



COALITION to STRENGTHEN
the HPV IMMUNIZATION
COMMUNITY



HPV Prevention
and Control Board



THE INCLEN TRUST INTERNATIONAL

HPV Vaccination Introduction – Global Overview on HPV vaccination introduction

Presented by:

Dr Emmanuel Njambe T. Opute

Technical Officer, Immunization (New Vaccine Introductions), WHOSEARO

South Asia Regional Meeting

HPV Prevention and Control Landscape and the way forward.

13th , 14th and 15th - Dec 2022 – New Delhi, India.

Presentation plan

- **Cervical cancer global elimination strategy - Objectives**
- **Global status of HPV vaccine introduction**
- **HPV vaccine coverage estimates by income levels**
- **Challenges to HPV vaccine coverage**
- **HPV vaccine introduction and coverage in the South-East Asia Region**
- **Key findings of HPV post introduction evaluations in the SEA region**
- **Conclusions and next steps**

2020 Global Strategy towards the Elimination of Cervical Cancer

VISION: A world without cervical cancer

THRESHOLD: All countries to reach < 4 cases 100,000 women years

2030 CONTROL TARGETS

90%

of girls fully vaccinated with HPV vaccine by 15 years of age

70%

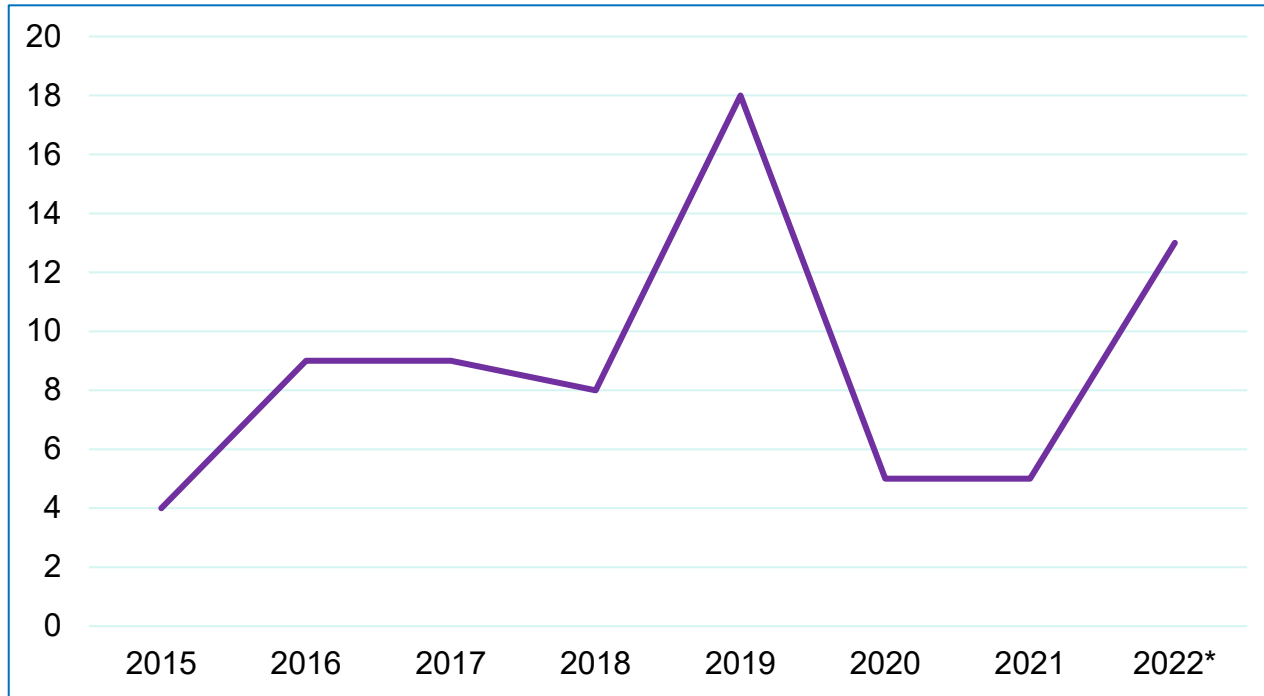
of women screened with high precision tests at 35 and 45 years of age

90%

of women identified with cervical disease receive treatment and care

SDG 2030: Target 3.4 – 30% reduction in mortality from cervical cancer

Pace of new HPV vaccine introductions



- High demand and approvals 2015-17
- Global vaccine shortage
- COVID-19 pandemic:
 - *De-prioritization of HPV vaccine*
 - *School closures*
 - *COVID-19 Vaccination*

