

## Overcoming barriers to introduce and scale the HPV vaccine in Middle Income Countries

*Key takeaways from Linked's workshop held on July 11-12th, 2023*



The Linked Immunisation Action Network welcomed immunisation practitioners from four Middle Income Countries along with global and regional technical experts, for a workshop focused on **“New Vaccines Introduction in Middle Income Countries: Overcoming barriers to introduce and scale the HPV vaccine”**. Held in Istanbul, Turkey, on July 11<sup>th</sup> and 12<sup>th</sup> 2023, the objective of this workshop was to facilitate the sharing of approaches, good practices, and lessons learned to support a successful introduction of the HPV vaccine in each participating country. Country government teams from Tunisia, the Philippines, Mongolia, and Vietnam participated, along with experts from academic and partner organizations, including WHO, UNICEF, CDC, and Jhpiego. This brief outlines key learnings and takeaways that arose from the workshop.

Participating countries were at different stages of HPV vaccine introduction. In July 2023 :

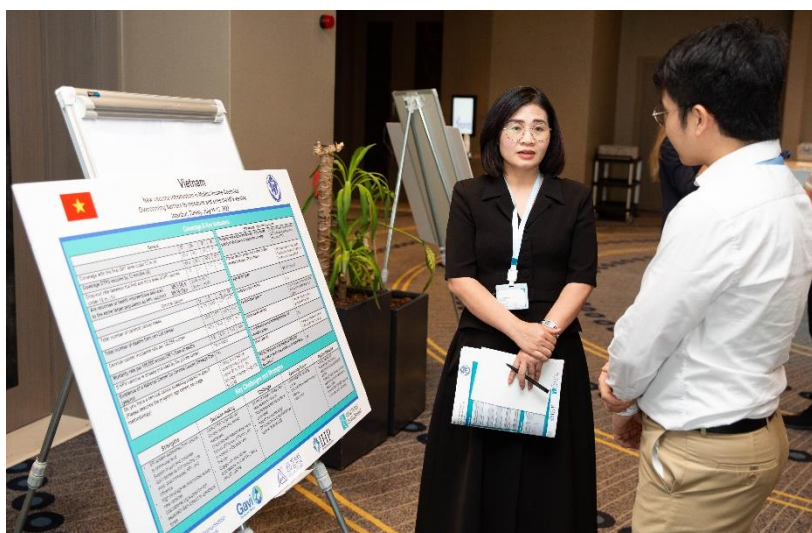
- Vietnam and Tunisia were in the data collection stage, gathering evidence on HPV and cervical cancer prevalence, conducting cost-effectiveness analyses, and deciding on the vaccine product and dose schedule and targeted cohorts.
- Mongolia was at a more advanced stage of readiness, having completed the regulatory requirements for the introduction of the HPV vaccine and starting the planning for a nationwide roll-out.
- The Philippines was at the implementation stage, planning a nationwide scale-up of the HPV vaccine.

The workshop opened with each country sharing their HPV vaccine introduction objectives, decision-making process, and the barriers to successful introduction that they had encountered thus far, as well as those they anticipated encountering as they progressed through the introduction process. The countries shared four key challenges:



- **Building strong stakeholder engagement**, notably: engaging the country's NITAG on key decisions related to product selection, dose schedule, and cohort definition; engaging beyond traditional stakeholders to include faith-based organizations professional associations, and parent groups.
- **Defining and implementing demand generation strategies**, especially to address anti-vaccine campaigns and misinformation through tailored communication strategies, and to increase coverage for vulnerable groups through behavior change interventions and parental engagement.
- **Designing effective service delivery approaches** by leveraging school platforms to reach targeted cohorts and using electronic registration to effectively record HPV vaccination rates.
- **Ensuring the conditions for sustainable financing**, particularly by mobilizing domestic and external funding for the vaccine as well as accessing and negotiating lower prices beyond 2025.

This workshop represented a unique opportunity for participating countries to engage in cross-regional collaborative learning. Each country delegation developed a situational analysis where they identified key decision steps laying ahead and reflected on their level of influence to accelerate their completion. Technical presentations from



expert participants shared global evidence on the HPV vaccine and best practices for introduction, as well as lessons learned from country experiences introducing the HPV vaccine in Armenia, Georgia, Moldova, and Uzbekistan. Then, using interactive peer-to-peer discussion, experience sharing and collaborative problem solving, they brainstormed potential strategies and good practices to address the challenges in their own countries.

Distilling from these rich discussions, five key takeaways emerged from the workshop:

1. **A critical step in the journey to introduce is selecting the HPV vaccine product and its corresponding dose schedule.** Since December 2022, WHO recommends introducing either a 1-dose or a 2-dose vaccination schedule, as trials with data on single-dose vaccination showed that single-dose HPV vaccination was highly efficacious (> 95%) over 3 years. Choosing or switching to a single dose vaccination schedule can lower costs, simplify delivery, and provide new integration opportunities.

- 2. Timely intersectoral planning and coordination, across health, education, and finance departments is critical to successful implementation and sustainability.** Countries learned from successful experiences in the EURO region with the establishment of institutional coordinating bodies and multiple rounds of stakeholder discussions and sensitization before making the decision to introduce. These experiences showed the need for advocacy at different stages, grounded in strong evidence, such as cervical cancer disease burden, vaccine efficacy, safety and economic evaluations.
- 3. When identifying the right cohort for introduction, participating countries shared different strategies, based on age and gender.** Considerations of cost, availability of Gavi funding, as well as delivery strategies were mentioned. For example, some countries were planning a tiered introduction for ease of delivery, targeting grades instead of age groups. A few countries planned to introduce the vaccine to both genders to help minimize stigma associated with the HPV vaccine.
- 4. A school-based delivery strategy was identified as the most appropriate method for delivering the HPV vaccine both in terms of costs and ease of planning.** Including schools in the strategy attained the highest coverage across many countries which successfully rolled-out the HPV vaccine. In schools, grade-based eligibility was logistically easier to implement than age-based eligibility. In some countries, the HPV vaccine was successfully delivered within a package of additional health services for children and adolescents. Advocacy and communication strategies were delivered to parent and teachers groups before school began.
- 5. Communication campaigns and demand generation strategies should be embedded in the planning phase, not after the vaccine is introduced.** Many countries plan for communications activities to begin before introduction activities with some countries targeting to start their communication campaigns 5 months before roll-out. A good practice is to engage parents and teachers before the vaccine is introduced as a way to minimize vaccine hesitancy. Finally, countries discussed how choosing an opt-out process, whereby parents must select to exempt their child from vaccination, was more successful than an opt-in consent form where parents must select to have their child get the vaccine.

To further enrich the discussion on sustainable financing, country participants were able to clarify and discuss the new vaccine introduction support available from Gavi to Middle Income Countries (both never and former Gavi eligible countries). This support comes in the form of vaccine catalytic funding, technical assistance, and flexible funding for one-off costs. More information on this suite of targeted and catalytic tools can be found [here](#).

As a final exercise, each delegation developed an action plan to accelerate the introduction and scale-up of the HPV vaccine in their country. Action plans were shared and reviewed by peer countries to allow for questions, feedback and suggestions. This peer-to-peer review facilitated the sharing of



additional lessons learned and good practices, notably on how to influence the decision-making process. Country-level partners actively contributed to the conversations and will play a critical role in supporting each delegation make progress on implementation of their action plan after the workshop.

We are very grateful for the active engagement from our country participants, partners, presenters, and facilitators. For those of you who did not attend the meeting, the presentations and session recordings can be found [here](#) on our website. If you are interested in learning more about a specific theme or country experience discussed during this workshop, please let us know!