

Best Practices Sharing HPV Prevention in Europe

Sofia, 24 November
2023

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Изготвена ноември

1. The HPV Challenge in Europe

2. What does good look like?

- ❖ Political targets and frameworks
 - ❖ Structure of the programme
 - ❖ Information
 - ❖ Accessibility
 - ❖ Data
 - ❖ Confidence
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3. What to focus on in Bulgaria

4. Conclusion

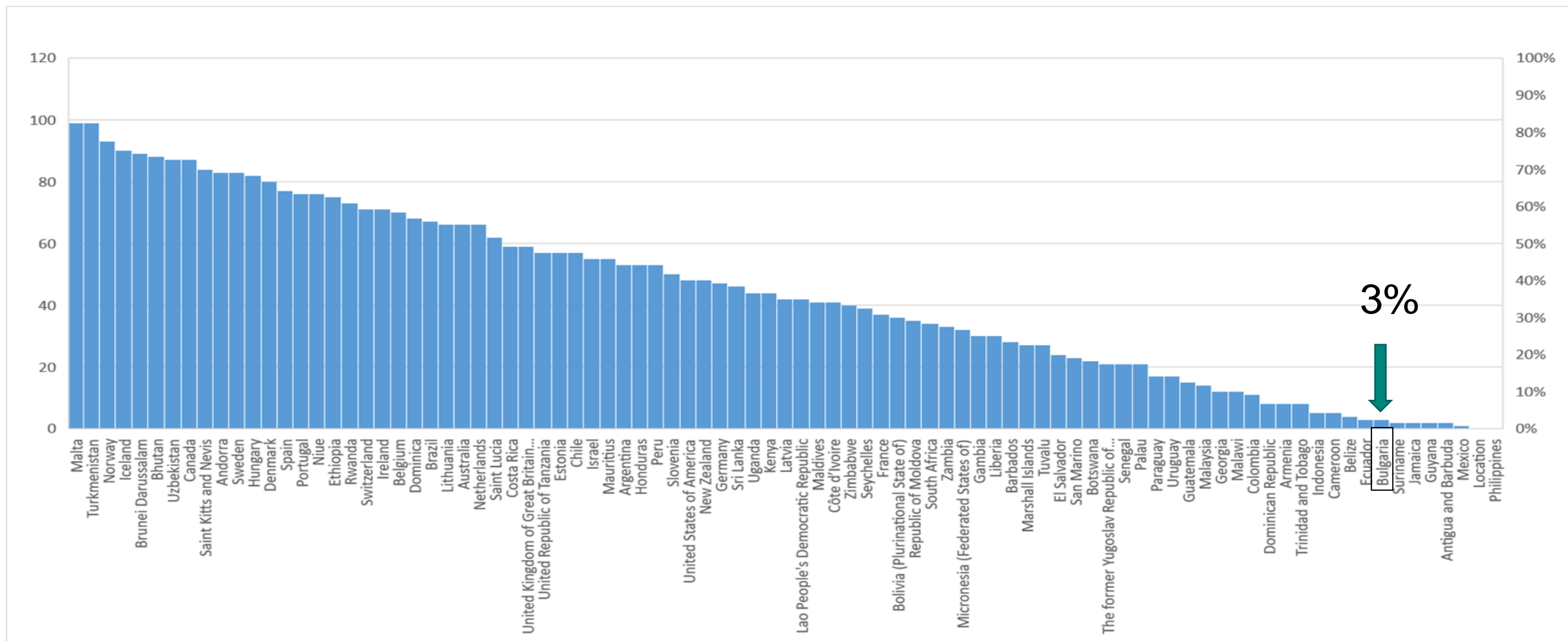
Burden of disease

World, Europe, and Bulgaria

HPV is responsible for around 690,000 cases of cancer worldwide every year. In Europe, it causes almost 100,000 cancer cases annually

European Cancer Organisation, 2023

HPV immunization coverage estimates among primary target cohort (9-14 years old girls) (%); 2021 year





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*There is a strong need to expand the implementation of HPV-vaccine promotion interventions beyond education alone and at a single level of intervention. Development and evaluation of **effective strategies and multi level interventions** may increase the uptake of the HPV vaccine among adolescents and young adults*

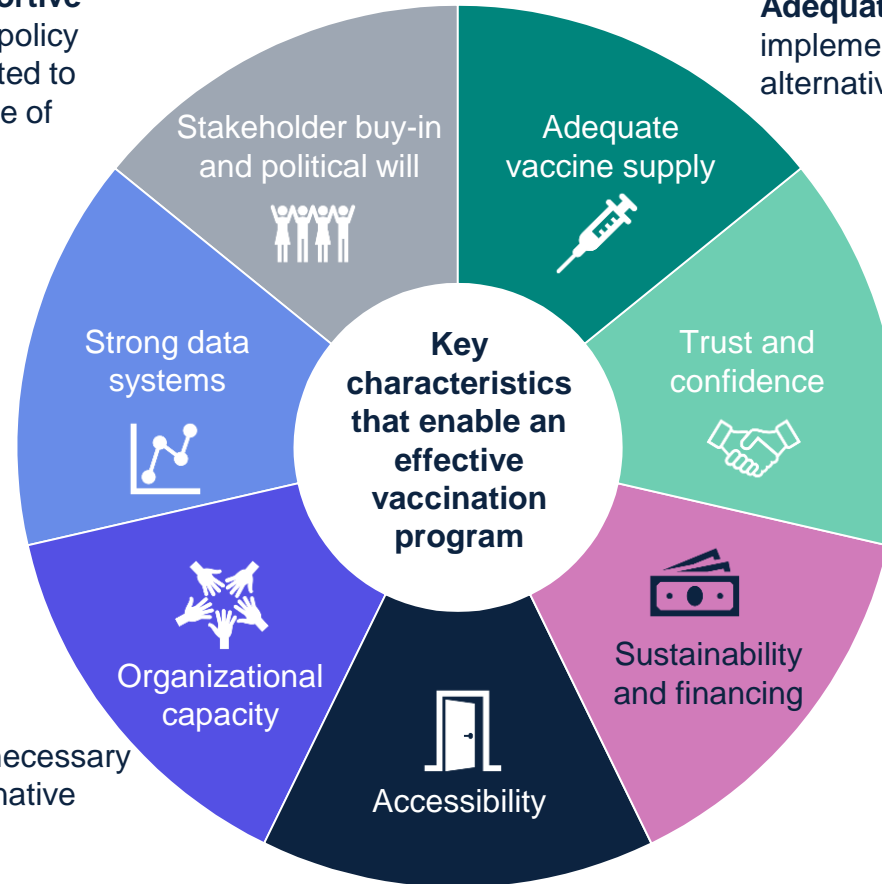
Escoffrey et al., BMC Public Health, 2023

