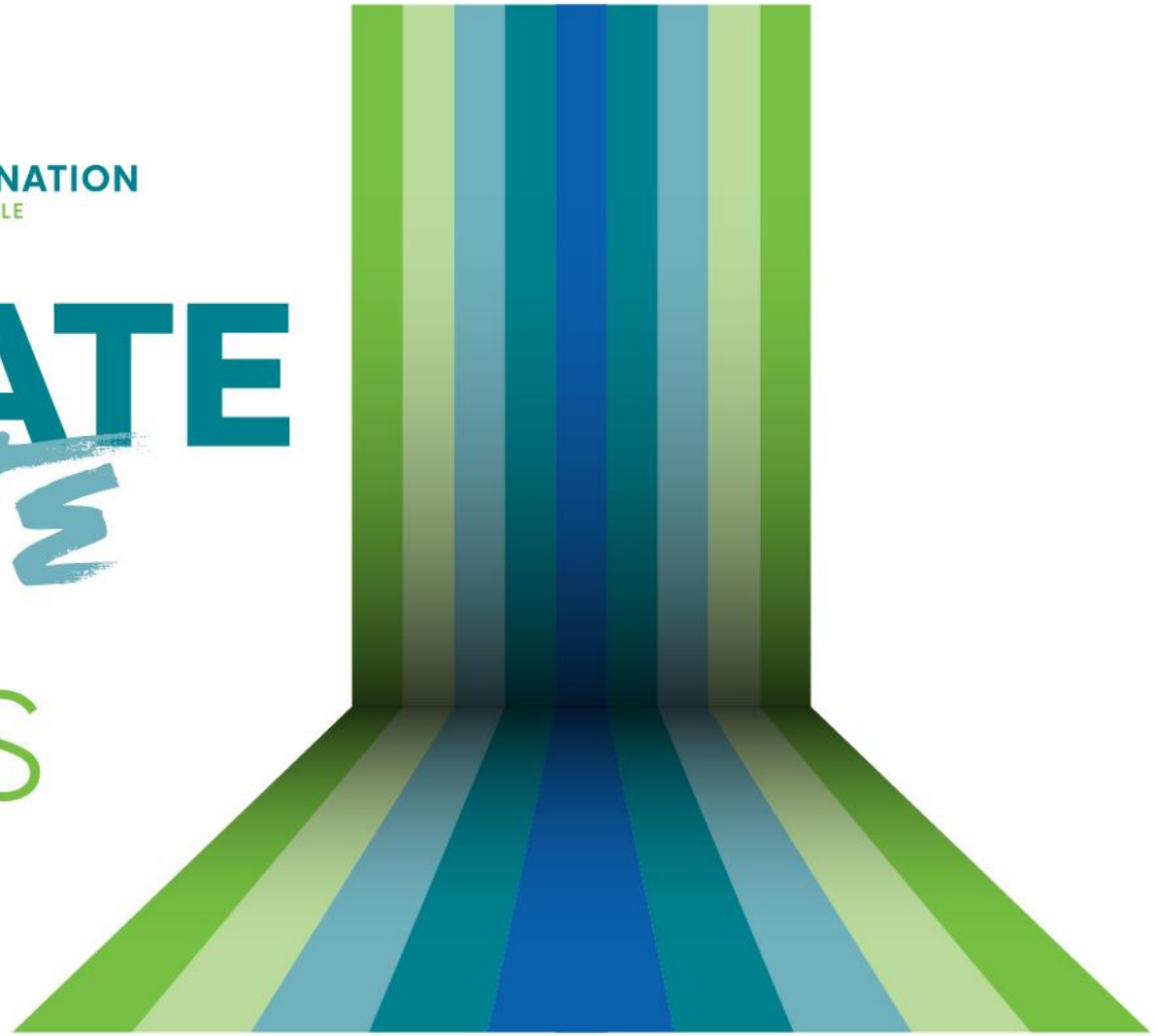




**CELEBRATE**  
*& INNOVATE*  
10 YEARS





**Heather Brandt, PhD**  
Director, HPV Cancer Prevention Program,  
*St. Jude Children's Research Hospital*

# Welcome:

## Global Best Practices in HPV Vaccination



# Global Best Practices in HPV Vaccination

## Friday, October 11: Global Best Practices in HPV Vaccination

12:00 PM ET

Welcome to the Celebration

- Heather Brandt, PhD, St. Jude Children's Research Hospital

12:05 PM ET

10-Year Celebrate & Innovate Interview

- Heather Brandt, PhD, St. Jude Children's Research Hospital
- Noel Brewer, PhD, University of North Carolina Gillings School of Public Health

12:15 PM ET

Public Health Impact, Efficiency, and Equity of HPV Vaccination at the Global, Regional, National, and Income Levels

- Kaja Abbas, PhD, London School of Hygiene & Tropical Medicine (UK) and Nagasaki University (Japan)

12:30 PM ET

International Papillomavirus Society One Less Worry Campaign

- Joel Palefsky, MD, FRCP(c), University of California, San Francisco

12:45 PM ET

HPV Vaccination Behavioral Intervention Pathways in 3 Low- & Middle-Income Countries

- Sara Comstock, MSSW, American Cancer Society

1:00 PM ET

Panel Q&A: Global Best Practices in HPV Vaccination

1:25 PM ET

Celebration Wrap Up & After Party

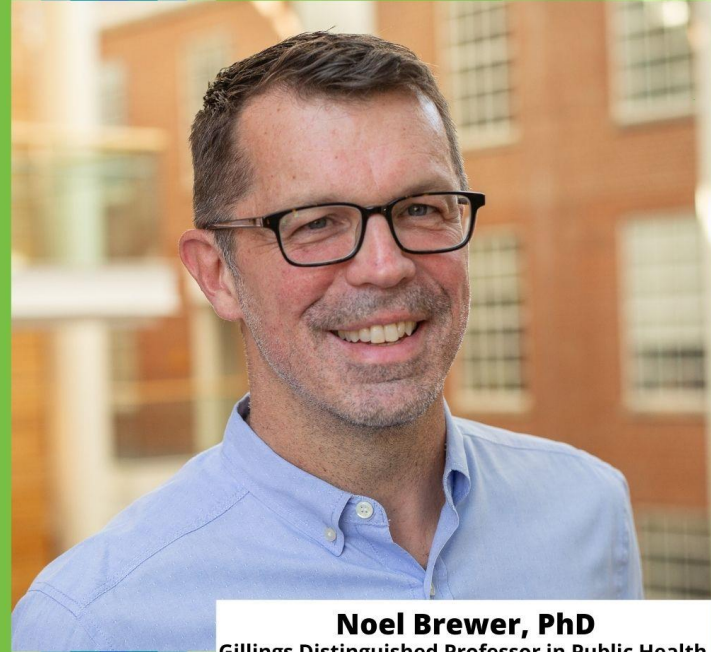
Gabby Darville-Sanders, PhD, American Cancer Society

Funding for this meeting was made possible (in part) by IP21-2105 from the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.





**Heather Brandt, PhD**  
Director, HPV Cancer Prevention Program,  
*St. Jude Children's Research Hospital*



**Noel Brewer, PhD**  
Gillings Distinguished Professor in Public Health,  
UNC Gillings School of Global Public Health

# 10 Year Celebrate & Innovate Interview

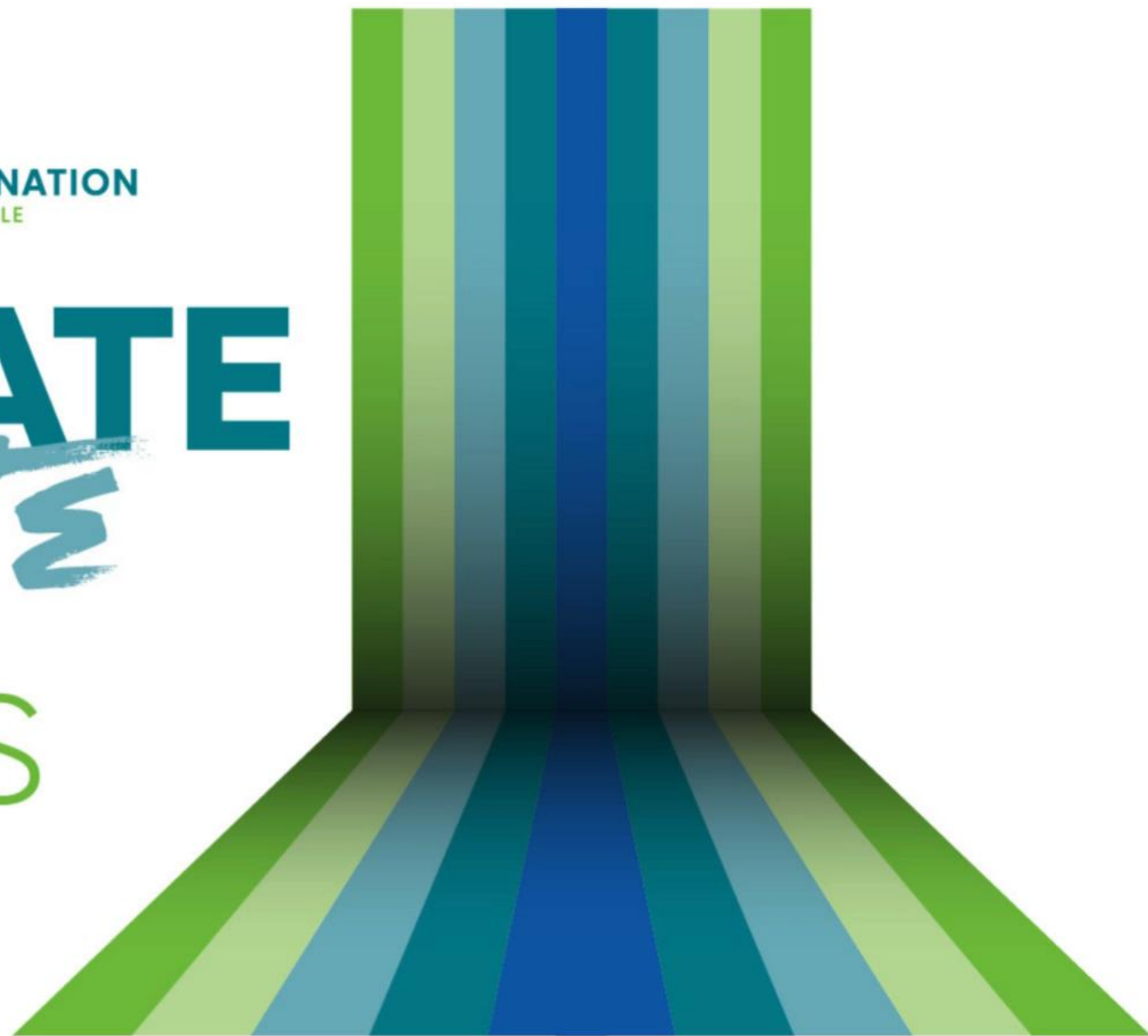


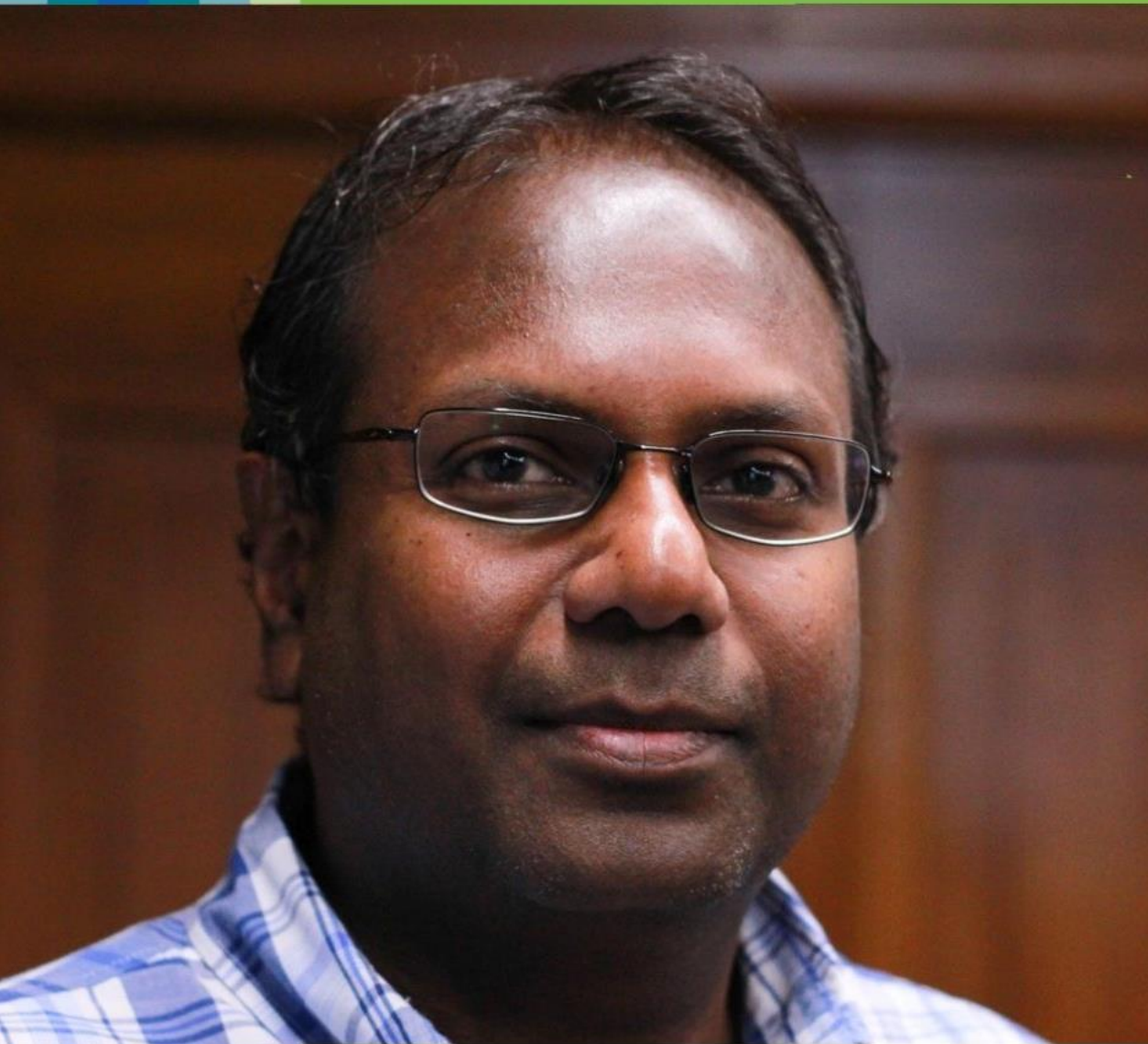


**CELEBRATE**

*& INNOVATE*

10 YEARS





# Public Health Impact, Efficiency, and Equity of HPV Vaccination at the Global, Regional, National, and Income Levels

**Kaja Abbas, PhD**  
Associate Professor,  
London School of Hygiene & Tropical  
Medicine (UK) and Nagasaki University (Japan)



