

TO EXAMINE ETHICAL, OPERATIONAL AND POLITICAL FACTORS SURROUNDING HPV VACCINE POLICY DECISION PROCESS IN INDIA

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DISCLOSURE

- The study is funded by Wellcome Trust in collaboration with Public Health Foundation of India.

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OVERVIEW

I. Background

-Rationale for HPV vaccine in India

II Objective

III Methodology

A. Policy analysis, Qualitative, case study, interviews, location.

B. Data analysis

IV Results

V Summary

-Acknowledgement

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BACKGROUND

- Cervical cancer is **2nd most** frequent cancer in Indian women
- India contribute 25% of **global cervical cancer**
- Prevalence of HPV infection = 7.9%**
- 84.1%** of invasive cervical cancers associated with HPV
- Every year **122844 women** diagnosed with cervical cancer **and**
- Approximately **67477 die** from the disease
- HPV vaccine protects against **70% of all cervical cancers (HPV 16&18)**

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RATIONALE FOR THE STUDY

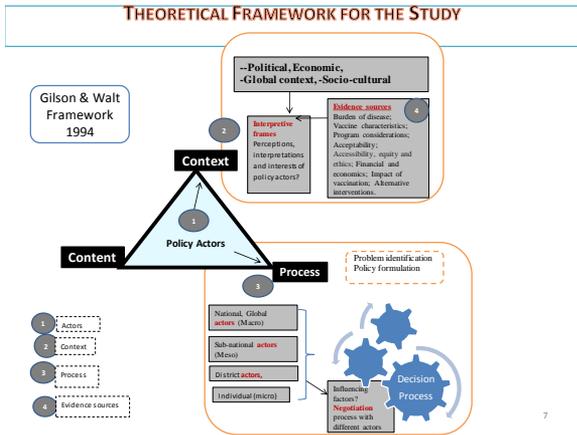
- HPV vaccine demonstration trial
- The HPV vaccine demonstration trial was brought to a halt
- Triggered by three deaths
- India does not have HPV vaccine as part of national immunization schedule
- The policy actors concerns,
- There was a loss of control over the HPV vaccine policy making process in India.*

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STUDY OBJECTIVE

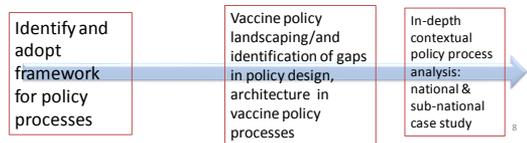
To examine *ethical, operational and political* factors in HPV vaccine decision making process in India

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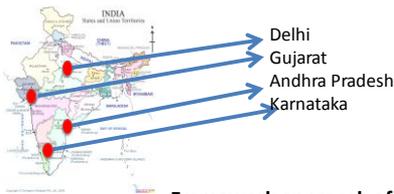


METHODOLOGY FOR HPV VACCINE POLICY DECISION PROCESS ANALYSIS

- Qualitative research method
- Case study approach
 - Interviews (with Key informants/policy elites, health systems officials; NGOs and beneficiary)
 - Policy documents review



Methods 2



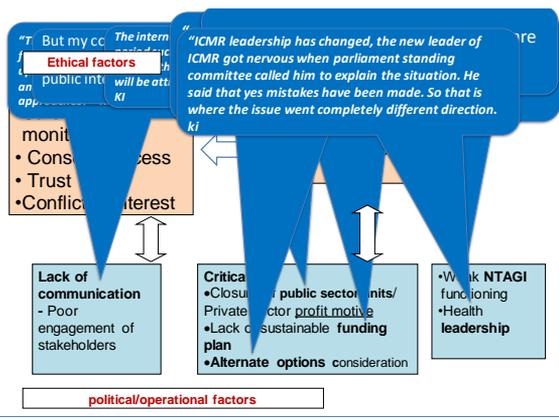
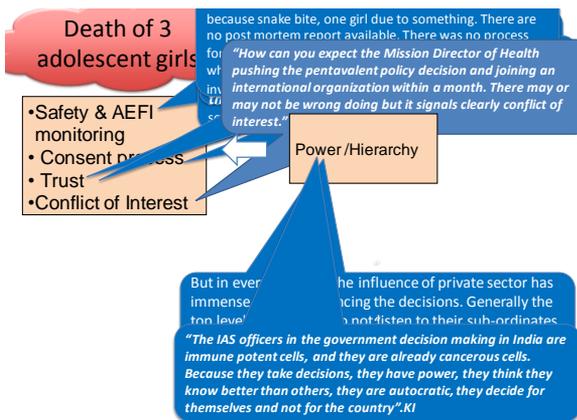
- Framework approach of qualitative data analysis***
- Coded using Atlas.TI
 - Twice code checking, conducting analysis
 - Reviewing and developing results

* Ritchie, J. Spencer, L. (1994). Qualitative Data Analysis for Applied Policy Research. In Analyzing qualitative data. London : New York: Routledge 173-94.

RESULTS

Study Participants/respondents

	Andhra Pradesh/Telangana	Delhi	Gujrath	Karnataka	Others	Total
Kis	6	5	4	5	2	22
Health Administrators	5	3	4	3	0	16
Community representatives	4	3	2	2	0	11
Total	15	11	12	10	2	50



Summary

- Virtually no formal platforms for transparent **communications, conflict resolution** options.
- Weak administration of HPV vaccine **demonstration trial**
- **Hierarchies, power** and biases – towards and within actors
- Lack of trust/transparency in decision process
- Limited public engagement resulting in miscommunication/misunderstanding
- Contestations on **vaccine evidence** from actors
- Lack of **champions, leadership challenges**, diverse administrative setups

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