To aid decision-makers, the London School of Hygiene & Tropical Medicine and PATH conducted a review of HPV vaccine delivery experience in 46 low- and middle-income countries. These activities represent 12 national programmes and 66 demonstration projects – some of which implemented multiple delivery strategies – resulting in 92 distinct vaccine delivery experiences.

**PREPARATION**
- Secure high-level political commitment in advance.
- Involve ministries of health, education and finance in planning and preparations.
- Utilise routine vaccination programme systems where possible.
- Integrate planning for HPV vaccine delivery into existing microplanning.
- Transport HPV vaccines to districts and health facilities with other routine vaccines.
- Train health workers and teachers at least two months before vaccination. Include training on how to answer questions and dispel rumours.

**COMMUNICATIONS**
- Communicate key messages: HPV vaccine is safe, prevents cervical cancer and is government-approved.
- Communicate early and in person with parents, girls in and out of school and the wider community. Have a plan for responding to rumours.
- Sensitise teachers, community and religious leaders and private schools early about the programme.
- Implement social mobilisation activities at least one month prior to start of vaccine delivery.
- Use opt-out consent or consent policy consistent with routine vaccination.

**DELIVERY**
- Deliver at school to reach a large percentage of eligible girls.
- Deliver in communities and at health centres to reach girls out of or absent from school.
- Define clearly which girls are eligible for HPV vaccine and how many are in the community.
- Deliver two doses of HPV vaccine at least six months apart.
- Deliver a third dose of HPV vaccine six months after the second dose for girls known to be HIV-positive or immunocompromised.
- Minimise dropouts by delivering all doses within one school year.

**PITFALLS**
- Poor coordination between the health and education sectors.
- A lack of preparation and sensitisation of communities at least a month in advance; underestimating the time needed.
- A lack of delivery strategies to reach out-of-school girls.
- Neglecting to make all religious, community and education leaders aware of the HPV vaccination programme.
- A lack of a crisis communication plan to handle rumours.

---

**FOR MORE INFORMATION:**
www.rho.org/HPVlessons