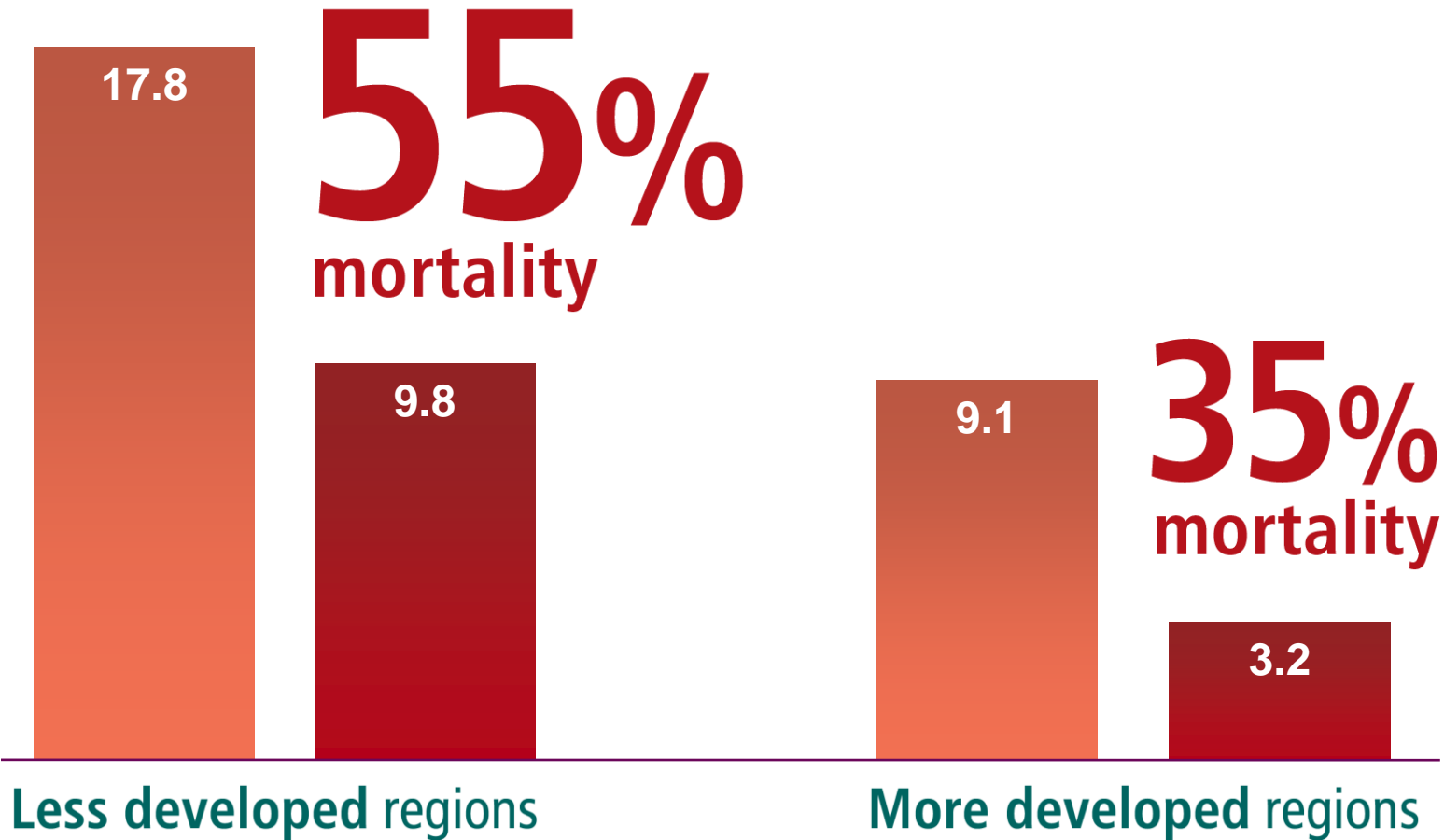


HPV Demonstration Programme Update and initial lessons learnt on programme design

