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At the time of this manual’s publication, all facts, figures, and information are the most current available. The Government of the Republic of Zambia is not responsible for any changes that occur after this manual’s publication.

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Printed in Zambia.
The 6th Stop Cervical Cancer in Africa Conference

Conference Report

Lusaka, Zambia; July 22-24, 2013
Photo: His Excellency, The President of the Republic of Zambia, Mr. Micheal Chilufya Sata, on his right flanked by the First Lady of Zambia, Dr. Christine Mwelwa Kaseba, Former First Lady Dr. Maureen Mwanawasa, Inkhosi Kathi Lamatsebula of the Kingdom of Swaziland and on his left the First Lady of Mozambique, Dr. Maria da Luz Guebuza.

Photo: Dr. Christine Mwelwa Kaseba delivers her acceptance speech after being decorated as Chairperson of the Forum of African First Ladies Against Breast & Cervical Cancer in Africa.
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Foreword

Cervical cancer is the leading cause of cancer deaths among women in Africa where the negative impact of the disease is worsened by the high prevalence of human immunodeficiency virus (HIV). Almost all cases of cervical cancer are caused by human papillomavirus (HPV), a common sexually transmitted infection. Globally, more than 15 million women over the age of 15 are living with HIV and these women are much more likely to develop a persistent HPV infection – and subsequently develop cervical cancer – than HIV negative women. HIV positive women also develop cervical cancer at much younger ages than women in the general population. Yet cervical cancer is preventable through HPV vaccination, screening, and treatment. However, these prevention programmes are extremely limited in Africa. Financial and human resource gaps are currently major limiting factors to their implementation.

My assumption of the office of Vice-Chairperson of the Forum of African First Ladies Against Breast and Cervical Cancer this year brought great opportunity for Zambia to increase advocacy against cervical cancer. As part of my position, I was given the honour of hosting the 6th Stop Cervical Cancer in Africa (SCCA) Conference in Zambia, which I gladly accepted. The well-organised conference was attended by representatives from 24 African countries and by local and international organizations. Representatives included parliamentarians, ministers of health, religious leaders, and Speakers from national parliaments. This conference was unique because it was graced by His Excellency, the President of the Republic of Zambia, Mr. Michael Chilufya Sata and was attended by our traditional leaders. The presence of the GAVI Alliance at this conference brought hope to many on the continent when GAVI representatives announced at the SCCA Conference that the cost of HPV vaccines had been reduced for eligible countries.

Recognising and facilitating women’s rights to health is key to achieving all eight Millennium Development Goals (MDGs) and to keeping the African continent’s commitment to economic development. The deadline for achieving the MDGs is imminent. In this new era of cervical cancer prevention and treatment no woman should die from cervical cancer.

Dr. Christine Mwelwa Kaseba
First Lady of Zambia
Chairperson, Forum of First Ladies in Africa Against Breast and Cervical Cancer
Acknowledgements

My sincere thanks go to His Excellency, the President of the Republic of Zambia, Mr. Michael Chilufya Sata, and to the Government of Zambia for the immense support towards the hosting of the conference.

I would like to express my heartfelt thanks to all my colleagues, Inkhosikathi Nomsala Matsebula of the Kingdom of Swaziland, the First Lady of Mozambique, Dr. Maria da Luz Guebuza, representatives of the First Ladies of Congo Brazzaville, Ghana, Namibia, South Africa, Uganda, and Zimbabwe for supporting this cause. My thanks also go to the multilateral partners WHO, UNICEF, UNFPA, the Embassy of the People’s Republic of China, and the Korean Consulate for their generous support towards hosting the event. Allow me to also pay tribute to the local sponsors for bringing all of us together to reflect on this serious health challenge:

Airtel
APG Milling
Cavmont Bank
US Centers for Disease Control and Prevention (CDC)
Chinese Chamber of Commerce
COMESA
Copperbelt Energy Cooperation
Dar Farms
Fringilla Lodge
Finance Bank
HUAWEI
Intermarket Discount
Investrust Bank
Konkola Copper Mine
Luanshya Copper Mine
Lumwana Barrick Gold
Manzi Valley
Mazhandu Bus Services
Welcome Pharmaceuticals
Mopani Copper Mine
Mr. Rajan Mathani
NECOR
NICO Insurance
Phamanova (2) LTD
Saltech Enterprise
Savenda
Zambia Breweries
ZAMTEL
ZCCM-IH
ZESCO

The organizing committee in collaboration with the Forum of African First Ladies Against Breast and Cervical Cancer and the Princess Nikky Breast and Cervical Cancer Foundation have worked tirelessly to put together an exciting, though tight agenda, bringing together First Ladies, Politicians, traditional and religious leaders, policy makers, medical experts, visionaries, community groups and civil society from all walks of life.

The long walk to freeing Zambia and Africa from the ravaging effects of cervical and breast cancer has just begun. Let us all continue to forge ahead to ensure our women and girls enjoy better health.

Dr. Christine Mwelwa Kaseba
First Lady of Zambia
Chairperson, Forum of First Ladies in Africa Against Breast and Cervical Cancer
WINI VIYORA
CERVICAL CANCER SURVIVOR

Thank God for this day that I’m even able to share something concerning cancer. Yes. The way I discovered is that I noticed an unusual vaginal discharge; recurrent backache. In 2004, Dr. Mwanahamuntu came to Chilenje Clinic, to introduce cervical cancer screening. I happened to have been there because I used to do a lot of voluntary work concerning children’s health. I attended the first meeting where we were taught about the signs and symptoms of cervical cancer. So, when I started noticing the unusual discharge and the backache, that’s how I decided to seek medical attention. During the screening that’s when she noticed that there was something wrong with my cervix and referred me to the University Teaching Hospital.

The screening programme should not concentrate in Lusaka or along the line of rail but be extended to rural areas and if possible throughout the country. Information must be channelled out through radio and television. I’m sure there’s no place in Zambia now where one can say there is no radio. Every station should be involved to talk about it. Our parliamentarians and counsellors should take active part in cancer awareness in the their respective constituencies, rather than just talking about politics. They should look at the lives of the people, and talk about health issues.
## Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
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<tbody>
<tr>
<td>ACS</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>AIDC</td>
<td>Adult Infectious Disease Centre</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral Drugs</td>
</tr>
<tr>
<td>AU</td>
<td>African Union</td>
</tr>
<tr>
<td>BCT</td>
<td>Breakthrough Cancer Trust</td>
</tr>
<tr>
<td>BMGF</td>
<td>Bill and Melinda Gates Foundation</td>
</tr>
<tr>
<td>CCPPZ</td>
<td>Cervical Cancer Prevention Programme in Zambia</td>
</tr>
<tr>
<td>CDC</td>
<td>U.S. Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CDH</td>
<td>Cancer Diseases Hospital</td>
</tr>
<tr>
<td>CIDRZ</td>
<td>Centre for Infectious Disease Research in Zambia</td>
</tr>
<tr>
<td>DNA</td>
<td>Deoxyribonucleic Acid</td>
</tr>
<tr>
<td>EPI</td>
<td>Expanded Programme for Immunisation</td>
</tr>
<tr>
<td>GAVI</td>
<td>Global Alliance Vaccines and Immunisation</td>
</tr>
<tr>
<td>GSK</td>
<td>GlaxoSmithKline</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HPV</td>
<td>Human Papillomavirus</td>
</tr>
<tr>
<td>IEC</td>
<td>Information Education Communication</td>
</tr>
<tr>
<td>KCCF</td>
<td>Kayula Childhood Cancer Foundation</td>
</tr>
<tr>
<td>LMIC</td>
<td>Low and/or Middle Income Countries</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MCH</td>
<td>Maternal and Child Health</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>MMC</td>
<td>Medical Male Circumcision</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MSD</td>
<td>Merck, Sharp, &amp; Dohme</td>
</tr>
<tr>
<td>NCD</td>
<td>Non Communicable Diseases</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organizations</td>
</tr>
<tr>
<td>OAFLA</td>
<td>Organization for African First Ladies</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>Obstetrics and Gynaecology</td>
</tr>
<tr>
<td>PATH</td>
<td>Program for Appropriate Technology in Health</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>U.S. President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PICT</td>
<td>Provider Initiated Counseling and Testing</td>
</tr>
<tr>
<td>PRRR</td>
<td>Pink Ribbon Red Ribbon Initiative</td>
</tr>
<tr>
<td>SCCA</td>
<td>Stop Cervical Cancer in Africa</td>
</tr>
<tr>
<td>UICC</td>
<td>Union for International Cancer Control</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Fund for Population Agency</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Emergency Fund</td>
</tr>
<tr>
<td>UTH</td>
<td>University Teaching Hospital</td>
</tr>
<tr>
<td>UWOCASO</td>
<td>Uganda Women’s Cancer Support Organisation</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
</tr>
<tr>
<td>VIA</td>
<td>Visual Inspection with Acetic Acid</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>ZCS</td>
<td>Zambia Cancer Society</td>
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Executive Summary

The annual Stop Cervical Cancer in Africa (SCCA) Conference has become a recognized platform for empowering a regionally connected community response in the fight against breast and cervical cancers in Africa.

Recent advances in prevention and treatment of cervical cancer have brought global attention to the fight against this disease. Globally, it is estimated that 85% of the annual incidence of cervical cancer and 88% of cervical cancer related deaths occur in low and middle income countries. Africa has some of the highest cervical cancer incidence and mortality rates in the world. Africa’s high HIV prevalence amongst women increases both the incidence and mortality of cervical cancer. Yet, we are now in a time where much can be done – even in low resource settings – to prevent cervical cancer.

