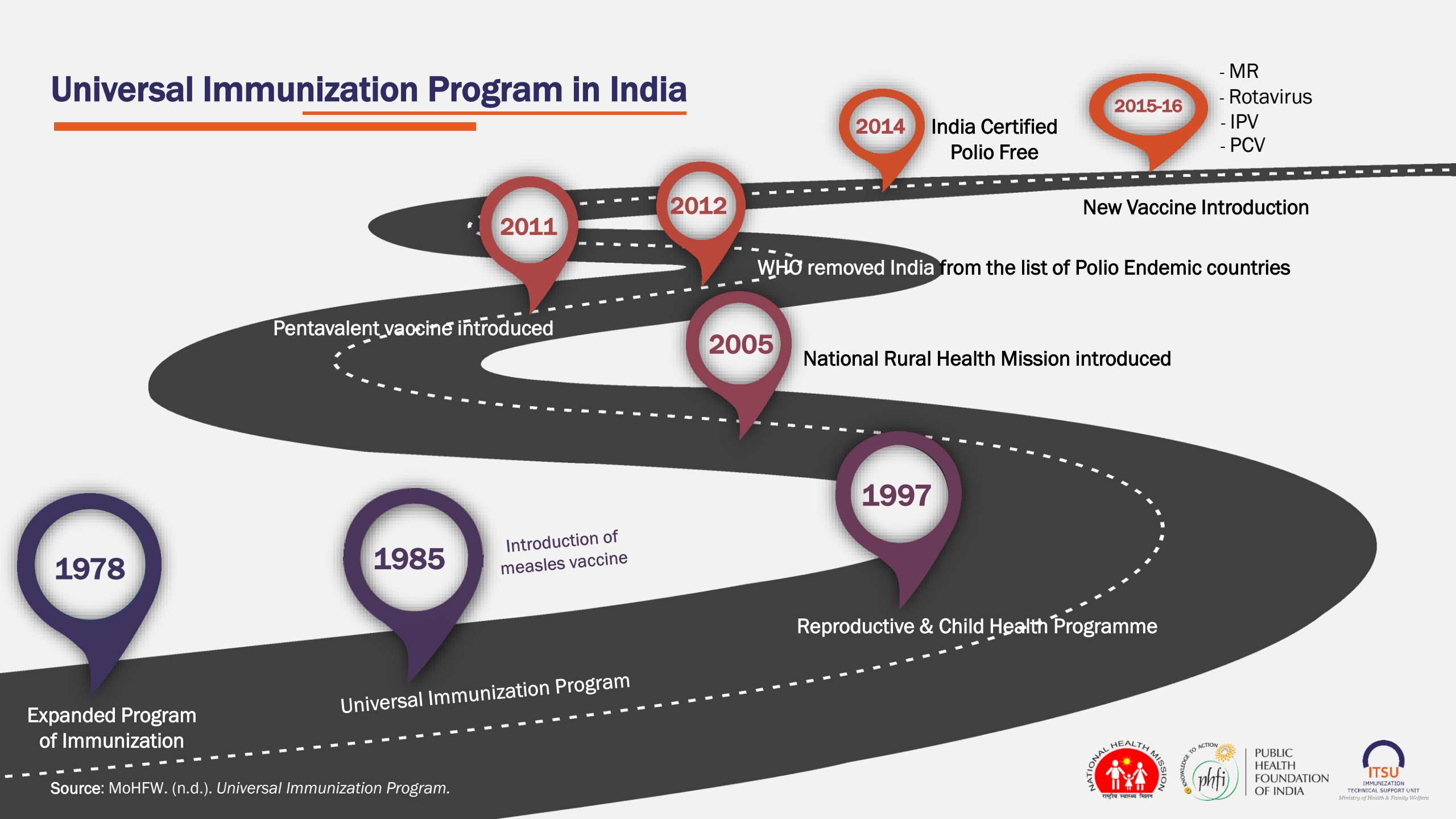

Namaste
مرحبا
Willkommen
Bem Vindo
Selamat Datang
Namaste
Croeso
Bienvenidos
Bienvenue
Bienvenue
Welcome
Bienvenidos
أهلا وسهلا
Benvenuti
Welcome
Bem Vindo
Welkom
Bienvenue
مرحبا
Welcome
Welkom
Croeso
Bienvenidos
Welkom
أهلا وسهلا
Namaste
Selamat Datang
مرحبا
أهلا وسهلا
Welcome
Bienvenue
Bem Vindo
Willkommen
Willkommen
Selamat Datang
Croeso
добре дошъл
Benvenuti
Willkommen
Καλώς ήλθατε
Benvenuti

