

# Update on HPV vaccine introduction and programmatic perspectives

*SAGE*

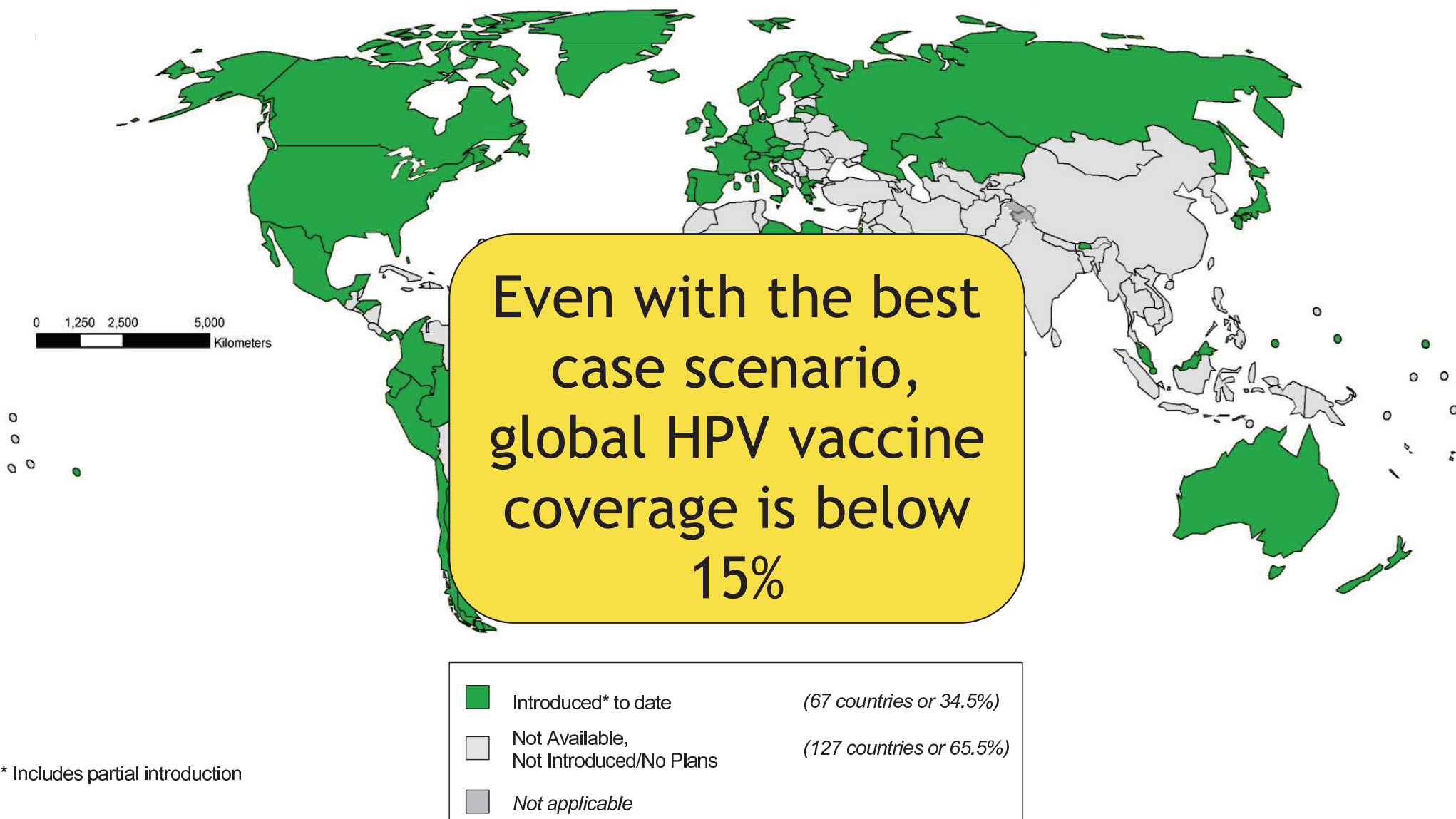
*20 October, 2016*

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EPI Team, IVB/WHO Geneva



World Health  
Organization

# Countries with HPV vaccine in their national immunization programmes, as of September 2016



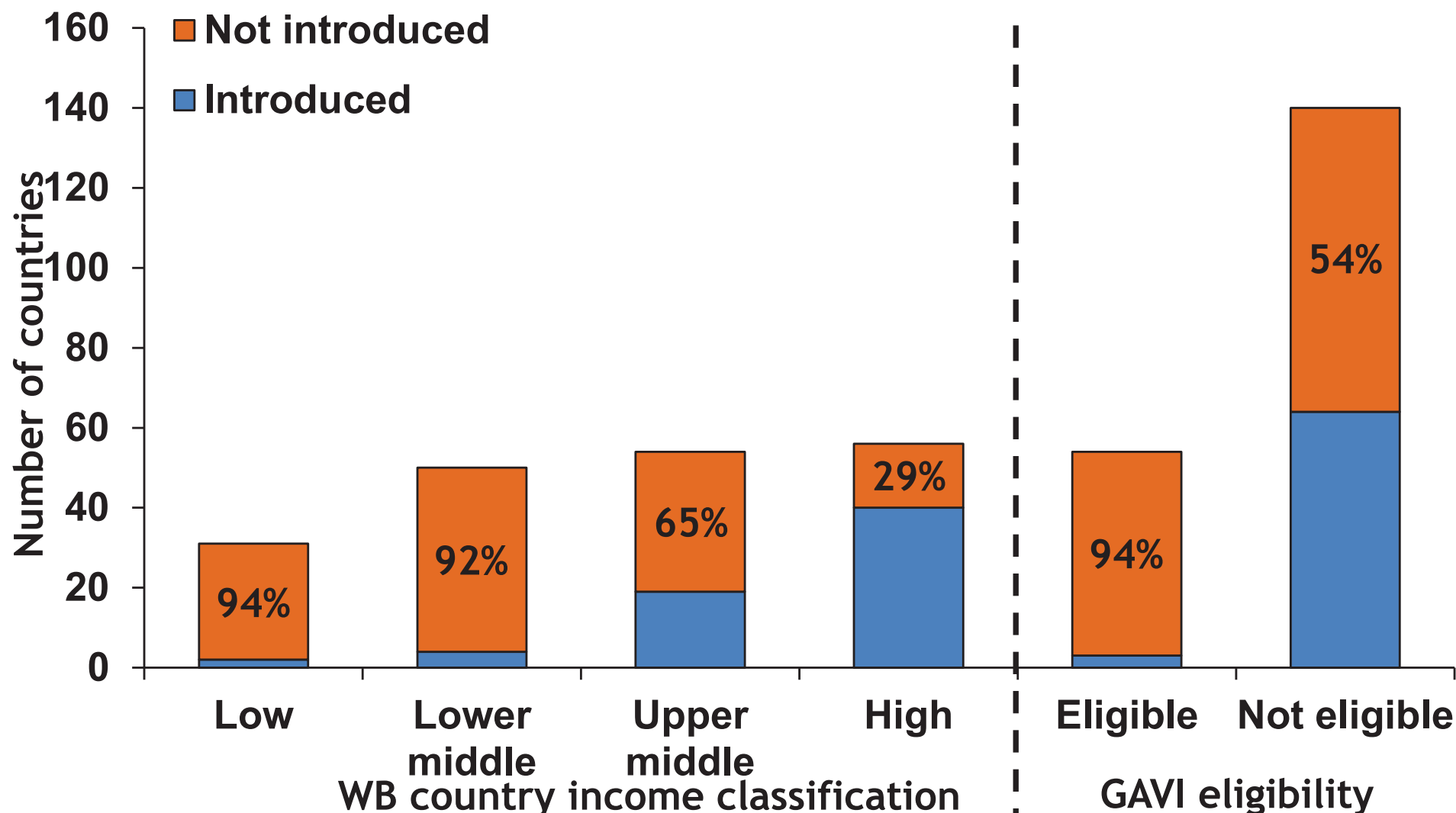
Data source: WHO/IVB Database, as of 05 September 2016  
Map production Immunization Vaccines and Biologicals (IVB),  
World Health Organization