Under the theme “A New Era in Cervical Cancer Prevention,” the 6th SCCA Conference was held in Lusaka, Zambia to raise the level of attention and advocacy around breast and cervical cancer on the continent. Specifically, the 6th SCCA Conference was called with the following objectives:

- To update and educate stakeholders on recent developments in cervical cancer prevention;
- To strategise, galvanise and mobilise African Governments, global support and funding for cervical cancer prevention; and
- To formulate an appropriate document to be signed by the 6th SCCA delegates that will be used as an advocacy tool.

The 6th SCCA Conference, hosted by the First Lady of Zambia, Dr. Christine Mwelwa Kaseba, was the largest ever. It brought together more than 1,200 delegates including First Ladies of Africa, senior government officials, legislators, traditional leaders, cooperating partners, civil society organizations and the general public to discuss strategies, needs and ideas on fighting...
women’s cancers in Africa. The 6th SCCA Conference also marked the first time that a sitting Head of State – His Excellency, the President of the Republic of Zambia, Mr. Michael Chilufya Sata – has attended such a conference and is proof of the high levels of political will and support that African First Ladies can bring to the fight against breast and cervical cancer.

The three days of the conference enabled participants to gain new insights about the various roles that the policy makers, legislators, traditional leaders, health care workers, and the community can play in the fight against breast and cervical cancer. It highlighted both the opportunities and the challenges that governments in Africa face in developing breast and cervical cancer programmes and it challenged governments to channel resources into cancer programmes to benefit targeted populations – in particular, rural women who face a disproportionate burden of women’s cancers. Stories from women who are cancer survivors were shared during the conference and put a human face to discussions.

The opportunities presented at the conference for policy makers and governments to consider in developing breast and cervical cancer plans included:

- Implement HPV vaccination programmes;
- Implement cervical cancer screening and treatment programmes by taking advantage of low-cost interventions such as visual inspection with acetic acid (VIA), cryotherapy, loop electrosurgical excision procedure (LEEP), and cervicography;
- Integrate cervical cancer screening programmes into existing maternal and child health (MCH) programmes, antenatal clinics (ANC), HIV programmes, and family planning;
- Integrate breast cancer screening together with cervical cancer screening;
- Continue to encourage medical male circumcision (MMC) for both HIV and HPV prevention; and
- Raise awareness of breast and cervical cancer by developing and improving access to breast and cervical cancer messaging both independently and alongside HIV messaging.
To take advantage of these opportunities, governments will need to train more health workers and empower them with skills for targeting cancer prevention and treatment, improve health infrastructure and make medication available. In addition, communities must be sensitised to the crisis of breast and cervical cancer so everyone can actively encourage women to utilize cancer prevention and treatment services.

To accomplish this, it emerged that different stakeholders need to work together if efforts are to bear fruit. Accordingly:

- The First Ladies pledged to continue their advocacy role and mobilise political will and resources for preventing and treating breast and cervical cancer. This pledge is documented in the Lusaka Declaration signed by the First Ladies of Zambia, Swaziland, Mozambique, Uganda, South Africa, Namibia, Congo Brazzaville, Zimbabwe, and The Gambia;
- Governments were urged to commit themselves to “own” the fight against breast and cervical cancer and make it a priority in policy formulation and resource allocation. In addition, governments through their ministries of health were urged to integrate cancer prevention and treatment programmes into the existing health services and systems.
- The traditional leadership pledged to use their authority and influence in their respective chiefdoms to enhance health seeking behaviour and encourage women to seek screening and treatment as a practical approach to avoiding breast and cervical cancer. They also pledged to help raise awareness on breast and cervical cancer and ensure that women who are suffering from these cancers are not discriminated against by the community. These pledges are documented in the Declaration by Their Royal Highnesses on Their Role in Prevention of Cervical Cancer.
- The cooperating partners have committed to making available financial, logistical, and technical support to speed up prevention and treatment programmes in many African countries.

The conference further called on information technology (IT) companies and the media to facilitate increased access to cancer screening by ensuring access to information technologies in rural areas and helping to raise awareness and sensitise men and women about the benefits of early screening and treatment of breast and cervical cancer.

Going forward, it is now incumbent on the First Ladies, governments (including MoHs), traditional leaders, advocates, and partners to fully meet the challenges that were laid out in the conference. The declarations signed by the First Ladies and Their Royal Highnesses must be utilised by stakeholders to advocate, raise awareness, mobilise resources and political will, hold governments accountable for women’s cancer control, and to focus attention on winning the fight against breast and cervical cancer in Africa.
Conference Background

History of the SCCA Conference

The first Global Stop Cervical Cancer Conference, held in London in 2006, helped set the Global Health Agenda to reduce the burden of cervical cancer in Africa. Africa’s burden of cervical cancer is disproportionately high with more than 70,000 new cases every year. Because of this, the conference attendees recommended that a meeting to address cervical cancer in Africa be held in Africa.

Following this decision, the Princess Nikky Breast and Cervical Cancer Foundation, as the co-convenor of SCCA in collaboration with host countries through the offices of First Ladies and ministries of health, started organising the SCCA conferences in Africa. They are listed below:

   The Forum of African First Ladies Against Breast and Cervical Cancer was launched at the 3rd SCCA Conference with three first ladies present: Uganda, South Africa, and Swaziland.
   The African Parliamentarians and Health Ministers Against Cancer was launched during the 4th SCCA Conference.

At each of these conferences it has been emphasised that women’s cancers can be prevented and controlled. Recently, human papillomavirus (HPV) has been demonstrated to account for virtually all cases of cervical cancer. Two HPV vaccines have been developed for use for primary prevention of cancer of the cervix. For secondary prevention, effective and affordable screening methods are now available. Early detection and treatment of women’s cancers has already been demonstrated to dramatically improve the chances of survival for these patients in Africa. The challenge is to expand these services across the continent.

Country experiences show that when leaders prioritize women’s cancers, the population responds enthusiastically and massively. The acceptability or feasibility of prevention programmes have not been obstacles where these services have been rolled-out. The availability of low-cost interventions for prevention of women’s cancers creates an unprecedented opportunity and responsibility to increase support for programmes to prevent, detect and treat women cancers.

In January 2012, the First Lady of Zambia, Dr. Christine Mwelwa Kaseba, was decorated Vice Chairperson of the Forum for African First Ladies Against Breast and Cervical Cancer and was requested to host the 6th Stop Cervical Cancer in Africa (6th SCCA) Conference from Sunday, 22nd to Tuesday, 24th July 2012 under the theme “A New Era in Cervical Cancer Prevention”.

The objectives for this conference were in line with the commitments made at the 5th SCCA conference and were stated as follows:
• To update and educate stakeholders on recent developments in cervical cancer prevention;
• To strategise, galvanise and mobilise African Governments, global support and funding for cervical cancer prevention;
• To formulate an appropriate document, signed to by the 6th SCCA delegates, to be used as an advocacy tool.

Global Perspective on Cervical Cancer

Rates of cervical cancer have fallen in most of the developed world over the past three decades as a result of screening and treatment programmes. The highest cervical cancer incidence rates in the developing world are found throughout Africa, Central and South America, and South-Central Asia. Rates in most developing countries have risen or remained unchanged due to higher HIV prevalences and due to a lack of prevention, screening, and treatment programmes.

Data from Globocan identifies cervical cancer as the third most common cancer in women worldwide and the eighth most common including male cancers. In 2008, it is estimated there were more than 530,000 new cases, more than 85% of which occurs in developing countries.

Countries with well-organized programmes to detect and treat precancerous abnormalities can prevent up to 80% of these cancers. Yet, effective screening programmes and follow-up have been difficult to implement in low resource settings where the health care system is already overburdened and where cancer programmes have traditionally been perceived as expensive when compared to alternative health priorities such as HIV, TB, and malaria. The time for change in this perception, however, has come. 88% of the mortality from cervical cancer occurs in developing countries and the time to prioritise interventions for women’s cancers is now overdue.
I’m a breast cancer survivor who has survived since 2005. My story is in 2003, there was a small lump that appeared in my left breast. I had felt it but ignored it. As long as something is painless, you don’t even bother to think about it. But then as my husband one day felt this lump, albeit it was still small, he said “Look, probably we might need to seek medical attention about this.” But even though I’d had information about cancer—there was cancer running in my family; I had a cousin who had been diagnosed with breast cancer, I had an auntie who had been affected, it didn’t occur to me that it could happen to me. So I ignored him.

The message that is there for everybody is early diagnosis for cancer can be able to save a life. It can be able to save many lives. For breast cancer, let us make sure that we do breast self-examination every month. If you are having your menses, you do breast self-examination seven days after you’ve started. If you have reached menopause, you do breast self-examination by selecting the same date every month. If you notice the following changes, like bloody discharge from the nipple, a rash around the skin of the areola, or a swelling in the breast, seek medical attention immediately to determine your health condition.
Declarations

Declaration by the First Ladies of Zambia, Swaziland, Mozambique, Uganda, South Africa, Namibia, Congo Brazzaville, Zimbabwe and The Gambia


“A New Era in Cervical Cancer Prevention”

Declaration of the First Ladies of Zambia, Swaziland, Mozambique, Congo Brazzaville, The Gambia, Ghana, Namibia, South Africa, Uganda, and Zimbabwe, as champions, support the prevention, care and treatment of breast and cervical cancer in African countries.

Preamble

We the African First Ladies, meeting here in Lusaka, Zambia from 22nd to 24th July 2012, under the theme “A new era in cervical cancer prevention” commit ourselves to working closely with our governments. In this regard we pledge to champion greater awareness about the burden of women’s cancers and other non-communicable disease in our own countries, and to work for improved financing and leadership for the prevention and control of women’s cancers. For the first time the GAVI Alliance will subsidize HPV vaccination for the world’s low income countries, targeting young adolescent girls. There is now global acceptance of more sensitive and less expensive alternatives to Pap smear screening for adult women, such as “Visual Inspection with Acetic Acid” or VIA. A new, more “field-friendly” HPV DNA test soon will be available as well. Africa has greater potential to reduce cervical cancer rates than ever before.

