HPV Vaccine Introduction in Tanzania

Challenges and Lesson Learnt

Ngwegwe Bulula
IVD Program Manager
OVERVIEW OF THE PRESENTATION

- Background
- HPV Demonstration Project
- National Introduction-Progress to date
- Challenges and Lesson learnt
- Next Steps
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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.
<table>
<thead>
<tr>
<th>Country/Region</th>
<th>Incidence Rate (per 100,000)</th>
<th>Mortality Rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanzania</td>
<td>59.1</td>
<td>42.7</td>
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<tr>
<td>Burundi</td>
<td>57.4</td>
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<td>Uganda</td>
<td>54.8</td>
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<td>Kenya</td>
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<tr>
<td>Rwanda</td>
<td>31.9</td>
<td>24.1</td>
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</tbody>
</table>
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HPV DEMONSTRATION PROJECT

- 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

2015

- HPV 1: 89%
- HPV 2: 78%

2014

- HPV 1: 93%
- HPV 2: 92.6%
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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: HF 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.
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