Key elements of a successful vaccination program

Key stakeholders and interest groups are **supportive** and could create the surround sound needed for policy changes. **Political will** exists or could be generated to create any necessary policy changes (e.g. change of scope of practice laws).

Robust **data systems** are in place and equipped with the features needed for vaccination tracking, as well as monitoring and evaluation of program implementation.

Organizational capacity exists to support any necessary changes to delivery systems to incorporate alternative sites or providers.



Adequate vaccine supply exists to support the implementation of vaccination at alternative sites and by alternative providers.

Trust and confidence exists in the vaccine ecosystem more broadly to be able to effectively promote vaccination activities at alternative sites and by alternative providers.

Sufficient financing exists to adequately fund vaccination programs via alternative delivery strategies and ensure the **sustainability** of these programs.

Easy access is key to a successful program. Vaccination at alternative sites and/or by alternative providers would help address **barriers** that your country has faced related to routine **vaccination access and uptake**.

Political targets and frameworks

Political targets and frameworks

You need to know where you're going and how to get there (and how to fund it)

International political frameworks

90% of girls fully vaccinated with HPV vaccine by age 15 years.

70% of women are screened with a high-performance test by 35 years of age and again by 45 years of age.

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

European Commission
Viral Protection: Achieving the Possible
A Four Step Plan for Eliminating HPV Cancers in Europe

Europe's Beating Cancer Plan
Communication from the commission to the European Parliament and the Council

National political frameworks

NHS England
News
NHS sets ambition to eliminate cervical cancer by 2040 for the first time ever.

SVERIGES RIKSDAG
Socialutskottets betänkande 2020/21:SoU36
Livmoderhalscancer

#TogetherTowardsElimination
Ireland's roadmap to cervical cancer elimination
2040 Cervical Cancer Elimination Goal