Barriers in HPV Vaccination

A Perspective from India

Monica Chaturvedi
Senior Advisor, Strategic Communication
Immunization Technical Support Unit - MoHFW
Public Health Foundation of India

Universal Immunization Program in India



Source: MoHFW. (n.d.). *Universal Immunization Program.*

PUBLIC HEALTH FOUNDATION OF INDIA

ITSU IMMUNIZATION TECHNICAL SUPPORT UNIT

Immunization coverage in India

Fully Immunized:

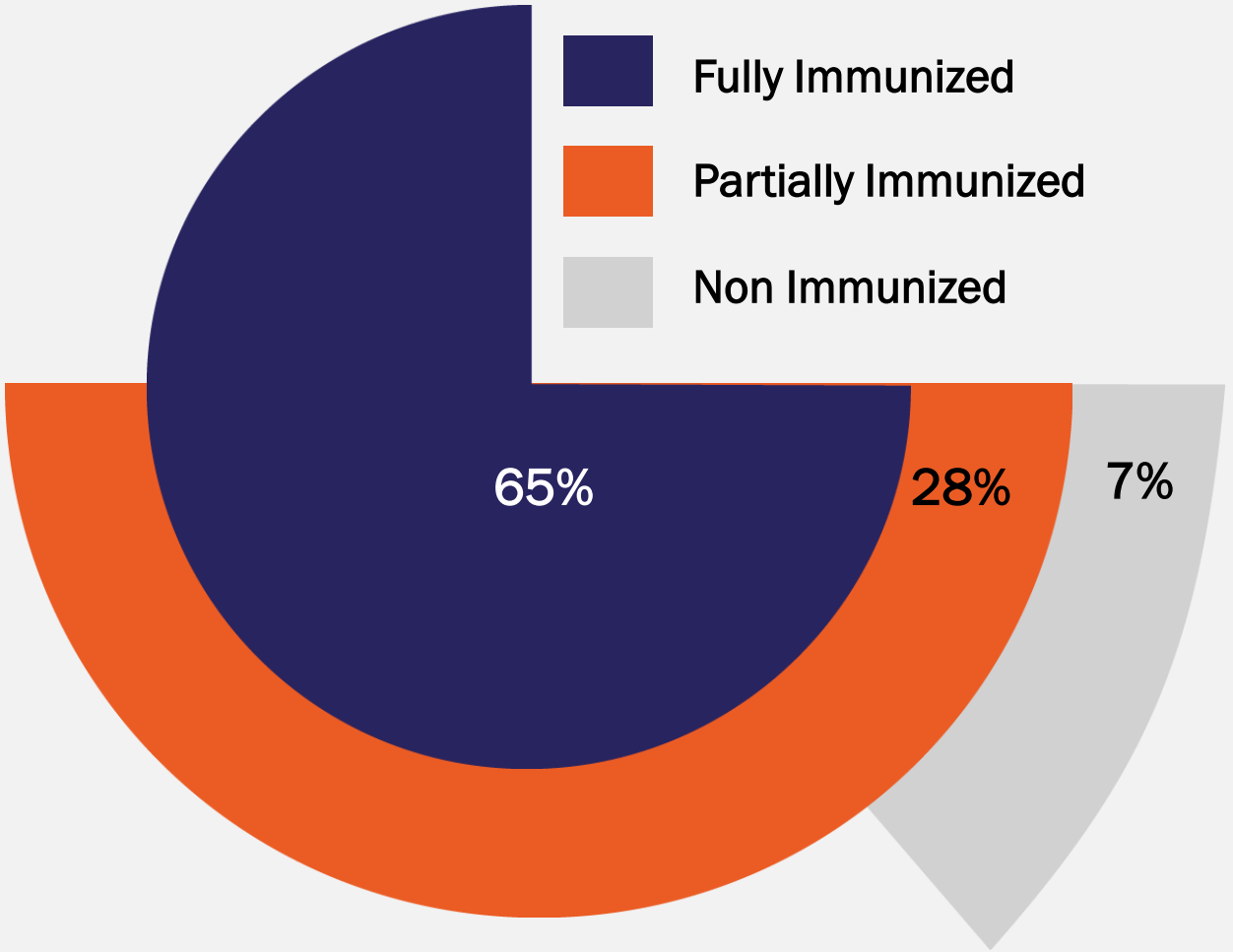
Children who have received all vaccines intended for 1st year of life.

