If you want to go fast, go alone.
IF YOU WANT TO GO FAR, GO TOGETHER.

AFRICAN PROVERB
Just a decade ago, HIV/AIDS threatened to wipe out an entire generation of Africans. Thanks to dramatic progress in controlling infectious diseases, millions in developing countries who would have perished now live. Today, more people die of cancer than die of AIDS, tuberculosis, and malaria combined. Women’s cancers are particularly devastating in sub-Saharan Africa, where cervical and breast cancers are the leading causes of cancer deaths. Controlling these cancers is the critical challenge we now face.

Over the last three years, Pink Ribbon Red Ribbon, a public-private partnership built on the President’s Emergency Plan for AIDS Relief, ensures that the women who have been spared from HIV/AIDS don’t lose their lives to cervical cancer.

On our trips to Zambia, Botswana, and Tanzania, where we helped launch Pink Ribbon Red Ribbon, we have seen firsthand how far-reaching and fast-moving the program is. Our global and national partners are working with local leaders to further accelerate the progress against these diseases. Every day we are increasing vaccinations, screenings, and treatments—and reducing the stigma and mortality of women’s cancers.

The George W. Bush Institute is proud to be a member of Pink Ribbon Red Ribbon. Over the next year, we look forward to welcoming new partners and countries in this life-saving partnership.

President George W. Bush Mrs. Laura Bush
Dallas, Texas—May 2014
omen, who are at risk of developing cervical cancer today, now have a chance to think about their tomorrow as a result of our collaboration with Pink Ribbon Red Ribbon. I always dream of a Tanzania where younger girls will never experience a cancer diagnosis in their future, it should be something they read in the history books. Healthy girls are more likely to stay in school, complete their education, and contribute to the economic landscape of the nation. And ultimately they become the women that raise our nation.

Her Excellency Mama Salma R. Kikwete
First Lady of the United Republic of Tanzania

Botswana has made significant strides in controlling HIV/AIDS and the national response to the epidemic has brought about positive results. More than 95 percent of people in need of anti-retroviral treatment have access to it. Now we must turn our attention to the next epidemic—cervical cancer. Health workers in our country are seeing an unusually high number of women ages 25-35 years old with invasive cervical cancer, many of whom are HIV-positive. That’s why I’m so pleased that Pink Ribbon Red Ribbon has stepped up to fight this disease from a united front. Whether it’s through HPV vaccination programs for young girls, or “See-and-Treat” programs for adult women, this joint approach is bringing hope to women today and the prospect of a healthier tomorrow.

Dr. Margaret N. Nasha
Honorable Speaker of the National Assembly of the Republic of Botswana

In Zambia, with one of the highest rates of cervical cancer in the world, the challenge is enormous. The fight against breast and cervical cancer requires role models—in the government, in the medical community and among women in general. The Pink Ribbon Red Ribbon partnership helps bring together individuals and organizations that are living examples of the leadership that it will take to create a country and world where all women can live their future. I am committed to a cervical cancer-free Zambia, and know it is possible in this generation.

Her Excellency Dr. Christine Kaseba-Sata
First Lady of the Republic of Zambia
85 percent of the global burden of cervical cancer occurs in resource-limited countries, where more than 444,000 cases, and over 230,000 deaths, occur each year.

In sub-Saharan Africa, more than 93,000 women develop cervical cancer each year, and an estimated 57,000 die from the disease.

Sub-Saharan Africa also sees more than 94,000 cases of breast cancer a year, and approximately 50,000 deaths from the disease.

In resource-limited countries, breast cancer cases in younger women (ages 15-49) now make up 44.1 percent of the overall number of cases, while deaths from breast cancer in those countries are increasing at an annual rate of 2.7 percent.
Pink Ribbon Red Ribbon is the leading public-private partnership aimed at catalyzing the global community to reduce deaths from cervical and breast cancers in sub-Saharan Africa and Latin America. It raises awareness of these diseases, and increases access to quality services to detect and treat them. Launched in September 2011 by the George W. Bush Institute, the United States Government through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), Susan G. Komen, and the Joint United Nations Programme on HIV/AIDS (UNAIDS), Pink Ribbon Red Ribbon currently operates in the Republics of Zambia and Botswana, and in the United Republic of Tanzania.

Building on the HIV platform, Pink Ribbon Red Ribbon integrates women’s cancer control into existing healthcare programs. By mobilizing resources from governments, multilateral organizations, foundations and corporations, Pink Ribbon Red Ribbon aims to:

- Strengthen a country’s capacity to deliver comprehensive cancer control;
- Align with national cancer plans;
- Reinforce national political will by supporting champions for women’s cancer control, such as First Ladies;
- Fill prioritized gaps to ensure comprehensive service-delivery;
- Promote accountability of partners and implementers by tracking contributions and results;
- Generate better data on women’s cancers.

