



COALITION to STRENGTHEN
the HPV IMMUNIZATION
COMMUNITY



HPV Prevention
and Control Board



THE INCLEN TRUST INTERNATIONAL

Overview on HPV Vaccination Delivery Approaches and Platforms

Present by:

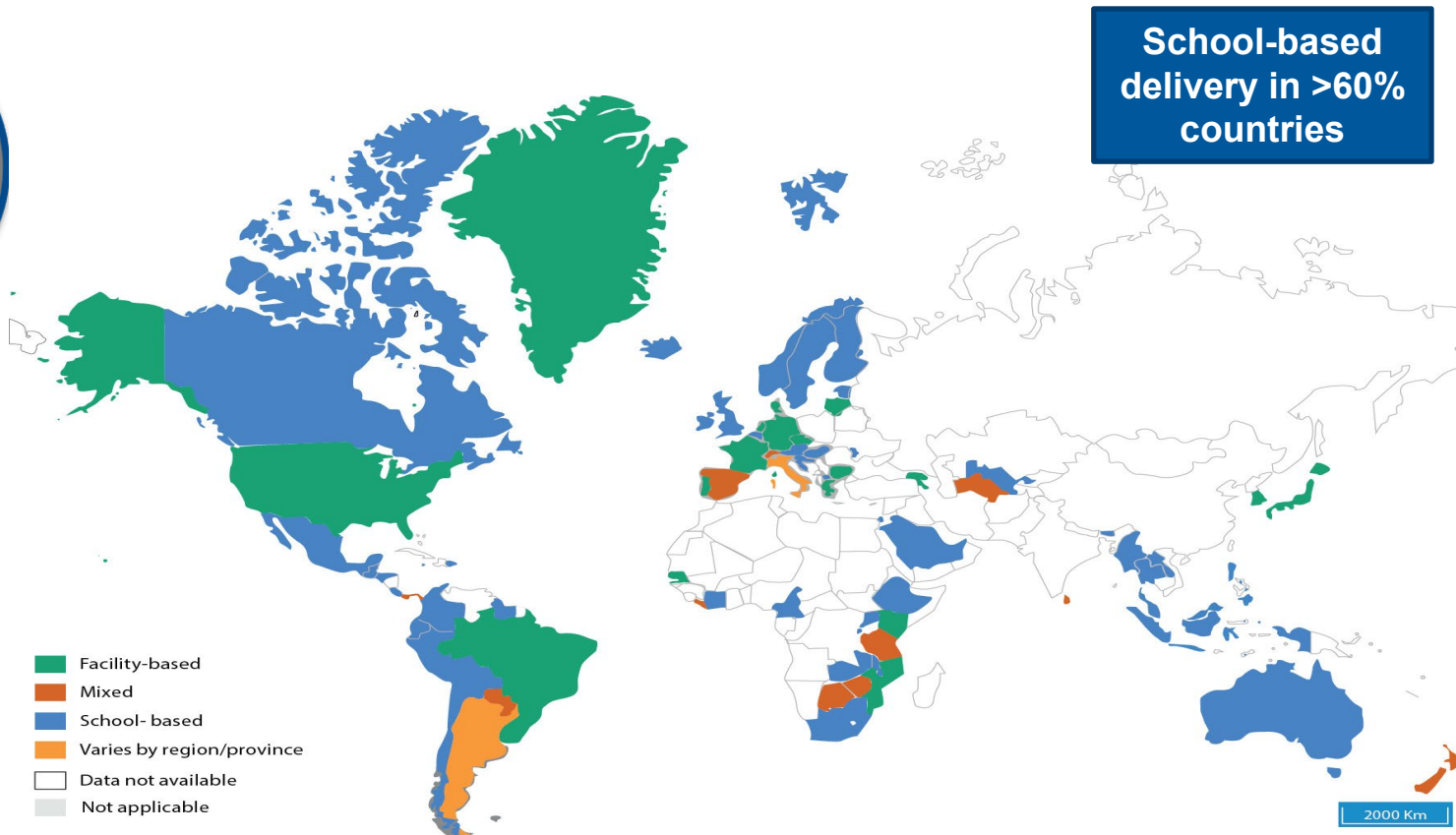
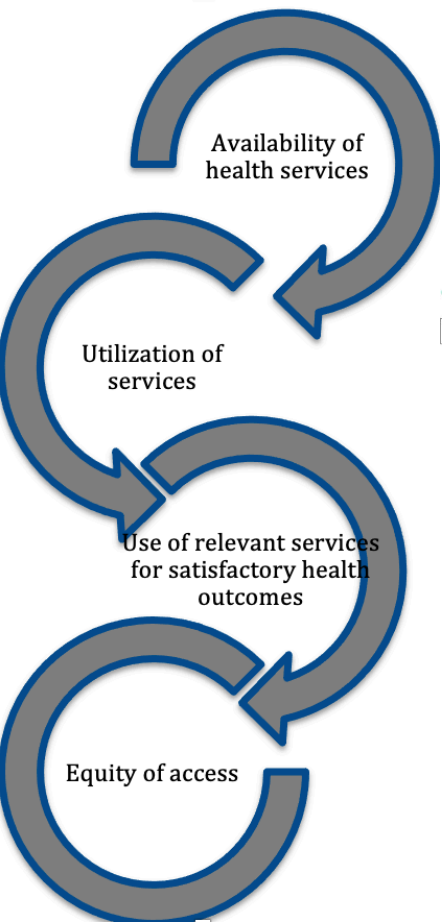
Ms. Sarah Wanyoike & Dr. Prem Singh

