Global Forum on Cervical Cancer Prevention

Meeting Report

27 May 2013
Kuala Lumpur, Malaysia

MEETING PARTNERS

American Cancer Society (www.cancer.org)

African Organisation for Research & Training in Cancer (www.aortic-africa.org)

Asia Oceania Research Organisation on Genital Infections and Neoplasia (www.aogin.com)

Bill & Melinda Gates Foundation (www.gatesfoundation.org)

Cervical Cancer Action (www.cervicalcanceraction.org)

Cervical Cancer-Free Coalition (www.cervicalcancerfreecoalition.org)

Forum of African First Ladies Against Breast & Cervical Cancer

GAVI Alliance (www.gavialliance.org)

George W. Bush Institute (www.bushcenter.org/george-w-bush-institute)

Global Health Strategies (www.ghstrat.com)

Global Task Force on Expanded Access to Cancer Care and Control in Developing Countries (www.gtfccc.harvard.edu)

Grounds for Health (www.groundsforhealth.org)

Harvard Global Equity Initiative (www.globalhealth.harvard.edu/org/harvard-global-equity-initiative)

International Federation of Gynecology and Obstetrics (www.figo.org)

International Gynecologic Cancer Society (www.igcs.org)

Jhpiego (www.jhpiego.org)

Malaysian Council for Child Welfare (www.mkkm.org.my)

Management Sciences for Health (www.msh.org)

Marie Stopes International (www.mariestopes.org)

Ministry of Health of Malaysia (www.moh.gov.my)

Ministry of Women Family and Community Development of Malaysia (www.kpwkm.gov.my)

National Population and Family Development Board of Malaysia (www.lppkn.gov.my)

PATH (www.path.org)

Perdana University Graduate School of Medicine (www.perdanauniversity.edu.my/pugsom)

Pink Ribbon Red Ribbon (www.pinkribbonredribbon.org)

Population Services International (www.psi.org)

Princess Nikky Breast and Cervical Cancer Foundation

Union for International Cancer Control (www.uicc.org)

Women Deliver (www.womendeliver.org)

YouWeCan (www.youwecan.com)

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“I believe that every country owes its women a healthy life… and the time has come to join hands to prevent cervical cancer.”

— Datuk Dr. Maimunah Abdul Hamid
Ministry of Health, Malaysia

On 27 May 2013, a group of 30 international partners convened the Global Forum on Cervical Cancer Prevention in Kuala Lumpur, Malaysia. The meeting aimed to accelerate the prevention of the disease worldwide by strengthening advocacy efforts, sharing best practices and increasing positive media coverage. Drawing nearly 300 participants from more than 50 countries, the forum was one of the largest cervical cancer advocacy meetings to date.

The forum grew out of the recognition that we are at a critical moment in the fight against cervical cancer. Over the past few years, the field has witnessed significant progress. The GAVI Alliance opened a funding window for HPV vaccines and negotiated a price reduction to US$4.50/dose. The World Health Organization (WHO) committed to introduce the vaccine in 50 per cent of the 75 focus countdown countries by 2015 and has released comprehensive guidelines for the prevention and control of cervical cancer. In addition, a number of low- and middle-income countries, such as Malaysia, Mexico and Rwanda, have rolled out vaccine, screening and treatment programs.

However, despite unprecedented financial and political commitments, hundreds of thousands of girls and women – largely in low- and middle-income countries – still do not have access to life-saving prevention and treatment tools. Approximately 275,000 women die from the disease each year, and this number is projected to nearly double by 2030, with 98 per cent of deaths occurring in low- and middle-income countries. Additionally, despite the evidence-base behind cervical cancer prevention technologies, uptake in many countries is slow and a number of media articles have questioned the safety of HPV vaccines and the need to make them widely available.

Against this backdrop, partners launched a global call for universal access to cervical cancer prevention. The call emphasized that all girls have a right to HPV vaccines and all women to screening and treatment options. It underscored that now is the time to act on this promise and invest in cervical cancer. Before and during the meeting, more than 400 individuals and organizations signed the call and pledged to work toward achieving universal access. The full text of the call is included on page 8.

