



Accelerating HPV vaccine introductions in Low and Middle Income countries to reduce cervical cancer burden

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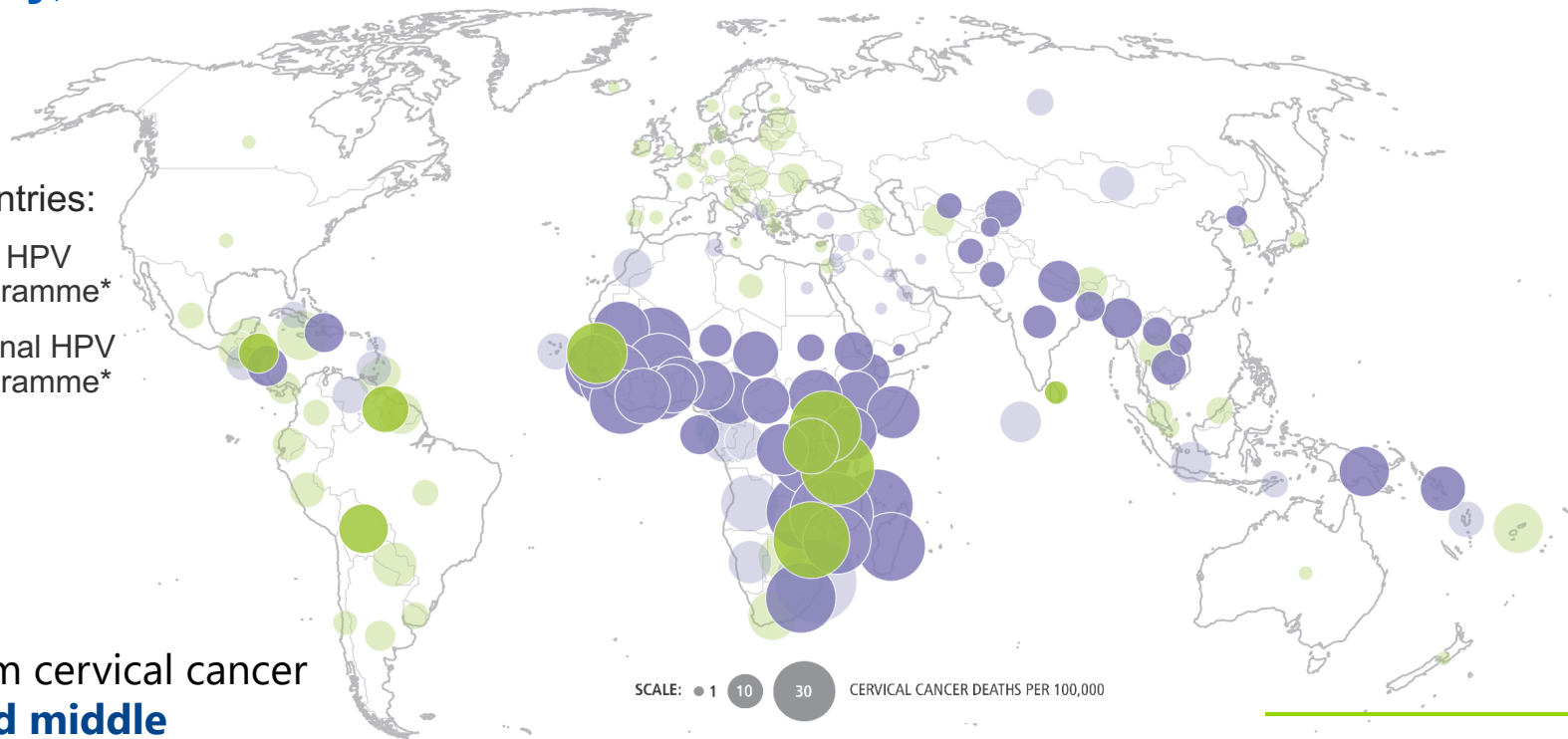
HPV vaccine introduction inequitably distributed across geography, income and disease burden

Gavi-eligible countries:

-  with national HPV vaccine programme*
-  without national HPV vaccine programme*

87%

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

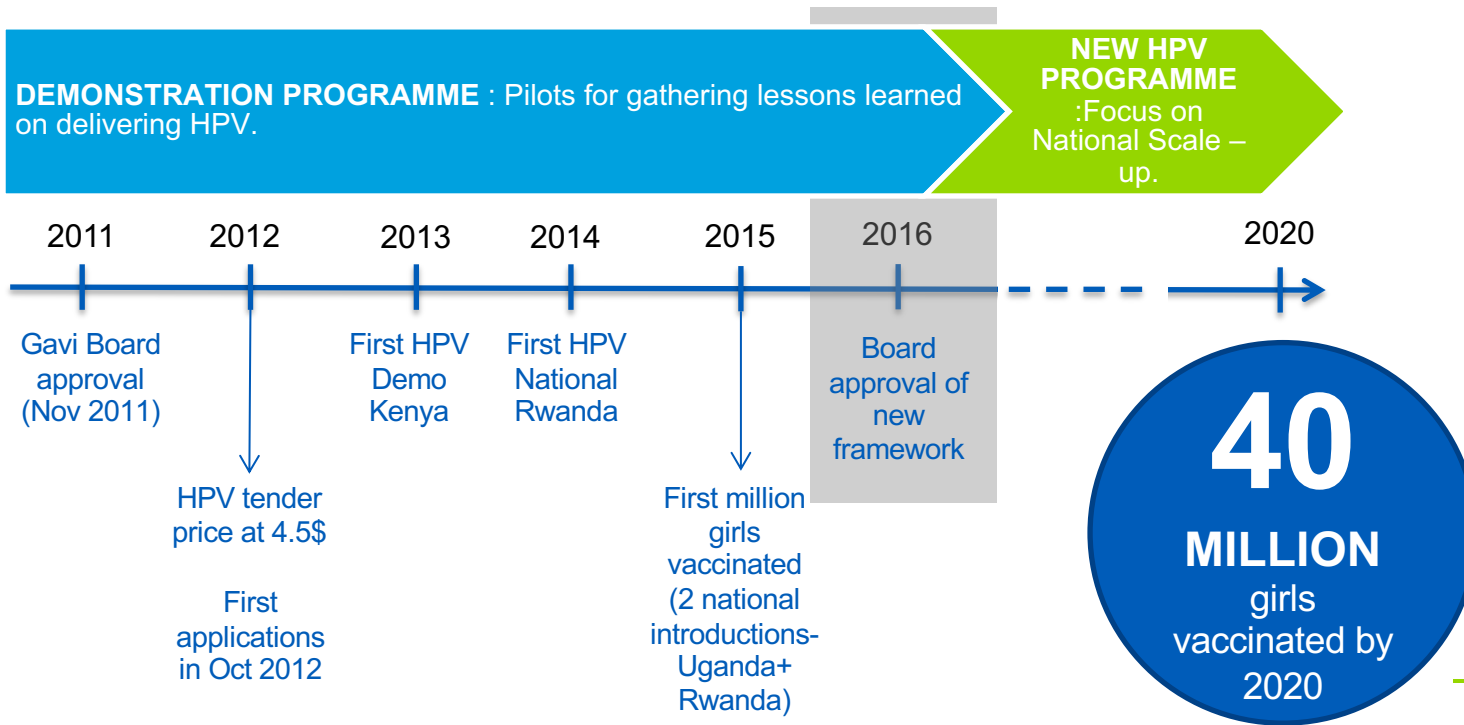


*Map highlights intro in 2019

Affordable HPV Vaccine Price for Gavi countries



HPV Programme milestones



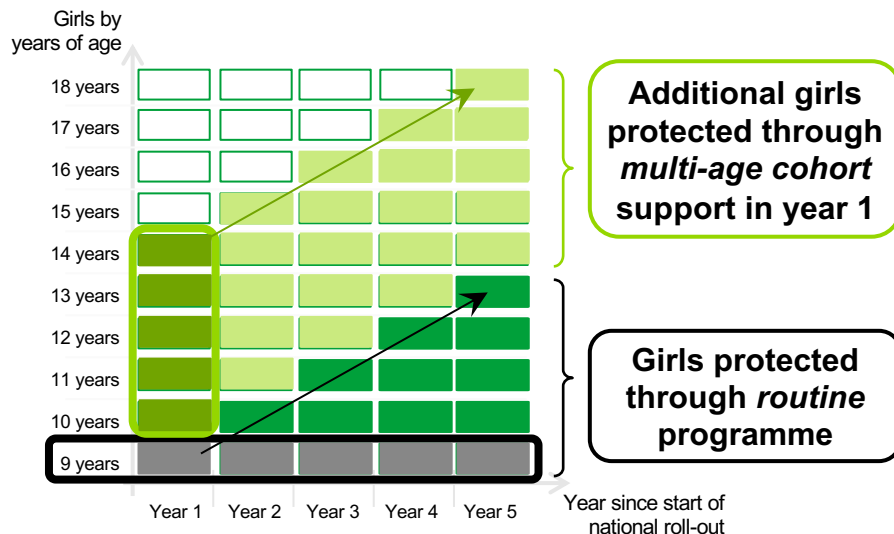
New HPV programme 2017: Multi-age cohort vaccination

An opportunity to increase impact

Multi-age cohort recommended by SAGE Oct. 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