South Asia Regional Meeting

HPV Prevention and Control Landscape and the way forward.

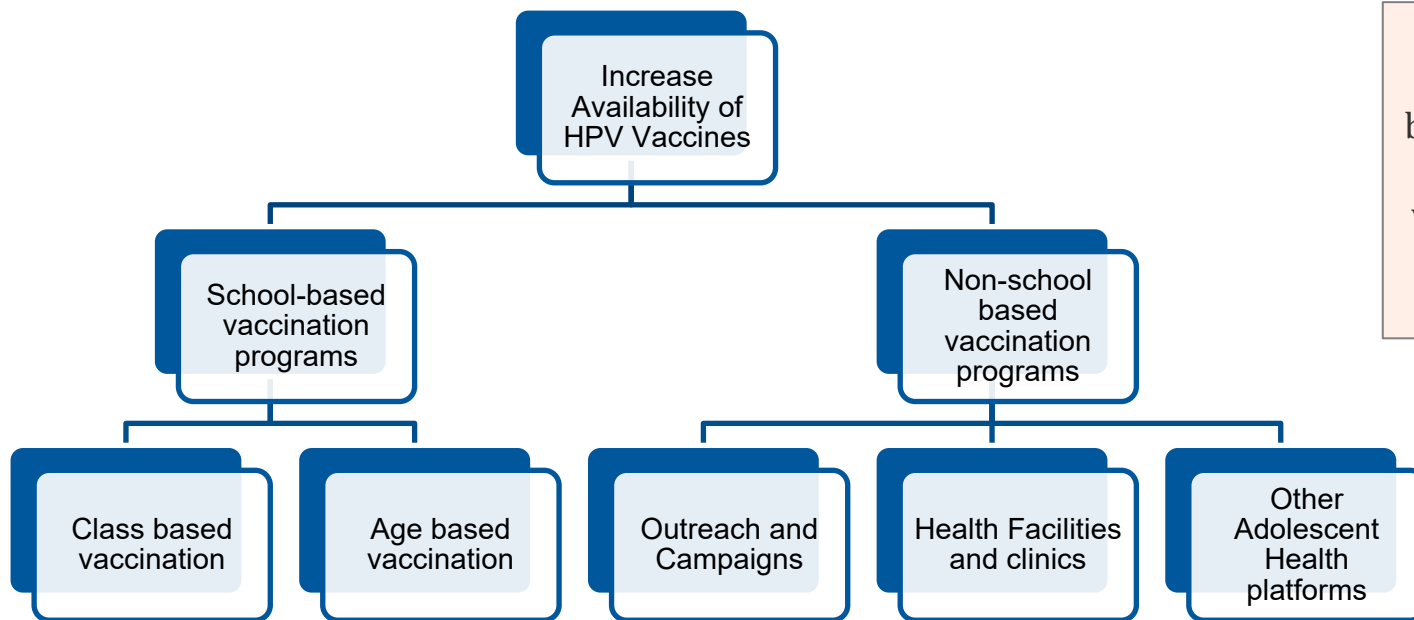
13th , 14th and 15th - Dec 2022– New Delhi, India.