# Public health benefits, efficiency & equity impact of HPV Vaccination

[Kaja Abbas](#)

Associate Professor, Infectious Disease Epidemiology & Dynamics

Faculty of Epidemiology and Population Health, London School of Hygiene & Tropical Medicine

School of Tropical Medicine and Global Health & Institute of Tropical Medicine, Nagasaki University



**Incidence, Females, in 2022**  
Cervix uteri

Population	Population code (ISO/UN)	Number	ASR (World)	Crude Rate	Cum. risk 74
Africa	903	125 699	26.4	17.9	2.9
Latin America and the Caribbean	904	63 171	15.1	18.7	1.6
Northern America	905	15 654	6.4	8.3	0.61
Europe	908	58 219	10.6	15.1	1.0
Oceania	909	2 476	9.6	11.3	0.90
Asia	935	397 082	13.9	17.5	1.5
<b>Total</b>		<b>662 301</b>	<b>14.1</b>	<b>16.9</b>	<b>1.5</b>

**Mortality, Females, in 2022**  
Cervix uteri

Population	Population code (ISO/UN)	Number	ASR (World)	Crude Rate	Cum. risk 74
Africa	903	80 614	17.6	11.5	2.0
Latin America and the Caribbean	904	33 514	7.7	9.9	0.82
Northern America	905	6 692	2.2	3.6	0.23
Europe	908	26 950	3.9	7.0	0.42
Oceania	909	1 309	4.5	6.0	0.47
Asia	935	199 795	6.7	8.8	0.76
<b>Total</b>		<b>348 874</b>	<b>7.1</b>	<b>8.9</b>	<b>0.79</b>

- Cervical cancer caused by HPV infection

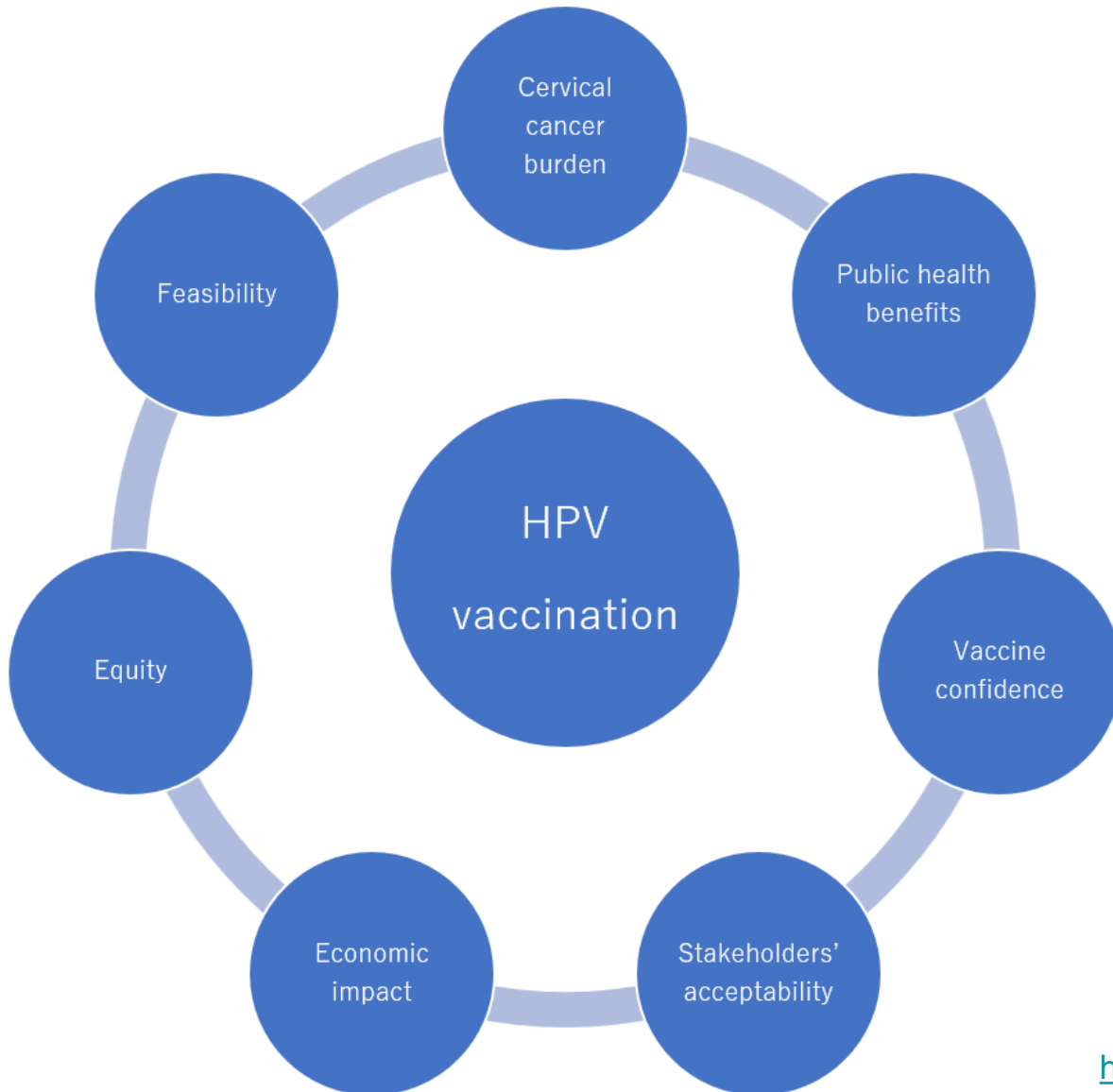
- 14 high risk HPV genotypes
- HPV 16/18
  - ~ 70%
- HPV 31/33/45/52/58
  - ~ 18.5%

- HPV vaccines

- Bivalent
  - HPV 16/18
- Quadrivalent
  - HPV 16/18 (+ HPV 6/11)
- Nonavalent
  - HPV 16/18/31/33/45/52/58 (+ HPV 6/11)



# Evidence to action: HPV vaccination



Criterion	Factors
Criterion 1: Problem	<ul style="list-style-type: none"> <li>Burden/epidemiology of disease</li> <li>Clinical characteristics of the disease</li> <li>Use and Costs of Health Care</li> <li>Alternative preventive and control measures</li> <li>Regional and international considerations</li> </ul>
Criterion 2: Benefits and harms of the intervention	<ul style="list-style-type: none"> <li>Efficacy and effectiveness of the intervention (benefits)</li> <li>Safety of the intervention (harms)</li> <li>Indirect effects of the intervention</li> </ul>
Criterion 3: Values and preferences of the target population	<ul style="list-style-type: none"> <li>Perception of target population of the intervention and the disease</li> <li>Differences by subgroups of target population</li> <li>Demand</li> </ul>
Criterion 4: Acceptability to stakeholders	<ul style="list-style-type: none"> <li>Acceptability of the intervention</li> <li>Financial, ethical and programmatic considerations</li> </ul>
Criterion 5: Resources use	<ul style="list-style-type: none"> <li>Resource use and cost related to the intervention</li> <li>Socioeconomic</li> <li>Economic impact of intervention on immunization programme and health sector</li> </ul>
Criterion 6: Equity	<ul style="list-style-type: none"> <li>Access to intervention</li> <li>Ethics, legality of the intervention</li> <li>Stigma</li> </ul>
Criterion 7: Feasibility	<ul style="list-style-type: none"> <li>Vaccine characteristics</li> <li>Accessibility</li> <li>Resources for storage, distribution</li> <li>Information management</li> <li>Disease and AEFI surveillance</li> <li>Global, regional, local experiences</li> <li>Vaccine availability</li> </ul>

# Cervical cancer elimination strategy

- WHO - Global strategy to accelerate the elimination of cervical cancer as a public health problem (2020)
  - HPV vaccination
  - high-precision screening test (and treatment if needed)
  - treatment and care
  - Proposed targets for 2030
    - 90% coverage of HPV vaccination among girls by 15 years of age
    - 70% coverage of screening (and treatment) among women at 35 and 45 years of age
    - 90% coverage of treatment among women diagnosed with cervical cancer



# Papillomavirus Rapid Interface for Modelling and Economics (PRIME)

- Health impact of HPV vaccination
  - bivalent/quadrivalent vaccines protects against high-risk HPV types HPV 16/18
  - nonavalent vaccine protects against HPV 16/18/31/33/45/52/58

cervical cancer *burden* averted at age  $i$  =

cervical cancer *burden* caused by all HPV genotypes at age  $i$  pre-vaccination  $\times$

country-specific proportion of cervical cancer caused by high-risk HPV types  $\times$

two-dose vaccine coverage at prior age of vaccination  $v$  ( $v \leq i$ )  $\times$

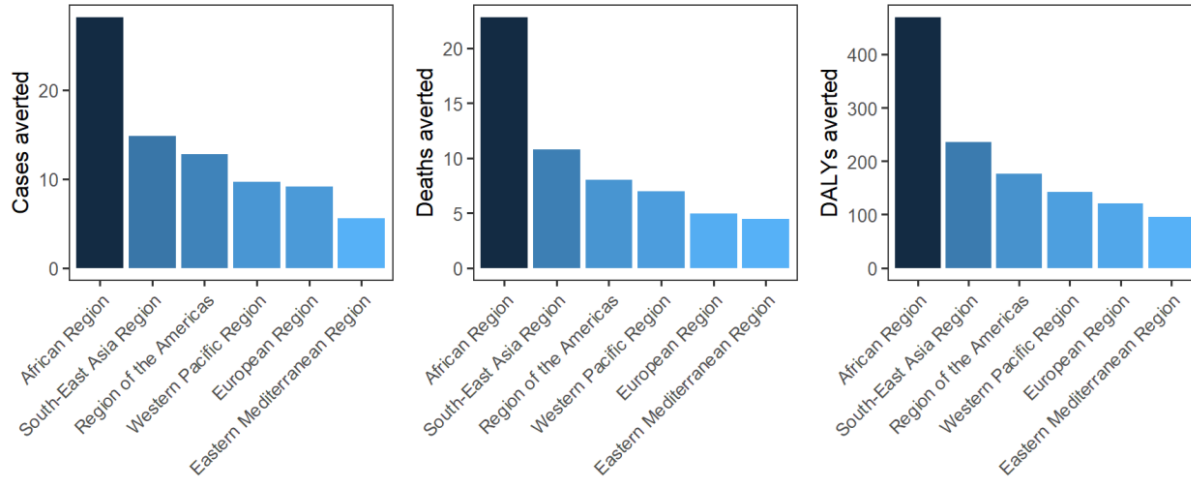
vaccine efficacy against high-risk HPV types  $\times$

proportion of female population that has not experienced sexual debut by age of  
vaccination  $v$

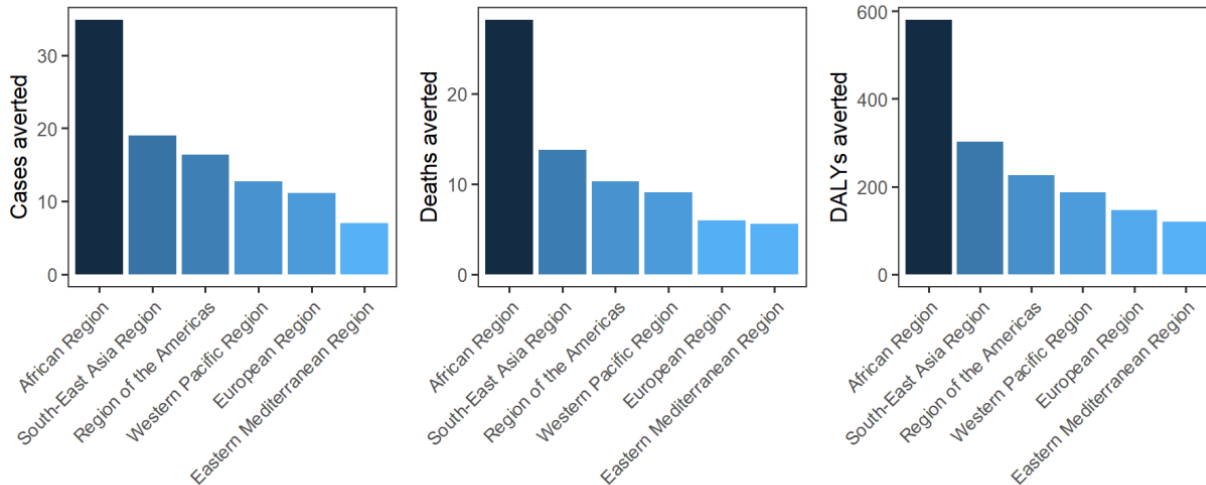
# Public health benefits

## HPV vaccination

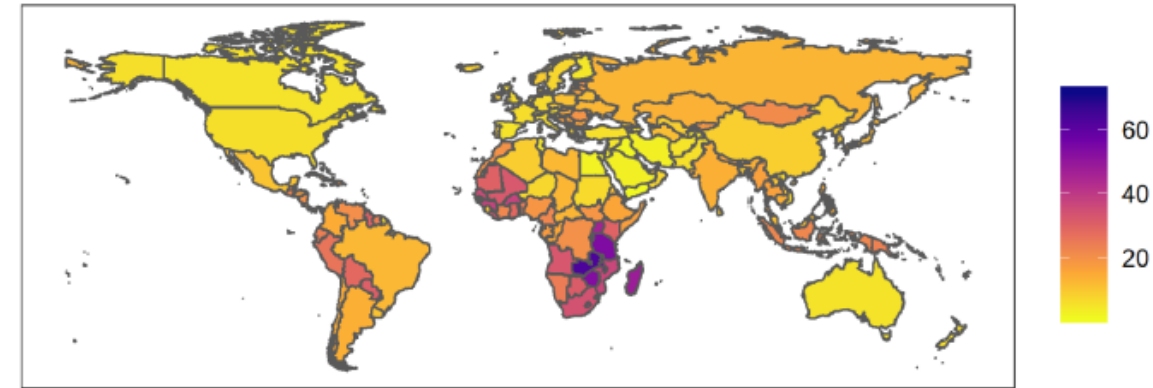
Lifetime health impact per 1000 vaccinated girls (regional level)  
(vaccination age = 9 years / bivalent/quadrivalent vaccine)



