



NEWSLETTER

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The GARDASIL Access Program

The GARDASIL® Access Program plans to make available at least 3 million doses of GARDASIL [Human Papillomavirus Quadrivalent (Types 6, 11, 16, 18) Vaccine, Recombinant], to qualifying organizations and institutions in developing countries where approximately 80% of the world's cervical cancer cases occur.

Creating Knowledge

The GARDASIL Access Program enables organizations and institutions in eligible lowest income countries to gain operational experience in the design and implementation of human papillomavirus (HPV) vaccination projects, with the goal of supporting the development of successful child and adolescent immunization models. The program accommodates proposals from applicants to design and implement smaller scale HPV vaccination projects, rather than nationwide programs. Endorsement by the Ministry of Health is a critical application prerequisite.

The operational experiences and lessons learned by participants in the program will be widely disseminated in an effort to contribute to the public knowledge base on HPV vaccine access and child/adolescent immunization models in lowest income countries.

How to Apply

Organizations and institutions in eligible lowest income countries are invited to submit an application. The form may be downloaded from www.gardasilaccessprogram.org or requested by email from GARDASILAccess@AccessToTreatment.org. The next deadline for submission is March 1, 2010.

The GARDASIL Access Program encourages applicants to follow World Health Organization (WHO) recommendations and guidelines for HPV vaccination. Prospective applicants should consult the April 2009 WHO position paper for more information: <http://www.who.int/wer/2009/wer8415.pdf>

Welcome to our New Participants!

The GARDASIL Access Program is pleased to announce that, following the May 2009 Advisory Board meeting, six new applicants were recommended for participation in the program.

Since inception of the program, organizations and institutions in Bhutan, Bolivia, Cambodia, Ghana, Haiti, India, Lesotho, Moldova, Nepal, Nicaragua, Papua New Guinea, Tanzania and Uzbekistan have been approved to receive more than 390 000 doses of GARDASIL to gain operational experience in the design and implementation of HPV vaccination projects in their countries.



Join the Conversation!

Starting at the end of 2009, the GARDASIL Access Program will organize bi-monthly teleconferences to facilitate the sharing of experiences and lessons learnt among program participants and prospective applicants.

Contact the program manager at GARDASILAccess@AccessToTreatment.org to find out when the next teleconference will take place and which topics will be discussed.

For more information on the program, visit www.gardasilaccessprogram.org

Eligible Countries

Organizations and institutions in these countries may apply:

Afghanistan
 Angola
 Armenia
 Azerbaijan
 Bangladesh
 Benin
 Bhutan
 Bolivia
 Burkina Faso
 Burundi
 Cambodia
 Cameroon
 Central African Republic
 Chad
 Comoros
 Congo
 Dem Rep Congo
 Cote d'Ivoire
 Cuba
 Djibouti
 Eritrea
 Ethiopia
 Gambia
 Georgia
 Ghana
 Guinea
 Guinea-Bissau
 Guyana
 Haiti
 Honduras
 India
 Indonesia
 Kenya
 Kiribati
 Korea, DPR
 Kyrgyz Republic
 Lao PDR
 Lesotho
 Liberia
 Madagascar
 Malawi
 Mali
 Mauritania
 Moldova
 Mongolia
 Mozambique
 Myanmar
 Nepal
 Nicaragua
 Niger
 Nigeria
 Pakistan
 Papua New Guinea
 Rwanda
 São Tomé e Príncipe
 Senegal
 Sierra Leone
 Solomon Islands
 Somalia
 Sri Lanka
 Sudan
 Tajikistan
 Timor Leste
 Togo
 Tanzania
 Uganda
 Ukraine
 Uzbekistan
 Viet Nam
 Yemen
 Zambia
 Zimbabwe

Featured Implementation Project:

Lesotho

Program report kindly submitted by the Lesotho Ministry of Health and Social Welfare



The Ministry of Health and Social Welfare in collaboration with Lesotho Boston Health Alliance and Partners in Health has established a program for prevention of cervical cancer. This program is targeting female children aged 9-18, with a primary focus on girls aged 9-14. Through the GARDASIL Access Program Lesotho received 126 400 doses of GARDASIL targeting girls in the Leribe and Mohale's Hoek district—two out of ten districts in the country.



The project design was comprehensive: The Honorable Minister of Health and Social Welfare sensitized parliamentarians to solicit their support; various cadres of health care workers were trained in preparation for the GARDASIL vaccination campaigns. School principals, parents, chil-

dren, and other community members were sensitized through radio, meetings in schools, churches, and other public gatherings.

In preparation for the vaccination campaign specific vaccination guidelines were drafted, which included the vaccination schedules, and were distributed to health workers for use as reference.

Preparatory meetings were held with vaccinators to provide information, promote safe injection practices, and provide relevant responses where it was necessary.



Posters, banners, and leaflets in English and the local language (Sesotho—national language) completed the range of educational materials specifically prepared for this initiative.

The vaccination was conducted in primary and high schools including the vocational schools. The Lesotho Defense Force helicopter was used to transport vaccinators to hard-to-reach areas, enabling them to reach over 1000 girls in otherwise inaccessible areas.



Program Partners

The GARDASIL Access Program is made possible by a pledge from Merck & Co., Inc.¹ and is managed by Axios Healthcare Development (AHD), a US non-profit organization, with strategic guidance provided by the independent GARDASIL Access Program Advisory Board comprised of international public health experts. AHD administers the program, reviews and approves applications based on Advisory Board recommendations and coordinates delivery of donated vaccine to program participants with technical assistance from Axios International, a public health consultancy specializing in developing and emerging countries.

¹ Merck & Co., Inc. (Whitehouse Station, NJ, USA) operates as Merck Sharp & Dohme (MSD) in most countries outside the United States