Countries with HPV vaccine in the national immunization programme

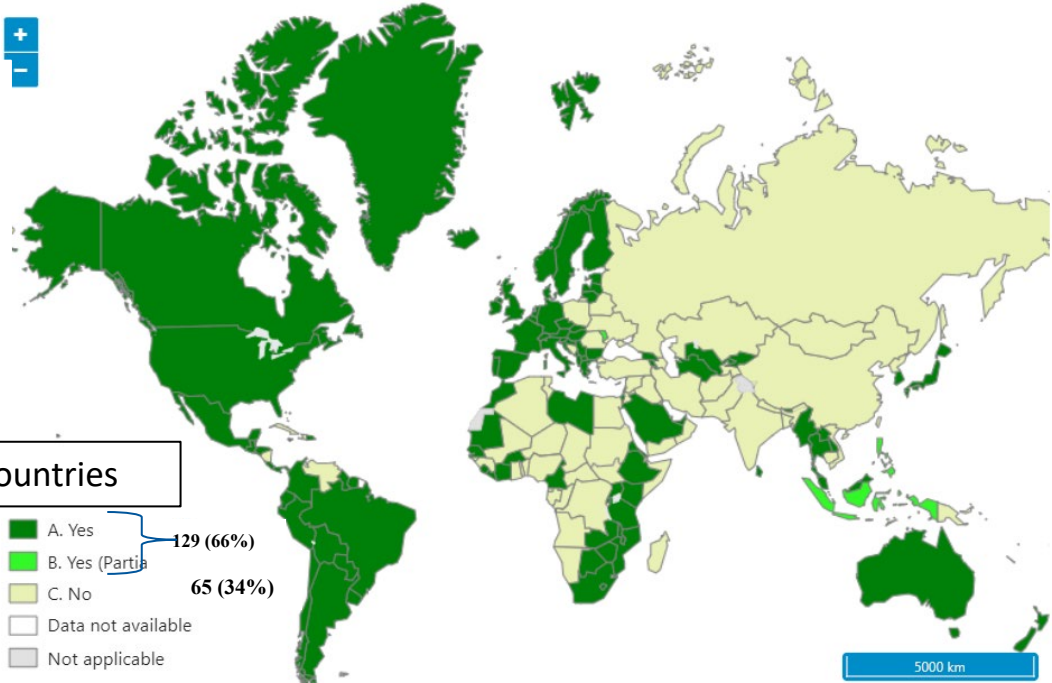
Date of slide: 2022-08-12

Map production:

Immunization Vaccines Biologicals (IVB), World Health Organization

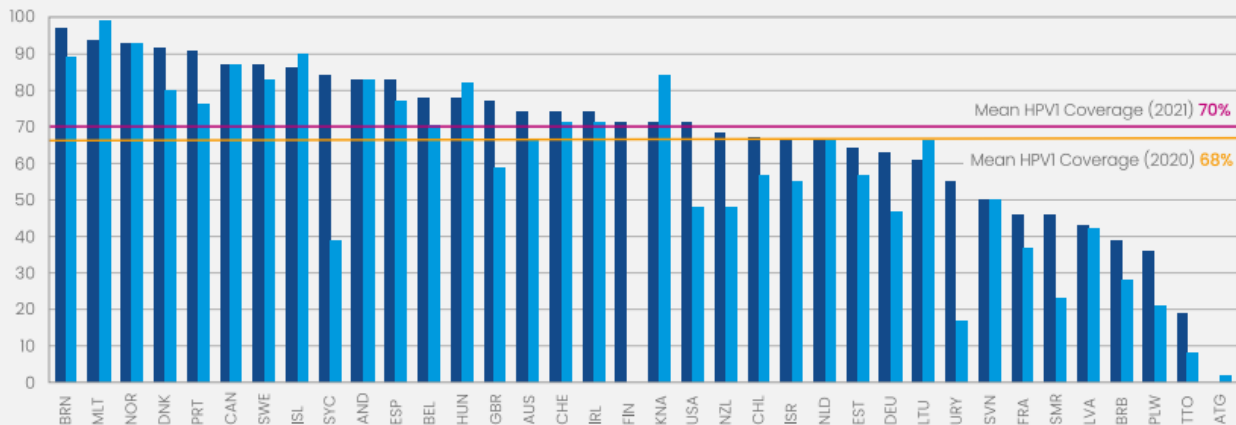
Data Source: IVB database as at 08 Dec 2022

