HPV Demonstration Programme
Update and initial lessons learnt on programme design

HPV Subteam
Geneva, Switzerland
June 17, 2014
Most recent data on cervical cancer shows higher mortality in less developed regions.

Cervical cancer:

- **Incidence** (per 100,000)
  - Less developed regions: 17.8
  - More developed regions: 9.8

- **Mortality** (per 100,000)
  - Less developed regions: 9.1
  - More developed regions: 3.2

Source: Sanjose et al. HPV and related cancers in GAVI countries, *Vaccine* 2012 12;30 (Suppl 4)
Specific Cervical Cancer problems in less developed regions

- Little disease understanding: women present with symptoms and cancer already spread
- More than 80% of women have no access to screening
- Treatment – including palliative care - not widely available

To address specific challenges, HPV programs were designed with two pathways.

**Pathway 1**
- Country applications
- Nat’l Intro IRC Approval Process
- Not approved
  - Demonstrated ability needed
- Approved
- National Introduction

**Pathway 2**
- Country applications
- Demo IRC Approval Process
- Approved
- Year 1 Demo
  - Scale-up to Nat’l? “Go/No-Go”
- “Go”
- Year 2 Demo
- “No Go”
Board decision defined three goals for Demonstration Programme

- **Learn by doing:**
  - Assess potential HPV vaccine delivery strategies for coverage, feasibility, acceptability, and cost in order to generate evidence for decision-making on national introduction with GAVI’s support.
  - Adapt and/or develop tools to be used for future potential national introduction (e.g. record keeping, monitoring, IEC, social mobilization, training materials, etc.)

- **Integrated delivery of adolescent health interventions:**
  - Explore the feasibility of integrating selected adolescent health interventions with the delivery of HPV vaccine.

- **Comprehensive approach to cervical cancer prevention:**
  - Encourage integration of primary prevention through HPV vaccination into a national cervical cancer prevention and control strategy.
HPV Program only started in 2012 and progressed steadily according to plan.

<table>
<thead>
<tr>
<th>Year</th>
<th>Q3-4</th>
<th>Q1-2</th>
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<tbody>
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<td>2011</td>
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<td>Funding Envelope</td>
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<td>Demo Programme Design</td>
<td>First Country Evaluation</td>
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<td>11 Applications</td>
<td>7 EOI</td>
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<td>HPV Tender</td>
<td>Supply Issue with Merck</td>
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<td>2015</td>
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Program developed and implemented with a larger than usual partnership
Strong demand from countries so far

- Almost 50% of GAVI Eligible Countries applied
- IRC Approval rate: 88%

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<th>Status</th>
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<td>Approved</td>
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<td>Launched</td>
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* Analysis includes all countries approved and countries who applied for demo and national programmes
Several successes in this first year of operations

- Demo projects started in time in Ghana, Kenya, Lao PDR, Madagascar, Malawi, Mozambique, Niger, Sierra Leone, and Tanzania
- Based on preliminary administrative data countries able to reach / surpass 50% coverage target
- More focused pre-emptive Technical Assistance provided better support to countries preparation
  - May 2014 Dakar preparatory workshop
Strong partnership alignment key for success

- Clear distribution of Technical Assistance provides support to country implementation
- Closer to real-time data: WHO/AFRO coordination process focused on strong information flow with countries
- Adolescent Health assessment toolkit developed by UNICEF, UNFPA and WHO
In country alignment and prioritisation required extra efforts

- Understanding of program needs not straightforward
- Need for extensive coordination across and within ministries, NGOs, academic institutions and partners
- Non-immunization stakeholders have prominent roles reflecting diverse interest from cancer, adolescent and women’s health
- Competing priorities within schools (child health week, HIV/malaria activities, exams, etc.)
Program planning presents specific challenges

- **Accurate sizing of target population is complex**
  - Identify and reach hard-to-reach girls difficult

- **Cost of mix of delivery strategies difficult to estimate precisely and often more expensive than originally planned**

- **Correct district selection to ensure better assessment of target, population size, and budget requirements**
  - 3 of 10 countries modified their approved district selection

Updating registries and cards in Sierra Leone for 2nd dose of HPV vaccine
Specific program features and challenges require specific answers

- Careful analysis required to assess outreach activities as critical tool to achieve equity and sustainable delivery strategies.
- Some refusals form private schools, religious leaders and parents
- Consent and adolescent target age group triggered specific challenges
- Clear communication and guidance on Adolescent Health assessment key for success
  - 1 country completed and 3 are in the process of the adolescent health desk review using new prioritization tool
Important learning collected also on program design and next steps

- Several strategies required to locate and vaccinate eligible girls
  - Schools, health facilities, community centres, outreach, mapping, defaulter tracing, mixed, etc.

- More flexibility and time required for countries to plan and learn from experiences and data
  - 4 months to review evaluation data, decide on adolescent health integration and plan for year 2

- Need for a second year of demonstration to complete the learning agenda emerging in some countries
Program design provided the required effective problem solving environment for learning

- Demonstrations proven necessary to provide platform for learning and sustainability to country and partners
- Program set-up greatly facilitated countries engagement and created environment for south-to-south learning
- Program design provided effective platform for Adolescent Health integration at country level
Conclusions & Next Steps

- Demonstration setup proven to be right
- High acceptance in most populations: very encouraging administrative coverage reported in most countries
- Adolescent health integration planning progressing successfully
- Accurate costing and innovative strategies to vaccinate hard-to-reach essential for sustainable and equitable delivery
- Learning on timing and requirements for transition to national still required - full evaluations available in 2015
- Successful partnership key for good results
Thank you for your attention!

www.gavialliance.org