

# HPV Vaccine Introduction in Tanzania

## *Challenges and Lesson Learnt*



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## OVERVIEW OF THE PRESENTATION

- Background
- HPV Demonstration Project
- National Introduction-Progress to date
- Challenges and Lesson learnt
- Next Steps



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## BACKGROUND

- ❑ Tanzania has an increasing number of cancer cases due to diverse reasons
- ❑ WHO estimates that about 50,000 new cancer cases occur each year in Tanzania
- ❑ Ocean Road Cancer Institute (ORCI) Hospital based statistics shows 36% of all cancer patients are having cervical cancer



## BACKGROUND

| Country/Region | Incidence Rate<br>(per 100,000) | Mortality Rate<br>(per 100,000) |
|----------------|---------------------------------|---------------------------------|
| Tanzania       | 59.1                            | 42.7                            |
| Burundi        | 57.4                            | 50.3                            |
| Uganda         | 54.8                            | 40.5                            |
| Kenya          | 33.8                            | 22.8                            |
| Rwanda         | 31.9                            | 24.1                            |



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Background

**HPV Demonstration Project**

National Introduction-Progress to date

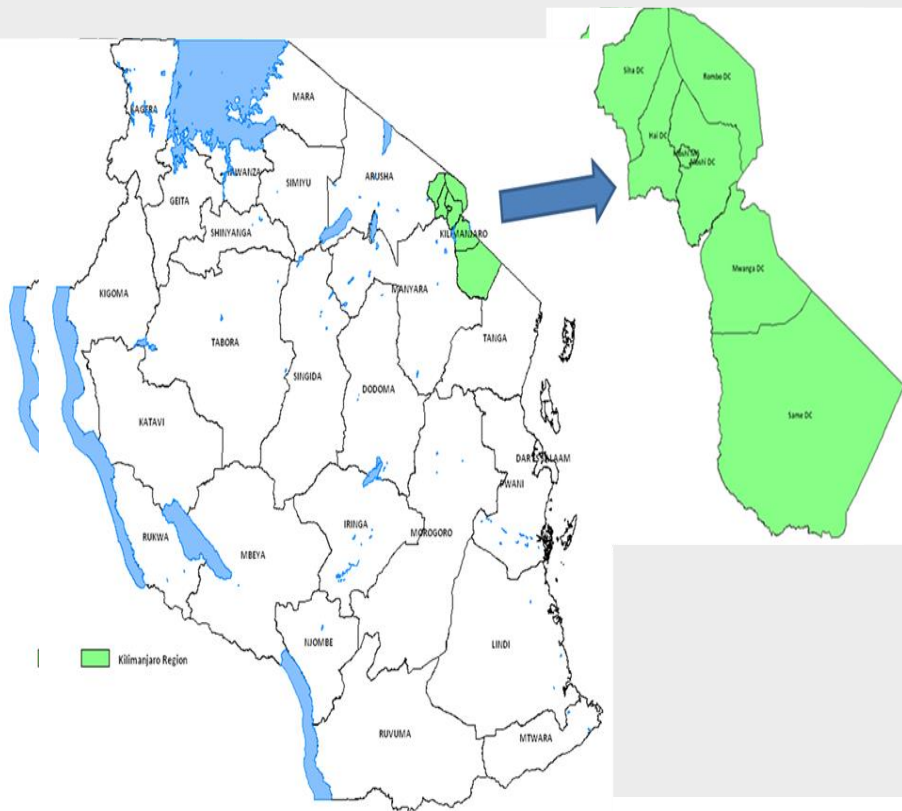
Challenges and Lesson learnt

Next Steps



# HPV DEMONSTRATION PROJECT

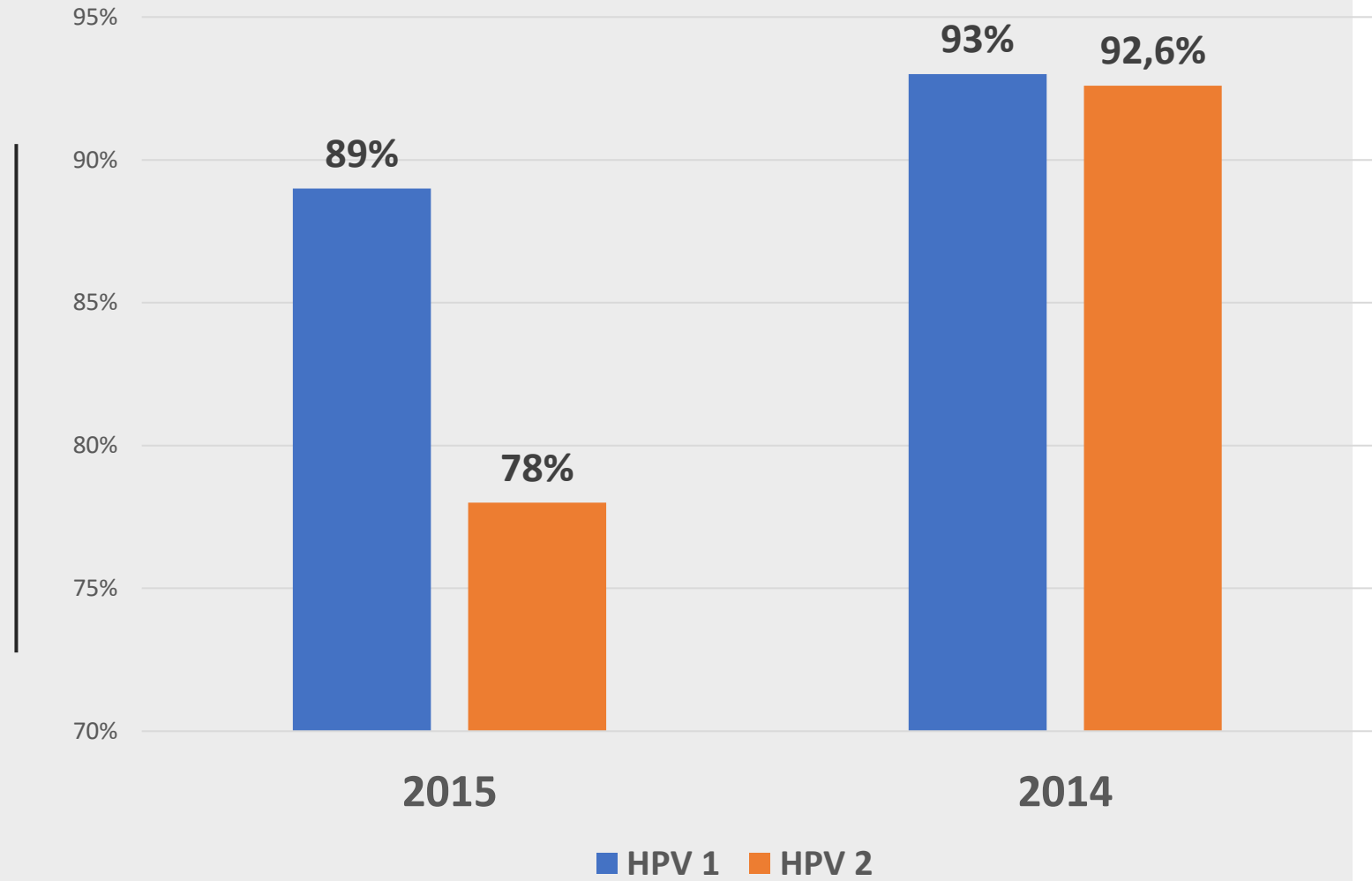
## HPV demonstration districts



- ❑ Main focus was to see how it can be best implemented countrywide
- ❑ Conducted in Kilimanjaro region for 2 years
- ❑ Campaign and Routine mode of delivery
- ❑ Health facility, School and Community platform
- ❑ 18,913 girls grade 4 with age 9-13
- ❑ 20,535 9-years girls targeted for year 2



# HPV DEMONSTRATION PROJECT







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# HPV NATIONAL INTRODUCTION

- ❑ Delivery - THE ROUTINE IMMUNIZATION STRATEGY
- ❑ National launching event 10th April 2018
- ❑ Her Excellence Vice President of The United Republic of Tanzania, Mama Samia Suluhu Hassan