Global Overview of HPV Vaccination Strategies



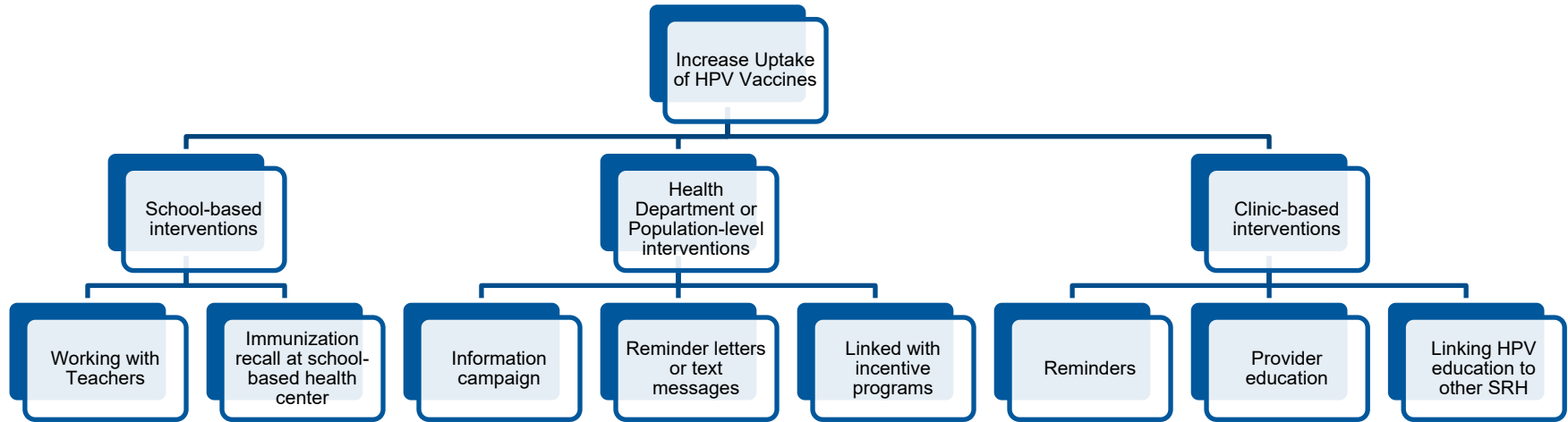
¹ HPV Vaccine Introduction Clearing House Dashboard: <https://app.powerbi.com>

Overview on Current HPV Vaccination Delivery Approaches



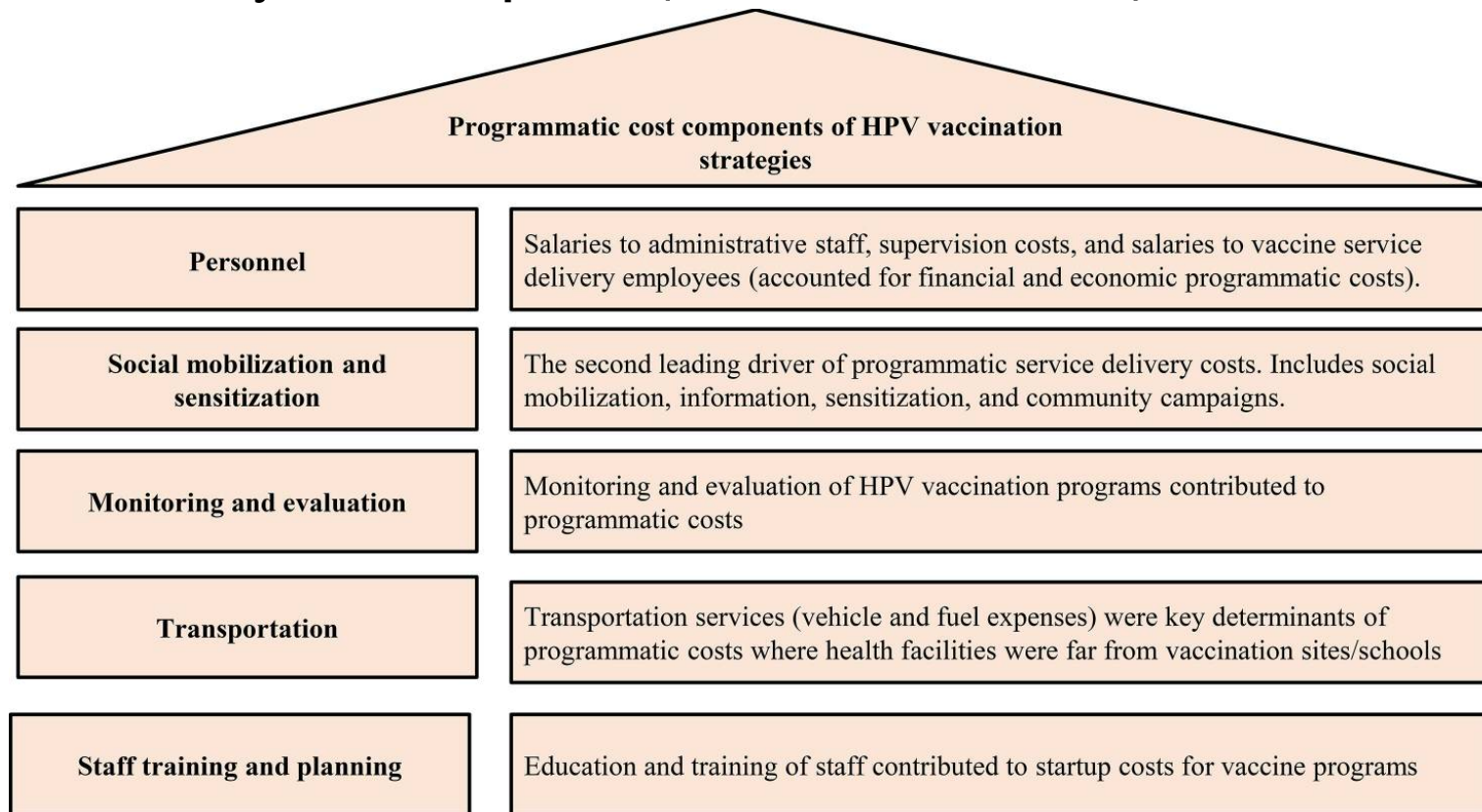
Utilizing existing infrastructures has been seen to increase access to HPV vaccines by reaching eligible adolescents at accessible sites

