TOWARDS ELIMINATION: A ROADMAP FOR ENDING CERVICAL CANCER IN INDIA THROUGH ACCESSIBLE SCREENING AND TREATMENT

8 DECEMBER 2023

The Oberoi, New Delhi





OVERVIEW





Cervical cancer is the second most common cancer in India, despite being preventable and curable. The country accounts for a quarter of the global cervical cancer burden, with more than 75,000 women dying every year from the disease.¹ The World Health Organization (WHO) estimates that the annual burden of new cases in India will increase to almost 225,000 by 2025 without widespread screening and prevention efforts.² The Operational Guidelines of the National Programme for Prevention and Control of Non-Communicable Diseases (2023–2030) recommend that all women between the ages of 30 and 65 years should be screened for cervical cancer, at least once every 5 years using visual inspection with acetic acid (VIA) through the network of *Ayushman Bharat* health and wellness centres. These centres however have limited capacity and infrastructure to perform screening or manage follow-ups with women who screen positive.³ There is slow progress in transitioning to WHO-recommended human papillomavirus (HPV) DNA testing as the primary mode of screening. Barriers to appropriate implementation and uptake of cervical cancer screening persist across the country at the policy, health system and community levels.⁴

FIND convened a policy consultation on 8 December 2023 in New Delhi, to identify opportunities for strengthening ongoing efforts against cervical cancer and accelerate elimination of the disease. The event convened a wide array of stakeholders including members of parliament, national and international experts, leading gynaecologists and oncologists, research and academic institutions, civil society organizations, private sector organizations and champions. The meeting was supported by Roche Diagnostics.

The event commenced with FIND's leadership providing context on the objectives of the meeting to set the stage for discussions to follow. Two technical panel discussions with a diverse group of experts reflected on global lessons and opportunities with implementing HPV screening and strategies to accelerate India's roadmap for cervical cancer elimination. The technical discussions were followed by a high-level plenary that witnessed participation from two Members of Parliament and concluded with an inspiring video message by Prof. S.P. Singh Baghel, the Hon'ble Minister of State for Health and Family Welfare, that called for collaborative efforts to end cervical cancer.

During the meeting, key strategies to bolster cervical cancer screening efforts were identified, extensively discussed and presented to the parliamentarians, who committed to championing the issue. A highlight from the meeting was an address by Mrs Sangeeta Gupta, a cervical cancer champion who shared the powerful story of her battle against the disease and her ongoing efforts to encourage more women to get screened for cervical cancer.

¹ Ministry of Science and Technology. (1 September 2022). Union minister Dr Jitendra singh announces India's first indigenously developed vaccine, "CERVAVAC" for the Prevention of Cervical Cancer. Press Information Bureau.

https://www.pib.gov.in/PressReleasePage.aspx- ?PRID=1856034 accessed on 10 September 2023

² Ministry of Science and Technology. (1 September 2022). Union minister Dr Jitendra singh announces India's first indigenously developed vaccine, "CERVAVAC" for the Prevention of Cervical Cancer. Press Information Bureau.

https://www.pib.gov.in/PressReleasePage.aspx- ?PRID=1856034 accessed on 10 September 2023

³ Vora K., McQuatters L., Saiyed S., Gupta P. Knowledge, attitudes, and barriers to screening for cervical cancer among women in India: a review WCRJ 2020; 7: e1504 DOI: 10.32113/wcrj_20203_1504 accessed on 11 September 2023

⁴ World Health Organization. Strategic framework for the comprehensive control of cancer cervix in southeast Asia

KEY TAKEAWAYS





A. The public health narrative needs to move beyond maternal and child health to women's health

It is important for us to understand what needs to be done to eliminate cervical cancer. It is women like Millicent, a cervical cancer survivor and Grace, her daughter and the first girl to receive the HPV vaccine in Kenya, who are central to our efforts. Hearing the stories of women who survive is essential to advocate for vaccines and screening, and to show that if cervical cancer is diagnosed early, many women can be saved.

