

October 24, 2019

Supporting HPV vaccine introduction and scale up in low- and middle- income countries: Spotlight on Uganda

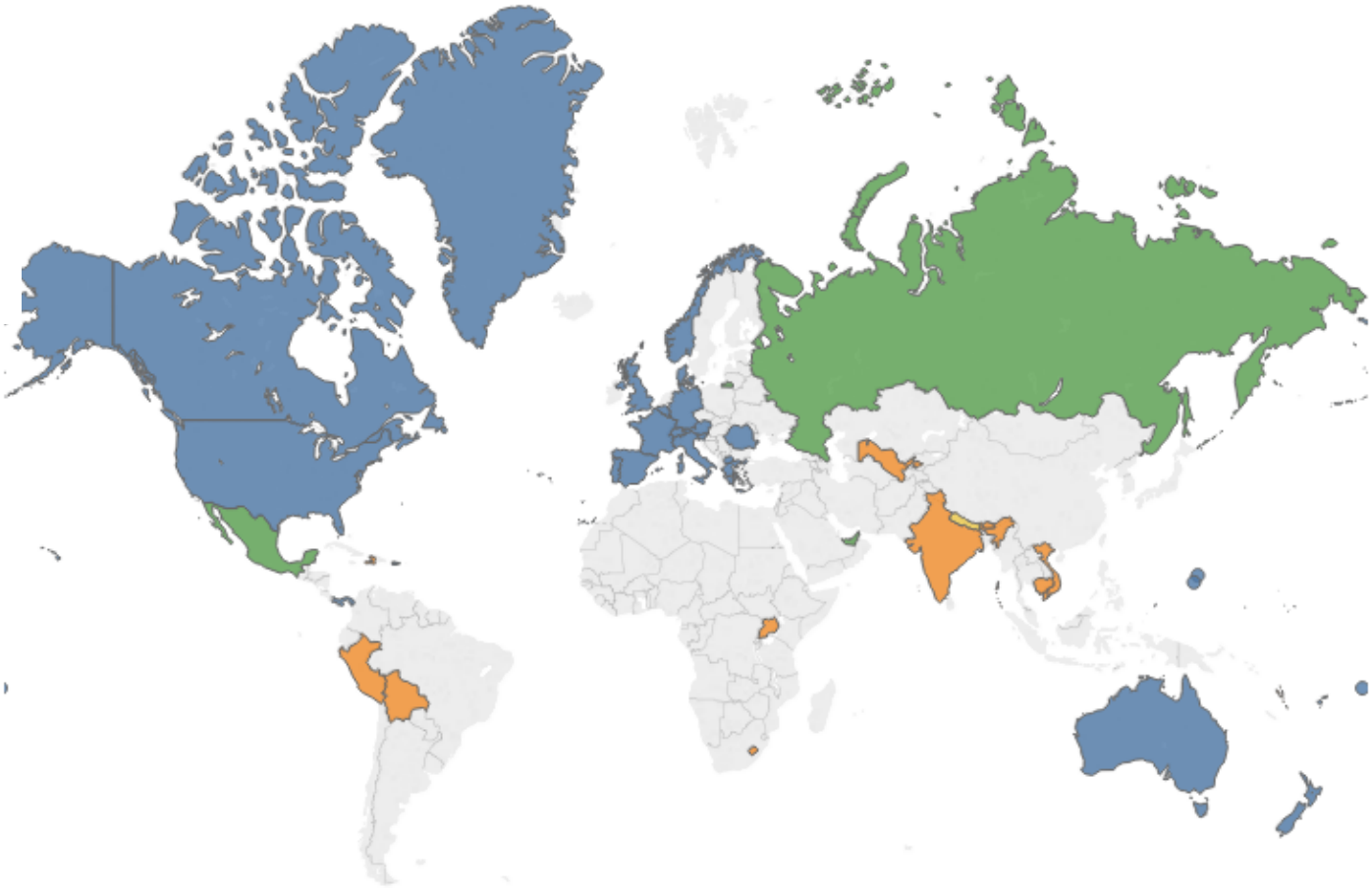
Jacqueline Anena, MPH
Program Officer
Immunization Program, Uganda



- 1 Supporting HPV vaccine introduction and scale-up worldwide
- 2 Case study: Uganda
- 3 Brief overview of screening and treatment