*HPV Subteam
Geneva, Switzerland
June 17, 2014*



Most recent data on cervical cancer shows higher mortality in less developed regions



Cervical cancer: ■ incidence ■ mortality (per 100,000)

Source: Sanjose et al. HPV and related cancers in GAVI countries, *Vaccine* 2012 12;30 (Suppl 4)

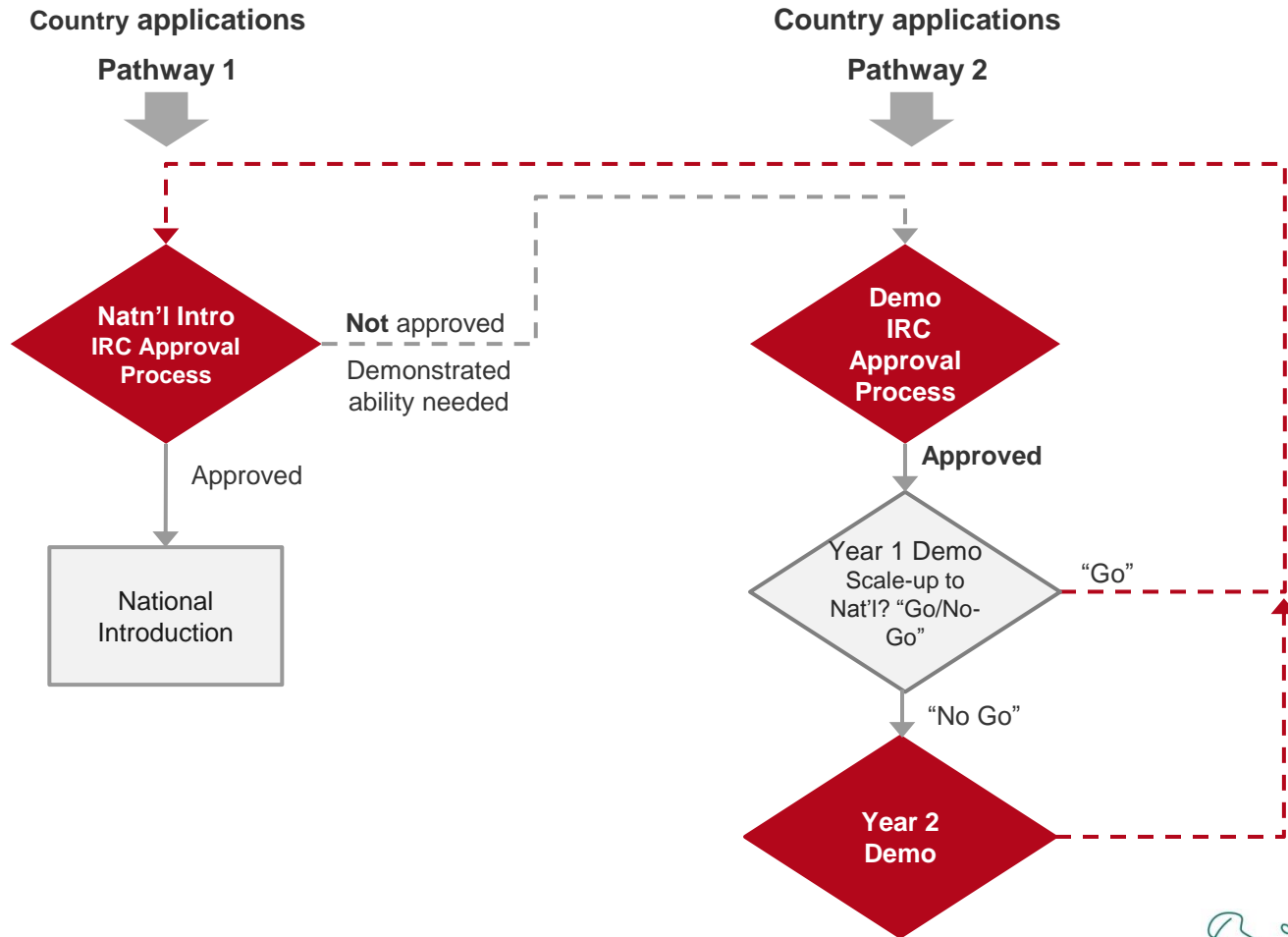


Specific Cervical Cancer problems in less developed regions

- Little disease understanding: women present with symptoms and cancer already spread
- More than 80% of women have no access to screening
- Treatment – including palliative care - not widely available