Overview on Current HPV Vaccination Delivery Approaches



Exploring Cost-Effective Interventions for increased HPV Vaccine Uptake including family education and clinical decision support for overall uptake

HPV vaccine delivery cost components (Akumbom. A, et al, 2022)

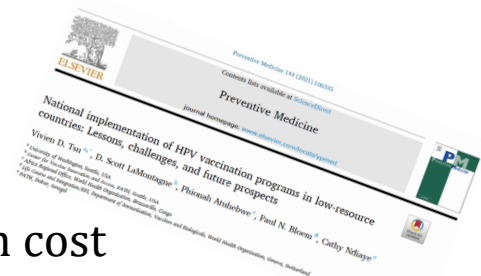


HPV vaccination may be cost-effective for LMICs if the total cost per vaccinated child is \$10-to-25 United States dollars (US\$)
[WHO HPV Position Paper 2009](#)



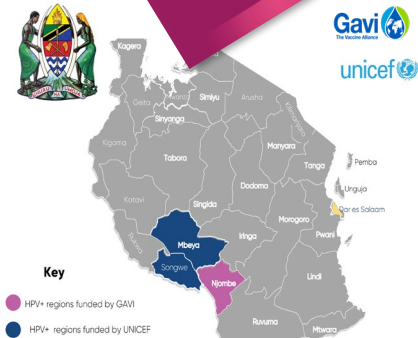
Service delivery options– critical to program feasibility

- Service delivery strategy has major implications for program cost
- Recent reviews (eg Tsu et al, 2021) find schools most common primary site,
 - But strategies change, especially for equity in reaching out-of-school girls
- Gavi Global HPV Leadership Group calling for finer granularity in service delivery description
 - Asking for definition of: *place, timing, vaccinators, and package*
- Variations in Gavi-introduced countries:
 - School outreach may be monthly, six monthly, or annual
 - Supplement for OOS girls may be community or facility
 - Vaccinators from local facility (commonly) or school health providers (rarely)
 - Some focus on facility-based as primary mode to contain costs
 - Communications and social mobilization need to be very different for facility-based compared with school-based service delivery
 - Private sector rarely engaged, except non-profits under contract to immunize



“HPV-Plus” in Tanzania– feasible integration of adolescent health into school outreach vaccination visits

- Collaborative process to develop national guidelines on integrating other services with HPV vaccination
- Package includes:
 - Comprehensive SRH education for boys and girls, multi-age
 - Nutrition, vision and health screening, and de-worming for 14 yr girls
- Scaled up as standard of care in three regions of Tanzania
- Assessed as feasible and acceptable by JHU International Vaccines Access Center and Muhimbili University:
 - Can be conducted in a standard school outreach session
 - Families and teachers appreciate focus on boys and girls
 - Makes good use of existing health and education staff



