

## **UNFPA to make it easier for countries to purchase cryotherapy equipment**

The United Nations Population Fund (UNFPA), in its role of United Nations procurement agency for reproductive health, has added cryotherapy equipment to its catalog. This will make it simpler for countries, nongovernmental organizations, and other partners to buy quality equipment for their cervical cancer prevention programs.

The equipment cannot yet be procured through the catalog because it is still being evaluated for pricing. But the evaluation will be completed soon, and the equipment will be available thereafter. The UNFPA catalog can be accessed at [www.myaccessrh.org](http://www.myaccessrh.org).

## European Union approves Gardasil® to prevent anal cancer

The European Commission has recently granted marketing authorization for the use of Gardasil® human papillomavirus (HPV) vaccine for the prevention of anal precancerous lesions and anal cancers causally related to certain oncogenic human papillomavirus types in males and females. The vaccine was approved by the US Food and Drug Administration for this indication in December 2010.

## The HPV Vaccination in Japan—Issues and Options

[http://csis.org/files/publication/140514\\_Wilson\\_HPVVaccination\\_Web.pdf](http://csis.org/files/publication/140514_Wilson_HPVVaccination_Web.pdf)

This report from the Center for Strategic and International Studies Global Health Policy Center explores how Japan's response to HPV vaccine concerns has been perceived across the globe and illustrates examples in other countries that have faced similar challenges. The paper concludes with recommendations to the Japanese government.

## GAVI fact sheet on HPV vaccine programs

The GAVI Alliance recently updated its information about applying for HPV vaccine support ([file:///C:/Users/HIGMY8/Downloads/HPV\\_OnePager.pdf](file:///C:/Users/HIGMY8/Downloads/HPV_OnePager.pdf)).

GAVI has also updated its HPV vaccine infographic (<http://www.gavialliance.org/Support/NVS/HPV/HPV-vaccine-infographic-2014/>).

## WHO/IARC guidance: Planning and Developing Population-Based Cancer Registration in Low- and Middle-Income Settings

<http://www.iarc.fr/en/publications/pdfs-online/treport-pub/treport-pub43/index.php>

This document provides technical advice to planners and health specialists in low- and middle-income countries wishing to implement and develop cancer registries to inform cancer control policy.

The Lancet also published an editorial welcoming these new guidelines: "Making cancer data count."

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)60939-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60939-9/fulltext)

## New in the literature

Lessons learned from HPV vaccine delivery in low-resource settings and opportunities for HIV prevention, treatment, and care among adolescents

Tsu VD, Cernuschi T, LaMontagne DS. *JAIDS*. 2014;66(Suppl 2):S209-S216. doi: 10.1097/QAI.000000000000175.

From the abstract: Careful planning, good coordination across sectors and levels, and sensitive attention to the expressed needs for information and preferences for communication channels among youth, parents, and communities were among the key lessons that are relevant for HIV interventions... Applying or adapting these lessons to adolescent HIV services could accelerate effective program design and enhance success.

Qualitative study of the feasibility of HPV vaccine delivery to young adolescent girls in Vietnam: evidence from a government-implemented demonstration program

LaMontagne DS, Nghi NQ, Nga LT, et al. *BMC Public Health*. 2014 June 5;14:556. doi:10.1186/1471-2458-14-556.

From the abstract: HPV vaccine delivery at schools or health centers was made feasible by: a. close collaboration between the health and education sectors, b. detailed planning for implementation, c. clearly defined roles and responsibilities for project implementers, d. effective management and supervision of vaccinations during delivery, and e. engagement with community organizations for support. Both the health and education systems were temporarily challenged with the extra workload, but the disruptions were short-lived (a few days for each of three doses) and perceived as worth the longer-term benefit of cervical cancer prevention.

Acceptability of self-collection sampling for HPV-DNA testing in low-resource settings: a mixed methods approach

Bansil P, Wittet S, Lim J, Winkler JL, Paul P, Jeronimo J. *BMC Public Health*. 2014 June 12;14:596. doi:10.1186/1471-2458-14-596.

From the abstract: Self-and vaginal-sampling are widely acceptable among women in low-resource settings. Providers have a unique opportunity to educate and prepare women for self-sampling and be flexible in accommodating women's preference for self-sampling.

Acceptability of self-collected versus provider-collected sampling for HPV DNA testing among women in rural El Salvador

Rosenbaum AJ, Gage JC, Alfaro KM, et al. *International Journal of Gynecology & Obstetrics*. 2014;126(2):156–60. doi: 10.1016/j.ijgo.2014.02.026.

From the abstract: Self-sampling was found to be acceptable, therefore screening programs could consider offering this option either in the clinic or at home. Self-sampling at home may increase coverage in low-resource countries and reduce the burden that screening places upon clinical infrastructure.

Costs of introducing and delivering HPV vaccines in low and lower middle income countries: inputs for GAVI policy on introduction grant support to countries

Levin A, Wang SA, Levin C, Tsu V, Hutubessy R. PLoS One. 2014;9(6):e101114.

doi:10.1371/journal.pone.0101114.

From the abstract: This paper describes the data and analysis shared with GAVI policymakers regarding GAVI HPV vaccine support. It reviews why strategies and costs for HPV vaccine delivery are different from other vaccines and what is known about the cost components.

Cost-effectiveness of female human papillomavirus vaccination in 179 countries: a PRIME modelling study

Jit M, Brisson M, Portnoy A, Hutubessy R. The Lancet Global Health. 2014;2(7)e406–e414.

doi:10.1016/S2214-109X(14)70237-2.

From the abstract: Large between-country disparities exist for HPV vaccination, with countries with the most to gain yet to introduce national HPV vaccination. Support from the GAVI Alliance could help to reduce such disparities, but a substantial burden will remain even after presently projected vaccine introductions.