



Ministry of Health

Tanzania

Tanzania's HPV Vaccination Communication Strategies at Different levels; Health care system and Community level; Overview and Challenges



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The Roadmap of HPV vaccination Program In Tanzania

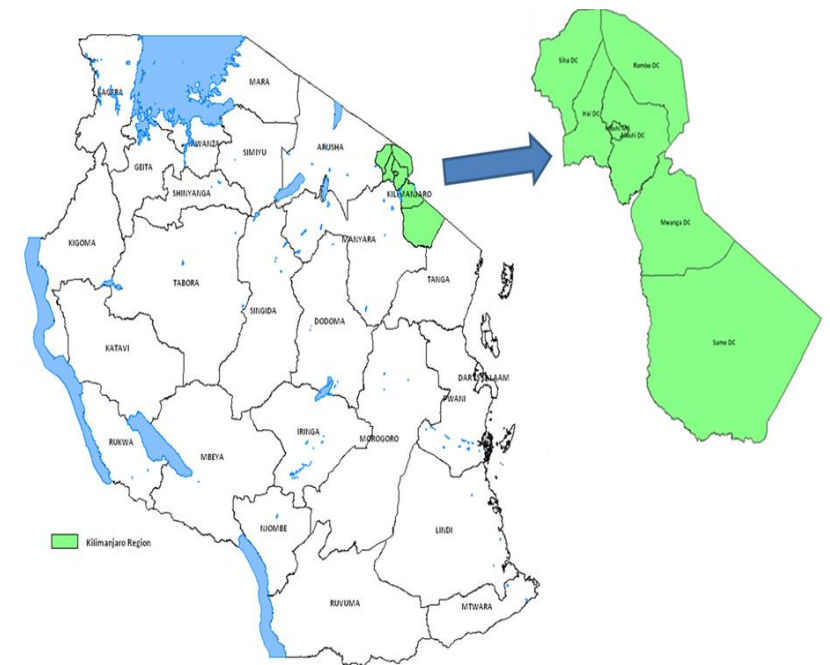
Time	Technical focus	Location
2014	Demonstration Program <ul style="list-style-type: none">• 2 years• Class based and Age based vaccination	One region (Kilimanjaro)
2018	National Introduction <ul style="list-style-type: none">• Provided at fixed and outreach through Schools• Targeting 14 years of age• 2021 coverages: HPV 1 (78%) and HPV 2 (61%)	National
2018 to Date	Integrated HPV (HPV Plus) <ul style="list-style-type: none">• Formative research and human centered design to inform introduction and HPV-Plus• Demonstrate integration at larger scale, both in schools and facilities• Link to AFHS that also includes HPV-Plus	Njombe, Mbeya and Songwe



