



HPV Vaccination Program

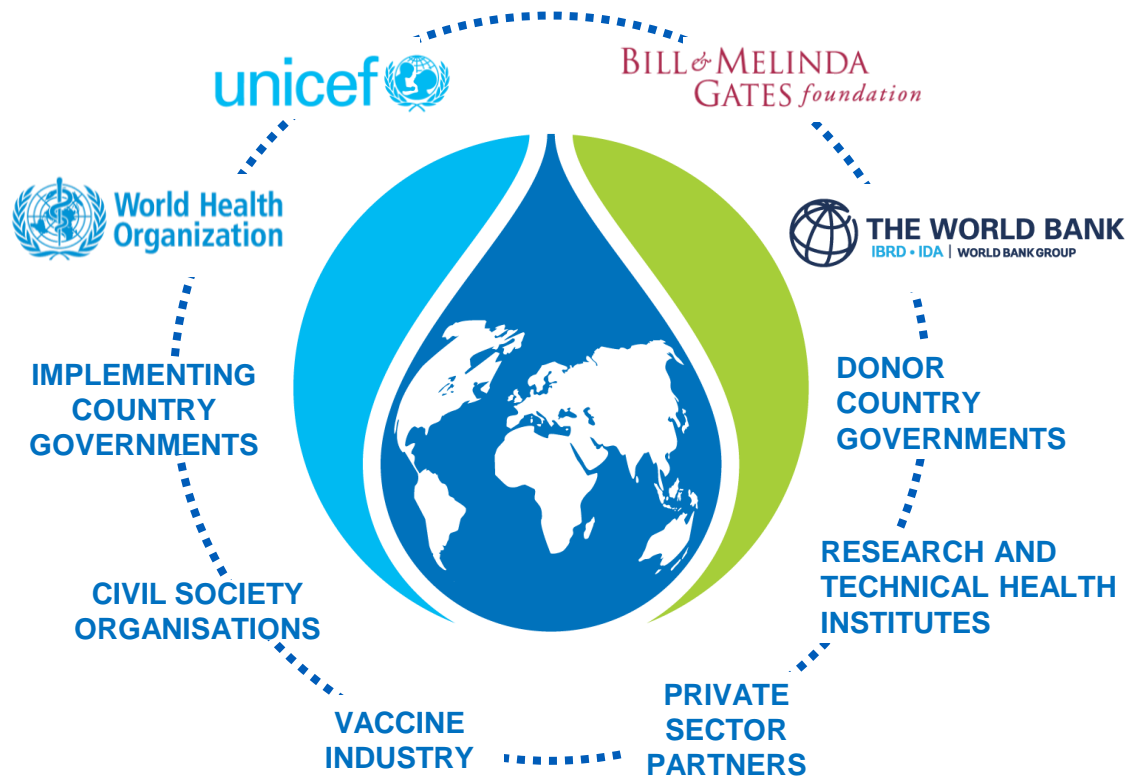
Cross-country learning and best practices.

Support available from Gavi for introducing and revitalizing HPV vaccination programs

Emily Kobayashi

Gavi, the Vaccine Alliance

Gavi, the Vaccine Alliance, brings together public and private sectors with the shared goal of saving lives and protecting people's health by increasing equitable and sustainable use of vaccines.



