
CCA E Network HPV Single-Dose Survey: 2022 Results

DECEMBER 2022





Cervical Cancer Action for Elimination (CCAIE) is a network of organizations working together to accelerate global progress towards a world free from cervical cancer. Founded in 2006, Cervical Cancer Action (CCA) convened a group of civil society organizations and individuals committed to building momentum for action on cervical cancer prevention. In 2019, following the WHO call for global cervical cancer elimination, CCA rebranded as Cervical Cancer Action for Elimination (CCAIE) to directly support the WHO and accelerate global progress towards cervical cancer elimination.

Survey

In September 2022, CCAIE invited organizations working on cervical cancer elimination to complete a survey on single-dose HPV vaccinations. The aim of this was to understand the community's approach to the shift towards single-dose guidelines for HPV vaccination schedules. The survey was completed by 14 individuals on behalf of 14 organizations.

Summary of results

- **64%** report receiving questions regarding the effectiveness of single-dose schedules in protecting against HPV
- **57%** report a lack of clear guidelines at the country level and a lack of clear implementation transition strategies as the biggest barriers to implementing single-dose vaccination programs

Key actions recommended for CCAIE:

- **86%** want support on **single-dose advocacy and communication efforts** (i.e., development and dissemination of coordinated and consistent messaging)
- **79%** want CCAIE to use its **website and blog** to share best practices on single-dose implementation from governments and NGOs around the world
- **71%** would like **technical tools on single-dose** (i.e., modeling tools to understand the impact of single-dose on elimination efforts)
- **57%** want support with **policy changes toward single-dose**
- **50%** report they are willing to participate in development and dissemination of **one-dose advocacy and communication efforts**

Responding organizations:

- AVAC, Global
- Bangladesh Cancer Society
- Belize Cancer Society
- Cancer Association of South Africa
- Cancer Awareness, Prevention and Early Detection Trust (CAPED) , India
- Cancer Foundation of India
- Coalition of Women Living with HIV and AIDS, Malawi
- End Cervical Cancer Nigeria Initiative
- Humanity at Heart International Association, Cameroon
- Kenyan Network of Cancer Organizations
- KILELE Health Association, Kenya
- PATH, Global
- Project PINK BLUE, Nigeria
- TogetHER for Health, Global

Areas of cervical cancer elimination work for responding organizations:

- 71% work on HPV vaccination
- 71% work on screening
- 29% work on treatment of pre-cancerous lesions
- 21% work on palliative care
- 14% work on treatment of invasive cancers

The following priority areas of work were also detailed:

- Community awareness, engagement and education for HPV vaccination and cervical cancer screening
- Policy advocacy for sustained availability of the vaccine
- Promotion of resource stratified prevention/elimination of cervical cancer and treatment
- Screen and treat efforts including HPV testing and education
- Navigation for access to screening & treatment'

Organizational priorities for single-dose HPV vaccination work:

Organizations were asked if they were involved in any work relating to single-dose HPV vaccination.

- 42% are not involved with any single-dose strategies
- 36% are working on state/district/county level efforts
- 36% are involved in country level efforts
- 29% are involved in global level efforts,
- 7% are involved in multi-country efforts
- 7% are involved in advocacy for implementation.

Barriers to implementing single-dose HPV vaccine programs:

When asked to rate the factors limiting the implementation of single-dose HPV vaccination programs, the following answers were given:

- 57% of organizations reported that a lack of clear guidelines at the country level hindered single-dose vaccination programs within country
- 57% reported that programs were limited by a lack of clear implementation transition strategies
- 29% reported that barriers to securing policy change were inhibiting the shift to single-dose schedules
- 21% reported that lack of support/political will from within the Ministry of Health and lack of clear guidelines at the global level are limiting implementation

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Two respondents from Nigeria reported that, rather than struggling with the move to single-dose, a shortage of HPV vaccine doses was a more pressing issue.