Participants spent a significant portion of the meeting discussing how to make the call to action a reality. From discussions that took place during two plenaries and nine breakout sessions, five key themes emerged:

1. Utilize proven models to build new cervical cancer programs
2. Strengthen existing partnerships and build new ones
3. Innovate in delivery systems
4. Increase advocacy
5. Promote accurate information sharing

1 Utilize Proven Models to Build New Cervical Cancer Programs

There is a growing body of programmatic experience to guide current and future implementation. Best practice models include HPV vaccinations, screening and treatment programs rolled out by a number of early adopter countries and organizations.

Early adopters in low-income countries have demonstrated that nationwide roll-out of HPV vaccines is possible. Rwanda became the world's first low-income country to provide universal access to HPV vaccines. The country reached a memorandum of understanding and brokered its own pricing agreement directly with Merck, conducted national awareness campaigns to sensitize the public and administered the vaccine through a school-based strategy in collaboration with the Ministry of Education. Similarly, Lesotho was successful in its transition from pilot to national program because it secured political commitments, developed concrete transition plans, educated the community and administered the vaccine through its compulsory education system. The strategies deployed by Rwanda and Lesotho are replicable and can be adopted in other low-income countries.

Middle-income countries face a unique challenge in financing HPV vaccines because they often do not have access to donor support, yet the full price of HPV vaccines is not always affordable. However, several countries have introduced the vaccine by negotiating pricing agreements with vaccine manufacturers and by building political support. For example, in Latin America, the Pan-American Health Organization (PAHO) Revolving Fund used collective bargaining to negotiate an HPV vaccine price reduction for all countries in the region. In another example, Malaysia was able to mobilize political support, broker its own pricing agreements and provide HPV vaccines to all girls aged 13 through a school-based program. In May 2013, South Africa announced its plans to negotiate a price reduction for HPV vaccines – a monumental step forward for a country with high rates of HIV/HPV co-infection.

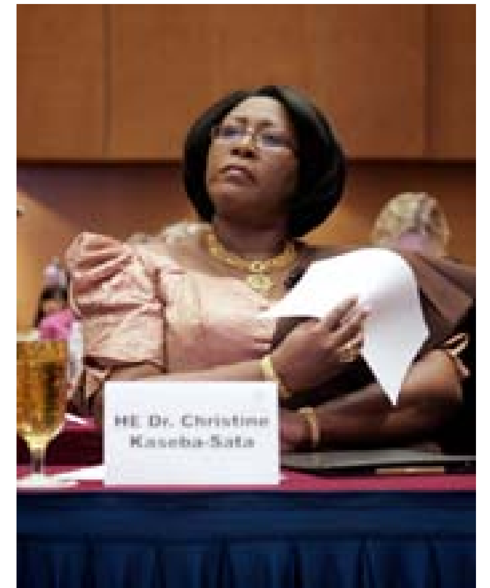
On screening, pap smears remain the primary screening policy in many countries. However, lack of infrastructure, human resources and difficulties in patient follow-up hinder uptake of services. A number of organizations and service providers have overcome these delivery obstacles by implementing alternative screening methods. Visual inspection with acetic acid (VIA), used by organizations like PATH and Jhpiego and in Vietnam, Bangladesh, Peru, Uganda and other countries, is an affordable, effective screening option designed for low-resource settings. The "screen and treat approach" provides an on-the-spot treatment option for women who test positive for precancerous cervical cells and limits necessary follow-up. Another approach to screening that is becoming more prominent is self-sampling. This option reduces barriers and stigma by enabling women to screen themselves in the privacy of their own home. Additionally, HPV DNA testing is a highly effective screening option that is increasingly being used in countries around the world. A low-cost, low-resource setting HPV test is anticipated to be on the market soon.

2 Strengthen Existing Partnerships and Build New Ones

Over the last few years, a number of organizations have begun to work together to advance cervical cancer prevention efforts. Several partnership models exist, including public-private partnerships and regional collaboration networks – and together, the organizations and countries involved are building effective programs to increase access to cervical cancer prevention tools and technologies.

