



NEWSLETTER

Fourth Edition, September 2011



PROGRAM STATUS

As of September 1, 2011, 804,800 doses of GARDASIL have shipped to 18 participants in 16 countries, enough to vaccinate more than 268,000 eligible girls.

Latest News

- **The GARDASIL Access Program Welcomes New Participants:** Following the July 2011 Advisory Board meeting, a number of new applicants were recommended for participation in the program. Stay tuned to the GARDASIL Access Program website to learn more about these newly approved participants.
- **Two New Additions to the GARDASIL Access Program Website:** Learn more about the participating organizations and institutions that have completed or are currently implementing HPV vaccination projects supported by the GARDASIL Access Program in the new [Project Details](#) page. Also, explore the [Online Advocacy Kit](#), a new digital resource featuring downloadable materials and information from participants.

GARDASIL Access Program Hosts Panel at the 1st Global Summit on Women’s Cancers in Africa

From September 1-2, 2011, delegates from all over the world came together in Addis Ababa, Ethiopia during the 1st Global Summit on Women’s Cancers in Africa to draw attention to the growing burden of women’s cancers in Africa in preparation for the upcoming UN High Level Meeting on Prevention and Control of Non-Communicable Diseases to be held in New York City from September 19-20.



GARDASIL Access Program participants from Cameroon, Lesotho and Uganda advanced the discussion during the summit by sharing operational experiences and lessons learned from their HPV vaccination projects. Below you will find a summary of the panelist’s key findings:



CAMEROON (Cameroon Baptist Convention Health Board)

- Seek government buy-in well ahead of time.
- Evaluate potential effectiveness of various venues for vaccination.
- Source funding for administrative cost at the onset.
- Information, Education and Communication (IEC) materials must educate recipients on the need to complete all three doses on schedule.
- Peer tracing: Consider every vaccinated girl as a potential contact person for other girls lost to follow-up.

LESOTHO (Ministry of Health & Social Welfare)

- Resource mobilization is required for sustaining the program, hence why it is important to sensitize parliamentarians as a means of making it easier to secure financial support.
- IEC plans should include continuous social mobilization via radio, television and print before and during implementation. Churches are a strong way to reach many people in the community.
- Teachers were encouraged by parents who had been educated on the benefits and risks of vaccination during community gatherings.
- Implementation is easier when integrated with the EPI, as existing structures for cold chain management can be used. Implementation costs also decrease after the first year.
- Networking with development partners facilitates provision of continued support.

Please see page 2 for lessons learned from Uganda (Mildmay Uganda).

UGANDA (Mildmay Uganda)

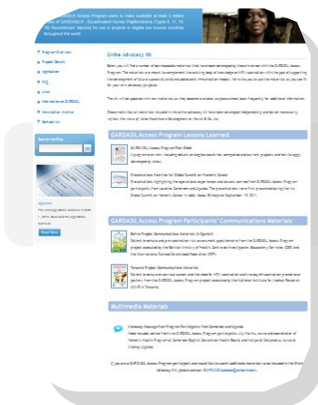
- The vaccine was readily accepted by both the carers and girls. Sensitization talks enabled the carers and children to understand the benefits and risks of vaccination.
- Training of doctors, nurses and counselors on the vaccine, benefits and risks, management of side effects and cold chain management was coordinated with PATH, the Uganda Women Health Initiative (UWHI) and the Uganda National Expanded Programme on Immunization (UNEPI).
- Use HPV vaccination days to encourage cervical cancer screening for adults:
On vaccination days, female carers escorting the girls were also screened for cervical cancer using the VIA method and for breast cancer using the palpation method.



As we near the upcoming United Nations High Level Meeting on Prevention and Control of Non-Communicable Diseases, the experiences and lessons learned from GARDASIL Access Program participants and other HPV vaccination initiatives worldwide provide the tools and evidence base to:

- Demonstrate need and acceptability for HPV vaccination in lowest income countries around the world
- Encourage national support by demonstrating that HPV vaccination is feasible and achievable in a variety of low-income settings
- Emphasize importance of operational experiences in establishing effective HPV vaccination programs
- Inform and guide the development of successful child and adolescent immunization models in other countries within sub-Saharan Africa and beyond

The GARDASIL Access Program would like to thank the Princess Nikky Breast Cancer Foundation for bringing attention to this critical women's health issue and for providing participants from Cameroon, Lesotho and Uganda an opportunity to share their operational country experiences to encourage key stakeholders within Africa and beyond to continue to bring women's cancers to the forefront of the global public health agenda.



Online Advocacy Kit Launches

Kit contains a collection of downloadable materials developed by program participants

In support of the GARDASIL Access Program's mission to contribute to the public knowledge base on HPV vaccine access and child/adolescent immunization models in lowest income countries, an Online Advocacy Kit is now live on our website to disseminate the operational experiences and lessons learned from program participants.

The Online Advocacy Kit includes a number of downloadable materials, including complete presentations and a video from the recent 1st Global Summit on Women's Cancers in Africa. We invite you to use the materials as you see fit for your own purposes.

The kit will be updated with new materials as they become available, so please check back regularly for additional information. Click [here](#) to explore the kit.

About the Program

The GARDASIL Access Program is making available at least three million doses of GARDASIL [Human Papillomavirus Quadrivalent (Types 6, 11, 16, 18) Vaccine, Recombinant] to qualifying organizations and institutions for use in approved HPV vaccination projects in developing countries. The 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.

The GARDASIL Access Program is made possible by a pledge from Merck & Co., Inc. [Whitehouse Station, New Jersey, U.S.A.] 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. **To learn more about the GARDASIL Access Program, visit www.gardasilaccessprogram.org.**

How to Apply
The application form may be downloaded at www.gardasilaccessprogram.org or requested via email to GARDASILaccess@axiosint.com

