Investing in Cervical Cancer Prevention 2015–2020

Meeting Report

On November 3rd and 4th, 2015, Cervical Cancer Action (CCA) hosted a high-level conference in London called Investing in Cervical Cancer Prevention 2015–2020. The conference brought together key partners to take stock of recent global progress in cervical cancer prevention, spur expanded action and investment, and establish a consensus vision for what is required to meet our global goals and safeguard our commitments to the health of women and adolescent girls.

The meeting was sponsored through generous contributions from the American Cancer Society (ACS), AVAC, Becton Dickinson, Cancer Research UK, the International Planned Parenthood Federation, Merck & Co., the National Cancer Institute, PATH, QIAGEN, Roche, and the Union for International Cancer Control.

The conference was attended by 75 individuals, representing 44 international agencies, global philanthropies, national governments, international nonprofit organizations, and vaccine and medical diagnostic companies. Representatives hailed from Argentina, the Democratic Republic of the Congo, Ghana, Uganda, the United States and Europe, Zambia, and Zimbabwe.

Among the organizations present were the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Joint United Nations Programme on HIV/AIDS (UNAIDS); the Bill & Melinda Gates Foundation; Rotary International; the UK Department for International Development; the United Nations Children's Fund (UNICEF); the United Nations Population Fund (UNFPA); the World Health Organization; Every Woman Every Child; Gavi, the Vaccine Alliance; The Partnership for Maternal, Newborn & Child Health; the International Atomic Energy Agency; the Japan International Cooperation Agency; Pink Ribbon Red Ribbon; Women Deliver; and the nine members of the CCA Governing Council.

At the conference, CCA and its partners launched Taking Cervical Cancer Prevention to Scale: Protecting All Women and Girls, a five-year global initiative to tackle the growing burden of cervical cancer in low- and lower-middle-income countries (see page seven). The Initiative convenes a multi-sector partnership committed to prioritizing investments in the health of women and adolescent girls and building momentum for action on global cervical cancer prevention from 2015 to 2020.

Background

The global burden of cervical cancer is high and inequitable. As described in Progress in Cervical Cancer Prevention: The CCA Report Card 2015, each year an estimated 528,000 women develop cervical cancer, and 266,000 die from the disease. Of these women, 85 percent live in low-resource settings, mainly in Africa and Asia.

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The WHO estimates that by 2030, the number of cervical cancer deaths is expected to rise to 443,000 globally, more than double the anticipated number of fatalities from pregnancy-related complications.\(^3\) And the global cost of cervical cancer is expected to grow from US$2.7 billion per year in 2010 to $4.7 billion per year in 2030.\(^4\)

Protecting women from cervical cancer is critical to preserving our investments in maternal health, HIV, and other global efforts to safeguard the lives of women.

Through the newly-established Sustainable Development Goals, there is an unprecedented opportunity to ensure that cervical cancer prevention is prioritized on the global health and development agenda over the next 15 years.

Over the past decade, pilot efforts have validated the feasibility, cost-effectiveness, and impact of cervical cancer prevention in low- and lower-middle-income countries. We have learned that cervical cancer prevention programs:

- Save women’s lives, helping keep families and communities intact;
- Can successfully be integrated into existing health services for girls and women;
- Are in demand, and are viable and affordable in all countries;
- Are highly cost-effective and, according to the WHO, represent a “best-buy” in global health; and
- Contribute to achieving current and emerging global development targets for the health of women and girls and the reduction of noncommunicable diseases (NCDs) worldwide.

### November 3: Opening Dinner

On the evening of November 3, participants gathered at St. Martin-in-the-Fields for an opening reception and dinner. Guests were welcomed by the two CCA co-chairs—Scott Wittet, Lead, Advocacy and Communication, Cervical Cancer Prevention Programs at PATH and Ann McMikel, Vice President, Global Partnerships and Planning at ACS—followed by keynote addresses by Professor Peter Piot, Director, London School of Hygiene & Tropical Medicine and Dr. Mark Dybul, Executive Director, the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Professor Piot set the stage for the conference, urging participants to make a collective commitment to accelerate cervical cancer prevention and to preserve our global gains in safeguarding the lives and health of women and adolescent girls. He stressed the urgency of ensuring that the human papillomavirus (HPV) vaccine is made widely available, particularly in the highest-burden countries.

