

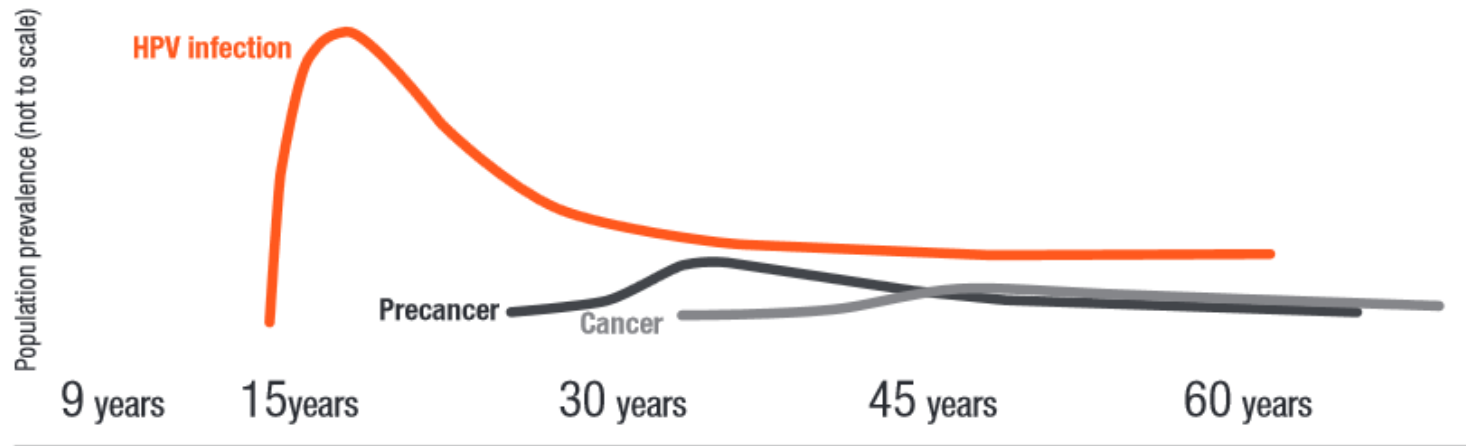
HPV vaccination

what's the link with male circumcision?



Paul Bloem
IVB/EPI
WHO

HPV vaccination key part of comprehensive approach to cervical cancer prevention and control



PRIMARY PREVENTION Girls 9–13

HPV vaccination

Girls and boys, as appropriate

- Health information and warnings about tobacco use*
- Sexuality education tailored to age and culture
- Condom promotion/provision for those engaged in sexual activity
- Male circumcision

SECONDARY PREVENTION

Women >30 years of age

Screening and treatment as needed

- “Screen and treat” with low-cost technology, e.g. VIA followed by cryotherapy
- HPV testing for high-risk HPV types (i.e. types 16 and 18, and also types 31,33,45 and 58)

TERTIARY PREVENTION

Women >30 years of age

Treatment of invasive cancer at any age

- Ablative surgery
- Radiotherapy
- Chemotherapy Palliative care

* Tobacco use is an additional risk for cervical cancer

And so is VMMC...

PRIMARY PREVENTION Girls 9–13

HPV vaccination

Girls and boys, as appropriate







- Health information and warnings about tobacco use*
- Sexuality education tailored to age and culture
- Condom promotion/provision for those engaged in sexual activity
- Male circumcision



Countries with HPV vaccine in the National Immunization Schedule (green) or Demo programme with Gavi support (brown)