Service Delivery Flow In School Visits

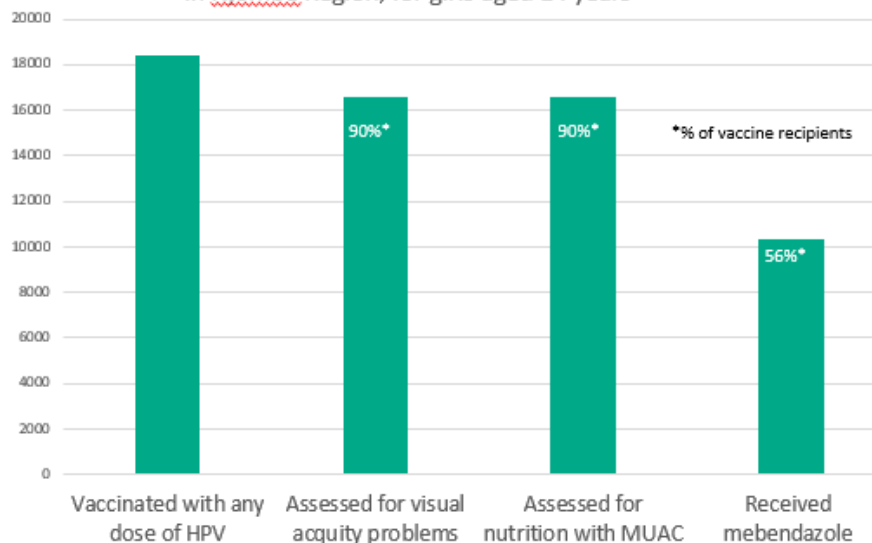


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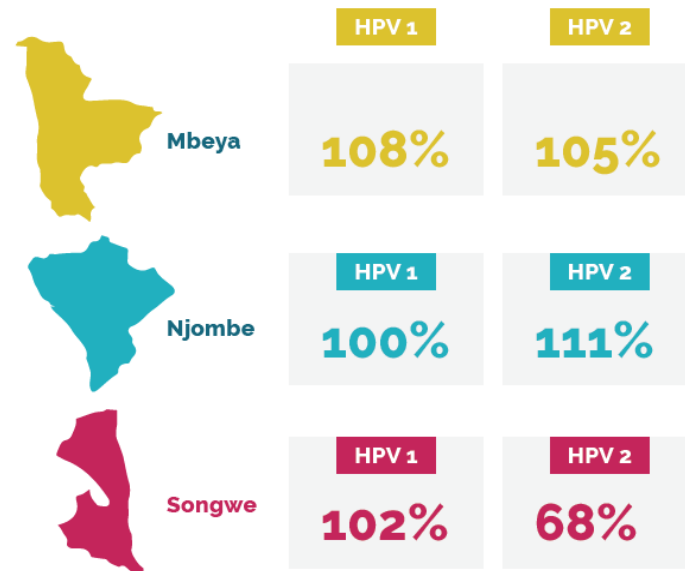


“HPV-Plus” in Tanzania– additional adolescent health services accessed by 90% of girls, and associated with high coverage

Linked services provided over September 2020 to October 2021
in Niombe Region, for girls aged 14 years



Coverage of estimated population targets by region, Jan – Nov 2021



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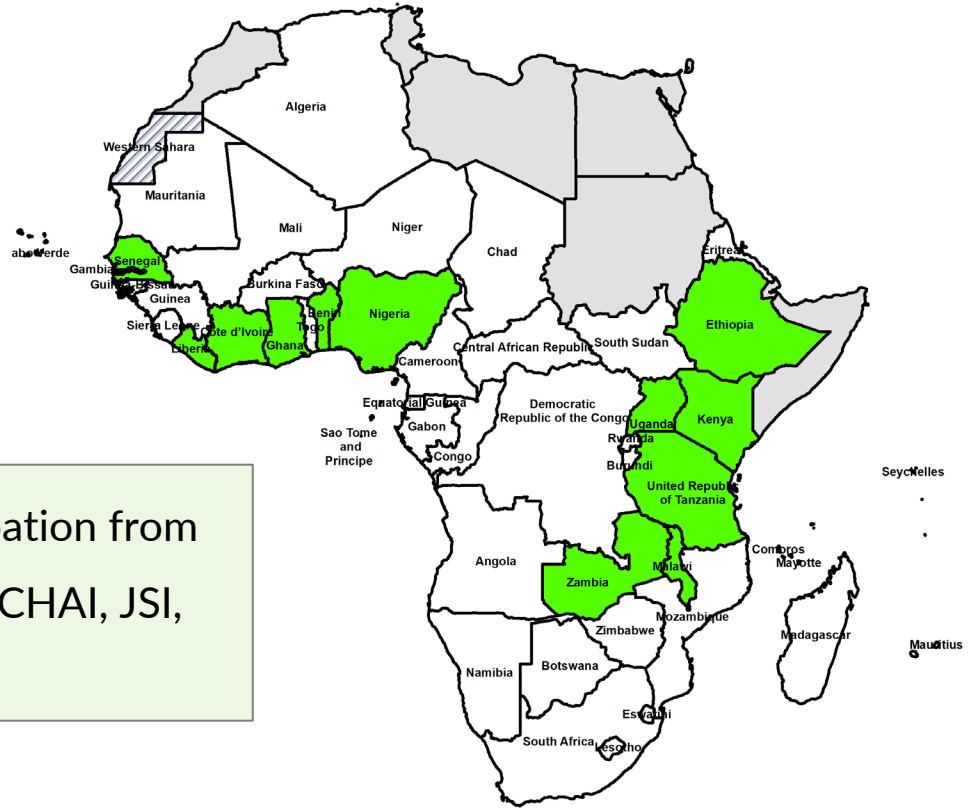
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CHIC Technical Advocacy Workshop, Addis Ababa

14 countries represented with participation from
Ministries of Health, WHO, UNICEF, CHAI, JSI,
PATH, BMGF, Gavi



Workshop Overview

Program:

- Overview of global vaccine supply and by key global partners
- Participatory group sessions mixing country teams by stage of introduction, one Francophone group

Outcomes

- Highly interactive discussions on implementation issues and what is sought from international partners
- Most requested: single dose, integration and general stakeholder convening
- Other topics: communications and demand, engaging professional organizations, catch-up and MACS