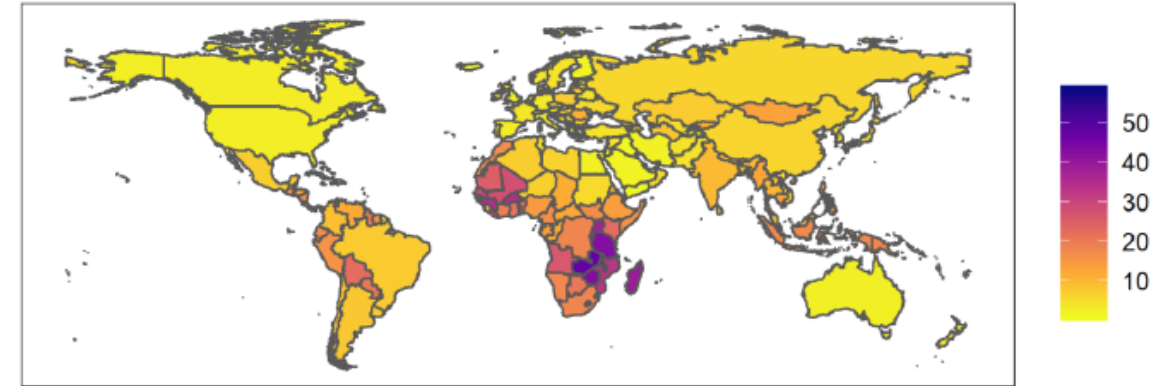
Lifetime health impact per 1000 vaccinated girls (regional level)  
(vaccination age = 9 years / nonavalent vaccine)



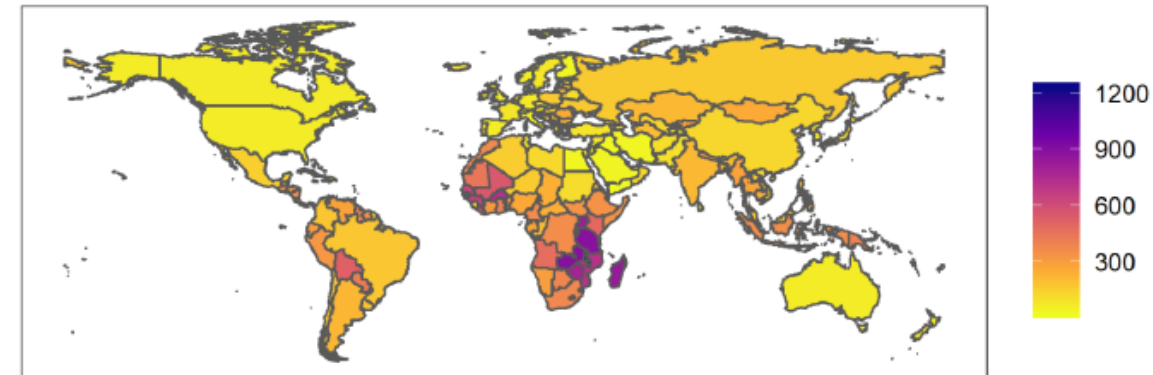
Cases averted per 1000 vaccinated girls



Deaths averted per 1000 vaccinated girls



DALYs averted per 1000 vaccinated girls



# Efficiency: Net health impact

## HPV vaccination

- Health opportunity cost
  - Health effects if additional resources required for a new intervention had instead been made to other health care activities in the current health system
- Net DALYs averted

The diagram illustrates the equation for Net DALYs Averted ( $NDA_i$ ) in a specific country. The equation is presented as  $NDA_i = \Delta DALY S_i - \frac{\Delta C_i}{k_i}$ . Each term in the equation is enclosed in a light green rounded rectangular box with a callout line pointing to the corresponding part of the equation. The first box on the left explains the entire equation as 'DALYs that could have been averted with the additional health care system resources required to implement HPV vaccination in a specific country'. The second box above the first term explains it as 'DALYs averted by HPV vaccination'. The third box above the second term explains it as 'net cost of HPV vaccination'. The fourth box below the second term explains it as 'country-specific estimate of health opportunity cost to avert a single DALY'.

DALYs that could have been averted with the additional health care system resources required to implement HPV vaccination in a specific country

$$NDA_i = \Delta DALY S_i - \frac{\Delta C_i}{k_i}$$

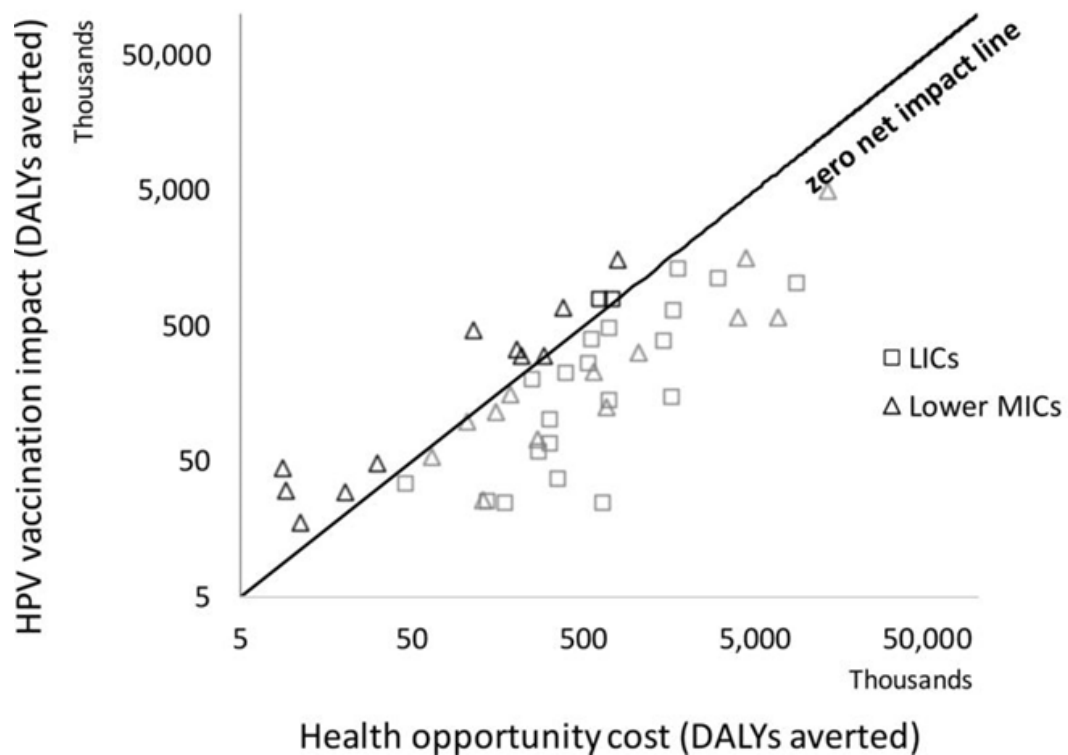
DALYs averted by HPV vaccination

net cost of HPV vaccination

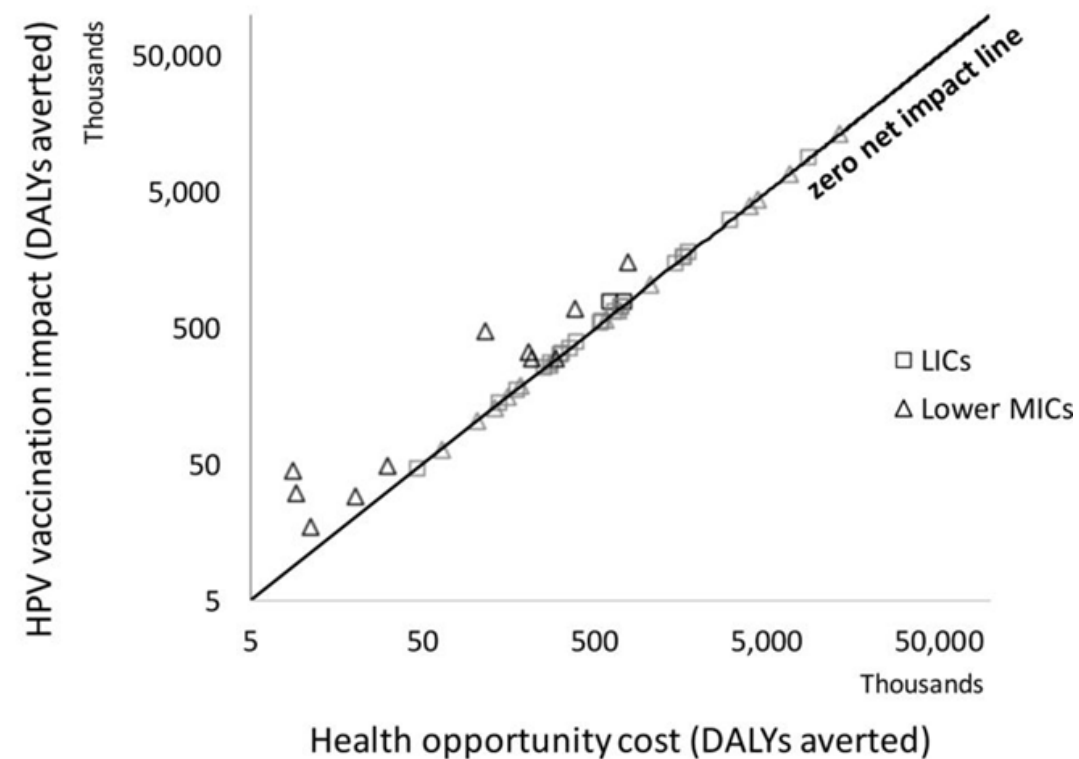
country-specific estimate of health opportunity cost to avert a single DALY

