

HPV Programs at the Global Level: Programmatic perspectives

Country meeting: Prevention and control of HPV and HPV related cancers in Denmark: lessons learnt and the way forward

18 November, 2016

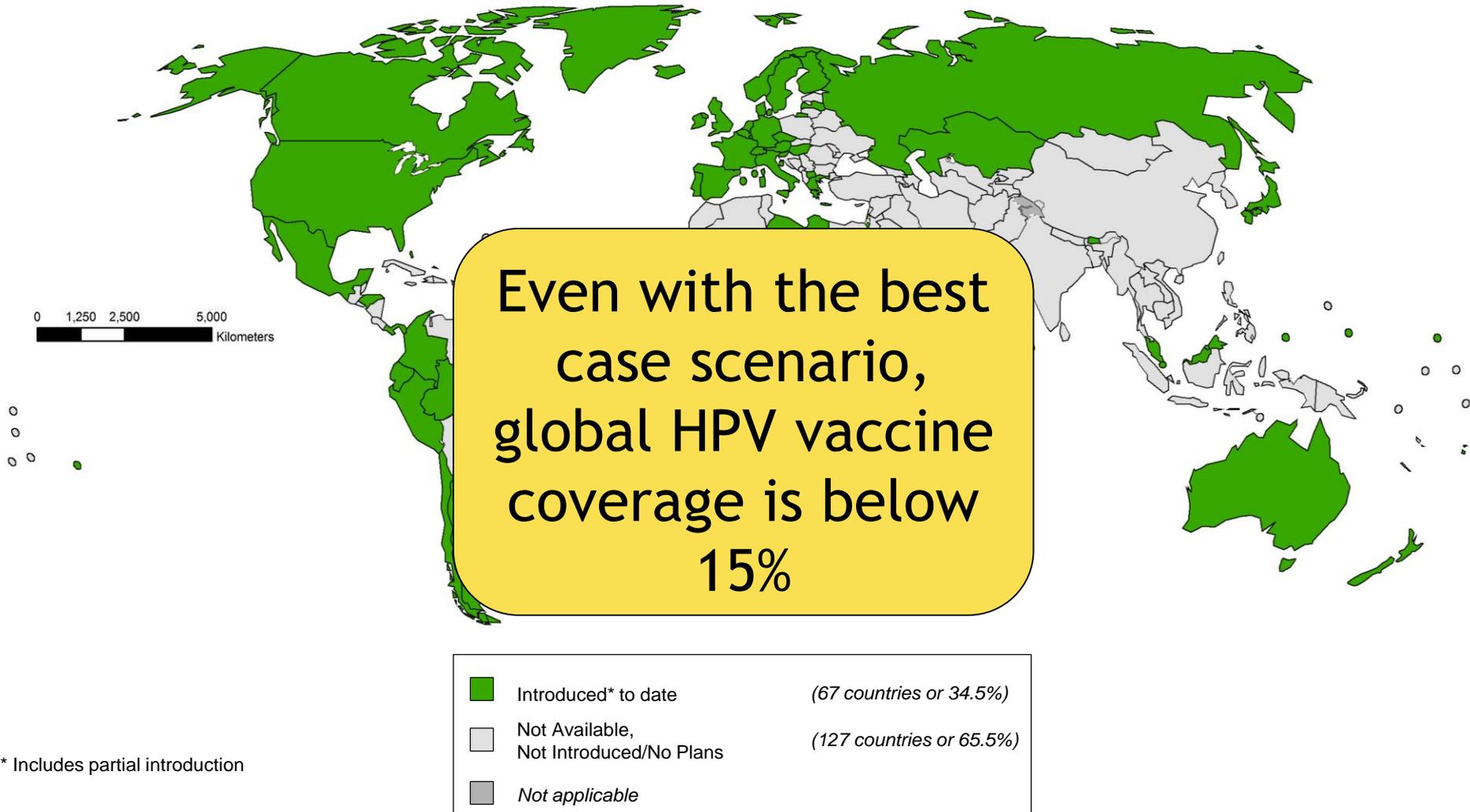
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EPI Team, IVB/WHO Geneva**

