



Shaping a Strategy to Introduce HPV Vaccines in India

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

Globally, nearly half a million women are newly affected by cancer of the cervix each year.¹ The majority of these women live in developing countries, including over 100,000 in India alone.² New vaccines to prevent infection with the human papillomavirus (HPV), the primary cause of cancer of the cervix, have the potential to protect new generations of adolescent girls.

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, is piloting vaccine introduction in four countries: India, Peru, Uganda, and Vietnam. Together, we are generating evidence to help policymakers and planners in low-resource settings 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.^{3,4}

This overview summarizes results from formative research in two states of India—Andhra Pradesh and Gujarat—regarding the health systems and policy context that will affect HPV vaccine introduction, as well as beliefs, values, attitudes, knowledge, and behaviors related to cancer of the cervix, 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 and 2011—can then serve as an evidence base for governments deciding when and how to incorporate HPV vaccination into a comprehensive cervical cancer prevention program.

Formative research results

In India, formative research found that, in general, policymakers, health care providers, parents, and adolescents in both states would likely accept vaccination against cancer of the cervix, as long as it is safe, effective, affordable, and accessible. The findings from India also helped to provide insight into the complexities of vaccine introduction in a country with a population of more than one billion people. The strategies tested in India's demonstration project will be developed based on the following key findings from the formative research.



Adolescent girls in Nelakondapalli, Andhra Pradesh.

“Our granddaughters’ generation should be a generation without cancer.”

—Grandmother, rural area of Andhra Pradesh

For more information

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

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India's HPV vaccine delivery strategy: key findings

- Explore introducing the HPV vaccine as part of India's current immunization program, either through routine monthly services or a special campaign approach.
- Consider applying the two-step approach to vaccination developed during the Japanese encephalitis campaign in Andhra Pradesh: in the first year, vaccinate all girls in Standards 6–10 (i.e., grades 6–10) and aged 10–14, and only girls in Standard 6 and aged 10 in the second year.
- Use both schools and government-sponsored mother- and child-care health centers (anganwadi centers) as delivery sites, in order to reach the large numbers of out-of-school girls.
- Ensure coordination within and among the national government, the states, and the districts, as well as between the health and education sectors.
- Support auxiliary nurse midwives to deliver and monitor vaccination by providing training on the new vaccine and effective delivery.
- Explore a potential role for the private sector in providing HPV vaccine, including possible impacts on affordability.
- Strengthen systems for ensuring injection safety, monitoring immunization, and tracking and responding to adverse events in both states.

India's HPV vaccine communications strategy: key findings

- Disseminate information to address currently low levels of knowledge regarding cancer of the cervix, HPV, and the HPV vaccine.
- Develop messages that build on positive perceptions of vaccination and community desire to prevent illnesses, including cancer.
- Reassure parents and other groups that the HPV vaccine has been shown to be safe and effective.
- Reach out to communities, including religious leaders, before introducing the new vaccine, in order to address questions and concerns (e.g., fears of side effects).
- Use mass media, local media, and direct communication to educate and raise awareness of parents, girls, and potential decision influencers.

- Publicize endorsement of HPV vaccination by the Indian government, professional associations, and community leaders.

India's HPV vaccine advocacy strategy: key findings

- Carefully navigate the complex policy process and be sure to reach the many individuals, departments, and agencies involved in policy development and implementation at national and state levels.
- Generate momentum and leadership from key ministries and expert committees at the national level, at state health departments, and among district implementers.
- Make information available to policymakers on cervical cancer disease burden, safety and efficacy of the HPV vaccine, cost and potential financing options, experience with the vaccine in other countries, and the programmatic requirements for HPV vaccine introduction.
- Develop compelling visual aids and use human interest stories to demonstrate impacts of cancer of the cervix on women's lives and livelihoods at the community level.
- Explain how HPV vaccination is consistent with India's health priorities to prevent cancer of the cervix, to promote immunization, and to protect women's and adolescents' health.

References

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