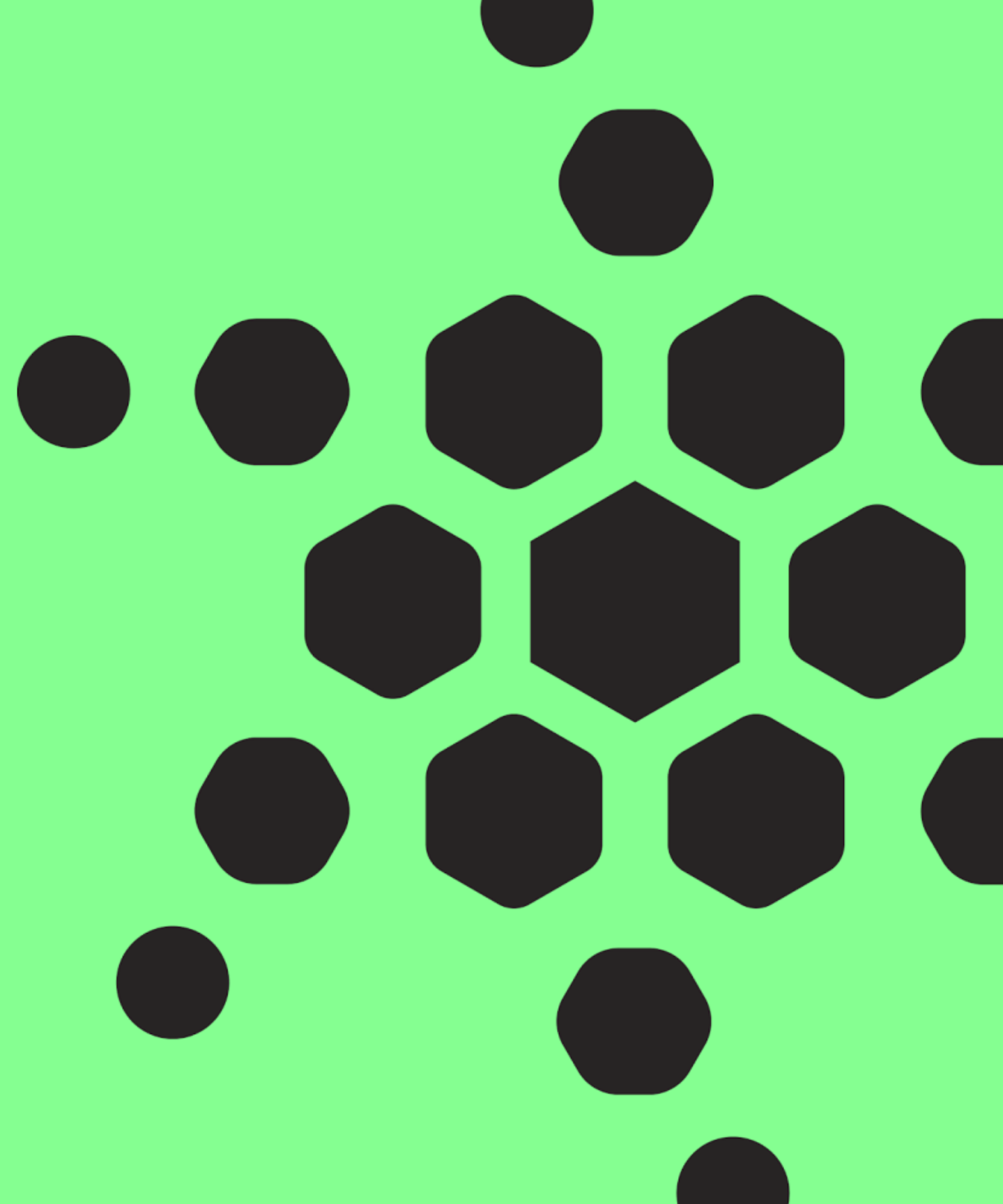


6 Nov 2025



**HPV Evidence Partnership:**  
***Advancing Equity for Adolescent***  
***Girls***

Fumane Lekoala - Future Evidence Foundation



# Alliance for Living Evidence (Alive)

WHAT WE DO

## Turning the best research into real-world solutions

### EVIDENCE PARTNERSHIPS

**Evidence-informed solutions to urgent problems.**

We rapidly synthesise emerging research to guide decision-making for specific issues with a focus on implementation across diverse contexts.