**GAVI Demo's :
27 (Jan 2016)**

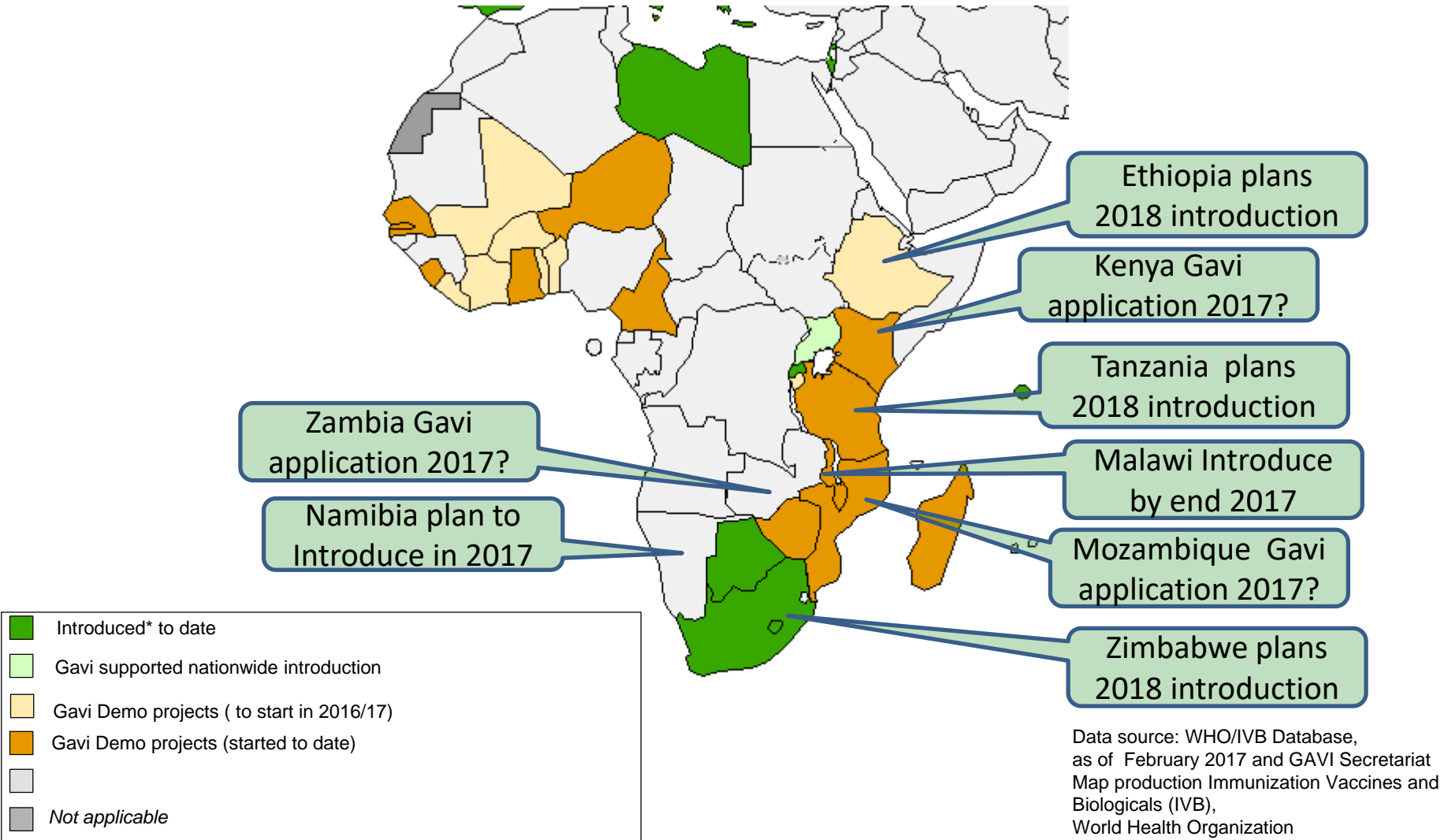
* Includes partial introduction but excludes countries where vaccination is temporarily interrupted

	Introduced* to date	(65 countries or 33%)
	Gavi supported nationwide introduction	(3 countries or 2%)
	Gavi Demo projects (to start in 2016/17)	(17 countries or 9%)
	Gavi Demo projects (started to date)	(7 countries or 4%)
	Not Available, not Introduced / no plans	(102 countries or 53%)
	Not applicable	

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 lines on maps represent approximate border lines for which there may not yet be full agreement. ©WHO 2015. All rights reserved.

Data source: WHO/IVB Database,
as of 04 February 2016
Map production Immunization Vaccines and
Biologicals (IVB),
World Health Organization

Status of HPV vaccine introduction and plans in ESA countries



WHO Briefing notes, HPV vaccine

(WER October, 2014)

(www.who.int/immunization/documents/positionpapers/en/)

2014, 89, 465-492



World Health
Organization

Organisation mondiale de la Santé

Weekly epidemiol
Relevé épidé

24 OCTOBER 2014, 89th YEAR /
No. 43, 2014, 89, 465-492
<http://www.who.int/wer>

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de l'OMS, octobre 2014

Human papillomavirus vaccines: WHO position paper, October 2014

Introduction

In accordance with its mandate to provide guidance to Member States on health policy matters, WHO issues a series of regularly updated position papers on vaccines and vaccine combinations against diseases that have an international public health impact. These papers are concerned primarily with

SAGE (Oct 2016) recommends:

- Target: girls 9-14 years of age
- Multi-cohort of 9 -14 years of age (or the age of 18) at the beginning of the introduction
- Target: girls 9-13 years of age
- 2 doses (minimum interval 6 months)
- No maximum interval (suggested until 12-15 months old)
- If the interval < 5 months, give an extra dose 6 months after the first one
- Immuno depressed >15 years of age => three doses



THE DECISION
TO INTRODUCE

Lessons learned

Decision-making: Implications for Action

- ✓ **Gaining the support of high-level advocates**, such as First Ladies, can have a major impact on the decision to introduce HPV vaccine.
- ✓ **Prepare evidence:** Investigating and reporting on the cervical cancer burden; cost-effectiveness, feasibility and acceptability provides important information for decision-makers.
- ✓ **Coordination with the right stakeholders** from the beginning will ensure all the players are at the table when it's time to make decisions and implement. The Health, Education and Finance Ministries are particularly important.
- ✓ **Prepare for a process involving the policy committees, regulatory bodies, political and financial processes** to ensure the decision is anchored in country policies and budget.
- ✓ **Consider sustainable funding.** Donations and external support can help a country introduce HPV vaccine in the short-term, but countries will need to contribute a portion of funding, and advocates should have a plan to secure funding for longer-term sustainability.



