

NEWSLETTER

Third Edition, December 2010

This newsletter aims to update readers on the status of the GARDASIL® Access Program, share operational experiences and lessons learned by participants, and contribute to the public body of knowledge regarding HPV vaccination and successful child and adolescent immunization models in developing countries.

Following the November 2010 meeting of the GARDASIL Access Program Advisory Board, two new applicants were approved.

What has been achieved to date?

To date, 22 organizations and institutions in 20 eligible countries have been approved to participate in the program and more than 953,000 doses of GARDASIL (enough to vaccinate more than 317,000 girls) were pledged for donation to these participants. More than 476,000 doses of GARDASIL have shipped to 13 participants in support of their proposed HPV vaccination projects in 12 countries: Bhutan, Bolivia, Cambodia, Cameroon, Georgia, Haiti, Lesotho, Moldova, Nepal, Tanzania, Uganda and Uzbekistan.



In October, the experiences and lessons learned from GARDASIL Access Program projects in Bolivia, Haiti and Georgia were featured in two Cervical Cancer Action webinars. Full webcasts as well as audio-only tracks are available at www.cervicalcanceraction.org/multimedia/multimedia.php.

News from participants that have administered a full three-dose HPV vaccination series:

In Bolivia:

In 2009, the Ministry of Health and Sport from Bolivia partnered with the International Planned Parenthood Federation (IPPF) member association Centro de Investigación, Educación y Servicios (CIES) to implement a school-based vaccination project. The project has a strong information and communication component that target both male and female 5th grade students with information about cervical cancer prevention. This led to boys encouraging sisters (and even mothers) to consider elements of cervical cancer prevention; It reached 96.8% of 3,900 girls targeted. This campaign will continue to focus on the girls and will be enhanced by also focusing on mass media as a catalyst and ally for informing the general public about cervical cancer prevention. Project results were presented at the June 2010 Pan-American Health Organization meeting in Panama City, and more recently by the CIES director at the November 2010 United Nations Population Fund meeting in New York.

In Bhutan:

With the support of the Australian Cervical Cancer Foundation, the Ministry of Health in Bhutan implemented a school-based immunization model in 21 schools in Paro district. Upon completion of the project, over 88% of the target group of approximately 3,000 girls received the full series of vaccine. The Ministry of Health later applied their operational experiences and learnings to help inform a national HPV vaccination program, now underway.

In Cambodia:

Association des Médecins Cambodgiens, alongside Hôpital de l'Amitié Khméro-soviétique (HAKS) in Phnom-Penh and supported by the Ministry of Health, proposed a hospital-based project to vaccinate 2,000 daughters of HAKS staff. This project concluded in February 2010 with 1,978 girls receiving the full series of vaccine. The participating organizations suggested an entirely voluntary, one time financial contribution to help offset their administrative overhead costs. 70% of the girls' parents voluntarily contributed, but all girls received free and equal access to the vaccine. This facility based model allowed for easy follow-up since each girl had at least one parent working at the hospital.



In Lesotho:

The Ministry of Health and Social Welfare (MoHSW) partnered with the Lesotho-Boston Health Alliance, amongst others, to propose a school-based project to vaccinate 40,000 girls in two districts. The partners implemented a comprehensive Information/Education/Communication (IEC) campaign in English and Sesotho, spearheaded by the MoHSW. Prior to the IEC campaign, challenges included false information on the internet and some nursing students who initially discouraged girls from receiving HPV vaccination, were addressed through a targeted, multi-faceted strategy.

A parliamentarian visited communities to discuss concerns and highlight the role of HPV vaccination.

Torrential rains delayed transportation of vaccines to some schools, in which case these girls were encouraged to visit nearby health centers where trained health workers administered the vaccine. The project reached 93.4% of the girls targeted.



What is the GARDASIL Access Program?