The World Health Organization estimates that more than 275,370 women die every year from cervical and/or breast cancer in the developing world, representing 88% of the deaths due to these diseases worldwide (WHO, Globocan, 2008). One out of every five deaths from cervical cancer occurs in women who live in Africa.

We recognize and thank all stakeholders contributing to the fight against cancer of the cervix: our governments, GAVI, PATH, the Pink Ribbon Red Ribbon Initiative, the Bill and Melinda Gates Foundation, the American Cancer Society, Merck, GlaxoSmithKline, the United Nations, PEPFAR and USAID, and all other stakeholders.

We express our gratitude to His Excellency, President Michael Chilufya Sata for openly showing support to the Forum of African First Ladies Against Breast and Cervical Cancer.

We applaud and congratulate Madame Nkosazana Dlamini - Zuma on her election as African Union Chairperson.
Commitment

I. Advocacy

We commit ourselves to working closely with our Ministries of Health, as they and other line ministries will be the agents through which these goals can be made reality.

We commit to take up the role as advocates in the fight against breast and cervical cancer; to speak for voiceless women, directly into the ears of the highest levels of government.

We pledge ourselves to working together with traditional leaders, religious leaders and civil society to create and increase awareness of the scourge and its solutions.

II. Resource Mobilization

We recognize that effective advocacy creates demand. As First Ladies, we commit ourselves to accelerated resource mobilization. Further, we commit to the maximization of every human and material resource, from the grassroots to the highest levels of government, in order to scale up prevention and treatment measures.

We commit ourselves to work for improved financing and leadership for the prevention of cancers throughout the continent.

Call To Action

We, the First Ladies strongly urge our governments and cooperating partners to own the challenge before us with speedy and decisive action. To our governments, we urge you to:

• Increase funding to the health sector, and particularly for reproductive health services
• Own comprehensive cancer programmes that encompass prevention, treatment and palliative care
• Scale up and support local research efforts on all cancers
• Build waiting homes for the accommodation of cancer patients in treatment, to decrease the numbers of defaulting patients
• Invest in increased and improved counseling for patients and families, from diagnosis to bereavement when it occurs
• Respond to the urgent need for the equipment and drugs necessary to facilitate Screen-and-Treat programmes throughout the country
• Take advantage of existing resources by integrating cervical cancer screening and treatment interventions into already existing and well-funded initiatives such as HIV and Family Planning Services
• Build capacity, especially by increasing the number and ability of midlevel providers to screen and treat, so that women have access to as many services as possible
• Increase the availability of services closer to where women are, eliminating the need to travel great distances for care
• Create legal backing for traditional leaders to effectively assist in decreasing harmful traditional practices
To our Traditional Leadership, we urge that you:

- Take ownership of this fight, mobilizing your communities, and engaging with us to address appropriately the specific areas of need in access to cancer screening and treatment
- Assist in changing the mindset of the subsidy especially dropping negative social-cultural norms, myths, beliefs and practices.

To the donors, we urge that you:

- Honour the commitments you have already made, especially in line with The Paris Declaration
- Scale up funding for cervical and breast cancer prevention, treatment and research for appropriate technologies
- Support the expansion and improvement of the cancer registry
- Specifically for those in information technology to enhance and speed up the referral system and provide real-time consultation

We reiterate the need to strengthen the relationships between government and donors on one hand and traditional leaders, religious leaders and civil society in order to ensure country effective and efficient readiness for cancer screening and vaccination programmes.

To the community, we call on women to utilize the available services, and further call on men to support and encourage women in accessing screening services and seeking early treatment.

With this Declaration, we renew our commitment to championing the vision of women’s health as we enter a new era in women’s cancer prevention.
HE Dr. Christine Mwelwa Kaseba Sata
First Lady of the Republic of Zambia

HRH Queen Nomza LaMatsebula
First Lady of the Kingdom of Swaziland

HE Dr. Maria da Luz Guebuza
First Lady of Mozambique

HE Mrs. Antoinette Sassou-Nguesso
First Lady of Congo Brazzaville

HE Madame Zeineb Yahya Jammeh
First Lady of The Gambia

HE Dr. Ernestina Naadu Mills
First Lady of the Republic of Ghana

HE Madame Penehupifo Pohamba
First Lady of The Republic of Namibia

HE Madame Tobeka Madiba-Zuma
First Lady of the Republic of South Africa

HE Hon. Janet Museveni
First Lady of Uganda

HE Mrs. Grace Mugabe
First Lady of Zimbabwe
Declaration by Their Royal Highnesses on Their Role in Prevention of Cervical Cancer

We the chiefs present here today, thank the First Lady and government through the Ministry of Health for including us in this conference and for calling upon us to join this fight against cervical cancer that is killing our people.

As custodians of our traditions, cultural norms and practices;

We commit ourselves to work with the Zambian government, the First Lady, civil society, NGOs, and corporate entities in the fight against cervical cancer.

We commit ourselves to mobilize, sensitize our subjects on prevention of cervical cancer if we are empowered with appropriate information and other related materials.

We pledge to lobby our local members of parliament, local councilors and NGOs working in our chiefdoms to join hands in this fight.

We call for scaling-up cervical cancer screening services to include our rural communities through mobile health services.

We appeal to government to provide us with legal backing in our quest to correct some of the traditional and cultural practices that encourage the spread of HIV and HPV in their chiefdoms.

Senior Chief Shakumbila – Mumbwa
Central Province

Senior Chief Chiwala – Masaiti
Chieftainess Shimukunani – Lufwanyama
Chieftainess Malembeka – Mpongwe
Copperbelt Province

Senior Chief Magodi – Magodi
Chief Jumbe – Mambwe
Chief Naymphande – Petauke
Eastern Province

Senior Chief Mununga – Chiengi
Chief Chisunka – Mansa
Luapula Province

Chief Bundabunda – Chongwe
Lusaka Province

Chief Nkweto – Chinsali
Muchinga Province

Chieftainess Ikelengi – Mwinilunga
Senior Chief Kasempa – Kasempa
North Western Province

Chief Mumporokoso – Mporokoso
Northern Province

Chief Macha – Choma
Chief Hamusonde - Monze
Chief Sinadabwe – Siavonga
Muchinga Province

Chief Kahare – Kaoma
Western Province
Communique
of the 6th Stop Cervical Cancer in Africa Conference

The 6th Stop Cervical Cancer in Africa Conference under the theme “A New Era in Cervical Cancer Prevention” was held in Lusaka from 22nd – 24th July, 2012. The conference was attended by:

- H.E. Mr. Michael Chilufya Sata, President of the Republic of Zambia.
- Hon. Dr. Maria da Luz Guebuza – First lady of Mozambique and Member, Forum of African Ladies Against Breast and Cervical Cancer.
- Her Royal Highness Inkhosi Kathi Nomsa LaMatsebula – First Lady of Swaziland and incoming Vice Chairperson of Forum of African First Ladies Against Breast and Cervical Cancer.
- Princess Nikky Onyeri, Co – Convener and Director General, Forum of African First Ladies Against Breast and Cervical Cancer.
- Hon. Dr. Joseph Kasonde, MP., Minister of Health
- Hon. Dr. Joseph Katema, MP., Minister of Community Development, Mother and Child Health
- Hon. Sylvia Masebo, Minister of Tourism and Arts
- Hon. Given Lubinda, MP., Minister of Foreign Affairs

Photo: The First Lady of Zambia and other delegates during the dinner reception and awards.
The conference was also attended by:

- Members of the Zambian Parliament,
- Representatives of First Ladies of, Congo Brazzaville, Gambia, Ghana, Namibia, South Africa, Uganda and Zimbabwe
- Their Royal Highnesses, the Traditional leaders from all parts of Zambia, Members of the Diplomatic Corps, and international delegates from all over the world

The conference:

- Commended the excellent work carried out by the outgoing Chair, Hon. Janet Museveni, First Lady of Uganda, Minister of Karamoja and extended their strong support to the new Chair of the Conference, Hon. Dr. Christine Mwelwa Kaseba, First Lady of the Republic of Zambia.
- Recognized the importance of the First Ladies’ role as advocates in the fight against Breast and Cervical Cancer.
- Called upon women to utilize the available services and requested men to support and encourage women in accessing screening services and seeking early treatment.
- Pledged to work with civil society, community and religious leaders to create and increase awareness on the scourge, and its solutions.
- Highlighted the Importance of traditional leaders in fighting the scourge and appealed to them to take ownership of the programme and address the specific areas of need in increasing access to cancer screening and treatment.
- Called upon African Governments to commit not only to prevention, but to treatment, palliation and local research efforts.
- Called upon cooperating partners to honour their commitments in order to scale up funding for cervical and breast cancer prevention and treatment.
- Requested African Governments and cooperating partners to recognize the essential need to increase the availability of services closer to women.
- Highlighted the need for concerted effort by all stakeholders in fighting the scourge. Therefore urged both governments and cooperating partners to recognize the potential of traditional Leaders and Civil Society Organizations.
- Commended H.E. Mr. Michael Chilufya Sata, President of the Republic of Zambia, for supporting the cause of women and for being the first African President to openly support the SCCA.
- Recognised and applauded GAVI, PATH, The Pink Ribbon, Red Ribbon Initiative, The Bill and Melinda Gates Foundation, the American Cancer Society, Merck, GSK, the United Nations, CDC, PEPFAR and USAID, amongst other stakeholders.
- Welcomed with satisfaction the move by GAVI alliance of subsidising the HPV vaccine for low and Middle income countries.
- Committed to the championing of better financial and material support to promoting awareness about the burden of women’s cancers and other non-communicable diseases and to work for improved financing and leadership for the prevention of cancers worldwide.
OFFICIAL OPENING CEREMONY

