

WORLD CANCER CONGRESS

20 22

CCA Special Working Meeting on HPV Vaccination
Summary Report



2022 WORLD CANCER CONGRESS: CCA SPECIAL WORKING MEETING ON HPV VACCINATION



WHAT IS CCAE?

Cervical Cancer Action for Elimination (CCA) is a network of organizations working together to accelerate global progress towards a world free from cervical cancer. Founded in 2006, Cervical Cancer Action convened a group of civil society organizations (CSOs) and individuals committed to building momentum for action on cervical cancer prevention. In 2019, following the WHO's call for global cervical cancer elimination, CCA rebranded to CCAE to focus advocacy activities towards the three pillars of the WHO global strategy (vaccination, screening and treatment) and accelerate progress towards elimination. CCAE is currently co-chaired by the American Cancer Society and Cancer Research UK.

WORKING MEETING

In **October 2022**, CCAE hosted a working meeting at the World Cancer Congress (WCC) in Geneva, Switzerland. The session focused on the HPV vaccination pillar of the elimination strategy and included **70 attendees** from over **20 countries**. The meeting brought together CSOs, policymakers, academia, and pharmaceutical companies to start identifying the **global advocacy priorities needed to accelerate equitable access to the HPV vaccine**. In turn, this will steer CCAE's strategy for 2023/24.

Speakers included **Dr Benjamin Hounkpatin**, Minister of Health of the Republic of Benin, **Carmen Auste**, CEO of the Philippines Cancer Warriors Foundation, and **Dr Ian Walker**, Executive Director of Policy, Information and Communications at Cancer Research UK and was facilitated by **Dr Marcie Fisher-Borne** of the American Cancer Society.

The meeting was held under Chatham House rules, with French-English and English-French interpretation available throughout.

MEETING HIGHLIGHTS

- Dr Benjamin Hounkpatin inspired the group with his perspective as a policymaker, his appreciation for civil society's power in driving forward elimination, and his recognition of the challenges that COVID has generated for HPV vaccination programs and acceptance.
- **Vaccine and program delivery costs, lack of political will, and lack of public vaccine confidence** were ranked as the biggest barriers to equitable HPV vaccination access in high-burden countries.
- Carmen Auste shared her insight on appealing to both emotional and economic motivators. She recommended CSOs shouldn't rely exclusively on evidence-based advocacy, but should trust the power of the 'human' arguments for committing to cervical cancer elimination, as "our politicians are human beings who have families and children" and they know that "young people are the future".

MEETING SUMMARY

CCAIE hosted a special 90-minute working meeting focused on HPV vaccination, with the aim of identifying the global advocacy priorities needed to accelerate equitable access to the vaccine around the world. The organisers were overwhelmed by the interest shown in the event. In total, over 70 attendees representing over 45 organizations were in attendance. However, there were many partners and contacts who were unable to attend the meeting, given limitations in meeting room capacity and WCC attendance. As a result, the following summary reflects the ideas and dialogues of only the attendees present, and there are many additional organizations and individuals who need to be engaged in future conversations. Names of organizations involved can be found in the appendix.

"We must seize this opportunity. The WHO strategy was agreed, in no small part, due to the collective efforts of civil society. We will need a similar concerted and collective effort to turn the strategy into reality."

Meeting participant

BARRIERS TO EQUITABLE HPV VACCINATION

To initiate discussions in the meeting, attendees were asked to vote electronically to rank pre-selected barriers to equitable HPV vaccination in high-burden countries which could be best addressed through collective CSO action. The top three barriers identified and selected for further discussion were: **vaccine and program delivery costs (65%), lack of political will (56%), and lack of public vaccine confidence (48%).**

RECOMMENDATIONS TO ADDRESS BARRIERS

The group was then led through a series of activities to identify stakeholders, key messages, and advocacy opportunities needed to address the prioritized barriers.

