

Stop Cervical Cancer: Accelerating Global Access to HPV Vaccines

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Advocacy, Information and Communication: Engaging Stakeholders at All Levels to Prepare for the Introduction of HPV Vaccines

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Abstract

Advocacy is essential to achieving rapid, widespread scale-up of the human papillomavirus (HPV) vaccine worldwide. The success of advocacy efforts will depend upon activities that engage multiple audiences on global, regional, national and local levels. Audiences include service providers, professional associations, ministries of health, policy makers, vaccine manufacturers, civil society organizations, communities, families and individuals. While different goals, priorities and messages are appropriate in these varying contexts, there is a need for a coherent and well-coordinated over-arching advocacy strategy to accomplish the following critical goals:

- Scaling up HPV vaccine manufacturing capacity and securing financing at global, regional and national levels for HPV vaccination programs that reach girls and women at highest risk of cervical cancer, regardless of their ability to pay for the vaccine.
- Raising awareness of, demand for and stakeholder/political buy-in for HPV vaccination as a valuable women's health and cancer prevention intervention.
- Developing strong, innovative programs to deliver HPV vaccines to communities in a safe, non-stigmatizing social and community environment.

This paper uses these three goals as the framework for discussing advocacy needs and challenges. It also identifies target audiences for specific advocacy approaches, and delineates concrete potential next steps

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1. Introduction

Advocates must simultaneously educate political leaders, parliamentarians and governments about the cost and cost-effectiveness of the vaccine while at the same time urging the development of supportive preadolescent and adolescent health programs and effective delivery mechanisms to roll out HPV vaccination. This advocacy will take place against the backdrop of licensure of multiple new vaccines, all of which will require similar activity to ensure their rapid rollout.

Advocacy for human papillomavirus (HPV) vaccine access must take place on at least three levels, each of which will influence the other. Stimulating demand and awareness at country and regional levels is essential. Without the political will and committed support of policy makers charged with making decisions on how to spend limited public health resources, efforts to build robust HPV vaccine delivery programs will be severely hampered, if not crippled. This demand is also needed to catalyze a more fully-articulated response from industry which has, to date, promised to make the vaccine available at affordable prices in the developing world, but has yet to make concrete statements on pricing or supply.

At the same time, advocacy targeted directly at industry is also needed, since transparent statements on cost and supply will assist decision-makers at every level in planning for HPV vaccine roll-out.

Successful advocacy for HPV vaccines will also depend on quality of collaboration and, arguably, unprecedented cooperation among reproductive health (RH), adolescent health, cancer and vaccine fields. The recently-published World Health Organization (WHO) guidance, *Preparing for the Introduction of HPV Vaccines: Policy and Programme Guidance for Countries*,¹ clearly articulates that the HPV vaccine will be optimized by seeing it as an intervention which has reproductive health and cancer prevention benefits. Making this “case” to program managers, health ministers, service providers, educators and other audiences requires well-

informed, context specific information and messages to address some of the critical issues related to HPV vaccine delivery.

Overall, thoughtful advocacy and communication strategies must reach multiple audiences on multiple levels to optimize the potential benefits of HPV vaccines worldwide. On one level, these strategies must be country- and community-specific; on another level, they should be broadly harmonized to support a strong global case for making HPV vaccines affordable and accessible. The following discussion identifies some of the critical advocacy needs and challenges at the global, national and programmatic level.

2. Global Advocacy

Goal: Scale-up of HPV vaccine manufacturing capacity and secure financing at global, regional and national levels for HPV vaccination programs that reach girls and women at highest risk of cervical cancer and greatest need of HPV vaccination, regardless of their ability to pay for the vaccine.

As the WHO HPV Guidance states,

“Securing international funding commitments for the HPV vaccine through the GAVI alliance and other channels for non-GAVI-eligible countries is critically important for two reasons. First, it will convince the manufacturers to invest in expanding production capacity... And second, it will secure a negotiated price for low resources settings...”

Scale up of manufacturing capacity must precede vaccine roll out, and even when vaccine developers have made significant investments in manufacturing capacity prior to securing licensure, there may still be limited supply in the early years of introduction. Advocates have a critical role to play in building demand data on the one hand and urging industry partners to develop capacity to serve this demand on the other.

