



International Alliance for  
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## The Role of Real-World Evidence for Regulatory and Public Health Decision Making for Accelerated Vaccine Deployment

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### PERCH (PartnERship to Contrast HPV) project

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**Background:** In 2020, cervical cancer (CC) ranked as the 4th most common cancer in women worldwide. While highly preventable through HPV vaccination and CC screening, it remains a significant public health issue, worldwide but also in Europe. Despite the availability of HPV vaccines since 2006, and its introduction into national immunisation plans, many countries have yet to reach optimal vaccination coverage. To meet WHO's 90% coverage target for HPV vaccination by 2030, actions are needed by countries to improve their specific vaccination coverages.

**Methods:** The Project PERCH (PartnERship to Contrast HPV) is a European Joint Action which involves 34 organisations from 18 European countries (17 participating countries and Ireland as an associate partner) for a duration 30 months. PERCH Grant Agreement was signed in September 2022. The activities of PERCH are distributed into seven complementary and interconnected Work Packages (WPs): WP1 Coordination, WP2 Dissemination, WP3 Evaluation, WP4 Integration and Sustainability, WP5 Monitoring, WP6 Improving Knowledge and Awareness to Increase Vaccine Uptake, WP7 Training and Support in Vaccine.

**Results:** All the activities planned within PERCH are designed with the aim of achieving sustainable results at short, mid and long-term perspective. The preliminary results will be available through the official website <https://www.projectperch.eu>.

**Conclusions:** PERCH will develop an Integration and Sustainability Plan including integration of HPV vaccination in the routine immunisation schedule in all member countries, applying strategies to reach or maintain high vaccination coverage, and improving data collection and data linkage to monitor the process and impact of vaccination. This plan will also provide guidance for tailored HPV vaccination implementation based on local requirements and best practices. Funded by the European Union. Views and opinions expressed are those of the author(s) only and neither the EU nor the HaDEA can be held responsible for them.