



# OPTIONS FOR LINKING HEALTH INTERVENTIONS FOR ADOLESCENTS WITH HPV VACCINATION



World Health  
Organization



There are few interventions targeting young adolescents and those that do exist are often not adequately reaching them. This is because the number of contacts between the health system and adolescents is generally low. Immunization programmes are well known for achieving good coverage and there is an opportunity that the introduction of HPV vaccination can provide an entry point for other health interventions targeting 9 to 13 year olds. A number of health interventions are suitable for joint delivery with HPV vaccination and can foster synergies between EPI and school and/or adolescent health programmes.

## Introduction

**HPV** vaccination targets 9 to 13 year old girls. This age group has few contacts with the health system. Vaccination provides a good entry point for other health care services and an excellent opportunity for integrating services at the delivery level. The Global Vaccine Action Plan (GVAP)<sup>1</sup> underscores the importance of integration. Using immunization to drive primary health-care programmes in countries with weak health systems can potentially strengthen those systems. The World Health Assembly adopted a resolution in 2011 that urges Member States to improve the responsiveness of health systems to the needs of adolescents and provide them access to key health interventions.<sup>2</sup>

During the last four decades, the scale-up of the Expanded Programme on Immunization (EPI) contributed to strengthening child health and survival. The introduction of HPV vaccine can prove to be a similar opportunity for the health of adolescents. Several programmes in WHO – adolescent health, reproductive health and immunization – have collaborated in developing

programmatic linkages between HPV vaccination and other health interventions. This document provides suggestions on how HPV vaccination can be used to improve adolescent health and be part of a comprehensive approach to prevention of cervical cancer.<sup>3</sup>

To date, HPV vaccine has been introduced into the national immunization schedules of more than fifty countries. These are mostly high and middle income countries. With financial support from GAVI Alliance, the HPV vaccine is now available to low income countries. In particular, support for HPV vaccine demonstration programmes in one or two districts offers countries the opportunity to learn how best to deliver the vaccine and how to link the delivery of the vaccine with other health interventions for adolescents. This is especially relevant for adolescents in low income countries because they face considerable health risks and health systems have difficulty reaching them. Since 2013, 20 low-income countries have started GAVI-supported HPV vaccine demonstration programmes.

1. WHO (2013) – Global Vaccine Action Plan 2011–2020.

2. WHA 64.28 (2011) – Youth and health risks.

3. WHO (2013) guidance note – Comprehensive cervical cancer prevention and control: a healthier future for girls and women.

# Opportunities for synergy and joint delivery

HPV vaccination programmes use various delivery strategies and platforms to reach adolescent girls: school based, campaign-style delivery; health facility-based on demand delivery; and community-based outreach.<sup>4</sup>

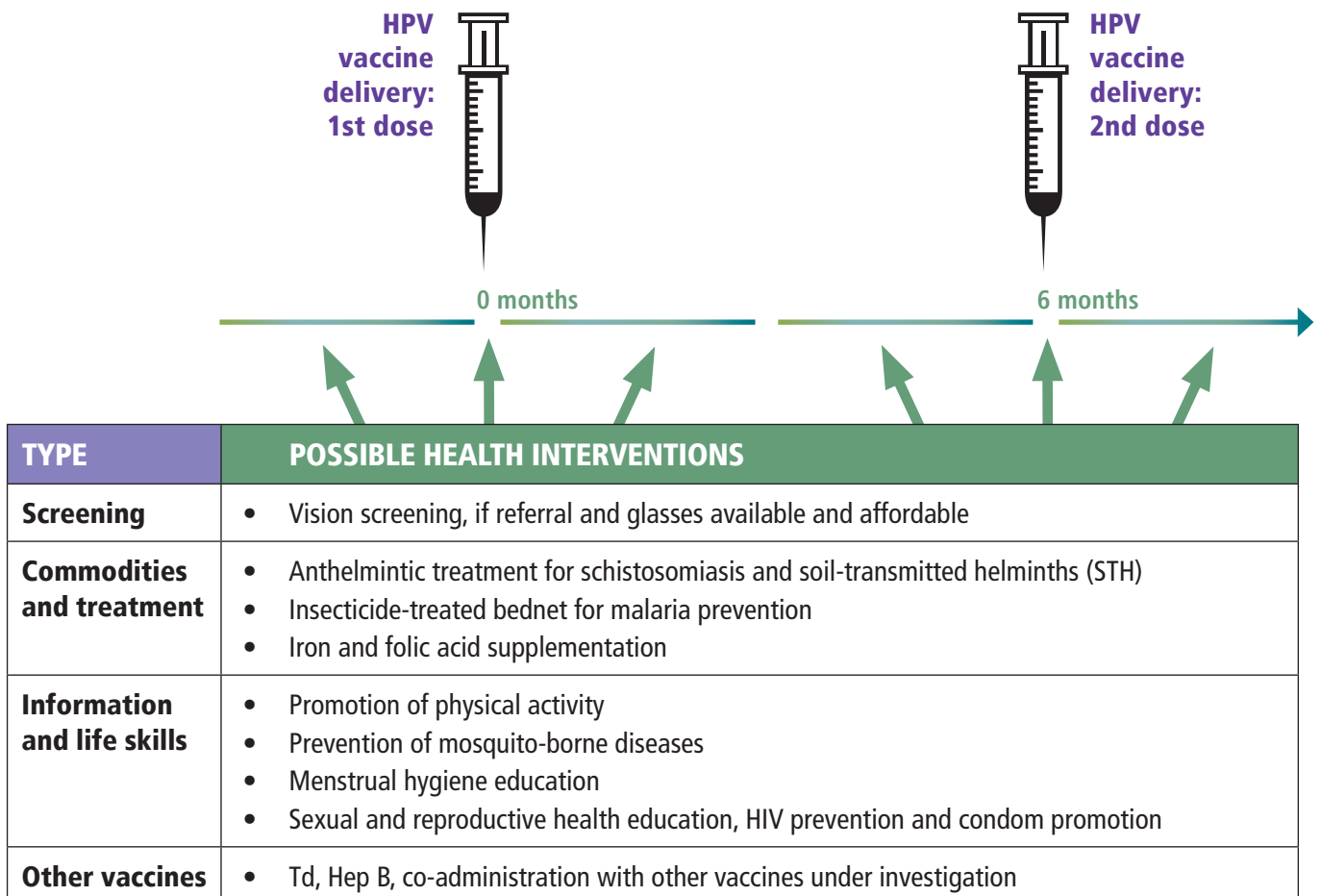
The choice of strategy or strategies is influenced by cost and sustainability considerations and the characteristics of the target population. Hard-to-reach areas and populations need special