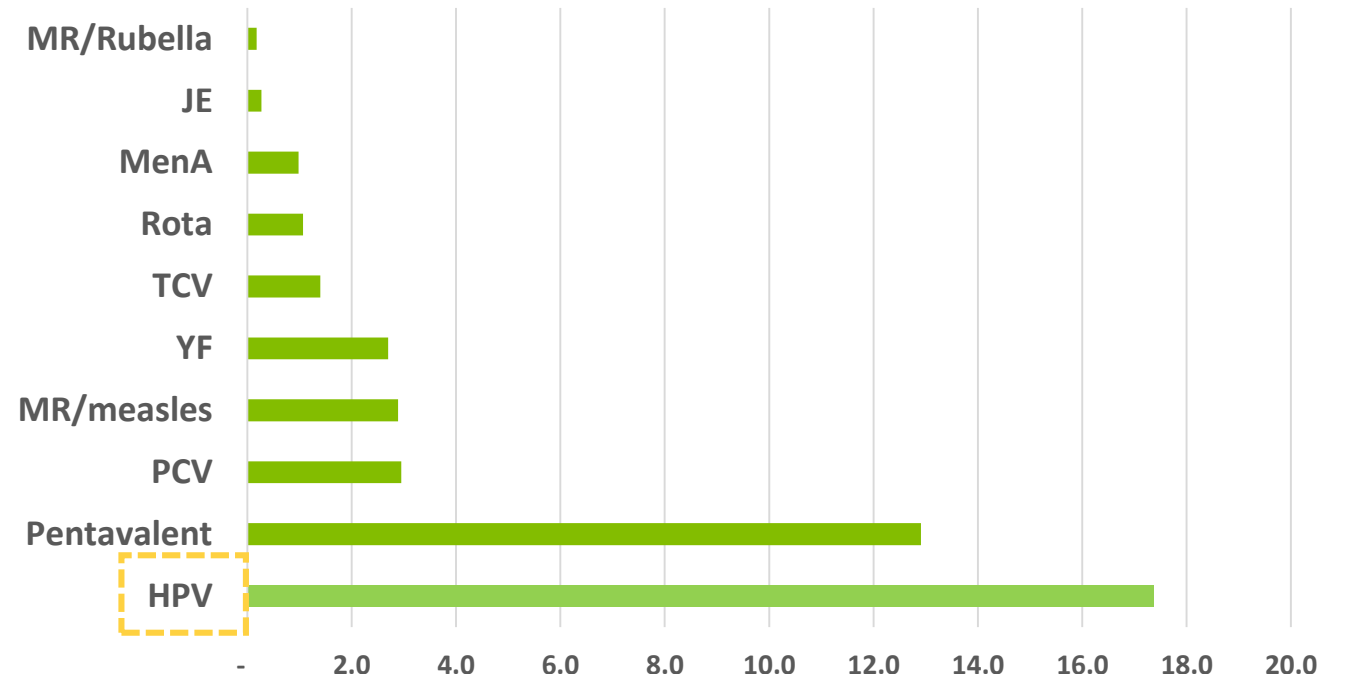
- Long term funding
- Pooling demand for vaccines
- Accelerating access to vaccines
- Shaping markets
- Strengthening vaccine delivery platforms
- Sustaining immunisation and transition

Gavi adopted scale up of HPV vaccine as a Must Win priority in 2022

HPV vaccine is critical to Gavi's mission

- Reduces cervical cancer deaths, HPV vaccination translates to **17.4 deaths averted** (per 1000 vaccinated)
- Contributes to **gender equity**
- Can strengthen **adolescent immunisation platforms** and primary health care