Dr. Sergio Carmona, Chief Medical Officer, FIND

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When we talk about making diagnostics women-centric, we must ask ourselves whether we understand what a woman goes through when a test is offered- does the test cover her needs and does she trust the test?

Prof. Woo Yin Ling, Founding Trustee and Advisor, ROSE Foundation

A key point raised during the consultation was the need to address a woman's healthcare needs more effectively by shifting the focus from maternal and child health to women's health. It was highlighted that a woman's health in the healthcare ecosystem and in the public perspective is often tied to maternity. Thus, an approach that focuses on addressing a woman's healthcare needs during her lifetime would ensure greater acceptance of interventions like cervical cancer screening.

This approach resonated with the parliamentarians. During the plenary session, the Members of Parliament stated that cervical cancer could not be considered in isolation, and it would be more effective to offer a package of services to the community that include screening for cervical cancer and other health issues including breast cancer, diabetes and hypertension.

The panel discussions highlighted that developing a women-centric, lifecycle approach to diagnosis would require an in-depth understanding of women's needs and the platforms and institutions that women trust.

B. A paradigm shift is necessary to ensure effective screening for cervical cancer in India

A major paradigm change is required in India's cervical cancer screening strategy. While no LMIC is the same and context specific solutions are required, the successful introduction of strategies like HPV DNA testing in LMICs have been characterized by ensuring adequate infrastructure for screening and treatment, training healthcare professionals and fostering political will.

Prof. R Sankarnaraynan, Director, Preventive Oncology, Karkinos Healthcare



Screening efforts will only be successful when we de-medicalize screening and look at women's health as a whole. HPV screening cannot be seen as a standalone activity. When we engage with women, we need to talk to them about their endto-end health needs. This worked with HIV testing and parallels may be drawn with efforts to screen women for cervical cancer.

Dr. Karl Krupp, Assistant Professor, Division of Public Health Practice & Translational Research, University of Arizona and Co-founder, Public Health Research Institute of India

A critical factor highlighted during the panel discussions was multiple delays at various points in the care cascade that impact early and effective screening for cervical cancer. Specifically, the delays identified included lack of awareness, "doctor shopping" for confirmation of a positive diagnosis and identifying affordable treatment. It was concluded that India's cervical cancer screening strategy needs to be strengthened to improve timely access and foster greater demand for screening.

The following initiatives were identified to strengthen the current cervical cancer screening strategy:

- a) Implement a wellness strategy that is geared towards providing women multiple services including cervical cancer screening for their overall wellness. Notable examples provided were of the International Federation of Gynecology and Obstetrics (FIGO) wellness checklist for providers which tracks certain parameters of women's health, and Federation of Obstetric and Gynaecological Societies of India (FOGSI) Manyata clinical standards, that focus on ensuring safe childbirth in healthcare facilities.
- b) Undertake opportunistic screening for cervical cancer in tandem with screening for other non-communicable diseases (NCDs) like diabetes, hypertension and other cancers.

Engage key stakeholders including civil society, women's welfare programmes, peer groups, self-help groups and professional associations like FOGSI and FIGO to ensure a robust, end-to-end process covering diagnosis and treatment, once a woman is identified for screening. Continuum of care pathways from programmes such as TB, HIV and hepatitis were highlighted as examples that could serve as a model for cervical cancer.

- d) Implement the 'see and treat protocol' along with self-sampling to enable better diagnosis and reduce the delay between screening and treatment. It was highlighted that introducing HPV DNA testing would also play a significant role in reducing delays.
- e) Develop robust data systems to track women till the end of treatment, to prevent dropouts during the care cascade.
- f) Create an awareness campaign that harnesses the media, artificial intelligence (AI) and the power of celebrity to reach out to the community with simple and standardized messaging that emphasize the importance of wellness, prioritizing women's health and the need for early HPV screening.

