



17th TechNet Conference

Panama City, Panama | October 16-19, 2023

Immunization Programmes That Leave No One Behind

www.technet-21.org

HPV Vaccination Implementation: Challenges, Opportunities and Lessons Learned

Joanie Robertson, PATH

October 17, 2023

Challenges and Lessons Learned



17th TechNet Conference
Panama City, Panama | October 16-19, 2023

Common Challenges

- The critical need for health and education sectors to work together in planning and implementation.
- Insufficient time for planning posed a challenge to implementation.
- Gaps in communications training for school staff, teachers, and community leaders allowed rumors to take hold when questions could not be answered.
- Some countries underestimated the power of negative media exposure, including social media.
- Specific strategies are needed to reach out-of-school girls, which requires intensive cost and human resources.
- Sustainability and integration with other adolescent health services.

The Covid-19 Pandemic's Impact

- Schools closed
- Vaccine outreach efforts stopped
- Caregivers stopped bringing children into facilities for routine immunization services, including HPV
- HPV vaccine coverage plummeted
 - Over 25% of the coverage of HPV vaccines that was achieved in 2019 was lost¹
 - Compared to 2019, 2020 data show a 42% reduction in HPV vaccine coverage in the general population and 36% among people living with HIV²

1. WHO: <https://www.who.int/news/item/15-07-2022-covid-19-pandemic-fuels-largest-continued-backslide-in-vaccinations-in-three-decades>

2. D'Amato S et al. Impact of the COVID-19 pandemic on HPV vaccination coverage in the general population and in PLWHs. Eur Rev Med Pharmacol Sci. 2022 Oct;26(19):7285-7289.

HPV Lessons Learnt

A four-page overview and a collection of two-page summaries detail findings, lessons learnt, and recommendations for decisionmakers on seven themes:

- Preparation
- Communications
- Delivery
- Achievements
- Sustainability
- Value
- Pitfalls

HPV Lessons Learnt Materials available at:
<https://www.path.org/resources/hpv-lessons-learnt>



HPV Vaccine Lessons Learnt Project Overview

Summary

The introduction of HPV vaccine has been a milestone for millions of women. Based on a review of the School of Hygiene and Tropical Medicine (SHTM) HPV vaccine pilot and recommendations of HPV vaccination...

Background on the Project

A range of pitfalls have been identified in the implementation of HPV vaccine pilots. This overview provides a summary of these pitfalls and offers recommendations for decisionmakers to avoid them.

EXPERIENCES GAINED

While numerous lessons have been learned from the HPV vaccine pilots, there are still many challenges that need to be addressed to ensure the success of HPV vaccination programs.

Factors correlated with high/low coverage

Factors correlated with **high** coverage:

- Strategies using schools and collaboration with education sector at national and local levels.
- Programmes and projects led by national immunisation programme.
- Inclusion of approaches to also reach out-of-school girls.
- Comprehensive social mobilisation, including use of 'credible influencers'.
- Use of vaccination registers and cards.
- Both two-dose and three-dose schedules achieved similar high coverage, but two-dose schedules were easier to deliver.

Factors correlated with **low** coverage:

- Health-facility-only delivery strategies.
- Ineffective coordination and planning with schools.
- Rumours that caused schools to refuse vaccinators.
- Urban areas (more exposure to negative media, greater population mobility, difficulty in enumeration compared with rural areas).
- Other factors: delay in receipt of social mobilisation and school-delivery funds; not providing a second opportunity for girls who missed the first dose.

Opportunities



17th TechNet Conference
Panama City, Panama | October 16-19, 2023

HPV Single-Dose Schedule

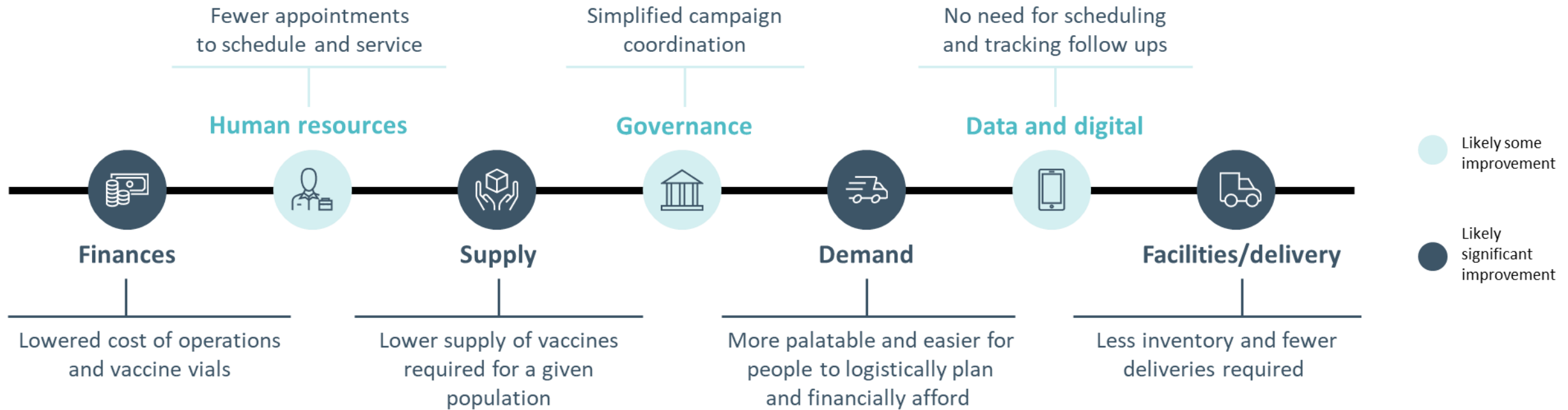
- Per WHO SAGE endorsement in December 2022, countries may now choose between a one- or 2-dose schedule for the primary target population, 9–14-year-old girls.
- Since single-dose efficacy data come from trials involving females up to age 20 years, either a one-dose or 2-dose schedule can also be used for the vaccination of girls aged 15–20 years old.
- Until further evidence is available, immunocompromised persons, irrespective of age, should be prioritized and should receive at least two doses but ideally three doses if programmatically feasible.
- For global equity, WHO recommends priority be given to the primary target of girls and that the expansion of HPV programs to secondary targets should be carefully managed considering supply availability, programme feasibility, and affordability.

Guidelines available on TechNet:

[HPV introduction - technical resources - TechNet-21](#)



Single-dose policy considerations



HPV is approved for Controlled Temperature Chain

What is Controlled temperature chain (CTC)?



An innovative approach to vaccine management allowing vaccines to be stored and transported at temperatures **outside of the traditional +2° to +8°C cold chain** under the following conditions:

- **Only one excursion**, just prior to administration
- Ambient temperatures **up to 40°C**
- Specific number of **days (4 days for HPV)**
- Recommended for **special strategies** like school-based immunization



CTC monitoring tools



Peak temperature threshold indicator



Vial marking



Expiration date and vaccine vial monitor

Gavi HPV Support Available to Countries

	Country Scenario	Support Provided	VIG	Ops	Vx doses / changes	Switch grant	HSS	TCA	Countries	Process
A	New HPV applications (RI and MAC)	<ul style="list-style-type: none"> TCA for proposal development (needed upfront) VIG and Vx for RI Ops and Vx for MAC 	✓	✓	✓		*	✓	Benin, Burundi, Nepal (2023) Ghana, Guinea-Bissau, Haiti, Pakistan (2024)	IRC review similar to current process
A	HPV RI intro and MAC approved, introduction scheduled	<ul style="list-style-type: none"> TCA for RI & MAC planning update (needed upfront) TCA for implementation Increase of Ops for increase MAC/ # of girls Increase in Vx doses for MAC Potential increase of VIG (population growth in target cohort) Change of RI Vx doses (pop. growth in target cohort & potential move to 1-dose schedule) HSS to support successful RI (reallocation or new) 	✓	✓	✓		✓	✓	Bangladesh, Mali, Togo, Nigeria, India Cambodia: special case with significant MAC expansion	Amendments/support to previously IRC reviewed HPV requests: Secretariat review <ul style="list-style-type: none"> contingent on country submitting documented request / updated plans <u>and</u> choosing from “pre-validated” menu of supported activities <u>and</u> robust, documented internal review process mgmt
B C D	HPV introduced in RI; MAC outstanding	<ul style="list-style-type: none"> TCA for MAC planning update (needed upfront) TCA for MAC implementation TCA for RI strengthening & to support switch Increase of Ops for larger target age range/ # of girls Increase in Vx doses for MAC Switch grant to switch RI from 2-to 1-dose Decrease in Vx doses for RI HSS to strengthen RI (reallocation or new) 		✓	✓	✓	✓	✓	Burkina Faso, Cameroon, Mozambique, Malawi, Senegal, Cote d'Ivoire, Liberia, Sierra Leone, Myanmar Ethiopia, Tanzania, Zambia (not eligible for expanded MAC)	<ul style="list-style-type: none"> option for Secretariat to escalate review to IRC encouraged to bundle requests for multiple supports per country for efficiency
C D	HPV introduced in RI; MAC completed	<ul style="list-style-type: none"> TCA for RI strengthening & to support switch Switch grant to switch RI from 2-to 1-dose Decrease in Vx doses for RI HSS to strengthen RI (reallocation or new) 			✓	✓	✓	✓	Kenya, Solomon Islands, Lao PDR, Mauritania, Gambia, Lesotho Zimbabwe, Sao Tome e Principe, Eritrea, Kyrgyzstan, Uzbekistan Uganda, Rwanda (never eligible for MAC)	