A number of partnerships have demonstrated what is possible when diverse organizations collaborate. One example of successful collaboration is the GAVI Alliance, which recently opened a funding window for HPV vaccines. In association with public and private sector partners, GAVI's price reduction announcement of the HPV vaccine to US$4.50/dose represented a major step forward in dramatically decreasing the burden of the disease in GAVI-eligible countries. Pink Ribbon Red Ribbon is another public-private partnership that leverages investments from partners and works with governments to provide women with access to comprehensive screening and care for breast and cervical cancer. Various partners are responsible for unique facets of the program – from vaccine delivery to screening and education.

Through regional collaboration, countries are able to share information and lessons-learned. In Latin America, the Network of National Cancer Institutes (RINC – Red de Institutos Nacionales de Cáncer) provides a forum for national cancer institutes in the region to exchange information, share best practices, identify common interests and priorities and build regional capacity to prevent and control cancer. In the Caribbean, the Healthy Caribbean Coalition, a civil society alliance, works to build communication channels and mobilize resources to combat chronic diseases, including cervical cancer. In Africa, the Forum of African First Ladies Against Breast and Cervical Cancer hosts the high-profile, annual "Stop Cervical Cancer in Africa" meeting to raise awareness, increase dialogue, build partnerships and mobilize resources to address the high-burden of cervical cancer in Africa.



HE Dr. Christine Kaseba-Sata
First Lady of Zambia

"Governments and communities must make noise and say that women cannot be left to die."

— Florence Mohai
Ministry of Health, Lesotho

Continued investment in these partnerships is necessary to ensure that their successes are sustainable and scaled up. Regional collaboration networks should be replicated in parts of the world where they are not yet in place, and new public-private partnerships should join existing efforts to help move cervical cancer care closer toward universal access than ever before.

3 Innovate in Delivery Systems

Effective and safe tools are available to reduce fatalities from this disease. Although HPV vaccines and screening and treatment tools exist, service providers still face delivery challenges.

One approach for on-the-ground delivery that is proving successful is integration with other healthcare services. With the growing burden of noncommunicable diseases (NCDs), including cervical cancer, becoming a major health concern in low- and middle-income countries, the need to address these diseases alongside other health challenges is essential. An innovative approach taken by many organizations focuses on ways to integrate cervical cancer prevention and treatment into their already existing programs, including sexual and reproductive health, HIV/AIDS treatment, breast cancer screening and adolescent health. By integrating services, organizations are able to adapt their programs to meet visible and neglected areas in their communities, including the provision of cervical cancer prevention and treatment.

Additionally, school-based health programs are valuable for delivering services to young girls. As evidenced by Malaysia, Rwanda and Lesotho's programs, school-based interventions are largely successful in reaching adolescent girls in countries with high rates of enrollment. By tapping into school health programs, service providers have the added benefit of delivering aid to a somewhat neglected demographic. This new point of access could be beneficial to the overall health of girls and women, as it is outside of the traditional points of access – childbirth and infancy.

Other opportunities to make cervical cancer prevention delivery more cost-effective are under examination. These include the incorporation of HPV vaccines into infant immunization schedules and the administration of the vaccine in two doses. Additionally, careHPV, an HPV DNA test designed by QIAGEN specifically for low-resource settings, is anticipated to be a promising and highly affordable option for public sector use. The company has pledged to make the test available to low- and middle-income countries via a tiered pricing structure. At the end of 2012, the test received approval from China's State Food and Drug Administration (SFDA), and in March 2013, it was launched in the Chinese market.

Despite some innovations in delivery, more than 500,000 new cases of cervical cancer are reported each year and access to prevention, screening and treatment remains limited. Women and girls in the most remote areas of the world are some of the hardest populations to reach, and new and improved ways to deliver life-saving tools and programs to this population must continue to be explored.

4 Increase Advocacy

A concerted advocacy effort is necessary to achieve universal access to cervical cancer prevention. During the meeting, participants discussed opportunities to accelerate advocacy efforts at the global, national and community level. In addition, patient advocates shared their important role in building awareness of cervical cancer.