The 6th Stop Cervical Cancer in Africa Conference was officially opened by His Excellency, the President of the Republic of Zambia, Mr. Michael Chilufya Sata, and was attended by:

- The First Lady of the Republic of Zambia, Dr. Christine Mwelwa Kaseba;
- Her Royal Highness, Inkhosikathi Nomsa la Matsebula of the Kingdom of Swaziland;
- The First Lady of the Republic of Mozambique, Dr. Maria Da Luz Guebuza;
- Representatives of the First ladies of Congo Brazzaville, The Gambia, Ghana, Namibia, Uganda, and Zimbabwe;
- Minister of Health of Zambia, Hon. Dr. Joseph Kasonde, MP and Minister of Community Development, Mother and Child Health of Zambia, Hon. Dr. Joseph Katema, MP;
- Foreign Ministers;
- Dr. Charlotte H. Scott, Spouse of the Vice President of the Republic of Zambia;
- Dr. Maureen K. Mwanawasa, former First Lady of the Republic of Zambia;
- Senior Government Officials;
- Members of the Diplomatic Corps;
- Their Royal Highnesses, the Chiefs;
- Honorable Members of Parliament;
- The co-convener of the Forum for African First Ladies Against Cervical and Breast Cancer and Director General of Princess Nikky Breast and Cervical Cancer Foundation, Princess Nikky Onyeri;
- Scientists and Health Professionals;
- Religious Leaders;
- Cancer Survivors;
- Civil Society Organisations and NGOs;
- Members of the Press; and
- Students and Citizens.

In his welcome remarks, Dr. Joseph Kasonde stated that the conference was one of the most important conferences to be held in Zambia and declared war against cervical cancer.

Princess Nikky Onyeri gave a brief outline on the outcomes of the previous 2011 SCCA conference. She thanked President Sata for being the first head of state to openly support the SCCA and to officially open an SCCA Conference. Princess Onyeri also pointed out that Dr. Christine Mwelwa Kaseba is the first First Lady who, as an accomplished obstetrician and gynaecologist, brings specialised medical expertise to the Forum of African First Ladies Against Breast and Cervical Cancer.

During the ceremony, an overview on cervical cancer was presented showing the reality of difficulties faced by women in accessing cervical cancer screening services. The overview depicted how the lack of support amongst some men is an important barrier to women accessing care. The presentation also brought out the importance of information and knowledge as a channel to change mind-sets and beliefs which can eventually lead to improved access to services.
Presentations were made by cooperating partners, including the US Government and the United Nations (UN). Dr. Lawrence Marum, Director of the US Centers for Disease Control and Prevention (CDC) Zambia represented the US Government and Pink Ribbon Red Ribbon (PRRR) – a public private partnership led by the George W. Bush Institute, the President’s Emergency Plan for AIDS Relief (PEPFAR), Susan G. Komen for the Cure, and UNAIDS. He presented PRRR plans to leverage both public investments (such as PEPFAR) and private partnerships to expand the scale and scope of women’s cancer prevention, care and treatment. PEPFAR has supported cervical cancer screening and treatment in Zambia since 2006.

The UN Joint Programme, represented by Dr. Olusegun Babaniyi, commended the efforts of the Zambian Government to emphasize women’s and girls’ health. He urged the government to develop a comprehensive cancer strategy to improve access to screening and treatment of cervical cancer.

In their messages to the conference, the First Ladies of Swaziland and Mozambique shared experiences from their respective countries on the fight against cervical and breast cancer.

Her Royal Highness, Inkhosikathi Nomsa la Matsebula of the Kingdom of Swaziland announced that Dr. Christine Mwelwa Kaseba will be next Chairperson of the Forum of African First Ladies Against Breast and Cervical Cancer. She thanked the African Leaders for trusting women to head the African Union as seen at the 19th Ordinary Session of the African Union (AU) where Dr. Nkosazana Dhlamini Zuma was ushered in as the new AU Chairperson. Her Royal Highness also congratulated African women for showing support to the new AU Chairperson. She highlighted the impact of cervical cancer in Africa and mentioned that the theme of this year’s conference was a call to action to develop innovative methods of prevention. She appealed to development partners for more support towards the fight of cervical cancer. She acknowledged the participation of traditional leaders at the conference and the critical role they play to ensure that their people are educated on the disease. She informed the gathering that Zambia has contributed by training medical personnel from the Kingdom of Swaziland who are now carrying out screening with visual inspection with ascetic acid (VIA).

In her remarks, the First Lady of Mozambique, Dr. Maria da Luz Guebuza, highlighted the impact of cervical cancer in the Africa. She informed the audience that Mozambique – as in most of
Africa; 80% of those diagnosed with cervical cancer are already at an advanced stage. The First Lady pointed to Mozambique’s health programme, which is beginning to integrate cervical cancer screening with maternal health programmes in an effort to identify women earlier.

In her Keynote Speech, the First Lady of Zambia, Dr. Christine Mwelwa Kaseba, welcomed everyone to Zambia and to the 6th SCCA Conference. She thanked President Sata for gracing the event. The First Lady also expressed gratitude to the organizing committee, sponsors, and all other well-wishers for making the 6th SCCA a great success. She noted that the national cervical cancer statistics were alarming and made an earnest appeal on behalf of Zambian women to their Government to expand and make cancer care services accessible and affordable. She called on Government to support the introduction of the HPV vaccine to young girls for prevention of cervical cancer.

The Guest of Honour, President Sata welcomed the First Ladies, Ministers, traditional leaders and delegates attending the conference. In his address, President Sata, acknowledged that cancer was an emerging public health problem in both women and men. The President also raised concern about the increase of cancers in men - such as prostate cancer - and advised that efforts equally be raised to address the scourge. President Sata reaffirmed the Government’s support and commitment to increase budget allocations to the MoH and indicated the need to train Zambians to safeguard the future in the fight against cancer.

The President also stressed the need to eliminate corruption in the health sector to ensure that all resources are applied for the intended purposes. President Sata noted the support provided by President George W. Bush - through PRRR - a public-private partnership aimed at cervical cancer prevention in resource-limited settings that includes pharmaceutical companies such as Merck and GlaxoSmithKline (GSK) – to contribute vaccines for HPV immunisation of 50,000 school-going girls in Zambia. He also commended the participation of the traditional leaders who play an integral part in sensitizing their people. With these remarks, President Sata declared the conference officially open.

In celebration of The President’s support of the Forum of African First Ladies Against Breast and Cervical Cancer, President Sata was decorated as a Good Will Ambassador for Maternal, Women, and Children’s Health.
I’m Mary Ngambi Yoyo. I’m a cervical cancer survivor and I’m aged fifty years. In the year 2006 I had gone for a pap smear at one of the Planned Parenthood clinics. However, when I got the results, I was told that I had an infection and I was given some antibiotics. I was told to go back for review but I never did because I believed that the infection had been cleared after the administration of the antibiotics. At that time I was working for the bank in a busy office.

I’m just grateful to God that I’m alive and it is my prayer that the sensitization programmes should be enhanced in this country, so that women are aware of the risks of not going for screening. And it is also my prayer that the medical and nursing staff should be specific in the manner they tell patients about their medical condition unlike the way it was put to me that it was a mere infection. If they had told me that I was developing cervical cancer, probably I could have gone back.
This session featured presentations from Merck, GlaxoSmithKline (GSK), and the GAVI Alliance providing updates on access to HPV vaccines in developing countries. Dr. Benson highlighted Merck’s access programmes that assist developing countries to access and develop programmes for HPV vaccination in developing countries – namely by engaging global, regional, and local champions in cervical cancer prevention, assisting to facilitate the implementation of HPV vaccine programmes via in-country support, and partnering to support countries in developing comprehensive cervical cancer programmes.

John-Kenneth Billingsley of GSK provided an overview of the vaccine access programmes GSK has engaged in as well as an overview of the clinical data on Cervarix – GSK’s HPV vaccine. While Cervarix has already been approved for use in 9-26 year-olds with a 3-dose regimen, GSK is conducting new research on the efficacy of a 2-dose regimen for 9-14 year-olds – which would alleviate some challenges in implementing HPV vaccination programmes and reduce costs – as well as vaccine safety and efficacy on younger children aged 4-6 years.

Dianne Summers then presented on the support the GAVI Alliance is able to provide to low and middle income countries (LMICs) in introducing HPV vaccine. Working with Merck and GSK, GAVI has secured access to both companies’ HPV vaccines at preferential prices for LMICs. Summers provided an overview of the timeline and application requirements for LMICs interested in rolling-out HPV vaccine programmes with GAVI support. In short, the process requires a demonstration of a country’s ability to vaccinate 50% of a target population of 9-13 year old girls with a multi-dose vaccine.

The timeline for introducing HPV vaccine with GAVI support was presented as on the following page. It is noted that this schedule has remained similar for 2013, but the 2014 schedule is subject to change. Up-to-date information on HPV vaccine demonstration and national introduction support through GAVI is available at: http://www.gavialliance.org/support/apply/.
HPV Vaccine Introduction

- Ntnl into Application opens
- Deadline for country applications
- IRC review National Applications
- Board Decision on Ntnl Apps
- Vaccine introduction Nationally

- Demo Programme Windows opens Q3 tbd
- Vaccine intro in demo area
- Ntnl intro Application opens
- Vaccine introduced Nationally

- Vaccine introduction
- M&E

Countries with demonstrated ability
Countries without demonstrated ability

Year 1: Demo project implementation
Year 2: Bridging phase
Dr. Brawley began the plenary with a presentation covering the global statistics on cancer, cancer epidemiology as well as the disproportionate burden of cancer mortality amongst women in Africa. The well-known challenges of human resources constraints, lack of equipment, and lack of medicines for treatment of cancer were highlighted as major barriers. However, Dr. Brawley also highlighted the critical lack of high-quality population-based cancer registries across the continent. Cancer registries are particularly important in LMICs to establish a proper evidence base on which to develop national cancer control strategies able to effectively prioritise interventions and allocate resources to prevent needless suffering and save lives.