Impact rates (deaths averted per 1,000 vaccinated) for Gavi-supported vaccinations



Source: Gavi portfolio data representative of Gavi funded impact from operational forecast version 19

Goals of Gavi HPV Revitalization initiative

- **Accelerate quality HPV vaccine introductions** including multi-age cohort campaigns
- **Rapid coverage recovery** for programs that were set back by Covid and supply delays
- **Sustainability through integration** into EPI and primary healthcare, while maintaining HPV-specific strategies

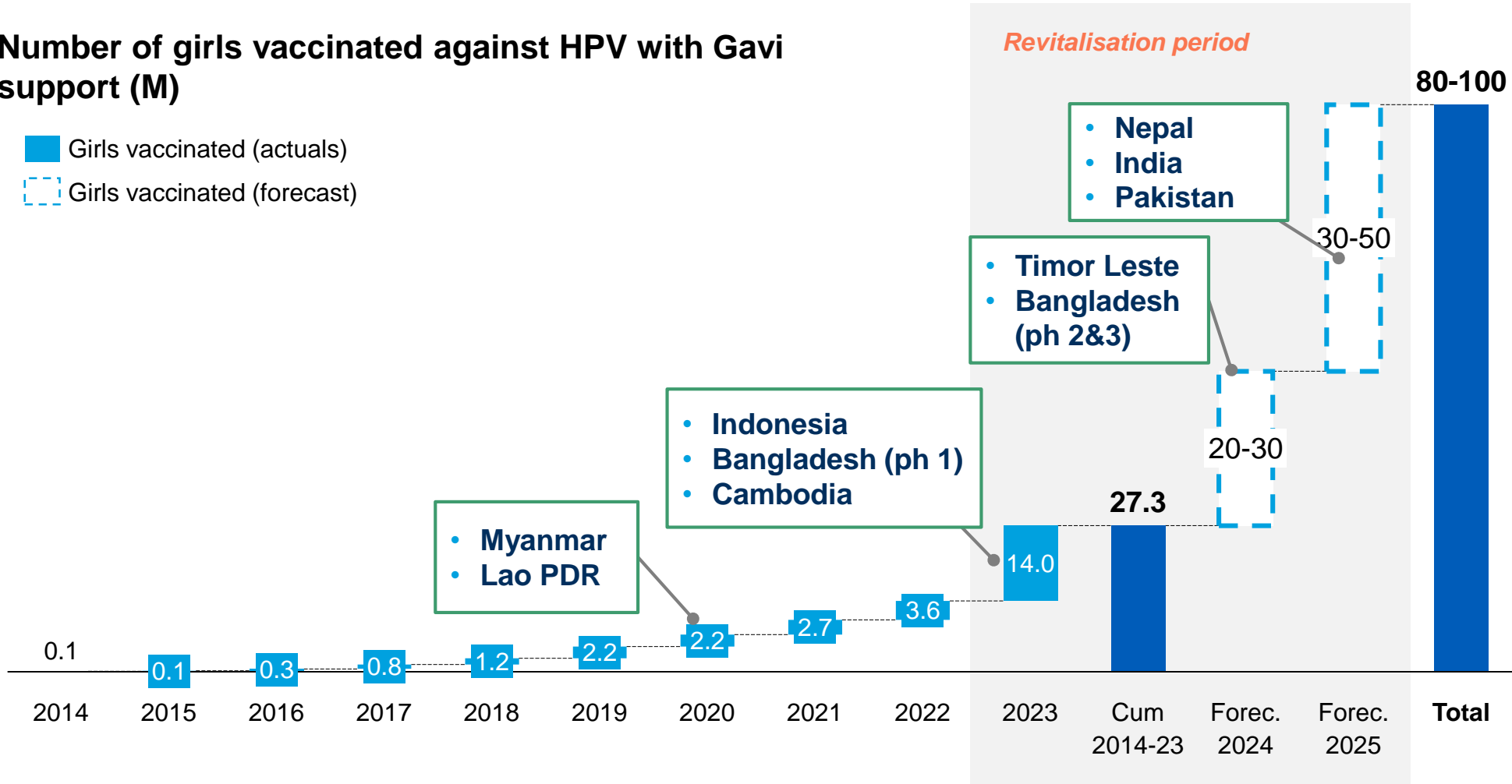
Overall Goal: To vaccinate 86 million girls against HPV by end of 2025.



