

Overview of the Gavi HPV Programme

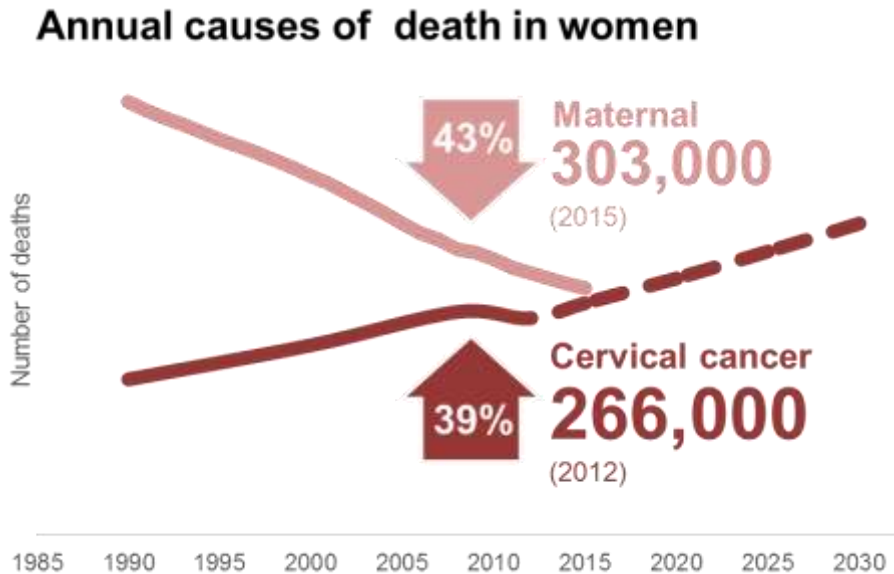
Anissa Sidibe
Senior Programme Manager, HPV vaccine
24th October 2019, Geneva