- ❑ 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 Demo Project

HPV demonstration districts





HPV NATIONAL INTRODUCTION

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



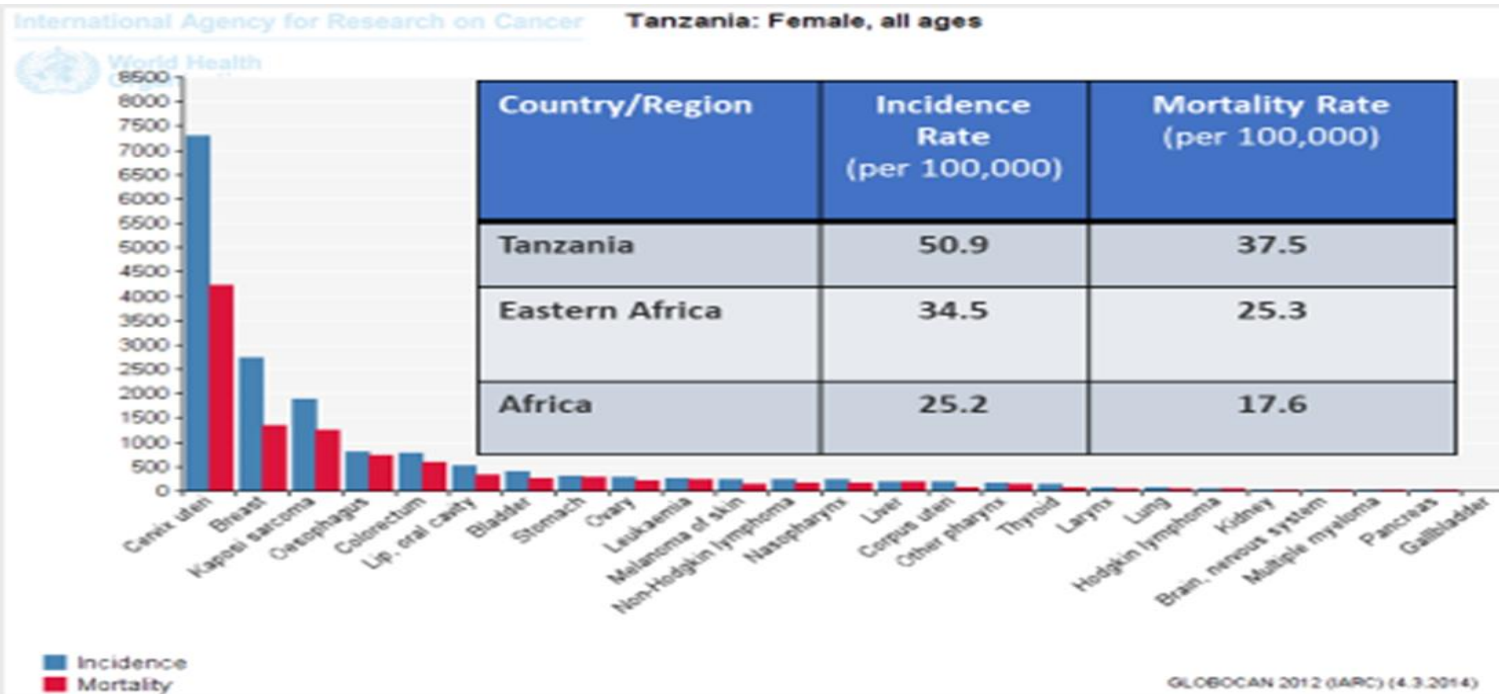
Communication Strategies

- Communication of the Risk with available evidence
- Communication Channels and Platforms: National Afya Call center for community feedback, Media- Radio, Religious Leaders and Local leaders

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



Communication Strategies

- ☐ Continuous social mobilization and sensitization of community to create demand of HPV vaccine is mandatory for the success
- ☐ Provide additional FAQs, posters, and guides to aid HCWs on communicating HPV policy
- ☐ Timely development of IEC messages and materials
- ☐ 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
- ☐ Sensitization of girls and boys on HPV at an early age – HPV plus



Communication Strategies

Mapping of stakeholders including private sectors and frameworks for collaboration and coordination especially at the subnational level

1. Identify, partner with local CSOs and adolescent health programs
 2. Active engagement through CHWs, local political & religious leaders
 3. Reaching out of school girls – where are they?? Engagement of CHWs, community members to identify them and bring them to facility
 4. Conduct wider social mobilization activities (radio talk shows, SMS campaigns, local plays)
- **Developing standard RCCE normative tools** to guide sustained advocacy and synergy efforts.

2ND DRAFT

COMMUNICATION AND SOCIAL MOBILIZATION
STRATEGY

FOR HPV VACCINE IN TANZANIA

Generating and Sustaining Community Demand
2021 - 2025

January 2021

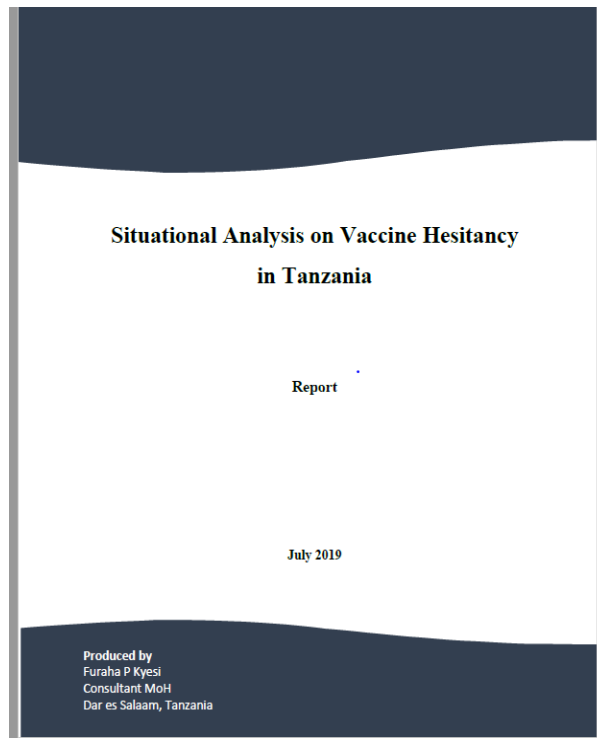




Challenges

Addressing Vaccine Hesitancy

- ❑ Analysis of Vaccine Hesitancy was Conducted:
(Literature review, In-depth Interviews and FGD)