HPV revitalisation is contributing to a rapid scale up of HPV vaccination

Number of girls vaccinated against HPV with Gavi support (M)

■ Girls vaccinated (actuals)
 □ Girls vaccinated (forecast)



Other upcoming launches in the region

2024

- Mongolia

2025

- Cambodia (MAC)
- Philippines (TBC)

2026

- Vietnam (TBC)
- Myanmar (delayed MAC)

Current HPV and Gavi eligibility programme status of countries attending CHIC symposium



Gavi eligibility and program status

Gavi-eligible Countries

Planning HPV introduction

Nepal
Pakistan

HPV Introduced

Bangladesh
Cambodia
Lao PDR
Myanmar
Timor Leste

Middle-income Country support

Not yet applied for Gavi support

Philippines

Planning HPV introduction

Vietnam
Mongolia

HPV Introduced

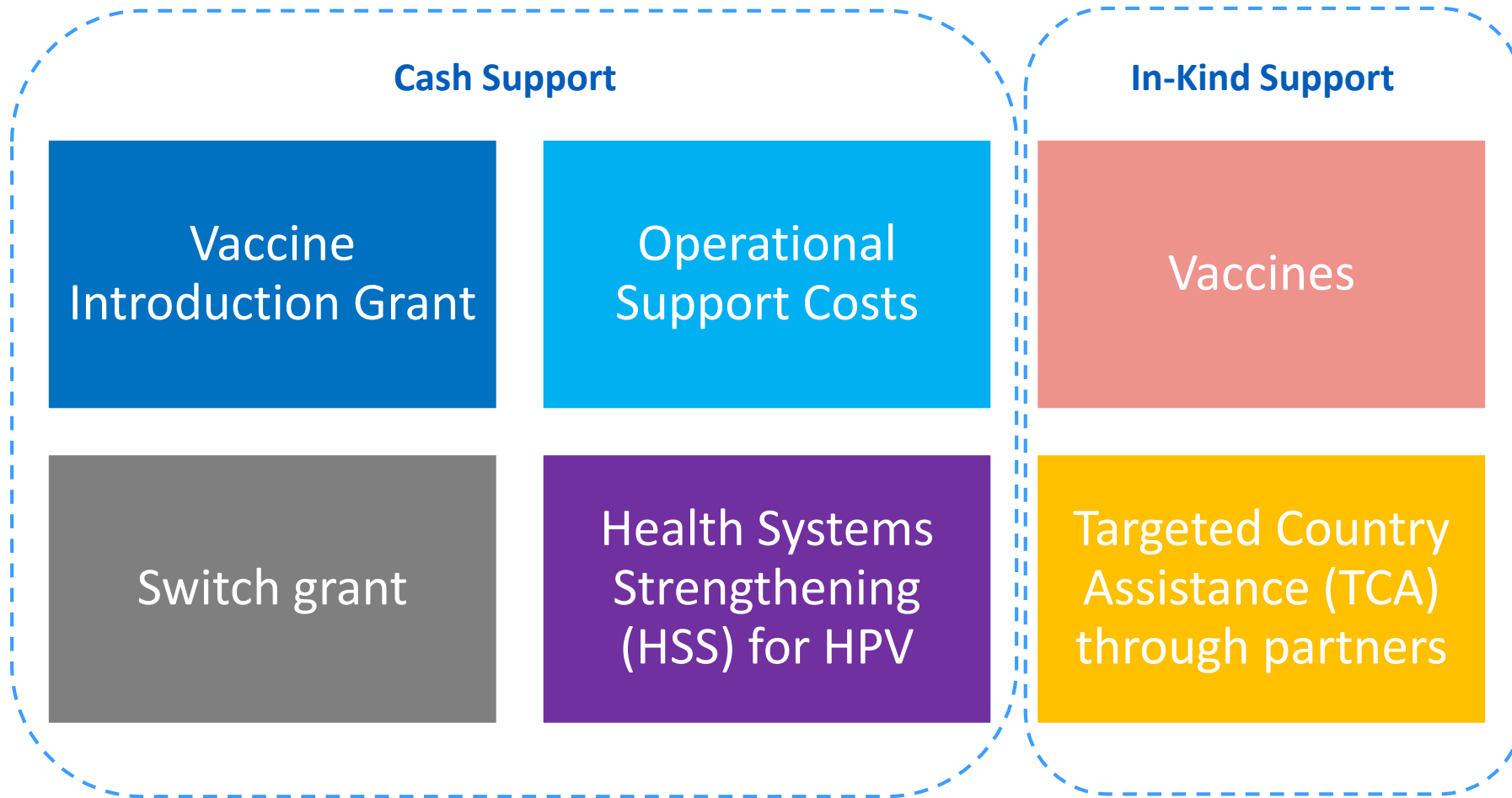
Indonesia

Funding support mechanisms for Gavi-eligible countries

gavi.org



Gavi provides multiple funding options to support revitalization of country HPV vaccination programmes



Support available from Gavi for new HPV introductions

	Funding	Vaccines	Process and requirements
Routine Cohort (i.e., 9 years)	<ul style="list-style-type: none"> Vaccine introduction grant (VIG) \$2.40/target girl in routine cohort 	Co-financing applies	Independent Review Committee (IRC) <ul style="list-style-type: none"> Pre-screening IRC review <ul style="list-style-type: none"> HPV specific documents required
Multi-Age Cohort (MAC) (i.e., 10-14 years)	<ul style="list-style-type: none"> Operational cost grant: \$0.45/\$0.55/\$0.65 / target girl in MAC cohort (Depending on transition status) 	No co-financing required	

HSS funding opportunities for HPV

1. Reallocation of existing funds to support HPV activities
 - up to 20% country's approved HSS grant to support HPV activities
 - Countries required to follow new reallocation operating guidelines (OG) and document programme and budget shifts
2. Allocation of funds to support HPV activities during FPP
3. HSS Top Up funds – see next slide

Countries at all stages (pre-application to introduction/MACs and beyond) are encouraged to **consider opportunities to utilise HSS funds** to build and sustain high coverage HPV vaccinations as a part of the routine immunisation programme.



WHO Prequalified HPV vaccines offered through Gavi

Trade Name and manufacturer	Cecolin® Xiamen Innovax Biotech Co. Limited (Innovax), China	Cervarix™ GlaxoSmithKline Biologicals (GSK), Belgium	Gardasil® Merck/MSD, USA
Valency, HPV types included	Bivalent; 16/18	Bivalent; 16/18	Quadrivalent; 6/11/16/18
1-dose data	Available	Available	Available
Presentation	Single dose vial (0.5ml), liquid	Multidose vial (1.0 ml; 2 doses), liquid	Single dose vial (0.5ml), liquid
WHO PQ decision	2021	2009	2009
Shelf life	3 years	5 years	3 years
Price per dose	\$2.90	\$5.18	\$4.50

Vaccines provided through Gavi are co-financed between Gavi and Ministry of Finance, with amounts determined based on GNI per capita thresholds

Gavi support is also available for Targeted Country Assistance (TCA)

Sample activities

- Evidence analysis and decision making
- Applications
- Programme planning
- Social mobilization, advocacy, and communications
- Logistic and supply management
- Vaccine delivery
- Monitoring and supervision
- Evaluation
- Routine immunization strengthening

Sample partners



Fund source

- Allocation of Gavi TCA funds to support HPV activities during annual TCA planning or FPP
- TCA Top Up funds - For countries with constraints under existing TCA ceilings

Funding support mechanisms for middle-income countries

gavi.org



Support available for Middle Income Countries (MICs) for HPV introductions

Intervention area	Support
Foundational building blocks (Global & regional support)	Advocacy to galvanise political commitment
	Multi-country technical assistance
	Peer-to-peer learning platforms for MICs



