CHIC | COALITION to STRENGTHEN the HPV IMMUNIZATION COMMUNITY

REPUBLIC OF MOZAMBIQUE
MINISTRY OF HEALTH
MATIONAL DIRECTORATE OF PUBLIC HEALTH
Expanded Programme on Vaccination

Mozambique's Experience with the Introduction of the HPV Vaccine

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CHIC SPC Symposium

HPV Vaccination Programs: From Pre-introduction Planning to Restoration and Sustainability

24 – 25 Sept 2022 – Addis Ababa, Ethiopia

Presentation Content

- Overview of cervical cancer in Mozambique
- HPV vaccination demonstration project
- Development of the National HPV Vaccination Strategy 2020-2026
- Application for financial support from Gavi
- Vaccine introduction challenges
- Challenges in the context of COVID-19
- Current HPV vaccination coverage
- Lessons learned

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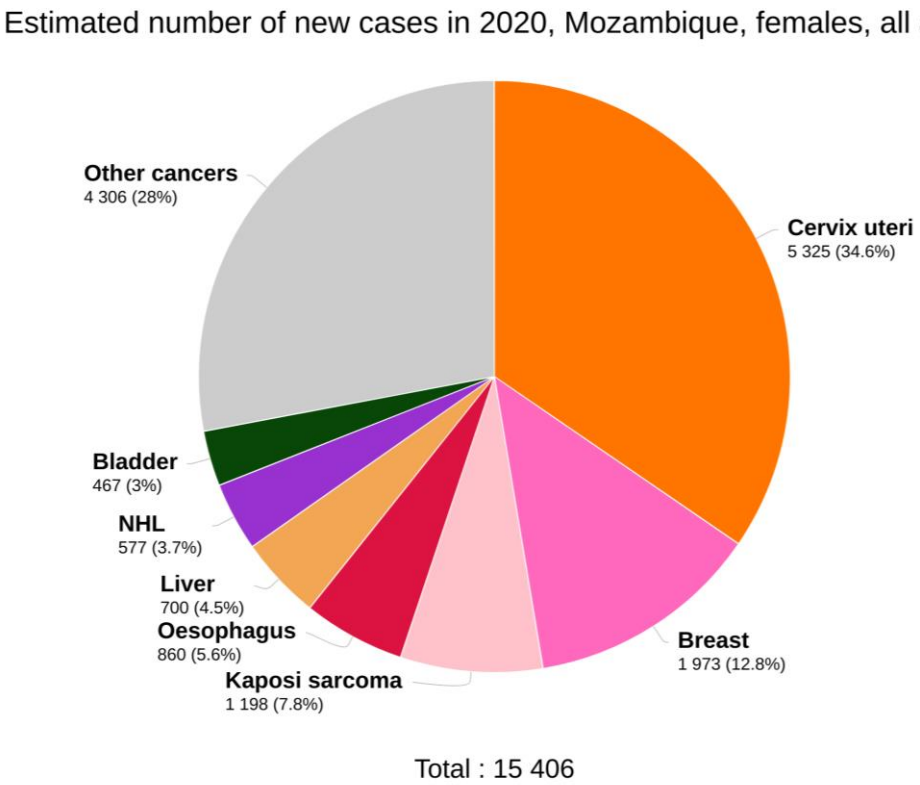
Cervical cancer in Mozambique



In 2020, WHO estimates Mozambique had*:

- 5,325 new cases
- 3,850 deaths
- Mortality rate of: 35.7%
- Prevalence rate of 33.4%
- Incidence rate of 35.5%

**The Global Cancer Observatory; https://gco.iarc.fr/today/online-analysis; acesso 19/09/22*

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Demonstration project – 2014 & 2015

- **Sites:** 1 district in each region (north, centre and south); motivated by geopolitics and sociocultural diversity
- **Doses:** *2014* – 3 doses of bivalent vaccine (May, Jun, Nov); in *2015*, updated WHO recommendations meant only 2 doses were given (Apr, Nov)
- **Funding:** Gavi & Government of Mozambique
- **Target group and aim:** 10 year old girls (total 8.566).
- **Result**: Mozambique submitted a vaccine introduction Grant proposal for the HPV vaccine to Gavi

Development of the National HPV Vaccination Strategy 2020-2026

- Developed through a highly consultative process involving central, provincial and district levels as well as international experts
- Strategy finalized and validated by consensus during a 2.5 day workshop with international and national participation
- 4 Objectives agreed:

Introduce the vaccine at national level & offer as routine vaccination through all service delivery platforms	Create demand so ≧ 80% of key stakeholders know the HPV vaccine prevents cervical cancer	Ensure M&E mechanisms capture full, timely and accurate data	Establish the mechanisms, tools and capability to deliver the agreed strategies and reach objectives

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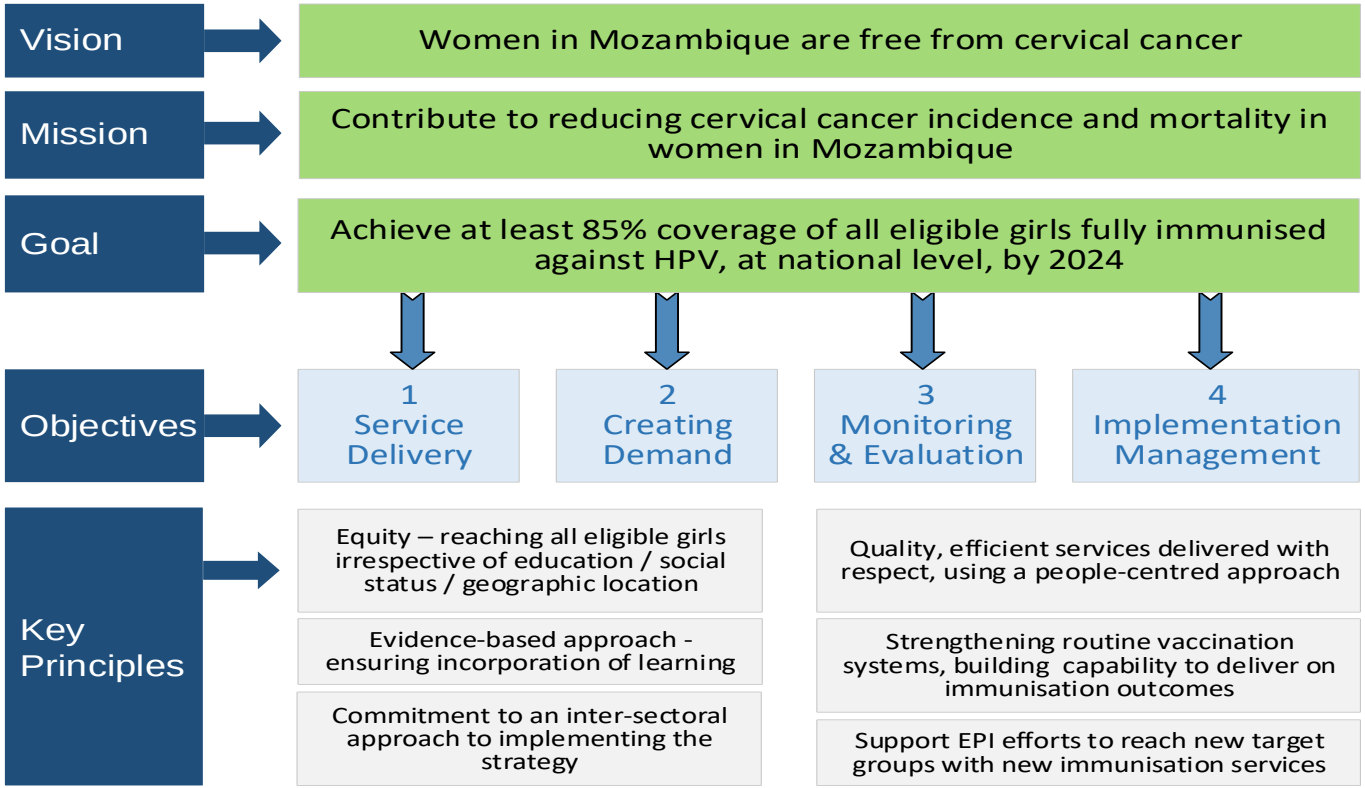
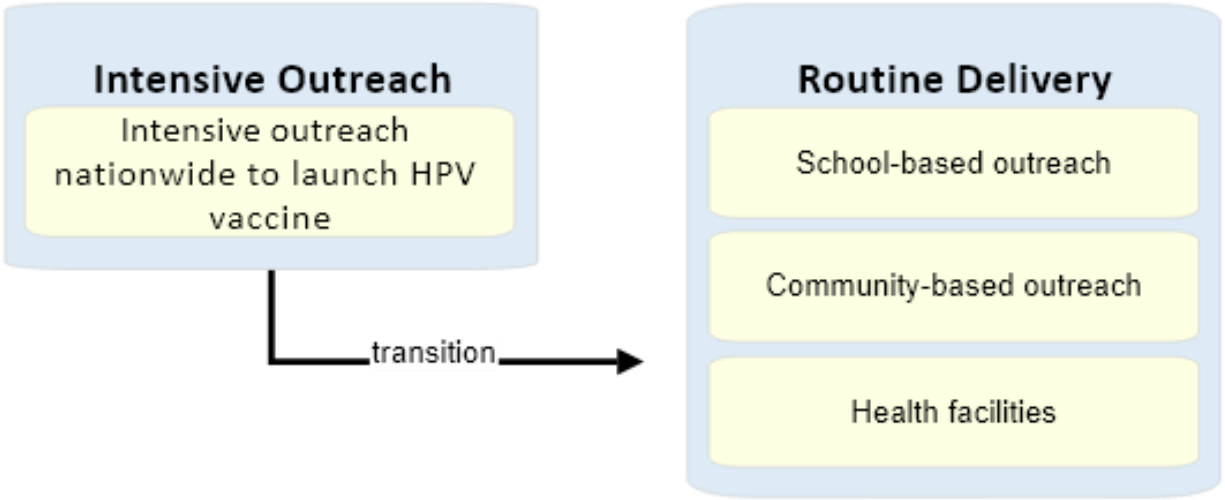
Overview of the National HPV Vaccination Strategy