PLANUL NAȚIONAL DE COMBATERE A CANCERULUI
19 IANUARIE 2022

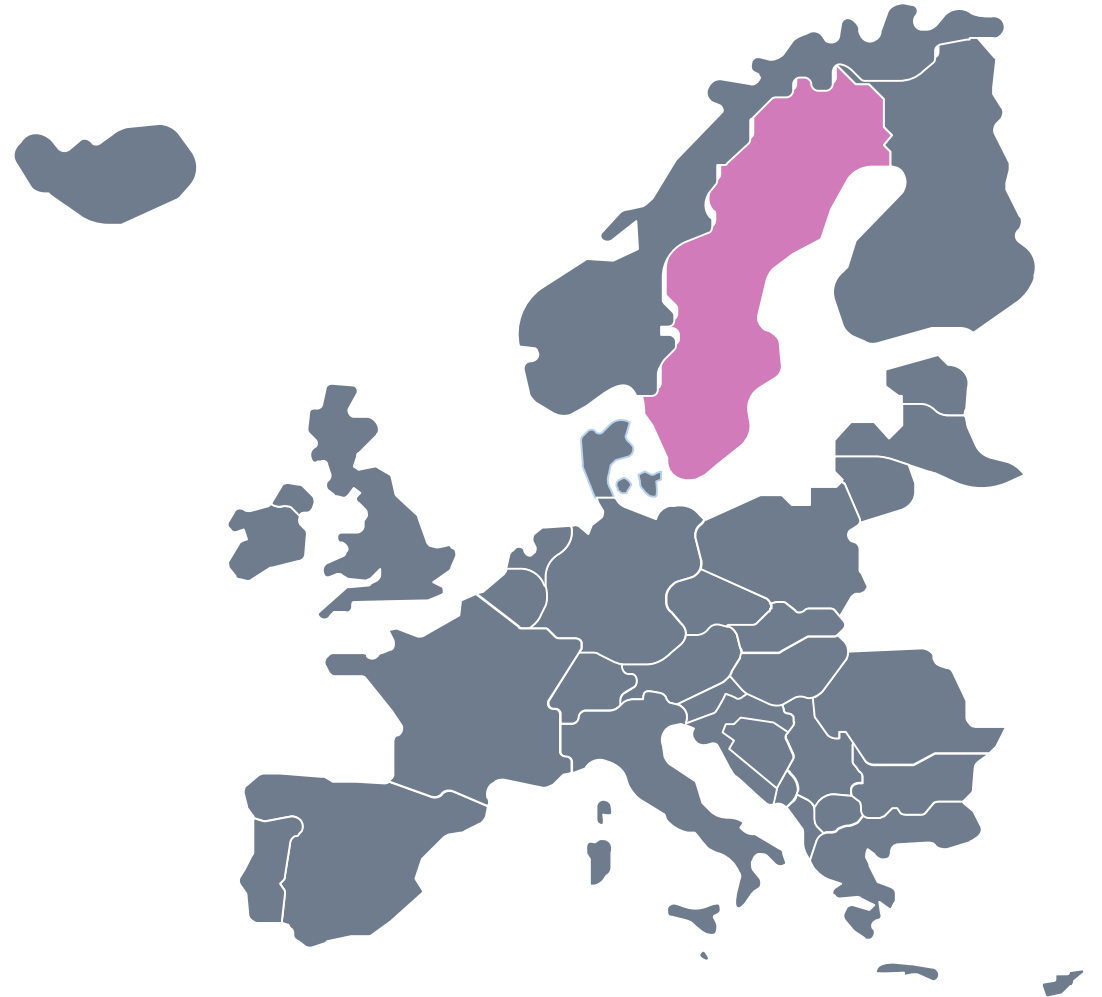
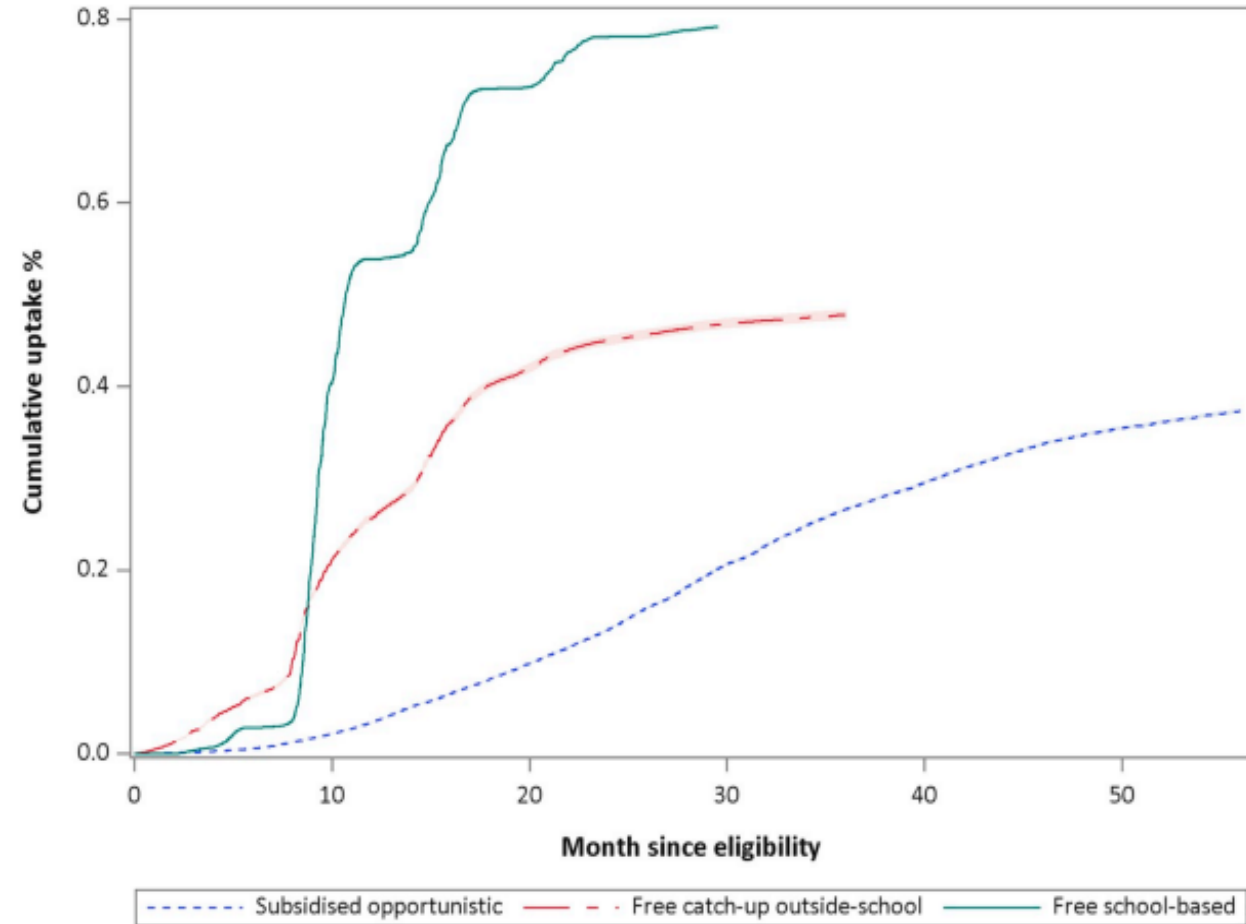
Vähitörje tegevuskava 2021–2030