Reach every child

www.gavi.org

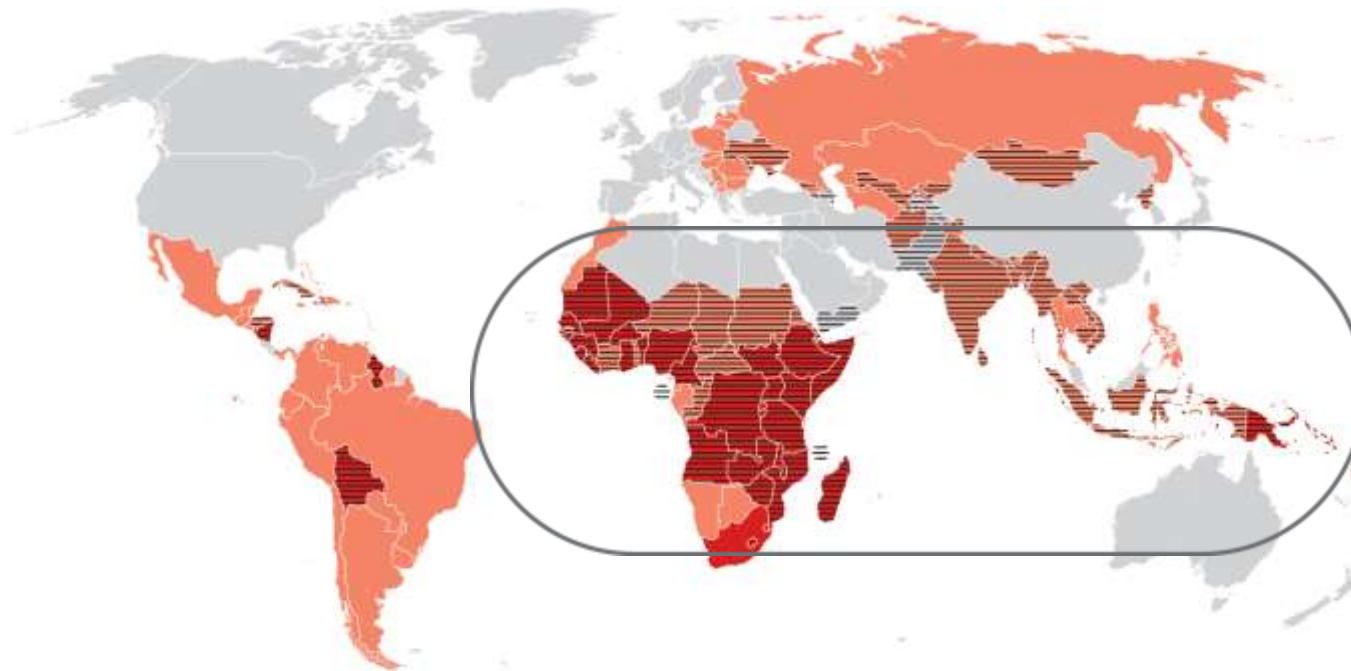
CERVICAL CANCER : A growing threat



416,000
estimated
cervical
cancer-related
deaths by
2035

Women living
with HIV are at
4 to 5
times
greater risk
of developing
cervical cancer

Most cervical cancer deaths are in LICs



87%

of deaths from cervical cancer are in **low and middle income countries**

Cervical cancer deaths, cervix uteri (per 100,000):

> 17

5 to 16.9

0 to 4.9



Gavi-supported countries

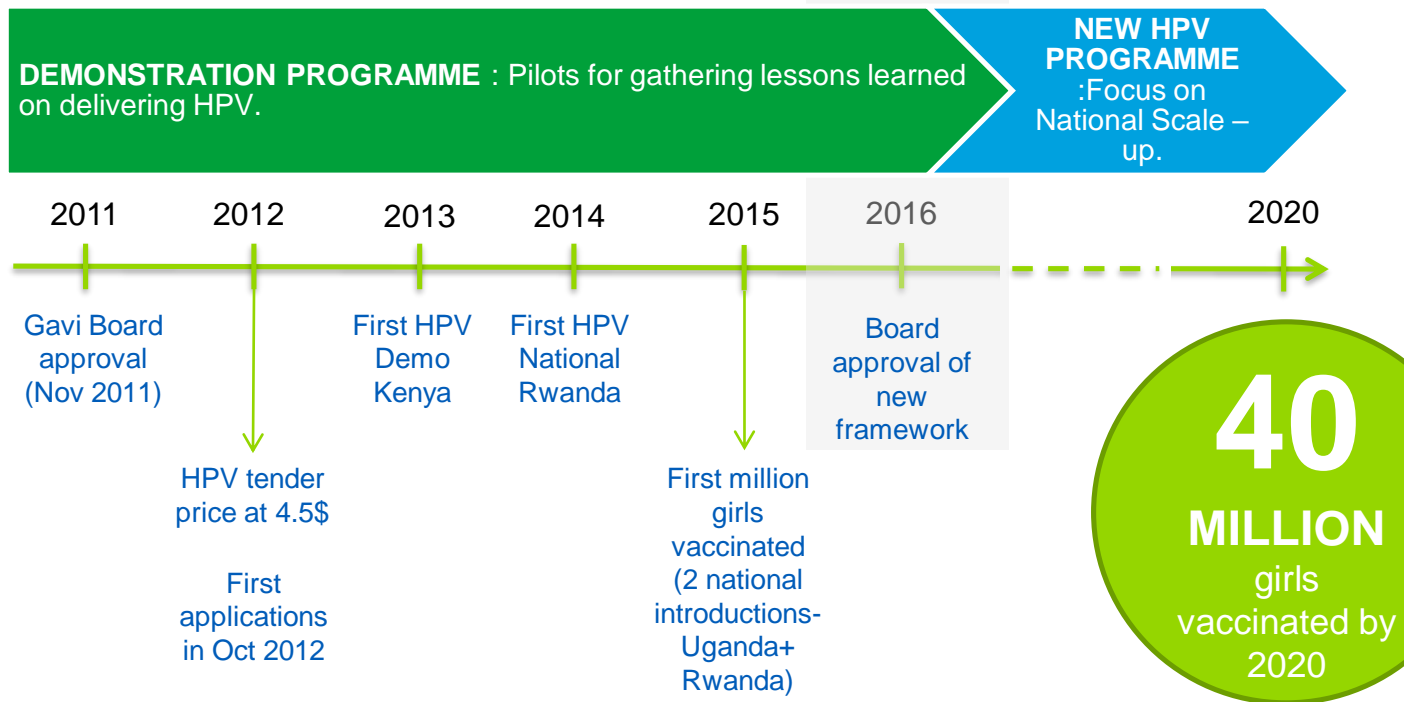
Affordable HPV Vaccine Price for Gavi countries

