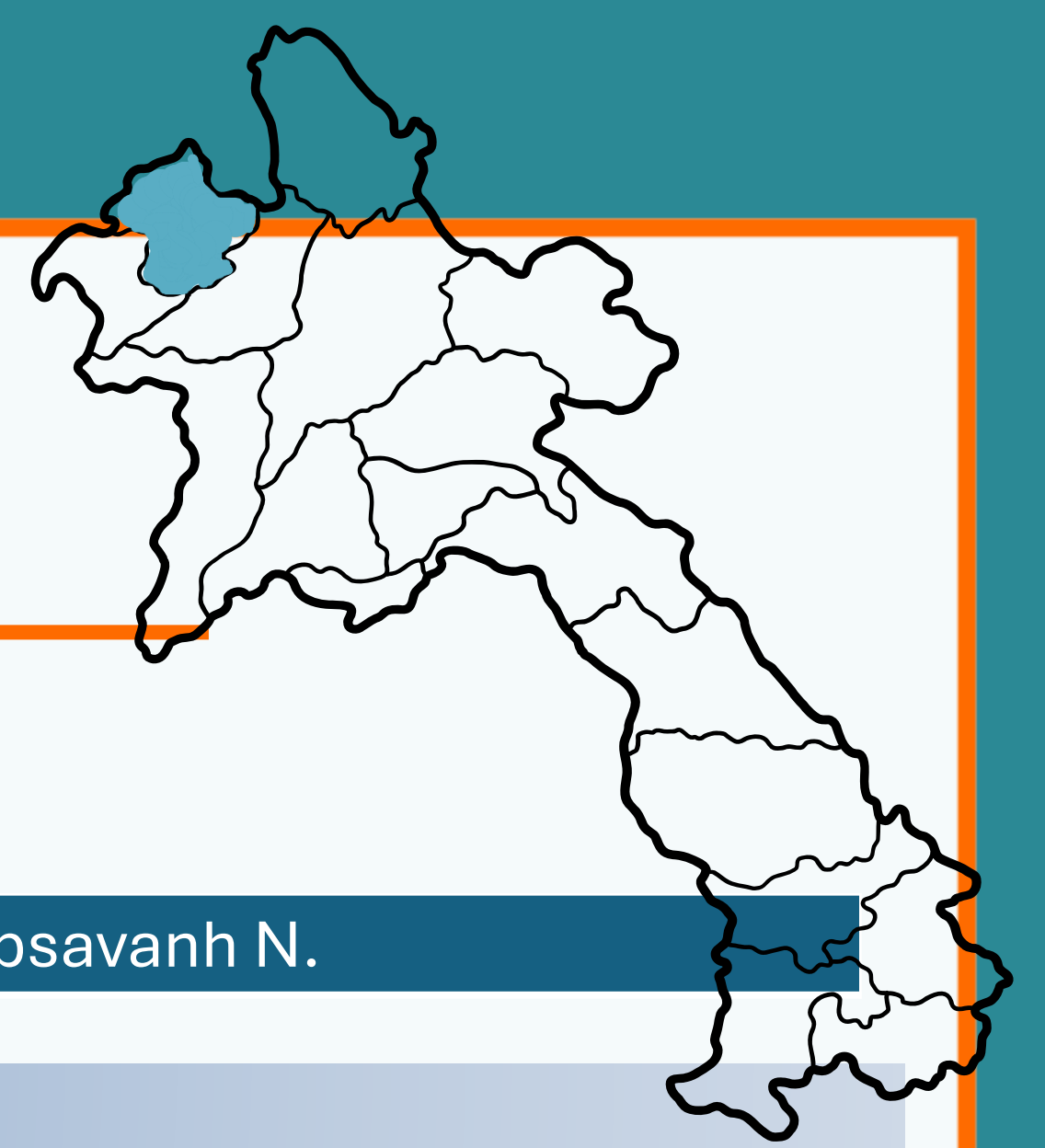


# Lao PDR



## HPV VACCINATION PROGRAMME LANDSCAPE

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### HPV Programme Status

#### HPV Introduction, optimization doses, schedules

- Piloted from 2013 to 2015 school based in two provinces: Vientiane Province and Vientiane Capital
- Nationwide school based deployment occurred from 2020

#### Vaccine Product: 4valent-HPV (Qardasil)

#### Dosing and Schedules

Year	Target Group	Doses	Remark
2014	Grade 5 primary school child	3 doses	Two provinces (Vientiane Capital and Vientiane Provinces)
2015	Grade 5 primary school child	2 doses	
2020-2023	Nationwide adolescent girls (10-14 years)	2 doses	Nationwide
2024 (Nov)	Nationwide adolescent girls (11 years)	Single dose	Nationwide