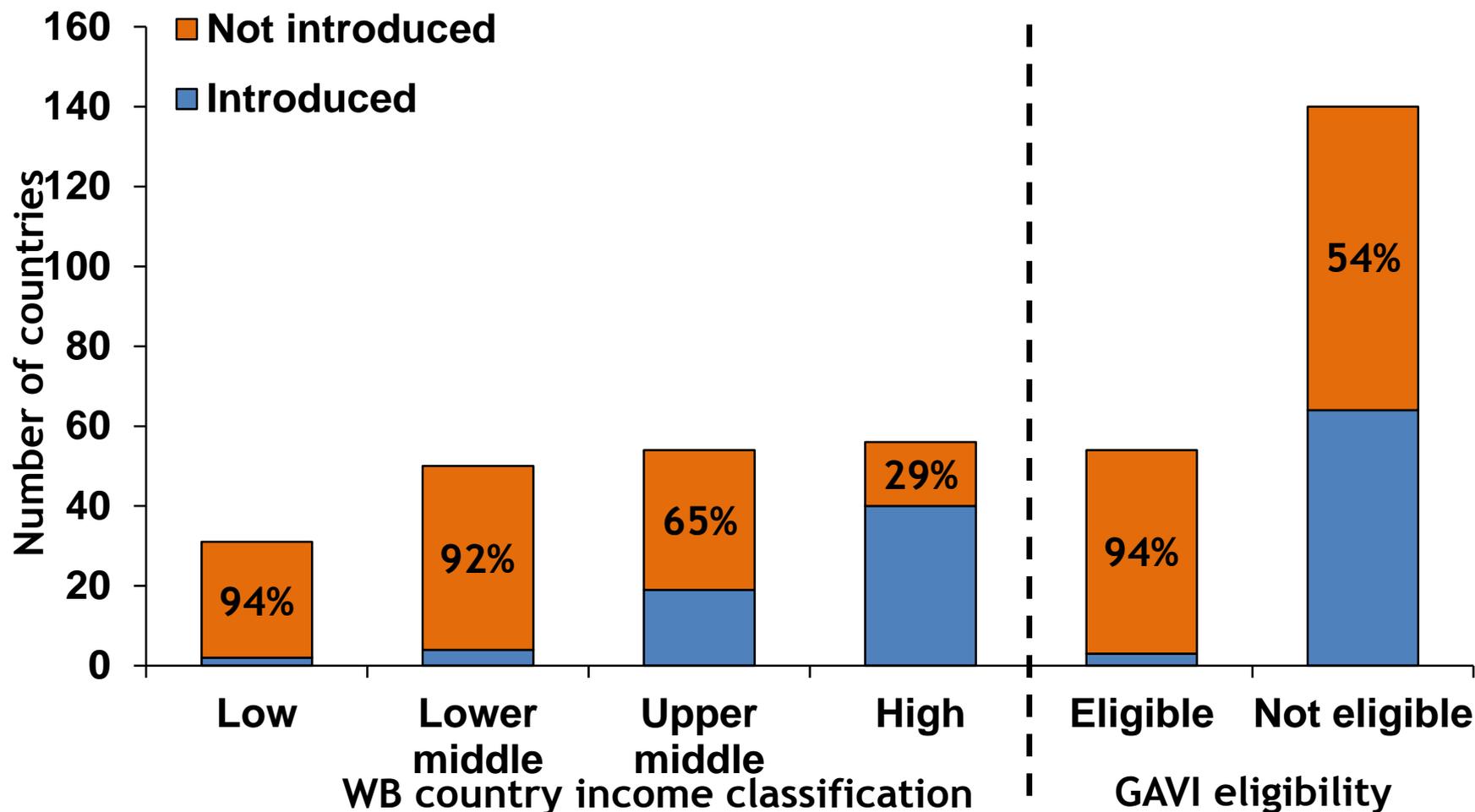


**World Health
Organization**

Countries with HPV vaccine in their national immunization programmes, as of September 2016

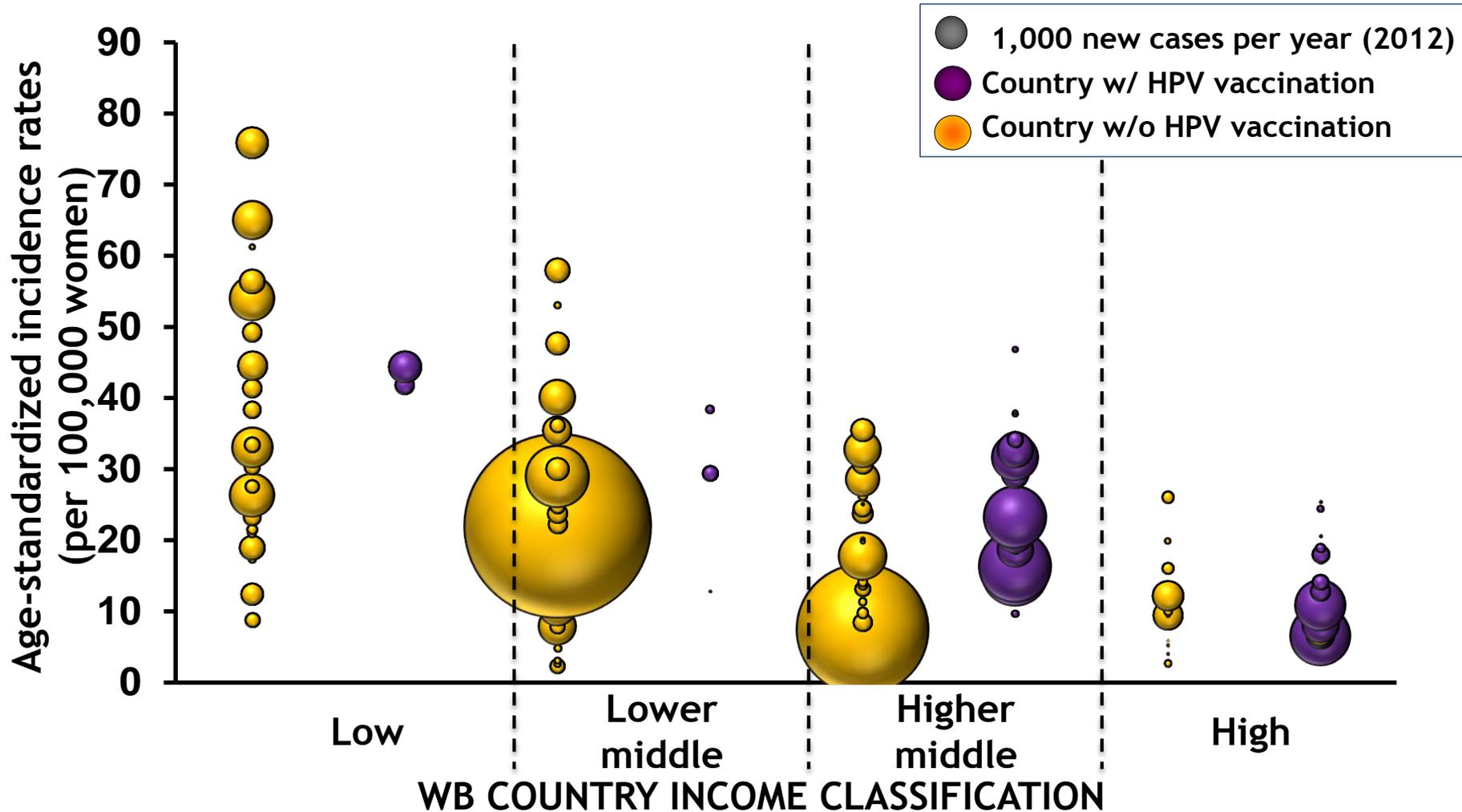


National HPV vaccine introduction by WB income classification or GAVI eligibility, as of June 2016



