communication:
The implementing partner should report and maintain close contact with Family Planning and Reproductive Health Section Chief at Family Welfare Division and NPO- Family Health, Gender
and Life Course at WHO Country Office Nepal.

11. **Budget and Payment modalities**
The payment will be done in three installments.

First installment of 25% will be provided upon sharing of first draft of SOP and Inception Report. Second payment of 50% will be done upon submission of final SOP. Last payment of 25% will be made upon completion of the orientation package as well as monitoring and supervision visit program and documentation reports with SoE.

*Other terms and conditions are applied as per terms of reference and WHO’s rules and regulations.*