“We cannot deliver on the Sustainable Development Goals if we don’t get gender equality right. We can’t deliver on HIV if we don’t get gender equality right. This is not just about cervical cancer, it’s about the rights of women and gender equality.”

*Dr. Mark Dybul*

*Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria*

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Dr. Dybul signaled the commitment of the Global Fund to become a key partner in cervical cancer prevention as part of their mandate to fight HIV co-infections and co-morbidities such as cervical cancer. He highlighted a recent policy change allowing countries to include support for cervical cancer screening and preventive treatment in their requests to the Global Fund. Dr. Dybul emphasized that tackling cervical cancer prevention is an issue of gender equity, crucial to achieving our global development goals.

Following the keynote speeches, Ambassador Sally Cowal, Senior Vice President, Global Programs, ACS presented awards on behalf of CCA to Gavi, the Vaccine Alliance and to the Bill & Melinda Gates Foundation, for inspired leadership and commitment to safeguarding the lives and health of women and adolescent girls through global cervical cancer prevention. Gavi was recognized for their contribution to protecting a million girls against cervical cancer by ensuring that HPV vaccine is affordable and accessible to the countries that need it most. The Bill & Melinda Gates Foundation was recognized for their major contributions over the years to programs to develop, implement and evaluate strategies and tools for cervical cancer prevention.

November 4: Conference at One Great George Street

CCA co-chairs Ann McMikel and Scott Wittet opened the meeting, explaining that CCA has been thinking about a conference like this for several years. They shared how gratifying it was to come together with such a diverse and enthusiastic group of participants to consider how, together, we can move the cervical cancer prevention agenda forward. Mr. Wittet noted that the strong turnout seemed to be a clear signal of readiness for increased collaboration in future.

Keynote Speeches

Dr. Christine Kaseba-Sata, former First Lady of Zambia, Obstetrician and Gynaecologist, and WHO Goodwill Ambassador against Gender-based Violence.

Dr. Kaseba-Sata highlighted Zambia’s progress in moving from screening less than five percent of their wealthiest women to expanding access to screening for women at all income levels. She highlighted the critical role community education and awareness-raising played in the process and stressed that for cervical cancer prevention programs to be sustained, they need to be owned and developed by countries themselves. She also spoke of the need to explore innovative financing mechanisms and the importance of securing domestic financing. Dr. Kaseba-Sata noted that our work will be supported by a number of new policies and strategies including the Sustainable Development Goals and the Global Strategy for Women’s, Children’s and Adolescents’ Health. She cautioned that it will be challenging to reach all women with the innovative technologies now available. Dr. Kaseba-Sata concluded by underscoring the critical importance of partnerships like CCA and the new Initiative for tackling cervical cancer.
“Cervical cancer is becoming a crisis. Deaths due to cervical cancer are projected to rise by 20 percent by 2020. We need to move as quickly as we can.”

Dr. Christine Kaseba-Sata
OB-GYN and former First Lady of Zambia

Lori Sloate, Deputy Director, Advocacy and Public Policy, Gavi.

Ms. Sloate echoed the message that integration with HIV/AIDS and maternal health is critical to expanding cervical cancer prevention. Emphasizing the urgency of protecting our global investments in maternal health, Ms. Sloate said, “The gains made in saving the lives of mothers are threatened by the growing number of cervical cancer deaths.” She noted the progress we have made in building awareness among the global community, but pressed participants to consider how we can better build community demand—we need to inform and empower women to ask for vaccine for their daughters and for screening and preventive treatment for themselves.

Ms. Sloate underscored the need for a “whole-girl approach” to the health of adolescent girls and the potential for the HPV vaccine to become a platform on which to offer other interventions for girls that age. She noted that in some countries, projects integrate the delivery of deworming medicines and health and nutrition education with HPV vaccination. Ms. Sloate also touched on the trajectory of Gavi’s support. Initially, the high price of the vaccine was the greatest barrier to introduction in low-income countries. But a turning point came in 2013, when Gavi negotiated a dramatic reduction in vaccine price, making the vaccine affordable and opening a funding window for vaccine support. Gavi will have reached one million girls with HPV vaccine by the end of 2015. Ms. Sloate called this progress a reason to celebrate, but noted the challenges that lie ahead and she urged partners to work together to curb the tide of this preventable cancer.