STAKEHOLDERS TO ENGAGE

The stakeholder discussion highlighted the need to broaden engagement across global, national and local levels. At the global level, the importance of **securing full support from manufacturers and organizations with financing power** was emphasized. This is reflective of the influencing power that these organizations hold, both in setting vaccine and delivery prices, and also in motivating governments into action. Considering political motivation more closely, Ministries of Finance, Education and Children were identified as crucial champions and actors in designing and delivering effective and high-uptake programs. Similarly, to create the greatest chance of vaccine acceptance, it was recommended that advocates **collaborate with community health workers, family physicians, teaching groups, faith groups, youth groups** and **medical societies** in calling for and constructing equitable and context-specific vaccination programs. The group also advised that **the press** and **social media influencers** should be engaged prior to program delivery, in order to minimize the risk of vaccine hesitancy and misinformation impacting uptake.

There was agreement on the importance of welcoming and amplifying the youth voice in elimination efforts. Several plans were sparked in small group discussions to engage youth groups in current or new projects on HPV vaccination. With the growth of **youth advocacy** in many political and social spaces, engaging with this passionate and creative community, in addition to **cervical cancer survivors and their families**, was identified as an opportunity to build momentum for cervical cancer elimination.

Highlights of advocacy tools identified to improve HPV vaccination access:

- Best practice case studies with data showing the benefits of vaccination in other countries
- Personal and positive stories demonstrating impact of cervical cancer and reducing misinformation
- Media campaigns including videos, testimonials and social media influencers
- Tool for national program design and monitoring
- Online repository of resources
- CSO-written policy briefs for Ministries
- Tailored messages to improve uptake informed by behavioral economics / communications research
- Expand the 'Global Fund' to include HPV cancers

In addition to bringing youth groups into our community, there were also a number of recommendations to re-prioritize engagement with school-based stakeholders and parents. Whilst the role of school-based stakeholders in improving delivery mechanisms has often been recognized, it was felt that their support, in order to minimize misinformation and promote vaccine confidence, has been under-utilized.

KEY ADVOCACY MESSAGES TO USE

In line with the focus on vaccine confidence and political will as leading barriers to equitable HPV vaccination, the discussion on key advocacy messages to use in elimination dialogues and resources was centered on **parents and policymakers**.

When considering **messaging to use with policymakers**, there were several

recommendations that policymakers should be made more aware of the vaccine's status as a WHO "best buy", highlighting its cost-effectiveness and return on investment. This economic messaging could be enhanced by also using case studies of similar countries that have successfully delivered equitable and cost-sensitive vaccine programs. Messaging should also reference tools that can be used to assist policymakers in developing and delivering HPV vaccine programs, to increase awareness of the support that is available.

In contrast to the cost-focused messaging, there were strong recommendations that CSOs should avoid solely relying on economic arguments to drive policy change, but should also **appeal to the humanity of policymakers**. By including the human impact of cervical cancer prevention within advocacy messaging - which could be achieved by featuring both success stories and stories of families who have lost loved ones to cervical cancer, and emphasizing the importance of protecting our adolescents' health - many participants felt confident that policymakers could be incited to act.

There is a balance to strike between economic- and human-focused messaging, and CSOs should be prepared to shift this balance depending on the specific audience and their objectives. Participants were also encouraged by other group members not to shy away from engaging with policymakers and getting involved in political situations, but to instead proactively engage them in meetings and with policy briefs to gain their support, particularly within election periods.

When considering **messaging to use with parents**, emphasis was placed on the importance of framing HPV vaccination as 'cancer prevention', and highlighting that cervical cancer elimination is possible. In order for this messaging to have the greatest impact, 'explainer' messaging should be given in advance of this, in which information is shared on what cervical cancer is, what the HPV vaccine is, and how it works. It was also suggested that messaging dispelling misinformation should be prioritized, but it will be crucial to frame this in a way that avoids giving additional airtime to myths and misconceptions, potentially through the use of positive stories and data from countries with established HPV vaccination programs.

MEETING SUMMARY CONTINUED...

This messaging should be underpinned by behavioral research and best-practice learnings.