### TECHNICAL ASSISTANCE

**Faster, more rigorous policy and practice guidance.**

We provide the technology, methodologies, and expertise that governments, nonprofits, and multilaterals need to produce fast, efficient, and reliable guidance.

### GLOBAL LEARNING

**Innovation in evidence production and use.**

We facilitate a global exchange of the latest research, best practices, and technologies to make evidence production and use more innovative, efficient, and equitable.

# The Public Health Crisis

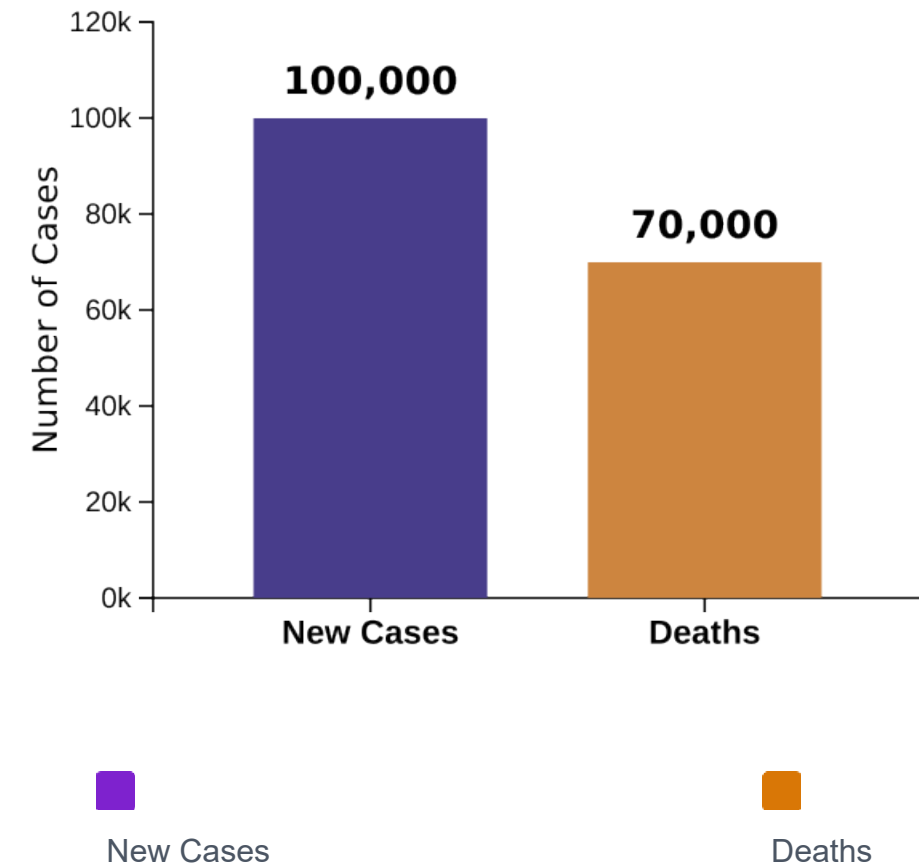
## ⚠️ Cervical Cancer in Africa

Cervical cancer represents a significant public health crisis in sub-Saharan Africa, standing as the leading cause of cancer deaths among women in the region.

*"This tragic reality is particularly poignant given that the disease is largely preventable through Human Papillomavirus (HPV) vaccination."*

**i** Annually, this preventable disease accounts for over 100,000 new cases and 70,000 deaths in sub-Saharan Africa alone.

### Cervical Cancer Mortality in sub-Saharan Africa



**🛡️ Preventable with HPV Vaccination**

## This global strategy to eliminate cervical cancer proposes:

- a vision of a world where cervical cancer is eliminated as a public health problem;
- a threshold of 4 per 100 000 women-years for elimination as a public health problem;
- the following 90-70-90 targets that must be met by 2030 for countries to be on the path towards cervical cancer elimination:

**90%**

of girls fully vaccinated  
with HPV vaccine by  
age 15 years.

**70%**

of women are screened  
with a high-performance  
test by 35 years of age and  
again by 45 years of age.

**90%**

of women identified with cervical  
disease receive treatment  
(90% of women with precancer  
treated, and 90% of women  
with invasive cancer  
managed).