2030 Target: 194 countries

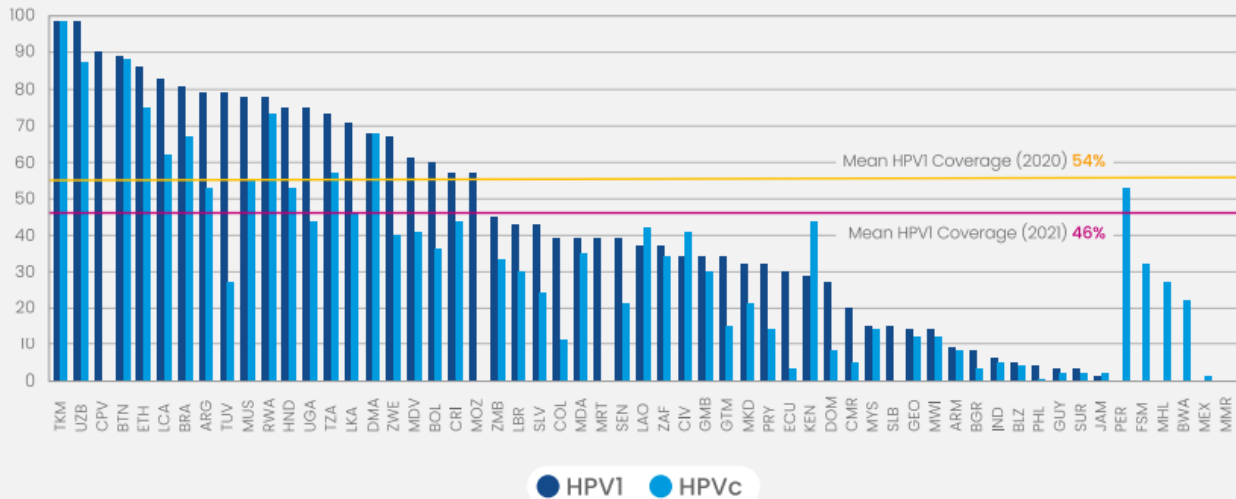


**1 in 3 Girls
10 yr old
live in
countries
that have
introduced
the HPV
vaccine**

HIC Programme Coverage



L&MIC Programme Coverage



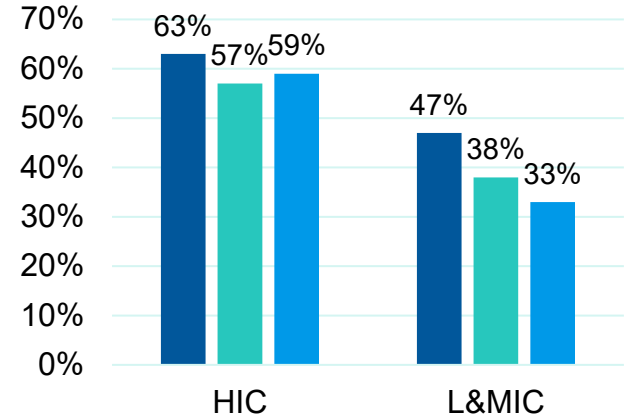
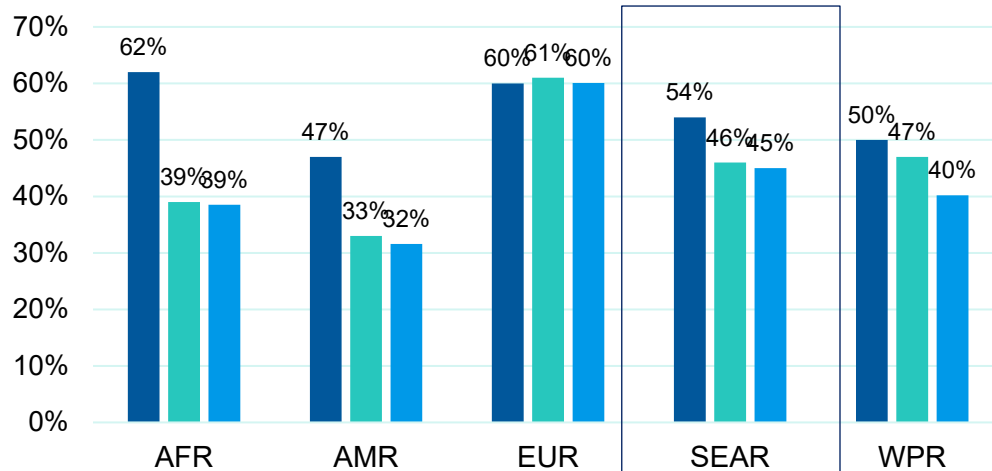
● HPV1 ● HPVc