Country eligibility

- 19 Former-Gavi eligible
- 27 Never-Gavi eligible

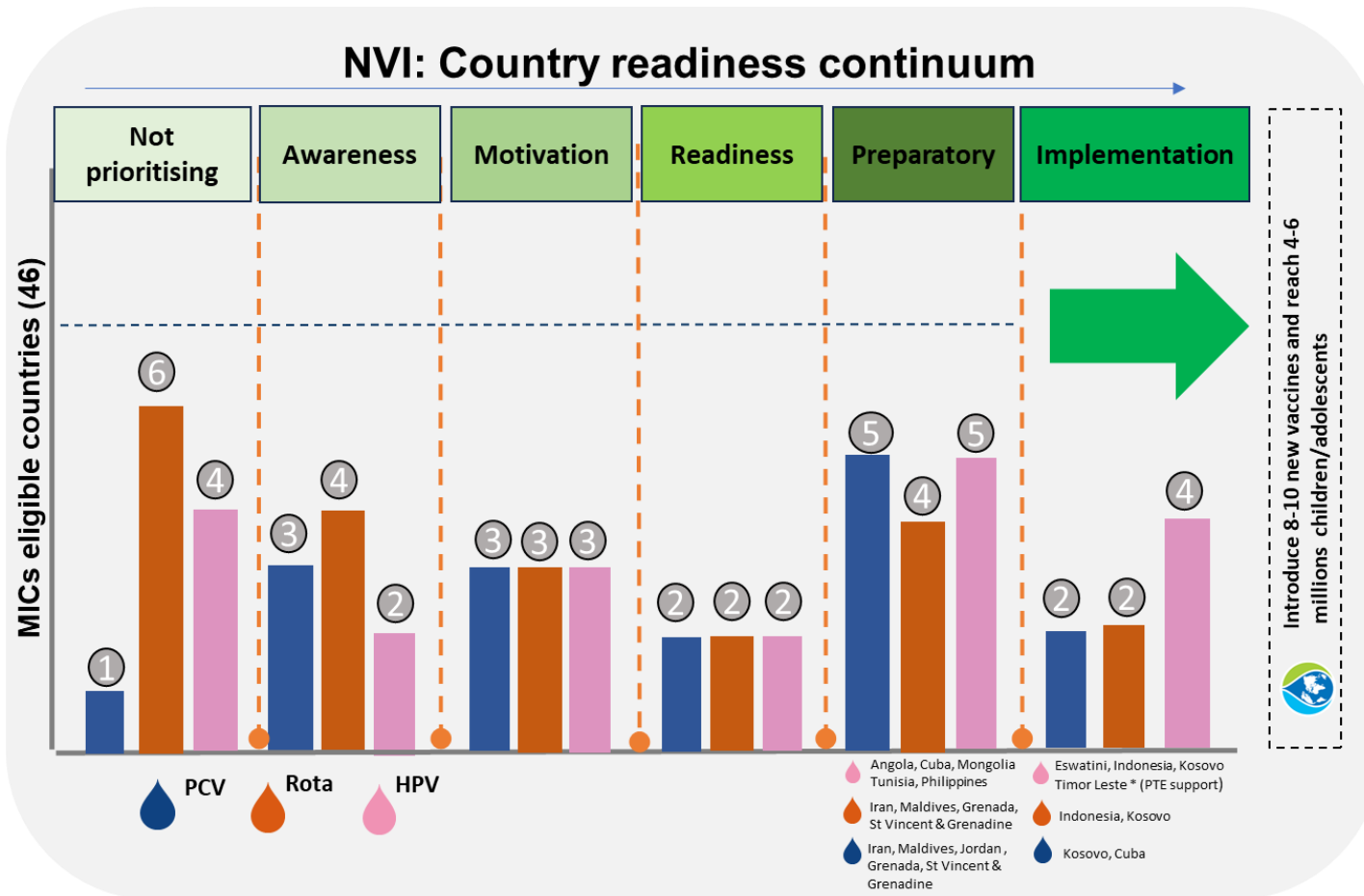
Responsive & catalytic tools (Support to individual countries)	New vaccine introductions (NVI) <ul style="list-style-type: none"> ➤ Technical assistance ➤ Flexible, one-off funding to cover costs related to new vaccine introduction ➤ Vaccine catalytic financing (50% of a first cohort, procurement via UNICEF SD or PAHO RF)
	Facilitating access to pooled procurement mechanisms in collaboration with UNICEF SD (MICs Financing Facility, MFF)



- Support is catalytic;
- Available till the end of 2025

Country level support: MICs Approach has triggered decision-making, advanced introduction dates, & supported access to procurement tools

Country readiness continuum as of September 2024



- **4 MICs introduced HPV, including:**
 - **Indonesia** (HPV & Rota) TA implementation
 - **Timor Leste** (HPV, PTE support), implementation
- **5 MICs are in preparatory phase for HPV launch, including:**
 - **Mongolia** (HPV) TA Implementation
 - **Philippines** (HPV) TA in development
- **2 countries are in readiness phase for HPV launch, including:**
 - **Viet Nam** (HPV) NVI application (VCF/OOC) submitted to Sept IRC, 2024

MICs Approach – access to sustainable supply & affordable pricing*

In addition to funding and procurement support, MICs can benefit from the Alliance's broader market shaping work and pooled procurement.