* SAGE recommendation reflected in WHO Position Paper (May 2017)

Financial and Vaccine support under Gavi's HPV programme

*Routine Cohort (e.g. 9 yrs.)	
Vaccines Support	Co-financing
Vaccine Introduction Grant (VIG)	\$2.40 / targeted girl

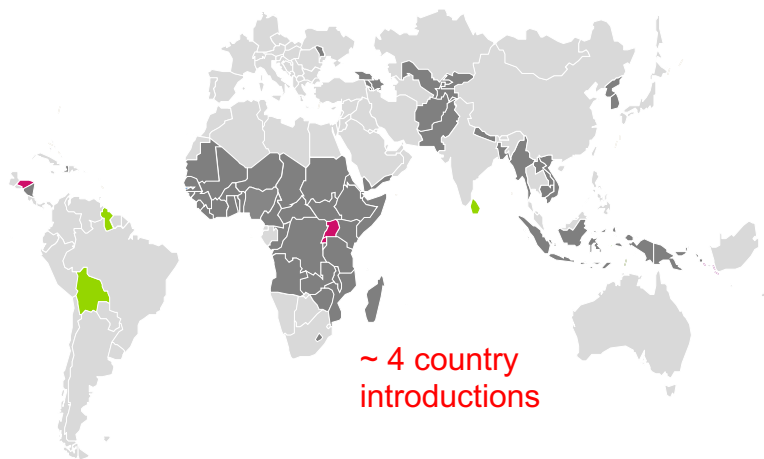
Support for multi-cohort in the first year of the introduction only

*Additional Cohorts (e.g. 10-14 yrs.)	
Vaccines Support	No Co-financing (Gavi supported)
Operational Cost	0.65\$/ 0.55\$/0.45\$ / targeted girl (aligned to new HSIS policy per the transitioning stage)