C. The stakeholder ecosystem unanimously endorsed HPV DNA testing as an effective, screening method for cervical cancer



While WHO recommends all 3 methods- cytology, pap smear and HPV DNA testing for cervical cancer screening depending on the context, HPV DNA testing should be a first choice. It has higher sensitivity, offers options for self-sampling, helps increase screening coverage and enhances the community's comfort with the screening process.

Dr. Yutaro Setoya, Team Lead, NCDs and Comorbidities, WHO India



When we compare prices of HPV DNA testing and VIA/cytology at face value, the cost of HPV DNA testing may seem higher. However, from a programmatic standpoint where frequency of testing, sensitivity and ability to detect precancerous lesions are critical, HPV DNA testing is highly sensitive and demonstrates accuracy in a way that VIA and cytology cannot. Studies conducted in LMICs including India have shown that HPV testing is more cost-effective in the long run. Thus, to provide a high-quality HPV DNA test to women, even if once in a lifetime is extremely beneficial.

Dr. Andrea Wijeweera, APAC Business Manager, Molecular Lab (HPV/STI), Roche Diagnostics

Multiple stakeholders strongly recommended using HPV DNA testing as a primary screening method for cervical cancer, in line with the WHO recommendations. During the panel discussion 'Reflecting on global lessons and opportunities with implementing HPV screening' moderated by Dr Sergio Carmona, Chief Medical Officer at FIND, it was highlighted that HPV DNA testing can play a key part in enabling effective and early diagnosis, thus saving lives.

During the discussions, stakeholders identified key factors to be considered for successful introduction of HPV DNA testing in low- and middle-income countries (LMICs) such as India:

- a) Ensure adequate infrastructure for widespread screening, diagnosis and treatment. It was highlighted that during the COVID-19 pandemic, countries made a concerted effort to strengthen diagnostic capacities that may now be leveraged to introduce HPV DNA testing.
- b) Create robust patient pathways/cascade of care and strengthening the capacity of healthcare workers to effectively deliver services.
- C) Identify innovative financial models to enable introduction of HPV screening, including through public private partnerships and via resources in allied programmes such as those for HIV/AIDS. In particular, the discussions highlighted models adopted in countries like Thailand, Argentina and Costa Rica, where HPV DNA testing had been introduced through state-provided services as part of universal health coverage with some out-of-pocket expenditure borne by patients.
- **d**) Cultivate a culture of screening in the country through awareness campaigns that highlight the importance of preventive healthcare and drive demand for HPV screening services. Partnerships with gynaecological associations, cultural and community leaders and policymakers would play a key role in driving home these messages.

D. States can play a leading role in the battle against cervical cancer



State leadership and commitment is essential if we are to achieve elimination. The FIND-led consultation (held in October) in Karnataka was pivotal in bringing together all stakeholders from the state, including the State Health Minister to commit to the cause of cervical cancer elimination. Now there is an agreement in Karnataka to address the challenge in a systematic manner.

Dr. Vishal U S Rao, Member-Consultative Group to Principal Scientific Advisor to Prime Minister, Government of India and Country Director- Head Neck Surgical Oncology & Robotic Surgery, HCG Cancer Centre

Public health is a state subject under India's Constitution and the states in our country are well-positioned to lead initiatives to eliminate cervical cancer. During the panel discussion on 'Accelerating India's roadmap for cervical cancer elimination' moderated by Ms Mridu Gupta, CEO, CAPED, the importance of state-level commitment to eliminate cervical cancer and how such commitment can translate into action, were extensively discussed. Dr Vishal Rao shared examples from Karnataka, where a roadmap for cervical cancer elimination has been developed in consultation with the Ministry of Health and other allied ministries including the Ministry of Rural Development and Chairman of the Kalyana Karnataka Regional Development Board. The roadmap envisages an end-to-end model that encompasses cervical cancer vaccination, HPV DNA testing for screening and linkages to treatment, that may be piloted in one taluk, before being scaled-up across the state.