Partially Immunized:

Children who begin, but do not complete the full course of vaccinations in their first year.

Non Immunized:

Children, who have not received any vaccine upto 1 year of age.



Source: Rapid Survey on Children, UNICEF; 2013-14

NATIONAL HEALTH MISSION राष्ट्रीय स्वास्थ्य मिशन
KNOWLEDGE TO ACTION phfi PUBLIC HEALTH FOUNDATION OF INDIA
ITSU IMMUNIZATION TECHNICAL SUPPORT UNIT Ministry of Health & Family Welfare

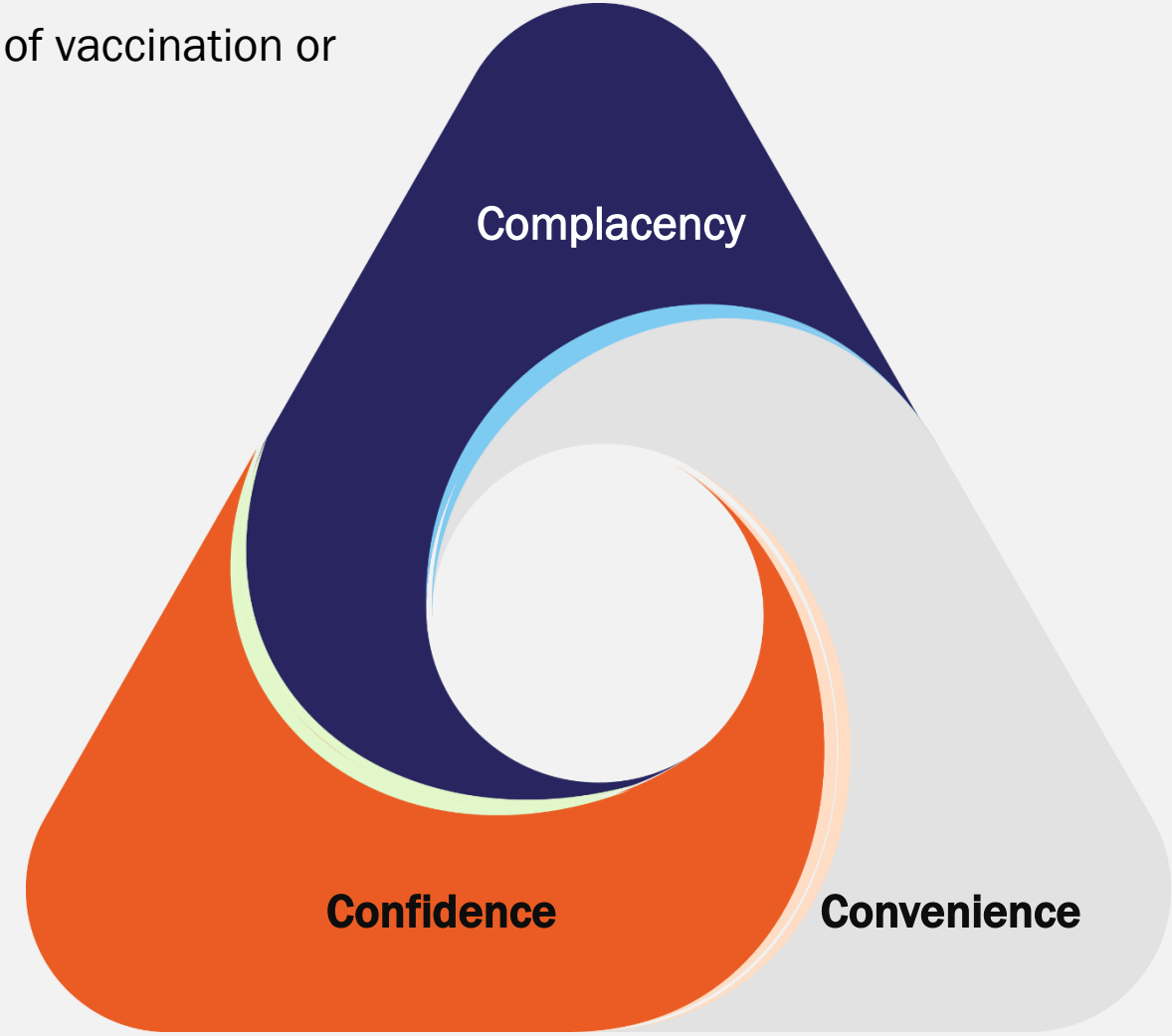
Vaccine Hesitancy

Attitudes to vaccination can be seen as a continuum ranging from total acceptance to complete refusal

