

## Policy Brief

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Title of research	Focus on HPV in Fiji: Exploring the success of the HPV vaccination programme in Fiji
Location of research	Fiji

### Research context and issue

In 2008 Fiji implemented a nationwide HPV pilot vaccine campaign before putting the vaccine onto their national schedule in 2013. The 2008 pilot appears to have had a more successful uptake than most, including those in developed countries in the region. The HPV vaccination was then introduced to their national immunisation schedule in 2013 and continued to have had high coverage rates. This research explored the effectiveness of this vaccination programme and the role of health promotion was within this.

Human Papillomavirus (HPV) is described as the “common cold of being sexually active” and most people have been exposed to HPV within five years of becoming sexually active (hpv.org.2020). HPV can cause different cancers including cervical, anal and pharyngeal. Every two minutes globally, a woman will die from cervical cancer (WHO, 2018, p1). The greatest burden of cervical cancer is in developing countries that have 85% of new cases and 90% of the mortalities. This is a largely preventable cancer with cervical screening and effective vaccination programmes against HPV.

The further issue in developing countries is the barriers to accessing effective cervical screening programmes with the cytology, laboratory resources and a skilled workforce. The most cost effective way of preventing cervical cancer, especially in developing

countries, is through vaccination against HPV (Fitzgerald, 2018,p4).

Within the context of Fiji there is a high burden of cervical cancer. Fiji has a population of 314,337 women aged 15 years and over, and the current estimate is that annually 124 women will be diagnosed with cervical cancer and 94 will die from this disease (Fiji HPV Centre, 2018). Importantly, there are very low smear coverage rates at only 8% of eligible women screened in 2004-2007 (Law, 2013, p174).

Cervical cancer is the second most common cancer for women in Fiji (Sarfati et al, 2019, p481). There is an age standardised cervical cancer incident rate of 51 per 100,000 making it the highest rate in the South Pacific (Foliaki et al, 2014, p2). There is an estimated prevalence of HPV in the community in Fiji of 24%, and local evidence and data indicates that a cervical screening programme alone will not impact on the incidence of mortality from cervical cancer in the near or distant future (Fong, 2016, p135).

### This is an important development issue for the following reasons:

-Vaccination programmes are an important component of the right to health. This is well documented by the Global Alliance for Vaccines and Immunisation GAVI (2014) who state that immunisation is the right thing to do, it gives people the chance to live productive lives and

pull themselves out of poverty. Women who get cervical cancer are affected in many ways, and there are longterm health consequences, that affect their ability to do normal roles and this may increase the triple burden of women.

-Vaccines are a good health buy and have been demonstrated to be one of the most effective and cost-effective health interventions worldwide, preventing approximately 2.5 million deaths each year (Fiji MOH, 2013, p12). There is more costs in treatment of women with cervical cancer vs the prevention of it with a vaccine.

- Health is a major area within the SDGs and there are many interlinkages between the goals. As well as being one of the best buys in global health, GAVI, state immunisation is ... key to achievement of the SDGs. Having access to vaccines and other essential medicines is both a means to achieving the SDGs such as target 3.8, as well as a guided way to ensure progress towards other health related SDGs (Hogan et al, 2018, p152).