Based on the discussions, the elements of a successful roadmap to accelerate cervical cancer elimination were identified as follows:

- a) Develop the roadmap for elimination in collaboration with allied ministries such as Women and Child Development, Rural Development, and Medical and Higher Education. This would ensure collective ownership and accountability, and deployment of resources across the government for implementation of activities.
- D Undertake a comprehensive mapping exercise to determine the manpower and resource requirements and identify innovative mechanisms to fill gaps in availability. For example, based on a mapping of resources, Karnataka is planning to introduce a new cadre of 'Saksham' workers to support with implementation of cervical cancer vaccination and screening activities, instead of relying solely on the Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwife (ANMs).
- **c)** Establish partnerships with corporate donors, to ensure adequate resources for programme implementation.
- **d)** Create linkages with medical colleges for treatment as a standard referral format.
- e) Ensure that proposals/activities are endorsed by legislative assembly committees to ensure continuity of interventions regardless of political change and upheavals.
- f) Develop robust data entry systems for continued monitoring and to enable review and coursecorrection, where necessary.
- g) Align testing and screening strategies with HIV programmes to ensure cervical cancer screening is offered to women living with HIV. Karkinos Healthcare highlighted an initiative with the Madhya Pradesh States AIDS Control Society, where HPV DNA testing was being piloted at ART centres in Bhopal and Indore, with active efforts to expand the testing to other centres in the state.

E. Engaging policymakers in a targeted manner will be critical to move the needle for cervical cancer elimination



I was diagnosed with cervical cancer in 2002. Though I was cured, my journey with the disease didn't end there and I continue to struggle with the after-effects. Last year, I got radiation enteritis, a side effect of radiation therapy and had to undergo major surgery where parts of my intestine and colon were removed. I hope no woman goes through what I have experienced when cervical cancer can be prevented with awareness and timely screening.

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If detected early and managed effectively, cervical cancer is one of the most successfully treatable forms of cancer. As we move forward towards achieving the goal of cervical cancer elimination, a multi-pronged strategy must be adopted by all stakeholders. I call upon all participants to support India's efforts to eliminate cervical cancer.

Prof. S.P. Singh Baghel, Hon'ble Minister of State for Health and Family Welfare, Government of India (via video)

A key outcome of the consultation was the political commitment, demonstrated by senior parliamentarians in attendance. During the plenary session, a summary of the recommendations from the technical panel discussions were presented to Dr Fauzia Khan and Ms Vandana Chavan, who are members of the Rajya Sabha.⁵ These recommendations were endorsed by both Members of Parliament (MPs), who also shared their insights on strategies to effectively engage policymakers in this regard.

The MPs highlighted that policymakers could serve as powerful advocates, given their connections and influence in communities. It would be critical to provide the relevant information to enable them to effectively champion the cause in Parliament and in their constituencies. Thus, they recommended holding a roundtable for parliamentarians to sensitize them about the issue, share global and in-country best practices and identify opportunities for policymakers to support elimination efforts.

The MPs also stated that many elected representatives hold health camps in their constituencies and suggested that it would be effective to share a health camp model with policymakers that encompasses a package of services for multiple issues affecting women, including cervical and breast cancer screening, diabetes, hypertension etc. The parliamentarians acknowledged that vaccination and self-sampling for screening could be game changers in combatting cervical cancer and suggested that advocacy efforts should be geared towards encouraging greater government funding for these initiatives.



5 The Rajya Sabha is the Upper House of India's Parliament

CONCLUSION

The consultation highlighted India's commitment to eliminate cervical cancer and underscored several opportunities to strengthen cervical cancer screening efforts.

It may be concluded from the discussions that a state-led, end-to-end strategy that envisages the introduction of new approaches and technologies, and focuses on interdepartmental coordination, multi-stakeholder collaboration, and building champions amongst policymakers, experts, civil society, influencers and the media, could bolster ongoing efforts and help India achieve the WHO cervical cancer elimination targets.



