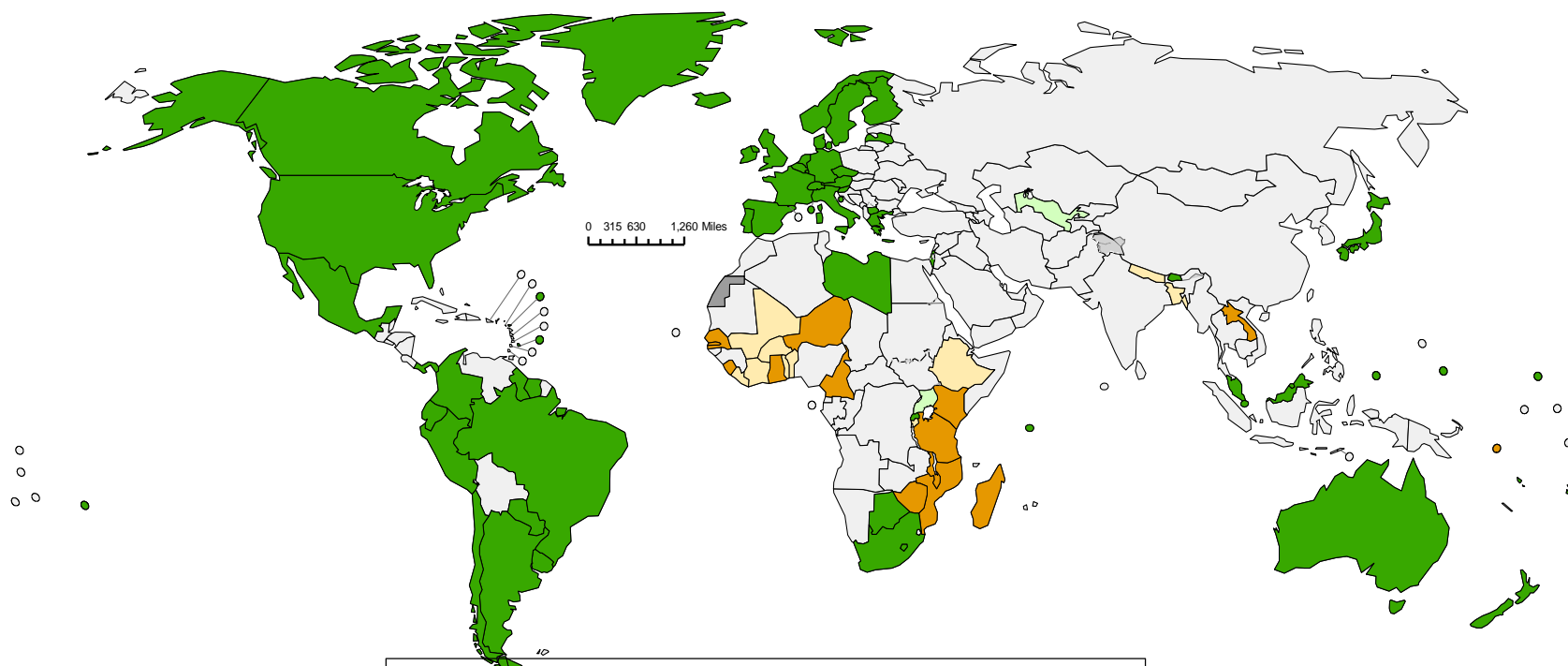


HPV prevention and control: Overview of activities, accomplishments and challenges in WHO European Region

L. Mosina, Technical Officer,
WHO Regional Office for Europe

Introduction of HPV vaccine, 2015



■	Introduced* to date	(64 countries or 33%)
■	Gavi supported nationwide introduction	(4 countries or 2%)
■	Gavi Demo projects (started to date)	(17 countries or 9%)
■	Gavi Demo projects (to start in 2016/17)	(7 countries or 4%)
■	Not Available, not Introduced / no plans	(103 countries or 53%)

* Includes partial introduction but excludes countries where vaccination is temporarily interrupted

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. ©WHO 2015. All rights reserved.