# HPV NATIONAL INTRODUCTION

- ❑ Health facilities is the main point of provision of the vaccine
- ❑ Vaccine available on a continuous basis every day
- ❑ Vaccination areas:
  - Health facility
  - Outreach posts
  - Mobile clinics
  - Schools





# HPV NATIONAL INTRODUCTION

- ❑ Eligible Girls: Upper age cohort– 14 years are the eligible girls
- ❑ Girls are vaccinated based on the age at the time of their first dose, using the DATE OF BIRTH and year

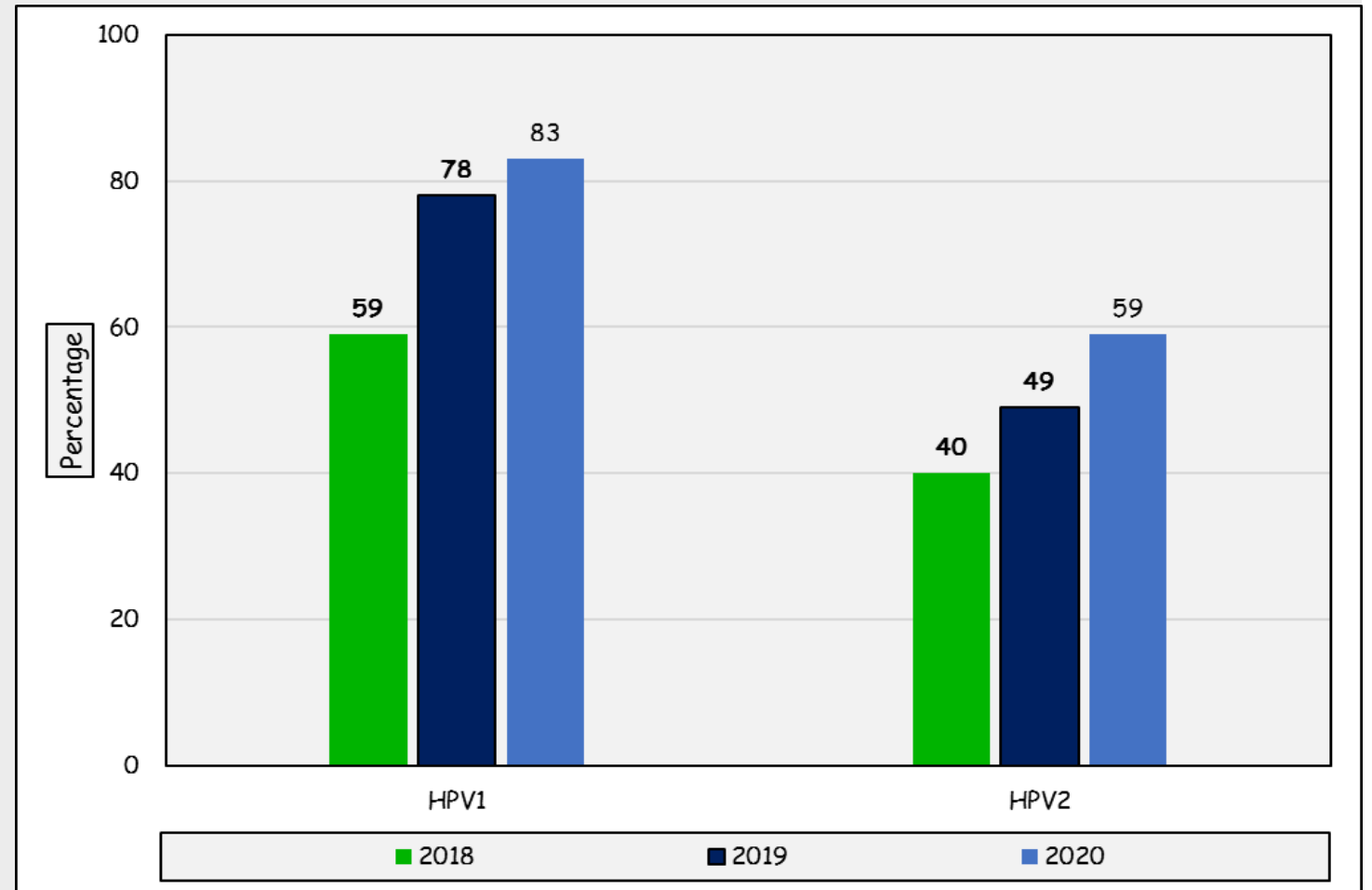


# HPV PROGRAM PERFORMANCE



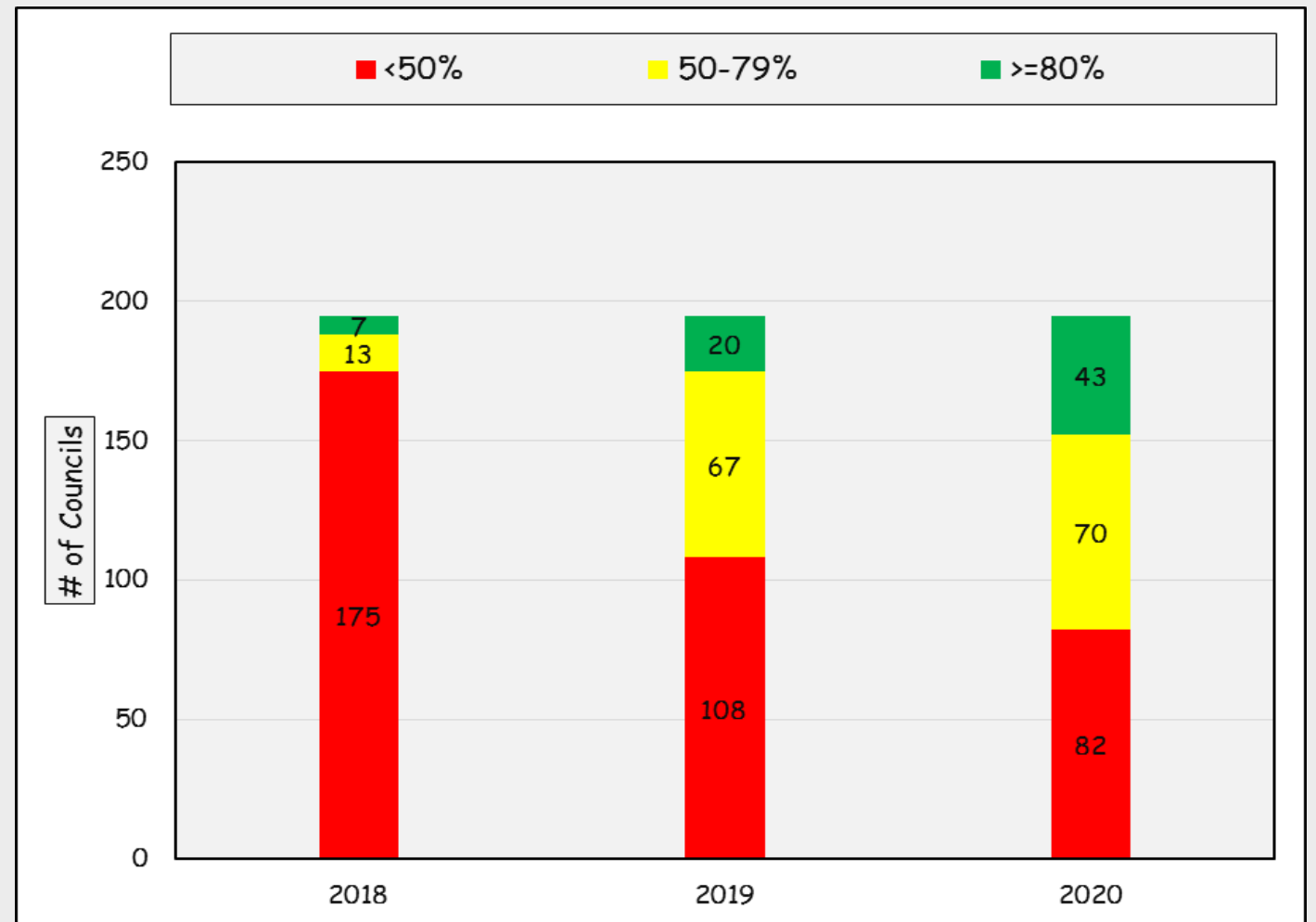


# HPV VACCINATION COVERAGE TREND 2018-2020



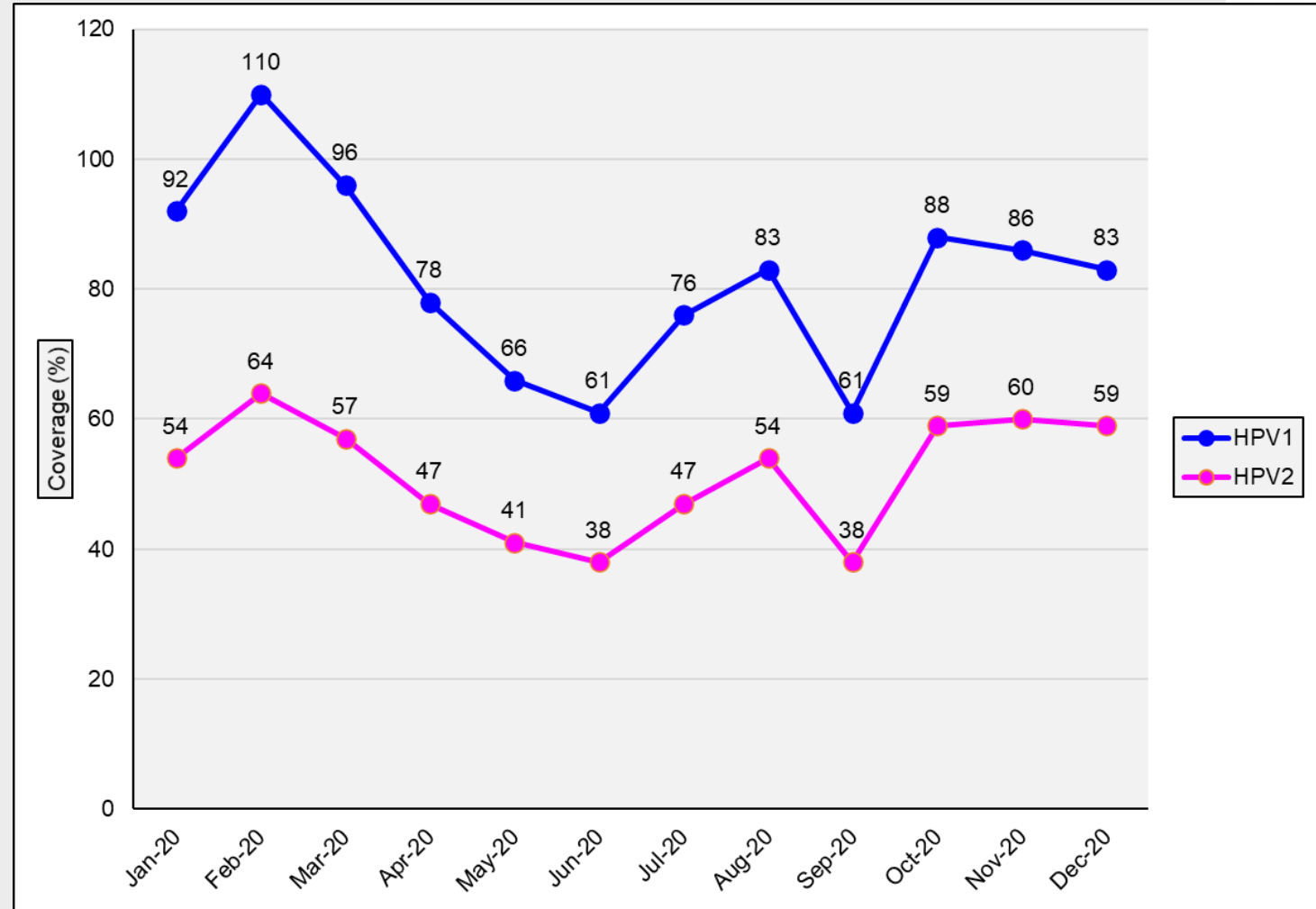


# DISTRIBUTION OF DISTRICT PERFORMANCE TREND 2018-2020





# HPV VACCINATION MONTHLY TREND 2020





# Success Introduction Story April 2018



- Single-age cohort; 14 years old children
- Multiple- vaccination centers: school based strategy, community and Health facilities
- Excellent partner coordination – extensive consultations and one voice
- Functional school health program (MOE fully on board) with excellent microplanning
- Good timing of preparatory activities, communications, trainings, printing
- Readiness assessment, 1 month prior – findings used to fill gaps
- Political will
- Religious leaders engagement