# Value of Gavi the Vaccine Alliance – affordable access to HPV vaccines in low- and middle income countries

1a Net health impact in Gavi-eligible countries

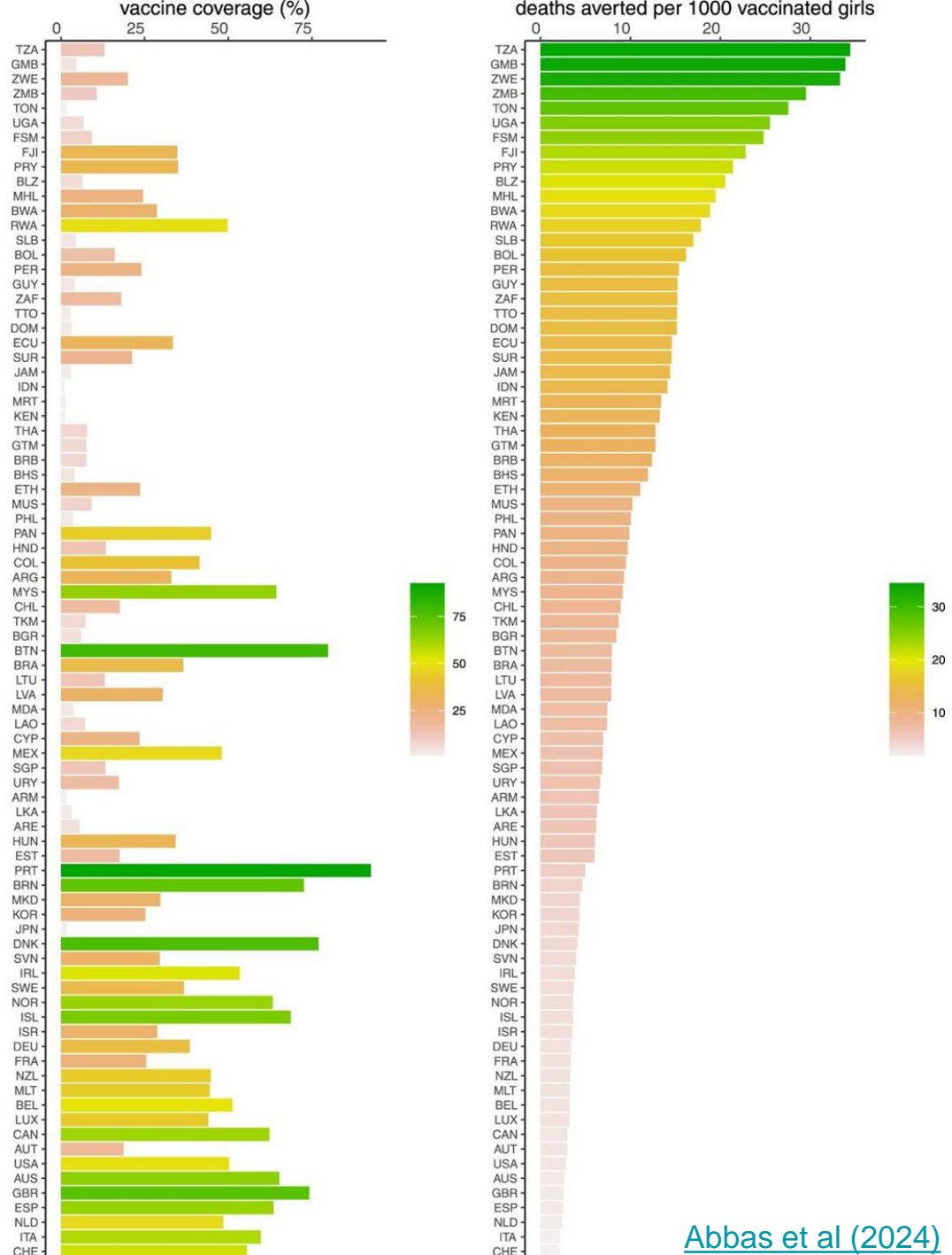
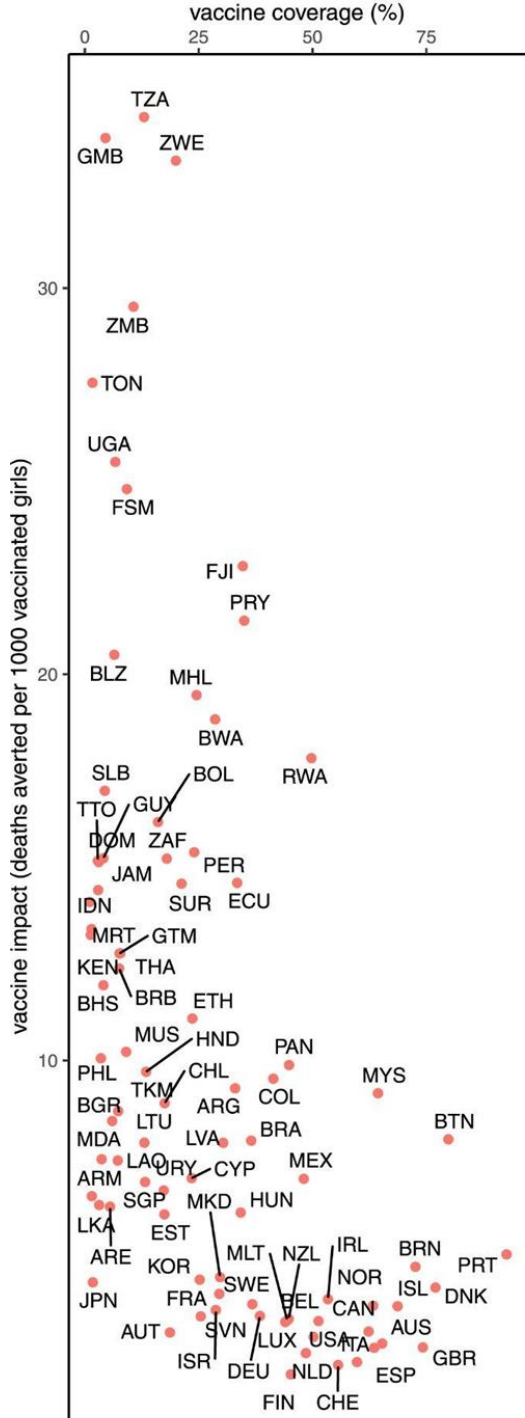
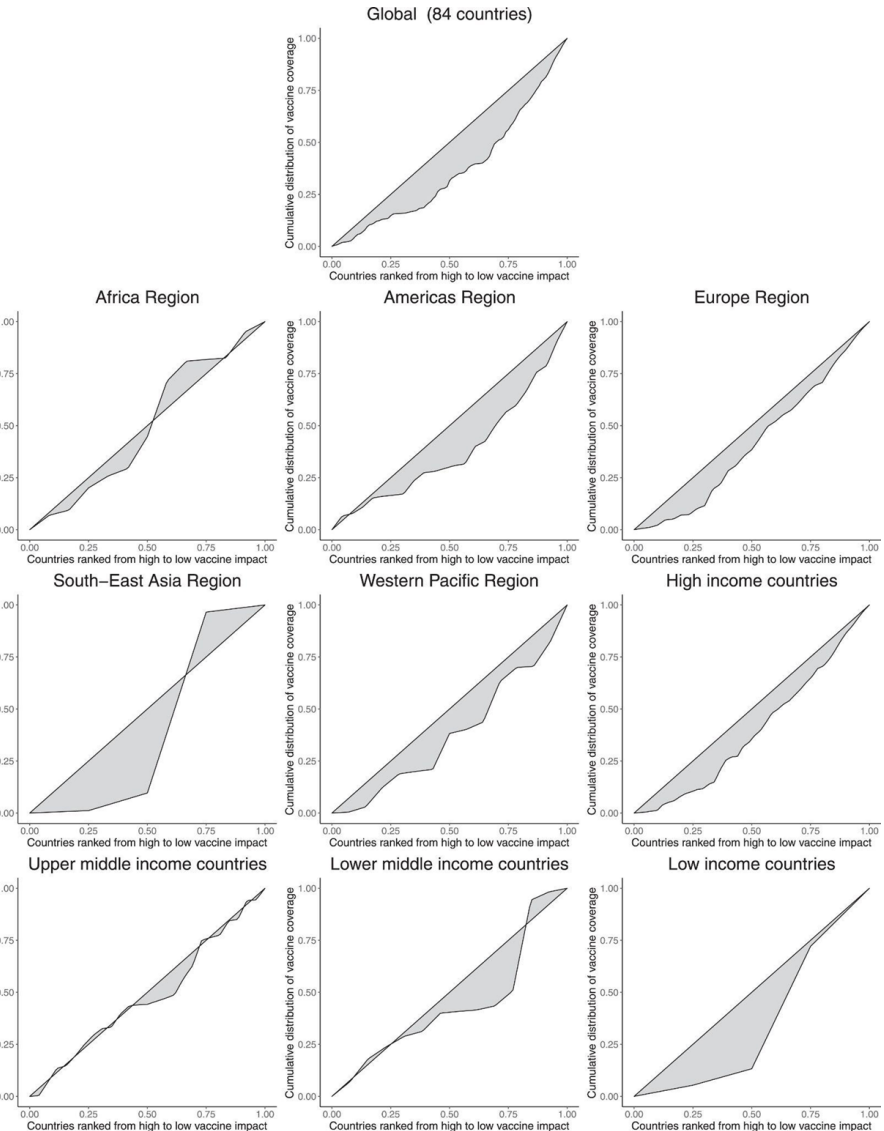


1b Net health impact in GAVI eligible countries after country-specific subsidies



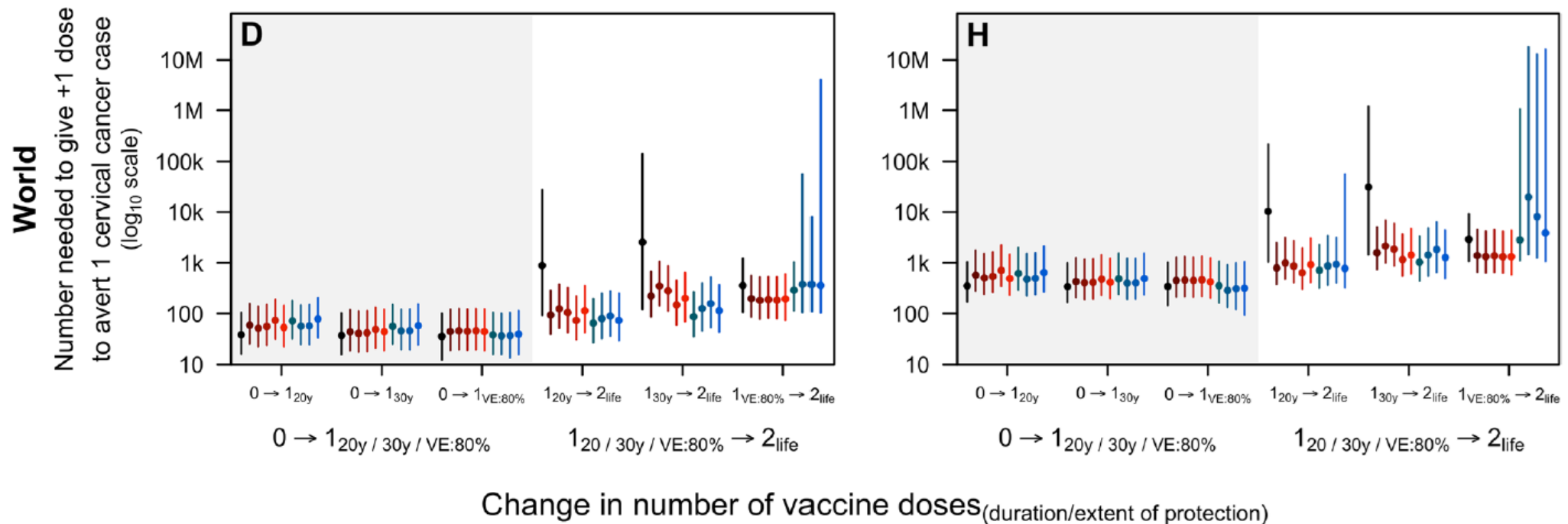
# Equity: coverage & impact

## HPV vaccination



# Impact and cost-effectiveness of one-dose HPV vaccination

- To estimate the long-term health benefits and cost-effectiveness of one-dose versus two-dose HPV vaccination in 188 countries.
- Vaccination scenarios
  - one dose of the vaccine gives either a shorter duration of full protection
    - 20 or 30 years
  - lifelong protection but lower vaccine efficacy (e.g. 80%) compared to two doses



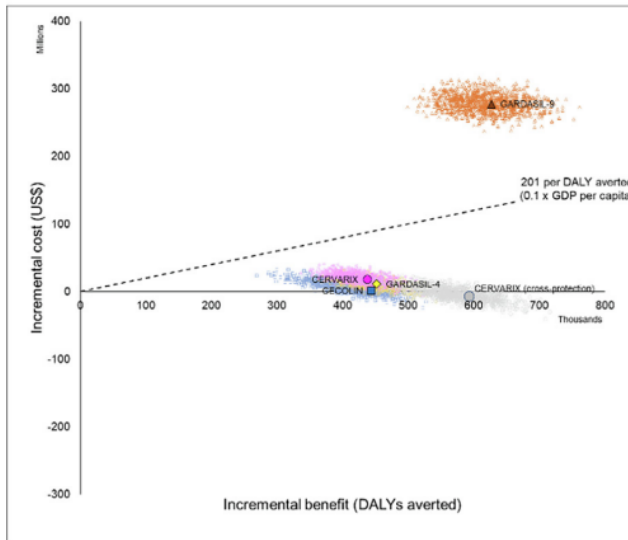
**Fig. 4** Number of girls needed to be vaccinated with the first and second dose to avert one additional cervical cancer case by income group. The lines represent the median projections of the 10 model-country settings: the HSA model in black, HPV-ADVISE model-country pairs in red, and the Harvard model-country pairs in blue. Health outcomes were discounted at 3% (A–D) and 0% (E–H)



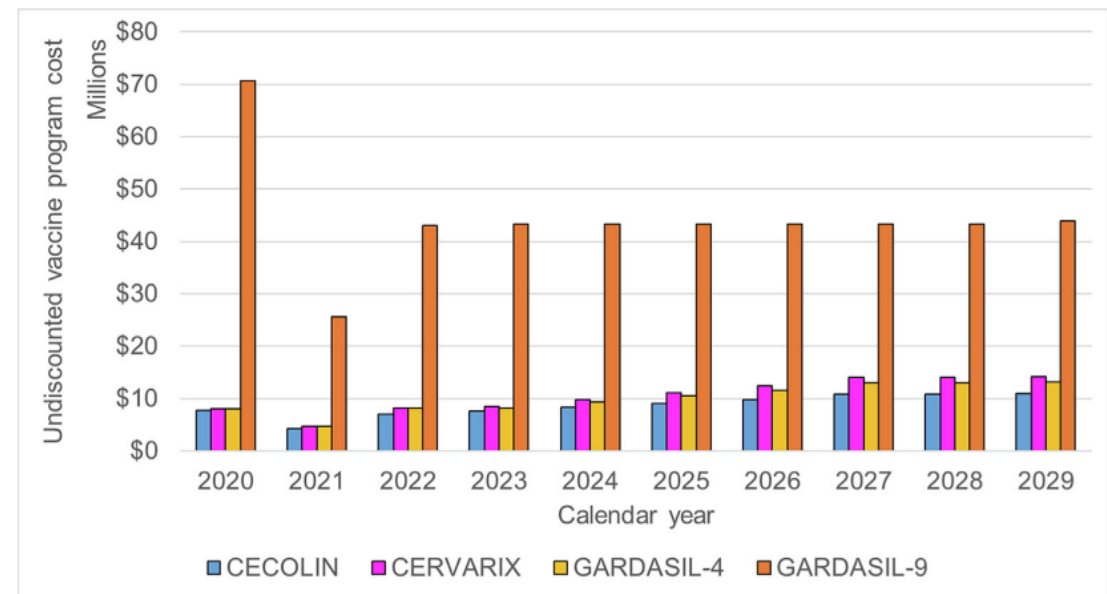
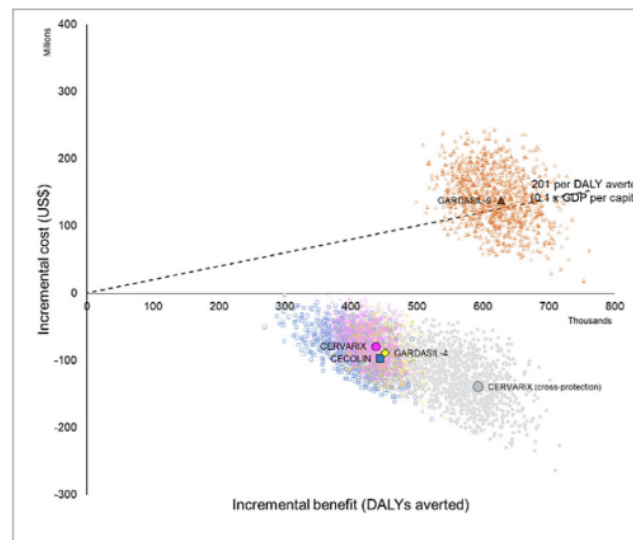
# HPV vaccination impact in Kenya

Impact, cost-effectiveness, and budget implications of HPV vaccination in Kenya: A modelling study

## Government perspective

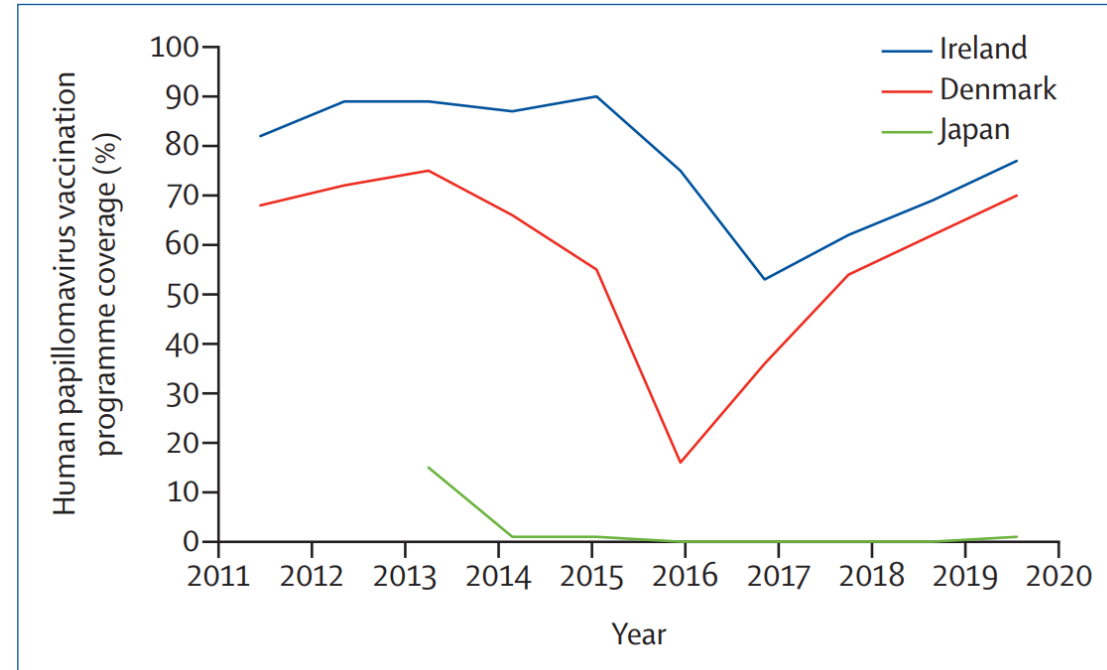


## Societal perspective



# Japan resumes active recommendations of HPV vaccine for girls aged 12-16 years after 8.5 years of suspension (Jun 2013 - Nov 2021)