Source: Knaul, Felicia Marie, et al. The global cancer divide: an equity imperative. *Closing the Cancer Divide 2* (2012): 29.

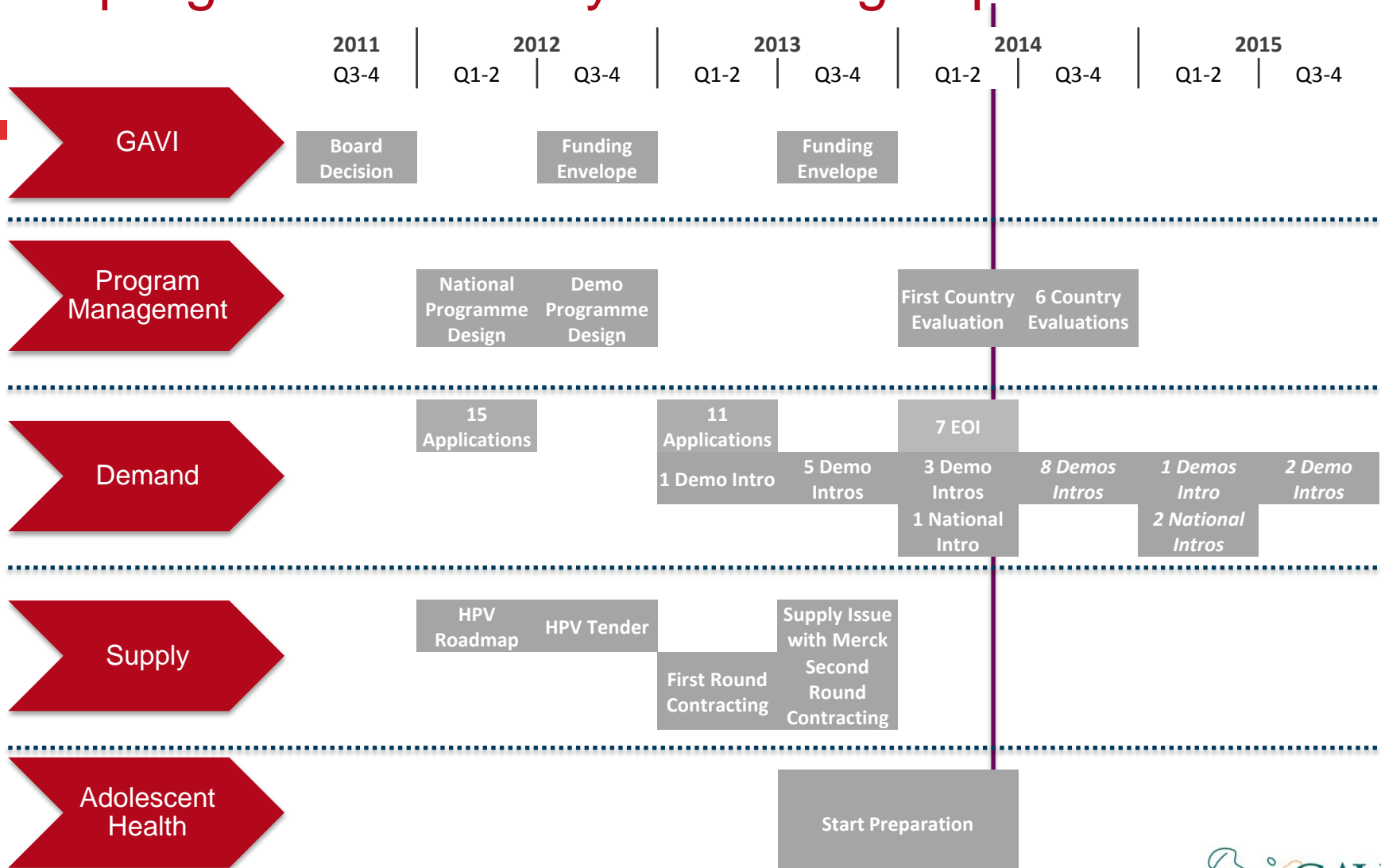
To address specific challenges, HPV programs were designed with two pathways