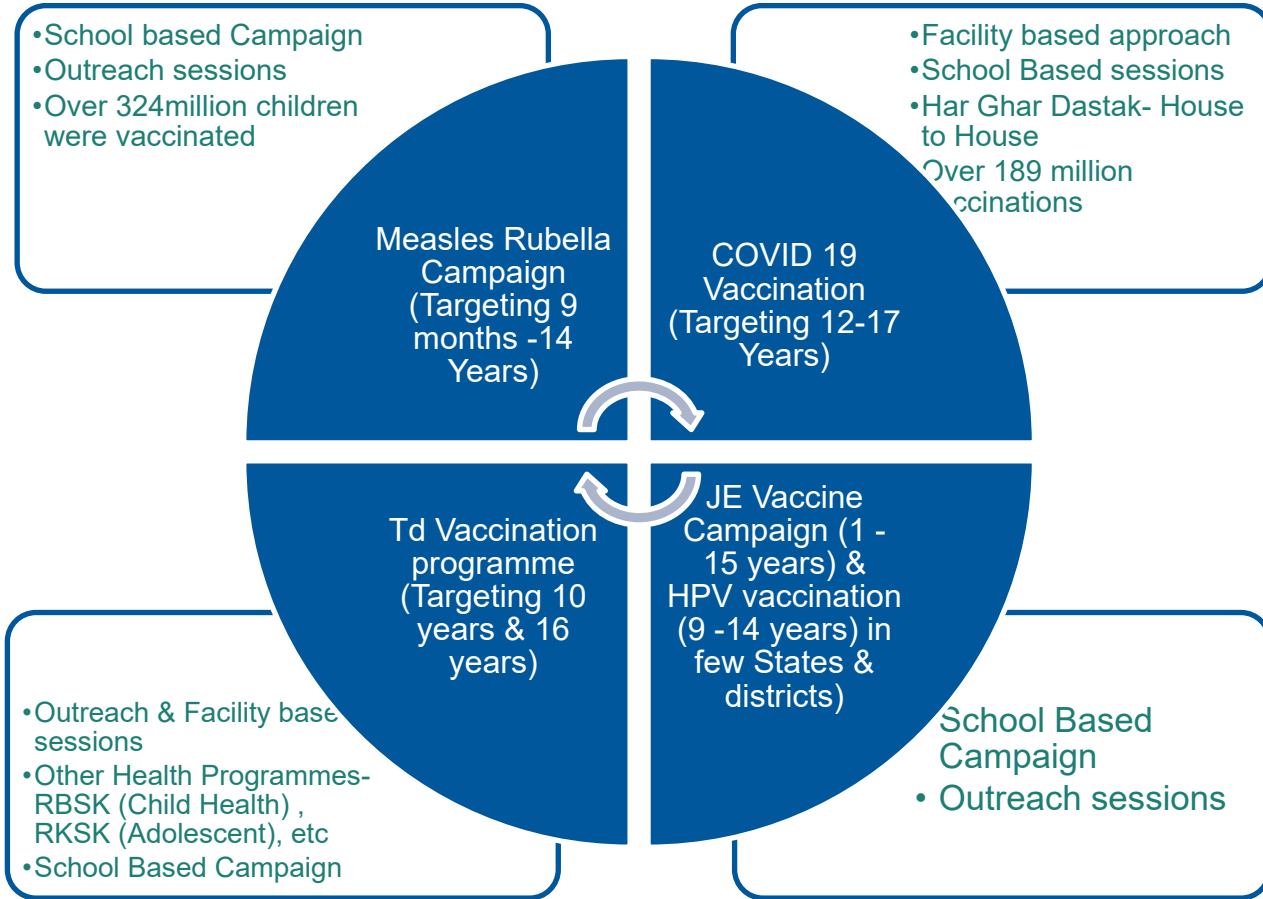
Learnings:

- Participatory cross-country learning on HPV vaccination is beneficial for program planners to learn from each other
- Notable unique country contexts and challenges, with convergence on areas identified for technical assistance and advocacy support