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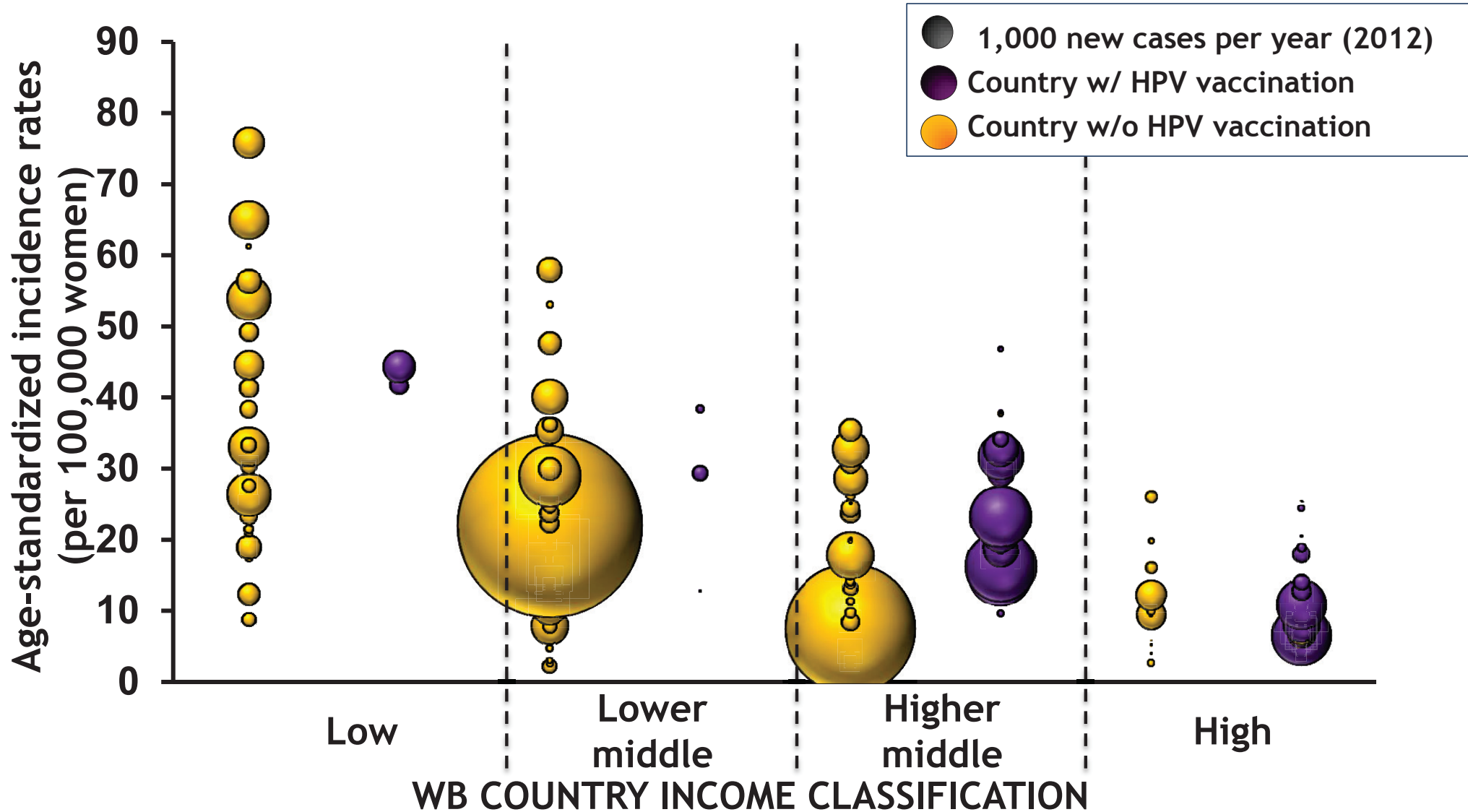
World Health  
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# National HPV vaccine introduction by WB income classification or GAVI eligibility, as of June 2016