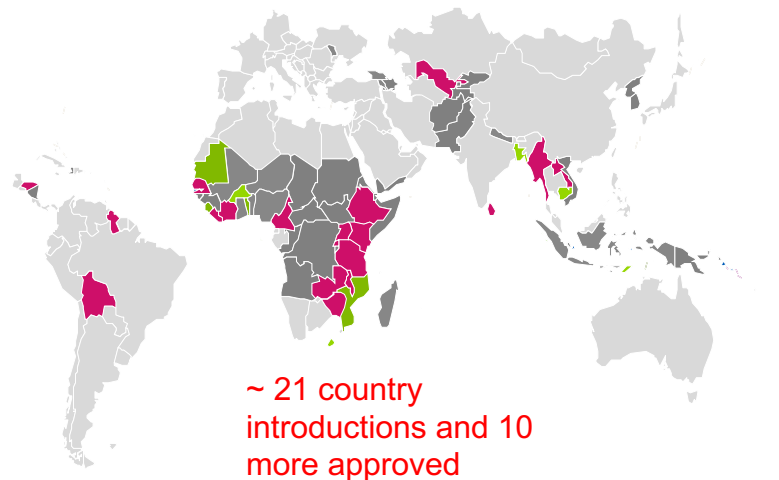
- * **ROUTINE COHORT:** A single cohort of girls to be immunised on a routine basis. (e.g. 9 years)
- * **ADDITIONAL MULTI-COHORT:** countries have the option to immunise additional girls within the recommended age-group, who are older than the routine cohort. (e.g. 10-14 years)

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

HPV Programme 2012-2016



HPV Programme 2017-2020



2021

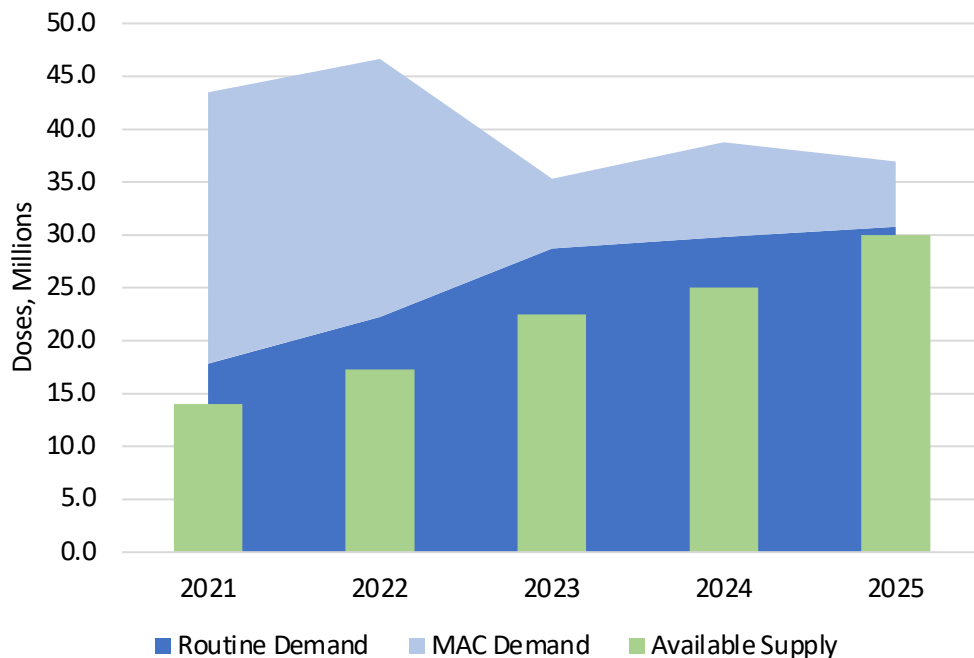
National introductions

Rwanda, Uganda, Honduras, Bolivia (**MAC**), Guyana, Sri Lanka, Tanzania (single age), Zimbabwe, Ethiopia, Senegal, Malawi, Solomon Islands (**MAC**), Zambia, Kenya, Uzbekistan, Cote d'Ivoire, Liberia, Gambia (**MAC**), Lao PDR (**MAC**), Myanmar and Cameroon .