ANNEXURE

ANNEXURE I Agenda

ANNEXURE II Details of sessions and speakers



ANNEXURE I

Towards elimination: a roadmap for ending cervical cancer in India through accessible screening and treatment

AGENDA

REGISTRATION	
TECHNICAL SESSION	
Introduction and Context Setting	Dr. Sanjay Sarin, Vice President, Access, FIND
Overview of FIND's Women's Health Programme	Dr. Sergio Carmona, Chief Medical Officer, FIND
Panel Discussion 1: Reflecting on global lessons and opportunities with implementing HPV screening	 Panelists 1. Dr. R. Sankaranarayanan, Director, Preventive Oncology, Karkinos Healthcare 2. Prof. Woo Yin Ling, Founding Trustee and Advisor, ROSE Foundation 3. Dr. Andrea Wijeweera, APAC Business Manager, Molecular Lab (HPV/STI), Roche Diagnostics 4. Dr. Yutaro Setoya, Team Lead NCDs, WHO Moderator: Dr. Sergio Carmona, Chief Medical Officer, FIND Open discussion
Panel Discussion 2: Accelerating India's roadmap for cervical cancer elimination through innovative approaches	Panelists1. Dr. Shalini Singh, Director, ICMR-NICPR2. Dr. Vishal Rao, Dean-Centre for Academic Research and CountryDirector- Head Neck Surgical Oncology & Robotic Surgery, HCGCancer Centre3. Dr. Guru Rajesh Jammy, Health Specialist, The World Bank4. Dr. Hema Divakar, FIGO Chair, Well Woman Healthcare Committee& Ex-FOGSI PresidentModerator: Mridu Gupta, Founder, Cancer Awareness, Preventionand Early Detection Trust (CAPED)Open discussion
PLENARY SESSION	
Welcome Address	Dr. Sanjay Sarin, Vice President, Access FIND
My Journey- cervical cancer survivor to advocate	Ms. Sangeeta Gupta, cervical cancer champion & advocate
Summary of recommendations from the panel discussions	Dr. Vishal Rao, Country Director- Head Neck Surgical Oncology & Robotic Surgery, HCG Cancer Centre and Member - Consultative Group to Principal Scientific Advisor to Prime Minister, Government of India
Remarks by Members of Parliament	Members of Parliament will be requested to share their remarks
Keynote Address	Prof. S.P. Singh Baghel, Hon'ble Minister of State for Health and Family Welfare (Video Message)
Vote of Thanks	Dr. Preethi Jain, Head of Resource Mobilization, FIND India

ANNEXURE II Details of sessions and speakers

PANEL DISCUSSION 1: REFLECTING ON GLOBAL LESSONS AND OPPORTUNITIES WITH IMPLEMENTING **HPV** SCREENING

Background: The comprised a panel discussion with 4 panelists from the stakeholder ecosystem- technical experts, WHO, innovators and private sector. The session sought to foster a discussion on the following:

• An understanding of the cervical cancer elimination agenda, the 3 pillars of WHO's cervical cancer elimination strategy and the current global scenario.

• Insights and best practices on cervical cancer screening strategies from the region and other countries

• How new technologies and approaches may be applied to expanding access to cervical cancer diagnosis and care in India.

MODERATOR

Dr. Sergio Carmona

Chief Medical Officer, FIND

Dr Sergio Carmona is a global health leader, an MD PhD specialized in pathology. Following a distinguished clinical and academic career at the University of Witwatersrand (Johannesburg), he joined FIND in 2019. In 2021, he became the Chief Medical Officer. At FIND he covers a wide R&D portfolio for priority diseases, including tuberculosis, malaria, hepatitis, NTDs, AMR, NCDs, including HPV testing for early screening of cervical cancer. Prior to joining FIND, Dr Carmona spent over a decade at the National Health Laboratory Services in South Africa, where he focused on molecular diagnostics and treatment monitoring for HIV, EID, HIV drug resistance and associated co-infections.