At the global level, the most immediate concern is around securing a place for NCDs and cervical cancer in the post-MDG framework. This will ensure that the disease remains a health and development priority. In addition, key international events taking place later this year, including the UN General Assembly, the 7th Stop Cervical Cancer in Africa and the Union for International Cancer Control's World Cancer Leaders' Summit and the African Organization for Research and Training in Cancer (AORTIC) 9th International Cancer Conference, serve as unique advocacy opportunities. The call to action also provides an advocacy tool that the cervical cancer field can use to mobilize increased action and commitments from the global community. **The full text of the call to action is on page 8.**

Patient advocates can play a particularly important role in this process by promoting awareness and catalyzing conversations around these issues. Celebrities and other leaders who are visible and influential among the general public and decision-makers can build support for prevention efforts. During the opening and closing plenaries, cancer survivors Yuvraj Singh, an Indian cricketer and founder of YouWeCan cancer initiative, Genevieve Sambhi, former Miss Malaysia Universe runner up and Ambassador for Power Over Cervical Cancer, and Felicia Knaul, breast cancer survivor and Director of the Harvard Global Equity Initiative, reinforced key messages about cancer prevention and emphasized that cervical cancer prevention tools must be available to all women. More details on the role of patient advocates are available on page 11.

In addition to global advocacy, there is a need to build momentum on the ground and at the national level. The HIV/AIDS advocacy movement provides valuable lessons learned for the cervical cancer field. These include the importance of holding governments accountable for their promises and providing leaders with up-to-date, accurate information. Educating all community members – from teachers, to community and religious leaders, and families – is critical to ensure that uptake of services is widespread and socially acceptable.

5 Promote Accurate Information Sharing

Misinformation about cervical cancer is a major challenge to prevention efforts in countries around the world. It has led to increased stigma associated with the disease, questions about the efficacy and safety of HPV vaccines and a dearth of information about cervical cancer in high-burden countries.

Education – both at the government and community level – is an important

Opening Plenary Session

component in building awareness and combating misinformation around HPV vaccines and cervical cancer. Health workers must provide women with accurate information on the benefits of screening, vaccination and treatment. As noted above, education is also critical to building broad community support for the tools that exist.

In addition, media plays an important role in promoting accurate information. Media has been critical in shaping perceptions about cervical cancer. For example, in India in 2010, the media falsely attributed the death of four girls to an HPV vaccine demonstration project. This misreporting undermined the safety and efficacy of HPV vaccines and led to heavy criticism of the vaccine across the country by civil society, policymakers and other influential voices. In order to provide the most accurate and balanced information, journalists must be briefed about the issue, have access to reliable and accurate sources of information and report responsibly. Additionally, cervical cancer leaders and health reporters must work to ensure that women's issues remain a priority for journalists in donor and global south countries.

Given this context, a main goal of the meeting was to increase accurate and positive media coverage around cervical cancer prevention. Media outreach in the lead-up to and during the meeting resulted in 50 original stories and nearly 100 reposts about cervical cancer prevention in target countries, including India. A more detailed summary of conference media efforts is on page 10.

NOW IS THE TIME

Ultimately, conversations during the meeting emphasized that with a wide range of available tools and experiences to replicate and build on, we have an opportunity to push forward prevention efforts. With momentum around cervical cancer prevention growing and continued focus from the media on this issue, there will never be a better time to act. Now is the time to make good on our promise to invest in cervical cancer – invest the time, the money and the political capital to dramatically decrease fatalities from a disease that is preventable, and when caught at an early stage, treatable.

In the lead up to and during the meeting, partners achieved four main outcomes:

1. Universal access to cervical cancer prevention as a long-term goal
2. Strategic advocacy in key countries
3. Positive media coverage in target countries
4. Strengthened patient advocacy

1 Universal Access to Cervical Cancer Prevention as a Long-Term Goal

One of the main components of the meeting was a call for universal access to cervical cancer prevention, which emphasized that all girls have a right to HPV vaccines and all women to screening and treatment options. The full text of the call to action is below:

Cervical cancer kills 275,000 women every year. If we don't act now, this number will nearly double by 2030, with 98% of deaths occurring in low- and middle-income countries. In many of these countries, cervical cancer is already the number one cancer killer of women, and yet it is almost entirely preventable.

We have the tools we need to take action now:

HPV vaccines prevent cervical cancer: Two safe and effective vaccines protect women from the two most common types of HPV strains that cause 70% of cervical cancer. For every 1,000 girls vaccinated, 12.6 cervical cancer deaths will be prevented.

Proven screening and treatment tools exist: Highly effective, low-cost screening and precancerous treatment tools are available for all settings.