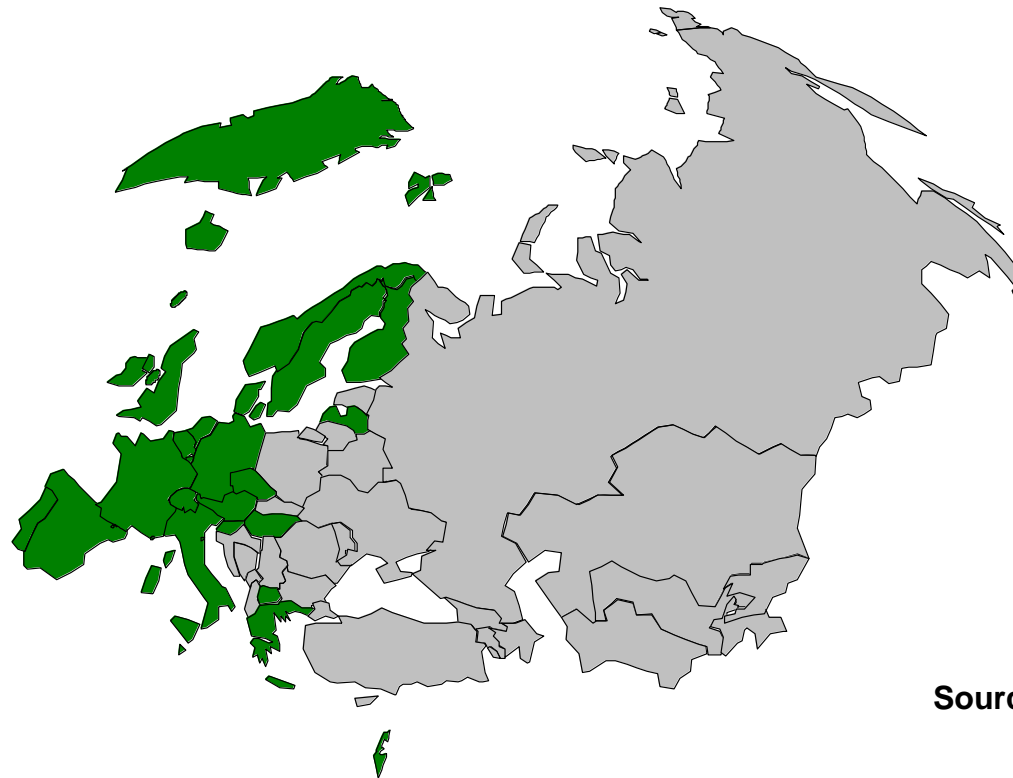


World Health
Organization
REGIONAL OFFICE FOR
Europe

Data source: WHO/IVB Database, as of 06 November 2015
Map production: Immunization Vaccines and Biologicals (IVB),
World Health Organization