Global Map area

Country profile area

Coverage Analysis  
Global/Regional

Effectiveness studies

WHO REGION	
AFR	EUR
AMR	SEAR
EMR	WPR

Last update:  
10/28/2025 8:21:52  
AM

Meta data

Global Status

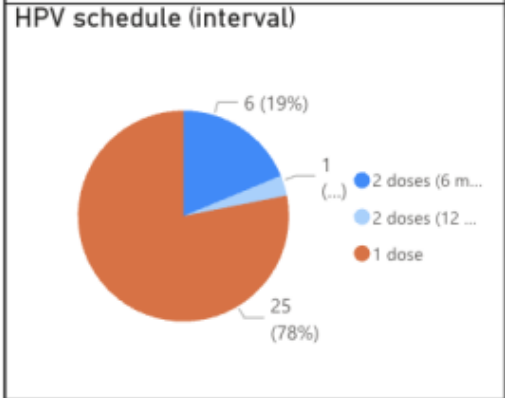
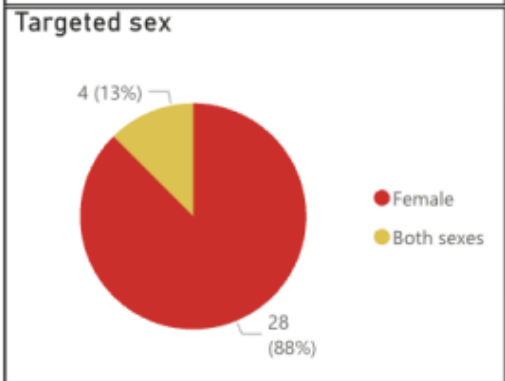
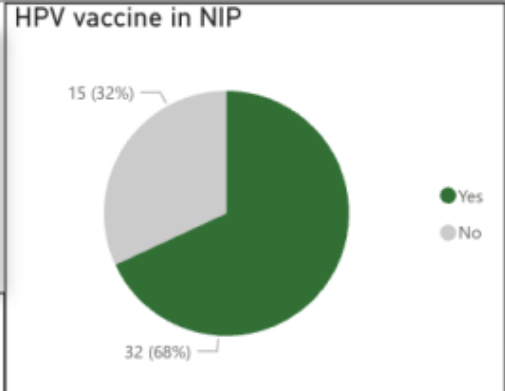
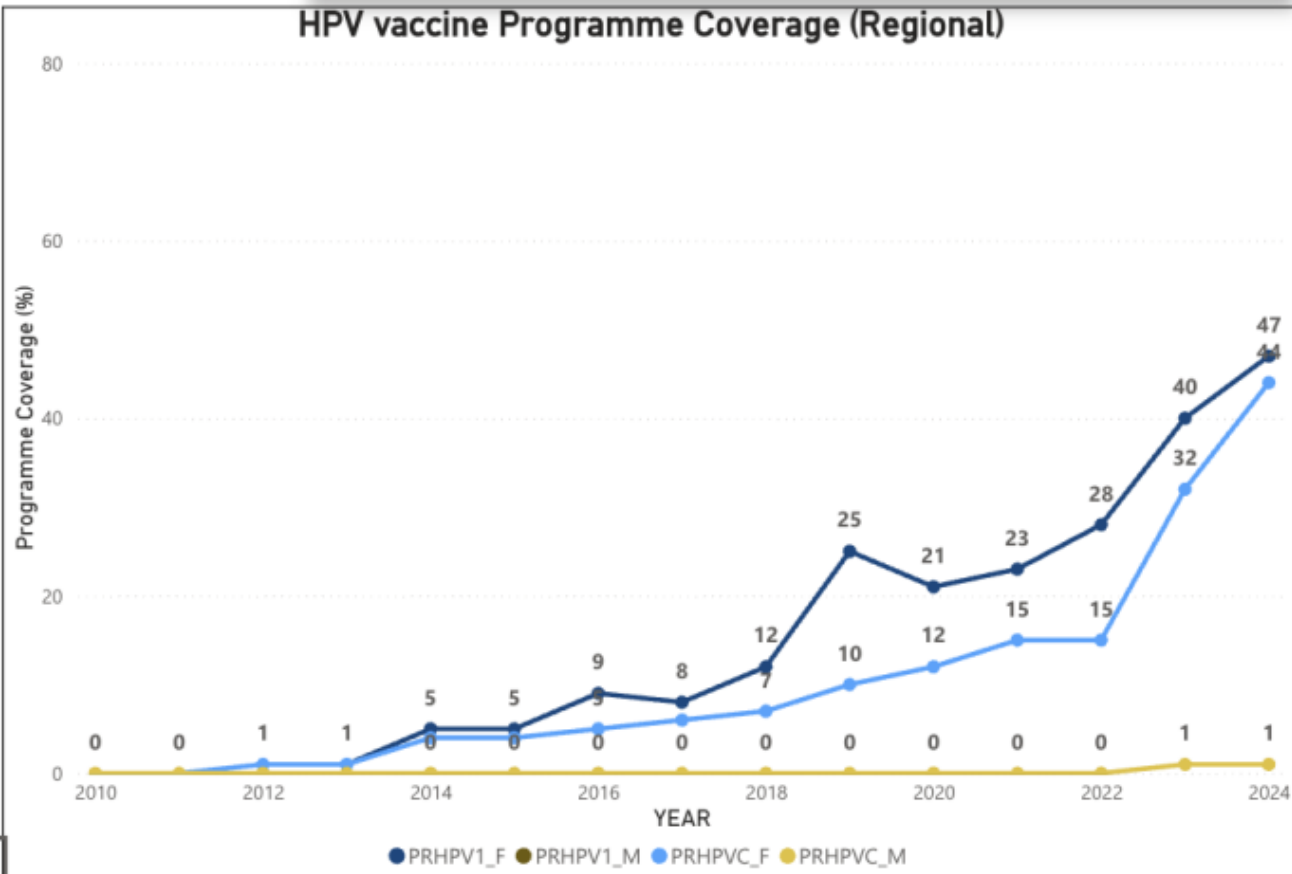
WHO region

