

## Mongolia

New vaccine introduction in Middle Income Countries:
Overcoming barriers to introduce and scale the HPV vaccine
Istanbul, Turkey, July 11-12, 2023



## **Coverage & Key Indicators**

Coverage & Re					tey illulo		
General							
	19	20	21	22	Status of HP please spec		
Coverage with the first DPT dose under 12 m.(%)	99	98	97	97	coverage		
Coverage DTP3 vaccine by 12 months (%)	98	96	95	95	Vaccine pro		
Drop-out rate between the first and third dose of DPT vaccine under 12 m. (%)	2.5	1.1	3.6	3.5			
Are vaccines or health interventions delivered <u>DT 1st dose</u>	98	89	91	91	HPV vaccine		
to the same target population as HPV vaccine? <u>DT 2<sup>nd</sup> dose</u>	95	90	88	89	Age of girl c		
Cervical Cancer	Cervical Cancer						
Total number of cervical cancer cases	333	480	312	318	% of girls red		
Total number of deaths from cervical cancer	150	121	116	-	% of girls ful the age of 19		
Cervical cancer incidence rate per 100,000 women	20.6	29.7	19.1	18.8	Mass camp		
Mortality rate per 100,000 women OR % from all deaths	-	_	_	-			
If HPV vaccine is already provided by the private sector					Facility-bas		
ii nev vaccine is alleady provided by the private sector	-	_	_		School-base		
					% of girls wh		
Existence of a National Cancer (or Cervical Cancer) Strategic Plan (yes/no)	-	-	-	-	attending so		
Do you have a cervical cancer screening program in place?	-				Mixed (yes/		
(Please describe the program: age cohort, coverage,					Is HPV vacci		
methodology)					vaccines or		
					nonulation?		

HPV Vaccine – Introduction							
Status of HPV vaccine introduction: if pilot only please specify at what level and geographic coverage	Piloted with 11-15yo girls in 2 provinces; planned for girls and boys age 11 starting in 2023						
Vaccine product and # of doses		dose of 4vVPH types 6, 11, 16, 18 Merck Co.inc					
	19	20	21	22	23		
HPV vaccine coverage (%)	-						
Age of girl cohort (years)	11-15 years old						
% of girls receiving first dose	77.3						
% of girls receiving second dose	64.7						
% of girls fully vaccinated with the HPV vaccine by the age of 15	-	-	-	-	-		
Mass campaign (yes/no)	-	-	-	-	-		
Facility-based (yes/no)	-	-	-	-	-		
School-based (yes/no)	-	-	-	-	-		
% of girls who are not currently enrolled in or attending school	-	-	-	-	-		
Mixed (yes/no) and girls reached or targeted (%)	-	-	-	-	-		
Is HPV vaccine already integrated with other vaccines or health intervention for the same target population?	-						

## **Key Challenges and Strategies**

	Strengths		Decision making		Challenges		Explaining Factors		Possible Strategies
	All routine childhood NIP vaccines quality-	•	Disease burden	•	Decreased trust in	•	Vaccine hesitancy	•	Improve communication
	assured through WHO prequalification	•	Socioeconomic impact		appointments and				with the public and HCWs
	system and financed by govt	•	Estimate cost associated with		vaccines, especially after			•	Disseminate evidence-
ŀ	Immunization clinics well planned and		NVI: vaccination schedule,		COVID				based information using
	organised; > 95% services ensured through		funding						multiple media sources
	fix sites; plans to reduce vaccine wastages		Discuss with planning and					•	Organize and expand inter-
	High attention to reach every child,		coordination committee						sectoral cooperation
	including migrants and poor		Obtain approval of Ministry of						·
	New law includes HPV introduction and		Finance						
	funding for vaccine purchase								
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