10 years ago: global HPV vaccine introduction

Year:
2009

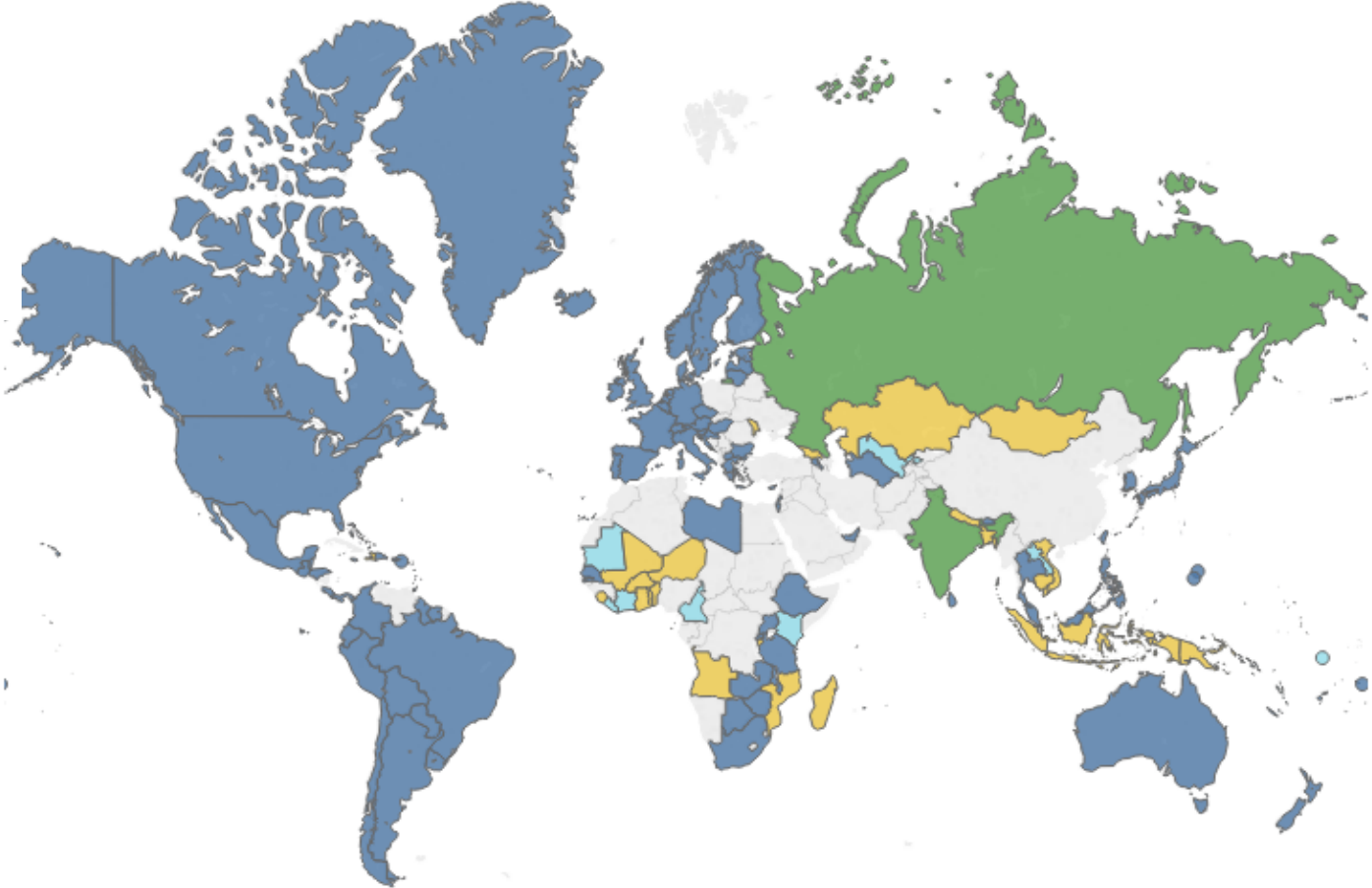


- Introduction status**
- Demonstration
 - National
 - Projected - national
 - Subnational
 - Demo completed *

* Decision pending on national introduction

Current global HPV vaccine introduction

Year:
2019



- Introduction status**
- Demonstration
 - National
 - Projected - national
 - Subnational
 - Demo completed *