WB income level

### Regional HPV programme status

32 out of 47 Member States have introduced HPV vaccine into NIP

47 % of girls have received at least one dose in the region



1 DECISION MAKING



2 SINGLE DOSE SCHEDULE



3 PLANNING AND PREPARATION



4 COMMUNICATIONS, SOCIAL MOBILISATION  
AND DEMAND GENERATION



5 TRAINING



6 IMPLEMENTATION



7 DATA AND MONITORING AND EVALUATION



8 GENDER AND EQUITY AND INTEGRATION



# Key Barriers to Equitable Access

Despite the availability of an effective vaccine, several critical barriers impede equitable access to HPV vaccination for adolescent girls across Africa:



## Delayed Vaccine Introduction

Many countries have experienced substantial delays in integrating HPV vaccination into their national immunization programs.



## Subnational Inequities

Significant disparities exist within countries, leading to extremely low coverage in remote and hard-to-reach areas.



## Exclusion of Out-of-School Girls

School-based vaccination programs, while effective for enrolled students, systematically miss adolescent girls who are not part of the formal education system.



## Stigma and Misinformation

Persistent myths and misconceptions surrounding adolescent vaccination and reproductive health contribute to reluctance and hesitancy among communities.



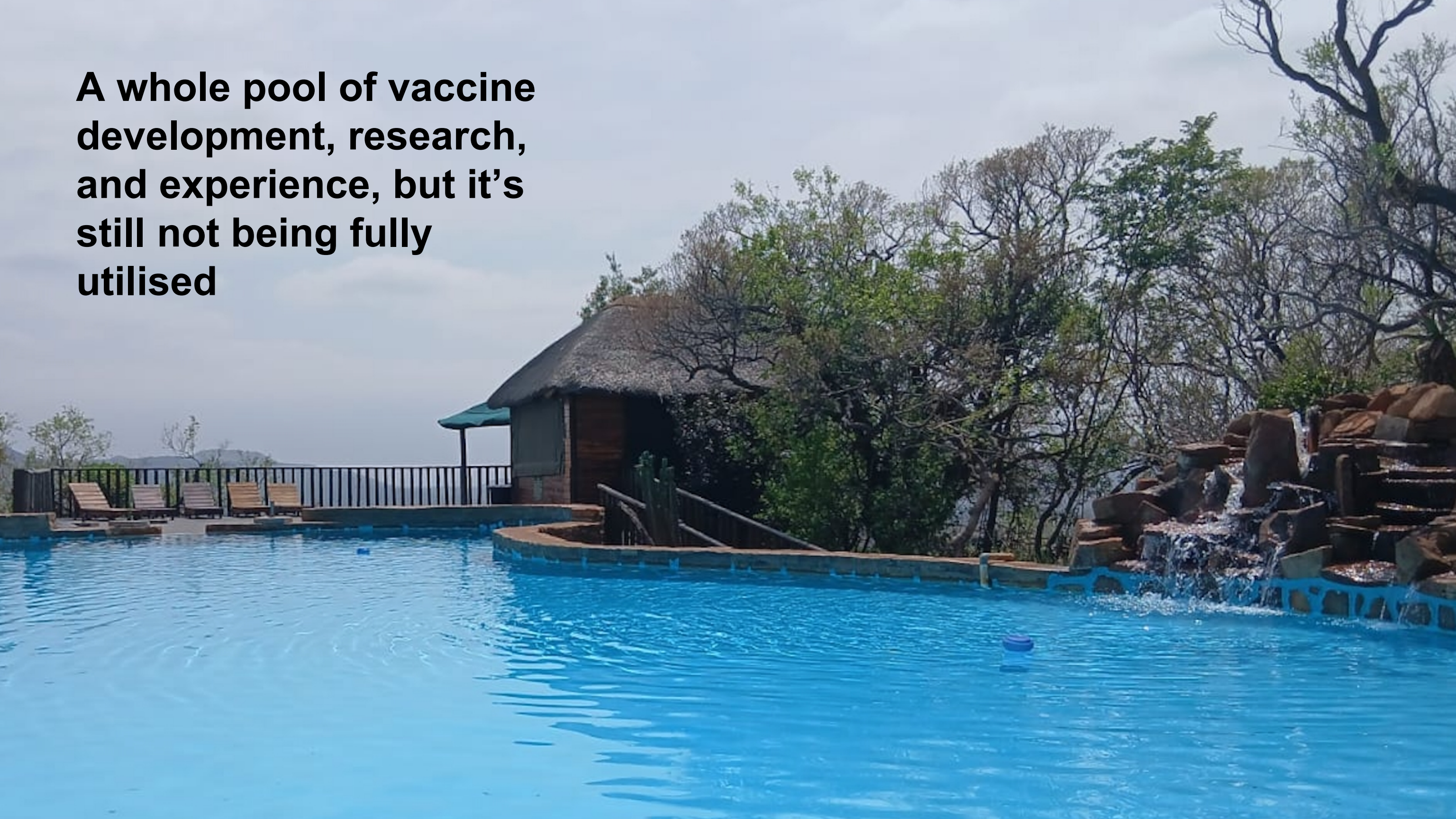
## Parental Consent Hurdles

Complex or overly restrictive parental consent processes often create obstacles, limiting timely vaccination access for eligible girls.



Addressing these barriers requires coordinated efforts across multiple sectors, including health, education, and social services.