Merck pledged to donate at least 3 million doses of GARDASIL [Human Papillomavirus Quadrivalent (Types 6, 11, 16, 18) Vaccine, Recombinant], its quadrivalent HPV vaccine, to qualifying organizations and institutions in developing countries, where approximately 85% of the world's cervical cancer cases occur. The GARDASIL Access Program enables organizations and institutions in eligible lowest income countries to gain operational experience designing and implementing HPV vaccination projects, with the goal of supporting development of successful child and adolescent immunization models.

How to apply

The application form may be downloaded from www.gardasilaccessprogram.org or requested via email to GARDASILAccess@AccessToTreatment.org. Applications are reviewed twice per year, and the next deadline is 1 March 2011. For more information, 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 Project: Haiti

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Girls registering for vaccination

Cervical cancer is the leading cause of cancer-related mortality among women, accounting for 64 percent of all female cancer deaths in Haiti.

Zanmi Lasante, meaning “Partners In Health” in Haitian Kreyol, is the largest health care provider in central Haiti. Zanmi Lasante is the flagship project of Partners In Health, an internationally renowned NGO providing a preferential option for the poor in health care. In collaboration with the Haitian Ministry of Health (MSPP), Zanmi Lasante proposed a GARDASIL® Access Program project to administer HPV vaccine to girls aged 10-12 living in rural Haiti, using existing public health infrastructure with logistical support from Zanmi Lasante. The three communes targeted for the project were chosen to ensure provision of urban, peri-urban and very rural settings in which to administer the vaccine.

The project was implemented using a strategy based on community mobilization and education.

Several management structures were put in place including a Project Director, a Project Committee responsible for the general implementation plan, and a Surveillance Committee tasked with surveillance of adverse reactions and side effects potentially linked to HPV vaccination. The Project Committee served as the key liaison body with the targeted communities and also designed all IEC materials for the campaign. A crucial liaison was with the school directors, without whose support the school-based project would not have achieved the same results. The decision to structure a school-based project came from formative research that was conducted in the communities by the community health nurses, key members of the Project Committee. Communities identified schools, along with community based forum such as churches and traditional gathering places, as the most acceptable locale to reach adolescent girls.

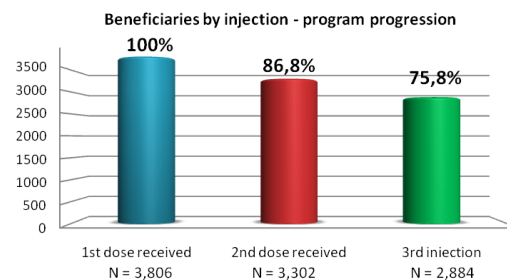
In developing the IEC materials for the project, the main challenge for the Project Committee was to distinguish HPV from HIV. Many community

members lack complete knowledge of anatomical features that would have eased discussion of cancer affecting the cervix. Draft materials in several iterations were tested during the process of developing the final materials for widespread use. Once completed, the key messages were disseminated using radio broadcasts and posters. In addition to these channels, traditional town criers were employed to inform communities and indicate the exact date on which each vaccine dose would be administered.



Girls from 9-13 years waiting for the vaccination

Midway through the project, just before the scheduled 2nd dose, a devastating earthquake struck the capital of Port-au-Prince. All attention and resources of Zanmi Lasante, Partners In Health and government partners were immediately channeled to address the emergency needs of affected populations, which included all three communes targeted in this HPV vaccination project. Despite this tragedy and the resulting delay in administering the 2nd dose, the project vaccinated 75.8% of girls who received the first dose with a third and final dose of GARDASIL.



The partnering institutions made extensive efforts to conduct door-to-door follow up, when needed, to ensure that the highest number of girls received the full three-dose series of vaccine.

This dual approach – combining fixed post administration at the 162 participating schools with door-to-door follow up – provided the additional benefit of increasing community knowledge and awareness of their HPV vaccination project, HPV-related disease and cervical cancer prevention.

Program Partners

The GARDASIL Access Program is made possible by a pledge from Merck¹ 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 is known as MSD outside of the United States and Canada