One of the key advocacy messages on the global level is the need for financing

commitments for both product procurement and programmatic infrastructure and delivery. The former will serve as a “pull” mechanism to industry to develop capacity; the latter will ensure that the vaccines will be delivered in high-quality programs.

In July 2006, G8 leaders failed to reach consensus on a proposed financing program to provide financing for neglected diseases using an Advance Market Commitment (AMC) mechanism. HPV vaccine had been put forward as one candidate for funding through this proposed initiative and this remains a possibility. However, as one observer close to the process has stated, HPV vaccines were “not on the radar” of most of the decision-makers involved in the proposal.

Putting HPV vaccines on the global “radar” is, therefore, a critical task for advocates. To do this, advocates and communications strategists must develop materials that explain the impact that HPV vaccines could have on rates of cervical cancer in various settings, the cost-benefit in cases averted due to vaccination, and the additional potential benefits of cervical cancer vaccine prevention programs. In particular, advocates must press political leaders, civil society, program managers and providers to develop cost estimates for HPV vaccination in different countries and regions. These same groups should also be urged to implement studies of the health and financial benefits that could accrue from mass immunization.

Key audiences

At this level, critical audiences include: Global Alliance for Vaccines and Immunization (GAVI), Pan American Health Organization (PAHO), World Bank, United Nations Children’s Fund (UNICEF), political leaders, civil society, vaccine developers, vaccine program managers and providers.

Global Advocacy Next Steps

- Seek a resolution from the World Health Assembly endorsing HPV vaccine programs in high-need, low-resource areas.
- Seek a meeting with GAVI, PAHO and other global and regional entities to discuss options

for international financing for HPV vaccine procurement and delivery.

- Develop an advocacy coalition to support governments, health and finance ministries, program managers and providers working with manufacturers to develop clear, simple pricing policies for bulk purchasers and for individual countries.
- Educate key global development agencies and donors about the benefits and costs of a global HPV vaccination program.
- Develop materials to describe the incidence of cervical cancer in various countries/regions, the cost-benefit in cases averted from HPV vaccination, and the additional potential benefits of cervical cancer vaccine programs.

3. Regional/National Program-Level Advocacy

Goal: Raise awareness of, demand for and stakeholder/political buy-in for HPV vaccination as a valuable women’s health and cancer prevention intervention.

Advocacy at the national and regional level is critical for reaching the health and finance ministers, parliamentarians, policy-makers and opinion leaders who will form the core of a constituency lobbying for adequate and affordable supplies of HPV vaccine, and will also guide and inform decisions about national vaccine programming, health education and outreach, and sexual and reproductive health programs.

Generating country-level and regional support will require context-specific information about:

- Incidence of cervical cancer morbidity and mortality;
- Rates of non-cervical cancer HPV morbidity;
- Data on sexual debut in young girls and boys;
- Prevalence rates of HPV oncogenic types;
- Cervical cancer screening programs and coverage; and,
- Data on program costs and the cost-effectiveness of HPV vaccines as a cancer prevention tool.

This context specific information will help national and regional advocates to make a compelling case for HPV vaccine introduction at these levels. It is also important to create opportunities for health ministers and regional health entities to discuss the results from pilot projects that may be ongoing in the region, and to consider how this vaccine might fit into existing programs (immunization programs, cancer programs and adolescent reproductive health programs) that may have regional similarities. Some of these consultations have already taken place, particularly in Latin America, under the auspices of WHO and PAHO and dissemination of the consensus points and action agendas from these meetings is an important advocacy step for the near future.

In addition, national- and regional-level advocates should be engaged in dialogues about appropriate objectives for specific contexts. These could include adopting a national plan or policy regarding HPV vaccination for preadolescents, adolescents, young girls and, possibly, catch-up populations; meeting with WHO, GAVI and PAHO representatives to discuss financing options and program requirements; and developing regional groups for bulk purchasing and/or lobbying for lower-cost vaccines to be made available.

Key audiences

At this level, critical audiences include: Professional medical associations, ministries of health, ministries of finance, ministries of education, WHO offices, preadolescent and adolescent health organizations, women's health organizations, parents' organizations, health insurance providers.