Introduction of HPV vaccine in WHO European Region, 2015

■ Introduced (28)
■ Not introduced

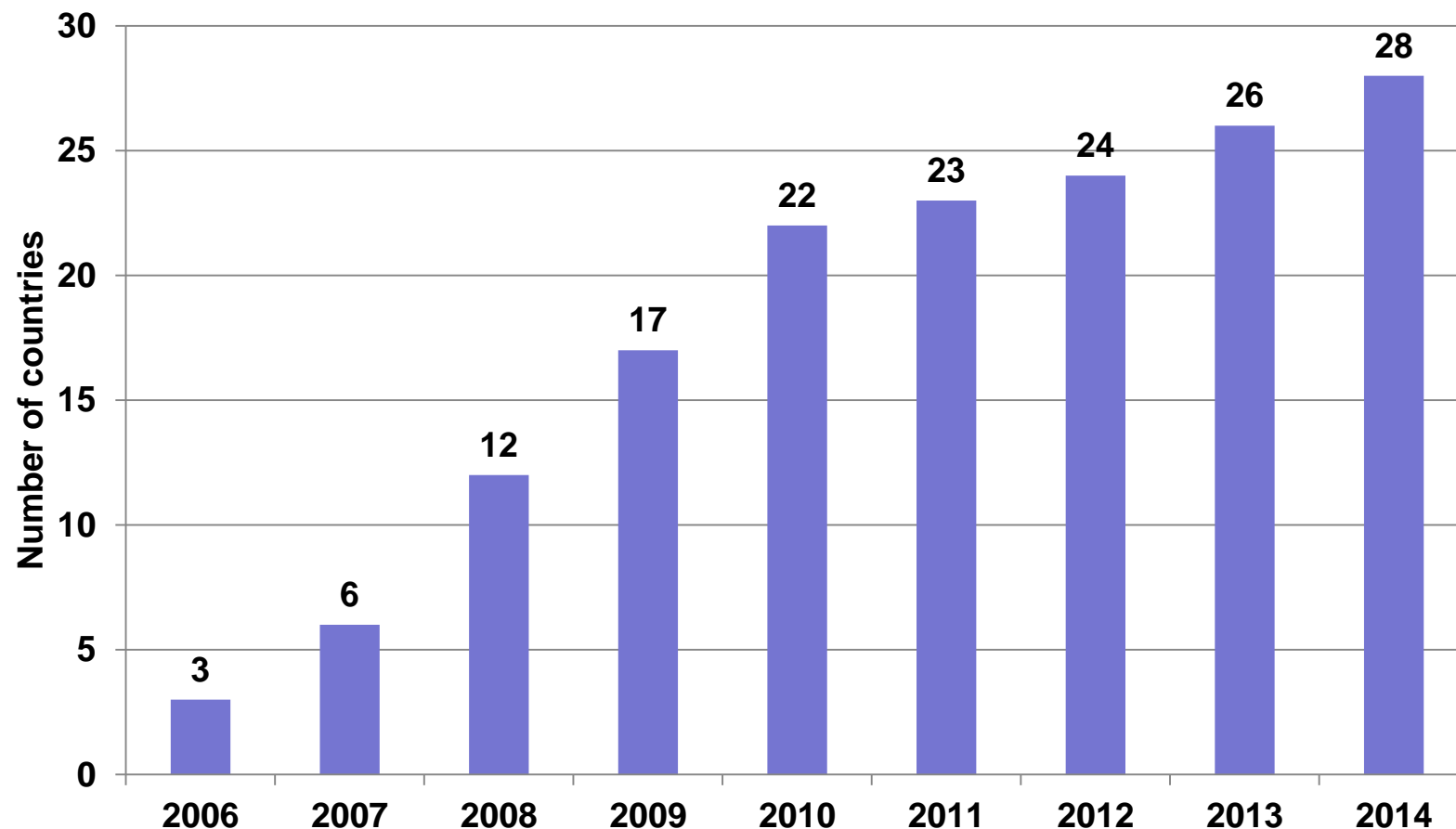


Source: WHO/UNICEF JRF

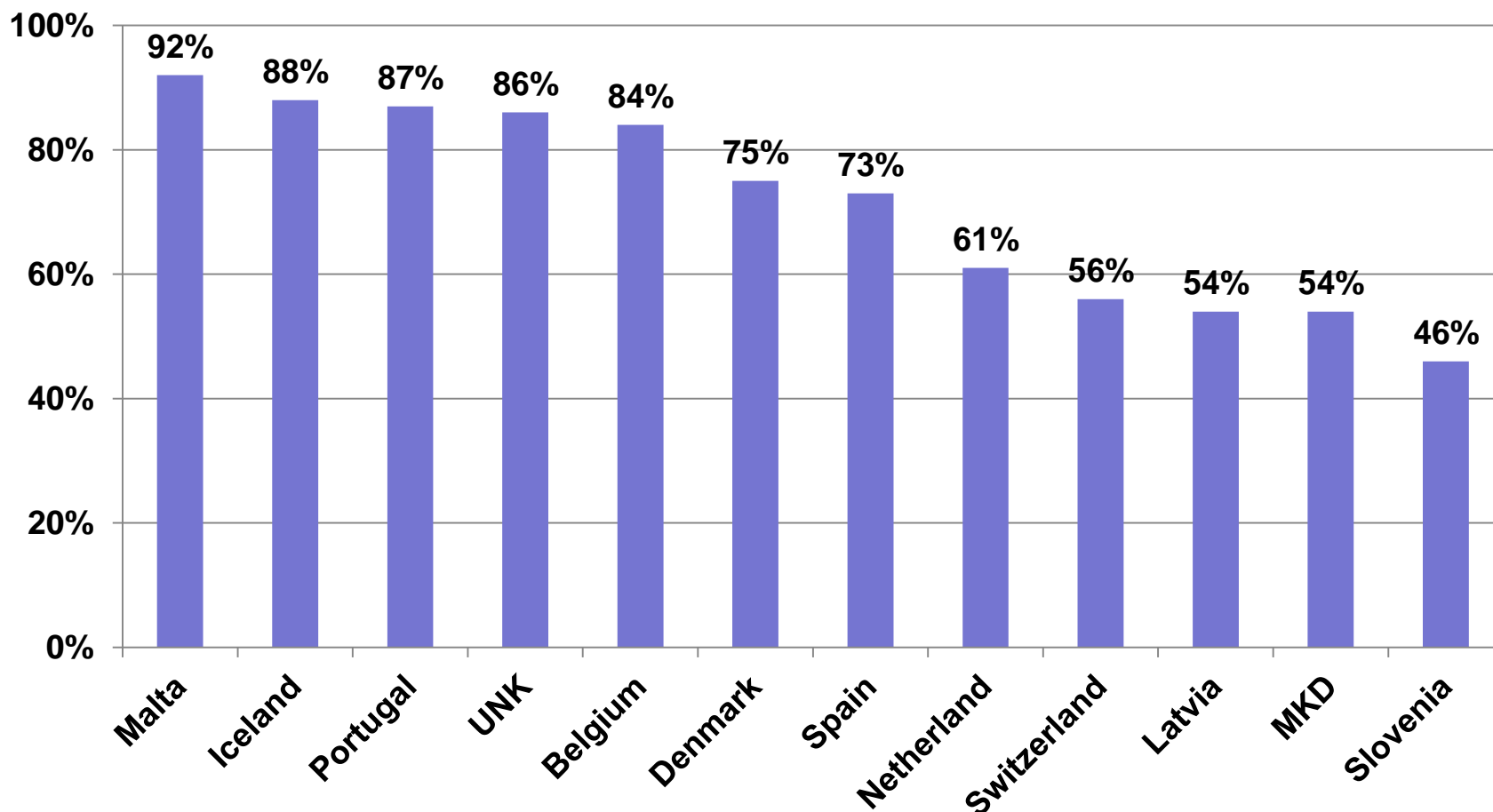
GAVI support with introduction of HPV vaccine

- Kyrgyzstan, Tajikistan, Uzbekistan:
 - introduction grant
 - co-financing of vaccine for 4 years
 - demo project or nation wide introduction
- Armenia, Azerbaijan, Georgia, Moldova, Ukraine:
 - introduction grant
 - 50% co-financing of vaccine for 1 year

Number of countries with routine HPV vaccination by years



HPV 3 coverage in reporting countries, 2014



WHO EURO SURVEY IN 18 EARLY INTRODUCING COUNTRIES, 2010

Target groups

- Criteria:
 - Age of onset of sexual activity
 - Acceptance by parents (secondary school)
 - Age of HPV infection
- Strategies:
 - Single birth cohort or school year: average age of target group is 12 years
 - Multiple birth cohorts to be vaccinated annually: age ranges from 11 until 18 years

Catch-up vaccination

- Mandatory vaccination of older adolescent girls in addition to target group for two-three years after introduction of vaccine (Denmark, Portugal, Switzerland)
- Older cohorts are offered HPV vaccination free of charge (MKD, Sweden, UNK)

