

South Asia meeting on HPV Prevention and Control

Summary of the proceedings of Day 2

December 13, 2022

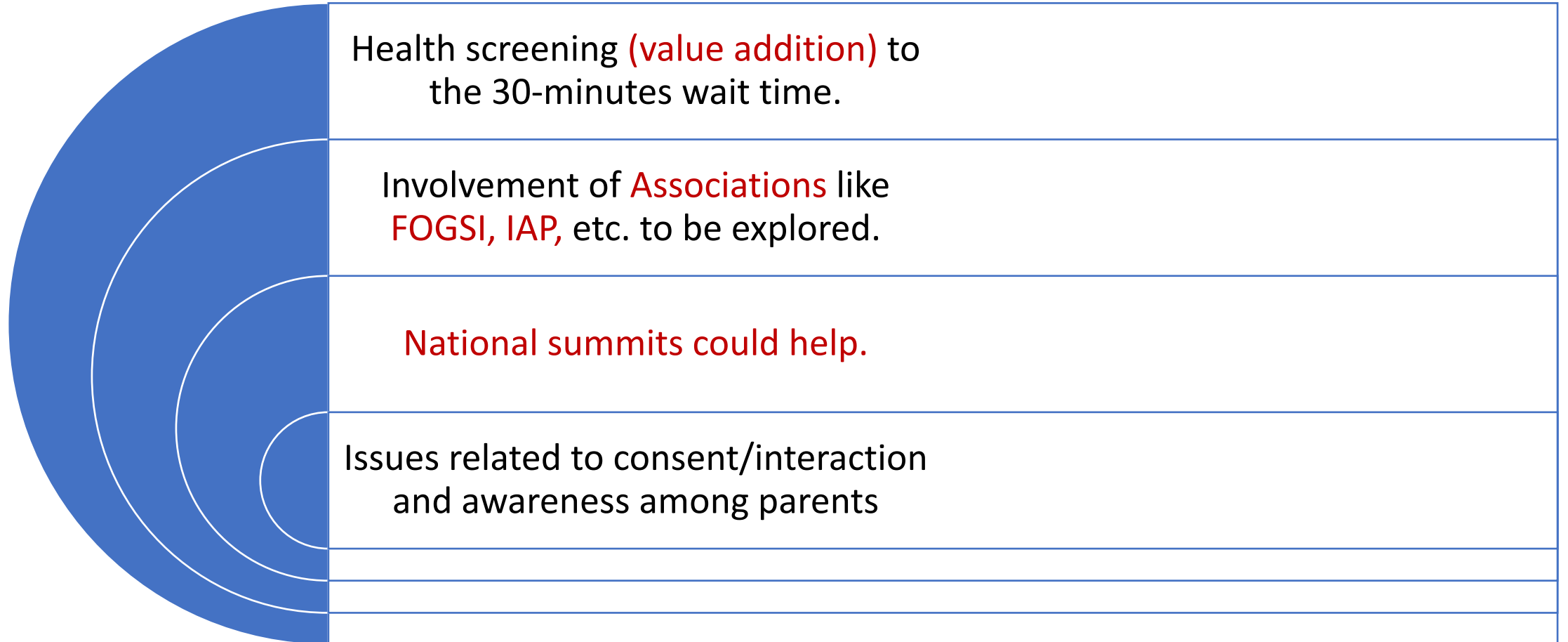
Session 6: HPV vaccination Programs: Peer exchange on lessons learnt from planning and introduction

- WHO SEAR endorsed Global strategy for **elimination** of Cervical cancer: **90%-70%-90%**
- **5/11 countries** in **SEA region** have introduced HPV nation wide, **2** in subnational areas.
- **Covid disrupted HPV vaccination program in most LMICs.**
- **Need for catch up and recovery.**
- **Challenges:**
 - **Vaccine availability after introduction, Funding, Communication.**

Lessons learnt for Introducing HPV Vaccine in South Asia

- Sri Lanka adopted a commendable approach to take evidence-based decisions to introduce HPV vaccine.
 - Coverage of 70 to >90% in second year of introduction.
 - Help from GAVI, UNICEF, WHO.
- INDIAN EXPERIENCE
 - STAG in Sikkim for sustainable coverage.
 - Sensitization, training, communication planning, Social Media, Vaccine logistics, Sensitization of media, teachers, AEFI training and monitoring, etc.
 - Integration with existing schemes (TN) like RBSK, RKSK, Adolescent Health, Social Defense, School education departments. etc.
- Pakistan taking a scientific approach for evidence-based policy decision for introduction of HPV vaccine.