>US\$ 100 (Price in high income countries)

US\$ 4.50 (Gavi price)



HPV Programme milestones



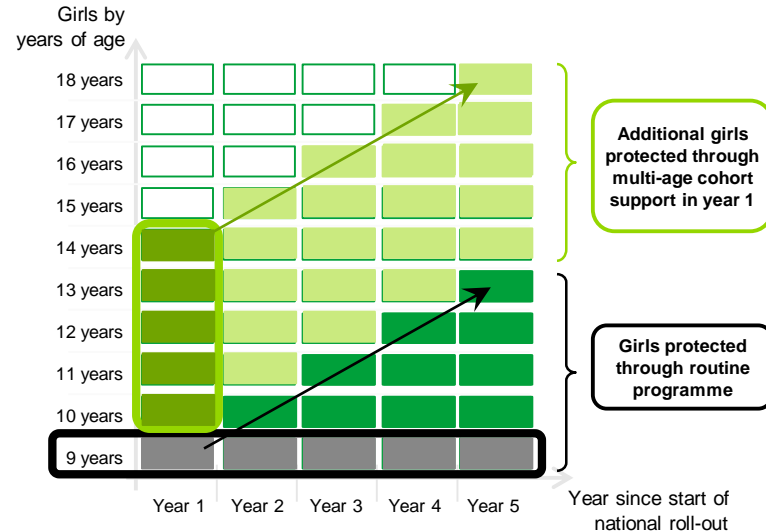
Source: SDF 10

Multi-age cohort vaccination: An opportunity to increase impact

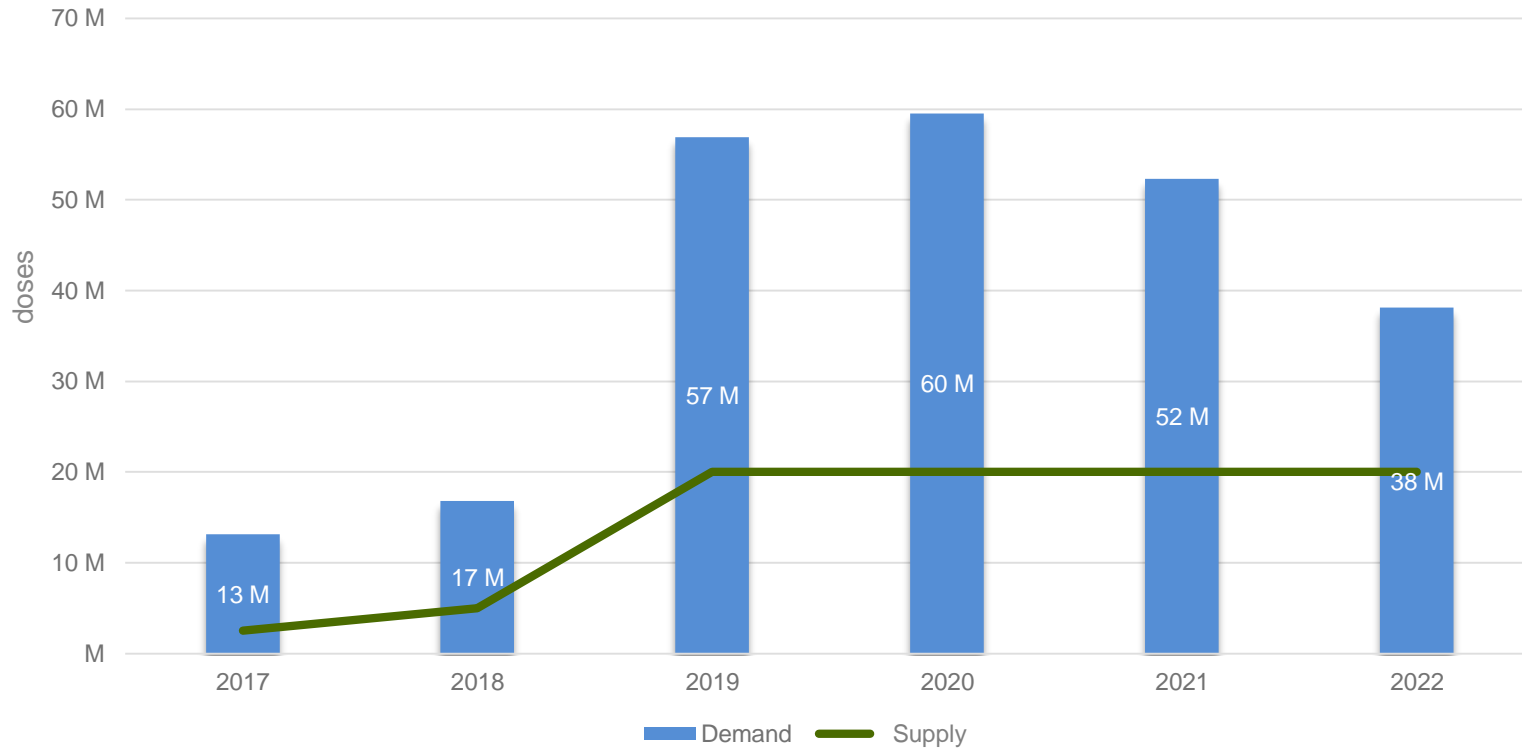
Multi-age cohort recommended by SAGE 2016