EN ENDNU STÆRKERE VACCINATIONSINDSAT: DE MANGE SKAL BESKYTTE DE FÅ
Oktober 2018

Structure of the programme

Example #1: Sweden

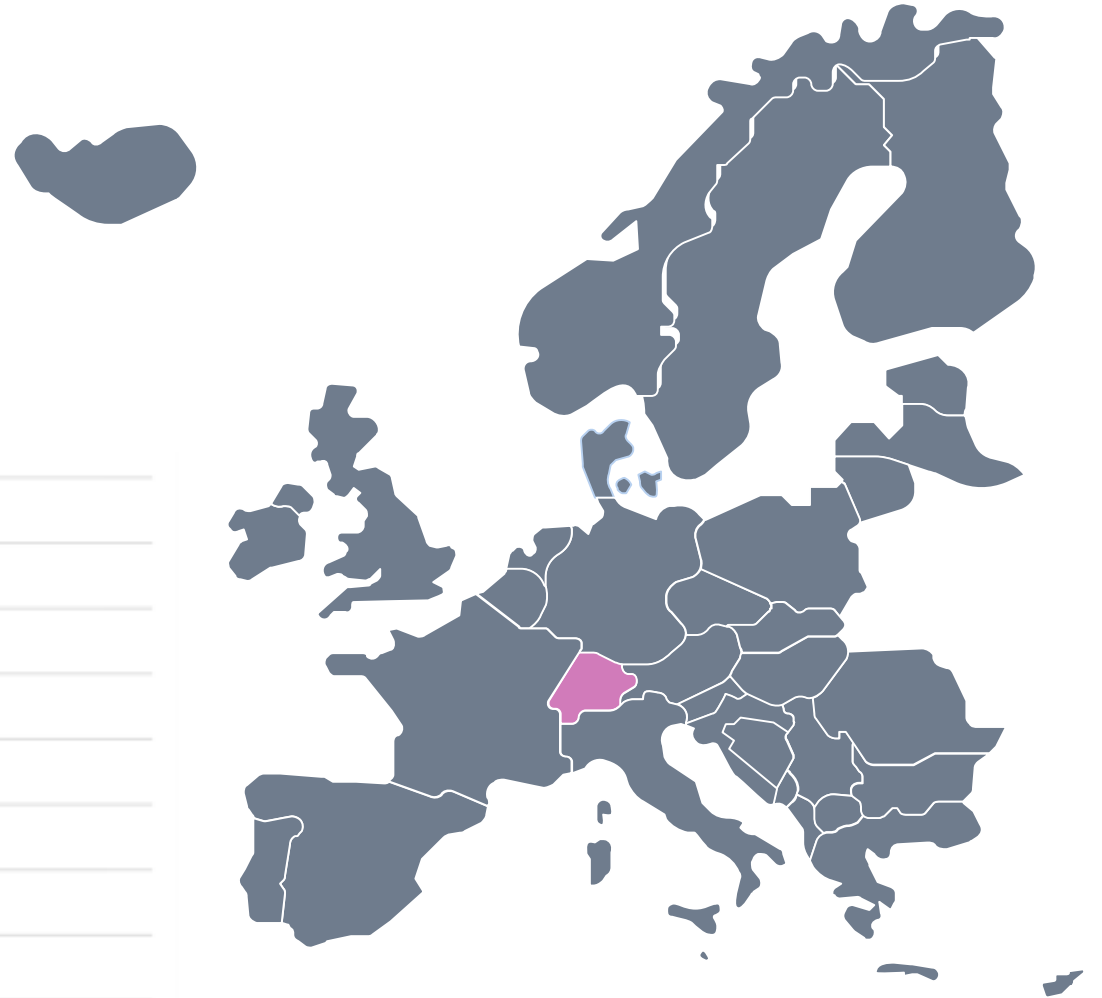
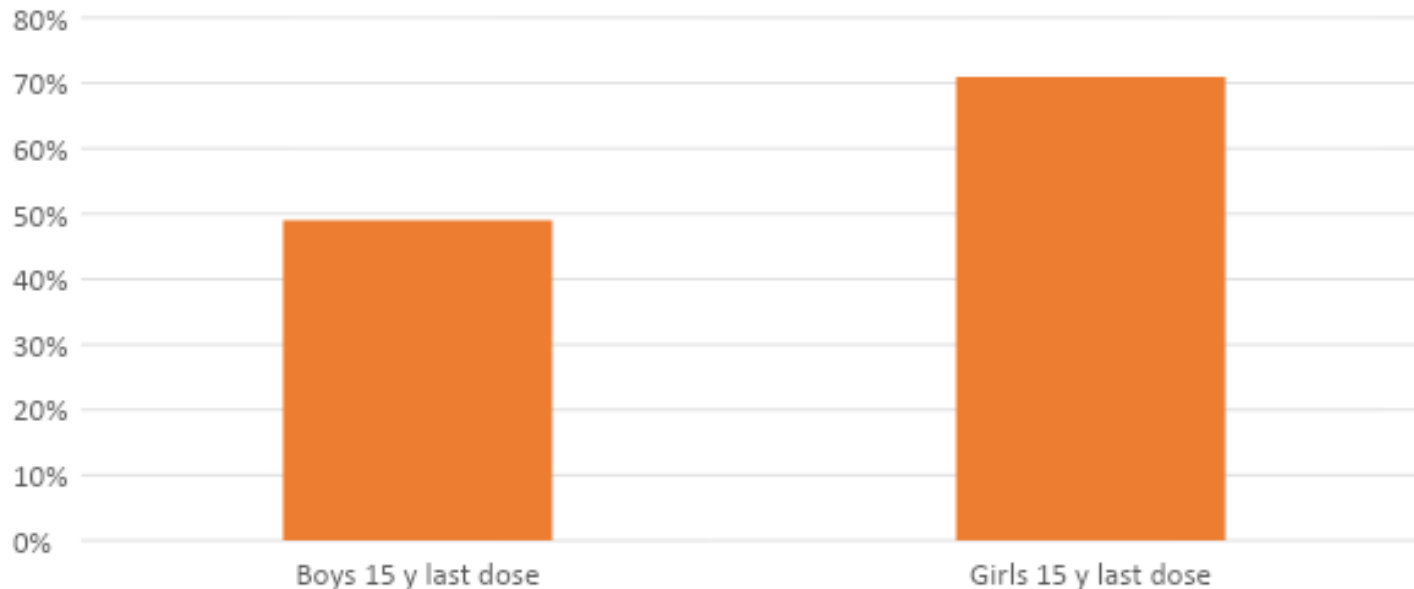
A structured programme is better than an opportunistic



Example #2: Switzerland

Boys not equal to girls

- Boys included in programme since 2017. But, they were **not included in the NIP like the girls**, which meant that the GP's were not obliged to ask about vaccination status like they were with girls.
- Announcement last week: Boys will now be equal to girls in NIP



Information

Example #1: Denmark

Mass communication and reminders

- Based on stakeholder input above 90% to parent levels

Lessons Learned

Stop HPV – get vaccinated

A Danish information campaign that aimed to rebuild trust in HPV vaccination and increase vaccination coverage by focusing on cancer prevention and engaging in a dialogue with mothers.