SPEAKERS

Dr. R Sankaranarayanan

Director, Preventive Oncology, Karkinos Healthcare

Dr Sankaranarayanan has a MD degree in radiation oncology followed by post-doctoral training in Pittsburgh and Cambridge. After several years of experience in clinical oncology and cancer control in India, Dr Sankaranarayanan joined the International Agency for Research on Cancer (IARC) in 1993. Currently he is serving as a Senior Visiting Scientist at WHO-IARC in Lyon, France. He advises Governments of Tamil Nadu, Kerala in India and several Latin American, Middle Eastern, South and East Asian and African Governments on cancer prevention, early detection, control and development of efficient, accessible and affordable cancer health services. He is an author in more than 260 papers in international peerreviewed journals.



Prof. Woo Yin Ling

Founding Trustee and Advisor, ROSE Foundation

Dr Woo Yin Ling is a Professor of Obstetrics and Gynaecology at University of Malaya and a consultant gynaecological oncologist in University Malaya Medical Centre. Dr Yin Ling has been actively involved in of several research programs focusing on screening, prevention and management of gynaecological cancers in the Malaysian setting. She is the country representative for the Asia-Oceania Research Organisation in Genital Infection and Neoplasia (AOGIN), member of the Asia Pacific Economic Consortium (APEC) Cervical Cancer working group, member of the WHO screening and treatment working group (WHO), Committee member for policy at the International Papillomavirus Society (IPVS) and is the founding trustee to ROSE Foundation which dedicated to eliminating cervical cancer in Malaysia.



Dr. Andrea Wijeweera

APAC Business Manager, Molecular Lab (HPV/STI), Roche Diagnostics

Dr Andrea Wijeweera is an industry expert, knowledgeable in the area of cervical cancer. Since 2021, she has taken on the role of APAC Business Manager, responsible for managing the cervical cancer portfolio at Roche Diagnostics in Asia Pacific. Over the years, she has collaborated with various NGOs and organizations at both regional and country level, to promote awareness and increase access to cervical cancer screening for women in need. She also supports programs at the country level, aimed at building in-country expertise and infrastructure to support high throughput testing for elimination programs. All of these programs are in collaboration with Roche affiliates in the region.



Dr. Yutaro Setoya

Team Lead, NCDs and Comorbidities, WHO India

Dr Yutaro Setoya is a Team Lead for NCDs and Comorbidities at WHO India Office. Specializing in public health, he has more than 20 years of experience in health research and system development, especially in community health and global mental health. He assumed the position in May 2023. Before moving to India, he served as a Country Liaison Officer (Head of Office) at the WHO Tonga Office supporting the Government for 6 years in responding to COVID-19 pandemic and 2022 volcanic eruption, and combating NCD and obesity crisis. He joined WHO in 2011 at WHO HQ, Department of Mental Health and Substance Abuse. Prior to joining WHO, he was a Section Chief of the Department of Psychiatric Rehabilitation at the National Institute of Mental Health, Japan.



PANEL DISCUSSION 2: ACCELERATING INDIA'S ROADMAP FOR CERVICAL CANCER ELIMINATION THROUGH INNOVATIVE APPROACHES

Background: The session comprised a panel discussion with panelists from academic and research institutes, technical experts, funding agencies and civil society and followed by an open discussion. The session aimed to foster a discussion on the following:

- India's progress against cervical cancer and with a focus on existing strategies for screening and linkages to treatment.
- Challenges and opportunities to strengthen cervical cancer screening in India through innovative approaches and novel technologies.

MODERATOR

Ms. Mridu Gupta

CEO, Cancer Awareness Prevention and Early Detection Trust (CAPED)

Mridu is a public health professional with over 28 years of rich and varied leadership experience across the social impact sector, with healthcare as focus over the last decade. She has founded and led many non-profit, grassroots organizations, and achieved growth, sustainability, and credibility for them. She is a recognized leader within senior government and donor entities and multilateral agencies. Mridu is passionate about creating collaborative models of public- private partnership for sustainable change in the public healthcare systems. With this objective in mind, she co-founded CAPED 9 years ago and has been instrumental in leading the organization to the pan-India status it enjoys today. Mridu is also a Member of Leaders Excellence (MLE), Harvard Square.