DELIVERY STRATEGIES

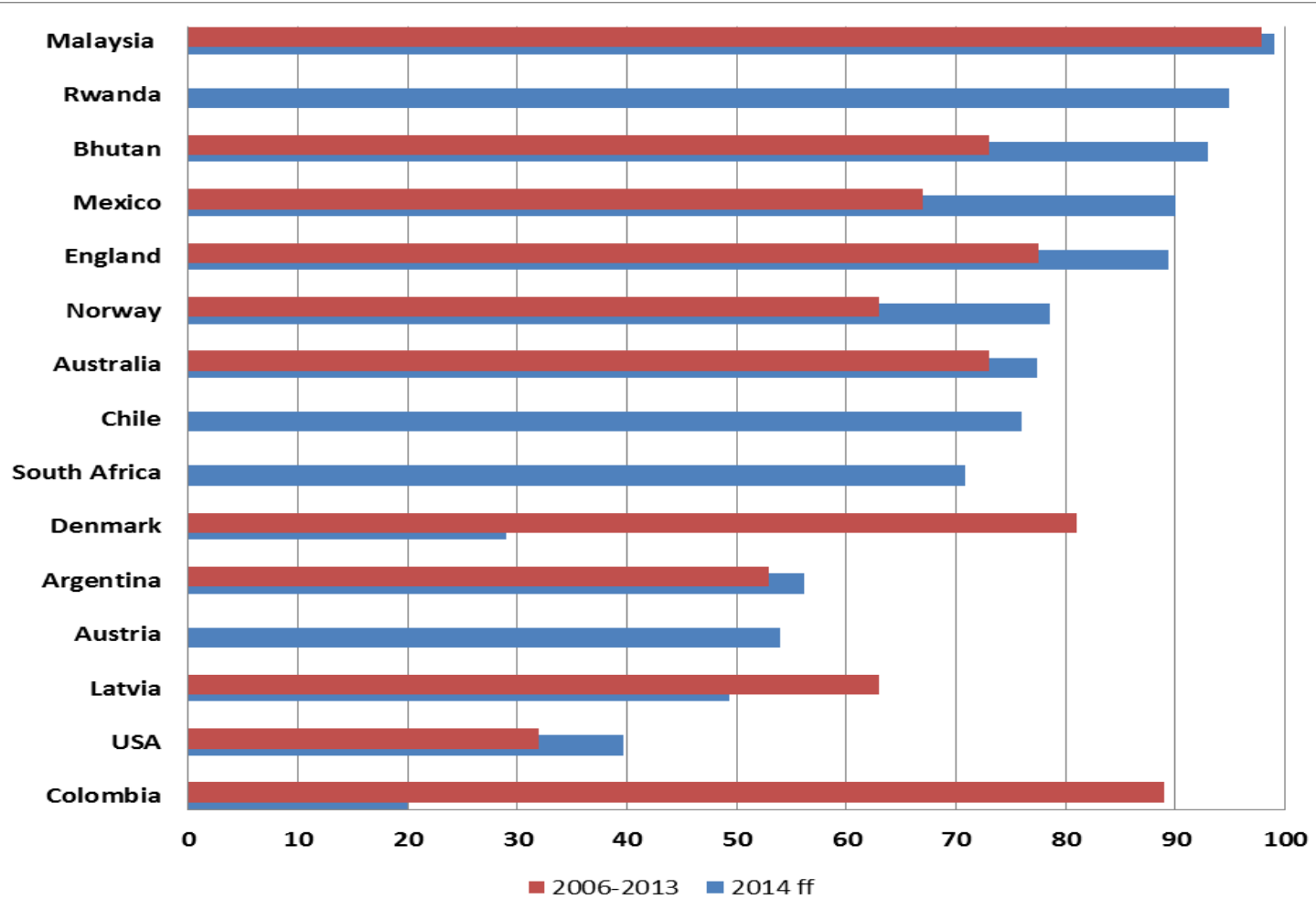
Choice of Delivery Strategy is key

CONSIDERATIONS	DELIVERY STRATEGY			
	HEALTH FACILITY	SCHOOL-BASED OUTREACH	COMMUNITY OUTREACH	CAMPAIGN
Access	<p>Girls must come to health centre</p> <p>Parents may be present at time of vaccination</p> <p>Does not require health workers to leave post</p>	<p>If enrollment is high, large number of girls vaccinated at the same time</p> <p>Requires health workers to travel to school</p> <p>Parental consent process</p> <p>Teachers can assist with vaccination sessions</p>	<p>A variety of locations possible</p> <p>May need special communications effort to ensure girls come</p> <p>Requires health workers to leave post but can be part of regular health facility outreach</p>	<p>Large number of girls can be vaccinated at the same time</p> <p>Large number of vaccinators needed (may disrupt regular services)</p> <p>Can be used as initial "catch-up" of several age cohorts</p>
Equity	In- and out-of school girls	In-school girls	In- and out-of school girls	In- and out-of school girls

CONSIDERATIONS	DELIVERY STRATEGY			
	HEALTH FACILITY	SCHOOL-BASED OUTREACH	COMMUNITY OUTREACH	CAMPAIGN
Community mobilization	May need more intensive mobilization for girls to attend	Schools can help to facilitate sensitization and mobilization of parents/communities	Same outreach locations as for infant vaccinations may make mobilization easier	Needs strong mobilization effort
Frequency of vaccinations	Continuous vaccine availability possible all year	Requires at least 1-2 visits to schools per year	Vaccine available only when outreach session planned	Requires at least 1-2 rounds per year
Vaccine supply	Continuous vaccine supply available with other routine vaccines	Enrolment lists can facilitate estimates of vaccine supply	Challenging to know exact number of girls who will attend outreach session	Large volume of vaccine needed over short duration Distribution challenges (must be able to redistribute/re-supply quickly during campaign)
Cold chain management	Cold chain available at health centre	Vaccine carriers must be prepared to maintain cold chain	Vaccine carriers must be prepared to maintain cold chain	Vaccine carriers must be prepared to maintain cold chain May be able to use Controlled Temperature Chain (CTC)
Integration with other interventions	Help to strengthen Adolescent Friendly Health Services	Co-delivery with short-duration interventions possible School health platform	Co-delivery with short-duration interventions possible	Integrate with other campaigns (e.g. Child Health Days/Weeks)
Cost	Low as supported by national health budget	Medium-High (depends if school health programme is already funded or if additional resources are required for facility healthcare workers to travel to schools)	Medium-High (depends if using existing outreach sessions that are already planned and funded)	Generally high (but for small populations may be more cost-effective) Additional budget for per-diems and transport, etc.

Note: A combination of strategies may be needed to achieve high coverage while optimizing resources and to include out-of-school/hard-to-reach/vulnerable target aged girls. Strategies may also vary throughout a country, based on local/provincial/district characteristics or opportunities.