Dr. Luiz Loures, Assistant Secretary General of the United Nations and Deputy Executive Director, UNAIDS.

Dr. Loures also highlighted the link between cervical cancer and HIV, noting that women with HIV are five times more likely to develop cervical cancer. He pointed out that the map of cervical cancer burden today is nearly identical to the AIDS epidemic map a few years ago. Dr. Loures called for a social movement to advance cervical cancer prevention and announced a new United Nations (UN) task force designed to bring key UN agencies together specifically to fight the disease. He underscored that we currently have the tools and the knowledge to defeat cervical cancer, the challenge is ensuring access to prevention services. Dr. Loures also echoed the comments of others: the next five years will be a critical opportunity for us to work together to reduce this epidemic.

“The initiative we are launching today is an excellent opportunity for taking AIDS out of isolation and advancing gender equality in the response. UNAIDS’ partnership with Cervical Cancer Action is essential to start implementing the Sustainable Development Goal agenda and to build sustainable and stronger programs for women.”

Dr. Luiz Loures
UNAIDS Deputy Executive Director
Session One: Global Advances in Cervical Cancer Prevention

The first session’s expert panelists included Dr. Mike Chirenje, Professor, Department of Obstetrics and Gynecology, University of Zimbabwe; Dr. Vivien Tsu, Associate Director of the Reproductive Health Program and Director of the Cervical Cancer Prevention Project, PATH; Dr. Silvina Arrossi, Scientific Coordinator, National Cancer Program, Argentina; and Dr. Emmanuel Mugisha, PATH Country Leader for Uganda. The session was moderated by Silvana Luciani, an advisor in cancer prevention and control at the Pan American Health Organization (PAHO) and long-time advocate for expanded cervical cancer prevention programs.

The panelists provided an overview of innovative technological and programmatic advances in cervical cancer prevention in low- and lower-middle-income countries. Dr. Chirenje and Dr. Tsu summarized the science of cervical cancer screening and HPV vaccination, respectively. Dr. Arrossi presented Argentina’s pioneering approach to expanding screening and preventive treatment among hard-to-reach populations as a model for scale up in low- and lower-middle-income countries. Dr. Mugisha shared Uganda’s experience introducing HPV vaccine and highlighted key lessons applicable to other countries seeking to bring their vaccination programs to scale.

Session Two: Current Global Commitments and the Financing Landscape

"We now have 40 percent more adolescents to protect than we had at the beginning of the MDGs. We need to address their issues through HPV vaccination and screening."

Ambassador Deborah Birx, MD
Ambassador-at-Large and
Coordinator of United States Government Activities to Combat HIV/AIDS

The second session’s panelists included Dr. Michel Brun, Sexual and Reproductive Health Adviser, Sexual and Reproductive Health Branch, Technical Division, UNFPA; Dr. Jean-Marie Dangou, Regional Advisor, NCDs, Cancer & Chronic Respiratory Diseases, WHO Regional Office for Africa; Dr. Cary Adams, Chief Executive Officer, Union for International Cancer Control; and Ambassador Sally Cowal, Senior Vice President, Global Health, ACS. The session was moderated by Ambassador Deborah Birx, MD, Ambassador-at-Large, US Special Representative for Global Health Diplomacy, and Coordinator of United States Government Activities to Combat HIV/AIDS (including the US President's Emergency Plan for AIDS Relief [PEPFAR] program).
The panelists provided an overview of global decision-making processes and frameworks (the Sustainable Development Goals, the new Every Woman Every Child strategy, and the NCD Global Monitoring Framework) and how these policies support the scale up of cervical cancer prevention.

During the session, ACS released groundbreaking new data on the cost of action to prevent cervical cancer in low- and lower-middle-income countries; the work was done in partnership with a team at Harvard University. “We know what to do, we have the tools, and with the evidence presented at this meeting we also know what it will cost to act,” declared Ambassador Cowal. Computer modeling suggests that $3.65 billion are required over the next ten years to vaccinate all ten-year-old girls and to provide screening and preventive treatment to all adult women at highest-risk for cervical cancer in low- and lower-middle-income countries.

