



# VIETNAM

## HPV VACCINATION PROGRAMME LANDSCAPE

### Authors

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### Programme Status

- The HPV vaccine is currently in the process of **being nationally introduced in Vietnam**, with specific initiatives focused on enhancing access and coverage. The planned rollout aims to reach various regions, particularly targeting urban and rural areas where vaccination rates may vary.
- The introduction of the HPV vaccine is set for 2025**, with pilot programs already underway in 2 selected provinces (Can Tho and Thanh Hoa in 2014) helped inform strategies for broader implementation. The vaccination rate exceeding 90% indicates that the implementation of this vaccine is feasible. However, the project faced rumors and concerns from parents during the initial phase. Many proactive communication activities were actively carried out to build trust among HCWs and parents. **Regions targeted for the introduction include major remote areas as well as underserved rural areas**, ensuring equitable access across the country. A map highlighting these regions would illustrate the focus areas for the vaccination campaign.
- Recent policy decision include the **age group for HPV vaccination to girls aged 11**, aiming to maximize the preventive benefits and effectiveness before potential exposure to HPV. Additionally, there is a shift in gender targets to include all adolescents, promoting inclusivity in HPV vaccination efforts.

### Service Delivery

- The delivery of HPV vaccination services** in Vietnam includes key components for accessibility and effective outreach. Primary distribution sites are health facilities, school-based programs, and community outreach initiatives. Local clinics and schools serve as main vaccination points, while mobile teams target hard-to-reach populations.
- Effective communication** is vital for raising awareness and addressing vaccination reluctance. Strategies utilize social media, community events, and informational materials to educate the public about the vaccine's benefits and dispel myths.
- Engagement with stakeholders**, including local governments and healthcare professionals, enhances program effectiveness by fostering trust and ensuring culturally relevant messaging. Monitoring and evaluation are critical for assessing coverage and health outcomes, allowing for continuous improvement. This comprehensive approach aims to reduce HPV-related diseases in Vietnam, ensuring the vaccination program is both accessible and sustainable.

### Coverage

- UNICEF's 2020 assessment revealed that **up to 30% of women** in the Mekong region are willing to pay for the HPV vaccine in initial urban regions with developed healthcare infrastructure. The vaccine has not yet been included in the program. However, people can access this vaccine at fee-based facilities.
- UNICEF survey in 2021:** The overall HPV vaccination rate among **women aged 15–29 is 12.0%**. Women in the Mekong River Delta and Southeast regions have **higher rates (16.2–17.8%)** compared to those in the North Central, Central Coastal, and **Northern Midlands and Mountainous regions (4.7–4.9%)**. Educational attainment greatly influences vaccination rates, with 19.4% of women with tertiary degrees vaccinated, dropping to 1.4% for those with less than primary education and 8.2% for upper secondary education. The Kinh and Hoa women have a relatively high vaccination rate of 12.7%, while other ethnic groups range from 2.4% to 4.7%. Women in the poorest wealth quintile have a very low vaccination rate of 2.1%. Achieving the national target of 25% coverage by 2025, as outlined in the National Cervical Cancer Action Plan, will require immediate action.

#### Ref:

<https://www.unicef.org/vietnam/media/9576/file/Full%20report%20-%20MICS%206.pdf>

Category	Vaccination Rate (%)
Overall (Women aged 15–29)	12.0
Mekong River Delta & Southeast	16.2–17.8
North Central & Central Coastal	4.7–4.9
Northern Midlands & Mountainous	4.7–4.9

### Dosing Schedule

- Vaccine product (2vHPV/4vHPV/9vHPV): **4vHPV Gardasil**. Because Gardasil (quadrivalent) and Gardasil9 (Nonavalent) vaccines are two vaccines licensed in effective in Vietnam. However, only Gardasil (quadrivalent) is being in the list of HPV supported by Gavi.
- In April 2024, NITAG has conducted a meeting the introduction of vaccines HPV in the NEPI:
  - HPV vaccine:** is a vaccine licensed in Vietnam and GAVI available support.
  - Time introduction into the NEPI:** From 2025
  - Target :** 11 years old girls
  - Number of dose:** One dose
  - Implementation area:** phased-in introduction. Areas with vaccine introduction will be decided by the authorities

### Highlights of the planning HPV vaccination program

- The Ministry of Health is currently working on a **comprehensive Multi-Year Plan (cMYP)** that will outline the scope and topics for new vaccines, specifically HPV and PCV. This plan will include an estimated budget, advocacy proposals, and policy development for resource mobilization related to vaccine deployment and supply. The cMYP development has already been incorporated into the Gavi-approved MICs TI application through WHO.
- In the coming years, the NEPI will create a **deployment plan for the HPV vaccine**, following an approved roadmap to increase vaccine availability within the EPI and the Ministry of Health's guidelines. The specifics of implementation will be determined by the Ministry of Health and relevant ministries.
- Targeted Population:** Girls aged 11 years  
**HPV Vaccine Used:** Gardasil 4
- Immunization Schedule:** 2 doses in the first year (2025). MOH will continue to make decision on the number of doses in the following years.

### Facilitators and Barriers

- NEPI creates documents to help provinces develop vaccination plans for hard-to-reach populations** (mobile groups, ethnic minorities, industrial zones).
- NEPI/CDC should establish an immunization communication plan addressing:** Vaccination reluctance, Resource allocation for communication, Engagement in hard-to-reach areas
- Data management:** MOH/NEPI to develop a roadmap to transition from paper-based to electronic reporting using the National Immunization Information System (NIIS) at all facilities.
- Upgrade NIIS functions for extracting and reporting immunization coverage and AEFIs.** Address challenges in NIIS utilization to enhance tracking of both HPV and PCV target populations and vaccination rates.
- HCW capacity:** Inadequate training of healthcare workers leading to inconsistent vaccine administration. Gavi MIC TA to develop comprehensive training programs for healthcare professionals.
- Resources to scale up the program:** Optimizing existing health infrastructure is crucial for improving the vaccination process. Funding for HPV vaccine and deployment are mainly subsidized by Government. Partnerships with international organizations and local NGOs for funding and expertise in training and communication.

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