- HPV vaccination for **multi-age cohort**:
 - 9-14 yrs cost effective using 2 dose schedules
 - Cohorts >15 yrs: reduced incremental cost-effectiveness (requires 3-dose, more girls/women already infected)
- Direct impact** expected to scale proportionally with number of age cohorts
- Additional **indirect benefit (herd immunity)** expected
- Incremental cost for add. cohort expected to benefit from **economies of scale**

Higher and faster impact if one-time support for up to 5 additional age cohorts is given



Demand v/s available Supply



Adapted Programme strategy in light of Supply Constraint

Strong momentum in implementing the new HPV strategy...

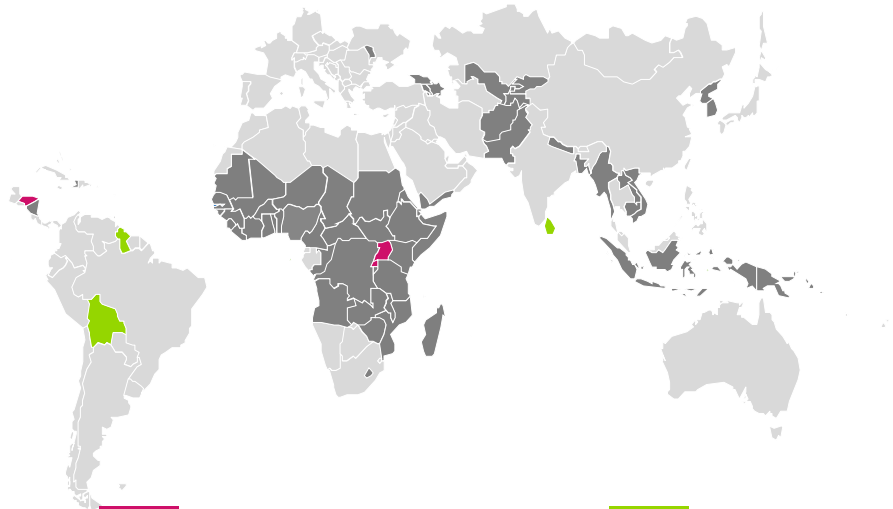
- To date, 20 countries with 30 million girls approved to be vaccinated under the HPV programme design