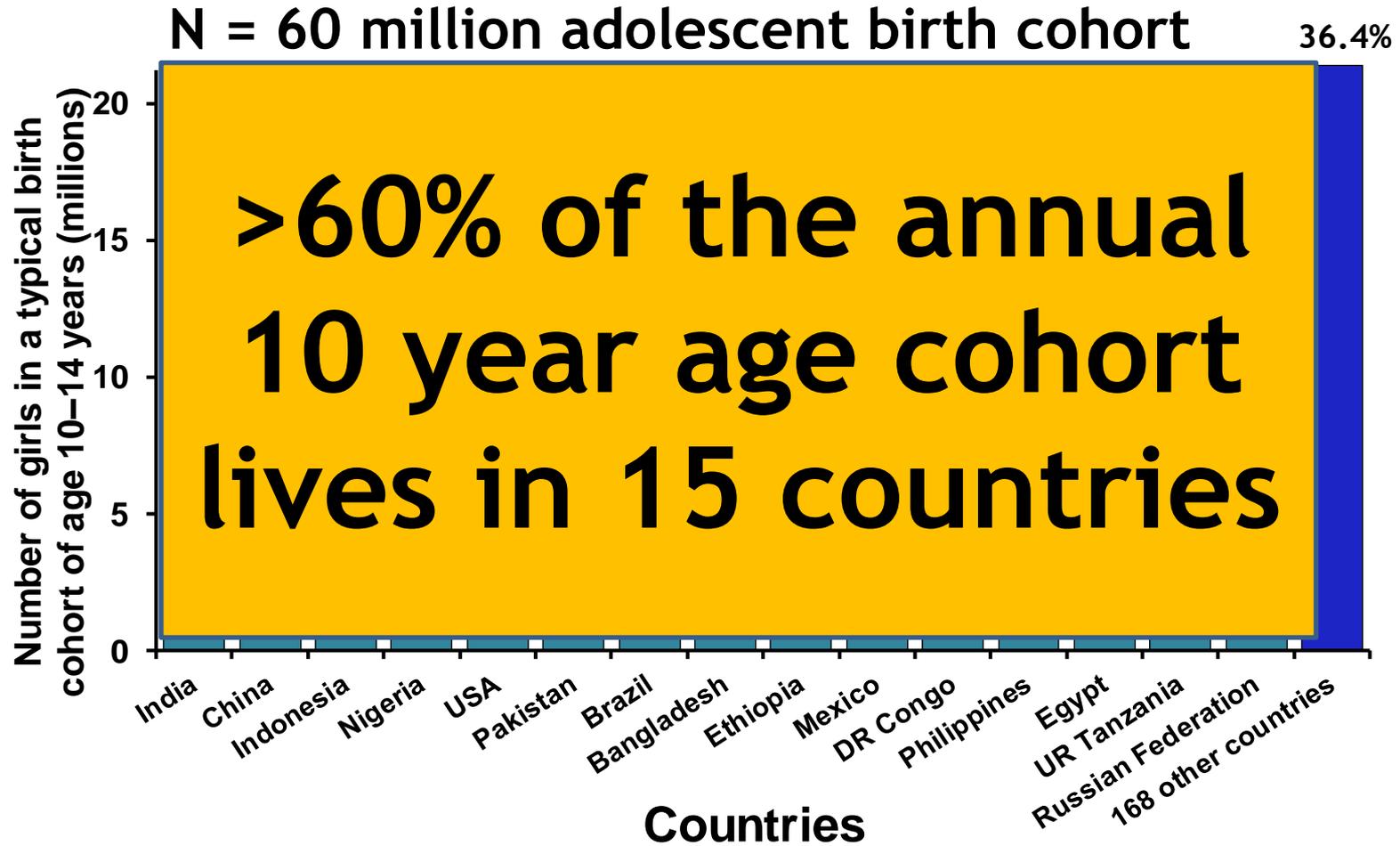
Sources: WHO/IVB Database, as of 27 June 2016, based on country reports; World Bank, List of economies, July 2016; GAVI, Countries eligible to apply for new vaccines support in 2016.

Cervical cancer incidence by income group and national HPV vaccine introduction

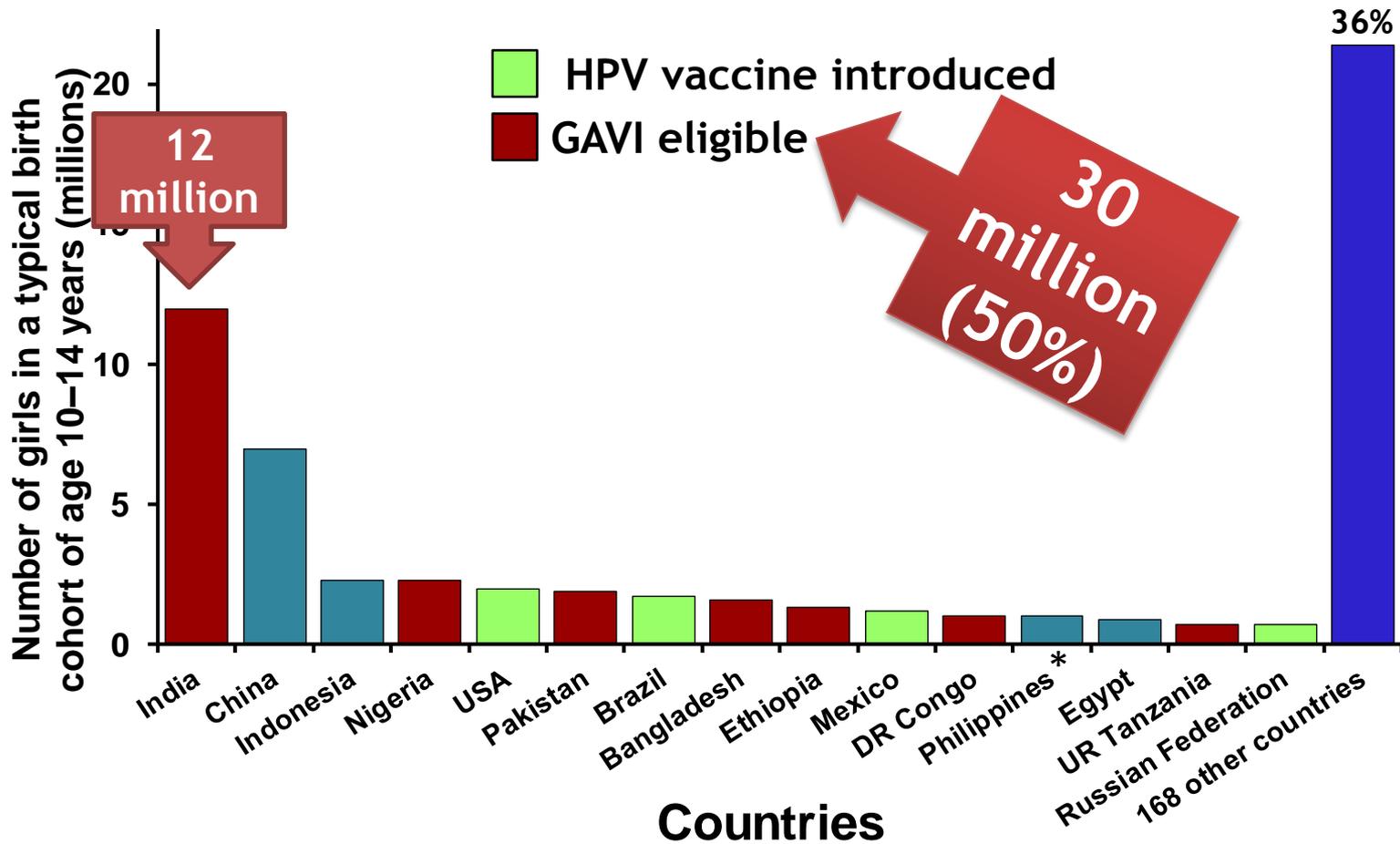


Sources: IARC, GLOBOCAN 2012 (estimated annual number of cervical cancer cases); World Bank, List of economies, July 2016; WHO/IVB Database, national as of HPV vaccine introductions as of 27 June 2016, based on country reports.