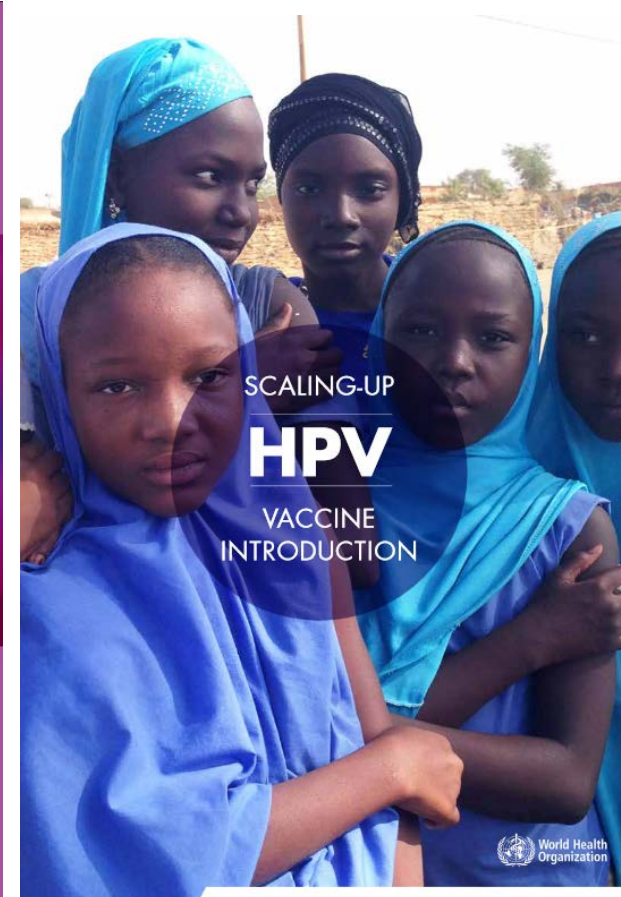
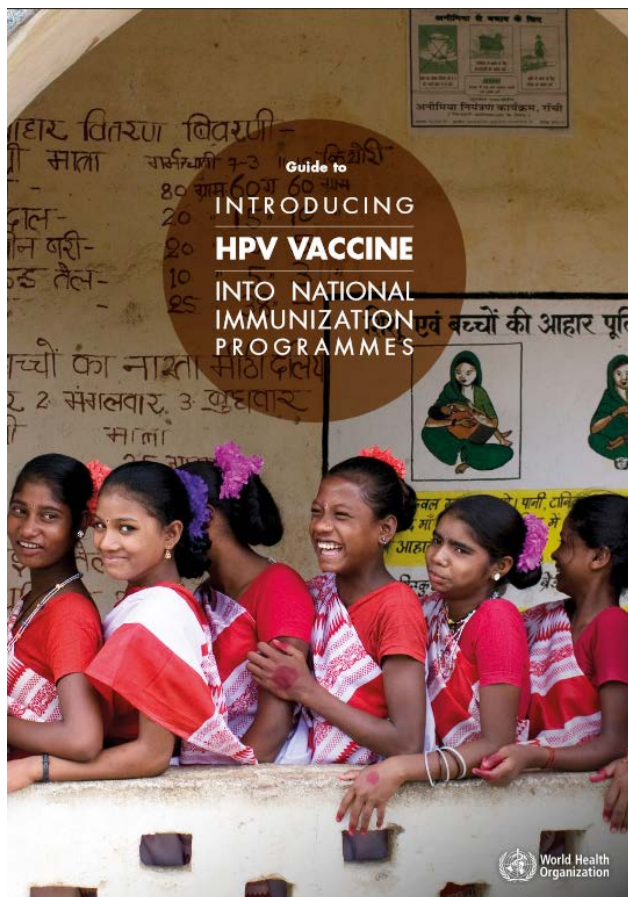
Coverage rate HPV vaccine (administrative rates, various years)