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# Challenges

- ❑ Target population challenges
- ❑ Strategy not well articulated – HF based (Vaccination during holidays ??)
- ❑ Inadequate engagement between HFs and schools to ensure eligible girls are identified and vaccinated on time at health facility, at schools and in community
- ❑ Inadequate sensitization strategy to increase HPV vaccine demand and uptake



# Challenges

- Lack/cancellation of Outreach and Mobile services
- School outreach plans and budgets not included into comprehensive HF plans to be incorporated Comprehensive Council Health Plans (CCHP)
- Inadequate knowledge among HCPs and Teachers on HPV vaccine in general including eligibility criteria, Campaign Vs Routine, registrations etc
- Inadequate strategies to reach out of school girls for registration and vaccination
- Myths on HPV causing infertility
- Some boarding schools require verbal consent from parents



## Lesson learnt Delivery Strategy

- Delivery of HPV vaccine into routine immunization is possible
- High level political commitment is crucial for the success of HPV vaccination
- Single age cohort selection – must be well brainstormed
- Integration and coordination with schools is mandatory for increasing access to girls in schools
- Clarify policy on delivery model, eligibility, and schedule to HWs



## Lesson learnt delivery strategy

- Microplanning: HFs should map outreaches closer to schools rather than conducting separate activities for HPV
- Lengthy consent procedures encourage refusals
- Community Health workers can be used as platform for reaching out of school girls and hard to reach girls
- Registration of girls before introduction of HPV vaccine made the delivery of vaccine easy and able to trace those who missed and also for second dose



## Lesson learnt Social Mobilization

- Continuous social mobilization and sensitization of community to create demand of HPV vaccine is mandatory for the success
- Take stock of HPV data tools (HPV cards, registers, job aids, etc.) and distribute additional tools as needed
- Provide additional FAQs, posters, and guides to aid HCWs on communicating HPV policy
- Timely development of IEC messages and materials



# Lesson learnt School Engagement

- Orientation for teachers, PTAs
- Provide FAQs and posters on HPV at schools
- Establish linkages with schools to encourage girls to go to HF for HPV1 and HPV2 follow up







# Lesson learnt improve Community engagement

- Identify, partner with local CSOs and adolescent health programs
- Active engagement with CHWs, local political & religious leaders
- Reaching out of school girls – where are they?? Engagement of CHWs, community members to identify them and bring them to facility
- Conduct wider social mobilization activities (radio talk shows, SMS campaigns, local plays)



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# 2021 HPV Coverage Improvement Plan

## **Overall Objective**

- To increase uptake of HPV vaccine through national improvement strategy

## **Specific Objectives**

- To achieve and maintain at least 80% coverage of HPV 2 by December 2021
- To strengthen and sustain collaboration between MOH, MOE, PORALG and key partners in implementation of routine immunization



# 2020 HPV Coverage Improvement Plan

## Coverage Implementation Plan

- A National key Stakeholders meeting
- Orientation of the Media and Call centers
- Joint Planning and coordination committee (MOH, MOE, PORALG and partners)
- Review, print and disseminate IEC material
- Inclusion of HPV Vaccine in School Health policy and Guidelines.



## Conclusion

- ❑ Global shortage of the HPV vaccine has impacted the HPV program in Tanzania
- ❑ Over the years since introduction of HPV, progress in coverage has steadily increasing though at minimal pace
- ❑ More sensitization to HC providers and community at large is needed
- ❑ The country is learning on integrated approach of delivering HPV vaccination



THANK YOU