Dr. Mwanahamuntu followed-up by highlighting that Zambia has the second highest estimated cervical cancer incidence in the world comprising 30.3% of cancers diagnosed at University Teaching Hospital (UTH). The high prevalence of HIV in Zambia accelerates the development of cervical cancer in the country by increasing the likelihood that an HPV infection will become a persistent infection able to cause cervical cancer. Dr. Mwanahamuntu presented a three-pronged approach for effective cervical cancer control: National HPV vaccination programmes of girls; screening and treatment of pre-cancerous lesions; and improved treatment infrastructure.

Dr. Agosti detailed the support that the Bill and Melinda Gates Foundation (BMGF) is committed to providing to countries in Africa to address the burden of cervical cancer. This support tracks with the recommendations made by Drs. Brawley and Mwanahamuntu. Namely, the BMGF is able to assist countries with:

- Focused technical support through partnership to augment country-led plans;
- Monitoring and evaluation;
- Global tracking of cervical cancer and screening coverage as a non-communicable disease (NCD) indicator;
• Dissemination of lessons learned;
• Advocacy and resource mobilization;
• Evaluate options for future low-cost vaccine.

Models of Implementation in LMICs
Reflections on Zambia Cervical Cancer Prevention Experience - Prof. Groesbeck Parham

Prof. Parham provided an overview of the Cervical Cancer Prevention Programme in Zambia (CCPPZ) that was implemented beginning in 2005 with support from PEPFAR. Based on information from a pilot study of HIV positive women in Zambia, CCPPZ began offering “screen and treat” services in Zambia using visual inspection with acetic acid (VIA), cervicography, and cryotherapy. The unique programme has trained nurses and doctors to screen for and treat cervical pre-cancer and incorporates digital photography into its tele-medicine (eC3) in its training, diagnostic, and quality assurance program.

The programme also incorporates trained community health workers to mobilise women in communities to come for screening and has demonstrated that 1 cervical cancer death can be prevented for every 46 HIV positive women screened.

On July 4, 2013, the Adult Infectious Disease Centre Zambia (AIDC) was designated an African Centre of Excellence for Women’s Cancer Control and offers training and support for countries in the region seeking to develop cervical cancer programmes.

More on the eC3 cervical cancer screening and treatment model can be found at: http://www.ncbi.nlm.nih.gov/pubmed/20592550
The plenary focused on identifying the role that both African First Ladies and parliamentarians are able to play in the fight against cervical cancer. H.E. Right Hon. Rebecca Kadaga spoke of the experience of Uganda. Members of Parliament derive their mandate from the Constitution in their respective countries and are able to promote health issues by advocating through civil society and promoting partnerships with stakeholders.

Advocacy is necessary to ensure that issues that affect African women are prioritised by governments. Recognition of this need led to the development of the Forum for Women’s Health in Uganda – of which the Head of State is the patron. The Forum promotes the health of women through advocacy for cancer screening and scale-up of HPV vaccination. The paramount issue for the Government of Uganda is to ensure that the health budget is increased to support areas important to women’s health such as maternal health, safe abortions, and prevention and treatment of women’s cancers.

H.E. Kadaga also acknowledged the importance of the SCCA conferences. Through the awareness created by the 2nd SCCA conference in Kampala in 2008, partners in Uganda have come forward to offer assistance to the First Lady of Uganda on cervical cancer prevention and treatment.

Following H.E. Kadaga, First Ladies from Uganda, Namibia, the Gambia, and Congo Brazzaville spoke of their experiences in each of their countries. In Uganda, the challenges remain that there are few trained health care workers for cancer management, poor sensitisation of cervical cancer, and a lack of an effective cancer registry.

In Namibia, there’s recognition that HIV is no longer the only priority issue related to reproductive health and that cancer screening and control needs to be incorporated into national health programmes. The presentation also highlighted some of the strategies for advocacy, resource mobilisation, and dissemination of information on cervical cancer control in Namibia.
In the Gambia, the presentation highlighted the fact that the cancer office remains underdeveloped and that there is insufficient data being collected. The lack of development in the cancer office means that patients must be sent to Senegal to receive cancer treatment. However, recent plans have been developed to establish a cancer clinic for women’s health in the country.

Finally, the presentation from Congo Brazzaville revealed that cervical and breast cancers have been raised to the top of the health agenda in the country and the budget allocation for health has been trebled. The country already has an active HPV vaccination programme in operation and medical staff are being trained to carry out cancer sensitization and prevention activities. Radiotherapy facilities are also available but with insufficient staff at present.

Overall, these presentations highlighted what can be done with sufficient political will and attention being directed towards cervical and breast cancer.

Models of Implementation in LMICs
Lessons from the Past & Planning for the Future – Dr. Emmanuel Mugisha

PATH began research on the provision of HPV vaccine in Uganda in 2008. It designed two delivery strategies: Delivery through Child Health Days for girls targeted by age; and Delivery of vaccine through schools for girls by grade/class. Educational materials and tools were developed for each of the delivery strategies.

Both strategies were implemented in target districts. The study revealed that coverage rates were much higher for grade based strategies (90.5% and 88.9% in 2008 and 2009 respectively) compared with age based strategies (52.6% and 60.7%). Schools can be good avenues for vaccination but require good coordination with the Ministry of Education and teachers, a functional community outreach programme to raise awareness, and high attendance rates in the target population.

Uganda has chosen to implement a hybrid vaccination programme by vaccinating girls during child health days by utilizing grade in school rather than age for selection of targeted girls. Uganda is now phasing in a national vaccination programme with a few districts in 2012 and 2013 with national introduction with support from GAVI targeted for 2014.

PATH International is able to offer technical support to MoHs in countries planning implementation of demonstration projects for GAVI-eligibility, including:

- Preparation of GAVI applications;
- Development of implementation plans;
- Drafting or review of communications and training materials;
- Sharing of existing tools and other resources; and
- Design of evaluation strategies.
Day Two
Session I: Country Reports

Presentations and Presenters

Key Components in a Cervical Cancer Prevention System in Zambia
Dr. Elizabeth Chizema

Lessons Learned in Managing a Cervical Cancer Prevention Program in LMIC
Dr. Sharon Kapambwe, CIDRZ

The Kenya National Cervical Cancer Prevention Program
Dr. Gathari Ndirangu Gichuhi, Ob/Gyn

Challenges for Scale Up of Cervical Cancer Prevention Services in Low Resource Settings – The Uganda Experience
Dr. Dan Murokora, Medical Director, Uganda Women’s Health Initiative

This session highlighted experiences and lessons learned from Zambia, Kenya, and Uganda in the process of implementing and scaling-up cervical cancer prevention and treatment programs.

In Zambia, Dr. Elizabeth Chizema identified three critical but distinct phases for establishing cervical cancer prevention programmes: a policy phase; a planning phase; and an implementation phase. Initially, the policy phase is targeted at confirming there is sufficient political commitment for the investment of resources and engagement of high level stakeholders, the development of national policies, and the identification of the screening and treatment methods that will be employed. During the subsequent planning phase a management team is established by the MoH and local stakeholders are consulted. Needs assessments and action plans are then developed based on consultations. Finally, during the implementation phase, the systems for service delivery and capacity for quality assurance are developed. Along with these, community education and sensitization programmes must be implemented. M&E programmes monitoring clinical services, linkages between services, and the performance of trained providers must be implemented as well as systems to analyse the data gathered and to modify programmes based on the M&E data.

Dr. Sharon Kapambwe’s confirmed the importance of political will to cervical cancer screening programmes. Dr. Kapambwe also emphasised the importance of locally appropriate screening methods, of context appropriate technologies, and the importance of data collection and analysis as pillars of a successful program. This includes the value of continuing medical education for practitioners, on-going consultations for nurses with expert gynecologists, and a system for review of clinical activities and updates. The main recommendations from the presentation included putting in place systems documentation, monitoring and evaluation to
avoid misdiagnosis, research to provide evidence-based strategies, and using existing structures to implement the programme.

In Kenya, Dr. Gathari Ndirangu Guchuhi identified the main challenge to implementation of a nationwide programme is that the programme has thus far been implemented in a haphazard fashion. The screening programme is only in select areas through a pilot project and only 3.2% of eligible women have been screened as a result. The lesson learned has been that a successful screening programme requires guidelines for prevention and management of cancer of the cervix to be in place at the national level. Kenya now has a Cervical Cancer Prevention Strategic Plan (2012-2015) and Parliament has been engaged through the National Cancer Control (2011) Bill. Community awareness remains a problem, but is increasing along with the development of infrastructure for cancer control.

In Uganda, Dr. Dan Murokora highlighted that the context in Uganda is similar to that in most African countries – that cervical cancer prognosis is poor due in part to late diagnosis and lack of capacity and resources for more advanced treatment. Uganda has now developed a strategic plan for cervical cancer prevention that will be the basis for phased scale-up efforts incorporating training of trainers to help roll-out new screening sites. The strategic plan, however, is currently not funded by the Government of Uganda and is thus reliant of funding from partners. The MoH intends to create a budget line-item for cervical cancer in the future in order to ensure resources for the programme are sustainable in the future.

Country Reports point out the importance of national planning and of directing resources at low key and cost effective interventions coupled with a proper monitoring and evaluation process. The training of health care personnel to deliver such interventions was emphasised.