4. WHO (2012) – Report of the HPV Vaccine Delivery Meeting: Identifying Needs for Implementation & research. IVB 12.09

strategies. Often a combination of approaches is used. Opportunities for delivery of additional interventions exist, e.g. co-delivery at the same time as the girl receives one of the two doses<sup>5</sup> of HPV vaccine. In settings like schools, the contact with adolescents during the interval before and between the doses offers additional opportunities (Figure 1).

5. In April 2014 SAGE changed the recommended schedule of HPV vaccine for girls 9–13 years old from three to two doses, implemented over a minimum of 6 months. In some countries a three-dose schedule is still being implemented.

**FIGURE 1:** Short duration health interventions that can be linked with HPV vaccination in 9–13 year olds





# Opportunities for synergy and joint delivery (*continued*)

**Simultaneous** delivery can lead to important synergies and efficiencies. Reaching this population group which is often not reached through traditional approaches can be challenging and expensive. Once these challenges are overcome using the programmatic strengths of vaccination programmes, it is possible that significant coverage can be achieved for other health

interventions too. The delivery costs involved in reaching this population can be co-shared between programmes. Finally, multiple interventions can help overcome the communication challenges that highly targeted single-sex interventions, such as HPV vaccination, pose. This could decrease apprehensions and lead to increased acceptance and uptake.

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## Evidence-based options

**WHO** has reviewed the potential interventions that can be delivered in combination with HPV vaccine.<sup>6</sup> The selection criteria used included public health relevance; duration of the intervention – shorter than 6 months – in order to fit within the 6-month HPV vaccination schedule; appropriateness for the 9–13 year age group for both girls or boys; quality of the evidence based on the effectiveness of the interventions in low and middle-income countries; and the programmatic feasibility of simultaneous delivery.

The interventions identified are listed in [Figure 1](#). Actual field examples of successful simultaneous delivery of interventions and programmatic synergies with HPV vaccina-

tion have been observed in several low- and middle-income countries: Bhutan and Uganda combined HPV vaccination with deworming treatment; Uganda linked HPV vaccination with Child Health Days; Rwanda delivered HPV vaccine together with another vaccine (MR); and Malaysia and Panama integrated HPV vaccination into the routine school health programme for adolescents. Since early 2013, 20 countries have been funded by GAVI to implement HPV vaccination demonstration programmes. They will identify opportunities to link HPV vaccination with other interventions for adolescents. The experience gained in these demonstration programmes, as well as in other countries that have added HPV vaccination to their national immunization schedule, will be invaluable to assess the full potential of integrated approaches to vaccination and adolescent health.

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6. This review process is described in two articles: Broutet et al, JAH, July 2013; and Hindin et al., JAH, (2014) (accepted August 2014).

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