Comprehensive cervical cancer prevention is feasible, cost effective and saves lives: A number of countries have implemented cervical cancer prevention programs and have successfully integrated them into other health services. International and national guidelines provide standards for how to reach all girls and women at risk.

Yet, these tools and programs remain inaccessible to far too many women around the world.

This is morally unacceptable. The world has the resources, the tools and the opportunity to act now.

- All girls must have access to HPV vaccines;
- All women must have access to effective and affordable screening and treatment;
- Governments, development partners and the private sector must dedicate new resources to stop this disease and continue to explore ways to make all prevention tools more affordable;
- Civil society groups and the medical community must advocate for increased access to HPV vaccines and precancer screening and treatment;
- All stakeholders, including the media, must disseminate accurate information about cervical cancer, HPV vaccines and prevention tools.

To make this vision a reality, all stakeholders must do their part to ensure that no woman dies of cervical cancer. Everyone must act – from policymakers to advocates, from researchers to donors, from CEOs to community health workers. There has never been a more pivotal time.

We call on you to join us in this call to action: cervicalcanceraction.org.

2 Strategic Advocacy in Key Countries

The meeting underscored the need to scale-up programs to ensure that deaths from cervical cancer do not double by 2030. The meeting focused on highlighting early adopters and increasing commitments in both low- and middle-income countries.

Early Adopters in Low- & Middle-Income Countries	GAVI-Eligible Countries	Middle-Income Countries
Malaysia is the first country in South East Asia and one of the first in Asia to implement a National HPV Immunization Program. HPV vaccines are delivered free of charge via a school-based program to girls aged 13 in public and private schools. To date, the program reports that more than 95 per cent of eligible girls have received all three doses of the vaccine. Datuk Dr. Maimunah Abdul Hamid of the Ministry of Health of Malaysia, shared best practices from the country's HPV vaccination and screening programs. She urged governments to take action, "Today, we have the necessary tools and resources to improve women's health and effectively prevent cervical cancer. However, what seems to be lacking in some parts of the world is strong political will."	The First Lady of Mozambique, HE Maria da Luz Dai Guebuza, said, "We can and must ensure that all women are protected from cervical cancer," and noted that **Mozambique** will implement an HPV vaccination program in 2014. The country also hosted the 2013 Stop Cervical Cancer in Africa meeting in Maputo, which raised awareness and political support to address cervical cancer prevention in the region.	Approximately 72,000 women die of cervical cancer each year in **India**, which has 26 per cent of the total global burden of disease. Yet, the country has not implemented a national screening or HPV vaccine program. Indian participants called for a concerted advocacy effort to change public opinions, combat stigma and misinformation associated with the disease and call on political leaders to take action. Dr. Neerja Bhatla, President Elect of AOGIN, urged women in India to be their own advocates, "Indian women like to put themselves at the back and put everyone's interest first…the Indian woman needs to realize that if she is not around, who is going to look after that family that she is putting ahead of her? We need to give them a voice, and push for advocacy at the highest levels and at the community level."
Since the introduction of Seguro Popular in **Mexico** by former Secretary of Health, Dr. Julio Frenk, the country has witnessed a significant decline in incidence of cervical cancer from 16 per 100,000 women to below 8 in a period of less than 20 years. The first cancer to be included in this program was cervical cancer. Currently, cervical cancer prevention under Seguro Popular includes universal access to vaccines, treatment and screening. A highlight of the program is the universal roll out of HPV DNA testing, offered nationally by only two countries, Mexico and the United States.	**Zambia** is currently working with partners to strengthen cervical cancer screening programs, including scaling up screening with VIA. During the opening plenary, the First Lady of Zambia called on the global community to take action, "We have to deal with the cancer divide. We have to really make sure that people invest."	**South Africa** pledged to begin delivering the vaccine to school children in February 2014. Portia Serote from the Treatment Action Campaign (TAC) shared lessons learned from HIV advocacy that could be translated to cervical cancer prevention efforts in South Africa and globally. She said that advocates must hold the government accountable for its promise to deliver the HPV vaccine: "many people speak nice words…[but] as activists, we must be there and ensure there is implementation…We also have to ensure it is sustainable."
Rwanda was the first low-income country to nationalize HPV vaccines, brokering its own memorandum of understanding with Merck in December 2010 that guaranteed the country three years of vaccinations at no cost and reduced pricing in subsequent years. Alongside its vaccination program, Rwanda also received a donation of HPV-DNA tests from Qiagen to bolster screening efforts. The country already has plans to sustain its national vaccination program with support from GAVI.	The Minister of Health of **Senegal**, Dr. Awa Mare Caoll-Seck, underscored the high burden of cervical cancer in Senegal and highlighted the need to accelerate prevention efforts. She noted she was confident that national roll out of the HPV vaccine is possible because of GAVI support. She also stressed the importance of continued advocacy to reduce pricing even more.	Pap smears were available in **Thailand** more than 50 years ago, but over the past 15 years the country has begun to implement VIA and cryotherapy free of charge through the country's universal health program. An HPV pilot project in one state in the south of Thailand also exists, but the high price hinders the country from implementing a national program. Continued advocacy efforts are needed to ensure that the government continues to focus investments on girls and women.

