



Advocacy, Demand Generation and Social Mobilization for HPV vaccines introduction-Tanzania





Introduction of HPV vaccine country wide was done in April 2018 based on experience from HPV demonstration. The routine immunization service was the strategy used to deliver HPV vaccine in Tanzania. Health Facilities was the main point of provision of the vaccine as other antigens in the routine immunization. Eligible girls were to receive vaccination during outreach services to schools and/or communities within the catchment area. Eligible girls are cohort of 14-years and are vaccinated on a routine basis as they turn 14 years old using the date of birth or at least month and year of birth.





Organization od Advocacy, Communication and Social Mobilization(ACSM) for HPV vaccine introduction

- Advocacy, Communication and Social Mobilization (ACSM) sub-technical working played a very significant role in designing effective advocacy communication and social mobilization strategies to reach different target audiences from National to lowest level.
- All the Information Education and Communication(IEC) materials including Radio and TV sports which enabled a successful introduction of HPV vaccine were developed by this subtechnical working group and got endorsed by the Leger TWG before finalization and releasing them out for Public Consumption.
- This Sub technical working group used to meet on regular based (Every after two weeks) as the introduction were getting closer, the need arose for having meeting convened on weekly bases and even in less than a week.





Organization od Advocacy, Communication and Social Mobilization(ACSM) for HPV vaccine introduction..

- This Sub-Technical Working Group was also responsible for organization of all the advocacy and sensitization meetings including Launching at National level, and provided guidance and materials to enable effective education, communication, sensitization and social mobilization operations at Regional and District levels.
- Member of ACSM Sub-Technical Working Group included Immunization and Vaccine and Development (IVD) Communication Programme Officers with HPV vaccine introduction coordinator, Programme Officers from Health Education and Promotion Unit of MOH and Communication experts from WHO, UNICEF, JSI, CHAI, Jhpiego, Red Cross and Medical Women Association of Tanzania (MEWATA).





Development of materials for Advocacy, Communication and Social Mobilization

- This activity involved development of IEC materials for advocating, informing, educating and sensitizing high government officials, influential leaders and community at large on Government intent to introduce HPV vaccine, rationale, benefits and required support for successful introduction
- Advocacy, Communication and Social Mobilization Subcommittee comprising of IVD, Health Education Personnel and Immunization Partners lead the development of these materials and were approved by IVD Technical Working Group before finalization and release for public consumption
- Materials developed include Posters, Fact Sheets, Leaflets, Banners, Social media messages as well as and TV and radio spots. These materials were used for ACSM activities before, during and after the introduction of HPV vaccine





National level advocacy and sensitization meetings

- National level Advocacy and Sensitization meeting was conducted in order to inform High level Government Officials, Donors, Immunization Implementing Partners, NGOs, Professional Associations such as Paediatric Association of Tanzania(PAT), Medical and Women Association of Tanzania(MEWATA)
 - Government's decision and rationale to introduce HPV vaccine
 - Introduction process and timeline
 - Eligibility criteria and delivery strategies
 - Needed support in terms of resource mobilization and prioritization and social mobilization and community sensitization in general
- Guest honour for this meeting was Her Excellence Minister for Health Community Development Gender Elderly and Children Hon. Ummy Mwalimu





Regional and districts/councils Primary Health Care(PHC) committee meetings

- Regional and Districts Primary Health Care Committees are the legal bodies established to deal and manage all health Related Issues at Regional and District Levels
- Their meetings are schedules but in case of emergence they always meet to discuss and resolve matters arising at particular moment in time.
- Since the introduction involved many stakeholders different from the routine PHC meetings, some other important stakeholders from Education sector and community based were part and parcel of these meetings at Regional and district levels
- As stipulated in guideline, Regional and District Commissioners chaired these meetings and Regional and District Medical Officers as Secretaries





Regional and districts/councils Primary Health Care(PHC) committee meetings

- Due to nature of HPV vaccine introduction, these meetings were extended to include Primary and secondary Schools Health Coordinators and other influential members of the community at regional and district levels based on the contexts.
- The meetings were conducted in all 26 regions and 184 councils in Tanzania and were used as platforms to advocate for prioritization of HPV in resource mobilization and allocation, needed mult-sectoral collaboration, community engagement, involvement and Social mobilization.
- At all levels, the PHC meetings were overseen by MOHCDGEC personnel and Immunization Partners form National level.