Approved National Programmes

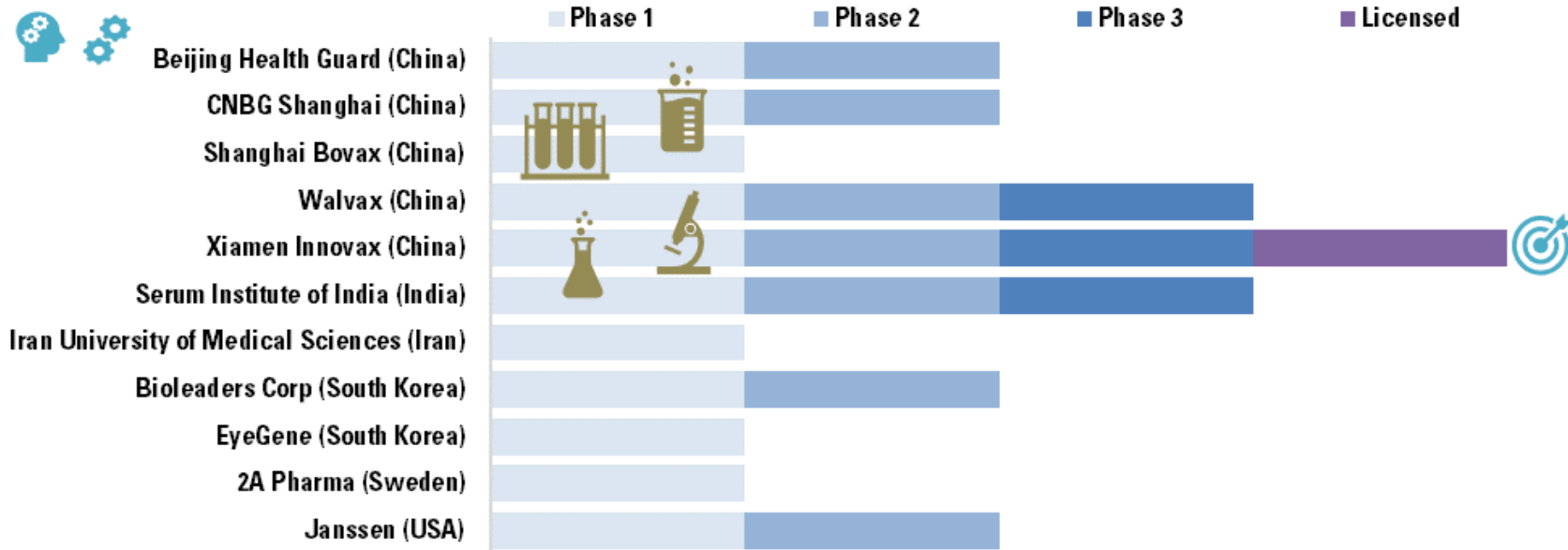
Mauritania, Sierra Leone, Mozambique, Sao Tome, Togo, Cambodia, Lesotho, Bangladesh, Burkina Faso and Timor-Leste.

However, strong momentum in Gavi's HPV strategy is affected by supply situation in the short-term

