

HPV Vaccination: Helping girls become healthy women; A Partnership in Prevention

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Pink Ribbon Red Ribbon



Cervical cancer is a leading – and – growing cause of women’s mortality. In 2015, there were approximately 560,000 new cases of cervical cancer diagnosed worldwide, with a projected total of 609,000 new cases by 2020.² It is the fourth most common cancer in women and one of the two leading causes of cancer deaths in sub-Saharan Africa, with almost 285,000 deaths in 2015.² Cervical cancer is also one of the most preventable forms of cancer, with effective, and inexpensive tools available. The developing world has 85% of the burden of disease.² HIV positive women are five times more likely to develop cervical cancer. Botswana has a relatively small population with just over 2,000,000 people and the second highest prevalence of HIV and cervical cancer is the second leading cause of cancer related death.³

Pink Ribbon Red Ribbon, an independent affiliate of the George W. Bush Institute, is the leading public-private partnership aimed at catalyzing the global community to reduce deaths from cervical cancer in Sub-Saharan Africa and Latin America by raising awareness of these diseases and increasing access to quality services to detect and treat them. With its unique approach and public/private partnership model, Pink Ribbon Red Ribbon, mobilizes resources from governments, multilateral organizations, foundations, and corporations and engages with national leaders to build long-term, country-led, sustainable programs.

In 2012, with the support of Pink Ribbon Red Ribbon, Botswana revised the 2012-2016 *National Cervical Cancer Prevention Programme (NCCPP) Five-Year Comprehensive Prevention and Control Strategy* (“2012–2016 Strategy”) to combat the rising epidemic of cervical cancer. The introduction of a HPV vaccination program to prevent infection was an integral part the 2012-2016 Strategy. The long-term effects of HPV vaccination are still being understood, but if recent studies are any indication, the future looks promising. Per one such study, in the U.S., which is currently at 38 percent national coverage, a 64 percent decrease in HPV prevalence in 14 to 19-year-old girls was reported, six years’ post introduction.⁴ The initiation of the HPV vaccine demonstration project intended to demonstrate the feasibility of a nation-wide campaign and to ready Botswana for the implementation of the nationwide vaccine program in 2017.

The Botswana Ministry of Health (MoH) successfully conducted two primary school-based HPV vaccination demonstration projects during the 2013 to 2014 school years. The overall goal of the projects was to have 80 percent coverage of the targeted population of girls. The first demonstration project was conducted in Molepolole, a district of 66,466 people, by a multi-disciplinary team of the MoH, Ministry of Education (MoE), World Health Organization (WHO), and other key stakeholders. The vaccines were administered in primary schools, grades 4 through 6 to girls ages 9 to 13 years. Pink Ribbon Red Ribbon and partners in Botswana supported the successful HPV demonstration project in vaccine delivery with vaccine donation from Merck; and donation of Solo Shot[®] syringes from Becton, Dickinson, and Company; and the training and deploying of healthcare workers in implementing districts from the World Bank. Demand generation activities included education of community leaders and stakeholders, sensitization of parents and educators, and capacity building of healthcare providers. Technical assistance was provided to conduct microplanning for nationwide roll-out and post introduction

evaluation. HPV guidelines and standardization of policies across districts were created for target definitions, and outreach to at-risk populations, especially out-of-school and HIV positive girls. Working together, Pink Ribbon Red Ribbon and the multi-disciplinary team produced a project protocol, communication materials, a parental consent form, and monitoring tools.

Building on the lessons learned in the first demonstration, a second demonstration project was conducted in the Districts of Kweneg East, Kweneg West, and Selebi-Phikwe. The target population were girls in primary grades 5 through 7 and out-of-school girls aged 9 to 13 years. Leveraging the success of Molepolole and following WHO recommendations, a two-dose vaccine schedule was administered in schools and at local clinics, to reach out-of-school girls and special populations, such as HIV-positive girls and girls 15 years and older. Due to the success of the HPV demonstration program, Botswana accelerated a country funded nationwide roll out of the HPV vaccine by 18 months and over 71,000 girls have now been vaccinated. The country is currently in its second year of the nationwide vaccination campaign.



Building on the success in Botswana, Pink Ribbon Red Ribbon supported an HPV vaccination demonstration project in Zambia from 2013 to 2016. In partnership with Susan G. Komen®, Pink Ribbon Red Ribbon funded the Churches Health Association of Zambia (CHAZ) and trained personnel to educate parents through Parent Teacher Associations and to conduct door to door sensitization on HPV and the benefits of the vaccine. Meanwhile, Media365, a local social media company, launched a social media campaign using blogs, Facebook, and Whatsapp to

engage with younger audiences, reflecting their realities, culture, and shared values with similar messaging about HPV and the HPV vaccine. After this successful vaccination demonstration of 48,000 girls, Zambia is now applying for Gavi, The Vaccine Alliance support for nationwide roll-out of the HPV vaccine.

Pink Ribbon Red Ribbon recognizes that the HPV vaccine is a vital tool in the fight against cervical cancer, particularly in conjunction with scale up of national screen and treat programs. By building upon existing health platforms, infrastructure, and resources, Pink Ribbon Red Ribbon and its partners are able to bring HPV vaccination, cervical cancer services and education to girls and women like never before. Since our inception, we have supported the vaccination of close to 120,000 girls against the virus that causes cervical cancer.

Endnotes

1. Comprehensive cervical cancer control: a guide to essential practice – 2nd ed. Geneva. WHO. 2014 (http://apps.who.int/iris/bitstream/10665/144785/1/9789241548953_eng.pdf); accessed October 2016).
2. WHO. 2013. Women's Health Fact sheet N°334. Updated September 2013 Accessed on October 2016. <http://www.who.int/mediacentre/factsheets/fs334/en/>
3. United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision, accessed 10/31/2016.
4. Markowitz LE, Liu G, Hariri S, et al. Prevalence of HPV After Introduction of the Vaccination Program in the United States. *Pediatrics*. 2016;137(2):e20151968