Models of Implementation in LMICs

Combined Breast and Cervical Cancer Screening and Cervicography in Tanzania – Dr. Olola Oneko

In Moshi, Tanzania, Kilimanjaro Christian Medical College (KCMC) has integrated breast cancer screening for clients seeking cervical cancer screening services. Breast cancer screening is offered to every client who attends the cervical cancer clinic. The limited data from the clinic shows that breast screening is particularly valuable for those over 40, but is also be indicated for women over age 26. The integration of these services helps the clinic avoid parallel programming, save time and money, and permits optimal utilisation of medical personnel and training. Additionally, Dr. Oneko separately presented on the value of adding cervicography (CvG) to VIA as a screening method in Tanzania. CvG involves using digital photography of the cervix during VIA screening to enable image enlargement (similar to colposcope), tele-consultations, and quality assurance. CvG images may also be stored and used for follow-up. Data presented showed that CvG identifies more cases of pre-cancerous lesions than VIA alone. Images stored from CvG screening can also be used for future training of health care workers.

Both of these presentations reveal that breast cancer screening and the use of CvG lead to saving lives and are feasible in Africa.
This session focused on methods for prevention of cervical cancer in both HIV positive and HIV negative women.

**Pre-Cervical Cancer Screening**

Katundu Katundu’s presentation focused on comparing different secondary prevention screening methods: cytology, VIA and HPV-DNA testing.

While the presentation showed that there are sensitivity and specificity advantages to cytology and HPV-DNA testing, both methods require multiple clinic visits, laboratory capacity, and are costly when compared to VIA. VIA testing is realistic and important for the African setting while continuing research to improve HPV-DNA testing and reduce costs is conducted. When the technology is ready, the integration of VIA and HPV-DNA testing will allow longer screening intervals and reduce over-treatment of women screened with VIA.
Male Circumcision and Prevention of Cervical Cancer

Professor K.S. Baboo’s presentation highlighted studies showing that medical male circumcision (MMC) is associated with a 30% reduction in the incidence of HPV in men. MMC is also associated with increasing the likelihood of men clearing an HPV infection by 50%. Along with other health benefits for men – such as reducing HIV and syphilis incidence – implementing MMC programmes to decrease HPV prevalence among men can potentially reduce the rates of cervical cancer in women – particularly in populations with high HIV prevalence.

To take full advantage of opportunities to prevent cervical cancer, the presentation recommend that MMC be encouraged and that HIV and HPV prevention programmes be integrated.

Cervical Cancer Screening and HIV

Three presentations examined the relationship between HIV and cervical cancer. Compared with HIV negative women, HIV positive women are at higher risk of persistent and multiple HPV infections, earlier appearance of cervical pre-cancer and more aggressive disease than HIV-uninfected women. While cervical cancer is an AIDS defining illness, the provision of antiretroviral therapy (ART) does not appear to reduce the rates of cervical cancer in HIV positive women. As more HIV-infected women receive ART they will live longer and more women will develop cervical cancer unless effective secondary prevention programmes are put in place.

There is currently a lack of specific cervical cancer screening and treatment guidelines for HIV positive women, thus the current indication is to screen and treat as for HIV negative women. However, this is an area of on-going research. For now, recommendations are to: Develop policy for management of cervical cancer prevention and treatment in the country; integrate cervical cancer screening, education, and referral into HIV services (VCT, ART clinics); encourage HIV-positive women to be screened annually as long as VIA is negative and every 6-months for HIV-positive women with a positive VIA screening; and implement cancer registries that ensure data is gathered on incidence and treatment success for HIV positive and negative women.

### Side by Side Comparison of Secondary Prevention Screening Methods

<table>
<thead>
<tr>
<th></th>
<th>Cytology</th>
<th>DNA test</th>
<th>VIA</th>
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<tbody>
<tr>
<td>Advance Clinical Expertise Required</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Advanced Infrastructure Needed</td>
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<td>No</td>
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<tr>
<td>Reliant on Clinical Laboratory</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Referral System Required</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Able to Treat on the Same Day</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Estimated Costs ($)</td>
<td>$$$</td>
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Sahasrabuddhe, 2011; Tsu, 2005
This session focused on the quality of life of challenges faced by women either under-going treatment or who have survived cervical or breast cancer. Many cancer survivors struggle to overcome the shock of their diagnosis and to deal with the overwhelming situations that they encounter.

The session included presentations from organisations that offer support to either cancer patients or survivors. Four of the organisations – The Uganda Women’s Cancer Support Organisation (UWOCASO), the Zambia Cancer Society (ZCS), the Breakthrough Cancer Trust (BCT), and the Cancer Support Network of Zambia – focus on raising awareness, promoting healthy lifestyles, and the provision of psycho-social support to cancer patients, survivors, and their families. These organisations all mobilise resources for this purpose and although the models of support vary from establishing resource centres for cancer patients and survivors to access counseling and gain knowledge about what to expect going forward, to offering counseling alongside support for transport assistance and monthly “baskets of hope” to cancer patients, to maintaining a ward for female cancer patients at UTH, the importance of psycho-social support was thoroughly
emphasised as was the need for advocacy, awareness building and establishing networks of cancer survivors and advocacy organisations to promote coordinated survivorship research in Africa.

Njekwa Lumbwe’s presentation focused on the importance of palliative care to cancer patients. The essential components of palliative care include supportive home care teams, and pain and symptom control using researched and available methods. Palliative care enables cancer patients to maintain a higher quality of life during treatment and the patient and family-centred approach to care can provide peace, comfort, and dignity for the patient and family that results in death being a more dignified experience for them when treatment is unsuccessful.

Nchebe Chitashi highlighted the relative lack of study in Africa on quality of life outcomes for women who receive chemo-radiotherapy. The presentation focused on a study conducted with UTH with 64 patients who received chemo-radiotherapy between 2009-2010. The study found that after 12 months, disease free women expressed positive changes and improved social, functional, and emotional well-being. Yet, socio-demographic dependent concerns regarding sexual function, worry, and sad feelings persist. Likewise, lower levels of education, relationship problems, and age are associated with greater on-going quality of life problems. The presentation argues that it is important that health care professionals recognise issues of cancer survivorship and pay attention and follow-up on these issues.

Finally, Mumba Sata highlighted the lack emphasis on paediatric cancers. Low levels of community awareness about early symptoms and progression of paediatric cancers leads to late diagnosis, treatment, and higher mortality. The Kayula Childhood Cancer Foundation (KCCF) seeks to address this lack of lobbying and advocacy interventions that would lead to better services for paediatric cancer patients.
Day Two
Session IV: Traditional Leadership Forum

The objective of the session was to focus on the role of their Royal Highnesses in supporting cervical cancer prevention efforts in their communities.

The Royal Highnesses were thanked for the support they continue to render to government and their communities in cervical cancer prevention and were encouraged to continue with the work they are doing.

In response, the Royal Highnesses agreed that prevention is better than a cure and committed themselves to working with government. They resolved to sensitize their people on cervical cancer screening and prevention efforts that are in place and participate in future sensitization efforts as these programmes are expanded. They noted that most of their people did not know the signs and symptoms of cervical cancer, which inhibits the speed with which people seek treatment. Thus, they advised that health workers manning rural health posts be trained to help teach community members about early signs and symptoms of cervical cancer.

The traditional leaders were also of the view that Government must scale up the availability of screening services in the rural areas and that the traditional leaders would work together with NGOs, politicians, and local government in this fight. The traditional leaders also encouraged the use of traditional counselors who – if appropriately trained – could play an important role in advising youth and serving the community with awareness messages.

During the session, rural-based health personnel were encouraged to have regular contact with the traditional leaders as they carry out their routine work in the community. Further, traditional leaders were urged to organize and coordinate their leadership structure (Indunas, headmen) to be a channel through which health messages could be transmitted to the community.

The Royal Highnesses committed themselves to setting aside ideal land that could be used for construction of rural health posts in their quest to work with government against cervical
cancer. They also called on government and other stakeholders to set up community radio stations that could be used for transmission of awareness and prevention messages.

The Royal Highnesses requested that adequate information on cervical cancer prevention messages in local languages be added to the HIV prevention materials which are already well distributed through NGOs and government systems.

The traditional leaders also called on government to make screening available in their communities, as the services were only available at the provincial level, which is too far away from the people.

The Royal Highnesses were of the view that their efforts in the community should be supported by the enactment of laws so that their community work is not in conflict with human rights and child rights that are being taught to young children and affect community governance.

On empowering women with more voice and decision-making powers in a male dominated society, the Royal Highnesses indicated willingness to encourage women, together with their partners, to fight traditional vices which accelerate the spread of cervical cancer.

Drs. Stali and Chintonga stressed the commitment of government to scale up nationwide screening and prevention efforts in rural areas in the near-term, as has been done with the support of the Royal Highnesses in the fight against HIV. The challenge for chiefs is to ensure that women go for screening when the service is made available.

The Royal Highnesses’ deliberations culminated in the Declaration by Their Royal Highnesses on Their Role in Prevention of Cervical Cancer.
Ensuring Country Readiness for Cervical Cancer Prevention: Screening and Vaccination

The First Ladies meeting highlighted important opportunities for engagement, such as the announcement by Melinda Gates of a billion dollar commitment by BMGF to improve access to contraception. The commitment of other key stakeholders GAVI, PATH, PRRR, ACS, GSK, and Merck was also reaffirmed.

The presenters emphasized the nearing deadline of the Millennium Development Goals (MDGs) for improving women’s survival, and stated the importance of those working in the field in achieving the First Ladies’ goals for cervical cancer prevention and treatment. The September 2011 UN Declaration at the Summit in New York on NCDs listed cervical cancer as a key issue in meeting the MDGs, and identified the vaccination of girls against HPV a crucial intervention.