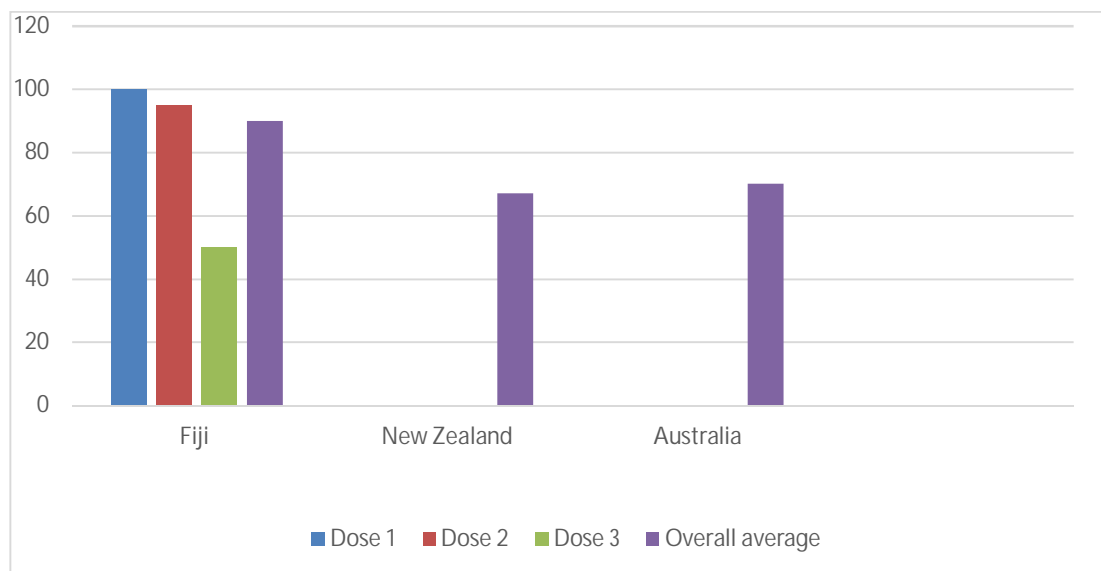
## Findings

The key findings from my research have come from the semi- structured interview with UNICEF, review of policy documents from the Ministry of Health in Fiji, media coverage around HPV , and other secondary sources.

The most important finding relates to the actual success of the vaccination programme in Fiji which is detailed below and also in the graph. The overall coverage rate of HPV vaccination in Fiji is over 90% (Sarfati et al, 2019, p 478). ). What stands out in this data is the high rate of overall coverage in Fiji (> 90%) in comparison to both Australia (70%) and New Zealand (67%) (Sarfati et al, 2019, MOH NZ 2017, Bruni et al 2016).

The table below illustrates the coverage of the first dose of HPV vaccine high at over 100% until 2016, and then there has been some decline in the coverage of the second and third dose (Fiji MOH, 2017).

**Figure 1 Coverage rates for HPV Comparison between Fiji, NZ and Australia 2013-2017**



### Other key findings are:

- The programme was delivered effectively with the key relationships between health and education. This intersectoral approach was used throughout the programme, from planning to implementation, and at all levels from Government to on the ground between the teachers and nurses, the education sector was supportive of the vaccination, this helped assist the implementation in the school community and also provided support and coordinate with the consent forms and getting information to families.

The key agencies and relationships involved in this programme were the Ministry of Health, Ministry of Education, UN, NGOs, UNICEF, the church and respected community leaders.

- Use of trusted community leaders, such as the church and church leaders, to help gain community trust in the vaccine and promote health promotion messages. This programme was delivered with respect to the context it was going into and use of trusted community leaders was key for the programme to be accepted. The nurses were invited to special lunches after church services to discuss the HPV vaccination and importance of it, this then got support of the church to promote it and was more accepted by the community.
- There were initial community meetings held to provide information and education around the vaccination. The main message's used in health promotion had a focus on prevention of cervical cancer vs linking it to a sexually transmitted infection, this may have made it more acceptable as a vaccine in the cultural context of Fiji. This is also problematic through a human rights lens, as informed consent requires full disclosure and in this case it was omitted into the link to STIs.
- There was a variety of ways the health promotion message was done with public meetings, media ads, information at church and due to the collaborative approach between education and health, there was support for any concerns from the community and agencies were able to counter any negative press around the vaccine.

### Implications

For development actors involved in vaccination programmes, key implications include the importance of understanding how Fiji has applied strategies of health promotion (The Ottawa Charter) to their programme and adapting other countries policy to their own context.

1. Build healthy public policy—Commitment to the HPV programme in the MOH Strategic Plan 2020-2025 with National coverage targets at 90%.
2. Create supportive environments—our societies are complex and interrelated-the collaboration between health, education and trusted community leaders in this programme to create a supportive environment.
3. Strengthen community action—community information meetings were held to allow for information sharing, discussion and support from teachers and nurses.
4. Develop personal skills—Pamphlets, community meetings, improved health literacy with information given appropriately.
5. Re-orientate health services—Health promotion shared among tertiary and primary levels and in the community.

### Other factors agencies could consider would be :

- HPV vaccination programmes are a good example of the intersection between health and sexual health rights and helps to counter the 'Silo' that sexual and reproductive rights have been in by themselves. There is a need for more understanding that SRHR is core to people's health and wellbeing, instead of it being seen as a separate issue.
- The strong collaboration between education, health and community sectors, has been crucial to this programme's success.
- The knowledge of the community and culture a programme is being delivered into, in Fiji there was a understanding of the respect that the church held and that their support would benefit the uptake of the vaccine.

### Limitations and further research

The limitations to this research findings are significantly around how the political landscape of Fiji had an impact of the success of this programme. This was not able to be explored to a great depth for this 60 Credit research and with my lack of Pacific research knowledge.

Also the lack of Field work due to COVID 19 restrictions has meant limited data from interviews

A final limitation that could be explored is the issue of young people and consent for HPV vaccinations and this is an important issue that needs more attention, young people under the age of 16 years are able to consent to treatment for an STI but not to the prevention of one with an HPV vaccination. Most HPV programmes require parental consent and HPV can have lifelong consequences, should young people be more involved in this process?

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