

HPV VACCINE DELIVERY

STEPS FOR SUCCESS

To aid decision-makers, the London School of Hygiene & Tropical Medicine and PATH conducted a review of HPV vaccine delivery experience in 46 low- and middle-income countries. These activities represent 12 national programmes and 66 demonstration projects – some of which implemented multiple delivery strategies – resulting in 92 distinct vaccine delivery experiences.

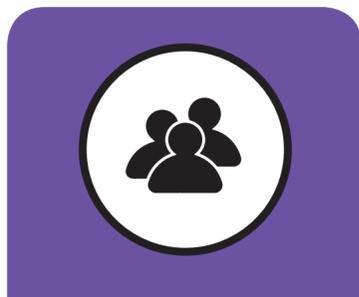


PREPARATION

- Secure high-level political commitment in advance.
- Involve ministries of health, education and finance in planning and preparations.
- Utilise routine vaccination programme systems where possible.
- Integrate planning for HPV vaccine delivery into existing microplanning.
- Transport HPV vaccines to districts and health facilities with other routine vaccines.
- Train health workers and teachers at least two months before vaccination. Include training on how to answer questions and dispel rumours.

SUSTAINABILITY TIP

In advance, prepare strategies for communications, delivery and how to avoid pitfalls, using as many of the existing vaccination programme systems as possible.



COMMUNICATIONS

- Communicate key messages: HPV vaccine is safe, prevents cervical cancer and is government-approved.
- Communicate early and in person with parents, girls in and out of school and the wider community. Have a plan for responding to rumours.
- Sensitise teachers, community and religious leaders and private schools early about the programme.
- Implement social mobilisation activities at least one month prior to start of vaccine delivery.
- Use opt-out consent or consent policy consistent with routine vaccination.

SUSTAINABILITY TIP

Plan effective communications activities that can be repeated at every dose each year.



DELIVERY

- Deliver at school to reach a large percentage of eligible girls.
- Deliver in communities and at health centres to reach girls out of or absent from school.
- Define clearly which girls are eligible for HPV vaccine and how many are in the community.
- Deliver two doses of HPV vaccine at least six months apart.
- Deliver a third dose of HPV vaccine six months after the second dose for girls known to be HIV-positive or immunocompromised.
- Minimise dropouts by delivering all doses within one school year.

SUSTAINABILITY TIP

Consider cost and use a combination of delivery strategies as well as times and locations for vaccinations that can be replicated each year.



PITFALLS

- Poor coordination between the health and education sectors.
- A lack of preparation and sensitisation of communities at least a month in advance; underestimating the time needed.
- A lack of delivery strategies to reach out-of-school girls.
- Neglecting to make all religious, community and education leaders aware of the HPV vaccination programme.
- A lack of a crisis communication plan to handle rumours.

FOR MORE INFORMATION:
www.rho.org/HPVlessons