- **June 2017:** Merck informed Gavi that volume for new strategy not planned for
 - **Mitigation:** adapted strategy introduced with the option to separate Multi-Age Cohort introductions from routine introduction
- **2018:** The adapted strategy allowed 4 countries to introduce (Ethiopia, Senegal, Tanzania and Zimbabwe*)
- **April 2019:** Supplier indicated falling short of committed 2019 doses
 - Alliance partners have agreed to continue prioritising single age cohorts and delay multi-age cohort (MAC) implementation
 - Ongoing discussions with suppliers to address this shortage

* *Cervarix, routine and MAC*

New programme with immunisation of multiple cohorts (9–14 years) accelerates interest among Gavi countries

HPV Programme 2012-2016



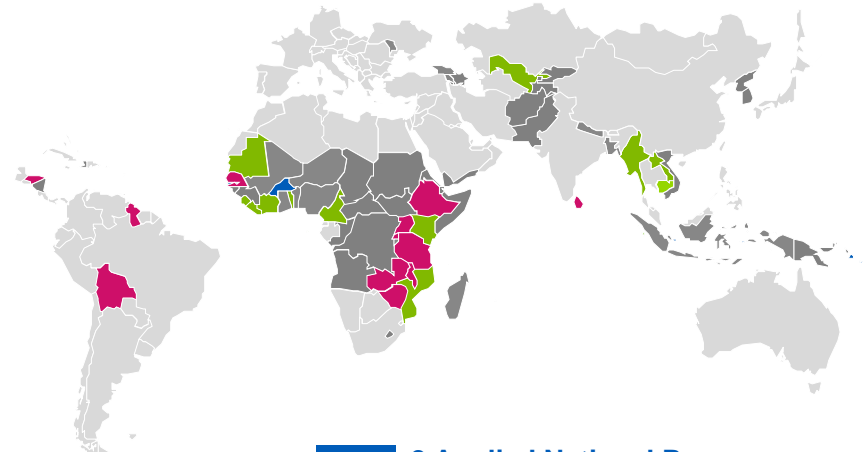
15 National introductions

Rwanda, Uganda, Honduras, Bolivia, Guyana, Sri Lanka, Tanzania (single age), Zimbabwe, Ethiopia (single age), Senegal (single age), Malawi (single age), Solomon Islands, and Zambia (single age), Kenya (single age) and Uzbekistan (single age)

12 Approved National Programmes

Gambia, Mauritania, Cameroon, Cote d'Ivoire, Lao PDR, Uzbekistan, Liberia, Sierra Leone, Mozambique, Myanmar, Togo, and Cambodia.

HPV Programme 2017-2019



2 Applied National Programmes

Sao Tome and Burkina Faso

Key Lessons Learned

- 1) **High coverage achieved** by most countries. However, **limited experience in reaching out of school girls.**
- 2) **Integration of school-based delivery into routine immunisation platforms** e.g. mix of outreach and health facility would be more **sustainable** as compared to a campaign mode.
- 3) **Effective social mobilisation** necessary to ensure **successful uptake.**
- 4) **EPI ownership** of HPV programme and multi-stakeholder engagement are critical for scale-up.
- 5) **HPV integration with adolescent health interventions** may offer opportunities for **improved coverage** and **operational cost sharing.**

Innovation in Demand Generation for HPV : Gavi and Girl Effect partnership

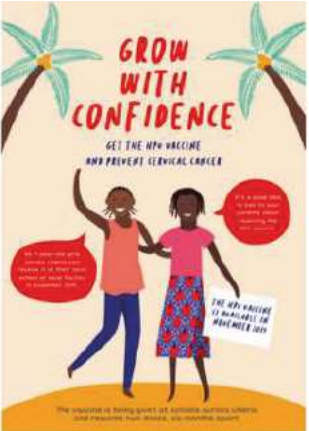


Mauritania



Liberia

Lao PDR





**World Health
Organization**

**Department of Immunization,
Vaccines and Biologicals (IVB)**

**SAGE
2019**

Strategic Advisory Group of Experts :