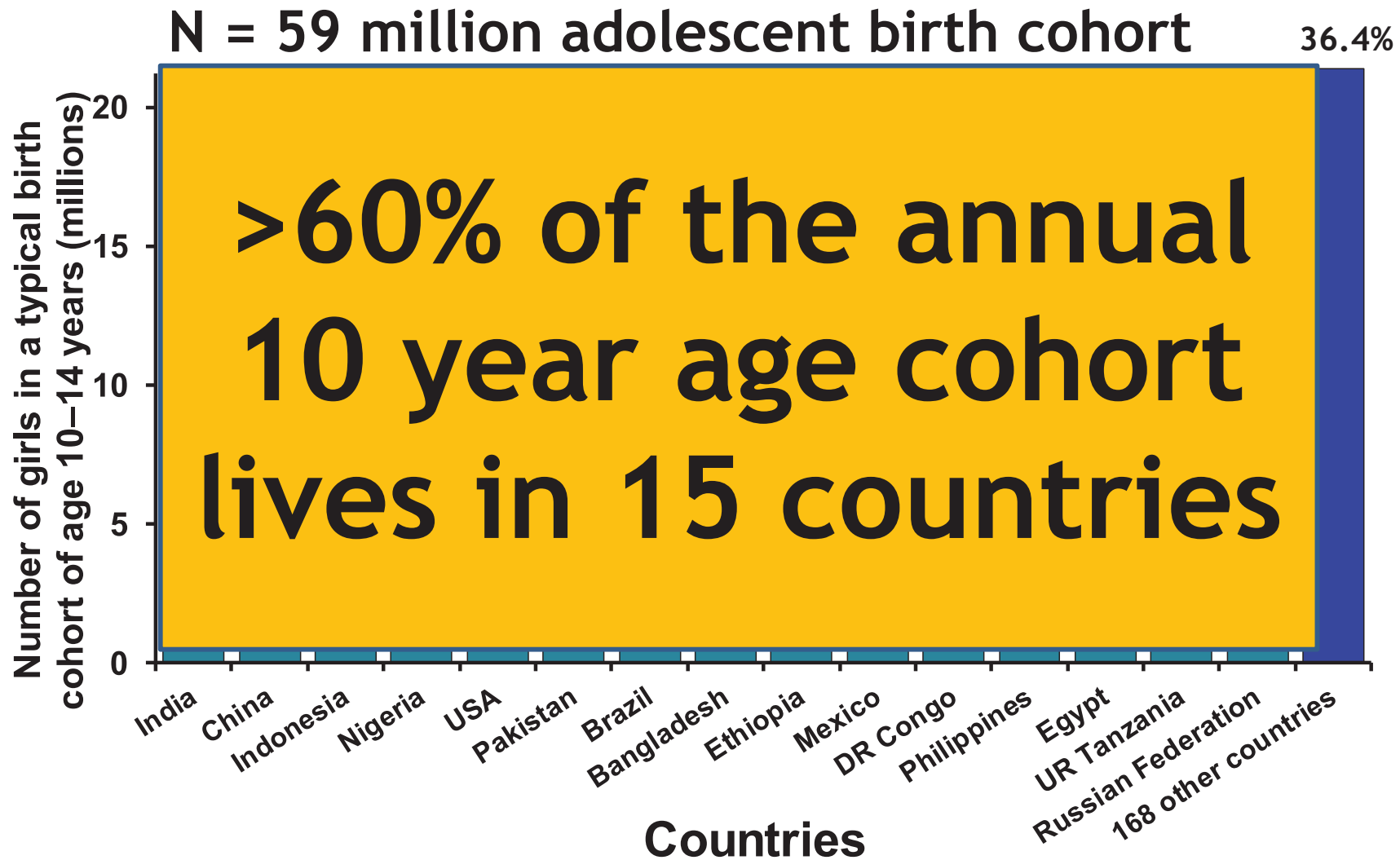
Sources: WHO/IVB Database, as of 27 June 2016, based on country reports; World Bank, List of economies, July 2016; GAVI, Countries eligible to apply for new vaccines support in 2016.

# Cervical cancer incidence by income group and national HPV vaccine introduction

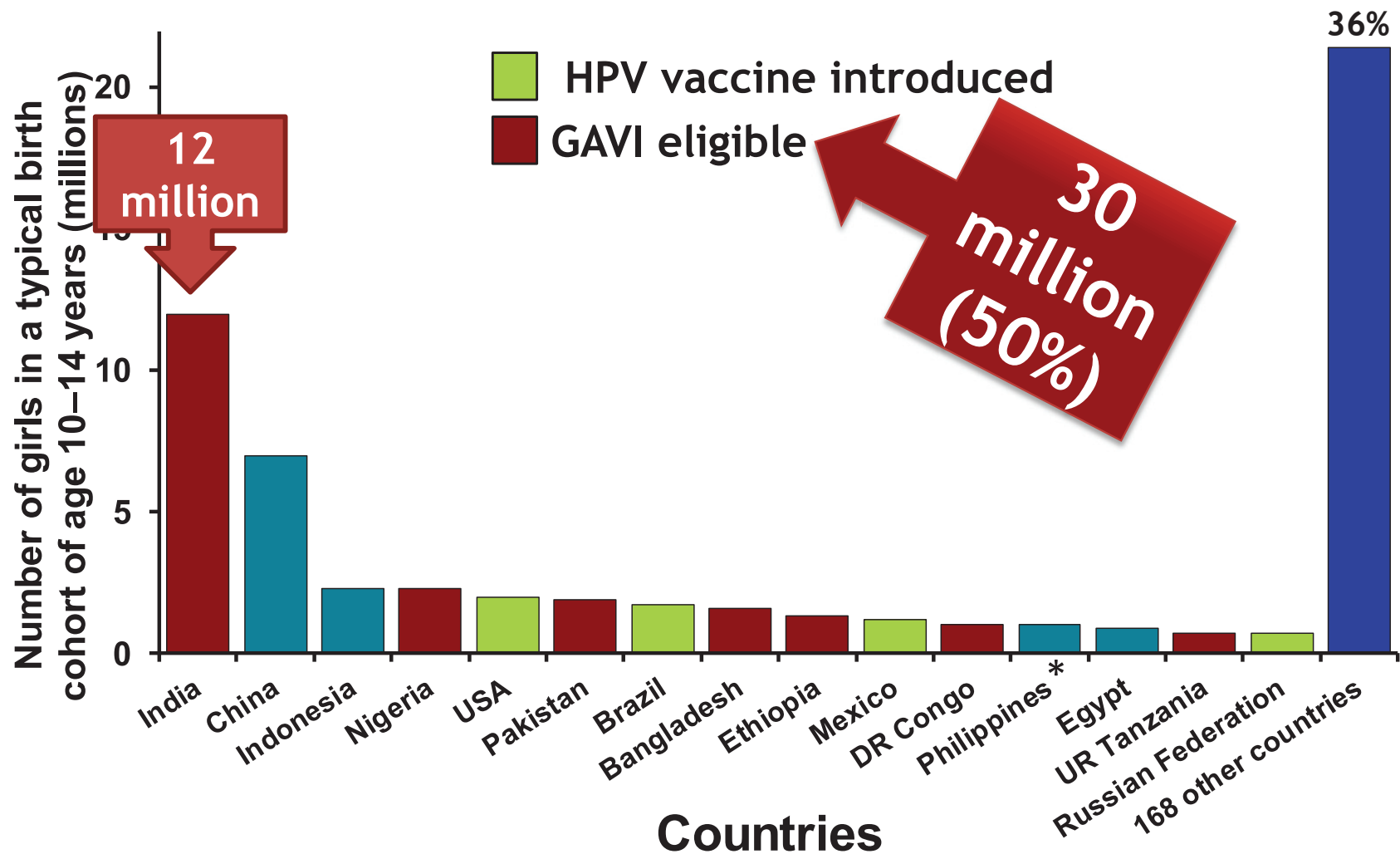


Sources: IARC, GLOBOCAN 2012 (estimated annual number of cervical cancer cases); World Bank, List of economies, July 2016; WHO/IVB Database, national as of HPV vaccine introductions as of 27 June 2016, based on country reports.