Adolescent birth cohort distribution by country

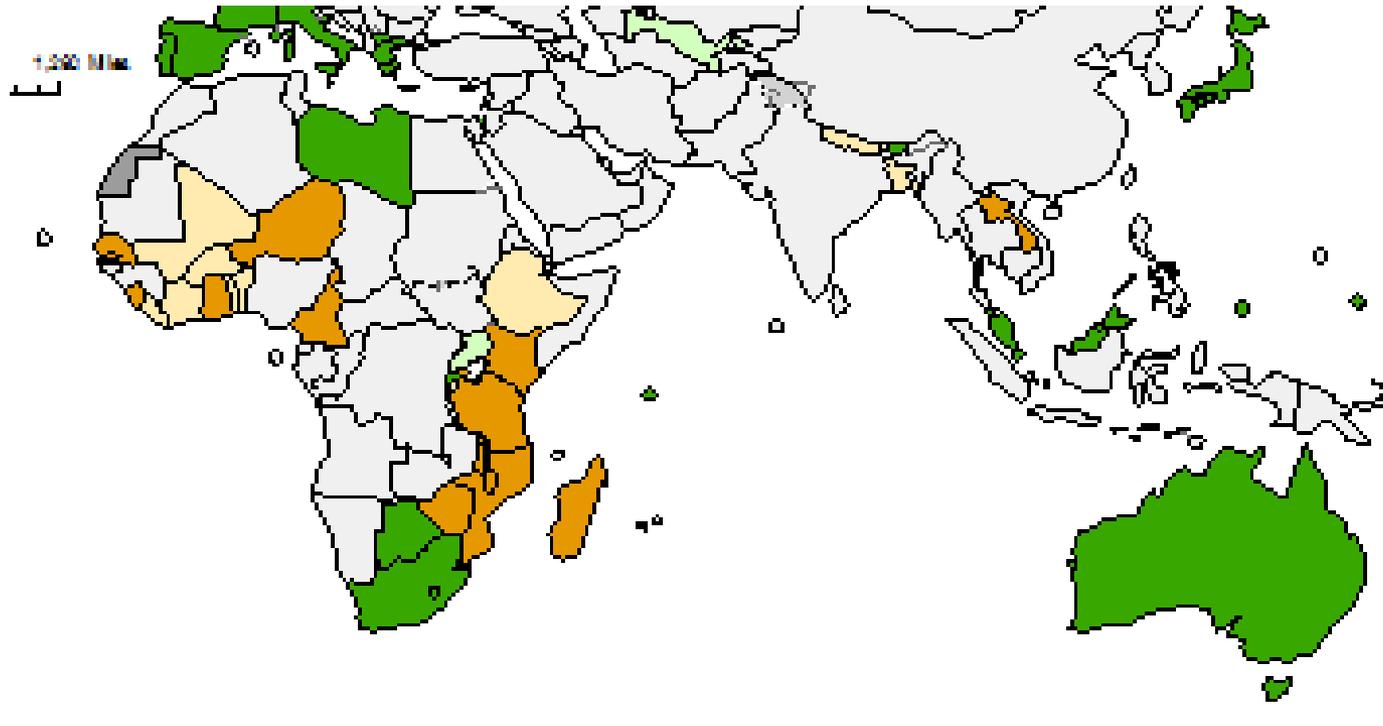


Geographic distribution of the targeted age groups



* Partial introduction in the Philippines in 2014

Countries introducing with Gavi demo projects and national



* Includes partial introduction but excludes countries where vaccination is temporarily interrupted

Data source: WHO/IVB Database, as of **06 November 2015**
 Map production Immunization Vaccines and Biologicals (IVB),
 World Health Organization

	Introduced* to date	(64 countries or 33%)
	Gavi supported nationwide introduction	(3 countries or 2%)
	Gavi Demo projects (to start in 2016/17)	(17 countries or 9%)
	Gavi Demo projects (started to date)	(7 countries or 4%)
	Not Available, not Introduced / no plans	(103 countries or 53%)
	Not applicable	

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. ©WHO 2015. All rights reserved.

Demos: Even in poor-resource settings, HPV vaccine implementation can be successful

Countries used school-based delivery

- Most countries opted to vaccinate at a **younger age** due to higher school enrolment
- Challenges in enumerating and follow-up of **out-of-school girls**

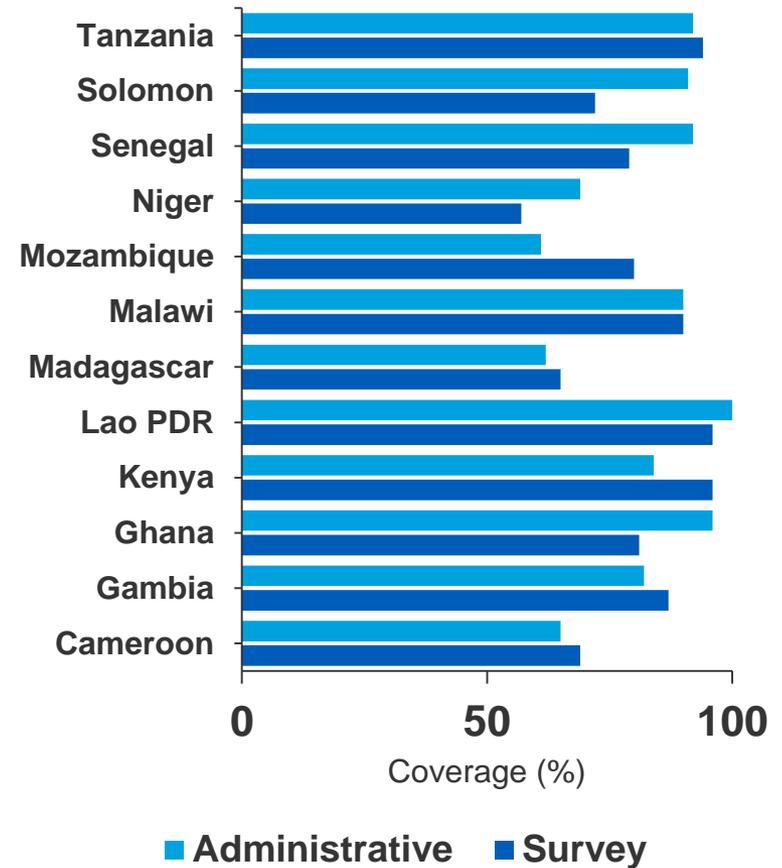
Communication and social mobilisation ensure high coverage

- Messaging focused on **cervical cancer** prevention
- Early, face-to-face **engagement** with communities and religious leaders