Board decision defined three goals for Demonstration Programme

- **Learn by doing:**
 - Assess potential HPV vaccine delivery strategies for coverage, feasibility, acceptability, and cost in order to generate evidence for decision-making on national introduction with GAVI's support.
 - Adapt and/or develop tools to be used for future potential national introduction (e.g. record keeping, monitoring, IEC, social mobilization, training materials, etc.)
- **Integrated delivery of adolescent health interventions:**
 - Explore the feasibility of integrating selected adolescent health interventions with the delivery of HPV vaccine.
- **Comprehensive approach to cervical cancer prevention:**
 - Encourage integration of primary prevention through HPV vaccination into a national cervical cancer prevention and control strategy.

HPV Program only started in 2012 and progressed steadily according to plan



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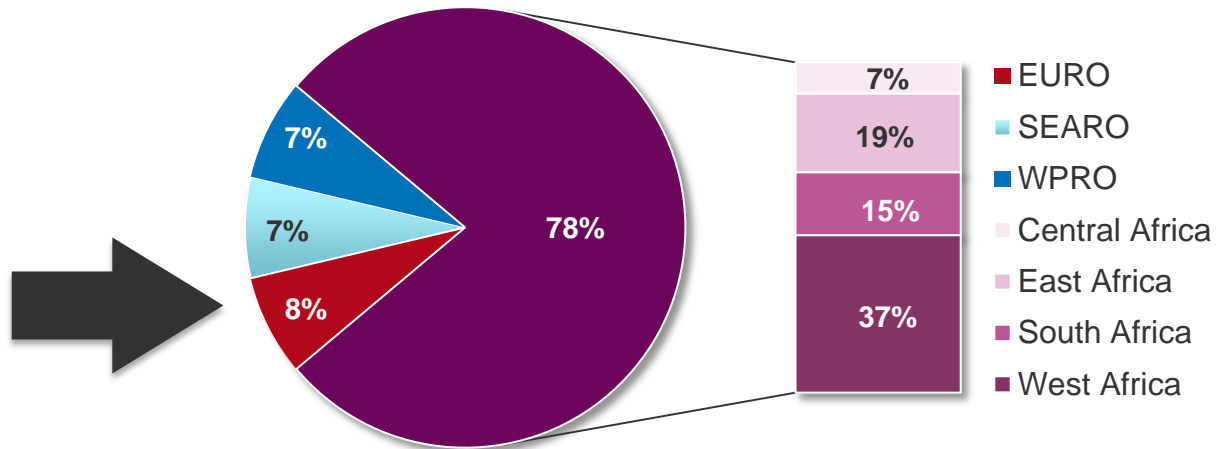
Program developed and implemented with a larger than usual partnership



Strong demand from countries so far

- Almost 50% of GAVI Eligible Countries applied
- IRC Approval rate: 88%

Status	Number
Eligible	54
Not Applied	28
EOI	7
Applied	26
Approved	23
Launched	10



* Analysis includes all countries approved and countries who applied for demo and national programmes

Several successes in this first year of operations

- Demo projects started in time in Ghana, Kenya, Lao PDR, Madagascar, Malawi, Mozambique, Niger, Sierra Leone, and Tanzania
- Based on preliminary administrative data countries able to reach / surpass 50% coverage target
- More focused pre-emptive Technical Assistance provided better support to countries preparation
 - May 2014 Dakar preparatory workshop