A – new programs; B – existing programs w/ or w/o MAC; C – switches; D – coverage improvement and sustainability

Gavi Support Guidelines

Resources (in English & French) :
<https://www.gavi.org/our-support/guidelines>



- [Vaccine Funding Guidelines](#)
- [Gavi Application Process Guidelines](#)
- [Gavi Programme Funding Guidelines](#)
- [Gavi Budget Eligibility Guide](#)

Gavi Programme Funding Guidelines

Introduction and the Zero-Dose Agenda

- 1.1 Defining programme objectives and activities for Gavi support
- 1.2 Using the list of recommended objectives
- 1.3 Innovation
- 1.4 Gender equality

- 2.1 Priority investment areas for Gavi support
- 2.2 Service delivery
- 2.3 Human resources for health
- 2.4 Supply chain
- 2.5 Health information systems and monitoring and learning
- 2.6 Vaccine-preventable disease surveillance
- 2.7 Demand generation and community engagement
- 2.8 Governance, policy, strategic planning and programme management
- 2.9 Health financing

Annex 1: Adapting investments to a country's context

Annex 2: Delivery of HPV vaccine

Annex 3: Investments by the IRMMA framework

Glossary

Gavi 50 of 62

Annex 2: Gavi investments for delivery of HPV vaccine

Gavi supports countries to develop resilient, sustainable HPV vaccination programmes that achieve high coverage. In 2023, Gavi launched an HPV vaccination revitalisation effort to make additional resources and technical assistance available to countries. As a part of this effort, countries are now encouraged to utilise Gavi HSS support to complement other country resources and develop tailored approaches to improve and sustain HPV vaccination coverage.

Based on published summaries of evidence, components of successful HPV programmes include:

- Strong, sustained, and visible advocacy and political commitment from all stakeholders.
- Strong coordination between health, welfare, and education sectors at national, subnational, and local levels.
- Timely distribution of funds, vaccines, supplies, and materials from national to local levels.
- Robust HPV microplanning joined up with other routine immunisation (RI) microplanning and inclusion of multiple vaccination opportunities for in- and out-of-school girls.
- Integrating HPV vaccines with existing routine structures and processes, including consent procedures.
- Conducting vaccination sessions at schools.

Technical advice and guidance documents have summarized key HPV vaccinations in LMICs, based on over ten years of documented experience. Key resources include:

- WHO: [Resources for designing, implementing and scaling up HPV](#)
- LSHTM & PATH: [Lessons learnt from human papillomavirus \(HPV\)](#)
- UNICEF: [Lessons learned and field guides on HPV vaccine communication](#)
- Girl Effect: [HPV vaccine campaign tools](#)
- Gavi: [How to Talk with Adolescent Girls about HPV Vaccination: H](#)

Vaccine Funding Guidelines

26 | 6 3

3.2 Human papillomavirus vaccine

→ NEW ROUTINE INTRODUCTION
→ NEW ROUTINE INTRODUCTION WITH ADDITIONAL MULTI-AGE COHORT (MAC)

Vaccine-specific mandatory application attachments

- Human papillomavirus (HPV) vaccine implementation plan
- HPV vaccine workplan
- Ministry of Education signature for school-based strategies
- HPV vaccine introduction budget

→ EXISTING PROGRAMMES, DELAYED MAC

Vaccine-specific mandatory application attachments

- Updated estimates of target population/supply needs
- Updated HPV MAC workplan
- Updated HPV MAC budget
- Abbreviated HPV MAC implementation plan*

* Only countries with a delayed MAC that was pre-approved for the age range 9-14 years and are currently vaccinating a routine cohort at age 9 or 10 years but wish to extend the MAC to age 15 years on a single-dose schedule will need to submit an abbreviated HPV MAC implementation plan

→ EXISTING PROGRAMMES, DOSING SCHEDULE SWITCH

Vaccine-specific mandatory application attachments

Notification of dosing switch only:

- NTAG or its equivalent supportive recommendation including Ministry of Health signature

If applying for Switch Grant, the above document and:

- Gavi switch request form
- Switch implementation plan
- Chronogram of key activities
- Copy of HPV vaccination card or EPI calendar
- HPV vaccine switch budget

→ EXISTING PROGRAMMES, VACCINATION COVERAGE IMPROVEMENTS

Vaccine-specific mandatory application attachments

For reallocation of existing health systems strengthening (HSS) grant:

- Narrative description of the activities
- Updated HSS budget reflecting the HPV vaccine activities

To request additional HSS funding:

- Formal request required
- Budget for the additional funds

Access full library of Gavi guidelines

Detailed product profiles



17th TechNet Conference

Panama City, Panama | October 16-19, 2023

Immunization Programmes That Leave No One Behind

www.technet-21.org

HPV+ Integrated adolescent interventions in Moldova

Oya Zeren Afsar, Health Specialist, UNICEF NYHQ

Angela Capcelea, Health Specialist, UNICEF Moldova

October 17, 2023

HPV+ multisectoral interventions



17th TechNet Conference
Panama City, Panama | October 16-19, 2023

OPPORTUNITY

UNICEF's
multisectoral
capacity

- Human Papilloma Virus (HPV) vaccine is being scaled-up globally since 2018 with Gavi support, delivered to adolescent girls in low and middle-income countries
- This is the first time that adolescents are being accessed by a health intervention sustainably and with high coverage

Proof-of-concept projects with UNICEF internal funding

HPV + OBJECTIVES

PRIMARY

- Use HPV vaccination as an entry point to deliver a package of gender-responsive, health and wellbeing interventions targeting adolescents

SECONDARY

- Take advantage of: a) economies of scale; b) the fact that a series of countries are in the process of implementing and expanding HPV vaccination programs or are planning to do so in the near future
- Improve the capacity of school, healthcare, and community platforms to provide adolescent-friendly and gender-responsive services
- Learn how to collaborate effectively across sectors
- Assess feasibility, impact, and cost-effectiveness of the intervention



Tanzania

Jhpeigo + UNICEF

Moldova

UNICEF



21 LMIC under way 2024-2025

HPV+ integrated adolescent interventions in Moldova: Feasibility, Effectiveness and Sustainability



17th TechNet Conference
Panama City, Panama | October 16-19, 2023

HPV+ in Moldova' initiative: outcomes and outputs

The long-term outcome lies in the **increased psychological wellbeing of adolescents aged 10-17 and effective immunization against HPV in adolescents aged 10-14 in Moldova.**

Outputs of the initiative:

- Increased uptake of HPV vaccine among adolescent girls 10-14
- Prevention of violence/bullying and parenting are addressed and included in relevant policy documents and strategies to further strengthen related capacities and knowledge in parents, teachers and adolescents.