**A New Cervical Cancer Film**

During the lunch break, participants were invited to a screening of “Lady Ganga: Nilza’s Story,” a short film by Frederic Lumiere. With only a few months left to live, and as she was fighting cervical cancer, Michele Baldwin broke a world record by paddle-boarding 1,000 kilometers down the Ganges River to bring attention to the disease. The filmmakers hope to translate the film into the world's 50 most-spoken languages to inspire a generation to prevent cervical cancer.

**Mid-day Keynote Address**

**Jill Sheffield, President, Women Deliver**

Following lunch, Ms. Sheffield shared lessons from her own experience growing the Women Deliver movement. She noted that the room was full of people with diverse backgrounds, experiences, and commitments and that this could be a source of great strength. Moving forward, Ms. Sheffield emphasized the importance of using both facts and personal stories (like the film shown during the lunch break) to engage both hearts and heads. She also emphasized the importance of pairing economic arguments with rights-based arguments and highlighted the need to use accessible language, as we simultaneously reach out to communities, visit boardrooms, and access high-level political offices.

“We have an opportunity right now to make our concern about this issue infectious. Our approach needs to be ambitious, comprehensive, and collaborative. The chief ingredient is to be courageous. It is time for the bold step forward.”

*Jill Sheffield, President, Women Deliver*

Ms. Sheffield affirmed that while partnerships are challenging, they are critically important, and the payoff can be spectacular. She called on participants to come up with new ways to work together across sectors and disciplines, and to seek out unlikely partners to expand the stakeholder base invested in this issue.
Session Three: Initiative Launch and Brainstorm

In the third session, CCA launched *Taking Cervical Cancer Prevention to Scale: Protecting All Women and Girls*, a new, five-year initiative. Through the Initiative, CCA and its partners seek to foster collaboration, commitment, and investment. The mission of the Initiative is to make certain that all girls are vaccinated against HPV, the virus that causes cervical cancer, and that all women in low- and lower-middle-income countries receive screening and preventive treatment of cervical precancer. It focuses on four goals:

1. **Scale up prevention services for all girls and women**
   
   Build political commitment for developing appropriate policies and integrating vaccination and screening/preventive treatment into school health, women’s health, and HIV/AIDS prevention and treatment programs. For partners currently operating limited prevention programs, seek to scale up coverage for all women and girls.

2. **Expand the stakeholder base globally and in countries**
   
   Strengthen national and global-level commitment and investment in cervical cancer prevention, and support collaboration for more effective implementation.

3. **Encourage innovation and shared learning**
   
   Support efforts to spur the next generation of HPV vaccination, screening, and preventive treatment technologies, programmatic innovations and scalable approaches, and share new learning broadly.

4. **Track progress and encourage accountability**
   
   Establish systems to track global progress expanding coverage, monitor resource investments, and compare levels of investment against global commitments and need.

A number of organizations agreed to join the Initiative in anticipation of the London meeting. Founding partners include the American Cancer Society; Cancer Research UK; Grounds for Health; the Global Fund; FIGO; the International Planned Parenthood Federation; Jhpiego; the London School of Hygiene & Tropical Medicine; PATH; UNAIDS; UICC; and Women Deliver.

The afternoon session provided an opportunity for conference participants to brainstorm what needs to be done to scale up cervical cancer prevention services. They formed discussion groups, with each group focusing on how a collaborative initiative could expand opportunity, commitment, and investment. The groups considered prior experiences with multi-stakeholder initiatives and coalitions and brainstormed essential ingredients for success. They were also tasked with strategizing what we can do independently and collectively to achieve Initiative goals and to identify crucial next steps to move the Initiative forward swiftly and effectively in order to begin saving lives soon.

Lori Sloate, Deputy Director, Advocacy and Public Policy for Gavi, the Vaccine Alliance, during the break-out session
Following the discussions, there was an interactive conversation between another expert panel and the participants. The conversation was moderated by Mitchell Warren, Executive Director of AVAC, and panelists included Marijke Wijnroks, Chief of Staff, the Global Fund; Colleen McGuffin, Vice President, Health Sciences, Merck; Dr. Enriquito Lu, Head of Family Planning and Reproductive Health, Jhpiego; and Nana Taona Kuo, Senior Manager, Every Woman Every Child Team, Executive Office of the UN Secretary-General.