Delivery systems

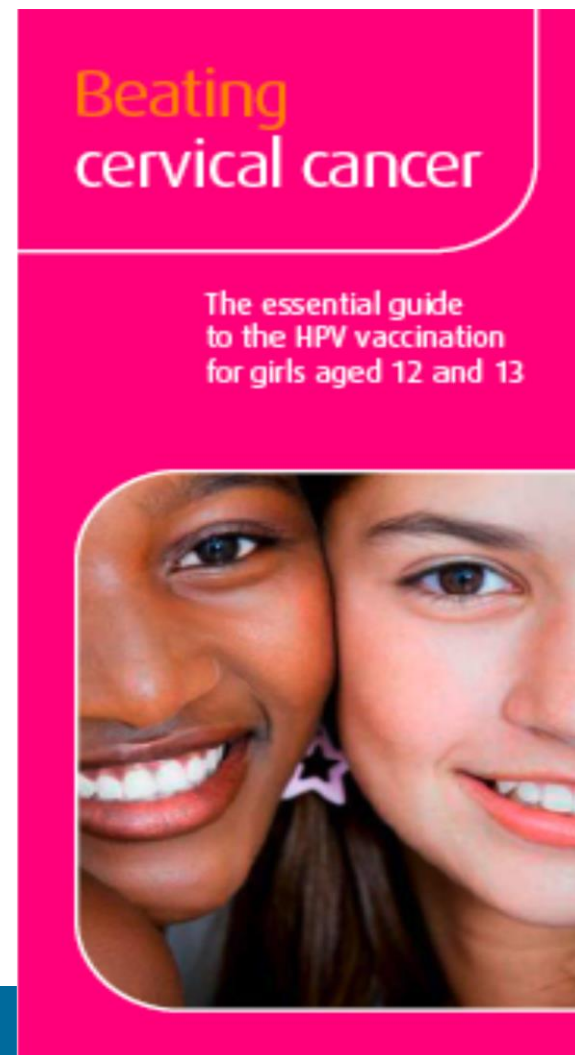
- HPV vaccination was integrated into existing adolescent immunization programmes:
 - School vaccination:
 - Ireland, Norway, Romania, Slovenia, Spain, Sweden, Switzerland, UNK
 - General practitioners or health/vaccination centres:
 - Denmark, Greece, Luxemburg, Portugal
 - Regional policy (schools or GPs):
 - Italy, Latvia, MKD

Delivery systems (cont'd)

- HPV vaccine was delivered outside of adolescent immunization system (general practitioners, paediatricians, gynaecologists)
 - Belgium, Germany, France
- HPV vaccine was delivered through mass immunization campaigns:
 - Netherlands

Advocacy and communication

- 6 countries developed advocacy and communication plans
- In 12 countries communication activities were implemented by:
 - National and regional health authorities
 - Immunization programme
 - Scientific institutes
 - Health professional associations
- In 3 countries MoH/immunization programme were not involved in public communication



Elements of successful introduction: decision making

- Transparent and evidence based decision making with involvement of all stakeholders
- Political commitment
- Support from medical associations and health care professionals