**A whole pool of vaccine  
development, research,  
and experience, but it's  
still not being fully  
utilised**



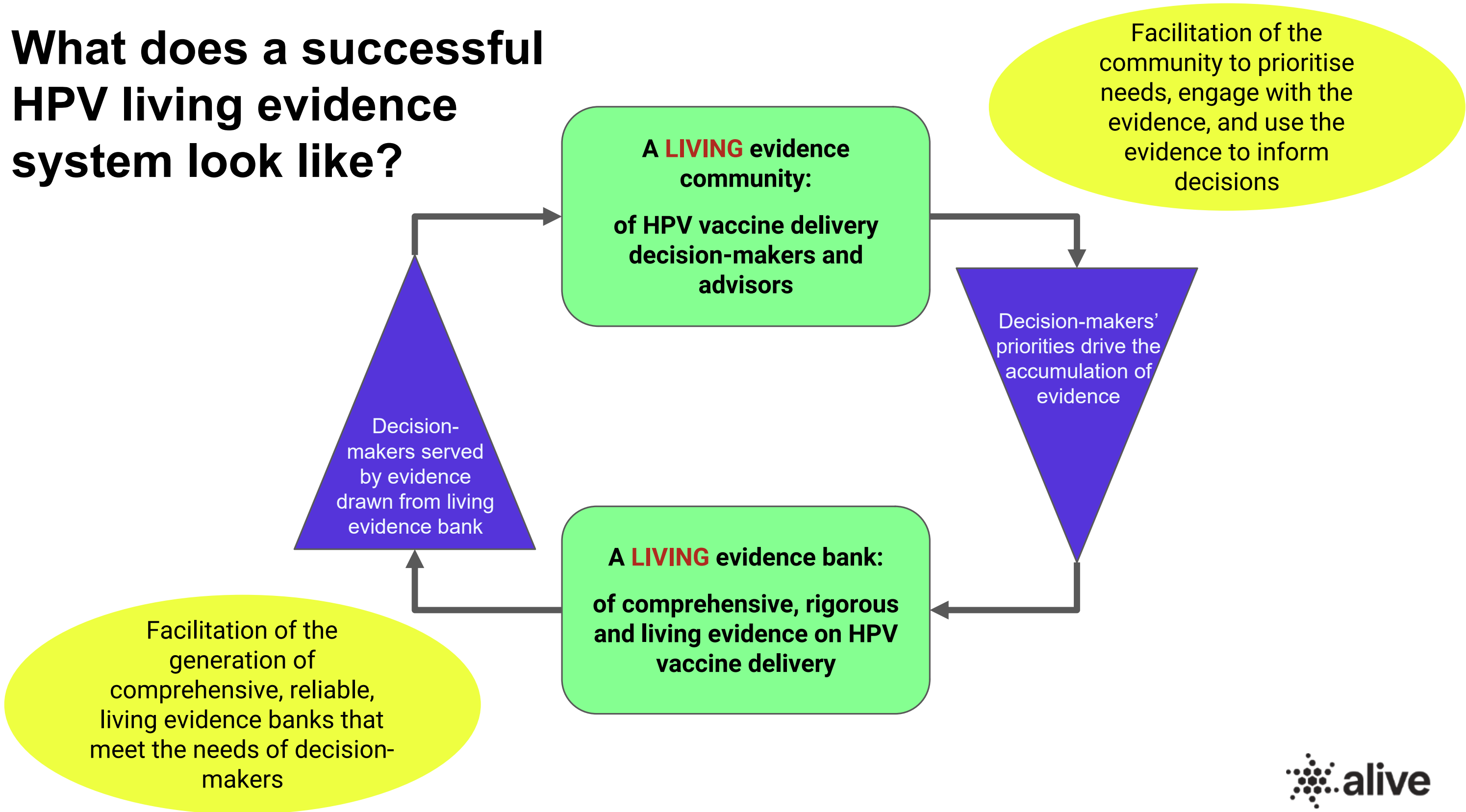
# The HPV Evidence Partnership

**Mission:** Strengthen