# Adolescent birth cohort distribution by country

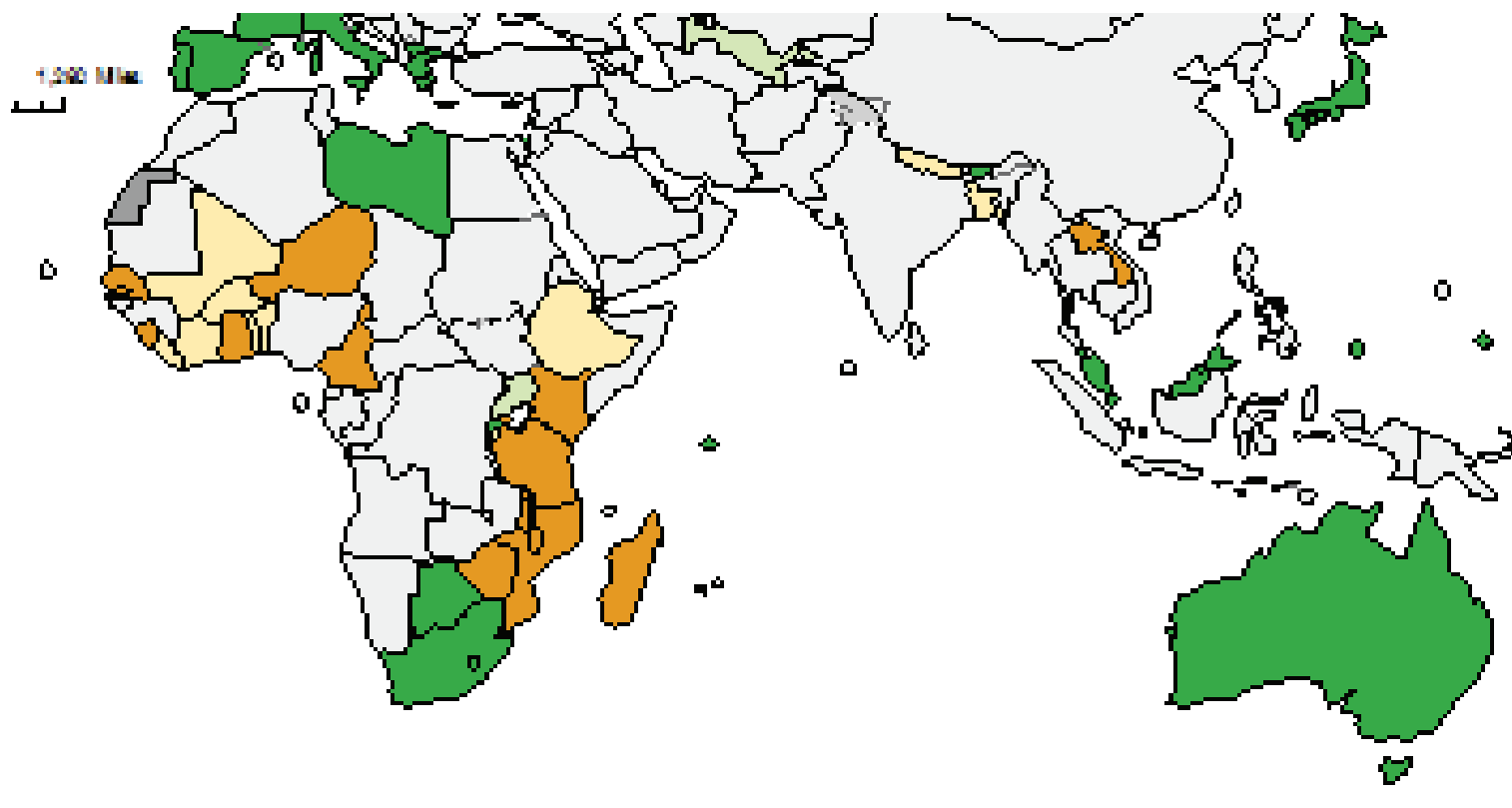


# Geographic distribution of the targeted age groups



\* Partial introduction in the Philippines in 2014

# Countries introducing with Gavi demo projects and national



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

Data source: WHO/IVB Database, as of **06 November 2015**

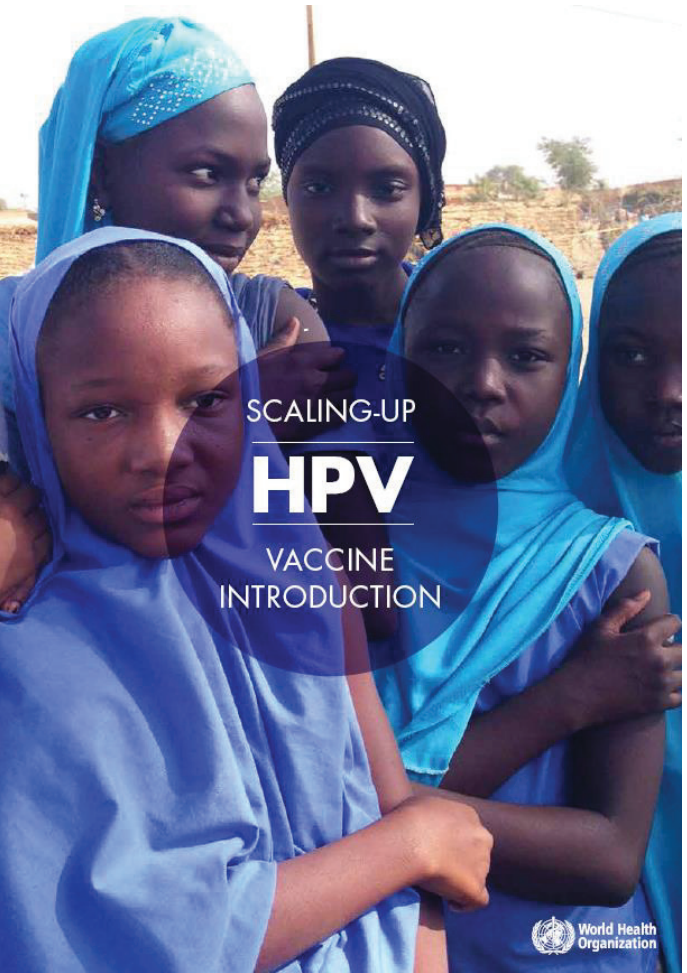
Map production Immunization Vaccines and Biologicals (IVB), World Health Organization

<span style="color: green;">■</span>	Introduced* to date	(64 countries or 33%)
<span style="color: lightgreen;">■</span>	Gavi supported nationwide introduction	(3 countries or 2%)
<span style="color: yellow;">■</span>	Gavi Demo projects ( to start in 2016/17)	(17 countries or 9%)
<span style="color: orange;">■</span>	Gavi Demo projects (started to date)	(7 countries or 4%)
<span style="color: lightgrey;">■</span>	Not Available, not Introduced / no plans	(103 countries or 53%)
<span style="color: darkgrey;">■</span>	Not applicable	