Elements of successful introduction: communication

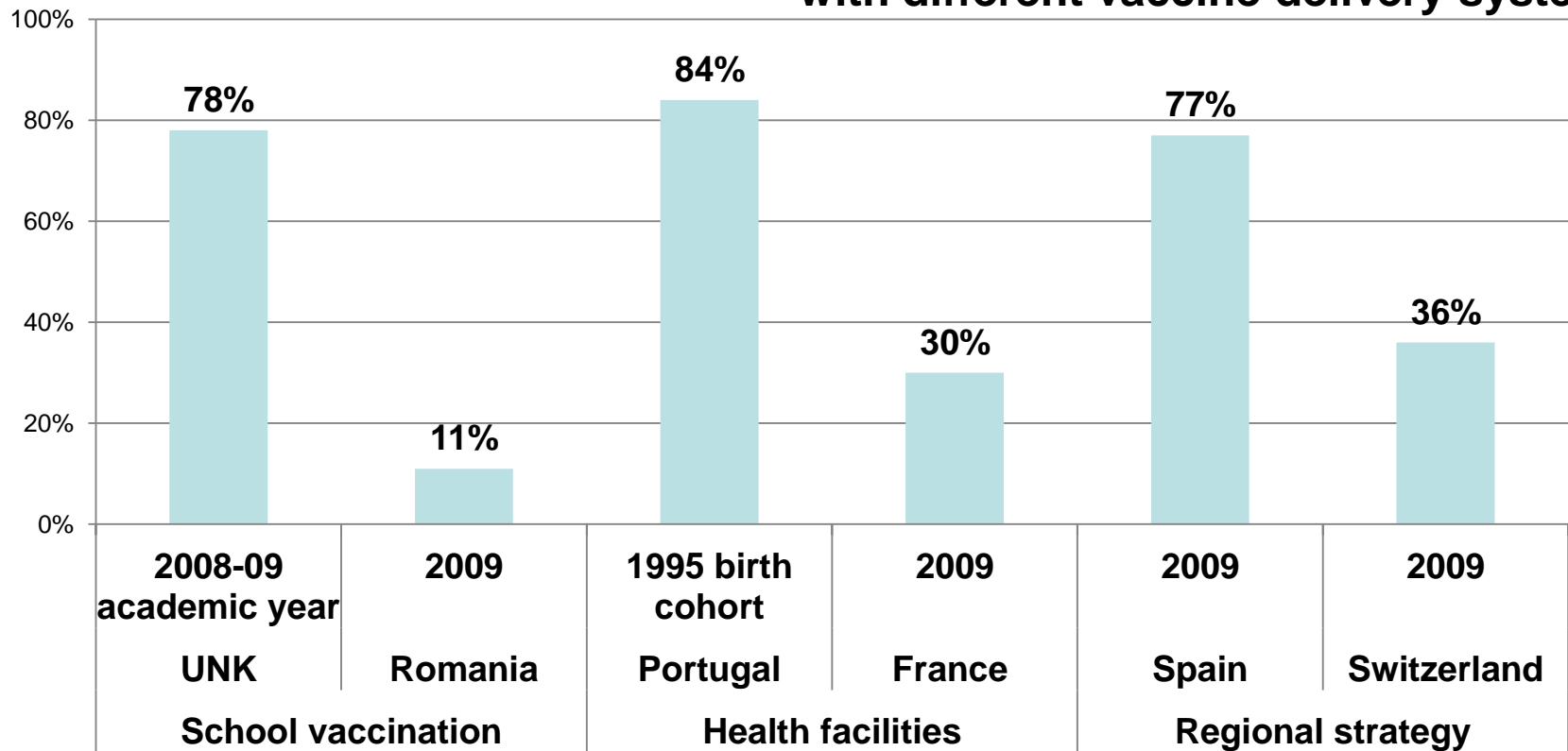
- Communication and social mobilisation prior to introduction:
 - Development of advocacy and communication plans
 - Assessment of perceptions of HPV vaccine among target audiences to develop effective communication strategies
 - Effective strategies in many countries:
 - Letters to families
 - Education/information to health care providers
- Timely response to AEFI and negative publicity:
 - Be prepared and anticipate
 - Provide single message to public

Elements of successful introduction: delivery system

- Inclusion of HPV vaccination into existing immunization programme for adolescents (just adding one more vaccine)
- Setting the goal to achieve high coverage
- Collaboration with Ministry of Education and school personnel
- Effective call and recall system
- Monitoring of vaccination coverage

School vaccination vs. health facility based delivery systems

**HPV3 coverage (%) in selected countries
with different vaccine delivery systems**



WHO support to Member States

- Sharing experiences and lessons learnt
- Support in decision making
- MICs:
 - Strengthening capacity in conducting economical evaluations
 - Strengthening vaccine procurement mechanisms
- Regional communication guidelines and tools
- Evaluation of introductions

WHO support to GAVI eligible countries

- Making decision, defining immunization strategy, and applying for GAVI support
- Development of national programmes on comprehensive cervical cancer prevention and control
 - Assessment and development of national cervical cancer screening strategy
 - Costing cervical cancer screening programme and HPV vaccination
 - Evaluation of HPV vaccine cost-effectiveness
- Development and implementation of communication plan