ADVOCACY OPPORTUNITIES TO CREATE

When asked to identify the leading advocacy opportunities that CSOs could unite behind, the most common suggestion was for a unified advocacy coalition that could call for equitable HPV vaccination access. By creating one consolidated voice, which is fully aligned with the WHO strategy and 90-70-90 goals, and consistent in its calls for/support of the integration of HPV vaccination into national immunization schedules, it was believed that the importance of HPV vaccination could be reaffirmed to stakeholders.

VACCINE AND PROGRAM DELIVERY COST

Many of the recommendations and asks related to 'Vaccine and program delivery cost' focused on the need for more competitively priced vaccines. With the Serum Institute of India's HPV vaccine, CERVAVAC, due to become available in India at \$2.44-\$4.88 per dose by the end of the year, and available outside of India in 2023, it is anticipated that governments without Gavi-eligibility will be able to access far cheaper HPV vaccines in the near future. With this understanding, the CCAE co-chairs agreed that there would be more sustainable advocacy actions for CCAE to deliver than calling for and/or contributing to vaccine and program delivery pricing negotiations. However, the concerns around finances are reflective of a wider perception of elimination measures being an excessive outlay.

The working meeting concluded with many thanks to the attendees for their active participation and a promise from CCAE to continue to convene CSOs and cross-sector partners to discuss opportunities for greatest collaboration and impact.

A full list of the ideas and recommendations generated can be found in the appendix.

WHAT'S NEXT?

CCAIE is taking the information shared at the WCC working meeting, and combining this with the results of network interviews, a network one-dose survey and strategy exercises to build out a strategy for 2023/24. This will guide CCAIE's engagement with partners and network members, and determine the network's activity plan for the coming year. We will be reaching out to partners to discuss this and reconvene in 2023.

In the interim, CCAIE will be releasing and promoting a series of resources related to the shift to single-dose HPV vaccination programs, including a Q&A video with IARC's Dr Partha Basu, an analysis of support requirements and concerns surrounding the shift to single-dose, and a single dose evidence pack produced by CCAIE partners, PATH.

There are a number of other resources relating to HPV vaccination policy and advocacy due to be launched in the coming months, including The Daffodil Centre and IARC's Cervical Cancer Elimination Planning Tool; a web-based tool which will enable advocates and policymakers to explore the impact of delays to elimination efforts, as well as the potential of catch-up strategies to reclaim progress towards elimination.

JOIN US!

Is your organization working on cervical cancer elimination or one of the targets of vaccination, screening or treatment? Are you or your partners working on any activities or tools that you would like to share with the CCAIE network? Learn more about CCAIE at www.cervicalcanceraction.org or contact us at CCAIE@cancer.org.



APPENDIX

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- 7 Participating organizations
- 8 Rankings: Barriers to elimination
- 8 Recommendations: Stakeholders
- 9 Recommendations: Key advocacy messages
- 9 Recommendations: CSO advocacy opportunities
- 10 Recommendations: Coordinated actions
 - Lack of political will
 - Lack of public vaccine confidence
 - Vaccine and program delivery cost

LIST OF PARTICIPATING ORGANIZATIONS*

Addis Ababa University, Ethiopia
American Cancer Society
Basic Health International, USA
Belize Cancer Society
Cancer Foundation of India
Cancer Programme, Guinea
Cancer Research UK
Coalition of Organisations Against Cancer in Cote D'Ivoire
Commonwealth Secretariat
End Cervical Cancer Nigeria Initiative
Foundation Kimi, Burkina Faso
Gavi, the Vaccine Alliance
(IARC) International Agency for Research on Cancer
IDSM Guatemala
Instituto Oncoguia, Brazil
Jhpiego
Kings College London, UK
Kisumu County, Kenya
Lami Fatima Babare Cervical Cancer Foundation, Nigeria
Liga Colombiana Contra el Cáncer, Colombia
Medicaid Nigeria
Ministry of Health, Benin
Ministry of Health, Guatemala
Ministry of Health, Philippines
Moffitt Centre, Center for Immunization and Infection Research in Cancer, USA
MSD, USA
National Cancer Control Program, Chad
National Cancer Control Program, Cote D'Ivoire
National Cancer Control Program, Kenya
National Cancer Council of Mongolia
National Primary Health Care Development Agency, Nigeria
Programme National de Lutte contre le Cancer (PNLCA), Côte d'Ivoire
Rwanda Biomedical Center
Save a Life Cancer Awareness and Support Network, Nigeria
Sikkim Manipal Institute Of Medical Sciences, India
Swedish Cancer Society
Teal Sisters Foundation, Zambia
The Children's Cancer Center of Lebanon
The Daffodil Centre, Australia
TogetHER for Health, USA
Union for International Cancer Control - UICC, Switzerland
Unitaid, Switzerland
University of North Carolina at Chapel Hill, USA
Univeristy of Ouagadougou, Burkina Faso
Women for Peace, Justice and Equality, Belize
World Health Organization