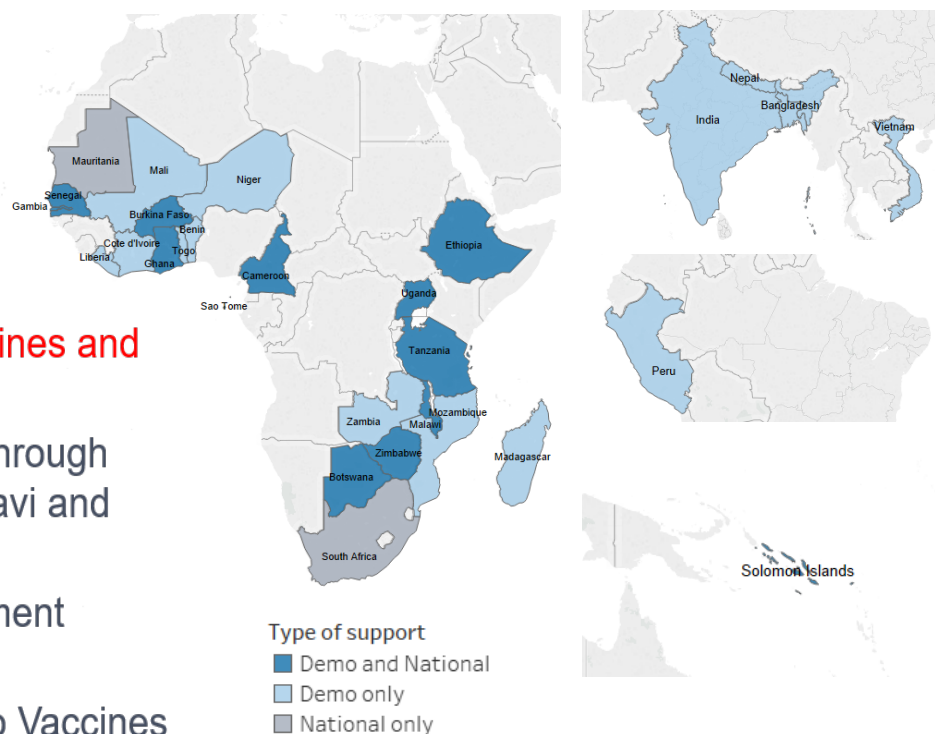
* Decision pending on national introduction

PATH's global HPV vaccine technical assistance

Country Activities

1. Support the **planning, implementation, and evaluation** of HPV vaccine demonstration programs
2. Support the **planning and implementation** of national introductions of HPV vaccines in collaboration with WHO, Unicef, CDC, CHAI and other global partners

Figure 1. PATH country support for HPV vaccines, 2012–2019



Global Activities

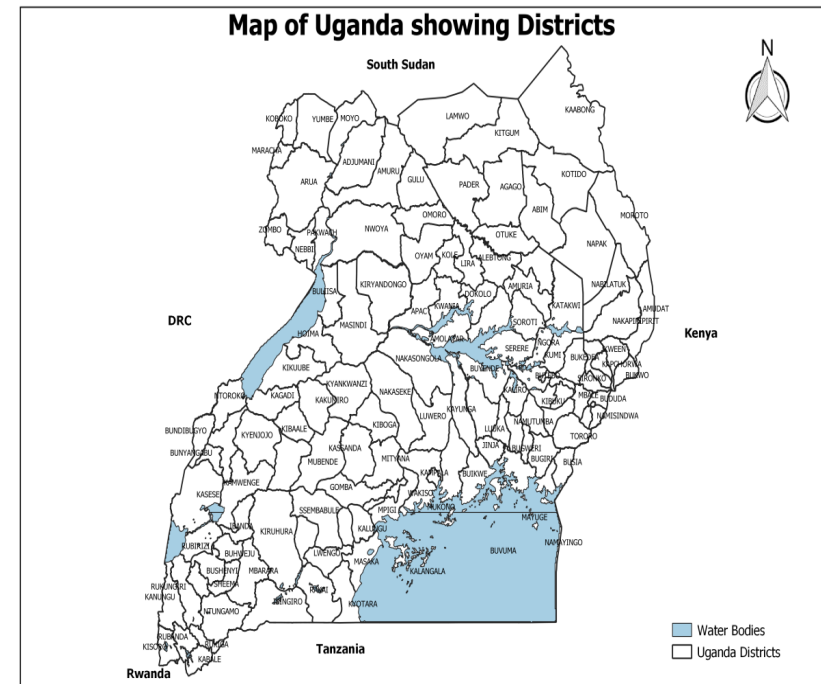
1. Support updates and revisions to the **Gavi guidelines and policies** for HPV vaccines
2. Participate in **global efforts** to support countries through effective coordination of country activities with Gavi and partners
3. Advisor to Gavi/Unicef for HPV vaccine Procurement Reference Group
4. Advisor to WHO Market Information for Access to Vaccines (MI4A) initiative

* PATH currently supports 10 countries: Burkina Faso, Ethiopia, Ghana, The Gambia, Mauritania, Sao Tome & Principe, Senegal, Solomon Islands, Uganda, and Zimbabwe.