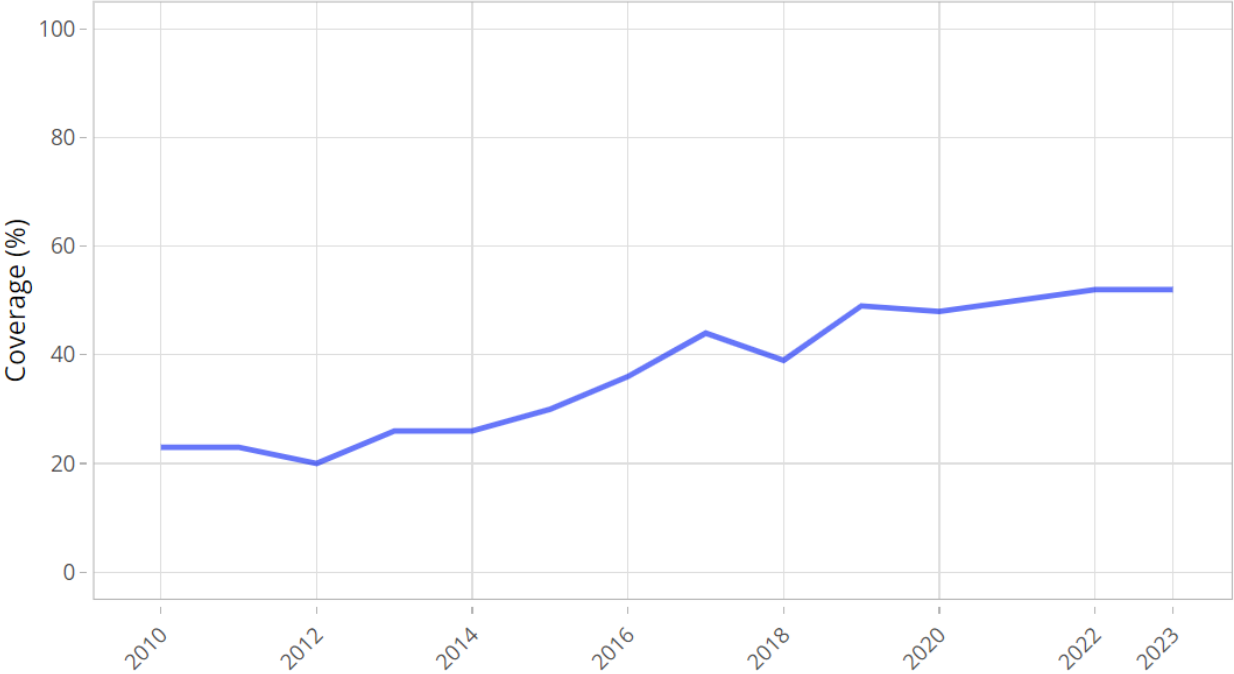
- Implementation of HPV vaccination in Japan through
  - Social mobilisation
    - Individual notification to adolescent girls from municipalities
    - Cancer education at schools
    - Awareness events by civil society organisations
  - Evidence-based communication
  - Balanced policy-making
  - ~ will facilitate uptake of HPV vaccination
    - one-dose HPV vaccination will facilitate (school-based or clinical) delivery and affordability



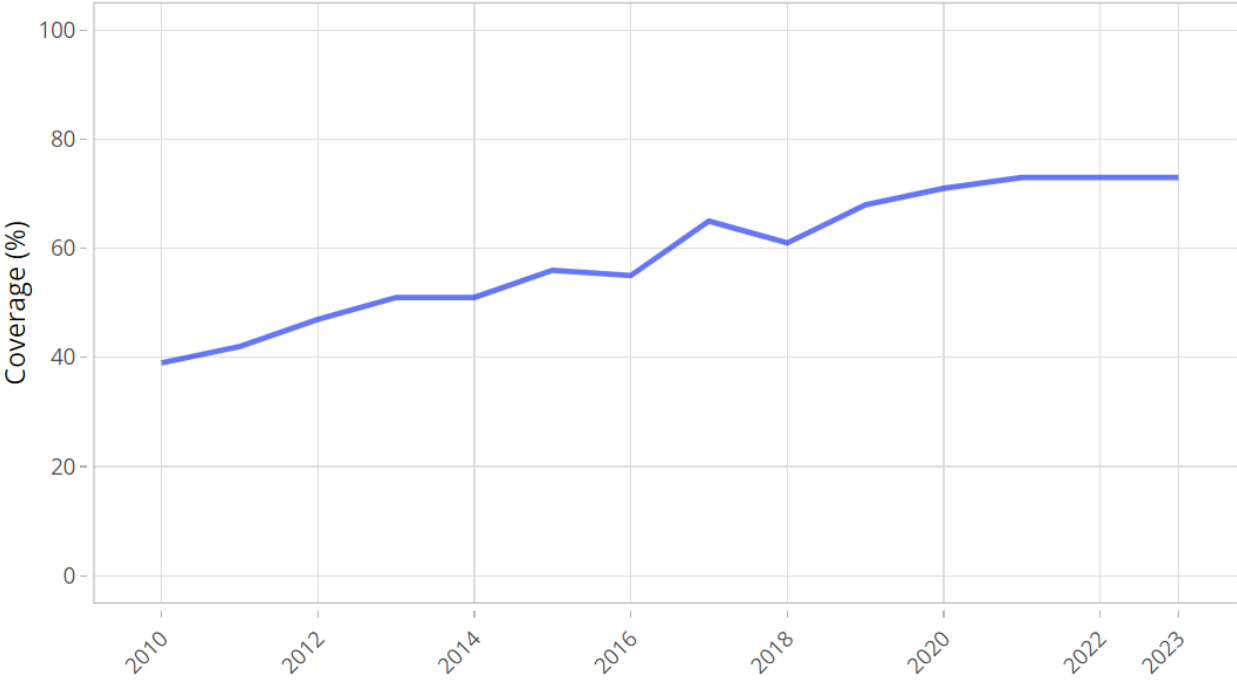
**Figure:** Human papillomavirus vaccination programme coverage estimates (final dose) for girls from the year of programme introduction to 2020, in Japan, Ireland, and Denmark<sup>7</sup>

# United States: HPV vaccination coverage

United States of America - prHPVc (F)



United States of America - prHPV1 (F)



# Key messages

- Countries with a relatively higher cervical cancer burden and relatively higher need for HPV vaccination had relatively lower coverage during 2010-2022
  - Countries in the WHO African region should be prioritised for HPV vaccine introduction/scale-up
- At Gavi negotiated prices, HPV vaccination offers positive net health benefits in Gavi-eligible countries
- Single dose HPV vaccination strategy improves affordable access & feasibility
- Social mobilisation to improve public awareness of HPV vaccination benefits on cervical cancer prevention are important for improved confidence (& reduced hesitancy) and uptake (of HPV vaccination)

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# Thank you

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GATES foundation



**Joel Palefsky, MD, FRCP(c)**  
Professor,  
University of California, San Francisco

# International Papillomavirus Society International “One Less Worry” Campaign





**CELEBRATE**  
**& INNOVATE**  
10 YEARS



# One Less Worry Campaign

Dr. Joel Palefsky  
Chair, IPVS Awareness Campaign Committee







Dr. Joel Palefsky, IPVS

# Agenda



- Introducing the International HPV Awareness Campaign
- Highlights Campaign 2024
- Power of partnership- HPVRT
- One Less Worry Campaign 2025



# Why public awareness matters



*“Why would a young girl get a vaccine against an infection she has never heard of – and why would parents allow their children to be vaccinated against HPV if most have never heard about the virus and don’t understand the connection with cancer? Let’s build awareness as a key step to improve the uptake of HPV vaccines.”*

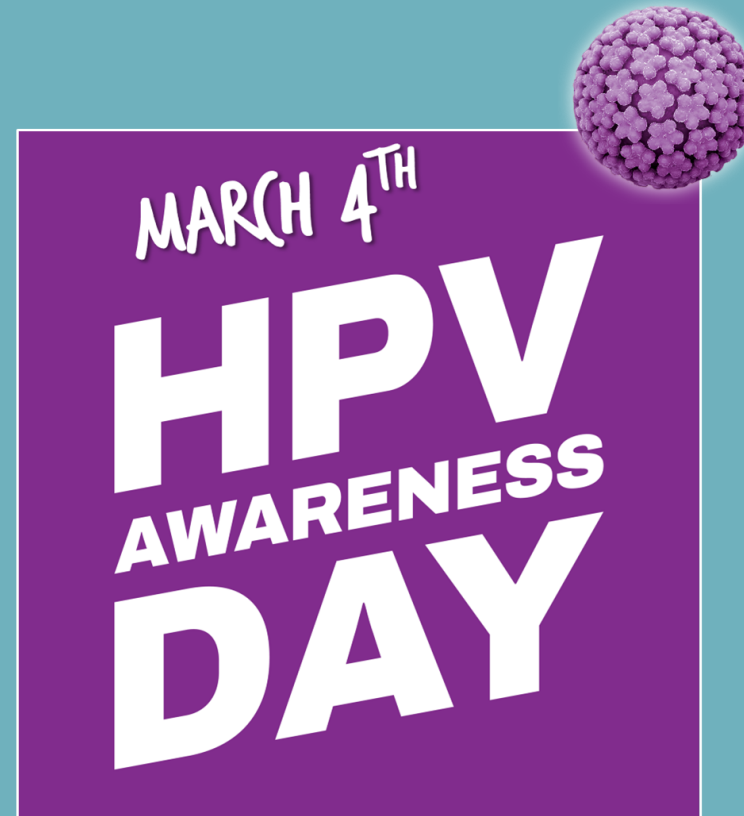


**Paul Bloem, Senior Officer Immunization & Adolescent Health**

# International HPV Awareness Campaign Objectives

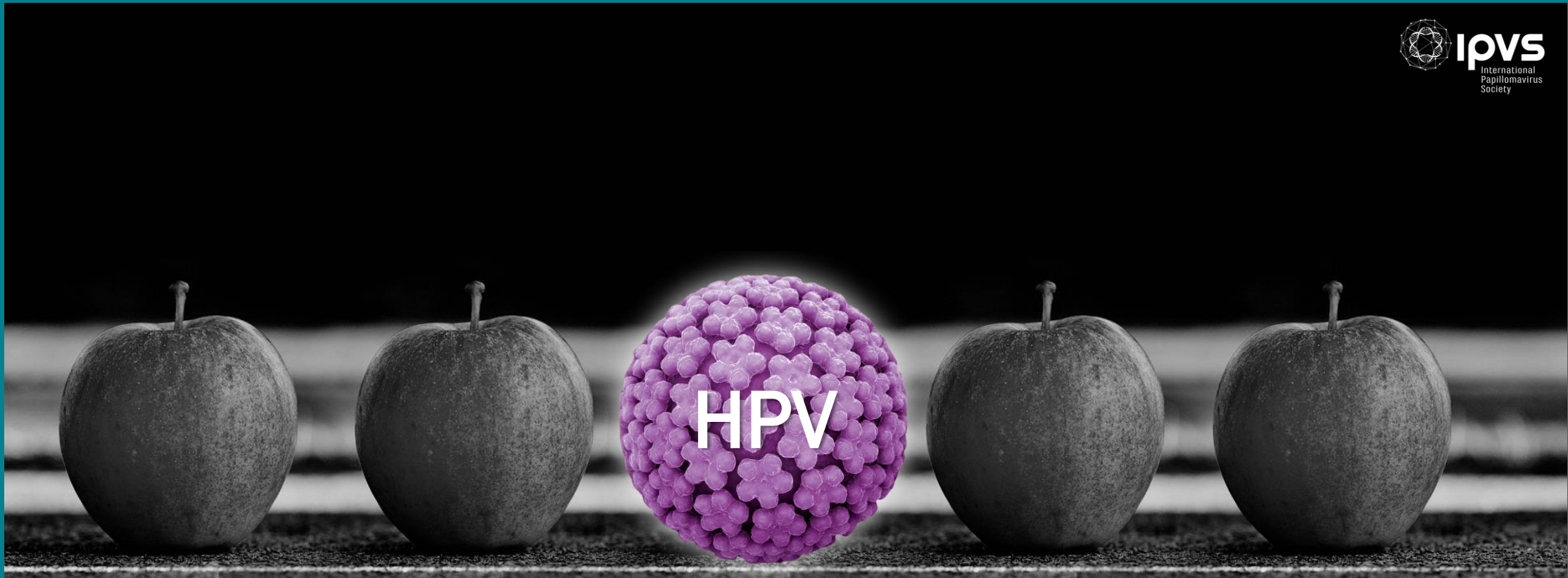
Increase public awareness about HPV throughout the world

Raise the global level of understanding about HPV



Stimulate conversation about HPV to reduce stigma

Inspire people to take action to prevent HPV-related cancer



**The campaign is unique because it focuses on the virus itself, rather than specific cancers it can cause.**



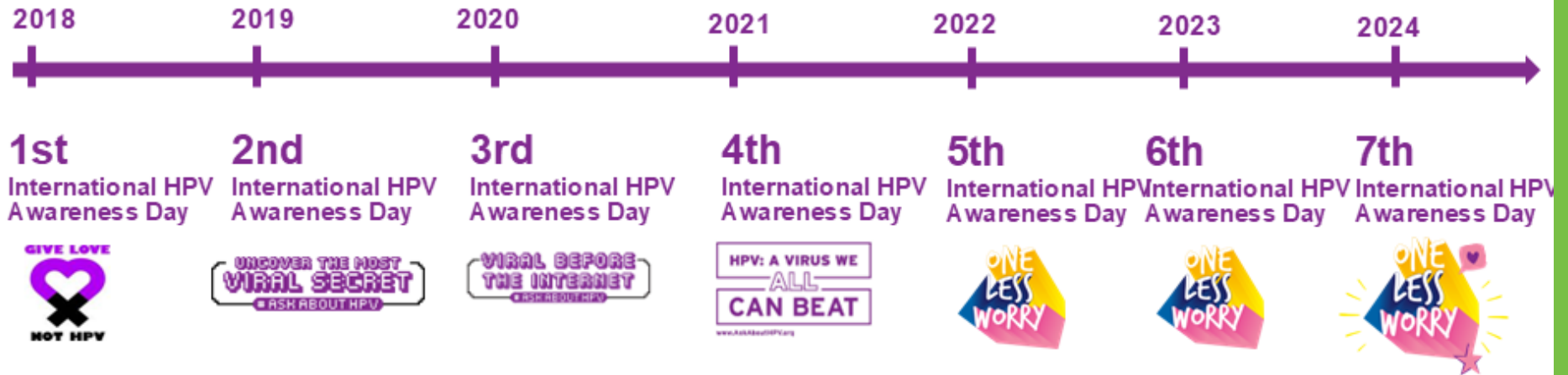
# Focusing on HPV

- Because the level of understanding of the role of HPV in cancer is low
- Allows people to understand why a vaccine against HPV is important
- Allows people to understand why HPV testing is a key component of secondary prevention
- To communicate how common HPV is - allows us to reduce stigma
- Allows us to emphasize that we are all in this together- you have it, or you know someone who has it.
- Allows for people to understand the role of males and females

# Heading into the 8<sup>th</sup> year...



## Annual Campaign themes



[AskAboutHPV.org](https://www.AskAboutHPV.org)

# One Less Worry

## THE CONCEPT

The world around has become an increasingly turbulent place. Political, economic and environmental events seem far beyond our control, bringing uncertainty, stress and worry.