PANELISTS

Dr. Shalini Singh

Director, Indian Council of Medical Research-National Institute of Cancer Prevention and Research (ICMR-NICPR)

Dr Shalini Singh is a Clinician Scientist with more than three decades of work experience as a public health researcher and research administrator at Indian Council of Medical Research. Trained in bioethics and has extensive experience in conceptualizing, designing, and coordinating public health research. Current areas of work include developing models for prevention of non-communicable diseases including cancer, research on smokeless tobacco control and supporting tobacco cessation interventions; capacity building of different cadres of health care providers for screening and early management of oral, breast and cervical cancers; established the country's first High Throughput Diagnostic Facility for RTPCR testing during COVID 19 pandemic which carried out 2.2 million tests.



Dr. (Prof) Vishal U S Rao

Dean-Centre for Academic Research and Country Director- Head Neck Surgical Oncology & Robotic Surgery, HCG Cancer Centre

Dr Vishal Rao is Dean for Centre of Academic Research at HealthCare Global (HCG) Cancer Centre, Bangalore, India. He is a member of the consultative group to Principal Scientific Advisor, Government of India and Member of Vision Group for Biotechnology, Government of Karnataka. He serves as the Chair of the Ethics Committee on Biotech with the Government of Karnataka and is a member of the ICMR Ethics Committee. He has more than 100 national and international publications to his credit.



Dr. Guru Rajesh Jammy

Health Specialist, The World Bank

Dr Jammy is an epidemiologist and a public health professional and currently works as Health Specialist, in the Health Nutrition and Population global practice of World Bank in New Delhi. Before joining the World Bank, he has technically led public health implementation programs (HIV, TB and Surveillance) in India and several research projects in the areas of infectious diseases, disease modelling, maternal child health, geriatrics and cohort data harmonization. In his current work, his areas of focus are Primary healthcare, quality of care, Pandemic Preparedness and Response including One health approach, climate change and human health and Digital Health.



Dr. Hema Divakar

FIGO Chair, Well Woman Health Committee & Ex-FOGSI President

Dr. Hema Divakar is a leading medical professional of India with a vision to improve the healthcare services ecosystem for the welfare of women. An accomplished specialist in the field of Obgyn care, she is the Medical Director at the Divakar's Specialty Hospital in Bengaluru, Karnataka, a center of excellence for women's healthcare. She also serves as the Division Director for the International Federation of Gynaecology and Obstetrics (FIGO) and is a technical advisor to the Ministry of Health and Family Welfare, Government of India.



HON'BLE MEMBERS OF PARLIAMENT IN ATTENDANCE

Dr. Fauzia Khan

Member of Parliament, Rajya Sabha

Dr Fauzia Khan is a Member of Parliament, Rajya Sabha (Upper House) from the Nationalist Congress Party. She is a member of the Parliamentary Standing Committee of Empowerment of Women and Standing Committee of Food, Consumer Affairs and Public Distribution. As the National President of the Women's Wing of the Nationalist Congress Party, she has been instrumental in shaping policies and legislation that impact the nation, especially on matters related to gender equality, education, and social justice. An awardee of the prestigious Sansad Ratna, Dr. Khan has served as a Minister for General Administration, Education, Health, and Women and Child Development.



Smt. Vandana Chavan

Member of Parliament, Rajya Sabha

Vandana Chavan, an Indian politician and advocate, currently serves as a member of the Rajya Sabha in the Parliament of India, representing Maharashtra on behalf of the Nationalist Congress Party (NCP). With a parliamentary tenure dating back to 2012, she brings extensive experience to her role. Having previously held the position of Pune's mayor, Ms. Chavan is a dedicated advocate for women's rights, her forts focused on enhancing women's access to education and skill development have been cultivated through her organisation SMILE.





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