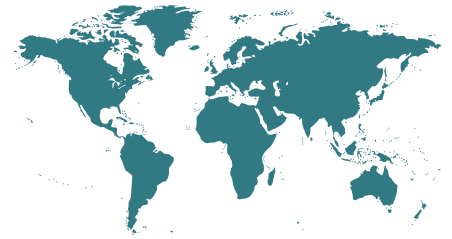
*This list is not inclusive of every organization in attendance. Our best effort was made to track attendance but if your organization was in attendance but not listed or listed but did not attend please email CCA@cancer.org

BARRIERS TO EQUITABLE HPV VACCINATION ACCESS

52 attendees voted electronically to rank pre-selected barriers to equitable HPV vaccination in high-burden countries. The top three barriers identified and selected for further discussion were: vaccine and program delivery costs, lack of political will, and lack of public vaccine confidence.

Barriers ranked by attendees:

- **Vaccine and program delivery costs - 63%**
- **Lack of political will - 56%**
- **Lack of public vaccine confidence - 48%**
- Lack of HPV vaccination program implementation strategy at the country level - 44%
- Ignorance to cervical cancer elimination - 42%
- Funders not prioritizing HPV vaccine programs - 37%
- Lack of accountability for reaching 90% coverage goal for HPV vaccine - 33%
- Lack of HPV vaccine program recommendations at the country level - 29%
- Cervical cancer stigma - 25%



Attendees discussed the top three barriers and then generated answers to the following questions to help form advocacy recommendations:

- **(1) Who are the *stakeholders* that need to be targeted, partnered with, and need to lead the work?**
- **(2) What key *advocacy messages* should be used with targeted stakeholders?**
- **(3) What are the supranational *policy/political opportunities* that CSOs could advocate for?**
- **What activities, (4) *tools, resources*, and (5) *partnerships* are needed at the global level to address these barriers?**

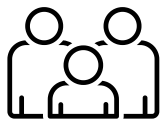
A list of the recommendations generated by each question can be found below. There is an attempt to capture all written and verbal recommendations but due to the large number of ideas generated we apologize if an idea was not captured.

RECOMMENDATIONS - (1) STAKEHOLDERS TO ENGAGE

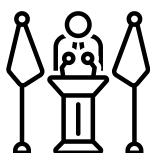
- **Community:** civil society organizations, faith groups, youth and senior groups, parent groups, teacher and school groups
- **Government:** parliaments, politicians, governments, Ministries of Finance, Health, Education and Children
- **Health:** community health officers/workers, medical societies, patient associations
- **Media:** press, social media influencers
- **Supranational:** financial organizations, Global Fund, Gavi, manufacturers

RECOMMENDATIONS: (2) KEY ADVOCACY MESSAGES

To parents



- Vaccination can further the empowerment of girls
- Vaccination protects future generations from cervical cancer; raising awareness of vaccination to prevent cervical cancer, but not necessarily talking about HPV (use cancer framing)
- Elimination of cervical cancer is possible
- Explanations of what cervical cancer is, what vaccines are and how they work
- Explanations for why girls aged 9-14 are targeted for vaccination which can crowd out current narratives associating the target ages with sexual activity i.e. it is recommended that girls have the vaccine between 9-14 yrs because the vaccine elicits the strongest immune protection against HPV at this age
- Messaging tackling misinformation and myths; vaccine hesitancy has been heightened in some areas by COVID-19 vaccination efforts



