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HPV Communication for healthcare workers at facility level: Approaches and challenges

HPV Symposium
24 – 25 Sept 2022
Addis Ababa, Ethiopia

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HPV background

- Cervical cancer is the fourth most common cancer among women globally, with an estimated 604 000 new cases and 342 000 deaths in 2020.
- About 90% of the new cases and deaths worldwide in 2020 occurred in low- and middle-income countries.
- Two human papillomavirus (HPV) types (16 and 18) are responsible for nearly 50% of high grade cervical pre-cancers.
- Persistent Human Papilloma Virus (HPV) infection in the genital tract is the leading cause of anogenital carcinomas
- HPV vaccination provides protection against HPV types 16 and 18 which are responsible for majority of cervical cancer cases.

Background - HPV vaccination in Kenya

- HPV vaccines have been in use in the private sector in Kenya since 2006.
- In 2013–2015, a pilot vaccination was conducted by the Ministry of Health in Kitui county, Eastern Kenya.
- Over the two-year period, 22,500 girls aged between 9 and 12 years received 2 doses of the HPV vaccine.
- The Government introduced the HPV vaccine into routine immunization schedule in 2019
- In Kenya, the school-based pilot program had a high uptake of 96%, while Rwanda had a 95% uptake in 2011.

HPV vaccination in Kenya

- HPV vaccine is being offered free of charge alongside other Routine Infant Vaccines to 10-14 year old girls.

Strategies

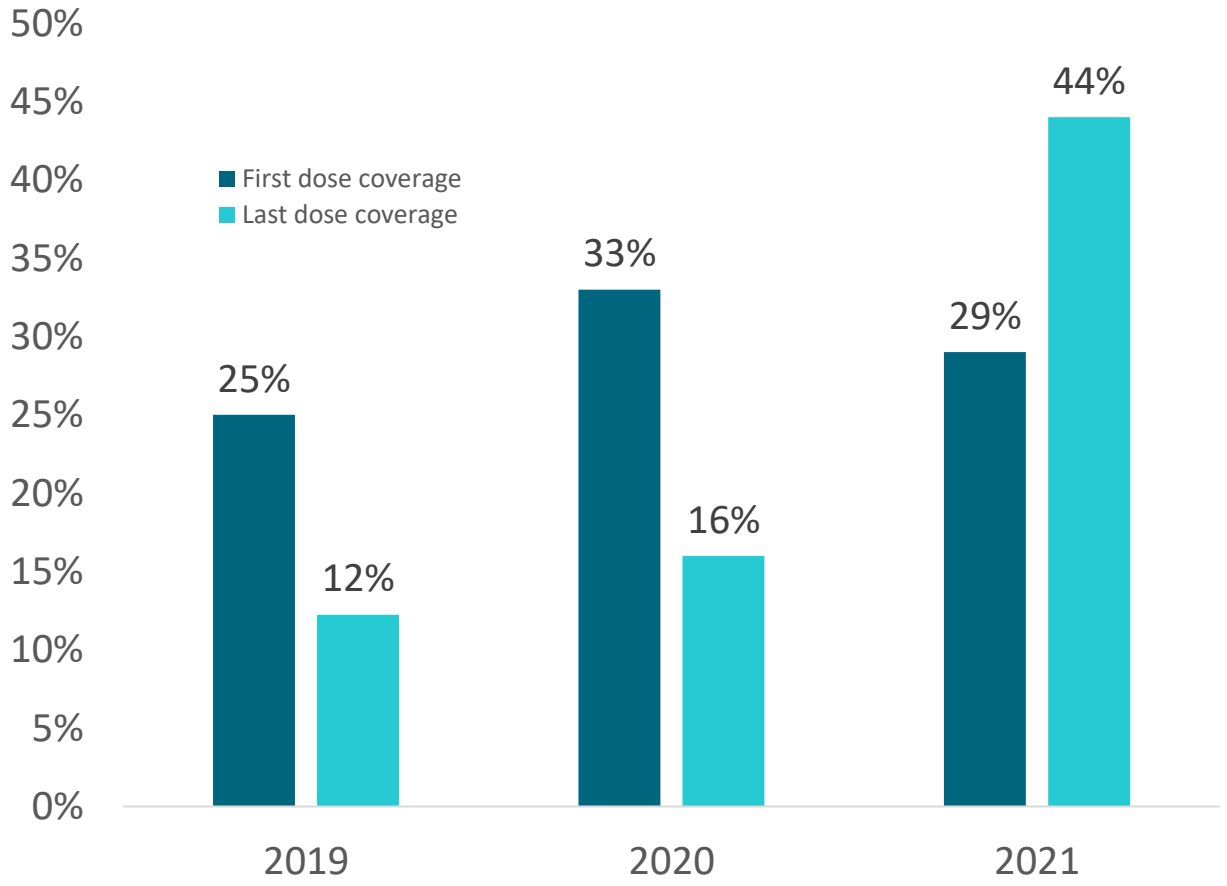
Primary strategy

- Facility based vaccination, school outreaches and targeted community outreaches girls as well as out of school.
- Majority of the activities are donor funded.