Source: Hesitancy, S. w. (2014). *Report of the SAGE working group on vaccine hesitancy*. WHO

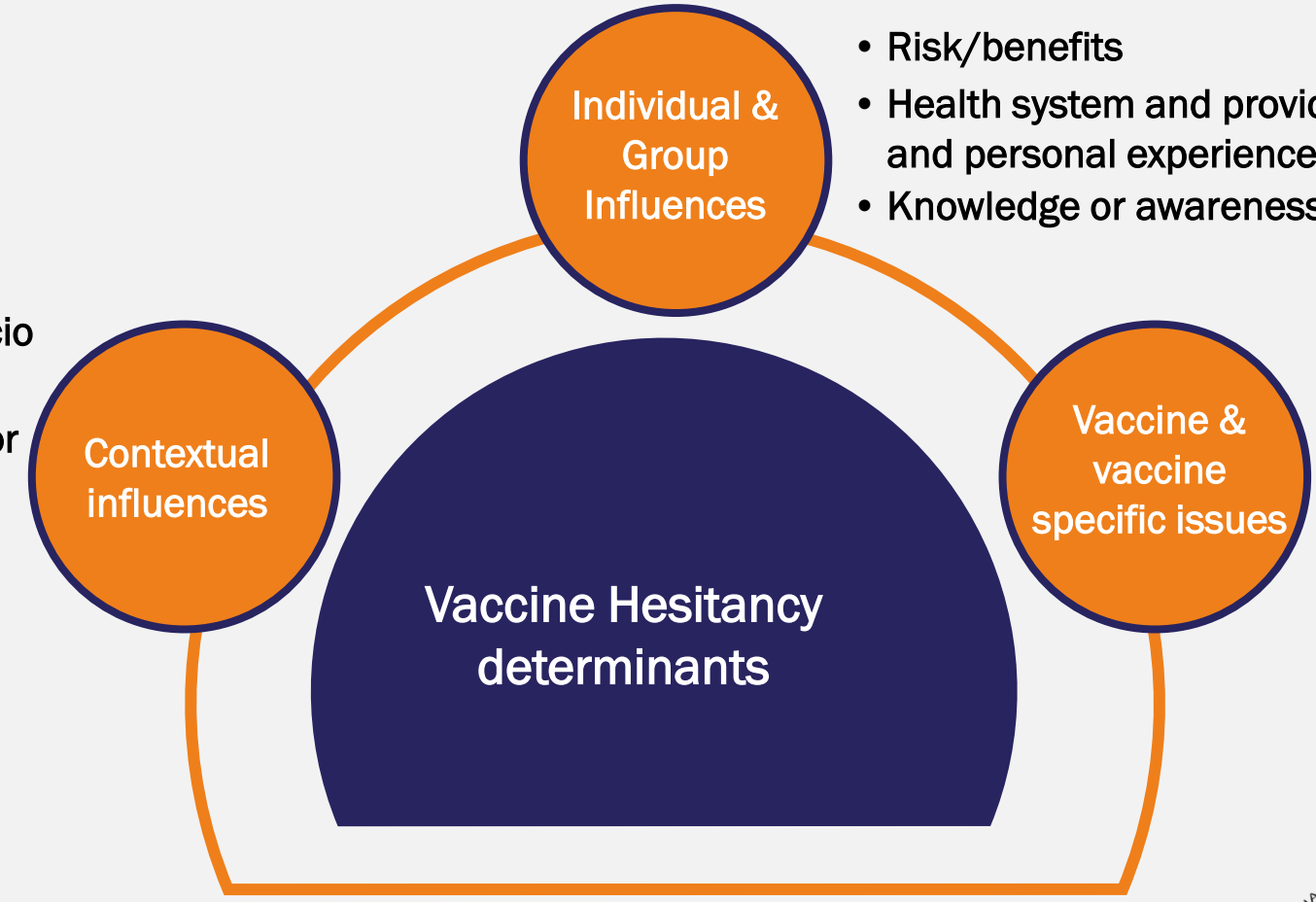
Vaccine Hesitancy

The three Cs of vaccines may all contribute to the delay of vaccination or refusal of one, some or almost all vaccines