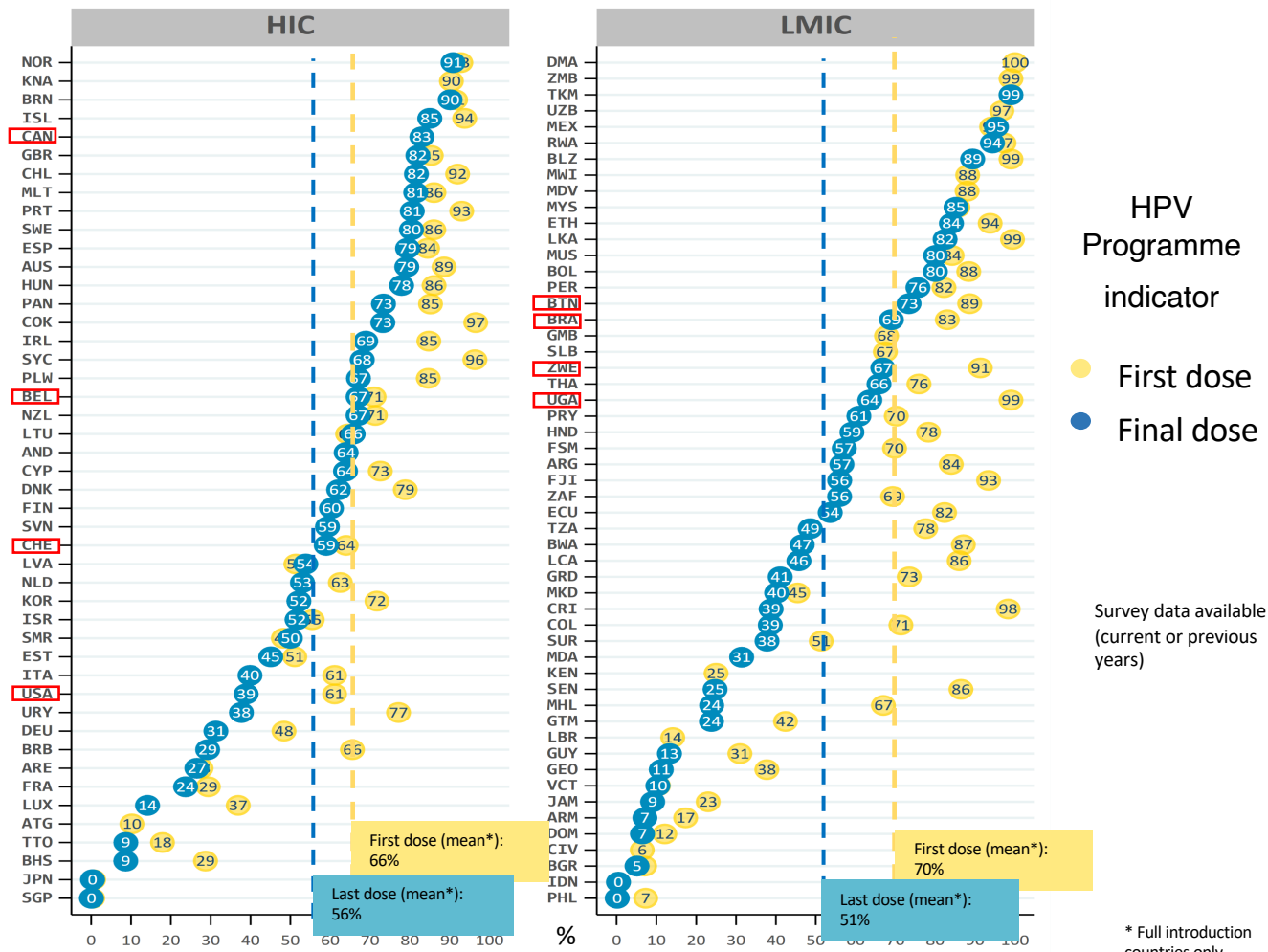


- Supply not sufficient to meet demand but anticipated to improve by 2024/2025
- GSK: \$5.18 per dose, supply available from Q4 2022
- MSD: \$4.50 per dose, supply available from Q1 2021
- Inovax: Establishment of LTA following WHO PQ expected 2021

Supply is anticipated to improve by 2024/2025, with WHO PQ of pipeline vaccines



2019 WHO/UNICEF HPV Vaccine coverage estimates



Some countries in HIC as well as LMIC reach the 90% coverage target but too many girls living in countries that provide HPV vaccination are not reached or not fully protected

HPV vaccine programmes in LMIC can perform as well as in HIC.

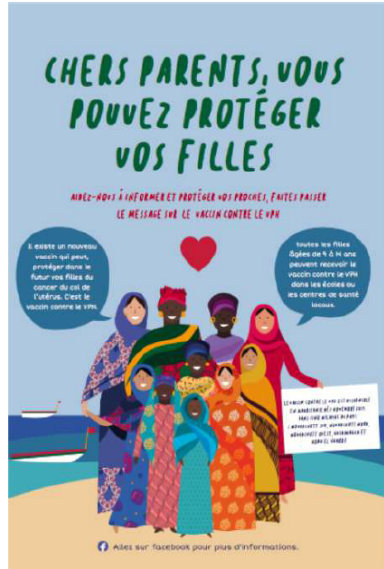
- In HIC and LMIC one in five reached 80% final HPV coverage
- Half of LMIC and a third of HIC reached at least 80% with first dose of HPV vaccine