Panelists were asked to reflect on the key priorities and issues that emerged from the break-out discussions, and participants were called on to share points from their respective discussion groups.

**Commitments to Cervical Cancer Prevention**

As the meeting came to a close, participants were invited to announce their individual or institutional commitments to accelerating the cervical cancer prevention agenda. Twenty-six global commitments for action were made; here is a sample:

- **CCA** committed to serving as the Secretariat for the Initiative for at least two years, including following up on the London meeting to move our common agenda forward; setting up an Initiative website and using it to track and promote Initiative commitments; broadly sharing technical and programmatic information and news through its website, webinars, and email flashes; tracking adoption of screening and vaccination programs by country and regularly updating its online maps; and working in partnership with other Initiative members to advocate for increased financial commitments by both national governments and development partners to support country-level prevention programming.

"We will expand screening and preventive treatment services nationally by increasing the number of trained providers and establishing screening programs in each district of the country."

_Dr. Sharon Kapambwe_  
_National Coordinator for Cancer Prevention, Zambia Ministry of Health_

- Colleen McGuffin, Vice President, Health Sciences from **Merck & Co**, announced the company’s new commitment to extend “Gavi pricing” through 2025 for Gardasil® (their HPV vaccine) and RotaTeq® (their rotavirus vaccine). This will help countries that began vaccinating with Gavi-subsidized vaccine, but are no longer eligible for Gavi support due to economic development. The new Merck commitment matched one made by GlaxoSmithKline, the other HPV vaccine manufacturer.

- Jill Sheffield, President, **Women Deliver**, committed to help facilitate public conversations about cervical cancer and related topics in the NCD arena and to encourage more groups to include cervical cancer in their advocacy, programming, and collaborative efforts. Women Deliver will use its arsenal of advocacy tools to promote the inclusion of cervical cancer in the global women's health agenda, and especially in the reproductive, maternal, and adolescent health agenda.

- Dr. David Fleming, Vice President for Public Health at **PATH**, promised that his organization would foster innovation in technologies for screening and preventive treatment, provide technical expertise to low- and lower-middle-income countries, evaluate new approaches to prevention, support CCA and the new multi-partner Initiative with leadership and resources, and implement at least $15 million of grant-financed programming over the next four years.
Lori Sloate, Deputy Director, Advocacy and Public Policy, Gavi, the Vaccine Alliance underscored Gavi’s commitment to helping countries scale up HPV demonstration projects to national introductions, aiming to vaccinate 30 million young adolescent girls in 40 countries by 2020.

Dr. Enriquito Lu, Head of Family Planning and Reproductive Health, Jhpiego, committed to investing $1.5 million to continue Jhpiego’s role of translating evidence into practice and translating practice into scalable service-delivery models.

Ambassador Sally Cowal, Senior Vice President, Global Health, American Cancer Society, committed to increasing ACS’s support of global and regional civil society–led advocacy and awareness-building campaigns and partnerships that call for making cervical cancer prevention and control a health and development policy priority in low- and middle-income countries, with a key focus on Africa, India, and Latin America. ACS will continue to co-chair CCA and to fund and promote special advocacy reports and tools on the economic and public health case for support, including the Cervical Cancer Cost of Action report and the Cancer Atlas. ACS will invest $3 million of its human and financial resources and will pursue additional funds to support cervical cancer prevention and control over the next four years.

Professor Isabel dos Santos-Silva, Professor of Epidemiology, London School of Hygiene & Tropical Medicine, announced her institution’s commitment to serving as a driver of research on the epidemiology and control of HPV and cervical cancer.

**Conclusion**

By all accounts, the London meeting was a success. Participants commented on the positive energy in the room, the collegial atmosphere, and the shared sense that now, finally, the world may be ready to support essential, high-impact scale up of cervical cancer screening/preventive treatment and HPV vaccination. CCA is following up with participants and will convene an Initiative Task Force in 2016 to further define Initiative goals and seek opportunities for collaboration and mutual support.