Source: Hesitancy, S. w. (2014). *Report of the SAGE working group on vaccine hesitancy.* WHO

Vaccine Hesitancy: Perspectives from India



- Risk/benefits
- Health system and providers-trust and personal experience
- Knowledge or awareness

- Religion/culture/gender/socio-economic
- Influential leaders and anti-or pro- vaccination lobbies
- Geographic barriers
- Communication and media environment

- Introduction of a new vaccine
- Risk/benefit (scientific evidence)
- Design of vaccination program
- Mode of delivery
- Reliability and source of vaccination program
- Role of health care professionals
- Costs

Source: Larson, H., & Schulz, W. (2015). *The State of Vaccine Confidence.* London: London School of Hygiene and Tropical Medicine.

NATIONAL HEALTH MISSION राष्ट्रीय स्वास्थ्य मिशन
KNOWLEDGE TO ACTION phfi PUBLIC HEALTH FOUNDATION OF INDIA
ITSU IMMUNIZATION TECHNICAL SUPPORT UNIT Ministry of Health & Family Welfare

Cervical cancer in India

- Cervical cancer is the **MOST FREQUENT** cancer in women in India[1]
- Nearly **1/3rd** of the global cervical cancer deaths occur in India[1]
- HPV serotypes 16 and 18 account for nearly **80%** of cervical cancer in India[1]
- In India, large scale routine screening is difficult to achieve[1]
- In 2008, Indian Academy of Paediatrics Committee of Immunization, along with Federation of Obstetrics and Gynaecologists of India (FOGSI) and the WHO SAGE on Immunization recommended HPV vaccine for **10-12 year old females** (before sexual debut) with catch up vaccination through **age 26**[2]

Source: 1. Kaarthigeyan, K. (2012). Cervical cancer in India and HPV vaccination. *Indian Journal of Medical and Paediatric Oncology, 33*(1)

2. Paul, P., Tanner, A. E., Gravitt, P. E., Vijayaraghavan, K., Shah, K. V., & Zimet, G. D. (2014). Acceptability of HPV vaccine implementation among parents in India. *Health Care Women International, 35*(10), 1148-1161

NATIONAL HEALTH MISSION राष्ट्रीय स्वास्थ्य मिशन | KNOWLEDGE TO ACTION phfi | PUBLIC HEALTH FOUNDATION OF INDIA | ITSU IMMUNIZATION TECHNICAL SUPPORT UNIT Ministry of Health & Family Welfare

HPV Case study: A snap shot

2008-09

2 vaccines introduced in private sector

2009

Operational research by PATH began in AP and Gujarat

2010

5 girls in AP Khammam district died; **2** deaths in Vadodara district
Study suspended; Inquiry committee formed

2012-13

Petition in Supreme Court filed and admitted

2013

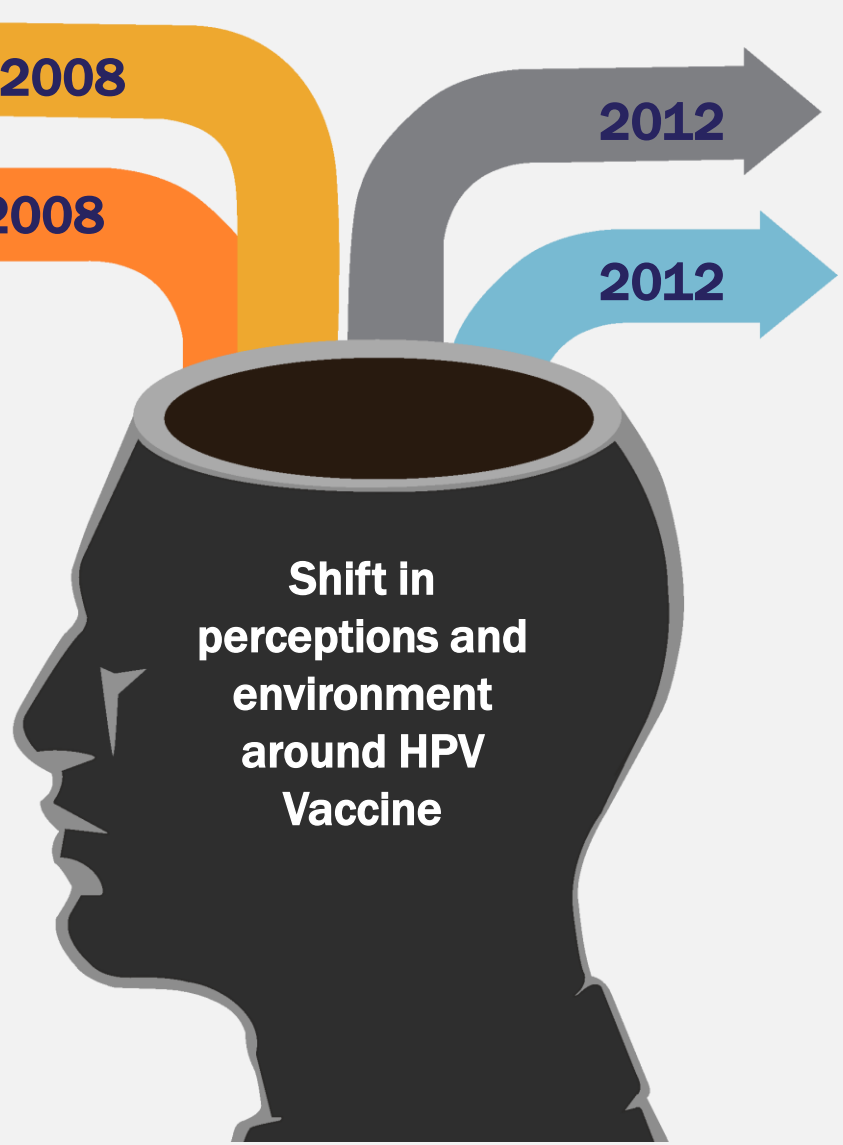
Parliamentary committee report submitted