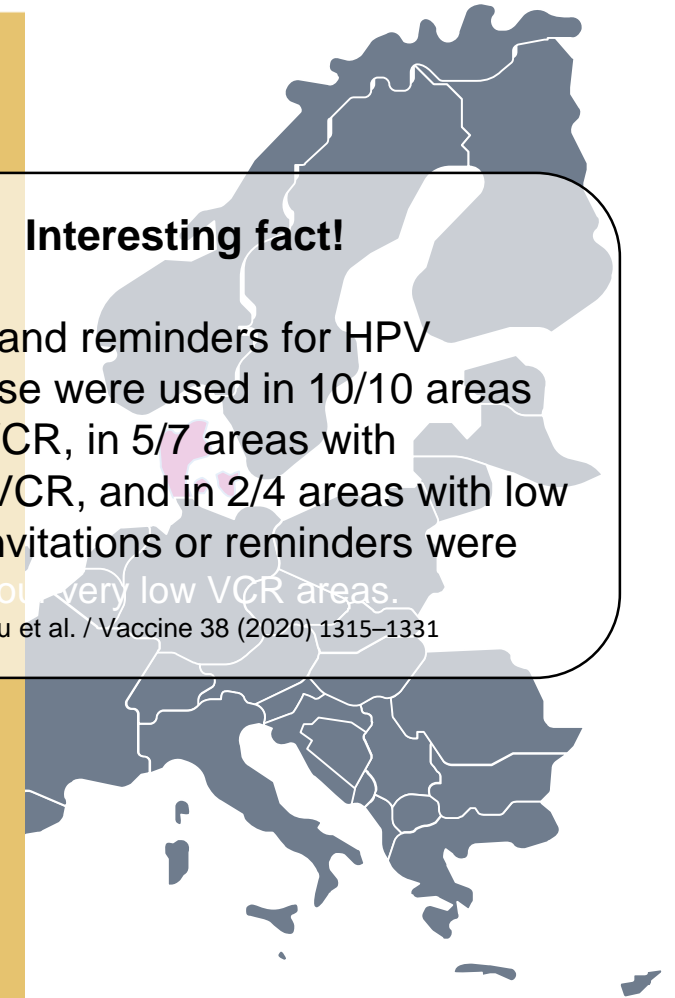
5 tips about planning and carrying out your campaign:

1. Learn as much as possible about the target group and design your information campaign based on the findings. Remember to evaluate the design with feedback from the target group.
2. Also based on your findings, create a list of key messages that impact you and are important for you to keep repeating as part of the campaign.
3. Involve relevant stakeholders early in the process to get valuable inputs from them on the design of your information messages and to help disseminate both.
4. Learn how and where your target group seek information. Be diverse in relation to how and what you communicate, the channels you choose to communicate your messages and use both personal stories and hardcore facts to supplement each other.
5. Define and monitor key point indicators, e.g. hesitancy and knowledge among parents, to help you evaluate your campaign effort.

Interesting fact!

Invitations and reminders for HPV vaccine dose were used in 10/10 areas with high VCR, in 5/7 areas with moderate VCR, and in 2/4 areas with low VCR. No invitations or reminders were used in the four very low VCR areas.

N.-H. Nguyen-Huu et al. / Vaccine 38 (2020) 1315–1331



2015

2017

2019

2021

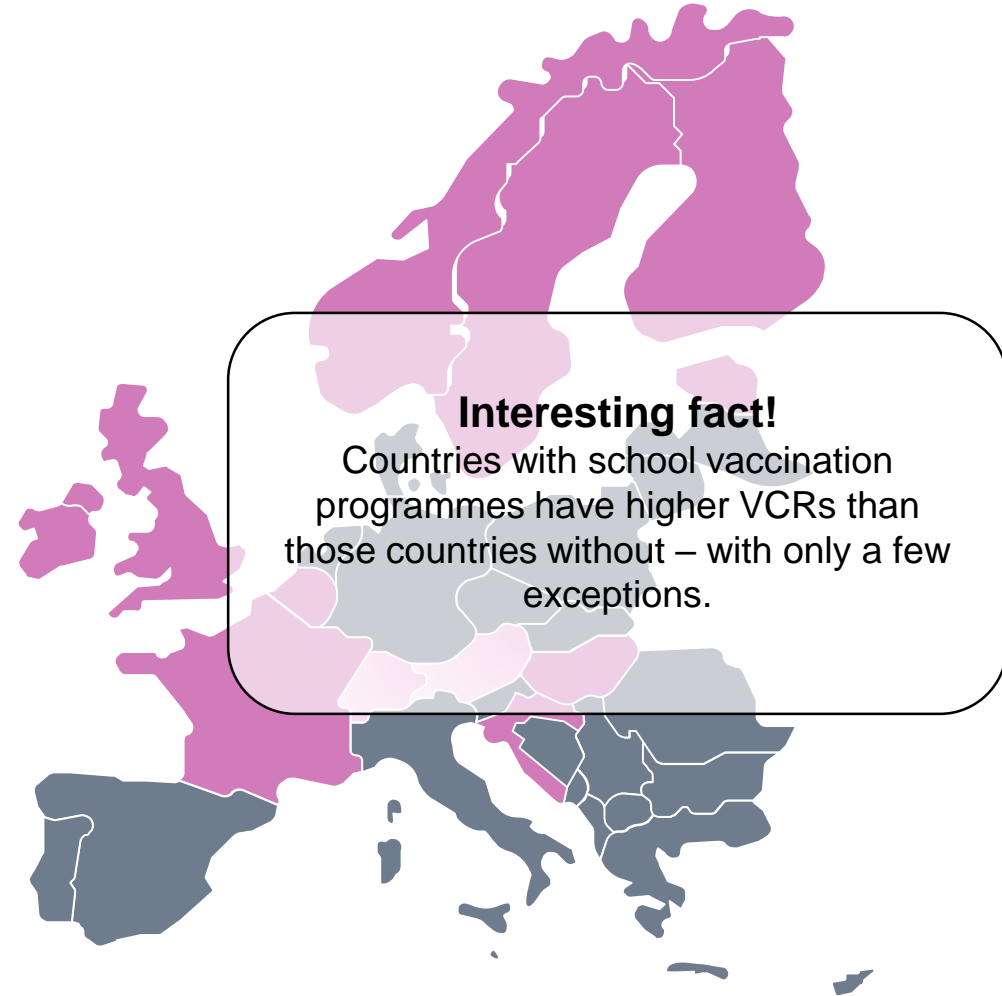
Accessibility

Example #1: European school vaccination programmes

Probably the most effective intervention for high VCRs

Advantages linked to school vaccination programmes

- Effective planning; Relatively inexpensive and less time-consuming since you can vaccinate many at the same time
- Better data management: Easier to monitor in many countries
- Utilise existing school-parent communication channels
- Ability to respond to parental concerns
- Less social inequity