Implementing partners within 'HPV+ in Moldova' initiative

UNICEF departments	Partners	Project title
Loyal partners		
Health	HYA	Improve access of young girls and boys, especially vulnerable and most at risk, to YFHS addressing Mental Health, Bullying, HPV vaccination,
Child protection	Tdh Moldova	Joint actions to end bullying in Moldova
Adolescent Participation	CNPAC	Responsible parenting for safe adolescence
New partners		
Communication	Association for Intellectual Games	Raising awareness of the Convention on the Rights of the Child and SDGs among adolescents in eleven regions/municipalities in Moldova through intellectual games
Communication	AO Forum	Bi-monthly LIVE ABC of Health
Adolescent Participation and Communication	SCO Sports Club Sporter	Adolescents' empowerment and mobilization as agents of change for healthy lifestyle and active citizenship
Education	Coliseum Association	Violence and bullying prevention among school children and adolescents through theatre

Intervention concept and methodology



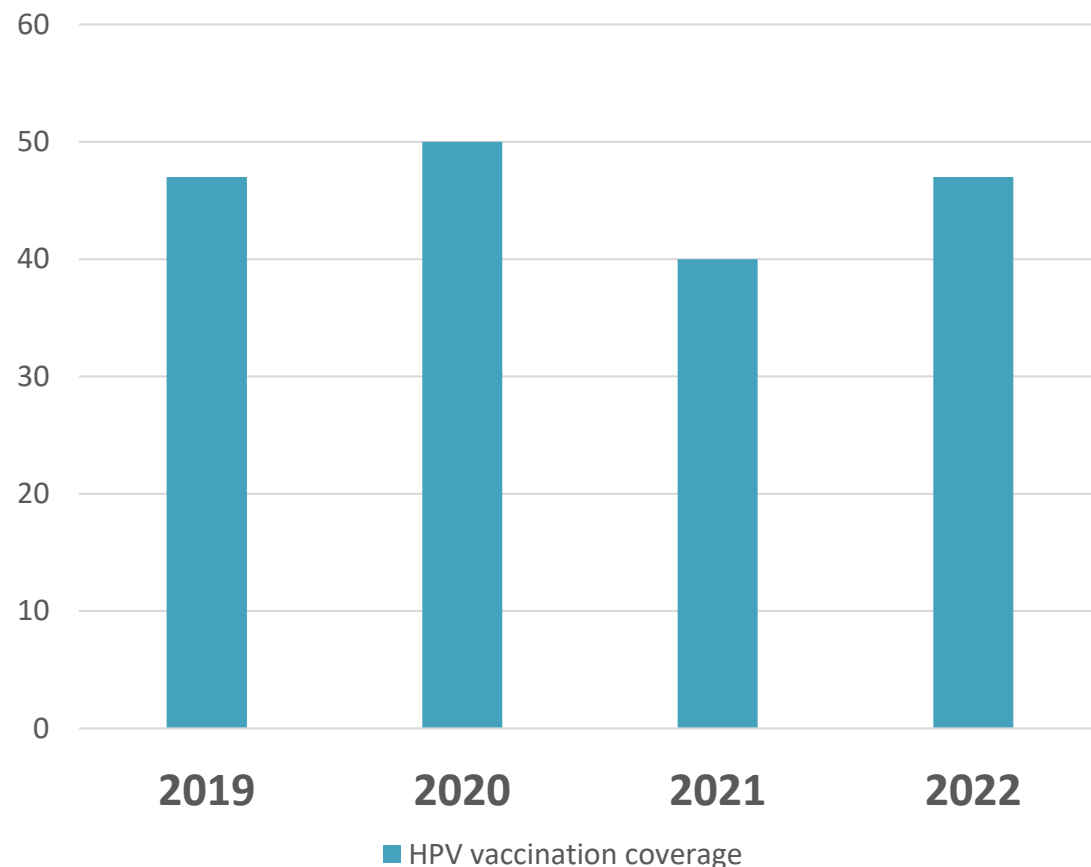
Peculiarities of the intervention

- facilitating promotion of **HPV vaccination through YFHS**, including the enlargement of services provided by YFHS (Youth Support Line);
- considering the issue of **bullying as an aspect of mental health** in adolescents.

UNICEF Moldova team took into account:

- the evidence-based characteristics of HPV vaccination during piloting in one cohort
- the outcomes of the Bullying in adolescents from Moldova research (UNICEF, 2019) that revealed that 86,8% of VI to XII form students are affected by bullying (victims, bullies, and bystanders).

Achievements



- **Partnerships established** with relevant ministries (MH, MER, MLSP), Parliamentary Commission, and collaboration with other UN organizations with the clear delimitation of responsibilities related to the mental health of adolescents and vaccination.
- **UNICEF Moldova expertise**, including support provided within the National Vaccination Program for 2016-2020.
- Development of the initiative based on the outcomes of the national surveys and administrative **data** about the vaccination of children and adolescents.
- A **holistic approach** to the mental health of adolescents.
- **Cross-sectoral approach** through which the specialists from various fields were trained to promote the mental health of adolescents and refer them to the existing services (YFHS).
- **Innovative approaches:** asking adolescents' opinions via U-Report, edutainment activities such as development of the educational games Dialogica, Social Theatre, and availability of Viber stickers on antibullying for 3 months.

Achievement of short-term outcomes

<p>Number of adolescents in targeted areas trained to address peer violence, including bullying/cyberbullying</p>	<p>600</p>	<p>634 (105,7%)</p>
<p>Number of teachers with adequate knowledge of bullying prevention strategies in schools</p>	<p>750</p>	<p>1895 (252.7%) 1857 (98%) answered correctly on the final assessment test</p>
<p>Share of parents reporting engaging in positive two-ways communication with their adolescents</p>	<p>3.6% of parents report that they totally agree, and 40.4% partially agree that they possess sufficient knowledge to manage the adolescent's behavior.</p> <p>28.0% of parents listened to their adolescents without interrupting them</p>	<p>13.5% (+9,9 p.p.) of parents report that they totally agree, and 58.2% (+17,8 p.p.) partially agree that they possess sufficient knowledge to manage the adolescent's behavior.</p> <p>41,1% parents listened to their adolescents without interrupting them</p>
<p>Share of parents reporting positive attitudes related to vaccinating their daughters against HPV</p>	<p>23.8% of parents report that they totally agree, and 31.5% partially agree to vaccinate their daughters against HPV</p>	<p>28.4% parents report that they totally agree, and 38.3% partially agree to vaccinate their daughters against HPV at an End-line study</p>

Feasibility

Feasibility of the parent education and HPV vaccination session alongside with bullying/cyberbullying session:

- The relevance of 2 subjects for the Moldovan society and the lack of information.
- The harmonious integration of subjects related to HPV vaccination and bullying in the parent education program.
- The high enrolment rate of parents in the training program.
- Low abandonment rate among parents/caregivers who participated in the program.
- 26 school psychologists instructed to provide the CONECT Program to parents continue to do this in the educational institutions till the present and still have waiting lists from parents.

Feasibility of the educational games Dialogica:

- Providing new knowledge on various subjects in an unusual way, interesting for students;
- Providing tools for teachers for their class hours but also extracurricular activities;
- Adolescents' desire to play such games, but also the desire of teachers, including parents, to be part of the teams.
- Another element ensuring the feasibility of this tool is introducing an optional training course within "Ion Creanga" State Pedagogical University on the use of educational games in school and extracurricular activities but also the implementation of this tool by all students in their teaching practice in the educational institutions.

Acceptability

- No issues reported by parents related to the interventions: HPV vaccination and bullying.
- The program was attended by parents who wanted to improve communication with adolescents
- The topics of adolescent's mental health and benefit of HPV vaccination concerned parents.

Effectiveness

- The end-line assessment revealed changes that prove the initiative's results vaccination coverage
- The initiative enabled the integration of the prevention of violence and bullying, parenting in relevant policy documents:
 - National Program for Child Protection for 2022-2026 and its Action Plan, Introduction of the term "bullying" in Education Code NIP 2023-2027
- Capacity-building for teachers and specialists of CRAP/SAP and YFHS on bullying/cyberbullying are important steps in preventing and addressing bullying
- Adolescent & Youth Help Line was designed to deal with several health issues, including HPV vaccination, mental health reproductive health. nutrition, prevention of STI and substance abuse.

Lessons learnt/recommendations (1)

- Systemic, integrated, and cross-sectoral approaches with the engagement of central and local public authorities and CSO in planned actions
- Extend media platforms, specifically Instagram, Facebook, TikTok, etc., as well as Influencers and thematic Telegram channels that represent an alternative source of information and promotion (YouthMD, EleviMoldova).
- Use of edutainments interventions, such as intellectual games, Dialogica, etc

Lessons learnt/recommendations (2)

- Enhance Immunization Electronic Register on HPV vaccination
- Regular communication and community engagement on HPV vaccination and cervical cancer prevention.
- Collaboration with MER and CSO in integrating aspects related to HPV vaccination in the curriculum of the optional school subjects Health Education and Education and bioethics for V to IX grade students.