NATIONAL HEALTH MISSION राष्ट्रीय स्वास्थ्य मिशन
KNOWLEDGE TO ACTION phfi PUBLIC HEALTH FOUNDATION OF INDIA
ITSU IMMUNIZATION TECHNICAL SUPPORT UNIT Ministry of Health & Family Welfare

Changing Perceptions

- Reduce cancer deaths by half
- Cost effective

High acceptability of HPV vaccines reflected as positive attitudes toward the UIP



Questions and controversy cloud the decision regarding mandatory vaccination, need for booster doses and cost effectiveness

Doubts on PATH's claim that;

- India has a large burden of cervical cancer
- India's decision to roll out the vaccine program

Identifying the barriers for HPV vaccination

- Negative perception about the HPV vaccination in the community and media

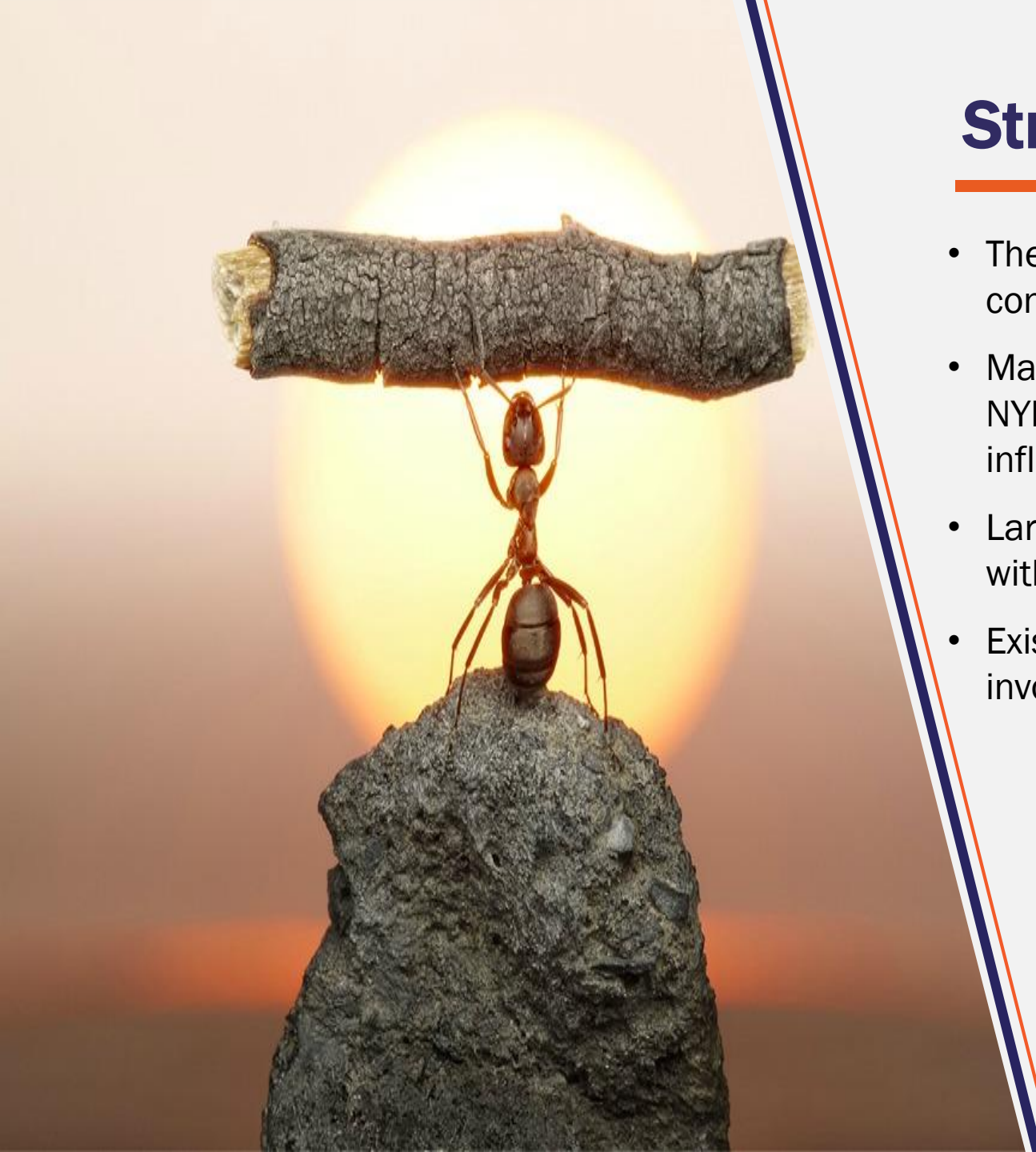
- Active anti-vaccine lobby
- Resistance from human rights activists; some political groups