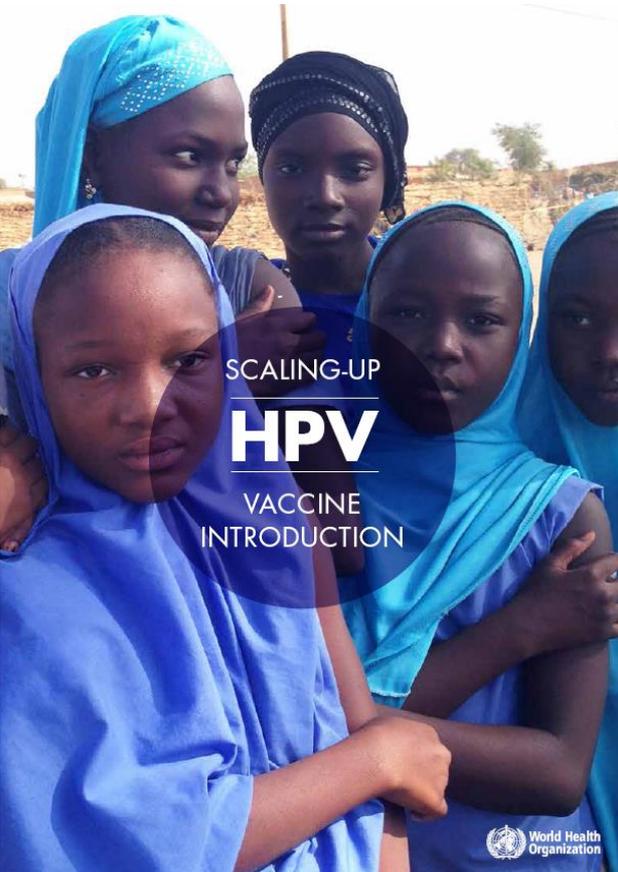
Engagement of key stakeholders and building political will at all levels is vital

Ownership by EPI is critical for programme success

Most countries achieved high coverage around 80%



Scaling-up HPV Vaccine Introduction



SCALING-UP
HPV
VACCINE
INTRODUCTION



HPV Vaccine Lessons Learnt Project Overview

Summary

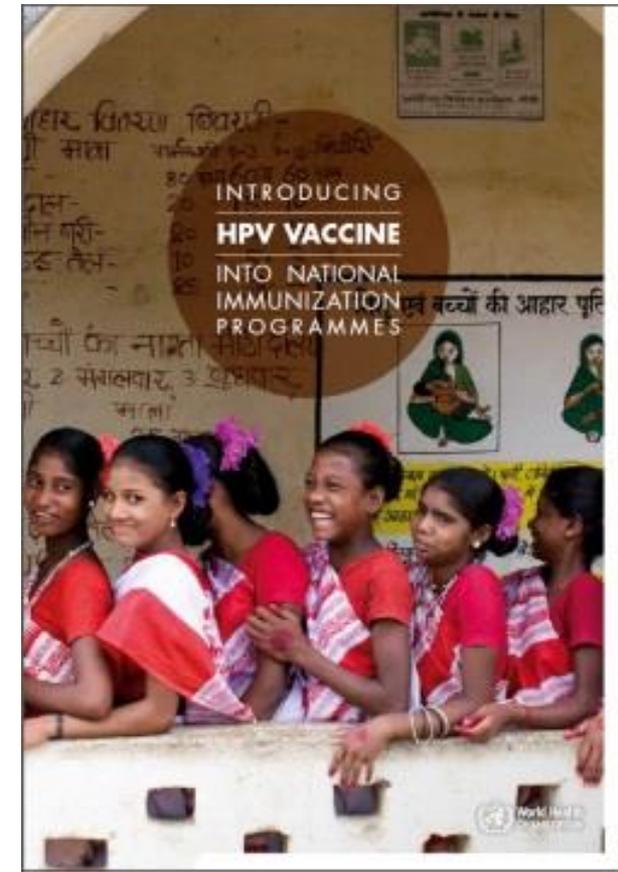
Cervical cancer is a leading cause of morbidity and mortality among women in low- and middle-income countries, with nearly a half million new cases and 295,000 deaths annually. While screening programmes have helped reduce mortality rates in high-income countries, they are often unrealistic in low-income countries. In recent years, HPV vaccines, however, have emerged as an effective solution to prevent cervical cancer in low-resource settings, and the World Health Organization recommends HPV vaccination for girls aged 9 to 13 years.

Since 2007, low- and middle-income countries have gained experience in HPV vaccine delivery through HPV vaccination demonstration projects and national programmes. Dozens of countries have now gained valuable lessons about effective methods for garnering parental acceptance and reaching young adolescent girls with the vaccine, at relatively low delivery costs.

This brief summarizes the first comprehensive review of HPV vaccine delivery experiences across 46 low- and middle-income countries. The review was undertaken by researchers at the London School of Hygiene & Tropical Medicine and PATH from 2014 to 2016.

Highlights include key findings and lessons from HPV vaccination experience across five themes: preparation, communications, delivery, achievements, and sustainability. Accompanying two-page summaries on each theme include recommendations for HPV vaccine introduction and scale-up. Additional summaries address the value of demonstration projects and potential HPV vaccination pitfalls.

For global and country decision-makers, the increasing burden of cervical cancer means that now is a critical time to expand evidence-based delivery of HPV vaccines, which could protect girls around the world from cervical cancer later in life. The lessons learnt from previous country experiences can inform decision-makers on how best to implement HPV vaccine demonstration projects or national scale-up.