**Resources**

- For more information on Cervical Cancer Action or to access CCA’s publications, webinars, and other advocacy tools, visit: www.cervicalcanceraction.org.
- For additional information on the five-year Initiative, Taking Cervical Cancer Prevention to Scale: Protecting All Women and Girls, and to download the commitment form, visit: cervicalcanceraction.org/initiative/index.php
- The RHO Cervical Cancer library is an excellent online resource for information and tools from the leading cervical cancer agencies worldwide: www.rho.org

**Acknowledgements**

This report was written in December 2015 by Aubrey Cody and Sarah Goltz, Sage Innovation and Scott Wittet, PATH. Cover photos: Noah Friedman-Rudovsky, Darby Communications/John-Michael Maas, Lindsey Stark, Lindsey Stark All other photos: Chloe Hall
Appendix: Meeting Participants (alpha order by last name)

- Dr. Cary Adams, Chief Executive Officer, Union for International Cancer Control
- Harriet Adams, Public Affairs Officer, Cancer Research UK
- Irma Alfaro, Senior Director, Global Health, QIAGEN
- Dr. Silvina Arrossi, Scientific Coordinator, National Cancer Program, Argentina
- Dr. Joan Awunyo-Akaba, Founder and Executive Director of Future Generations International, and Board Civil Society Organisations Representative for Gavi, the Vaccine Alliance
- Dr. Luca Li Bassi, Section Head, Programme of Action for Cancer Therapy, International Atomic Energy Agency
- Dr. Joan Benson, Executive Director, Program Partnerships, Vaccine Global Public Policy, Merck
- Ambassador Deborah Birx, MD, Ambassador-at-Large and US Special Representative for Global Health Diplomacy
- Helen Blackholly, Vice President and Director Health Systems, Marie Stopes International
- Derek Bodell, Consultant
- Dr. Nathalie Brouet, Controlling Sexually Transmitted and Reproductive Tract Infections, Department of Reproductive Health and Research, World Health Organization
- Dr. Michel Brun, Sexual Reproductive Health Advisor, Sexual and Reproductive Health Branch/Technical Division, United Nations Population Fund
- Dr. Joanna Cain, Chair, Cervical Cancer Subcommittee, Cancer Committee, International Federation of Gynecology and Obstetrics
- Dr. Mike Chirenje, Professor, Department of Obstetrics and Gynecology, University of Zimbabwe
- Raveena Chowdhury, Deputy Director, Cervical Cancer Prevention, Marie Stopes International
- Aubrey Cody, Senior Advisor, Sage Innovation
- Alison Cook, Director of Policy & Press, Cancer Research UK
- Ambassador Sally Cowal, Senior Vice President, Global Health, American Cancer Society
- Katie Dain, Executive Director, NCD Alliance
- Dr. Jean-Marie Dangou, Regional Advisor for Cancer Prevention and Control, WHO Regional Office for Africa
- Dr. Andres de Francisco, Deputy Executive Director, Partnership for Maternal Newborn Health
- Karl Diekman, District Rotary Foundation Chair, Rotary International
- Professor Isabel dos-Santos-Silva, Professor of Epidemiology, London School of Hygiene & Tropical Medicine
- Dr. Mark Dybul, Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria
- Dr. David Fleming, Vice President, Public Health, PATH
- Dr. Ophira Ginsburg, Technical Officer in NCD Management, Department for Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention, World Health Organization
- Simon Godfrey, Global Government Affairs Leader–HPV, Director, GlaxoSmithKline
- Sarah Goltz, Principal, Sage Innovation
- Catherine Guinard, Public Affairs Manager, Cancer Research UK
- Malayah Harper, Chief, Gender Equality and Diversity Division, the Joint United Nations Programme on HIV/AIDS
Michael Holscher, Senior Vice President, Population Services International
Sheila Hurst, Head, Health Education and Wellness Working Group, Rotary International
Owain James, Director of External Relations, International Planned Parenthood Federation
Dr. Jose Jeronimo, Senior Advisor, Women's Cancers, PATH
Jessica Jones, International Development and Health Product Market Specialist, the Bill & Melinda Gates Foundation
Dr. Sharon Kapambwe, National Coordinator for Cancer Prevention, Zambia Ministry of Health
Dr. Christine Kaseba-Sata, former First Lady of Zambia, Obstetrician and Gynaecologist, and World Health Organization Goodwill Ambassador against Gender-based Violence
Dr. Jean King, former Director of Tobacco Control, Cancer Research UK
Nana Taona Kuo, Senior Manager, Every Woman Every Child
Dr. Heidi Larson, Senior Lecturer, London School of Hygiene & Tropical Medicine
Dr. Luiz Loures, Assistant Secretary General of the United Nations and Deputy Executive Director, the Joint United Nations Programme on HIV/AIDS
Dr. Enriquito Lu, Head of Family Planning and Reproductive Health, Jhpiego
Silvana Luciani, Advisor, Cancer Prevention and Control at the Pan American Health Organization
Frederic Lumiere, Director/Producer "Lady Ganga"
Dr. Rachel Masch, Executive Director, Basic Health International
Colleen McGuffin, Vice President, Health Sciences, Merck
Ann McMikel, Cervical Cancer Action Co-Chair and Vice President, Global Partnerships and Planning, American Cancer Society
Alejandra Meglioli, Senior Program Officer–Access, International Planned Parenthood Federation
Tewodros Melesse, Director-General, International Planned Parenthood Federation

