

## **SELLING HPV: PROMISES, PROFITS, AND PROBLEMS**

### **An interactive workshop**

#### **Workshop Organizers:**

Geneviève Rail, Ph.D., Concordia University ([gen.rail@concordia.ca](mailto:gen.rail@concordia.ca))

Abby Lippman, Ph.D., McGill University ([abby.lippman@mcgill.ca](mailto:abby.lippman@mcgill.ca))

#### **Background / Aims of the Workshop**

In 2007, the Canadian government announced plans to fund the launching of mass HPV vaccination programs in the country, and this set politicians and health officials scrambling to spend the unexpected millions of unsolicited dollars they were being handed. This federal support has ended, and now provinces are in charge of defining and paying (with public funds) for a range of programs, while in the U.S.A. and elsewhere, many different approaches about who, when, and how to vaccinate continue to be developed. Interestingly, the same questions asked a few years ago about these programs remain unanswered now when HPV vaccinations are being promoted for increasing numbers of individuals: why the rush to vaccinate yet more people; how safe is the vaccine; what is its real effectiveness; what role do pharmaceutical companies and the media play in promoting the vaccines; can informed consent be given when immunizations are school-based; and should boys be vaccinated. HPV vaccination programs raise many gender, sexuality, class, race, and colonialism issues that are rarely addressed by researchers and policy makers and this, too, makes them a good "test case" for discussing how "selling prevention" contributes to "selling sickness." Examining these programs is particularly relevant given the many other vaccines being or to be developed commercially as well as the expanded testing, marketing, and use of these products in developing countries.

In this workshop, participants with varied interests and expertise will consider the issues we outline above as well as other concerns and questions they will bring forward in relation to the selling of HPV vaccination programs. From their interactions with each other, participants will have an opportunity to share knowledge, discuss unanswered questions about mass HPV vaccination programs, and learn from past experiences. The interactive workshop will allow participants to outline what the main problems are and to map their various contexts (e.g., in Canada, in the US, in developing countries, etc.). With the help of participants, objectives will be discussed (e.g., public debate, change in policies) and then the discussion will focus on identifying allies in, and opportunities for change. Lastly, we will identify critical pathways and potential synergistic actions. Our goal is to prepare together for the next wave of vaccines likely to be launched with promises and problems similar to those that characterize HPV immunization programs as well as to develop a set of priorities for future action.

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## Workshop Format

In true activist form, we took a 3-step approach to the HPV vaccination issue. First, we discussed HPV vaccination and, with input from participants, outlined what the main problems are and mapped their various contexts. Second, and again with contributions from participants, we identified objectives, and allies with whom to work, and opportunities for change. Lastly, we briefly discussed critical pathways and potential synergistic actions. Here was the original timetable:

### 1:30-1:40pm INTRODUCTION

- a) **Overview of the workshop goals:** Exchanging information; sharing stories; networking; and identifying ways to move forward.
- b) **Introductions:** Quick go-around to get names and where people are from.

### 1:40:2:05pm BRAINSTORMING – WHAT ARE THE CURRENT PROBLEMS?

- a) **Small group:** Divide into small groups (3-5 people) and together make a list of what are seen as the current problems with ongoing vaccination programs and with the HPV vaccines. At this point, the goal is to get a list and not to agree on listed problems. Each small group chooses a *rapporteur*.
- b) **Plenary:** Presentation of ideas from small groups, each *rapporteur* adding only ideas not already mentioned by others.

### 2:05-2:10pm BRAINSTORMING – WHAT ARE THE OBJECTIVES?

In a plenary, identify objectives at various levels:

- a) **Education:** Better education/information for health care professionals, girls, boys, women, parents, the general public, etc.
- b) **Policy:** Changes related to research policies, health policy, etc.
- c) **Etc.**

### 2:10-2:40pm BRAINSTORMING – WHAT ARE THE OPPORTUNITIES FOR CHANGE?

- a) **Small group formation:** Participants use post-its (with their names) and stick them on the poster board next to the objective they want to address. Self-selected groups are formed.
- b) **Small group discussion:** Participants list opportunities to reach the objective: what can be done and with whom (groups, organizations, media, etc.). Again a *rapporteur* (someone who has not been before) is chosen.
- c) **Small group reports:** Presentation of ideas from small groups by *rapporteurs*.

### 2:40-3:00pm HOW DO WE MOVE FORWARD

- a) **Plenary:** General discussion on ideas that have been presented. Where is there consensus? What are the priority issues? How do we create strategic alliances?
- b) **Conclusion:** Thanks, sign-up sheet if participants want to stay in touch. A promise to send everyone a report on the workshop before the end of May.

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## Workshop Notes

### 1. WHAT ARE THE CURRENT PROBLEMS?

Here is a list of the main problems that were discussed:

- 1) Children are being vaccinated
- 2) Children experience peer pressure to get vaccinated
- 3) Children do not understand what vaccination does and doesn't do
- 4) Informed consent is not possible if information/evidence is lacking
- 5) Vaccination programs are exploitative of gender
- 6) The vaccine causes serious adverse reactions for many
- 7) The vaccine is costly
- 8) Fear mongering is used to boost sales of the vaccine
- 9) The cost-benefit ratio is too high
- 10) The HPV virus is not a significant enough public health problem to warrant costly mass vaccination programs
- 11) Politicians are paid off to adopt vaccination programs
- 12) The vaccine is not the best way to reduce cervical cancer
- 13) The vaccine has been fast-tracked and there is a lack of evidence
- 14) There is a lack of reliable data/studies on efficacy and on adverse reactions
- 15) The vaccine may be problematic for pregnant women
- 16) Some MDs are HPV vaccination champions

### 2. WHAT ARE THE OBJECTIVES AS WE MOVE FORWARD?

These two main objectives were discussed:

- 1) Education: Better education/information/literacy/media literacy for health care professionals, sexual health educators, girls, boys, women, parents, the general public, and the media.
- 2) Policy: Changes related to: research policies (de-coupling of industry and research), health policies (e.g., safety, requirement to inform), and product liability policies.

### 3. HOW DO WE MOVE FORWARD FOR CHANGE?

These main strategies were discussed:

- 1) We need to be pro-active and to be on the offensive against the vaccine. We cannot wait and should take concerted pre-emptive steps to address our two above objectives.
- 2) We need to develop a watchdog organization (perhaps with help from social media).
- 3) We need strategies for litigation (discovery of information available through such legal process).
- 4) In the USA, we need to push Congress for a system of vaccine injury report.
- 5) We need better research for safer drugs and vaccines. We need more transparency of the data/publications. We need long-term studies. We need to design independent studies, starting with collecting adverse reactions from people instead of relying on big pharma or the government.