Way forward



TU poți preveni cancerul! Protejează-ți viitorul cu vaccinul anti-HPV!

Campanie de informare despre beneficiile
vaccinării împotriva HPV (Papilomavirusul-ui uman)



YOUTH CLINIC NEOVITA

CENTRU DE SERVICII DE SĂNĂTATE
PRIETENOASE TINERILOR (10-24 ANI)

- GINECOLOG • ANDROLOG • UROLOG
- DERMATOLOG-VENEROLOG • PSIHOLOG
- ULTRASONOGRAFIE • CONSILIER HIV/SIDA
- ASISTENT SOCIAL • PLANIFICARE FAMILIALĂ

YK SUPPORT LINE
0 800 800 22

programare.yk.md

TEL.: 022 46 37 28
CHIȘINĂU, SECTORUL RÎȘCANI,
STR. SOCOLENI 19 neovita.md





17th TechNet Conference

Panama City, Panama | October 16-19, 2023

Immunization Programmes That Leave No One Behind

www.technet-21.org

HPV vaccine introduction/improving HPV coverage

Dr. Daniel Salas, Executive Manager Comprehensive Immunization
PAHO/WHO

October 17, 2023

Agenda

- Cervical Cancer elimination
- HPV vaccine regional introduction status
- AMRO's TAG recommendations
- Considerations



Global Strategy for the Elimination of Cervical Cancer

HPV vaccination: primary focus is the prevention of cervical cancer, as a pillar of the WHO Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem.

Priority group for vaccination :
9 to 14 years old

HPV vaccine introduction into the EPI, Region of the Americas, 2023.

47 Countries and Territories

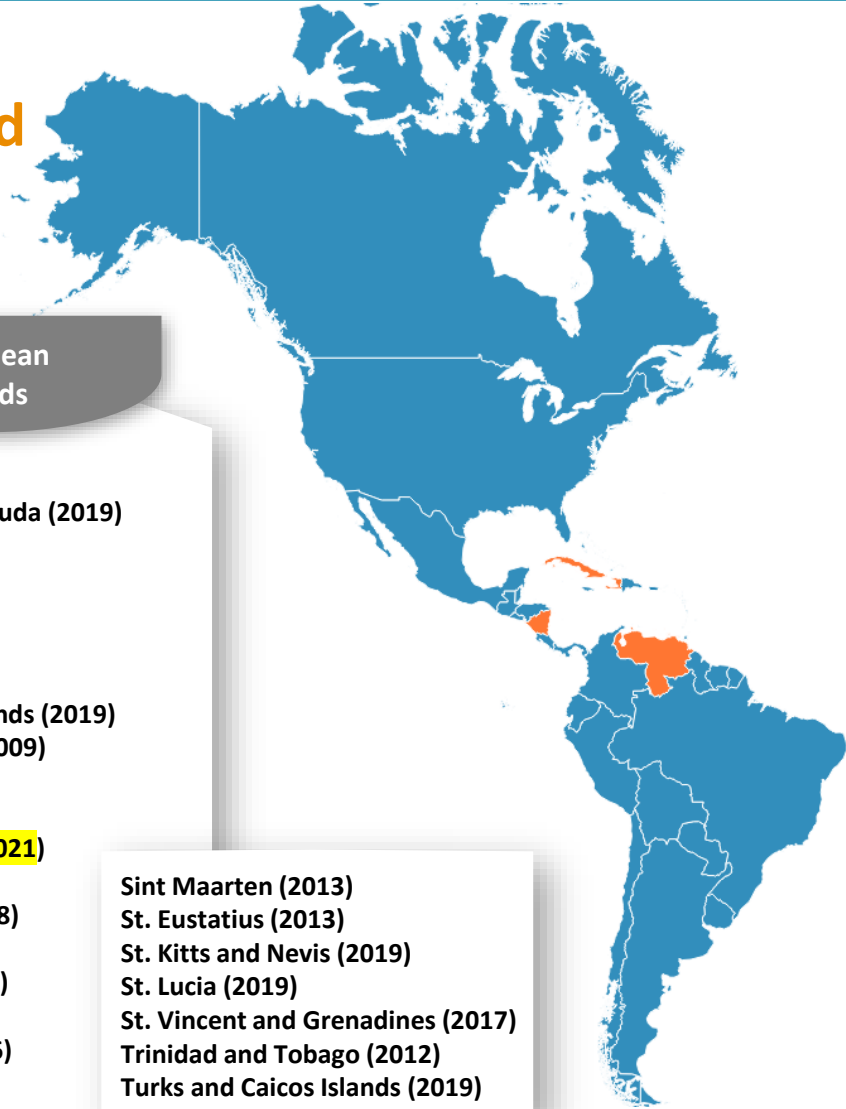
Americas

Argentina (2011)
Belize (2016)
Bolivia (2017)
Brazil (2014)
Canada (2007-2009)
Chile (2014)
Colombia (2012)
Costa Rica (2019)
Dominican Republic (2017)
Ecuador (2014)
El Salvador (2020)
Guatemala (2018)
Guyana (2012 the half; 2017 the whole country)
Honduras (2016)
Mexico (2012)
Panama (2008)
Paraguay (2013)
Peru (2015)
Suriname (2013)
Uruguay (2013)
USA (2006)

Caribbean Islands

Anguilla (2016)
Antigua and Barbuda (2019)
Aruba (2014)
Bahamas (2015)
Barbados (2014)
Bermuda (2007)
Bonaire (2015)
British Virgin Islands (2019)
Cayman Island (2009)
Curaçao (2021)
Dominica (2019)
French Guiana (2021)
Grenada (2019)
Guadeloupe (2008)
Jamaica (2017)
Martinique (2021)
Montserrat (2017)
Puerto Rico (2006)
Saba (2013)

Sint Maarten (2013)
St. Eustatius (2013)
St. Kitts and Nevis (2019)
St. Lucia (2019)
St. Vincent and Grenadines (2017)
Trinidad and Tobago (2012)
Turks and Caicos Islands (2019)



Nicaragua will introduce the HPV vaccine in October 2023.

Cuba expected in 2024

Introduced

Not Introduced

Source: Country reports through the electronic PAHO-WHO/UNICEF Joint Reporting Form (eJRF), 2022 and country reports.