Data

Example #1: Comparison across Europe

Drivers and barriers for use of data – report from Open Sky

- ▶ The existence and relevance of EVRs are crucial for higher VCRs
- ▶ In all countries, there is a will to increase vaccination rates
- ▶ In all countries, there are information and communications technology (ICT) solutions in place for registering vaccinations
- ▶ Inertia often plays a particular role in delaying the implementation of new ways to register vaccination
- ▶ Full use must be made of the opportunities offered by the European Union's European Health Data Space
- ▶ Europe needs the common denominator of an EVR template to allow interoperability

| Country | Weighted score |
|------------------|----------------|
| Denmark | 99% |
| Finland | 96% |
| Netherlands | 94% |
| Norway | 94% |
| England | 92% |
| Sweden | 92% |
| Wales | 90% |
| Ireland | 86% |
| Scotland | 86% |
| Northern Ireland | 85% |
| Latvia | 81% |
| Malta | 81% |
| Slovenia | 76% |
| Belgium | 75% |
| Portugal | 74% |
| France | 73% |
| Spain | 72% |
| Germany | 70% |
| Romania | 66% |
| Estonia | 65% |
| Italy | 64% |
| Hungary | 60% |
| Slovakia | 59% |
| Luxembourg | 58% |
| Switzerland | 53% |
| Serbia | 51% |
| Lithuania | 48% |
| Austria | 44% |
| Czech Republic | 40% |
| Croatia | 38% |
| Greece | 36% |
| Poland | 34% |
| Bulgaria | 33% |

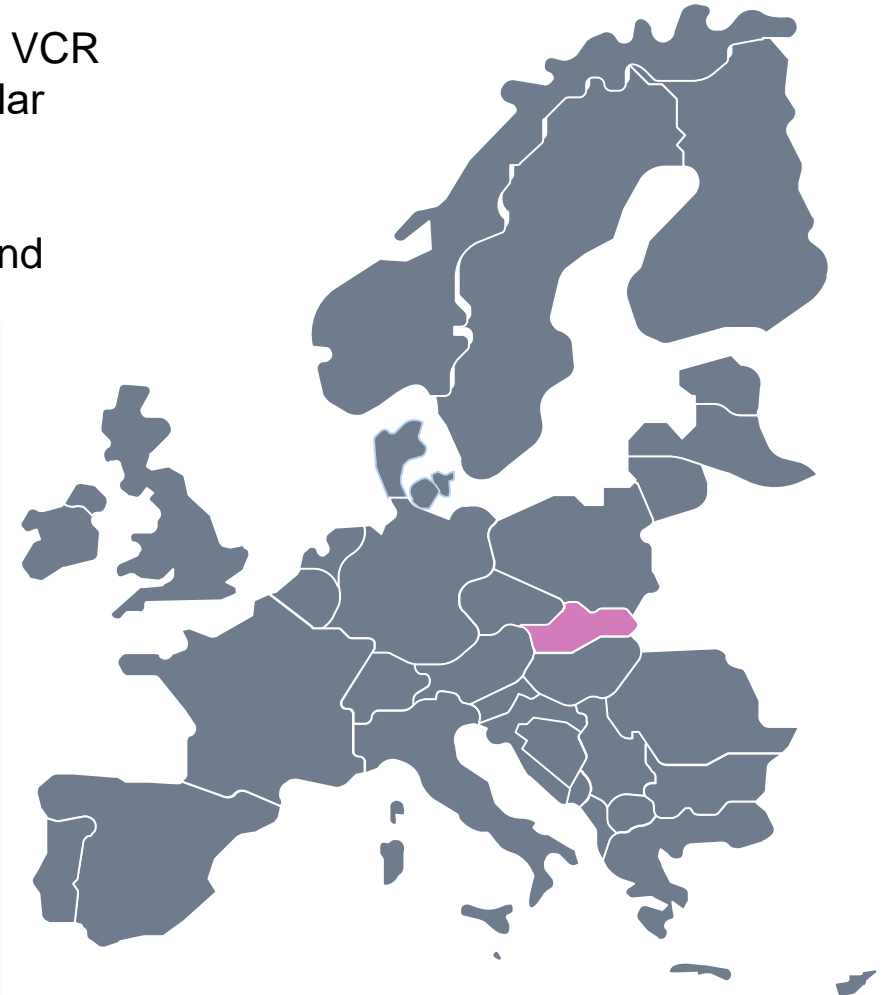
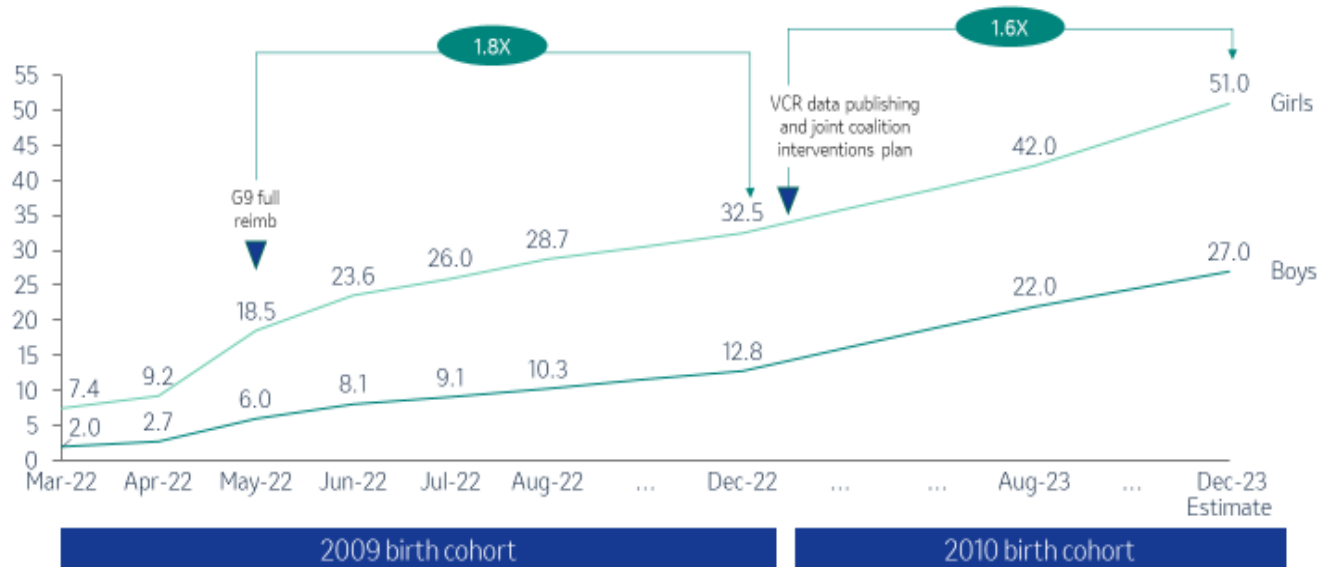