Best Practices from India's Adolescent Health Platforms

Building a Sustainable HPV Vaccination Programme

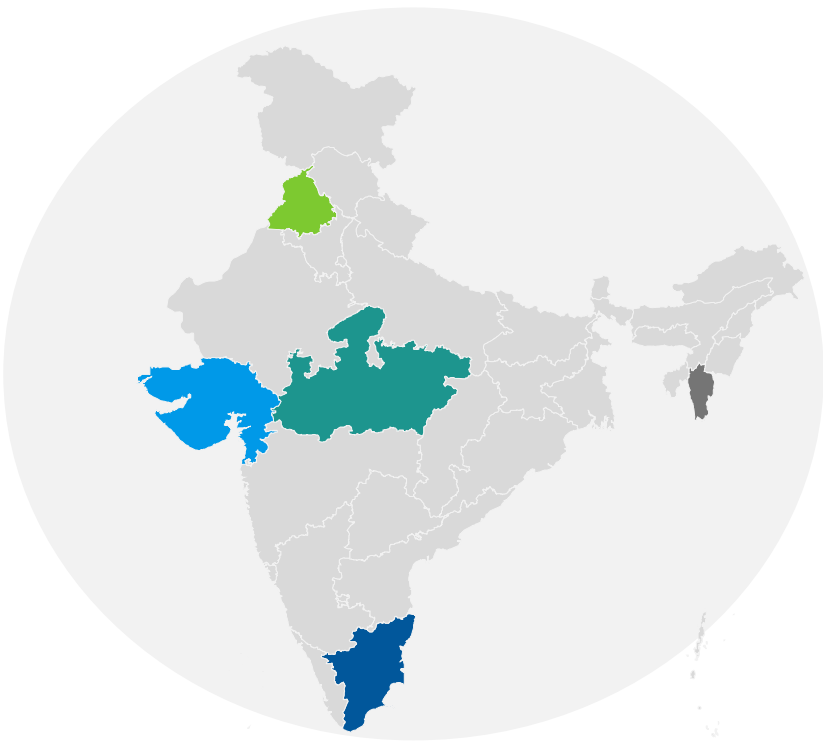
Key Adolescent Vaccination Campaigns & Programmes & Service Delivery Platforms in India



Service Delivery Approaches Strengths and Challenges

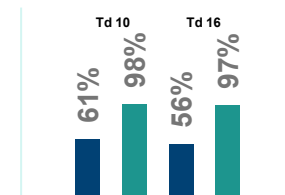
		Areas	School Based Approach	Health Facility Based Approach	Out Reach sessions	Other Adolescent Health Platform
Coverage	School going children & adolescents	High Gross Enrolment Ratio	++++	+	+	++
		Low Gross Enrolment Ratio	+++	++	++	++
	Out of School eligible population		+	++	+++	+++
Programme areas	Resources Required		++	+	+++	+++
	Ease of Delivery		+++	++++	++	++
	Beneficiaries Mobilization		+	+++	+++	++
	Coordination with other departments		+++	+	+	++

Strengthening Adolescent Immunization: Lessons from Select States in India



Madhya Pradesh

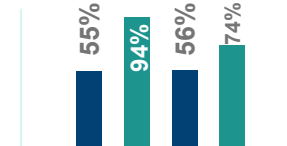
- State wide Td 10 & 16 catch up campaign –Schools & VHND platform
- Involvement of RBSK ,RSKS and Saathiya
- Private & Faith based organization , Tribal welfare department convergence & coordination



MADHYA PRADESH

Gujarat

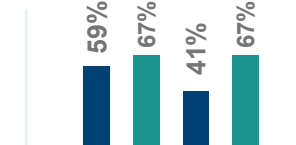
- Optimal utilization of RBSK & RSKS
- Involvement of Mobile health team (RBSK)
- Strengthened school health program & review mechanism



GUJARAT

Punjab

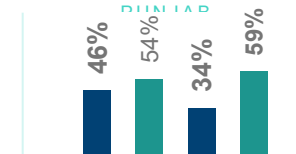
- Strengthened RBSK Teams
- School and AWC based special sessions



PUNJAB

Mizoram

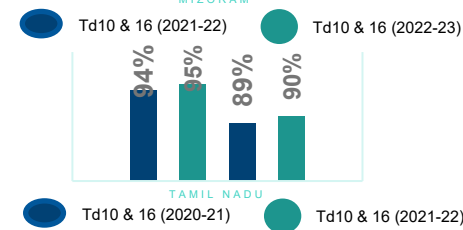
- Strengthened RBSK , RSKS & peer educators
- Special outreach sessions , VHND, School based sessions