HPV vaccine in Uganda: Background

- Total population: over 40 million
- New cervical cancer cases at **~6,413** (Globocan 2018)
- Deaths from cervical cancer at **~4,301** (Globocan 2018)
- HPV prevalence as of 2018 among women with normal cytology aged 15–44 years: **18.3%**
- In **2007**, Uganda began an HPV vaccine **pilot** program for girls in Primary Form 5 in schools, and 10-year-old girls in the community.
- In **2015**, Uganda scaled up HPV vaccine **nationwide** using both school and community approaches, targeting all girls in Primary Form 4 in schools (multiple ages), and 10-year-old girls in the community.
- In 2019, the strategy changed to target exclusively 10-year-old girls, in both schools and communities.



Global Vaccine Action Plan (GVAP) Target:

By 2020, coverage of target populations should reach **at least 90% national coverage and at least 80% coverage in every district** for all vaccines.

Phases of support for HPV vaccine delivery in Uganda



Processes

Impact

Pilot

- From 2007-2012, **PATH and MoH** implemented a demonstration project to vaccinate girls aged 10 years in 2 districts.
- **GSK** donated the HPV vaccine (Cervarix).



- Document **best practices** to use for rollout of HPV vaccination nationwide.
- Over **20,000 girls were fully immunised** with each girl receiving 3 doses of the HPV vaccine.

Scale up

- Following the demonstration project, **12** additional districts were identified to implement the vaccination before nationwide rollout.
- A hybrid strategy was used, whereby all girls in **Primary Form 4 in all schools** and **10-year-old girls** in the **community** were targeted.
- **Merck Sharpe & Dohme** donated the vaccines to the 12 districts for a period of **2 years**.
- Since 2015 there has been **nationwide vaccination** for girls using both school and community approaches in a 2-dose schedule; follow-up/catch-up during Integrated Child Health Days in April and October.
- Since 2019, school-based strategy switched to 10-year-old girls exclusively and great emphasis has been put on routine uptake.

PATH's HPV vaccine support in Uganda



1. National Level: Technical Assistance (TA) for Coverage Improvement

- Implementation of HPV Coverage Improvement Plan (CIP) through training, supportive supervision and mentorship.
- Social mobilization.
- Multi-sectoral coordination (Ministries of Health, Education and Sports, and Local Government).