the HPV vaccine evidence ecosystem to enable high, sustainable, and equitable coverage

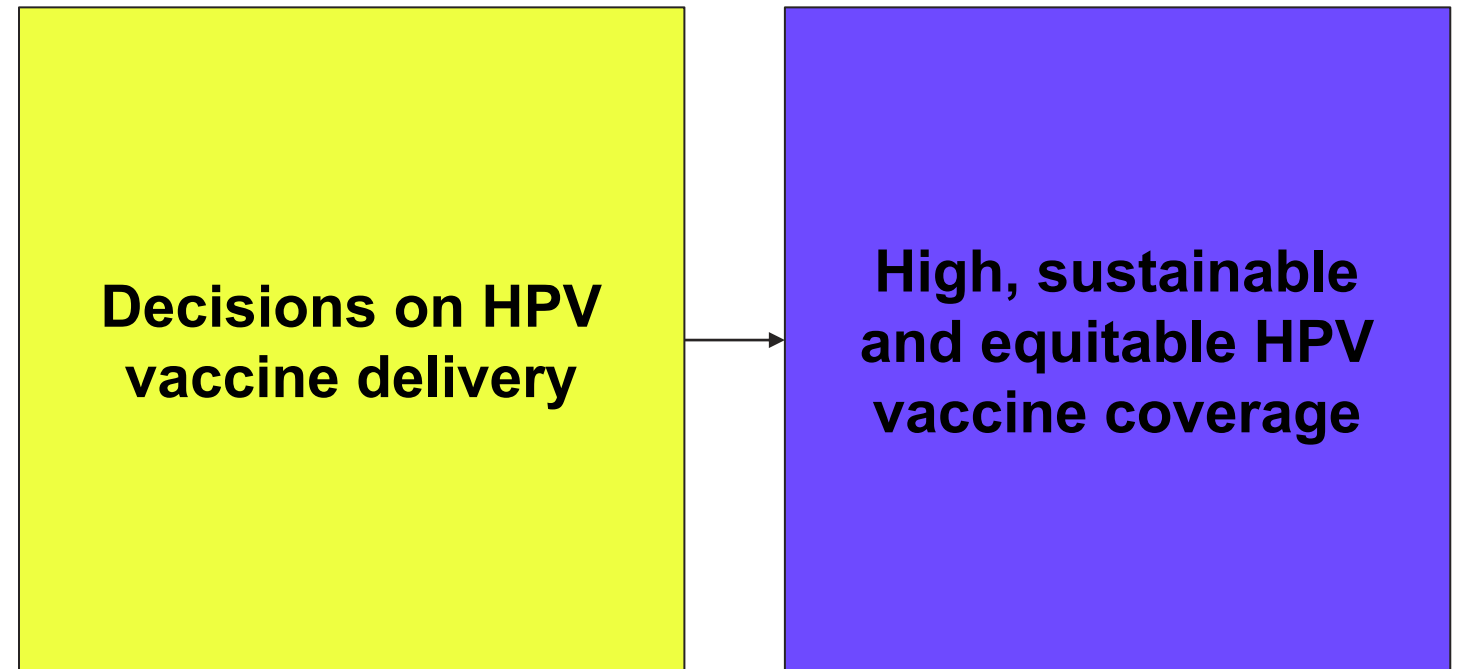
**Goal:** Ensuring decision-makers have the evidence they need

