



Vietnam

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

General					HPV Vaccine – Plans for Introduction	
	19	20	21	22	Plans for HPV vaccine introduction – if pilot please specify at what level and geographic coverage	To be introduced in some provinces in 2023, expanded gradually to reach nationwide in 2030
Coverage with the first DPT dose under 12 m.(%)	96.0	96.3	87.2	91.9		
Coverage DTP3 vaccine by 12 months (%)	89.0	94.2	83.2	90.6		
Drop-out rate between the first and third dose of DPT vaccine under 12 m. (%)	7.0	2.1	4.0	1.3	Planned vaccine product and number of dose strategy (one dose OR two doses)	HPV quadrivalent vaccine, 3 doses. The Drug Administration of Vietnam is reviewing the 2 dose schedule
Are vaccines or health interventions delivered to the same target population as HPV vaccine? MR 1-14y.o MR 16-17y.o	2014-15: 98.2% 2016-17: 94.9%					
Cervical Cancer					Age cohort (year)	Girls at 12 years old
Total number of cervical cancer cases	14	15	16	17	Mass campaign (yes/no)	Yes
Total number of deaths from cervical cancer	8,785	8,982	9,187	9,375	Facility-based (yes/no)	Yes, for girls who do not go to school or miss immunization sessions at school.
Cervical cancer incidence rate per 100,000 women	3,805	3,876	3,955	4,034	School-based (yes/no)	Yes, HPV vaccine is mainly administered at school.
Cervical cancer incidence rate per 100,000 women	19.09	19.32	19.57	19.77	% of girls who are not currently enrolled in or attending school	5%
Mortality rate per 100,000 women OR % from all deaths	8.27	8.34	8.43	8.51	Mixed (yes/no)	Yes (at school-based first then at facility-based later for catch-up)
If HPV vaccine is already provided by the private sector?	Not available				Will the HPV vaccine be integrated with other vaccines or health intervention for the same target population?	No
Existence of a National Cancer (or Cervical Cancer) Strategic Plan (yes/no)	Yes					
Do you have a cervical cancer screening program in place? (Please describe the program: age cohort, coverage, methodology)	Cytology and smear test screening every 3 years for women 21 to 70 y.o; 26% coverage for women 25-65; 31% for 30-49					

Key Challenges and Strategies

Strengths	Decision making	Challenges	Explaining Factors	Possible Strategies
<ul style="list-style-type: none"> EPI system established from national to communal level Support of govt and ministries Govt decree for NVI including rotavirus, pneumococcal, HPV, and influenza High coverage as communities accept new vaccines International org support for NVI, especially Gavi support to operational funds 	<ul style="list-style-type: none"> Conduct NVI budget advocacy Simplify vaccine procurement mechanism Coordinate with relevant Ministries (ie Ministry of Finance, of Planning and Investment, of Education and Training) Engage with international organizations such as GAVI, WHO, UNICEF, UNFPA 	<ul style="list-style-type: none"> Not enough budget to introduce new vaccines early and at scale Vaccine procurement mechanism is complicated Price of new vaccines is high GAVI/UNICEF have no prices for new vaccines for 2026-2030 	<ul style="list-style-type: none"> Limited budget and competing priorities Difficult and time-intensive to procure vaccines Vaccine price 	<ul style="list-style-type: none"> Advocacy meetings with congressmen of the National Assembly to allocate budget for EPI and NVI Ministry of Health revises the current vaccine procurement mechanism to make it simpler Work with GAVI/UNICEF to set price of new vaccines for next period