The result? Sustainable programs that address the full continuum of women’s cancer care.

**RESULTS MATTER**

**OUR GOALS ARE TO:**

- Reduce deaths from cervical cancer by 25 percent among women screened and treated in partner countries;
- Achieve at least 80 percent coverage of vaccination against the human papillomavirus (HPV);
- Reach at least 80 percent coverage of screening and treatment for pre-invasive cervical cancer cases within the appropriate target populations;
- Increase awareness of, and reduce stigma about, breast and cervical cancer among the health community and the general population, and promote the early detection of disease;
- Screen, detect, treat, manage, and reduce suffering from women’s cancers, by leveraging other health platforms, including for HIV;
- Create and test innovative models and approaches to sustainability, financing, service-delivery, and laboratory and data systems that can be scaled-up and used globally.

![Graph showing women screened and girls vaccinated](image-url)
HPV VACCINATIONS
Vaccines against HPV have been used widely to protect young girls from the virus that can lead to cervical cancer. Pink Ribbon Red Ribbon partners Merck & Co. and GlaxoSmithKline donate vaccines (Gardasil® and Cervarix® respectively) to support campaigns against cervical cancer in sub-Saharan Africa.
Pink Ribbon Red Ribbon is committed to increasing access to HPV vaccines, and has thus far supported demonstration programs in Botswana and Zambia, during which more than 18,000 girls have been vaccinated. Following the success of a demonstration, a country can develop the capacity and infrastructure to launch a nationwide campaign.

“SEE-AND-TREAT”
Unlike other cancers, cervical cancer is largely preventable, because of the slow development of the disease, the early detectability of pre-cancers, and the ease of treatment. Recent evidence proves the safety and effectiveness of using visual inspection with acetic acid (VIA) screening for cervical cancer and cryotherapy for the treatment of pre-cancerous lesions in low-resource settings. A trained health professional applies acetic acid (household vinegar) to the cervix to detect any abnormalities. Small pre-cancerous lesions, if found, are treated with cryotherapy—a procedure that uses carbon dioxide or nitrous oxide to freeze the lesions, often in a single-visit approach. In Pink Ribbon Red Ribbon-supported facilities in Zambia, for example, there is a 90 percent chance that a woman will receive all of the services she needs in one day.
This regimen has been found to be cost-effective in a variety of low- and middle-income settings, can be delivered by a range of providers, and is acceptable to women. The World Health Organization (WHO) has now codified this evidence into its guidelines for cervical cancer.
If larger lesions are found, practitioners use the Loop Electrosurgical Excision Procedure (LEEP). This outpatient procedure uses a thin, low-voltage electrified wire loop to remove larger areas of pre-cancerous tissue, and, in many instances, this is a life-saving intervention.

CANCER TREATMENT PROGRAMS
In sub-Saharan Africa, women diagnosed with cervical cancer and breast cancer often find obstacles in their path to treatment. Lack of access to care, economic constraints, extended waits for treatment, and distance from home often prevent women from beginning or completing their full treatment regimen.
Pink Ribbon Red Ribbon works with our partner organizations to ensure that women who have been diagnosed with cervical or breast cancer know their treatment options. Pink Ribbon Red Ribbon does this by widening the availability of quality treatment, increasing support services, and training healthcare workers.
Pink Ribbon Red Ribbon has supported the Republic of Zambia since December 2011, and has contributed to the steady progress of national women’s cancer programs in that country. Pink Ribbon Red Ribbon now supports screening in all 10 Provinces in Zambia. With assistance from Pink Ribbon Red Ribbon, the Zambian Ministry of Health, and the Zambian Ministry of Community Development, Mother and Child Health, administered more than 43,200 screenings for cervical pre-cancer in 2013. This brings the total number of women screened in Zambia to 150,820 since 2006.

Also in 2013, Pink Ribbon Red Ribbon partners provided technical assistance to draft the country’s national cancer prevention and control strategy. This document will provide a framework for future activities to reduce cervical cancer and breast cancer in Zambia.

Merck & Co. has supported the vaccination of nearly 17,000 eligible girls against HPV in Zambia, as well as a variety of women’s cancer-awareness and vaccine-introduction activities in partnership with Susan G. Komen. The National Breast Cancer Foundation has funded a local health promotion manager to further mobilize community support for women’s cancer activities. Following a successful second demonstration project in 2014, assistance from the GAVI Alliance should make HPV immunization available nationwide in 2015.