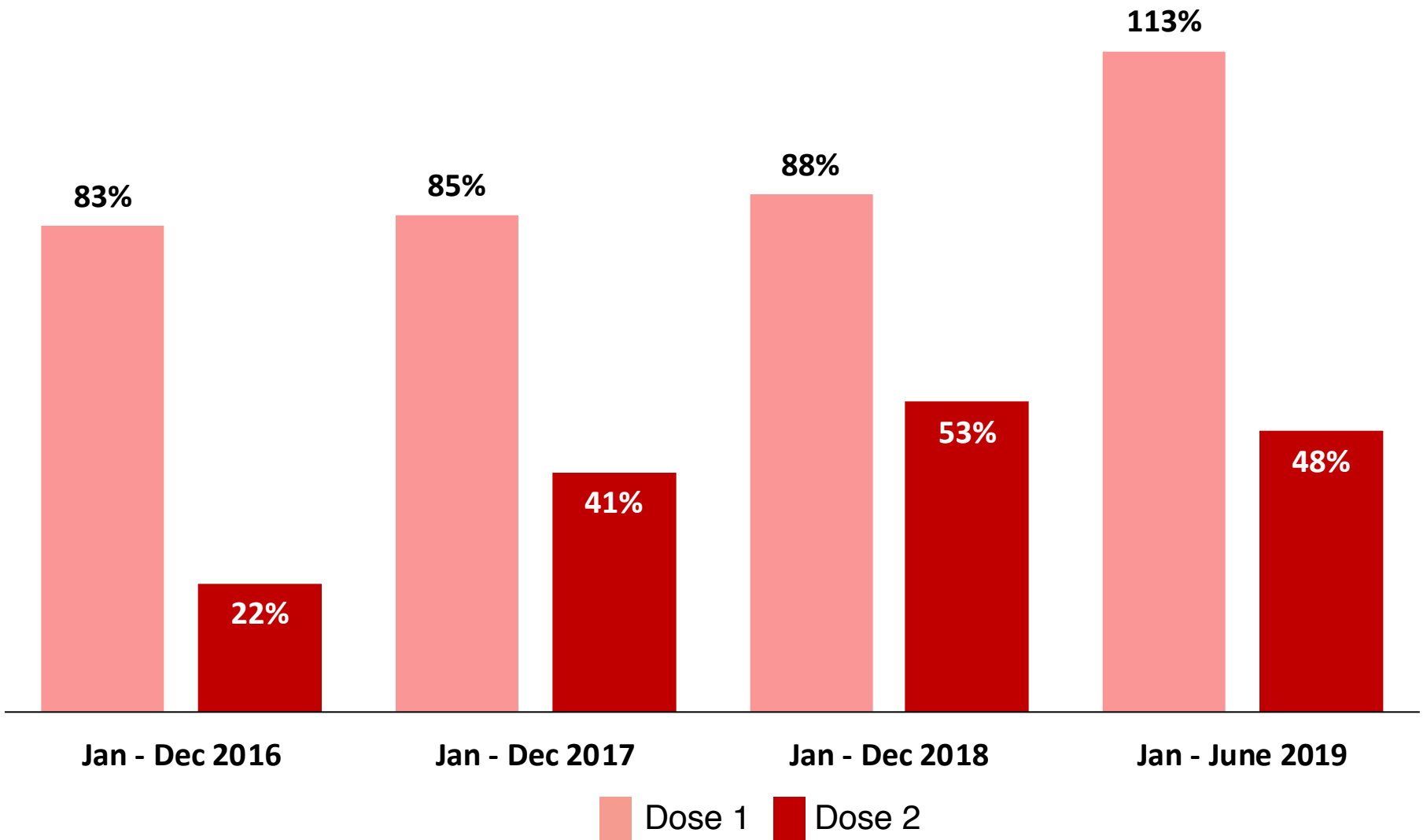
2. Sub-national: Implementation support in 18 focus districts

- TA support for vaccine delivery and logistics.
- Quarterly review and learning meetings.
- Semi-annual coverage monitoring.



Photo by Moses

Achievement: HPV coverage: 2016–2019





Lessons learnt

- **Partner and stakeholder coordination**, sustained **advocacy**, follow-up supervision and assessment for continuous improvement all essential.
- **Political will and country ownership** are critical.
- Need to **involve the education sector in all steps**.
- **RED/REC** micro-planning important.
- **Legal and institutional frameworks** are needed.
- Reigniting **school health programs** is key.

Coverage Improvement Plan (CIP) for 2019

- **Joint planning and coordination committee:** MoH, MoES & EPI partners
- Held a national **key stakeholders** meeting:
 - Trained **national** supervisors (MoH and MoES) dispatched to facilitate district stakeholder meeting.
- Adoption of the **REC micro plan** routine immunization for mapping schools to service points.
- Reviewing **school health guidelines**, putting a draft school health policy in place, and including HPV in MoES M&E framework.



Global lessons learnt for HPV vaccination programs in LMICs

- **Clear rationale and documentation** lead to demand generation and impact.
- **Phased introduction** may test feasibility but should be close to the real immunization set-up.
- **Introduction is best done through a wide age-group** and follow up with a single cohort strategy.
- HPV should be part of the **routine immunization strategy**.
- Proper vaccine **forecasting and cold-chain assessment** are needed prior to introduction.
- With HPV vaccine delivery being outside of the childhood immunization age range, it needs **special consideration** (and patience).
- Combined **primary and secondary prevention** messaging and implementation are critical for continuity of care.

Life course approach: overview of PATH's work in screening, preventive treatment and scale-up for adult women

Partnered to develop HPV tests for LMICs.



PATH/Patrick McKern

Evaluated tests' performance in real-world conditions.



PATH/Will Boase

Partnered to develop new devices for ablative treatment.



PATH/Patrick McKern

Scaled up screening and treatment in LMICs using new tools.



PATH/Xiomara Celeste Gonzalez

Thank you!
For more
information
contact:

Name	Email
Jacqueline Anena	janena@path.org
Emmanuel Mugisha	emugisha@path.org
Scott Lamontagne	lamontagne@path.org
Martha Brady	mbrady@path.org
Francesca Holme	fholme@path.org