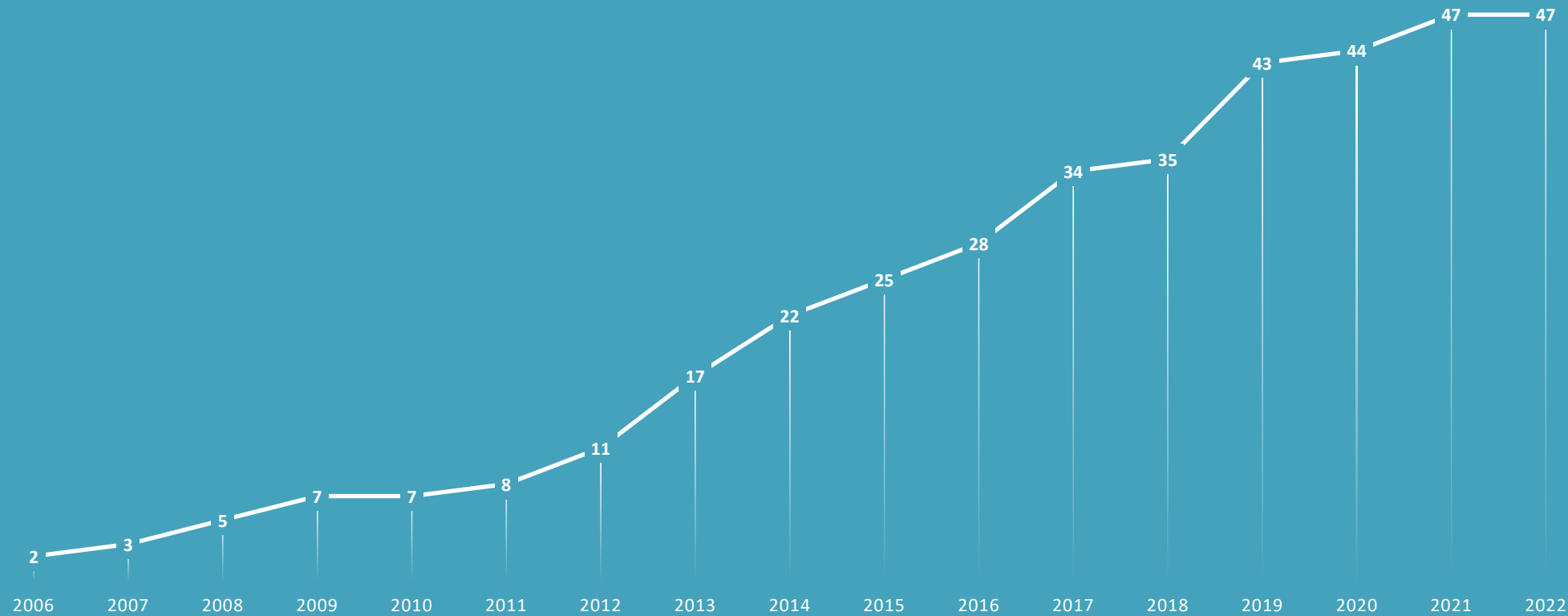
HPV VACCINATION IN THE REGION

- **Introduced** in **47** countries and territories (of 52) **92%** of **girls** in the region.
- The vaccine mostly used is the **quadrivalent**.
- **Vaccination in boys: 26 countries** for 2022* (57% of countries that introduced HPV vaccine)

*Canada, United States of America, Antigua and Barbuda, Bahamas, Barbados, Bermuda, Cayman Islands, Dominica, El Salvador, Guadeloupe, Jamaica, Martinique, Montserrat, Panama, Puerto Rico, Saint Kitts and Nevis, St Lucia, Trinidad & Tobago, Turks and Caicos Islands, Argentina, Brazil, Chile, Guyana, French Guiana, Suriname and Uruguay

HPV vaccination in the American Region

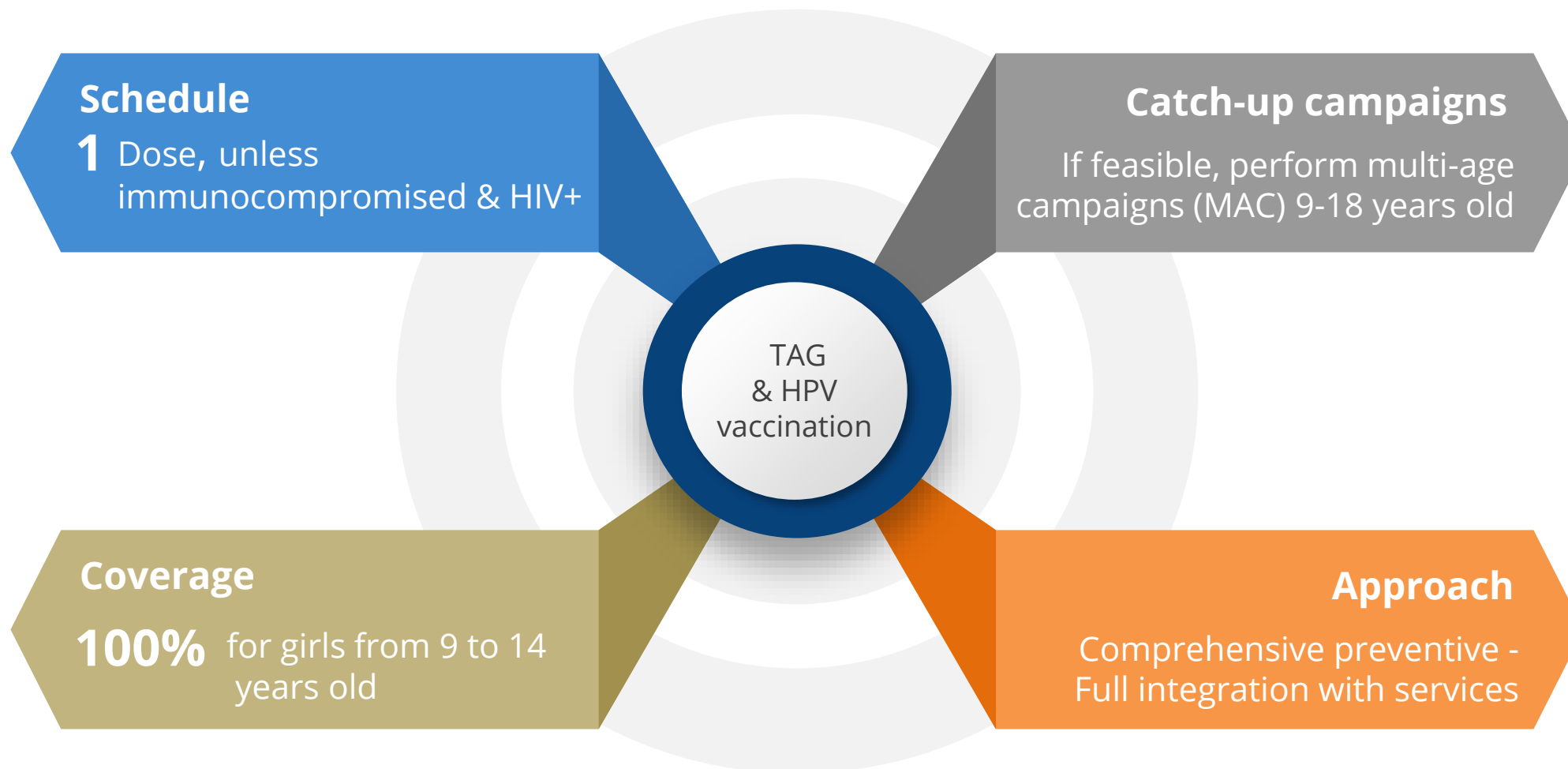
HPV VACCINE INTRODUCTION TIMELINE IN THE REGION OF THE AMERICAS



ntage

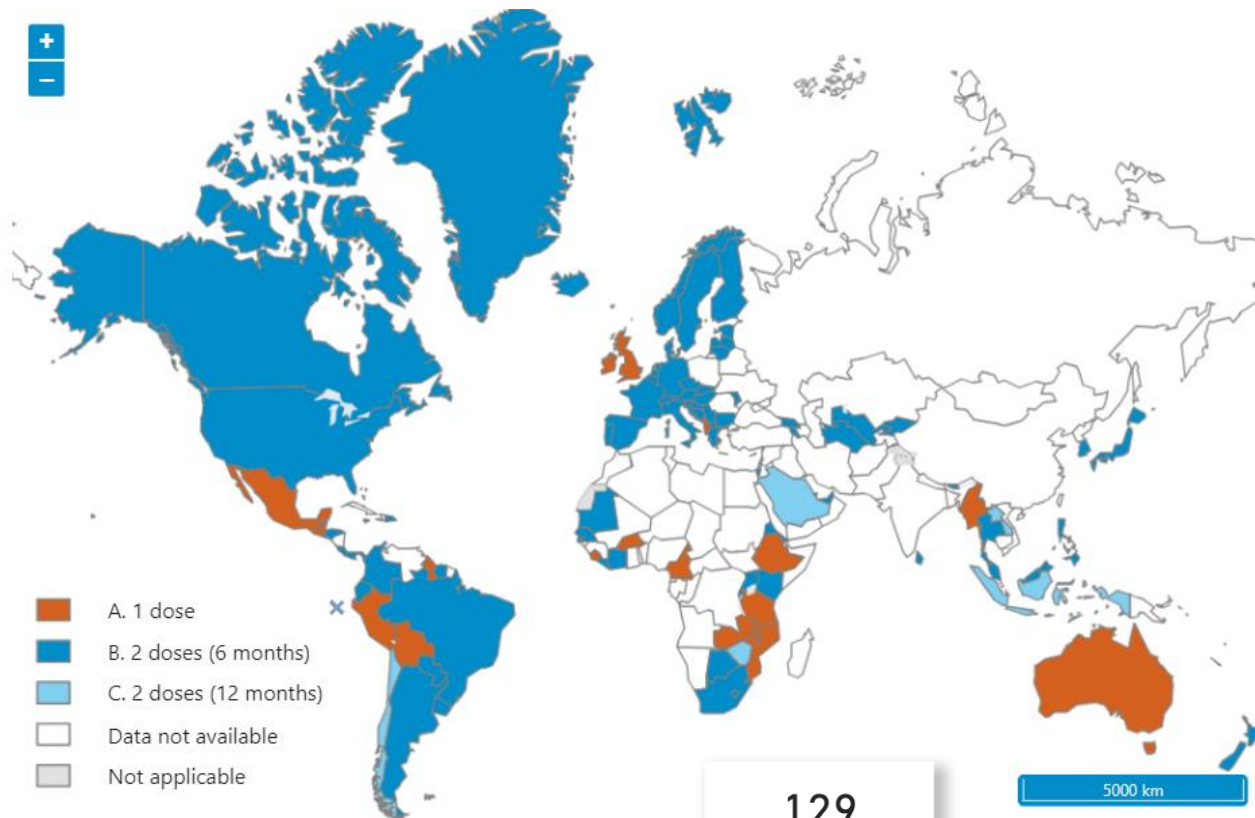
Source: <https://reports.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports> and WHO/UNICEF Joint Reporting Form (eJRF), 2022 and country reports.