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# Scaling-up HPV Vaccine Introduction



## SCALING-UP HPV VACCINE INTRODUCTION



### HPV Vaccine Lessons Learnt Project Overview

#### Summary

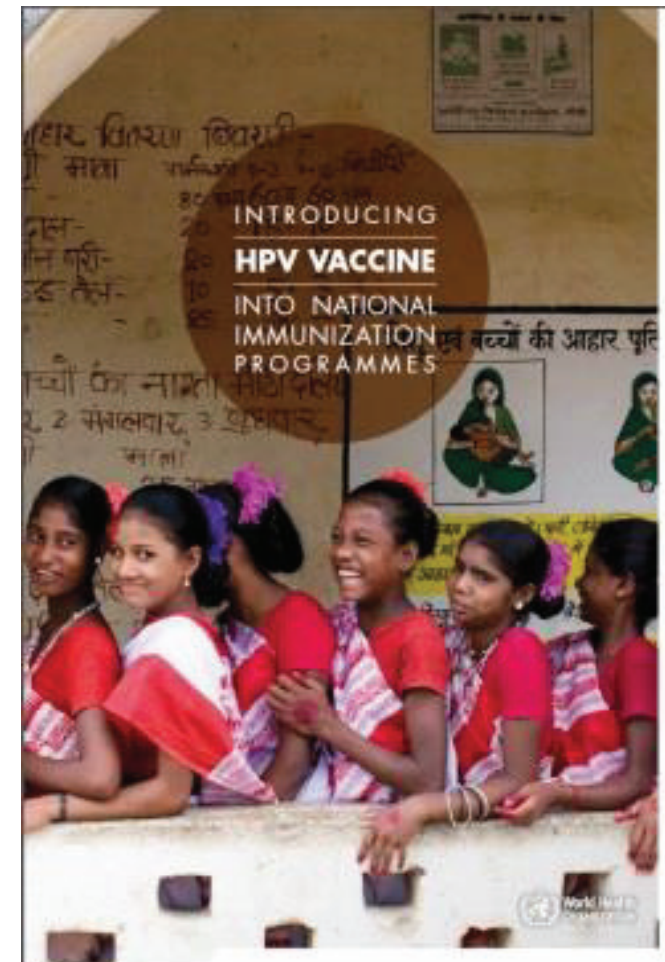
Cervical cancer is a leading cause of morbidity and mortality among women in low- and middle-income countries, with nearly a half million new cases and 275,000 deaths annually. While screening programmes have helped reduce mortality rates in high-income countries, they are often unrealistic in low-income countries. In recent years, HPV vaccines, however, have emerged as an effective solution to prevent cervical cancer in low-resource settings, and the World Health Organization recommends HPV vaccination for girls aged 9 to 13 years.

Since 2007, low- and middle-income countries have gained experience in HPV vaccine delivery through HPV vaccination demonstration projects and national programmes. Dozens of countries have now gained valuable lessons about effective methods for garnering parental acceptance and reaching young adolescent girls with the vaccine, at relatively low delivery costs.

This brief summarises the first comprehensive review of HPV vaccine delivery experiences across 46 low- and middle-income countries. The review was undertaken by researchers at the London School of Hygiene & Tropical Medicine and PATH from 2014 to 2016.

Highlights include key findings and lessons from HPV vaccination experience across five themes: preparation, communications, delivery, achievements, and sustainability. Accompanying two-page summaries on each theme include recommendations for HPV vaccine introduction and scale-up. Additional summaries address the value of demonstration projects and potential HPV vaccination pitfalls.

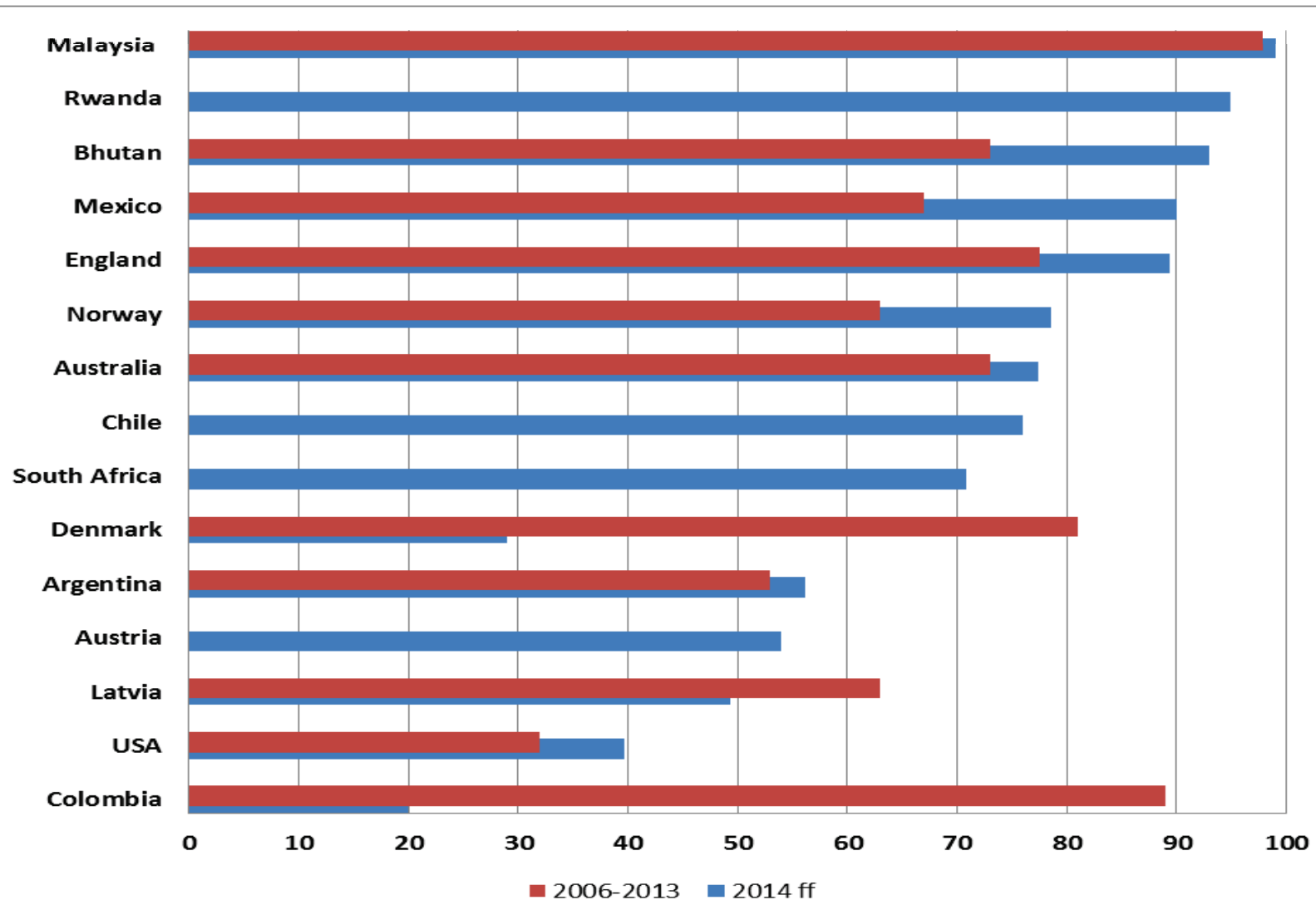
For global and country decision-makers, the increasing burden of cervical cancer means that now is a critical time to expand evidence-based delivery of HPV vaccines, which could protect girls around the world from cervical cancer later in life. The lessons learnt from previous country experiences can inform decision-makers on how best to implement HPV vaccine demonstration projects or national scale-up.