Possible Next Steps

- Convene meetings with ministries of health, gender and education and other global and regional entities to discuss HPV as a global health concern
- Develop an advocacy coalition to support governments, and health and finance ministries to develop communication

strategies to increase awareness of HPV and of cervical cancer prevention.

- Convene meetings with clinicians, and professional medical associations to discuss HPV vaccination, and the possibility of integrating vaccinations into an accepted standard of care and into preadolescent and adolescent health programs.
- Develop materials to describe the rates of cervical cancer in various countries/regions together with coverage of cervical cancer screening and other prevention measures.

4. National/Program/Community-Level Advocacy

Goal: Develop strong, innovative programs to deliver HPV vaccines to communities in a safe, non-stigmatizing social and community environment.

It is important to stress that HPV vaccines can still have a benefit in settings that do not offer a full range of cervical cancer screening and prevention services. It is also important to address the limitations of the vaccines. As the WHO HPV Guidance notes:

“While HPV vaccines are highly effective in preventing new infections from the two most important high-risk HPV types, they do not contain all the HPV types that cause cancer, and they are not expected to prevent cancer in women who have already been infected with those two types (i.e., no therapeutic effect). These characteristics make HPV vaccine different from other familiar vaccines, such as MMR or DPT. It will therefore be important to consider and develop strategies for explaining the types of protection that the vaccine does and does not offer, and preemptively addressing public perceptions of partial effectiveness of the product.”

It is also critical to note that HPV vaccines can potentially be the cornerstone of, or an important addition to, enhanced adolescent health interventions on a range of issues, from family planning to HIV prevention to tobacco use to life

skills and issues related to health problems unrelated to cancer.

Innovation will depend on collaboration between various players who may, historically, have had little to do with one another's programs. Health, education and finance ministries, national immunization programs, cancer control programs, family planning programs and HIV prevention/voluntary counseling and testing programs all have valuable insights into program design and implementation. Strong advocacy on the national and program level will be needed to ensure that this expertise is brought "to the table" for coordinated discussion.

Some key points are as follows:

- Screening programs will still be needed as the HPV vaccine currently licensed does not cover all HPV types and do not protect women already infected by HPV. These programs should work closely with any HPV immunization programs.
- Messages across both programs need to be consistent and complementary; vaccines should not be seen as a replacement to screening programs. HPV immunization programs could learn from the success of coordinated screening programs and from other immunization campaigns.

There will be opportunities for HPV vaccination advocates and cancer prevention programs to share messaging and education campaigns. Raising awareness of cervical cancer burden and "preventability" will be important to both. To ensure that HPV vaccines are accepted at the community, family and individual level, it will be crucial to develop programs that deal in a sensitive and context-specific manner with issues of stigma, discrimination and presumptions of promiscuity or sexual activity that could be associated with the vaccine.

Strong HPV vaccine advocates within programs and in the community will make a dramatic difference in uptake of this vaccine. These advocates will be located in different sectors of the community, depending on a

country's decision about how to deliver the vaccine. They could include nurses, teachers, counselors, physicians, sports coaches, educators, community opinion leaders, and religious leaders. The medical community, in particular, is an important and influential stakeholder group since they will mediate the delivery of the vaccine. Therefore, advocacy at the program/community level should focus on providing essential basic information to these groups, and on answering some of the critical questions that these groups may raise:

- What is the health care need that this new vaccine responds to?
- Why is cervical cancer linked to HPV?
- Why is this vaccine being recommended for preadolescents and adolescents?
- Where is the vaccine being rolled out?
- What about boys, older girls, and women?
- Are there cohorts where incidence suggests earlier access to vaccination is warranted?
- What is the basic information about the vaccine, including benefits, safety profile and limitations that they should be aware of?
- Why is screening still necessary?
- What are the benefits of HPV vaccination as compared to increased population coverage of cervical cancer screening?
- Who will provide this vaccine and how will it impact on the work load of whichever cadres are drawn into implementation?

Key Audiences

At this level, critical audiences include: Professional medical associations, community organizations involved in cancer prevention, preadolescent and adolescent health, sexual and reproductive health and education, Ministries of Health, schools (primary and secondary) and parents groups.

Possible Next Steps

- Develop an advocacy coalition to support governments, and health and finance ministries to develop communication strategies to increase awareness of HPV and of cervical cancer prevention among

clinicians, as well as health, and sexual and reproductive health workers.