It was stressed that the commitment of high powers be maximized in identifying the discrete steps that can be taken by governments and organizations to identify and fill gaps in prevention, screening and treatment programmes. Recurring themes in the First Ladies’ discussions included the importance of facilitating international and local partners to come to the table, as well as ensuring country readiness for implementation of programmes, particularly cancer screening and HPV vaccination.

The deliberations culminated in the drafting and signing of the Lusaka Declaration. The document gave recommendations for country leadership, key donors, traditional and religious leaders, civil society organizations and the general public. The declaration is included above.
Day Three
Plenary Session

Presentations and Presenters

Scaling-Up practical cervical cancer prevention services
Dr. Mary Rose Giattas, JHPIEGO

Cervical Cancer Secondary Prevention: Program Monitoring and Evaluation
Dr. Sara Forhan, U.S. Centers for Disease Control (CDC)

Access to Radiotherapy
Dr. Kennedy Lishimpi, Executive Director and Consultant Clinical Oncologist, CDH Zambia

Investment in Building of Human Resources in the Field of Oncology and the Health Sector at Large: Empowering Advocates and Fostering Partnerships that Address Africa’s Cervical Cancer Threat
Ann McMickel, American Cancer Society

The final plenary session involved presentations on scaling-up of cervical cancer programmes, M&E, access to radiotherapy in countries, and human resources for oncological services.

Dr. Giattas presented on the model of cervical cancer prevention being implemented in Tanzania through a partnership of JHPIEGO, the Ministry of Health and Social Work (MoHSW) and other partners. The presentation offered an overview of the process of scaling-up cervical cancer screening in the country and the challenges still being faced. The model in use in Tanzania is implemented utilising VIA plus cryotherapy in a single-visit approach where possible and offered to clients through a provider initiated counseling and testing approach (PICT). Critically, the services are offered to both HIV positive and HIV negative women, but integration of the cervical cancer screening programme into HIV care is essential going forward. Likewise, community outreach and awareness building are required for any successful program.

Dr. Forhan’s presentation stressed the importance of M&E for cervical cancer programmes. M&E enables programmes to learn from past programmatic experience, ensures that designated services are being provided, can evaluate the efficiency of the services, allows for accountability within the programme, and can be used to demonstrate results to key stakeholders. To be successful, however, M&E must be initiated during the design phase of the programme as a vital component of cervical cancer screening and must receive appropriate resources.

Dr. Lishimpi then highlighted the critical shortage of radiotherapy access in LMICs. Combined with inadequate screening programmes that result in patients only presenting at very late stages of disease, the lack of radiotherapy means that treatment options are severely limited for most patients. Barriers to access to radiotherapy go beyond the lack of radiotherapy equipment,
but are linked to human resources, maintenance of equipment, and economic and geographic barriers that further complicate access to radiotherapy services.

Investment in radiotherapy is a necessary component of the comprehensive programme to fight cancers on the continent.

Finally, Ms. McMickel highlighted that there have been great strides globally in the control and eradication of major communicable and non-communicable diseases and that the same could be achieved for cancer. Cancer has a unique impact on African women and this threatens the regions development gains and forward economic progress. To raise awareness and resources, global partnerships with organisations such as Cervical Cancer Action and the Women’s Taskforce on NCDs, leveraging leadership and the voice of African First Ladies, the Princess Nikky Breast and Cervical Cancer Foundation, and a broad range of women’s health experts should be engaged in to call for making women’s cancers and NCDs a global priority.

![Figure: Access to radiotherapy across the globe. Source: IAEA.](image)
Day Three
First Ladies Tour

“The First Ladies in attendance at the 6th SCCA Conference toured health facilities offering cervical cancer screening and treatment services in Lusaka, Zambia. These facilities included George Clinic, which offers VIA and cryotherapy services, the Adult Infectious Disease Centre and the African Centre of Excellence for Women’s Cancer Control (www.acewcc.org) - currently the only designated centre of excellence for women’s cancers on the continent.”

Photo: Dr Christine Mwelwa Kaseba, Dr. Maria da Luz Guebuza and Inkhosi Kathi Nomsa La Matsebula at George Clinic in Lusaka, Zambia. George Clinic offers cervical cancer screening using the see-and-treat method.

Photo: Dr Lackson Kasonka, Senior Medical Superintendent (UTH), Dr Christine Mwelwa Kaseba, Dr. Maria da Luz Guebuza, and Inkhosi Kathi Nomsa La Matsebula and Prof. E. Chomba, Permanent Secretary Ministry of Community Development, Mother and Child Health, at the African Centre of Excellence for Women’s Cancer Control at UTH.
Photo: The delegation in one of the cervical cancer treatment rooms at AIDC.

Photo: Professor Groesbeck Parham explains the electronic hub at AIDC. The electronic hub is an innovative electronic system that supports nurse-led cervical cancer prevention clinics operating in Zambia.
Photo: Professor Groesbeck Parham explains the operations of the Cervical Cancer Prevention Programme in Zambia to the delegation of First Ladies.

Photo: The delegation of First Ladies tour an exhibition stand of the Breakthrough Cancer Trust.
The First Lady of Zambia, Dr. Christine Kaseba, expressed how glad she was that the conference was successful and had come to an end. She thanked the organising committee, rapporteurs, delegates and sound system people for the smooth running of the conference.

Dr. Kaseba underlined the fact that the number of delegates was overwhelming with 1,200 participants and despite such a large number, the conference ran smoothly and was successful.

Dr. Kaseba also outlined the highlights of the conference which stated that silence and stigma is a barrier to the fight against cancer. The conference recognised the financial restraints in the developing countries which make the fight against cancer a challenge. The conference acknowledged that medical male circumcision helps in the reduction of HIV and HPV transmission. The conference commended the commitment of the chiefs and traditional leaders to support breast and cervical cancer programmes. The conference also commended the participation of ministers and members of parliament even before the conference.

Dr. Kaseba thanked H.E., President Sata and partners to the forum as well as the foreign delegates who attended the conference. She appealed to all participants to join the first ladies in this quest and declared the conference closed at 16:04 hours.
My name is Catherine Munaumba, a breast cancer survivor for five years. I was diagnosed with breast cancer in 2007 after experiencing pain in the breast and a bloody discharge. I went to the hospital where I was told that I had to do a biopsy and thereafter I was told that I have cancer. I underwent a mastectomy on the affected breast. I had no problem with the procedure and I recovered well. After I recovered and did chemotherapy treatment for six months.

My message to the people, who are still receiving treatment, is to encourage them not to give up. This is a passing phase. Don’t miss any appointment. Take the medication, I know it is painful; I’ve passed through it. I have felt pain; cancer is painful. Cancer is expensive to treat. But here I am, working for the community. Now that I have survived, I want to fight cancer back.
Appendix One
Conference Agenda

6th Stop Cervical Cancer in Africa Conference (SCCA)
Theme: A New Era in Cervical Cancer Prevention
Host Country: Government of the Republic of Zambia

Monday 16th – Saturday 21st July 2012 (Taj Pamodzi Hotel)
Registration and accreditation of delegates

Conference Day One: 22nd July 2012
Cocktail hosted by the Minister of Health

18:30 Arrival of invited guests
19:10 Arrival of First Ladies
19:20 Opening prayer
19:25 Welcome remarks
   Hon. Dr. Joseph Kasonde, MP: Minister of Health
19:30 Background of Stop Cervical Cancer in Africa
   Princess Nikky Onyrico, Founder and Director General, Forum of African First Ladies Against
   Breast and Cervical Cancer; Founder and Executive Director, Princess Nikky Breast Cancer
   Foundation
19:40 Cervical cancer vaccines: Updates and perspectives from Merck
   Dr. Joan Benson, MSD/Merck
19:50 Cervical cancer vaccines: Updates and perspectives from GSK
   John-Kenneth Billingsley, Director, Global Public Policy and Government Affairs, GSK
20:00 Update on cervical cancer vaccines approval by GAVI
   Diane Summers, Senior Specialist Advocacy, GAVI Alliance
20:10 Q&A summary
20:20 Closing remarks followed by cocktail

** Background entertainment by Silimba Cultural Group**

Conference Day Two: 23rd July 2012
Plenary Session Chairperson: Dr. Elizabeth Chizema, Director of Public Health and Research
(DPHR), Ministry of Health

08:00 Arrival of First Ladies
08:20 Welcome, introductions, and conference objectives
   Dr. Reuben Kamoto Mbewe, Acting Permanent Secretary, MOH
08:25 Outcomes of the previous Stop Cervical Cancer in Africa meetings
   Princess Nikky Onyrico, Co-Convenor and Director General, Forum for African First Ladies
   Against Breast and Cervical Cancer
08:35 Bill And Melinda Gates Foundation activities in cervical cancer vaccination and screening
   Dr. Jan Agosti, Priority Initiative Lead For HPV. Neglected Infectious Diseases, Global Health Bill
   and Melinda Gates Foundation
08:45 Global impact of cervical cancer: Closing the cancer information divide
*Dr. Otis Brawley, Chief Medical Officer, American Cancer Society*

09:00 Burden of cancer in Zambia and in Africa
*Dr. Mulindi Mwanahamuntu, Consultant OB/GYN University Teaching Hospital, Zambia*

09:15 Reflections on Zambia’s cervical cancer prevention experience
*Professor Groesbeck Parham, African Centre Of Excellence For Women’s Cancer Control*

10:00 Arrival of the guest of honour/national anthem of Zambia

10:10 Prayer
*Zambia army chaplain*

10:20 Introduction of session and call to Minister of Health

10:25 Welcome remarks
*Hon. Dr. Joseph Kasonde, MP: Minister of Health*

10:30 Entertainment

10:35 Pink Ribbon/Red Ribbon initiative: Leveraging the PEPFAR platform to address women’s cancers
*Dr. Lawrence Marum, Zambia Country Director, US Centers for Disease Control and Prevention*

