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Simultaneous delivery can lead to important synergies and efficiencies. Reaching this population group which is often not reached through traditional approaches can be challenging and expensive. Once these challenges are overcome using the programmatic strengths of vaccination programmes, it is possible that significant coverage can be achieved for other health interventions too. The delivery costs involved in reaching this population can be co-shared between programmes. Finally, multiple interventions can help overcome the communication challenges that highly targeted single-sex interventions, such as HPV vaccination, pose. This could decrease apprehensions and lead to increased acceptance and uptake.

OPTIONS FOR LINKING HEALTH INTERVENTIONS FOR ADOLESCENTS WITH HPV VACCINATION

Department of Immunization, Vaccines and Biologicals (FWC/IVB)
Department of Maternal, Newborn, Child and Adolescent Health (FWC/MCA)
Department of Reproductive Health and Research (FWC/RHR)

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Introduction

HPV vaccination targets 9 to 13 year old girls. This age group has few contacts with the health system. Vaccination provides a good entry point for other health care services and an excellent opportunity for integrating services at the delivery level. The Global Vaccine Action Plan (GVAP) underscores the importance of integration. Using immunization to drive primary health-care programmes in countries with weak health systems can potentially strengthen those systems. The World Health Assembly adopted a resolution in 2011 that urges Member States to improve the responsiveness of health systems to the needs of adolescents and provide them access to key health interventions.

During the last four decades, the scale-up of the Expanded Programme on Immunization (EPI) contributed to strengthening child health and survival. The introduction of HPV vaccine can prove to be a similar opportunity for the health of adolescents. Several programmes in WHO – adolescent health, reproductive health and immunization – have collaborated in developing programmatic linkages between HPV vaccination and other health interventions. This document provides suggestions on how HPV vaccination can be used to improve adolescent health and be part of a comprehensive approach to prevention of cervical cancer.

To date, HPV vaccine has been introduced into the national immunization schedules of more than fifty countries. These are mostly high and middle income countries. With financial support from GAVI Alliance, the HPV vaccine is now available to low income countries. In particular, support for HPV vaccine demonstration programmes in one or two districts offers countries the opportunity to learn how best to deliver the vaccine and how to link the delivery of the vaccine with other health interventions for adolescents. This is especially relevant for adolescents in low income countries because they face considerable health risks and health systems have difficulty reaching them. Since 2013, 20 low-income countries have started GAVI-supported HPV vaccine demonstration programmes.

Opportunities for synergy and joint delivery

HPV vaccination programmes use various delivery strategies and platforms to reach adolescent girls: school based, campaign-style delivery; health facility-based on demand delivery; and community-based outreach.

The choice of strategy or strategies is influenced by cost and sustainability considerations and the characteristics of the target population. Hard-to-reach areas and populations need special strategies. Often a combination of approaches is used. Opportunities for delivery of additional interventions exist, e.g. co-delivery at the same time as the girl receives one of the two doses of HPV vaccine. In settings like schools, the contact with adolescents during the interval before and between the doses offers additional opportunities (Figure 1).

5. In April 2014 SAGE changed the recommended schedule of HPV vaccine for girls 9–13 years old from three to two doses, implemented over a minimum of 6 months. In some countries a three-dose schedule is still being implemented.

### TYPE

<table>
<thead>
<tr>
<th>POSSIBLE HEALTH INTERVENTIONS</th>
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<tbody>
<tr>
<td><strong>Screening</strong></td>
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<td><strong>Commodities and treatment</strong></td>
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<td><strong>Other vaccines</strong></td>
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![FIGURE 1: Short duration health interventions that can be linked with HPV vaccination in 9–13 year olds](image-url)
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FIGURE 1: Short duration health interventions that can be linked with HPV vaccination in 9–13 year olds

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<td>• Vision screening, if referral and glasses available and affordable</td>
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| Commodities and treatment | • Anthelmintic treatment for schistosomiasis and soil-transmitted helminths (STH)  
 • Insecticide-treated bednet for malaria prevention  
 • Iron and folic acid supplementation |
| Information and life skills | • Promotion of physical activity  
 • Prevention of mosquito-borne diseases  
 • Menstrual hygiene education  
 • Sexual and reproductive health education, HIV prevention and condom promotion |
| Other vaccines | • Td, Hep B, co-administration with other vaccines under investigation |

2. WHA 64.28 (2011) – Youth and health risks.  
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