2021 WHO/UNICEF HPV Vaccine coverage estimates by income level

In 2020 and 2021 due to COVID, with exception of EUR region, coverage has decreased sharply, and some programmes were interrupted

HPV programme coverage challenged with backsliding: 2019-2021

	2019	2020	2021
Global	54%	45%	44%
GAVI eligibility	2019	2020	2021
Non-GAVI	53%	44%	44%
GAVI	64%	47%	42%



Mean HPVc programme coverage continued to backslide in LMIC

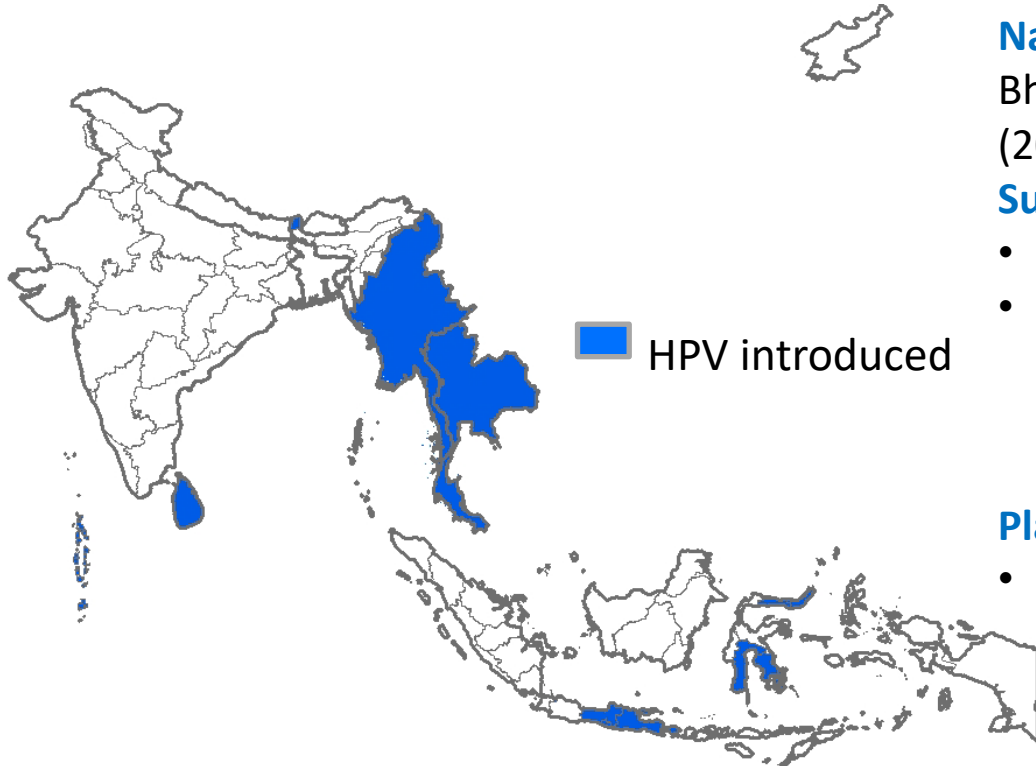
2019 2020 2021



COALITION to STRENGTHEN
the HPV IMMUNIZATION
COMMUNITY



5/11 countries in SEA Region have introduced HPV nationwide, 2 have introduced in sub-national areas



Nationwide introduction (5):

Bhutan (2009), Maldives (2019), Myanmar (2020), Sri Lanka (2017), Thailand (2017)