**#OneLessWorry** frames protecting our health from HPV-related disease as something within our control. By taking simple steps, we can overcome a global health risk, protecting our health for the future.



# Global coordination, local implementation

IPVS Awareness Campaign Committee coordinates the global campaign. March 4<sup>th</sup> is International HPV Awareness Day, when HPV is in the health spotlight.

Network of 140+ partner organizations adapt and use campaign materials to communicate effectively about HPV in their local communities.

Campaign reaches the public through social media and face-to-face activities, radio, TV and press.

Evidence-based, sharable facts about HPV are available to the public on [AskAboutHPV.org](https://www.AskAboutHPV.org) in many commonly spoken languages.



Cancer doesn't care about your social status, your race, whether you're rich or poor, it just appears unannounced.

Natalia  
HPV-related cancer survivor  
Cervical cancer



HPV AFFECTS US ALL.  
LET'S TACKLE IT  
TOGETHER



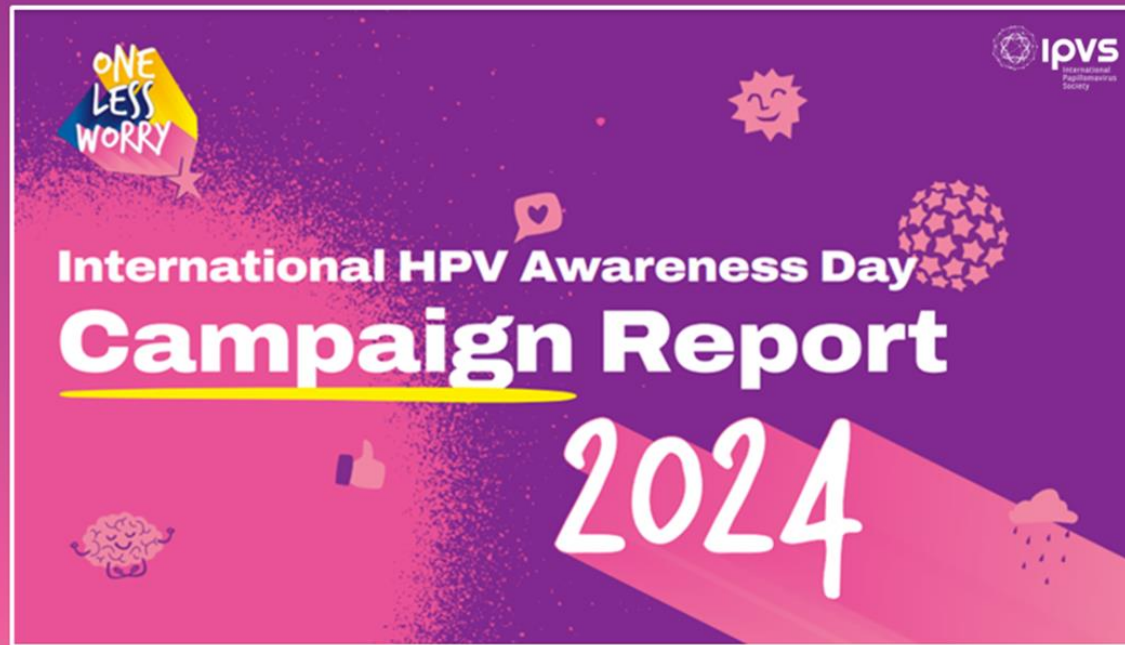


MARCH 4<sup>TH</sup> IS INTERNATIONAL HPV AWARENESS DAY

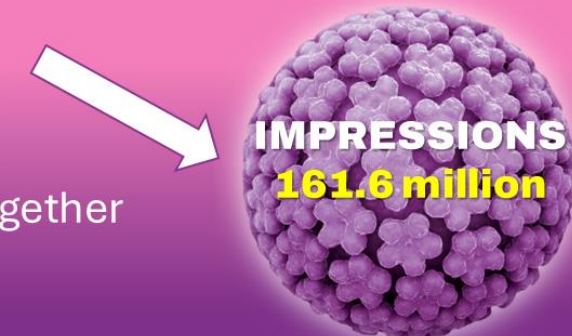


# Impact

## Campaign 2024 – online engagement & impact



- Live webinar on March 4<sup>th</sup> to bring HPV stakeholder community together
- Around 6200 followers on social media



[Access the report](#)



# Success formula: personal stories

Powerful personal video stories from  
HPV cancer survivors



45.6 MILLION IMPRESSIONS  
19.3 MILLION VIEWS



# On the ground around the world

## Buildings up in lights

**O QUE É HPV?**

O HPV é um vírus que atinge homens e mulheres e até o momento foram descobertos mais de 200 tipos virais. Estes vírus podem infectar pele e mucosas, e sua principal forma de transmissão é por meio da atividade sexual. Mas também, pode acontecer a transmissão pelas mãos, objetos íntimos e roupas de uso pessoal compartilhadas. A transmissão do vírus se dá para 80%, durante o parto normal, também é possível. A prevenção primária (por meio da vacinação contra o HPV) e a prevenção secundária (realização de exames preventivos ginecológicos de rotina, entre o exame de Papanicolaou) são de extrema relevância para a detecção precoce do colo uterino. Segundo o Instituto Nacional de Câncer (INCA), este tumor é o segundo mais incidido entre as mulheres no Brasil e foram estimados 17 mil novos casos por ano, até 2025. A chefe do Laboratório de Pesquisa e Inovação em Câncer do Inca, Profa. Dra. Leila Lima Vilela, destaca a importância de conscientizar a população sobre a prevenção do vírus por meio da vacinação. "É muito papel conscientizar a todos de que o HPV afeta homens e mulheres, e assim ressaltar que a vacina preventiva deve ser administrada antes do início da atividade sexual, de 9 a 14 anos, pensando que a infecção pelo HPV são assintomática e eliminando o risco de câncer", destaca. Além de agir durante o dia, no período da noite, foi postada uma mensagem de conscientização sobre o tema na página digital do Inca (fachada do edifício).

**MENOS UMA PREOCUPAÇÃO**

Brazil



## Radio and TV broadcasts

### Live radio phone-in programmes

Live phone-in programs were held on three consecutive days on different radio stations, with cervical cancer, addressing questions from both the anchors and the public. These programs reached neighboring states in northern Nigeria.



Live Phone-in radio programme at Progress FM which has over 4 million listeners across north-eastern Nigeria. Prof Mohammed Manga (Medical Microbiologist/Virologist), Dr Abdul-Rahman Shuaibu (Executive Secretary, Gombe State Primary Healthcare), Dr Halima Usman Farouk (Gynaecological Oncologist) and Prof Rasheed Abdulganiy (Professor of Islamic Studies). It was a one hour live and interactive programme in Hausa (local language) conducted on Monday the 4th of March 2024



Live Phone-in radio programme at Vision FM which has over 3 million listeners across northern Nigeria. Prof Mohammed Manga (Medical Microbiologist/Virologist) and Prof Rasheed Abdulganiy (Professor

Nigeria

### Ghana

Local Campaign Champion IPVS members in Ghana coordinated a truly multi-channel campaign across various media channels to spread the word of prevention.

#### Regional radio broadcasts

Engagements reached 12 out of the 16 regions in Ghana – in English and regional local languages.



#### National TV broadcast

GTV broadcast focused on prevention reached the entire population – over 35 million in all 16 regions.



Ghana



Brazil



# On the ground around the world

## Training healthcare providers



Colombia



## Community outreach

### Digital Billboards

Digital banners were up from FEB 23, 2024 through to MARCH 4, 2024 in FIVE downtown cities across Canada: Ottawa, Toronto, Edmonton Vancouver and St. John. These banners were seen over **84,358 times** across digital screens, including along highways & bridges, billboards near shopping centres, university campus and shopping malls.



Canada



India



# Partnership with HPVRT

ipvs  
International  
Papillomavirus  
Society

WELCOME

MARCH 4<sup>th</sup>  
HPV  
AWARENESS  
DAY

TO OUR NEW OFFICIAL  
INTERNATIONAL HPV AWARENESS CAMPAIGN PARTNER!

American  
Cancer  
Society®

NATIONAL  
HPV  
VACCINATION  
ROUNDTABLE

Visit [AskAboutHPV.org/our partners](https://www.AskAboutHPV.org/our-partners)

ONE  
LESS  
WORRY

HPVRT became an official campaign partner in March 2024

- Christina Turpin joined the IPVS Awareness Campaign committee
- Currently collaborating on a project to increase HPV vaccine uptake in underserved communities in the US and prove the impact of intervention
- Shared objectives, complementary strengths



# One Less Worry Campaign 2025

## International HPV Awareness Campaign

### Conclusions interim strategic review:

- Continue **One Less Worry** theme in 2025
- Build on success of **personal testimonial videos**
- Increase **regional development** of the awareness campaign through greater involvement from committee members, IPVS Country Ambassadors and official campaign partners.



HPVRT,  
Share your  
ideas with  
us!



# Thank you!

Dr. Joel Palefsky

Chair, IPVS Awareness Campaign Committee

[HPVday@kenes.com](mailto:HPVday@kenes.com)



HPV AFFECTS US ALL.  
LET'S TACKLE IT  
TOGETHER FOR  
**ONE  
LESS  
WORRY**

AskAboutHPV.org

Inspired to fight for a better  
future- a world free of  
HPV-associated cancers!



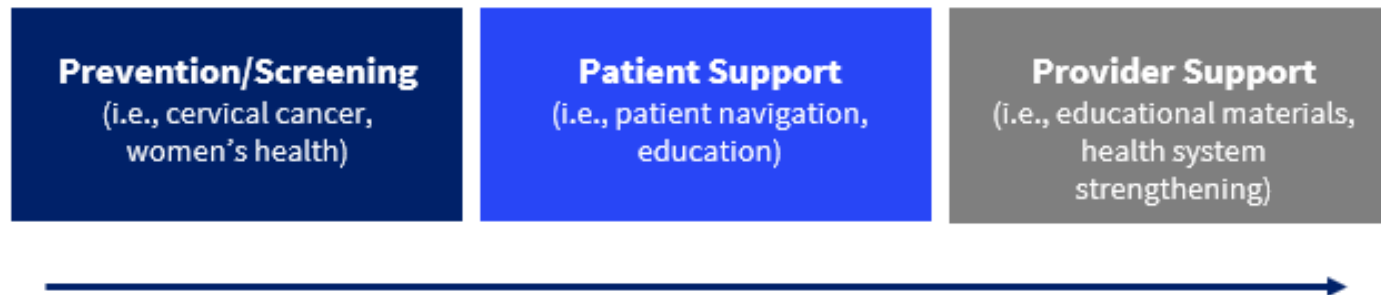
**Sara Comstock, MSSW**  
Program Manager, Global HPV Cancer Prevention  
American Cancer Society

# HPV Vaccination Behavioral Intervention Pathways in 3 Low- & Middle- Income Countries



- Globally: Without scale-up, there will be **76 million cancer deaths between 2020-2030**, with >70% in LMICs (low-middle income countries)
- Comprehensive scale-up could **avert 2.8% deaths** in HICs (high-income countries) **versus 38.2%** (14 times) in LMICs

## Working Across the Continuum



Areas of prioritization in LMICs:

- Controlling **risk factors**
- **Infection**-associated cancers
- **Women's** cancers
- **Pediatric**/adolescent cancers



*Creating a world free of HPV cancers, starting with cervical cancer*

For the first time in history...we can *eliminate a cancer*

90%

of girls fully vaccinated  
with the HPV vaccine  
by the age of 15

70%

of women screened  
using a high-  
performance test by  
the age of 35, and  
again by the age of 45

90%

of women identified  
with cervical disease  
receive treatment  
(90% of women with  
precancer treated;  
90% of women with  
invasive cancer  
managed).

