

Congress Abstract

Innovative Approaches to Cervical Cancer Elimination: First Results of the National HPV Vaccination Program in the Republic of Tajikistan

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Introduction: Cervical cancer remains a significant problem in the structure of cancer morbidity and mortality among women in the Republic of Tajikistan. During the period from 2014 to 2025, the average age-standardized incidence rate (ASIR) was 11.68 per 100,000 female population, and the age-standardized mortality rate (ASMR) was 6.80 per 100,000. The highest average age-specific incidence rates were recorded in the 55–64 age group, at 32.16 per 100,000 women. To reduce this burden and in line with the World Health Organization's Global Strategy for the Elimination of Cervical Cancer, the Government of Tajikistan officially launched a mass human papillomavirus (HPV) vaccination campaign in October 2025. Objective: To evaluate the initial results of the implementation, coverage, safety profile, and public perception of the first national HPV immunization campaign targeting adolescent girls aged 10–14 years in the Republic of Tajikistan.

Materials and Methods: Following the vaccination campaign conducted in October 2025, a comprehensive assessment was carried out. The study analyzed official statistical data from the Republican Center for Immunoprophylaxis, covering a target population of 542,268 girls. In December 2025, a formal Post-Introduction Evaluation (PIE) was conducted at 16 immunization centers and 22 medical facilities to assess logistics, cold chain management, and healthcare worker preparedness. In addition, Rapid Convenience Monitoring (RCM) was implemented in 140 schools across 28 districts for operational decision-making, during which 8,834 girls were interviewed using structured teacher-administered questionnaires to identify behavioral and social factors influencing vaccination.

Results: The overall coverage of the national campaign reached 95.5%, with 507,114 girls vaccinated. Specifically, coverage was 91.1% among the cohort of 10-year-old girls (routine vaccination) and 96.7% among the cohort aged 11–14 years (catch-up vaccination). The vaccine safety profile was excellent, with 48 minor adverse events following immunization (AEFI) reported, accounting for 0.009%. The school-based RCM survey confirmed high coverage rates (91.5% in surveyed schools) and demonstrated strong public support, with 81% of parents endorsing the initiative. The main barriers among the unvaccinated minority were parental refusal (17.0%) and absence from school on the day of vaccination (16.3%). PIE results highlighted strong political leadership, a reliable cold chain infrastructure, and effective interaction between parents and educators, although minor local vaccine supply delays were also noted.

Conclusion: The rapid integration and exceptionally high vaccination coverage against HPV mark a critical public health achievement for Tajikistan. The first national campaign has successfully laid the foundation for achieving international cervical cancer elimination targets. To sustain the results achieved, future efforts should focus on local microplanning, continued community awareness initiatives to address vaccine hesitancy, and ensuring reliable supply chains for routine immunization.

	Keywords: Cervical Cancer Elimination; HPV Vaccination; Immunization Campaign; Target Population Coverage
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