Example #2: Slovakia

From black box to transparency in 1 year

- In only one year, Slovakia has gone from not having any publicly available VCR data to a dashboard on the Ministry of Health's webpage containing granular data divided between boys and girls, regions, and even municipalities
- The dashboard is the result of collaboration between local HPV coalition and public authorities.

Evolution of VCR in HPV in 2022-23 in Slovakia (primary cohort of 12y.o., 1st dose, national level)



Confidence

Lack of confidence

Complex and multifaceted

*The most common reasons for vaccine hesitancy were a **fear of side effects**, a **perceived lack of information**, and the **perception that children are too young to be vaccinated**. A high level of knowledge about HPV was significantly associated with vaccine acceptance for female but not male children. Negative attitude toward vaccination was significantly related to lower vaccine acceptance, and parents who reported informing themselves about HPV vaccination from online sources were less likely to accept vaccination. Such results call for more educational measures to **reduce misinformation about HPV vaccination** and thereby reduce the fear of its side effects and promote early vaccination. More information is also needed to **improve parents' attitude toward and their knowledge about vaccination**, the dissemination of which should **focus on the benefits of vaccines for children** of both sexes.*

2022

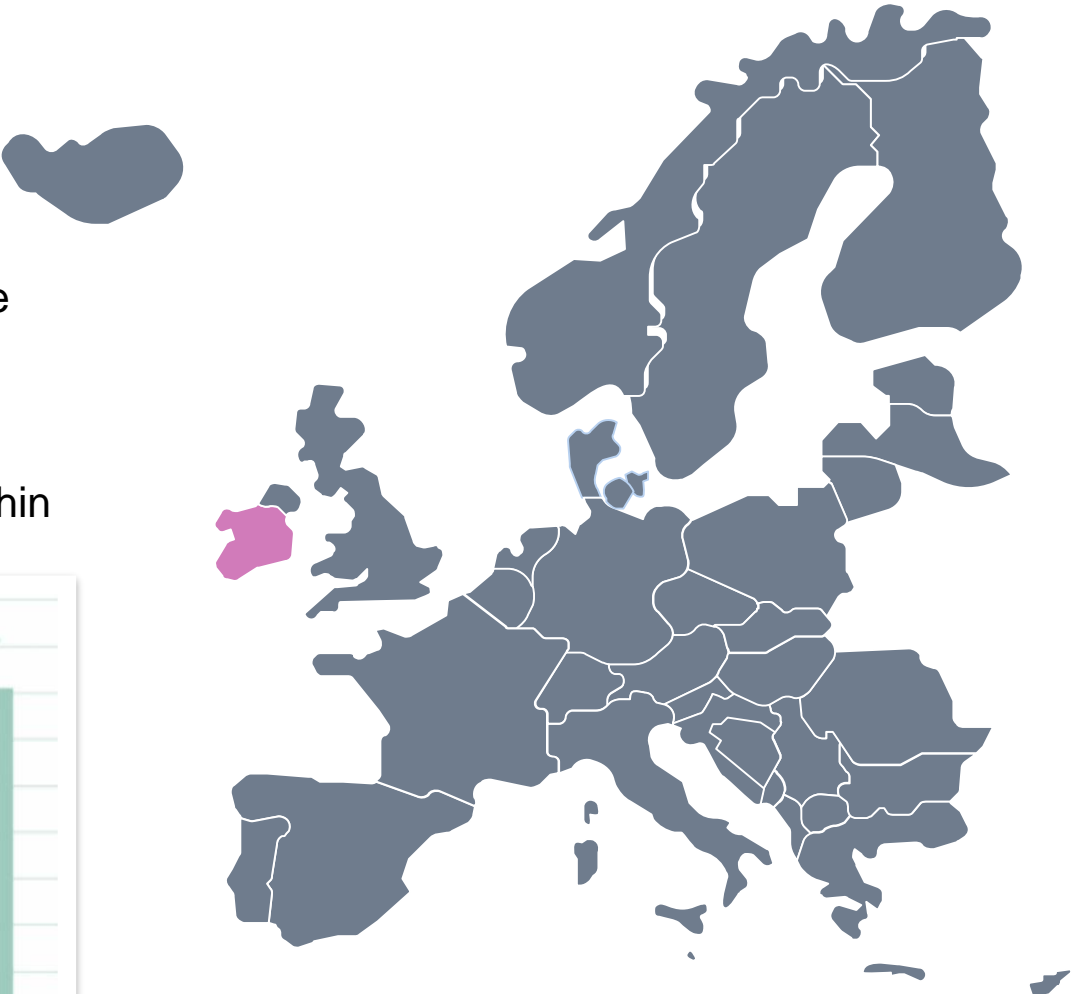
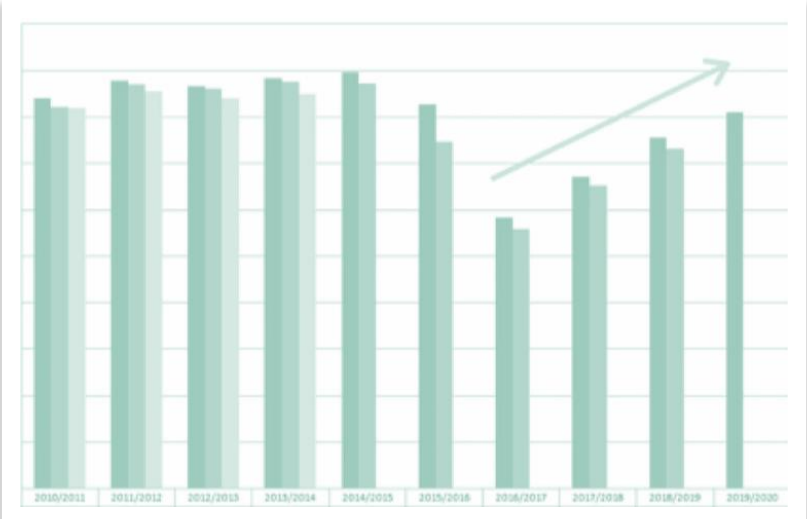
Waser et al., Human vaccines & immunotherapeutics, Vol. 18,