10:40 Cancer survivors: My story (recorded)

10:45 Goodwill messages: UN joint program

10:50 Message from Mozambique
*Dr. Maria Da Luz Guebeza, First Lady of Mozambique and Member, Forum of African First Ladies Against Breast and Cervical Cancer*

10:55 Message from Swaziland
*HRH Knhosi Kathi Nomsa Lamatsebula, First Lady of Swaziland and Incoming Vice Chairperson, Forum of African First Ladies Against Breast and Cervical Cancer*

11:00 Keynote address
*Dr. Christine Mwelwa Kaseba, First Lady Of Zambia and Vice Chairperson, Forum of African First Ladies Against Breast and Cervical Cancer*

11:15 Invitation of the guest of honour
*Hon. Dr. Joseph Kasonde, MP: Minister of Health*

11:20 Decoration of His Excellency, The President of the Republic of Zambia as goodwill ambassador for women and children’s health
*African First Ladies*

11:30 Address by Republican President: HE Mr. Michael Chilufya Sata, President of the Republic of Zambia

12:00 Vote of thanks

12:10 Departure of guest of honour
His Excellency the President of the Republic of Zambia, the First Ladies, and invited guests go out for photo session

12:30 Lunch
Tour of exhibition hall by First Ladies

Plenary Session Chairperson: Hon. Sylvia Masebo, Minister of Tourism and the Arts

15:00 The role of african speakers and parliamentarians in cervical cancer prevention: Ugandan experience
*HE Right Hon. Rebecca Kadaga, Speaker of Parliament of Uganda, and President, 126th Interparliamentary Union (IPU)*

15:15 Address: The role of First Ladies in cervical cancer prevention
*African First Ladies or their representatives*
15:30 Lessons from the past an planning for the future
Dr. Emmanuel Mugisha, Country Manager, Path Uganda

Breakout Sessions (15:45-17:15)

Session 1: Country Reports
Chairpersons: Professor E. Njelesani and Dr. Lewis Banda

- Key components in a cervical cancer prevention system in Zambia
  Dr. Elizabeth Chizema
- Cervical cancer primary prevention and national strategic plan for prevention and management of cervical cancer update: Rwanda experience
  Dr. Diane Mutamba
- The risks of not breast feeding
  Mrs. Grace Mushibwe
- Repositioning cervical cancer prevention and control in Kenya towards the achievement of international health goals/update on Kenya strategic plan on cervical cancer screening and prevention
  Dr. Gathari Ndirangu
- Implementation and intervention challenges of cervical cancer program in Ghana
  Beverly Fynn
- Challenges of scaling up cervical cancer prevention in low resource settings: The Uganda experience
  Dr. Dan Murokora
- Lessons learned in managing a cervical cancer prevention program in LMIC
  Dr. Sharon Kapambwe
- GAVI alliance update on HPV vaccine: Vaccine introduction and the two pathway application
  Diane Summers
- Panel discussion: pulling it all together. Creation of robust african coalition to raise awareness, share best practices, and engage international community in shared initiative.

Session 2: Cervical Cancer Prevention
Chairpersons: Dr. Lackson Kasonka and Dr. Olusegun Babaniyi

- New strategies of cervical cancer screening
  Katundu Katundu
- Male circumcision and prevention of cervical cancer
  Professor K.S. Baboo
- Combined breast and cervical cancer prevention in clinic in moshi, tanzania
  Dr. Olola Oneko
- Cervical cancer screening in HIV positive women
  Dr. Sara Forhan
- HIV/AIDS, HPV infection and cervical cancer prevention: Why prevention and control is essential
  Dr. Nancy Kidula
- Opportunities and issues with cervical cancer prevention in women with HIV/AIDS
  Dr. Carla Chibwesha
- Cervical cancer prevention in Kilimanjaro
  Dr. Olola Oneko
- Panel discussion: pulling it all together. Creation of robust african coalition to raise awareness, share best practices, engage international community in shared initiative.
Session 3: Advocacy and Nursing Care
Chairpersons: Dr. Velepi Mtonga and Dr. Maimbolwa
Promoting partnerships and scale-up of survivorship of cervical cancer
  Cecilia Turyamureba-Kiconco
Advocacy and prevention of cervical cancer in Uganda
  Margaret Okello
Improving quality of life and patient experience
  Ms. Udie Soko
Celebrating life during and after cancer diagnosis
  Dr. Patience Pelham-Hazeley
The interface of palliative care and cancer control
  Mrs. Njekwa Lumbwe
Quality of life after chemoradiation for cervical cancer
  Ms. Nchebe Chitashi
Mobilizing communities for better health
  Mrs. Doreen Mwenya Grant
Support of paediatric cancer patients and care givers
  Mrs. Mumba Sata
Panel discussion: pulling it all together. Creation of robust african coalition to raise awareness, share best practices, engage international community in shared initiative

Session 4: Meeting of the African First Ladies, Ministers of Health and Parliamentarians
Chairpersons: Hon. Joseph Katema and Professor Elwyn Chomba
Moderators: Professor Groesbeck Parham and Dr. Kennedy Lishimpi
*Bill and Melinda Gates Foundation, GAVI, PATH, WHO, PRRR, UICC, ACS, JHPIEGO, NCI and others

Session 5: Meeting of the Zambian Traditional Leadership
Chairpersons: Dr. Sitali and Dr. Chinyonga
Role of traditional leadership in cervical cancer prevention, screening and treatment

**Gala Dinner Reception and Awards (New Government Complex, Banquet Hall)**
Master of Ceremonies: Dr. Sharon Kapambwe and Herbert Mutabi

19:00 Arrival of all invited guests
19:20 Arrival of First Ladies
19:25 National anthem
  Zambia army band
19:30 Opening prayer
  Zambia army chaplain
19:35 Opening remarks
  Dr. Christine Mwelwa Kaseba, First Lady of Zambia and Vice Chairperson, Forum of African First Ladies Against Breast and Cervical Cancer
19:45 Gala dinner and entertainment
20:45 Investiture ceremony
  Princess Nikky Onyeri, Hon. Beth Mugo, HRH Inkhosi Kathi Nomsa Lamatsebula, and Dr. Christine Mwelwa Kaseba
22:00 Closing prayer  
*Zambia army chaplain*

22:05 Departure of First Ladies

**Conference Day Three: 24Th July 2012**

Plenary Session Chairpersons: Dr. Elizabeth Chizema, Director Public Health, and Dr. Mulindi Mwanahamuntu, Consultant OB/GYN UTH Zambia

08:00 Arrival of First Ladies

08:10 Scaling-up practical cervical cancer prevention services: opportunities and challenges in Africa. Demonstration of a service model in Tanzania  
*Dr. Mary Rose Giattas*

08:25 Cervical cancer secondary prevention: Program monitoring and evaluation  
*Dr. Sara Forhan*

08:40 Access to radiotherapy  
*Dr. Kennedy Lishimpi: Executive Director, Consultant Clinical Oncologist, Cancer Diseases Hospital, Zambia*

08:50 Global advocacy efforts of ACS cervical cancer initiative  
*Ann McMickel*

09:10 Cancer is real: The story of survivorship (recorded)

10:00 Tea/coffee break

10:30 Clinic tours  
First Ladies and international delegates, escorted by MoH, and Dr. Sharon Kapambwe

13:00 Lunch

Plenary Session Chairperson: Hon. Inonge Wina, Minister of Gender and Women’s Affairs

14:00 Conference highlights and key points  
*Dr. Christine Mwelwa Kaseba, First Lady of the Republic of Zambia*

14:10 Lusaka declaration of the African First Ladies: Communiqué and objectives of the next two years  
*Dr. Christine Mwelwa Kaseba, First Lady of the Republic of Zambia*

14:30 Declaration by traditional leaders of Zambia in support of the Forum for African First Ladies Against Breast and Cervical Cancer  
National anthem of Zambia/official close of conference

16:00 Media briefing and communiqué  
VIP lounge: First Ladies, Ministers of Health and press

Appendix One
## Appendix Two

### List of Conference Steering Committee Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Dr. Elizabeth Chizema</td>
<td>Ministry of Health</td>
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<td>Dr. Bushimbwe Tambatamba</td>
<td>Ministry of Health</td>
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<td>Dr. MutaleNsakashalo</td>
<td>Ministry of Health</td>
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<td>Dr. Emmanuel Makasa</td>
<td>Ministry of Health</td>
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<td>Dr. Kennedy Lishimpi</td>
<td>Cancer Diseases Hospital</td>
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<td>Dr. Sharon Kapambwe</td>
<td>CIDRZ</td>
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<td>Mr. Humphrey Chibanda</td>
<td>Ministry of Foreign Affairs</td>
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<td>Ms. Gwendoline Lunda</td>
<td>Ministry of Foreign Affairs</td>
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<td>Prof. K.S. Baboo</td>
<td>University of Zambia School of Medicine</td>
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<td>Dr. Jacqueline Mulundika</td>
<td>University Teaching Hospital</td>
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<td>Mrs. Emmy Sikazwe</td>
<td>Breakthrough Cancer Trust</td>
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<td>Mrs. Rosaly KundaMulenga</td>
<td>Breakthrough Cancer Trust</td>
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<td>Mrs. Gezepi Chakulunta</td>
<td>Ministry of Home Affairs</td>
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<td>Lt.Col. E. Sumbukeni</td>
<td>Ministry of Defence</td>
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<tr>
<td>Mrs. Judith Mwila</td>
<td>National Coordinator – OAFLA</td>
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<tr>
<td>Ms. Chunga Manzi</td>
<td>Office of the First Lady</td>
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<tr>
<td>Mrs. Funny Kondolo</td>
<td>OAFLA</td>
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<tr>
<td>Mrs. Bridget Atanga</td>
<td>OAFLA</td>
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