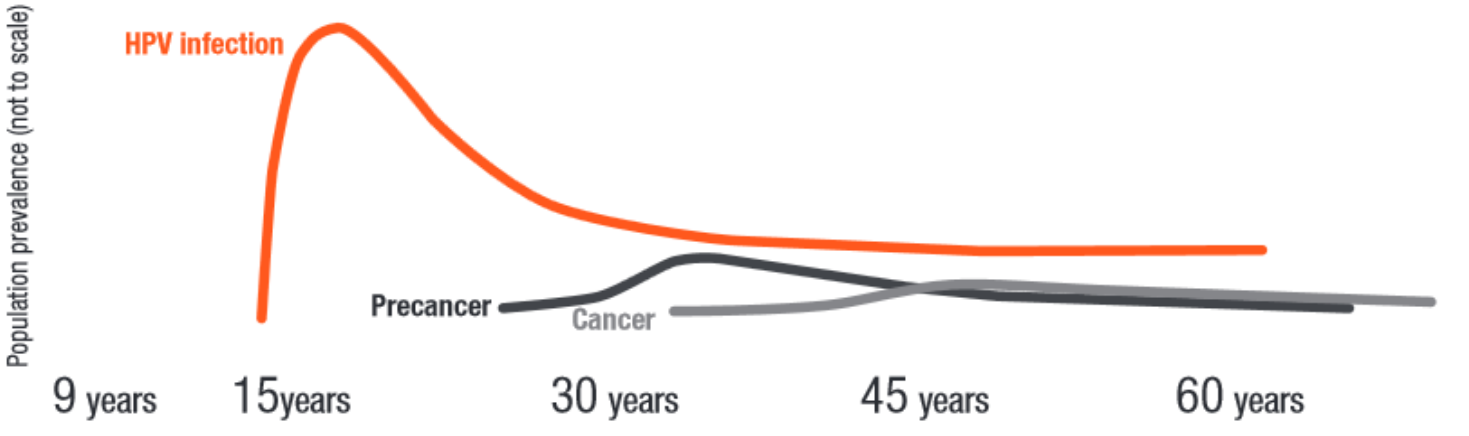
HPV vaccination
what's the link with male circoncision?

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
- ChemotherapyPalliative care

* Tobacco use is an additional risk for cervical cancer

And so is VMMC…

PRIMARY PREVENTION
Girls 9–13

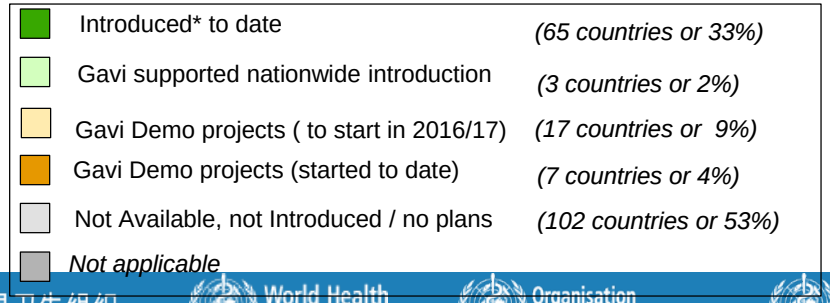
HPV vaccination
Girls and boys, as appropriate

- 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)