Strategy implementation approach

- We planned initial intensive coverage across the country for one week, transitioning immediately to include vaccine administration in routine service delivery



We prioritised schools & communities as points for reaching out-of-school girls

Application to Gavi for funding

- Based on the Strategy, the country developed its vaccine introduction grant application for Gavi funding
- NITAG guidance had already been produced
- Gavi's Senior Country Manager for Mozambique and his HPV colleagues, as well as HPV focal points in WHO and UNICEF were very involved in the strategy development – this familiarity facilitated development of the application narrative
- We had difficulty defining the numbers of children in the cohorts (9 years and 10-14 years)
- We faced greater difficulty when introducing the vaccine than with the application!

Challenges faced in introducing the vaccine

- Change of strategy to a single cohort – 9 year old girls, due to vaccine availability
- Reduced grant (because of the change to a single cohort, the total VIG amount available was reduced)
- Delays in contracting consultants meant delays in developing the communication strategy, which resulted in delays to its implementation, including the production and distribution of demand creation materials
- Communication and social mobilisation activities took place only shortly before the vaccine was launched
- The vaccine was introduced in November (schools were closed; Covid-19)

Challenges related to the Covid-19 pandemic

The level of coordination required for the introduction of this vaccine was affected because EPI personnel and staff were engaged in responding to the pandemic and due to the change to online meetings

There was an opportunity for improved the TA in planning and introduction project management to minimise risks and ensure clarity

Reluctance among the public to go to health facilities due to fear of becoming infected by Covid-19

The country required additional funds for activities such as outreach to communities and to demand creation over an extended period of time

HPV vaccination coverage

Data/ano?

Provinces	Target Group	Vaccinated (n)	Coverage (%)
Niassa	37 419	23 187	62%
Cabo Delgado	43 877	44 821	102%
Nampula	114626	105 697	92%
Zambezia	97 870	86 274	88%
Tete	48 550	54 720	113%
Manica	33 031	26 879	81%
Sofala	37 135	35 302	95%
Inhambane	21 912	24 405	111%
Gaza	21 427	21 129	99%
Maputo Província	28 584	27 556	96%
Maputo Cidade	11482	9636	84%
Total	**495 913**	**459 604**	**93%**

Lessons learned

Good coordination and definition of responsibilities and timelines is critical to successful introduction

The Readiness Assessment tool is not a project plan – there should always be a detailed, managed project plan

It is important early on to define exactly how the transition to routine immunisation will be, ensuring guidance is developed and shared with the different levels

There is high demand among age groups over 9 years – this complicates vaccine management and data monitoring (potential risk of vaccinating ineligible children)

The active involvement of teachers is critical for vaccine acceptability and to reduce hesitancy: maximize their involvement and ensure schools are open

Any questions & Thank you

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