Most common questions regarding single-dose:

When asked about the most common questions they hear regarding the shift to single-dose schedules, our respondents shared a range of answers:

- 64% reported questions regarding the effectiveness of single-dose
- 36% reported questions on what the shift will mean for countries where the Ministry of Health has committed to two doses of HPV
- 36% reported questions asking which countries are switching to single-dose and which will stay with two doses
- 29% reported questions surrounding the policy changes needed to proceed with the shift to single-dose
- 29% reported questions about what single-dose recommendations mean for specific groups (i.e. girls over 14, boys, people living with HIV or AIDS).
- 21% reported questions about whether the change to single-dose is driven only by the opportunity to save costs
- 21% reported questions on whether the single-dose recommendation applies to all vaccines on the market

64%
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Additional answers submitted for the question were as follows:

- What is the implication for individuals who have started the schedule but are waiting to complete (due to lack of availability)?
- Countries seem supportive in switching to one dose. We have not seen many questions related to the evidence and countries are pretty clear.
- The biggest question we're getting is on actual implementation (e.g. how can countries prepare for the switch and many are waiting on what Gavi's policies/support will be)
- Insufficient knowledge
- Not much information is being shared

Recommended key actions for CCAE to take in 2023 to support the transition to single-dose schedules:

- 85% want CCAE to **support one-dose advocacy and communication efforts** (i.e., development of coordinated and consistent messaging and dissemination)
- 78% want CCAE to use its **website and blog to share best practices on single-dose implementation** from governments and NGOs around the world
- 71% would like **technical tools** to support single-dose implementation. For example, modeling tools to understand the impact of single-dose programs on elimination efforts.
- 57% would like CCAE to support with policy changes toward single-dose i.e., support with legislative modifications/development of guidelines
- 42% would appreciate regular networking calls with organizations working on single-dose

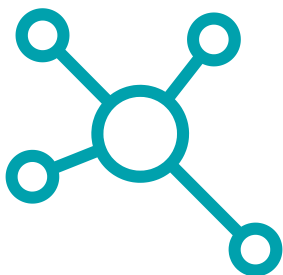
85%
want coordinated and consistent messaging on single-dose

Additional ideas were suggested by respondents, as follows:

- 'One dose is self selling at least to low resource settings where I practice. Except if there is evidence to suggest one dose is inferior to two-doses, the migration to one dose will require little or no effort.'
- 'Include organizations that are not doing the one dose HPV so long as they are in cancer programming'

Recommendations of other organizations to connect with:

When survey respondents were asked which other organizations they believe CCAE should connect with in efforts to support civil society with single-dose, the following suggestions were given:



- Bangladesh Society of Radiation Oncologists BSRO
- CBCHS
- CHIC
- CHOICES
- FOGSI (The Federation of Obstetric and Gynaecological Societies of India)
- Gavi, the Vaccine Alliance
- Governmental Departments
- Healthy Caribbean Coalition
- IAP (Indian Academy of Pediatrics)
- JSI
- Medicaid Cancer Foundation
- Nigerian Cancer Society
- PATH
- WHO's SAGE (Strategic Advisory Group of Experts on Immunization)
- UNICEF
- Vaccine manufacturers

Additional thoughts regarding single-dose or cervical cancer elimination:

Respondents were given the opportunity to share any additional thoughts they had regarding single-dose or cervical cancer elimination. The following responses were given:

- 'Cost has been a huge hurdle in implementing the vaccination policy in a low income country like India. A single-dose brings down the cost to be borne by the State and/or Centre and that fact cannot be stressed enough.'
- 'Provide tools and guidelines on one dose vaccination that will help in implementation and dissemination of the one dose HPV vaccine'
- 'There is a need to have a mechanism to synchronize efforts towards achieving cervical cancer elimination by developing M&E tools that can be integrated across the varieties of stakeholders involved in cervical cancer elimination'
- 'There is a need to power up advocacy and the support government on policy change.'

Reflections on survey results:

Although the sample size was not large, the survey results echo concerns and requests that many civil society actors - throughout the cervical cancer community - are sharing in the lead-up to an official change in HPV vaccination dosage guidelines from the WHO.

Primary prevention has the power to save generations from HPV-related cancers, and with the cost reductions that are likely to come from a shift to single-dose, it is hoped that immunization against HPV will be more accessible than ever before. However, it is crucial that the change in dosing guidance is packaged with measures that will protect and expand the gains already made in HPV vaccination coverage.

These measures should include messaging to minimize efficacy concerns for parents, caregivers, vaccine recipients and physicians. Messaging should also communicate the broader benefits that a shift to single-dose may have on progress towards cervical cancer elimination goals.

Additionally, implementation guidelines on clear transition strategies will be integral to a smooth transition between regimens, and to address any potential confusion around dosing for specific populations (such as older cohorts and people living with HIV).

CCAIE is committed to supporting the network in this shift. What this support will look like, as well as CCAIE's wider strategy for 2023, will be planned and shared in the first quarter of 2023.

Learn more about CCAIE at www.cervicalcanceraction.org
Contact us at CCAIE@cancer.org or on twitter at [@CCAENetwork](https://twitter.com/CCAENetwork)