Dropout is significant higher in HPV vaccination than childhood vaccines and is a particular challenge in LMIC

- Average dropout globally is 15%
- Every fifth country has a dropout rate of more than 20 percentage points

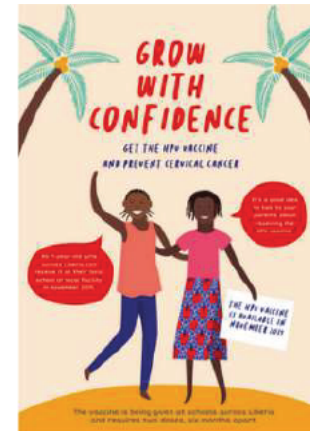
Demand Generation for HPV vaccine: A Girl-Centred approach

Lao PDR

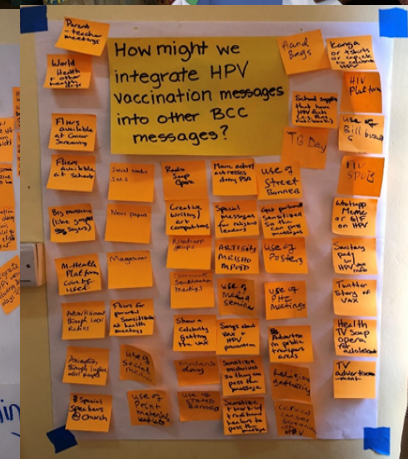
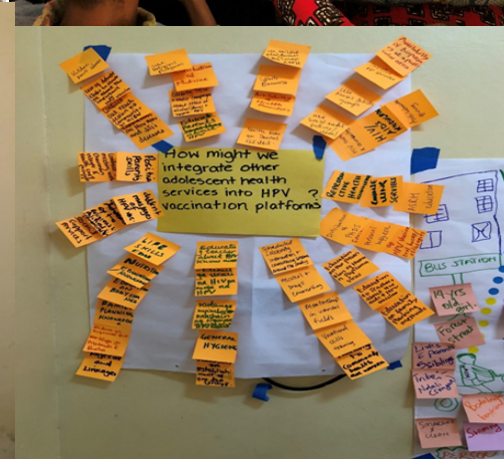
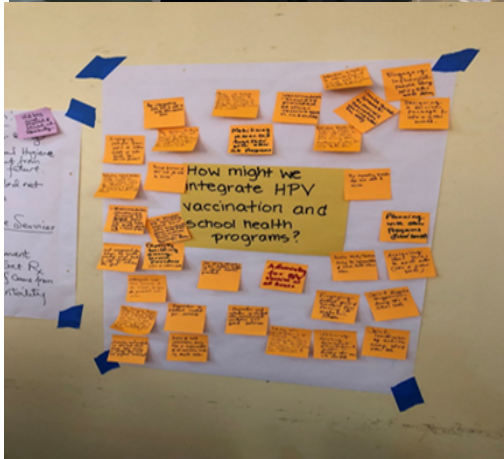


Mauritania

Liberia



Identifying opportunities to integrate with Adolescent health: HPV with HIV, ASRH and School Health



Examples of CSO engagement for HPV programme in Uganda and India

CSOs are a core partner to support GAVI's work

Global

- Close collaboration with our CSO constituency to shape advocacy messages, policies and process
- CSOs have an active role in our vaccine investment strategy, providing vital input on what vaccines are mostly needed to either be introduced or scaled up.
- CSO has had an active engagement in advocating for more ambitious measure for SDG3 in the Agenda 2030 in the context of the SAGE working group.

Regional

- Gavi has supported regional networks in Africa and Asia aiming at strengthen coordination in that specific region and advocate at a regional level for coverage, equity and sustainability of immunisation programs.

National

- CSOs are an integral part of our HSS support, where we allocate a portion varying on national context to CSOs to carry out service delivery, social mobilisation and advocacy. They are a core part of the drafting of the **national plans** and the **implementation phase**.
- We also have created **26** country platforms recognised by their respective governments and in-country stakeholders as a means to formalise their role and active engagement.