3 Positive Media Coverage in Target Countries

A significant effort was made to generate media coverage of the topic in the lead-up to and during the meeting. To date, 50 original stories and nearly 100 reposts have been published in target countries, including India, Pakistan, Nigeria, Rwanda, Malaysia, Philippines, Kenya and Uganda.

Crisis card: In the lead-up to the meeting, a cervical cancer "crisis card," which provides a snapshot of the number of deaths and mortality rates from cervical cancer in 50 countries, was developed and launched by the Cervical Cancer-Free Coalition. The card received a positive response from the media, particularly in India, which has the highest number of deaths in the world. The New York Times, Wall Street Journal and AFP published articles about the crisis card.

Social media: There were more than 9 million Twitter impressions about cervical cancer before and after the conference. Partners, including Marie Stopes International, Grounds for Health, Jhpiego, Cervical Cancer-Free Coalition and Johns Hopkins Bloomberg School of Public Health, tweeted about the conference and used the hashtag #EndTheCrisis.

Conference coverage and media briefing: During the conference, nearly 40 journalists took part in a media briefing, which included: HE Dr. Christine Kaseba, First Lady, Zambia; HE Dr. Maria da Luz Dai Guebuza, First Lady, Mozambique; Dr. Seth Berkley, CEO, GAVI Alliance; Ms. Portia Serote, National Women's Sector Representative, Treatment Action Campaign; Ms. Genevieve Sambhi, Ambassador, Power Over Cervical Cancer; and Dr. Marleen Temmerman, Director, Reproductive Health and Research, World Health Organization. In addition to print and online articles that came out around the conference, TV stations, including India TV, NTV in Uganda and Malaysian stations aired segments on the meeting and cervical cancer.

Global webcast: The opening and closing plenary sessions of the meeting were webcast live. To date, the webcast has been viewed more than 1,600 times in 70 countries.

Dr. Marleen Temmerman, WHO and Ms. Portia Serote, Treatment Action Campaign

Dr. Seth Berkley, GAVI Alliance

4 Strengthened Patient Advocacy

Patient advocates have a special role to play in cervical cancer prevention. At the forum, they emphasized the importance of advocacy efforts to push forward universal access to screening, vaccines and treatment of cervical cancer, and other cancers.

Genevieve Sambhi

Genevieve is the Ambassador for Power Over Cervical Cancer, former Miss Malaysia/ Universe runner-up and a cervical cancer survivor. She is a strong proponent of annual pap smears and considers this to be what saved her life at the age of 35. She encourages women to get screened once a year. Genevieve's story has been featured in several media outlets and platforms throughout Asia and Africa. On why she became a patient advocate, Genevieve said, "I vowed that if I came out the other side, I would do what I could to build awareness…for pap smears, for vaccinations…there are lots of people who don't listen…but there is always one who does, and if that one person listens, then I've done my job."

Yuvraj Singh

Yuvraj is a lung cancer survivor, the Founder of YouWeCan and an Indian cricketer. Through his NGO and cancer initiative, Yuvraj encourages Indians to talk about cancer and get screened. He wrote an op-ed about cervical cancer prevention in The Times of India, the most widely circulated newspaper in the world, and tweeted about the conference to his 2 million followers. During the meeting, he discussed some of the barriers around cancer in India, "The problem in India is people don't talk about [cancer]…It was important for me to come out and speak about it and tell people that cancer can be survived."