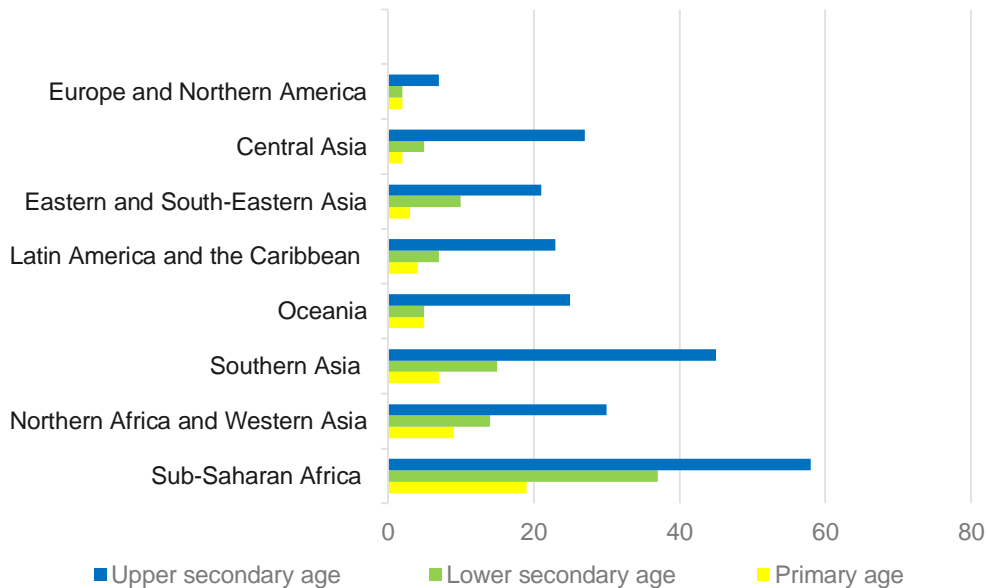
- The Strategic Advisory Group of Experts (SAGE) on Immunization
- It is charged with advising WHO on overall global policies and strategies, ranging from vaccines and technology, research and development, to delivery of immunization and its linkages with other health interventions.
- **OCTOBER 2019 : Review updated evidence immunization schedules and strategies in the context of supply constraint in October 2019**

SAGE OCT 2019: Considerations for HPV programme under supply constraint

- The recommended primary target of HPV vaccine remains girls aged 9-14 years with a 2-dose schedule and at least 6 months interval between doses.
- Introduction of multiple age-cohorts vaccination, gender-neutral and older age group vaccination strategies in any country should be temporarily postponed until all countries have been able to introduce HPV vaccination in at least one age-cohort (i.e. a single year each cohort) of the WHO recommended primary target population of 9-14-year-old girls.
- **Countries introducing HPV vaccine should consider initially targeting one older cohort of girls (e.g. 13 or 14 years old) as this strategy will retain the maximum disease impact of HPV vaccination in terms of cervical cancer cases prevented.**
- Countries that have already introduced HPV vaccine and face an imminent vaccine supply shortage can consider a “1+1” schedule with an extended interval for the administration of the second dose of up to 3-5 years for younger girls (e.g. 9 or 10 years of age).

HPV: Prioritising older cohort in supply constrained environment inadequately reflects programmatic challenges

Out-of-school rate by region, and age group, 2018 (UNESCO)



In many Gavi countries most 14 year olds are in secondary school with a stark drop-off in enrolment after primary school

- Supply constraint disproportionately affects Gavi countries; duration of constraint unknown .
- Focus on older cohort means high outreach needs & costs and risk of poor coverage.
- Vaccine delivery across both primary and secondary schools has high financial costs and threatens programmatic sustainability.
- Switching age cohorts confuses public messaging and threatens confidence.

Malawi: Factors guiding country's cohort selection



Malawi has one of the highest cervical cancer incidence and mortality rates in the world

Between 9 and 14 years there is a significant increase in girls out of school

- 5% of 9 year olds are out of school vs. 37% of 14 year olds
- Of 14 year old girls in school, 20% are in primary vs. 42% in secondary school.

Given challenges of achieving good coverage with upper age cohort, Malawi chose to introduce with the younger age cohort



Kenya HPV introduction – 18th October 2019



Zimbabwe HPV introduction – 14th May 2018

Thank you!!



Tanzania HPV introduction – 25th April 2018



Solomon Islands HPV introduction – 15th May 2019