Secondary strategy

- County Government led school and community outreach programs.
- School feeding programs
- School opening, mid-term and closing day ceremonies

HPV Vaccination Coverage in Kenya over a 3-year Period



Country	Year	Vaccine-description	Target	Doses	Coverage
Kenya	2021	HPV Vaccination coverage, first dose	2984592	877907	29%
Kenya	2020	HPV Vaccination coverage, first dose	683825	228698	33%
Kenya	2019	HPV Vaccination coverage, first dose	680422	170045	25%
Kenya	2021	HPV Vaccination coverage, last dose	683804	303435	44%
Kenya	2020	HPV Vaccination coverage, last dose	679701	111920	16%
Kenya	2019	HPV Vaccination coverage, last dose	679702	83216	12%

Reference: UNICEF . *"UNICEF Data: Monitoring the situation of children and women,"* Available online at: https://data.unicef.org/resources/dataset/immunization/. (accessed Sept 21, 2022).

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Approaches – HPV communication for HCPs

- Planning early and supporting the infrastructure at facility level
- Training on HPV at all levels – health facility school and universities
- Encourage the community to demand HPV as a social norm to prevent Cervical cancer
- Involvement of target audience and their parents during inception stages for HPV program
- Purposefully allocating resources to support HPV interventions at all levels- governments and donors.

Changing behavior is a process

People generally go through an iterative process towards taking a new action or changing a behaviour.

1. **Be completely unaware** of HPV vaccine
2. **Gain awareness** through communication
3. **Consider** HPV vaccine based on knowledge gained from several sources
4. **Take action** to have her daughter vaccinated
5. **Proactively** have her second daughter vaccinated

Many factors play a role in the success, including the **perception of threat** of HPV and cervical cancer, the degree to which she trusts the vaccine, the message and its source, what action **friends and family** are taking and access to the HPV vaccine.

Challenges: Healthcare workers

- Lack of school-based strategies linked to the health facility
- Knowledge gap among the Health care providers and care givers
- Wrong and incomplete contacts being given to health facility creating inconvenience in contact tracing
- Lack of community involvement such as chiefs, community gate keepers, to assist in mobilizing the out of school girls
- Lack of defaulter tracing mechanism
- Low/no funding for HCPs to carry out vaccination outreaches
- Weak coordination with other stakeholders' engagement during planning phase
- The target age group has not been served by routine immunization program in the past

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Challenges- Others

- Hesitancy from religious sects
- Lack of CHV Involvement
- Misconceptions from parents- associating with Family planning
- Difficult to map and locate 10-14year-old girls, who don’t normally visit health facilities unlike under one child.
- COVID19 leading to more gaps in accessing the HPV vaccine.

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Understand the target population – Hard to reach girl!

- Who remain home to help with child-rearing or the family business.
- Living in remote regions, minority cultures - nomadic groups,With disabilities.
- Low socioeconomic status, slums, war zones
- Who move frequently with their families (e.g. Migrant or seasonal workers),
- Who attend school only part time.
- Who have left home and live in dense, urban areas
- HIV-positive adolescents.

Recommendations

- Start all HPV program preparation early and build a multi-sector team.(All inclusive)
- Creating of peer HPV groups at community level and at school.
- Community based education to parents and guardians on HPV benefits.
- Adolescent vaccination programs would provide an avenue to link other health promotion strategies –HIV prevention, Dreams
- Capacity building for health workers.
- **Improving immunization centers to be more adolescent friendly.**

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References

- WHO HPV vaccine communication
- Kenya health information system(KHIS)
- Kenya HPV activity reports 2022
- Ministry of Health . “Ministry of Health,” 14th December 2021. Available online at: https://www.health.go.ke/campaign-to-expand-routine-immunization-coverage/.
- Reference: UNICEF . “UNICEF Data: Monitoring the situation of children and women,” Available online at: https://data.unicef.org/resources/dataset/immunization/ (accessed Sept 21, 2022).


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Dank U
Merci
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спасибо
Grazie
Thank you
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Takk
Gracias
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