- Socio-cultural factors restricting open discussions with parents on sexual debut of their girl child, which is a taboo
- No prior experience of introducing a vaccine in the adolescent age group in UIP

- Community maybe be confused; expected low uptake of the vaccine

- Creating awareness in people regarding the fact that an asymptomatic infection may lead to cancer deaths later

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन
KNOWLEDGE TO ACTION phfi
PUBLIC HEALTH FOUNDATION OF INDIA
ITSU
IMMUNIZATION TECHNICAL SUPPORT UNIT
Ministry of Health & Family Welfare



Strengths

- The health system and the community is not new to the conversations around sexual debut (from HIV experience)
- Many parallel institutions like NSS, NCC, Scouts and guides, NYK have been used earlier to spread awareness and influence community behaviors
- Large array of NGOs and CBOs who have worked closely with the government on HIV programme
- Existing network of television and social media which involves millions of people

Weaknesses

- Negative perception in the community and media regarding the safety of the vaccine
- Not enough advocates and champions to talk about HPV vaccination
- Not a very strong system for imparting skills and counseling to adolescent
- Lack of adolescent friendly platforms and clinics
- Talking about sexual debut is a social taboo; both in urban and rural India

Opportunities

- Convergence with other platforms used under RMNCH+A
- Tapping on to existing networks created under the HIV programme
- Advocacy with media and community through IMA and IAP
- The private medical community has already initiated conversations around cervical cancer

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन
KNOWLEDGE TO ACTION phfi PUBLIC HEALTH FOUNDATION OF INDIA
ITSU IMMUNIZATION TECHNICAL SUPPORT UNIT
Ministry of Health & Family Welfare

Threats

- Prevention of HIV was a behavioral intervention; HPV vaccination is a clinical intervention – therefore the target group is different.
- Using HIV networks and platforms for advocacy might associate HPV with the same issues which surrounded the HIV programme
- So far sexual counseling and advocacy was targeted towards the individual's behavior; not their child's sexual behavior
- Being sexually active outside wedlock; talking about sex, sexual debut is linked to family values, social norms and customs and may be considered immoral
- Vaccination program targeted towards young women and adolescents may be misunderstood as attempts to control fertility — for example: immunization campaigns against poliovirus.[1]

Source: 1. Agoti, J. M., & Goldie, S. J. (2007, May). Introducing HPV vaccine in developing countries-Key challenges and Issues. *The New England Journal of Medicine, 356*(19)