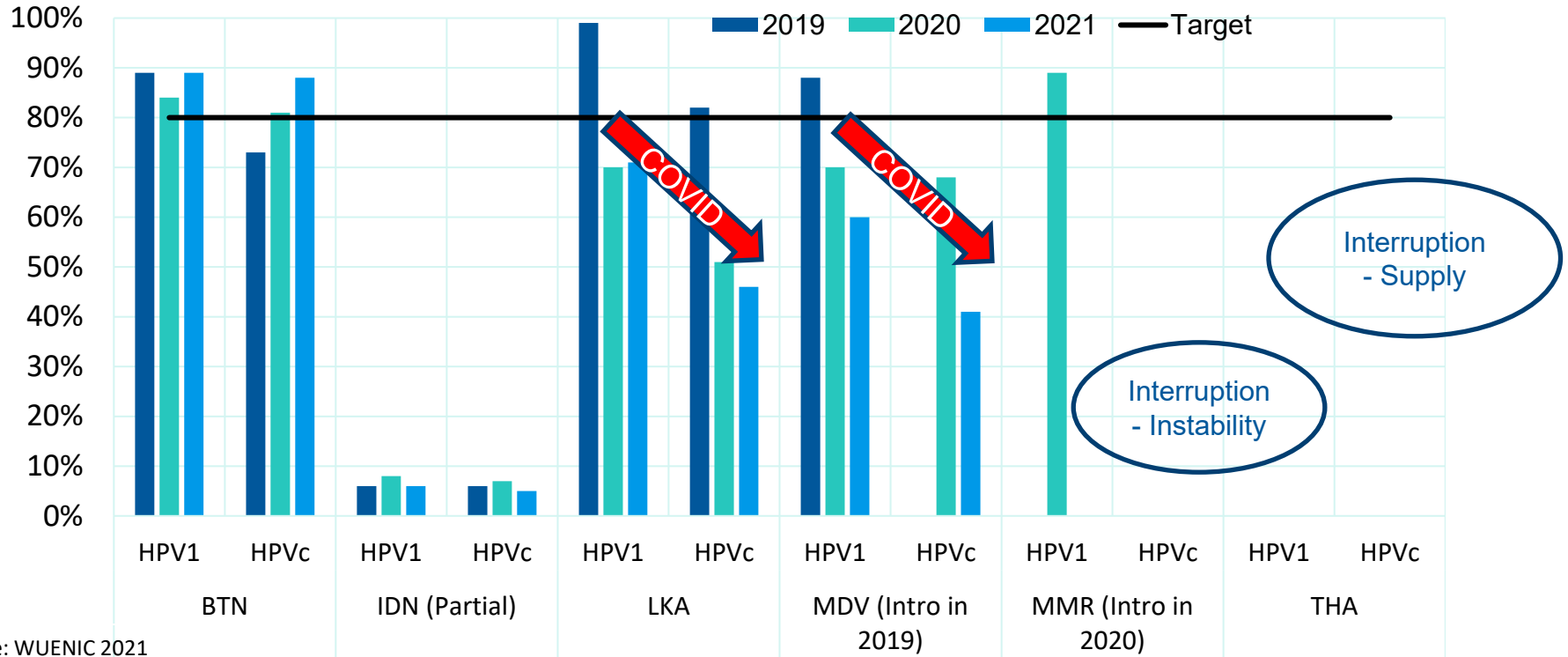
Subnational introduction (2):

- India: 1 states (Sikkim)
- Indonesia: 9 provinces (Jakarta, Yogyakarta, Gorontalo, Central Jawa, East Jawa, North Sulawesi, South-East Sulawesi, Bali, and South Sulawesi)

Planned (4)

- Bangladesh (2023), India (2023 scale-up), Nepal (2023-24), Timor-Leste (2023)

HPV vaccine coverage in SEA Region countries: 2019 - 2021



Source: WUENIC 2021



COALITION to STRENGTHEN
the HPV IMMUNIZATION
COMMUNITY



HPV vaccine post-introduction evaluations in the SEA Region -

Key strengths

- Strong Intersectoral coordination/ Education Ministry- including meetings with parent-teachers
- Training materials for health-care workers and teachers
- Comprehensive and good quality trainings
- Funding for introduction
- Local consent practices followed
- Mixed delivery approach (schools and health facilities)
- Tracking missed girls via schools and sensitization for second dose
- Communication: strong school ownership and political leadership
- Procurement of new CCE
- Safe injection practices with good adverse events recording and management
- Supportive supervision and follow-up in schools with low-coverage

HPV vaccine post-introduction evaluations in the SEA Region - Key challenges

- Cold chain storage challenges with single-dose vials
- Changes in delivery strategy once vaccine is introduced
- Insufficient cold-chain handlers/their training
- Transportation and vaccine delivery to some hard-to-reach areas
- Vaccine wastage not calculated and waste management practices not optimal
- Maintaining annual IEC sessions for schools (teachers and parents) and associated costs
- Post-COVID- challenges: HPV vaccine stock expiry; supportive supervision

Conclusions and key next steps

- Coverage is on a downward trend in LMICs while HICs keep showing resilience
- Urgent action is required to improve HPV vaccine coverage and vaccinate missed cohorts of girls (including catch-up for missed girls now in secondary schools)
- COVID-19 pandemic continued to affect performance of HPV programme in LMICs through school closures, delayed vaccination rounds but also product stockouts
- 5 out of 11 SEAR countries have introduced HPV vaccine nationwide and three others planning to introduce or scale up next year
- Support for introduction and/or coverage improvement needed to strengthen HPV vaccine programme in SEA Region countries

Thank you