Three fundamental determinants of achievable vaccine price (within governments' direct control):

- Demand predictability and materialisation
- Product choice
- Procurement approach, including choice of procurement channel

HPV prices available through pooled procurement mechanisms:

- UNICEF** HPV prices: <https://www.unicef.org/supply/media/20651/file/HPV-vaccine-prices-06022024.pdf>
- PAHO RF vaccine prices (2024): <https://www.paho.org/en/documents/vaccine-prices-2024>

Gavi's MICs Approach also supports facilitated access to UNICEF pooled procurement services, by contributing funding to the [UNICEF MICs Financing Facility](#), which offers **pre-financing and special contracting modalities**, with capacity to manage larger transactions and multiyear contracting (most of which may not be possible or available when countries attempt to procure from manufacturers directly).

*More information available on the Gavi website: <https://www.gavi.org/types-support/sustainability/gavi-mics-approach/considerations-access-sustainable-supply-affordable-pricing>

Public UNICEF data shows that former Gavi-eligible countries continue to access the same price as Gavi-eligible countries post-transition for at least one vaccine product in each Gavi-supported vaccine group, underscoring the importance of countries remaining vigilant about **product choice and portfolio optimisation to sustain immunisation costs. Although UNICEF has also established prices for never Gavi-eligible MICs for specific products in a number of vaccine groups (e.g. PCV, rotavirus), there is currently less pricing visibility and a broader range of prices for these countries; however, it is expected that access to affordable vaccine prices is expected to improve over time with aggregated MICs demand, solidified demand forecasts, reduction of regulatory barriers and optimal product choice.



Thank you

Back up

Gavi Programme Funding Guidelines and Vaccine Funding Guidelines contain key resources for countries

Gavi Programme Funding Guidelines

Introduction and the Zero-Dose Agenda

1 Defining programme objectives and activities for Gavi support

1.1 Using the list of recommended objectives

1.2 Innovation

1.3 Gender equality

2 Priority investment areas for Gavi support

2.1 Service delivery

2.2 Human resources for health

2.3 Supply chain

2.4 Health information systems and monitoring and learning

2.5 Vaccine-preventable disease surveillance

2.6 Demand generation and community engagement

2.7 Governance, policy, strategic planning and programme management


2.8 Health financing

Annex 1: Adapting investments to a country's context

Annex 2: Delivery of HPV vaccine

Annex 3: Investments by the IRMA framework

Glossary

 50 of 62

Annex 2: Gavi investments for delivery of HPV vaccine

Gavi supports countries to develop resilient, sustainable HPV vaccination programmes that achieve high coverage. In 2023, Gavi launched an HPV vaccination revitalisation effort to make additional resources and technical assistance available to countries. As a part of this effort, countries are now encouraged to utilise Gavi HSS support to complement other country resources and develop tailored approaches to improve and sustain HPV vaccination coverage.

Based on published summaries of evidence, components of successful HPV programmes include:

- Strong, sustained, and visible advocacy and political commitment from all stakeholders.
- Strong coordination between health, welfare, and education sectors at national, subnational, and local levels.
- Timely distribution of funds, vaccines, supplies, and materials from national to local levels.
- Robust HPV microplanning joined up with other routine immunisation (RI) microplanning and inclusion of multiple vaccination opportunities for in- and out-of-school girls.
- Integrating HPV vaccines with existing routine structures and processes, including consent procedures.
- Conducting vaccination sessions at schools.

Conducting additional vaccination opportunities for populations missed (e.g. out-of-school girls, girls absent from school on vaccination days, girls missed at other outreach or vaccination sessions conducted, etc.).

Printing, distribution, and availability of HPV vaccine recording and reporting tools (e.g. registers, tally sheets, vaccination cards).