MIZORAM

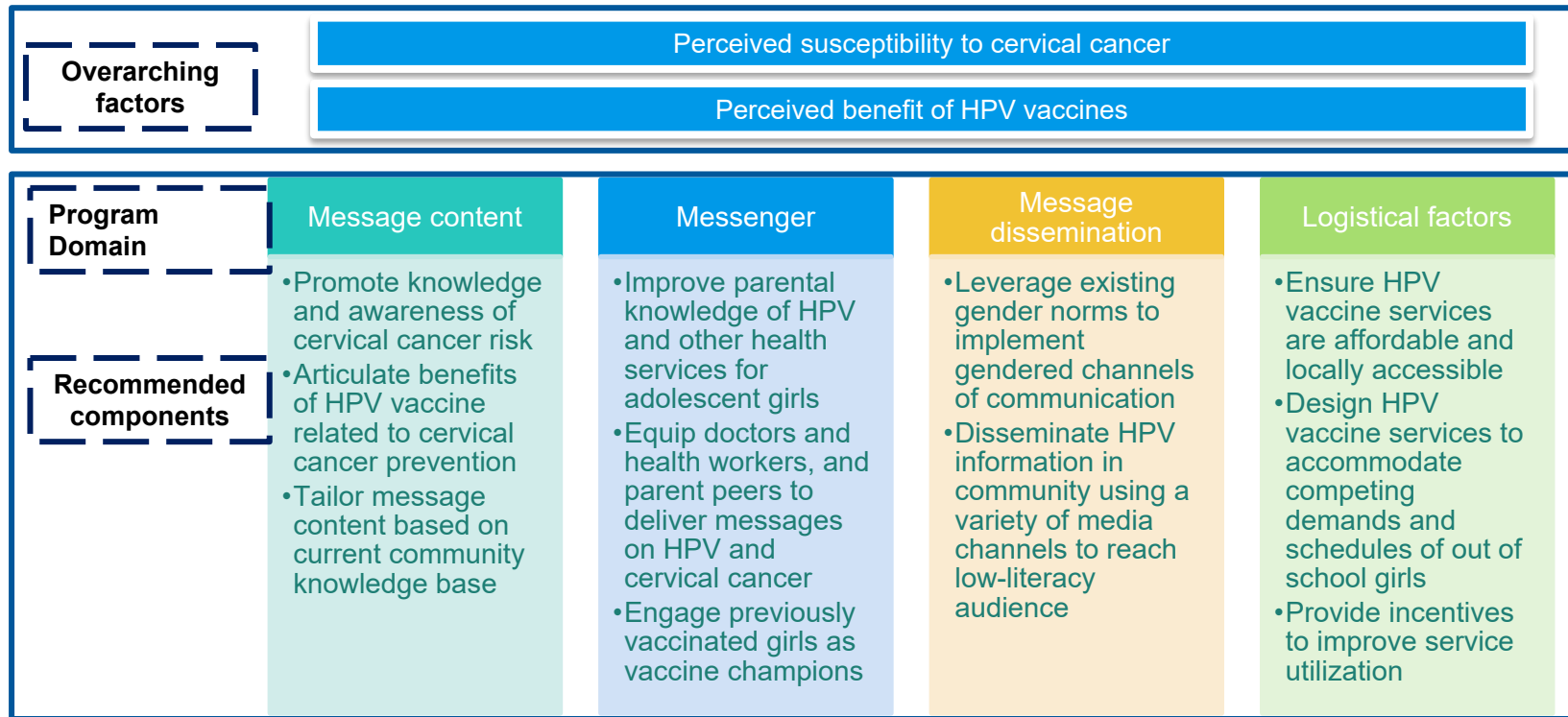
Tamil Nadu

- Involvement of RBSK
- Special outreach sessions for adolescents
- Strengthened RSKS Peer educators



TAMIL NADU

Designing a Pro-Equity HPV vaccine Delivery Programme for Adolescent Girls: Community Perspectives from Uttar Pradesh



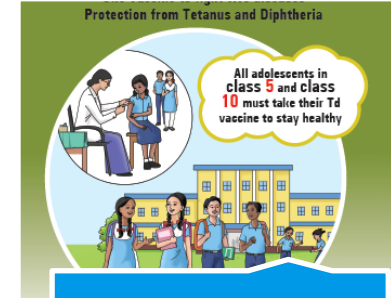
Conclusions

Global and sub-national experiences provide several valuable lessons for building a sustainable HPV vaccination programme in India

- **Integration** across adolescent health, family planning, Adolescent programmes, Education, School Health, PHC platforms
- **Innovations** for improving access and service delivery
- Need to **generate evidence** for informing HPV vaccine policy and programme
- **Tailored communication strategies** for building and sustaining confidence in HPV vaccinations
- **Multi-sectoral convergence** is required for building a **comprehensive Strategy**
- **Robust Monitoring & Supervision** by all stakeholders



Convergence meeting MP



IEC material for adolescent Td immunization



Release of SOPs for leveraging school based programmes for adolescent immunization



School based Td immunization campaign in Punjab

Thank You!

Leveraging Other Adolescent Health Programmes for Vaccination

Strategies For Vaccinating Adolescents

Government, Government aided and religious schools

- Routine Health & Wellness days (every Tuesday)
- Coordination with CHOs at HWCs, RSKS and RBSK teams
- Attachment of ANM from nearest school & facility

Private Schools

- Not currently covered under SHWPs
- Td fortnightly sessions with support from CHOs, RSKS and RBSK team

Out of school adolescents

- Health and nutrition days or adolescent health and wellness days
- Mobilization for participation in Health & Wellness days at nearest school by ASHAs, AWWs & other adolescent programmes

Convergence of Departments of Health & Family Welfare and Education¹