With support from Pink Ribbon Red Ribbon and the Government of Zambia, the Center for Infectious Disease Research in Zambia (CIDRZ), Project Concern International (PCI), and JHPIEGO trained more than 140 health staff to perform cervical cancer screenings and treatment, and many of these health workers also received training in clinical breast examination in 2013. Some of these trained health workers perform screenings at the Ngungu and Mosi-Oa-Tunya clinics in Zambia, two facilities that the George W. Bush Institute and Pink Ribbon Red Ribbon partners refurbished in 2012 and 2013, respectively.

May is a nurse in the cervical cancer clinic at Livingston General Hospital in Zambia. She has dedicated her life to saving women, yet did not realize that same dedication would one day save her own life.

She is part of a team which educates, screens, and treats women locally and throughout remote areas of Zambia for cervical cancer. Their message is simple: You think you’re fine? Get screened, and know you’re fine.

One day, May followed her own advice, and discovered that she had a lesion.

“I was sad, and then later on I let my children know. Thank God they found the lesion, because it can be treated.”

Months after her quick cryotherapy, she was nervous to have her follow-up exam, but knew she had to be certain the lesion did not return.

“The nurse told me I was fine. I was so happy!”

Days later, May and three other nurses accompanied a mobile hospital unit headed for the remote area of Choma. Over six days, May shared her story with other women, encouraging them to get screened.

They screened 1,152 women that week.
The Government of Botswana welcomed Pink Ribbon Red Ribbon in 2012, the same year the Ministry of Health unveiled its national strategic plan for cervical cancer prevention and control. The plan included a proposal to introduce HPV vaccinations to the country in 2015. Pink Ribbon Red Ribbon partner Merck & Co. helped to advance this plan a full 18 months ahead of schedule by contributing nearly 8,000 doses of vaccine in 2013.

The vaccination campaign will continue in three districts in 2014, and will target 7,000 girls ages 9-13. In line with Pink Ribbon Red Ribbon’s commitment to sustainability, the Government of Botswana has announced that it will pay for a nationwide HPV vaccination program, beginning in 2015.

Pink Ribbon Red Ribbon partners are also scaling up the “See-and-Treat” approach in Botswana. The Government of Botswana, through the Ministry of Health, has committed to a total of 13 “See-and-Treat” sites as part of their long-term plan to roll out these services in all health districts. In partnership with Pink Ribbon Red Ribbon, the World Bank took a step to secure investments made in treating HIV by reprogramming nearly $1 million to Botswana’s National AIDS Coordinating Agency (NACA) to address cervical cancer. The World Bank’s contribution has supported the scale-up of training of healthcare providers; paid for the procurement of equipment for screening and treatment facilities; and enhanced infrastructure for information technology, HPV-vaccination programs, and histology capacity. This has allowed for more HIV-positive women to receive timely screening and treatment for cervical cancer.

Through the University of Pennsylvania-Botswana Partnership, PEPFAR in 2013 supported the scale-up of cervical-cancer programs to additional facilities, the training of more than 50 healthcare providers in “See-and-Treat”, and the procurement of equipment. The UNAIDS Botswana Country Office also contributed to the training of health workers in “See-and-Treat” by paying for a capacity-building conference in December. Finally, the American Society for Clinical Pathology is advising the Ministry of Health on solutions for improved and technologically-enhanced diagnoses, beginning with efforts to improve histology capacity.

Together, these investments resulted in more than 3,200 screenings of women for cervical pre-cancer, of whom approximately 28 percent required and received treatment.
Investing in Women: Strengthening Africa


The two-day summit brought together Heads of State, current and former First Ladies, government officials, academics, and representatives from non-profit and private-sector organizations around the world, including Pink Ribbon Red Ribbon, to focus on effective investments in women that lead to greater stability and prosperity.

The Summit highlighted the critical role First Ladies play as advocates for women and girls, and provided examples and models of programs that are working to improve the lives of women and girls across the continent.

His Excellency Jakaya Kikwete, President of Tanzania;
Her Excellency Mama Salma Kikwete, First Lady of Tanzania;
Her Excellency Mrs. Nompumelelo Zuma, First Lady of South Africa;
Her Excellency Mrs. Sia Koroma, First Lady of Sierra Leone;
Her Excellency Dr. Christine Kaseba-Sata, First Lady of Zambia;
Julie Gerberding, President, Merck Vaccines

Top row: Mrs. Laura Bush, Former First Lady; George W. Bush, Former President; Mrs. Michelle Obama, First Lady;
Bottom row: Mrs. Roman Tesfaye, First Lady of Ethiopia; Mrs. Matilda Amissah-Arthur, First Lady of Ghana; Mrs. Maria da Luz Da Guebuza, First Lady of Mozambique; Mrs. Janet Museveni, First Lady of Uganda

In 2013 PEPFAR handed over 16 cryotherapy machines to the United Republic of Tanzania which will be used in selected regions to dramatically increase the number of women who have access to cervical cancer screening and treatment services. Plans for 2014 call for PEPFAR to equip and train three regional hospitals and their surrounding networks of health centers to implement the “See-and-Treat” model.