Training of health workers and social mobilisers and orientation of education personnel about the HPV vaccine programme and communications. Refresh orientation for staff prior to vaccinations for program doses or cohorts eligible for

Key messages dissemination and communication and engage inform girls and their parent-teacher association women's groups, and other

Sensitisation of all relevant community (e.g. community groups, religious leaders,

Timely and effective response concerns, grounded in a v

Timely and complete coverage low coverage and missed

Technical advice and guidance documents have summarized key areas of focus for designing and implementing HPV vaccinations in LMICs, based on over ten years of documented experience of factors that reduce barriers. Key resources include:

WHO: [Resources for designing, implementing and scaling up HPV vaccination programmes](#)

LSHTM & PATH: [Lessons learnt from human papillomavirus \(HPV\) vaccination in 45 low- and middle-income countries](#)

UNICEF: [Lessons learned and field guides on HPV vaccine communication](#)

Girl Effect: [HPV vaccine campaign tools](#)

Gavi: [How to Talk with Adolescent Girls about HPV Vaccination](#); [How to Talk to Parents about HPV](#)

Vaccine Funding Guidelines 26 | 6 6

3.2 Human papillomavirus vaccine

→ NEW ROUTINE INTRODUCTION

→ NEW ROUTINE INTRODUCTION WITH ADDITIONAL MULTI-AGE COHORT (MAC)

Vaccine-specific mandatory application attachments

- Human papillomavirus (HPV) vaccine implementation plan
- HPV vaccine website
- Ministry of Education signature for school-based strategies
- HPV vaccine introduction budget

→ EXISTING PROGRAMMES, DELAYED MAC

Vaccine-specific mandatory application attachments

- Updated estimates of target population/supply needs
- Updated HPV MAC workplan
- Updated HPV MAC budget
- Abbreviated HPV MAC implementation plan*

* Only countries with a delayed MAC that was pre-approved for the age range 9-14 years and are currently vaccinating a routine cohort at age 9 or 10 years but wish to extend the MAC to age 12 years (or a single-dose schedule will need to submit an abbreviated HPV MAC implementation plan)

→ EXISTING PROGRAMMES, DOSING SCHEDULE SWITCH

Vaccine-specific mandatory application attachments

Notification of dosing switch only:

- NTAG or its equivalent supportive recommendation including Ministry of Health signature

If applying for Switch Grant, the above document and:

- Gavi switch request form
- Switch implementation plan
- Chronogram of key activities
- Copy of HPV vaccination card or EPI calendar
- HPV vaccine switch budget

→ EXISTING PROGRAMMES, VACCINATION COVERAGE IMPROVEMENTS

Vaccine-specific mandatory application attachments

For reallocation of existing health systems strengthening (HSS) grant:

- Narrative description of the activities
- Updated HSS budget reflecting the HPV vaccine activities

To request additional HSS funding:

- Formal request required
- Budget for the additional funds

Access full library of Gavi guidelines

Detailed product profiles

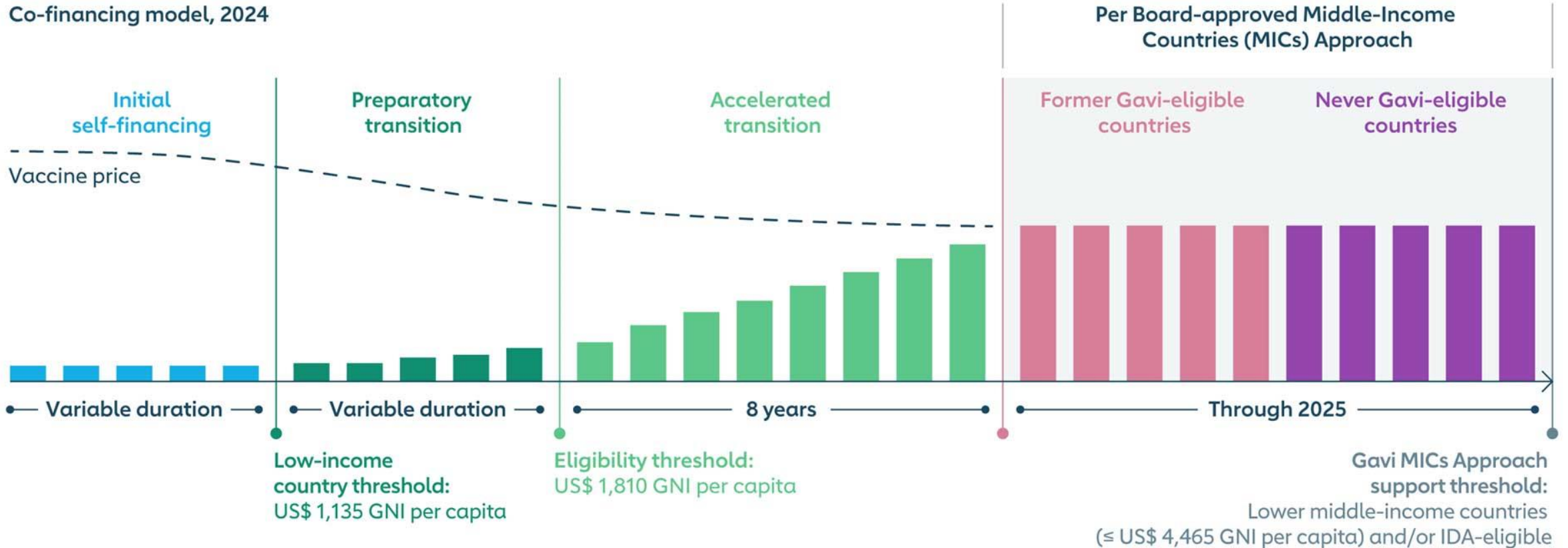
Chapter on HPV within **Vaccine Funding Guidelines** describes opportunities for funding for new introductions and for countries currently vaccinating.

