



Evaluating HPV Vaccine Delivery Strategies in Vietnam



NATIONAL INSTITUTE OF
HYGIENE AND EPIDEMIOLOGY



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Acronyms

AEFI	adverse event following immunization
EPI	Expanded Programme on Immunization
HPV	human papillomavirus
IEC	information, education, and communication
KAP	knowledge, attitudes, and practices
NCHEC	National Center for Health Education and Communication
NEPI	National Expanded Programme on Immunization
NIHE	National Institute of Hygiene and Epidemiology
PMC	Preventive Medicine Center
TOT	training of trainers

Table of Contents

Acknowledgments	iii
Acronyms.....	iv
Executive summary	vi
Introduction	1
Project “evaluation of different HPV vaccine delivery strategies in Vietnam”	2
Project design	4
Communication strategy.....	4
Vaccination strategies	4
Planning workshop for HPV vaccination at provincial, district, and commune levels.....	4
Creation of lists of eligible girls for HPV vaccination	4
Vaccine transport, storage, and logistics	6
Training for health workers and teachers	6
Organization of HPV vaccination sessions	6
Monitoring and management of adverse events following immunization	6
Vaccination waste management	6
Supportive supervision of HPV vaccination	7
Monitoring and reporting	7
Operational research to evaluate vaccine delivery	7
HPV vaccine uptake.....	8
Program achievement	8
Coverage survey.....	9
HPV vaccine acceptability	10
Reasons for vaccine acceptance: parents’ and girls’ perspectives.....	10
Reasons for vaccine acceptance: community leaders’, health workers’, and teachers’ perspectives	11
Reasons for non-acceptance.....	12
Community sensitization and mobilization.....	13
Program implementation	13
Information received	13
Key messages and preferred communication channels.....	14
Remaining concerns about HPV vaccine	15
Feasibility of HPV vaccine introduction	15
Readiness of the health system.....	15
Impact on schools.....	17
Partnership for vaccine delivery implementation.....	18
Training	18
Cost	19
Lessons learned and recommendations	23
Conclusion.....	27
References	28

Executive summary

In Vietnam, the National Institute for Hygiene and Epidemiology (NIHE) and PATH are implementing a five-year project entitled HPV Vaccines: Evidence for Impact. The first phase of the project, “Formative research for informing the introduction of HPV vaccine in Vietnam,” was conducted from 2006 to 2007 to understand the critical issues that may affect vaccine delivery and a supportive environment for individual acceptance and understanding of HPV vaccines among key stakeholders. PATH and partners conducted the research in three representative regions in Vietnam, including the north, central, and south, to identify the critical factors for HPV vaccine introduction. The research findings indicated a supportive environment (from policymakers, health workers, and community members’ perspectives) for introduction of cervical cancer vaccine in Vietnam. Informed by these formative research findings, the second phase of the project was a two-year demonstration project to identify appropriate strategies for HPV vaccine delivery that could be integrated into the National Expanded Programme on Immunization (NEPI) in Vietnam. The demonstration project included the following three components:

- **Component 1: Information, education, and communication (IEC).** IEC activities provided knowledge on cervical cancer and prevention measures, including HPV vaccine, to groups within the communities in participating districts via various IEC channels.
- **Component 2: Immunization.** Two vaccine delivery strategies were implemented on a small scale within the current EPI system.
- **Component 3: Evaluation.** Qualitative and quantitative data were collected in midterm and final evaluations through assessment of coverage, acceptability, feasibility, and cost of the two vaccine delivery strategies in Vietnam.

This report summarizes results of both the implementation and research aspects of the three components listed above. Overall, results of surveys in 2009 and 2010 showed coverage was high in both vaccination strategies—one that used schools (strategy A) and one that used commune health centers (strategy B)—with very low drop-out rates after the first and second doses. In general, communities accepted the HPV vaccine, and the vaccine itself (e.g., effectiveness, duration of protection, long-term impact) was one of the most important factors in garnering acceptance. The project had a small impact on regular activities at commune health centers and schools, but no negative impact on transport and storage of other vaccines was seen after the addition of the HPV vaccine. Collaboration was key to project success, as well as trainings that provided knowledge and basic skills for staff involved in the HPV vaccination program. Despite the barrier to introduction that cost may present, further analysis on typical and incremental costs of HPV vaccination showed that the costs tend to approach cost norms of the NEPI.

Based on the findings and experience in implementing project, the following are principal lessons learned:

Lesson 1. Both school-based and commune health center-based strategies can achieve high vaccine coverage rates.