**Partners:** Country HPV vaccine delivery decision-makers and advisors

# What does a successful HPV living evidence system look like?



# Decision-making



# The gap

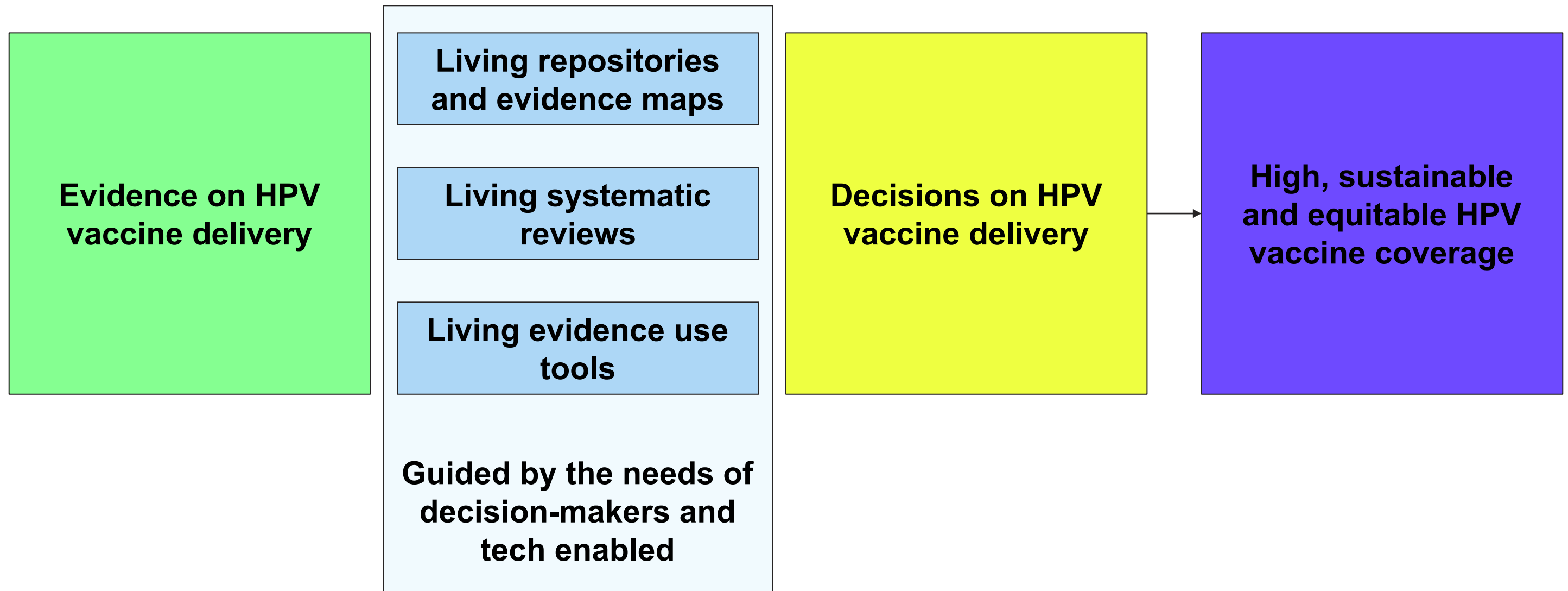
**Evidence on HPV  
vaccine delivery**

**Decisions on HPV  
vaccine delivery**

**High, sustainable  
and equitable HPV  
vaccine coverage**



# HPV living evidence bank



# Structures within the evidence community

**Steering Group:**  
LMIC government  
HPV vaccine delivery  
decision-makers and  
advisors

**Advisory Group:**  
Strategic alignment,  
includes global and  
regional stakeholders

**Tactical Team:**  
Reviews, synthesis,  
mapping

# Steering Group established and... expanding!

## Rationale:

- Regional **balance across Africa**, with a view to South Asia
- **Varied program maturity** (introduction, re-introduction, scale-up)
- Delivery **complexity and innovation potential**
- **Evidence-driven leadership** and governance readiness