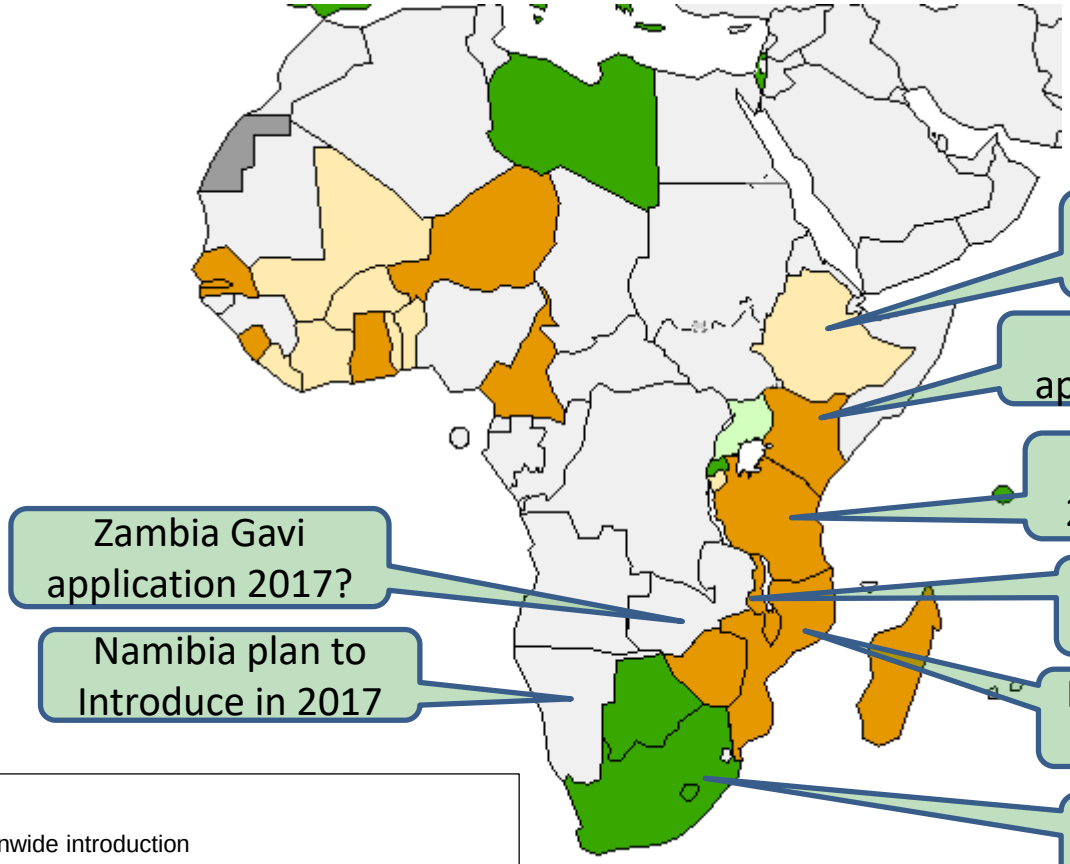
GAVI Demo's :
27 (Jan 2016)

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



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



Ethiopia plans 2018 introduction

Kenya Gavi application 2017?

Tanzania plans 2018 introduction

Zambia Gavi application 2017?

Malawi Introduce by end 2017

Namibia plan to Introduce in 2017

Mozambique Gavi application 2017?

Zimbabwe plans 2018 introduction

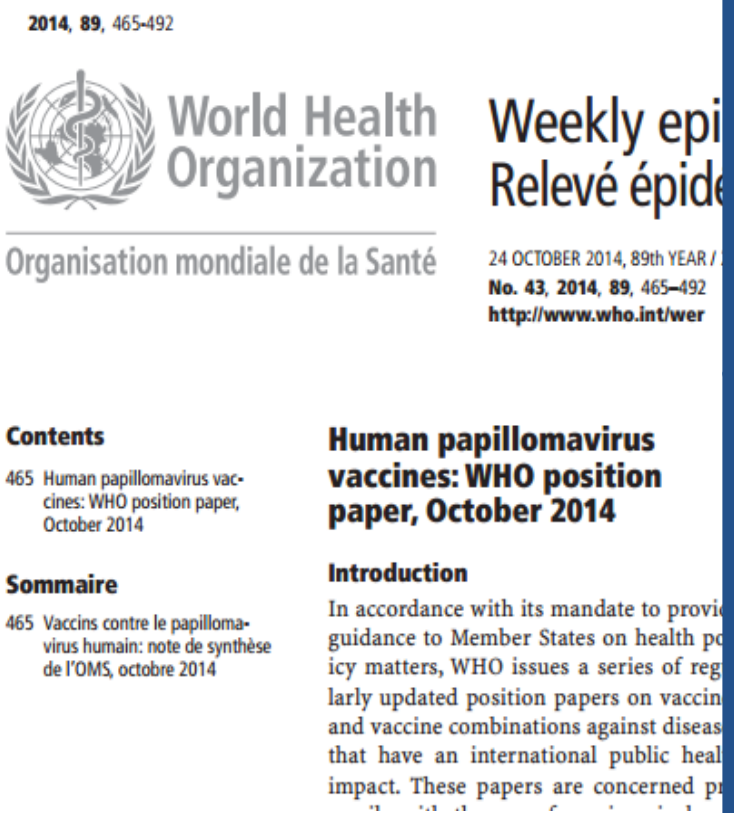
- Introduced* to date
- Gavi supported nationwide introduction
- Gavi Demo projects (to start in 2016/17)
- Gavi Demo projects (started to date)
- *Not applicable*