Felicia Knaul

Felicia is a breast cancer survivor and currently the Director of the Harvard Global Equity Initiative. During the meeting, Dr. Knaul stressed the importance of cervical cancer advocacy. Specifically, she acknowledged the stigma around cervical cancer, "Though I've spoken out so often about my breast cancer, I've never told anyone this before. I had a conization because of a pap smear that turned out positive in my mid-twenties. And when I think about it, I probably never shared that because I never felt comfortable sharing it. I felt comfortable sharing my breast cancer. I felt comfortable speaking openly about a mastectomy. I felt comfortable being bald in public. But I never felt comfortable saying I had a positive pap smear in my twenties and a conization that almost led to losing a pregnancy."

Meeting Agenda

Introductory Remarks

Mr. David Gold, Founder & Principal, Global Health Strategies
Ms. Jill Sheffield, Founder & President, Women Deliver
Datuk Dr. Maimunah Hamid, Deputy Director General of Health, Research & Technical Support, Ministry of Health, Malaysia

Opening Plenary: Breaking Down Barriers to Access

Ms. Anjali Nayyar, Senior Vice President, Global Health Strategies (Moderator)
Dr. Seth Berkley, Chief Executive Officer, GAVI Alliance
HE Dr. Christine Kaseba, First Lady, Zambia
Ms. Genevieve Sambhi, Ambassador, Power Over Cervical Cancer
Dr. Marleen Temmerman, Director, Reproductive Health and Research, World Health Organization

Where We Are Today: Disease Burden, Key Interventions and Latest Technologies

Dr. Patti Gravitt, Vice-Dean, Research, Perdana University Graduate School of Medicine

Concurrent Breakout Discussions (GROUP 1)

Engaging Community to Champion Cervical Cancer Prevention

Ms. August Burns, Executive Director, Grounds for Health (Chair)
Ms. Emee Aquino, Founder, She Matters Cervical Cancer Foundation
Dr. Sharon Kapambwe, Head, African Centre of Excellence for Women's Cancer Control
Ms. Portia Serote, National Women's Sector Representative, Treatment Action Campaign

Integrating Cervical Cancer Prevention and Control with Other Health Interventions

Dr. Doyin Oluwole, Executive Director, Pink Ribbon Red Ribbon at George W. Bush Institute (Chair)
Dr. Philip Castle, Executive Director, Global Cancer Initiative
Mr. Karl Hofmann, President & CEO, Population Services International
Dr. Jantine Jacobi, Chief, Gender Equality and Diversity Division, UNAIDS Secretariat
Dr. Marleen Temmerman, Director, Reproductive Health and Research, World Health Organization

How HPV Vaccines Can Turn the Tide

Ms. Diane Summers, Senior Adviser, GAVI Alliance (Chair)
Dr. Awa Marie Coll-Seck, Minister of Health, Senegal
Dr. Emilio Ledesma, Vice President, GlaxoSmithKline Vaccines Asia-Pacific
Hon. Sarah Achieng Opendi, Minister of State for Health, Uganda
Dr. Vivien Tsu, Director, Cervical Cancer Prevention Project, PATH

Concurrent Breakout Discussions (GROUP 2)

Working with the Media to Catalyze Cervical Cancer Prevention Efforts

Ms. Nidhi Dubey, Vice President, Global Health Strategies (Chair)
Ms. Ramya Kannan, Senior Assistant Editor, The Hindu
Ms. Vanessa Mdee, MTV Tanzania
Ms. Anso Thom, Reporter, Health-e News

Ensuring Access to Precancer Screening and Treatment

Dr. Vivien Tsu, Director, Cervical Cancer Prevention Project, PATH (Chair)
Dr. Neerja Bhatla, President-Elect, AOGIN
Dr. Enriquito R. Lu, Technical Director, Reproductive Health and Family Planning, Jhpiego
Dr. Arvind Mathur, Medical Officer, WHO-SEARO