Grethe Petersen, Director of Health, Children's Investment Fund Foundation
Anne Philpott, Senior Health Advisor for Africa, UK Department for International Development
Professor Peter Piot, Director, London School of Hygiene & Tropical Medicine
Katie Porter, Senior Program Officer, Global Advocacy, the Bill & Melinda Gates Foundation
Dr. Stephen Resch, Deputy Director, Center for Health Decision Science and Lecturer, Department of Health Policy and Management, Harvard School of Public Health
Lauren Rosenthal, Project Manager, American Cancer Society
Celina Schocken, Consultant, Global Good
Jill Sheffield, President, Women Deliver
Sagri Singh, Senior Specialist Gender and Development, United Nations Children’s Fund
Caroline Slade, Senior Regional Manager, Latin America, Global Health, Becton Dickinson
Lori Sloate, Deputy Director, Advocacy and Public Policy, Gavi, the Vaccine Alliance
Guy Stallworthy, Executive Director, Grounds for Health
Cheryl Staurulakis, Executive Producer "Lady Ganga"

Susan Perl, Consultant

Isabel Mestres, Membership and Business Development Director, Union for International Cancer Control
Dr. Emmanuel Mugisha, Country Director Uganda, PATH
Imraan Munshi, Executive Director, Global Communications, Vaccines, Merck
Sarah Pasternak, Director Market Access Programmes, Africa and Developing Countries Unit, GlaxoSmithKline
Bill Steiger, Interim Chief Executive Officer, Pink Ribbon Red Ribbon
Dr. Hiroshi Takenaka, Senior Advisor, Japan International Cooperation Agency
Layla Theiner, Head of Public Affairs and Campaigning, Cancer Research UK
Dr. Vivien Tsu, Associate Director of the Reproductive Health Program and Director of the Cervical Cancer Prevention Project, PATH
Mitchell Warren, Executive Director, AVAC
Dr. Heather White, Technical Advisor, Noncommunicable Diseases, Population Services International
Dr. Marijke Wijnroks, Chief of Staff, The Global Fund to Fight AIDS, Tuberculosis and Malaria
Scott Wittet, Cervical Cancer Action Co-Chair and Lead, Advocacy and Communication, Cervical Cancer Prevention Programs, PATH

Cervical Cancer Action—a global coalition to stop cervical cancer—was created in 2007 to expedite the availability, affordability and accessibility of new and improved cervical cancer prevention technologies for women and girls in developing countries. Representing more than 2,000 individuals and organizations from over 90 countries, Cervical Cancer Action seeks to maximize the impact of individuals, organizations, and governments working to prevent cervical cancer globally through strategic advocacy, information sharing, human and resource mobilization, and collaborative partnerships.

The coalition is governed by nine global civil society and public health organizations: the American Cancer Society, AVAC, Cancer Research UK, Grounds for Health, the International Federation of Gynecology and Obstetrics, International Planned Parenthood Federation, the Pan American Health Organization, PATH, and the Union for International Cancer Control. Pink Ribbon Red Ribbon has recently been invited to join the Governing Council. PATH and the American Cancer Society co-chair CCA.

www.CervicalCancerAction.org