

GARDASIL® Access Program

Enabling 21 countries to gain experience designing and implementing HPV vaccination projects

Cervical Cancer in the Developing World: A Preventable Burden

Nearly 530,000 women are diagnosed with cervical cancer and 266,000 die of the disease each year. Approximately 85 percent of cases occur in resource-poor countries¹. Despite the availability of HPV vaccines since 2006, access to the vaccine in developing countries remained limited due to cost and other logistical barriers.

Unlike many routine child immunizations, HPV vaccination targets adolescent females, an often difficult-to-reach patient population in the health system. Furthermore, multiple doses over the course of several months are required to achieve full protective efficacy, which can complicate patient follow-up.

An Axios and Merck & Co. Collaboration

Mindful of these barriers to cervical cancer prevention, Merck & Co., Inc. sought expertise from Axios to develop a strategy to build country

capacity and increase access to the HPV vaccine in resource-limited settings.

As a result, Axios launched the Gardasil Access Program (GAP) in 2007, supported by Merck's pledge to donate vaccine doses to qualifying organizations in developing countries, including Ministries of Health and non-governmental organizations.

The Program, which was managed by Axios with strategic advice from the independent Gardasil Access Program Advisory Board, enabled organizations and institutions in eligible lowest-income countries to gain operational experience designing and implementing HPV vaccination projects, with the goal of supporting the development of child/adolescent immunization models.

Axios screened potential grantees to ensure that the adequate infrastructure and processes were in place to implement the vaccination campaign effectively.



Figure 1. Countries that participated in the Gardasil Access Program

Through its subsidiary, Axios Healthcare Development, Axios also handled all aspects of supply chain management to safeguard that the donated product reached eligible patients, while helping to minimize drug expiry issues, excess inventory and stock-outs.

To drive sustainability, once approved, grantees were responsible for the implementation of their own project, including design, operations and reporting, with ongoing technical support from Axios. Following changes to the HPV vaccine landscape, GAP closed to new projects as of August 2012. Commitments to already-awarded projects were honored until completion of such projects.

Measuring and Sharing Results

As of the end of the Program, GAP reached more than 445,000 girls in 21 countries, several of which have gone on to implement

independent national programs or GAVI-supported demonstration or national programs.

To contribute to the global knowledge base on HPV vaccination, a review of eight program involved in the Gardasil Access Program was published in *BMC Public Health* in May 2012ⁱⁱ. Furthermore, a comprehensive analysis of the performance of 21 programs implemented from 2009 - 2013 was published in 2014ⁱⁱⁱ.

The burden of cervical cancer remains at the forefront of issues affecting women in the developing world. Through GAP's leadership, countries have gained valuable experience implementing HPV vaccination projects. From Africa to Asia and Latin America, these experiences provide helpful lessons learned around HPV vaccine delivery in developing country settings and will continue to play a valuable role as countries consider larger-scale implementation.

ⁱ Cervical Cancer Estimated Incidence, Mortality and Prevalence Worldwide in 2012. GLOBOCAN. <http://globocan.iarc.fr/old/FactSheets/cancers/cervix-new.asp>

ⁱⁱ Assessment of eight HPV vaccination programs implemented in lowest income countries. *BMC Public Health* 2012, 12:370.

ⁱⁱⁱ Performance of 21 HPV vaccination programs implemented in low and middle-income countries, 2009–2013. *BMC Public Health* 2014, 14:670.