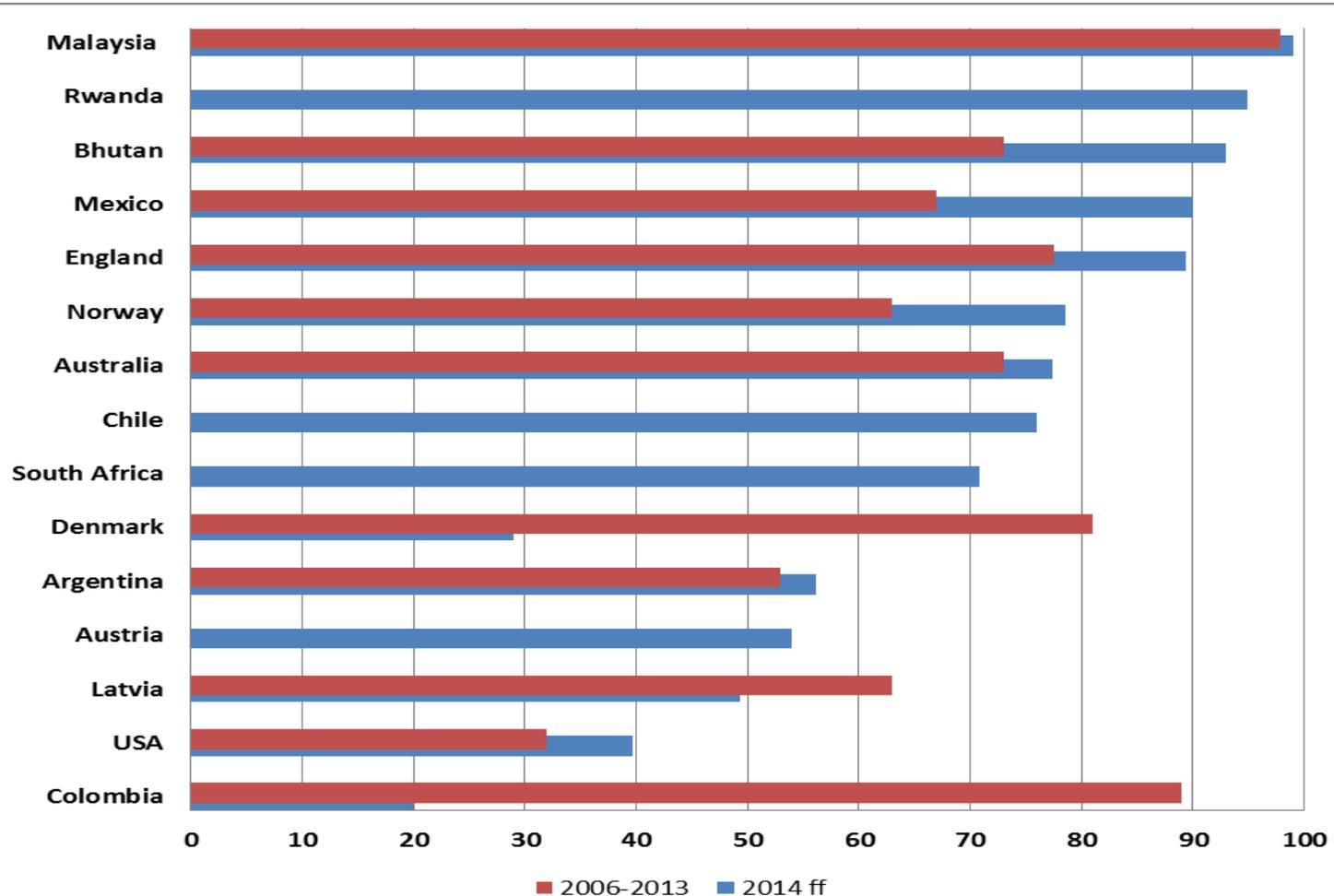


INTRODUCING
HPV VACCINE
INTO NATIONAL
IMMUNIZATION
PROGRAMMES

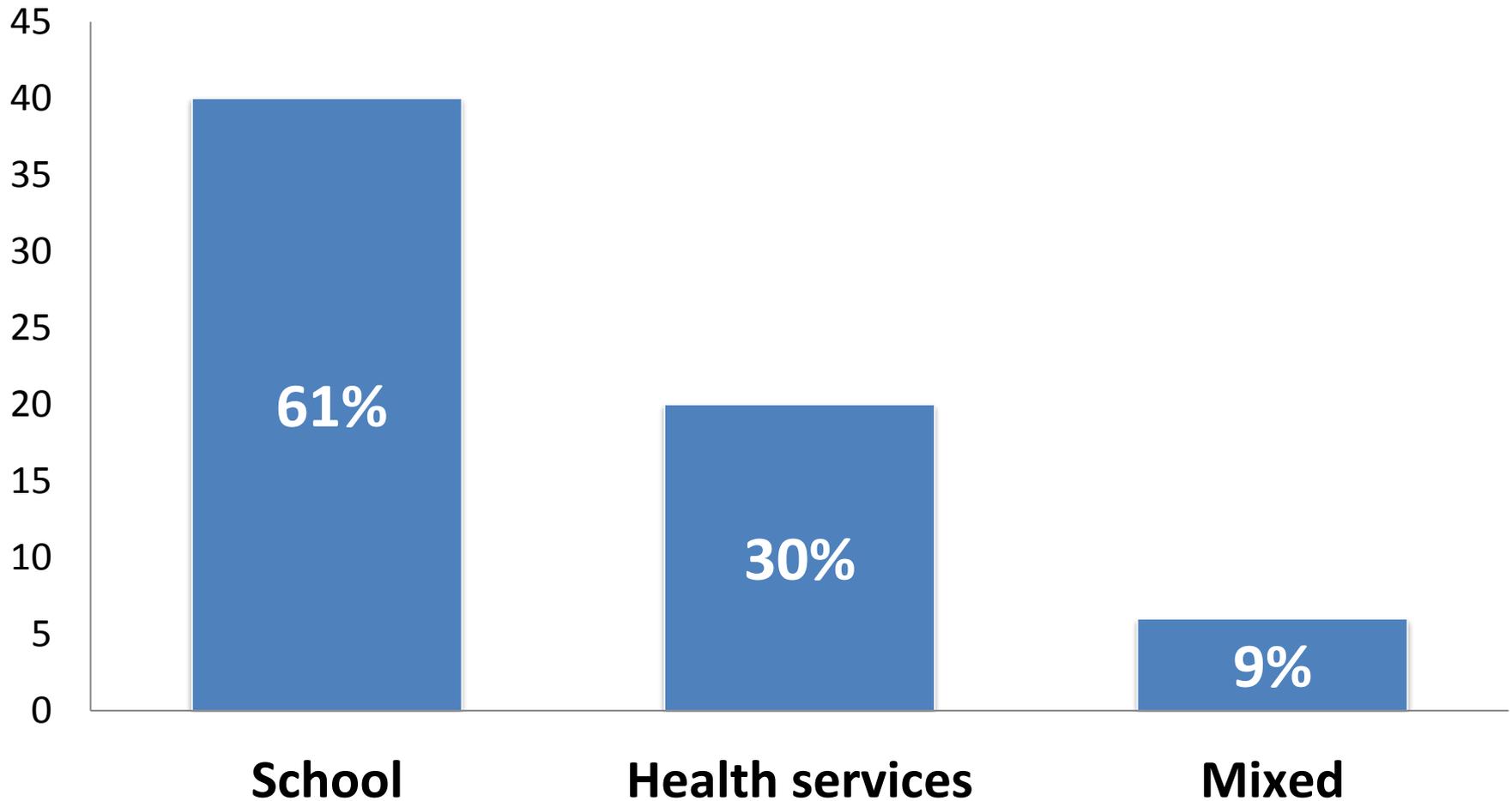


National: Reported HPV coverage rates

Selected years in two time periods



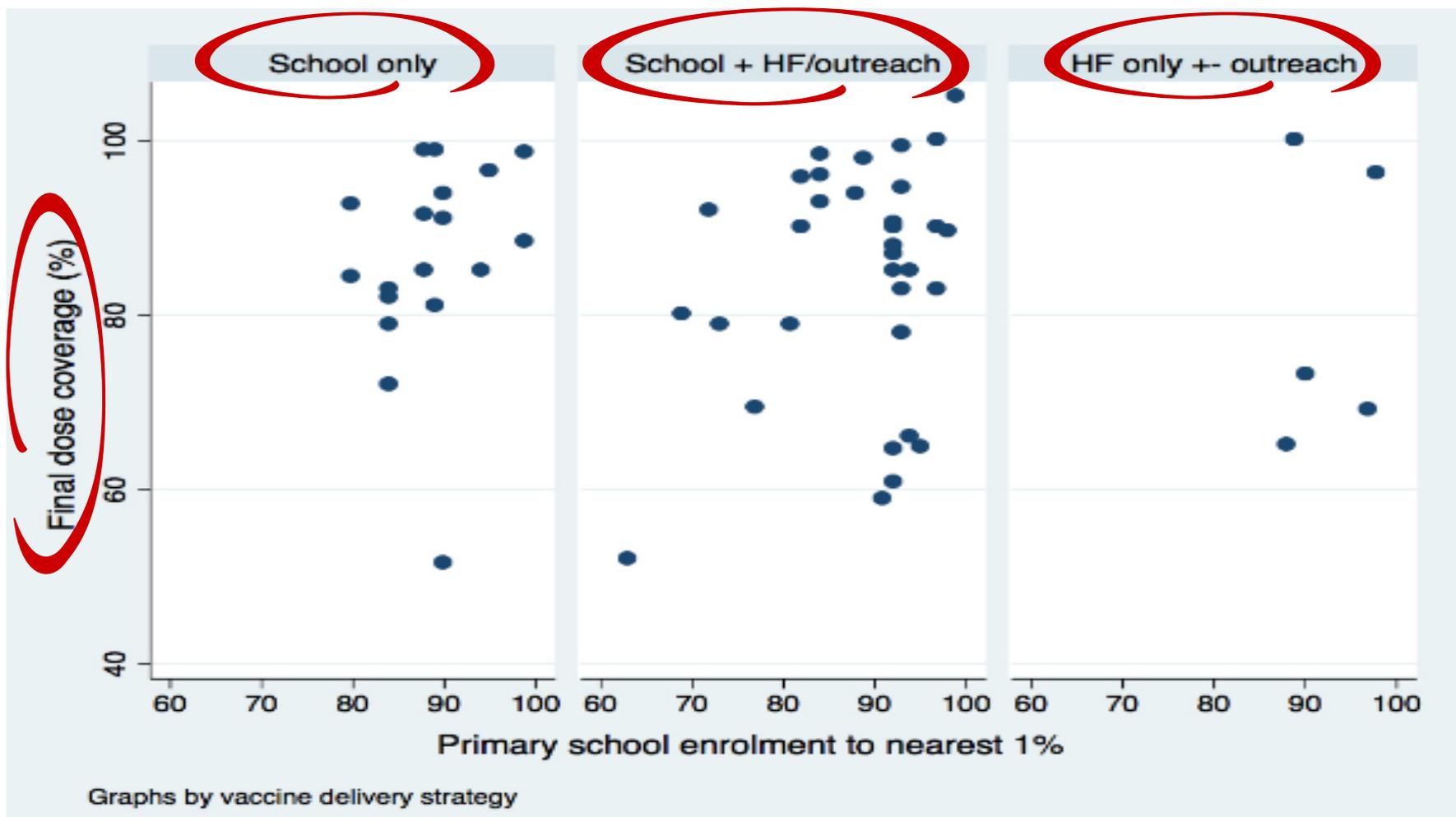
Setting of HPV vaccination, June 2016



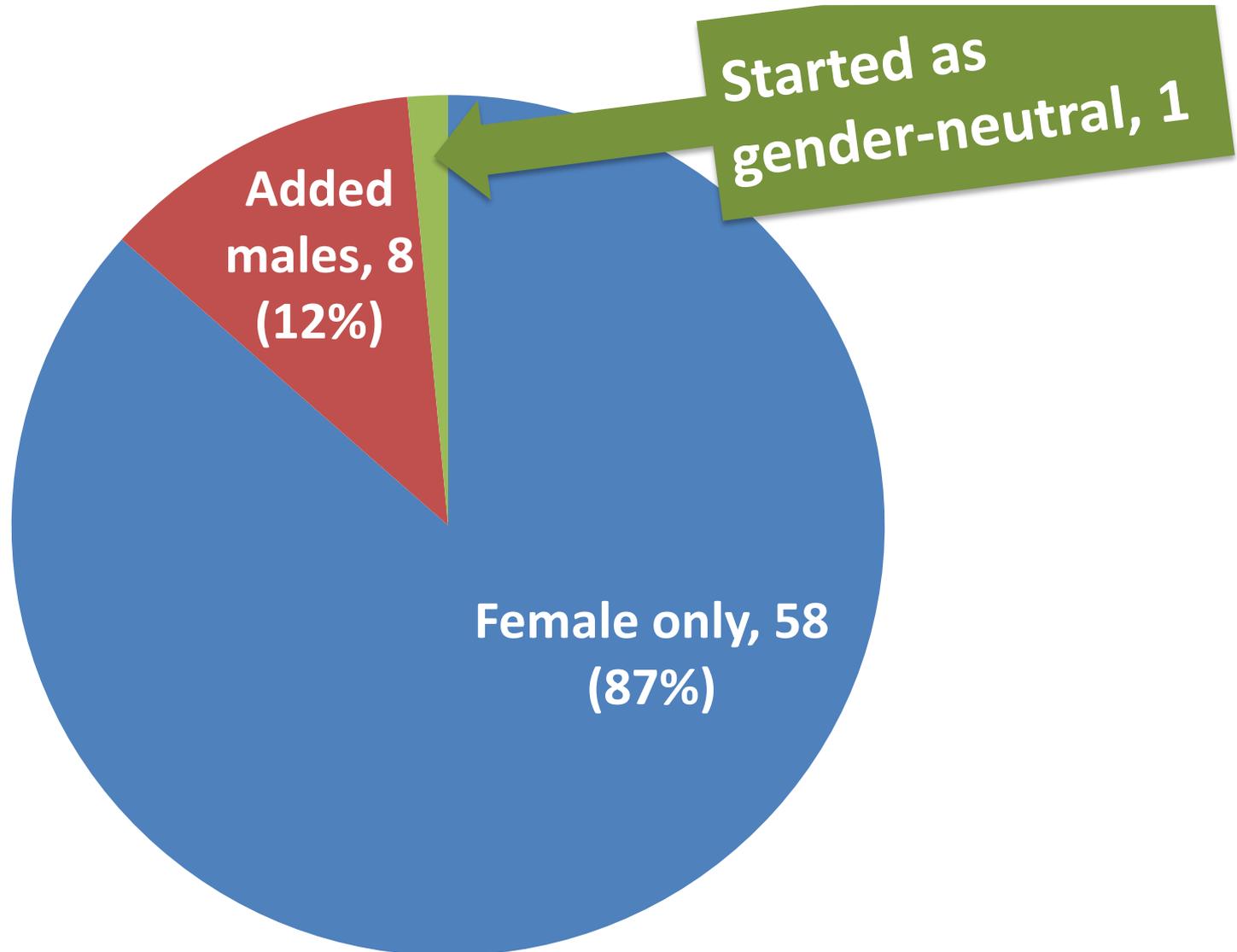


ACHIEVEMENTS

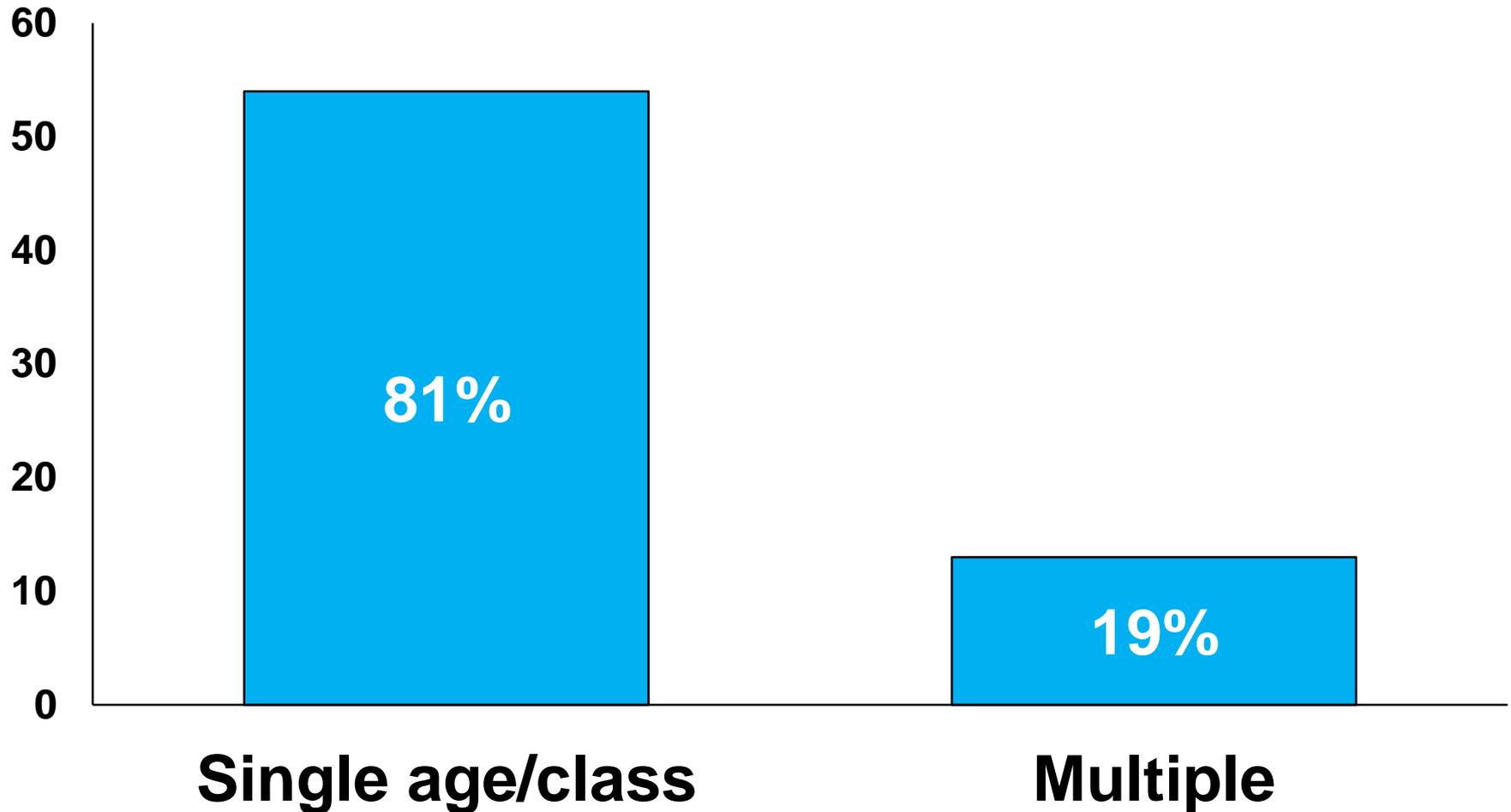
Vaccine coverage by delivery strategy



Countries with male HPV vaccination, June 2016



Countries that vaccinate multiple age cohorts, June 2016



WHO support to countries for HPV vaccine: *Science, knowledge and tools*

Information Sheet
REVISED 2012. COUNTRY STRATEGIES
FOR HPV PAPILOMAVIRUS VACCINE

Principles and considerations for adding a vaccine to a national immunization programme
FROM DECISION TO IMPLEMENTATION AND MONITORING

Weekly epidemiological record
Relevé épidémiologique hebdomadaire
No. 42, 2014, 48 (2014)
http://www.who.int/emw

Human papillomavirus vaccines: WHO position paper, October 2014
Introduction