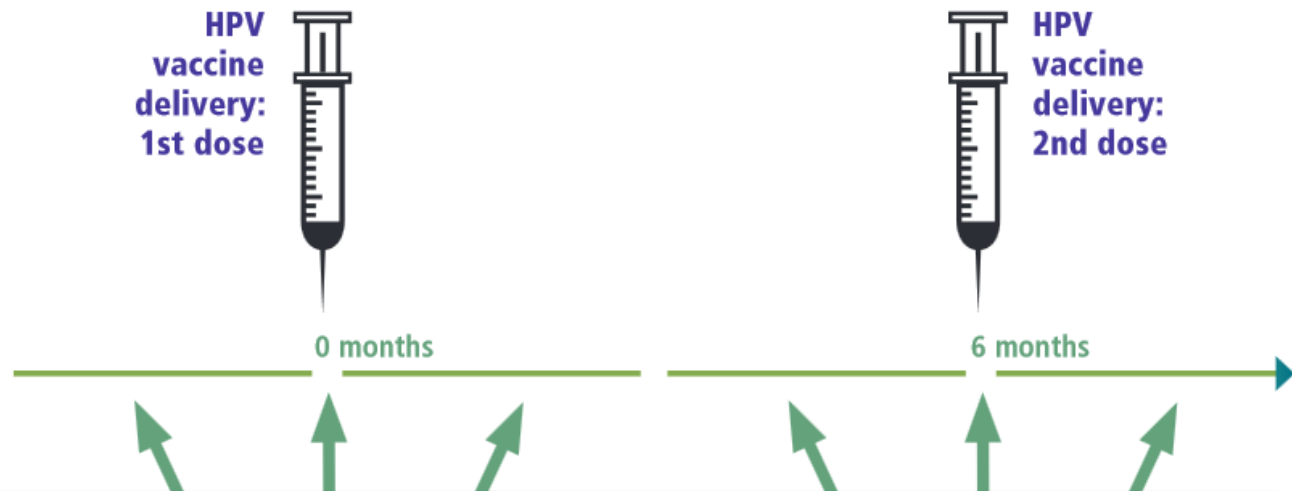
TIMELY PLANNING &
COORDINATION WITH
THE RIGHT PARTNERS

Resources with lessons learned from other countries exist to facilitate a successful introduction of HPV vaccine



WHO HPV resources: <http://www.who.int/immunization/diseases/hpv/resources/en/>

Linking health interventions for adolescents with HPV vaccination : different options.



TYPE	POSSIBLE HEALTH INTERVENTIONS
Screening	<ul style="list-style-type: none"> • Vision screening, if referral and glasses available and affordable
Commodities and treatment	<ul style="list-style-type: none"> • Anthelmintic treatment for schistosomiasis and soil-transmitted helminths (STH) • Insecticide-treated bednet for malaria prevention • Iron and folic acid supplementation
Information and life skills	<ul style="list-style-type: none"> • Promotion of physical activity • Prevention of mosquito-borne diseases • Menstrual hygiene education • Sexual and reproductive health education, HIV prevention and condom promotion
Other vaccines	<ul style="list-style-type: none"> • Td, Hep B, co-administration with other vaccines under investigation



COSTING, FINANCING
AND SUSTAINABILITY

One Health Tool Planning and Costing HPV vaccine delivery with other AH interventions

Uganda Adolescent health 2016 11 16b - OneHealth (Programme Mode) v4.47 Beta 21

File Home Health Services Health Systems Impact Modules Tools

Set Active Manager Progress OneHealth Configuration Infrastructure Human Resources Logistics Health Information Systems Health Financing Governance Financial Space Results Display

Projection Edit Health Systems

Welcome Summary costs (UGX)-Uganda Adoles... Programme costing summary

Programme costing summary

	2015	2016	2017	2018	2019	2020	2021 Total																																							
<div data-bbox="328 649 1632 692"> <p>OneHealth Configuration - Select default interventions - Uganda Adolescent health 2016 11 16b</p> <p>Select the default interventions you would like to include in your analysis.</p> <table border="1"> <thead> <tr> <th>Intervention</th> <th>Include?</th> <th>Stratify?</th> </tr> </thead> <tbody> <tr> <td colspan="3">Adolescent health</td> </tr> <tr> <td>Male circumcision</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="3">Immunization</td> </tr> <tr> <td>HPV vaccine</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Default interventions not used</td> </tr> <tr> <td>Vision screening</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Td vaccine co-delivery</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Integrated management of common conditions in primary care</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Sexual, reproductive health and maternal care</td> </tr> <tr> <td>Family planning (contraceptives) for those not in union or below 15 years of age</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Injury care due to intimate partner violence: physical assault</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Injury care due to intimate partner violence: sexual assault</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> </div>								Intervention	Include?	Stratify?	Adolescent health			Male circumcision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Immunization			HPV vaccine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Default interventions not used			Vision screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Td vaccine co-delivery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Integrated management of common conditions in primary care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sexual, reproductive health and maternal care			Family planning (contraceptives) for those not in union or below 15 years of age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injury care due to intimate partner violence: physical assault	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Injury care due to intimate partner violence: sexual assault	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Opportunities

1. Raising awareness for VMMC among boys linked to mobilization for HPV vaccination : (9-14) years old first year , then 9-10 years old subsequently
2. Improving Tetanus immunization (Td booster dose) along side HPV vaccination :
 - 2 Td boosters recommended at 1) 4 to 7 years of age and 2) 9 to 15 yrs.
 - Delivery can be linked to HPV outreach to schools
 - First year multi-cohort 9-14 yrs vaccination can be one time opportunity for Tetanus as well.
 - However, realistically it may be challenging for EPI programmes to take on two vaccine introduction at sam time (HPV+Td), including a double cohort (girls and boys) , securing funds
 - Fears surrounding multiple injections at some visit (girls) and mixing of adverse events following injection may affect interest.

Thank you