- Convene meetings with program managers and service providers to discuss HPV vaccination, and the possibility of integrating vaccinations into health programs.
- Create a safe, non-stigmatizing environment in which preadolescents and adolescents and their families and caregivers can make fully-informed choices about HPV vaccination.

5. Issues for Discussion by Meeting Participants

- How can political support for HPV vaccines be created?
- How can demand for the HPV vaccine be created across a broad constituency?
- How can advocacy ensure that both pricing and scale-up of manufacturing increase access?
- How can advocacy ensure that the introduction of the HPV vaccine is coordinated with existing clinical and programmatic interventions, including cervical cancer screening tools such as HPV testing, visual inspection, pap smears, etc?
- How will advocacy messages need to be tailored across regions and countries?

6. Conclusions

The ultimate success of the advocacy program outlined will depend entirely upon the quality of collaborations across disciplines and institutions. Access to the HPV vaccine will require unprecedented collaboration between the reproductive health, preadolescent and adolescent health, cancer prevention and vaccine fields. Such collaboration will require ongoing communications among and between the disciplines to ensure that political leaders, the media and institutions involved in cancer prevention, preadolescent and adolescent health, sexual and reproductive health and education all move forward with a common understanding of the steps necessary accelerate global access to HPV vaccines and stop cervical cancer.

Specific advocacy messages and actions for key stakeholders are located in Table 1 on the next page.

References

- ¹ UNFPA/WHO Technical Consultation, *Preparing for the Introduction of HPV Vaccines: Policy and Programme Guidance for Countries* (March 2006) (available at <http://www.who.int/reproductive-health/publications/hpvvaccines/index.html>)

Table 1: Specific Advocacy Messages and Actions for Key Stakeholders

Key Stakeholders	Messages and Actions
Developing country leaders and decision makers	<ol style="list-style-type: none"> 1. Generate awareness of and demand for HPV vaccine at national and regional levels. 2. Translate this demand into targeted advocacy directed at international financing mechanisms and the pharmaceutical industry. 3. Allocate resources to HPV vaccine rollout at the country level and implement policy changes, such as incorporation of HPV vaccine into national immunization strategies.
Health program managers	<ol style="list-style-type: none"> 1. Urge that HPV vaccine form a part of cancer prevention strategies. 2. Create education programs that address the morbidity and mortality of HPV related illness and stress the preventability of cervical cancer. 3. Link HPV vaccines to existing cancer prevention services as appropriate, given target populations served.
Clinicians who serve preadolescent, adolescents and women	<ol style="list-style-type: none"> 1. Educate their patients about HPV. 2. Adopt HPV vaccination as part of adolescent checkups.
Community leaders, preadolescent and adolescent health, and sexual and reproductive health advocates	<ol style="list-style-type: none"> 1. Disseminate information on HPV vaccine availability in conjunction with existing HPV prevention programs. 2. Create education programs that address the morbidity and mortality of HPV related illness and stress the preventability of cervical cancer. 3. Adopt lessons learned from the breast and cervical cancer awareness movements using small and mass media and interpersonal communications to influence perceptions and vaccine uptake.
Media	<ol style="list-style-type: none"> 1. Ensure communities are informed regarding HPV vaccines and vaccination programs.
WHO and other "normative" agencies	<ol style="list-style-type: none"> 1. Prioritize HPV vaccine in the review and pre-qualification processes, which are essential prerequisites to bulk purchasing by vaccine procurement entities. 2. Support regional and national consultative processes to implement the 2006 Guidance Note (<i>Preparing for the Introduction of HPV Vaccines: Policy and Program Guidance for Countries</i>).
Government and philanthropic funding agencies	<ol style="list-style-type: none"> 1. Take steps to develop sustainable financing mechanisms for HPV vaccination programs worldwide. 2. Ensure adequate funding for pilot programs which will identify best practices for delivering the vaccine to underserved populations through preadolescent and adolescent health, and sexual and reproductive health programs.
HPV vaccine developers (Merck & GlaxoSmithKline)	<ol style="list-style-type: none"> 1. Establish a tiered pricing system for resource-poor settings. 2. Register HPV vaccines in resource poor settings. 3. Provide technical support and financial assistances as requested to support HPV vaccination as part of a national vaccination program in affected countries.