



# NEWSLETTER

## Second Edition, April 2010

### Welcome to our second Newsletter!

This newsletter aims to update interested parties 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 2009 meeting of the GARDASIL Access Program Advisory Board, four new applicants were approved. To date, 18 organizations and institutions in 17 eligible countries have been approved to participate in the program.

### What has been achieved to date?



By December 2009:

- Approval of 18 applications proposing HPV vaccination projects, in 17 countries (Bhutan, Bolivia, Cambodia, Cameroon, Georgia, Ghana, Haiti, India, Kenya, Lesotho, Moldova, Nepal, Nicaragua, Papua New Guinea, Tanzania, Uganda, Uzbekistan)
- 496,000 doses of GARDASIL pledged for donation, enough to vaccinate over 165,000 beneficiaries (a full series consists of three doses administered over a six-month period)

A girl in Nepal is observed (as standard practice) after vaccination

By March 2010:

- 302,400 doses of GARDASIL shipped to 9 of the 18 participants approved to date, enough to vaccinate over 100,000 beneficiaries
- 3 participants had completed at least one full HPV vaccination series, and 6 participants were at various stages of implementation in their respective HPV vaccination projects

### What is the GARDASIL Access Program?

Merck pledged to donate at least 3 million doses of GARDASIL, its quadrivalent HPV vaccine, to qualifying organizations and institutions in eligible lowest

income countries, where approximately 80% 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.



Girls aged 9-13 in Nepal waiting to be vaccinated

### How to apply...

Organizations and institutions in eligible lowest income countries are invited to apply. The program accommodates proposals to design and implement smaller scale HPV vaccination projects, rather than nationwide programs. Endorsement by the Ministry of Health is a critical prerequisite for participation in the program. Applicants are encouraged to follow World Health Organization (WHO) recommendations and guidelines for HPV vaccination, including those outlined here: [www.who.int/wer/2009/wer8415.pdf](http://www.who.int/wer/2009/wer8415.pdf).

The application form may be downloaded from [www.gardasilaccessprogram.org](http://www.gardasilaccessprogram.org), or requested via email to [GARDASILAccess@AccessToTreatment.org](mailto:GARDASILAccess@AccessToTreatment.org). Applications are reviewed twice per year, and the next deadline is 1 September 2010.

For more information on the program, visit [www.gardasilaccessprogram.org](http://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: Bolivia

Project report published with the kind permission of CIES Bolivia.



Girls displaying their vaccination cards, developed for the project

Bolivia has one of the highest rates of cervical cancer in Latin America, at 58.1 per 100,000 women. A partnership between the Ministry of Health and Sport and CIES, a member of the International Planned Parenthood Federation, was approved by the GARDASIL Access Program to receive 12,800 doses of GARDASIL to vaccinate a target population of over 4,000 girls in 3 regions of the country.

The project was developed to help the Ministry identify successful models of adolescent vaccination to support the national immunization program.

Two main strategies were used:

- Comprehensive school-based vaccination of girls aged 9 to 13
- Mobile health unit vaccination to serve schools in hard-to-reach rural areas



Vaccination in one of the participating schools

The national office selected a team for each region to manage all aspects of the project. The regional teams each appointed an *education group* to sensitize and inform teachers, parents, and

students; and a *medical group* to handle logistics and monitor vaccine delivery.

*Volunteers*, trained by CIES, played a vital role by providing information, organizing meetings to sensitize key stakeholders, obtaining consent from parents and guardians, and managing vaccination days.



A school-based education session, in which both girls and boys participated

All medical and education personnel involved in the vaccination project received focused and adapted training, and doctors were available to support the vaccine administrators.

Informational meetings were organized subsequently for staff, students, and parents/guardians of students in the selected schools. The classroom education sessions focused on cervical cancer prevention rather than vaccination only, and thus allowed children participating in school to further share information with their parents at home.

The project found that:

- Having several service delivery sites, including some in normally hard-to-reach areas, increased the ability to reach the target population
- Seeking formal parental consent (not normally required for vaccination in Bolivia) discouraged confidence and acceptance of the vaccine
- Continuing information activities throughout the campaign served to maintain commitment to complete the full course of vaccination

## Program Partners

The GARDASIL Access Program is made possible by a pledge from Merck<sup>1</sup> 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.

<sup>1</sup> Merck is known as MSD outside of the United States and Canada