National and Regional Media sensitization

- Media sensitization aimed at orienting reporters, editors and bloggers from different media house such as running TV stations, radio stations and blogs on Cervical Cancer Prevalence and HPV vaccination Introduction rationale, eligibility criteria and accessibility of vaccination services for them to correctly report and inform the public on the introduction and the availability of the services.
- These sensitization meeting were conducted at National level and in all the 26 regions before the countrywide introduction of the vaccine using Nationally developed standardized messages with facilitation support from MOHCDGEC/IVD personnel and Immunization Partners.





Parents/community meetings

- These involved deferent group of people at the lowest level involving parents, teachers, local leaders, influential people as well as religious leaders.
- These meeting aimed at creating awareness on the overall operationalization of the vaccine introduction and seeking community support in order to increase demand for HPV vaccination services. These meetings also were used as platforms for clarifying risks and consequences of cervical cancer, elaborating convenience of getting vaccination services as well building community confidence on effectiveness and safety of HPV vaccine.





National level launching

- National Launching of HPV vaccination was conducted in Dar es Salaam regions on 10th April 2018
 - Officiated by the Vice President of the United Republic of Tanzania Her Excellence
 - Was accompanied by several speeches from different government officials including Minister for Health, Permanent Secretary for Mistry of Health
 - Regional Commissioner for Dar es Salaam Region Hon.
 - International, National stakeholders and Immunization partners as well as community members.
- A total of 300 girls aged 14 years in and out of schools got vaccinated HPV during the event.
- In addressing integration with other programmes, eligible women who were there and willing were screened for cervical cancer during the event.
- Also there were HIV counselling and screening services During the event there were several education and entertainment programmes to educate and inform the public on HPV vaccine introduction in the country.





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Countrywide Regional and Districts/Launching

- The countrywide Regional and District Launch was conducted on 23rd April 2018, during beginning of Africa Vaccination Week.
- Every Region and District had organised its own launching ceremony and venue with several Advocacy, Communication and Social Mobilization activities.
- Regional and District Commissioners officiated the Regional and Districts launches in their respective Region and Districts.





Activities conducted for coverage improvement

- Monthly analysis and sharing of Regional and District/Council Vaccination Performance to Regional/Districts/Council Immunization Managers and Immunization partners. This was/is done to ensure regional and district managers are aware of the status of HPV vaccination in their respective regions/district and the position of their respective regions/districts to the list of performance comprising all 26 regions and 184districts/councils from the best to last performer for them to take action.
- Supportive supervision in Poorer performing regions in order to identify reasons for under-performance. Through these visits mentorship and capacity building was done to health facility workers on identified gaps in terms of knowledge and practices. Different immunization Partners provided Technical Assistance and facilitated/funded these Supportive Supervision visits. Key issues emphasized and addressed during the SS includes;
 - Eligibility criteria for first and second doses of HPV vaccine
 - Registration of eligible girls and record keeping at HFs and Schools
 - Data collection, compilation, reporting
 - Revitalization and enhancement School outreaches
 - Coordination between health facilities and schools
 - Defaulter tracing
 - \succ HCWs Collaboration with CHWs for out of school girls' registration and vaccination





Activities conducted for coverage improvement..

- Development and sharing to regions, districts and health facilities key issues and facts about HPV vaccination to help strengthen knowledge, understanding and practice of health facility workers with ultimate goal of improving HPV vaccination coverages. The developed and shared key issues and facts were based on the identified challenges, weaknesses and bottleneck during the regional/district and health facility assessment and supportive supervisions in the HPV vaccination poor performing regions and districts.
- Facilitating extended PHC/stakeholders meeting which involved Regional Management, District Managements, Regional/Districts officials from both health and education sectors in poor Performing regions .These meetings wee used as platforms to discuss overall performance progress, weaknesses and challenges identified from Supportive Supervisions, experience and best practice sharing from other regions and finally coming up with workable strategies to increase HPV1&2 vaccination performances.





