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**

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<tr>
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<th>19</th>
<th>20</th>
<th>21</th>
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<tbody>
<tr>
<td>Coverage with the first DPT dose under 12 m.(%)</td>
<td>96.0</td>
<td>96.3</td>
<td>87.2</td>
<td>91.9</td>
</tr>
<tr>
<td>Coverage DTP3 vaccine by 12 months (%)</td>
<td>89.0</td>
<td>94.2</td>
<td>83.2</td>
<td>90.6</td>
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<tr>
<td>Drop-out rate between the first and third dose of DPT vaccine under 12 m. (%)</td>
<td>7.0</td>
<td>2.1</td>
<td>4.0</td>
<td>1.3</td>
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**Cervical Cancer**

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<tbody>
<tr>
<td>Total number of cervical cancer cases</td>
<td>8,785</td>
<td>8,982</td>
<td>9,187</td>
<td>9,375</td>
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<tr>
<td>Total number of deaths from cervical cancer</td>
<td>3,805</td>
<td>3,876</td>
<td>3,955</td>
<td>4,034</td>
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<tr>
<td>Cervical cancer incidence rate per 100,000 women</td>
<td>19.09</td>
<td>19.32</td>
<td>19.57</td>
<td>19.77</td>
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<tr>
<td>Mortality rate per 100,000 women OR % from all deaths</td>
<td>8.27</td>
<td>8.34</td>
<td>8.43</td>
<td>8.51</td>
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**HPV Vaccine – Plans for Introduction**

- **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

- **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

- **Age cohort (year)**
  - Girls at 12 years old

- **Mass campaign (yes/no)**
  - Yes

- **Facility-based (yes/no)**
  - Yes, for girls who do not go to school or miss immunization sessions at school.

- **School-based (yes/no)**
  - Yes, HPV vaccine is mainly administrated at school.

- **% of girls who are not currently enrolled in or attending school**
  - 5%

- **Mixed (yes/no)**
  - Yes (at school-based first then at facility-based later for catch-up)

- **Will the HPV vaccine be integrated with other vaccines or health intervention for the same target population?**
  - No

Key Challenges and Strategies

**Strengths**

- 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

**Decision making**

- 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

**Challenges**

- 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

**Explaining Factors**

- Limited budget and competing priorities
- Difficult and time-intensive to procure vaccines
- Vaccine price

**Possible Strategies**

- 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