Scaling-Up Commitments to Meet Global Need

Dr. Jan Agosti, Senior Program Officer, Bill & Melinda Gates Foundation (Chair)
Mr. Robert Clay, Deputy Assistant Administrator, Bureau for Global Health, USAID
Ms. Natalie Cohen, Director, Health Policy and Partnerships, AusAID
Ms. Ann McMikel, Interim Vice President, Global Health, American Cancer Society
Mr. Tewodros Melesse, Director-General, International Planned Parenthood Federation
Mr. Walter Zoss, Executive Secretary, Network of National Cancer Institutes

Concurrent Breakout Discussions (GROUP 3)

Latin America Session

Dr. Jorge Salmerón, Director, Mexican Institute of Social Security (Chair)
Ms. Maisha Hutton, Manager, Healthy Caribbean Coalition
Mr. Walter Zoss, Executive Secretary, Network of National Cancer Institutes

Asia Regional Session

Dr. Neerja Bhatla, President-Elect, AOGIN (Chair)
Dr. Surendra Bade, President, Nepal Network for Cancer Treatment & Research
Ms. Chalida Gespradit, Senior Public Health Technical Officer, Bureau of Reproductive Health, Ministry of Public Health, Thailand
Dr. Safurah Jaafar, Director, Family Health Development Division, Ministry of Health, Malaysia
Dr. Suneeta Krishnan, Senior Epidemiologist, Research Triangle Institute

Africa Regional Session

HE Dr. Maria da Luz Dai Guebuza, First Lady, Mozambique (Chair)
Dr. Isaac Adewole, President, Africa Organization for Research and Training In Cancer
Mr. Michael Holscher, Interim Chief Executive Officer, Marie Stopes International
Ms. Florence Mohai, Head, Family Health Division, Ministry of Health and Social Welfare, Lesotho
Ms. Princess Nikky Onyeri, Founder, Princess Nikky Breast and Cervical Cancer Foundation

Closing Plenary: Making Universal Access a Reality

Mr. David Gold, Founder & Principal, Global Health Strategies (Moderator)
Mrs. Laura Bush, Founder, George W. Bush Presidential Center (Video Message)
Dr. Neerja Bhatla, President-Elect, AOGIN
Mr. Yuvraj Singh, Cancer Survivor; Indian Cricketer
Ms. Portia Serote, National Women's Sector Representative, Treatment Action Campaign
Dr. Felicia Knaul, Director, Harvard Global Equity Initiative
Dr. Awa Marie Coll-Seck, Minister of Health, Senegal

Isaac Adewole, African Organisation for Research for Research & Training in Cancer (AORTIC)

Jan Agosti, Bill & Melinda Gates Foundation

Linda Alexander, Women Deliver

Rose Anorlu, International Gynecological Cancer Society

Neerja Bhatla, Asia Oceania Research Organisation on Genital Infections and Neoplasia (AOGIN)

Nathalie Broutet, World Health Organization

August Burns, Grounds for Health

Joanna Cain, The University of Massachusetts Medical School

Philip Castle, Global Cancer Initiative

Raveena Chowdhury, Marie Stopes International

Sally Cowal, Population Services International

Matthew Crommett, Pink Ribbon Red Ribbon at the George W. Bush Institute

Lynette Denny, International Federation of Gynecology and Obstetrics (FIGO)

Alexandra Farnum, Bill & Melinda Gates Foundation

Patti Gravitt, Perdana University Graduate School of Medicine

Neville Hacker, University of New South Wales

Kiti Kajana, American Cancer Society

Raj Abdul Karim, Malaysian Council for Child Welfare

Enriquito Lu, Jhpiego

Ann McMikel, American Cancer Society

Meira Neggaz, Marie Stopes International

Doyin Oluwole, Pink Ribbon Red Ribbon at the George W. Bush Institute

Princess Nikky Onyeri, Princess Nikky Breast and Cervical Cancer Foundation

Maja Pleic, Harvard Global Equity Initiative

Krishna Rampal, Perdana University Graduate School of Medicine

Gloria Sangiwa, Management Sciences for Health

Jennifer Smith, Cervical Cancer-Free Coalition

Diane Summers, GAVI Alliance

Julie Torode, Union for International Cancer Control

Scott Wittet, PATH and Cervical Cancer Action