Activities conducted for coverage improvement..

- In 2019 during the 18th Annual General Meting for Tanzania Medical Women Association (MEWATA) conducted on 22nd -23rd NOVEMBER ,Advocacy and Sensitization was conducted to members with emphasis cervical cancer prevalence and incidence in the country, introduced HPV vaccination progress, their roles, responsibilities and support need for increased HPV1&2 uptake.
- Advocacy and Sensitization meeting to member of Parliament t(Community Development and Social Services Committee) on HPV vaccine introduction and vaccination progress specifically focusing on;
 - > HPV prevalence in Tanzania
 - HPV vaccination progress
 - Challenges encountered
 - Prioritization of resources for HPV vaccination and overall RI Immunization service delivery
 - Advocacy and sensitization support required from members of parliament in their respective constituencies to increase HPV vaccination demand uptake





Challenges encountered

- Inadequate sensitization strategies at schools and in community levels to increase HPV vaccine demand and uptake due to inadequate engagement of Ward Education Coordinators, Head teachers, and local influential leaders.
- Un-sustained strong Sensitization and interpersonal communication among health care providers and Parents/caregivers and in community at large, hence hindering continuous flow of girls who were due for the first and second doses of HPV vaccination.
- Inadequate use existing systems and platforms in sustaining community mobilization, sensitization and awareness raising strategies to reach eligible girls for the first and second doses of HPV vaccine i.e. use of existing Ward Education Coordinators (WECs), Health Facility Governing Committees(HFGCs), Village Government Committees(VGCs), Community Health Workers (CHWs)etc.
- Some rumors and misconception on efficiency and safety of HPV vaccine to some group of people





Lesson learned from HPV vaccine introduction in Tanzania

- 1. Delivery of HPV vaccine through routine immunization services is very possible, more cost effective and has a promising sustainability when well designed and clearly understood from highest level to the lowest level of point of service delivery.
- 2. Advocacy, Communication and Social Mobilization (ACSM) sub-technical working play a very significant role in designing effective advocacy communication and social mobilization strategies to reach different target audiences from National to lowest level
- 3. High level political commitment before, during and after HPV vaccine introduction is very crucial for the success of HPV vaccination and sustainability.
- 4. Clear registration of eligible girls before introduction of HPV vaccine is very crucial, make the delivery of vaccine easy and enable to trace those who missed their first dose and those due for second dose.
- 5. Continuous advocacy and sensitization of Leaders and Managers at National, Regional and District levels on the support needed from them, their roles and responsivities and persistent mobilization of community to ensure successful and sustainable HPV vaccination among eligible girls is of paramount importance.
- 6.14. Community Health workers and community leaders should closely be used as platforms for reaching out of school girls during registration and delivery of HPV vaccination services in community.





Lesson learned from HPV vaccine introduction in Tanzania..

7. Sustained sensitization of community to continuously create demand for HPV vaccine is mandatory for the successful introduction

8. Strong advocacy and sensitization with different target audiences is highly needed at different levels; should aim to clarify added value for introduction of HPV vaccine and address any possible myths which may be encountered during the course of introduction of HPV vaccine.

9. Strong collaboration and coordination between health facilities and schools is mandatory for timely and sustainably reaching eligible girls with HPV vaccination in schools.

10. Strong inter-sectoral collaboration between Ministry of health and Ministry of education at all levels is crucial for operationalizing interventions intersecting two sectors like HPV vaccination.

11. Use of Social media (WhatsApp group) to communicate outreach dates and reporting on the numbers of girls vaccinated in each session at different levels may help to update and advocate for increased efforts to reach targets for HPV vaccination.

12. Outreach at schools/Vaccinating girls at schools saves time and brings much impact rather than teachers bringing eligible girls from schools to health facilities for HPV vaccination.

13. Use of existing local Stakeholders such as NGOs, CSOs and FBOs in implementing outreach and mobile services helps to optimize available few resources to reaching missed girls in schools and out of school girls in community.