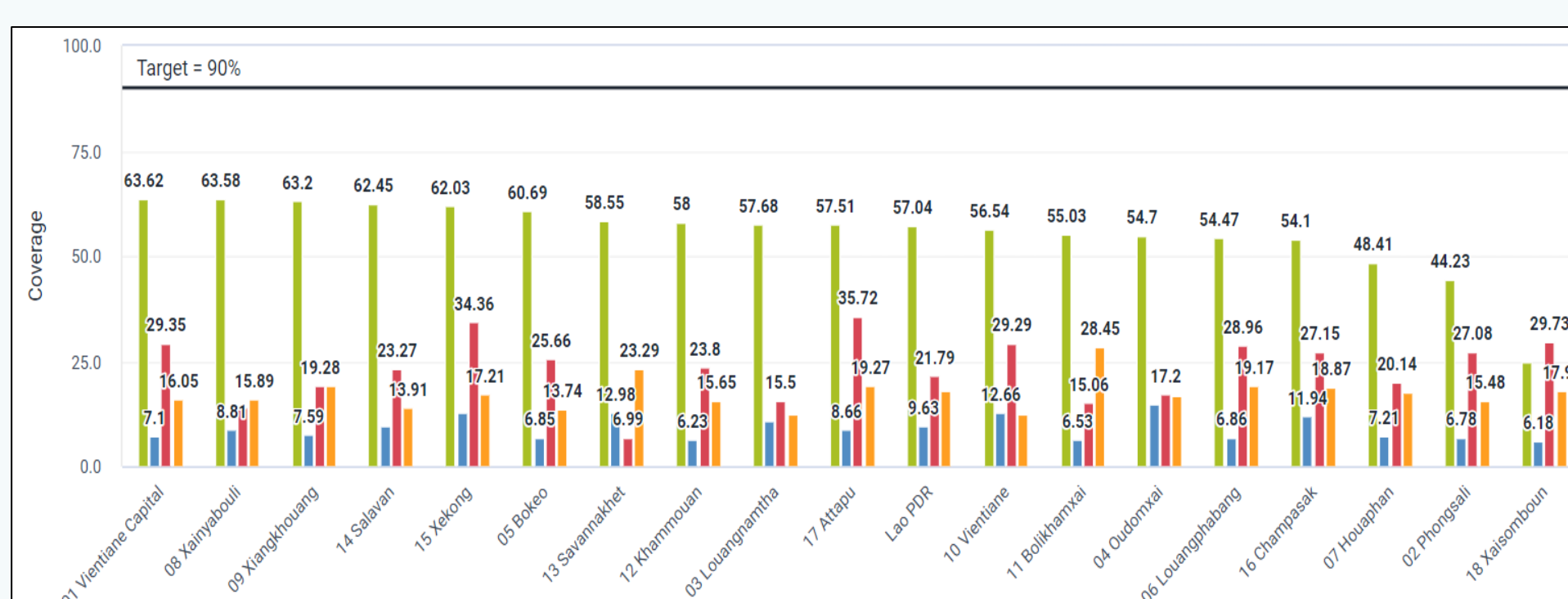
### HPV Prevention Implementation Strategy

- Primary distribution sites include school-based outreach, community outreach, etc.
- A health facility-based approach will be implemented in 2024.
- There is no national screening for cervical cancer, either by VIA or HPV DNA tests.
- A primary and secondary health prevention program is in place.
- Social mobilization and demand generation strategies are being utilized.

### Results:

- From 2021 to 2023, unvaccinated girls remained part of the target group, resulting in an HPV1 coverage of over 80% among girls aged 11-17 and over 95% in the original 10-14 cohort from 2020

### HPV Coverage, Laos (2020-2023)



Data source: DHIS2. hmis.gov.la

### Best practices

- A specific school-based approach increased coverage.
- Adequate vaccines and supplies were provided.
- There was good collaboration with the education sector.
- Effective connectivity was established with the community for out-of-school children.
- Catch-up sessions were held for missing girls during outreach events, along with other vaccines in the routine immunization program.
- Healthcare workers received comprehensive training.
- A dashboard was created in DHIS2 to monitor vaccination coverage.
- A strong team was assembled for supervision.
- Financial support was received from Gavi, along with timely co-financing from the government.
- There was multisector cooperation with stakeholders.
- Healthcare workers had to balance integrated COVID-19 and HPV campaigns during this period, which further strained resources.

### Barriers of current program

- Fear of injections and vaccination side effects.
- Lack of information about the vaccine and disease.
- Perceptions that the HPV vaccine is unnecessary, unsafe, or not recommended.
- Limited knowledge of HPV vaccination benefits in the community and schools.
- COVID-19 pandemic impacts, including school closures that delayed program implementation.
- HPV2 coverage remains below 71% due to school dropouts and healthcare worker limitations in reaching out-of-school girls for second doses.
- Parental reluctance to vaccinate stems from the belief that daughters are not sexually active.

### Recommendation

- Maintain a target list of in- and out-of-school girls.
- Follow up on missed opportunities at outreach sites.
- Optimize microplanning for catch-up vaccinations alongside routine immunizations.
- Enhance communication channels and share information regularly during campaigns.
- Sustain financial support for vaccines and operational costs.
- Involve stakeholders for technical support and resource mobilization.

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