HPV Annex within **Programme Funding Guidelines** includes evidence-based activities across Gavi's priority investment areas and links to key partner resources.

Available on the [Gavi website](#)

Vaccines provided through Gavi are co-financed between Gavi and Ministry of Finance

Co-financing model, 2024



Co-financing amounts determined based on GNI per capita thresholds

Additional HSS funding opportunity: Requesting HSS Top Up for HPV



Eligibility

- Countries demonstrating **need for additional HSS funding** to support HPV-related activities and **capacity to spend before the end of 2025**.



Application

- Countries requested to select from menu of *encouraged* activities outlined in **Programme Funding Guidelines** ([Gavi Programme Funding Guidelines](#))
- **Short narrative for HPV implementation and budget**
- **No duplication** of activities supported under VIGs/Ops/Switch or **displacement of government funding**



Review and approval

- Checklist-based review and approval by Gavi Secretariat cross-functional team

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Annex 1: Adapting investments to a country's context

Annex 2: Delivery of HPV vaccine

Annex 3: Investments by the STIMIA framework

Glossary

Gavi 50 of 62

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- Printing, distribution, and availability of HPV vaccine recording and reporting tools (e.g. registers, tally sheets, vaccination cards).
- Training of health workers and social mobilisers and orientation of education personnel about the HPV vaccine programme and communications. Refresh orientation for staff prior to vaccinations for programmes with time gaps either between doses or cohorts eligible for vaccination.
- Key messages disseminated through a wide range of effective communication and engagement activities and channels that inform girls and their parents and generate demand (e.g. parent-teacher associations, faith communities, youth groups, women's groups, and others).
- Sensitisation of all relevant stakeholders and influencers in the community (e.g. community leaders, youth groups, women's groups, religious leaders, medical providers, CSOs, and others).
- Timely and effective response to rumours and community concerns, grounded in a well-developed crisis communication plan.
- Timely and complete coverage reporting to identify pockets of low coverage and missed populations.

Technical advice and guidance documents have summarized key areas of focus for designing and implementing successful HPV vaccinations in LMICs, based on over ten years of documented experience of factors that reduce barriers and foster uptake. Key resources include:

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Regional Technical Partners for Middle Income Countries

Partner	Countries	Examples of TA focus areas
Core partners Asia Pacific region	Mongolia, Kiribati , Indonesia, Fiji, Viet Nam, Timor Leste, Philippines	Backsliding: Community demand & confidence; Supply chain, cold chain & data mgmt.; NIS development NVI: Analyses on NVI barriers, financing & procurement strengthening; targeted support to Mongolia, Vietnam and Timor Leste for NVI
National Centre for Immunisation Research & Surveillance	Timor Leste, Fiji, Vietnam	TA: (1) Strengthening NITAGs to provide locally-relevant, evidence-based vaccine policy advice; (2) Strengthening national systems to maintain the competency of immunisation providers through continuous immunisation provider education (CIPE), providing ongoing and flexible delivery of locally-tailored, regularly updated training linked to accreditation
PATH	Vietnam, Indonesia	TA: Development and deployment of a toolkit for rapid assessment of immunisation barriers and opportunities; engagement & capacity building of CSOs; development of a budget tool to support immunisation planning at local level; development of tools and resources to support microplanning, focusing on identifying missed communities
Results 4 Development (R4D)	All 46 MICs countries have access to the LINKED platform https://www.linkedimmunisation.org/	Peer learning and knowledge-sharing; Upcoming activities: HPV Demand Generation and Vaccine Acceptance Strategies (upcoming) Dates: October 22-23, 2024;Country Participants: Cuba, Kosovo, Mongolia, the Philippines, and Vietnam Learning Objectives: Through the sharing of peer country experiences, participating countries will be expected to: Share demand generation approaches and tools to build trust, acceptance, and uptake of the vaccine in communities, with special attention to religious and cultural contexts :Identify opportunities for additional and continuous peer-to-peer exchange to support countries' introduction or scale-up of the HPV vaccine Virtual Engagement Topic: Switching to Single-dose HPV Vaccination Dates: October 6, 2024 (est)