With support from the Bristol-Myers Squibb Foundation, five indigenous community organizations (Medical Women Association of Tanzania, T-MARC Tanzania, Mbeya HIV/AIDS Network Tanzania, the Tanzania Youth Alliance, and the Warawake Na Mwanza Foundation) have received funding to increase awareness, conduct screening and treatment campaigns, provide transportation, and support women in need of higher-level treatment at the three regional hospitals. UNAIDS will also provide financial and technical assistance to several Pink Ribbon Red Ribbon Tanzanian implementing partners, to ensure HIV-positive women are fully engaged in— as well as beneficiaries of— Pink Ribbon Red Ribbon programming in Tanzania.

In addition, Pink Ribbon Red Ribbon partners will explore ways to improve the quality and availability of cancer care at Ocean Road Cancer Institute in Dar es Salaam and Bugando Medical Centre in Mwanza. Women in need of cancer care often have to travel to distant cities where they have no family or relatives and no long-term accommodation options. To address this challenge, Pink Ribbon Red Ribbon will work to establish hostels for women located near the advanced treatment facilities.
The lessons learned in 2012 and 2013 teach us that varied populations, economics, and pre-existing infrastructures mean there is no one-size-fits-all solution for individual partner countries. As the successes of Pink Ribbon Red Ribbon become more widely known, we expect new opportunities in each country that can take the form of deepened commitments with current local partners, and expansion to new partners and Regions.

In the Republics of Botswana and Zambia, Pink Ribbon Red Ribbon has supported a solid foundation for the continued growth of quality services on cervical cancer by advancing plans for the nationwide roll-out of HPV vaccination and services to screen for, and treat, pre-cancerous lesions. The partnership will also work to strengthen the availability and quality of care and treatment for women’s cancers, and support training for health workers in clinical breast examination.

In the United Republic of Tanzania, Pink Ribbon Red Ribbon will focus, at first, on three regions of the country (the Lake Zone, Mbeza, and Iringa) and Dar es Salaam. The expansion of cervical-cancer screening and treatment over the next two years will accompany assistance to upgrade capacity-building and treatment options for cervical and breast cancers.

In 2014 and beyond, Pink Ribbon Red Ribbon is committed to strategic expansion in new countries through a tiered strategy that involves full engagement in certain places and more-targeted technical assistance, advocacy, capacity-building, and limited direct financial contributions in others. In addition, Pink Ribbon Red Ribbon is exploring opportunities in Latin America, and pursuing new corporate and foundation partners, including more local organizations in sub-Saharan Africa.

As education and information about cervical and breast cancers become increasingly available in partner countries, demand will increase for screening and treatment services. Pink Ribbon Red Ribbon partners are working with local health and administrative personnel to refine clinic operations and practices to increase their ability to serve more women efficiently.

Innovative technologies are necessary to overcome barriers of logistics and cost. One example is the need to find ways to deliver cryotherapy that do not rely on carbon dioxide or nitrous oxide. Since the inception of Pink Ribbon Red Ribbon, the price of one cylinder of gas necessary for cryotherapy has increased tenfold—not to mention it can be difficult and fragile to transport. Another is the need to visually document screening results, interpret them, and explain them to patients. Cervicography (a procedure in which a health professional takes a photo of the cervix) is one such tool that can be used to assure quality care. Pink Ribbon Red Ribbon will work with partners and subject matter experts to help develop long-term solutions to problems like these.

Innovation in telepathology and new collaborations with organizations such as the American Society for Clinical Pathology and the National Cancer Institute of the U.S. National Institutes of Health will also further improve the quality of histological diagnoses over long distances, and find solutions to improve the tracking of patients through the referral chain.
Houses the Pink Ribbon Red Ribbon Secretariat, and plays an active role in the partnership’s governance and administration. Led by President George W. Bush and Mrs. Laura Bush, supports various activities in all three Pink Ribbon Red Ribbon countries.

Supports screening and treatment to prevent cervical cancer in high-risk HIV-vulnerable women, and plays an active role in Pink Ribbon Red Ribbon’s leadership.