Cervical cancer is **preventable and treatable**, yet remains the **4th most common cancer among women globally**

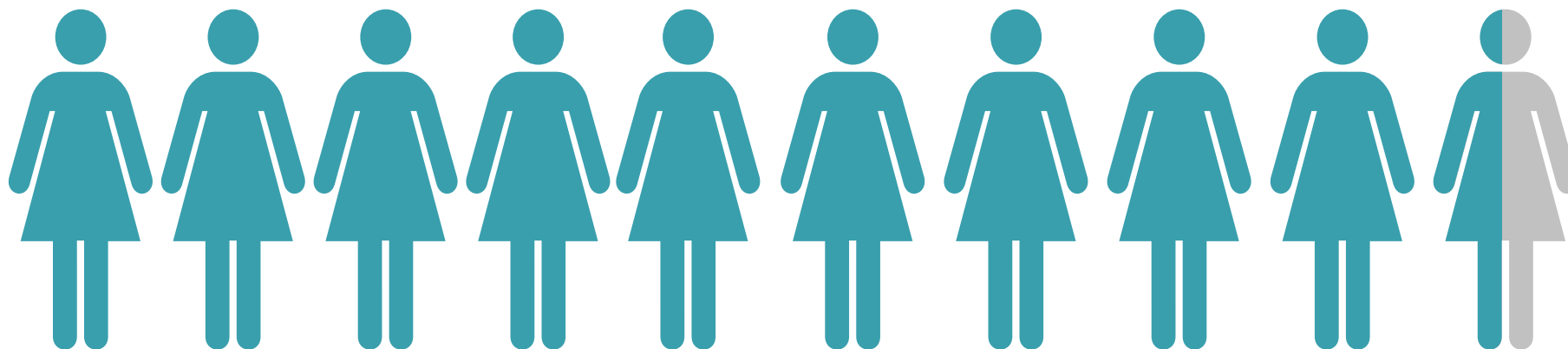
every 2 minutes

a woman dies of cervical cancer resulting in

**340,000**

preventable deaths annually

## 94% of all cervical cancer deaths occur in Low and Middle Income Countries



*“More than any other cancer, cervical cancer reflects striking global health inequity.”*

Agosti & Goldie  
New England Journal of Medicine

# Cervical Cancer Prevention: Global Context



HPV vaccination is a **WHO Best Buy** and is a highly effective way to prevent cervical cancer, though many girls do not have access.



Only **30%** of girls live in countries with **access** to the HPV vaccine



Global coverage is **20%** for 1st dose and **15%** for the full dose



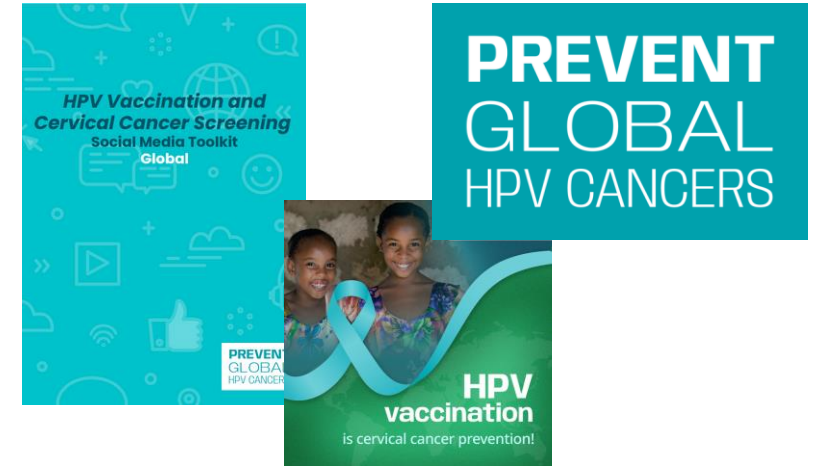
## IN-COUNTRY: Behavior Change Interventions



## GLOBAL: Convening, Partnerships, & Messaging

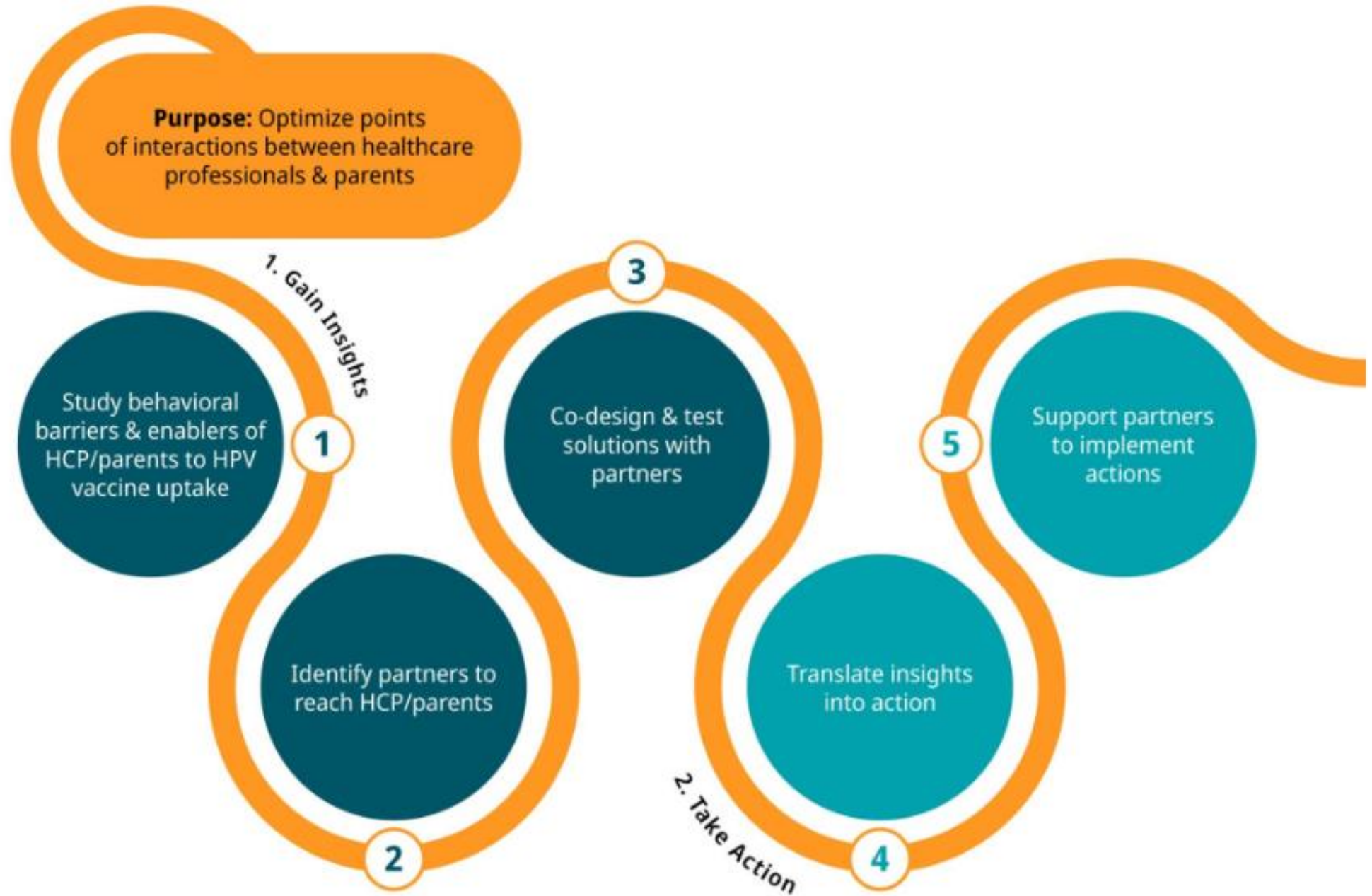


[CervicalCancerAction.org](http://CervicalCancerAction.org)



[PreventGlobalHPVCancers.org](http://PreventGlobalHPVCancers.org)

# Research to Action Framework



# Approach

- Center **local cancer leadership**
  - Co-create the **development, implementation, and evaluation** of solutions
  - Support **local systems** to prioritize, lead and sustain efforts to increase uptake of cancer prevention services

# Collaborators



# Healthcare Provider Recommendations Matter

Healthcare providers are **credible sources** of information for decision making on cervical cancer prevention services



# Translating Behavioral Research to Implementation

Parents Trust Healthcare Providers



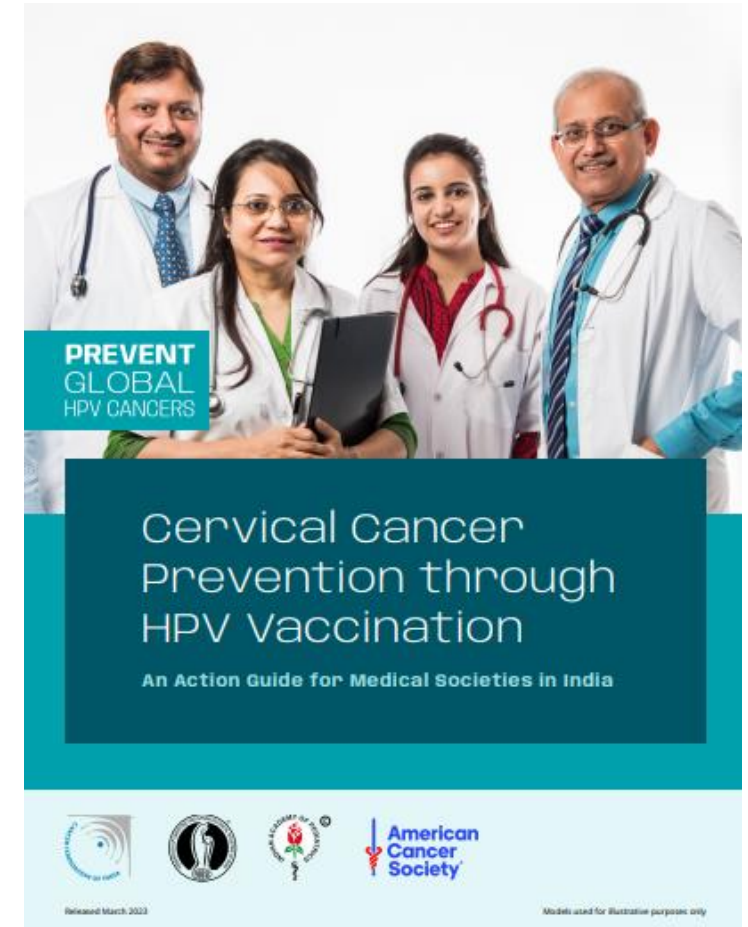
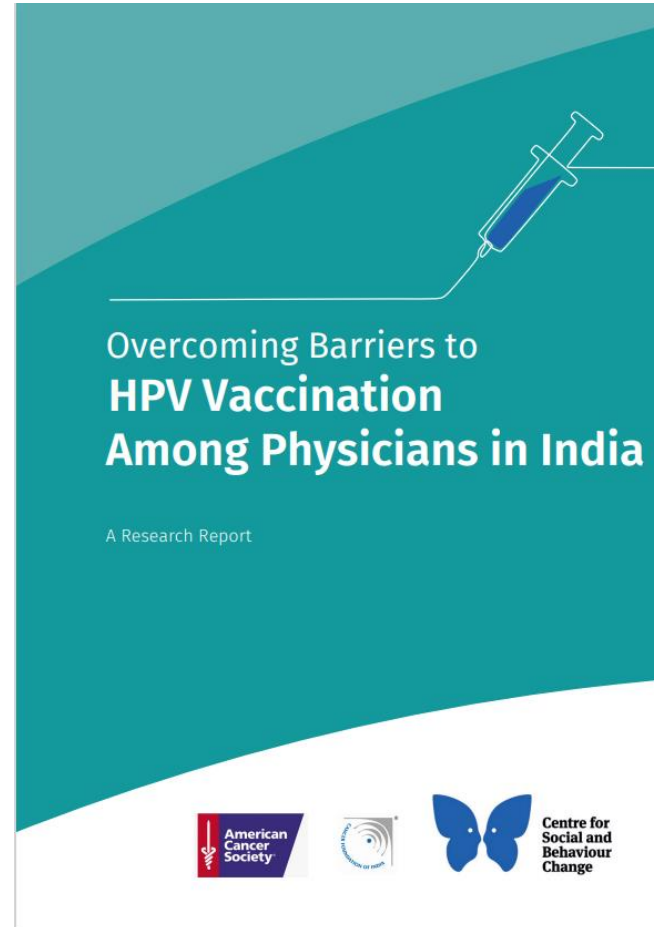
Understand Barriers to Physician Recommendations



Design Impactful Interventions to Support Healthcare Providers

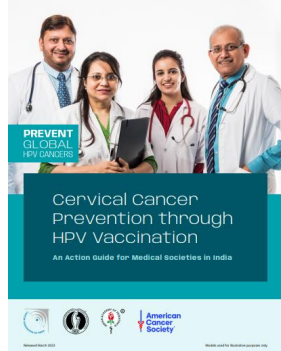
*“The position of **the doctor is after god**. Only doctors can cure us. They are very caring and answer all our questions.”*

–Mother, Kolkata, India



# Pathways to Increase Cervical Cancer Prevention

Increase demand and uptake of cervical cancer prevention services across communities

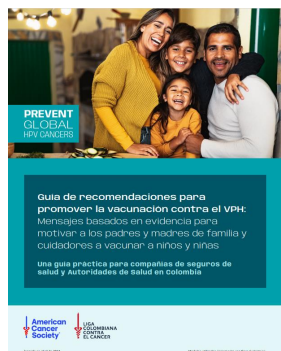


Medical Societies



Civil Society Organizations

Health Facilities & Community Health Workers



Central Health Authorities  
Health Insurance Companies



# Expanding Reach: Medical Societies in India



## Cervical Cancer Prevention through HPV Vaccination

An Action Guide for Medical Societies in India

### Resources developed:

- [Action plan template](#)
- [Communication handout](#)
- [Dosing schedule & FAQ](#)
- [Fact sheet for physicians](#)
- [In-clinic poster](#)
- [Key messages for physicians](#)
- [Letter to policy makers](#)
- [Letter to medical society members](#)
- [Letter to physician champions](#)
- [Op-Ed](#)
- [Parent handout](#)

● 2021-22  
Intervention Research

● 2023  
National Medical Society Project  
Kick-Off and launch of interventions

● 2024  
Continuation of interventions,  
champion support, and evaluation



# Expanding Reach: Community Health Workers in Kenya



PREVENT  
GLOBAL  
HPV CANCERS

## Increasing Uptake of HPV Vaccine in Communities

An Action guide for civil society organisations in Kenya



Released March 2023. Images used for illustration purposes only.