To policy-makers

- Messaging communicating the cost-effectiveness/ROI of the vaccine, and its status as a WHO “best buy”
- Case studies of successful and unsuccessful programs to gather learnings on how the vaccine can be made free and accessible
- The importance of reducing cervical cancer incidence and improving funding
- The human angle, including success stories and stories from families who have lost loved ones

RECOMMENDATIONS: (3) CSO ADVOCACY OPPORTUNITIES

- **Align to WHO global strategy and 90-70-90 goals**
- **Support country-level efforts to:**
 - Include HPV vaccine to national health insurance schemes
 - Include HPV to UIP or expand HPV vaccine programs to be country wide
 - Support countries to negotiate, submit timely applications to Gavi (or other providers) and prepare for vaccine roll-out
- **Manufacturer and Gavi-related**
 - Support Gavi to engage all manufacturers
 - Support Middle-Income Countries (MIC) to continue to access Gavi prices, learning from the Covax experience
 - WHO role in increasing competition among manufacturers
- **Coalition leadership**
 - Work in a coalition to have "one voice" to amplify the importance of HPV vaccination
- **National/local political activation**
 - Vote for political influencers to public office
 - Organize meetings with politicians
 - Decrease import tax on vaccines
 - Accountability
 - Elections
 - Engage young people in political processes, need their participation in politics as a whole
 - Use HPV Awareness Day – March 4 for CSOs to advocate

RECOMMENDATIONS: CSO COORDINATED ACTIONS

Building on these ideas, attendees continued in their small groups and discussed **activities, tools, and partnerships** that could operate at the global level to address lack of political will, lack of public vaccine confidence, and vaccine and program delivery costs. The key suggestions from these discussions are below:

LACK OF POLITICAL WILL	
(4) Tools and resources	<ul style="list-style-type: none"> • Stories/data showing the benefits of vaccination in other countries • Personal stories/vaccination data/cervical cancer data • Launch media campaigns with influencers (video testimonials) • A new tool for national program design and monitoring • Clearinghouse of tools/resources/best practices for policymakers • Media (videos, testimonials) • CSO-written policy briefs for Ministries • New HPV vaccination modelling tool to be promoted, the Cervical Cancer Elimination Planning Tool will be launched by IARC by April 2023
(5) Partnerships	<ul style="list-style-type: none"> • Target strategic workshops which decisionmakers are already attending and include cervical cancer within their agendas • Form stronger relations with survivor groups/patient groups • Aligning objectives of partners (politicians, CSOs and technical experts) • Gain a space within educational networks and financial networks • How can we learn from and integrate into successful HPV projects & sexual and reproductive health • Discussion platform between Ministry of Health/NGO/parents of students • Local influencers • Accountability from decision-makers for delivering towards the 90-70-90 targets • Policymakers and implementers should include CSOs in program design • Regional dialogues for CSO to reach decision-makers and contribute to policies/programs • Sharing testimonies of those affected with decision-makers, and a place in task forces for survivors

LACK OF PUBLIC VACCINE CONFIDENCE

(4) Tools and resources	<ul style="list-style-type: none"> • Using behavioral economics/communication research to help create tailored messages for communities/countries • A repository of tools, includes best practices • Data to show the impact of the vaccine, alongside personal stories • Use positive stories to counter negative misinformation
(5) Partnerships	<ul style="list-style-type: none"> • Empowering the youth community to advocate • Use both traditional and new media to communicate • CSOs should work with Ministries of Education and school-based clinics, to emphasize the importance of the vaccine

VACCINE AND PROGRAMME DELIVERY COSTS

(4) Tools and resources	<ul style="list-style-type: none"> • Develop a 'Global Fund' for HPV, building on what exists for HIV/Aids • More medical research to develop a low-cost HPV vaccine • Supporting workshops and meetings for countries to apply and prepare for Gavi (eligible) • Develop strategies for what to do in months/years until supply is readily available
(5) Partnerships	<ul style="list-style-type: none"> • Pool middle income countries (MICs) to generate demand and negotiate lower costs as a bloc