Data source: WHO/IVB Database, as of February 2017 and GAVI Secretariat
Map production Immunization Vaccines and Biologicals (IVB), World Health Organization

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

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http://www.who.int/wer

Contents

465 Human papillomavirus vaccines: WHO position paper, October 2014

Sommaire

465 Vaccins contre le papillomavirus humain: note de synthèse de l'OMS, octobre 2014

Human papillomavirus vaccines: WHO position paper, October 2014

Introduction

In accordance with its mandate to provi
guidance to Member States on health po
icy matters, WHO issues a series of reg
larly updated position papers on vaccin
and vaccine combinations against diseas
that have an international public heal
impact. These papers are concerned pr

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

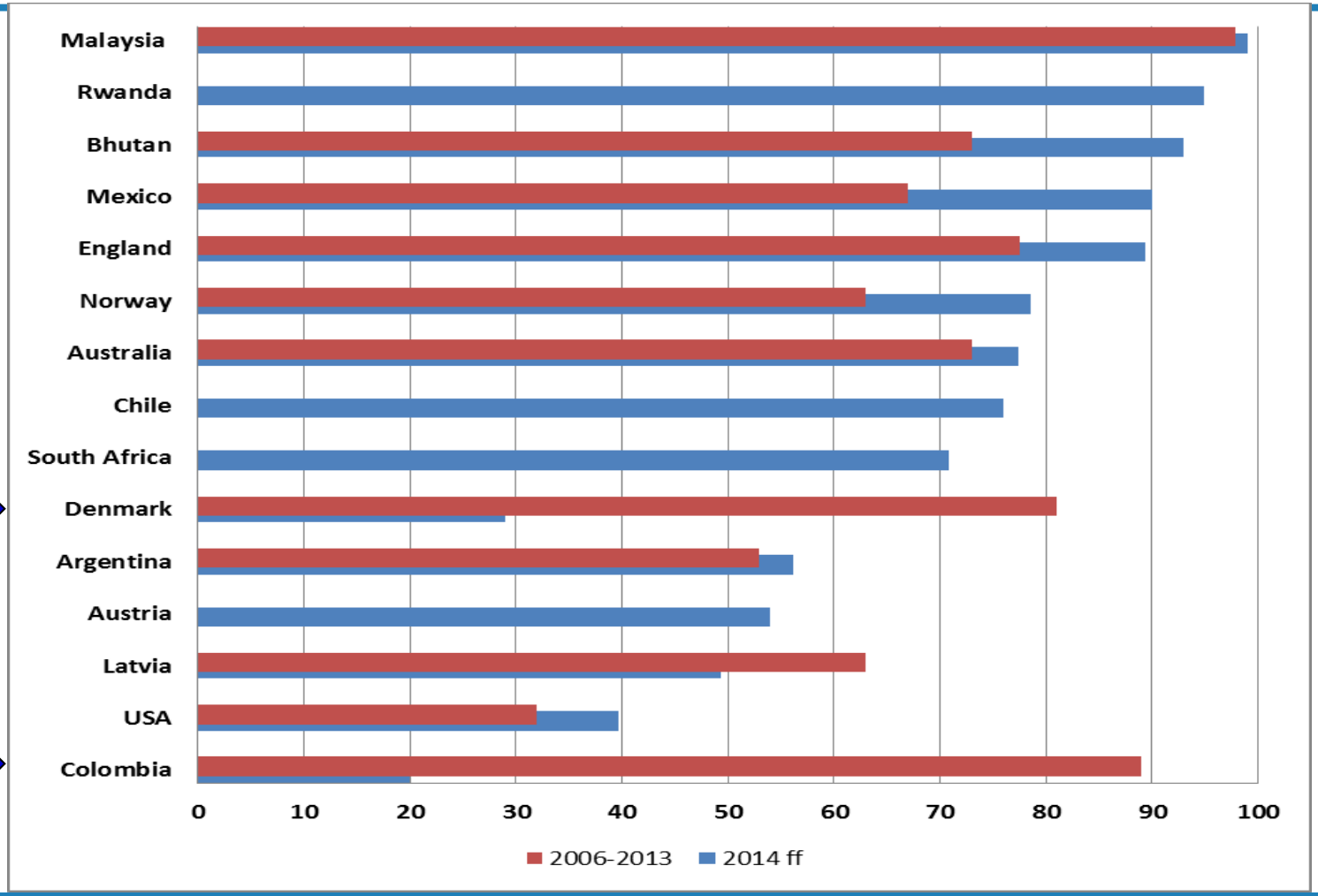
Choice of Delivery Strategy is key

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

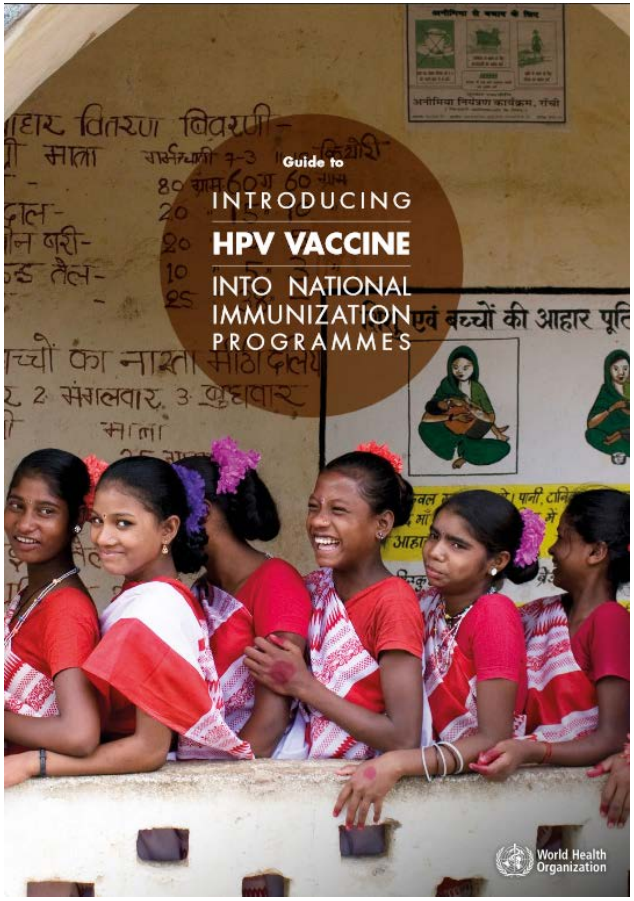


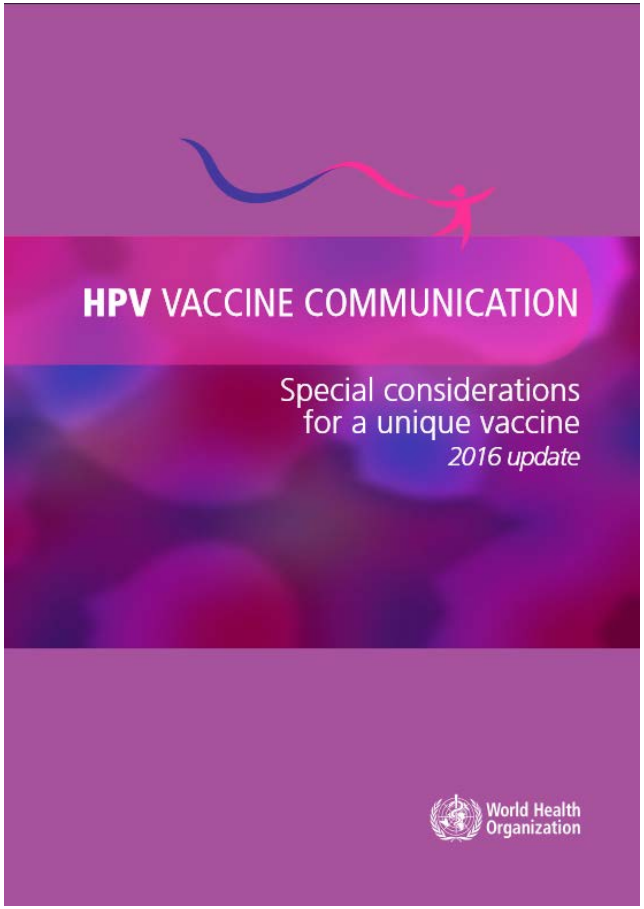