AMRO's TAG recommendations (May 31th 2023)



The TAG recommends that HPV vaccination be offered to women aged 15 years or older, immunocompromised persons of all ages and boys.

Countries that switched to one single dose schedule. (9-14 years old)



Use of HPV Single-dose schedule in Region of America, 2023*

- Anguilla
- Barbados
- Bolivia
- Guatemala
- Guyana
- Jamaica
- Mexico
- Montserrat
- Peru
- St Lucia
- Turks and Caicos Islands



129
Total countries reported

Interval_doses	No. of countries
A. 1 dose	25
B. 2 doses (6 months)	98
C. 2 doses (12 months)	6

*Data from countries' survey in March 2023

Considerations

- ✓ It has been a **challenge to reach high coverage** with two doses. Countries in general have shown much higher coverage for the first dose
- ✓ **School-based vaccination** has been shown as the best strategy to improve the coverage, but not enough.
- ✓ **Hesitancy** is an issue that might be addressed

- ✓ **Single-dose regimens may offer program advantages:**
 - more efficient and affordable
 - contribute to improve coverage as promote health equity
 - could allow to add vaccination of secondary target populations, e.g. MACs females; women aged ≥ 15 years; boys; older males.

- ✓ **Catch-up vaccination of MACs of girls aged between 9 and 18 years** at the time of introducing the HPV vaccine results in faster and greater population impact, as a result of increased direct and herd protection.



17th TechNet Conference

Panama City, Panama | October 16-19, 2023

Immunization Programmes That Leave No One Behind

www.technet-21.org

HPV vaccination in the Europe and Central Asia Region

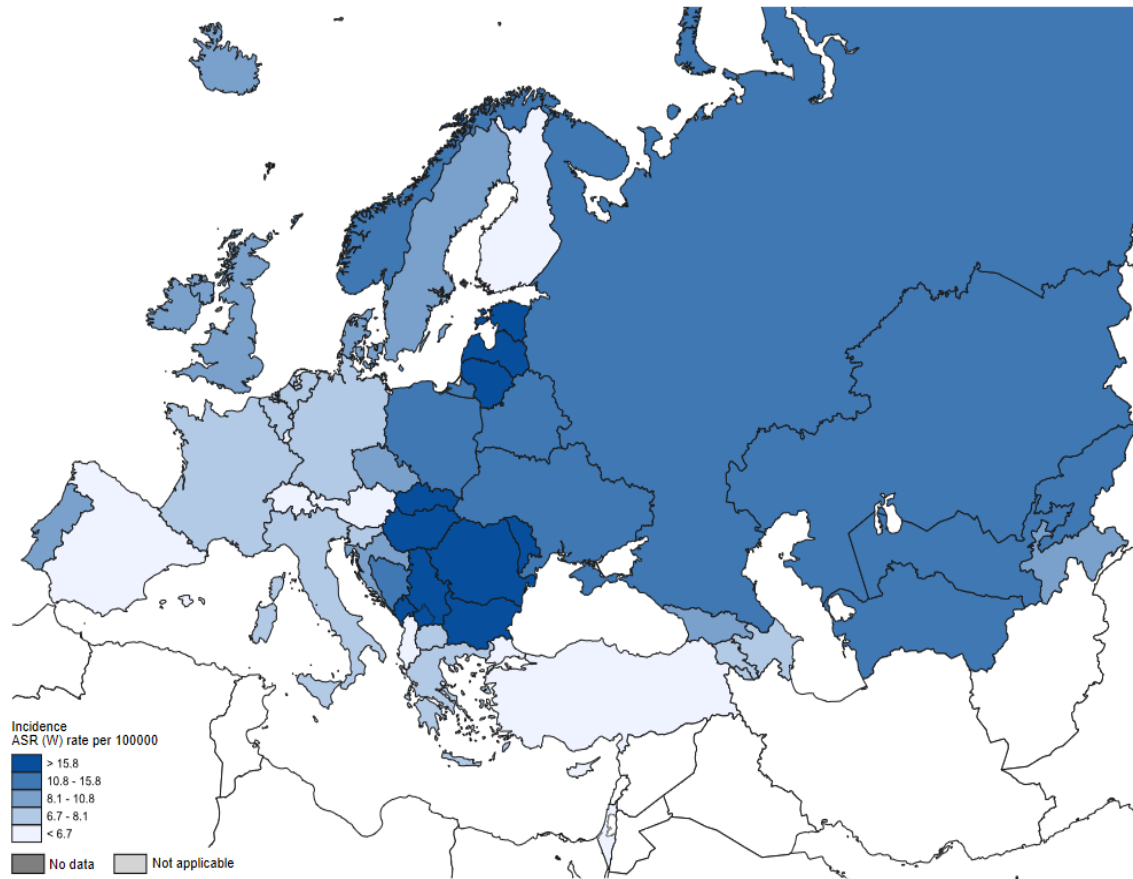
Dr. Svetlana Stefanet, UNICEF regional immunization specialist for
Europe and Central Asia

October 17, 2023

Growing inequities in cervical cancer disease burden

Incidence

ASR per 100,000 women

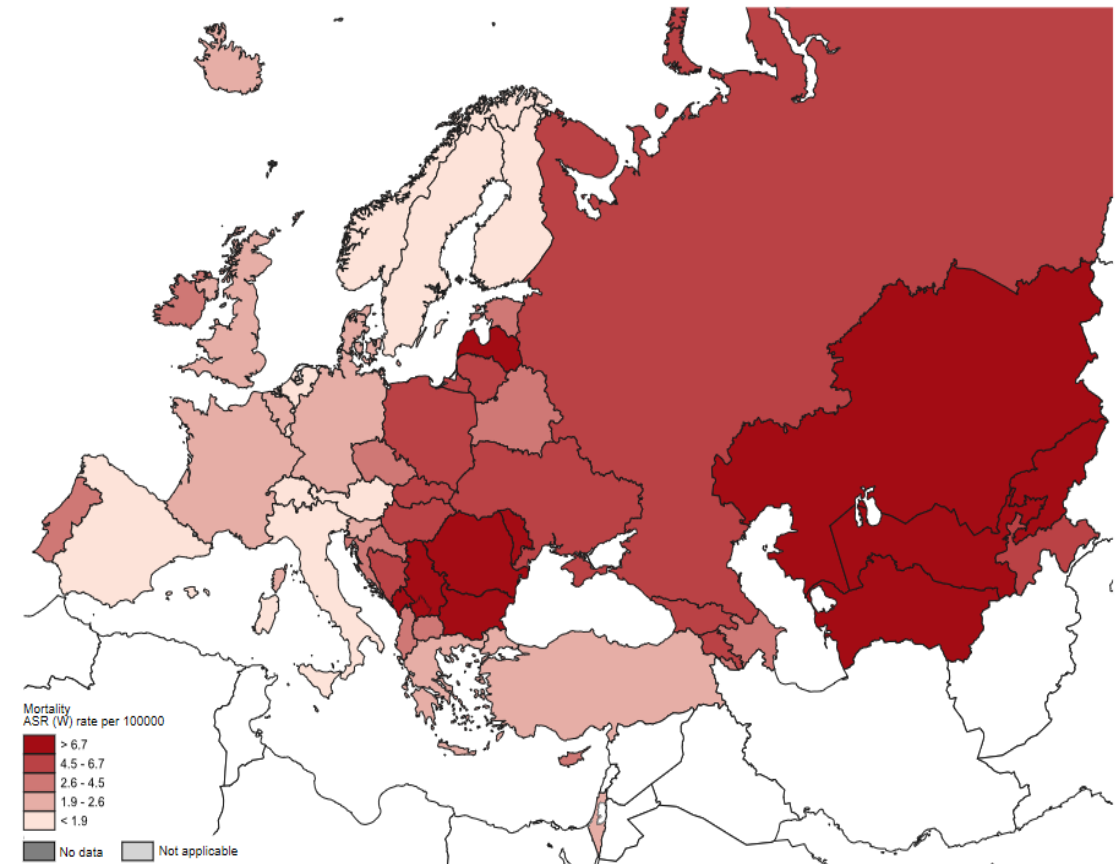


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers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