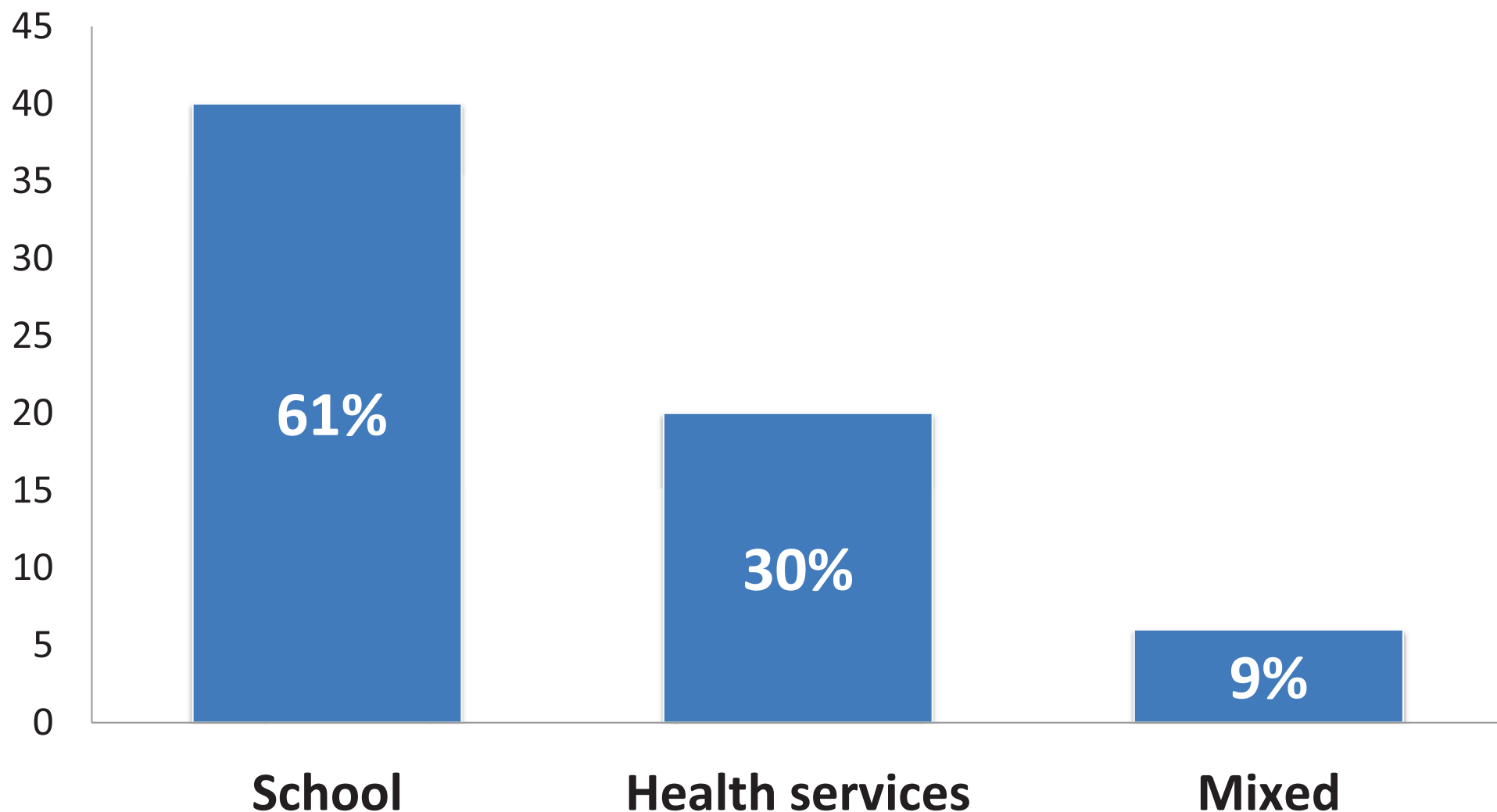


# Reported HPV coverage rates

## *Selected years in two time periods*



# Setting of HPV vaccination, June 2016

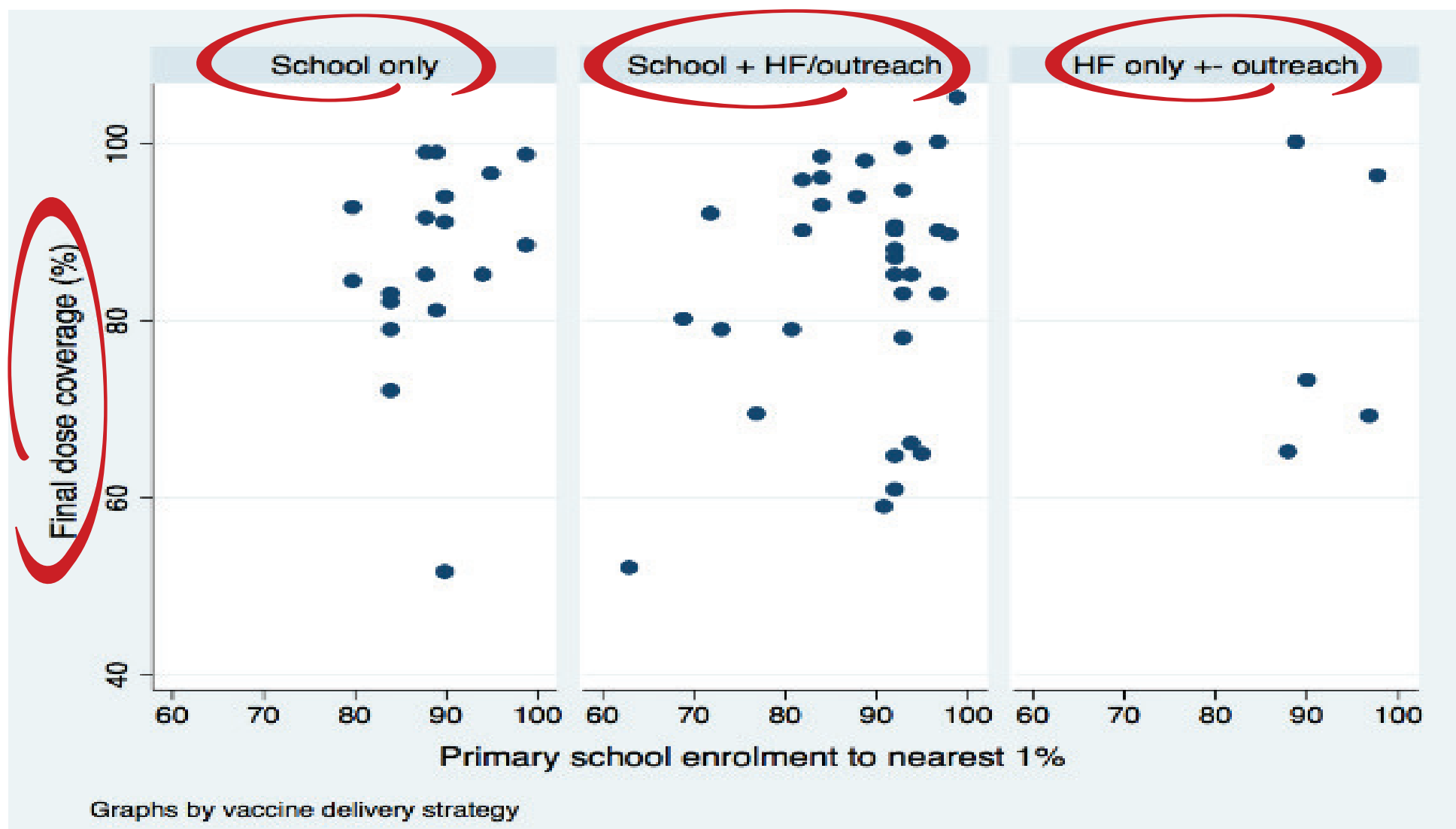




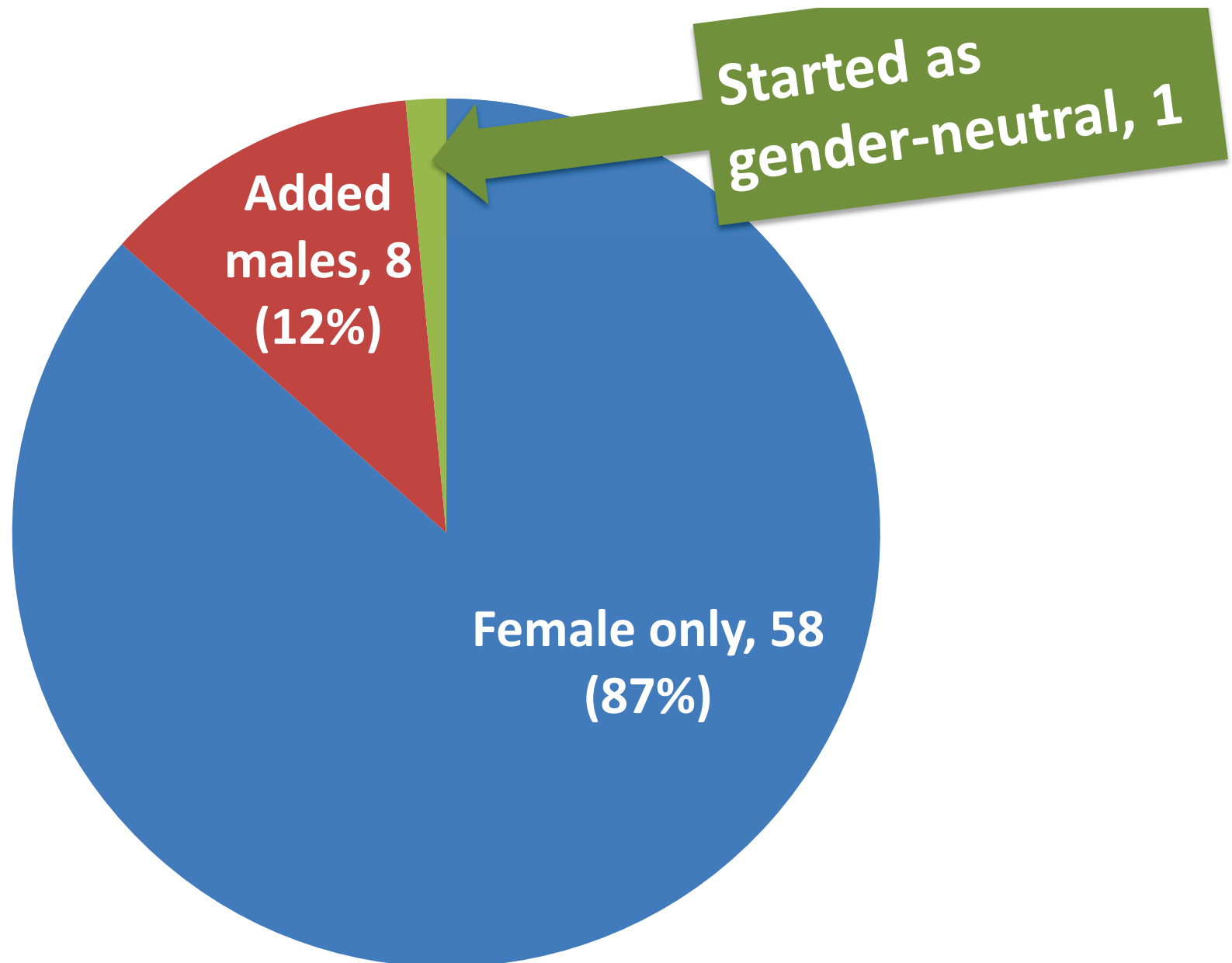
ACHIEVEMENTS



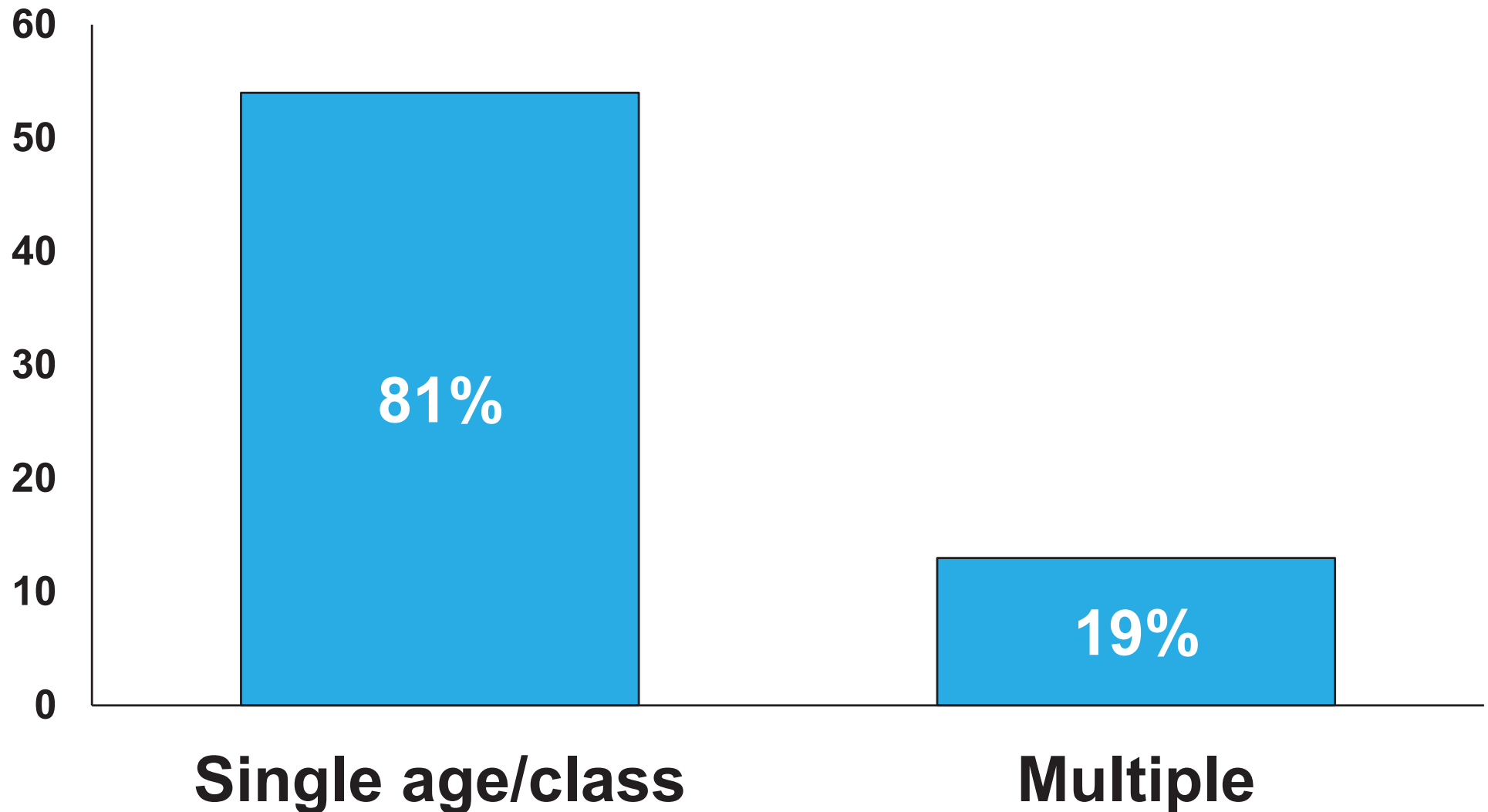
# Vaccine coverage by delivery strategy



# Countries with male HPV vaccination, June 2016

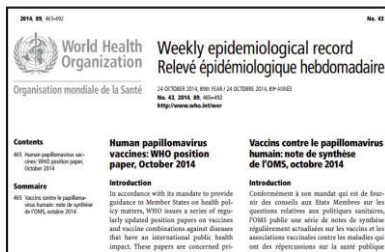
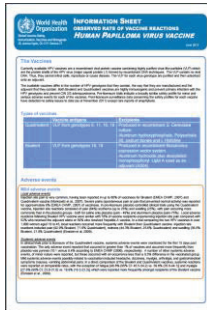


# Countries that vaccinate multiple age cohorts, June 2016

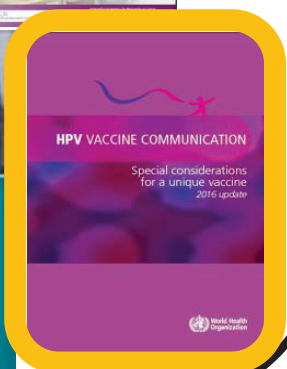
