Update on HPV vaccine introduction and programmatic perspectives

SAGE

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Ikechukwu “Ike” Ogbuanu, MD, MPH, PhD
EPI Team, IVB/WHO Geneva
Countries with HPV vaccine in their national immunization programmes, as of September 2016

Even with the best case scenario, global HPV vaccine coverage is below 15%

- Introduced* to date: (67 countries or 34.5%)
- Not Available, Not Introduced/No Plans: (127 countries or 65.5%)

* Includes partial introduction

Data source: WHO/IVB Database, as of 05 September 2016
Map production: Immunization Vaccines and Biologicals (IVB), World Health Organization

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. The cartographer reserves the right not yet to final agreement. ©WHO, 2016. All rights reserved.
National HPV vaccine introduction by WB income classification or GAVI eligibility, as of June 2016

Sources: WHO/IVB Database, as of 27 June 2016, based on country reports; World Bank, List of economies, July 2016; GAVI, Countries eligible to apply for new vaccines support in 2016.
Cervical cancer incidence by income group and national HPV vaccine introduction

Age-standardized incidence rates (per 100,000 women)

- Low
- Lower middle
- Higher middle
- High

Sources: IARC, GLOBOCAN 2012 (estimated annual number of cervical cancer cases); World Bank, List of economies, July 2016; WHO/IVB Database, national as of HPV vaccine introductions as of 27 June 2016, based on country reports.
Adolescent birth cohort distribution by country

N = 59 million adolescent birth cohort

>60% of the annual 10 year age cohort lives in 15 countries.

Countries:
- India
- China
- Indonesia
- Nigeria
- USA
- Pakistan
- Brazil
- Bangladesh
- Ethiopia
- Mexico
- DR Congo
- Philippines
- Egypt
- UR Tanzania
- Russian Federation
- 168 other countries
Geographic distribution of the targeted age groups

- Number of girls in a typical birth cohort of age 10–14 years (millions)
  - India: 12 million
  - China: 6 million
  - Indonesia: 4 million
  - Nigeria: 3 million
  - USA: 2 million
  - Pakistan: 2 million
  - Brazil: 2 million
  - Bangladesh: 1 million
  - Ethiopia: 1 million
  - Mexico: 1 million
  - DR Congo: 1 million
  - Philippines: 0.5 million
  - Egypt: 0.5 million
  - UR Tanzania: 0.5 million
  - Russian Federation: 0.5 million
  - 168 other countries: 0.5 million

- HPV vaccine introduced
- GAVI eligible

- 36% of targeted girls
- 30 million (50%)

* Partial introduction in the Philippines in 2014
Countries introducing with Gavi demo projects and national

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

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Countries</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Introduced* to date</td>
<td>64</td>
<td>33%</td>
</tr>
<tr>
<td>Gavi supported nationwide introduction</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Gavi Demo projects (to start in 2016/17)</td>
<td>17</td>
<td>9%</td>
</tr>
<tr>
<td>Gavi Demo projects (started to date)</td>
<td>7</td>
<td>4%</td>
</tr>
<tr>
<td>Not Available, not introduced / no plans</td>
<td>103</td>
<td>53%</td>
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<tr>
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Scaling-up HPV Vaccine Introduction

HPV Vaccine Lessons Learnt Project Overview

Summary
Over the past decade, a growing number of countries have adopted HPV vaccination programs to prevent cervical cancer and related health problems. The HPV Vaccine Lessons Learnt Project was conducted to gather lessons on effective approaches to HPV vaccine delivery in low-resource settings. The project was implemented by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) in collaboration with various international organizations.

Key findings include:
- Improved vaccination coverage through innovative delivery strategies.
- Strengthened partnerships among healthcare providers, communities, and government agencies.
- Effective use of digital technologies for outreach and monitoring.
- The importance of community engagement in vaccine acceptance.
- The need for ongoing evaluation and adaptation of delivery models.

The project aimed to identify successful examples of HPV vaccine delivery programs and share these lessons with other countries to accelerate the adoption of HPV vaccination programs globally.
Reported HPV coverage rates
Selected years in two time periods

Source: Brotherton et al. 2016
Setting of HPV vaccination, June 2016

- **School**: 61%
- **Health services**: 30%
- **Mixed**: 9%

Vaccine coverage by delivery strategy

Graphs by vaccine delivery strategy
Countries with male HPV vaccination, June 2016

- Female only, 58 (87%)
- Added males, 8 (12%)
- Started as gender-neutral, 1
Countries that vaccinate multiple age cohorts, June 2016

- Single age/class: 81%
- Multiple: 19%

WHO support to countries: Science, knowledge and tools

Policy & decision making

Planning & implementation

The United Nations Global Cervical Cancer Programme
End cervical cancer: prevent, treat, care
Summary

• 10 years after introduction, global HPV vaccine uptake remains slow

• The countries that are most at risk for cervical cancer are the least likely to have introduced the vaccine

• Several challenges to reaching adolescent girls and sustaining high coverage remain, including vaccine price and communication crises

• WHO and its partners continue to leverage their suite of tools and technical expertise to support countries to increase uptake and coverage
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