Data source: Globocan 2020
Map production: CSU
World Health Organization

Mortality

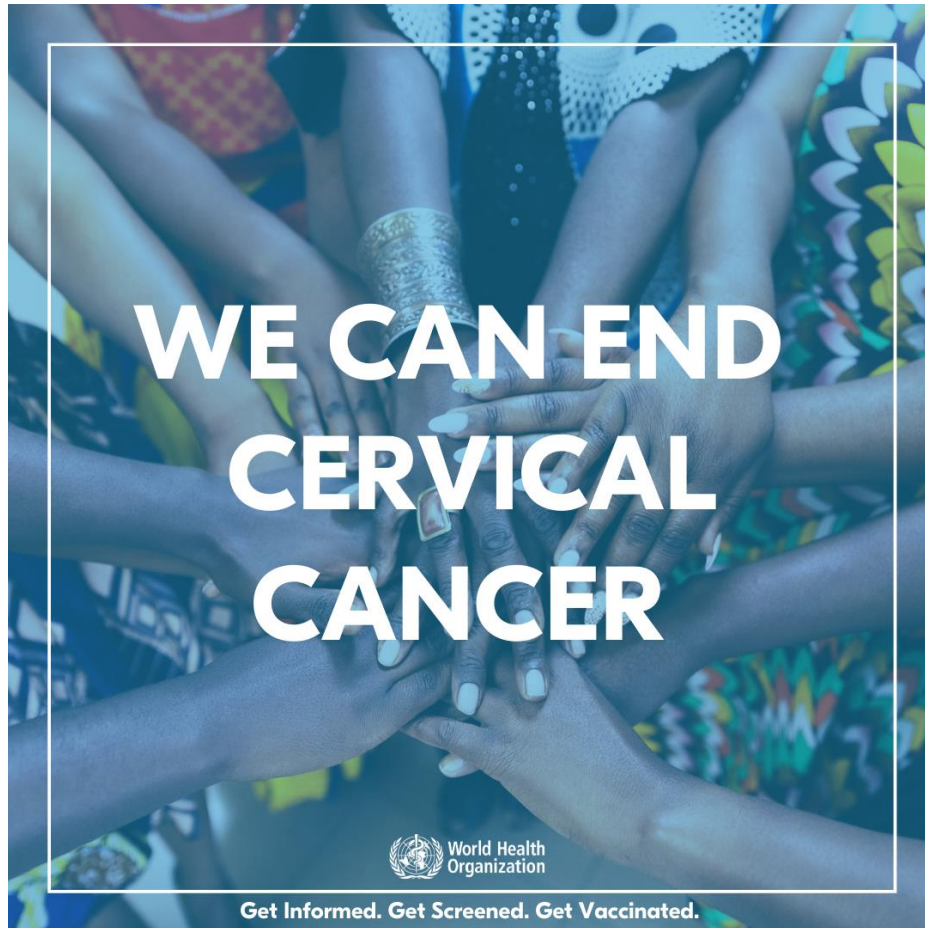
ASR per 100,000 women



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 and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data source: Globocan 2020
Map production: CSU
World Health Organization

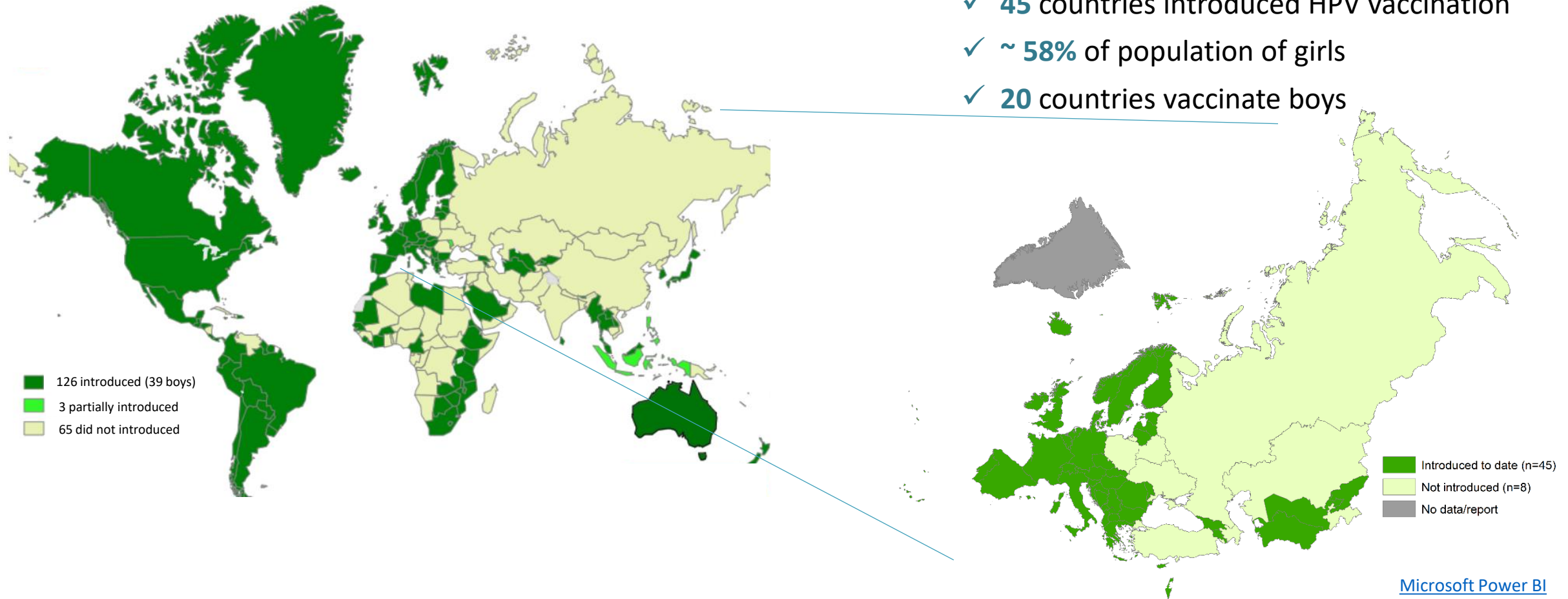
Vision and goals for the WHO European Region



- Equitable access to **quality** cervical health services aimed at better cervical health and cervical cancer elimination
- Improved **health literacy** and engagement in maintaining cervical health and contributing to **gender equity**
- Quality care** and clear **pathways** throughout the care continuum
- Achieving the **90-70-90 targets** by 2030 sets all countries in the WHO European Region on a pathway to elimination
- Elimination** can be claimed once cervical cancer incidence is below 4 per 100 000 women-years.