## Highlights:

- Monthly meetings
- Consultation process planned with RITAG/NITAGs
- Engaging VACFA

## Country engagement:

- Ethiopia, Lesotho, Liberia, Rwanda, Kenya, India, Uganda - *Engaged*
- Morocco, Nigeria, Côte d'Ivoire, (Pakistan) - *Outreach stage*
- Expansion open for more countries

# Living evidence system

## Progress:

- Built a repository and systematic map  
Will grow, and be updated routinely
- Started to identify living synthesis topics

## Insights:

- Ingoing hypotheses that the system we build can be trustworthy, up-to-date and relevant

## Next steps:

- Deeper engagement to enhance usability and visibility
- Lean into AI

## How you can input:

Invitation for an in-depth demo on the repository and map

- a) Insights on the living evidence system we are trying to build, particularly in relation to its relevance and trustworthiness
- b) Advise us to make these better - scope, content, UI, etc.
- c) Participation in the partnership: AG, SG and TG

[Home](#)[All records](#)[Logout](#)[List records](#)[Frequencies](#)

#### ▼ Data extraction

- ▶ Country or regional focus
- ▶ Continent
- ▶ World Bank Region
- ▶ World Bank Income Group
- ▶ Thematic Focus
- ▶ Study design
- ▶ Vaccine Schedule
- ▶ Delivery Dose
- ▶ Special Populations
- ▶ Age of study participants
- ▶ Sex
- ▶ Delivery strategy
- ▶ Delivery location

## HPV Vaccine delivery in LMICs

An Evidence Map



### Introduction

[View more](#)

#### Version 0.1 - 25th September 2025

##### Overview:

This map (the Map) consists of bibliographic records of research articles on HPV vaccine delivery in low- and middle-income countries published from January 2007 until August 2025.

##### Goal:

To provide a comprehensive evidence repository and maps that identify available evidence and implementation gaps, with the goal of informing policy change and guiding strategic decision-making.

##### Objectives:

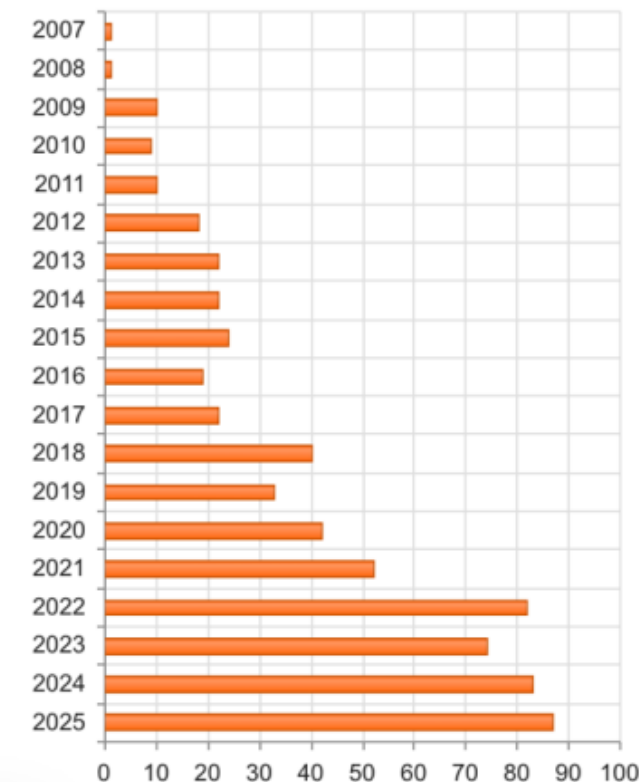
### Evidence and Gap Maps



HPV evidence by thematic focus and country, segmented by World

[+ Details](#)[View map](#)

### Publications by year

[Bar](#)[Table](#)[Save](#)



Thank you

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[ruth@futureevidence.org](mailto:ruth@futureevidence.org)