Lesson 2. A communication plan will enhance new vaccine acceptance through an informed decision-making process and will support response to any crisis situations involving unexpected or incorrect information.

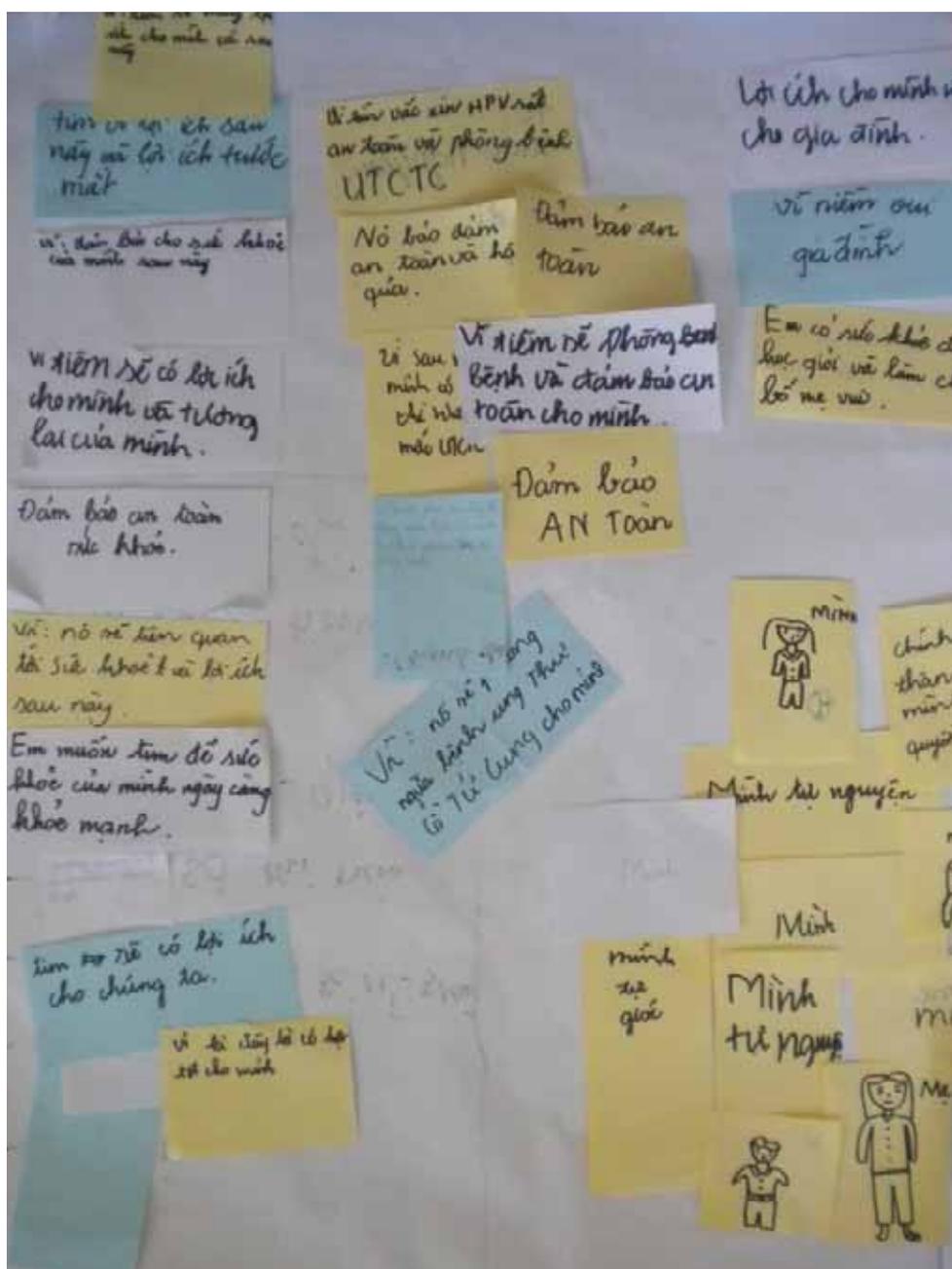
Lesson 3. Strong partnership leads to effective implementation.

Lesson 4. Introducing new vaccine can strengthen Ministry of Health regulations on vaccination organization, IEC, training, and adverse event surveillance and management.

Lesson 5. Adequate training materials are essential for program success.

Lesson 6. Integrating the work into an existing system can reduce costs to an affordable level.

Lesson 7. An evidence-based approach to new vaccine introduction is both feasible and effective.



Results from the brainstorming by teenage girls about why they should be vaccinated with HPV vaccine.