Various CSOs : Uganda Cancer Institute, Uganda Paediatric Association, Uganda Rural Development and Training programme

These CSOs are being leveraged to promote community engagement and awareness for improving the uptake of the HPV vaccine in Uganda.

SEWA (Self Employed Women's Association) , India

SEWA has successfully leveraged its community platform to promote and encourage uptake of HPV vaccines for the prevention of cervical cancer in India, through dialogue with adolescent girls groups, women's groups and communities.



Covid-19 impact on Gavi's HPV programme

- **Some countries have postponed planned introductions in 2020:**
 - Sierra Leone, Sao Tome et Principe and Mauritania have postponed introduction to 2021.
 - These delayed launches have freed up some supply and provided an opportunity for some countries to do their MAC introductions, which were postponed due to insufficient supply since 2018-2019.
- **For countries that already introduced HPV –**
 - To continue progress despite the school closures, many countries have adapted their delivery strategy from school to health facility and community based. For instance, Lao PDR is achieving a coverage of ~70% (dose 1) during the pandemic.
 - Many countries plan to leverage the WHO guidance* of a longer interval between doses - *from 6 to 12 or 15 months* - to catch up the missed girls (after the pandemic) at earliest occasion

*
WHO 2017 Position paper :
<https://apps.who.int/iris/bitstream/handle/10665/255353/WER9219.pdf;jsessionid=52F0CF893ABBA37A43AFD4BAC72B07E0?sequence=1>

Laos successfully introduces HPV vaccine nationally, despite COVID-19 challenges



Figure 1. HPV1 coverage by Province, Lao PDR

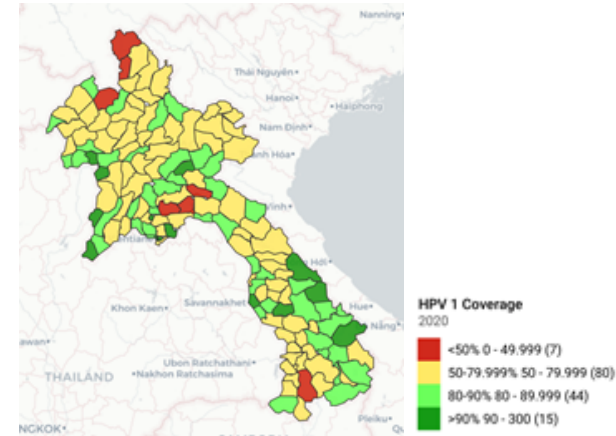


Figure 2. District level HPV1 coverage, Lao PDR (July 2020)

Best practices

- HPV vaccination switched its mode from school-based to integrated fixed-site/outreach vaccination (annual, 12 months interval schedule).
- Village health workers identify out-of-school girls to get vaccinated at schools or fixed/outreach sites
- Lao MCH/NIP developed a guidance note for health workers on how to protect themselves from COVID-19 during their immunisation service delivery
- Dissemination of several of the social media posts and Radio reflecting HPV vaccination in times of Covid-19 produced

Myanmar introduces HPV vaccine...virtually!

State /Region	Target girls	No. immunized	Coverage (%)
Magway (best)	37,858	36,153	95.5
Rakhine	Stay at home State		
Shan East (worst)	11,943	3,876	32.5
Yangon	Stay at home Region		
National goals	398,877	342,021	85.7

The HPV Introduction

- Re-scheduled: **June to Oct**
- Delivery approach: **from school based to community based**
- Readiness assessment: **93%!**
- Virtual launch: **20 October**

Challenges due to Covid 19

- Social Distancing and IPC measures
- Verification of eligible children
- Social mobilization and community participation restricted
- Human resources limitation
- Training to school teachers postponed to 2021

Remote Engagement

- Regular updates on portfolio progress/ COVID-19 impact
- Separate virtual meetings on readiness assessments
- Trainings via YouTube
- Virtual media briefing

Key success factors:

- EPI ownership, capacity
- Alliance engagement

THANK YOU !!