Interaction



Session 6a: Peer Exchange on stake holder engagement and sustainable delivery platforms for HPV vaccination programs

- Adolescent health integration with HPV vaccination (Tanzania)
 - PIRI (Periodic intensification of routine immunization)
 - Integration with nutrition and other existing programs
 - High engagement of teachers, other stake holders and ministries.
 - Social media usage, integrate NGOs, CSOs. FBOs
 - Engaging communities
 - Outreach

Overview of HPV vaccination delivery strategies

- School based in >60%
- Out-of-school girls need to be addressed.
 - Finances. (GAVI HPV leadership group)
 - Variation in clinic based rollouts in India.
 - Multiple platforms used in some states.
 - Gujarat and TN models (school based and RBSK, coverage is 70-90%)
 - Explore more than one approaches as one approach may not work.
- Special attention to cultural, religious events and proactive efforts to counter anti vaccine eco-system.

Session 7: Overview of Gavi's support for LMICs

- HPV vaccination is **critical to Gavi's 5.1 goals**.
- **Affordable HPV vaccine** Price for GAVI countries and eligibility
- Primary targets **10-14 years**.
- **Catch-ups** for delayed vaccination.
- **Funding** support provided **as per eligibility** of the country and re-launch of HPV vaccination.
- **Support for programmatic activities**.
- **India specific measure (catalytic support)**

Session 8: HPV Vaccination Programs: WHO position paper on new recommendations and Global overview on HPV vaccine safety and efficacy

- Global strategy of 90-70-90 at 2030.
- Characteristics of HPV vaccine: 4 prequalified vaccines; prices coming down; SII introduced quadrivalent vaccine. No data on QV from SII
- Supply constraints are easing rapidly, fully unconstrained by 2024.
- As HPV 16 and 18 important in >70%. all vaccines are good
- High vaccine VE against persistent infections and CIN 2+ (94-100%).
- Immunobridging studies to licence for 9-14 yr old population.
- WHO GACVS reviewed in 2017 and no safety concerns identified.

HPV Vaccination Programs: WHO position paper on new recommendations and Global overview on HPV vaccine safety and efficacy (contd)

- **WHO new recommendations:** 2 doses can be used for all ages (9-45). Alternatively one-dose can be used in 9-20 yrs old. Immunocompromised need 3 doses. (at least 2)
- **Multiage** (SAGE recommends updating dose schedules for HPV as follows: **opportunities to**
receive at follows:
 - **one or two-dose schedule** for the primary target of girls
- **Prioritise** (aged **9-14** **e of routine ages,**
as needed • **one or two-dose schedule** for young women aged **15-20**
as needed • Two doses with a 6-month interval for women **older than** **e country can**
as needed **21.**
- **Introduce**
afford (En
- **Research areas.**
 - Duration of protection for one dose, Immunogenicity and protection of reduced schedules.

Session 9: One dose: the current scenario and the way forward (Kenya, Costa Rica, DoRIS trial, India)

- Single dose Trials

- KEN SHE trial
- Costa Rica trial
- DoRIS trial
- India IAL
- Single dose

June & November 2022: NTAGI recommended the HPV vaccine to be introduced in the NIP for girls 9-14 years.

types.

- ESCUDDO, PRIMAVERA and PRIMA study ongoing. Cervarix one dose versus 3 doses of Gardasil planned.

- SINGLE DOSE PROVIDES SUBSTANTIAL BENEFITS

Session 10: Peer to Peer learning-What is needed for Vaccination program introduction in the region?

- Communication important tool for culturally sensitive context
- Comprehensive communication strategy essential for success of the program.
- Key activity is to identify all stake holders and build relationship with them.
- Keep an eye on “**RAPIDLY SHIFTING REALITIES**” and to respond in real time.