Source: Brotherton et al. 2016

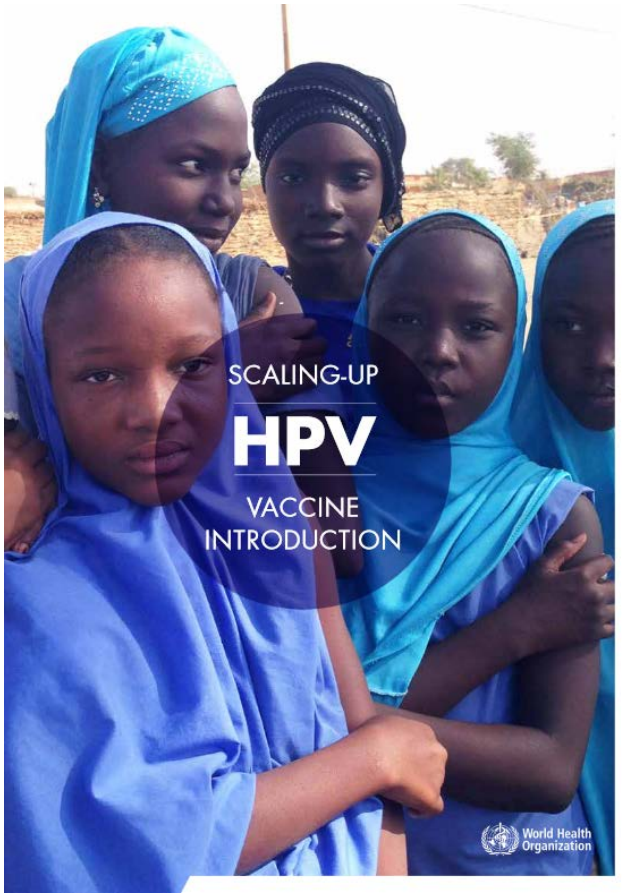
World Health Organization

TIMELY PLANNING & COORDINATION WITH THE RIGHT PARTNERS

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

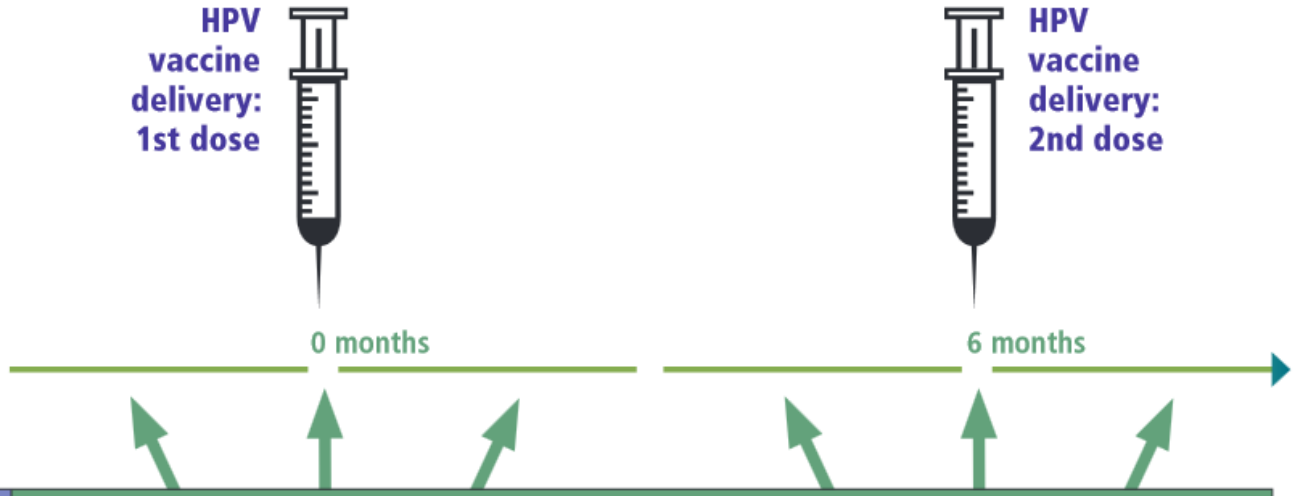






WHO HPV resources: http://www.who.int/immunization/diseases/hpv/resources/en/

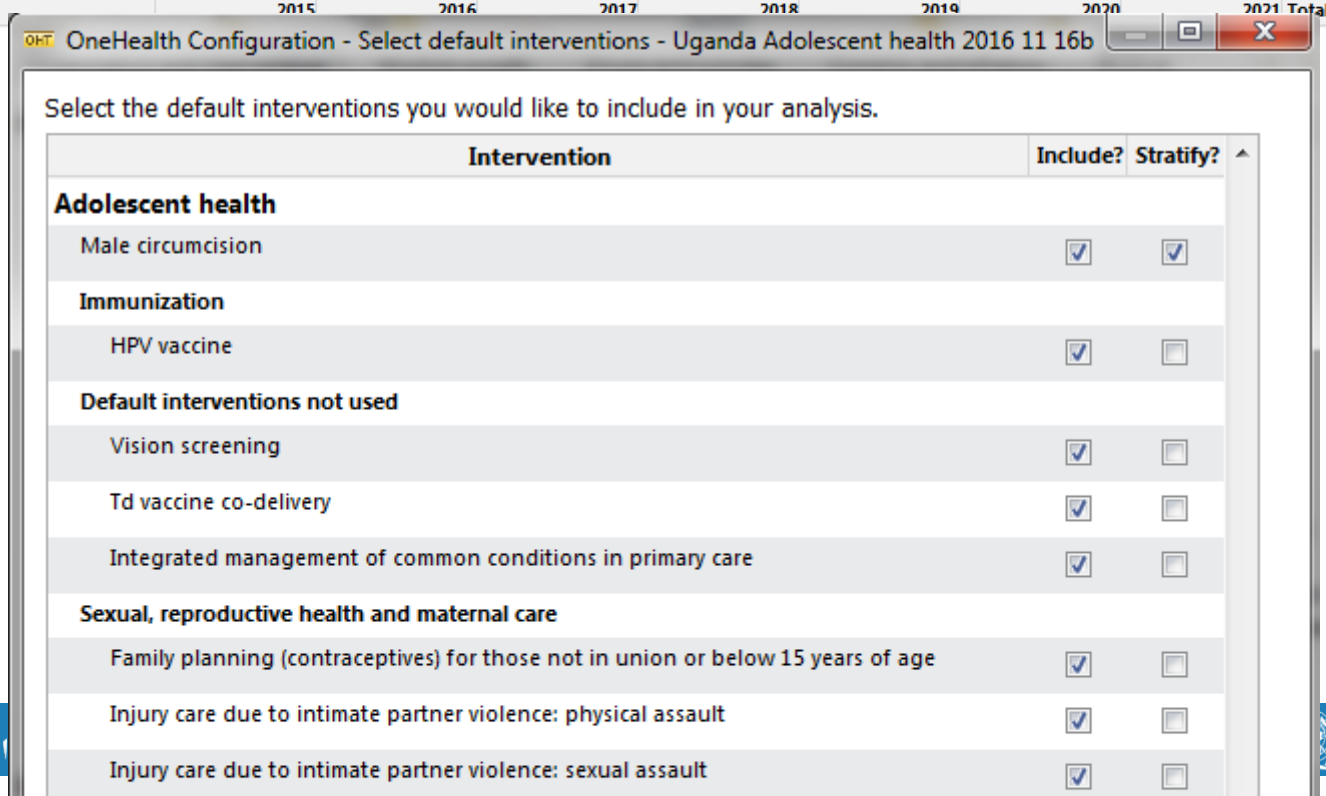
Linking health interventions for adolescents with HPV vaccination : different options.



TYPE	POSSIBLE HEALTH INTERVENTIONS
Screening	• Vision screening, if referral and glasses available and affordable
Commodities and treatment	• Anthelmintic treatment for schistosomiasis and soil-transmitted helminths (STH) • Insecticide-treated bednet for malaria prevention • Iron and folic acid supplementation
Information and life skills	• Promotion of physical activity • Prevention of mosquito-borne diseases • Menstrual hygiene education • Sexual and reproductive health education, HIV prevention and condom promotion
Other vaccines	• 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



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