In accordance with its mandate to provide guidance to Member States on health policy matters, WHO issues a series of regularly updated position papers on vaccines and vaccine-preventable diseases that have an international public health impact. These papers are obtained pro-

School Vaccination Readiness Assessment Tool

WHO CERVICAL CANCER PREVENTION AND CONTROL COSTING (C4P) Tool User Guide

Comprehensive Cervical Cancer Control
A guide to essential practice
Second edition

Essential Training Package for HPV Vaccine Introduction
Over view of HPV vaccination Training
World Health Organization

IARC TECHNICAL PUBLICATIONS
PLANNING AND DEVELOPING POPULATION-BASED CANCER REGISTRATION IN LOW- AND MIDDLE-INCOME SETTINGS
IARC TECHNICAL PUBLICATION NO. 43

SCALING UP HPV VACCINE INTRODUCTION

INTRODUCING HPV VACCINE INTO NATIONAL IMMUNIZATION PROGRAMMES

OPTIONS FOR IMPROVING HEALTH-SEEKING BEHAVIORS FOR ADOLESCENTS WITH HPV VACCINATION

HPV VACCINE COMMUNICATION
Special considerations for a unique vaccine
2016 update

Policy & decision making

Planning & implementation



The United Nations Global Cervical Cancer Programme
End cervical cancer: prevent, treat, care



October 2016 SAGE meeting: Schedules and strategies for HPV vaccination

- The three registered vaccines (2, 4 and 9-valent) offer relatively similar effectiveness
 - For the prevention of cervical cancer
- Current evidence supports direct nationwide introduction of HPV vaccines
 - Phased introductions as alternative for countries with financial or operational constraints
- The vaccination of multiple cohorts of girls aged 9–14 years is recommended when the vaccine is first introduced
 - If resources are available, the age range could be expanded up to 18

Summary

- 10 years after introduction, global HPV vaccine uptake remains slow
- The countries that are most at risk for cervical cancer are the least likely to have introduced the vaccine
- Several challenges to reaching adolescent girls and sustaining high coverage remain, including vaccine price and communication crises
- WHO and its partners continue to leverage their suite of tools and technical expertise to support countries to increase uptake and coverage

Thank you!

