



HPV Vaccination Programs

Cross-country learning and best practices.

HPV Vaccination in Bangladesh

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COALITION to STRENGTHEN
the HPV IMMUNIZATION
COMMUNITY

HPV Vaccination Campaign in Bangladesh



The Government of Bangladesh, supported by **UNICEF**, the **Vaccine Alliance (Gavi)**, and **WHO**, has launched a ground-breaking Human Papillomavirus (HPV) vaccination campaign free of cost. From **2025**, HPV Vaccination is becoming a part of the **routine immunization** program in Bangladesh.

Oct 15, 2023

1st Phase of Vaccine Rollout Started in Dhaka

Oct 24, 2024

2nd phase of Vaccine Rollout Started across the country

5.6 M (93% of those aged 10-14)

Registration already confirmed for HPV vaccination through VaxEPI system

4.8 M (80% of those aged 10-14)

Girls aged 10 to 14 already vaccinated across Bangladesh

90%

Girls aged 15 targeted for vaccination by 2030

Challenges of the Ongoing HPV Vaccination Campaign

-  **Data Gaps & Fragmentation:** Incomplete records lead to inaccurate population estimation
-  **Limited Coverage:** Out-of-school girls, domestic workers, internal displaced population, disabled individuals, undocumented children remain underserved
-  **Unregulated Institutions:** Difficult outreach in Qawmi madrasas (Religious Education Institute) & English-medium schools
-  **Birth Registration Barriers:** Many children lack BRNs, restricting vaccine access
-  **Manual and Aggregated Target Mapping:** Limits real-time tracking and forecasting
-  **Vaccine Hesitancy:** Misinformation, stigma and cultural barriers persist
-  **Operational Challenges:** Long on-site registration times, absenteeism, and vaccine wastage
-  **Lack of Institutional Coordination:** Weak data-sharing mechanism among key stakeholders

Field Experience



Data Verification Improved Accuracy:

Phase 1's reliance on unverified aggregated school data led to vaccine wastage & shortages; Phase 2 verified individual data with school heads, reducing gaps.



Rumor Management Critical:

Misinformation (e.g., 64 girls sick in 1 day) heightened hesitancy; investigation revealed most hadn't even received the vaccine or were simply fasting.



Tailored Communication Works:

Generic messages failed; culturally adapted leaflets in local languages improved acceptance in hill tract communities during Phase 2.

Way Forward

Transition to Individual-Level Tracking:



Enhance accuracy and accountability by shifting from aggregate to individual vaccine data systems.

Leverage Data for Strategic Planning:



Utilize data-driven insights for long-term forecasting, resource allocation, and supply chain optimization.

Implement Targeted Awareness Campaigns:



Design culturally sensitive and context-specific outreach to address misinformation and improve uptake.

Foster Cross-Learning Opportunities:



Encourage regional experience sharing to replicate effective strategies and avoid common pitfalls.

THANK YOU