Mariam, first girl to receive GAVI-supported HPV vaccine, May 2013 in Kenya

Strong partnership alignment key for success

- **Clear distribution of Technical Assistance provides support to country implementation**
- **Closer to real-time data: WHO/AFRO coordination process focused on strong information flow with countries**
- **Adolescent Health assessment toolkit developed by UNICEF, UNFPA and WHO**



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In country alignment and prioritisation required extra efforts

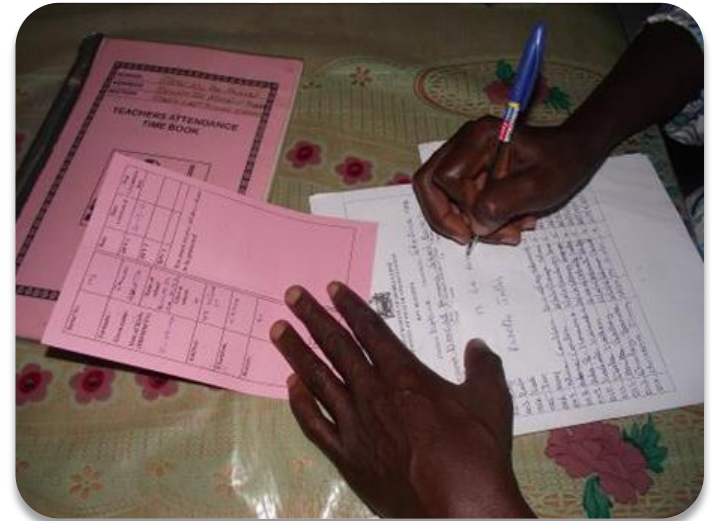
- **Understanding of program needs not straightforward**
- **Need for extensive coordination across and within ministries, NGOs, academic institutions and partners**
- **Non-immunization stakeholders have prominent roles reflecting diverse interest from cancer, adolescent and women's health**
- **Competing priorities within schools (child health week, HIV/malaria activities, exams, etc.)**



HPV community outreach vaccinations in Sierra Leone

Program planning presents specific challenges

- **Accurate sizing of target population is complex**
 - Identify and reach hard-to-reach girls difficult
- **Cost of mix of delivery strategies difficult to estimate precisely and often more expensive than originally planned**
- **Correct district selection to ensure better assessment of target, population size, and budget requirements proven sometimes problematic**
 - 3 of 10 countries modified their approved district selection



Updating registries and cards in Sierra Leone for 2nd dose of HPV vaccine

Specific program features and challenges require specific answers

- **Careful analysis required to assess outreach activities as critical tool to achieve equity and sustainable delivery strategies.**
- **Some refusals from private schools, religious leaders and parents**
- **Consent and adolescent target age group triggered specific challenges**
- **Clear communication and guidance on Adolescent Health assessment key for success**
 - 1 country completed and 3 are in the process of the adolescent health desk review using new prioritization tool

Important learning collected also on program design and next steps

- **Several strategies required to locate and vaccinate eligible girls**
 - Schools, health facilities, community centres, outreach, mapping, defaulter tracing, mixed, etc.
- **More flexibility and time required for countries to plan and learn from experiences and data**
 - 4 months to review evaluation data, decide on adolescent health integration and plan for year 2
- **Need for a second year of demonstration to complete the learning agenda emerging in some countries**

Program design provided the required effective problem solving environment for learning



- Demonstrations proven necessary to provide platform for learning and sustainability to country and partners
- Program set-up greatly facilitated countries engagement and created environment for south-to-south learning
- Program design provided effective platform for Adolescent Health integration at country level

Conclusions & Next Steps

- Demonstration setup proven to be right
- High acceptance in most populations: very encouraging administrative coverage reported in most countries
- Adolescent health integration planning progressing successfully
- Accurate costing and innovative strategies to vaccinate hard-to-reach essential for sustainable and equitable delivery
- Learning on timing and requirements for transition to national still required - full evaluations available in 2015
- Successful partnership key for good results

Thank you for your attention!



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