Leads the coordination of Pink Ribbon Red Ribbon’s activities in breast cancer, and in awareness-raising/education for both cervical and breast cancer. Provides training for health professionals on the early detection and management of breast cancer.

Provides technical expertise on the integration of cervical cancer and HIV interventions, and supports the inclusion of HIV-positive women in Pink Ribbon Red Ribbon programs. Plays an active role in Pink Ribbon Red Ribbon’s leadership.

Provides training for, and deep discounts on, BD products, such as liquid-based diagnostics and slide-processors, and donations of others, such as auto-destruct syringes.

Provides financial support to the Pink Ribbon Red Ribbon Secretariat, WHO, various non-governmental organizations (NGOs) and others engaged in the development of improved technologies and programs to prevent and control cervical cancer.

Provides training of community-based lay workers and staff at primary health facilities to improve the screening and early detection of cervical and breast cancer. Funds capacity-building for NGOs in monitoring, evaluation, and financial management. Provides the Pink Ribbon Red Ribbon Secretariat with financial support.

Provides assistance for pathology diagnostics and training, and financial support to the Pink Ribbon Red Ribbon Secretariat.

Provides HPV vaccines and pain medication for women with cancer, as well as capacity-building for its management. Provides financial support to the Pink Ribbon Red Ribbon Secretariat.

Provides strategic-planning expertise in Kenya through the IBM Corporate Service Corps.

Provides HPV vaccines and training in the Republics of Botswana and Zambia. Provides financial support to Susan G. Komen for community sensitization by the African Centre of Excellence for Women’s Cancer Control in Zambia and the Cancer Prevention Alliance of Zambia, and for communications activities of the Pink Ribbon Red Ribbon Secretariat.

Provides training and deep discounts for careHPV™ molecular testing in Rwanda, as well as financial support to the Pink Ribbon Red Ribbon Secretariat.
The National Breast Cancer Foundation funded a national health promotion manager in the Republic of Zambia, and supported travel costs for five Zambian doctors for an exchange visit to Texas.

The American Society for Clinical Pathology is innovating solutions for improved and technologically-enhanced histological diagnoses, beginning in the Republic of Botswana.

The CDC Foundation will manage a new project funded by the Bill & Melinda Gates Foundation that will enable the George W. Bush Institute, the U.S. Centers for Disease Control and Prevention and the WHO to work with Pink Ribbon Red Ribbon to improve data for decision-making in global cervical cancer programs.

The National Cancer Institute (NCI) of the National Institutes of Health (NIH) within the U.S. Department of Health and Human Services (HHS) provided technical guidance to the partnership, and will fund a National Cancer Registrar in the Republic of Zambia for three years.

The LIVESTRONG Foundation provided funding for a Pink Ribbon Red Ribbon Secretariat position for three years in its efforts to reduce cancer-associated stigma.

The University of Texas M.D. Anderson Cancer Center hosted an exchange visit which exposed Zambian doctors to the latest methods of care and treatment for breast and cervical cancers.

The American Cancer Society has contributed funds to make the printing of this Pink Ribbon Red Ribbon Annual Report possible.
Lisa Carty has worked for more than three decades in the fields of global public health, humanitarian relief, and international women’s issues. She has held leadership roles in both the public and non-profit sectors, including 25 years with the U.S. Department of State, with overseas assignments in Asia, the Middle East, and Russia. Her United Nations career has included work with the United Nations Relief Works Agency for Palestinian Refugees, as well as a posting as UNAIDS’ Country Director for the Russian Federation. Earlier in her career, Ms. Carty helped lead the work of the Bill & Melinda Gates Foundation’s Global Health Program.

Dr. Deborah Birx is a renowned national and international expert in the field of HIV/AIDS. Dr. Birx has served successfully as the Director of the Division of Global HIV/AIDS (DGHA) in the CDC Center for Global Health (CGH) at the U.S. Department of Health and Human Services. In this capacity, she was ultimately responsible for all of the agency’s global HIV/AIDS activities under PEPFAR, which affect more than 79 countries; she oversees 2,200 staff, and managed an annual budget of more than $1.5 billion. In March 2014, the U.S. Senate confirmed Dr. Birx as Ambassador-at-Large and U.S. Global AIDS Coordinator.

Dr. Doyin Oluwole is the founding Executive Director of Pink Ribbon Red Ribbon at the George W. Bush Institute. In this capacity, she leads Pink Ribbon Red Ribbon’s global efforts. She brings with her decades of qualifications, including managing multi-million-dollar projects, empowering African institutions and governments to execute effective and tailored health programs, and management responsibility as a professor, head of pediatrics, and a public health practitioner for 30 years.
TOGETHER WE WILL GO FAR.