Learnings

- Need for advocates to counter anti-vaccine lobbyists and other groups
- Need for crisis preparedness at all levels
- To avoid making messaging gender specific and STI specific; rather to promote HPV vaccination as prevention of cancer
- Need for preparedness and advocacy with the community, media, frontline workers

Way Forward

- Advocacy for at least 2-3 years to create an enabling environment for HPV vaccination
- Need for careful communication planning for targeted interventions (talking to the parents about their child's sexual debut)
- Communication about HPV and cervical cancer targeted towards couples and single parents
- Advocacy regarding AEFI surveillance separately
- Need for addressing the public concern swiftly; coordinated and uniform communication
- Need to build capacity of health workers
- Efforts to minimize cost

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन
KNOWLEDGE TO ACTION phfi PUBLIC HEALTH FOUNDATION OF INDIA
ITSU IMMUNIZATION TECHNICAL SUPPORT UNIT
Ministry of Health & Family Welfare

References

1. Agoti, J. M., & Goldie, S. J. (2007, May). Introducing HPV vaccine in developing countries-Key challenges and Issues. *The New England Journal of Medicine, 356*(19).

2. Das, B. C., Hussain, S., Nasare, V., & Bharadwaj, M. (2008). Prospects and prejudices of human papillomavirus vaccines in India. *Vaccine, 26*, 2669-2679.

3. Diaz, M., Kim, J., Albero, G., Sanjose, S., Clifford, G., Bosch, F., & Goldie, S. (2008). Health and economic impact of HPV 16 and 18 vaccination and cervical cancer screening in India. *British Journal of Cancer, 99*, 230-238.

4. Hesitancy, S. w. (2014). *Report of the SAGE working group on vaccine hesitancy.* WHO. Retrieved from http://www.who.int/immunization/sage/meetings/2014/october/1_Report_WORKING_GROUP_vaccine_hesitancy_final.pdf

5. Kaarthigeyan, K. (2012). Cervical cancer in India and HPV vaccination. *Indian Journal of Medical and Paediatric Oncology, 33*(1).

6. Larson, H., & Schulz, W. (2015). *The State of Vaccine Confidence.* London: London School of Hygiene and Tropical Medicine. Retrieved from http://www.vaccineconfidence.org/The-State-of-Vaccine-Confidence-2015.pdf

7. Madhivanan, P., Krupp, K., Yashodha, M., Marlow, L., Klausner, J. D., & Reingold, A. L. (2009). Attitudes toward HPV vaccination among parents of adolescent girls in Mysore, India. *Vaccine*.

8. Matteij, I., Pollock, A., & Brhlikova, P. (2012). Do cervical cancer data justify HPV vaccination in India? Epidemiological data source and comprehensiveness. *Journal of the Royal Society of Medicine, 105*, 250-262.

9. MoHFW. (n.d.). *Universal Immunization Program.* Retrieved from http://mohfw.nic.in/WriteReadData/l892s/Immunization_UIP.pdf

10. Paul, P., Tanner, A. E., Gravitt, P. E., Vijayaraghavan, K., Shah, K. V., & Zimet, G. D. (2014). Acceptability of HPV vaccine implementation among parents in India. *Health Care Women International, 35*(10), 1148-1161.

11. Sankaranarayanan, R., & al., e. (2009, April 2). HPV screening for cervical cancer in rural India. *The New England Journal of Medicine, 360*(14).

thank you
рахмат
danke
謝謝
ngiyabonga
teşekkür ederim
Баярлалаа
spas
mersi
kia ora
barka
welalin
tack
mahalo
tapadh leat
faafetai lava
vinaka
blagodaram
dank je
misaotra
paldies
grazzi
спасибі
matondo
gracias
хвала
kiitos
dankie
nanni
nandri
dhanyavad
asante
obrigada
bayarlalaa
gràçie
hvala
mauruuru
köszönöm
akun
dankon
aciu
djiere dieuf
tau
mochchakkeram
дякую
mamnun
dziękuję
chnorakaloutioun
gratias ago
gràcies
sulpáy
go raibh maith agat
sobodi
dėkuji
sagolun
sukriya
kop khun krap
taiku
takk
arigatô
dakujem
trugarez
mèsi
didi madloba
ありがとう
tanemirt
grazie
najis tuke
rahmet
terima kasih
kam sah hamnida
rahmat
diolch
dhanyavadagalu
shukriya
mercé
мерси
তোমাকে ধন্যবাদ
감사합니다
xièxie
ευχαριστώ
merci