

Radiant HPV Shield—Protecting India's Daughters from Cervical Cancer

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Dear Editor,

Consider this: Every five minutes, one woman in India dies from cervical cancer; 123,000 women die each year due to cervical cancer, approximately 26% of the global cervical cancer burden. Most cases occur in rural areas, where access to essential healthcare is limited. There are currently very low rates of HPV vaccination in India (1.3% from the NFHS-5 study), and despite the development of a promising HPV vaccine, Cervavac. This exclusion from UIP is heartbreaking. We need to act now by leveraging successful pilots, as those in Sikkim, to bridge this gap and save lives. (1-4)

I would like to introduce a new initiative, Radiant HPV Shield, a community-driven plan with seven evidence-based strategies backed by global evidence and real-world Indian successes. Not just ideas- but pathways to a brighter future.

1. School-based single-dose vaccine clinics supported by WHO (80% efficacy): Targeting 9 to 14-year-old girls through routine health checks in schools, utilising the model used by Rwanda, which has 90% coverage against the estimated 250 million students in India. (5)

2. A door-to-door awareness campaign led by ASHA workers (3-fold increased uptake): Leverage 10 lakh ASHA workers to facilitate personal discussions to dispel myths surrounding vaccination, as demonstrated by a trial in Uttar Pradesh in which a 25% decrease in vaccine hesitancy was demonstrated by ASHA workers through counselling. (2)

3. Cancer Survivor Advocacy Events (build confidence, 70% vaccination rate in pilot trials): Review of cancer survivor stories during village health days. For example, the Punjab village health days immunised 2,500 girls and provided emotional buy-in to the vaccination programme. Nothing builds belief like real stories. (4)

4. Targeted Social Media Campaign for Parents and Teachers (To counter myths): Use of WhatsApp and YouTube in local languages, targeted social media campaigns reached 1 million people during pilot trials in Delhi and decreased misinformation by 40%. (3)

5. Including HPV vaccination in Mission Indradhanush sessions as part of the UIP for girls aged 9 to 14: Why not? With Cervavac, we could deliver 50 million doses annually at a mere ₹200 per vial. (1)

6. Collaborations with Community Leaders: In Odisha, vaccination rates in tribal areas were tripled through

collaborations between members of the Panchayati Raj Institution and local religious leaders. by adjusting to cultural standards. (5)

7. Free or Low-Cost Cervavac Drives: In urban slums, mobile clinics providing subsidized vaccinations, such as those in Delhi and Punjab, vaccinated over 4,000 people and achieved 65% coverage. Imagine rolling this nationwide. (4) These interventions work in concert: leaders for trust, schools for reach, and ASHAs for equity. According to the IARC PRIME model, they could prevent 90,000 deaths by 2070, meeting the 90-70-90 targets (90% vaccination, 70% screening, and 90% treatment) set forth by the NAPCCCR in 2025. (1). In remote locations, single-dose options avoid cold-chain problems.

We are the ones who can make this a reality as advocates for public health in IAPSM and beyond. Let's turn hopelessness into triumph by supporting Radiant HPV Shield. Tomorrow, vaccinate India's daughters today. Who's with me? Join the movement or share your thoughts!

DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors haven't used any generative AI/AI assisted technologies in the writing process.

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