Prejudices and rumours about the vaccine

- ❑ Concerns related to the risk and benefit of vaccines was the most cited reasons leading to vaccine hesitancy.
- ❑ Most participants agreed that there were many false rumours
- ❑ One participant said that,
“they refused claiming that the vaccine was for making children barren but for now I haven’t heard of that”.
- ❑ Another one said that,
 - *“in the beginning when it was introduced people were so hesitant and claimed that the whites have initiated something to kill Africans and that was their belief in the first placers when this vaccine introduced,*



COVID 19 pandemic

- ❑ Closure of Schools-The Main delivery platform
- ❑ Myths and Misconception on COVID 19 vaccines spill over to RI (including HPV)
- ❑ Fear among community to attend Facilities and contacting COVID 19
- ❑ The COVID 19 response compounded the challenges facing RI due to diversion of focus and resources
- ❑ HCW are pressurized to prioritize COVID-19 to reach the given targets, forcing them to abandon routine immunization.
- ❑ Lack of Integration of COVID and RI (including HPV)





Development of HPV Recovery Plan

Key Aspects of the Plan

- ☐ Formal Communication with PORALG and MoE
- ☐ Message for vaccinating 14 years following School opening
- ☐ Printing and Dissemination of HPV IEC materials
- ☐ For Community and Schools
- ☐ Production and dissemination of TV, Radio Spots and Push messages
- ☐ Involvement of MoE in TWG



2020 HPV Coverage Improvement Plan



Coverage Implementation Plan Implementation

- ☐ 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 Guidelines and School health policy



Supervision and Media Sensitization

- ❑ Provide technical support to HCW's to ensure continuity of the immunization services
- ❑ Communication messages to public on continuity of Immunization services using media
- ❑ Capacitated at Regional Level



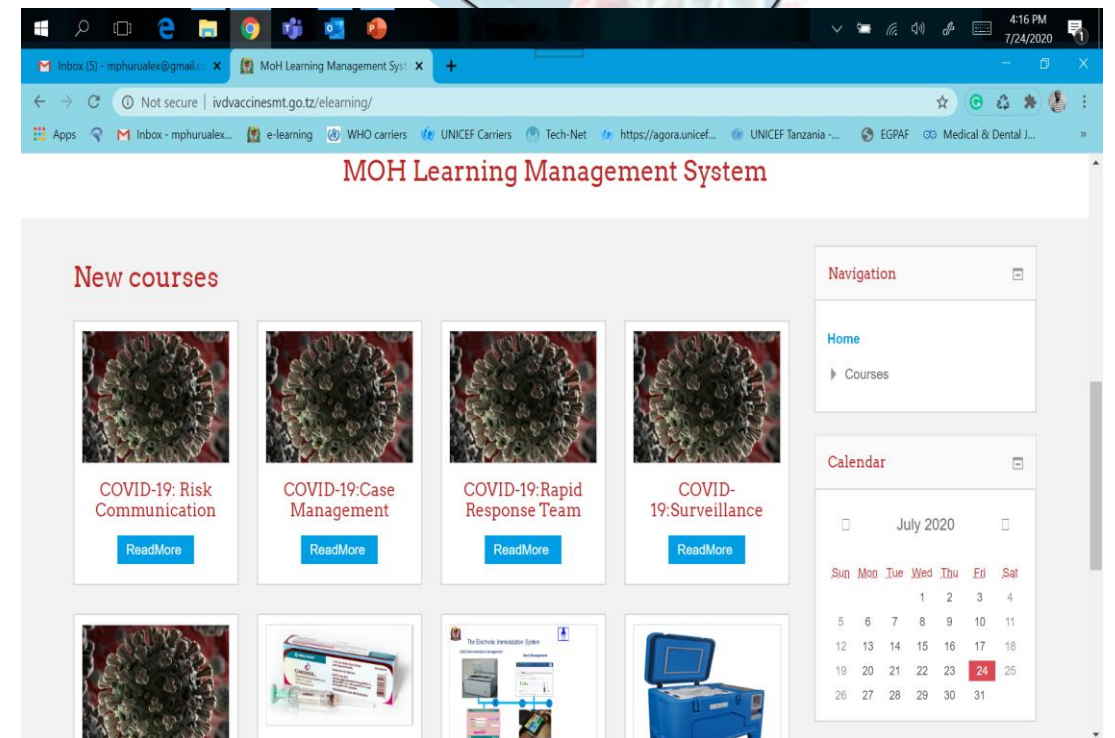


Guidance Note to subnational level

- ❑ Developed to issue guidance on continuity of Immunization Services
- ❑ Local language tailored to Primary Health Facilities
- ❑ Also addressed communication messages to be delivered by HCWs to the community

Capacity Building: Virtual

- ❑ Using e-learning platform
- ❑ COVID 19 training and continuity of Immunization Services including HPV
- ❑ Focused on national and regional resource personnel for Immunization program



Thank You

