



# Shaping a Strategy to Introduce HPV Vaccines in Uganda

## Formative Research Results from the *HPV Vaccines: Evidence for Impact* project

There is a new tool available in the global fight against what many call a “silent killer.” Cervical cancer has a devastating effect on women’s lives worldwide, killing about 270,000 women annually—the vast majority in developing countries—often because it goes undiagnosed for many years.<sup>1,2</sup> Vaccines have recently been developed to prevent infection with the human papillomavirus (HPV), the primary cause of cervical cancer.

### Project overview

Effort is required to prepare health systems and communities to accept and embrace any new health technology. Through our *HPV Vaccines: Evidence for Impact* project, PATH, in close collaboration with ministries of health and other partners, are piloting vaccine introduction in four countries: India, Peru, Uganda, and Vietnam. Together, we are generating evidence to help policymakers and planners in the developing world make informed decisions regarding vaccine introduction and financing. When combined with a comprehensive approach that includes screening and precancer treatment, evidence-based HPV vaccination programs could reduce developing country cervical cancer deaths to the low levels observed in many industrialized countries.<sup>3,4</sup>

This overview summarizes results from formative research in Uganda regarding the health systems and policy context that will affect HPV vaccine introduction, as well as beliefs, values, attitudes, knowledge, and behaviors related to cervical cancer, HPV, and vaccination.

The formative research was designed to guide development of a vaccine delivery strategy, a communications strategy (for outreach to communities), and an advocacy strategy (for outreach to policymakers). As a next step, these strategies are being implemented and evaluated through a demonstration project in each country. The findings from the demonstration projects—anticipated in 2010—can then serve as an evidence base for governments deciding when and how to incorporate HPV vaccination into a comprehensive cervical cancer prevention program.



Girls in Ibanda, Uganda.

*“Given what you have told me about cervical cancer, I think it is a good thing that a vaccine has been developed to prevent it. However, whoever is planning to introduce it to the public has to be careful... There is a need for a lot of sensitization before the new vaccine is announced or even introduced, so that people are already aware of it.”*

—Uganda Ministry of Health official

### For more information

For more information about PATH's cervical cancer vaccine project, please visit [www.path.org/cervicalcancer](http://www.path.org/cervicalcancer) or [www.rho.org](http://www.rho.org).

PATH  
1455 NW Leary Way  
Seattle, WA 98107-5136 USA  
Tel: 206.285.3500  
Fax: 206.285.6619  
[info@path.org](mailto:info@path.org)  
[www.path.org](http://www.path.org)

## Formative research results

Overall, PATH's *HPV Vaccines: Evidence for Impact* project in Uganda found that people in diverse contexts are supportive of action to address cervical cancer, in spite of concerns and obstacles that will need to be addressed. The strategies implemented in Uganda's demonstration project will include the following elements, developed from the formative research results.

### Uganda's HPV vaccine delivery strategy: key elements

- Explore two possible strategies for introduction and delivery of the vaccine:
  - Offer vaccine as part of Child Days Plus (a semiannual event in Uganda designed to reach all children with a package of health services).
  - Vaccinate girls at school through a "stand-alone" strategy, with special efforts to reach out-of-school girls.
- Select targeting strategy for girls (by age or by grade for girls in school) and generate accurate target population estimates to ensure adequate quantities of the vaccines and other supplies.
- Ensure systematic and early communication within the Ministry of Health and the districts, the education sector, and key financial planning bodies.
- Address gaps in cold chain and logistics capacity, in part by involving the national immunization unit at every stage of assessment and planning.
- Monitor HPV vaccination coverage as part of Uganda's current system for immunizations, and respond promptly and appropriately to adverse events following vaccination.

### Uganda's HPV vaccine communications strategy: key elements

- Disseminate accurate information to address currently low levels of knowledge about cervical cancer, HPV, and the HPV vaccine, using local terms and languages.
- Develop messages that build on positive perceptions of vaccination and recent successes in reducing the burden of common childhood diseases.
- Raise awareness about vaccination safety measures, including training health workers to administer the vaccine and manage side effects at schools and other sites.
- Promote understanding that the HPV vaccine has been proven safe and effective in extensive,

international clinical trials and is already being provided in many countries.

- Publicize endorsement of HPV vaccination by the Uganda Ministry of Health, health workers, education officials, and other national, district, and community-level leaders.
- Reach out to "decision makers" at all levels, as everyone from children to national political leaders may play a role in deciding whether a child is vaccinated.

### Uganda's HPV vaccine advocacy strategy: key elements

- Develop policy guidelines that set national standards for HPV vaccination, and integrate these into an existing policy.
- Partner with the Ministry of Health to generate momentum and leadership from other key ministries and stakeholders at the national level.
- Engage and mobilize district officials and others responsible for implementation.
- Make information available to policymakers—including through the media—on the seriousness of cervical cancer, and the vaccine's properties, its usefulness, and economic benefits.
- Explain how HPV vaccination is consistent with Uganda's health priorities.

## References

1. Franco EL, Cuzick J, Hildesheim A, de Sanjose S. Chapter 20: Issues in planning cervical cancer screening in the era of HPV vaccination. *Vaccine*. 2006;24(Suppl 3):S171–S177.
2. Ferlay, J, Bray, F, Pisani, P, Parkin, DM, International Agency for Research on Cancer (IARC). GLOBOCAN 2002: cancer incidence, mortality and prevalence worldwide. Lyon, France: IARC; 2004. Available at: [www.dep.iarc.fr/globocan/database.htm](http://www.dep.iarc.fr/globocan/database.htm). Accessed May 16, 2008.
3. Garnett GP, Kim JJ, French K, Goldie SJ. Chapter 21: Modelling the impact of HPV vaccines on cervical cancer and screening programmes. *Vaccine*. 2006;24(Suppl. 3):S178–S186.
4. Parkin DM, Bray F. Chapter 2: The burden of HPV-related cancers. *Vaccine*. 2006;24(Suppl. 3):S11–S25.

*This research was conducted by the Child Health and Development Centre, Faculty of Medicine, Makerere University, in collaboration with the Association of Obstetricians and Gynecologists of Uganda, with technical and financial support from PATH.*