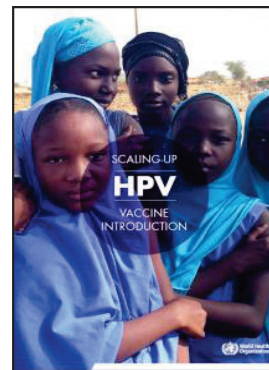
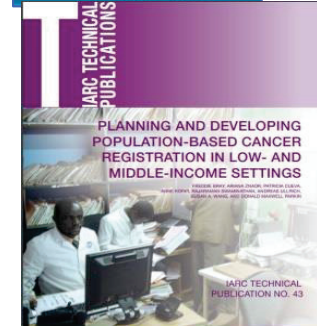
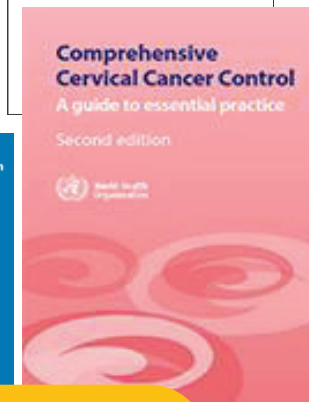
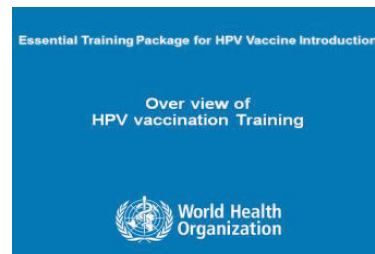
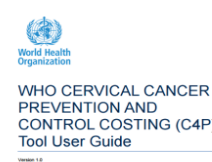
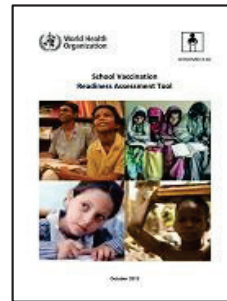




# WHO support to countries: Science, knowledge and tools



## Policy & decision making



## Planning & implementation



**The United Nations Global Cervical Cancer Programme**  
*End cervical cancer: prevent, treat, care*



# Summary

- 10 years after introduction, global HPV vaccine uptake remains slow
- The countries that are most at risk for cervical cancer are the least likely to have introduced the vaccine
- Several challenges to reaching adolescent girls and sustaining high coverage remain, including vaccine price and communication crises
- WHO and its partners continue to leverage their suite of tools and technical expertise to support countries to increase uptake and coverage

# Acknowledgements

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**Thank you!**