### Resources developed:

- [Action planning checklist for CSOs](#)
- [Don't Wait to Vaccinate handout for parents](#)
- [Factsheet for Health Workers: Frequently Asked Questions](#)
- [HPV Vaccination Job Aid](#)
- [HPV vaccination educator badges](#)
- [HPV vaccination clinic poster](#)
- [Sample certificate of recognition](#)
- [Wearable vest designs](#)

● 2021-22  
Intervention Research  
Health Worker Training pilot

● 2023  
Intervention dissemination  
Stakeholder engagement  
Planning for scale-up

● 2024  
Scaling through 3 partners  
Africa Cancer Foundation, Kilele Health,  
Women4Cancer



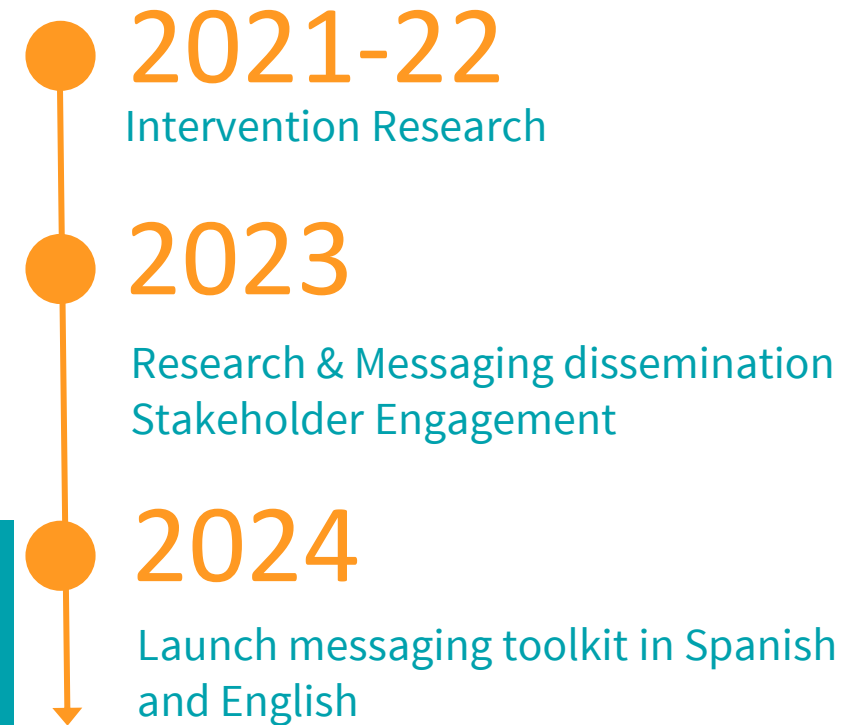


# Expanding Reach: Health Insurers/Central Health Authorities in Colombia



## Resources developed:

- A Practical Guide for Evidence-Based Messages
- [Action plan template](#)
- Communications Calendar & Message Development Template
- Case Study Template




**Guía de recomendaciones para promover la vacunación contra el VPH:**  
Mensajes basados en evidencia para motivar a los padres y madres de familia y cuidadores a vacunar a niños y niñas

Una guía práctica para compañías de seguros de salud y Autoridades de Salud en Colombia



# PreventGlobalHPVCancers.org


Behavior Change Intervention Research and Usable Tools



**PREVENT GLOBAL HPV CANCERS**

## Cervical Cancer Prevention through HPV Vaccination

An Action Guide for Medical Societies in India



Ministry of Health

### Factsheet for Health Care Workers


#### Frequently Asked Questions About HPV Vaccination

What health care workers say matters, how they say it matters even more. Many parents will choose to get their daughters vaccinated with the HPV vaccine when the health care worker strongly recommends the vaccine and answers their questions.

Recommended HPV vaccines in this form may also you recommend other vaccines.

You may also:

- "Your daughter is now 10 years old, she is due for the vaccine against cervical and other HPV cancers. You should take her to the health facility to get the free vaccine. Get your daughter vaccinated today. Protect her future from cervical cancer."
- If a parent hesitates or asks a question, ask your recommendation, start by saying them, "Tell me what is your main worry?"



Address parents' questions and worries using the responses below as a starting point.

#### Why should my daughter get the HPV vaccine?

HPV vaccination is important because it will protect her from HPV infections that cause almost all cervical cancers, which is the second most common cancer among women in Kenya. One-time HPV vaccination can help protect her from developing cervical cancer when she is older.

#### Who is eligible for the HPV vaccine?

When they turn 10, girls become eligible for HPV vaccination in Kenya. The vaccine is available free of charge at all public health facilities, to all girls aged between 10-14 years.

#### Why is the vaccine only given to girls?

Cervical cancer, which only occurs in women, is the leading cause of cancer deaths in Kenya. Girls are prioritized for free HPV vaccination right now.



Ministry of Health

### Get your daughter vaccinated today. Protect her future from cervical cancer.



## HPV vaccine protects against cervical cancer.

Visit your nearest health facility to get your daughter vaccinated today.

It is safe and offered free of charge to all 10-14-year-old girls in public health facilities nationwide.

For more information about HPV vaccines, contact your nearest health facility or visit: [Twitter](#) [LinkedIn](#) [Facebook](#) [Instagram](#) [YouTube](#)



**PREVENT GLOBAL HPV CANCERS**

### Guía de recomendaciones para promover la vacunación contra el VPH: Mensajes basados en evidencia para motivar a los padres y madres de familia y cuidadores a vacunar a niños y niñas

Una guía práctica para compañías de seguros de salud y Autoridades de Salud en Colombia



Modifica cualquier información con fines locales.



**PREVENT GLOBAL HPV CANCERS**

### अपनी बेटी की सुरक्षा के लिए आप कुछ भी करेंगे। लेकिन क्या आपने सब कुछ किया है?

हर 4 मिनट, भारत में एक महिला में सर्वांगीण के ट्यूमर का फैलाव के होने का पाया जाता है।  
5 में 13 साल के बीच में एचपीवी का टीकाकरण, अपनी बेटी के जीवन को सर्वांगीण के ट्यूमर और पाय अंग कैंसर से सुरक्षित करने में सहायक होता है।

अपने डॉक्टर से आज ही उसे एचपीवी वैकसीन के टीकाकरण का टीका देने के बारे में बात करें।



# CERVICAL CANCER ACTION FOR ELIMINATION DIALOGUE SERIES

Facilitated discussions on critical issues for cervical cancer elimination



**Single-Dose HPV Vaccination:** Efficacy, implementation and social mobilization



**Engaging Healthcare Providers:** Increase HPV vaccine demand & uptake in communities



**Amplifying Survivor Voices:** Accelerate the cervical cancer elimination movement



**Talking about the HPV Vaccine:** Communication opportunities and challenges



**Designing Behavioral Interventions:** Cervical cancer elimination

**Email [CCAEnetwork@cancer.org](mailto:CCAEnetwork@cancer.org) to sign up for the newsletter & updates**



Thank you!



## Global Team Members



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**Om Prakash Kansal**  
India



**Barrack Ogwel**  
Kenya



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London School of Hygiene & Tropical  
Medicine (UK) and Nagasaki University (Japan)



**Joel Palefsky, MD, FRCP(c)**  
Professor,  
University of California, San Francisco



**Sara Comstock, MSSW**  
Program Manager, Global HPV Cancer Prevention  
American Cancer Society

# Q&A: Global Best Practices for HPV Vaccination





**Gabby Darville-Sanders**  
Strategic Director, National HPV Vaccination  
Roundtable  
American Cancer Society

# Wrap Up & After Party



# Join the Party: Elimination of HPV-Related Cancers Starting with Cervical



Administration

FEBRUARY 02, 2022

## Fact Sheet: President Biden Reignites Cancer Moonshot to End Cancer as We Know It

[BRIEFING ROOM](#) [STATEMENTS AND RELEASES](#)

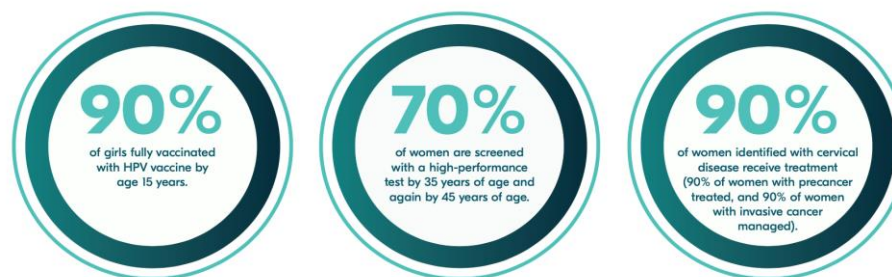
*Biden-Harris Administration Sets Goal of Reducing Cancer Death Rate by at least 50 Percent Over the Next 25 Years, and Improving the Experience of Living with and Surviving Cancer*

As Vice President, in 2016, Joe Biden launched the Cancer Moonshot with the mission to accelerate the rate of progress against cancer. The cancer and patient community and medical researchers responded with tremendous energy and ingenuity.

Today, President Biden is reigniting the Cancer Moonshot with renewed White House leadership of this effort. Because of recent progress in cancer therapeutics, diagnostics, and patient-driven care, as well as the scientific advances and public health lessons of the COVID-19 pandemic, it's now possible to set ambitious goals: to reduce the death rate from cancer by at least 50 percent over the next 25 years, and improve the experience of people and their families living with and surviving cancer— and, by doing this and more, end cancer as we know it today.

### This global strategy to eliminate cervical cancer proposes:

- a vision of a world where cervical cancer is eliminated as a public health problem;
- a threshold of 4 per 100 000 women-years for elimination as a public health problem;
- the following 90-70-90 targets that must be met by 2030 for countries to be on the path towards cervical cancer elimination:





# Join the Party: ACS Global HPV Cancer Free



**PREVENT  
GLOBAL  
HPV CANCERS**

Menu

Search



English

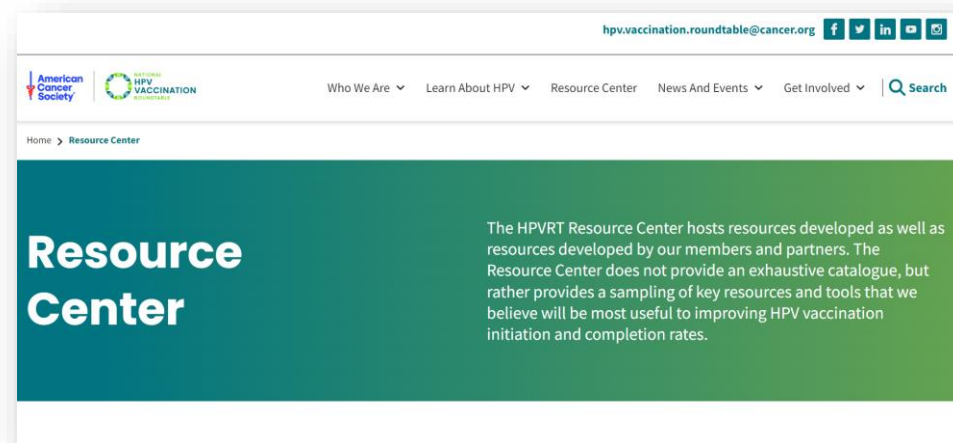


**Lead the way  
for the first  
generation of  
women free from  
cervical cancer**



# Join the Party: ACS HPVRT Resource Center

The **ACS HPVRT Website & Resource Center** contains evidence-based resources and tools to help you increase HPV vaccination produced by the ACS HPVRT and member organizations.



[hpvroundtable.org/resource-center](http://hpvroundtable.org/resource-center)



# Join the Party: ACS HPVRT Social Media Channels

The screenshot shows the YouTube channel for the ACS National HPV Vaccination Roundtable. The banner features the 'HPV Roundtable TV' logo, the American Cancer Society logo, and the 'NATIONAL HPV VACCINATION ROUNDTABLE' logo. The channel name is 'ACS National HPV Vaccination Roundtable' with 438 subscribers and 117 videos. Below the channel name are navigation tabs for HOME, VIDEOS, SHORTS, PLAYLISTS, COMMUNITY, CHANNELS, and ABOUT. A 'Videos' section is visible with a 'Play all' button and a row of video thumbnails. The first video is titled 'Part 1: Catalyzing Your Communication to Increase HPV Vaccination' with 112 views. Other videos include 'How to make effective HPV vaccine recommendations...', 'Multi-level quality improvement strategies to...', 'Implementing interventions to start HPV vaccination at...', 'HPV vaccine recommendations by age: A...', and 'HPV vaccination is Cancer Prevention'.

Search:  
HPV Roundtable



The screenshot shows the LinkedIn profile for the American Cancer Society National HPV Vaccination Roundtable. The header includes the LinkedIn logo, a search bar, and navigation links for Home, My Network, Jobs, and Messaging. The profile picture is a group of diverse children. The cover image features the American Cancer Society logo and the 'NATIONAL HPV VACCINATION ROUNDTABLE' logo. The profile name is 'American Cancer Society National HPV Vaccination Roundtable'. The bio states: 'Raising HPV vaccination rates and preventing HPV cancers in the United States. Non-profit Organizations · Atlanta, Georgia · 3K followers · 2-10 employees'.

The screenshot shows a tweet from the HPV Roundtable (@HPVRoundtable) posted 42 minutes ago. The tweet text is: 'It's important to get your preteen back on their vaccination schedule! --> [washingtonpost.com/health/2022/04...](https://www.washingtonpost.com/health/2022/04...) #HPV #HPVvaccine #VaccinesWork'. Below the text is a video thumbnail showing a young girl looking down.



# Join the Party: ACS HPVRT Newsletter

A monthly newsletter comes from the HPVRT highlighting upcoming events, past event recordings, new evidence, and other timely topics.

Join the Listserve here: [www.hpvrroundtable.org](http://www.hpvrroundtable.org)  
\*box at the bottom of the page.

**Sign Up for National HPV Vaccination Roundtable Emails**

Stay Informed by Joining Our Email List. Get the latest updates about upcoming forums, webinars, resources, and news delivered to your inbox.

Email Address

First Name  Last Name

Confirm you are human



# Thank you to the ACS HPVRT National Meeting Planning Committee!



Anne Lynn Langloh, PhD,  
Program Manager,  
Vax 2 Stop Cancer



Hannah Nein, Senior  
Program Manager, HPV  
State Engagement,  
American Cancer Society



Cynthia Rand, MD,  
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University of Rochester  
School of Medicine  
& Dentistry



Ashanda Saint Jean, MD,  
FACOG, Chair of OBGYN,  
National Hispanic Medical  
Association



Alyssa Schatz, MSW,  
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& Advocacy, National  
Comprehensive Cancer  
Network



Christina Turpin, Director,  
National HPV Vaccination  
Roundtable, American  
Cancer Society




Fred Wyand, Director  
of Communications,  
American Sexual Health  
Association/National  
Cervical Cancer Coalition



# The After Party: Take the Session Evaluation Survey

2024 ACS HPVRT National Meeting Feedback Survey



The image shows a promotional graphic for a survey. It features a large QR code in the center, set against a background with vertical stripes in shades of green and blue. Text on the background includes 'American Cancer Society' and 'NATIONAL HPV RT FORUM'. The main text reads '2024 ACS HPVRT National Meeting Feedback Survey'. Below the QR code, there is a 'CELEBRATE & INNOVATE 10 YEARS' logo.





# Thank you!