Example #1: Ireland

Coordinated communication by coalition reinstates confidence



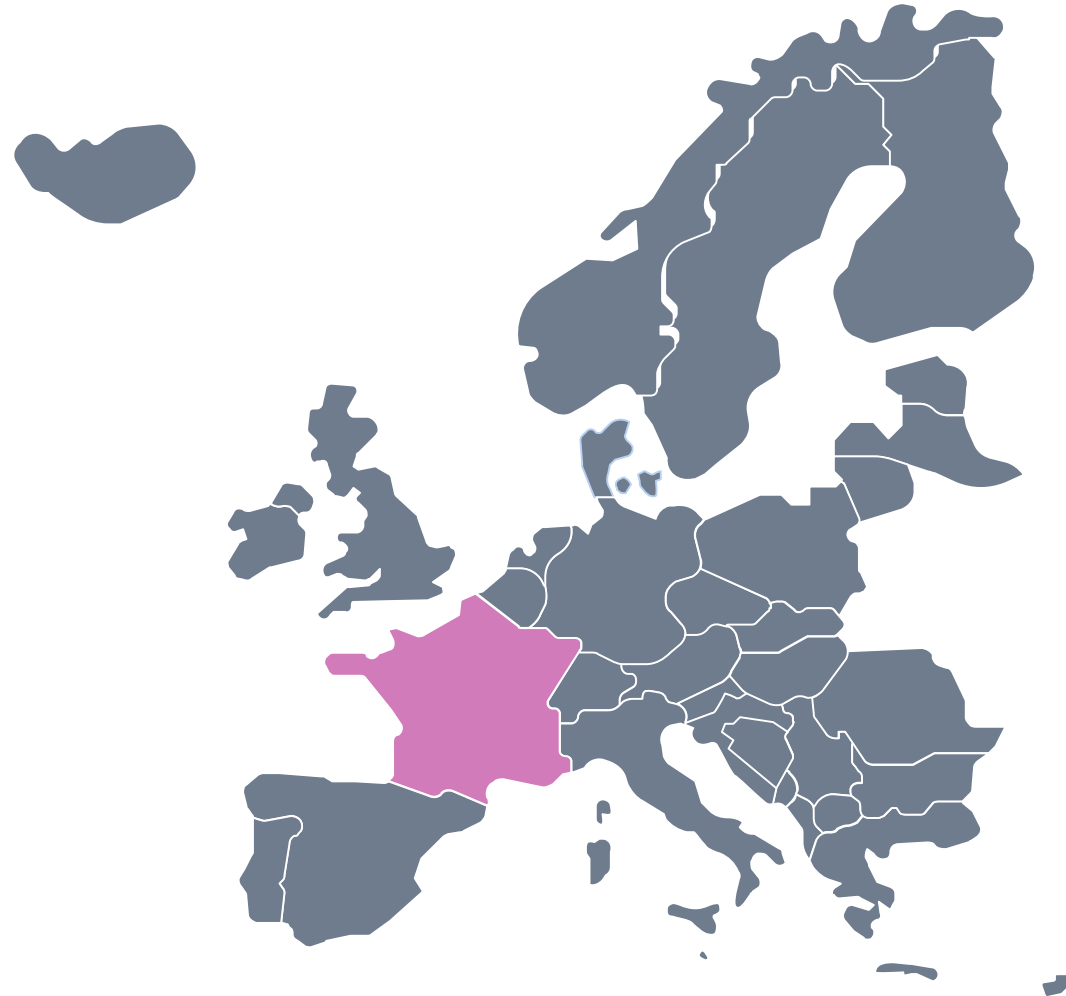
- Strong and well-coordinated communication from a public-private coalition + well-adjusted targeted communication to parents
- The confidence was resurrected within 24 months



Last example: France

Multi-component intervention

- France has been struggling with low VCRs for years, especially for HPV. 54% for girls and 20% for boys.
- Numerous initiatives have been made in 2022 and 2023
 - **A new electronic record for vaccination** has been established in January 2022
 - **Stronger communication** towards both healthcare providers and the general public;
 - **regional coalitions** were bolstered to support HPV vaccination
 - health insurance companies organized SMS and email-based **awareness campaigns**
 - **Pharmacies have begun vaccinating against HPV this year**
 - And in October, a **new school vaccination programme was launched**



Conclusion

We know what works – but it's not a one size fits all



1

Strengthen your strategic approach, have sustainable funding and ensure cross-sectoral coordination to ensure that the national vaccine policy landscape is equipped with the resources and leadership needed to enhance and sustain HPV vaccination programs



2

Have a solid structure in place that supports high VCRs and is resilient to potential disruptions so that the programme can deliver high VCRs over time and is able to cope with challenges that may occur



3

Actively engage the public and ensure information reaches parents through awareness campaigns and effective reminder systems to ensure that there is the level of knowledge and a sense of urgency



4

Make vaccination accessible by selecting the appropriate delivery strategy based on local needs and available resources, including vaccination at schools, healthcare facilities, community-based outreach, non-clinical sites, or a combination of approaches



5

Establish and maintain strong data systems, to monitor program performance as well as help guide decisions on interventions needed to reinforce the programme



6

Address confidence issues by ensuring enduring, collective and consistent communication, transparency, and focus on education



Thank you for your attention

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