Introduction of HPV vaccine globally, 2021 and 2022 in European Region

- ✓ 45 countries introduced HPV vaccination
- ✓ ~ 58% of population of girls
- ✓ 20 countries vaccinate boys



[Microsoft Power BI](#)

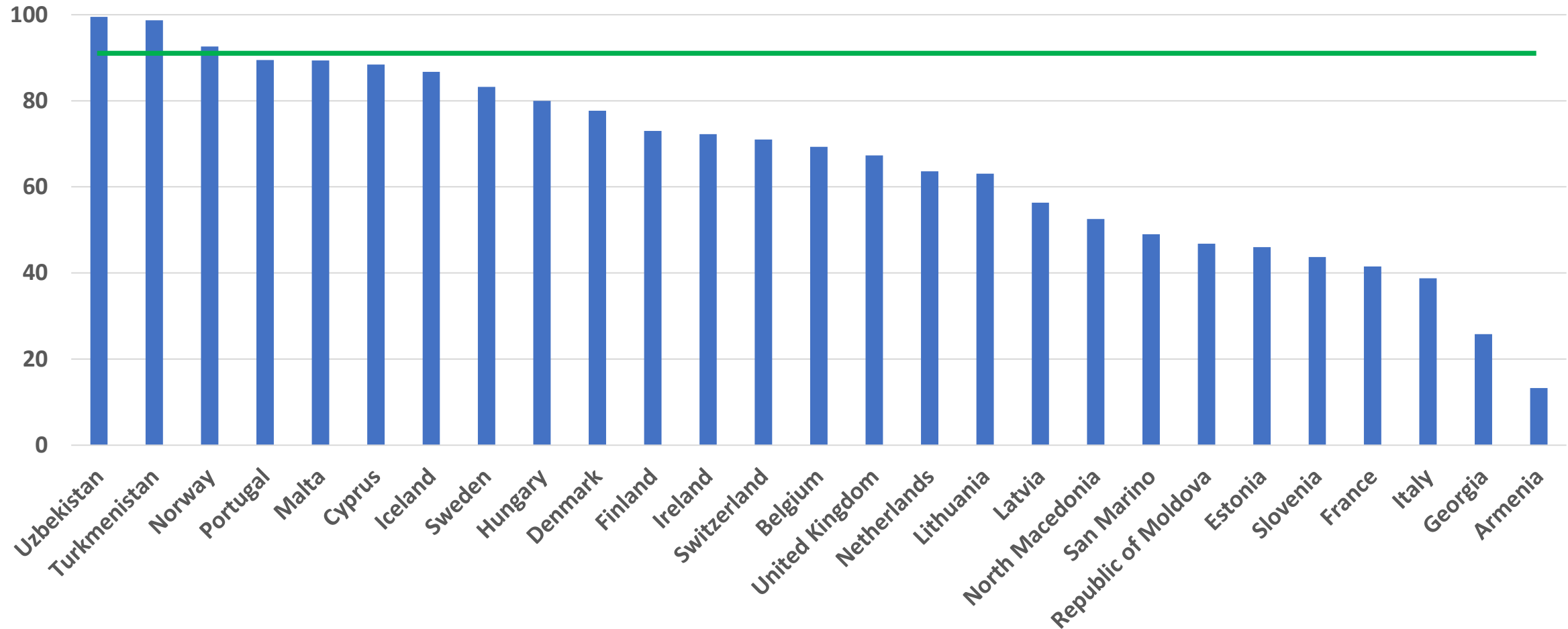
Disclaimer

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 and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.



© WHO 2023. All rights reserved.

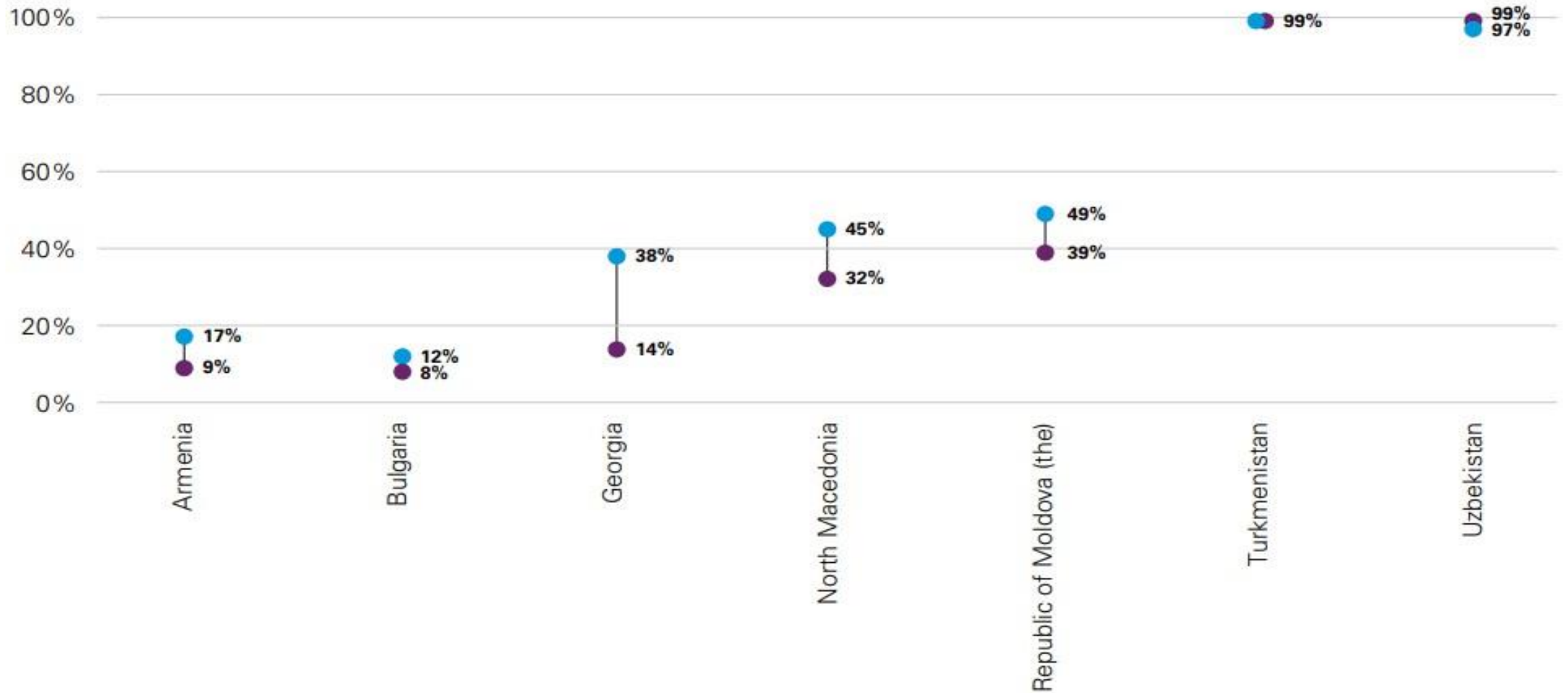
Inequities in access to HPV vaccines: HPV last dose coverage (%) by countries in the region, 2022



27 countries reported HPV vaccine coverage to WHO

Source: Vuenic data

The pandemic set back already-low rates of HPV vaccine coverage



Suspended HPV vaccination in Romania and Kazakhstan

- Romania: 2009
- Kazakhstan: 2014

Main reasons :

- Vaccine safety concerns among public and medical workers
- Rumours and conspiracy theories about infertility, experimental vaccine
- Stress-related AEFIs

Reasons for low HPV vaccine coverage in MICs

- Concerns about safety of HPV vaccine among teenage girls, their parents, and school teachers:
 - Vaccine causes infertility
 - Teenage girls (from 9 to 13 years old) are too young to be vaccinated
- Mistrust to Government, health authorities and immunization programme
- Role of medical workers:
 - Do not feel confident to recommend HPV vaccination (GPs)
 - Advise parents not to vaccinate their children (medical specialists)

Key parameters in successful HPV vaccine introductions

- Transparent and inclusive decision-making process with relevant stakeholders
- Evidence-informed policies and resilience of national immunization programme to address negative publicity around HPV vaccination
 - Incorporating HPV vaccine into existing vaccination mechanisms for teenagers; school vaccination where appropriate
 - Setting coverage target and monitoring performance
- Capacity building and education of health workers and national immunization programme; addressing vaccine safety concerns
- Tailored communication activities based on identified drivers and barriers to vaccination among target populations (health workers, caregivers, communities)

Summary

- Significant **progress achieved** in introducing HPV vaccine: 45 countries of the Region have introduced HPV vaccine in routine schedule
 - Middle-income countries are lagging behind
- Some countries have reached high HPV vaccination coverage, thereby moving **towards the 2030 target of 90%**, but some face challenges with HPV vaccine uptake
- **Proper planning and preparedness, communication activities tailored to the needs of target groups**, and confident health care professionals are the key factors in reaching high vaccine uptake
- **Tools and technical guidance** from WHO, UNICEF and Gavi are available to support countries in addressing inequities related to HPV vaccination



Thank You!

Joanie Robertson, jrobertson@path.org

Oya Zeren Afsar, oafsar@unicef.org

Angela Capcelea, acapcelea@unicef.org

Daniel Salas, salasd@paho.org

Svetlana Stefanet, sstefanet@unicef.org