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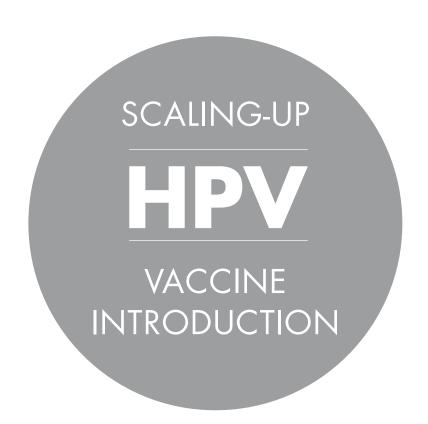




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LIST OF ABBREVIATIONS

AEFI adverse event following immunization CIN cervical intraepithelial neoplasia

cMYP comprehensive multi-year plan for immunization

EPI Expanded Programme on Immunization

Gavi, the Vaccine Alliance

GVAP Global Vaccine Action Plan 2011-2020

HIC high-income country

HIV human immunodeficiency virus

HIV+ human immunodeficiency virus positive

HPV human papillomavirus

ICC Interagency Coordinating Committee
KAP knowledge, attitudes and practice study

LIC low-income country

LMIC low and middle-income country

LSHTM London School of Hygiene and Tropical Medicine

MIC middle-income country
MoH Ministry of Health
MoE Ministry of Education
MoF Ministry of Finance

NCD non communicable disease NGO non-governmental organization

NITAG National Immunization Technical Advisory Group

UMIC upper middle-income country

UNESCO United Nations Educational, Scientific and Cultural Organization

UNIFPA United Nations Population Fund UNICEF United Nations Children's Fund

V3P Vaccine Product, Price and Procurement platform

WHO World Health Organization

PURPOSE OF THIS REPORT

This report is a companion to the World Health Organization's (WHO) 2016 guide for Introducing HPV Vaccine Into National Immunization Programmes.

This report primarily summarizes country-reported experiences introducing HPV vaccine and provides guidance to those involved in its introduction. Each chapter summarizes lessons learned in topics ranging from decision-making to financing and sustainability. These experiences can inform immunization, cancer, adolescent and reproductive health programme managers, together with decision makers in Ministries of Health, Education and Finance as a country strives to improve, scale-up or introduce HPV vaccine.

EXECUTIVE SUMMARY

The report should be considered a companion guide to WHO's guide for Introducing HPV Vaccine Into National Immunization Programmes.

Globally, there is almost a decade of HPV vaccine introduction experience from dozens of countries in all income groups. This report distills and shares information gathered and presented by WHO and partners at a Global Learning Meeting on HPV Vaccine Introduction in November 2015.

Specifically, this report offers experiences – many directly reported by country health managers – and implications for action in the main areas of vaccine introduction: decision-making, planning and coordination, delivery strategies, communication, crises management, monitoring and evaluation, costing and sustainability. This report also offers insights into reaching hard-to-reach populations and on integration of HPV vaccine in both a comprehensive cervical cancer prevention and control plan and into adolescent health programming.

Country experiences show that it is feasible to introduce and attain high-coverage of HPV vaccine in different country settings. Decision-making requires high-level political commitment. Coordination and sustainability demands a partnership spanning immunization, adolescent health, cancer programming, the Ministry of Education (MoE) and communities. Testing and selecting a cost-effective delivery strategy tailored to the community, health and education infrastructure—whether primarily school-based, facility based or a mixed strategy - will be key to both coverage and sustainability. Investment in an engagement and communication strategy, including effective consent processes, is essential to success. Countries must plan for crises and be flexible and tackle them rapidly when they occur.

Experiences also demonstrate the challenges and some remaining questions. Demonstration-programme countries could benefit from selecting districts that better represent the mix of urban and rural communities, including hard-to-reach girls, allowing a more realistic picture of the costs and resources required for scale-up. More work and time are required to integrate HPV vaccine with other adolescent health services and to document that work. Stronger bonds can be made between immunization and cancer programmes to strengthen cervical cancer prevention and control.

There is still more learning to come. Standardized monitoring indicators and reporting will help countries and partners better estimate coverage and pinpoint challenges. Support for impact monitoring and accurate costing analyses will be critical to advocate for sustainable national introduction. Vaccine cost remains an issue, particularly for middle-income countries. Low-income countries will have access to Gavi vaccine prices several years after graduation. Gavi should review demonstration programme requirements, including ensuring evaluations are feasible for countries to conclude in a reasonable timeframe.

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